Research Article

Renal functional effects of the highly selective AT₂R agonist, β-Pro⁷ Ang III, in normotensive rats

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Recently, we designed a group of peptides by sequential substitution of the naturally occurring α-amino acid throughout the Ang III peptide sequence with the corresponding β-amino acid. β-Amino acid substitution at the proline residue of Ang III (β-Pro⁷-Ang III) resulted in a highly selective AT₂R ligand, demonstrating remarkable selectivity for the AT₂R in both binding and functional studies. To provide additional functional evidence for the suitability of β-Pro⁷ Ang III as a novel AT₂R agonist, we tested effects of acute systemic administration of β-Pro⁷-Ang III on renal hemodynamic and excretory function in anesthetized normotensive male and female rats. We also compared the natriuretic effects of acute intrarenal administration of native Ang III and β-Pro⁷-Ang III in the presence of systemic AT₁R blockade in anesthetized female rats to allow for the differentiation of systemic versus direct intrarenal natriuretic actions of β-Pro⁷-Ang III. In both male and female rats, acute systemic administration of β-Pro⁷-Ang III elicited renal vasodilatation and natriuresis. Notably, greater renal vasodilatory effects were observed in female versus male rats at the highest dose of β-Pro⁷-Ang III administered. Moreover, intra-renal administration of β-Pro⁷-Ang III produced significant natriuretic effects in female rats and, like Ang III, evoked AT₂R translocation to the apical plasma membrane in renal proximal tubular cells. Taken together, our findings support the use of β-Pro⁷-Ang III as a novel AT₂R agonist and experimental tool for exploring AT₂R function and its potential as a therapeutic target. Furthermore, our findings provide further evidence of a sex-specific influence of AT₂R stimulation on renal function.

Introduction

The renin–angiotensin system (RAS) plays an integral role in the long-term regulation of extracellular fluid homeostasis, peripheral vascular resistance and arterial blood pressure. The principle effector peptide of the RAS, angiotensin II (Ang II), acts via two main receptor subtypes: angiotensin type 1 (AT₁R) and type 2 (AT₂R) receptors. It has long been recognized that all of the classical effects induced by Ang II, including vasoconstriction, anti-natriuresis, cellular growth and proliferation, result from stimulation of the AT₁R under physiological and pathological conditions. Conversely, significant evidence exists that AT₂R activation opposes AT₁R responses by evoking vasodilation, natriuresis, apoptosis and anti-inflammatory effects [1,2]. In addition to Ang II, other biologically active angiotensin metabolites can directly oppose the classical actions of Ang II via their interaction with the AT₂R, including the Ang II heptapeptide metabolite des-aspartyl¹-Ang II (Ang III) [1,2]. In fact, overwhelming evidence now exists that Ang III is the predominant endogenous ligand for AT₂R-mediated natriuresis by inhibition of sodium reabsorption in the renal proximal tubule [3–6]. Moreover, Ang III shows greater AT₂R:AT₁R selectivity than Ang II [7,8].
From our evolving understanding of this protective Ang II/Ang III-AT2R arm of the RAS, it has become clear that the AT2Rs may be an innovative therapeutic target for improving cardiovascular and renal function, which may contribute to reducing arterial pressure and associated cardiovascular and renal risk. However, research elucidating the therapeutic potential of the AT2R has been hindered by a lack of selective, metabolically stable and readily available ligands that can be employed to discriminate and activate AT2R function. Most recently, the non-peptide AT2R agonist, Compound 21, which was modeled on the C-terminal pentapeptide structure of Ang II [9], has been adopted by many investigators to demonstrate the functional effects of selective AT2R stimulation. Certainly, Compound 21 shows a high degree of selectivity for the AT2R [7,9]; however some off-target effects have been reported, at least at high concentrations [10].

To that end, β-amino acid containing peptides show great potential as peptidomimetics, attributable to their increased stability to proteolytic degradation, high specificity, and relative ease of synthesis [11]. As such, there is obvious merit in performing modifications to RAS effector peptides to enhance their functional properties. We recently produced a new library of β-substituted Ang peptide analogues using native Ang III as the template [8]. These peptides have individual natural α-amino acids within the Ang III replaced by modified β-amino acids to provide unique agonists with distinct AT2R selectivity. We demonstrated the selective nature of these newly developed agonists in competition binding studies using stably transfected AT1R and AT2R HEK-293 cells. Notably, the novel analogue β-Pro7-Ang III was the most selective AT2R ligand tested. It demonstrated little affinity for the AT1R but high AT2R affinity, resulting in >20,000-fold greater selectivity for the AT2R than the AT1R [8]. This selectivity for the AT2R over the AT1R is similar to the AT2R agonist, CGP42112. However, CGP42112 also exhibits AT1R binding at high concentrations [8]. Furthermore, β-Pro7-Ang III demonstrated AT2R agonistic effects in vascular reactivity studies. β-Pro7-Ang III evoked AT2R-mediated vasorelaxation in mouse aortic rings of a similar magnitude to CGP42112 [8]. In addition, under conditions of low level AT1R blockade, β-Pro7-Ang III reduced blood pressure acutely in conscious spontaneously hypertensive rats by ~30 mmHg in an AT2R antagonist-sensitive manner [8].

