Endothelial Tie1–mediated angiogenesis and vascular abnormalization promote tumor progression and metastasis

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The endothelial tyrosine kinase receptor Tie1 remains poorly characterized, largely owing to its orphan receptor status. Global Tie1 inactivation causes late embryonic lethality, thereby reflecting its importance during development. Tie1 also plays pivotal roles during pathologies such as atherosclerosis and tumorigenesis. In order to study the contribution of Tie1 to tumor progression and metastasis, we conditionally deleted Tie1 in endothelial cells at different stages of tumor growth and metastatic dissemination. Tie1 deletion during primary tumor growth in mice led to a decrease in microvessel density and an increase in mural cell coverage with improved vessel perfusion. Reduced angiogenesis and enhanced vascular normalization resulted in a progressive increase of intratumoral necrosis that caused a growth delay only at later stages of tumor progression. Concomitantly, surgical removal of the primary tumor decreased the number of circulating tumor cells, reduced metastasis, and prolonged overall survival. Additionally, Tie1 deletion in experimental murine metastasis models prevented extravasation of tumor cells into the lungs and reduced metastatic foci. Taken together, the data support Tie1 as a therapeutic target by defining its regulatory functions during angiogenesis and vascular abnormalization and identifying its role during metastasis.
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Introduction

The high demand for oxygen and nutrients of growing tumors with substantial intratumoral hypoxia gradients stimulates the recruitment of blood vessels through the continuous production of proangiogenic molecules in the tumor milieu (1). Tumor blood vessels grow highly irregular and tortuous, resulting in an abnormal and often poorly functioning vasculature (2–4). The loose association between the endothelium and perivascular cells in the tumor vasculature favors tumor cell intravasation through the vascular wall into the circulation, thereby promoting metastatic spreading to secondary sites (1). The dependence of tumor growth on an adequate supply of blood vessels has stimulated the development of antiangiogenic drugs, most notably compounds targeting the VEGF/VEGFR pathway (5). Antiangiogenic drugs have become part of first-line cancer therapy, however, their efficacy is limited and their mechanism of action is incompletely understood. Originally developed with the goal of starving tumors to death, it is widely recognized today that the clinical efficacy of antiangiogenic drugs results from a combination of partial vascular pruning and normalization of intratumoral microvessels. As a result, the remaining tumor vasculature is better perfused, thereby enabling an improved efficacy of chemotherapeutic agents (6).

The limited efficacy of clinically approved anti-VEGF/VEGFR drugs has stimulated the search for other angiogenesis-regulating pathways whose cotargeting with the VEGF pathway would yield synergistic therapeutic effects. Among these, the angiopoietin/Tie ligand receptor pathway has received particular attention. Ang/Tie signaling controls later steps of the angiogenic cascade related to vascular maturation and acquisition of the quiescent endothelial cell (EC) phenotype (7). Angiopoietin-1 (Ang1) is paracrine acting and is the primary agonistic ligand of Tie2 (8). Its multimeric structure can bind the Tie2 extracellular domain homodimer for strong Tie2 activation (9).

In turn, Ang2 is produced by ECs and acts in an autocrine manner as a partial Tie2 agonist, i.e., it quenches Tie2 signaling in the presence of Ang1 and weakly stimulates Tie2 in the absence of Ang1 (10, 11). Indeed, because of its dimeric conformation, Ang2 fails to bridge Tie2 extracellular domain homodimers, limiting receptor dimerization and activation (9). As an antagonist of constitutive Ang1/Tie2 signaling, Ang2 acts contextually, enabling angiogenesis in the presence of angiogenic growth factors or driving vessels into regression in the absence of angiogenic stimuli (12). Ang2 is strongly upregulated during tumor angiogenesis and is consequently intensely pursued as an antiangiogenic target (13–15). Yet, recent clinical studies have

Authorship note: S. La Porta and L. Roth contributed equally as co–first authors.

Conflict of interest: The authors have declared that no conflict of interest exists.

