

The study of endogenous hepatocyte growth factor in the pathogenesis of intracranial aneurysms

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Abstract. – **OBJECTIVE:** Inflammation as a significant influence factor plays an important role in the formation and rupture of intracranial aneurysms. However, based on plenty of related studies, it is believed that the hepatocyte growth factor (HGF) is able to prevent vascular inflammation. This paper, therefore, explored the role and mechanism of endogenous HGF in the pathogenesis of intracranial aneurysms.

MATERIALS AND METHODS: 16 blood samples were collected from the intracranial aneurysms and the lumens of the femoral artery of 16 patients. Comparison and quantitative detection of HGF serum concentrations in aneurysm and femoral artery samples according to the immune assay based on Luminex were followed. The tissue of superficial temporal artery (STA) and ruptured or unruptured intracranial aneurysm from the patients (n=16) who were performed surgical clipping of craniotomy was then collected. The intracranial aneurysm model was induced by surgery on mice. The mice were and grouping administration of c-Met antagonist PF-04217903 or its solvent DMSO for 3 weeks. Then, the brains of experimental mice were dissected and examined whether they were intracranial aneurysms and subarachnoid hemorrhage (SAH). The procedures followed by treatment of human endothelial cells cultured in vitro. Smooth muscle cells and monocytes with HGF and PF-04217903 lipopolysaccharide (LPS). Through Real-time fluorescence quantitative PCR, Western blot method, we used the expressions of various normalized inflammatory factors: intercellular adhesion molecule-1 (ICAM-1), vascular cell adhesion molecule-1 (VCAM-1), E-selectin, tumor necrosis factor- α (TNF- α), interleukin-1 β (IL-1 β), monocyte chemoattractant protein-1 (MCP-1), cyclooxygenase-1 (COX-1), cyclooxygenase-2 (COX-2) and transforming growth factor- β (TGF- β).

RESULTS: It was found that the concentration of HGF (1076 \pm 656) pg/ml from the blood collected from human intracranial aneurysms was significantly higher than that from the femoral ar-

tery (196 \pm 10) pg/ml (p <0.01). Experimental mouse treated with PF-04217903 (c-Met antagonist) and in control group were induced to form intracranial aneurysms. c-Met antagonists did not inhibit the formation of intracranial aneurysms (p >0.05), but significantly increased the occurrence of subarachnoid hemorrhage and reduced the survival rate of mice (p <0.05). HGF attenuated the expression of VCAM-1 (p <0.05) and E-selectin (p <0.05) in human aortic endothelial cells.

CONCLUSIONS: The plasma HGF levels were elevated in intracranial aneurysms, and the HGF and c-Met were expressed in STA and intracranial aneurysms. In the treatment of intracranial aneurysms, HGF signaling pathway reduced inflammation in endothelial cells and prevented the rupture of intracranial aneurysm through c-Met.

Key Words:

Intracranial aneurysm, Inflammation, Hepatocyte growth factor, Subarachnoid hemorrhage, c-Met, E-selectin, VCAM-1.

Introduction

According to previous studies^{1,2}, it was convinced that the inflammation is an important factor in the formation and rupture of intracranial aneurysms. The various components of the inflammatory reaction include cytokines, chemokines, growth factors, reactive oxygen species (ROS), white blood cells, matrix metalloproteinases and vascular smooth muscle cells, which all increase in the occurrence of intracranial aneurysms^{3,4}. The treatment, which focuses on inflammation pathways, is more effective under clinical experiments on both human and animal basis^{2,5}. Hepatocyte growth factor (HGF) was originally discovered to be a growth factor of the hepatocyte, which showed the activity of mito-

sis, morphology, anti-fibrosis and anti-apoptotic in a variety of tissues^{6,7}. However, the activity of HGF is regulated by proto-oncogene c-Met, which is a type of tyrosine kinase⁸. Up to now, the latest researches and data suggested that HGF is capable of regulating cytokine profiles and protecting various tissues including the arterial wall from inflammatory damages⁹. Moreover, HGF can promote an anti-inflammatory cytokine profile in the abdominal aortic aneurysm. Therefore, the endogenous HGF secretion promoted by drug interventions may be possibly effective in the prevention and treatment of an aneurysm¹⁰. Nevertheless, there were only few reports to be found concerning the study of HGF in intracranial aneurysms.

