

## Heparanase Accelerates Atherosclerosis In-vivo: New Insights from Genetically Altered Mice Models

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**Background:** The role of Heparanase, Heparan-sulfate degrading enzyme, in atherosclerosis development and lipid metabolism was evaluated *in vivo*.

**Methods:** Three different models were used:

- Ubiquitously over expressed heparanase transgenic mice.
- Heparanase knock-out mice on the background of ApoE<sup>-/-</sup>.
- Heparanase over-expression limited to the hematopoietic system using bone-marrow transplantation model.

Atherosclerosis was assessed quantitatively in all models; lipid profile and metabolism were studied.

**Results:** Heparanase was proved to be pro-atherogenic in all 3 models: Heparanase over-expressing mice had increased fatty streaks formation compared to control (23984 vs. 4189 $\mu\text{m}^2$ ,  $p < 0.001$ ); heparanase deficient mice (on ApoE<sup>-/-</sup> background) were relatively resistant to atherosclerosis compared to ApoE<sup>-/-</sup> mice (40462 vs 84660 $\mu\text{m}^2$ ,  $p = 0.035$ ); and ApoE<sup>-/-</sup> mice transplanted with bone marrow from heparanase over-expressors had increased atherosclerotic plaque area compared to ApoE<sup>-/-</sup> mice transplanted with C57BL/6 marrow (30415 vs. 11346 $\mu\text{m}^2$ ,  $p = 0.004$ ).

While in fasting state heparanase over-expression induced only slight elevation in triglycerides and cholesterol level, the difference became striking after oral fat load, while a mirror effect was documented in the heparanase deficient mice. Hepatic uptake of radiolabeled retinol was decreased in transgenic mice while plasma levels were higher - indicating reduced hepatic clearance of remnant lipoproteins, with an opposite effect demonstrated in heparanase deficient mice. No change in lipoprotein profile was demonstrated in the bone marrow transplantation model.

**Conclusions:** These three complementary models demonstrate, for the first time in-vivo, the pro-atherogenic effect of heparanase. The main mechanism involves reduced hepatic uptake of remnant lipoproteins with increased plasma availability of these atherogenic particles.