

**Vasoactivity of nitrite in the iliac artery of the toad, *Rhinella marina***

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**Running Head**

Nitrite vasodilation in *R. marina* iliac arteries

## Abstract

Nitrite ( $\text{NO}_2^-$ ) causes vasodilation in mammals due to the formation of (nitric oxide) NO by endogenous  $\text{NO}_2^-$  reduction in the vascular wall. In this study, we determined if a similar mechanism operates in amphibians. Dual-wire myography of the iliac artery from *Rhinella marina* showed that applied  $\text{NO}_2^-$  caused a concentration-dependent vasodilation in normoxia (21%  $\text{O}_2$ ;  $\text{EC}_{50}$  438  $\mu\text{M}$ ). Hypoxia (0.63%  $\text{O}_2$ ) significantly increased the maximal dilation to  $\text{NO}_2^-$  by 5 % ( $P = 0.0398$ ). The addition of oxyhemoglobin significantly increased the  $\text{EC}_{50}$  ( $P = 0.0144$ ;  $\text{EC}_{50}$  2236  $\mu\text{M}$ ), but did not affect the maximal vasodilation. In contrast, partially deoxygenated hemoglobin (90% desaturation) did not affect the  $\text{EC}_{50}$  ( $P = 0.1189$ ) but significantly ( $P = 0.0012$ ) increased the maximal dilation to  $\text{NO}_2^-$  by 11%. The soluble guanylyl cyclase inhibitor, 1H-[1,2,4]oxadiazolo[4,3-a]quinoxalin-1-one (ODQ) completely abolished the response to  $\text{NO}_2^-$  ( $P < 0.0001$ ), and of the nitric oxide synthase inhibitors, only vinyl-L-NIO ( $P = 0.0028$ ) significantly reduced the  $\text{NO}_2^-$  vasodilation. The xanthine oxidoreductase inhibitor, allopurinol ( $P = 0.927$ ), the NO-scavenger C-PTIO ( $P = 0.478$ ), and disruption of the endothelium ( $P = 0.094$ ) did not affect the  $\text{NO}_2^-$  vasodilation. Incubation of iliac arteries with 1 mM  $\text{NO}_2^-$  did not cause a change in cGMP concentration ( $P = 0.407$ ). Plasma  $\text{NO}_2^-$  was found to be  $0.86 \pm 0.20 \mu\text{mol.L}^{-1}$ , while nitrate ( $\text{NO}_3^-$ ) was  $19.55 \pm 2.55 \mu\text{mol.L}^{-1}$ . Both *cygb* and *ngb* mRNAs were expressed in the iliac artery and it is possible that these globins facilitate  $\text{NO}_2^-$  reduction in hypoxia. In addition,  $\text{NO}_2^-$  intracellular disproportionation processes could be important in the generation of NO from  $\text{NO}_2^-$ .

## Introduction

Nitric oxide (NO) is produced from L-arginine and oxygen by nitric oxide synthase (NOS) enzymes, of which there are three isoforms; NOS1, NOS2 and NOS3 (15). NOS1 is structurally and functionally very similar to NOS3 in a range of vertebrates, while NOS2 has some distinctive characteristics (15). In mammals, the production of NO from NOS3 in endothelial cells, in addition to a range of other vasodilators and vasoconstrictors (11), is an important mechanism for regulating vascular tone, particularly in larger conduit vessels (30). Nitric oxide diffuses into the adjacent vascular smooth muscle cells and binds to soluble guanylyl cyclase (sGC), which gives rise to an increase in cyclic guanosine monophosphate (cGMP) and activation of protein kinase G leading to smooth muscle relaxation (30). In addition to the actions mediated by sGC, NO can also act directly on potassium channels to cause hyperpolarising-induced vasodilation, interact with heme-iron containing proteins, and modulate protein function through posttranslational modification by S-nitrosylation, S-glutathionylation, tyrosine nitration or S-guanylation (10). In non-mammalian vertebrates, it has been suggested that similar mechanisms for NO signalling can occur, although there have been few studies to demonstrate this (13).

NO is highly labile as it is a one electron radical, and is rapidly oxidised to nitrite ( $\text{NO}_2^-$ ) and nitrate ( $\text{NO}_3^-$ ) (29). In humans, the  $\text{NO}_2^-$  concentration in the blood is approximately 0.05-0.3  $\mu\text{M}$ , with the concentration of  $\text{NO}_3^-$  approximately 100-1000-fold greater than  $\text{NO}_2^-$  (29). Previously thought to be inactive by-products of NO metabolism, it is now clear that these nitrogenous species can be reduced back to NO and, therefore, act as an endocrine reservoir of NO in the plasma (38). In particular, there is evidence in mammalian blood vessels that the bioavailability of NO from  $\text{NO}_2^-$  and  $\text{NO}_3^-$  reduction is up-

regulated in hypoxic (14) and acidotic (48, 49) states, when the oxygen-dependent generation of NO from NOS is compromised. However, it is also clear that  $\text{NO}_2^-$  reduction to NO to facilitate vasodilation can occur in normoxia (29).

The mechanism of translocation of  $\text{NO}_2^-$  across cell membranes is not yet completely resolved. There is evidence that anion exchanger 1 (AE1) is involved in mediating the process in cells such as erythrocytes (24). Nitrite can also enter cells as  $\text{HNO}_2$  by diffusing through the cell membrane (37). Regardless of the mechanism of transport,  $\text{NO}_2^-$  can be reduced to NO in cells by a range of intracellular processes including i) reduction by enzymes such as xanthine oxidoreductase (XOR) (19), hemoglobin (particularly deoxyhemoglobin; 29), myoglobin (33), cytoglobin (25), neuroglobin (33), and NOS3 (29); and ii) non-enzymatic acidic disproportionation processes (29). Nitrite can also be formed indirectly through dietary  $\text{NO}_3^-$  reduction to  $\text{NO}_2^-$  by facultative microbes in the oral cavity, followed by protonation in the gastrointestinal tract (12).