To provide further functional evidence in vivo for the potential use of β-Pro7-Ang III as a novel AT2R agonist, in the present study we tested the ability of acute systemic administration of β-Pro7-Ang III to modulate renal hemodynamic and excretory function in normotensive male and female rats. Furthermore, in a second cohort of normotensive female rats, we also compared the natriuretic effects of acute intrarenal administration of native Ang III and β-Pro7-Ang III in the presence of systemic AT1R blockade. These two approaches together allowed differentiation of systemic versus direct intrarenal natriuretic actions of AT2R activation.

**Methods**

**Protocol 1: Acute renal function studies following intravenous β-Pro7 Ang III**

Ten-week-old male (N = 28) and female (N = 31) Sprague-Dawley rats were obtained from the Animal Resources Centre (Perth, WA, Australia). Animals were maintained on a 12-h light/dark cycle and were fed a normal sodium diet (0.25% sodium chloride; Specialty Feeds) and received water ad libitum. Experiments were approved by the Monash University Animal Research Platform Animal Ethics Committee (Approval number S0BSA/P/2010/09) and were performed at Monash University in accordance with the Australian Code of Practice for the Care and Use of Animals for Scientific Purposes.

Experiments were performed in anesthetized rats (150 mg/kg Inactin; thiobutabarbitral; Sigma Aldrich). which were randomly assigned to the following experimental groups: (i) male control (N = 8); (ii) male β-Pro7-Ang III-treated (N = 11); (iii) male β-Pro7-Ang III + PD123319 (PD)-treated (N = 9); (iv) female control (N = 10); (v) female β-Pro7-Ang III-treated (N = 13); and (vi) female β-Pro7-Ang III + PD-treated (N = 8). The rats were surgically prepared, as described previously [12]. Briefly, a tracheostomy was performed to facilitate breathing. A cather was then inserted into the left jugular vein for intravenous infusion of replacement fluids (2% BSA; Sigma Aldrich) and tritiated inulin ([3H]-inulin; Sigma Aldrich). Furthermore, a catheter was inserted into the left carotid artery for measurement of MAP. Experiments were initiated at the same time each day to prevent any diurnal variation in blood pressure. The left kidney was then exposed and denervated and a catheter was placed in the left ureter for collection of urine. A transit-time ultrasound flow probe (0.7VB; Transonic Systems) was also placed around the renal artery for measurement of renal blood flow (RBF).

Upon completion of surgery, the selective non-peptide AT2R antagonist, PD-123319 (PD; 1 mg/kg bolus plus 1 mg/kg/h; Sigma Aldrich) or vehicle (0.9% saline; 1 ml bolus plus 1 ml/h) was administered intravenously for the duration of the experiment. After 30 min, intravenous infusion of constant vehicle or graded β-Pro7-Ang III (0, 7.5, 15.0 and 30.0 pmol/kg/min for 15 min at each dose) began. The doses chosen were similar to the lowest dose of
β-Pro^7^-Ang III that we reported to evoke vasodepressor effects in vivo when given by systemic administration [8]. At each dose, following a 10-min equilibration period, RBF measurements were obtained for 5 min. Urine was collected during the baseline and 30 pmol/kg/min β-Pro^7^-Ang III collection periods and corresponding arterial blood samples were taken from the left carotid artery at the period ends. Urinary and plasma sodium concentrations were measured as previously described [13] and fractional sodium excretion was calculated. Glomerular filtration rate (GFR) was estimated based on ^[3]H^-insulin clearance. At the completion of the experiment, the left kidney was removed and weighed.

**Protocol 2: Acute renal function studies following intrarenal Ang III or β-Pro^7^-Ang III**

The experiments were conducted on 12-week-old female Sprague-Dawley rats (Harlan; N = 32) housed in a vivarium under controlled conditions (temperature 21 ± 1°C; humidity 60 ± 10%; light 8:00–20:00) and fed a normal sodium diet (0.30% Na^+). All experimental protocols were approved by the Animal Care and Use Committee at the University of Virginia (Approval # A3245-01) and performed at the University of Virginia in accordance with the National Institutes of Health Guide for the Care and Use of Laboratory Animals.

For all studies in this protocol, a 24-h osmotic mini-pump (Alzet Model 2001D) infusing candesartan (CAND; 0.01 mg/kg/min; AstraZeneca) subcutaneously was inserted 24 h prior to experimentation in order to block systemic AT\textsubscript{1}R. While the rats were under short-term anesthesia with ketamine (100 mg/ml) and xylazine (20 mg/ml) via an intra-peritoneal (IP) injection, the pumps were implanted in the interscapular region using sterile technique. On the day of experimentation, the rats were anesthetized with pentobarbital (Nembutal; 50 mg/ml; given 5 mg/100 g body weight) via an IP injection and a tracheostomy was performed using polyethylene tubing (PE-240) to assist respiration. Direct cannulation of the right internal jugular vein using PE-10 tubing provided intravenous access through which vehicle 5% dextrose in water (D5W) was infused at 20 μl/min and averaged for all periods. Experiments were initiated at the same time each day (10:00 AM) to prevent any diurnal variation in blood pressure. Urinary Na^+ concentrations were measured using a flame photometer (Instrumentation Laboratory-943).