The purpose of this study was to evaluate the role of endogenous HGF in the pathogenesis of intracranial aneurysms. Specifically, we sought to determine that: (1) if the concentration of HGF in patients with intracranial aneurysm in the blood is higher than the concentration of HGF in arterial blood; (2) if the HGF and c-Met are expressed in the wall of human intracranial aneurysms; (3) in animal models, if the c-Met antagonist increases the risk of intracranial aneurysm rupture in cultured human endothelial cells in vitro and if the smooth muscle cells and mononuclear cells in HGF are expressed and regulated by inflammatory cells.

Materials and Methods

Human Research Program

The human research program was approved by the Ethics Committee Qingdao Hiser Medical Center (Qingdao, Shandong, China). The nature, benefits, and risks of this study have been explained to all patients beforehand. All participants have read and voluntarily signed the informed consent form.

Cell Culture

Human umbilical endothelial cells (HAECs), Human aortic smooth muscle cells (HASMCs) and Human Monocyte Cell Line THP-1 were purchased from American ATCC cell bank (Manassas, VA, USA). The cells were cultured in Dulbecco's Modified Eagle Medium (DMEM) with 10% level glucose (HyClone, Nampa, ID, USA) with 10% fetal bovine serum (FBS) (Tianhang Biological Technology Inc. Hangzhou, Zhejiang, China) and 1% penicillin streptomycin (Beijing

Suolaibao Technology Inc, Beijing, China), and then placed in the incubator (371 type, Thermo Scientific, Waltham, MA, USA) in constant 37°C and 5% CO₂.

Serum

Human R/c-Met HGF affinity purified polyclonal antibody (AF276) and human HGF affinity purified polyclonal antibody (AF276) were from Shanghai Roseweida Industrial Ltd. (Shanghai, China). Elastase was from Dalian Meilun Biological Technology Co., Ltd. (Dalian, Shenyang, China). Angiotensin II was from Nanjing Senbeijia Biological Technology Co., Ltd. (Nanjing, Jiangsu, China), c-Met antagonists PF-04217903 were from Gaochuang Chemical Technology Co., Ltd. (Shanghai, China), Dimethyl Sulphoxide (DMSO) was from Beijing Huamaike Bio-Technology Co., Ltd. (Beijing, China), Ferramine phenol blue was from Shanghai Baoyuan Biological Technology Co., Ltd (Shanghai, China), Papaverine was from Wuhan Haojia Biological Technology Co., Ltd (Wuhan, Hubei, China), Curcumin was from Shanghai Jingke Chemical Technology Co., Ltd. (Shanghai, China), Human recombinant HGF was from PeproTech (Rocky Hill, CT, USA), LPS was from Weihuan Biological Technology Co., Ltd (Shanghai, China).

Determination of HGF Concentration in Plasma

All patients enrolled in this study were from the Qingdao Hiser Medical Center (Qingdao, Shandong, China) from the period of November 2015 to December 2015. In this study, all patients were applicants who suffered from cystic (ruptured or unruptured) coil embolization of intracranial aneurysms. Patients treated with corticosteroids, aspirin, or immunosuppressive agents were excluded. A total of 16 patients and 18 aneurysms were finally involved in the study. Through the Seldinger technique, the femoral artery puncture was operated to patients to investigate if an aneurysm was present. Each patient was embedded in a 7-French artery sheath, followed by blood collection from the femoral artery. Then, a guiding catheter was imported into the targeted vessels for each patient to identify the aneurysm. The microcatheter was then introduced into the aneurysm cavity depending on micro guide wires. Blood samples were collected (5 ml) before the import of the guiding wires into the aneurysm, and then the blood samples were stored at -80°C after centrifugation. By using

Human HGF Magnetic Bead Kit (Thermo Fisher Scientific, Waltham, MA, USA), HGF serum concentrations were quantitatively detected in aneurysm and femoral artery samples in Luminex 200 system (Luminex Corp, Austin, TX, USA).

Expression of HGF and c-Met in Intracranial Aneurysms

The aneurysm samples were collected from patients with microsurgical clipping (5 ruptured cases, 5 unruptured cases), then were fixed with formalin and embedded in paraffin after surgical removal. Compared with the superficial temporal artery, the excised aneurysm samples were firstly made to 4 μm slices and then immunohistochemical stained by Human R/c-Met HGF affinity purified polyclonal antibody (AF276) or human HGF affinity purified polyclonal antibody (AF-294-NA). All images were acquired by BX-61 Olympus automatic microscope 20 objective lens (Olympus, Tokyo, Japan).

