Vascular Endothelial Growth Factor C for Polycystic Kidney Diseases

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ABSTRACT

Polycystic kidney diseases (PKD) are genetic disorders characterized by progressive epithelial cyst growth leading to destruction of normally functioning renal tissue. Current therapies have focused on the cyst epithelium, and little is known about how the blood and lymphatic microvasculature modulates cystogenesis. Hypomorphic Pkd1nl/nl mice were examined, showing that cystogenesis was associated with a disorganized pericystic network of vessels expressing platelet/endothelial cell adhesion molecule 1 and vascular endothelial growth factor receptor 3 (VEGFR3). The major ligand for VEGFR3 is VEGFC, and there were lower levels of Vegfc mRNA within the kidneys during the early stages of cystogenesis in 7-day-old Pkd1nl/nl mice. Seven-day-old mice were treated with exogenous VEGFC for 2 weeks on the premise that this would remodel both the VEGFR3⁺ pericystic vascular network and larger renal lymphatics that may also affect the severity of PKD. Treatment with VEGFC enhanced VEGFR3 phosphorylation in the kidney, normalized the pattern of the pericystic network of vessels, and widened the large lymphatics in Pkd1nl/nl mice. These effects were associated with significant reductions in cystic disease, BUN and serum creatinine levels. Furthermore, VEGFC administration reduced M2 macrophage pericystic infiltrate, which has been implicated in the progression of PKD. VEGFC administration also improved cystic disease in Cys1cpk/cpk mice, a model of autosomal recessive PKD, leading to a modest but significant increase in lifespan. Overall, this study highlights VEGFC as a potential new treatment for some aspects of PKD, with the possibility for synergy with current epithelially targeted approaches.

Figure 1. Disorganization of the renal microvasculature in Pkd1<sup>wt/wt</sup> mice. (A–E) Histology of kidneys obtained from Pkd1<sup>wt/wt</sup> and Pkd1<sup>nl/nl</sup> mice. Representative images of immunohistochemical staining for CD31 in the kidney of a 1-day-old Pkd1<sup>wt/wt</sup> mouse (F) and Pkd1<sup>nl/nl</sup> mouse (G) showing the microvasculature surrounding the tubules (*). Staining for VEGFR3 in 1-day-old Pkd1<sup>wt/wt</sup> (H) and Pkd1<sup>nl/nl</sup> (I) mouse kidneys. Note that the CD31 and VEGFR3 frames shown for Pkd1<sup>wt/wt</sup> and Pkd1<sup>nl/nl</sup> mice are not of the same section. (J–M) Representative
identified by immunohistochemistry for a pan-endothelial marker, platelet/endothelial cell adhesion molecule 1 (CD31) (Figure 1, F and J). In 1-day-old littermate Pkd1nl/nl mice there was an increase in the CD31+ area of noncystic renal tissue (25.7%±4.9% and 38.9%±7.0% in Pkd1wt/wt and Pkd1nl/nl, respectively; P<0.05, n=4/group) but no changes in the pattern of these vessels compared with Pkd1wt/wt mice (Figure 1G). At 3 weeks of age, the pattern of CD31+ vessels was disrupted in Pkd1nl/nl mice, with clusters of tortuous vessels around cysts (Figure 1K) and an increased percentage area compared with Pkd1wt/wt animals (Supplemental Table 1). Despite the increased relative area occupied by the vessels, proliferating (CD31+/Ki67+) endothelial cells per unit area were significantly reduced in polycystic kidneys (Supplemental Table 1).