For the acute intrarenal Ang III or β-Pro^7^-Ang III infusion in the presence of systemic AT\textsubscript{1}R blockade, all studies involved a 2-kidney model where the right kidney served as a time control receiving RI infusion of vehicle D5W while the left kidney received RI infusions of pharmacological agents. Following a 1-h equilibration period in which vehicle D5W was infused into the RI space of each kidney, the following groups of rats were studied: (i) Ang III (n = 8): right kidney received RI infusion of D5W for five 30 min periods and the left kidney received RI infusion of Ang III (3.5, 7.0, 14.0, and 28.0 nmol/kg/min; each dose for 30 min; Bachem) following a 30 min RI infusion of D5W, based on previous studies [3–5]. (ii) Ang III ± PD (n = 6): right kidney received RI infusion of D5W for five 30 min periods and the left kidney received RI infusion of Ang III (3.5, 7.0, 14.0, and 28.0 nmol/kg/min; each dose for 30 min) + PD (10 μg/kg/min; Parke-Davis) following a 30 min RI infusion of D5W. (iii) β-Pro^7^-Ang III (n = 5): right kidney received RI infusion of D5W for five 30 min periods and the left kidney received RI infusion of β-Pro^7^-Ang III (3.5, 7.0, 14.0, and 28.0 nmol/kg/min; each dose for 30 min) following a 30 min RI infusion of D5W. (iv) β-Pro^7^-Ang III ± PD (n = 7): right kidney received RI infusion of D5W for five 30 min periods and the left kidney received RI infusion of β-Pro^7^-Ang III (3.5, 7.0, 14.0, and 28.0 nmol/kg/min; each dose for 30 min) following a 30 min RI infusion of D5W. (v) PD alone (n = 6): right kidney received RI infusion of D5W for five 30 min periods and the left kidney received RI infusion of PD (10 μg/kg/min) for four 30 min periods following a 30 min RI infusion of D5W. U\textsubscript{Na}\textsubscript{V} and MAP were measured for each period. At the completion of each experiment, rats were killed with Euthansol solution IP.
Protocol 3: Renal proximal tubule cell apical membrane and total cortical homogenate AT$_2$R protein expression following intrarenal Ang III or β-Pro$^7$ Ang III

Total cortical cell membrane preparation and Western blot analysis

This was prepared from 12 additional treated animals, as described below: Slices of kidney cortex (approximately 100 mg per kidney) were homogenized (Polytron setting 6, 3 × 5 s pulses) in detergent free homogenization buffer (10 mM Tris, 200 mM sucrose, 1 mM EDTA, pH 7.4) with Halt protease and phosphatase inhibitor cocktail (Thermo Scientific) and then centrifuged at 900 × g for 10 min at 4°C to remove cellular debris. The supernatant was removed and used for total protein quantification with a bicinchoninic acid (BCA) assay (Pierce). During the tissue preparation, equal samples of each treatment group were processed at the same time. Sodium dodecylsulfate (SDS) samples were prepared, separated by SDS-PAGE (10% Tris-HCl polyacrylamide gels; 40 μg of protein loaded per lane), and transferred onto a nitrocellulose membrane by electroblotting. Membranes were blocked in 5% milk in TBS with 0.1% Tween-20 (TBST$^1$) for 2 h at 4°C and then incubated overnight at 4°C with AT$_2$R antibody (Millipore; Cat # AB15554; 1:500) in 5% milk TBST$^1$. After three washes in TBST$^1$, membranes were incubated with HRP-conjugated anti-rabbit secondary antibody (GE Healthcare; Cat # NA934V; 1:2,500) in 5% milk TBST$^1$ for 2 h at room temperature (RT). After three washes in TBST$^1$, signals were detected using chemiluminescence with the ChemiDoc MP Imaging System, and band densities were measured with ImageJ software (NIH). The membranes were then stripped for 15 min (Restore Western blot stripping buffer; Thermo Scientific) and blocked in 5% milk TBST$^1$ for 1 h at 4°C. The membranes were then incubated with β-tubulin (Millipore; Cat # 05-661; 1:5,000) in 5% milk TBST$^1$ for 2 h at RT. After three washes in TBST$^1$, membranes were incubated with HRP-conjugated anti-mouse secondary antibody (GE Healthcare; NA931V; 1:2500) in 5% milk TBST$^1$ for 2 h at RT followed by the remaining Western procedure as stated above. All signals were normalized to β-tubulin expression.