Evaluation of the Effect of Endogenous HGF on Intracranial Aneurysm in Mouse Model

In this study, we used 51 adult mice (C57BL/6J) (Beijing Weilitonghuashi Experimental Animal Technology Co., Ltd. Beijing, China), approved by Animal Ethics Committee of Zhengzhou University (SCXK(yu)2015-0004). The mice were randomly grouped in three, with 17 mice in each. Referring to the previous researches^{4,11}, induced intracranial aneurysm in mice. The mice were then anesthetized, scalp skin shaved, and a hole was made at 2.7 mm back of the former hole, 1 mm at the right side of the midline skull. Stereotactic elastase was injected into the hole at depth of 6.3 mm (35 μl of 2.5 $\mu\text{g}/\mu\text{l}$ micro-osmotic pump was subcutaneously implanted, and angiotensin II was pumped with a velocity of 1000 ng/kg/min at the rate of blood pressure elevation. The sham operation group was injected with normal saline and normal saline perfusion. Mice were fed with normal drinking water during the recovery period.

The main time at which the injection of elastase into the basal pool and with the angiotensin II pumped in as day 0, until the end of the experiment (day 21) or the death of mice. Experimental mice had an intragastric administration of c-Met antagonist PF-04217903 (10 mg/kg/d) or its control DMSO, which in sham operation control mice only 50 μl DMSO was perfused.

All mice were observed every day, and those that had neurological deficits (forepaw exten-

sion disability, dumping at paralyzed side, side dumping, walking disability, consciousness loss) or weight loss (>20%), were sacrificed. All other asymptomatic mice were sacrificed the day after the induction of aneurysm. 5 mice were excluded during the experiment: 1 mouse in the sham-operated group died in the applications of gastric lavage; 3 mice in solvent control and 1 PF04217903 treated mouse were failed to recover. The systolic blood pressure of all experimental mice was weekly measured by tail cuff method.

After putting all experimental mice to death, we opened their chests and abdominal cavities, checked if there was a major bleeding or an aortic aneurysm. We added 10-15 ml of saline containing with Evans blue (100 μm) for heart perfusion to cause systemic vascular relaxation, then pumped in 8% gelatin in the mixture containing 2 mg Evans blue saline for the visualization of the cerebral blood circulation could be observed.

We dissected the brains of mice and examined the presence of intracranial aneurysms and/or subarachnoid hemorrhage (SAH). An aneurysm is defined as 1.5 times of the size of the diameter of the orifice projection of the vessel wall. The survival curve was drawn according to the time of death or the execution time of the mice.

Effect of HGF on the Expression of Inflammatory Molecules in Cultured Cells In vitro

6 $\mu\text{g}/\text{ml}$ c-Met antagonists were added in HAECs in the normal medium which containing human recombinant HGF (10 ng/ml) for 1 hour, and 100 ng/ml LPS was added for 3 hours. According to the TaqMan primer reverse transcription of target genes and β -actin, real-time quantitative PCR was introduced, and the genes were expressed by $\Delta\Delta\text{Ct}$ method for quantitative determination of β -actin standard. The target genes included Intercellular adhesion molecule-1 (ICAM-1), Vascular cell adhesion molecule-1 (VCAM-1), E-selectin, tumor necrosis factor- α (TNF- α), interleukin-1 β (IL-1 β), monocyte chemotaxis protein-1 (MCP-1), epoxy enzyme-1 (COX-1), COX-2 and transforming growth factor- β (TGF- β). All researches of tissue culture were based on 3-times parallel experiments.

In the same way, human recombination HGF (10 ng/ml) or HGF+ PF-04217903 were added into HASMCs for pre-culture, then LPS was added for 3 hours. The detection of mRNA levels of ICAM-1, VCAM-1, E-selectin, TNF- α , IL-1 β , MCP-1, COX-1, COX-2, and TGF- β were as stated previously.

Statistical Analysis

Statistical analysis was performed by Prism 6 and Stata 10. The measurement data were expressed by mean±SD, and the comparison between the two groups was expressed by one-way ANOVA and pairing LSD t-test. Categorical variables were X²-test and survival rates were estimated using the product-limit method (Kaplan-Meier method) for survival analysis. $p < 0.05$ was considered to be statistically significant.