Lymphatics were identified using a panel of markers including VEGF receptor 3 (VEGFR3), podoplanin, lymphatic vessel endothelial hyaluronan receptor 1 (LYVE1) and prospero homeobox 1 (PROX1). All four proteins colocalized in large intrarenal peritubular lymphatics in both wild-type and Pkd1nl/nl 3-week-old mice and there was no change in transverse areas with PKD (Supplemental Figure 1, Supplemental Table 1). Intriguingly, we noted a second population of VEGFR3+ vessels that were negative for LYVE1, podoplanin, and PROX1. These were widely distributed in peritubular areas in wild-type mice (Figure 1H and I). In 1-day postnatal Pkd1nl/nl kidneys, the VEGFR3+ area of noncystic renal tissue was increased (18.7%±1.9% and 27.4%±3.7% in Pkd1wt/wt and Pkd1nl/nl mice; P<0.05, n=4/group) but with no apparent changes in the pattern of the vessels compared with Pkd1wt/wt mice (Figure 1I). At 3 weeks of age, the pattern of the peritubular VEGFR3+ vessels in Pkd1nl/nl mice was disorganized (Figure 1M) with increased percentage area (Supplemental Table 1). The VEGFR3+ patterns mimicked the CD31+ distribution pattern and using double labeling we demonstrated colocalization of CD31 and VEGFR3 in the same vessels in 3-week-old wild-type and cystic mice (Figure 1, N–U). We postulate that these CD31+/VEGFR3+ vessels may be a kidney-equivalent to specialized capillaries seen in endocrine glands,7,8 with molecular features shared with lymphatic endothelia and high permeability facilitating the reabsorption of glomerular filtrate into the circulation in healthy kidneys.9

Subsequently, we hypothesized that targeting the microvasculature may alter PKD. We decided to focus on VEGFC, which enhances growth, survival and migration of adult lymphatic endothelia through actions on VEGFR3 with lesser effects on blood vessels via VEGFR2.10–12 VEGFC would not only target the disorganized VEGFR3+ peritubular vessels but also the larger VEGFR3+ lymphatics, allowing us to modulate both of these vessel types. First, we examined endogenous Vegf in Pkd1nl/nl kidneys and found a significant decrease in Vegf mRNA levels at day 7 (P<0.01) but no difference at day 14 or 21 compared with Pkd1wt/wt mice (Figure 2A). We then provided exogenous VEGFC to 7-day-old Pkd1wt/wt mice by administering 100 ng/g body wt of recombinant VEGFC or vehicle intraperitoneally every day for 2 weeks (Figure 2B), a period when there is rapid growth in the size of Pkd1nl/nl kidneys (Supplemental Figure 2). This dose has been used for VEGFα to promote renal angiogenesis13 and a higher dose (200 ng/g body wt) of VEGFα enhances VEGFR3 phosphorylation in vivo.14 We found that VEGFC administration enhanced tyrosine phosphorylation of VEGFR3 in Pkd1nl/nl kidneys versus those given PBS (Figure 2C). VEGFC-treated Pkd1nl/nl mice had reduced severity of PKD as assessed by the external appearance of kidneys at autopsy (Figure 2D) and a significant approximate halving in kidney/body weight ratio (Figure 2E). Pkd1nl/nl mice receiving VEGFC had similar body weights to those given vehicle but their absolute kidney weights were about half that of the untreated PKD littermates (1.2 g±0.3 and 0.6 g±0.2 in Pkd1nl/nl given PBS and VEGFC, P<0.05). Kidneys of VEGFC-treated animals contained less prominent cysts by histology (Figure 2, F–I) with significantly smaller average cyst size (Figure 2J). VEGFC did not alter BUN and creatinine (Figure 2, K and L) concentrations in Pkd1wt/wt animals; both of these parameters were strikingly increased in Pkd1nl/nl mice given PBS, which was attenuated by VEGFC treatment. As a potential confounder, BUN can be lowered if there is liver damage but VEGFC did not affect plasma alanine aminotransferase levels (Figure 2M). In addition, VEGFC administration did not alter the histology of the heart, lung, liver and spleen (Figure 2, N–U).

Therapy with VEGFC had two effects on the vasculature in Pkd1nl/nl mice. First, it increased the numbers of VEGFR3+/Ki67+ and CD31+/Ki67+ proliferating endothelial cells per unit area (Supplemental Table 1). The pattern (Figure 3, A–F) and percentage area (Supplemental Table 1) of the CD31+ and VEGFR3+ vessels in Pkd1nl/nl mice treated with VEGFC was more like that observed in normal kidneys. Second, VEGFC significantly increased the transverse area of the larger LYVE1+/Prox1+ lymphatics in the kidney (Supplemental Table 1). However, VEGFC treatment did not significantly alter endogenous kidney mRNA levels of Vegfα, Vegfc, VegfR2, or Vegfr3 or protein levels of VEGFC (Supplemental Figure 3).

