

Gender Differences In Post-MI Remodeling

Dissertation zur Erlangung des akad. Grades:

Doktor der gesamten Heilkunde

an der Medizinischen Universität Wien

Eingereicht von:

Michael Bauer

Unter der Anleitung von:

Univ. Doz. Dr. Bruno K. Podesser

Ludwig Boltzmann Cluster für Kardiovaskuläre Forschung

März 2007

Abstract

Background: Gender and sex-specific differences have been described in the process of post-MI remodeling leading to congestive heart failure. The cause for this differences still remain unknown. The aim of this study was to elucidate the sex-specific differences in post-MI gene-expression profile and to correlate them with morphology, hemodynamics and endothelial function.

Methods: MI was induced in male and female Sprague-Dawley rats using coronary ligation. Seven, 21 and 42 days post-MI animals were sacrificed and examined morphologically. Hemodynamic measurements were made 21 and 42 days post-MI prior to sacrifice. Gene-expression profiling was conducted 7 and 42 days post-MI together with assessment of endothelial function.

Results: Females showed faster development of hypertrophy and hemodynamic dysfunction compared to males. Endothelial function analysis revealed no endothelial dysfunction for both sexes 7 and 42 days post-MI. EDHF induced vasodilation was upregulated in both sexes at 7 days and remained upregulated in females 42 days post-MI. Gene-expression profiling showed similar patterns at 7 days for both sexes although sex-specific targets were activated. At 42 days post-MI sex-specific differences were observed in the pattern of gene-expression.

Conclusion: Gender-specific differences were observed in all parameters evaluated. These differences are highly time-dependent. The main difference observed was a difference in velocity rather than quantity or quality of the response.

Zusammenfassung

Hintergrund: Sowohl klinische als auch experimentelle Studien haben geschlechts-spezifische Unterschiede im Prozess des post-MI remodelings beschrieben. Die Ursachen für diese Unterschiede sind weitgehend unbekannt. Das Ziel dieser Studie war es geschlechts-spezifische Unterschiede im Gen-Expressions-Profil nach Myokardinfarkt zu beschreiben und diese mit hämodynamischen, morphologischen Parametern und der Endothelialen Funktion zu korrelieren.

Methoden: Mittels koronarer Ligatur wurde in männlichen und weiblichen Sprague-Dawley Ratten ein Myokardinfarkt erzeugt. Nach 7, 21 und 42 Tagen wurden die Tiere sakrifiziert und morphologisch untersucht. Hämodynamische parameter wurden nach 21 und 42 Tagen vor der sakrifizierung bestimmt. Sieben und 42 Tagen post-MI wurde das Gen-Expressions-Profil mittels GeneChips erhoben sowie die Endothel-Funktion untersucht.

Ergebnisse: In Weibchen war eine schnellere Entwicklung der Hypertrophie sowie der Reduktion der hämodynamischen Parameter zu beobachten. Die Analyse der Endothel-Funktion zeigte keine endotheliale Dysfunktion an beiden Zeitpunkten. Die EDHF abhängige vasodilatation war nach 7 Tagen in beiden Geschlechtern hochreguliert und blieb in Weibchen hochreguliert 42 Tage nach dem Myokardinfarkt. Das Gen-Expressions-Profil zeigte ein ähnliches Muster in beiden Geschlechtern 7 Tage post-MI, jedoch wurden in beiden Geschlechtern spezifische Targets aktiviert. Nach 42 Tagen zeigten sich Unterschiede im Muster der Gen-Expression.

Schlussfolgerung: Es wurden in sämtlichen erhobenen Parametern geschlechts-spezifische Unterschiede beobachtet. Diese waren stark vom Zeitpunkt abhängig. Der grösste Unterschied war nicht im Ausmass der Reaktion auf den Myokardinfarkt zu sehen, sondern in der Geschwindigkeit der Entwicklung der Herzinsuffizienz.

Contents

1	Introduction	5
1.1	Gender in Medicine	5
1.1.1	History of Gender in Medicine	5
1.1.2	Gender Differences in Cardiovascular Diseases	7
1.2	Congestive Heart Failure	8
1.2.1	Definition	8
1.2.2	Epidemiology	8
1.2.3	Etiology	8
1.3	Post MI Remodeling	10
1.3.1	Definition	10
1.3.2	Epidemiology of MI	11
1.3.3	Etiology of MI	11
1.3.4	Inflammatory Response	11
1.3.5	Neurohumoral Response	13
1.3.6	Morphological Changes	14
1.3.7	Extracellular Matrix Remodeling	15
1.3.8	Endothelial Dysfunction	18
1.3.9	Molecular Remodeling	19
1.4	Gender Differences in Heart Failure	20
1.4.1	Epidemiology	20
1.4.2	Etiology	21
1.4.3	Morphology	21
1.4.4	Haemodynamics	22
1.4.5	Neurohumoral Factors	22
1.4.6	Management	22
1.4.7	Prognosis	24
1.4.8	The Role of Sex-Hormones	24
1.4.9	Molecular Mechanisms	25
1.4.10	Animal Models of Gender Differences in CHF	26

1.5	Aim of this Study	27
2	Material & Methods	28
2.1	Study population	28
2.1.1	Animal Care	28
2.2	Coronary Ligation	29
2.3	In-Vivo Examinations	29
2.3.1	Echocardiography	29
2.4	Ex-Vivo Examinations	30
2.4.1	Morphology	30
2.4.2	Endothelial Function	30
2.4.3	Histology	31
2.5	Gene Expression Profiling	31
2.5.1	GeneChip Analysis	31
2.5.2	RNA Extraction	31
2.5.3	Expression Profiling	32
2.5.4	Data Analysis	32
2.6	Statistics	33
3	Results	34
3.1	Morphology	34
3.1.1	Animal Characteristics	34
3.1.2	Infarct Size	34
3.1.3	Morphology of the Heart	34
3.1.4	Congestion	39
3.2	Echocardiography	39
3.3	Endothelial Function	44
3.4	Histology	48
3.5	Gene Expression Profiling	48
3.5.1	Seven Days post-MI	48
3.5.2	42 Days post-MI	49
3.5.3	Changes in Time	50
4	Discussion	55
4.1	Morphology	55
4.2	In-Vivo Hemodynamics	56
4.3	Endothelial Function	57
4.4	Gene-expression profiling	57
4.5	Assembling the Pieces	59

4.6	Limitations of this Study	60
4.7	Conclusion	60
A	Appendix	78
A.1	Acknowledgments	78
A.2	Disclaimer	79
B	Geneexpression Tables	80
B.1	Probesets significantly changed comparing mS7 vs. mM7	80
B.2	Probesets significantly changed comparing fS7 vs. fM7	93
B.3	Probesets significantly changed comparing mS42 vs. mM42	112
B.4	Probesets significantly changed comparing fS42 vs. fM42	118
C	License	132
C.1	Definitions	132
C.2	Fair Use Rights	133
C.3	License Grant	133
C.4	Restrictions	134
C.5	Representations, Warranties and Disclaimer	135
C.6	Limitation on Liability	135
C.7	Termination	135
C.8	Miscellaneous	136

This Work is licensed with a creativecommons license:

©©CreativeCommons Attribution 2.5

You are free:

- to copy, distribute, display, and perform the work
- to make derivative works
- to make commercial use of the work

Under the following conditions:

- **Attribution.** You must attribute the work in the manner specified by the author or licensor.
- For any reuse or distribution, you must make clear to others the license terms of this work.
- Any of these conditions can be waived if you get permission from the copyright holder.

Your fair use and other rights are in no way affected by the above.

The full legal text of the license can be found online^[1] and in the Appendix

Chapter 1

Introduction

1.1 Gender in Medicine

1.1.1 History of Gender in Medicine

Until the end of the 1980s the gender or sex of patients was not regarded an important factor in general medical diagnostics and therapy. Most medical studies included male patients only or didn't focus on differences between the genders[2, 3]. Certain doctors even postulated it to be not good scientific practice to focus on these differences[2]. The turning point of interest towards gender specific medicine is clearly revealed when doing statistics on the medline database. With the help of the online tool medline trend[4] a quick research on the number of articles indexed by the medline database was made. As can be seen in figure 1.1 an increase in the number of published articles matching the keyword 'gender differences' around the year 1990 happened. In fact in three years from 1988 to 1991 the number of articles about gender specific medicine doubled. And the number of articles is still rising. However, the important point is not only the absolute number of published articles. Figure 1.2 shows the percentage of entries matching the keyword 'gender differences'. The same increase around the year 1990 is seen but due to an increase in articles, the percentage of matching articles stayed at a stable level around 0.35%. The World Health Organization acknowledged the thematic by founding a "Gender Working Group" in 1996[5]. This working group defined the differences between gender and sex as follows: Sex is determined by biological and physiological characteristics of an individual, whereas gender refers to the socially constructed role an individual lives in. Gender differences do exist in medicine in all possible fields. Differences have been described in management of patients, presentation of symptoms, epidemiology, etiology and risk factors, pathophysiology and finally in the clinical outcome of

