Reduction of Type V Collagen Using a Dominant-negative Strategy Alters the Regulation of Fibrillogenesis and Results in the Loss of Corneal-Specific Fibril Morphology

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Abstract. A number of factors have been implicated in the regulation of tissue-specific collagen fibril diameter. Previous data suggest that assembly of heterotypic fibrils composed of two different fibrillar collagens represents a general mechanism regulating fibril diameter. Specifically, we hypothesize that type V collagen is required for the assembly of the small diameter fibrils observed in the cornea. To test this, we used a dominant-negative retroviral strategy to decrease the levels of type V collagen secreted by chicken corneal fibroblasts. The chicken α1(V) collagen gene was cloned, and retroviral vectors that expressed a polycistronic mRNA encoding a truncated α1(V) minigene and the reporter gene LacZ were constructed. The efficiency of viral infection was 30–40%, as determined by assaying β-galactosidase activity. To assess the expression from the recombinant provirus, Northern analysis was performed and indicated that infected fibroblasts expressed high steady-state levels of retroviral mRNA. Infected cells synthesized the truncated α1(V) protein, and this was detectable only intracellularly, in a distribution that colocalized with lysosomes. To assess endogenous α1(V) protein levels, infected cell cultures were assayed, and these consistently demonstrated reductions relative to control virus–infected or uninfected cultures. Analyses of corneal fibril morphology demonstrated that the reduction in type V collagen resulted in the assembly of large-diameter fibrils with a broad size distribution, characteristics similar to fibrils produced in connective tissues with low type V concentrations. Immunoelectron microscopy demonstrated the amino-terminal domain of type V collagen was associated with the small-diameter fibrils, but not the large fibrils. These data indicate that type V collagen levels regulate corneal fibril diameter and that the reduction of type V collagen is sufficient to alter fibril assembly so that abnormally large-diameter fibrils are deposited into the matrix.

The characteristics of different extracellular matrices derive in large part from the synthesis, assembly, and deposition of collagen molecules and their organization into unique macromolecular structures. These collagen assemblies confer specialized properties to the extracellular matrix in which they are found. The cornea, for example, has small, uniform diameter fibrils organized into orthogonal lamellae; these characteristics permit this tissue to be strong yet transparent.

The synthesis of collagen molecules and their association to form fibrils requires a number of sequential post-translational events that are common to all fibrillar collagens (19). These include intracellular processes such as hydroxylation and glycosylation, and extracellular ones such as procollagen processing and cross-linking (14, 19, 30). Fibril assembly may be modified through the association of different fibrillar collagens to form heterotypic fibrils (3, 5, 15, 18, 24), the addition of proteoglycans to form collagen-proteoglycan heteropolymers (33, 39), or by the addition of fibril-associated collagens to fibrils (19). Alternative splicing of collagens also can occur in a tissue-specific manner and confer different properties to fibrils (27, 32, 35, 37). Tissue-specific variations in all these events contribute to the diversity of collagen structures observed in different extracellular matrices.

Fibril assembly is a multistep process and, as such, there are numerous points where fibril characteristics, i.e., diameter, may be regulated. Propeptide processing represents one such checkpoint. The C-propeptides of procollagen molecules are cleaved in the extracellular matrix before incorporation of collagen monomers into fibrils, and therefore C-propeptidase activity provides an early rate-limiting step in fibril formation (14, 30). N-propeptidase activity varies with collagen substrates, being rapid with type I collagen yet limited with type III (28, 31). A unique example of this propeptidase regulation exists with heterotypic type I/V fibrils. Type I collagen in these fibrils is fully processed while type V is only partially processed, using a distal cleavage site that leaves the bulk of the noncollagenous amino-terminal domain intact (20).
Type V collagen is copolymerized into heterotypic type I/V fibrils in a molecular arrangement that leaves the amino-terminal domain exposed on the surface and the major triple-helical portion of the molecule located within the fibril (20). Between the major triple helix and this amino-terminal domain lies a "hinge region" and three small triple-helical domains that we have previously suggested permit the extension of the amino-propeptide through the hole zone and onto the fibril surface (20). This structural arrangement observed in heterotypic type I/V fibrils exists with other fibrils as well. Type II collagen fibrils, for example, contain type XI collagen molecules, and these are positioned in a way that the amino-terminal domains project onto the fibril surface. As with type V collagen, the triple-helical domains are within the fibril (24, 29, 42). The similarities between collagen types V and XI extend beyond a structural resemblance: in certain tissues (e.g., vitreous, bone) type V collagen molecules can be comprised of both type V and type XI α chains, suggesting that type XI chains are able to substitute for type V chains (12). Given these structural and functional similarities, it has been suggested that these two collagens comprise part of a larger fibrillar collagen family, one that has a predominantly regulatory rather than structural function (12, 22).