Next, we examined if these changes in the blood and lymphatic microvasculature

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images of CD31 and VEGFR3 immunohistochemistry in 3-week-old Pkd1wt/wt and Pkd1nl/nl mouse kidneys. (N–U) Double-labeling for CD31 and VEGFR3 in the same sections of Pkd1wt/wt and Pkd1nl/nl mice demonstrated colocalization of both markers on vessels surrounding the kidney tubules. Bar is 50 μm in each panel, g, glomerulus.
Figure 2. Administration of VEGFC to Pkd1

(A) Quantitative RT-PCR comparing mRNA levels of Vegfc in Pkd1wt/wt and Pkd1nl/nl mouse kidneys at 7, 14, and 21 days after birth. All data are presented relative to levels in Pkd1wt/wt kidney at day 7 where average expression was given an arbitrary value of 1. (B) Outline of experimental strategy. (C) VEGFR3 phosphorylation levels in the kidneys of Pkd1nl/nl mice given either vehicle or VEGFC. (D) Representative images showing overall appearance of
VGFc significantly reduced these cells in Pkd1\textsuperscript{nl/nl} mice (Figure 3, G–J). Treatment also led to significantly lower renal Mrcl levels in Pkd1\textsuperscript{nl/nl} mice (Figure 3K) although the reduction of another M2 marker, arginase 1 (Arg1), did not reach significance (Figure 3L). In contrast, none of the M1 macrophage markers tested were affected by VGFc administration (Figure 3, M and N). Similarly, the extent of fibrosis was unaffected, as assessed by mRNA for collagen type III, \( \alpha1 \) (Col3a1) (Figure 3O).

The normalization of the pericytic network of vessels alongside reduced inflammatory macrophages suggest that the microvasculature is the prime target of VEGFc therapy, but the same results might be generated as secondary effects if the growth factor acted directly on cystic epithelia. However, VEGFc did not alter proliferation in small cysts (<0.01 mm\(^2\); 29±6 versus 33±3 proliferating nuclei/500 cells in Pkd1\textsuperscript{nl/nl} mice treated with PBS and VGFc) with few Ki67\(^+\) cells detected in cysts larger than this in all experimental groups. In contrast to previous reports, \(^3,4,17\) we could not detect the VEGFR receptors VEGFR2 or VEGFR3 on the cyst epithelia by immunohistochemistry in multiple animals; contrasting markedly with clear expression in vessels on the same section (Figure 3, P and Q). Hence, we conclude that the prime effects of VEGFc are likely to be vascularily targeted, although we cannot fully rule out epithelial effects that could be evaluated using isolated cyst models. It will be worth re-examining the VEGF pathway in future experiments. Previous studies were performed in Han:SPRD rats, a model which does not harbor a human PKD-relevant mutation, \(^1,18\) with anti-VEGFA antibody causing worse renal function and enhanced kidney injury in one laboratory \(^9\) whereas ribozymes to block VEGFR1 and VEGFR2 reduced cyst volume density and improved renal function in another. \(^4\) An explanation for these findings is that simply blocking VEGFA is known to cause profound glomerular changes \(^9\) and the effects on cystic tubules could be secondary to these. The blockade of VEGFR2 by ribozymes may favor endogenous VEGFc binding to VEGFR3\(^+\) vessels, which our study has shown to be beneficial.