In non-mammalian vertebrates, our understanding of  $\text{NO}_2^-$  reductase activity and its role in vascular regulation is rudimentary. There is some evidence for an involvement of NO generated from reduced plasma  $\text{NO}_2^-$  in regulating blood-flow redistribution during anoxia in the turtle, *Trachemys scripta*, as indicated by increased concentrations of Fe-nitrosyl and N-nitroso compounds in the blood (23). In rainbow trout, *Oncorhynchus mykiss*, infusion of 1 mM  $\text{NO}_2^-$  caused only minimal decreases in blood pressure (1), and there are no reports of the vasoactive effects of  $\text{NO}_2^-$  in amphibians. Therefore, the aim of the current study was to investigate whether arteries of the amphibian, *Rhinella marina*, possess the intrinsic ability to reduce  $\text{NO}_2^-$  to NO to facilitate vasodilation. *Rhinella marina* aortae express NOS3 in the endothelium (4) but do not display the classical endothelial NO signalling system, as applied

acetylcholine mediated a NO vasodilation that is not significantly affected by removal of the endothelium and was attributed to activation of NOS1 expressed in perivascular, nitrenergic nerves (2, 3). In summary, this study provides the first systematic report that  $\text{NO}_2^-$  is reduced to NO to facilitate vasodilation in arteries of a non-mammalian vertebrate.

## **Material and Methods**

### *Animals*

*Rhinella marina* of either sex were purchased from a commercial supplier (P. Douch Pty. Ltd., Mareeba, Australia) and maintained in custom housing in the Deakin University Animal House. The housing contained a water bath and a dry area that was fitted with a rainmaker, and was maintained at 26 °C; the animals had *ad libitum* access to the water. The water in the holding tanks was changed every two days. Lighting was set on 12:12 light/dark cycle and animals were fed once daily with crickets. Prior to experimentation, *R. marina* were anaesthetised by immersion in 1% tricaine methanesulfonate (MS222) buffered to pH 7.5 until the animals were unresponsive to toe pinch stimuli and corneal stimulation. Animals were then humanely killed by removal of the heart; in some animals, blood was withdrawn by cardiac puncture prior to removal of the heart. All animal procedures were approved by Deakin University Animal Ethics Committee (B15-2012).

### *Dual-wire myography*

Both left and right branches of the iliac artery were carefully dissected and freed of connective tissue and placed into chilled physiological saline (mM: 115 NaCl, 3.2 KCl, 2.5

CaCl<sub>2</sub>, 1.4 MgSO<sub>4</sub>, 7 NaOH, 10 HEPES, 17 glucose, pH 7.4). The iliac artery was used for experiments as it is an intermediate-sized vessel that has been shown to exhibit endothelial-independent NO signalling in the same manner as other toad blood vessels (4). Isolated iliac arteries were carefully cut into 3 mm lengths and mounted in a dual-wire myograph (420A, Danish Myo Technology A/S, Aarhus, Denmark), which was connected to a Myo-Interface (DMT) linked to a PowerLab data recorder (ADInstruments, NSW, Australia). Data were recorded using LabChart 7 (ADInstruments). The myography chambers were filled with 5 mL of physiological saline maintained at room temperature (~20 °C) and aerated. The vessels were allowed to equilibrate for 15 min before a nominal tension of 2 mN was applied. The optimal length-tension relationship was empirically determined by incrementally lengthening and then constricting the vessels using osmotically balanced 60 mM KCl physiological saline. The optimal length was assumed when active-force plateaued. Prior to pharmacological treatment, vessels were pre-constricted using the prostaglandin H<sub>2</sub>-analogue and thromboxane A<sub>2</sub> mimic, U-46619 (Cayman Chemicals, MI, USA). Experiments were conducted in a pairwise fashion with a matched control from the opposite iliac artery from the same animal. If required, the endothelium of the iliac artery was disrupted by rubbing the luminal surface several times with a 24-gauge needle.

Preliminary experiments revealed that pre-constricted iliac arteries vasodilated in response to exogenously applied 1 mM sodium nitrite (NaNO<sub>2</sub>). As the sodium ion dissociates from the NO<sub>2</sub><sup>-</sup> moiety in solution, the nomenclature of NO<sub>2</sub><sup>-</sup> will be used throughout this manuscript. Following preliminary experimentation, concentration-response experiments were performed by the sequential addition of exogenous NO<sub>2</sub><sup>-</sup> to produce concentrations in the myography chamber between 1 μM and 10 mM. Subsequent

additions were made only after a vasodilatory plateau was reached after the previous application. In order to investigate the nature of the *in vitro* vasodilatory response, two experimental series were conducted. The first series was designed to examine the effects of normoxia (n=9; atmospheric oxygen partial pressure (PO<sub>2</sub>) 20.85 ± 0.06 % O<sub>2</sub> ~155 mmHg) and hypoxia (n=9; PO<sub>2</sub> 0.63 ± 0.08 % O<sub>2</sub>; ~4.7 mmHg). The above experiments were then repeated in the presence of exogenous bovine hemoglobin (200 µM). Hypoxia was induced by aerating the myography chamber with N<sub>2</sub> gas and monitoring the PO<sub>2</sub> with an SI130 O<sub>2</sub> electrode and SI929 meter (Strathkelvin Instruments, North Lanarkshire, Scotland). Under these experimental conditions, bovine hemoglobin is approximately 10 % saturated with O<sub>2</sub> (46). However, for simplicity we have referred to 90% desaturated hemoglobin as deoxyHb throughout this manuscript; it would be expected that 90% desaturated hemoglobin would have significant reductase activity compared to oxyHb.

The second series of experiments involved the application of specific pharmacological inhibitors to the myography chamber prior to the addition of exogenous NO<sub>2</sub><sup>-</sup>. These experiments were completed in normoxia and in the absence of hemoglobin. The pharmacological agents, the concentrations used and targets were as follows: 1H-[1,2,4]oxadiazolo[4,3-a]quinoxalin-1-one (ODQ; 10 µM; sGC); N<sup>ω</sup>-nitro - L- arginine methyl ester (L-NAME; 100 µM; all NOS); N<sup>ω</sup>-nitro – L- arginine (L-NNA; 100 µM; all NOS); N5-(1-imino-3-butenyl)-L-ornithine(vinyl-L-NIO; 100 µM; NOS1); 1H-pyrazolo[3,4-d]pyrimidin-4(2H)-one (allopurinol; 100 µM; XOR); 2-(4-carboxyphenyl)-4,5-dihydro-4,4,5,5-tetramethyl-1H-imidazolyl-1-oxy-3-oxide (C-PTIO; 200 µM; NO scavenger). All pharmacological agents were sourced from Cayman Chemicals (Ann Arbor, MI, USA).