Figure 1.1: Absolute number of matching articles

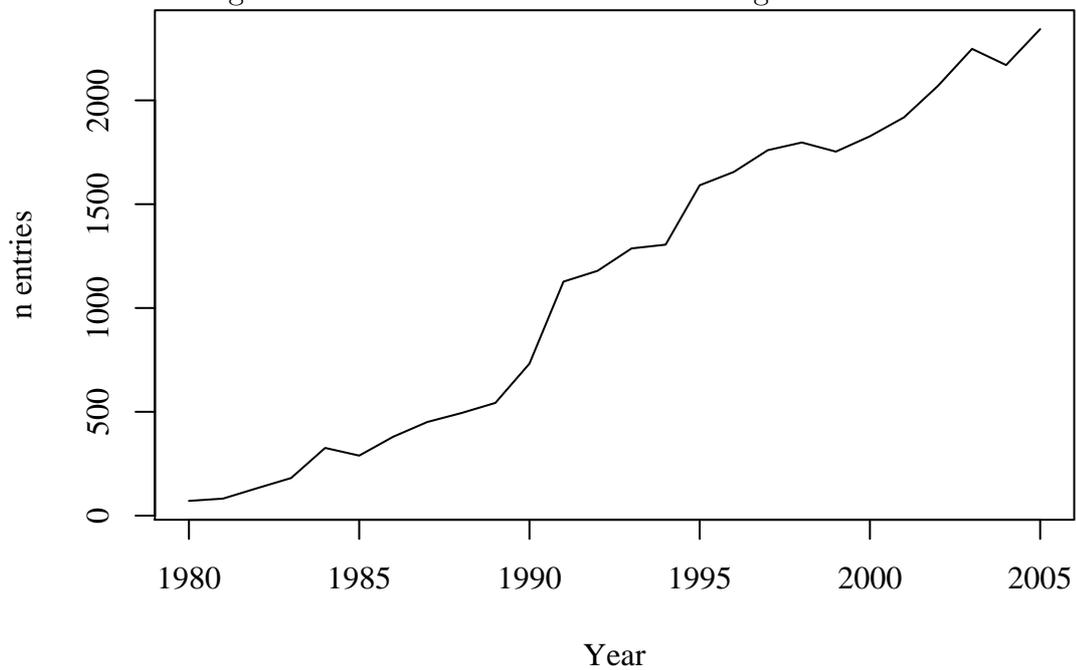
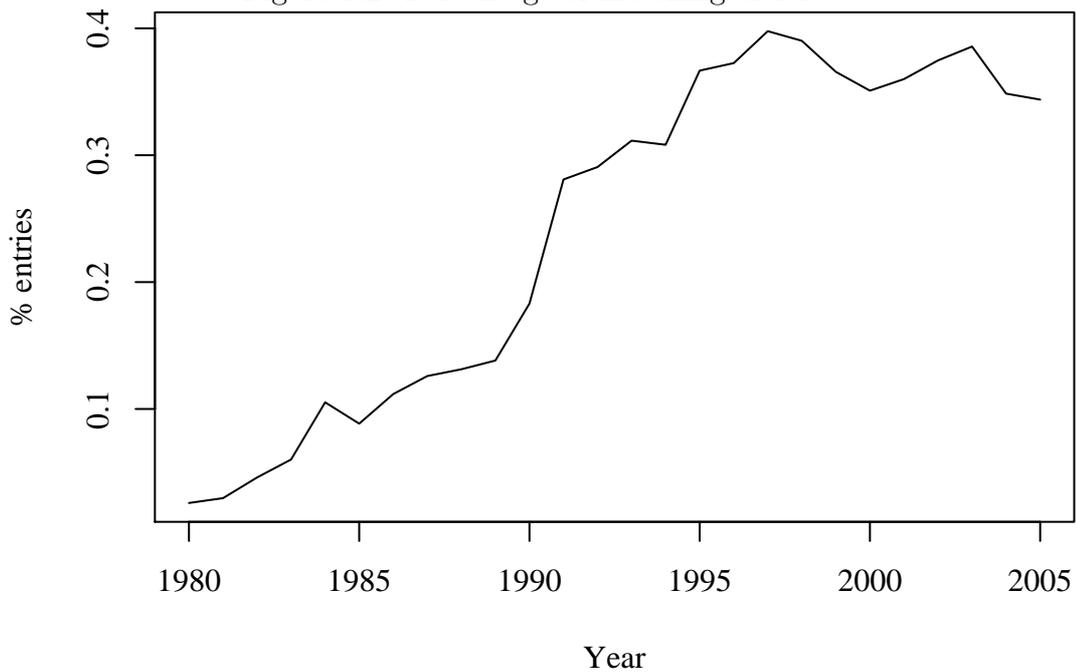


Figure 1.2: Percentage of matching articles



different diseases[2]. This diverse factors provide an additional challenge to the examination of gender differences. In clinical studies it often is not clear whether the described differences is caused by the gender or by other factors, like different management of women compared with men. And finally doctors themselves when treating a patient subconsciously differentiate between women and men.

1.1.2 Gender Differences in Cardiovascular Diseases

Despite the common misconception that cardiovascular diseases (CVD) are no major health problems in women[6] they are the major causes of death in both genders. CVDs were the cause of death in 45% of males and 58% of females in Europe in the year 2002. Ischaemic heart disease accounted for 53% of males and 44% of females who died from cardiovascular diseases. Whereas more woman than men died from cerebrovascular diseases (32% vs. 26%). The incidence of cardiovascular diseases increases with age[7, 8]. Mortality from cardiovascular events decreased overall in Europe, but when the decrease was analyzed by gender men showed greater decrease than women[9]. The onset of cardiovascular diseases in women is usually around 10 years later as it is in men[10]. However when it comes to stroke this difference in age shrinks to only 4 years[11, 12]. Despite their older age women suffering from stroke tend to have a better survival rate at 1 year than men, this is even more pronounced the older the patients get[12]. Interestingly studies described a worse neurologic outcome for women who suffered from stroke compared to men.[13]

There are not only differences in the epidemiology of CVDs between the genders but there are also differences in the response to therapy. In 2005 Ridker et al. showed that low dose aspirin showed no significant reduction of the risk of myocardial infarction in females while it showed a significant reduction of risk in males. Furthermore when it came to stroke, low dose aspirin showed a significant reduction of risk in females, while it showed a non significant increase of risk in men.[14]. And a subgroup analysis of the Digitalis Investigation Group trial revealed a higher mortality for women receiving digitalis compared to placebo, whereas there was no difference in men[15]. However gender-specific differences in therapy of CVDs are not well established yet and need further research.

1.2 Congestive Heart Failure

1.2.1 Definition

Congestive heart failure used to be defined as a clinical syndrome which involves failure of the heart as a pump and leads to congestion of blood in the venous system. This furthermore leads to orthopnea and edema. As the heart is not only mechanically impaired recent definitions include molecular changes as the one by Katz used in this thesis, which describes heart failure as *a clinical syndrome in which heart disease reduces cardiac output, increases venous pressures, and is accompanied by molecular abnormalities that cause progressive deterioration of the failing heart and premature myocardial cell death*[16]. This definition unites the two different failures seen in the clinical syndrome of heart failure. Forward failure, the failure to maintain cardiac output, and backward failure, the failure to remove the blood of the venous system. The two failures are equivalent with the two cardiac dysfunctions seen in clinical life. Systolic dysfunction equals forward failure, where the ejection fraction of the heart is lower than 60% and leads to the clinical symptoms of general weakness and fatigue. Diastolic dysfunction is the impairment of ventricular filling in the diastole and equals backward failure which leads to edema and dyspnea. Finally it describes the progressive nature of this disease leading to a high mortality.

1.2.2 Epidemiology

In the USA around 5 Million people suffer from congestive heart failure[17]. In Europe a similar prevalence rate can be observed[18]. Due to the better survival of patients with heart diseases the overall prevalence of heart failure is still rising. This makes congestive heart failure a major health burden. In Europe heart failure is a diagnosis for 24% of patients admitted to a hospital. Survival rates after the onset of congestive heart failure are comparable to malignomas with 5 year survival rates of 25-38%[19].

1.2.3 Etiology

Heart failure is the endpoint of several cardiovascular diseases. The most common etiologies can be seen in table 1.1. To understand the mechanisms which lead to heart failure it is important to conceive the work done by the heart. Basically, two different kinds of work are performed by the heart: external and internal heartwork. External heartwork is determined by the work done on expelling the blood, this is to push and accelerate a certain amount of blood against the

Table 1.1: etiologies by importance

Etiology	Percentage
Coronary heart disease	36
Unknown / idiopathic	34
Hypertension	14
Valve disease	7
Atrial fibrillation or flutter	5
Pulmonary Hypertension	2
Alcohol	2

derived from Cowie et al.[20]

periphery resistance. This can be described by the following formula.

$$W = w \times R + \frac{w \times v^2}{2} \quad (1.1)$$

Where W is the work done, w is the weight of the expelled blood, R is the total systemic resistance and v is the velocity of the expelled blood. The second part of this equation ($\frac{w \times v^2}{2}$) is a lot smaller than the first part, therefore it is often ignored and as systemic resistance can be measured using mean arterial pressure and the weight of expelled blood is dependent on the volume expelled, the formula for external heart work breaks down to[21]:

$$W \approx V \times P \quad (1.2)$$

Internal heartwork is the work done by the heart in isovolumetric contraction: raising the pressure inside the ventricle to a level above diastolic blood pressure so blood can be expelled. The formula for this work can be deduced from Laplace's law[22, 23]:

$$P = T \times \left(\frac{1}{R_1} + \frac{1}{R_2} \right) \quad (1.3)$$

Where P is the pressure inside an hollow object, T is the wall tension and R_1 and R_2 are the main radii of this object. The work done in isovolumetric contraction is raising the pressure without raising the volume. Furthermore the radii are determined by the volume of blood inside the ventricle. Assuming the heart is a sphere the formula for internal heart work can be simplified to:

$$W \approx \frac{dP \times \sqrt[3]{V}}{dt \times 2\pi} \quad (1.4)$$

There is a third kind of work done by the heart described in 1957 by Burton[23] it is keeping the wall tension. This is often abbreviated as the tension \times time index. Here again tension, deduced from Laplace's law (equation 1.3) is determined by pressure and volume. This illustrates the following fact: The work done by the heart, be it internal, external heartwork or tension \times time, is determined by volume and pressure.

This leads to three possible mechanisms heart failure can evolve: Volume overload, pressure overload or mixed volume and pressure overload. Volume overload as induced by insufficiency of cardiac valves leads to a higher blood volume transported. Pressure overload as pulmonary or aortic stenosis and systemic or pulmonary hypertension leads to a higher afterload where the heart needs to perform more work in order to eject the same volume of blood. And finally there is the mixed volume and pressure overload as in myocardial infarction[24]. All three result in a higher workload the heart and as a consequence to adverse remodeling and the failure to eject the required amount of blood.

