ДЕПРИВАЦИЯ VEGF ВЛИЯЕТ НА ЭКСПРЕССИЮ ЭНДОГЛИНА В КЛЕТКАХ ТРОФОБЛАСТА И ЕСТЕСТВЕННЫХ КИЛЛЕРАХ

Тыщук Е. В. ¹, Денисова Е. А. ¹, Марко О. Б. ¹, Коган И. Ю. ¹, Сельков С. А. ¹, Соколов Д. И. ¹

¹ Лаборатория иммунологии и межклеточных взаимодействий, федеральное государственное бюджетное научное учреждение «Научно-исследовательский институт акушерства, гинекологии и репродуктологии имени Д.О. Отта».

VEGF DEPRIVATION AFFECTS ENDOGLIN EXPRESSION IN TROPHOBLAST CELLS AND NATURAL KILLERS

Tyshchuk E. V. ^a, Denisova E. A. ^a,

Marko O. B. a,

Kogan I. Y. a,

Selkov S. A. a,

Sokolov D. I. a

^a Federal State Budgetary Scientific Institution, Research Institute of Obstetrics, Gynecology and Reproductology named after D.O. Ott, St. Petersburg, Russia.

Резюме

Белки семейства VEGF участвуют в развитии многих клеточных популяций: эндотелиальных клеток, моноцитов и макрофагов, стволовых клеток, опухолевых клеток, мышечных клеток стенок сосудов, клеток трофобласта и в целом любых клеток, экспрессирующих рецепторы к VEGF. Нарушения, затрагивающие продукцию белков VEGF и проведение сигналов от них приводят ко многим патологическим состояниям, в том числе к аномалиям развития плаценты. Клетки трофобласта являются основной популяцией клеток, формирующей плаценту. Они вовлечены в процессы секреции и рецепции VEGF, фактора, необходимого для обеспечения ангиогенеза. Несмотря на это, на данный момент в литературе недостаточно данных о влиянии проведения сигналов от VEGF в клетках трофобласта на их функциональные особенности. Среди клеток окружения трофобласта, которые могут воздействовать на их активность в ходе беременности особой группой являются материнские иммунные клетки, в частности NK-клетки. Принимая во внимание высокую численность NK-клеток в децидуальной оболочке, необходимо учитывать их вклад в изменение фенотипа клеток трофобласта. В настоящем исследовании изучалась экспрессия NK-клетками и клетками трофобласта белков MICA и MICB, а также рецептора CD105. Молекулы MICA и MICB являются маркерами стресса и позволяют судить о жизнеспособности клеток. Рецептор CD105 экспрессирован на поверхности некоторых популяций клеток и участвует в передаче сигнала от белков семейства ТGFβ. В частности, показано, что эндоглин регулирует сигналинг от ТGFβ путем направления сигнала через пути SMAD2/3 или SMAD1/5/8. Эндоглин, согласно литературе, ингибирует сигналинг, задействующий белок SMAD3. Играет ли эндоглин ту же роль в случае NK-клеток и трофобласта неизвестно. Изучение изменений в экспрессии эндоглина является актуальной проблемой, поскольку сигналы от TGF^β необходимы при дифференцировке популяций трофобласта, а нарушения в механизмах сигналинга могут приводить к невынашиванию. В результате исследования мы показали, что VEGF играет роль в регуляции активности трофобласта и естественных киллеров. В частности, депривация VEGF-A моноклональными антителами против этого цитокина при сокультивировании трофобласта и NK-клеток приводит к угнетению экспрессии CD105 обеими популяциями клеток. При этом суточная инкубация трофобласта с антителами к VEGF не вызывала изменений в их устойчивости к цитотоксической активности естественных киллеров. Вместе полученные результаты говорят о том, что депривация VEGF приводит к значимым изменениям в рецепции белков семейства ТGFβ клетками трофобласта и естественными киллерами.

Ключевые слова: antiVEGF, CD105, эндоглин, NK-клетки, трофобласт, TGFβ.

Abstract

Vascular Endothelial Growth Factors (VEGFs) are a group of proteins that involved in the development of various cell types, including endothelial cells, monocytes, macrophages, stem cells, tumor cells, vascular smooth muscle cells, trophoblast cells, and other cells that express VEGF receptors. Pathological conditions, such as abnormalities in placental development, can be caused by disruptions in the production and signaling of VEGFs. Trophoblast cells play a significant role in placental formation and are essential for angiogenesis due to their secretion and reception of VEGF. However, there is a lack of information in the literature regarding the influence of VEGF signaling in trophoblast cells on their functional characteristics. Maternal immune cells, particularly natural killer (NK) cells, have been shown to affect the activity of trophoblasts during pregnancy. Given the high abundance of NK cells in the decidual tissue, it is important to consider their potential influence on the phenotypic changes in trophoblast cells. In this study, we investigated the expression of MICA, MICB, and CD105 proteins by NK cells and trophoblast cells. MICA and MICB are stress markers that allow us to assess cell viability. CD105 is a receptor that is expressed on the surface of various cell types and plays a role in signal transmission from TGF\$\beta\$ family proteins. In particular, endoglin has been shown to regulate signaling from TGFβ by directing signals through the SMAD2/3 or SMAD1/5/8 pathways. According to the literature, endoglin inhibits signaling involving SMAD3. However, it has not yet been determined whether endoglin plays a similar role in NK cells and trophoblasts. The investigation of changes in endoglin expression is a significant issue, as signals from TGFB are essential for the differentiation of trophoblast cells. Disruption of TGFB signaling can lead to pregnancy complications and miscarriage.

We have demonstrated that VEGF plays a role in regulating the activity of trophoblasts and NK cells. In particular, treatment with neutralizing monoclonal antibodies to VEGF-A resulted in inhibition of the expression of CD105, a VEGF coreceptor, on trophoblasts and NK cells under co-culture conditions. However, pretreatment of trophoblasts with anti-VEGF antibodies did not alter their resistance to the cytotoxic activity of NK cells. Taken together, these findings suggest that inhibition of VEGF signaling results in significant changes in the reception of TGF β family proteins by trophoblasts and natural killer cells.

Keywords: antiVEGF, CD105, endoglin, NK cells, trophoblasts, TGFβ.