Results

The level of HGF in the Aneurysm Cavity is Higher than that of the Femoral Artery

Among 16 patients with an intracranial aneurysm in this experiment, 13 patients were females, 3 were males, and the average age was 55.23±13.47 years old. The average size of the aneurysms was 10.48±9.13 mm, of which 3 cases (18.75%) were ruptured aneurysms. To compare with the samples collected from femoral artery (196.17±436.25) pg/ml, the samples of a cerebral aneurysm (1076.08±656.33) pg/ml were 5.5 times larger ($p < 0.001$) in size, and the plasma HGF concentration was also significantly increased ($p < 0.05$), as shown in Figure 1.

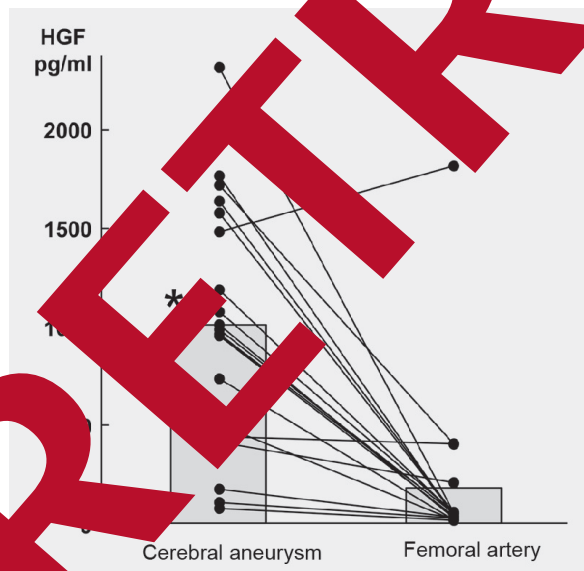


Figure 1. Comparison of HGF levels in cerebral aneurysm and femoral artery samples. Note: the plasma HGF level of the sample from the aneurysm cavity was higher than that from the femoral artery. * $p < 0.05$.

Expression of HGF and c-Met in Intracranial Aneurysms

The samples which collected from the superficial temporal artery (STA), and ruptured and unruptured intracranial aneurysms, were all HGF and the receptors c-Met, with positive stain. HGF and c-Met were located in endothelial cells and smooth muscle layer (Figure 2).

C-Met Antagonists Increased the Risk of Aneurysm Rupture in Mice and Reduced their Survival Time

After aneurysms were induced, compared with sham-operated control group, more than 85.00% of the mice that were given angiotensin II and killed were found to have intracranial aneurysms and/or subarachnoid hemorrhage (Figure 3A). However, the mice, which were given PF04217903, had better survival rate than of the mice treated with the solvent (25.00% vs. 57.00%, $p < 0.05$) (Figure 3B). Moreover, the systolic blood pressure was significantly higher ($p < 0.05$), which had the same response (Figure 3C) in the mice with PF04217903 or its solvent. The weight loss of mice was particularly significant in the first two weeks ($p < 0.05$), thus there was no significant weight loss observed in sham-operated control group (Figure 3D). For the solvent, PF04217903 had no significant effect on blood pressure and weight loss of 85.71% (12/14) of the mice that given solvent and 93.75% (15/16) of the mice that given PF04217903 had an intracranial aneurysm (Figure 3E). The occurrence of subarachnoid hemorrhage in mice treated with PF04217903 was 93.75% (15/16) which was significantly higher than 64.28% (9/14) occurrence in mice treated with the solvent ($p < 0.05$) (Figure 3F). In the sham-operated control group, the survival rate was 100%, and there was no intracranial aneurysm or subarachnoid hemorrhage found in mice.

