GENE THERAPY FOR PULMONARY ARTERIAL HYPERTENSION WITH BONE MORPHOGENETIC PROTEIN RECEPTOR TYPE-2 MODULATION VIA ENGINEERED ENDOTHELIAL PROGENITOR CELLS OR A TARGETED ADENO-VIRAL CONSTRUCT: CHANGES IN SMAD AND NON-SMAD SIGNALLING CONTRIBUTED TO AMELIORATION OF DISEASE

ΒY

REBECCA L HARPER

A thesis submitted in fulfilment of DOCTOR OF PHILOSOPHY

in the



Discipline of Medicine, School of Medicine,

Faculty of Health Sciences,

University of Adelaide

January 2016

To my love, Ninh.

And to all the rural kids who dare to look beyond the horizon.

ABSTRACT

Pulmonary arterial hypertension (PAH) is a rare but devastating disease and despite available therapeutics, survival remains at 3-5 years. Reduced expression of the bone morphogenetic protein receptor type 2 (BMPR2) is causally linked to hereditary, idiopathic and secondary forms of PAH. Thus, we proposed that up-regulation of BMPR2 may be therapeutic. As proof of concept, we've previously attenuated PAH in animal models through BMPR2 targeted gene delivery using Adenoviral (Ad) vectors. However, further understanding of the cell signalling mechanisms involved, as well as overcoming limitations with viral vector approaches is required to progress this approach to the clinic. Endothelial progenitor cells (EPCs) may be the key to avoiding the shortcomings of Ad-vector technology. EPCs are important for angiogenesis as well as tissue repair and have been shown to have altered function and abundance in patients with PAH. Manipulating these cells may be an alternate means to up-regulate BMPR2 in lungs affected by PAH, thereby avoiding some of the limitations of viral gene delivery techniques and enabling easier clinical translation.

Herein, I confirmed disease reversal in the rat monocrotaline (MCT)induced PAH model following targeted gene delivery of BMPR2 to the pulmonary vascular endothelium and assessed the relevant BMPR2 mediated Smad pathways in whole lung tissue, 10 days following treatment. Microarray technology was utilised to identify any novel molecular targets, with results from this indicating that a peak Smad signalling effect was missed at this 10 day time-point. However, the microarray did indicate potential changes in BMPR2 mediated non-Smad signalling. PAH reversal was then assessed 2 days following targeted gene delivery of BMPR2 to the pulmonary endothelium and further assessment of BMPR2 mediated Smad and non-Smad pathways were analysed in the subsequent whole lung tissue.

Moving towards a more clinically applicable therapy, cell therapy using *ex vivo* engineered EPCs to deliver BMPR2 to the pulmonary endothelium was investigated in the rat MCT-induced PAH model. To do this, the technique to isolate and culture rat bone marrow derived EPCs (r-EPCs) was developed. Successful transduction of these cells to over-express BMPR2 was optimised and these now engineered cells were used as a vehicle to deliver BMPR2 to the pulmonary vasculature via intravenous injection into rats with MCT-induced PAH. Amelioration of PAH was confirmed 10 days following the cell therapy treatment and subsequent protein analysis of BMPR2 mediated Smad pathways in the whole lung tissue saw changes activated Smad1/5/8.

The development of new therapies for PAH is critical. BMPR2 modulation is a novel therapeutic strategy which addresses the well known underlying pathology of BMPR2 deficiency that occurs not only in hereditary PH, but secondary PH and most PAH animal models. The success of our highly novel pre-clinical BMPR2 cell therapy may lead the way for further development of other BMPR2 therapies, as well as give significant insight into the pathophysiology of this devastating disease.

DECLARATION

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

I give consent to this copy of my thesis when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968. The author acknowledges that copyright of published works contained within this thesis resides with the copyright holder(s) of those works. I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library Search and also through web search engines, unless permission has be granted by the University to restrict access for a period of time.

> Rebecca L Harper, July 25, 2016

ACKNOWLEDGEMENTS

To have the privilege of undertaking and completing a PhD in medicine was not a goal I imagined to be possible for myself. There have been many instrumental people who have contributed to the success of this work, of whom I am eternally grateful and would like to particularly mention.

Firstly, thank you to my supervisor Prof. Paul Reynolds, who is responsible for giving me the opportunity to pursue a dream I didn't ever think I was capable of. For empowering me to voice my ideas and giving me the freedom to explore all possibilities. For always having time, when in reality, you had no time to give at all. Thank you for instilling in me the importance of scientific rigour and for teaching me the value of small details and hard work. Your humble nature and quiet determination inspires me everyday and I will forever be grateful that I've had the privilege to have you as a mentor.