1 1 Introduction

- 2 Members of the VEGF family of proteins regulate vascular growth [3]. Many
- 3 pathological conditions, including abnormalities of placenta development, are
- 4 associated with complications in the production of VEGF proteins and the
- transmission of signals from them [22]. There are three types of VEGF receptors:
- 6 VEGFR1, which binds VEGF-A, VEGF-B, PlGF, and VEGF-F; VEGFR2, which
- 7 binds VEGF-A, VEGF-E, VEGF-C, and VEGF-D; and VEGFR3, which binds
- 8 VEGF-C and VEGF-D [28]. These receptors cause the activation of different
- 9 signaling pathways in cells. The activation of VEGFR1 and VEGFR2 receptors is
- involved in the process of angiogenesis, both physiological and pathological, while
- 11 VEGFR3 regulates the process of lymphangiogenesis [39].
- Speaking about the participation of VEGFR1 and VEGFR2 in the regulation of
- angiogenesis, it should be noted that VEGFR2 plays a primary role in the activation
- of many processes in cells related to proliferation, migration and blood vessel
- formation. However, the involvement of VEGFR1 in these processes cannot be
- denied either, since experiments with the deletion of the murine gene encoding
- VEGFR1 resulted in pathological vascular development and the embryonic death [5,
- 11]. It has been shown that VEGFR1 has a much higher affinity for VEGF-A
- compared to VEGFR2. However, the level of phosphorylation of VEGFR1 after
- activation is lower than that of VEGFR2, which could explain the more active
- participation of VEGFR2 in the regulation of angiogenesis [17, 44]. Another
- characteristic of VEGFR1 is the existence of a soluble form of the receptor, sFlt1,
- which has an affinity for A-VEGF that is comparable to that of the membrane form
- 24 [20]. Since increased VEGFR1 expression leads to a decrease in the concentration
- of VEGF-A available to bind to VEGFR2, VEGFR1 is thought to act as a regulator
- of signal transduction through VEGFR2 [26].
- VEGF is involved in the development of various cell types, including endothelial
- cells, monocytes, macrophages, stem cells, tumor cells, vascular smooth muscle
- cells, trophoblast cells, and any other cells that express VEGF receptors [10, 28, 36].
- VEGFR1 is also expressed by NK cells [6]. Many studies have shown high levels of
- 31 VEGF-A expression in the placenta, particularly in macrophages, endometrial
- 32 glandular cells, leukocytes, endothelial cells, vascular smooth muscle cells, in
- villous and extravillous trophoblasts, and in NK cells [8, 18, 19, 36, 37]. Disruption
- of VEGF signaling has been shown to be associated with pregnancy complications.
- For example, an increase in the concentration of sFlt1 in serum is a sign of
- preeclampsia, as it competes for VEGF binding with membrane VEGF receptors [7,
- 26, 51]. In addition, the intensity of VEGFR1 expression by syncytiotrophoblasts
- was found to be increased in cases of preeclampsia, compared to healthy pregnancies
- 39 [51].
- 40 Maternal immune cells, particularly NK cells, are an important group of cells in the
- 41 trophoblast microenvironment. During the first trimester, this cell population
- accounts for approximately 70% of all leukocytes within the decidua, highlighting

- the significance of their functions [1]. NK cells play a crucial role in the transformation of uterine spiral arteries and the regulation of trophoblastic invasion into the uterine mucosa [33, 48]. As already mentioned, both trophoblasts and NK cells have receptors for VEGF and are capable of secreting VEGF. Therefore, they are able to regulate each other's activity in an autocrine and paracrine way.
- 48 The interaction between NK cells and trophoblasts is one of the key factors supporting the pregnancy, as these cells are involved in the development of placental 49 tissue. In this regard, the investigation of interactions mediated by both secretory 50 products and receptors of trophoblasts and NK cells is of great importance. In 51 particular, in the field of reproductive medicine, a lot of studies have been focused 52 on the synthesis and reception of VEGF, a factor necessary for angiogenesis. 53 However, despite this, there are currently insufficient data in the literature on the 54 effect of VEGF on the functional characteristics of these cells [38]. Therefore, the 55 aim of this study was to evaluate the role of VEGF in maintaining the viability of 56 trophoblast and NK cells. To achieve this goal, bevacizumab was used. It is an 57 antibody that binds to the VEGF-A and prevents it from binding to its receptors [32]. 58 Bevacizumab is already widely used to treat choroidal neovascularization and 59 diabetes complications [30], as well as various tumors and other abnormal 60 angiogenesis-related conditions [12, 16, 34]. In this study, we investigated the 61 surface markers of NK cells and trophoblasts, specifically the MICA and MICB 62 proteins. These proteins function as stress markers and help determine cell viability. 63 Additionally, we studied the CD105 receptor, which is expressed on endothelial 64 cells, trophoblasts, and other cell types. This receptor plays a role in the transmission 65 of signals from TGF-β family proteins [23]. 66
- It has been demonstrated that signals from TGFβ play a crucial role during 67 placentation as they are essential for the differentiation of trophoblast populations 68 [15, 49]. Disruptions in signaling pathways can lead to pregnancy loss [45]. Using 69 an endothelial cell model, it has been shown that endoglin regulates TGFβ signaling 70 by directing the signal via the SMAD2/3 or SMAD1/5/8 pathways. Signaling along 71 the SMAD1/5/8 pathway promotes proliferation and migration of endothelial cells, 72 thereby stimulating angiogenesis. In contrast, activation of the SMAD2/3 pathway 73 has an anti-angiogenic effect [23]. Endoglin, according to the literature, inhibits the 74 signaling pathway involving the SMAD3 protein [14]. Whether endoglin plays a 75 similar role in NK cells and trophoblasts is currently unknown. However, it has been 76 demonstrated that SMAD proteins, which are involved in these signaling pathways, 77 are active in trophoblast cells [4, 47], and only SMAD2/3 have been identified in 78 NK cells [50]. 79

2 **Materials and Methods**

81 2.1 **Cell lines**

80

- The study was conducted using the JEG-3 and NK-92 cell lines (ATCC, USA),
- which reflect the main characteristics of extravillous trophoblasts and natural killer

- cells, respectively [13, 21]. The cells were cultured according to the manufacturer's
- instructions (ATCC, USA). Recombinant IL-2 ('Roncoleukin', BIOTECH, St.
- Petersburg, Russia) was used as a growth factor for the NK-92 cells. Cell viability
- in all experimental settings was assessed using trypan blue staining. The viability
- was at least 95% for each experiment.

89 2.2 **Inductors**

- 90 Antibodies to VEGF (5000 nM, Avastin, F. Hoffmann La Roche Ltd., Switzerland,
- 91 Germany) were used as inducers.

92 2.3 Assessment of the phenotype of JEG-3 and NK-92 cells after incubation

93 in the presence of anti-VEGF antibodies

- JEG-3 cells were cultured in 5 mL of medium in 25 cm² flasks (BD, USA) with a
- density of 1×10⁶ cells, for 48 hours. After this period, 1.5×10⁶ NK-92 cells were pre-
- treated with carboxyfluorescein diacetate succinimidyl ester (CFSE), in accordance
- with the manufacturer's instructions (Sigma-Aldrich, USA). The cells were then
- added to part of the flasks. NK-92 cells, stained with CFSE, and intact JEG-3 cells
- 99 were used as controls. After that, the mono- and co-cultured cells were treated with
- antibodies to VEGF. After a 22-hour incubation period, the JEG-3 cells were
- removed from the flasks using a scraper without using a trypsin-versene solution.
- The cells were treated with Fc-block reagent (Miltenyi Biotec, Spain) and
- monoclonal antibodies against CD94, CD45, CD105, MICA, MICB, NKG2D, and
- NKG2A (R&D, BD, USA) in accordance with the manufacturer's instructions.
- Appropriate isotypic antibodies (R&D, BD, USA) were used as a control for non-
- specific binding. The expression of the markers and cell fluorescence intensity were
- evaluated using a FacsCantoII flow cytometer (BD, USA). There were four
- biological replicates with one technical replicate for each experiment.