HGF Attenuated the Expression of Inflammatory Molecules in vitro in HAECs

In human arterial smooth muscle cells (HASMCs) cultured with HGF+LPS, the mRNA expression of VCAM-1 and E-selectin was lower than that cultured only with LPS (Figure 4). The inhibitory effect of HGF on VCAM-1 and E-selectin was eliminated by c-Met: the VCAM-1 and E-selectin in HASMCs with HGF+PF-665752+LPS combination remained at the same level as in the HASMCs with only LPS. In HASMCs with HGF+LPS, HGF+PF04217903+LPS and HASMCs

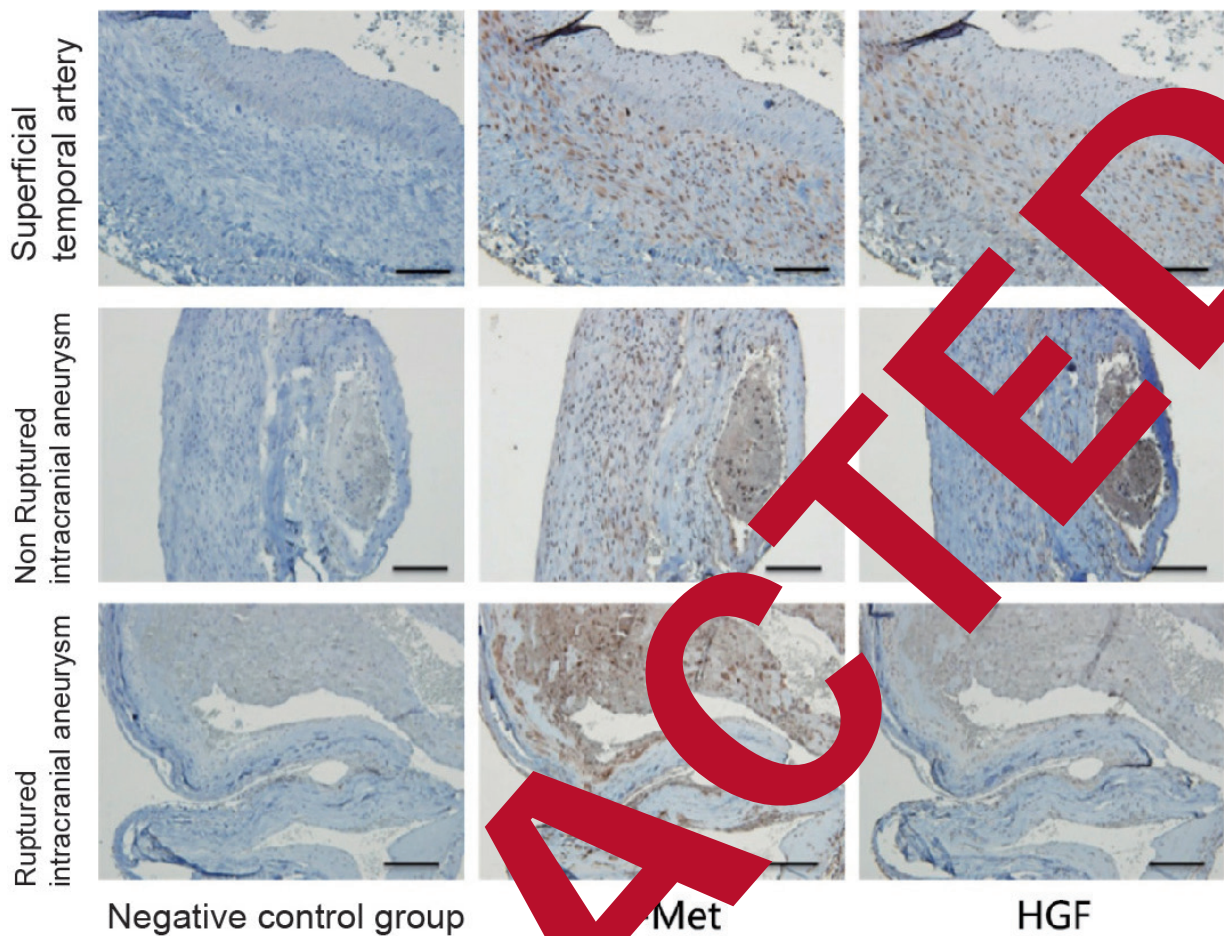


Figure 2. Expression of HGF and c-Met in superficial temporal artery and ruptured intracranial aneurysms. Note: HGF and c-Met were detected in the samples of endothelium and smooth muscle. HGF and c-Met were excluded from the negative control. The same results were observed in the remaining 10 patients, with the ruler =100 μ m.

with only LPS, there was no difference in the levels of TNF- α , IL-1 β , MCP-1, COX-1, COX-2, TGF- β and ICAM-1 ($p > 0.05$). In HASMCs with HGF+LPS, HGF+PF04217923+LPS, HASMCs with LPS and the THP-1 cells, there was also no difference in the levels of TNF- α , IL-1 β , MCP-1, COX-1, COX-2, TGF- β , VCAM-1, E-selectin and ICAM-1 ($p > 0.05$).