I would also like to acknowledge and thank my second supervisor A/Prof. Claudine Bonder. I'm very grateful for your positive nature and easy going approach. At times it lifted me to a higher level of motivation and confidence. You are a shining example of who I aspire to be, both professionally and personally.

To all my colleagues at the Lung Research Laboratory, past and present, in particular Dr Ann Reynolds who taught me all the technical skills to complete this work, and who has become a very dear friend of mine. Your support and advice throughout my PhD studies has been invaluable.

A special thanks to my family who have all been very supportive in many different ways. You have always supported me tremendously in every endeavour and I will forever be grateful for that. I would like to thank Aesha and Kallan for the perspective they gave me when they entered my life, for teaching me what is important and for being the most wonderful kids anyone could hope to have.

To my darling Ninha, thank you for instilling patience in me, for inspiring me to be better everyday just by being who you are. Thank you for always lifting me up and never pulling me down. For being a selfless and strong pillar for me to depend on always. Thank you for motivating me during the tough times and for enabling me to be assertive and to have confidence in my capabilities. Thank you for being the greatest friend I could ever wish for and giving me a renewed sense of life.

PUBLICATIONS

JOURNAL ARTICLES

Accepted

- R L Harper, A M Reynolds and P N Reynolds, Changes in Smad Signalling Leads to Amelioration of PAH Following Gene Delivery of BMPR2, accepted Respirology, September, 2015.
- F Feng, R L Harper and P N Reynolds, BMPR-2 gene delivery reduces mutation-related PAH and counteracts TGFβ mediated pulmonary cell signalling, accepted Respirology, September, 2015.

In preparation

- 1. R L Harper, C S Bonder and P N Reynolds, *Endothelial Progenitor Cells Over-expressing BMPR2 Ameliorates PAH in A Rat MCT Model.*
- 2. R L Harper, C S Bonder and P N Reynolds, *Biodistribution of Engineered Endothelial Progenitor Cells Following Intraveneous Injection into Rats.*
- 3. R L Harper, C S Bonder and P N Reynolds, *Identification of Novel Therapy Targets following a Microarray Study of rat lungs from a disease reversal model of MCT-induced PAH.*

- R L Harper and P N Reynolds, Smad and Non Smad Signalling in PAH Following BMPR2 Gene Delivery, presented as a poster presentation at the 2015 ATS Annual Scientific Meeting, Denver, CO, May 2015
- R L Harper and P N Reynolds, Up-regulation of BMPR2 in Rat Derived Endothelial Progenitor Cells Leads to the Attenuation of PAH in a MCT Rat Model, presented as a poster presentation at the 2015 ATS Annual Scientific Meeting, Denver, CO, May 2015.
 Recipient of ATS Scholarship
- 3. R L Harper and P N Reynolds, *BMPR2 Replacement Therapy via In Situ Gene Delivery or Engineered Endothelial Cells Alleviates PAH in a Rat Model*, presented as a poster presentation at the 2015 American Society of Gene and Cell Therapy, Annual Scientific Meeting, New Orleans, LO, May 2015.
- 4. R L Harper and P N Reynolds, BMPR2 Upregulation Via in situ Gene Delivery or Via Engineered Endothelial Progenitor Cells Alleviates Pulmonary Arterial Hypertension (PAH) in a Rat Model, presented as an oral presentation at the 2015 TSANZ, Annual Scientific Meeting, Gold Coast, QLD, May 2015.

Winner of the Ann Woolcock Young Investigator of the Year

- 5. R L Harper and P N Reynolds, *Identification of Novel Cellular Signalling Pathways Following Gene Delivery of Bone Morphogenetic Protein Receptor Type-2: A Microarray Study,* presented as an oral presentation at the 2014 TSANZ Annual Scientific Meeting, Adelaide, April, 2014.
- 6. R L Harper and P N Reynolds, *Identification of Novel Cellular Signalling Pathways Following Gene Delivery of Bone Morphogenetic Protein Receptor*

Type-2: A Microarray Study, presented as an oral presentation at the 2014 TSANZ Annual Scientific Meeting, Adelaide, April, 2014.