109 2.4 Assessment of the cytotoxic activity of NK-92 cells toward JEG-3 cells

- The cytotoxic activity was assessed as described previously [29]. JEG-3 cells were
- cultured in a flask at a concentration of $2.5 \times 10^{5}/10$ mL of medium. After 2 hours,
- antibodies to VEGF were added to the flask. After culturing for 22 hours, the JEG-
- 3 cells were washed and stained with a CASE solution following the manufacturer's
- instructions (Sigma-Aldrich, USA). The stained JEG-3 cells were removed from the
- flasks using trypsin and versene solution and then transferred to the wells of a 96-
- well round-bottom plate (BD, USA). Next, NK-92 cells were added to the wells
- containing JEG-3 cells at a 10:1 ratio (effector:target). The plate was then centrifuged for 5 minutes at 100 g. After 4 hours of incubation, the cells were stained
- with a propidium iodide solution according to the manufacturer's instructions
- (Sigma-Aldrich, USA). The percentage of dead JEG-3 cells was assessed using a
- FacsCantoII flow cytometer (BD, USA) following a previously described gating
- strategy [29]. There were three biological replicates and two technical replicates in
- each experiment.

124 **Statistical analysis**

- GraphPad Prism 8 software was used for statistical analysis. Statistical comparisons 125
- between groups were conducted using a non-parametric Mann-Whitney U test. 126
- Differences were considered significant at p < 0.05. 127

Results 3 128

The expression of MICA and CD105 proteins by JEG-3 cells was altered 3.1. 129

- in the presence of antibodies to VEGF and NK-92 cells 130
- Analysis of the phenotype of JEG-3 cells revealed that approximately 12% of the 131
- cells express the MICB molecule, approximately 16% express MICA, and 18.5% 132
- express the CD105 receptor (Figure 1A). 133
- The co-culture of JEG-3 cells with NK-92 cells, compared to monoculture, resulted 134
- in a two-fold increase in the percentage of JEG-3 cells expressing the CD105 135
- receptor. The percentage of JEG-3 cells expressing MICA and MICB molecules 136
- remained unchanged under these conditions. Analysis of the mean fluorescence 137
- intensity after co-culture with NK-92 cells compared to monoculture showed no 138
- change in the expression intensity of MICA, MICB, and CD105 proteins by JEG-3. 139
- Analysis of the JEG-3 cells phenotype after its co-culture with NK-92 cells in the 140
- presence of antibodies to VEGF showed a decrease in the percentage of JEG-3 cells 141
- expressing MICA and CD105 proteins compared to the baseline level during co-142
- cultivation, The percentage of JEG-3 cells expressing the MICB receptor remained 143
- unchanged (Figure 1A). 144
- Co-culture of JEG-3 cells with NK-92 cells, as well as treatment with antibodies to 145
- VEGF, did not affect the intensity of expression of MICA, MICB, and CD105 146
- proteins by the cells (Figure 1B). 147

The phenotype of NK-92 cells was affected by the presence of antibodies 3.2. 148

to VEGF and JEG-3 cells 149

- Analysis of the NK-92 cell phenotype has revealed that the entire population of 150
- studied cells expresses the NKG2D receptor on their surface and approximately 75% 151
- express the CD94 receptor. Additionally, the MICA protein has been found to be 152
- expressed on 1.5% of the cells, the MICB protein on 10.5%, and the CD105 protein 153
- on 26% (Figure 2). 154
- When co-cultured with JEG-3 cells, NK cells reduced the expression level of CD94, 155
- compared to the level observed during monoculture, including in the presence of 156
- antibodies to VEGF. On the contrary, the percentage of NK-92 cells expressing the 157
- MICA protein increased under conditions of co-culture compared with monoculture. 158
- The percentage of NK-92 cells expressing NKG2D, MICB, NKG2A, and CD105 159
- molecules under co-culture conditions did not change compared to monoculture 160
- (Figure 2). The cultivation of NK-92 cells in the presence of antibodies to VEGF led 161
- to a decrease in the number of cells expressing the CD105 receptor (Figure 2). 162

- 163 Co-culture of NK-92 cells with JEG-3 cells showed an increase in the intensity of
- expression of NKG2D, CD94, and CD105 receptors by NK-92 cells compared to
- monoculture. The results indicate functional activation of NK cells in the presence
- of target cells. Additionally, the intensity of expression of MICA and MICB proteins
- by NK cells also increased under co-culture conditions (Figure 3). Treatment of NK
- cells with antibodies to VEGF, both in mono- and coculture, leads to a decrease in
- the intensity of expression of the CD105 receptor (Figure 3). This result may suggest
- changes in TGF β signaling in the absence of VEGF.

171 3.3 Pretreatment of JEG cells with antibodies to VEGF did not affect their

survival in the presence of NK cells

- Analysis of the cytotoxic activity of NK-92 cells toward JEG-3 cells showed that, in
- the presence of NK cells, the mortality rate of JEG-3 was higher than the baseline
- mortality rate. Pretreatment of JEG cells with antibodies to VEGF did not influence
- their viability in the presence of NK cells (Figure 4).

177 4 **Discussion**

- 178 Trophoblast cells and natural killer cells are important participants in the process of
- placentation. Both cell populations are capable of secretion and reception of VEGF.
- Previously, it has been found that VEGF affects the proliferation and survival of
- trophoblast cells [51]. VEGF also induces activation of NK cells adhesion [27].
- Nevertheless, there is a lack of data in the literature on the role this factor plays in
- the cell activity. In this regard, we evaluated changes in the phenotype of JEG-3
- trophoblast and NK-92 natural killer cells after their mono- or co-culture in the
- presence of antibodies to VEGF.
- In this study, the expression of CD105, MICA, and MICB proteins was evaluated.
- Endoglin (CD105) is a coreceptor for TGFβ which regulates signal transmission
- from this factor via the SMAD2/3 or SMAD1/5/8 pathways [23, 24]. In particular,
- endoglin has been shown to activate signaling involving SMAD1/5/8 proteins and
- inhibit SMAD2/3 pathway [14, 35]. In endothelial cells, it has been demonstrated
- that signaling through the SMAD1/5/8 pathway promotes proliferation and
- migration of the cells, whereas activation of the SMAD2/3 pathway has an
- angiostatic effect [23]. Therefore, a high level of endoglin expression may indicate
- a more active transmission of signals through SMAD1/5/8 proteins compared to SMAD2/3. MICA and MICB are stress-induced molecules that are expressed by
- various cell populations, including immune cells [41]. An increase in the expression
- of these proteins was observed in tumor cells. MICA/B transcripts have been found
- in placental samples. The levels of mic mRNA are higher in samples taken from
- patients with preeclampsia compared to those from healthy patients. [2, 42]. The
- analysis of the levels of expression of these markers allows us to assess the
- 201 physiological state of trophoblast cells and monitor the conditions under which they
- 202 experience stress.