Fibril diameter is related to the concentration of type V collagen within heterotypic type I/V fibrils, and it is the amino-terminal domain that appears to confer this regulatory property. Previous self-assembly studies have demonstrated that in vitro, the levels of type V collagen incorporated into type I/V fibrils is inversely proportional to fibril diameter: the higher the concentration of type V, the smaller the diameter. It also was shown that if the amino-terminal domain is removed, diameter regulation is abolished. It is hypothesized that the presence of the amino-terminal surface component is able to block accretion of collagen monomers and, hence, limit growth (20). Although these in vitro studies demonstrated a strong relationship between type V concentration and fibril diameter, the smallest diameters achieved were larger than those observed in situ (4).

To test in vivo the hypothesis that the concentration of type V collagen is sufficient to control diameter, we used a dominant-negative retroviral approach to alter the levels of α1(V) collagen and thus perturb the type I/V collagen ratios within heterotypic fibrils. We reasoned that the synthesis of a truncated α1(V) chain, possessing only the C-propeptide and a portion of the triple helix, would be functional in chain assembly and yield hybrid triple-helical molecules composed of both truncated and endogenous α chains. These would be targeted to degradative pathways and thereby reduce the concentration of type V collagen (30, 41). The results demonstrate that reduced type V collagen levels in corneal fibroblasts lead to the assembly and deposition of abnormally large fibrils into the extracellular matrix.

Materials and Methods

Cloning of α1(V) Collagen Carboxyl Terminus

The carboxyl terminus of α1(V) collagen was cloned using 3' RACE procedures using 14-d cornea total RNA as the template. A poly(T)-adapter primer was used in the initial reverse-transcription reaction to generate cDNA. This was followed by PCR amplification using the same 3' primer and a 5' primer specific to a region within the triple-helical domain of the α1(V) mRNA (5' GGGAGACAGGCCCATA CGG 3'). PCR-amplified cDNA was cloned into the TA vector (Invitrogen, San Diego, CA), and purified DNA was subjected to sequence analysis using the dyeDNA Cycle Sequencing System ( Gibco BRL, Gaithersburg, MD).

Replication-defective Retroviral Vectors

Retroviral vectors were kindly provided by Dr. Takashi Mikawa (Cornell University Medical College, New York, NY). These vectors are derived from spleen necrosis virus (SNV)1, a member of the avian reticuloendotheliosis virus group. The vectors are replication defective and, to produce infectious particles, must obtain missing proteins in trans from packaging cells (10, 25). Once assembled in these cells, this virus is capable of infecting a wide variety of host cells. Since horizontal transmission of the virus is not possible in nonpackaging cells, only progeny of infected cells will express the proviral transcripts. The pCXL vector contains the SNV promoter as well as sequence requirements for encapsidation of viral transcripts, reverse transcription, and proviral integration (26). In addition, this vector contains an internal ribosome entry sequence followed by the bacterial LacZ gene. For efficient expression of this reporter gene in eukaryotic cells, a translation initiation sequence derived from the murine leukemia virus gag gene is present in the 5' flanking sequence. A cloning site is present upstream of the internal ribosome entry sequence region and was used for insertion of the α1(V) collagen cDNA. The pCXIZ vector is similar to pCXLZ, but lacks the internal ribosome-binding sequence (25). This vector was used as a control.

Constructs

PCR splicing by overlap extension was used to add myc and signal sequences in frame to the α1(V) carboxyl terminus. The myc sequence was also obtained from Dr. Takashi Mikawa. The α1(V) signal sequence was obtained from the published chicken pro-α1(V) sequence (20). To add the myc sequence, a 5' 93-mer was made that encoded a SpeI site, the myc sequence, and the sequence overlapping the 5' end of the α1(V) cDNA (5'TCGATCTAGTGGCTGCGGATCCATGGAAC AAAAAAGCTATTTCTGAAAGAAGCAGTGGATGAGCCCTTGAGA GGTCCCGGCGGAGTGAG). A poly(T) primer was used at the 3' end of the α1(V) cDNA, and PCR amplification generated a myc-α1(V) cDNA. Digestion with SpeI produced a 1,244-bp fragment with a 3' end terminat ing just downstream of the stop codon.