We questioned whether the positive effects of VEGFc are specific for Pkd1 mutants or have more widespread effects on cystogenesis by using mice with congenital polycystic kidneys (Cys1\textsuperscript{cpk/cpk} mice). This model is nonorthologous, but provides a rapid phenocopy of the pathology of human autosomal recessive PKD with massive collecting duct cystogenesis leading to uremic death by 3 weeks of age. \(^20\) First, we examined 2-week-old Cys1\textsuperscript{cpk/cpk} mice and found that the CD31\(^+\) and VEGFR3\(^+\) pericytic network of vessels were also disorganized compared with Cys1\textsuperscript{+/+} mice and that both markers colocalized (Supplemental Figure 4). The relative area occupied by the VEGFR3\(^+\) vessels was significantly increased in Cys1\textsuperscript{cpk/cpk} mice compared with wild-type littermates with a tendency for this to be the case for CD31\(^+\) vessels (Supplemental Table 2). VGFc was again provided daily from postnatal day 7 to day 14 (Figure 4A); a phase where there is rapid growth in the size of Cys1\textsuperscript{cpk/cpk} kidneys (Supplemental Figure 3). VEGFc administration to Cys1\textsuperscript{cpk/cpk} mice led to an improvement in gross morphology (Figure 4B) and a significant reduction in kidney/body weight ratio compared with those treated with PBS (Figure 4C). Cys1\textsuperscript{pk/pk} receiving VGFc had similar body weights to those given PBS but had a significantly lower kidney weight (0.6 g±0.1 and 0.5 g±0.1 in Cys1\textsuperscript{pk/pk} mice treated with PBS and VGFc, \( P<0.05 \)). VGFc treatment, did not, however, affect BUN concentration (Figure 4D). Kidneys of VGFc-treated Cys1\textsuperscript{pk/pk} mice had less prominent cysts (Figure 4, E–H) with a significantly smaller average cyst size (Figure 4I). VGFc increased the number of proliferating CD31\(^+\) and VEGFR3\(^+\) vessels in Cys1\textsuperscript{pk/pk} mice (Supplemental Table 2), which was associated with a reduction in the VEGFR3\(^+\) percentage area (Supplemental Table 2). VGFc administration did not alter the average cross-sectional area of the larger LYVE1\(^+\)/Prox1\(^+\) lymphatics in Cys1\textsuperscript{pk/pk} mice. Finally, VGFc treatment led to a modest but significantly extended survival of 1 week in Cys1\textsuperscript{pk/pk} mice (Figure 4J).

In conclusion, this study shows that an abnormal pericytic network of vessels is present from the early stages of PKD and becomes more disorganized as cystogenesis progresses. We demonstrated that intervening with VGFc enhances the phosphorylation of VEGFR3, which has been shown to lead to the proliferation, migration and rearrangement of vessels. \(^21\) VGFc treatment also reduces the severity of PKD, which is associated with improving the pattern of the pericytic vascular network, widening the large lymphatics and clearing inflammatory cells. The combination of these effects may have the potential to reduce edema, which is a regular feature of PKD. \(^22\) We do not yet understand why the kidney microvasculature is abnormal in PKD. One reason is that the vessels are

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simply distorted as cysts grow. Alternatively, there may be intrinsic defects in the vasculature, as has been reported in the skin lymphatics in Pkd1−/− and Pkd2−/− mice, 22 which may explain why the effects of VEGFC are more prominent in Pkd1null mice than Cys1cpk/cpk. Other studies have also demonstrated a role for Pkd1 in zebrafish lymphatic vessel morphogenesis.23

Future experiments should investigate VEGFC and other vascular growth factors perhaps in combination with epithelially targeted treatments. Ideally, these studies should include a slow-onset orthologous PKD1 model such as the Pkd1RC/RC mouse,24 since both of the models examined here progress very quickly, which did not allow the examination of multiple stages of cyst initiation, progression and end-stage PKD. In addition, detailed studies need to be performed to determine optimal doses and timing periods for VEGFC treatment. Combining epithelial and

