

PPAR γ Ligand Ciglitazone Inhibits TNF α -induced ICAM-1 in Human Airway Smooth Muscle Cells

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Background: Modification of human airway smooth muscle (ASM) function by proinflammatory cytokines has been regarded as a potential mechanism underlying bronchial hyperresponsiveness in asthma. Human ASM cells express intercellular adhesion molecule (ICAM)-1 in response to cytokines. Synthetic ligands for peroxisome proliferator-activated receptor (PPAR) γ reportedly possess anti-inflammatory and immunomodulatory properties. In this study, we examined whether ciglitazone, a synthetic PPAR γ ligand, can modulate the basal and tumor necrosis factor (TNF) α -induced *ICAM1* gene expression in human ASM cells.

Methods: Human ASM cells were treated with TNF α . ICAM-1 expression was assessed by flow cytometry and reverse transcriptase-polymerase chain reaction (RT-PCR) analysis. PPAR γ activity was inhibited by target-specific small interfering (si) RNA targeting PPAR γ and GW9662, a PPAR γ antagonist. Activity of nuclear factor (NF)- κ B was assessed by using immunoblot analysis, immune-confocal images, and electrophoretic mobility shift assay (EMSA).

Results: By flow cytometry, ciglitazone alone had no effect on ICAM-1 expression in ASM cells, but inhibited ICAM-1 expression in response to TNF α (10 ng/ml) in a dose-dependent manner (1–10 μ M). It also inhibited TNF α -induced *ICAM1* gene expression by RT-PCR analysis. Knockdown of *PPAR γ* gene by target-specific siRNA targeting *PPAR γ* enhanced ICAM-1 expression and the inhibitory effect of ciglitazone on TNF α -induced ICAM-1 expression was reversed by PPAR γ siRNA and GW9662. SN-50 (10 μ g/ml), an inhibitor for nuclear translocation of NF- κ B, inhibited TNF α -induced ICAM-1 expression. Ciglitazone did not prevent TNF α -induced degradation of the cytosolic inhibitor of NF- κ B (I κ B), but inhibited the nuclear translocation of p65 induced by TNF α and suppressed the NF- κ B/DNA binding activity.

Conclusion: These findings suggest that ciglitazone inhibits TNF α -induced *ICAM1* gene expression in human ASM cells through the ligand-dependent PPAR γ activation and NF- κ B-dependent pathway. (*Biomed J* 2014;37:191-198)

At a Glance Commentary

Scientific background of the subject

Asthma is a chronic inflammatory disease of the airways, characterized by reversible airflow obstruction and hyperresponsiveness attributed to inflammation. Modification of human airway smooth muscle (ASM) function by proinflammatory cytokines has been regarded as a potential mechanism underlying bronchial hyperresponsiveness in asthma. Synthetic ligands for peroxisome proliferator-activated receptor (PPAR) γ reportedly possess anti-inflammatory and immunomodulatory properties.

What this study adds to the field

These findings suggest that ciglitazone, a synthetic PPAR γ ligand, inhibits TNF α -induced *ICAM1* gene expression in human ASM cells through the ligand-dependent PPAR γ activation and NF- κ B-dependent pathway.

Key words: airway inflammation, airway smooth muscle, ICAM-1, NF- κ B, PPAR γ

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Asthma is a chronic inflammatory disease of the airways, characterized by reversible airflow obstruction and hyperresponsiveness attributed to inflammation. Modification of human airway smooth muscle (ASM) function by proinflammatory cytokines has been regarded as a potential mechanism underlying bronchial hyperresponsiveness in asthma. The role of ASM in asthma has been conventionally thought of as a passive tissue-regulating bronchoconstriction. However, ASM not only modulates bronchomotor tone but also plays an important immunomodulatory role in orchestrating and perpetuating airway inflammation in asthma.^[1,2] Increased levels of intercellular adhesion molecule (ICAM)-1 have been detected in asthmatic patients after allergen exposure^[3,4] or during asthma attacks.^[5] ASM cells express ICAM-1 and vascular cell adhesion molecule (VCAM)-1 constitutively, which are up-regulated by cytokines such as tumor necrosis factor (TNF) α .^[6,7] The induction of ICAM-1 expression requires *de novo* protein and mRNA synthesis, and *ICAM1* gene expression is predominantly transcriptionally regulated by nuclear factor (NF)- κ B and activator protein (AP)-1.^[8,9] Proinflammatory cytokines up-regulate ASM expression of ICAM-1 and VCAM-1, which promotes lymphocyte adhesion and induces smooth muscle cell deoxyribonucleic acid (DNA) synthesis.^[6] Wegner *et al.*^[10] had demonstrated that antibodies against ICAM-1, a counter-receptor for lymphocyte function associated antigen (LFA)-1, decreased eosinophil infiltration, and attenuated bronchial hyperresponsiveness in a primate model of asthma.