The α1(V) signal sequence was added to the 5' end of this myc-α1(V) cDNA fragment using a similar approach. Initially, the pro-α1(V) signal sequence (and upstream translation initiation sequence) was PCR amplified using a 5' primer overlapping the signal sequence and possessing a SpeI 5' extension (5'TCGATCTAGTGGCTGCGGATCCATGGAAC AAAAAAGCTATTTCTGAAAGAAGCAGTGGATGAGCCCTTGAGA GGTCCCGGCGGAGTGAG). A poly(T) primer was used at the 3' end of the α1(V) cDNA, and PCR amplification generated a myc-α1(V) cDNA. Digestion with SpeI produced a 1,244-bp fragment with a 3' end terminating just downstream of the stop codon.

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Production of High Titer Recombinant Viruses

The generation of infectious viral particles was achieved by transfection of canine osteosarcoma (D17; 9, 40). A total of 2 μg DNA comprised of recombinant vectors using Lipofectamine (GIBCO BRL; 10). This packaging cell line was derived from a

1 Abbreviations used in this paper: SNV, spleen necrosis virus; TU, transducing units.
viral titers, chicken embryo fibroblasts were plated sparsely onto gridded 60-mm dishes. Aliquots of virus were used to infect the cells for 2-4 h in the presence of 10 μg/ml polybrene (Sigma Immunochemicals, St. Louis, MO). 2 d after infection, the cells were fixed in 2% paraformaldehyde/PBS, and positive cells were identified using an assay for β-galactosidase activity (22). Frozen aliquots of virus were used at a concentration of 2-6 × 10^6 transducing units (TU)/ml.

**Infection of Corneal Fibroblasts**

Corneal fibroblasts (from first to fifth passage) were infected with ~5 × 10^6 TU of virus in the presence of 10 μg/ml polybrene. Uninfected control cells also were cultured in the presence of polybrene. After infection for 5 h, media were changed and the cells cultured for at least 48 h until confluent.

**Cell Culture**

Corneal fibroblasts from 14-d embryonic white leghorn chickens were isolated and cultured as described previously (23). Briefly, cells were isolated after bacterial collagenase treatment and were maintained in cDMEM containing 10% FBS (GIBCO BRL) and 50 μg/ml ascorbate after the cells became confluent. Cells were trypsinized and split 1:2 or 1:3. Corneal fibroblasts also were cultured within three-dimensional bovine type I collagen gels (Vitrogen 100; Collagen Corp., Palo Alto, CA) as described previously (7,8). Briefly, cells were trypsinized and counted, then placed in wells containing 0.5 ml of 0.75 mg/ml neutralized Vitrogen in complete media at a concentration of 10^4 cells per well. The collagen solution was polymerized at 37°C such that the cells were suspended in the gel. The edges of the collagen gels were released after overnight culture, allowing the gels to contract. Previously, we have extensively characterized this system for studies of collagen fibrillogenesis, and the newly assembled collagen fibrils are easily distinguishable from the bovine matrix (7,8).

**Protein Analysis**

Infected and uninfected 14-d chicken embryo corneal fibroblasts were cultured in monolayer cultures as described. At confluence, the fibroblasts were incubated for 4 h in cDMEM containing 1% FBS and methanol, quenched with 50 mM glycine/lysine, and blocked with 1% BSA/PBS. Cells were incubated for 1 h with anti-myc primary antibodies and followed with a second 1-h incubation with a fluorescein-conjugated secondary antibody. For localization of lysosomes, cells were incubated with rhodamine-conjugated dextran (Molecular Probes, Eugene, OR) at a concentration of 1 mg/ml for 2 h. The medium was changed, and the cells were viewed 24-48 h later. Cells were mounted in FITC Guard (Testog, Inc., Chicago, IL) and photographed.

**Transmission EM**

Corneal fibroblasts in collagen gels were processed for transmission EM as described previously (7). Alternatively, collagen gel cultures were processed for preembedding immunoelectron microscopy as described previously (7). The following mAb were used: anti-β-galactosidase (GIBCO BRL); anti-myc (myel-9E10.2, 11); anti-type I collagen antibodies, I-BAl and I-DD4 (17, 36); and an anti-NH2 type V antibody (20). Sections were cut, stained with 2% aqueous uranyl acetate and 1% phosphotungstic, pH 3.2, and viewed with a transmission EM (CM10; Philips Technologies, Cheshire, CT).