In this work, we showed that JEG-3 trophoblast cells express all three markers. 203 Under conditions of co-culture with NK cells, the number of trophoblast cells 204 expressing endoglin increased. This result suggests a possible increased role for 205 endoglin in mediating the transmission of TGFB signals in trophoblast cells in the 206 presence of natural killer cells. It also suggests a potential alteration in signaling 207 pathways, from the SMAD2/3 pathway to the SMAD1/5/8, which may activate 208 trophoblast proliferation. The treatment of the cell co-culture with antibodies to 209 VEGF led to a decrease in the level of endoglin expression by trophoblasts to the 210 initial level observed during monoculture. At the same time, under monoculture 211 conditions, the endoglin level remained constant regardless of the presence of 212 antibodies to VEGF. Apparently, TGFB signaling is regulated by VEGF and its 213 absence in the cell co-culture prevents the changes that occur in trophoblast cells 214 when they are exposed to NK cells. It has also been shown that activation of 215 SMAD2/3 in trophoblast cells leads to the secretion of VEGF-A [25]. Based on this, 216 it can be assumed that trophoblast cells use the mechanism of suppression of CD105 217 expression in order to activate VEGF secretion. 218

- Later, we evaluated how treatment of trophoblast cells with antibodies to VEGF affected their survival in the presence of natural killer cells. NK cells successfully killed trophoblast cells, however, treatment with the antibodies did not cause any changes in the resistance of trophoblast cells to the cytotoxic activity of NK cells. The results obtained suggest that VEGF deprivation leads to the previously described effects associated with changes in signal transduction from TGF β in trophoblast cells only when they are co-cultured with natural killer cells.
- Not only NK cells are able to influence the activity of trophoblast, but trophoblast 226 cells also play a role in placentation by activating various mechanisms that regulate 227 NK cell function. [40, 43, 46]. Taking this into account, we evaluated the effect of 228 trophoblast cells and VEGF antibodies on the expression by NK cells of the 229 activating NKG2D receptor (whose ligands are MICA/B molecules), CD94 receptor 230 (whose ligand is the HLA-E molecule expressed by trophoblast), as well as MICA, 231 MICB, and CD105 proteins. The analysis showed that treatment with the antibodies 232 caused a decrease in the expression of CD105 by NK cells in both mono- and co-233 culture conditions. Since there is no data in the literature on the existence of the 234 SMAD1/5/8 pathway in NK cells, it can be assumed that the treatment with 235 antibodies to VEGF leads to a decrease in the role of endoglin in signaling from 236 TGF\u00e3. As a coreceptor, endoglin not only directs signals from TGF\u00e3, but also 237 regulates the strength of the binding between receptor and other proteins of TGFB 238 family, such as activin A, BMP-2, -7, -9, and -10, which are also able to affect the 239 cell functions. [31]. 240
- Treatment with antibodies to VEGF did not affect the expression of the other studied markers by NK cells. Evaluation of the phenotype of NK cells showed that they expressed NKG2D at a high level, both when mono- and co-cultured with trophoblast. Evaluation of the phenotype of NK cells showed that they expressed

NKG2D at a high level, both when mono- and co-cultured with trophoblast. In 245 addition, the intensity of expression of this receptor increased upon co-culture 246 conditions, suggesting that NK cells activate the NKG2D-MICA/B pathway when 247 performing cytotoxic functions. As for the CD94 receptor, there was a decrease in 248 the number of cells expressing this receptor following co-culture with trophoblast 249 cells. However, the intensity of its expression increased, which may indicate the 250 differentiation of NK cell populations under the influence of factors secreted by 251 trophoblast cells. This results in the formation of cells that are more sensitive to the 252 HLA-E ligand on the surface of trophoblast cells. [9, 29]. With regard to MICA/B 253 markers, it has been observed that their expression in NK cells was increased under 254 co-culture conditions. This is likely due to the cells undergoing a stress response. 255

Thus, VEGF plays an important role in regulating the activity of trophoblasts and 256 natural killer cells. In particular, the lack of VEGF-A during trophoblast and NK cell 257 co-culture leads to inhibition of CD105 expression by trophoblast cells, which can 258 lead to activation of SMAD2/3 signaling pathways in cells that inhibit cell 259 proliferation. At the same time, treatment of trophoblast cells with antibodies to 260 VEGF for 22 hours did not cause changes in their resistance to the cytotoxic activity 261 of natural killer cells. This suggests that antibodies to VEGF have an inhibitory 262 effect on trophoblast cells only when they are co-cultured with NK cells. In addition, 263 the isolation of VEGF using antibodies caused a decrease in the level of expression 264 of CD105 by NK cells. This indicates that, in the absence of VEGF, the role of this 265 coreceptor in TGFβ signaling decreases. Since the existence of the SMAD1/5/8 266 pathway in NK cells has not been established, it is possible that in the absence of 267 endoglin, the sensitivity of these cells to other TGF family proteins, such as activin 268 A and BMP-2, 7, 9, and, 10, may change. Together, the results indicate that VEGF 269 deprivation causes significant changes in the reception of TGF\$\beta\$ family proteins by 270 trophoblast cells and natural killer cells. In addition, the data obtained provide an 271 experimental basis for the search for new diagnostic methods in certain forms of 272 obstetric pathology, particularly preeclampsia. In this condition, the assessment of 273 VEGF levels and its functional antagonists, sFlt and endoglin, is of great importance 274 in understanding the pathogenesis of the disease. 275

- This research was supported by the Fundamental Scientific Research project № 122041500062-5, "Optimization of methods for predicting, preventing, and treating large obstetric syndromes' and delivery strategies for pregnant women in high-risk groups to improve obstetrical and perinatal outcomes", conducted at the FSBSI Research Institute of Obstetrics, Gynecology, and Reproductology, named after D.O. Ott, St. Petersburg, Russia.
- 282 Author Contributions:
- Conceptualization, D.S.; methodology, E.T., E.D., O.M.; validation, E.T., D.S.;
- formal analysis, E.T., D.S.; investigation, E.T.; resources, D.S. and S.S.; data
- curation, D.S.; writing original draft preparation, E.T., D.S.; writing review
- and editing, S.S.; visualization, E.T., D.S.; supervision, D.S.; project administration,

- S.S., and D.S.; funding acquisition, I.K., D.S. and S.S. All authors have read and
- agreed to the published version of the manuscript.