Renal proximal tubule cell (RPTC) apical membrane isolation and Western blot analysis

One milligram of total protein was resuspended in 10 ml detergent-free homogenization buffer and incubated with 20 μg of biotinylated Lotus tetragonolobus agglutinin (LTA) lectin (Vector Laboratories; Cat # B-1325) on a 360° rocker for 2 h at RT. A 50% vol/vol slurry (20 μl) of Ultralink Neutravidin beads (Pierce) was then added and incubated on a 360° rocker for 30 min at RT. The beads were then pelleted and thoroughly washed with PBS using a microcentrifuge spin cup filter. The LTA affinity-attached membranes were eluted by incubating the beads in the spin cup filter with 200 μl of 2× sample buffer heated to 70°C for 10 min. During the immunoprecipitation procedure, equal samples of each treatment group were processed at the same time. The samples then underwent the Western blot procedure as described above. The membranes were incubated with AT$_2$R antibody (1:500) in 5% milk TBST$^1$ followed by HRP-conjugated anti-rabbit secondary antibody as mentioned previously. The membranes were then stripped for 15 min, blocked in 5% milk TBST$^1$ for 1 h at 4°C, and then incubated with the villin (Santa Cruz; Cat # sc-7672; 1:500) in 5% milk TBST$^1$ for 2 h at RT. The remaining Western procedure was followed as stated above using the HRP-conjugated anti-goat secondary antibody in 5% milk TBST$^1$ (Invitrogen; Cat # A16005; 1:2500) for 2 h at RT. All signals were normalized to villin expression, which is a RPTC brush border membrane marker.

In Vivo kidney perfusion and fixation procedure

At the conclusion of the experiment following the final RI infusion dose of either Ang III or β-Pro$^7$ Ang III (28.0 nmol/kg/min), the rat heart left ventricular cavity was cannulated and the rat was perfused with 40 ml of cold 4% sucrose in PBS followed by 40 ml of cold 4% paraformaldehyde (PFA) in PBS. The kidneys were sliced in half and placed in 4% PFA for 2 h at RT. The slices were rinsed 3× in PBS, immersed in 100 mM Tris-HCl for 30 min, and then rinsed 3× in PBS before being stored in 30% sucrose in PBS overnight at 4°C. The next day, the kidney slices were embedded in Tissue Tek OCT Compound in Cryomold vinyl specimen molds, placed at −20°C until frozen, and then stored at −80°C until processing. Cryostat thin sections (5–8 μm) were placed on Probe On Plus positively charged microscope slides through the University of Virginia Research Histology Core and immediately stained.

Confocal immunofluorescence microscopy

After the kidney sections had been spotted onto slides and washed with TBS, they were permeabilized with 0.2% Triton-X in TBS in TBS for 10 min. The sections were washed in TBS with 0.02% Tween-20 (TBST$^2$) and then blocked in 1% milk TBST$^2$ for 1 h at RT. The kidney sections were incubated with the primary antibodies AT$_2$R (1:100) and adaptor protein-2 (AP-2; Santa Cruz; Cat # sc-17771; 1:100) in 1% milk TBST$^2$ overnight at 4°C. After washing with
We examined the renal hemodynamic and excretory responses to acute intravenous administration of β-Pro²-Ang III in anesthetized male and female normotensive rats. Baseline values of MAP were similar between the male and female treatment groups (Table 1). Furthermore, MAP remained near baseline levels throughout the duration of the experiment in all of the male and female treatment groups (Figure 1A,D).

In males, RBF was similar between the three treatment groups at baseline (Table 1). Moreover, there was no significant change in RBF from baseline level in response to vehicle infusion. Conversely, RBF increased in response to β-Pro²-Ang III infusion in a dose-dependent manner (P_{Group} < 0.001 and P_{Dose} = 0.05 as compared with the male vehicle-treated group) (Figure 1B). At the highest dose of β-Pro²-Ang III administered, RBF was increased by 12.7 ± 2.3% in males as compared with baseline (P < 0.001). A reduction in renal vascular resistance (RVR)
Figure 1. Renal vasodilator effects of intravenous infusions of β-Pro7-Ang III
Percent changes from baseline for mean arterial pressure (MAP), renal blood flow (RBF), and renal vascular resistance (RVR) in male (A–C) and female (D–F) rats in response to intravenous infusion of β-Pro7-Ang III (7.5, 15, and 30.0 pmol/kg/min). Data are presented as mean ± SEM and were analyzed using repeated-measures ANOVA with Sidak’s post-hoc tests. *P < 0.05, **P < 0.01, ***P < 0.001 vs vehicle-treated rats; †P < 0.05, ††P < 0.01, †††P < 0.001 vs β-Pro7-Ang III + PD-treated rats; n = 8–13 per group. RBF values are expressed per gram of left wet kidney weight.

was also observed in the male β-Pro7-Ang III-treated group as compared with the male vehicle-treated group (P_{Group} < 0.01) (Figure 1C). However, the RVR response to β-Pro7-Ang III was not dose-dependent relative to the male vehicle-treated group levels (P_{Dose} = 0.1). The renal vasodilatory effects of β-Pro7-Ang III were abolished by co-administration of the AT2R antagonist, PD (P_{Group} = 0.001) (Figure 1B,C).
Figure 2. Effects of intravenous infusions of β-Pro7-Ang III on sodium excretion

Percent changes from baseline for (A) glomerular filtration rate (GFR), (B) filtration fraction (FF), (C) urine flow rate (UF), (D) sodium excretion (UNaV), and (E) fractional sodium excretion (FENa) in male (closed bars) and female (open bars) rats in response to intravenous infusion of β-Pro7-Ang III (30.0 pmol/kg/min). Data are presented as mean ± SEM and were analyzed using a two-way ANOVA using the factors sex ($P_{Sex}$), group ($P_{Group}$), and the interaction between sex and group ($P_{Interaction}$). $n = 6–9$ per group.