- 7. R L Harper, C S Bonder and P N Reynolds, Isolation and Characterisation of a Defined Populations of Endothelial Progenitor Cells from the Left Ventricle: A Pilot Study, presented as a poster presentation at the 2014 TSANZ Annual Scientific Meeting, Adelaide, April, 2014.
- R L Harper, A M Reynolds and P N Reynolds, *BMPR2 Gene Delivery* Shifts Intracellular Smad Activation Profile, presented as a poster presentation at the 2012 European Respiratory Society Annual Congress, Vienna, September, 2012.
- R L Harper, A M Reynolds and P R Reynolds, *Changes in Smad Signalling Leads To Amelioration of PAH Following Gene Delivery of Bone Morphogenetic Protein Receptor Type 2*, Am J Respir Crit Care Med, vol. 185, pg. A6517, 2012. Presented as an oral presentation at the 2012 ATS Annual Conference, San Francisco, 2012.
- 10. R L Harper, A M Reynolds and P R Reynolds, Gene Delivery of Bone Morphogenetic Protein Receptor Type 2 Ameliorates PAH via Changes in Smad Signalling, in proceedings of Respirology, vol 17, pg. 19, 2012. Presented as an oral presentation at the TSANZ Annual Scientific Meeting, Canberra, 2012
- 11. R L Harper, A M Reynolds and P R Reynolds, Amelioration Of PAH Following Gene Delivery Of BMPR2 Via Changes in Smad Signalling, in proceedings of Respirology, vol 17, pg. 19, 2012. Poster presented at the South Australian Cardiovascular Research Forum, 2012.
- S Pradeepan, R Harper, A Thornton, S Johnston and H Greville, β-Blocker Usage by Patients Referred For Lung Function Testing: An Observational Study, in proceedings of Respirology, vol. 16, pg. TP-155, 2011.

- R Harper, S Johnston and A Thornton, *Six Minute Walk Test: Compliance with ATS Guidelines*, in proceedings Respirology, vol. 15:1, pg. A8, March, 2010. Poster presented at Australian and New Zealand Society of Respiratory Science (ANZSRS) Annual Scientific Meeting, Brisbane, March, 2010.
- 14. R Harper, P Roger, S Johnston and A Thornton, *15 Years of Inter-Laboratory Quality Control, in proceedings,* Respirology, vol. 14:1, pg. A5, April, 2009. Poster presented at Australian and New Zealand Society of Respiratory Science (ANZSRS) Annual Scientific Meeting, Darwin, April, 2009.

INVITED PRESENTATIONS

- 1. Japanese Respiratory Society, ASM, Tokyo. April, 2015.
- Asia Pacific Respiratory Society, ASM, Kuala Lumpur. December, 2015.

AWARDS AND SCHOLARSHIPS

- Ann Woolcock Young Investigator of the Year 2015, Thoracic Society of Australia and New Zealand.
 A single prestigious annual award open to both Australia and New Zealand.
- 2. Asia Pacific Young Investigator Award 2015, Asia Pacific Respiratory Society.

A single award open to all nations in the Asia Pacific region to represent the region at the Japanese Respiratory Society, ASM, Tokyo.

- South Australia/ NT Branch, Young Investigator of the Year 2015, Thoracic Society of Australia and New Zealand.
 A single annual award open to candidates from South Australia and Northern Territory.
- 4. **Abstract Scholarship** 2015, Pulmonary Circulation Committee, American Thoracic Society.

A \$500 award given to outstanding ATS ASM submissions.

- Dawes Top-up Scholarship. 2013-2015.
 \$5,000 pa scholarship, selected by the Royal Adelaide Hospital Research Committee.
- Lions Medical Research Foundation Top-up Scholarship. 2012-2015.
 One of three \$10,000 pa scholarships for PhD projects, selected by the Lions Medical Foundation.
- 7. Australian Postgraduate Award 2012-2015.Scholarships awarded to top honours students to undertake their PhD.
- 8. Scicchitano Award 2012.

Annual \$5,000 award given to outstanding research in the field of Thoracic Medicine.