РИСУНКИ

Figure 1. The percentage of trophoblast cells (JEG-3) expressing MICA, MICB, and CD105 proteins (A), and the intensity of expression of these markers (B) in the presence of antibodies against VEGF (antiVEGF) in mono- and co-culture with natural killer cells (NK-92). Differences from isotype control: *** - p<0.001. Differences between groups: # - p<0.05; ### - p<0.001.

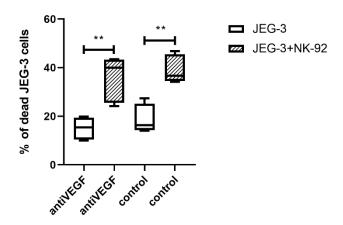


Figure 2. The percentage of natural killer cells (NK-92) expressing NKG2D, CD94, CD105, MICA, and MICB proteins in the presence of antibodies to VEGF (antiVEGF) in mono- and co-culture with trophoblast cells (JEG-3). Differences from isotype control: *** - p<0.001. Differences between groups: # - p<0,05; ### - p<0,001.

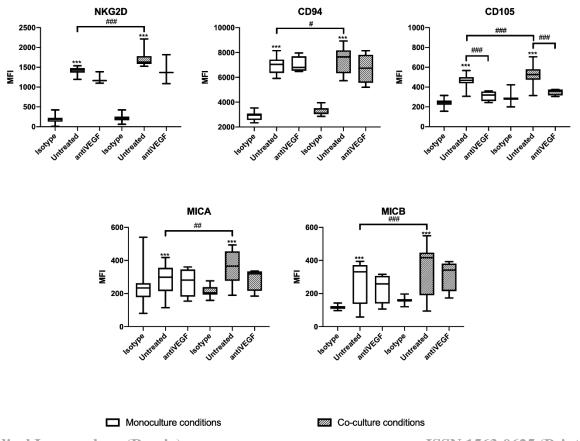


Figure 3. The intensity of expression of NKG2D, CD94, CD105, MICA, and MICB proteins by natural killer cells (NK-92) in the presence of antibodies against VEGF (antiVEGF) in mono- and co-culture with trophoblast cells (JEG-3). Differences from isotype control: *** - p<0.001. Differences between groups: # - p<0.05; ## - p<0.01; ### - p<0.001.

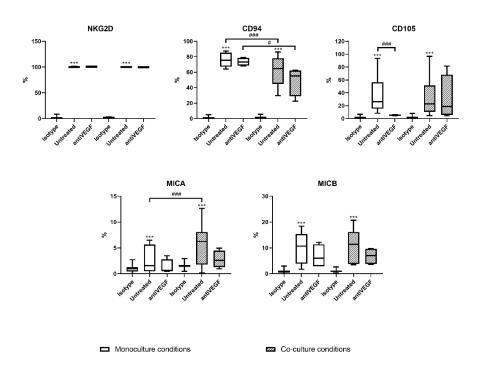
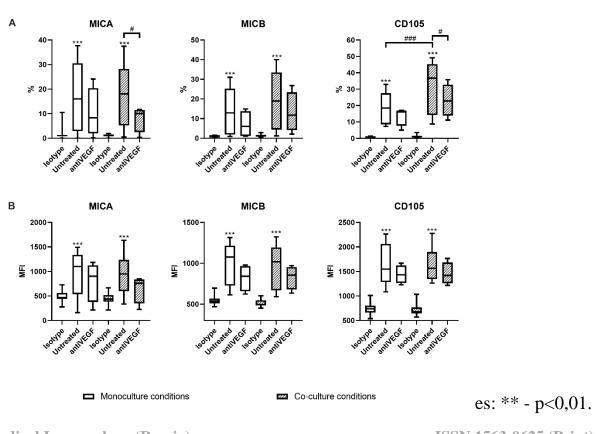


Figure 4. Cytotoxicity of NK-92 cells toward JEG-3 cells pretreated with antibodies to VEGF (antiVEGF). Significant difference.



ТИТУЛЬНЫЙ ЛИСТ_МЕТАДАННЫЕ

Блок 1. Информация об авторе ответственном за переписку

Тыщук Елизавета Владимировна — младший научный сотрудник лаборатории межклеточных взаимодействий, отдел иммунологии и межклеточных взаимодействий ФГБНУ «Научно-исследовательский институт акушерства, гинекологии и репродуктологии имени Д.О. Отта»;

адрес: 199034 Санкт-Петербург, Менделеевская линия, 3;

телефон: 8(931)963-85-78; e-mail: <u>lisatyshchuk@yandex.ru</u>

Tyshchuk Elizaveta Vladimirovna – Junior Research Assistant, Laboratory of Intercellular Interactions, Department of Immunology and Intercellular Interactions, Research Institute of Obstetrics, Gynecology and Reproductology named after D.O.

Ott, St. Petersburg, Russian Federation;

telephone: 8(931)963-85-78; e-mail: lisatyshchuk@yandex.ru

Блок 2. Информация об авторах

Денисова Елизавета Алексеевна — сотрудник лаборатории межклеточных взаимодействий, отдел иммунологии и межклеточных взаимодействий ФГБНУ «Научно-исследовательский институт акушерства, гинекологии и репродуктологии имени Д.О. Отта»;

Denisova Elizaveta Alekseevna – Research Assistant, Laboratory of Intercellular Interactions, Department of Immunology and Intercellular Interactions FSBSI, Research Institute of Obstetrics, Gynecology and Reproductology named after D.O. Ott; St. Petersburg, Russian Federation;

Марко Оксана Богдановна — младший научный сотрудник лаборатории межклеточных взаимодействий, отдел иммунологии и межклеточных взаимодействий ФГБНУ «Научно-исследовательский институт акушерства, гинекологии и репродуктологии имени Д.О. Отта»;

Marko Oksana Bogdanovna – Junior Research Assistant, Laboratory of Intercellular Interactions, Department of Immunology and Intercellular Interactions, FSBSI, Research Institute of Obstetrics, Gynecology and Reproductology named after D.O. Ott, St. Petersburg, Russian Federation;

Коган Игорь Юрьевич — д.м.н., директор ФГБНУ «Научноисследовательский институт акушерства, гинекологии и репродуктологии имени Д.О. Отта», Санкт- Петербург, Россия;

Kogan Igor Yurievich – PhD, MD (Medicine), Head of FSBSI, Research Institute of Obstetrics, Gynecology and Reproductology named after D.O. Ott, St. Petersburg, Russian Federation;

Сельков Сергей Алексеевич – д.м.н., профессор, заслуженный деятель науки $P\Phi$, заведующий отделом иммунологии и межклеточных взаимодействий

ФГБНУ «Научно- исследовательский институт акушерства, гинекологии и репродуктологии имени Д.О. Отта», Санкт- Петербург, Россия;

Selkov Sergey Alexeyevich – PhD, MD (Medicine), Professor, Honored Science Worker, Head, Department of Immunology and Intercellular Interactions, FSBSI, Research Institute of Obstetrics, Gynecology and Reproductology named after D.O. Ott, St. Petersburg, Russian Federation;

Соколов Дмитрий Игоревич — д.б.н., ведущий научный сотрудник, отдел иммунологии и межклеточных взаимодействий ФГБНУ «Научно-исследовательский институт акушерства, гинекологии и репродуктологии имени Д.О. Отта;

Sokolov Dmitry Igorevich – PhD, MD (Biology), associate professor, Laboratory of Intercellular Interactions, Department of Immunology and Intercellular Interactions, FSBSI, Research Institute of Obstetrics, Gynecology and Reproductology named after D.O. Ott, St. Petersburg, Russian Federation.