1.3 Post MI Remodeling

1.3.1 Definition

The event of a myocardial infarction (MI) has tremendous impact on the cardiovascular system. Due mechanical overload, inflammatory and neurohumoral response the heart enters a process of adaptation to the loss of contractile myocardium. This process is commonly called Post-MI remodeling. It involves both the transition of the infarcted area into a solid scar as well as changes to the non-infarcted myocardium. At first the understanding of Post-MI remodeling was limited to the mechanic processes and to the morphometric changes following the increased load of the remaining myocardium. It was suggested that decreasing the load on the heart by decreasing the afterload would attenuate post-MI remodeling and therefore reduce hypertrophy and heart failure[25]. Studies using pharmacologic drugs only reducing afterload showed that this is not a sufficient strategy. A more complex view of post-MI remodeling evolved and the importance of the cardiac fibroblasts and the extracellular collagen matrix was recognized[26].

Today post-MI remodeling is seen as a process involving both mechanical, inflammatory and neurohumoral response to the stimulus of myocardial infarction.

1.3.2 Epidemiology of MI

The incidence of myocardial infarction is higher in men than in women. The Rotterdam Study calculated an incidence of 12.6 per 1000 person years for men while it is only at 6.7 per 1000 person years for women aged 55 or older. This includes both recognized as well as not recognized myocardial infarction. Women tend to be older when the first MI occurs than men and they tend to have more unrecognized myocardial infarctions than men (54% in women vs. 33% in men)[27]. Mortality in the first 30 days post-MI ranges between 7.4% to 11.1%[28]. One year mortality post-MI is significantly higher in woman than men[29, 8]. Of patients surviving MI more women than men develop congestive heart failure [8].

1.3.3 Etiology of MI

The most common cause of MI is coronary heart disease (CHD). Common risk factors for CHD include: Smoking, hypertension, dyslipidaemia and diabetes mellitus. Therefore they are common risk factors for myocardial infarction. Other risk factors include prior MI, family history of MI and recent angina pectoris. Women tend to have more hypertension and more often congestive heart failure at the onset of MI whereas men tend to have a higher percentage of smokers and patients with prior MI[29, 30].

1.3.4 Inflammatory Response

The stimulus of ischemia leads to an activation of the inflammatory system in the myocardium finally resulting in the immigration of leukocytes into the exposed territory. A first description of inflammation following ischemia and myocardial infarction in an animal model was made in 1899 by Baumgarten[31]. Since then progress has been made to understand this complex process. The benefit of inflammation in myocardial healing has been questioned leading to studies trying to improve the prognosis of myocardial infarction by inhibiting inflammatory reaction. The failure of these studies showed the importance of inflammation on scar formation and remodeling in the injured area[32].

Cytokine Cascade Activation

The trigger activating the cytokine cascade after an ischemic event is not yet known. However there is evidence for the involvement of cardiac mast-cell degranulation in the early phase of this cascade[33]. Mast-cells have the ability to degranulate as a reaction to different stimuli. The ones involved in this process

probably are the complement system and the formation of reactive oxygen species. The postulated mechanism of complement activation in the early phase of ischemia prior to myocardial necrosis is direct activation of complement factor C3[34].

Furthermore when myocyte necrosis occurs phospholipids of mitochondrial membranes of cardiomyocytes like cardiolipin are able to activate the complement system via cleavage of C1[35]. Another mechanism to trigger cardiac mast-cell degranulation are reactive oxygen species formed by the endothelium in ischemia and to a larger extent in reperfusion[36, 37], as well as by neutrophils immigrating into the area at risk[38].

Cytokines

The above factors lead to a degranulation of mast-cells located in cardiac tissues primarily along vessels[33]. This mast-cells express TNF- α constitutively and release it among other mediators when they degranulate. TNF- α is a central cytokine in inflammatory response in myocardial ischemia and reperfusion[39, 40]. It is not only formed by macrophages but also by cardiac myocytes[41]. Its central role in post-MI inflammation and remodeling is shown by the variety of effects this cytokine has: Transgenic mice overexpressing TNF- α develop dilated cardiac myopathy[42] as well as hypertrophy[43], it induces apoptosis in cardiac myocytes[44], it is negative inotrope[45, 46], it leads to an inflammatory activation of cardiac myocytes[47, 48] as well as endothelial cells[39] leading to an expression of adhesion molecules. The latter leads to an immigration of neutrophils and monocytes into cardiac tissue.

In the process of post-MI remodeling inflammatory activation of both cardiac myocytes and fibroblasts spreads over the whole organ cytokines as TNF- α and IL-1 β are expressed in non-infarcted myocardium[41, 49, 50, 51]

Immigration of Inflammatory Cells

Activated and attracted by numerous cytokines produced in inflammatory response neutrophils and monocytes immigrate into myocardial tissue. If reperfusion was established immigration spreads over the whole area at risk, whereas when the nurturing vessel remains closed immigration starts at the borderzone advancing towards the middle of the ischemic area[31]. Neutrophils and monocytes are attracted by several chemotactic factors produced during ischemia, as the ones produced in complement activation[34, 52]. Furthermore cardiac mast-cells and myocytes release MCP-1 a factor with chemotactic effects on monocytes[39, 48]. Both neutrophils and monocytes help to establish a

surrounding for fibroblast proliferation and extracellular matrix remodeling in order to facilitate the formation of a solid scar[39, 53].

1.3.5 Neurohumoral Response

Catecholamines

The activation of the sympathetic nervous system occurring as a reaction to decreased output and systemic blood pressure after myocardial infarction and the consequent release of norepinephrine and epinephrine was the first neurohumoral activation described. Several studies describe an significant increase in plasma norepinephrine and epinephrine levels post-MI although using only small sample sizes[54, 55, 56, 57, 58, 59, 60, 61]. There seems to be a strong correlation of norepinephrine levels with left ventricular dysfunction.[58, 60, 61] as well as with infarction size[57]. The increase in both epinephrine and norepinephrine is most pronounced in the hours immediately after myocardial infarction and returns to normal levels in the subsequent days[58]. However a correlation of catecholamine excess and prognosis could be observed[55, 57] leading to a better understanding of remodeling towards heart failure and the inclusion of β -blockers in standard therapy of patients suffering from myocardial infarction[62].

Renin-Angiotensin-Aldosterone System

Another neurohumoral system activated in myocardial infarction is the renin-angiotensin-aldosterone system. Both low renal blood perfusion as well as sympathetic activity lead to a release of renin, which activates angiotensinogen to angiotensin I. The latter is further converted by angiotensin converting enzyme (ACE) into angiotensin II, the biologically most effective metabolite. Besides raising periphery vascular resistance it causes excretion of aldosterone of the adrenal glands. Several studies showed elevated serum renin activity in patients with acute MI[57, 58, 60, 61, 63]. As a consequence of elevated renin activity angiotensin II and aldosterone levels increase[58, 63]. Although there is a positive correlation of norepinephrine and renin plasma levels in acute myocardial infarction[63], plasma levels of renin remain high and even increase in patients showing left ventricular dysfunction after myocardial infarction whereas norepinephrine levels tend to decrease to normal levels[58, 60]. Similar to norepinephrine renin plasma levels correlate with infarct size[57] and patients with complicated course show higher renin plasma levels than those without complicated course[57, 63]. Furthermore there is evidence for a autocrine secretion of angiotensin II by cardiac myocytes as a reaction to stretch[64]. This findings

lead to the inclusion of ACE-inhibitors as well as angiotensin II and aldosterone blockers into standard therapy of post-MI heart failure[62].

Vasoactive Peptides

Vasoactive Peptides are another class of components reacting in post-MI remodeling. One of the first discovered was vasopressin. Its plasma levels are markedly increased following myocardial infarction[58, 60, 61, 65, 66, 67] and show significant correlation with both norepinephrine and renine levels[65]. It returns to normal 10 days post MI[58, 60]. However since there are no good non peptide antagonists for its receptors yet, vasopressin antagonism didn't make its way into the therapy of post-MI heart failure[67].

Another prominent pair of vasoactive peptides is atrial natriuretic peptide and brain natriuretic peptide. Plasma levels of both are elevated post-MI as well as in heart failure[61, 68]. Lacking both the understanding of pathophysiology as well as selective blockers, these peptides are only used for prognosis[69] and diagnosis[70].

The third group of vasoactive peptides responding to myocardial injury is the group of the endothelins. Vasoconstrictive peptides produced mainly by endothelial cells. The isoform predominantly active in cardiovascular system is endothelin-1[71]. Myocardial infarction leads to elevated plasma levels of endothelin-1 as well as its precursor big-endothelin-1[68, 71, 72, 73]. Its plasma levels return to normal about one week after myocardial infarction[72]. Endothelin-1 levels are increased in patients with congestive heart failure[74] and seem to have prognostic value[75]. However clinical trials with endothelin-1 receptor antagonists (both unselective and selective endothelin A receptor blockers) showed dissappointing results. This might be caused by too late onset of therapy[76].