Submitted: April 19, 2017. Accepted: November 30, 2017.

identified limited clinical benefits of cotargeting Ang2 with VEGF in advanced colorectal tumors, which may correspond to earlier preclinical studies suggesting that Ang2 is only transiently active during the early stages of tumor growth (16, 17). Whereas Tie2 is well characterized as the primary Ang/Tie signaling receptor, the function of the second Tie receptor, Tie1, is much less understood. Tie1 does not bind the angiopoietin ligands and is to this day considered an orphan receptor (18). Yet, Tie1 is essential for vascular development: Tie1-deficient mice have no overt angiogenetic defects, but their vasculature fails to mature and embryos die during late gestation (19, 20). Functionally, Tie1 acts as a contextual regulator of Tie2, as it counterregulates Tie2 in angiogenic tip cells and sustains Tie2 signaling in remodeling stalk cell vasculature (21). As a result, conditional postnatal deletion of Tie1 in ECs results in reduced retinal vascularization, with increased EC apoptosis and induced vascular regression (21, 22). In adult mice, Tie1 shedding thus contributes to the antagonist role of Ang2 on Tie2 signaling (23, 24).

Tie1 is functionally involved in important vascular pathologies, including atherosclerosis and tumor angiogenesis (22, 25). It has long been known that Tie1 is prominently upregulated in the intratumoral vasculature (26–30), but its functional contribution to tumor progression has only recently been explored. Condition-
Together, the data revealed a substantial antiangiogenic effect of Tie1iECKO that resulted in a delay in tumor growth, but only at later stages of tumor growth.

Tie1iECKO promotes vascular normalization. We next assessed the vasculature properties of tumors grown in Tie1iECKO mice for 14 days by quantitating the perivascular coverage and vessel perfusion. We found that mural cell coverage, assessed on the basis of costaining for desmin or αSMA with CD31, was significantly increased in Tie1iECKO tumors compared with that seen in WT tumors (Figure 2, A–D). Moreover, we observed a strong reduction in the number of angiogenic sprouts per vessel (Figure 2E and Supplemental Figure 5, A and D), indicative of a more mature and quiescent vasculature. We also observed an increase in perivascular coverage in the B16F10 tumor model (Supplemental Figure 4, A–D). Reduced angiogenic sprouting and increased mural cell coverage resulted in a significant enhancement of perfusion of the tumors grown in Tie1iECKO mice (Figure 2F and Supplemental Figure 5, A and D).
remaining intratumoral vessels in Tie1iECKO mice, evidenced by the intraluminal accumulation of fluorescent lectin injected i.v. into the tumor vasculature (Figure 2, F and G). These findings demonstrated the strong antiangiogenic and pro-vascular normalization effects of Tie1 deletion in ECs, which caused a delay in tumor growth at late stages of tumorigenesis, once the reduced microvessel density became rate limiting.

**Endothelial Tie1 deletion induces vessel normalization prior to necrosis progression.** To precisely study the role of Tie1 in determining the temporal relationship between angiogenesis, vascular abnormalization, and tumor growth, we performed timeline experiments to analyze the vascular phenotype at earlier stages (days 9 and 12 after tumor cell inoculation). On day 9, we observed no major changes in microvessel area or density (Figure 3, A and B, and Supplemental Figure 6A and B) or in tip cell sprouting (Supplemental Figure 5A and B) in Tie1iECKO tumors compared with WT tumors. Similarly, we found no differences in desmin- or αSMA-covered vessels (Figure 3C, D, and Supplemental Figure 6A and B) or in tumor cell necrosis (Figure 3E and Supplemental Figure 6D) between the 2 experimental groups. However, there was already a minor but significant improvement in microvessel perfusion in the Tie1iECKO group (Figure 3F and Supplemental Figure 6C). Hence, Tie1 deletion did not drastically affect the early phases of tumor growth but did affect the primary tumor vasculature and, subsequently, tumor growth only at later stages. Correspondingly, the vessel area and density in tumors harvested on day 12 were significantly decreased in Tie1iECKO tumors compared with WT tumors (Figure 3A and B, and Supplemental Figure 6E and F), as was the number of tip cell sprouts per vessel (Supplemental Figure 5A and B). Comitantly, mural cell coverage and perfusion were increased in Tie1iECKO tumors (Figure 3C, D, and F, and Supplemental Figure 6E–G), whereas no increase in tumor cell necrosis was detectable in Tie1iECKO tumors on day 12 (Figure 3E and Supplemental Figure 6H). Together, the data indicate that EC Tie1 deletion has a direct effect on the vascularization of primary tumors prior to the build-up of tumor necrosis.