160 *Serum NO<sub>2</sub><sup>-</sup>/NO<sub>3</sub><sup>-</sup> assays*

161 During surgery, blood was withdrawn via cardiac puncture and allowed to clot on ice for  
162 approximately 30 min (n=8). Blood was centrifuged at 10,000 x g for 5 min, the serum  
163 removed and snap frozen in liquid N<sub>2</sub>, and stored at -80°C. Thawed samples were  
164 centrifuged at 10,000 x g for 30 min at 4 °C in a disposable centrifuge tube, and passed  
165 through a disposable 10 kDa MWCO polyethersulfone filter (Vivaspin20, Sigma Aldrich).  
166 Twenty µL of the filtrate was assayed for NO<sub>2</sub><sup>-</sup> and NO<sub>3</sub><sup>-</sup> (NO<sub>x</sub>) using NO<sub>2</sub><sup>-</sup> reductase and 2,3-  
167 diaminonaphthalene chemistry (Nitrite/Nitrate Fluorometric Assay Kit, Cayman Chemicals,  
168 Ann Arbor, MI, USA), according to the manufacturer's instructions. Data were read on a  
169 FLUOstar Omega fluorimeter (BMG LABTECH, VIC, Australia).

170

171 *cGMP assay*

172 In order to generate sufficient material to extract for the assay, cGMP production was  
173 determined in pooled dorsal aorta and iliac artery samples that were dissected as a single  
174 unit (n=7). We have shown that the iliac artery, which bifurcates from the dorsal aorta, has  
175 a very similar profile for the regulation of vasodilation by NO (4). Therefore, it is reasonable  
176 to combine both vessels in the cGMP assay in order to markedly reduce the number of  
177 animals that would have needed to be used if the iliac artery was assayed in isolation. The  
178 vessels were freed of connective tissue and gently flushed with physiological saline to  
179 remove all visible traces of blood, and stored in saline for 1-2 h at 4°C. Vessels were  
180 incubated in physiological saline under normoxic conditions with either 0.5 mM 1-methyl-3-  
181 (2-methylpropyl)-7H-purine-2,6-dione (IBMX; non-specific phosphodiesterase inhibitor)



alone or 0.5 mM IBMX and 1 mM  $\text{NO}_2^-$  for 20 min at  $20.5 \pm 0.1$  °C with constant gentle agitation. Vessels were blotted and snap frozen in liquid  $\text{N}_2$ , and stored at -80 °C. Vessels were then ground into a fine powder under liquid  $\text{N}_2$  using a mortar and pestle, extracted in 10 volumes of 0.1 N HCl with the aid of silica-zirconium beads and a TissueLyser II (Qiagen, Venlo, Netherlands) and centrifuged at  $10,000 \times g$  for 10 min. The supernatant was assayed for cGMP using colorimetric competitive immunoassay (Direct cGMP ELISA Kit, ENZO Life Sciences, Farmingdale, NY, USA) according to the manufacturer's instructions, and read on a FlexStation II spectrophotometer (Molecular Devices, CA, USA).

#### *Hemoglobin preparation and spectral properties*

Ferrous bovine oxyhemoglobin was prepared from methemoglobin (Sigma, Castle Hill, Australia) by equilibrating a 25 x 2.5 cm Sephadex G-25 column (GE Life Sciences) with 20 mM phosphate buffer, 1 mM EDTA (pH 7.0) and 10% w/v sodium dithionite (Sigma). The hemoglobin eluate was dialysed overnight to remove the dithionite, then  $\text{O}_2$  saturated by aeration and stored at -80 °C. Oxyhemoglobin concentration was measured at 280 nm using a Nanodrop 1000 (ThermoFisher, USA) and referenced to BSA standards. As  $\text{NO}_2^-$  is a known oxidant of hemoglobin, the oxidation state was assessed in a 200  $\mu\text{M}$  solution of hemoglobin after sequential additions of  $\text{NO}_2^-$  (data not shown). All samples were scanned immediately in sealed  $\text{N}_2$  flushed quartz cuvettes. Wavelength scans were performed on a Cary Eclipse fluorescence spectrophotometer (Agilent Technologies, CA, USA). At each concentration of  $\text{NO}_2^-$  from 1  $\mu\text{M}$  onwards, significant methemoglobin formation was observed reaching approximately 100% of total hemoglobin at 10 mM (data not shown).

204

205 *Molecular biology*

206 Primers based on *Xenopus laevis* and *X. tropicalis* globin mRNAs (NCBI accession numbers:  
207 cytoglobin *cygb*: **NP\_001087751.1**, neuroglobin *ngb*: **NM\_001030351.1**, globin Y *gby*:  
208 **BC128970.1**) were used to amplify *cygb*, *ngb*, and *gby* mRNAs, respectively, in *R. marina*.  
209 Total RNA was extracted from *R. marina* brain by homogenising the tissue in TRIzol reagent  
210 (Invitrogen, USA) with silica-zirconium beads using a Fastprep 20 benchtop homogeniser  
211 (MPBio, USA). Total RNA was treated with DNaseI (Invitrogen, USA) prior to reverse  
212 transcription into cDNA with Superscript II (Invitrogen, USA), using both random primers  
213 (Promega Corporation, MA, USA) and Oligo dT<sub>15-18</sub>. Specific globin cDNAs were amplified  
214 using GoTaq G<sub>2</sub> Green Mastermix (Promega) and a series of overlapping gene specific  
215 primers. To amplify the 3' UTR of *cygb* and *gby*, 3' rapid amplification of cDNA ends (3'  
216 RACE) PCR was performed (Invitrogen, USA). Amplified PCR products were ligated into  
217 pGEM-T easy (Promega) plasmids and transformed into highly competent *Escherichia coli*  
218 (J109; Promega) cells. Colonies were selected for positive inserts using β-galactosidase  
219 chromogenic detection with IPTG and X-gal (Adipogen, CA, USA). Positive insert colonies  
220 were grown overnight in LB broth and the plasmid DNA harvested (PureYield® Miniprep Kit,  
221 Promega). Plasmids were sequenced using M13 forward (5'-  
222 CGCCAGGGTTTTCCAGTCACGAC-3') and reverse (5'- TCACACAGGAAACAGCTATGAC-3')  
223 primers and BigDye v3.1 chemistry (Applied Biosystems, CA, USA). Sequences were read at  
224 the Ramaciotti Centre for Genomics (UNSW, Australia) using a 3500 series Genetic Analyser  
225 (Applied Biosystems), and were identified by comparison to *X. laevis* and *X. tropicalis*  
226 nucleotide sequences ([blast.ncbi.nlm.nih.gov/Blast.cgi](http://blast.ncbi.nlm.nih.gov/Blast.cgi)). Contigs were constructed in CAP3

([doua.prabi.fr/software/cap3](http://doua.prabi.fr/software/cap3)) using 8 individually obtained sequences for each cDNA. From the cloned sequences, homologous primers for *R. marina* *cygb*, *ngb* and *gby* were designed using NCBI primer blast ([ncbi.nlm.nih.gov](http://ncbi.nlm.nih.gov)). As a control, a partial  $\beta$ -actin mRNA was amplified using primers based on *X. tropicalis* (43). The primer sequences, melting temperatures and product sizes are listed in Table 1.