**Analysis of Fibril Diameter**

To determine the diameter of assembled fibrils in collagen gel cultures, fibrils that were adjacent to cells were selected. In addition, fibrils from immunolabeled sections and conventional plastic sections were analyzed. Diameters were measured from calibrated micrographs, and measurements were normalized using the internal 67-nm repeat of the fibrils.

**Results**

**Construction of a Retroviral Construct Containing an α1(V) Minigene**

Reducing the endogenous α1(V) collagen levels using a dominant-negative retroviral strategy required the construction of an α1(V) minigene that would be capable of associating with endogenous α chains to form hybrid molecules (strategy outlined in Fig. 1). We designed a truncated α1(V) minigene containing an α1(V) translation initiation and signal sequence that would direct synthesized protein to the secretory pathway, a myc peptide sequence to provide an epitope tag that could be used to identify mutant protein, and the carboxyl terminus of the α1(V) chain including a portion of the triple helix and the entire C-propeptide (Fig. 2 A).

To obtain the carboxyl terminal region of α1(V) collagen that is required for chain assembly, the carboxyl terminus of chicken α1(V) collagen was cloned using 3' RACE procedures. The coding sequence of the 1,360-bp cDNA that was obtained was verified using PCR cycle sequencing for both strands. The predicted amino acid se-
DOMINANT-NEGATIVE STRATEGY

Type V Retroviral Construct

<table>
<thead>
<tr>
<th>LTR</th>
<th>5'</th>
<th>α(V) minigene</th>
<th>IRES</th>
<th>lacZ</th>
<th>3'</th>
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<tr>
<td>LTR</td>
<td>Long Terminal Repeats</td>
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<tr>
<td>5'</td>
<td>Packaging signal</td>
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<td>IRES</td>
<td>Internal Ribosome Entry Sequence</td>
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<tr>
<td>lacZ</td>
<td>Gene encoding β-galactosidase</td>
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Transcription

\[ 5' - \alpha(V) \text{ minigene} - \text{IRES} - \text{lacZ} - 3' \]

Translation

\[ \alpha(V) \text{ minigene} \rightarrow \text{secretory} \]

\[ \beta\text{-galactosidase} \rightarrow \text{cytoplasmic} \]

Chain Assembly

Endogenous

\[ \alpha(V) \text{ endogenous} \]

\[ \alpha(V) \text{ endogenous} \]

\[ \alpha(V) \text{ endogenous} \]

Hybrid

\[ \alpha(V) \text{ mutant} \]

\[ \alpha(V) \text{ endogenous} \]

\[ \alpha(V) \text{ endogenous} \]

\[ \alpha(V) \text{ mutant} \]

\[ \alpha(V) \text{ mutant} \]

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\[ \alpha(V) \text{ mutant} \]

\[ \alpha(V) \text{ mutant} \]

Infection Rates for Recombinant Viral Particles Are High

To assess the infection rates for the recombinant viral particles, corneal fibroblasts were infected in vitro and assayed for cytoplasmic β-galactosidase expression. Virus (MVZ or CXL) was harvested from confluent monolayers of packaging cells and used to infect chicken corneal fibroblasts. The infection and culturing conditions we used yielded infection rates of 30–40% for the MVZ virus and ~40% for the CXL virus, demonstrating a high rate of infectivity for these cells.

Northern Analysis Demonstrates High Steady-state Levels of Retroviral Transcripts

To assay expression from the retroviral vectors, Northern analyses were performed (Fig. 3). Cells infected with the MVZ virus expressed high levels of the truncated α1(V) mRNA (5.6 kb) relative to the endogenous α1(V) mRNA (7.9 kb). This was not observed in CXL-infected or uninfected cultures. When probed with a 3' α1(V) cDNA (Fig. 3 A), hybridization was observed to both the truncated and endogenous α1(V) mRNAs, with the truncated form predominating. Although the endogenous α1(V) mRNA level appears high with this probe, this is caused by nonspecific vector hybridization that comigrates with the endogenous α1(V) mRNA (see below). The α1(V) levels were more easily compared when a 5' probe specific for the endogenous mRNA was used (Fig. 3 B). Levels were relatively uniform in infected and control cultures, with the two virus-infected cultures showing a ~10% decrease relative to uninfected cultures. When blots were probed with the vector cDNA (Fig. 3 A), expression was high in both the CXL-infected and MVZ-infected cultures, with the size increase (4.1 to 5.6 kb) in the latter caused by the α1(V) minigene insertion. As described above, there is some slower migrating hybridization present in the viral-infected lanes but not in the uninfected lanes. The heterogeneity of this larger, nonspecific hybridization is most likely a result of the length and sequence differences that are present in the two mRNAs (with or without minigene), and is not observed in uninfected cells.