1.3.6 Morphological Changes

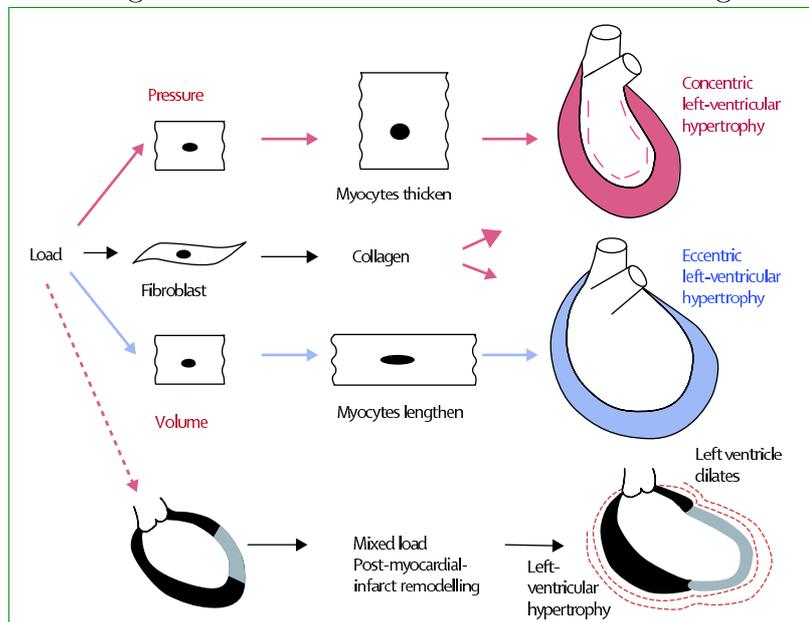
The changes to the shape of the heart following myocardial infarction can be explained by it's pathophysiology. If oxygen and substrates are cut cardiac myocytes become unable to do their work. One of the works done by cardiac myocytes is to maintain wall tension (see subsection 1.2.3). If cardiomyocytes cease to maintain this tension, it is determined by the whole tissue, which has higher elasticity than active cardiomyocytes. As a consequence dilation and thinning of the ischemic myocardium occurs. This has been described as myocardial infarct expansion[77, 78]. Subsequently the volume increases, resulting in increased wall stress and higher workload on the rest of the myocardium

according to Laplace's law (equation 1.3). The latter can be transformed into[22]:

$$P = k \times n \times \left(\frac{1}{R_1} + \frac{1}{R_2} \right) \quad (1.5)$$

Where k is the tension per unit and n is the number of units. As the tension per unit can only vary in a certain range the only adaption possible is the increase of units[23]. This increase is observed as hypertrophy of the ventricular walls. The major morphological changes observed post-MI are infarct expansion, ventricular dilation and hypertrophy of the non-infarcted myocardium[24].

Figure 1.3: Patterns of ventricular remodeling

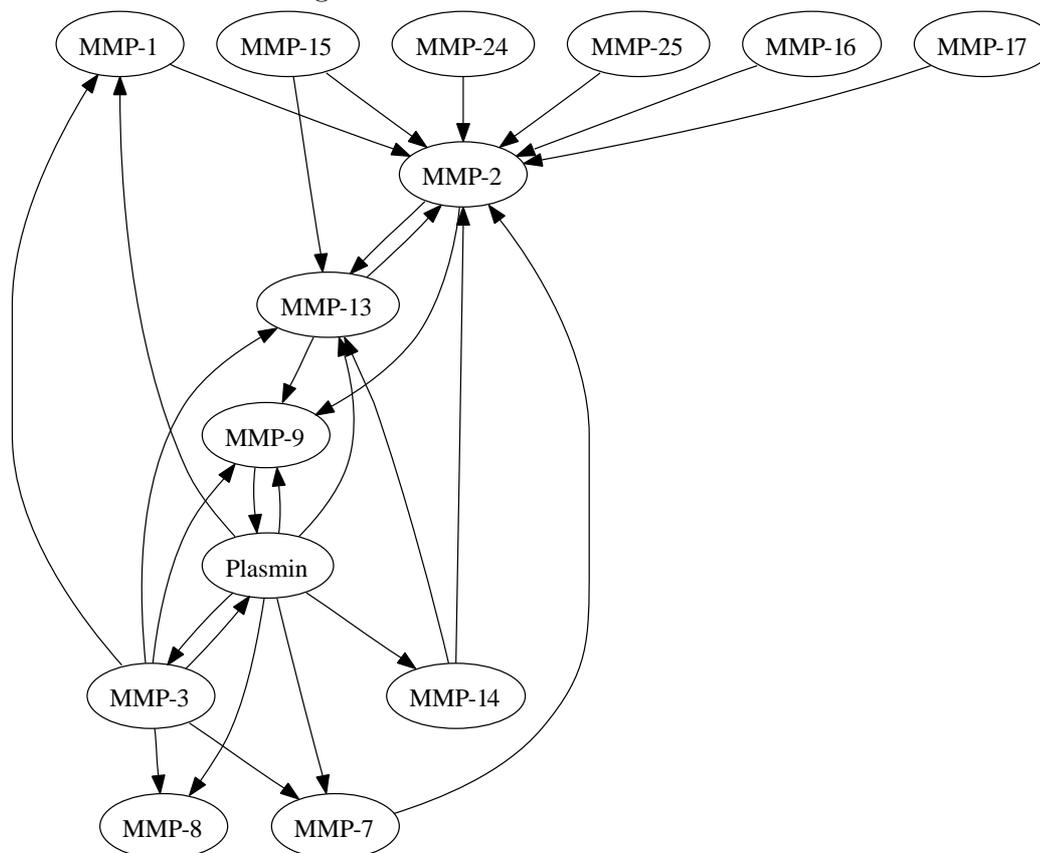


derived from Opie et al. 2006[24]

1.3.7 Extracellular Matrix Remodeling

The concept of the heart as a muscle often masked the fact that the heart not only consists of cardiac myocytes. In the recent years focus shifted onto the extracellular matrix. The main proteins in the hearts extracellular matrix are collagens and the importance of these collagen fibers arranged around cardiomyocytes has been acknowledged. Collagen has several functions: It acts as a lateral connection between cells and muscle bundles and coordinate the delivery of force generated by those. And their tensile strength is an important factor in keeping the shape of the heart and wall thickness[79]. Collagen I is the primary collagen and accounts for 85% of the collagens in healthy myocardium, whereas collagen III the second most frequent collagen accounts for only 11%[79]. After a

Figure 1.4: Mutual MMP activation



MMPs and their mutual activation. Derived from [83]

myocardial infarction a process of collagen remodeling starts in both the infarcted as well as the non-infarcted tissue[80, 81]. This process of accelerated collagen generation and degradation is an important factor in myocardial infarct expansion and ventricular dilation[79, 80, 81] and as a consequence myocardial pump-failure[82]. Degradation of collagen accomplished by a set of Zinc containing proteases the matrix metallo-proteases (MMPs). An overview about MMPs known today and their substrates can be found in table 1.2. Most MMPs are secreted as proenzymes and activated as well as degraded via proteolysis by MMPs, plasmin or other proteases[83]. An overview of the mutual activation of MMPs can be found in figure 1.4. The regulation of proMMP synthesis is influenced by numerous factors present in myocardial infarction[84]. ProMMP synthesis is increased by inflammatory mediators such as $\text{TNF-}\alpha$ [84, 85] and $\text{IL-1}\beta$ [84]. Interestingly precursors of both factors are substrates to MMPs and therefore cleaved when MMP activation occurs[86, 87]. Furthermore collagen turnover is accelerated by factors of the neurohumoral response such as angiotensin-II[88, 89, 90], aldosterone[88], norepinephrine[91, 92] and endothelin-1[84, 93].

Table 1.2: MMPs and their substrates

Enzyme	MMP Classification	Substrate	Activated by
Collagenases			
Collagenase-1	MMP-1	Collagens (I,II,III,VII,X), gelatin, tenascin, enactin	MMP-3, -10, plasmin, kallikrein, chymase
Collagenase-2	MMP-8	Collagens (I,II,III,VII,X), gelatin	MMP-3, -10, plasmin
Collagenase-3	MMP-13	Collagens (I,II,III,IV,IX,X,XIV), gelatin, tensascin-c, fibronectin	MMP-2, -3, -10, -14, -15, plasmin
Collagenase-4	MMP-18	Not Known	Not Known
Gelatinases			
Gelatinase A	MMP-2	Collagens (I,IV,V,VII,X,XI,XIV), gelatin, elastin, fibronectin, laminin, tenascin-C	MMP-1, -7, -13, -14, -15, -16, -17, 24, -25
Gelatinase B	MMP-9	Collagens (IV,V,VIII,X,XIV), gelatin, elastin, fibronectin	MMP-2, -3, -13, plasmin
Stromelysins			
Stromelysin 1	MMP-3	Collagens (III,IV,V,IX), gelatin, fibronectin, laminin, tenascin-C	Plasmin, kallikrein, chymase, tryptase
Stromelysin 2	MMP-10	Collagens (III,IV,V), gelatin, elastin	Elastase, cathepsin G
Stromelysin-3	MMP-11	laminin, fibronectin, gelatin, collagen IV	Furin
Membran type MMPs			
MT1-MMP	MMP-14	Collagens (I,II,III), elastin, fibronectin, gelatin, laminin, large tenascin-C	Plasmin, furin
MT2-MMP	MMP-15	Large tenascin-C, fibronectin, laminin	Not Known
MT3-MMP	MMP-16	Collagen III, gelatin, fibronectin	Not Known

Derived from Chakraborti et al.[83] and Creemers et al.[94].

MMP activity is antagonized by a set of proteins called tissue inhibitors of matrix metallo-proteinases (TIMPs). There are several TIMPs with different affinity to different MMPs[94]. As expected TIMP synthesis is altered by the stimulus of myocardial infarction[81, 95]. Furthermore TIMP-1 deficiency leads to an exacerbation of post-MI extracellular matrix remodeling[96, 97]. This led to the hypothesis that attenuating extracellular matrix remodeling via inhibition of MMPs is beneficial. This has been proved by inhibiting nuclear factor κ b (NF- κ b) a transcription factor mediating both collagen and MMP transcription[98, 99, 100]. Furthermore direct MMP inhibition showed the same results[101, 102, 103]. However extracellular matrix remodeling is not only detrimental. It is even needed in order to form a solid scar. Thus starting MMP inhibition immediately after myocardial infarction leads to a higher incidence of cardiac rupture[104]. Thus extracellular matrix remodeling is seen as beneficial in the early stage of post-MI remodeling and turns out to be detrimental later on. This accentuates the importance of timepoint in pharmacologic therapy post-MI.