**Table 1.** Primers, reaction melting temperatures, amplicon sizes and accession numbers for the globin expression experiment

Gene	Primer	Sequence (5'-3')	Tm	Size (bp)	Accession
<i>cygb</i>	Forward	CAACTGTGAGGATGTTGGAGT	57	369	KU598827
<i>cygb</i>	Reverse	TATATGAGACTCCGAAGTTTGTTC			
<i>ngb</i>	Forward	GTCTGGACTGCCTTTCTTCC	58	203	KU598828
<i>ngb</i>	Reverse	GCTCATGGACTGTACCACAC			
<i>gby</i>	Forward	AATATACGCGAATCCAGAGGAA	57	396	KU598829
<i>gby</i>	Reverse	TTGTGTAACAGCTGCCCAAG			
$\beta$ -act	Forward	CATGGACTCAGGTGATGGTG	55	468	BC082343.1
$\beta$ -act	Reverse	CCAGGGTACATTGTGGTTCC			

To obtain sufficient total RNA from *R. marina* iliac arteries, a single sample represented vessels pooled from two animals; we used 6 animals to make 3 independent cDNAs. Total RNA was extracted as above, with the exception that the pooled iliac arteries were first ground into a fine powder with a mortar and pestle under liquid N<sub>2</sub>. Complementary DNA synthesis and PCR were performed as described above using the melting temperatures listed in Table 1. As a control, the homologous *R. marina* primers were used in parallel with the sequence verified *R. marina* globin plasmids constructed above.

244

## 245 *Statistics*

246 Sigmoidal (logistic) concentration-response curves were fitted to  $\log_{10}$   $\text{NO}_2^-$  values for each  
247 paired control and associated pharmacological or  $\text{PO}_2$  treatment. The fitted curves were  
248 used to estimate (1) whether fitted models differed from each other between groups  
249 (“model”), (2) effective concentration to 50% of responses ( $\text{EC}_{50}$ ) and (3) maximal dilation (%  
250 of U46619). Differences in the above parameters were assessed by extra sum of squares *F*-  
251 tests.

252 Box and whisker plots were created from the  $\text{NO}_x$  values and a student’s *t*-test was  
253 used to determine whether there were differences in cGMP concentration between the  
254 control and  $\text{NO}_2^-$ -treated groups. A *P*-value of  $<0.05$  was considered statistically significant  
255 throughout. A Shapiro-Wilk normality test was used to confirm that data followed a  
256 Gaussian distribution. Data are shown as mean  $\pm$  SEM unless otherwise stated. Statistical  
257 analysis was completed in Prism 6 (GraphPad Software, CA, USA).

258

## 259 **Results**

### 260 *Dual-wire myography*

261 Exogenously applied  $\text{NO}_2^-$  caused a concentration-dependent vasodilation of the iliac artery  
262 to 49% of the U-46619 precontraction (Figs 1-4), which was completely abolished by the  
263 application of ODQ (model,  $\text{EC}_{50}$  and maximum vasodilation all  $P < 0.0001$ ; Figs 1B, 1C). The  
264  $\text{NO}_2^-$ -induced vasodilation was significantly more sensitive under hypoxia (model  $P = 0.0165$ ;  
265 Fig 2A); the  $\text{EC}_{50}$  was marginally left-shifted from 438 to 345  $\mu\text{M}$  ( $\text{EC}_{50}$   $P = 0.3266$ ) and the

maximal dilation was 5% greater than normoxia (vasodilation  $P = 0.0398$ ). The addition of oxyhemoglobin significantly affected the response (model  $P = 0.0144$ ), causing a right-shift in the data from an  $EC_{50}$  of 438  $\mu M$  to 2.24 mM ( $EC_{50} P = 0.0144$ ). However, the maximal vasodilation was not affected (dilation  $P = 0.8906$ ; Fig 2B). In contrast, deoxyHb significantly (model  $P = 0.0087$ ) altered maximum vasodilation (vasodilation  $P = 0.0012$ ) but not the  $EC_{50}$  ( $EC_{50} P = 0.1198$ ; Fig 2C). Comparison of the oxyhemoglobin and deoxyHb curves revealed a significantly (model  $P = 0.0006$ ) greater sensitivity to  $NO_2^-$  in the deoxyHb treatment, which was a result of a greater degree of vasodilation (vasodilation  $P = 0.0061$ ), rather than  $EC_{50}$  ( $EC_{50} P = 0.2146$ ; Fig 2D). Neither L-NAME (Fig 3A; all  $P = 0.3267$ ), nor L-NNA (Fig 3B; all  $P = 0.6409$ ) significantly affected the  $NO_2^-$ -induced vasodilation. However, vinyl-L-NIO (Fig 3C) significantly (model  $P = 0.0028$ ) decreased the maximum vasodilation from 21 to 42% of U-46619 precontraction (vasodilation  $P = 0.0473$ ). C-PTIO (Fig 4A, model  $P = 0.4787$ ), allopurinol (Fig 4B; model  $P = 0.9279$ ), and disruption of the endothelium (Fig 4C; model  $P = 0.094$ ) did not alter the  $NO_2^-$ -induced vasodilation. A summary of the non-linear regression statistics is shown in Table 2.

289 **Table 2.** Summary of non-linear regression statistics from myography experiments.