CONTENTS

De	edicat	tion						iii
Ał	Abstract iv					iv		
De	eclara	tion						vi
A	cknov	vledgei	ments					vii
Ρt	ıblica	tions						viii
Li	st of I	Figures	3					xxi
Li	st of '	Tables					x	xvi
A	crony	ms					x	xvii
_								
Ι	INT	RODUC	TION					1
1	PUL	MONA	RY ARTERIAL HYPERTENSION					2
	1.1	Classi	fication	•	•	•	•	4
2	PUL	MONA	RY ARTERIES IN THE LUNG					8
	2.1	Overv	view		•	•	•	8
		2.1.1	Anatomy		•	•	•	8
		2.1.2	Histology		•	•	•	11
		2.1.3	Physiology		•	•	•	13
	2.2	Right	Heart		•	•	•	14
		2.2.1	Right Ventricle Anatomy		•	•	•	15
		2.2.2	Right Ventricle Histology		•	•	•	15
		2.2.3	Right Ventricle Physiology		•	•	•	15
	2.3	Endot	thelial Cells and Blood Vessels		•		•	17
	2.4	Endot	helial Cells and Vascular Disease		•		•	19
3	DIS	EASE P	ATHOGENESIS					21
	3.1	Overv	view		•		•	21
	3.2	Plexif	orm Lesions				•	24

		3.2.1 Molecular Changes	5
	3.3	Inflammation	5
	3.4	Disrupted Cellular Function	6
		3.4.1 Endothelial Cell Dysfunction	6
		3.4.2 Smooth Muscle Cell Dysfunction	7
	3.5	Gene Mutation in PAH	8
4	BON	NE MORPHOGENETIC PROTEIN RECEPTOR TYPE 2 3	0
	4.1	Overview	0
	4.2	Genomic Information and Receptor Structure	2
	4.3	Bone Morphogenetic Proteins	3
	4.4	Smad Signalling Pathway 3	4
	4.5	Non-Smad Signalling Pathway 3	7
	4.6	Mutations in the BMPR2 gene	8
5	EXP	PERIMENTAL MODELS OF PAH 4	2
	5.1	Overview	2
	5.2	Monocrotaline Model	4
	5.3	Chronic Hypoxia Model	5
	5.4	Sugen-5416/ Hypoxia Model	.6
	5.5	Transgenic Mouse Models	7
	5.6	Summary	0
6	TRE	EATMENT 5	1
	6.1	Overview	1
	6.2	Current Treatments	2
		6.2.1 Calcium Channel Blockers	2
		6.2.2 Endothelin-Receptor Antagonists	4
		6.2.3 Prostacyclin Therapy	5
		6.2.4 Phosphodiesterase-5 Inhibitors	6
		6.2.5 Combination Therapy 5	6
	6.3	Emerging Treatments	7
		6.3.1 Riociguat	7

		6.3.2	FK506(Tacrolimus)	57
		6.3.3	Cell Therapy	58
7	GEN	E THE	RAPY	60
	7.1	Overv	'iew	60
	7.2	Viral V	Vectors	62
		7.2.1	Adenovirus	62
		7.2.2	Retrovirus	64
		7.2.3	Adeno-associated Virus	64
	7.3	Non-v	viral Vectors	67
	7.4	Gene	Therapy and PAH	67
		7.4.1	BMPR2 Replacement Therapy	68
8	CON	ICLUSI	ON	69
тт				
II			METHODOLOGY	71
9	MET		AND MATERIALS	72
	9.1	Cell C	Culture	72
	9.2	Aden	oviral Vector Preparation	72
		9.2.1	Virus Amplification	72
		9.2.2	Cesium Chloride Purification of Virus	73
		9.2.3	Particle and Infectious Titre	74
	9.3	Rat de	erived EPC Isolation and Characterisation	75
		9.3.1	Extraction, Isolation and Culture of Rat derived EPCs .	75
		9.3.2	Rat derived EPC characterisation	76
		9.3.3	Flow Cytometry	76
		9.3.4	Rat derived EPC AdCMVGFP Transduction Studies	77
		9.3.5	Rat derived EPC Transduction with AdCMVBMPR2myc	77
		9.3.6	Analysis of AdCMVBMPR2myc Transduction in r-EPCS	78
	9.4	Physic	ological Studies	78
		9.4.1	Construction of Fab-9B9: ACE Targeted Gene Delivery	
			Conjugate	78

