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# FGF10 signaling in heart development, homeostasis, disease and repair

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#### Abstract

Essential muscular organ that provides the whole body with oxygen and nutrients, the heart is the first organ to function during embryonic development. Cardiovascular diseases, including acquired and congenital heart defects, are the leading cause of mortality in industrialized countries. Fibroblast Growth Factors (FGFs) are involved in a variety of cellular responses including proliferation, differentiation and migration. Among the 22 human/mouse FGFs, the secreted FGF10 ligand through the binding of its specific receptors (FGFR1b and FGFR2b) and subsequent activation of downstream signaling is known to play essential role in cardiac development, homeostasis and disease. FGF10 is one of the major marker of the early cardiac progenitor cells and a crucial regulator of differentiated cardiomyocyte proliferation in the developing embryo. Increasing evidence support the hypothesis that a detailed understanding of developmental processes is essential to identify targets for cardiac repair and regeneration. Indeed the activation of resident cardiomyocyte proliferation together with the injection of cardiac progenitors represent the most promising therapeutical strategies for cardiac regenerative medicine. The recent findings showing that FGF10 promotes adult cardiomyocyte cell cycle reentry and directs stem cell differentiation and cell reprogramming toward the cardiogenic lineage provide new insights into therapeutical strategies for cardiac regeneration and repair.

#### Keywords

FGF10, FGFR1/2, heart development, cardiomyocyte, cardiac regeneration

#### 1 Introduction

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The heart is an essential muscular organ that pumps blood and provides the whole body with oxygen and nutrients. During embryonic development, the heart is the first organ to form and cardiac morphogenesis is a tightly regulated process. Cardiovascular diseases including congenital and acquired heart diseases are the leading cause of mortality in industrialized countries (Writing Group *et al.*, 2016).

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By mediating a variety of cellular response, Fibroblast Growth Factors (FGFs) are known to 9 play an essential role in cardiac development, homeostasis and disease. The human/mouse FGF 10 family comprises 22 members including secreted and intracellular FGFs. Secreted FGFs bind 11 and activate cell surface tyrosine kinase receptors (FGF receptors; FGFRs) encoded by four 12 genes (FGFR1-4). The alternate splicing of FGFR genes results in the generation of seven 13 different receptors, each of them displaying distinct ligand-binding properties (Zhang et al., 14 2006). In contrast to secreted FGFs, intracellular FGFs serve as cofactors for voltage gated 15 sodium channels and other molecules (Ornitz and Itoh, 2015). Interaction between secreted 16 FGFs and their specific receptors is tightly regulated by extracellular binding proteins including 17 heparan sulfates and the Klotho family proteins that serve as cofactors and confer unique ligand-18 receptor binding properties. Activated tyrosine kinase FGF receptors (FGFRs) mediate diverse 19 intracellular signaling cascades including the RAS-MAPK, PI3K-AKT, PLCy, and STAT 20 signaling pathways (Ornitz and Itoh, 2015). Phylogenetic analysis suggest that secreted FGFs 21 22 can be grouped into 5 subfamilies of paracrine FGFs and one subfamily of endocrine FGFs. The current consensus suggests that FGF10 belongs to a subfamily that comprises FGF3, FGF7, 23 FGF10 and FGF22. Receptor-ligand specificities are well described. Indeed, FGF3, 7, 10, and 24 25 22 have been shown to activate preferentially the IIIb splice variant of FGFR2. In addition FGF3 and FGF10 also activate the IIIb splice variant of FGFR1 (Zhang et al., 2006). 26 27 Nevertheless, ablation studies together with overlapping expression patterns strongly suggest 28 potential functional redundancy between FGF family members in the developing and adult 29 heart. Finally, the existence of heterodimer formation between FGFs and FGFRs may further increase receptor-ligand interaction possibilities (Sun et al., 2002) and thus the diversity of FGF 30 signaling. 31

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Here we will review a detailed understanding of FGF signaling in cardiovascular development,
homeostasis, disease and repair, focusing on the particular role of the FGF10/FGFR1/FGFR2
pathway.