Discussion

Inflammation is considered as one of the keys in the development, growth, and rupture of intracranial aneurysms¹². The evidence suggests that the α -inflammatory and proliferation pathways are activated in endothelial cells when there is local blood flow load¹³. Subsequently, the mononu-

clear cells in the arterial wall penetrate, activate and release a variety of pro-inflammatory cells¹⁴. The final common pathway appears to involve in the release of matrix metalloproteinases and the apoptosis of vascular cell components, and then leads to aneurysm remodeling, development, and rupture^{15,16}.

The anti-inflammatory effects of HGF have been studied in recent years, and reported in many other investigations. In human abdominal aortic tissue cultured in vitro, exogenous HGF promotes the secretion of anti-inflammatory cytokines (IL-10) and inhibits the secretion of pro-inflammatory monocyte chemotaxis protein-1 (MCP-1). Likewise, it is found that in the macrophages derived from the bone marrow, HGF reduces the production of pro-inflammatory cytokines IL-6 followed by an increase of

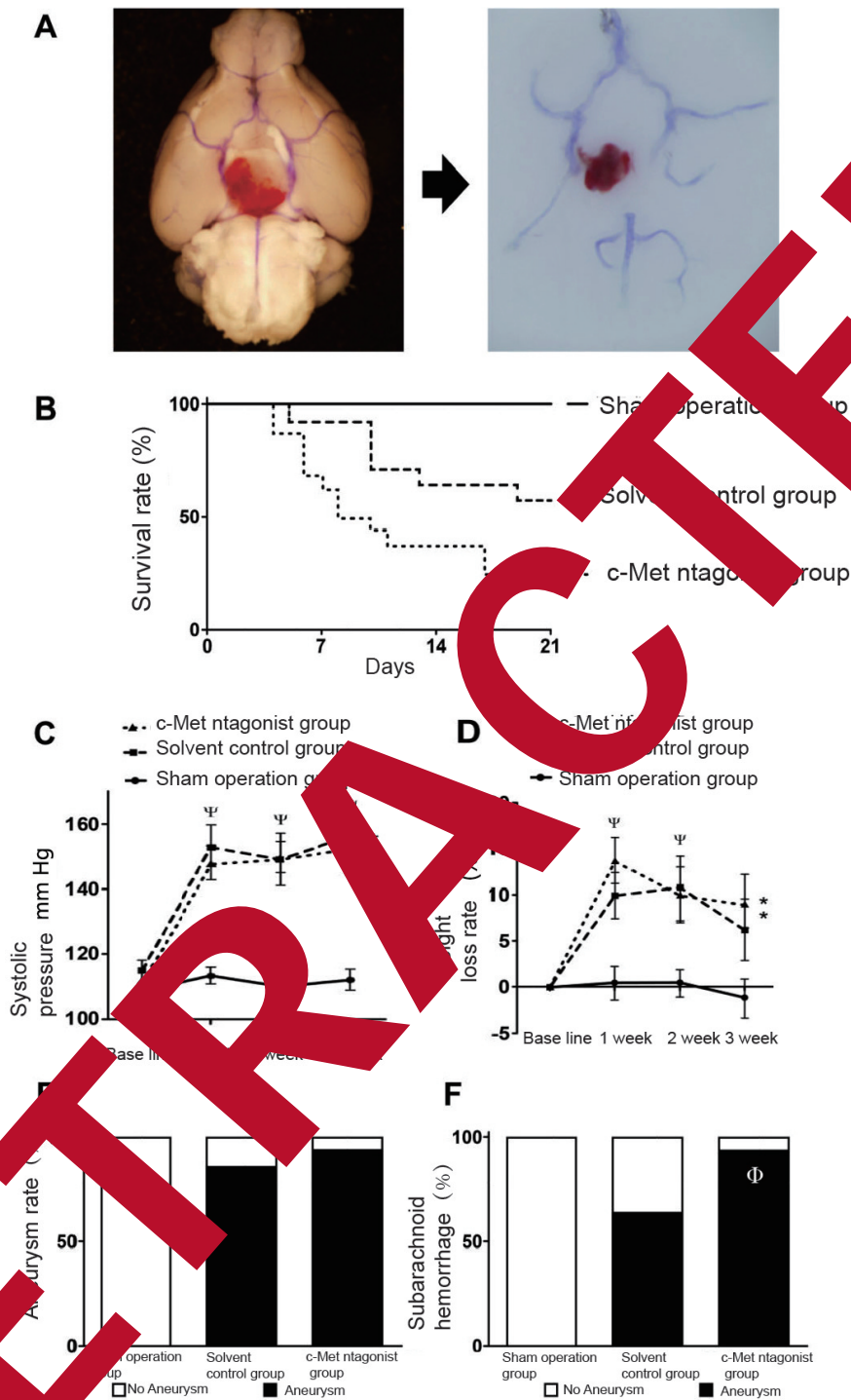


Fig 3. Effects of c-Met antagonists on the formation and rupture of intracranial aneurysms in a mouse model. Note: (A) The cerebral artery and aneurysm of the left anterior (right) artery can be observed in the left anterior and posterior (right). (B) The survival rate of sham operated control group, PF-04217903 or solvent control group were induced