Excess placental secreted frizzled-related protein 1 in maternal smokers impairs fetal growth

Alice Wang,1,2 Zsuzsanna K. Zsengellér,2 Jonathan L. Hecht,2 Roberto Buccafusca,2 Suzanne D. Burke,2 Augustine Rajakumar,2 Emily Weingart,1 Paul B. Yu,4 Saira Salahuddin,2 and S. Ananth Karumanchi2

1Boston University Medical Center, Boston, Massachusetts, USA. 2Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA. 3Mercy College, New York, New York, USA. 4Brigham and Women’s Hospital, Boston, Massachusetts, USA.

Maternal cigarette smoking during pregnancy remains one of the most common and preventable causes of fetal growth restriction (FGR), a condition in which a fetus is unable to achieve its genetically determined potential size. Even though epidemiologic evidence clearly links maternal cigarette smoking with FGR, insight into the molecular mechanisms of cigarette smoke–induced FGR is lacking. Here, we performed transcriptional profiling of placentas obtained from smoking mothers who delivered growth-restricted infants and identified secreted frizzled-related protein 1 (sFRP1), an extracellular antagonist of endogenous WNT signaling, as a candidate molecule. sFRP1 mRNA and protein levels were markedly upregulated (~10-fold) in placentas from smoking mothers compared with those from nonsmokers. In pregnant mice, adenosivirus-mediated overexpression of sFRP1 led to FGR, increased karyorrhexis in the junctional zone, and decreased proliferation of labyrinthine trophoblasts. Consistent with our hypothesis that placental WNT signaling is suppressed in maternal smokers, we found that exposure to carbon monoxide analogs led to reduced WNT signaling, increased sFRP1 mRNA expression, and decreased cellular proliferation in a trophoblast cell line. Moreover, administration of carbon monoxide analogs to pregnant mice in late gestation led to FGR. In summary, our results indicate that the increased placental expression of sFRP1 seen in smokers impairs fetal growth by inhibiting WNT signaling and trophoblast proliferation.

Introduction

Fetal growth restriction (FGR), a condition in which a fetus is unable to achieve its genetically determined potential size, results in substantial perinatal and neonatal morbidity and mortality (1). Infants of mothers who smoke weigh on average 200–400 grams less than gestational age–matched controls (2), with the degree of fetal weight reduction relating directly to the quantity of smoke exposure (3). Size at birth also affects adult rates of mortality and morbidity (1, 4, 5). Chronic exposure of the fetus to the effects of tobacco smoke remains the most important preventable risk factor for FGR.

The cellular targets of gestational exposure to tobacco products are not known; however, the deleterious effects of smoking on fetal growth are thought to be mediated primarily by effects on the placenta. The changes seen in histomorphometric studies of placentas from smoking mothers (6–11) and the association of maternal cigarette smoking with FGR is well established, the mechanism by which smoking alters placental architecture is poorly understood, primarily because the molecular mechanisms regulating trophoblast proliferation and differentiation have not been fully elucidated.

To gain insight into how cigarette smoking can affect placental development and function, we performed an unbiased screen of genes in placentas from pregnancies affected by FGR and found marked dysregulation of the WNT/T cell–specific factor (WNT/TCF) signaling family. The WNT signaling family consists of a large family of highly conserved, secreted, glycosylated ligands known to be critical for embryonic development, cell proliferation, and fate determination, especially in progenitor cell populations critical for organ renewal (12, 13). Here, we report that placental upregulation of secreted frizzled-related protein 1 (sFRP1), a WNT antagonist (14) seen in maternal smokers, leads to FGR.

Results and Discussion

Smoking mothers have elevated placental gene and protein levels of sFRP1. To evaluate novel pathways that regulate fetal growth affected by mothers who smoke, we isolated placental RNA from smoking mothers with severe FGR and compared it by microarray analysis to that of nonsmoking mothers with appropriately grown fetuses. Analysis of the top upregulated and downregulated genes (Supplemental Figure 1A; supplemental material available online with this article; doi:10.1172/JCI80457DS1) revealed dramatic upregulation of SFRP1 mRNA in placentas from smoking mothers. Quantitative RT-PCR analysis of placental mRNA of a larger cohort of placentas from smoking mothers (n = 7) and nonsmoking mothers (n = 14) confirmed a >10-fold upregulation of SFRP1 in smokers (Figure 1A). sFRP1 protein expression levels were also found to be >10-fold higher in placentas exposed to maternal smoking (n = 9) compared with placentas of nonsmoking controls (n = 8) by immunoblot analysis (Figure 1, B and C). Pregnancy complications by smoking-related FGR (n = 3) had significantly increased placental
SFRP1 gene expression compared with pregnancies with preeclampsia-associated FGR ($n = 3$) and control pregnancies with gestational age–matched appropriate for gestational age (AGA) fetuses ($n = 6$) (Supplemental Figure 1B).