Treatment	R <sub>2</sub>	n	P-value (Model)	EC <sub>50</sub> (μM)	P-value (EC <sub>50</sub> )	Dilation (% Max)	P-value (Dilation)
Normoxia	0.99	9	-	438	-	49	-
-Hypoxia	0.99	9	$P = 0.0165^*$	345	$P = 0.3266$	44	$P = 0.0398^*$
-OxyHb	0.82	9	$P = 0.0081^{**}$	2236	$P = 0.0144^*$	43	$P = 0.8906$
-DeoxyHb	0.81	9	$P = 0.0087^*$	1134	$P = 0.1198$	32	$P = 0.0012^{**}$
OxyHb	0.82	9	$P = 0.0006^{**}$	2236	$P = 0.2146$	43	$P = 0.0061^{**}$
DeoxyHb	0.81	9		1134		32	
Control	0.39	8	$P < 0.0001^{***}$	1540	$P < 0.0001^{***}$	62	$P < 0.0001^{***}$
ODQ	0.15	8		1716		105	
Control	0.74	4	$P = 0.6409$	423	$P = 0.6419$	18	$P = 0.6921$
L-NNA	0.69	4		719		25	
Control	0.81	3	$P = 0.3267$	1600	$P = 0.9997$	30	$P = 0.3240$
L-NAME	0.79	3		1599		47	
Control	0.88	6	$P = 0.0028^{**}$	752	$P = 0.5588$	21	$P = 0.0473^*$
Vinyl-L-NIO	0.69	6		1100		42	
Control	0.67	4	$P = 0.0942$	975	$P = 0.6770$	16	$P = 0.4037$
Endo -ve	0.70	4		1550		34	
Control	0.71	6	$P = 0.4787$	5374	$P = 0.7853$	68	$P = 0.6007$
C-PTIO	0.71	6		8724		49	

<b>Control</b>	0.71	4	$P = 0.9279$	1550	$P = 0.9887$	53	$P = 0.9361$
<b>Allopurinol</b>	0.54	4		1720		56	

290

#### 291 *Nitrite and cGMP assays*

292 In the serum, the mean concentrations of  $\text{NO}_2^-$  and  $\text{NO}_3^-$  were  $0.86 \pm 0.20 \mu\text{mol.L}^{-1}$  and  
 293  $19.55 \pm 2.55 \mu\text{mol.L}^{-1}$ , respectively. Total  $\text{NO}_x$  ( $\text{NO}_2^- + \text{NO}_3^-$ ) was  $20.4 \pm 2.62 \mu\text{mol.L}^{-1}$  (Fig 5),  
 294 and therefore,  $\text{NO}_3^-$  constituted the majority of  $\text{NO}_x$  at 96%. The mean cGMP  
 295 concentrations of the control and 1 mM  $\text{NO}_2^-$  treated iliac arteries were  $101.9 \pm 6.16 \text{ pmol/g}$   
 296 and  $91.82 \pm 11.23 \text{ pmol/g}$ , respectively, which were not significantly different from each  
 297 other ( $P = 0.400$ ).

298

#### 299 *Globin gene cloning and expression*

300 Two full-length globin cDNAs were cloned from the brain of *R. marina* as follows: *cygb* 540  
 301 bp with an open reading frame of 179 amino acids (GenBank Accession: KU598827); *gby* 471  
 302 bp with an ORF of 156 amino acids (KU598829). In addition, a partial *ngb* cDNA sequence  
 303 was obtained (211 bp, 70 amino acids, KU598828). The identity of globins was confirmed by  
 304 comparison with the respective *Xenopus* sequences; each had over 90% identity with both  
 305 *X. tropicalis* and *X. laevis*. *Cygb* (Fig. 6A) and *ngb* (Fig. 6B) mRNAs were expressed in the iliac  
 306 arteries of *R. marina*, but *gby* mRNA was not expressed in the iliac artery (Fig 6C).

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308

309

## Discussion

### *NO<sub>2</sub><sup>-</sup> is vasoactive in R. marina iliac arteries*

In mammals, reduction of NO<sub>2</sub><sup>-</sup> in the blood provides a mechanism for NO production and vasodilation, particularly during hypoxia when the oxygen-dependent generation of NO from NOS is compromised (29). The mechanisms of NO<sub>2</sub><sup>-</sup> reduction have been well-characterised in mammalian blood vessels, and it is clear that although reduction can occur in normoxia, it is substantially up-regulated in hypoxia to promote vasodilation and tissue perfusion to restore tissue oxygenation and ameliorate acidosis (44). This process is facilitated, in part, by proteins that only act as NO<sub>2</sub><sup>-</sup> reductases in hypoxia and acidosis (29).

In this study, we show for the first time in amphibians that applied NO<sub>2</sub><sup>-</sup> is a vasodilator of the iliac arteries of *R. marina*, and that the response is abolished by the sGC inhibitor, ODQ, as it is in mammals (33). Previously, we have shown that the NO donor, SNP, is a potent vasodilator of blood vessels from *R. marina*, and that the response was abolished by ODQ (2, 3). Taken together, it is reasonable to conclude that NO<sub>2</sub><sup>-</sup> is being translocated into the vascular smooth muscle cells of the iliac artery of *R. marina*, where it is reduced by an endogenous mechanism to NO, which then mediates vasodilation via sGC.

The concentration range of NO<sub>2</sub><sup>-</sup> that facilitates vasodilation in the iliac arteries of *R. marina* is similar to values obtained in *in vitro* myography studies using normoxic rodent aortae (8, 21, 32). For example, the EC<sub>50</sub> values obtained in this study for NO<sub>2</sub><sup>-</sup> in normoxic iliac arteries (438 µM) are in the range of some EC<sub>50</sub> values reported in rodent aortae: 60 µM (21), 200 µM (31) and 686 µM (8). Following the experiments in normoxia, we then demonstrated a small but significant effect of hypoxia on NO<sub>2</sub><sup>-</sup>-induced vasodilation, which



decreased the EC<sub>50</sub> from 438 µM to 345 µM NO<sub>2</sub><sup>-</sup> without hemoglobin (0.27-fold decrease), and 2.2 mM to 1.1 mM with hemoglobin (0.47-fold decrease). However, the left-shift in the NO<sub>2</sub><sup>-</sup> concentration-response curve during hypoxia in *R. marina* is substantially smaller in magnitude than that reported in rodents (8, 21, 26). For example, Dalsgaard et al (2007) showed a large increase in NO<sub>2</sub><sup>-</sup> sensitivity from an EC<sub>50</sub> of 686 µM (95% O<sub>2</sub>) to 12 µM (1% O<sub>2</sub>), representing a 57-fold decrease in the EC<sub>50</sub> (8). Similarly, Isbell et al (2007) reported a 6-fold reduction in EC<sub>50</sub> values from 60 µM to <10 µM for aortae at 2% O<sub>2</sub>, 1% O<sub>2</sub> and anoxia, respectively (21). The small effect of hypoxia on vascular NO<sub>2</sub><sup>-</sup> reduction in *R. marina* might be due to the fact that amphibian blood vessels do not show classic hypoxic vasodilation (34), potentially involving NO.