Figure 3. VEGFC administration modulates the renal vasculature and reduces inflammation in Pkd1null mice. Pkd1wt/wt mice contained CD31+ and VEGFR3+ vessels arranged in a delicate linear network surrounding the kidney tubules (indicated by * in [A] and [B]); these vessels were disrupted in untreated Pkd1null mice (C,D) whereas administration of VEGFC to Pkd1null mice normalized these aberrant patterns (E,F). (G–I) Immunostaining for CD206-positive cells revealed prominent expression in the interstitial tissue surrounding cysts (*), but not in glomeruli (g) in Pkd1null mice, which was diminished after VEGFC therapy. Quantification of CD206-positive cells (J), n=5 to n=8 in each group. mRNA levels of Mrc1 (K), Arg1 (L), iNOS (M), Mcp1 (N), and Col3a1 (O) assessed by quantitative real-time PCR and presented relative to levels in Pkd1null kidneys, n=4 in each group (P, Q). Double-labeling in 3-week-old Pkd1null mice given vehicle with antibodies to detect either VEGFR2 or VEGFR3 and galectin-3, a marker for cyst epithelial cells derived from the collecting duct (arrows). All data are presented as mean±SEM. *P<0.05; **P<0.01; and ***P<0.001 between groups. Bar represents 50 μm in each panel.
endothelial therapies may generate the effective treatments urgently needed for these important human diseases.

CONCISE METHODS

Animal Models

Cys1<sup>+/+</sup> (The Jackson Laboratory, Bar Harbor, ME) and Pkd1<sup>nl/wt</sup> heterozygous mice were bred to generate wild-type and homozygous littermates for analysis. Cys1<sup>opk/opk</sup> mice were maintained on the C57BL/6J background for at least 25 generations and Pkd1<sup>nl/nl</sup> mice were maintained on CD1 background for more than ten generations. In some experiments, wild-type and homozygous Cys1 and Pkd1 mice were injected with either 100 ng/g body wt of recombinant VEGFC (R&D Systems Europe, Abingdon, UK) or vehicle (PBS) intraperitoneally daily. The daily volume administered was 20 µl, equivalent to providing 200 ml PBS to an adult human per day, or 20 ml/day to an infant. All animal procedures were approved by the UK Home Office.

Assessment of Renal Function

Blood was collected and BUN was assessed using a commercially available assay kit, validated in mice. Creatinine concentration was measured using isotope dilution electrospray mass spectrometry. Alanine aminotransferase was assessed using the Vitros 5600 clinical chemistry analyzer (Ortho Clinical Diagnostics, High Wycombe, UK).
Histologic Analysis and Immunohistochemistry

After anesthesia, the vasculature was perfused to ensure optimal tissue preservation and maintain vessel patency with 1% paraformaldehyde in PBS from a cannula inserted through the left ventricle into the aorta. Tissues were removed, fixed further by immersion in 1% paraformaldehyde for another 1 hour, washed in PBS, dehydrated and embedded in wax; then 5-μm sections were cut. Some sections were stained with periodic acid–Schiff reagent and hematoxylin to assess the overall histology. Pictures of whole stained kidneys were taken at low magnification under a dissecting microscope and the average area of individual cysts (defined as dilated tubules >0.01 mm² in cross-sectional area) was determined using ImageJ particle analysis (http://rsbweb.nih.gov/ij/). ImmunoRatio and ImageJ software were utilized as a percentage of the whole image using the area occupied by dilated tubules containing positive immunoreactivity was analyzed. Preimmune serum. Photomicrographs of each sample. Negative controls consisted of omission of primary antibodies or substitution with preimmune serum. Photomicrographs of 20 sequential fields using a ×20 objective were taken and the area of the kidney cortex containing positive immunoreactivity was analyzed as a percentage of the whole image using ImmunoRatio and ImageJ software. To circumvent any effects of cysts on the analyses. The area of the kidney sections positive for vascular markers was calculated as a percentage of the total CDS, 3,6-diaminidino-2-phenylindole area to circumvent any effects of cysts on the analyses. The numbers of proliferating CD31+ and VEGFR3+ vessels were counted and expressed as positive cell numbers/cm² of 4,6-diaminidino-2-phenylindole area. To measure epithelial proliferation the number of Ki67+ cells was determined per 500 in at least 50 small cysts <0.01 mm²; larger cysts >0.01 mm² were also assessed. The average area occupied by LYVE1+/Prox1+ vessels was measured by analyzing at least 20 vessels in each sample.