To determine whether viral infection influenced endogenous collagen expression, we analyzed α1(I) message levels in MVZ-infected and control cultures (Fig. 3 B). When probed with an α1(I) cDNA, mRNA levels in both the MVZ and CXL cultures were slightly reduced (10–15%) relative to the uninfected cultures. Some variability was observed, however. In five RNA preparations, the two extremes demonstrated both an increase and a decrease in α1(I) expression in MVZ infections relative to the controls. The other three preparations demonstrated the small but constant decrease (10–15%) in both MVZ- and CXL-infected cultures.

Mutant α1(V) Protein Is Expressed in MVZ-infected Cells

Western blot analyses using antibodies directed against the myc sequence included within the construct demonstrated the expression of a 54-kD protein specifically in the MVZ-infected cells (Fig. 4). The size is larger than the sequence from this clone has 390 residues from the carboxyl terminus and is composed of 267 non-triple-helical amino acids and 123 amino acids from the triple-helical domain (Fig. 2 B). This sequence has been submitted to GenBank/EMBL/DDBJ and has the accession number U39621. To deliver this minigene to cells, the construct was inserted into SNV-based, replication-defective retroviral vectors. Retroviral particles containing this minigene have been designated “MVZ.” Control virus carrying only the LacZ gene has been designated “CXL.”
predicted 43 kDa (49 kDa with the signal peptide), and this can be attributed to posttranslational modifications (there are two potential sites for N-linked glycosylation) and to the altered electrophoretic mobility observed with collagen. The protein was present in the cell layer of the MVZ-infected, but not of the control-infected or uninfected cultures. Using dot-blot analyses, no protein was detected in the media of the cultures, even when concentrations were examined by immunofluorescence using an antibody directed against the myc tag. In MVZ-infected cultures, positive cells showed reactivity throughout the cytoplasm (Fig. 5), frequently with a punctate distribution. As expected from the Western analysis, no signal was observed extracellularly in the collagen gel or in the CXL-infected or -uninfected cultures.

**Type V Collagen Synthesis Is Reduced in Infected Cells**

Type V and type I collagen levels were measured in cells that had been infected with the MVZ virus, CXL control virus, or from uninfected cells. Infection rates were 40% for CXL and ~30% for the MVZ virus. The data demonstrated a ~25% reduction in type V collagen relative to type I collagen in the MVZ-infected cultures when compared to the control virus-infected and uninfected cultures (Fig. 7). Specifically, there were 24.2 ± 8.0 and 6.3 ± 9.8% (mean ± SEM, n = 7) reductions in the MVZ- and CXL-infected cultures, respectively. This indicates a specific reduction in type V collagen in cells expressing the type V minigene.

The decrease in the type I/V ratio seen in the MVZ-infected cells was further assessed by examining the absolute collagen levels. The α2(I) and α1(V) signals were measured in infected cultures and normalized to DNA content. A decrease of ~28% in the type I levels was observed in both virus-infected cultures (CXL and MVZ). The density values for the α2(I) chain for MVZ, CXL, and uninfected cultures were 0.47 ± 0.13, 0.47 ± 0.07, and 0.64 ± 0.11, respectively (mean ± SD, n = 6). A decrease in type V collagen also was observed in both virus-infected cul-
levels of the 5.6-kb truncated α1(V) mRNA (A, arrow labeled Δα1(V)/LacZ A). Infected and control cells all had comparable levels of endogenous α1(I) and α1(V) mRNAs (B) when normalized to a signal obtained from a G3PDH probe. When probed with the vector cDNA (A), expression was high in the MVZ-infected and CXL-infected cells, with the size increase in the former because of the α1(V) minigene insertion. No signal was observed in uninfected cells.

Collagen Fibril Morphology Is Altered in Cells Expressing the α1(V) Minigene

To assess the effects of the α1(V) minigene expression on fibril assembly, collagen fibrils assembled by infected cells cultured in collagen gels were examined. Previous studies (7) have demonstrated that corneal fibroblasts cultured in three-dimensional collagen gels synthesize tissue-specific collagens and assemble fibrils with diameters comparable to those observed in situ. Fibroblasts isolated from 14-d corneas were infected with either the MVZ or CXL viruses and seeded into such three-dimensional gel cultures. Assays for β-galactosidase activity performed on parallel cultures indicated that infection rates were again ~30%. This generated both infected and uninfected cell populations for morphological analyses.