in the aneurysm group. (C) The systolic blood pressure of PF-04217903 or solvent control group was induced in sham operation group and control group. (D) The weight loss of the sham operated control group and the induced aneurysm group were treated with PF-04217903 or solvent control group. (E) Sham operated control group, induced aneurysm group was given PF-04217903 or solvent control group of mice aneurysm formation. (F) The sham operation control group, induced aneurysm group received arachnoid PF-04217903 or solvent control group of mice under the bleeding. Compared with the sham operation group * $p < 0.05$; compared with the baseline psi $p < 0.05$; compared with the control group reagent, $p < 0.05$.

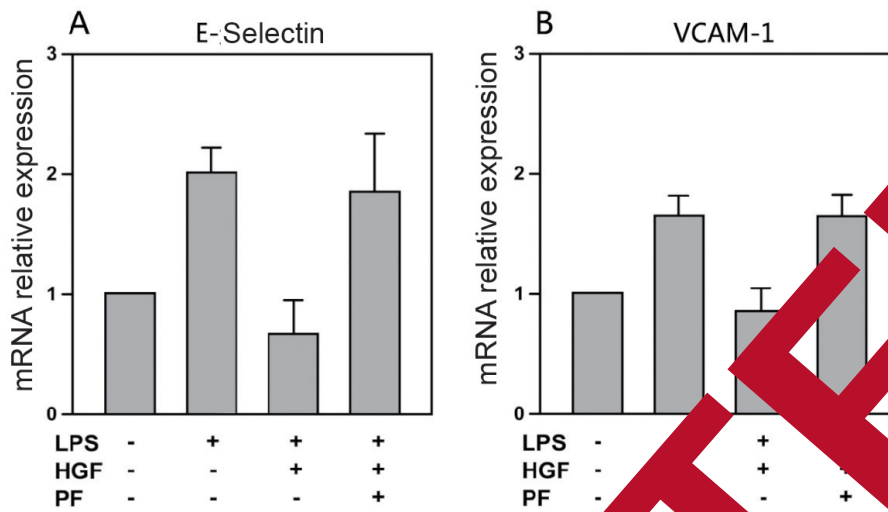


Figure 4. Changes of VCAM-1 and E-selectin. Note: the level of VCAM-1 and E- in HGF was also cultured with HAECs was lower in LPS than in HAECs medium. The effect of HGF on inflammatory factors was abolished by the addition of c-Met antagonists. (Single factor analysis of variance; $p=0.010$ VCAM-1, $p=0.006$)

anti-inflammatory factor IL-10²⁶. In other findings, HGF is found to inhibit MCP-1, IL-6 and IL-1²⁷, which is related to the pathogenesis of intracranial aneurysms^{1,2}. Also, the anti-apoptosis effect of HGF is also related to the intracranial aneurysm. Moreover, it has also been found that the pathogenesis of the development and rupture of aneurysm is including apoptosis of endothelial cells and smooth muscle cells².