Блок 3. Метаданные статьи

ДЕПРИВАЦИЯ VEGF ВЛИЯЕТ НА ЭКСПРЕССИЮ ЭНДОГЛИНА В КЛЕТКАХ ТРОФОБЛАСТА И ECTECTBEHHЫХ КИЛЛЕРАХ VEGF DEPRIVATION AFFECTS ENDOGLIN EXPRESSION IN TROPHOBLAST CELLS AND NATURAL KILLERS

Сокращенное название статьи для верхнего колонтитула:

ANTIVEGF ВЛИЯЕТ НА ЭКСПРЕССИЮ CD105 ANTIVEGF AFFECTS CD105 EXPRESSIO

Ключевые слова: antiVEGF, CD105, эндоглин, NK-клетки, трофобласт, TGFβ.

Keywords: antiVEGF, CD105, endoglin, NK cells, trophoblasts, TGFβ.

Оригинальные статьи. Количество страниц текста – 8, Количество таблиц – 0, Количество рисунков – 4. 23.04.2024

СПИСОК ЛИТЕРАТУРЫ

	Авторы, название, источник	ФИО, название источник английском языке	и на м	URL статьи
1.	Ander S.E., Diamond M.S., Coyne C.B. Immune responses at the maternal-fetal interface. Sci Immunol, 2019, Vol.4, no 31.			https://www.ncbi.nlm.nih.gov/pubmed/30635 356
2.	Apps R., Gardner L., Traherne J., Male V., Moffett A. Natural-killer cell ligands at the maternal-fetal interface: UL-16 binding proteins, MHC class-I chain related molecules, HLA-F and CD48. Hum Reprod, 2008, Vol.23, no 11, pp. 2535-48.			https://www.ncbi.nlm.nih.gov/pubmed/18658 158
3.	Apte R.S., Chen D.S., Ferrara N. VEGF in Signaling and Disease: Beyond Discovery and Development. Cell, 2019, Vol.176, no 6, pp. 1248-1264.			https://www.ncbi.nlm.nih.gov/pubmed/30849 371
4.	Cabrera-Sharp V., Read J.E., Richardson S., Kowalski A.A., Antczak D.F., Cartwright J.E., Mukherjee A., de Mestre A.M. SMAD1/5 signaling in the early equine placenta regulates trophoblast differentiation and chorionic gonadotropin secretion. Endocrinology, 2014, Vol.155, no 8, pp. 3054-64.			https://www.ncbi.nlm.nih.gov/pubmed/24848 867
5.	Chen D.B., Zheng J. Regulation of placental angiogenesis. Microcirculation, 2014, Vol.21, no 1, pp. 15-25.			https://www.ncbi.nlm.nih.gov/pubmed/23981 199

6.	Chen W.S., Kitson R.P.,Goldfarb R.H. Modulation of human NK cell lines by vascular endothelial growth factor and receptor VEGFR-1 (FLT-1). In Vivo, 2002, Vol.16, no 6, pp. 439-45.	https://www.ncbi.nlm.nih.gov/pubmed/12494 887
7.	Clark D.E., Smith S.K., He Y., Day K.A., Licence D.R., Corps A.N., Lammoglia R., Charnock-Jones D.S. A vascular endothelial growth factor antagonist is produced by the human placenta and released into the maternal circulation. Biol Reprod, 1998, Vol.59, no 6, pp. 1540-8.	https://www.ncbi.nlm.nih.gov/pubmed/98282 03
8.	Clark D.E., Smith S.K., Licence D., Evans A.L., Charnock-Jones D.S. Comparison of expression patterns for placenta growth factor, vascular endothelial growth factor (VEGF), VEGF-B and VEGF-C in the human placenta throughout gestation. J Endocrinol, 1998, Vol.159, no 3, pp. 459-67.	https://www.ncbi.nlm.nih.gov/pubmed/98344 63
9.	Eidukaite A., Siaurys A., Tamosiunas V. Differential expression of KIR/NKAT2 and CD94 molecules on decidual and peripheral blood CD56bright and CD56dim natural killer cell subsets. Fertil Steril, 2004, Vol.81 Suppl 1, no, pp. 863-8.	https://www.ncbi.nlm.nih.gov/pubmed/15019 821
10.	Fitzpatrick T.E., Lash G.E., Yanaihara A., Charnock-Jones D.S., Macdonald-Goodfellow S.K., Graham C.H. Inhibition of breast carcinoma and trophoblast cell invasiveness by vascular endothelial growth factor. Exp Cell Res, 2003, Vol.283, no 2, pp. 247-55.	https://www.ncbi.nlm.nih.gov/pubmed/12581 744

11.	Fong G.H., Rossant J., Gertsenstein M., Breitman M.L. Role of the Flt-1 receptor tyrosine kinase in regulating the assembly of vascular endothelium. Nature, 1995, Vol.376, no 6535, pp. 66-70.	https://www.ncbi.nlm.nih.gov/pubmed/75964 36
12.	Garcia J., Hurwitz H.I., Sandler A.B., Miles D., Coleman R.L., Deurloo R., Chinot O.L. Bevacizumab (Avastin(R)) in cancer treatment: A review of 15 years of clinical experience and future outlook. Cancer Treat Rev, 2020, Vol.86, no, pp. 102017.	https://www.ncbi.nlm.nih.gov/pubmed/32335 505
13.	Gong J.H., Maki G., Klingemann H.G. Characterization of a human cell line (NK-92) with phenotypical and functional characteristics of activated natural killer cells. Leukemia, 1994, Vol.8, no 4, pp. 652-8.	https://www.ncbi.nlm.nih.gov/pubmed/81522 60
14.	Guo B., Slevin M., Li C., Parameshwar S., Liu D., Kumar P., Bernabeu C., Kumar S. CD105 inhibits transforming growth factor-beta-Smad3 signalling. Anticancer Res, 2004, Vol.24, no 3a, pp. 1337-45.	https://www.ncbi.nlm.nih.gov/pubmed/15274 293
15.	Haider S., Lackner A.I., Dietrich B., Kunihs V., Haslinger P., Meinhardt G., Maxian T., Saleh L., Fiala C., Pollheimer J., Latos P.A., Knofler M. Transforming growth factor-beta signaling governs the differentiation program of extravillous trophoblasts in the developing human placenta. Proc Natl Acad Sci U S A, 2022, Vol.119, no 28, pp. e2120667119.	https://www.ncbi.nlm.nih.gov/pubmed/35867 736