Even though there are potent anti-inflammatory drugs available for treatment, such as glucocorticoids and anti-leukotrienes, these drugs exhibit limited efficacy in treating certain subgroups of asthma.^[11,12] Thus, the search for novel drug targets leading to novel therapies for airway inflammation is important. Peroxisome proliferator-activated receptors (PPARs) belong to the nuclear receptor superfamily of steroids, retinoids, thyroid hormones, and vitamin D.^[13] Three different PPAR subtypes have been identified to date, including α , β , and γ . PPAR γ is activated by several ligands, including 15-deoxy-delta 12, 14-prostaglandin J₂ (15dPGJ₂, a natural ligand) and thiazolidinedione (TZD) derivatives (such as ciglitazone, pioglitazone, and rosiglitazone).^[14] PPAR γ is highly expressed in adipose tissue and plays a key role in differentiating adipose, lipid metabolism, and glucose homeostasis,^[15] and is also expressed in a number of cell types, including ASM cells,^[16] epithelial cells,^[17] colonic epithelial cells,^[18] and leukocytes.^[19] Previous studies suggest that PPAR γ may be involved in modulating the expression of various cytokines by activated macrophages, airway epithelial cells, and ASM cells via inhibition of transcription factors such as NF- κ B, signal transducers and activators of transcription (STAT), and AP-1.^[16,19,20]

Agents that modulate regulatory mechanisms for ICAM-1 expression on human ASM cells may become new therapeutic approaches in treating airway inflammation in chronic airway diseases such as asthma and chronic obstructive pulmonary disease (COPD). This study examined the transcription regulation of ciglitazone, a synthetic PPAR γ ligand, on basal and TNF α -induced *ICAM1* gene expression, as well as the implicated signal pathway in human ASM cells.

METHODS

Human ASM cell culture

Human ASM cells were obtained from Clonetics (San Diego, CA, USA) and prepared according to the manufacturer's instructions. They were maintained in Falcon culture flasks and incubated (37°C; 5% CO₂) until monolayer confluence was reached, as described previously.^[21] ASM cells in the subculture from the fifth to the seventh cell passages were studied.

The 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay was used to measure the viability of ASM cells. Apoptosis/cell death did not occur with ciglitazone.

Flow cytometry analysis for ICAM-1 expression

ASM cells were pre-treated with ciglitazone (10 μ M) and SN-50 (10 μ g/ml) for 30 min before TNF α (10 ng/ml) was added for another 4 h [Figures 1 and 2]. SN-50,

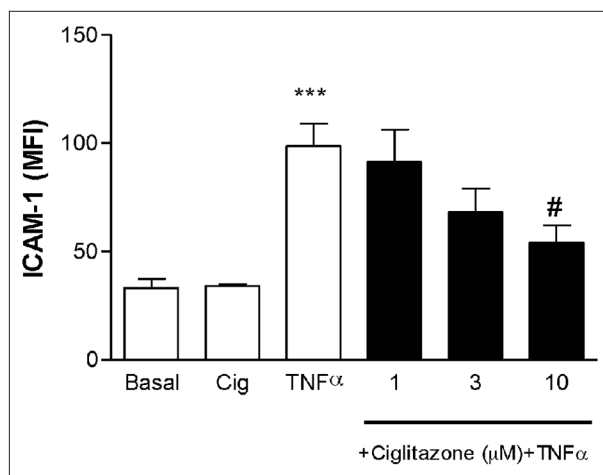


Figure 1: Ciglitazone inhibited TNF α -induced ICAM-1 expression. Ciglitazone (10 μ M) exerted an inhibitory effect on TNF α -induced ICAM-1 expression when compared to TNF α (10 ng/ml) alone. ICAM-1 expression was increased after the cells were exposed to TNF α (10 ng/ml) for 4 h compared to basal level ($n = 8$, $p < 0.001$). Ciglitazone inhibited the induction of ICAM-1 in a dose-dependent manner, significantly at concentrations of 10 μ M ($n = 5$, $p < 0.001$). Results are expressed as mean \pm SEM ($n = 3-8$) [Cig, ciglitazone (10 μ M); *** $p < 0.001$ compared to untreated cells (basal); # $p < 0.05$ compared to TNF α alone].

