INVESTIGATIVE REPORT

Serum Angiopoietin-like Protein 3 Levels: Possible Correlation with Progressive Skin Sclerosis, Digital Ulcers and Pulmonary Vascular Involvement in Patients with Systemic Sclerosis

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Angiopoietin-like protein 3 (ANGPTL3), which is part of a family of secreted glycoproteins that are structurally similar to angiopoietins, is principally expressed in the liver and is involved in lipid metabolism and angiogenesis. The aim of this study was to determine the clinical significance of serum ANGPTL3 levels, measured with a specific enzyme-linked immunosorbent assay, in patients with systemic sclerosis. Serum ANGPTL3 levels correlated positively with skin score in diffuse cutaneous systemic sclerosis with a disease duration ≤ 6 years. Furthermore, the prevalence of digital ulcers was significantly higher in patients with elevated serum ANGPTL3 levels than in other patients. Moreover, among patients excluding diffuse cutaneous systemic sclerosis with disease duration ≤ 6 years, serum ANGPTL3 levels correlated positively with estimated right ventricular systolic pressure.

In conclusion, ANGPTL3 may contribute to the development of progressive skin sclerosis and proliferative obliterator vasculopathy, such as digital ulcers and pulmonary vascular involvement leading to pulmonary arterial hypertension, in systemic sclerosis. Key words: systemic sclerosis; angiopoietin-like protein 3; angiogenesis; skin sclerosis; digital ulcers; pulmonary arterial hypertension.

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Systemic sclerosis (SSc) is a multisystem autoimmune disease characterized by initial vascular injuries and resultant fibrosis of the skin and certain internal organs. Although fibroblast activation is the final consequence of SSc, autoimmune attacks and vascular injuries prior to the onset of the fibrotic response appear to play central roles in the pathogenesis of this complicated disorder (1).

A family of secreted glycoproteins structurally similar to angiopoietins was identified and designated as angiopoietin-like proteins (ANGPTLs), which consist of an N-terminal coiled-coil domain and C-terminal fibrinogen-like domain. Despite the structural similarity to angiopoietins, ANGPTLs do not bind to endothelial tyrosine kinase receptors Tie1 and Tie2, suggesting that these molecules are functionally different from angiopoietins (2). Angiopoietin-like protein 3 (ANGPTL3), a member of the ANGPTLs, is expressed principally in the liver during development and in adults (3). ANGPTL3 is involved in lipid metabolism and angiogenesis in a domain-dependent manner. The N-terminal coiled-coil domain regulates serum lipid levels by inhibiting lipolysis of triglyceride-rich lipoproteins in mice (4, 5), while the C-terminal fibrinogen-like domain induces endothelial cell adhesion and migration and in vivo angiogenesis by interacting with endothelial integrin αVβ3 (6). In humans, serum ANGPTL3 levels correlate positively with the intima-media thickness of carotid and femoral arteries in healthy subjects, but not with triglyceride, low-density lipoprotein, high-density lipoprotein, and total cholesterol levels. More importantly, serum ANGPTL3 levels still show a positive association with arterial wall thickness after adjustment for other possible confounding variables, suggesting that the angiogenic property of ANGPTL3 explains its association with arterial wall thickness (7). Thus, unlike animal models, the role of ANGPTL3 in lipid metabolism is controversial in humans, but it definitely contributes to the development of atherosclerosis, probably by activating angiogenesis.

Given that aberrant activation of angiogenesis underlies the pathogenesis of vasculopathy and subsequent fibroblast activation in SSc, ANGPTL3 may be involved in the mechanism responsible for the pathological process in this disorder. In an initial study of this issue, we investigated serum ANGPTL3 levels and their association with clinical features in SSc.

