

Crosstalk between Nrf2 Signalling and Zinc in Human Coronary Artery Cells under Hyperoxia, Physiological Normoxia and Hypoxia

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Zinc is an important component of the cellular antioxidant defence and dysregulation of zinc homeostasis is a risk factor for coronary heart disease and is associated with oxidative damage in ischemia-reperfusion injury. This study aimed to (i) characterise the metallomics and redox phenotype of human coronary artery smooth muscle cells (HCASMC) and human coronary artery endothelial cells (HCAEC) adapted long-term (5 days) to hyperoxia (18 kPa O₂), physiological normoxia (5 kPa O₂) or hypoxia (1 kPa O₂) and (ii) investigate crosstalk between Zn and Nrf2 signalling under 18 or 5 kPa O₂. When HCASMC and HCAEC were adapted to 18, 5 or 1 kPa O₂, HIF-1 α stabilisation was only observed in cells under 1 kPa O₂. The redox phenotype of HCASMC adapted long-term to 5 kPa O₂, was affected negligibly as evidenced by negligible changes in intracellular GSH levels and Nrf2-targeted HO-1, whilst both were significantly lower in HCAEC adapted to 5 and 1 kPa compared to 18 kPa O₂. Total Zn66 levels determined by ICP-MS analysis were similar in HCASMC under 18, 5 kPa or 1 kPa O₂ (18 kPa = 0.345 \pm 0.090 ng/ μ g protein, 5 kPa = 0.298 \pm 0.020 ng/ μ g protein, 1 kPa = 0.441 \pm 0.058 ng/ μ g protein) but decreased as pericellular O₂ decreased in HCAEC (18 kPa = 0.345 \pm 0.056 ng/ μ g protein, 5 kPa = 0.267 \pm 0.032 ng/ μ g protein, 1 kPa = 0.177 \pm 0.020 ng/ μ g protein). The effects of pericellular O₂ levels on redox phenotype and total Zn66 content are thus cell-type specific. Notably, Zn supplementation induced Nrf2 nuclear accumulation in HCASMC not in HCAEC under 18 or 5 kPa O₂, and whilst Nrf2 siRNA silencing did not significantly alter Zn66 content in HCASMC it led to a significant decrease in HCAEC under 18 kPa O₂. Our study highlights the critical importance of adapting cells in vitro to physiological O₂ levels and provides the first insights into the crosstalk between Nrf2 and Zn in human coronary artery cells.