1.3.8 Endothelial Dysfunction

Endothelial dysfunction is not only etiology of myocardial infarction, as in arteriosclerosis, but also a consequence, in the form of secondary endothelial dysfunction. The interest in this secondary endothelial dysfunction rose as it was reported in patients with congestive heart failure[105, 106]. Experimental heart failure seems to be a good model to study this secondary endothelial dysfunction isolated from any other influences. However these experiments show diverging results. This inconsistency can partly be explained by differences in examined vessel[107, 108, 109]. Another source of divergence is the different strains used for experiments. Experiments using Sprague-Dawley rats reported no significant endothelial dysfunction post-MI [109, 110] whereas many others using thoracic aortal rings of Wistar rats reported a significant reduction of endothelial dependent relaxation[111, 112, 113, 114]. As secondary endothelial dysfunction is thought to evolve secondary to heart failure, the timepoint of experimentation is also crucial[111].

The pathophysiology of secondary endothelial dysfunction is not yet clear. One of the suggested mechanisms is superoxide formation. Two studies of the group lead by Bauersachs showed increased superoxide formation in thoracic aortal rings 8 and 10 weeks post-MI[113, 114]. The addition of superoxide dismutase partly restored endothelial dysfunction[113]. Furthermore they reported an increased expression of eNOS and iNOS post-MI[113, 114]. Interestingly this finding is contradicted by Smith et al. using a rapid pacing model of heart failure in

dogs[115]. Teerlink et al. tried to link post-MI endothelial dysfunction to renin-angiotensin-aldosterone system activation. However they only found weak correlation of RAAS-activity and endothelial dysfunction[111]. Nevertheless studies using ACE inhibitors showed improved post-MI endothelial function especially when combined with aldosterone antagonists[108, 114, 116]. This is of specific interest as there is one report showing that aldosterone induces acute endothelial dysfunction in vivo[117].

Another focus of interest are the different pathways involved in endothelium dependent vasodilation. As usual the results here are contradicting. There was no study reporting differences in prostacyclin dependent endothelial function. Interestingly there seem to be differences in endothelium derived hyperpolarization factor dependent vasodilation. Malmjö et al. reported an up-regulation of EDHF dependent vasodilation post-MI[118]. This finding was contradicted by Gschwend et al. showing a decrease in EDHF while NO dependent vasodilation remained the same concluding that post-MI endothelial dysfunction is due to diminished production of EDHF[112]. However due to the limited availability of reports on secondary endothelial dysfunction the underlying mechanisms and pathophysiologic consequences are not yet clear.

1.3.9 Molecular Remodeling

Post-MI remodeling not only involves cellular hypertrophy and stimulation of extracellular matrix remodeling. In the recent years the focus has switched to distinct regulation of myocyte protein regulation. These changes are frequently summarized as molecular remodeling. It involves the transcription of fetal proteins, isoform switches and regulation in proteins important for electromechanic coupling.

The stimuli of diverse neurohumoral and growth factors seem to stimulate fetal protein expression in cardiac myocytes. Yue et al. reported *c-myc*, an oncogene usually expressed during the proliferative phase of fetal heart development, which is induced by a variety of growth factors and mechanical stress, to be up-regulated 1 and 7 days post-MI in a rat model of coronary ligation[119]. In the same work they reported *c-fos* another oncogene to be unchanged at all points measured[119].

This finding was contradicted by Gidh-Jain et al. using the same model of experimental ischemic heart failure who reported *c-fos* to be up-regulated 3 and 21 days post-MI[120]. Furthermore *tenascin-C*, an extracellular matrix protein important in fetal development and wound-healing, is expressed post-MI[121]. Another interesting process is the switch towards the expression of fetal isoforms of certain proteins. Gidh-Jain et al. found a switch from the α_2 - towards the α_3 -Isoform of $\text{Na}^+\text{-K}^+$ ATPase, the fetal form of murine $\text{Na}^+\text{-K}^+$ ATPase[120].

Furthermore they reported a switch towards β -myosin-heavy-chain, representing the fetal isoform of myosin-heavy-chain in rats[120]. According to that this switch in MHC isoforms has been reported in human failing hearts. It is to note that β -MHC are already the predominant isoform in non-failing adult human myocardium. However a change in ratio between α - and β -MHC is to be seen comparing non-failing and failing human myocytes[122, 123, 124].

The observation of frequent arrhythmias in post-MI failing hearts lead to the hypothesis of changes in electromechanic coupling and electrophysiology in post-MI remodeling. The changes in electrophysiology can be linked to changes in the expression of ion channels[125]. This include changes in K^+ -Channels[126] and Na^+ -Channels[127]. Furthermore Ca^{++} handling seems to be disturbed. This was frequently linked to SERCA2a malfunction and subsequent Na^+ - Ca^{++} -Exchanger up-regulation[128, 129, 130, 131]. This up-regulation seems to have a role in diastolic function[130].

The development of GeneChip[®] technology lead to the possibility of genome-wide transcription analysis and the comparison of gene-expression profiles of failing and non-failing hearts[132, 133]. Using this approach it is possible to achieve a systematic overview of gene-expression patterns in certain diseases as well as identification of interesting and critical targets.

1.4 Gender Differences in Heart Failure

Although there seems to be no gender-specific difference in incidence[20], there are differences in many other factors determining congestive heart failure.

Gender-specific differences have been reported in: Etiology, morphology, ventricular function, neurohumoral factors, management and finally prognosis[134].

1.4.1 Epidemiology

As described above there is no difference in incidence and prevalence of CHF.

However women tend to be older at the onset of congestive heart failure than men[135, 136, 137, 138]. Thus the prevalence of heart failure in women older than 75 years is higher than in men of the same age[134, 18]. Studies evaluating gender differences in risk factors showed quite clearly that more men than women had the history of smoking or were current smokers[136, 137, 138, 139]. Hypertension as mentioned above was more common in women. When it comes to diabetes mellitus the situation remains unclear. Some studies report no difference in the prevalence of diabetes mellitus[135, 136, 138, 140] while others report a higher prevalence of

diabetes in women with congestive heart failure[137, 139]. The same applies to adipositas where a higher incidence either in women[137], in men[139] or no significant difference in BMI between men and women[138, 140] has been reported.

1.4.2 Etiology

Table 1.1 shows the rate of etiologies described by Cowie et al. Although they differentiated between men and women in incidence they didn't examine if there are gender specific differences in etiologies[20]. However these have been described by numerous other studies[135, 136, 137, 138, 139, 140, 141]. Ischaemic heart disease as in coronary heart disease and MI is the most common etiology for heart failure only in men. Several studies showed independently that a higher percentage of men suffering form heart failure has a history of ischaemic heart disease compared to women[135, 136, 137, 138, 139, 140, 141]. If ischaemic heart disease is split up into patients with a history of MI and such with coronary heart disease without the record of MI both of the groups still show a higher prevalence in men[135, 137]. Interestingly it seems like, although MI has a higher prevalence in male patients with heart failure, more women than men develop heart failure post MI[8]. However this is not yet well examined. When it comes to systemic hypertension the situation looks opposite. More women than men suffering from congestive heart failure have a history of hypertension. It is the most common etiology for HF in women in several studies[136, 137, 139, 140] while others only reported a significantly higher systemic blood pressure in women[138] or it is not the most common etiology although it is more frequent in women than men[135]. Idiopathic heart failure and heart failure secondary to valvular diseases seems to be more common in women than men[140].

1.4.3 Morphology

Morphological differences in failing hearts have been subject of both experimental as well as clinical research. Hypertrophy as an index parameter for failing hearts showed no difference in most clinical studies[142, 143, 144] while others reported more hypertrophy in male hearts[145, 146]. Experimental studies showed similar results, most experimental studies reported no difference in hypertrophy markers between male and female animals[147, 148, 149, 150] while others reported a more pronounced hypertrophy in females[151]. The most striking difference however is not seen in the magnitude of hypertrophy but in the geometry of hypertrophe ventricles. In general women showed more concentric hypertrophy with smaller end-diastolic and end-systolic diameters whereas men tend to have highly dilated

ventricles[142, 144, 146]. Garavaglia et al. compared pre and post-menopausal women and found the mentioned difference only in pre-menopausal women[142] which suggest involvement of female sex hormones in the process of remodeling.

Experimental studies support these findings[147, 148, 149, 150].

1.4.4 Haemodynamics

The differences in morphology between the genders finally result in a difference in ventricular function. Studies evaluating left ventricular function in both men and women showed coherent results. Besides the smaller end-systolic and end-diastolic diameters female patients also showed a preserved ejection fraction in most studies[135, 136, 137, 142, 146, 152, 153]. However some studies showed no difference in ejection fraction between the genders[138, 139, 141]. In studies separating patients with preserved and reduced left ventricular systolic function a significantly higher percentage of women was observed in the preserved function group[145, 154, 155]. The latter suggests a higher incidence of diastolic dysfunction in women. However studies describing the gender differences in patients with diastolic dysfunctions are missing.

1.4.5 Neurohumoral Factors

Luchner et al. examined ANP and BNP serum levels in male and female patients with preserved and reduced left ventricular systolic function and described gender specific differences. Men with preserved left ventricular systolic function showed significantly lower ANP and BNP serum levels compared to women. In patients with reduced left ventricular systolic function men showed higher ANP and BNP levels than women. There was a significant difference in ANP and BNP levels in male when comparing preserved with reduced left ventricular systolic function. In women when comparing the same groups there was no significant increase in ANP and BNP levels.[145]. Another study by Smith et al. examined endothelin-1 serum levels post-MI on ovariectomized rats. They observed a significant increase in endothelin-1 serum levels in rats receiving estrogens, while in those receiving placebo there was no significant increase. This suggests gender differences in neurohumoral response in congestive heart failure.