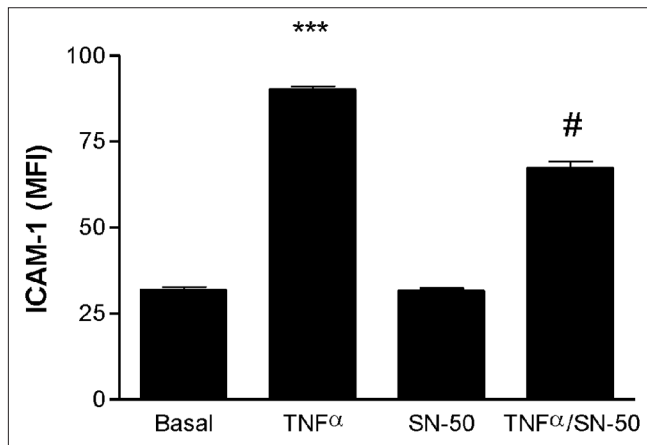


Figure 2: ICAM-1 expression was regulated by NF- κ B. SN-50 (10 μ g/ml) significantly reduced 10 ng/ml TNF α -induced ICAM-1 expression (by 25%) on ASM cells. The levels decreased from 90.3 ± 1.5 to 68.8 ± 2.0 MFI ($n = 3$, $p < 0.05$). Results are expressed as mean \pm SEM of two to three separate experiments (***) $p < 0.001$ compared to untreated cells; # $p < 0.05$ compared to TNF α alone.

a cell-permeable peptide carrying a functional cargo representing the nuclear localization sequence of NF- κ B p50, was used to inhibit nuclear translocation of NF- κ B. Flow cytometry was performed with slight modifications for ICAM-1 expression.^[7] Following incubation with monoclonal mouse anti-ICAM-1 Ab (1:100 dilution, M7063, Dako, Glostrup, Denmark) for 1 h at 4°C, the ASM cells were centrifuged and re-suspended in cold phosphate-buffered saline (PBS) in microfuge tubes. Subsequently, Fluorescein isothiocyanate-conjugated rabbit anti-mouse IgG (1:50 dilution, F0313, Dako, Demark) was incubated for 30 min at 4°C in the dark. ICAM-1 expression was measured by a FACScan flow cytometer equipped with an argon ion laser (Becton Dickinson, Mountain View, CA, USA) and expressed as the mean fluorescence intensity (MFI).

RNA

isolation and reverse transcriptase-polymerase chain reaction for ICAM-1 mRNA

ASM cells were pre-treated with ciglitazone (10 μ M) [Figure 3] and GW9662 (2 μ M) [Figure 4C] for 30 min before TNF α (10 ng/ml) was added for another 2 h. Total RNA was isolated from the ASM cells using Trizol Reagent (Life Technologies, Rockville, MD, USA) according to the manufacturer's instructions. The cDNA was reverse transcribed from the isolated RNA using established techniques. Polymerase chain reactions (PCR) were performed with a specific primer for ICAM-1 (obtained from R and D Systems, Minneapolis, MN, USA) according to the manufacturer's instructions. GAPDH PCR primer was synthesized by Gibco-BRL (Gaithersburg, MD, U.S.A.).

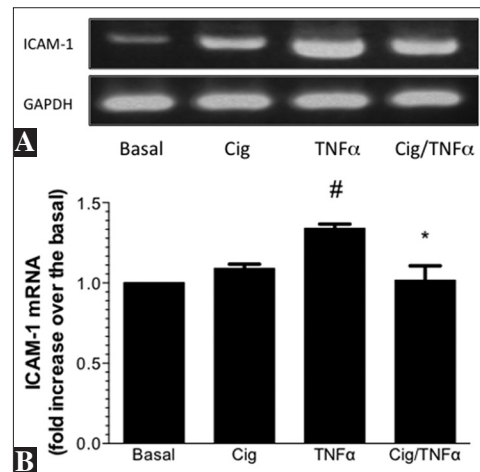


Figure 3: Ciglitazone inhibited TNF α -induced ICAM-1 mRNA. (A) ICAM-1 mRNA expression increased 2 h after addition of 10 ng/ml TNF α (1.34-fold increase, $n = 4$, $p < 0.05$), and TNF α induction of ICAM-1 mRNA was inhibited by 10 μ M ciglitazone ($n = 4$, $p < 0.05$). Ciglitazone alone had no effect on ICAM-1 expression. The images are representative of four independent experiments with similar results. (B) Bar graphs show quantitative analysis of scanning densitometric values of ICAM-1 mRNA with each value normalized over the mean density of the corresponding GAPDH PCR products. Data are expressed as fold increase (mean \pm SEM) over the basal and are representative of three independent experiments [Cig, ciglitazone (10 μ M); # $p < 0.05$ compared to untreated cells (basal); * $p < 0.05$ compared to TNF α alone].