Immunoprecipitation and Western Blotting

Five hundred micrograms of protein from kidneys of Pkd1mikd mice that were given vehicle or VEGFC was isolated using RIPA buffer and incubated with Dynabead Protein G (Life Technologies, Carlsbad, CA), probed using a VEGFC antibody (sc-1881; Santa Cruz Biotechnology, Dallas, TX), Ki67 (ab6155; Abcam, Inc., Cambridge, UK), LYVE1 (AF2125, R&D Systems, Abingdon, UK), podoplanin (ab11936; Abcam, Inc.), PROX1 (11–022; AngioBio, Del Mar, CA), VEGFR2 (AF644; R&D Systems), VEGFR3 (AF743; R&D Systems). Serial sections were used to determine colocalization of vascular and lymphatic markers. After washing in PBS-Triton, sections were incubated with appropriate Cy3, AlexaFluor594 and AlexaFluor488 secondary antibodies and visualized by confocal microscopy. Images of whole kidney sections from fluorescently labeled slides were obtained using an Axio Scan.Z1 (Carl Zeiss, Munich, Germany) and were then quantified in ImageJ. The area of the kidney sections positive for CD206 was determined by the 2–ΔΔCt method. Primer details are available on request.

Statistical Analyses

All samples were assessed blinded to treatment. Data were presented as means±SEM. In experiments when differences between two groups were evaluated, data were analyzed by Mann–Whitney U test (IBM SPSS, Chicago, IL). When three or more groups were assessed one-way ANOVA with least square difference post hoc test (IBM SPSS) was used. Survival analysis was presented using the Kaplan–Meier estimate and assessed by the log-rank test. Statistical significance was accepted at P<0.05.

Acknowledgments

We thank UCL Biological Services, GOSH Chemical Pathology and Professor Neil Dalton (King's College London) for their assistance with animal experiments, and alanine aminotransferase and creatinine measurements, respectively. We thank Professor Paul Riley (University of Oxford) and Professor Paul Gissen (UCL Institute of Child Health) for helpful discussions regarding this work.

This work was supported by a studentship from Kids Kidney Research (to D.A.L., A.S.W., and P.J.D.W.), a project grant from Kidney Research UK (RP58/2013 to D.A.L. and P.J.D.W.) and a Bogue Research Fellowship to J.L.H. D.A.L. is supported by a Kidney Research UK Senior Non-Clinical Fellowship (SF1/2008) and a Medical Research Council New Investigator Award (MR/J003638/1). The contributions by Peter Baluk and Donald M. McDonald were supported in part by grants from the National Heart, Lung, and Blood Institute (P01-HL024136 and R01-HL059157) of the US National Institutes of Health. Karen L. Price is supported by the ICH/GOSH Biomedical Research Centre. Adrian S. Woolf was used to prepare cDNA and quantitative real-time PCR was performed for Arg1, Col206, Col3a1, iNos, Mcp1, Vegfa, Vegfc, Vegfr2, and Vegfr3 on a CFX96 Touch Real-Time PCR Detection System (Bio-Rad Laboratories, Ltd., Hemel Hempstead, UK) using SsoAdvanced Supermix (Bio-Rad Laboratories, Ltd.) with hypoxanthine-guanine phosphoribosyltransferase (Hprt) as a house-keeping gene. Fold-changes in gene expression were determined by the 2–ΔΔCt method. Primer details are available on request.
acknowledges grant support from the Manchester Biomedical Research Centre and the Medical Research Council (MR/K026739/1 and MR/L012707/1).

DISCLOSURES

J.L.H., P.J.D.W., and D.A.L. hold a patent related to therapies targeting the lymphatics in polycystic kidney disease.

REFERENCES


See related editorial, “Vascular Endothelial Growth Factor Therapy for the Kidney: Are We There Yet?”, on pages 1–3.

This article contains supplemental material online at http://jasn.asnjournals.orglookup/suppl?doi=10.1681/ASN.2014090856/-/DCSupplemental


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