MATERIALS AND METHODS

Patients

Serum samples, frozen at −80°C until assayed, were obtained from 51 patients with SSc (48 women, 3 men; age, median [25–75 percentile]: 59 years [51.5–66.5]; disease duration, 3 years [2–10]) and 18 healthy individuals (16 women, 2 men; age, 54.5 years [48.3–61.8]), who visited our department between July 2009 and June 2011. Patients treated with corticosteroids or other immu-
nosuppressors prior to their first visit were excluded. There were
no significant differences in age and disease duration between
men and women (age 59 [26–66] vs. 59 years [51.3–67], \( p = 0.66 \),
Mann–Whitney U test; disease duration, 1 year [1–2] vs. 3.5 years
[2–10], \( p = 0.066 \), Mann–Whitney U test). Patients were grouped by
the LeRoy’s classification system (8): 24 patients with limited
cutaneous SSc (lcSSc) (all women; age, 65 years [56.5–70.3];
disease duration, 8 years [2.8–15]) and 27 with diffuse cutaneous
SSc (dcSSc) (24 women, 3 men; age 57 years [46–61]; disease
duration, 2 years [2–4]). dcSSc patients were significantly younger
than lcSSc patients (\( p = 0.0073 \), Mann–Whitney U test) and disease
duration was much shorter in dcSSc patients than in lcSSc patients
(\( p = 0.036 \), Mann–Whitney U test). All dcSSc and 22 lcSSc patients
fulfilled the criteria proposed by the American College of Rheu-
matology (9). Two lcSSc patients not meeting these criteria had
sclerodactyly and at least 2 other features of SSc, such as calcinosis,
Raynaud’s phenomenon, oesophageal dysfunction, and telangiec-
tasia. The study was performed according to the Declaration of
Helsinki and approved by the ethics committee of the University
of Tokyo Graduate School of Medicine. Written informed consent
was obtained from all patients and healthy controls.

Measurement of serum ANGPTL3 levels
Specific enzyme-linked immunosorbent assay kits were used to
measure serum ANGPTL3 levels (R&D Systems, Minneapolis,
USA). Briefly, polystyrene 96-well plates coated with antibodies
against ANGPTL3 were incubated with 100 µl 50-fold diluted
serum at room temperature for 2 h. The wells were then washed and
incubated at room temperature for 2 h with horseradish peroxidase
conjugated antibodies against ANGPTL3. Next, the wells were
washed again, added with tetramethylbenzidine, and incubated at
room temperature for 30 min. Finally, sulphuric acid was added to
terminate the reaction and the absorbance at 450 nm was measured.
Serum ANGPTL3 levels were calculated using standard curve.

Clinical assessment
Disease onset was defined as the first clinical event of SSc other
than Raynaud’s phenomenon. Disease duration was defined as the
interval between onset and time of blood sampling. The clinical
and laboratory data were obtained when the blood samples were
drawn. Skin score was measured using modified Rodman total skin
thickness score (MRSS) (10). The degree of interstitial lung disease
(ILD) was evaluated by the percentage of predicted vital capacity (%VC)
and the percentage of predicted diffusion lung capacity for carbon monoxide (%DLco)
on pulmonary function test. Ground-glass opacity on chest
computed tomography was scored by 2 independent readers, as
previously reported (11) and the mean estimate of the 2 read-
ers was used as ground glass score. Elevated right ventricular
systolic pressure (RVSP) was defined as 35 mmHg or more on
echocardiogram. Scleroderma renal crisis (SRC) was defined as
malignant hypertension and/or rapidly progressive renal failure.

Statistical analysis
The statistical analysis used for each experiment is described in
the figure legends and Results section. Statistical significance
was defined as \( p < 0.05 \).

RESULTS
Serum ANGPTL3 levels in patients with systemic sclerosis
No significant difference was found between serum
ANGPTL3 levels in SSc patients and control subjects

![Fig. 1. Serum angiopeitoin-like protein 3 (ANGPTL3) levels in systemic sclerosis (SSc) and healthy controls. Serum ANGPTL3 levels were
determined by a specific enzyme-linked immunoassay (ELISA). Multiple comparison was carried out with a Kruskal–Wallis test. Since serum
ANGPTL3 levels were normally distributed in healthy controls (\( p = 0.76 \), Shapiro–Wilk test), but not in dcSSc patients (\( p = 0.0001 \), Shapiro–Wilk test)
and lcSSc patients (\( p = 0.012 \), Shapiro–Wilk test), horizontal bars indicate median for each group. The dotted lines represent mean ± 2 SD of serum
ANGPTL3 levels in healthy controls, which were used as cut-off values in the following analyses.]
shown in Fig. 2A, serum ANGPTL3 levels correlated significantly with MRSS in dcSSc patients with disease duration ≤ 6 years ($r=0.53$, $p=0.022$; Spearman’s rank correlation coefficient), but not in dcSSc and lcSSc patients ($r=0.39$, $p=0.06$, and $r=0.38$, $p=0.11$, respectively). Given that there was no correlation between serum ANGPTL3 levels and MRSS in dcSSc with disease duration > 6 years ($r=–0.31$, $p=0.56$), serum ANGPTL3 levels may reflect the activation of angiogenic process during the development of skin sclerosis in dcSSc. On the other hand, regarding %VC and %DLco, no significant correlation with serum ANGPTL3 levels was detected in these 3 groups. We also evaluated the association of serum ANGPTL3 levels with ground glass score in these 3 groups because ground glass opacity reflects inflammation and vasculopathy associated with ILD better than %VC and %DLco, but did not see any significant correlation. Collectively, ANGPTL3 is potentially involved in the mechanism underlying skin sclerosis, but not ILD, in dcSSc.