To evaluate the effects of viral infection quantitatively, fibrils were measured from a number of infected cells cultured within the collagen gels. Infection was verified using anti-β-galactosidase immunostaining, and measurements were made on fibrils that were immediately adjacent to the positive cells (Fig. 8). Control (CXL+) cells produced normal fibrils with respect to diameter and size distribution (mean = 24 nm), indicating that viral infection itself had no effect on fibril morphology. A total of 31 fibrils were measured from seven positive cells. The morphology of the fibrils synthesized by these cells was indistinguishable from the uninfected cells (data not shown). MVZ-infected cells (MVZ+), in contrast, produced large-diameter fibrils with a size distribution ranging from 20 to 65 (mean = 37.2) nm. Data were collected from 14 cells and 62 fibrils were measured.

Since viral infection rates were 30%, it was possible to measure fibrils assembled by individual MVZ-infected and uninfected cells within the same culture. Uninfected (MVZ−) cells produced “normal” 24-nm fibrils, while the fibrils assembled by infected cells (MVZ+) produced large-diameter fibrils with a broad size distribution ranging from 20 to 60 nm (mean = 44 nm; Fig. 9). Several large-diameter fibrils were visible in extracytoplasmic channels within these cells (2), clearly defining the cell producing them. Previous studies in our laboratory have demonstrated that the amino-terminal domain of type V collagen, within heterotypic type I/V fibrils is exposed on the fibril surface. We therefore analyzed the infected cultures using immunoelectron microscopy with antibodies directed against this exposed domain. The small diameter fibrils showed significant reactivity for type V collagen while the large di-
Figure 6. Expression of the truncated α1(V) protein is localized to lysosomes. Double-label immunofluorescence was used to demonstrate that the mutant α1(V) protein is localized to the lysosomal compartment. Infected and control corneal fibroblasts were double labeled with rhodamine-conjugated dextran to identify the lysosomal compartment, and with anti-myc antibodies to identify the truncated α1(V) protein. The signals from the mutant α1(V) protein (anti-myc fluorescein, left column) and lysosomes (dextran-rhodamine, right column) were superimposable in MVZ-infected cultures. As expected, the CXL and uninfected cultures had no myc label, but the lysosomal compartment was labeled. Bar, 20 μm.

Figure 5. The truncated α1(V) protein remains intracellular. Antibodies directed against the myc peptide tag were used to localize the mutant α1(V) protein in corneal fibroblasts cultured in bovine type I collagen gels. Immunoreactivity was strong in MVZ-infected cells (A and B), and was often observed in a punctate pattern within the cytoplasm (arrows). No signal was detectable in the extracellular matrix (3-D Gel). CXL control virus-infected and uninfected cultures (C and D) did not show any reactivity. Bars, 20 μm.
Figure 7. Expression of type V collagen is reduced by infection with the α1(V) minigene. Cells infected with the MVZ virus synthesize reduced levels of type V collagen. Type V and type I collagen levels were measured from cultures that had been infected with the type V minigene–containing virus (MVZ), control virus (CXL), or from uninfected cultures. Type I/VI ratios were measured by densitometric scans of the α2(I) and α1(V) bands. Levels of type V collagen have been normalized to the quantities of type I collagen. These data demonstrate that expression from the type V minigene–containing virus results in a 25% reduction of type V collagen relative to uninfected or control virus–infected cultures. Values are expressed as the mean ± SEM, n = 7.

Discussion

The regulation of collagen fibril assembly is critical to achieve tissue-specific matrix architecture. We have shown that reducing the type V collagen levels in type I/V fibrils abolishes this regulation and results in the assembly of fibrils with an abnormally large diameter. These data indicate that assembly of cornea-specific fibrils is an autoregulatory process. Fibrillogenesis is regulated by the components that comprise the fibril and, in this case, it is the quantitatively minor type V collagen within heterotypic fibrils that performs this regulatory function (3, 4, 19). Our previous studies in vitro implicated the concentration of type V collagen as being partially responsible for regulating fibril diameter (4). We also have shown that the corneal fibroblast produces a higher percentage of type V collagen (20%) than fibroblasts from other type I containing tissues, e.g., sclera and tendon (2–5%; 23). In addition, this is regulated by corneal fibroblast–specific cytoplasmic factors that can upregulate type V synthesis in noncorneal cell types (21). In the current studies, we demonstrate that the concentration of type V collagen alone is necessary and sufficient for tissue-specific fibril assembly.