Similarly, RBF did not differ significantly between the female treatment groups at baseline (Table 1), and remained near baseline levels in response to vehicle treatment (Figure 1D). However, a significant and dose-dependent increase in RBF was seen in response to β-Pro7-Ang III infusion in female rats as compared with their vehicle-treated counterparts ($P_{Group} < 0.001$ and $P_{Dose} < 0.001$) (Figure 1E). At the highest dose of β-Pro7-Ang III administered, RBF was increased by 21.0 ± 1.9% in females, versus baseline ($P < 0.001$). The renal vasodilatory response to β-Pro7-Ang III in females was also reflected by a dose-dependent reduction in RVR, as compared with the female vehicle-treated group ($P_{Group} < 0.001$ and $P_{Dose} < 0.001$) (Figure 1F). Each of these effects in females was abolished by co-infusion of PD ($P_{Group} < 0.001$) (Figure 1E,F). Notably, the magnitude of the effects of β-Pro7-Ang III on RBF and RVR was greater in females as compared with males at the highest dose of β-Pro7-Ang III administered ($P < 0.01$).

Renal excretory function was examined during the baseline and 30 pmol/kg/min β-Pro7-Ang III treatment periods in a subset of rats. GFR, UF, and UNaV were similar between the male and female treatment groups at baseline (Table 1). In response to vehicle treatment in both male and female rats, there was a time-dependent reduction in GFR. A similar reduction in GFR was observed in response to β-Pro7-Ang III in both sexes ($P_{Group} = 0.3$) (Figure 2A). In turn, due to the observed changes in RBF and GFR, a greater reduction in filtration fraction was observed in response to β-Pro7-Ang III as compared with vehicle treatment ($P_{Group} = 0.009$) (Figure 2B). This effect was not dependent on sex ($P_{Interaction} = 0.7$) and was abolished by AT2R blockade with PD ($P_{Group} = 0.01$).

In both sexes, a time-dependent increase in UF, UNaV, and fractional sodium excretion (FENa) was observed in response to vehicle treatment (Figure 2C–E). UNaV and FENa were also increased in response to β-Pro7-Ang III in males and females, but to significantly greater extent as compared with the vehicle-treated rats ($P_{Group} = 0.02$ for UNaV and $P_{Group} = 0.04$ for FENa). There was also a trend for a significant increase in UF in the β-Pro7-Ang III-treated rats as compared with the vehicle-treated rats ($P_{Group} = 0.07$). Each of these responses to β-Pro7-Ang III was similar between the sexes ($P_{Interaction} = 0.6$ for UF and $P_{Interaction} = 0.5$ for UNaV and FENa) and was abolished in both males and females by co-infusion of β-Pro7-Ang III and PD (Figure 2C–E).
Renal response to acute intrarenal Ang III or β-Pro7-Ang III administration during systemic AT1R blockade

As shown in Figure 3A, RI infusion of Ang III increased UNaV throughout the range of infusion rates beginning at 3.5 nmol/kg/min (P < 0.01) and to a peak at 14 nmol/kg/min (P < 0.001). Overall, Ang III increased UNaV by 2.8-fold (F = 29.0; P < 0.0001) from baseline and time-control values. Concurrent intrarenal administration of AT1R antagonist PD abolished the increase in UNaV engendered by Ang III (F = 16.9; P < 0.0001). UNaV was lower in the Ang III + PD group compared with time control values (P = 0.031, F = 2.51). RI administration of β-Pro7-Ang III at the same molar concentrations as for Ang III also increased UNaV throughout the infusion periods (F = 10.9; P < 0.0001); this natriuretic response was also abolished by concurrent administration of PD (F = 11.3; P < 0.0001). The natriuretic response to intrarenal Ang III was significantly greater than to β-Pro7-Ang III (F = 3.4; P < 0.05). Intrarenal PD alone did not alter UNaV (P = NS). In response to β-Pro7-Ang III, UV increased from 1.05 ± 0.19 μl/min to 1.43 ±
Effects of Ang III and β-Pro7-Ang III on RPTC apical plasma membrane AT2R density