1.4.6 Management

Some of the studies mentioned above recorded medication of their patients and described differences in medication between the genders. There seemed to be no

difference in the prescription of β -blockers between men and women[135, 137, 156, 157, 158]. Interestingly there were gender differences in the prescription for ACE-Inhibitors. Some studies reported a higher rate of prescription among male patients[135, 138, 139, 158] while others reported no significant difference in prescription rates for ACE-Inhibitors[136, 137, 140, 156, 157, 159]. Acetylsalicylic acid (ASA) or other platelet inhibiting drugs were more frequently prescribed in males[135, 137, 138, 139, 140, 158] probably due to a higher prevalence of coronary heart disease in male patients. Only one study so far reported no difference in the prescription rate for ASA[156]. A less coherent situation is to be found in the prescription rates of diuretics, studies reported no difference[140, 138, 156, 158, 157] higher[137, 139] or lower[135, 159] prescription rate in women. No difference has been described in the prescription of digitalis as positive inotropic drug in several studies[135, 136, 140, 138, 139, 157, 158] while some studies showed a higher prescription rate in women[135, 159] or in men[156]. There seem to be differences in the prescription rates in genders but the results are too incoherent to allow a general statement.

There are not only differences in the prescription of drugs but there seem to be differences in the efficacy of certain drugs. Pharmacologic studies showed differences in the pharmacodynamics of ACE-Inhibitors[160] and β -blockers[161].

A clinical trial showed no survival benefit for women receiving ACE-Inhibitors[162]. This might be accounted to the low number of women included in the trial. However several other studies showed little or no gender-specific difference in survival[163, 164, 165] and finally, a meta analysis of several ACE-Inhibitor trials showed no survival difference between men and women[166] receiving ACE-Inhibitors. Although there seem to be gender specific differences in pharmacodynamics, clinical trials using β -blockers showed no significant difference in survival between men and women[139, 167] receiving therapy. Rathore et al. published a subgroup analysis of the Digitalis Investigation Group trial in 2002 showing a significant increase in mortality of women receiving digitalis compared to men, where no significant differences in mortality between placebo and treatment were observed[15]. Further clinical trials providing reasonable subgroup analysis and including a reasonable number of female patients would be necessary to elucidate the impact of gender onto the efficacy of certain medical therapies. Furthermore there is difference in the diagnostic procedures used: The only studies recording data if echocardiography was performed in patients reported that echocardiography is less frequently performed in women compared with men[137, 157].

1.4.7 Prognosis

As described above congestive heart failure has a mortality comparable to several malignomas. The Framingham heart study reported a mean survival after onset of congestive heart failure of 1.66 years for men and 3.17 years for women[19]. This shows another striking difference between genders. Women seem to have a better prognosis showing less mortality after onset of heart failure[135, 136, 137, 139, 140, 141]. However when an analysis was performed concerning the different etiologies, this difference vanishes in the group with ischemic etiology[135, 136, 140, 141]. Furthermore the CIBIS II trial where there was no significant difference in the percentage of patients with a previous MI showed no significant difference in survival between men and women receiving placebo[138]. Only one study reported no significant influence of etiology on gender specific survival differences in heart failure[139]. Thus it seems like the benefit in survival is due to the lower percentage of women with a history of MI. As women present with better left ventricular systolic function the question arises if systolic function has the same value as a predictor of mortality in men and women. Martínez-Sellés et al. reported no difference in mortality in women with preserved compared with women with reduced left ventricular systolic function whereas men showed a significant lower mortality with preserved left ventricular function[137]. In contrary Ghali et al. reported left ventricular ejection fraction to be a stronger predictor of mortality in women compared to men[136]. Thus the influence of the interaction between gender and left ventricular systolic function on prognosis remains unclear.

1.4.8 The Role of Sex-Hormones

Ever since the discovery of estrogen receptors in the heart[168] sex hormones were accounted for the sex specific differences in heart failure. Subsequently their effects on the cardiovascular system was a major focus of experimental research. This is supported by the later onset of cardiovascular diseases in women in a post-menopausal age[10]. As a logical consequence hormone replacement therapy was said to be beneficial to the prognosis of cardiovascular events. In 1998 the HERS research group published the results of the first multicentric double blind placebo controlled study showing no significant effect of estrogen replacement on the primary outcome if administered after the onset of coronary artery disease[169].

Numerous experimental studies evaluated the effect of estrogen on both volume[170, 171, 172] and pressure[173, 174, 175] overload heart failure. While studies with pressure overload models reported a beneficial effect of estrogen on

hypertrophy[173, 174, 175] studies using myocardial infarction models reported increased hypertrophic response with estrogen replacement[171, 172]. Pelzer et al. evaluated the effect of estrogen receptor- β on post-MI remodeling and reported a non-significantly higher mortality in ER- β knock out mice[170], in contrast to this van Eickels et al. showed a significantly higher mortality post-MI in mice receiving estrogen replacement therapy[171]. This correlates with the clinical finding of higher mortality in younger women suffering from MI[176, 177]. Furthermore the differential effect of estrogen on different models of heart failure correlates with the findings in prognosis of heart failure reported above. The current data suggest positive influence of estrogen and thereby female gender on pressure overload heart failure and little or even negative effect of estrogen on volume overload heart failure.

1.4.9 Molecular Mechanisms

Not only the effect of sex hormones on heart failure and cardiac remodeling leading to heart failure are of interest, the molecular mechanisms leading to these differences are another major topic of research. Studies focusing on gender related differences in apoptosis of failing hearts report a reduced number of apoptotic cells in both human[178] as well as experimental heart failure[171, 179]. This seems to be associated to estrogens[171, 179].

Gender specific differences have been reported too in intracellular Ca^{++} concentration regulation in both human[180] as well as rodent cardiac myocytes[170, 181, 182]. Myocytes of male failing hearts showed an increase in phospholamban, an inhibitor to the cardiac isoform of the sarcoplasmic Ca^{++} -ATPase (SERCA2a), whereas these of female failing hearts showed no increase[180] this seems to be mediated by estrogen[170]. SERCA2a concentrations were reported to be higher in female failing hearts by one study[181]. A study examining healthy myocytes showed a significant decrease of the SERCA2a to phospholamban ratio in ovariectomized rats[182]. This results suggest an influence of estrogen on intracellular Ca^{++} regulation in failing hearts.

Neurohumoral response and its effects is another field of interest to explain gender differences in failing hearts. Bridgman et al. examined the interaction of sex and genotype in ATII type 1a receptor knock-out mice on post-MI myocyte hypertrophy and found that female ATII type 1a receptor knock-out mice showed significantly reduced myocyte sizes, whereas there was no difference in male knock-out mice compared to correlating wild type mice[183]. This suggests a gender specific response to angiotensin stimulation post-MI. Smith et al. examined expression of endothelin 1 receptors post-MI on ovariectomized rats. They

described a 3-fold increase in ET_b receptor mRNA in placebo treated animals while there was no increase in the group treated with estrogens comparing MI with sham operated groups[184]. Knowing the influence of neurohumoral factors on fibrocytes and extracellular matrix formation differences in neurohumoral response might show differences in extracellular matrix proteins. Cavasin et al. focused on extracellular matrix remodeling post-MI and reported a significantly higher matrixmetalloproteinase 2 activity in males 7 days post-MI[148]. If this result is confirmed by other studies in the future this could be another factor of gender differences in failing hearts.

Weinberg et al. researched gender specific differences in the genomic response to pressure overload in rats and reported that first, males tend to have a higher number of targets differentially transcribed to the stimulus of aortic banding than females, and second, the number of targets differentially transcribed in both males and females is small[147]. Thus suggests a differential regulation of transcription in male and female hearts following the same stimulus. Thus a differential regulation of gene transcription could be one of the possible mechanisms leading to gender specific differences in congestive heart failure.

1.4.10 Animal Models of Gender Differences in CHF

A variety of experimental models of congestive heart failure exist. Most of them are well suited to evaluate sex-specific differences. Some of them are constitutive models like spontaneous hypertensive rats developing heart failure due to pressure overload. Others are surgical models like coronary ligation or transverse aortic constriction for volume and pressure overload respectively. The third large group is transgenic models of heart failure in mice, where single genes are knocked out or overexpressed and transgenic animals develop constitutive heart failure. A nice overview can be found in a review by Vanoli et al.[185].

Two different approaches exist for the evaluation of sex-specific differences. First studying the influence of sex hormones with models of gonadectomy and consequent replacement of sex hormones and second a physiological approach where sex hormone status remains untouched. Most of the studies limit the gonadectomy to ovariectomy and subsequent estrogen replacement to study the effect of estrogens on development of congestive heart failure[174, 175, 172]. Only a few groups do evaluate both the effect of estrogen and testosterone, using gonadectomy and subsequent replacement of sex hormones[186]. A special case of sex-hormone studies are transgenic models of sex hormone receptor knock outs.

Pelzer et al. used estrogen receptor- β knock out mice to study the influence of estrogen on post-MI remodeling with a coronary ligation model[170]. Other groups

prefer models of physiologic sex-hormone function to get a general overview over sex-specific differences without focus on sex hormone effects. This has been done in models of MI[148], transverse aortic constriction[181], salt-sensitive hypertension[187] or coronary ligation[188]. Jain et al. used this way and combined myocardial infarction with salt-sensitive rats for a model of combined volume and pressure overload[149]. Furthermore a variety of transgenic models of heart failure showed sex-specific differences and have been evaluated both in physiologic state as well as with gonadectomy and sex-hormone replacement. An extensive review of gender-specific differences in transgenic mouse models has been published by Du[189].

1.5 Aim of this Study

The Aim of this study is to evaluate gender-specific differences in post-MI hypertrophy and cardiac function using a physiologic sex-hormone status. Furthermore to elucidate gender-specific differences in secondary endothelial dysfunction and to correlate this findings with gene-expression analysis.