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#### 37 Developmental role of the FGF10 signaling

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Heart development is an extremely complex process that can be divided in two major growth 39 phases distinguished by a shift in the major site of proliferation from an extracardiac progenitor 40 cell population to fetal cardiomyocytes. The early embryonic phase relies on the extensive 41 proliferation of cardiac progenitor cells termed the Second Heart Field (SHF) and their 42 progressive addition to the developing heart tube. Precise spatiotemporal control of second 43 heart field progenitor cell proliferation-differentiation balance is required for normal heart tube 44 elongation. Cardiac neural crest (CNC) cells, a second extracardiac cell population, play a 45 critical role in early heart development (Hutson and Kirby, 2007). Concomitant with SHF cell 46 addition to the outflow tract (OFT) of the heart, CNC migrate from the dorsal neural tube into 47 the OFT. Interactions between CNC cells and SHF progenitors are critical determinants for the 48 correct addition of SHF cells to the heart tube. In contrast to early heart tube development, fetal 49 heart growth is achieved through the proliferation of differentiated cardiomyocytes which tight 50

51 control is essential for the correct morphogenesis of the heart. Indeed, perturbations in the

- 52 regulation of fetal cardiomyocyte proliferation lead to congenital heart defects.
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During the early embryonic phase of heart morphogenesis, proper communication between 54 cardiac progenitor cells is a prerequisite for correct heart tube elongation, looping and arterial 55 56 pole alignment. FGFs are among the critical signals required for proper early cardiac morphogenesis (Kelly, 2012). By ensuring communication within and between developing 57 heart progenitors, FGF signaling leads to their tight regulation of proliferation and specification. 58 Indeed, transgenic mouse models with conditional inactivation of Fgfr1/2, conditional 59 overexpression of Sprouty2 (Spry2, which encodes an FGF signaling antagonist) or conditional 60 ablation of Frs2 (encoding a MAPK/ PI3K signaling adaptor protein) within the second heart 61 field progenitor cell population revealed that interrupting autocrine FGF signaling in SHF 62 mesoderm, by compromising SHF progenitor cell proliferation and by indirectly reducing 63 cardiac neural crest cell recruitment into the outflow tract cushions, causes outflow tract 64 misalignment and subsequently impaired cardiac morphogenesis (Park et al., 2008; Zhang et 65 al., 2008). While FGFR-dependent regulation of second heart field proliferation seems to 66 depend on the PI3K/AKT pathway (Luo et al., 2015), the Ras/Erk downstream signaling seems 67 to be required in the regulation of myocardial specification (Hutson et al., 2010; Rochais et al., 68 2009). All these studies thus strongly reveal iterative roles for FGF signaling in OFT 69 70 development.

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Multiple FGF ligands have been described to be expressed in cardiac progenitors and surrounding tissues (**Figure 1A-C**). FGF10 was identified as a specific endogenous marker of the SHF (Kelly *et al.*, 2001). While *Fgf10* expression is restricted to SHF progenitors (Kelly *et al.*, 2001), *Fgf8* is also expressed in the adjacent pharyngeal ectoderm and endoderm (Ilagan *et al.*, 2006; Mesbah *et al.*, 2012). *Fgf15* expression has been detected in the pharyngeal endoderm (Vincentz *et al.*, 2005) and *Fgf3* is expressed in the pharyngeal endoderm and ectoderm (Urness

77 (Vincentz et al., 2003) 78 et al., 2011).

79 The Wnt/ $\beta$ -catenin signaling pathway a key regulator of SHF development transcriptionally controls Fgf10 expression within SHF progenitors (Cohen et al., 2007). Crucial transcription 80 factors of SHF cardiac progenitor cell deployment are also known to control Fgf10 expression. 81 ISL1 and NKX2-5 control the expression of Fgf10 in the SHF, through competitive binding to 82 common regulatory elements in an intronic cardiac enhancer, thus respectively activating 83 expression in progenitor cells and repressing transcription in differentiated myocytes 84 (Watanabe et al., 2012). TBX1 also activates Fgf10 through T-box binding sites in the same 85 enhancer element (Watanabe et al., 2012). 86