**Tie1 promotes tumor cell intravasation, resulting in lung metastasis and reduced survival.** Normalized vasculature is more efficient in oxygen and nutrient delivery compared with tumor vasculature and constitutes a tighter endothelial barrier, rendering tumor cells less prone to escape. Normalization is therefore generally associated with a reduction of metastasis (2). To analyze the role of Tie1 during metastasis, we performed tumor resection experiments, in which the primary tumor was surgically removed once it had grown to approximately 0.8 cm³ in size (day 14). This experimental approach circumvented termination of the experiment because of primary tumor growth and also modeled the clinical situation in which tumor patients survive the primary tumor as a result of successful surgery but succumb to metastatic disease that develops after the operation.
found that 7 of 11 cultures obtained from WT mice developed colonies. In contrast, only 2 of 10 cultures obtained from Tie1 iECKO mice grew colonies, suggesting that a reduced number of tumor cells had escaped from the primary tumor site into the circulation upon EC Tie1 deletion (Figure 4D).

In order to study the role of Tie1 in tumor cell transmigration through the endothelium, we performed an in vitro tumor cell transmigration assay, in which fluorescence-labeled LLC cells were allowed to transmigrate through an EC monolayer grown on Transwell inserts. siRNA-mediated silencing of Tie1 in HUVECs resulted in a significant reduction of tumor cell migration across the EC monolayer (Figure 4E). Correspondingly, Cdh5 mRNA in isolated tumor ECs and VE-cadherin protein expression in tumor sections were significantly increased in Tie1iECKO mice 14 days after LLC inoculation (Figure 4, F–H). Together, the combination of in vivo and in vitro studies suggested that deletion of endothelial Tie1 reduces tumor cell intravasation and limits metastasis.

WT and Tie1iECKO mice, in which LLC tumors had been surgically removed 14 days after tumor cell inoculation, were followed for another 3 weeks and sacrificed on day 35, when the lungs were examined for metastases (Figure 4A). At this time, 10 of 14 (71%) control mice had metastatic foci, whereas only 1 of 14 (7%) Tie1iECKO mice developed metastases (Figure 4B). This translated into improved overall survival of Tie1iECKO mice in another experiment, in which mice were followed for 100 days (Figure 4C). Indeed, 85% of the animals from the Tie1iECKO group were still alive 100 days after surgery, whereas only 30% of the control mice had survived (Figure 4C).

In order to relate metastasis to the occurrence of circulating tumor cells (CTCs), we next plated in culture freshly drawn blood from tumor-bearing mice at the time of surgical tumor resection. After 2 weeks in culture, we counted outgrown fluorescence-labeled LLC CTC colonies under a fluorescence microscope and found that 7 of 11 cultures obtained from WT mice developed colonies. In contrast, only 2 of 10 cultures obtained from Tie1iECKO mice grew colonies, suggesting that a reduced number of tumor cells had escaped from the primary tumor site into the circulation upon EC Tie1 deletion (Figure 4D).
experiments indicated that the reduction in postsurgical lung metastases correlated with a decrease in tumor cell transmigration through the EC layer, leading to a reduction in the number of CTCs. Tie1 thus affects the first steps of the metastatic cascade, whereby tumor cells escape from the primary tumor and intravasate into the circulation. Tie1 promotes tumor cell extravasation and seeding but does not affect the growth of seeded micrometastases. The previous experiments revealed a metastasis-promoting effect of Tie1 during intravasation. To investigate its contribution to subsequent steps of the metastatic cascade, B16F10 cells were directly i.v. injected into the circulation, allowing the examination of seeding, extravasation, and colonization of CTCs independently of spontaneous intravasation from the primary tumor (31). Mice were injected with 4 doses of tamoxifen (see Supplemental Figure 1C for deletion efficacy), and B16F10 cells were injected via the tail vein 1 week after the last tamoxifen dose. Mice were sacrificed, and their lungs were analyzed 2 weeks after tumor cell inoculation. The graph shows the number of WT and Tie1ECKO mice that developed lung metastases (black) 2 weeks after i.v. injection of B16F10 cells (n = 5). (B) Representative H&E-stained images of lung tissue from WT and Tie1ECKO mice. Arrowheads indicate metastatic foci. Scale bar: 3 mm. (C) Quantification of the number of lung metastases per mouse (n = 5). *P < 0.05, by 2-tailed Mann-Whitney U test. (D) Schematic representation of the experimental design. LLC cells were injected s.c., and tumors were resected on day 14. Endothelial Tie1 was thereafter deleted via tamoxifen administration. Mice were sacrificed, and lungs were analyzed 3 weeks after the primary tumor resection. Graph shows the number of WT and Tie1iECKO mice that developed lung metastases (black) 3 weeks after surgical removal of the primary tumor (n = 8). (E) Representative H&E-stained images of lung tissue from WT and Tie1iECKO mice. Arrowheads indicate metastases. Scale bar: 3 mm. (F) Quantification of the metastatic areas in lungs from WT and Tie1iECKO mice (n = 6 WT; n = 7 Tie1iECKO). Statistical significance was determined by a 2-tailed Mann-Whitney U test. Error bars represent mean ± SD.