PPAR γ -specific small interfering RNA and transfection of ASM cells

PPAR γ small interfering RNA (siRNA), a target-specific 20-25 nt siRNA, was designed to knock down gene expression (sc-29455, Santa Cruz Biotechnology, Santa Cruz, CA, USA). Control siRNA (sc-36869, Santa Cruz Biotechnology, Inc.), a non-targeting 20-25 nt siRNA, was designed as a transfection control. Transfection of PPAR γ siRNA was conducted with Lipofectamine 2000 (Invitrogen, Carlsbad, CA, USA) in 6-well plates according to the manufacturer's instruction. The ASM cells were incubated for another 24, 48, and 72 h without replacing the medium. Proof of transient PPAR γ knockdown was confirmed by showing decrease of PPAR γ protein by western blot analysis at 24 h [Figure 4A]. Pre-transfection of PPAR γ siRNA and control siRNA was performed for 24 h before TNF α (10 ng/ml) was added for another 4 h [Figure 4B].

SDS-polyacrylamide gel electrophoresis and western blot analysis for the cytoplasmic inhibitor of NF- κ B

ASM cells were pre-treated with or without ciglitazone (10 μ M) for 30 min before TNF α (10 ng/ml) was

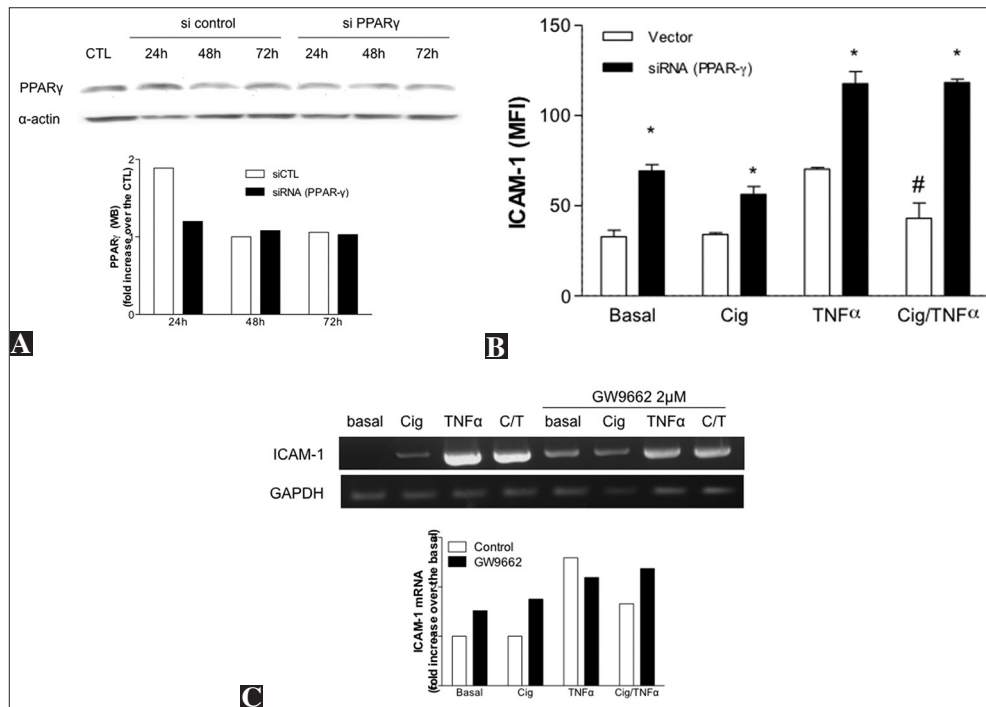


Figure 4: The PPAR γ -dependent pathway was involved in the modulation of ciglitazone on ICAM-1 expression. (A) Proof of PPAR γ knockdown was confirmed by showing decrease of PPAR γ protein by western blot analysis at 24 h (CTL, control). (B) PPAR γ -specific siRNA alone enhanced basal and 10 μ M ciglitazone-treated ICAM-1 expression compared with that of control siRNA ($n = 3$, $p < 0.05$). Furthermore, PPAR γ -specific siRNA alone augmented 10 ng/ml TNF α -induced ICAM-1 expression ($n = 3$, $p < 0.05$) and reversed the inhibitory effect of ciglitazone on TNF α -induced ICAM-1 expression ($n = 3$, $p > 0.05$). Results are expressed as mean \pm SEM of three separate experiments [Cig, ciglitazone (10 μ M); * $p < 0.05$ compared to corresponding control siRNA; # $p < 0.05$ compared to cells treated with TNF α]. (C) GW9662 (2 μ M), a PPAR antagonist, also reversed the inhibitory effect of ciglitazone on TNF α -induced ICAM-1 mRNA expression. Data are representative of two independent experiments [Cig, ciglitazone (10 μ M); C/T, ciglitazone (10 μ M)/TNF (10 ng/ml)].