Chapter 2

Material & Methods

2.1 Studypopulation

Nine week old male ($300\pm 50\text{g}$) and female ($250\pm 50\text{g}$) adult Sprague-Dawley rats were obtained from the Besondere Einrichtung für Biomedizinische Forschung, Abteilung für Labortierkunde und -genetik (Himberg, Austria). Animals were separated into 6 groups according to table 2.1. Each of the groups containing both male and female individuals.

2.1.1 Animal Care

Animals were housed in an air-conditioned room with a 12/12 hours day/night cycle given free access to water and standard rat chew. All experiments were approved by the local committee for ethics and animal trials and conducted according to the *Guide for the Care and Use of Laboratory Animals* published by the US National Institute of Health (NIH publication No. 85-23, revised 1985).

Table 2.1: Studygroups

Followup days	Infarcted		Sham-Operated	
	male	female	male	female
7	16 (mM7)	16 (fM7)	12 (mS7)	12 (fS7)
21	10 (mM21)	10 (fM21)	6 (mS21)	6 (fS21)
42	16 (mM42)	16 (fM42)	12 (mS42)	12 (fS42)

2.2 Coronary Ligation

Myocardial Infarction was induced in the MI groups using the technique described by Pfeffer et al.[190]. Rats were anesthetized using xylazine (1mg/100g bodyweight) and ketamine (10mg/100g bodyweight) received intratracheal intubation with a fine polyethylene tube and were mechanically ventilated using a Bigler animal respirator(Bigler KTR-1, Bigler Gmbh, Mauerbach, Austria) using a mixture of oxygen and room air. Isoflurane (0.2%) was added to the oxygen-air mixture.

A left lateral thoracotomy was performed in the fourth intercostal space. The pericardium was opened, the left anterior descendent artery (LAD) visualized and ligated using a prolene[®] 6-0 suture. The area at risk was clearly visible by change in coloration of the anterior left ventricular wall. If necessary a second suture was placed to reach the desired infarct size. The chest was closed using a 3-0 Vicryl[®] suture after evacuation using a polyethylene cannula. Isoflurane supply was stopped and the skin sutured. The Rats were placed into a monitoring cage and as soon as they awakened they were extubated, received a subcutaneous injection of 3mg piritamid and placed in their original cage. Sham operated animals underwent the same procedure except the ligation of the LAD. The perioperative mortality in the first 48h was below 30%. No animals died during the follow up period.

2.3 In-Vivo Examinations

2.3.1 Echocardiography

To record in-vivo hemodynamic data echocardiography was performed at 21 and 42 days prior to sacrificing the animals. Rats were anesthetized with xylazine (1mg/100g BW) and ketamine (10mg/100g BW). The left half of their thorax was shaved and they were placed on their left in order to provide the best access for ultrasonography. Echocardiography was performed using a commercially available 7.5MHz standard pediatric transducer connected to a computer console (Sontron Vingmed CFM 800, Vingmedsound Als, Horten, Norway) by an experienced echosonographer. Phased array technology with a spatial resolution of 0.2mm was used.

Parasternal short axis view was used to measure left ventricular (LV) dimensions. As soon as good image quality of the mid-papillary level had been obtained in B-Mode, LV dimensions at end-systole (ESD) and end-diastole (EDD) were measured using M-Mode. Fractional shortening (FS) was calculated using the formula displayed in equation 2.1. Measurements of three heartbeats were

performed and the averages were used for further analysis.

$$FS = \frac{EDD - ESD}{EDD} \quad (2.1)$$

2.4 Ex-Vivo Examinations

2.4.1 Morphology

After 7, 21 or 42 days animals were anesthetized with xylazine (1mg/100g BW) and ketamine (10mg/100g BW). The heart, lung, liver and tibia were extracted. The heart was weighted, the atria removed and the ventricles weighted in total.

The process continued with removing the right ventricle wall, the septum and finally separating left ventricular free wall and scar. All the parts were weighted and of each part samples were snap frozen in liquid nitrogen and stored at -80°C for further analysis. Lung and liver were weighted separately and put into drying chamber for 3 days to determine dry weight. Wet to dry ratios were calculated as a parameter for left or right ventricular congestion respectively.

As markers for hypertrophy ventricular to bodyweight and left ventricular to bodyweight ratios were calculated. Infarct size was determined by weighing total left ventricular mass and putting the scar and peri-infarction into relation to this mass. To have a simple measurement of congestion lung and liver dry to wet ratios were calculated.

2.4.2 Endothelial Function

In order to be able to assess changes in endothelial function after MI the thoracic aorta in several animals surviving 7 or 42 days was removed after harvesting of the heart. The aorta was rinsed with ice cold Krebs-Henseleit buffer, cleaned from connective tissue and finally cut into 6 rings of 3-4mm width. The rings were mounted into an organ-bath filled with aerated Krebs-Henseleit buffer using hooks. One of these hooks was connected to a isometric force transducer (Biegastab K30 type 351; Hugo Sachs March-Fr, Germany) connected to a recorder (Graphtec WR3320, UK) for continuous recording of tension. After equilibrating for 30 minutes rings were stretched stepwise until the final tension of 4g was reached.

Rings were incubated for another 30 minutes.

Viability of the vessels was documented by contracting the vessels using potassium chloride (KCl, 60mmol/l). Next phenylephrine (Phe, 5×10^{-8} - 10^{-7} M) was added to precontract the vessels to 80-90% of KCl induced contraction. Dose dependent acetylcholine (Ach, 10^{-9} to 10^{-5} M) induced vasodilation was recorded after

reaching a stable plateau phase. In order to determine basal NO activity, vessels were mildly precontracted with Phe to reach 10-20% of KCl induced vasoconstriction, reaching a stable plateau a NOS inhibitor (L-NAME, 300 μ mol/l) was added and the magnitude of contraction recorded. After incubation period of 15 minutes vessels were precontracted with Phe as mentioned above and the same dosages of Ach were used to assess NO-independent component of Ach induced vasodilation. Endothelium independent vasodilation was evoked by sodium nitroprusside (NaNP, 10⁻⁹ to 10⁻⁵ M). To determine whether EDHF or prostacycline is the major player in the NO-independent vasodilation observed, COX₁ or COX₂ inhibitors (indomethacin 1 μ M, rofecoxib 1 μ M, respectively) were used to block Prostacycline production and K⁺ channel blocker tetraethylammonium chloride (TEA, 10mM) or epoxygenase inhibitor miconazole (MICO, 10 μ M) were introduced to block EDHF dependent vasodilation.

2.4.3 Histology

Histology samples were collected 42 days post-MI. To preserve the preparations hearts were rinsed with formaldehyde right after they were excised and stored in formaldehyde until processing.

Atria were removed from the hearts and the latter were cut in two levels: mid-papillary and in the middle of the infarction. These cuts were embedded in paraffin and stained using elastic Van Gieson (EVG) staining.

2.5 Gene Expression Profiling

2.5.1 GeneChipAnalysis

To be able to discover gender-differences in the profile of gene expression post-MI genome wide expression analysis was performed using RAE230A GeneChip[®] arrays (Affymetrix, Santa Clara, CA, USA). This allows to assess and compare the expression levels of ~14.000 rat genes represented by UniGene clusters. Briefly, total RNA was isolated from LV free wall, subjected to reverse transcription, in vitro transcription, cRNA labeling, microarray hybridization and data analysis.

2.5.2 RNA Extraction

RNA was extracted using non-infarcted areas of the LV (and similar areas in sham-operated animals). The snap frozen samples were grinded with mortar pestle and hammer, the resulting powder suspended in 2ml RLT buffer (Quiagen,

Valencia, CA) and carefully homogenized using a micropipette. Following this proteinase K digestion was performed. For this procedure the homogenized lysate was diluted with 4ml de-ionized water and incubated with 65 μ l proteinase solution (Quiagen) for 20 minutes at 55°C. This procedure was performed according to the guidelines provided with the RNeasy Protect Midi Kit (Quiagen).

For quality control RNA concentration was first determined photometrically (Biotek Wave 200, Bio-Tek Instruments, VT, USA) and RNA quality checked using the RNA 6000 Nano LabChip Kit on an Agilent 2100 Bioanalyzer (Agilent Technologies, Palo Alto, CA, USA). RNA samples were stored at -20°C until processing.

2.5.3 Expression Profiling

A pooling strategy was used to analyze gene expression profile. Two microgram of RNA were pooled from three animals per group. The pools were subjected to cDNA synthesis using Superscript reverse transcriptase (Invitrogen Life Technologies, Carlsbad, CA, USA) followed by phenol/chloroform purification. An aliquot (11 μ l of 12 μ l) of cDNA was used for in vitro transcription with the ENZO BioArray RNA transcript labeling kit (Affymetrix). This resulted in biotin labeled cRNA which was purified using the RNeasy kit (Quiagen) and put to random fragmentation in a buffer at pH 8.1 (200mM Tris-acetate, 500mM KOAc, 150mM MgOAc). The extent of RNA fragmentation (40 bp to 200bp sized fragments) was assessed on an Agilent 2100 Bioanalyzer. Of the resulting fragmented cRNA 11 μ g were hybridised to the RAE 230A GeneChip[®] arrays in 200 μ l hybridization buffer by incubating at 45°C for 16h with rotation of 60rpm. Finally, the arrays were processed using recommended fluidics station protocols (Affymetrix) stained using the streptavidin-phycoerythrin antibody amplification protocol and scanned in an Agilent GeneArray Scanner (Affymetrix) at a resolution of 3 μ . The complete protocols used can be found at the Affymetrix corporate website[191].

2.5.4 Data Analysis

Image scans were analyzed using the affy package contained within the open source software Bioconductor[192]. Expression measures and detection calls, present calls (P) and absent calls (A) were determined via the MAS 5.0 algorithm. All multi-array comparisons and all queries of data were performed within Microsoft[®] Excel 2003. Probeset annotations, biological informations on genes and gene ontology data were retrieved from the NetAffx analysis center and from the OMIM database.