To determine whether AT2R activation with β-Pro7-Ang III induces similar receptor translocation to the apical plasma membranes of RPTCs as Ang III, we employed confocal immunofluorescence microscopy and lectin pull-down of RPTC apical plasma membranes followed by immunoblotting. Figure 4A–F illustrates the subcellular distribution of AT2Rs in a representative set of RPTCs after intrarenal right kidney vehicle (VEH), left kidney Ang III, or left kidney β-Pro7-Ang III infusion as determined by confocal immunofluorescence microscopy. Figure 4A,B shows the RPTC distribution of phalloidin (red) marking the apical plasma membrane and adaptor protein-2 (AP-2) (blue) marking the subapical region, respectively. Figure 4C demonstrates the subcellular distribution of AT2Rs (green) using an antibody (Millipore; Cat # AB1554) specific for AT2Rs as previously demonstrated by immunoblotting AT2R-null mouse adrenal glands that normally have a high degree of AT2R expression. Figure 4D,E at higher magnification of the area depicted in the respective box of Figure 4D shows merged phalloidin, AP-2, and AT2R images. Figure 4F depicts a higher power image of only AT2R staining in the brush border area, thus representing AT2R in the apical plasma membrane. This panel demonstrates substantially higher staining in the apical plasma membrane in response to both Ang III and β-Pro7-Ang III (P < 0.001 for both) quantitated in Figure 4G. As further corroborated by lectin pull-down of apical membranes followed by immunoblotting (Figure 4H), both Ang III and β-Pro7-Ang III increased apical plasma membrane AT2R density (P < 0.01 and P < 0.001, respectively) without changing total cortical homogenate AT2R protein expression (Figure 4I). The AT2R trafficking response to β-Pro7-Ang III was slightly higher, but not significantly different from Ang III.

Discussion

The present study demonstrates the ability of acute administration of the newly developed AT2R selective peptidomimetic ligand, β-Pro7-Ang III, to induce renal vasodilatory and natriuretic effects in normotensive rats. Notably, we showed that AT2R activation with β-Pro7-Ang III can promote significant natriuretic effects whether administered systemically or directly into the kidney. Moreover, the observed responses to β-Pro7-Ang III administration were abolished by AT2R blockade with PD confirming the AT2R-mediated nature of these effects. It was also observed that systemic administration of β-Pro7-Ang III induced greater renal vasodilatory effects in female versus male rats at the highest dose of β-Pro7-Ang III examined. These findings, therefore, support the use of β-Pro7-Ang III as a novel AT2R agonist and research tool for exploring AT2R function and the viability of this receptor as a therapeutic target, particularly since we have previously reported that this peptide did not exhibit off-target functional AT2R-mediated effects [8], unlike Ang III [8] or Compound 21 [14]. Moreover, our findings provide further evidence of a sex-specific influence of AT2R stimulation on renal function.

In the present study, we provided functional evidence for the ability of β-Pro7-Ang III to evoke AT2R-mediated effects in the kidneys, equivalent to that previously observed in response to the most widely studied AT2R agonist, Compound 21 [12]. First, we examined the RBF response to a graded systemic infusion of β-Pro7-Ang III. In both male and female rats, β-Pro7-Ang III significantly increased RBF, in doses that had no effect on arterial blood pressure. This renal vasodilatory response was also reflected by a significant reduction in RVR. Moreover, these renal vasodilatory effects were abolished in the presence of combined β-Pro7-Ang III and PD, supporting the role of the AT2R in these responses. As such, β-Pro7-Ang III-mediated vasodilator effects were also observed in conscious spontaneously hypertensive rats at doses similar to the highest dose employed in the current study, as well as 10-fold higher [8].

Systemic administration of β-Pro7-Ang III also modulated renal excretory function. At the highest dose of β-Pro7-Ang III administered, an increase in UrNaV in both male and female rats was observed, which was also PD-sensitive. In addition, a trend for an increase in UF in response to β-Pro7-Ang III administration was noted. These observations were seen in the absence of any significant change in GFR. Given the major increase in RBF in response to β-Pro7-Ang III administration, a significant reduction in filtration fraction was, therefore, observed. It is also likely that similar dilatory effects on both preglomerular and postglomerular arterioles resulted in increased RBF whilst GFR remained unchanged. Notably, similar findings were reported previously in response to a graded intravenous infusion of the non-peptide AT2R agonist, Compound 21, under similar experimental conditions [12]. These findings, therefore, suggest that the AT2R-mediated natriuresis (as induced by β-Pro7-Ang III and Compound

0.27, 2.27 ± 0.67, 3.36 ± 0.74, and 3.76 ± 1.04 μl/min (P = 0.035; F = 3.19). As shown in Figure 3B, there was no change in MAP in response to any of the infused agents (P = NS).
Figure 4. Effects of intrarenal infusions of \(\beta\)-Pro\(^7\)-Ang III or Ang III on subcellular distribution and receptor translocation of AT\(_2\)R in RPTCs