Figure 5. Deletion of endothelial Tie1 reduces tumor cell extravasation and seeding but does not affect seeded micrometastasis. (A) Schematic representation of the experimental metastasis model. Mice were preinjected with 4 doses of tamoxifen, and B16F10 cells were injected i.v. 1 week after the last tamoxifen dose. Mice were sacrificed, and their lungs were analyzed 2 weeks after tumor cell inoculation. The graph shows the number of WT and Tie1ECKO mice that developed lung metastases (black) 2 weeks after i.v. injection of B16F10 cells (n = 5). (B) Representative H&E-stained images of lung tissue from WT and Tie1ECKO mice. Arrowheads indicate metastatic foci. Scale bar: 3 mm. (C) Quantification of the number of lung metastases per mouse (n = 5). *P < 0.05, by 2-tailed Mann-Whitney U test. (D) Schematic representation of the experimental design. LLC cells were injected s.c., and tumors were resected on day 14. Endothelial Tie1 was thereafter deleted via tamoxifen administration. Mice were sacrificed, and lungs were analyzed 3 weeks after the primary tumor resection. Graph shows the number of WT and Tie1iECKO mice that developed lung metastases (black) 3 weeks after surgical removal of the primary tumor (n = 8). (E) Representative H&E-stained images of lung tissue from WT and Tie1iECKO mice. Arrowheads indicate metastases. Scale bar: 3 mm. (F) Quantification of the metastatic areas in lungs from WT and Tie1iECKO mice (n = 6 WT; n = 7 Tie1iECKO). Statistical significance was determined by a 2-tailed Mann-Whitney U test. Error bars represent mean ± SD.

Next, we analyzed whether EC Tie1 deletion would also affect the growth of seeded micrometastases. To this end, we modified the primary tumor tamoxifen application protocol (Figure 4A) to delete Tie1 in lung ECs only after surgical removal of the primary tumor (Figure 5D; see Supplemental Figure 1D for deletion efficacy). In this experiment, 6 of 8 (75%) WT mice and 7 of 8 (87.5%) Tie1ECKO mice developed macroscopically detectable lung metastases (Figure 5D), with similar lung metastatic areas on histological analysis (Figure 5, E and F). As with the findings in primary tumors, lung metastases in Tie1ECKO mice showed a decrease in microvessel area and density, but no significant difference in mural cell coverage (Supplemental Figure 7). Taken together, Tie1 deletion inhibited tumor cell extravasation and seeding at secondary sites, but as was observed in the primary tumors, it did not affect the early growth of metastatic tumors.