		9.4.2	Validation of ACE Targeted Gene Delivery in vitro via	
			Luciferase Assay	79
		9.4.3	Validation of ACE Targeted Gene Delivery in vivo via	
			Luciferase Assay	79
		9.4.4	Animals	80
		9.4.5	Bio-Distribution Studies of Rat derived EPCs in Sprague-	
			Dawley Rats	80
		9.4.6	Protein Analysis: 1 hour post BMPR2-EPC injection	81
		9.4.7	Rat Monocrotaline Model	82
		9.4.8	AdBMPR2 Studies: 2 and 10-day time-points	82
		9.4.9	AdBMPR2-EPC Studies: 10-day Time-point	84
	9.5	Anim	al Tissue Processing and Analysis	85
		9.5.1	Tissue Extraction and Preparation	85
		9.5.2	Smad and Non-Smad Pathway Analysis	86
		9.5.3	RNA extraction	87
	9.6	Micro	array Studies	87
		9.6.1	Ingenuity Pathway Analysis	88
	9.7	Statis	tical analysis	88
				0
III	RE	SULTS		89
10			EDIATED SMAD SIGNALLING ANALYSIS	90
			<i>v</i> iew	90
			ioration of PAH: 10 days following AdBMPR2 treatment	96
	10.3	Activa	ation of Smad pathways was inconclusive 10-days fol-	
		lowin	g AdBMPR2 treatment	97
	10.4	Reduc	ction in right ventricular hypertrophy in MCT-induced	
		PAH	rats only 2 days post AdBMPR2 treatment	101
	10.5	Activa	ation of Smad1/5/8: 2 days following AdBMPR2 treat-	
		ment		103
	10.6	Effect	on Smad3 activation: 2 days following AdBMPR2 treat-	
		ment		104

	10.7 Discussion and Conclusions	106
11	MICROARRAY STUDIES	110
	11.1 Overview	110
	11.2 Gene expression profiles differ between treatment groups	112
	11.3 Preliminary Analysis	114
	11.4 Ingenuity Pathway Analysis: main summary	116
	11.5 Non-Smad pathways identified in the pathway analysis	118
	11.6 Discussion and Conclusions	122
12	NON-SMAD SIGNALLING PROFILES ARE ALTERED FOLLOWING	
	BMPR2 MODULATION	126
	12.1 Overview	126
	12.2 PI3K is significantly increased 2 days following AdBMPR2	
	treatment	127
	12.3 De-activation of p38 MAPK: 2 days following AdBMPR2 treat-	
	ment	128
	12.4 Discussion and Conclusions	130
13	GENE THERAPY USING ENDOTHELIAL PROGENITOR CELLS	134
	13.1 Overview	134
	13.2 Isolation and characterisation of rat derived EPCs	137
	13.2.1 Morphological Assessment	137
	13.2.2 Flow cytometric analysis	139
	13.3 Efficient transduction of rat derived EPCs	139
	13.3.1 AdCMVGFP	139
	13.3.2 AdCMVLuc	140
	13.4 Successful BMPR2 Up-regulation in Rat Derived EPCs	141
	13.5 Discussion and Conclusion	143
14	AMELIORATION OF PAH FOLLOWING BMPR2 DELIVERY VIA AUG-	
	MENTED <i>ex vivo</i> rat derived epcs	147
	14.1 Overview	147
	14.2 Bio-distribution of Rat derived EPCs	150

		14.2.1 <i>In vivo</i> Luciferase Peak Signalling Time-curve	150
		14.2.2 R-EPCs home to the lung following IV injection	152
	14.3 BMPR2 up-regulation 1 h following BMPR2-EPC treatment . 15		
	14.4 Activation of the Smad1/5/8 pathway 1 h following BMPR2-		
	EPC treatment		
	14.5 BMPR2 Augmented Rat derived EPCs ameliorates PAH in		
		the rat MCT model	156
	14.6	Comparison of AdBMPR2 treatment with BMPR2-EPCs treat-	
		ment: FI 10-days following treatment	158
	14.7	Discussion and Conclusions	160
15	SMA	D SIGNALLING PROFILES ARE ALTERED FOLLOWING BMPR2	
	моі	DULATED EX VIVO EPC DELIVERY	164
	15.1	Overview	164
	15.2	BMPR2 expression is increased 10-days following EPC and	
		BMPR2-EPC treatment	165
	15.3	Activation of the Smad1/5/8 pathway 10-days following BMPR	.2-
		EPC treatment	166
	15.4	Decrease in activated Smad3 10-days following BMPR2-EPC	
		treatment	167
	15.5	Discussion and Conclusions	169
IV		NOT HOLONG AND EVENDE MODY	4-0
		NCLUSIONS AND FUTURE WORK	173
16			174
		Conclusions	
	16.2	Future Work	183
Ap	penc	lices	188
Α	ACE	TARGETING	189
	A.1	ACE Targeting <i>in vitro</i> Results	189
	A.2	ACE Targeting <i>in vivo</i> Results	189
В	MIC	ROARRAY	191