Confocal micrographs (600× magnification) showing AT\(_2\)R localization in renal proximal tubule cell (RPTC) thin sections (5–8 \(\mu\)m) after renal interstitial (RI) infusion of right kidney vehicle (VEH), left kidney angiotensin III (Ang III), right kidney VEH, and left kidney \(\beta\)-Pro\(^7\)-Ang III (\(\beta\)-Pro). As indicated, rows of images show a representative set of RPTCs from (top-to-bottom) from right kidney VEH, left kidney Ang III, right kidney VEH, and left kidney \(\beta\)-Pro treatment groups. As indicated, columns (left-to-right) depict brush border membrane staining with phalloidin (A), subapical area staining with adaptor protein-2 (AP-2) (B), AT\(_2\)R staining (C), merged image (D), enlarged merged image (4×) of the square section in (D and E) and enlarged image with only AT\(_2\)R staining of the brush border membrane area quantified for AT\(_2\)R (F). The encircled areas in (E and F) encompass brush border apical membranes quantified for AT\(_2\)R intensity. Scale bars in the first and sixth columns represent 10 and 2 \(\mu\)m, respectively. (G) Quantification of RPTC apical membrane AT\(_2\)R fluorescence intensity performed on six RPTCs with four measurements per cell from one rat for right kidney right kidney VEH, left kidney Ang III, right kidney VEH, and left kidney \(\beta\)-Pro treatments. Panels (H and I) depict Western blot analysis of AT\(_2\)R in RPTC apical membranes and total cortical homogenate, respectively, after the same treatments (\(N = 5\) for each condition). RPTC apical membrane signals were normalized to villin, a brush border apical membrane marker. Total cortical homogenates were normalized to \(\beta\)-tubulin. Data represent mean \(\pm\) 1 SE. **\(P < 0.01\) and ***\(P < 0.001\) from respective control kidney (right kidney)

21) is associated with changes in renal tubular sodium handling, rather than simply by changes in renal hemodynamic function, as we have explored in detail previously [12].

The findings of the present study also provide further evidence in support of a sex-specific role for the AT\(_2\)R in the regulation of renal function since renal the vasodilator response to \(\beta\)-Pro\(^7\)-Ang III was greater in females than males at the highest dose of \(\beta\)-Pro\(^7\)-Ang III examined. Moreover, the reduction in RVR in response to \(\beta\)-Pro\(^7\)-Ang III was dose-dependent in female rats but not male rats. However, the increases in \(U_{\text{Na}}V\) observed in both males and females in response to \(\beta\)-Pro\(^7\)-Ang III were not dependent on sex. These findings also corroborate our previous findings using the non-peptide AT\(_2\)R agonist, Compound 21 [12], and substantiate our previous reports, and that of others, that the
role of the AT2R in the renal vasculature is enhanced in females [13,15,16]. As we have discussed in detail elsewhere [1,17,18], the sex-specific role of the AT2R is likely attributable to direct effects of gonadal hormones and genes encoded on the sex chromosomes. In this regard, it is well established that estrogen modulates components of the RAS, shifting the balance toward the protective AT2R arm in females. Moreover, it has also been demonstrated that the RAS is differentially regulated by sex chromosomes. Genes encoding the AT2R, in addition to other RAS components including angiotensin converting enzyme 2, are located on the X chromosome. In comparison, testosterone and the Y chromosome shift the balance of the RAS toward the AT1R arm of the RAS [18].

To provide further insight into the renal-specific effects of AT2R stimulation with β-Pro7-Ang III, we compared the acute natriuretic response to a graded intra-renal infusion of Ang III and β-Pro7-Ang III against a background of systemic AT1R blockade as we have routinely done in previous studies [3–6,8]. Certainly, it is well established that the AT2R is highly expressed within the adult kidney, particularly in the proximal tubule [19,20]. Moreover, it was first demonstrated by Carey and colleagues that AT1Rs inhibit sodium reabsorption within the kidney and that Ang III, as opposed to Ang II, is the predominant endogenous agonist for AT2R-mediated natriuresis [3–6]. However, it was identified that the natriuretic actions of intrarenal Ang III were only evident against a background of systemic AT1R blockade, unless Ang III metabolism was inhibited using an aminopeptidase N inhibitor [6]. Consequently, in the present study we examined the impact of intrarenal Ang III and β-Pro7-Ang III administration during concurrent AT1R blockade, although this was not performed in males. In agreement with previous findings, Ang III promoted natriuresis at each dose administered. Moreover, intrarenal administration of β-Pro7-Ang III, at the same molar concentrations as for Ang III, produced significant natriuretic effects, albeit to a significantly lesser extent than Ang III. Furthermore, the natriuresis induced by both Ang III and β-Pro7-Ang III was seen in the absence of any change in arterial pressure, and was abolished by direct intrarenal infusion of the AT2R antagonist, PD. While these experiments were conducted during AT1R blockade (to minimize potential AT1R stimulation by Ang III), β-Pro7-Ang III did evoke vasodilator and natriuretic effects in the first experimental protocol in the absence of AT1R blockade.