#### *NO<sub>2</sub><sup>-</sup> reduction in R. marina iliac arteries*

The iliac arteries of *R. marina* clearly possess endogenous NO<sub>2</sub><sup>-</sup> reductase capacity, but, unlike mammals, hypoxia only had a small effect on the NO<sub>2</sub><sup>-</sup>-mediated vasodilation. This suggests that the mammalian paradigm for the vascular role of NO<sub>2</sub><sup>-</sup> in hypoxia utilising hypoxia-sensitive NO<sub>2</sub><sup>-</sup> reductases may not be applicable in amphibians. In this study, the mechanisms of NO<sub>2</sub><sup>-</sup> reduction were not definitively demonstrated but a number of pathways were investigated.

Given the novelty of this study in amphibians, we tested the effect of the inhibition of XOR and NOS in normoxia, in order to determine if these enzymes might function differently in amphibians compared to mammals, and play a role in normoxia. There was no evidence for the involvement of XOR in the reduction of NO<sub>2</sub><sup>-</sup> to NO in the iliac arteries of *R.*

*marina*, since application of allopurinol did not affect the  $\text{NO}_2^-$  mediated vasodilation. In mammals, there is evidence for and against the involvement of XOR in vascular  $\text{NO}_2^-$  responses (8, 39), and where implicated, the  $\text{NO}_2^-$  - reducing activity of XOR is only observed in hypoxia. The non-specific NOS inhibitors, L-NAME and L-NNA, did not affect the  $\text{NO}_2^-$  - mediated vasodilation, but curiously, the NOS1 specific inhibitor, vinyl-L-NIO, did significantly reduce the vasodilatory response to  $\text{NO}_2^-$ . It is not clear why there would be a difference between the NOS inhibitors. The large and intermediate-sized arteries of *R. marina* express NOS1 in perivascular, nitrergic nerves (2, 3) and NOS3 in the endothelium (5). Thus, it is possible that NOS1 may contribute to  $\text{NO}_2^-$  reduction in iliac arteries, at least in part. Interestingly, Webb et al. (45) found that NOS3 inhibition with L-NAME had no significant effect on vascular  $\text{NO}_2^-$  reductase activity in rat aortic supernatants, but it did significantly inhibit NOS3  $\text{NO}_2^-$  reductase activity in red blood cell preparations. Therefore, there appears to be an anomaly about the function of NOS as a  $\text{NO}_2^-$  reductase in mammalian blood vessels.

Myoglobin has been identified as a key  $\text{NO}_2^-$  reductase in mammalian blood vessels (7, 18, 28, 41, 42, 44). Specifically, studies using homozygous myoglobin knockout (*myg*<sup>-/-</sup>) mice have shown decreased endogenous NO production and cGMP content in aortae, and blunted  $\text{NO}_2^-$ -induced vasodilation relative to wild-type mice (*myg*<sup>+/+</sup>) (18, 32, 42). Interestingly, amphibians do not possess the *mygb* gene but do contain the cytoglobin gene (*cygb*), and it has been proposed that cytoglobin functionally replaces myoglobin in this vertebrate class (16). In this study, we cloned mRNAs for *cygb*, *ngb*, and *gby*, and demonstrated that *cygb* and *ngb* mRNAs were expressed in the iliac arteries of *R. marina*, which provides evidence that there are globins expressed in the iliac arteries that could act

as endogenous  $\text{NO}_2^-$  reductases. However, the functionality of cytoglobin is similar to myoglobin in that the  $\text{NO}_2^-$  reducing properties of the protein are only observed in hypoxia or anoxia (25, 44). Therefore, it is unlikely that cytoglobin and/or neuroglobin are contributing to the  $\text{NO}_2^-$ -mediated vasodilation of the iliac arteries of *R. marina* in normoxia. The globins, in addition to XOR and NOS, could play a role in the small left-shift of the  $\text{NO}_2^-$  concentration-response curve observed in hypoxia.

An alternative pathway for NO formation from  $\text{NO}_2^-$  that does not involve an enzyme is through the process of  $\text{NO}_2^-$  disproportionation, as described by Zweier et al. (1999) (48). In this scenario, the acidic intracellular environment of cells permits  $\text{NO}_2^-$  to be in equilibrium with  $\text{HNO}_2$ , which can enter a reaction pathway leading to NO formation (48). This mechanism has been demonstrated in rat cardiomyocytes during acidosis, and is suggested as an alternative route for NO formation from  $\text{NO}_2^-$  (49). It is reasonable to consider that  $\text{NO}_2^-$  disproportionation may occur in the iliac artery vascular smooth muscle cells of *R. marina* leading to NO formation and vasodilation. This mechanism could also explain the relatively high  $\text{NO}_2^-$  concentrations needed to generate NO in order to induce vasodilation in iliac arteries of *R. marina*. Previous studies have found that *R. marina* is tolerant of hypercapnia in the natural environment (40), and toads exposed to hypercapnia showed a marked decrease in intracellular pH in brain and skeletal muscle (40). A markedly lower intracellular pH would enhance NO production via  $\text{NO}_2^-$  disproportionation processes and potentiate local vasodilation.

In *in vitro* experiments in mammals, Hb has been successfully used to 'mop-up' any NO formed in  $\text{NO}_2^-$  reduction experiments, thereby acting as an indicator of NO formation from  $\text{NO}_2^-$  (21). In normoxia, we observed an approximately 3-fold increase in the  $\text{EC}_{50}$  in

response to  $\text{NO}_2^-$  application, with the addition of hemoglobin to the vessel chamber. This provides further evidence that the iliac arteries of *R. marina* are able to reduce  $\text{NO}_2^-$  to NO that freely diffuses through the vessel wall and binds to the heme moiety of Hb, thereby reducing the availability of NO for vasodilation. We also found that the response to  $\text{NO}_2^-$  was altered by incubating the iliac arteries in deoxyHb, potentially due to the protein now acting as a  $\text{NO}_2^-$  reductase in addition to binding NO. The experiments with Hb in *R. marina* show that, *in vivo*, the oxygenation state of Hb will be a factor in regulating the bioavailability of NO from reduced  $\text{NO}_2^-$ , as has been demonstrated in mammals (21).