Clinical features of SSc patients with elevated serum ANGPTL3 levels

We next investigated the association of serum ANGPTL3 levels with clinical features related to SSc vasculopathy. Since there was a subset of SSc patients with quite high serum ANGPTL3 levels, we first set the cut-off value at 4.86 ng/ml (mean +2 SD of healthy controls) and classified SSc patients into 2 groups; patients with elevated serum ANGPTL3 levels (31% of SSc patients; 6 of 27 dcSSc patients and 10 of 24 lcSSc patients) and the other patients. Patient information and the prevalence of clinical features associated with SSc vasculopathy in these 2 groups are shown in the left-hand columns of Table I. There was no significant difference between these 2 groups in terms of sex, age, disease duration, and the frequency of dcSSc. Regarding the frequency of cutaneous vascular manifestations, including Raynaud’s phenomenon, nail-fold bleeding, telangiectasia, and pitting scars, there was no significant difference between these 2 groups. As for organ involvements associated with proliferative oblitative vasculopathy, the frequency of digital ulcers was significantly greater in patients with increased serum ANGPTL3 levels than in the other patients (40 % vs. 11%, $p=0.048$), while the frequencies of SRC and elevated RVSP were comparable between these 2 groups. Thus, the increase in serum ANGPTL3 levels is associated with the development of digital ulcers, which are attributable to intimal proliferation and luminal narrowing or occlusion of small digital arteries.

![Fig. 2](image-url)
and larger arteries (the palmar arch and radial and ulnar arteries) (13), in SSc patients.

Clinical features of patients with systemic sclerosis with decreased serum ANGPTL3 levels

The other feature of serum ANGPTL3 levels in patients with SSc was the presence of another patient subset with quite low serum ANGPTL3 levels. Therefore, we also set another cut-off value at 0.47 ng/ml (mean –2 SD of healthy controls) and classified SSc patients into 2 groups; patients with decreased serum ANGPTL3 levels (29% of SSc patients; 9 of 27 dcSSc patients and 6 of 24 lcSSc patients) and the other patients. Similar analyses were carried out between these 2 groups (right-hand columns in Table I). There was no significant difference in patients’ backgrounds (sex, age, disease duration, and frequency of dcSSc). In contrast to the former analysis, we did not detect any clinical features associated with SSc vasculopathy in patients with decreased serum ANGPTL3 levels. However, when the RVSP values were evaluated, they were found to be significantly higher in SSc patients with normal and elevated serum ANGPTL3 levels than in those with decreased levels, while there was no significant correlation between serum ANGPTL3 levels and RVSP (r = 0.19, p = 0.22). Given that serum ANGPTL3 levels correlate with MRSS in dcSSc patients with disease duration ≤ 6 years, this may affect the relationship between serum ANGPTL3 levels and RVSP. Therefore, we re-evaluated the association of serum ANGPTL3 levels with RVSP in SSc patient group excluding dcSSc patients with disease duration ≤ 6 years. As expected, serum ANGPTL3 levels positively correlated with RVSP in this patient group (r = 0.39, p = 0.044; Spearman’s rank correlation coefficient) (Fig. 2C), but not in dcSSc patients with disease duration ≤ 6 years (r = −0.19, p = 0.42; Spearman’s rank correlation coefficient). These results suggest the potential association of ANGPTL3 with the mechanism responsible for the development of pulmonary vascular involvement leading to PAH in SSc.

DISCUSSION

This study assessed the clinical significance of serum ANGPTL3 levels and enabled speculation about the contribution of this molecule to the developmental process in SSc. Although serum ANGPTL3 levels were comparable among dcSSc, lcSSc and healthy controls, some SSc patients had highly elevated or quite low serum ANGPTL3 levels, suggesting that altered expression of ANGPTL3 contributes to certain pathological processes in SSc. Supporting this idea, serum ANGPTL3 levels showed a positive correlation with MRSS in dcSSc patients with disease duration ≤ 6 years. Furthermore, digital ulcers were seen in SSc patients with elevated serum ANGPTL3 levels much more frequently than in the other patients. Moreover, in the SSc patient group excluding dcSSc patients with disease duration ≤ 6 years, serum ANGPTL3 levels correlated with the RVSP values.