sFRP1 belongs to a family of soluble proteins called secreted frizzled-related proteins (sFRPs) that are important modulators of WNT signaling (15). sFRPs function as WNT antagonists by trapping WNT ligands or by binding frizzled to prevent the interaction of WNT ligands with their receptors (16). By immunohistochemistry staining for cytokeratin and sFRP1, sFRP1 appeared to be localized to invasive extravillous trophoblasts (Figure 1, D–G). In addition, consistent with previously published studies (17, 18), placenta from smoking mothers showed evidence of significantly decreased proliferative activity, as shown by Ki67 staining in cytotrophoblasts (Supplemental Figure 1, C and D). Taken together with prior gene-targeting experiments that suggest a role for WNT signaling in murine placental development (19–21), the present data support the concept that elevated placental expression of sFRP1 may lead to abnormalities in placentation.

**sFRP1 overexpression in pregnant mice leads to FGR.** While transgenic mice that globally overexpress the SFRP1 gene have been reported to be protected from cardiac rupture and myocardial infarction (22), analysis of fetal growth and placental function of the transgenic fetuses and transgenic mothers have not been reported. To specify a limited window of sFRP1 overexpression during pregnancy and to evaluate the significance of a circulating form of sFRP1, we created a truncated construct of sFRP1 lacking the heparin-binding domain and used a model of adenovirus-mediated gene transfer. Pregnant dams were injected with an adenovirus expressing a truncated version of sFRP1 (Supplemental Figure 2A) to induce expression of the protein in the systemic circulation. Expression of the soluble truncated sFRP1 in circulation was confirmed by immunoblot (Supplemental Figure 2B). After injection on E15, a time comparable to the human third trimester when the most rapid fetal growth occurs, fetuses from sFRP1 virus–treated dams ($n = 7$ litters, $n = 77$ fetuses) had a mean weight reduction of 149 mg, or 10.5%, compared with that of control virus–treated dams ($n = 9$ litters, $n = 120$ fetuses) (Figure 2A). The 10% reduction in fetal weights was consistent with the reported average birth weight differences between smokers and nonsmokers (2). Placental weights on E19 were unchanged (Figure 2B), consistent with epidemiological studies that reported no differences in mean placental weight in maternal smokers compared with nonsmokers (10, 23). Histological sections of murine placentas demonstrated increased spongiosotrophoblast karyorrhexis in the junctional zone of sFRP1 virus–treated fetuses compared with control placentas (Figure 2C). Ki67 staining, a marker of trophoblast proliferation, was 38% lower in the placentas of sFRP1 virus–treated animals compared with that in control placentas (Figure 2, D and E). Consistent with human epidemiological studies that demonstrate that the most deleterious effects of cigarette smoking occur in the last trimester of pregnancy (3, 24), elevated levels of sFRP1 by adenoviral overexpression appeared to have marked effects upon fetal weight growth when introduced during late gestation in mice, with increased karyorrhexis and decreased trophoblast proliferation noted in the placentas.

**Effect of carbon monoxide analogs on trophoblast proliferation and fetal growth.** Transcriptional activity of the canonical WNT signaling pathway was examined following transient expression of a TCF reporter plasmid in both HEK293 cells (Supplemental Figure 3) and the human trophoblast line HTR-8/SVneo (Figure 3A), with or without exposure to varying concentrations of cigarette smoke extract, carbon monoxide–releasing molecule

![Figure 1.](image-url)
weight reduction of 94 mg or 8%, compared with vehicle-injected mice (n = 5 litters, n = 67 fetuses) (Figure 3D). Prior studies examining the effect of cigarette smoking on WNT signaling have shown downregulation of the canonical WNT /β-catenin pathway, specifically in the airway epithelium of smokers (27) and in the lungs of neonatal mice after exposure to maternal smoking (28). In addition, epigenetic regulation of SFRP gene products has been reported in bladder cancer and glioblastoma multiforme (29, 30). Additional studies are needed to understand how carbon monoxide and other volatile components of cigarette smoke may modulate WNT signaling.

In summary, maternal cigarette smoking is associated with a significant upregulation of placental sFRP1. Adenoviral overexpression of sFRP1 and exposure to carbon monoxide analogs lead to FGR and reduced trophoblast proliferation. Our results suggest that disrupted WNT signaling may explain how smoking during pregnancy can lead to FGR. A greater understanding of how WNT signaling affects trophoblast proliferation and placental function may suggest strategies to help change the human development potential of our next generation.