#### *Plasma nitrite*

The mean serum  $\text{NO}_2^-$  value of 0.86  $\mu\text{M}$  in *R. marina* was higher than that previously reported for the toad, *Bufo woodhousei fowleri*, and frog, *Rana pipiens*, in which the  $\text{NO}_2^-$  values were found to be in the range 0.1 to 0.2  $\mu\text{M}$  (47). It is difficult to directly compare the two studies because, and as discussed by Williams et al. (47), factors such as diet, anaesthesia and blood sampling regime can affect the values, in addition to the type of assay used to measure  $\text{NO}_2^-$ . Furthermore, the tube-type used to process the samples can contribute to variability in the  $\text{NO}_2^-$  values (22).

Paradoxically, the  $\text{EC}_{50}$  for  $\text{NO}_2^-$  in *R. marina* is approximately 500-fold higher than the resting serum  $\text{NO}_2^-$  value of 0.86  $\mu\text{M}$ . Blood  $\text{NO}_2^-$  in rodents and humans is also much lower than reported  $\text{EC}_{50}$  values for *in vitro* studies with values in the literature of between 0.05-0.3  $\mu\text{M}$   $\text{NO}_2^-$  (29). The disparity between *in vitro*  $\text{EC}_{50}$  values and serum  $\text{NO}_2^-$  concentrations is reduced in mammals during hypoxia and acidosis in which the sensitivity to  $\text{NO}_2^-$  is increased (48, 49). However, the above  $\text{EC}_{50}$  values are calculated from *in vitro*

data, and it is therefore possible that the theoretical  $\text{NO}_2^-$  concentration used *in vitro* may not reflect true intracellular concentrations, which may be due to diffusion-limitation across the cell membrane as a result of the relatively poor circulation of fluid in the vessel chamber. This is in contrast to the intact circulation, which maintains maximal diffusion gradients to drive movement across the cell membrane. Another point to consider is the fact that red blood cells are present *in vivo* and the  $\text{NO}_2^-$  reducing capacity of partially oxygenated Hb may generate more NO for a given concentration of plasma  $\text{NO}_2^-$ . Certainly, the relatively lower titre of  $\text{NO}_2^-$  required to induce significant vasodilation in perfused human and primate forearm antecubital veins and brachial arteries suggests that, *in vivo*, the pharmacokinetics differ from those observed *in vitro* (6, 9).

#### *$\text{NO}_2^-$ vasotivity and the sGC/cGMP Pathway*

In the current study, 1 mM  $\text{NO}_2^-$  did not significantly increase the cGMP concentration in a pooled tissue sample of iliac arteries and dorsal aortae, compared to control vessels incubated in physiological saline alone. This is a curious observation given that 1 mM  $\text{NO}_2^-$  induced a vasodilation that was blocked by ODQ, which is indicative of NO signalling via sGC. It is pertinent that our previous work has assumed that NO-induced vasodilation in *R. marina* blood vessels is cGMP-dependent (2, 3), but this has not been demonstrated by measurement of cGMP. Interestingly, previous studies in rodent aortae have also shown that ODQ significantly attenuated or abolished the  $\text{NO}_2^-$ -mediated vasodilation without concomitant increases in cGMP (7, 26, 27). Thus, there is a precedent for the observations of the current study.

Alternatively, following  $\text{NO}_2^-$  reduction, the NO signalling cascade acted via sGC but independently of cGMP utilising mechanisms such as nitrosylation of sGC by the addition of a nitrosyl ion ( $\text{NO}^-$ ) (36) or NO reacting with a thiol group on sGC to form S-nitroso (SNO) residues that may go on to participate in nitrosation reactions (20). We also cannot exclude the possibility that 8-nitro-cGMP was formed from 8-nitro-GTP through the actions of sGC (35), which would not have been detected in our assay. Certainly 8-nitro-GTP can be readily derived *in vivo* from GTP nitration by NO-derived reactive nitrogen species (17).

### *Perspectives and significance*

For many years,  $\text{NO}_2^-$  was thought to be an inactive by-product of NO metabolism. However, it is now known that the *in vitro* application of  $\text{NO}_2^-$  to tissues, including blood vessels, elicits biological responses that are attributed to NO, due to cells possessing endogenous  $\text{NO}_2^-$  reductase mechanisms that generate NO. Accordingly, plasma  $\text{NO}_2^-$  is considered an endocrine source of NO, which has been found to be important in hypoxia where the generation of NO by NOS is compromised by limited  $\text{O}_2$  supply. In the cardiovascular system, this is exemplified by data demonstrating that dietary  $\text{NO}_x$  or infusion with  $\text{NO}_x$  have improved tissue blood flow in various animal models of hypoxia and ischemia. In this study, we provide the first evidence that  $\text{NO}_2^-$  is a vasodilator in a non-mammalian vertebrate (*R. marina*), most likely by the endogenous reduction of  $\text{NO}_2^-$  to NO in the vascular smooth muscle. Thus, it appears that the capacity for vascular reduction of  $\text{NO}_2^-$  to NO appeared early in the tetrapods and preceded the emergence of endothelial NO signalling, which is not a characteristic of amphibian blood vessels (4, 5). This study also found that hypoxia had little effect on the  $\text{NO}_2^-$ -induced vasodilation in *R. marina*, which is in contrast to the

468 situation in mammals. *R. marina* use burrowing and estivation in response to extremes in  
469 environmental conditions, which can cause marked acidosis and hypoxia that is  
470 physiologically well-tolerated (40); this hypoxia tolerance may explain the absence of  
471 hypoxic vasodilation in amphibians (34).

472

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## Figure legends

**Fig 1** Representative tension recordings from isolated *R. marina* iliac arteries showing concentration-dependent  $\text{NO}_2^-$ -mediated vasodilation. Vessels were pre-constricted with U-46619 ( $10^{-6}$  M) until stable. The values for  $\text{NO}_2^-$  are indicated by arrows and shown as  $\log_{10}$  M. **A** demonstrates  $\text{NO}_2^-$ -mediated vasodilation under normoxic ( $\sim 21\%$   $\text{O}_2$ ) conditions. **B** demonstrates total abolition of the  $\text{NO}_2^-$ -mediated vasodilation in the presence of the sGC inhibitor, ODQ ( $10^{-5}$  M). **C** Concentration-dependent vasodilation of isolated *R. marina* iliac arteries in response to  $\text{NO}_2^-$  versus the complete abolition of the response following application of ODQ. Sigmoidal concentration-response curves are fitted to the data. The *P*-value indicate that the fitted curves differ significantly as determined by an *F*-test. Data in **C** are mean  $\pm$  SEM. n=8.