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Fgf10-null embryos, which die at birth due to lung aplasia, display altered heart morphology. 88 In addition to the absence of pulmonary arteries and veins, *Fgf10* knockout embryos display an 89 abnormal positioning of the ventricular apex in the thoracic cavity (Marguerie et al., 2006; 90 Rochais et al., 2014). Nevertheless, early SHF deployment and subsequent heart tube 91 elongation are not affected by Fgf10 deletion. In contrast, deletion of the main FGF10 receptor, 92 Fgfr2b, leads to major congenital heart defects including ventricular septal defects, OFT 93 alignment defects, and thin and poorly trabeculated ventricles (Marguerie et al., 2006) strongly 94 suggesting the existence of functional redundancy between FGF10 and other FGFR2b ligands 95 during the early steps of heart development. FGF8 appears to be the major ligand regulating 96 cardiac progenitor cell deployment. A series of conditional loss of function experiments has 97 revealed that Fgf8, through a cell-autonomous mechanism, is required for SHF expansion and 98 thus OFT elongation, septation and subsequent ventriculoarterial alignment (Ilagan et al., 2006; 99 Park et al., 2008). Interestingly, the fact that heterozygous deletion of Fgf10 in combination 100

with homozygous loss of mesodermal *Fgf8* expression results in more severely altered anterior
heart development (Watanabe *et al.*, 2010) strongly supports mesodermal FGF8 and FGF10
functional redundancy. In addition, FGF3 and FGF10 have been also shown to play redundant
and dosage sensitive requirement during heart tube elongation (Urness *et al.*, 2011). All these
studies highlight that critical FGF dosage, including FGF10, is crucial for SHF proliferation
and deployment and thus for normal cardiac morphogenesis.

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During the second phase of heart development (after embryonic day E10.5), subsequent growth 108 and remodeling of the myocardium occur without significant further addition of cardiac 109 progenitor cells to the heart. Instead, regulated proliferation of cardiac myocytes drives growth 110 of the atrial and ventricular chambers. Tight spatio-temporal regulation of fetal cardiomyocyte 111 proliferation thus appears to be required for proper heart formation and impairment of 112 cardiomyocyte proliferation during fetal stages also results in congenital heart defects (Ahuja 113 et al., 2007). FGF signals, through cell-autonomous or paracrine mechanisms, have been 114 described as crucial regulators of fetal cardiomyocyte proliferation (Figure 1D-E) (Smith and 115 Bader, 2007). FGF ligands originating from the endocardium and the epicardium, including 116 FGF9, FGF16 and FGF20, have been shown to regulate cardiomyocyte proliferation (Hotta et 117 al., 2008; Lavine et al., 2005; Lu et al., 2008). Recent reports revealed the implication of FGF10 118 119 in the regulation of fetal cardiomyocyte proliferation. Fgf10 mutant heart analysis demonstrates that FGF10 signaling, through a cell-type autonomous mechanism, specifically controls fetal 120 right ventricular cardiomyocyte proliferation. In fact, at fetal stages, FGF10/FGFR2b signaling 121 promotes cardiomyocyte proliferation through the phosphorylation of the FOXO3 transcription 122 factor and subsequent downregulation of the cyclin dependent kinase inhibitor p27kip1 123 expression (Rochais et al., 2014). In addition, myocardial FGF10 signaling, through the 124 paracrine activation of FGFR1 and FGFR2 in the epicardium, has been suggested to promote 125 epicardial-derived cell migration into the compact myocardial layer (Vega-Hernandez et al., 126 2011). In this study, the impairment in cardiac fibroblast numbers observed in Fgf10-mutant 127 hearts, results indirectly in reduced fetal cardiomyocyte proliferation. 128

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130 Despite cardiomyocyte proliferation, FGF signals, through redundant function of FGFR1 and 131 FGFR2, originating from the epicardium and the endocardium, play pivotal role in coronary 132 vasculature development (**Figure 1D**). In fact, in embryonic mouse heart, myocardial FGFR1/2 133 signaling by triggering Hedgehog signaling activation, *Vegf* and *Angiopoietin-2* expression, 134 indirectly participate to the coronary vascular plexus formation and thus coronary vessel 135 deployment (Lavine *et al.*, 2006). Here the precise requirement of the FGF10 ligand has not 136 been explored.