(CO-RM2), and lithium chloride. Lithium chloride increased canonical WNT signaling, as previously reported (25). Unfractionated solubilized cigarette smoke extract, which lacks volatile components of cigarette smoke, did not modulate WNT-mediated transcriptional activity under these conditions. In contrast, carbon monoxide was found to suppress canonical WNT signaling potently and in a dose-dependent manner. Consistent with our hypothesis that maternal smoking is associated with a suppression of WNT signaling, we found that exposing HTR cells to the carbon monoxide analog CO-RM2 (100 μM) led to a nearly 2-fold increase in SFRP1 gene expression compared with exposing HTR cells to DMSO vehicle (Figure 3B). In addition, proliferation of trophoblastic cells, as measured by [3H] thymidine incorporation, was markedly inhibited in a dose-dependent manner by CO-RM2, compared with inactivated CO-RM2 and DMSO vehicle (Figure 3C). Finally, injection of CO-RM2 into pregnant mice at E15 significantly suppressed fetal growth, which is consistent with a prior published study that demonstrated reduced fetal weight in rats exposed to carbon monoxide (26). Pups from CO-RM2–treated dams (n = 5 litters, n = 63 fetuses) had a mean weight reduction of 94 mg or 8%, compared with vehicle-injected mice (n = 5 litters, n = 67 fetuses) (Figure 3D). Prior studies examining the effect of cigarette smoking on WNT signaling have shown downregulation of the canonical WNT/β-catenin pathway, specifically in the airway epithelium of smokers (27) and in the lungs of neonatal mice after exposure to maternal smoking (28). In addition, epigenetic regulation of SFRP gene products has been reported in bladder cancer and glioblastoma multiforme (29, 30). Additional studies are needed to understand how carbon monoxide and other volatile components of cigarette smoke may modulate WNT signaling.

In summary, maternal cigarette smoking is associated with a significant upregulation of placental sFRP1. Adenoviral overexpression of sFRP1 and exposure to carbon monoxide analogs lead to FGR and reduced trophoblast proliferation. Our results suggest that disrupted WNT signaling may explain how smoking during pregnancy can lead to FGR. A greater understanding of how WNT signaling affects trophoblast proliferation and placental function may suggest strategies to help change the human development potential of our next generation.
individual fetal weight was considered a biological replicate. Comparisons between multiple groups were made by ANOVA with Dunn’s post-test, with P values of less than 0.05 being considered significant.

Study approval. Human studies were approved by the institutional review boards at Beth Israel Deaconess Medical Center (BIDMC) and Boston University Medical Center. All animal studies were approved by the BIDMC Institutional Animal Care and Use Committee and were in accordance with the NIH’s Guide for the Care and Use of Laboratory Animals (8th ed. The National Academies Press. 2011).

Acknowledgments
A. Wang was supported by a Young Clinical Scientist Award from the Flight Attendant Medical Research Institute and Wing Tat Lee pilot funding from Boston University School of Medicine. S.D. Burke and S.A. Karumanchi were supported by the Howard Hughes Medical Institute. We thank Manoj Bhasin at the BIDMC Genomics Core Facility for help with microarray analysis.

Address correspondence to: Alice Wang, Boston University Medical Center, 771 Albany Street, Dowling 4109, Boston, Massachusetts 02118, USA. Phone: 617.414.3697; E-mail: alice.wang@bmc.org. Or to: S. Ananth Karumanchi, Beth Israel Deaconess Medical Center, 330 Brookline Ave., RN 370D, Boston, Massachusetts 02215, USA. Phone: 617.667.1018; E-mail: sananth@bidmc.harvard.edu.

Methods
Human studies. Placental tissue specimens were obtained immediately after vaginal or cesarean delivery. Subjects were divided into two groups (maternal cigarette smoking exposure and nonsmoking control) (Supplemental Table 1). The degree of maternal smoking exposure was obtained from self-reported information obtained from the medical chart. Any amount of regular cigarette use during pregnancy was considered to be active smoking. Smokers were then characterized as smoking FGR or smoking AGA. Nonsmoking pregnant women with gestational age–matched, AGA fetuses and nonsmoking women with preeclampsia-associated FGR were included as controls. FGR was defined as having a birth-weight below the fifth percentile based on the Alexander criteria (31).

Mouse studies. Timed pregnant CD1 mice were injected intravenously at E15 with adenovirus expressing sFRP1 or a control (CMV-null) virus (n = 7–9 pregnant mice per group), and phenotypes were evaluated at E19. Alternatively, animals were injected with CO-RM2 or 1% DMSO vehicle (n = 5 mice per group) during the same gestational window.

Transcriptome data. Transcriptome data were deposited in the NCBI’s Gene Expression Omnibus (accession no. GSE71931).

Supplemental Methods. Detailed protocols for other methods used are described in the Supplemental Methods.

Statistics. Statistical analyses were performed using Prism 6 software (Graphpad). A 2-tailed Student’s t test was used to analyze control and diseased or treatment groups. In analyzing fetal weights, each