**Fig 2** Concentration-dependent vasodilation of isolated *R. marina* iliac arteries in response to the application of  $\text{NO}_2^-$ . **A** shows normoxia versus hypoxia ( $0.63\%$   $\text{O}_2$ ), n=9; **B** shows the effect of  $200\ \mu\text{M}$  oxyhemoglobin (OxyHb) on  $\text{NO}_2^-$ -mediated vasodilation, n=9; **C** shows the effects of  $200\ \mu\text{M}$  partially deoxyhemoglobin (DeoxyHb) n=8; **D** shows OxyHb versus DeoxyHb, n=9. Data are shown as a percentage of net U-46619 pre-constriction force. Sigmoidal concentration-response curves are fitted to the data. The *P*-values indicate if the fitted sigmoidal curves differ significantly as determined by an *F*-test. Data are mean  $\pm$  SEM.

**Fig 3** Concentration-dependent vasodilation of isolated *R. marina* iliac arteries in response to the application of  $\text{NO}_2^-$ , in the presence of selected inhibitors. **A** shows the control versus L-NAME, n=3. **B** shows the control versus L-NNA, n=4. **C** shows the control versus vinyl-L-NIO, n=6. Data are shown as a percentage of net U-46619 pre-constriction force. Sigmoidal concentration-response curves are fitted to the data. The *P*-values indicate if the fitted sigmoidal curves differ significantly as determined by an *F*-test. A single curve is fitted in cases where no significance was determined. Data are mean  $\pm$  SEM.



506

507 **Fig 4** Concentration-dependent vasodilation of isolated *R. marina* iliac arteries in response  
508 to the application of  $\text{NO}_2^-$  in the presence of selected inhibitors and after endothelial  
509 removal. **A** shows control versus C-PTIO, n=6; **B** shows the control versus allopurinol, n=4; **C**  
510 shows endothelium intact versus endothelial removal, n=4. Data are shown as a percentage  
511 of the U-46619 pre-constriction force. Sigmoidal concentration-response curves are fitted  
512 to the data. The *P*-values indicate if the fitted sigmoidal curve differ significantly as  
513 determined by an *F*-test. A single curve is fitted in cases where no significance was  
514 determined. Data are mean  $\pm$  SEM.

515

516 **Fig 5** Box plots of serum  $\text{NO}_2^-$ ,  $\text{NO}_3^-$  and total NOx measured by a fluorimetric assay. **A**  
517 shows  $\text{NO}_2^-$ . **B** shows  $\text{NO}_3^-$  and **C** shows total  $\text{NO}_2^- \pm \text{NO}_3^-$  (NOx) concentration. Boxes  
518 represent the quartile range, and whiskers show minimum and maximum values. All n=8.

519

520 **Fig 6** Gel electrophoresis images of PCR products resolved on 1.5% agarose gels. The  
521 expression of mRNA for cytoglobin (*cygb*) (**A**) and neuroglobin (*ngb*) (**B**) was present in three  
522 separate iliac artery extracts (I-1, I-2 and I-3). However, globin Y (*gby*) (**C**) mRNA was not  
523 detected in iliac arteries.  $\beta$ -act mRNA expression is shown for each cDNA in (**D**). **P** indicates  
524 amplification of PCR product from a control plasmid containing the gene of interest. **L** =  
525 molecular weight marker. **NTC** = no template control. Irrelevant lanes between the ladder  
526 and samples have been removed as indicated by the white spaces.

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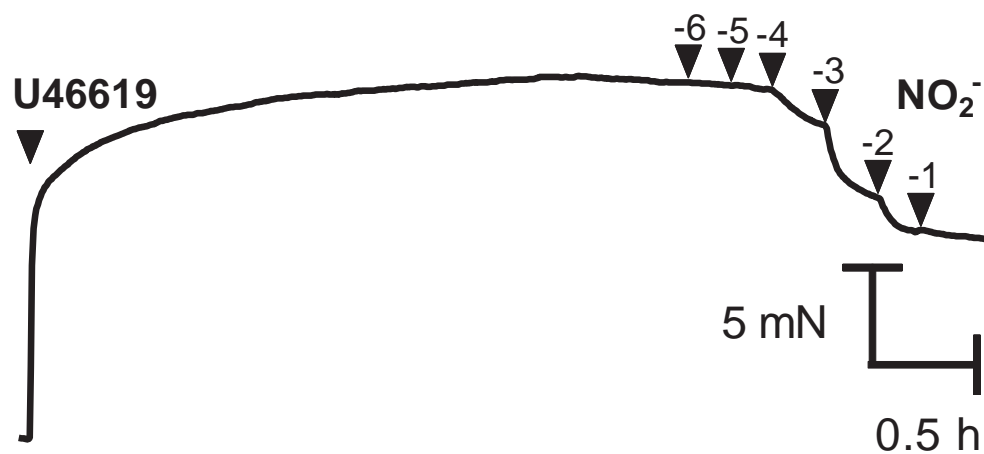
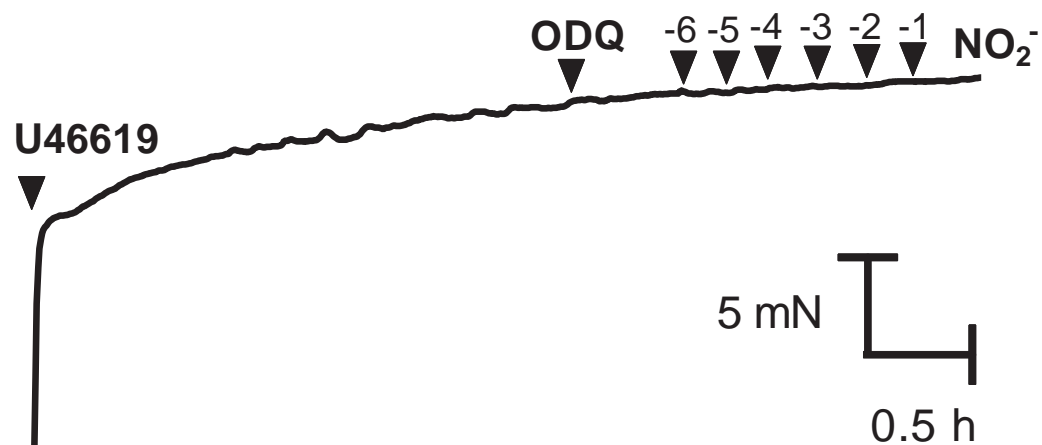
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