Several members of the FGF family are expressed in the vascular network (Beenken and 137 Mohammadi, 2009; Presta et al., 2005). While the most studied FGF member, FGF2, is a potent 138 inducer of angiogenesis, other FGFs (FGF 1, 2, 5, 7, 8, 16 and 18), but not FGF10, are expressed 139 in endothelial and vascular smooth muscle cells (Antoine et al., 2005). Despite predominant 140 FGFR1 and FGFR2 expression endothelial cells (Presta et al., 2005), mouse specific deletion 141 of *Fgfr1* and *Fgfr2* in both endothelial and hematopoietic cell lineages has no impact on normal 142 vascular development (House et al., 2016; Oladipupo et al., 2014). In contrast, in zebrafish, 143 global FGFR signaling inhibition using allosteric inhibitor or a dominant negative form of the 144 receptor revealed the critical requirement for FGF signaling in the maintenance vascular 145 function and integrity (De Smet et al., 2014; Murakami et al., 2008). This strongly suggests, in 146 mammals, the existence of functional redundancy between FGFR1, FGFR2 and FGFR3 that 147 also expressed in endothelial cells. 148

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#### 151 FGF10 signaling in cardiac homeostasis

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Soon after birth, the ability of cardiomyocytes to proliferate is strongly reduced, and cardiac 153 growth transitions from hyperplastic to hypertrophic (Pasumarthi and Field, 2002). For nearly 154 a century, the adult heart has been considered to be a post-mitotic organ; however, recent studies 155 have highlighted the importance of the homeostasis of the adult heart in physiological 156 conditions. Indeed extensive studies on adult mammalian hearts including the human heart have 157 led to a consensus that new cardiomyocytes are indeed generated throughout life (Bergmann et 158 al., 2009; Bergmann et al., 2015; Soonpaa and Field, 1998). In the healthy adult murine and 159 human heart, cardiomyocyte renewal is currently estimated at 0.5% to 2% per year 160 (Eschenhagen et al., 2017). 161

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Diverse FGFs and downstream signals, including FGF1, FGF2, FGF10 and p38 MAP kinase 163 have been shown to be involved in the regulation of adult cardiomyocyte renewal (Figure 2). 164 In vitro studies initially described FGF2 as a potent positive regulator of cardiomyocyte 165 proliferation (Pasumarthi and Field, 2002). In vitro and in vivo experiments indicate that p38 166 MAP kinase inhibition alone (Jopling et al., 2012b) or in combination with FGF1 treatment 167 (Engel et al., 2006; Engel et al., 2005), leads to partial cardiomyocyte dedifferentiation and 168 cell-cycle progression. Furthermore, in the adult zebrafish, epicardial cells addition to the 169 ventricle has been shown to support cardiac homeostasis in an FGF-dependent fashion (Wills 170 et al., 2008). Finally, in the adult mouse heart, FGF10 has been described to be a potent 171 172 regulator of cardiomyocyte proliferation. Indeed, temporal Fgf10 overexpression rapidly enhanced adult cardiomyocyte cell cycle re-entry leading to increased ventricular wall 173 thickness. While FGF10 regulation of fetal cardiomyocyte proliferation seems to occur through 174 175 the FGFR2b, FGF10 may activate predominantly the FGFR1b to promote adult cardiomyocyte proliferation (Rochais et al., 2014). 176

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#### Implication of FGF10 signaling in cardiovascular diseases and repair

180 Cardiovascular diseases are the leading cause of mortality in industrialized countries (Writing 181 Group *et al.*, 2016). Characterized by any molecular, cellular and physiological change in the 182 myocardium, coronary vessels or valves, cardiac diseases result in cardiomyocyte loss and 183 impaired cardiac function that ultimately lead to congestive heart failure. Multiple FGFs 184 including FGF10 signaling have been described to play pathophysiological roles in the 185 cardiovascular system (Itoh *et al.*, 2016).

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Diverse studies highlighted a role for the FGFR1/2 signaling in the neovascularization after 187 injury (Figure 2). In the zebrafish injured heart, epicardial Fgfr2 expression is upregulated and 188 FGFR signaling blockade leads to a failure in coronary neovascularization, resulting in severely 189 impaired cardiac regeneration (Lepilina et al., 2006). In addition, neovascularization and 190 vascular remodeling in response to injury is severely impaired in endothelial specific FGFR1/2 191 deficient mice (House et al., 2016; Oladipupo et al., 2014). Finally, endothelium-targeted 192 overexpression of constitutively active FGFR2 post-myocardial infarction results in anti-193 194 apoptotic action with enhanced angiogenesis (Matsunaga et al., 2009).