	B.1	Bioan	alyzer Results	191		
	B.2	Samp	Sample list of significant genes from MCT Only vs MCT +			
		AdBM	IPR2Fab-9B9 comparison	194		
C	HUN	MAN E	PCS	196		
	C.1	Huma	an derived Endothelial Progenitor Cells	196		
		C.1.1	Isolation, Culture and Characterisation of h-EPCs from			
			the peripheral blood	196		
		C.1.2	Transduction of h-EPCs with AdCMVGFP	198		
		C.1.3	Transduction of h-EPCs with AdCMVBMPR2myc	200		
ΒI	BIBLIOGRAPHY 201					

LIST OF FIGURES

Figure 1	A Kaplan-Meier plot of survival for patients with	
0	PAH over 3 years	2
Figure 2		10
Figure 3	Changes in cell composition as blood vessels progress	
0 9		12
Figure 4		14
Figure 5		16
Figure 6	Cross section of a normal rat heart and a rat heart	
		17
Figure 7	Schematic demonstrating the role of endothelial cells	~/
rigure /		10
T : 0		19
Figure 8		23
Figure 9	Converging factors of PAH pathogenesis	24
Figure 10	Role of inflammation in PAH	27
Figure 11	TGF- β Super-family of Receptors $\ldots \ldots \ldots \ldots$	31
Figure 12	BMPR2 chromosome and gene with germline muta-	
	tions for PAH	32
Figure 13	BMPR2 receptor	33
Figure 14	BMPR2 mediated Smad1/5/8 signalling pathway	35
Figure 15	TGF- β mediated Smad2/3 signalling pathway	36
Figure 16	BMPR2 mediated non-Smad signalling pathway	37
Figure 17	TGF- β mediated non-Smad signalling pathways \ldots	38
Figure 18	Mechanism of Truncating and Missense mutations in	
	the BMPR2 gene	40
Figure 19	A Kaplan-Meier plot of the disease Severity of Trun-	
	cating vs Missense mutations over time	41

Figure 20	Targeted molecular pathways and actions of current
	approved PAH therapies
Figure 21	Updated PAH evidence based treatment algorithm 53
Figure 22	Mechanism of adenovirus, adeno-associated virus and
	retrovirus entering the cell and integrating their DNA 66
Figure 23	Cesium chloride centrifugation purification method . 74
Figure 24	Tissue culture infectious dose TCID ₅ 0 Assay \ldots 75
Figure 25	Placement of left and right heart catheters for hemo-
	dynmamic assessment
Figure 26	Example of hemodynamic pressure traces taken from
	a healthy rat
Figure 27	Up-regulation of BMPR2 mediated Smad1/5/8 and
	down-regulation of pSmad3 following BMPR2 trans-
	duction of HMVEC-LBl
Figure 28	Hemodynamic assessment of MCT-induced PAH fol-
	lowing AdBMPR2Fab-9B9 treatment
Figure 29	Consistency of animal health at the time of hemody-
	namic analysis
Figure 30	Immunoblot proetin analysis of BMPR2 mediated Smad1/5/8
	signalling pathway in whole rat lung 10-days follow-
	ing AdBMPR2 treatment 100
Figure 31	Immunoblot protein analysis of TGF- β mediated Smad2/3
	dependent signalling pathway in whole rat lung 10-
	days following AdBMPR2 treatment 101
Figure 32	Reduction in right ventricular hypertrophy in MCT-
	induced PAH rats only 2 days post AdBMPR2Fab-
	9B9 treatment 102
Figure 33	Body weight of animals at the time of Fulton Index
	measurement

Figure 34	Immunoblot protein analysis of BMPR2 mediated Smad
	dependent signalling pathways in whole rat lung 10-
	days following AdBMPR2 treatment 104
Figure 35	Immunoblot protein analysis of TGF- β mediated Smad2/3
	dependent signalling pathway in whole rat lung 10-
	days following AdBMPR2 treatment 105
Figure 36	Principle Component Analysis Graph of gene expres-
	sion differences between each treatment group from
	the MCT-induced PAH: 10 days following AdBMPR2
	treatment
Figure 37	Venn diagram of microarray results
Figure 38	ERK1/2 Network Map: a cell signalling network iden-
	tified by the IPA analysis of the gene expression pro-
	file of rat lungs 10 days following AdBMPR2 treat-
	ment in MCT-induced PAH rats
Figure 39	MAPK Network map: a cell signalling network iden-
	tified by the IPA analysis of the gene expression pro-
	file of rat lungs 10 days following AdBMPR2 treat-
	ment in MCT-induced PAH rats
Figure 40	eIF2 Network map: a cell signalling network identi-
	fied by the IPA analysis of the gene expression profile
	of rat lungs 10 days following AdBMPR2 treatment
	in MCT-induced PAH rats
Figure 41	Immunoblot protein analysis of BMPR2 mediated non-
	Smad dependent PI3K signalling pathway 129
Figure 42	Immunoblot protein analysis of BMPR2 mediated non-
	Smad dependent p38 MAPK signalling pathway 130
Figure 43	Phase contrast images of rat derrived EPCs 138
Figure 44	Flow cytometric analysis of rat derived EPCs 140