Tie1 deletion favors Tie2-expressing endothelium and promotes stabilization through increased Ang1 expression. The orphan receptor Tie1 exerts its effects on angiogenesis and vascular maturation by contextually affecting Ang1/Tie2 signaling (21, 23, 24). We therefore performed cytokine array experiments (Supplemental Figure 8A) to assess the protein level of Ang1, Ang2, and other molecules in tumors grown in WT and Tie1ECKO mice. The expression of both Ang1 and Ang2 was increased in tumors from Tie1ECKO mice compared with expression levels in WT mouse tumors (Figure 6A and Supplemental Figure 8B). However, the ratio of Ang1 to Ang2 expression shifted toward Ang1 (Figure 6B). Intratumoral expression of VEGF was not significantly affected by EC Tie1 deletion (Supplemental Figure 8, A and C). Interestingly, we detected a strong reduction of Kdr (encoding VEGFR2) mRNA expression in FACS-sorted isolated tumor ECs
from Tie1ECKO mice, 14 days after tumor cell injection (Figure 6C), confirming that EC \( Kdr \) expression is strongly regulated by Ang/Tie signaling (32). Unlike \( Kdr \), \( Tek \) (encoding Tie2) mRNA levels in FACS-isolated tumor ECs were not altered (Figure 6D), and, similarly, total Tie2 protein levels in tumor lysates were not changed in Tie1iECKO mice (Figure 6, E and F). However, the microvessel density in Tie1iECKO tumors was strongly reduced (Figure 1, C and D), with a pronounced reduction of angiogenic sprouts (Figure 2E). Given that Tie2 is negatively regulated during angiogenesis (33, 34), we therefore hypothesized that EC Tie1 may not directly regulate EC Tie2 expression but rather affects the fraction of Tie2-negative angiogenic ECs, as has been suggested during postnatal mouse retinal angiogenesis (21).

Indeed, by quantitating the colocalization index of Tie2 and the pan-endothelial marker CD31 in tumor sections, we detected a significant increase in the percentage of Tie2-positive ECs (stalk cells) in the vasculature of tumors grown in Tie1iECKO mice and, therefore, a reduction of Tie2-negative endothelium (tip cells) (Figure 6, G and H). Quantitative analysis of Tie2 activation in vivo turned out to be technically challenging and did not yield robust or reproducible findings. To circumvent these difficulties, we designed a cellular surrogate experiment, in which cultured HUVECs were exposed to the same Ang1/Ang2 ratio that was observed in the tumors grown in WT and in Tie1ECKO mice (Figure 6B). Cellular mimicry of the knockout (silencing of Tie1 and shift of the Ang1/Ang2 ratio from 0.3 to 0.5) resulted in a significant increase in phosphorylated Tie2 (p-Tie2) in cultured HUVECs (Supplemental Figure 8, D and E).

In conclusion, the vascular normalization caused by Tie1 deletion in the primary tumor is a result of increased Ang1 in the tumor microenvironment and an increased fraction of Tie2-positive ECs.

**Discussion**

In contrast to the Tie2 ligand Ang2, the orphan receptor Tie1 has been much less studied in the context of tumor angiogenesis (22). Like Ang2, Tie1 is transcriptionally strongly upregulated in the angiogenic vasculature and downregulated in resting ECs (21, 26, 27, 29, 30, 35). Functionally, Tie1 has been shown to contextually affect Tie2 signaling by acting as an antagonist of Tie2 in angiogenic tip cells and sustaining Tie2 signaling in remodeling stalk cells (21). During inflammation, Tie1 is proteolytically cleaved, which contributes to the regulation of the antagonistic versus agonistic effects of Ang2 on Tie2 (23, 24). Building on the previous demonstration of a tumor growth–inhibiting effect of genetic Tie1 deletion (22), we used conditional genetic models of inducible Tie1 deletion at different stages of primary tumor growth and metastasis to show that EC-specific inactivation of Tie1 (a) strongly inhibits sprouting angiogenesis and thereby reduces intratumoral microvessel density and tumor growth; (b) improves perfusion of the residual, more mature, microvessels; (c) limits intravasation of CTCs and thereby reduces metastasis; and (d) limits metastatic tumor cell extravasation.

Conditional deletion of Tie1 in ECs at different stages of primary tumor growth and metastasis confirmed the previously reported antiangiogenic effect of EC Tie1 deletion (22) and enabled beyond that the temporal analysis of Tie1 effects on tumor...
angiogenesis and metastasis. Indeed, until day 9 of tumor growth, Tie1 deletion did not induce substantial changes in the Tie1iECKO tumor vasculature. Yet, we observed a reduction in tip cell sprouts, resulting in a strong antiangiogenic effect 12 days after tumor cell inoculation that was even more pronounced by day 14. The progressive and drastic decrease in microvessel area and density in the Tie1iECKO tumors led to increased primary tumor hypoxia and subsequent tumor necrosis, which eventually resulted in tumor growth delay only at later stages.