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While zebrafish adult heart fully regenerates after injury (Poss *et al.*, 2002), damaged adult mammalian myocardium is replaced by fibrotic scar tissue. The MAPK pathway plays a crucial role in adult zebrafish heart regeneration (**Figure 2**). Indeed, the induction of p38-MAPK activity prevents cardiomyocyte proliferation and subsequent heart regeneration (Jopling *et al.*, 200 2012a). In the adult mouse heart, p38 inhibitor injection, after acute myocardial injury,

enhances cardiomyocyte and endothelial cell proliferation and preserves cardiac remodeling 201 and function (Engel et al., 2006) strongly revealing that downstream FGF signaling may be 202 203 beneficial to improve the limited innate regenerative capacities of the adult mammalian heart. In contrast to the adult heart, neonatal mammalian heart, including mouse, pig and human, 204 possesses extensive regenerative capacities (Haubner et al., 2016; Porrello et al., 2011; Zhu et 205 206 al., 2018). Nevertheless, the rapid and dramatic decrease in cardiomyocyte proliferation rate during the first week of postnatal life (Pasumarthi and Field, 2002) results in severely limited 207 regenerative capacities in adult, strongly supporting the hypothesis that a detailed 208 understanding of the regulation of fetal cardiomyocyte proliferation is essential to identify 209 targets for cardiac regeneration. As described above, FGF10 has been identified as a crucial 210 regulator of fetal cardiomyocyte proliferation (Rochais et al., 2014). The fact that decreased 211 myocardial Fgf10 expression has been observed in mouse postnatal heart during the time 212 window where cardiomyocytes exit from the cell cycle (Rochais et al., 2014), coinciding with 213 the loss of regenerative capacities, suggests that FGF10 signaling may play a role in cardiac 214 regeneration. However Fgf10 overexpression in the neonatal mouse heart does not promote 215 beneficial effects on post-natal cardiac regeneration (Rubin et al., 2013). Nevertheless, the 216 ability for FGF10 to specifically induce adult cardiomyocyte cell-cycle reentry in physiological 217 conditions suggests that FGF10 might be able to promote cardiomyocyte renewal in the adult 218 219 injured heart (Rochais et al., 2014).

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Together with the stimulation of existing cardiomyocyte renewal, cell therapy using the 221 222 injection or tissue-based implantation of cardiac progenitor cells and direct reprogramming represent relevant therapeutic options for cardiac regenerative medicine (Tzahor and Poss, 223 2017). Several studies revealed the requirement of FGF10 signaling during stem cell 224 225 specification into the cardiogenic lineage (Figure 2). Indeed, FGF10 signaling has been shown to play an important role in promoting cardiomyocyte differentiation in both embryonic and 226 227 induced pluripotent stem cells (Chan et al., 2010). Furthermore, in addition to improve the quality of cardiac reprogramming in mouse fibroblasts, and in combination with FGF2 and the 228 229 vascular endothelial growth factor (VEGF), FGF10, through the RAS-MAPK and PI3K/AKT pathways, is able to convert partially reprogrammed cells into functional cardiomyocyte-like 230 cells (Yamakawa et al., 2015). 231

#### 232 Conclusions 233

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235 All the studies described in this review highlighted the crucial role for the FGF10 ligand and the related FGFR1/2 signaling in heart development, homeostasis and disease. The recent 236 findings revealing a crucial role for FGF10 in controlling both adult cardiomyocyte cell cycle 237 reentry and stem cell differentiation and cell reprogramming toward the cardiogenic lineage 238 provide potential therapeutic strategies for cardiovascular diseases. 239

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**Figure 1: FGF10 signaling in the developing heart. (A)** Lateral whole-mount view and **(B)** transverse section of an embryo carrying an *Fgf10-LacZ* transgene (Kelly *et al.*, 2001) at embryonic day E9.5. *Fgf10* transgene expression is observed in second heart field (SHF) progenitor cells, which are located in pharyngeal mesoderm adjacent to pharyngeal endoderm, and in the outflow tract (OFT). **(B)** Immunofluorescence on transverse section of an E9.5 embryo carrying an *Fgf10-LacZ* transgene, at the level of the dotted line in (A). The anti-AP- $2\alpha$  (pink) antibody was used to detect cardiac neural crest (CNC) cells and ectodermal cells and the anti- $\beta$ galactosidase (green) antibody to visualize SHF cells. **(C)** Table showing the overlapping expression patterns of key FGF ligands and receptors at E9.5 in the SHF and surrounding tissues. **(D)** FGF signaling role in fetal heart development. **(E)** Table showing the overlapping expression patterns of key FGF ligands and receptors in the fetal heart.

#### **FIGURE 1**



Figure 2: FGF10 signaling in cardiac homeostasis, disease and repair.