Other examples of this type of heterotypic fibril regulation exist. Types XI and II collagen, for example, coassemble as heterotypic fibrils in cartilage (24, 29) and loss of function mutations in the α1(XI) chain lead to the assembly of collagen fibrils with abnormally large diameters (16, 34). In addition, mutations that overexpress type II collagen result in a similarly altered XI/II ratio, and they also drive the assembly of large fibrils (13). Although it is likely that the α1(V) and α1(XI) chains have comparable regulatory functions since they are structurally very similar, comparisons between these α chains are complicated by the fact that several alternatively spliced forms of type XI exist in different tissues (27, 32, 35, 37) and that heterotypic XI/II fibrils also may contain type IX collagen on their surface (24). It is likely that these modifications alter the properties of both the fibrils and their interactions with the surrounding extracellular matrix.

The dominant-negative strategy employed in the present study used a replication-defective retroviral vector to introduce the truncated α1(V) protein to cultured cells. Since infection rates were ~30%, this allowed us to analyze infected cells in a wild-type background. We observed altered fibril morphology adjacent to infected cells, while the matrix synthesized by neighboring uninfected cells was normal. This demonstrates that the alteration of type V collagen levels is sufficient to abolish fibril diameter regulation, specifically in infected cells, and that compensatory mechanisms, if they exist, do not operate in the context of isolated mutant cells. This approach can be used to target specific tissues in vivo and would allow the analysis of tissue-specific effects without the complications that may arise from a systemic knockout.

Alternative approaches to alter collagen molecule concentration and/or function also have been used. Transgenic mutations, for example, have been made in the α2(V) chain in mice. The location of one such mutation encompasses the N-telopeptide and propeptidase cleavage site (1), and may prevent the formation of the “hinge” region that allows the amino-propeptide to project onto the fibril surface (20). Moreover, the molecules may be unable to participate in fibrillogenesis at all; the telopeptide domains removed as a result of the mutation are critical for normal chain assembly and fibrillogenesis (38). The homozygotes have numerous connective tissue defects in a variety of tissues, including fragile skin, alterations in hair follicle distribution, and corneal fibril defects, including an increase in diameter (1). These tissues have disparate type V concentrations, and thus it is likely that the wide range of connective tissue defects observed may be related to relatively small changes in type V concentrations. Recent evidence suggests mutations in α1(V) collagen in Ehlers-Danlos patients lead to morphological changes in tissues, such as skin, that have comparatively low type V concentrations (6). These results suggest important roles for type V collagen in matrix assembly in addition to the regulation of fibril diameter.

The strategy we used relies on the fact that collagen molecules assemble from the carboxyl terminus of three α chains. Expression of a truncated molecule that possesses a complete carboxyl terminus yet lacks the remaining sequences should result in the assembly of hybrid molecules that contain both truncated and endogenous α chains. These hybrid molecules are likely to be shunted to degradative pathways, effectively lowering the concentration of type V collagen. The immunofluorescent localization of the truncated α chains to the lysosomal compartment and the lack of extracellular signal are indicative of such intracellular degradation. Evidence in the literature also suggests that the assembled hybrid molecules are likely to be degraded. Several osteogenesis imperfecta variants have defects that delete large triple-helical portions of the affected α chains but that leave the C-propeptide unaffected.
Figure 8. Cells expressing the α1(V) minigene assemble abnormally large diameter fibrils. Morphology of collagen fibrils assembled by MVZ- and CXL-infected corneal fibroblasts in three-dimensional collagen gel cultures. Immunostaining for cytoplasmic β-galactosidase was used to identify infected cells (gold particles in cytoplasm). CXL-infected cells (A and C) produced normal fibrils with respect to diameter and size distribution. A total of 31 fibrils were measured from 7 positive cells. The morphology of fibrils synthesized from CXL-negative cells was indistinguishable from the positive cells (not shown). MVZ-infected cells (B and D) produced large-diameter fibrils with a size distribution from 20 to 65 nm (mean 37.2 nm). Data were collected from 14 cells and 62 fibrils were measured. Bar, 150 nm.

In these cases, transcription is normal, but chain assembly is severely compromised and results in procollagen suicide (30, 41). The demonstration that endogenous α1(V) protein is reduced in MVZ-infected cultures indicates that the mutant α chain is capable of this same trans-dominant effect on type V procollagen biosynthesis.

