



VEGF-C/VEGFR-3 signalling in macrophages ameliorates acute lung injury

Masahiro Yamashita¹, Miyuki Niisato¹, Yasushi Kawasaki², Sinem Karaman ^{□3}, Marius R. Robciuc³, Yuji Shibata⁴, Yoji Ishida⁵, Ryosuke Nishio⁶, Tomoyuki Masuda⁴, Tamotsu Sugai⁴, Masao Ono⁷, Rubin M. Tuder⁸, Kari Alitalo³ and Kohei Yamauchi¹

¹Dept of Pulmonary Medicine, Allergy and Immunological Diseases, Iwate Medical University School of Medicine, Morioka, Japan. ²Dept of Health Chemistry, Iwate Medical University School of Pharmacology, Shiwa, Japan. ³Wihuri Research Institute and Translational Cancer Medicine Program, University of Helsinki, Helsinki, Finland. ⁴Dept of Pathology, Iwate Medical University School of Medicine, Shiwa, Japan. ⁵Dept of Hematology, Iwate Medical University School of Medicine, Shiwa, Japan. ⁶Nishio Cardiovascular Clinic, Kyoto, Japan. ⁷Dept of Pathology, Tohoku University Graduate School of Medicine, Sendai, Japan. ⁸Program in Translational Lung Research, Division of Pulmonary Sciences and Critical Care Medicine, Dept of Medicine, University of Colorado School of Medicine, Aurora, CO, USA.

Corresponding author: Masahiro Yamashita (yamam@iwate-med.ac.jp)



Shareable abstract (@ERSpublications)

VEGF-C/VEGFR-3 signals on macrophages ameliorate acute lung injury via multiple functions, including increased anti-inflammatory cytokine production and increased efferocytosis, and VEGFR-3 expression on macrophages is impaired in human ARDS https://bit.ly/3D8Au3j

Cite this article as: Yamashita M, Niisato M, Kawasaki Y, *et al.* VEGF-C/VEGFR-3 signalling in macrophages ameliorates acute lung injury. *Eur Respir J* 2022; 59: 2100880 [DOI: 10.1183/13993003.00880-2021].

This single-page version can be shared freely online.

Copyright ©The authors 2022. For reproduction rights and permissions contact permissions@ersnet.org

This article has an editorial commentary: https://doi.org/10.1183/13993003.03000-2021

Received: 16 Jan 2020 Accepted: 14 Aug 2021

Abstract

Background Successful recovery from acute lung injury requires inhibition of neutrophil influx and clearance of apoptotic neutrophils. However, the mechanisms underlying recovery remain unclear. We investigated the ameliorative effects of vascular endothelial growth factor (VEGF)-C/VEGF receptor 3 (VEGFR-3) signalling in macrophages in lipopolysaccharide (LPS)-induced lung injury.

Methods LPS was intranasally injected into wild-type and transgenic mice. Gain and loss of VEGF-C/VEGFR-3 signalling function experiments employed adenovirus-mediated intranasal delivery of VEGF-C (Ad-VEGF-C vector) and soluble VEGFR-3 (sVEGFR-3) or anti-VEGFR-3 blocking antibodies and mice with a deletion of VEGFR-3 in myeloid cells.

Results The early phase of lung injury was significantly alleviated by the overexpression of VEGF-C with increased levels of bronchoalveolar lavage (BAL) fluid interleukin-10 (IL-10), but worsened in the later phase by VEGFR-3 inhibition upon administration of Ad-sVEGFR-3 vector. Injection of anti-VEGFR-3 antibodies to mice in the resolution phase inhibited recovery from lung injury. The VEGFR-3-deleted mice had a shorter survival time than littermates and more severe lung injury in the resolution phase. Alveolar macrophages in the resolution phase digested most of the extrinsic apoptotic neutrophils and VEGF-C/VEGFR-3 signalling increased efferocytosis via upregulation of integrin α_v in the macrophages. We also found that incubation with BAL fluid from acute respiratory distress syndrome (ARDS) patients, but not from controls, decreased VEGFR-3 expression and the efficiency of IL-10 expression and efferocytosis in human monocyte-derived macrophages.

Conclusions VEGF-C/VEGFR-3 signalling in macrophages ameliorates experimental lung injury. This mechanism may also provide an explanation for ARDS resolution.