The temporal pattern of Tie1 deletion is in sharp contrast to the effects of genetic Ang2 deletion in the same models, which inhibits its early stages of tumor growth but does not affect later stages of tumor progression (17). Although global Ang2 deletion and endothelium-specific Tie1 deletion similarly result in vessel normalization with higher rates of pericyte coverage, the underlying cellular mechanisms appear to be different. Whereas Ang2 deletion affected pericyte coverage with a limited effect on sprouting angiogenesis (17), the increase in vessel normalization in Tie1iECKO mice appeared to result primarily from the abrogation of the immature tip cell vasculature, leaving behind a more covered and better-perfused mature vasculature. The sustained antiangiogenic effect of EC Tie1 deletion eventually resulted through successive pruning in a normalized (i.e., mural cell covered and well perfused) but, in terms of microvessel density, insufficient, vasculature, leading to hypoxia, necrosis, and tumor growth delay. This interpretation is also supported by Tie1iECKO experiments during physiological postnatal retinal angiogenesis, which caused tip cell apoptosis and vascular regression (21). Likewise, Tie1 deletion has been shown to upregulate the Notch pathway (22), which similarly argues for a primary tip cell phenotype. As such, differences in the target cell population of Ang2 and Tie1 could mechanistically explain the previous observation that, in preclinical models, Tie1 targeting synergizes with blocking of the angiopoietins, but not with targeting of the VEGF/VEGFR axis (22).

In line with the effect of Tie1 deletion on sprouting tip cells, Tie1iECKO led to the strengthening of endothelial adherens junctions by upregulating Cdh5 mRNA and protein expression. Tighter endothelial junctions and higher overall perivascular coverage preserve vascular integrity, leading to improved vessel perfusion with decreased vessel permeability. Therefore, Tie1iECKO blood vessels form a strong barrier that is less prone to tumor cell extravasation at the primary tumor site and extravasation at the metastatic site. This was validated in the present study in a postsurgical spontaneous metastasis model, in which Tie1iECKO–induced primary tumor vasculature normalization exerted an inhibitory effect on lung metastasis, with increased overall survival. Tie1 deletion in this model not only affected early extravasation steps during the metastatic cascade, but also extravasation and seeding at the secondary site. Yet, Tie1 deletion at later steps, when metastatic colonization had taken place, did not reduce metastatic incidence or burden, but phenocopied the primary tumor behavior with reduced microvessel area and density (the late primary tumor growth delay could not be observed in the metastases, because the experiment had to be abandoned for ethical reasons). Similar findings have recently been reported for neuroblastomas, in which targeting of statin limited the number of tumor nodules by reducing tumor cell extravasation and seeding, without affecting the growth of preseeded micrometastases (36).

Mechanistically, the contribution of Tie1 to Tie2 signaling is still poorly understood. Because Tie1 is not ligand binding, it has been hypothesized that Tie1 contributes to Tie2 signaling by heterodimerization via interaction of the fibronectin type III domain n3 (9) and/or by affecting the binding of the angiopoietin ligands to Tie2 (21, 37–39). Elegant recent work has shown that acute inflammation causes Tie1 ectodomain shedding, which in turn leads to downregulation of Tek mRNA, reduction of p-Tie2, and upregulation of Ang2 expression. In this context, Tie1 shedding prevents the agonistic action of Ang2 and favors its antagonistic role on Tie2, thereby leading to vascular remodeling (23, 24). Similar effects were observed in Tie1iECKO mice, in which deletion of the orphan receptor favored Ang2 antagonistic activity on Tie2 (23). However, these effects were only observed in acutely challenged mice. As such, the effects in chronically growing tumors may be different from those seen with acute inflammation and sepsis. In fact, we observed in the present study that Tie1 deletion did not induce changes in Tie2 mRNA expression, but promoted an increase in Tie2 protein on a per-EC basis and an enhancement of its phosphorylation levels (studied in a cellular surrogate experiment). Moreover, both, Ang1 and Ang2 were upregulated, with the Ang1/Ang2 ratio being shifted toward Ang1. Ang1 overexpression is known to increase Tie2 activation and maintain a quiescent EC phenotype while sustaining vessel integrity (40, 41). Furthermore, endothelial Kdr expression was strongly downregulated, which corresponded to the reported regulation of Kdr by Ang2 during liver regeneration (32). Together, the concordance of the gene expression changes strongly argues for a Tie2 gain-of-function phenotype, with antiangiogenic- and vessel normalization-promoting effects in the tumor vasculature of Tie1iECKO mice. Corresponding to these results, the ligand-independent activation of Tie2 through pharmacological inhibition of VE-PTP has been shown to result in normalization and enhanced perfusion of the primary tumor vasculature. Yet, as in the present study, this was an early tumor growth phenotype that was associated with a reduction of tumor cell extravasation at secondary sites and delayed progression of existing micrometastases (42). An inhibition of tumor growth and of distant metastasis has also been reported by blocking of the Ang ligands through adenoviral administration of soluble Tie2 (43). The authors had interpreted this as a Tie2 inhibition phenotype. However, shift of the Ang1/Ang2 ratio toward Ang2 within tumors more likely suggests that the resulting phenotype actually occurred as a consequence of Tie2 gain of function (43).