In the MVZ virus-infected cells, levels of the truncated α1(V) minigene transcripts are severalfold higher than the endogenous α1(V) mRNAs. Given that these truncated mRNAs share the same translation initiation and signal sequences as the endogenous mRNAs, they should compete effectively for translation and generate a high mutant/endogenous protein ratio. Such high ratios could be sufficient to entirely block endogenous type V collagen synthesis in the infected cells by strongly favoring hybrid molecule formation over native chain assembly. This, in fact, is observed. The data comparing protein synthesis in infected and uninfected cells shows a 25% decrease in α1(V) protein in MVZ-infected cultures. Since only 30–40% of the synthesized matrix is the product of transgenic cells, this decrease reflects a significant reduction in the infected cells; the observed α1(V) protein may be solely the product of uninfected cells.

We observed nonspecific reductions in both type I and V
Cells expressing the α1(V) minigene produce large diameter fibrils while nonexpressing cells in the same culture produce small diameter fibrils. Collagen fibril morphology in MVZ-infected and uninfected chicken embryo fibroblasts cultured in collagen gels (G). Uninfected cells (MVZ−) produced normal 24-nm-diameter fibrils with a narrow size distribution (A and C). In MVZ-infected cells (MVZ+), the synthesized fibrils had a much broader size distribution, ranging from 20 to 60 nm with a mean of 44 nm (B and D). Several large diameter fibrils are visible in extracytoplasmic channels and the site of fibril assembly, and were seen as membrane delimited fibrils within the cytoplasm. Bar, 150 nm.

Collagen synthesis as a result of the viral (CXL and MVZ) infection. These were observed at both the mRNA and protein levels. However, these reductions did not affect the ratio of types I and V collagen. This ratio was altered only in the MVZ-infected cultures, and was therefore attributable to the expression of the type V minigene. The appearance of normal corneal fibrils in the CXL-infected cells indicates that these viral alterations do not result in
the loss of a differentiated phenotype; the alterations in fibril morphology and in the I/V ratios were only observed in the MVZ-infected cells.

Collagen fibril diameter is altered in cells infected with the MVZ virus. Analysis of fibrils assembled by the infected cells revealed that diameters were considerably larger than in control virus-infected or uninfected cultures. These fibrils also had a much broader size distribution than did the controls. The overall morphology and spacing of the fibrils assembled by the MVZ-infected cells is similar to that observed in situ in other tissues, e.g., tendon and sclera. In these tissues, the levels of type V collagen differ substantially from the levels found in the cornea. Type V collagen represents 15–20% of the fibrillar collagen in cornea, while it is only 2–5% in these other tissues (23). We have demonstrated that infection of corneal fibroblasts with recombinant virus lowers the endogenous type V collagen production. In these cells, the morphology of the fibrils synthesized resembles the morphology of fibrils synthesized by cells that normally produce comparably low type V collagen levels. This strongly indicates a direct relationship between type V collagen concentration and fibril diameter. Our demonstration that the large-diameter fibrils show little or no reactivity with anti-type V antibodies is consistent with this contention.

The dominant-negative strategy chosen to reduce the levels of type V collagen was designed to express high levels of a truncated α chain that would compete effectively with the endogenous α chains for assembly into triple-helical molecules. The mutant-endogenous hybrid trimers would be targeted to degradative pathways. With high expression of the mutant chains, the concentration of functional type V molecules, composed entirely of native α chains, would be decreased. The altered fibril morphology we observed is most likely the result of the change in type I/V collagen ratios within the heterotypic fibrils that results from the lowered type V collagen available during assembly type I/V heterotypic fibrils. It is also possible that in addition to the mutant-endogenous hybrid formation, mutant homotrimers assemble as “mini collagens”. However, our immunofluorescent and Western analyses suggest that if such molecules form, they are rapidly degraded or are accumulated in the cells, since no mutant protein was detectable by either assay in the extracellular matrix.

A model for the regulation of fibril diameter in heterotypic fibrils is presented in Fig. 11. We suggest that the amino-terminal domains of the type V collagen molecules...
are positioned at the fibril surface, providing a barrier to further accretion of collagen monomers. This would limit fibril growth by steric or electrostatic mechanisms. Steric mechanisms might involve interactions with other extracellular matrix components. Reduction of the type V molecules within the fibrils would eliminate this barrier and thus allow unhindered accretion and growth. Our data suggest that high levels of type V collagen are critical for the regulated assembly of small-diameter fibrils in the cornea, and that perturbation of this collagen is sufficient to lose this tissue-specific phenotype.

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