16.	Hurwitz H.I., Fehrenbacher L., Hainsworth J.D., Heim W., Berlin J., Holmgren E., Hambleton J., Novotny W.F., Kabbinavar F. Bevacizumab in combination with fluorouracil and leucovorin: an active regimen for first-line metastatic colorectal cancer. J Clin Oncol, 2005, Vol.23, no 15, pp. 3502-8.	https://www.ncbi.nlm.nih.gov/pubmed/15908 660
17.	Ito N., Wernstedt C., Engstrom U., Claesson-Welsh L. Identification of vascular endothelial growth factor receptor-1 tyrosine phosphorylation sites and binding of SH2 domain-containing molecules. J Biol Chem, 1998, Vol.273, no 36, pp. 23410-8.	https://www.ncbi.nlm.nih.gov/pubmed/97225 76
18.	Jackson M.R., Carney E.W., Lye S.J., Ritchie J.W. Localization of two angiogenic growth factors (PDECGF and VEGF) in human placentae throughout gestation. Placenta, 1994, Vol.15, no 4, pp. 341-53.	https://www.ncbi.nlm.nih.gov/pubmed/79375
19.	Jin X., Mao L., Zhao W., Liu L., Li Y., Li D., Zhang Y., Du M. Decidualization-derived cAMP promotes decidual NK cells to be angiogenic phenotype. Am J Reprod Immunol, 2022, Vol.88, no 3, pp. e13540.	https://www.ncbi.nlm.nih.gov/pubmed/35348 271
20.	Kendall R.L., Wang G., Thomas K.A. Identification of a natural soluble form of the vascular endothelial growth factor receptor, FLT-1, and its heterodimerization with KDR. Biochem Biophys Res Commun, 1996, Vol.226, no 2, pp. 324-8.	https://www.ncbi.nlm.nih.gov/pubmed/88066 34

21.	Kohler P.O.,Bridson W.E. Isolation of hormone-producing clonal lines of human choriocarcinoma. J Clin Endocrinol Metab, 1971, Vol.32, no 5, pp. 683-7.	https://www.ncbi.nlm.nih.gov/pubmed/51037 22
22.	Laakkonen J.P., Lahteenvuo J., Jauhiainen S., Heikura T., Yla-Herttuala S. Beyond endothelial cells: Vascular endothelial growth factors in heart, vascular anomalies and placenta. Vascul Pharmacol, 2019, Vol.112, no, pp. 91-101.	https://www.ncbi.nlm.nih.gov/pubmed/30342 234
23.	Lebrin F., Goumans M.J., Jonker L., Carvalho R.L., Valdimarsdottir G., Thorikay M., Mummery C., Arthur H.M.,ten Dijke P. Endoglin promotes endothelial cell proliferation and TGF-beta/ALK1 signal transduction. EMBO J, 2004, Vol.23, no 20, pp. 4018-28.	https://www.ncbi.nlm.nih.gov/pubmed/15385 967
24.	Li D.Y., Sorensen L.K., Brooke B.S., Urness L.D., Davis E.C., Taylor D.G., Boak B.B., Wendel D.P. Defective angiogenesis in mice lacking endoglin. Science, 1999, Vol.284, no 5419, pp. 1534-7.	https://www.ncbi.nlm.nih.gov/pubmed/10348 742
25.	Li Y., Zhu H., Klausen C., Peng B., Leung P.C. Vascular Endothelial Growth Factor-A (VEGF-A) Mediates Activin A-Induced Human Trophoblast Endothelial-Like Tube Formation. Endocrinology, 2015, Vol.156, no 11, pp. 4257-68.	https://www.ncbi.nlm.nih.gov/pubmed/26327 470
26.	Maynard S.E., Min J.Y., Merchan J., Lim K.H., Li J., Mondal S., Libermann T.A., Morgan J.P., Sellke F.W., Stillman I.E., Epstein F.H., Sukhatme V.P., Karumanchi S.A. Excess placental soluble fms-like tyrosine kinase 1 (sFlt1) may	https://www.ncbi.nlm.nih.gov/pubmed/12618 519

	contribute to endothelial dysfunction, hypertension, and proteinuria in preeclampsia. J Clin Invest, 2003, Vol.111, no 5, pp. 649-58.	
27.	Melder R.J., Koenig G.C., Witwer B.P., Safabakhsh N., Munn L.L., Jain R.K. During angiogenesis, vascular endothelial growth factor and basic fibroblast growth factor regulate natural killer cell adhesion to tumor endothelium. Nat Med, 1996, Vol.2, no 9, pp. 992-7.	https://www.ncbi.nlm.nih.gov/pubmed/87824 56
28.	Melincovici C.S., Bosca A.B., Susman S., Marginean M., Mihu C., Istrate M., Moldovan I.M., Roman A.L., Mihu C.M. Vascular endothelial growth factor (VEGF) - key factor in normal and pathological angiogenesis. Rom J Morphol Embryol, 2018, Vol.59, no 2, pp. 455-467.	https://www.ncbi.nlm.nih.gov/pubmed/30173 249
29.	Mikhailova V., Khokhlova E., Grebenkina P., Salloum Z., Nikolaenkov I., Markova K., Davidova A., Selkov S., Sokolov D. NK-92 cells change their phenotype and function when cocultured with IL-15, IL-18 and trophoblast cells. Immunobiology, 2021, Vol.226, no 5, pp. 152125.	https://www.ncbi.nlm.nih.gov/pubmed/34365 089
30.	Naderan M., Sabzevary M., Rezaii K., Banafshehafshan A., Hantoushzadeh S. Intravitreal anti-vascular endothelial growth factor medications during pregnancy: current perspective. Int Ophthalmol, 2021, Vol.41, no 2, pp. 743-751.	https://www.ncbi.nlm.nih.gov/pubmed/33044 671