It has been found that HGF has protective effects in the pathogenesis of intracranial aneurysms and vascular disease. When tissue injuries occurred, HGF as a growth factor is secreted by the side secretion, which promotes the regeneration of cells and wound repair¹⁷. In the vascular system, HGF is associated with angiogenesis¹⁸ and regulates the function of endothelial progenitor cells. For example, HGF reduces the aging and oxidative stress induced by angiotensin II in the endothelial progenitor cells¹⁹. At the cellular level, the HGF signaling pathway protects cells from DNA damages through its receptor c-Met, and stimulates DNA repair and cell proliferation. HGF also regulates other factors that are associated with vascular biology and inflammation. In LPS induced inflammation, HGF inhibits EGFR degradation by controlling the activation of phosphatase (e.g., SHIP2)¹². Many studies⁷ suggested that HGF and c-Met are involved in arterial repair.

Discoveries have been found that in the aneurysm, HGF levels may be locally elevated to avoid vascular injury. Spin et al²³ have found that

expression of HGF was found increased in aneurysm. This study²⁴ indicated that in the intracranial aneurysm model, due to the c-Met antagonist PF-04217903 significantly increased the rupture of aneurysm and reduced survival rate. HGF was up-regulated in the aneurysm and reduced inflammation and vascular injury.

In this study, we found that the serum concentrations of HGF in the femoral artery were higher than those in the human intracranial aneurysms. Additionally, HGF and its receptor c-Met were expressed on the walls of the ruptured and unruptured human cerebral aneurysms. These findings proved that HGF is associated with human intracranial aneurysms. Therefore, the expression of HGF in the lumen and the wall of the human intracranial aneurysm may result in blood flow loading and local cell damage caused by inflammation. Furthermore, the level of circulating HGF can also be altered in other cardiovascular diseases. Some researches^{20,21} have indicated that the HGF level in hypertensive patients is higher than in the normal group. On the other hand, the level of HGF is decreased both in diabetic patients and diabetic animal models²². In a word, it is possible that HGF has a protective effect on vascular disease and its level can be regulated by drugs, inflammation, and metabolism.

During the experiment, we have discovered the possible mechanism of HGF in the development of LPS in vitro to prevent the rupture of intracranial aneurysms, and HGF mainly was ef-

fective in endothelial cells (in contrast to smooth muscle cells and monocytes), and diminished the expression of VCAM-1 and E-selectin. The discovery of which HGF selectively reduces the expression of adhesion molecules in endothelial cells is absolutely important. This is because the infiltration of inflammatory cells in the intracranial aneurysm is the major characteristic of the intracranial aneurysm. Aoki et al²⁵ proved that the formation of the intracranial aneurysm was ceased by inhibiting MCP-1 in mice. Also, VCAM-1 and E-selectin were increased in the experimental aortic aneurysm and rupture of the human brain aneurysm. The overall data of our study indicated that the decrease of the adhesion molecules (VCAM-1 and E-selectin) induced by HGF and the infiltration of inflammatory cells in the intracranial aneurysm tissue might reduce the aneurysm development, growth and related inflammatory reactions of rupture.

The number of patients in this study was relatively small. However, we observed that in some patients, the concentration of HGF in the intracranial aneurysm cavity was significantly higher than the concentration in the blood system. This finding was novel, and it was supportive evidence in the view that the HGF can be locally produced in aneurysm tissue. Although the c-Met antagonists significantly affect rupture and survival of aneurysms, further experiments are required to demonstrate whether the formation and rupture of aneurysms can be reduced by administering exogenous HGF or c-Met receptor antagonists.

Conclusions

We proved that HGF and c-Met were expressed in the superficial temporal artery and the plasma HGF was elevated in the intracranial aneurysms. Then, in the mouse model of an intracranial aneurysm, c-Met antagonists did not affect the formation of intracranial aneurysms but significantly increased the subarachnoid hemorrhage and reduced the survival rate of experimental mice. The protective actions of HGF were expressed by lowering the VCAM-1 and E-selectin in human aortic endothelial cells. We found that the HGF concentration in the intracranial aneurysm was higher than that in the peripheral blood, and the HGF receptor c-Met were expressed on the wall of the intracranial aneurysm. According to the experiments, we demonstrated that the inhibition of endogenous HGF signaling pathway in mice

could increase the risk of intracranial aneurysm rupture and reduce the survival rate of mice. In vitro, the inhibition of HGF also attenuated the expression of inflammatory molecules and adhesion molecules in cultured human endothelial cells. These findings suggested a novel role for endogenous HGF in the pathogenesis of human intracranial aneurysms, and this study can be used in clinical therapy.

Conflict of interest

The authors declare no conflicts of interest.

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