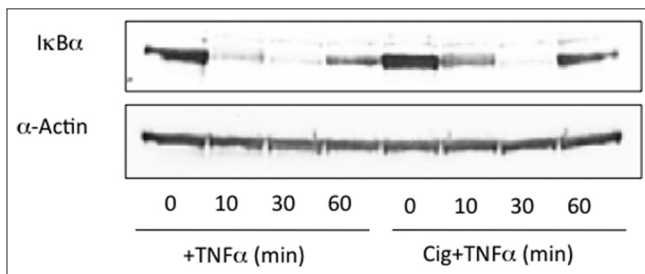


Figure 5: TNF α enhanced I κ B degradation maximally at 30 min. Ciglitazone (10 μ M) did not prevent TNF α -induced I κ B degradation compared to TNF α (10 ng/ml) alone. Three identical experiments performed independently gave similar results.

added for another 0–1 h [Figure 5]. Immunoblot analysis for the cytosolic inhibitor of NF- κ B (I κ B) was performed as described previously.^[7,22,23] Immunoblot was performed with rabbit polyclonal antibodies against I κ B (New England Biolabs, Beverly, MA, U.S.A.) or PPAR γ (Santa Cruz Biotechnology, Santa Cruz, CA, USA). Immunoreactive bands were visualized using anti-rabbit IgG (Sigma Chemical, St. Louis, MO, USA) and enhanced chemiluminescence solution (Amersham Life Science, Piscataway, NJ, USA) for 1 min at room temperature and exposed on KODAK XAR

film. To ensure equal loading, the membranes were stripped and re-probed with anti- α -actin antibody.

Immuno-confocal study for p65 nuclear translocation

ASM cells were pre-treated with or without ciglitazone (10 μ M) for 30 min before TNF α (10 ng/ml) was added for another 1 h [Figure 6]. ASM cells on 25-mm cover slips were fixed in methanol at 20 C for 5 min and then washed three times in PBS. They were blocked in PBS containing 2% bovine serum albumin (BSA), 0.1% Triton X-100, and fetal bovine serum (FBS) at room temperature for 30 min. Cells were exposed to rabbit polyclonal anti-p65 antibody (Upstate, Millipore, Temecula, CA, USA) for 60 min, washed three times in PBS, and incubated for 60 min at room temperature with secondary antibodies diluted in blocker, including Cy3 goat anti-rabbit IgG (Chemicon, Temecula, CA, USA). Cells were incubated in Hoechst dye (0.5 μ g/ml) staining solution for 5 min and washed in PBS before they were mounted in anti-fade mounting solution. The fluorescence-labeled slides were then examined with a Leica TCS 4D confocal laser scanning microscopy system as previously described.^[24]

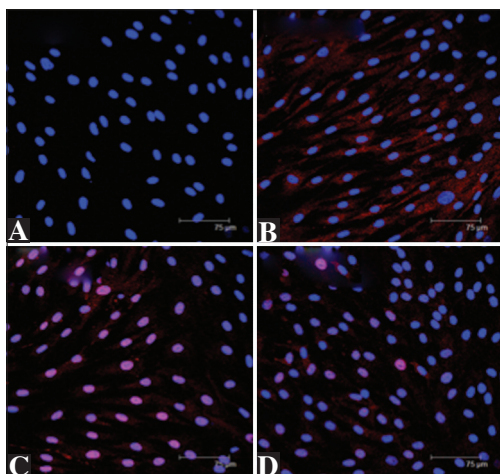


Figure 6: Ciglitazone attenuated TNF α -induced p65 nuclear translocation at 60 min using confocal imaging studies. Simultaneous immunocytochemistry for p65 (red) and nuclei (blue) in ASM cells, and confocal images of (A) IgG control, (B) basal, (C) TNF α (10 ng/ml) for 1 h, and (d) those pre-treated with ciglitazone (10 μ M) for 30 min before TNF α (10 ng/ml) was added for another 1 h. The merged pictures show double immunostaining of p65 and the nucleus.