Finally, we demonstrated that AT2R activation with β-Pro7-Ang III evoked AT2R translocation from intracellular sites to the apical plasma membranes of RPTCs. AT2R trafficking to apical plasma membranes almost invariably accompanies natriuresis in response to intrarenal AT2R activation [21–23]. Recent studies have demonstrated that AT2R trafficking to apical plasma membranes is mediated through protein phosphatase 2A pathway and is likely a mechanism for sustaining AT2R responses to prolonged agonist stimulation [24,25]. This trafficking mechanism is effective in making AT2Rs available on the apical plasma membrane because, at least in RPTCs, the receptors do not internalize due to their inability to bind β-arrestin [26,27]. Indeed, in the present study β-Pro7-Ang III-induced AT2R trafficking to RPTC apical plasma membrane was similar to that of Ang III or to effects evoked by Compound 21 in analogous studies suggesting that this is a class effect of AT2R agonists [21–23]. Collectively, these observations also support the notion that the natriuretic response to systemic administration of β-Pro7-Ang III is likely mediated by renal AT2R activation, given that both systemic and intrarenal β-Pro7-Ang III treatment produced significant natriuretic effects in the two experimental models. The AT2R-mediated natriuretic effects were of a similar magnitude between the two models although higher doses of peptides were administered directly into the kidney, which reflects the fact that Ang peptide levels are often up to 1000-fold higher in kidney than plasma [28–30]. The effects of β-Pro7-Ang III were also blocked by PD, which has been the standard AT2R antagonist used in this field, although it is worth noting that PD was recently reported to inhibit the MasR and Mas-related G-protein coupled receptor type D (MrgD), both of which are stimulated by Ang(1–7) [31]. We have previously reported that β-Pro7-Ang III was not inhibited by the MasR antagonist A-779 [8]. However, a limitation of the present study was that we did not test β-Pro7-Ang III against the putative MrgD antagonist, D-Pro7-Ang(1–7) [31]. At present, there are no validated MrgD-binding assays to determine any potential binding at this site for β-Pro7-Ang III or indeed for any other AT2R ligands, including Compound 21. Therefore, while it cannot be stated unequivocally that β-Pro7-Ang III or even Compound 21 do not bind to other alternative sites, we are confident that β-Pro7-Ang III, at least, is a highly selective AT2R agonist since we have shown it has >20,000-fold AT2R selectivity over AT1Rs. In addition, the vasodilator effects of this peptide were absent in vascular tissue obtained from AT2R knockout mice and were blocked by PD but not by the MasR antagonist A-779 [8].

In conclusion, the present study provides functional evidence to support the β-amino acid substitution approach to design and synthesize novel selective AT2R peptide ligands from Ang III. Importantly, we showed that our in vitro evidence of selectivity of β-Pro7-Ang III for the AT2R [8] translated into functional agonist activity in the kidney, and that these effects were similar to those of Ang III with respect to natriuresis and AT2R trafficking in RPTCs, in agreement with equi-effective in vivo vascular effects reported previously for these two peptides [8]. Moreover, the fact that β-Pro7-Ang III and Compound 21 evoked similar systemic and renal vascular effects, together with natriuretic effects [8,12,14] suggests that these are ‘class’ effects due to AT2R activation. β-Pro7-Ang III, therefore, represents
a novel AT2R-selective peptidomimetic ligand and is an ideal candidate for future investigation into the functional relevance of the AT2R as a therapeutic target. Moreover, targeting the AT2R may be of greater cardiovascular benefit in females.

**Clinical perspectives**

- We recently developed a highly selective AT2R peptide ligand, β-Pro7-Ang III, using the β-amino acid substitution approach. The present study was undertaken to provide further functional evidence in vivo for the suitability of β-Pro7-Ang III as a novel research tool for probing AT2R function and the therapeutic potential of the AT2R.

- Acute administration of β-Pro7-Ang III induced renal vasodilatory and natriuretic effects in both male and female normotensive rats; similar to that previously reported in response to the widely studied AT2R agonist, Compound 21. AT2R activation with β-Pro7-Ang III promoted significant natriuretic effects whether administered systemically or directly into the kidney that were associated with AT2R translocation to the apical plasma membranes of RPTCs. The renal vasodilatory effects of β-Pro7-Ang III were greater in female versus male rats at the highest dose of β-Pro7-Ang III examined.

- Our findings provide supportive evidence for the use of β-Pro7-Ang III as a novel AT2R agonist and research tool for exploring AT2R function and the viability of this receptor as a therapeutic target. Our findings also provide further supportive evidence of a sex-specific influence of pharmacological AT2R stimulation on renal function, warranting further studies into the sex-dependent cardioprotective effects of AT2R agonist therapy.

**Competing Interests**
The authors declare that there are no competing interests associated with the manuscript.

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**Author Contribution**

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**Abbreviations**
Ang III, angiotensin III; ANOVA, analysis of variance; AT1R, angiotensin type 1 receptor; AT2R, angiotensin type 2 receptor; CAND, candesartan; FENa, fractional sodium excretion; GFR, glomerular filtration rate; IP, intra-peritoneal; MAP, mean arterial pressure; PD, PD123319; RAS, renin–angiotensin system; RBF, renal blood flow; RI, renal interstitial; RPTC, renal proximal tubule cell; RT, room temperature; RVR, renal vascular resistance; UF, urine flow rate; UNaV, urinary sodium excretion.