Antiangiogenic therapies have thus far primarily focused on the VEGF/VEGFR axis. VEGF is the predominant angiogenic factor produced by cancer and stromal cells during tumor neovascularization (44). However, this strategy has shown limitations, mainly because of refractoriness or evasive escape of the tumor cells (45). To overcome these limitations, second-generation antiangiogenic drugs have been developed for combination therapies with established anti-VEGF/VEGFR therapies. In this context, the strong upregulation of Ang2 in the tumor endothelium (46, 47) and its destabilizing effect on tumor vasculature (48) have made this cytokine a very attractive therapeutic target. Its inhibition in association with VEGF therapy normalizes tumor vasculature and has shown pronounced effects on overall survival in preclinical tumor models (49, 50). Yet, these preclinical findings have not yet translated into an improved therapeutic effect of VEGF/
Ang2 cotargeting in human clinical trials (16). The present study provides experimental evidence suggesting that Tie1 targeting is mechanistically and temporally different from Ang2 and VE-PTP blockade and supports a strong rationale for exploiting Tie1 as a therapeutic target. Tie1 inhibition strongly promotes intratumoral vascular normalization with downregulation of VEGFR2 and a shift of the Ang1/Ang2 ratio toward Ang1. It thereby exerts antiangiogenic and antimetastatic effects. Moreover, the strong differential of Tie1 expression in the angiogenic versus the resting vasculature makes Tie1 an attractive target for therapeutic applications. Future work will need to establish under what conditions Tie1 blockade acts synergistically with anti-VEGF/VEGFR therapy or whether Tie1 targeting could potentiate Ang2-targeting drugs in triple Tie1/Ang2/VEGF combination therapies.

Methods

Cells. HUVECs (obtained from Promocell) were cultured in endopan-3 medium completed with the corresponding supplements (PAN Biotech GmbH). LLC cells (obtained from ATCC), LLC-red fluorescent protein (LLC-RFP) cells (provided by Andreas Fischer, DKFZ), and B16F10 cells (ATCC) were cultured in DMEM plus 10% FCS (Invitrogen, Thermo Fisher Scientific) and 1% penicillin-streptomycin. All cells were cultured at 37°C and 5% CO2 and routinely tested negative for mycoplasma by PCR.

Transfection of cells. For gene-silencing experiments, HUVECs were separately transfected with 100 nM of 2 different Tie1 siRNAs (s14140 and s14142) or noncoding siRNA (Life Technologies, Thermo Fisher Scientific) using Oligofectamine (Life Technologies, Thermo Fisher Scientific; 12252-011) in Opti-MEM plus GlutaMAX-I (Life Technologies, Thermo Fisher Scientific). Validation of Tie1 downregulation was done by qRT-PCR, and functional experiments were performed 48 hours after transfection, when the deletion efficacy was 80% and 70% for s14140 and s14142, respectively.