Figure 45	Assessment of transduction efficiency of AdCMVGFP
	in r-EPCs
Figure 46	Luciferase activity following r-EPC transduction with
	AdCMVLuc
Figure 47	Immunoblot proetin analysis of BMPR2 expression
	in r-EPCs following AdBMPR2 transduciton 142
Figure 48	Immunoblot proetin analysis of myc expression in r-
	EPCs following AdBMPR2 transduciton 143
Figure 49	Luminescence time-curve in live rats post IV injection
	of AdTrackLuc transduced EPCs
Figure 50	Luminescence scanning of rats post IV injection of
	AdTrackLuc transduced r-EPCs
Figure 51	Quantification of luminescence scanning of rats post
	IV injection of AdTrackLuc transduced r-EPCs 153
Figure 52	Immunoblot protein analysis of BMPR2 in whole rat
	lungs 1 h following BMPR2-EPC treatment 154
Figure 53	Immunoblot protein analysis of the BMPR2 mediated
	Smad1/5/8 signalling pathway in whole rat lung 1 h
	following BMPR2-EPC treatment 155
Figure 54	Hemodynamic assessment of MCT-induced PAH fol-
	lowing BMPR2-EPCs treatment 158
Figure 55	Consisteny of animal health at the time of hemody-
	namic assessment 159
Figure 56	Fulton index measurement 10 days post BMPR2-EPC,
	EPC Only and AdBMPR2-Fab-9B9 treatments in SD
	rats with MCT induced PAH
Figure 57	Immunoblot protein analysis of BMPR2 expression
	in whole rat lung 10-days following BMPR2-EPCs
	treatment

Figure 58	Immunoblot protein analysis of BMPR2 mediated Smad1/5/8
	signalling pathways in whole rat lung 10-days fol-
	lowing BMPR2-EPC treatment
Figure 59	Immunoblot protein analysis of TGF-β mediated Smad3
	signalling in whole rat lung 10-days following BMPR2-
	EPC treatment 168
Figure 60	Luciferase assay of CHO and CHO-2C2 cells to assess
	the targeting ability of Fab-9B9 fractions in vitro 189
Figure 61	Luciferase assay of CHo and CHO-2C2 cells to assess
	the targeting ability of Fab-9B9 fractions <i>in vitro</i> 190
Figure 62	Choosen samples for microarray. (A) MCT+AdTrackLucFab-
	9B9; (B) MCT+AdCMVBMPR2Fab-9B9
Figure 63	Exmaple list of significant genes resulting from the
	microarray analysis
Figure 64	Isolation, cultre and characterisation technique of h-
	EPC
Figure 65	Phase contrast image and fluorescent image of h-EPCs 198
Figure 66	Flow cytometric analysis of h-EPCs derived from the
	left ventricle
Figure 67	Immunoblot image of BMPR2 up-regulation in h-EPCs
	following AdCMVBMPR2myc transduction 200

LIST OF TABLES

Table 1	Updated classification of pulmonary hypertension 6
Table 2	Modified New York Heart Association functional clas-
	sification scale \ldots 7
Table 3	Relevant animal models of Group 1 pulmonary hy-
	pertension 43
Table 4	Transgenic mouse models of PAH
Table 5	Raw hemodynamic data obtained 10 days following
	AdBMPR2 treatment
Table 6	False discovery rate report of mircroarray results from
	the MCT-induced PAH: 10 days following AdBMPR2
	treatment
Table 7	IPA main summary of analysis
Table 8	Raw hemodynamic data obtained 10 days following
	AdBMPR2 treatment