<table>
<thead>
<tr>
<th></th>
<th>Increase</th>
<th>Decrease</th>
</tr>
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<tbody>
<tr>
<td>Sex, male:female, n</td>
<td>0:16</td>
<td>3:12</td>
</tr>
<tr>
<td>Age, years, median [25–75 percentiles]</td>
<td>58 [54.5–68]</td>
<td>59 [48.8–65]</td>
</tr>
<tr>
<td>Disease duration, years, median [25–75 percentiles]</td>
<td>6 [1.9–16]</td>
<td>3 [1.5–10]</td>
</tr>
<tr>
<td>dcSSc:lcSSc, n</td>
<td>6:10</td>
<td>21:14</td>
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<tr>
<td>Cutaneous vascular symptoms, % (n)</td>
<td>88 (14/16)</td>
<td>88 (30/34)</td>
</tr>
<tr>
<td>Nail-fold bleeding</td>
<td>80 (12/15)</td>
<td>76 (25/33)</td>
</tr>
<tr>
<td>Telangiectasia</td>
<td>46 (6/13)</td>
<td>48 (13/27)</td>
</tr>
<tr>
<td>Pitting scars</td>
<td>38 (5/13)</td>
<td>38 (13/34)</td>
</tr>
<tr>
<td>Organ involvements associated with proliferative vasculopathy, % (n)</td>
<td>40* (6/15)</td>
<td>11 (4/35)</td>
</tr>
<tr>
<td>Digital ulcers</td>
<td>6 (1/16)</td>
<td>6 (2/35)</td>
</tr>
<tr>
<td>Scleroderma renal crisis</td>
<td>44 (7/16)</td>
<td>26 (9/35)</td>
</tr>
<tr>
<td>Elevated RVSP</td>
<td>38 (5/13)</td>
<td>38 (13/34)</td>
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<tr>
<td></td>
<td>13 (2/15)</td>
<td>20 (3/15)</td>
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dcSSc: diffuse cutaneous SSc; lcSSc: limited cutaneous SSc; RVSP: right ventricular systolic pressure. Statistical analysis was carried out with Fisher’s exact probability test. *p = 0.048 (Yes compared with No).
≤6 years, serum ANGPTL3 levels positively correlated with the values of RVSP. Collectively, the increased expression of ANGPTL3 may play a role in the mechanism responsible for the initiation and progression of skin sclerosis and the development of proliferative obliterative vasculopathy, such as digital ulcers and pulmonary vascular involvement leading to PAH in SSc.

The significant role of ANGPTL3 in lipid metabolism has clearly been shown in animal models. Consistent with the in vitro data that ANGPTL3 inhibits the activity of lipoprotein lipase (14), lower plasma triglyceride levels in Angptl3-deficient mice are reversed to normal levels by introducing the functioning Angptl3 gene (4, 14) or by intravenous administration of recombinant human ANGPTL3 protein (4, 15). Furthermore, the development of atherosclerosis in apolipoprotein E knockout mice is suppressed, along with the reduction in triglyceride levels by introducing a recessive mutation of the Angptl3 gene homozygously (16). Consistent with these findings in animal models, serum ANGPTL3 levels correlate with the thickness of arterial walls in humans. However, serum ANGPTL3 levels do not correlate with triglyceride, high-density lipoprotein, low-density lipoprotein, and total cholesterol levels. Most importantly, the positive association of serum ANGPTL3 levels with intima-media thickness of carotid and femoral arteries is independent of lipids and other possible confounding variables, such as age, sex, smoking, body mass index, systolic blood pressure, plasma glucose, and insulin resistance index (7). Supporting this notion, the association between the Angptl3 gene polymorphisms and coronary plaque area is independent of lipids and other classical risk factors in survivors of myocardial infarction (17). Collectively, in contrast to animal models, serum ANGPTL3 levels have a significant association with atherosclerotic vascular changes independent of plasma lipid levels in humans. Although the lipid-independent mechanism by which ANGPTL3 promotes atherosclerosis is totally unknown, the direct effect of ANGPTL3 on endothelial cells potentially explains this phenomenon. Camenisch et al. (6) demonstrated that integrin αVβ3 serves as a receptor for Angptl3 on endothelial cells and this interaction promotes endothelial cell adhesion and migration. Furthermore, the author revealed that ANGPTL3 induces angiogenesis to a similar extent to that caused by vascular endothelial growth factor (VEGF)-A in rat corneal assay. Given that adventitial angiogenesis induced by the transduction of adenovirus encoding VEGF-A, VEGF-D and VEGF-DANΔC correlates positively with the intimal hyperplasia in animal models (18), the angiogenic property of ANGPTL3 may explain the positive association of its serum levels with arterial wall thickness. Thus, ANGPTL3 potentially causes intimal hyperplasia in concert with other pro-angiogenic factors in various vascular diseases.