Electrophoretic mobility shift assay for DNA binding activity of NF- κ B

In the presence of TNF α (10 ng/ml) for 10-60 min, NF- κ B activation of ASM cells was examined by electrophoretic mobility shift assay (EMSA). ASM cells were pre-treated with or without ciglitazone (10 μ M) for 30 min before TNF α (10 ng/ml) was added for another 1 h. The fluorescence EMSA method using digoxigenin 3' end-labeled oligonucleotides with DIG-11-ddUTP (DIG Gel Shift Kit, Boehringer Mannheim GmbH, Mannheim, Germany) was applied as described previously.^[23] The NF- κ B oligonucleotide containing DNA binding sites for NF- κ B transcription factors was obtained from Promega (Madison, WI, USA), and 5'-AGT TGA GGG GAC TTT CCC AGG C-3' (Promega) was the oligonucleotide sequence used. The nuclear extract (10 μ g) was incubated with digoxigenin-labeled NF- κ B probe in binding buffer (Boehringer Mannheim GmbH, Mannheim, Germany). DNA/nuclear protein complexes were separated from the DNA probe by polyacrylamide gel electrophoresis, and then the gel was vacuum-dried and auto-radiographed.

Statistical analysis

Data were expressed as mean \pm standard error of mean (SEM). One-way analysis of variance (ANOVA) was used to compare the mean values of more than two experimental groups. If there was variance among groups, the Bonferroni test was used to determine significant differences between specific points within groups. Student's *t*-test was used to analyze paired or unpaired data. A *p* value less than 0.05 was considered statistically significant.

RESULTS

Ciglitazone inhibited TNF α -induced ICAM-1 expression in human ASM cells

Ciglitazone exerted an inhibitory effect on TNF α -induced ICAM-1 expression compared to TNF α alone [Figure 1]. The level of ICAM-1 expression increased after the cells had been exposed to TNF α for 4 h (98.6 ± 10.5 MFI, $n = 8$, $p < 0.001$) compared with basal level (33.1 ± 4.3 MFI, $n = 8$). The induction of ICAM-1 was inhibited by ciglitazone in a dose-dependent manner, significantly at a concentration of 10 μ M (54.0 ± 8.1 MFI, $n = 5$, $p < 0.05$). However, ciglitazone alone had no effect on basal ICAM-1 expression. ICAM-1 mRNA expression increased after the cells were exposed to TNF α (10 ng/ml) for 2 h (1.34-fold increase, $n = 4$, $p < 0.05$), and TNF α induction of ICAM-1 mRNA was inhibited by 10 μ M ciglitazone ($n = 4$, $p < 0.05$) [Figure 3]. Ciglitazone alone had no effect on ICAM-1 mRNA expression.

Ligand-dependent PPAR γ activation mediated inhibitory effect of ciglitazone on ICAM-1 expression

PPAR γ siRNA, a target-specific 20-25 nt siRNA, was introduced to knock down gene expression. Proof of PPAR γ knockdown was confirmed by the decrease in PPAR γ protein by western blot analysis at 24 h [Figure 4A]. PPAR γ siRNA enhanced basal and ciglitazone-treated ICAM-1 expression compared to that of control siRNA, from 32.8 ± 3.7 to 69.3 ± 3.5 MFI and from 34.0 ± 1.0 to 56.3 ± 4.3 MFI, respectively ($n = 3$, $p < 0.05$) [Figure 4B]. Furthermore, PPAR γ -specific siRNA alone augmented TNF α -induced ICAM-1 expression from 69.7 ± 0.3 to 117.7 ± 6.7 MFI ($n = 3$, $p < 0.05$) and reversed the inhibitory effect of ciglitazone on TNF α -induced ICAM-1 expression (117.7 ± 6.7 vs. 118.3 ± 1.9 MFI, $n = 3$, $p > 0.05$) [Figure 4B]. GW9662 (2 μ M, Cayman Chemicals, Ann Arbor, MI, USA), a PPAR antagonist, also reversed the inhibitory effect of ciglitazone on TNF α -induced ICAM-1 mRNA expression [Figure 4C].

Ciglitazone inhibited TNF α -induced ICAM-1 in a NF- κ B-dependent pathway

SN-50 (10 μ g/ml) significantly reduced 10 ng/ml TNF α -induced ICAM-1 expression (by 25%) in ASM cells, with levels decreasing from 90.2 ± 0.9 to 67.5 ± 1.7 MFI ($n = 3$, $p < 0.05$) [Figure 2]. TNF α (10 ng/ml) enhanced I κ B degradation maximally at 30 min, which regenerated after 60 min [Figure 5]. However, ciglitazone (10 μ M) did not prevent TNF α -induced I κ B degradation, compared to TNF α alone. Ciglitazone (10 μ M) attenuated TNF α -induced p65 nuclear translocation at 60 min as observed in confocal images [Figure 6]. EMSA showed that the binding activity

of NF- κ B on the DNA binding site increased from 10 to 60 min after stimulation with TNF α (10 ng/ml) [Figure 7A]. Ciglitazone (10 μ M) attenuated TNF α -induced NF- κ B activation at 60 min [Figure 7B].