HUVEC stimulation assay. A surrogate cellular experiment was designed to study the consequences of Tie1 deletion in combination with a shift of the Ang1/Ang2 ratio as observed in the in vivo tumor experiments (Figure 6B). To mimic the WT condition, HUVEC were transfected with control siRNA and stimulated with a combination of 200 ng/ml recombinant Ang1 (R&D Systems) and 650 ng/ml recombinant Ang2 (R&D Systems). To mimic the Tie1 ΔECKO condition, HUVECs were transfected with Tie1 siRNA (2 independent siRNAs) and stimulated with a combination of 400 ng/ml recombinant Ang1 and 800 ng/ml recombinant Ang2 (different ratio and difference in absolute concentrations reflecting the findings of the intratumoral analyses; Supplemental Figure 8B). Prior to stimulation, HUVECs were starved for 6 hours in basal medium (Endopan). EC stimulation was performed in EC basal medium for 20 minutes. Cells were then washed with cold 1× PBS and lysed for human p-RTK array analysis.

Transmigration assay. Control-transfected or Tie1-silenced HUVECs (1 × 10⁵) were plated in Endopan medium in the top chamber of 6.5-mm/8.0-μm 0.2% gelatin-coated Transwells (Corning) overnight. PKH67 red fluorescent dye-labeled (MilliporeSigma) LLC cells (1 × 10⁶) were added to the top chamber in DMEM 10% FCS, with DMEM 10% FCS in the bottom chamber. Eight hours later, Transwells were washed and fixed with Roti-Histofix 4% for ten minutes, and cell numbers were analyzed by fluorescence microscopy and quantified using ImageJ software (NIH).
Table 1. List of Abs used for EC isolation by FACS sorting

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<th>Target protein</th>
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<td>Rat</td>
<td>BD Pharmingen</td>
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Table 2. List of TaqMan assays

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Western blot analysis. Tumor pieces were lysed in a Tris-NaCl buffer (25 mM/150 mM) containing 5 mM EDTA, 1% NP-40, 100 mM NaF, and 10 mM Na₃P₂O₇ in the presence of 1 mM orthovanadate and Proteinase-Inhibitor Mix G (SERVA Electrophoresis). The tumor lysates were heated to 95°C in sample buffer, subjected to SDS-PAGE, and blotted onto a MEOH-activated PVDF membrane probed with the desired Abs. Western blot analysis was performed using HRP-conjugated secondary Abs (DAKO), and bound Ab was visualized using ECL (Pierce, Thermo Fisher Scientific). When indicated, the resultant intensities were quantified using Fiji software.

Proteome profiler. The cytokine array was performed on tumor pieces lysed in 1% Triton X-100 buffer in TBS-T in the presence of 1 mM orthovanadate according to the manufacturer’s instructions (R&D Systems). Four samples (50 μg each) per condition were used, and each dot blot was quantified using Fiji software after background subtraction.

A human p-RTK array was performed on HUVECs lysed in 10 μg/ml aprotinin (MilliporeSigma), 10 μg/ml leupeptin (Tocris), and 10 μg/ml pepstatin (Tocris) in Lysis Buffer 17 (R&D System) according to the manufacturers’ instructions. A total amount of 150 μg protein, pooled from 4 independent experiments of the same siRNA transfection, was used. Quantification was performed using Fiji software after background subtraction.

Statistics. Statistical analysis was performed using GraphPad Prism version 5 (GraphPad Software). Data are expressed as the mean ± SD or SEM. Comparisons between 2 groups were made using a 2-tailed Student’s t test, Mann-Whitney U test, 2-way ANOVA, or a Gehan-Breslow-Wilcoxon test. A P value of less than 0.05 was considered statistically significant.

Study approval. All animal experiments were approved by the Bezirksregierung Karlsruhe regulatory committee in Karlsruhe, Germany (permits G61/13 and G171/15).

Author contributions
SLP, LR, SS, and HGA conceived and supervised the research, analyzed data, and wrote the manuscript. SLP, LR, SS, MS, CS, BS, and CM performed experiments and analyzed data. All authors read and approved the submission of this manuscript.

Acknowledgments
The authors would like to acknowledge the excellent technical support of the DKFZ laboratory animal facility and the DKFZ light microscopy core facilities. We wish to thank Anja Runge (German Cancer Research Center, Heidelberg, Germany) for valuable suggestions and discussions. This work was supported by the SFB-TR23 Vascular Differentiation and Remodeling project (project A3, to HGA); the SFB873 Maintenance and Differentiation of Stem Cells in Development and Disease project (project B6, to HGA); and the Leducq Transatlantic Network of Excellence – Lymph Vessels in Obesity and Cardiovascular Disease (to HGA).

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