Vasculopathy associated with SSc is generally classified into 2 subgroups; destructive vasculopathy and proliferative obliterative vasculopathy (19). Destructive vasculopathy is characterized by progressive loss of capillaries, which is clinically related to pitting scars. In contrast, proliferative obliterative vasculopathy is characterized by proliferation of vascular cells resulting in intimal hyperplasia, intimal fibrosis, and luminal narrowing or occlusion of arteries, which is associated with the development of digital ulcers, PAH and SRC. As shown in the present study, the increase in serum ANGPTL3 levels is closely linked to the development of digital ulcers and elevated RVSP. Given that ANGPTL3 is potentially involved in the mechanism by which thickening of arterial walls develops in humans (7), the current data strongly suggest that ANGPTL3 plays a role in the pathogenesis of SSc vasculopathy, especially proliferative obliterative vasculopathy.

In order to evaluate the association of serum ANGPTL3 levels with pulmonary arterial involvement leading to PAH in SSc, we used RVSP measured by echocardiography. However, it has been reported that RVSP lacks specificity for the diagnosis of PAH in SSc due to the influence of left-heart disease and ILD associated with this disease (20). Therefore, in order to better evaluate the potential role of ANGPTL3 in SSc-PAH, it is necessary to assess the correlation of serum ANGPTL3 levels with mean pulmonary arterial pressure (mPAP) measured by right heart catheterization. Given the relatively low correlation of RVSP with mPAP in SSc, serum ANGPTL3 levels may have a much better correlation with mPAP than RVSP.

It is generally accepted that a certain subset of pro-angiogenic factors serves as a biomarker of disease activity and severity in SSc. For instance, Michalska-Jakubus et al. (21) demonstrated that serum levels of angiopoietin-2, a potent pro-angiogenic factor exerting its biological effect through Tie1 and Tie2 tyrosine kinase receptors, correlate positively with MRSS and inversely with %DLco and are significantly elevated in intermediate/late SSc compared with early SSc. More importantly, serum angiopoietin-2 levels are independently associated with the European Scleroderma Study Group disease activity index score in multivariate regression analysis. Another study by Dunne et al. (22), in which platelet-free plasma samples from relatively severe patients were used, also demonstrated the contribution of the angiopoietin-1/angiopoietin-2/Tie2 system to ongoing vasculopathy in SSc by the following data: (i) soluble angiopoietin-1, angiopoietin-2 and Tie2 levels and the ratios of angiopoietin-2/angiopoietin-1 and angiopoietin-2/Tie2 are higher in deSSc and lcSSc than in healthy controls; (ii) angiopoietin-2 levels correlate with RVSP and %DLco in lcSSc; and (iii) angiopoietin-2/Tie2 ratio shows a positive association with disease activity in both deSSc and lcSSc. These results

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indicate that the activation of angiogenesis occurs throughout the disease course and is closely related to the activity and severity of SSc. In the present study, serum ANGPTL3 levels correlated with MRSS in dcSSc with disease duration ≤ 6 years, but not in dcSSc with disease duration > 6 years and lcSSc. As forILD, serum ANGPTL3 levels were associated with neither %VC nor %DLco in the 3 subgroups. These results suggest that ANGPTL3 plays a role in the constitutive activation of angiogenesis, which leads to fibroblast activation, together with other pro-angiogenic factors especially during the progressive stage of skin sclerosis in dcSSc.

In summary, we report here the first study demonstrating the close association of serum ANGPTL3 levels with the development of progressive skin sclerosis and proliferative obliterator vasculopathy, such as digital ulcers and pulmonary vascular involvement leading to PAH, in SSc. However, the present conclusion regarding pulmonary vascular involvement is still preliminary, because RVSP measured by echocardiography lacks specificity for the diagnosis of PAH in SSc due to the influence of left-heart disease and ILD (20). Furthermore, we cannot deny the possibility that the elevation of serum ANGPTL3 levels in SSc is an epiphenomenon because the correlation of ANGPTL3 mRNA levels in dcSSc skin with MRSS was not confirmed due to undetectably low levels of ANGPTL3 expression (data not shown). Regardless of the limitations, this study supports previous data regarding the pro-angiogenic property of ANGPTL3 and provides a useful clue to further understanding of the mechanism responsible for the development of skin sclerosis and vasculopathy in SSc.

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REFERENCES