DISCUSSION

The present study demonstrates that PPAR γ activation attenuates TNF α -enhanced ICAM-1 expression in human ASM cells. Ciglitazone, a synthetic PPAR γ ligand, inhibited TNF α -stimulated, but not basal, ICAM-1 expression. Knocking down PPAR γ by PPAR γ siRNA and PPAR γ antagonist reversed the inhibitory effect of ciglitazone on TNF α -enhanced ICAM-1 expression. Ciglitazone did not prevent TNF α -induced degradation of cytosolic I κ B, but did suppress p65 nuclear translocation and NF- κ B/DNA binding activity. Taken together, this study suggests that ciglitazone inhibits TNF α -induced *ICAM1* gene expression in human ASM cells through ligand-dependent PPAR γ activation and NF- κ B-dependent pathway.

PPAR γ expression, originally described in adipocytes, has an essential role in adipogenesis and glucose homeostasis.^[15] However, some studies demonstrate its presence in the structural cells of the lungs and in inflammatory cells.^[16,25] PPAR γ ligands also inhibit the release of proinflammatory cytokines and matrix metalloproteinase (MMP)-9 from airway epithelial cells.^[20,26] In a mouse model, PPAR γ activation is shown to be expressed in the airways and inhibited features of airway remodeling.^[27] PPAR γ also modulated airway remodeling and inflammation in a murine model of toluene diisocyanate-induced asthma.^[28] PPAR γ activation decreased

antigen-induced airway hyperresponsiveness, lung inflammation, eosinophilia, cytokine production, and GATA-3 expression, as well as serum levels of antigen-specific IgE in a murine model of human asthma.^[29] Using a murine model of allergic asthma, pioglitazone was shown to be as effective as dexamethasone in cockroach allergen-induced asthma.^[30] The administration of ciglitazone intranasally significantly inhibits the development of airway hyperresponsiveness, eosinophilic inflammation, and importantly, ASM remodeling in mice chronically exposed to ovalbumin.^[31] Our data are consistent with a similar conclusion that the anti-inflammatory actions of PPAR γ agonists could possibly be explained in part by their suppressive effect on ICAM-1 expression.

In light of previous observations,^[1,32] ASM may be an important cellular target for asthma management. In ASM cells, activation of PPAR γ by natural and synthetic ligands inhibits serum-induced cell growth more effectively than dexamethasone and induces apoptosis and inhibits the release of granulocyte-macrophage colony stimulating factor (GM-CSF) and granulocyte colony stimulating factor (G-CSF).^[16] More recent data suggest that chemokine expression in human ASM cells is differentially regulated by PPAR γ agonists and that the interaction between PPAR γ and glucocorticoid receptor (GR) may be responsible for the additive and synergistic inhibition of chemokine expression by PPAR γ agonists, glucocorticoids, and β 2-agonists.^[33] In contrast, Pang *et al.*, demonstrated that the PPAR γ activator ciglitazone significantly increased PGE₂ accumulation, either alone or in combination with interleukin (IL)-1 β , in line with the increase in cyclooxygenase (COX)-2 expression. Nonsteroidal anti-inflammatory drugs (NSAIDs) induced COX-2 expression in human ASM cells through PPAR γ activation and the peroxisome proliferator response element (PPRE) in the promoter was required for NSAID-induced COX-2 expression in human ASM cells.^[34] Our results suggested that ciglitazone, a PPAR γ ligand, inhibited TNF α -induced ICAM-1 expression in ASM cells and might play a negative regulatory role on airway inflammation in chronic airway diseases such as asthma or COPD.

Our study demonstrates that the knockdown of *PPAR γ* gene by siRNA transfection and PPAR antagonist, GW9662, reverses the inhibitory effect of ciglitazone on TNF α -induced ICAM-1 expression, which indicates that ciglitazone is acting through the PPAR-dependent pathway. In endothelial cells, the ability of PPAR γ ligands to stimulate endothelial cell nitric oxide release was PPAR γ dependent because it was inhibited by treatment with either siRNA or the PPAR γ antagonist, GW9662.^[35] In U937 cells, PPAR γ siRNA transfection reversed the inhibitory effects of troglitazone on heat shock protein (Hsp) 70 translation, indicating that troglitazone inhibits Hsp70 protein expression via a