31.	Nickel J., Ten Dijke P., Mueller T.D. TGF-beta family coreceptor function and signaling. Acta Biochim Biophys Sin (Shanghai), 2018, Vol.50, no 1, pp. 12-36.	https://www.ncbi.nlm.nih.gov/pubmed/29293 886
32.	Papadopoulos N., Martin J., Ruan Q., Rafique A., Rosconi M.P., Shi E., Pyles E.A., Yancopoulos G.D., Stahl N., Wiegand S.J. Binding and neutralization of vascular endothelial growth factor (VEGF) and related ligands by VEGF Trap, ranibizumab and bevacizumab. Angiogenesis, 2012, Vol.15, no 2, pp. 171-85.	https://www.ncbi.nlm.nih.gov/pubmed/22302 382
33.	Rajagopalan S., Long E.O. KIR2DL4 (CD158d): An activation receptor for HLA-G. Front Immunol, 2012, Vol.3, no, pp. 258.	https://www.ncbi.nlm.nih.gov/pubmed/22934 097
34.	Sandler A., Gray R., Perry M.C., Brahmer J., Schiller J.H., Dowlati A., Lilenbaum R., Johnson D.H. Paclitaxel-carboplatin alone or with bevacizumab for non-small-cell lung cancer. N Engl J Med, 2006, Vol.355, no 24, pp. 2542-50.	https://www.ncbi.nlm.nih.gov/pubmed/17167 137
35.	Scherner O., Meurer S.K., Tihaa L., Gressner A.M., Weiskirchen R. Endoglin differentially modulates antagonistic transforming growth factor-beta1 and BMP-7 signaling. J Biol Chem, 2007, Vol.282, no 19, pp. 13934-43.	https://www.ncbi.nlm.nih.gov/pubmed/17376 778
36.	Schiessl B., Innes B.A., Bulmer J.N., Otun H.A., Chadwick T.J., Robson S.C., Lash G.E. Localization of angiogenic growth factors and their receptors in the human placental bed	https://www.ncbi.nlm.nih.gov/pubmed/19010 534

	throughout normal human pregnancy. Placenta, 2009, Vol.30, no 1, pp. 79-87.	
37.	Sharkey A.M., Charnock-Jones D.S., Boocock C.A., Brown K.D., Smith S.K. Expression of mRNA for vascular endothelial growth factor in human placenta. J Reprod Fertil, 1993, Vol.99, no 2, pp. 609-15.	https://www.ncbi.nlm.nih.gov/pubmed/81070 46
38.	Sharma S., Godbole G.,Modi D. Decidual Control of Trophoblast Invasion. Am J Reprod Immunol, 2016, Vol.75, no 3, pp. 341-50.	https://www.ncbi.nlm.nih.gov/pubmed/26755 153
39.	Simons M., Gordon E., Claesson-Welsh L. Mechanisms and regulation of endothelial VEGF receptor signalling. Nat Rev Mol Cell Biol, 2016, Vol.17, no 10, pp. 611-25.	https://www.ncbi.nlm.nih.gov/pubmed/27461 391
40.	Tan H.X., Yang S.L., Li M.Q., Wang H.Y. Autophagy suppression of trophoblast cells induces pregnancy loss by activating decidual NK cytotoxicity and inhibiting trophoblast invasion. Cell Commun Signal, 2020, Vol.18, no 1, pp. 73.	https://www.ncbi.nlm.nih.gov/pubmed/32398 034
41.	Trembath A.P., Markiewicz M.A. More than Decoration: Roles for Natural Killer Group 2 Member D Ligand Expression by Immune Cells. Front Immunol, 2018, Vol.9, no, pp. 231.	https://www.ncbi.nlm.nih.gov/pubmed/29483 917
42.	Vinnars M.T., Bjork E., Nagaev I., Ottander U., Bremme K., Holmlund U., Sverremark-Ekstrom E., Mincheva-Nilsson L. Enhanced Th1 and inflammatory mRNA responses upregulate NK cell cytotoxicity and NKG2D ligand expression in human	https://www.ncbi.nlm.nih.gov/pubmed/29741 244

	pre-eclamptic placenta and target it for NK cell attack. Am J Reprod Immunol, 2018, Vol.80, no 1, pp. e12969.		
43.	Wallace A.E., Fraser R., Cartwright J.E. Extravillous trophoblast and decidual natural killer cells: a remodelling partnership. Hum Reprod Update, 2012, Vol.18, no 4, pp. 458-71.	https://www.ncbi.nlm.	nih.gov/pubmed/22523
44.	Waltenberger J., Claesson-Welsh L., Siegbahn A., Shibuya M., Heldin C.H. Different signal transduction properties of KDR and Flt1, two receptors for vascular endothelial growth factor. J Biol Chem, 1994, Vol.269, no 43, pp. 26988-95.	https://www.ncbi.nlm.	nih.gov/pubmed/79294
45.	Wang J., Ding J., Zhang S., Chen X., Yan S., Zhang Y., Yin T. Decreased USP2a Expression Inhibits Trophoblast Invasion and Associates With Recurrent Miscarriage. Front Immunol, 2021, Vol.12, no, pp. 717370.	https://www.ncbi.nlm.	nih.gov/pubmed/34489
46.	Wang X.Q., Zhou W.J., Hou X.X., Fu Q.,Li D.J. Trophoblast-derived CXCL16 induces M2 macrophage polarization that in turn inactivates NK cells at the maternal-fetal interface. Cell Mol Immunol, 2018, Vol.15, no 12, pp. 1038-1046.	https://www.ncbi.nlm. 487	nih.gov/pubmed/29588
47.	Wu D., Luo S., Wang Y., Zhuang L., Chen Y., Peng C. Smads in human trophoblast cells: expression, regulation and role in TGF-beta-induced transcriptional activity. Mol Cell Endocrinol, 2001, Vol.175, no 1-2, pp. 111-21.	https://www.ncbi.nlm. 521	nih.gov/pubmed/11325

48.	Yang F., Zheng Q.,Jin L. Dynamic Function and Composition Changes of Immune Cells During Normal and Pathological Pregnancy at the Maternal-Fetal Interface. Front Immunol, 2019, Vol.10, no, pp. 2317.	https://www.ncbi.nlm.nih.gov/pubmed/31681 264
49.	Yi Y., Cheng J.C., Klausen C., Leung P.C.K. TGF-betal inhibits human trophoblast cell invasion by upregulating cyclooxygenase-2. Placenta, 2018, Vol.68, no, pp. 44-51.	https://www.ncbi.nlm.nih.gov/pubmed/30055
50.	Zhao J., Schlosser H.A., Wang Z., Qin J., Li J., Popp F., Popp M.C., Alakus H., Chon S.H., Hansen H.P., Neiss W.F., Jauch K.W., Bruns C.J., Zhao Y. Tumor-Derived Extracellular Vesicles Inhibit Natural Killer Cell Function in Pancreatic Cancer. Cancers (Basel), 2019, Vol.11, no 6.	https://www.ncbi.nlm.nih.gov/pubmed/31234 517
51.	Zhou Y., McMaster M., Woo K., Janatpour M., Perry J., Karpanen T., Alitalo K., Damsky C., Fisher S.J. Vascular endothelial growth factor ligands and receptors that regulate human cytotrophoblast survival are dysregulated in severe preeclampsia and hemolysis, elevated liver enzymes, and low platelets syndrome. Am J Pathol, 2002, Vol.160, no 4, pp. 1405-23.	 nttps://www.ncbi.nlm.nih.gov/pubmed/11943 725