ACRONYMS

Alpha -SM Actin	Alpha-Smooth Muscle Actin
5-HT	Hydroxytrypamine or Serotonin
5-HTT	Hydroxytrypamine (Serotonin) Transporter
6MWD	6 Minute Walk Distance
AAV	Adeno-associated Virus
ACE	Angiotenisin Converting Enzyme
Ad	Adenovirus
ADA-SCID	Adenosine Deaminase Deficiency
ALK-5	Activin Receptor-Like Kinase-5
ALK	Activin-Like Receptor Kinase-1
ANG-1	Angiopoietin-1
APC	Antigen Presenting Cell
BMPR2	Bone Morphogenetic Protein Receptor Type
BSA	Bovine Serum Albumin
cAMP	cyclic AMP
CAR	Coxsackie and Adenovirus Receptor
ССВ	Calcium Channel Blockers
cGMP	cyclic Guanosine Monophosphate

2

СРЕ	Cytopathic Effect
CsCl	Cesium Chloride
CXCL10	CXC-chemokine Ligand 10
DMEM	Dulbecco's Modeified Eagle Medium
EC	Endothelial Cell
ECM	Extracellular Matrix
EGF	Epidermal Growth Factor
EHS	Engelbreth-Holm-Swarm
eIF2	Eukaryotic Initiation Factor 2
EM	Electron Microscopy
EMA	European Medicine Agency
EMT	Epithelial to Mesenchymal Transition
EndoMT	Endothelial to Mesenchymal Transition
ENG	Endoglin
EPC	Endothelial Progenitor Cell
ERA	Endothelin-Receptor Antagonists
ESC	Embryonic Stem Cells
ET1	Endothelin-1
ETA	Endothelin-1 A
ETB	Endothelin-1 B
FCS	Foetal Calf Serum

FDA	Food and Drug Administration
FDR	False Discovery Rate
FH Rats	Fawn-Hooded Rats
FI	Fulton Index
FKBP	FK506 Binding Protein
FLAP	5-lipoxygenase Activating Protein
GFP	Green Florescent Protein
HIF-1alpha	Hypoxia Inducible Factor -1alpha
HIF-1beta	Hypoxia Inducible Factor -1beta
HMVEC-L	Lung Derived Human Microvascular Endothelial Cell
НРАН	Hereditary Pulmonary Arterial Hypertension
HRQOL	Health Related Quality of Life
IPA	Ingenuity Pathway Analysis
IPAH	Idiopathic Pulmonary Arterial Hypertension
Luc	Luciferase
LV	Left Ventricle
МАРК	Mitogen Activated Protein Kinase
MBP	Myeloid Binding Protein
mcDNA	Minicircle DNA
MCP-1	Monocyte Chemoattractant Protein-1
MHD	Mad-homology Domain

mPAP	Mean Pulmonary Arterial Pressure
NHMRC	National Health and Medical Research Council
NMD	Nonsense Mediated Decay
NO	Nitric Oxide
NT-proBNP	N-terminal Prohormone of Brain Natriuretic Peptide
NYHA	New York Heart Association
p-Smad	Phosphorylated-Smad
РА	Pulmonary Artery
PAEC	Pulmonary Arterial Endothelial Cell
РАН	Pulmonary Arterial Hypertension
PASMC	Pulmonary Arterial Smooth Muscle Cell
PAWP	Pulmonary Arterial Wedge Pressure
PBS	Phosphate Buffered Solution
PCA	Principle Component Analysis
PDE-5	Phosphodiesterase-5
PDGF	Platelet-Derived Growth Factor
pDNA	Naked Plasmid DNA
PFU	Plaque Forming Units
PGI2S	Prostacyclin Synthase
РН	Pulmonary Hypertension
PI ₃ K	Phosphoinsitide 3-Kinase

PVR	Pulmonary Vascular Resistance
rEPCs	Rat Derived Endothelial Progenitor Cell
RHC	Right Heart Catheterisation
Rho	Ras Homologous
RIN	RNA Integrity Score
ROCK	Rho Kinase
RT	Room Temperature
RVOT	Right Ventricle Outflow Tract
S	Septum
SDF-1	Stromal Derived Factor-1
sGC	Soluable Guanylate Cyclase
SMAD	Some Mothers Against Decapentaplegic
SMC	Smooth Muscle Cell
SVC	Superior Vena Cava
TCID50	Tissue Culture Infectious Dose 50
TGF	Transforming Growth Factor-β
TNS	Trypsin Neutralising Solution
Treg Cells	High Regulatory T Cells
V/Q	Ventilation and Perfusion
VEGF	Vascular Endothelial Growth Factor
WSPH	World Symposium on Pulmonary Hypertension