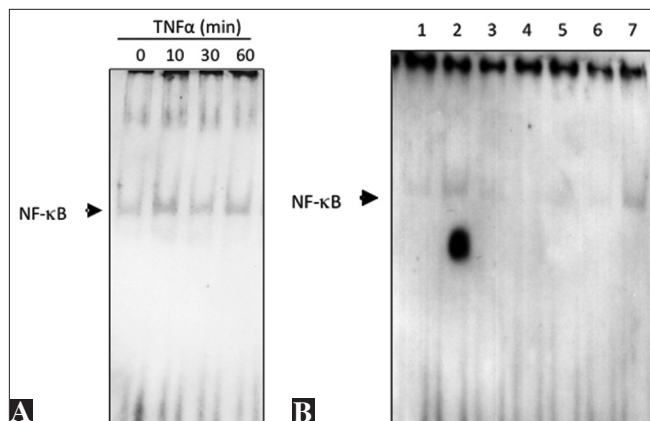


Figure 7: DNA binding activity of NF- κ B was examined by gel mobility shift assay. (A) In the presence of TNF α (10 ng/ml) for 10-60 min, NF- κ B activation was noted. (B) Ciglitazone (10 μ M) attenuated TNF α -induced NF- κ B activation at 60 min. Three identical experiments performed independently gave similar results (1, basal; 2, TNF α for 60 min; 3, ciglitazone alone; 4, pre-treated with ciglitazone for 30 min before TNF α was added for another 1 h; 5, unlabeled NF- κ B probe was added; 6, unlabeled oligonucleotides were added; 7, anti-NF- κ B antibody was added to confirm that the indicated band was NF- κ B).

PPAR γ -dependent mechanism.^[36] PPAR γ is also required for ciglitazone-mediated increases in androgen receptor (AR) transcriptional activity. siRNA-based experiments demonstrate that the ciglitazone-induced regulation of AR activity observed in C4-2 cells is dependent on the presence of PPAR γ .^[37] However, 15dPGJ₂, a natural PPAR γ ligand, can induce caspase-dependent granulocyte apoptosis via inhibition of I κ B degradation through PPAR γ -independent pathways.^[38] Although both rosiglitazone and 15dPGJ₂ can inhibit the proliferation of human ASM cells irrespective of the mitogen used, only the antiproliferative effects of rosiglitazone appear to be PPAR γ dependent.^[39] Recent study indicates that TZDs inhibit the release of a variety of inflammatory mediators from human ASM cells. Nevertheless, the effects of TZDs are not mediated by PPAR γ .^[40] The “off-target” mechanisms underlying the antitumor effects of TZDs have also been noted.^[41] The discrepancy could be specific to cell, stimulator, or target gene. It is, therefore, critical to determine the relative contributions of PPAR γ -dependent versus PPAR γ -independent pathways in mediating anti-inflammatory effects in the future.

ICAM-1 promoter is known to be differentially regulated by AP-1 and NF- κ B with different stimulators.^[42] In ASM cells, previous data have shown that NF- κ B activation, together with I κ B degradation, increases ICAM-1 expression. NF- κ B activation is critically important for TNF α -induced ICAM-1 expression.^[7] The modulatory role of PPAR γ ligands in TNF α -induced *ICAM1* gene response has also been noted by the down-regulation of NF- κ B activity on human vascular endothelial cells.^[43] The inhibition of NF- κ B activation by PPAR γ activators has also been noted in human airway epithelial cells.^[26] Our study explores a new therapeutic intervention by ciglitazone through PPAR γ to prevent NF- κ B activation and DNA binding activity, resulting in the inhibition of ICAM-1 expression. In this study, ciglitazone prevented the activation of NF- κ B by preventing p65 nuclear translocation and attenuating NF- κ B DNA binding activity in response to TNF α . These findings show a dominant role of NF- κ B activation by TNF α in modulating the activation of *ICAM1* gene expression. This result suggests that PPAR γ ligand ciglitazone inhibits *ICAM1* gene expression by decreasing TNF α -induced NF- κ B activation. However, the cross-talk between PPAR γ and NF- κ B is needed to be studied in the future.

In conclusion, ciglitazone plays a negative role on TNF α -induced *ICAM1* gene expression through ligand-dependent PPAR γ activation and NF- κ B-dependent signaling pathway. Endogenous PPAR γ expression may act as a braking factor in regulating basal *ICAM1* gene expression in human ASM cells. Understanding the signaling mechanisms by which PPAR γ regulates gene expression in ASM cells may lead to the design of new therapeutic approaches for

treating airway inflammation in chronic airway diseases such as asthma and COPD.

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