2.6 Statistics

All data presented is expressed as mean \pm SD. Recorded data was stored using Microsoft Excel for Mac. Statistical analysis was performed using R 2.3.1[193]. Morphometric and Hemodynamic data was analyzed using three way anova to evaluate differences between the genders, timepoints, and infarcted versus sham treated animals. Two sided Student's t-test with Bonferroni adjustments was used as post-hoc test. P values <0.05 were considered significant.

Chapter 3

Results

3.1 Morphology

3.1.1 Animal Characteristics

Female rats of the same age are generally smaller than male rats. Bodyweight on the day of operation was $242.90 \pm 14.15\text{g}$ versus $356.53 \pm 51.43\text{g}$ ($p < 0.01$). These differences were seen throughout the whole experiment in bodyweights. There was however no significant difference in bodyweight between infarcted and sham operated rats. As a second parameter for size tibia length was measured in all sacrificed animals. Females were again smaller throughout the whole experiment and there was no significant difference between animals receiving infarction and sham operated controls. There was a significant correlation of tibia length and bodyweight (figure 3.1). Table 3.1, table 3.2 and table 3.3 show the respective values for animals with a follow-up period of 7, 21 or 42 days.

3.1.2 Infarct Size

Overall calculated infarct sizes of female animals were slightly higher than in male rats (48.50 ± 4.99 vs. 46.51 ± 4.96). However there was no significant difference in infarct sizes between the sexes at all timepoints.

3.1.3 Morphology of the Heart

Total heartweight was always higher in males compared to females due to the difference in size. However a significant influence of infarction could be seen in statistical analysis using 3-way anova. To get comparable data heartweight and ventricular weights will be normed to bodyweight.

Figure 3.1: Correlation of bodyweight and tibia length

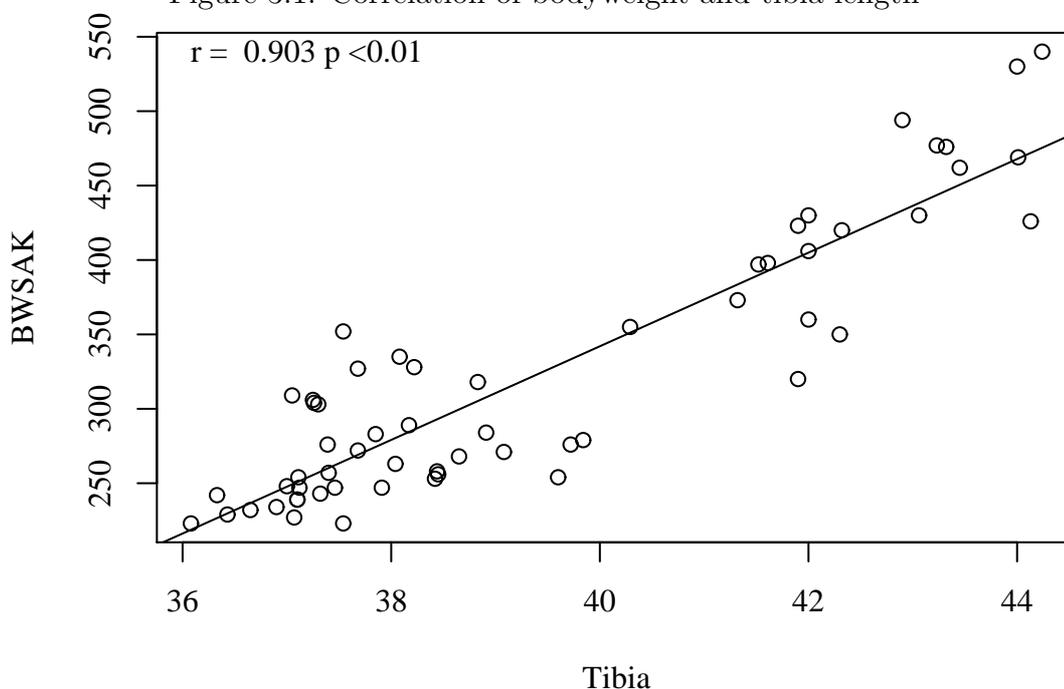


Table 3.1: Morphology 7 day group

	fs7 (n=6)	fm7 (n=6)	ms7 (n=5)	mm7 (n=6)
bw.op (g)	238.67±13.87**	243.50±9.40**	313.80±23.56	319.60±15.73
bw.sak (g)	240.17±13.93**	239.75±8.06**	309.40±23.09	322.20±19.00
tl (mm)	36.91±0.73**	36.96±0.38**	37.54±0.34	37.78±0.73
infarct (%)		49.68±4.56		47.01±2.69
hw/bw	4.28±0.50	5.18±0.39	4.32±0.66	4.46±0.32
vw/bw	3.14±0.18	3.66±0.21	3.31±0.31	3.24±0.23
lvw/bw	2.37±0.17	2.90±0.29	2.56±0.23	2.54±0.18
rvw/bw	0.65±0.05	0.74±0.05	0.78±0.11	0.85±0.11

bw.op: Bodyweight at time of Operation, bw.sak:bodyweight at time of sakrification, tl: tibialenght, hw/bw: heartweight to bodyweight ratio, vw/bw: ventricular weight to bodyweight ratio, lvw/bw: left ventricular weight to bodyweight ratio, rvw/bw: right ventricular weight to bodyweight ratio. **: p<0.01 females vs. males

Table 3.2: Morphology 21 day group

	fs21 (n=5)	fm21 (n=7)	ms21 (n=5)	mm21 (n=7)
bw.op (g)	245.80±14.10**	236.75±12.69**	318.80±36.71	357.75±21.23
bw.sak (g)	255.40±17.67**	242.50±13.30**	373.20±44.29	387.25±29.65
tl (mm)	37.84±0.67**	37.46±0.35**	42.04±0.15	41.28±0.70
infarct (%)		50.25±6.62		46.03±7.84
hw/bw	5.00±0.68##	7.05±0.71**	4.25±0.85	4.67±0.52
vw/bw	3.29±0.11##	4.89±0.67**	3.13±0.19	3.59±0.56
lvw/bw	2.65±0.22##	3.53±0.59**	3.37±0.20	3.00±0.36
rvw/bw	0.69±0.16##	1.15±0.12**	0.75±0.06	0.72±0.13

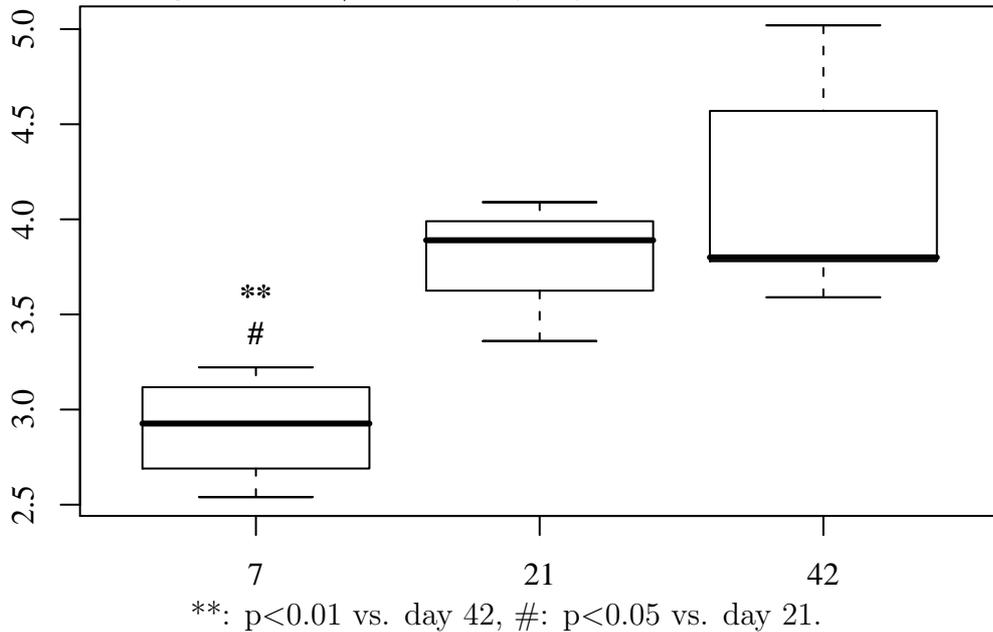
For abbreviation see table 3.1. ##: p<0.01 sham vs. infarct, **: p<0.01 females vs. males

Table 3.3: Morphology 42 day group

	fs42 (n=6)	fm42 (n=8)	ms42 (n=7)	mm42 (n=7)
bw.op (g)	245.60±11.97**	239.20±5.81**	414.57±37.62	400.50±37.62
bw.sak (g)	264.80±21.11**	267.20±11.51**	466.43±46.13	464.00±50.31
tl (mm)	37.95±0.81**	39.34±0.57**	43.35±0.95	43.18±0.69
infarct (%)		46.16±3.85		46.37±5.13
hw/bw	5.34±0.81	6.68±0.74	4.13±0.55##	6.10±0.72
vw/bw	3.90±0.27##	4.82±0.44	3.26±0.30##	4.73±0.51
lvw/bw	3.02±0.27##	4.15±0.61	2.50±0.16##	3.48±0.21
rvw/bw	0.83±0.06##	1.11±0.06	0.67±0.09##	1.36±0.17

For abbreviation see table 3.1. ##: p<0.01 sham vs. infarct, **: p<0.01 females vs. males

Figure 3.2: LV/BW ratio by day for females with MI



At day 7 none of the groups with infarction showed significant increase in heartweight to bodyweight, ventricular weight to bodyweight and left ventricular weight to bodyweight ratio compared to the respective sham-groups. However there was a strong tendency towards increased ratios in females with infarction compared to sham-operated females.

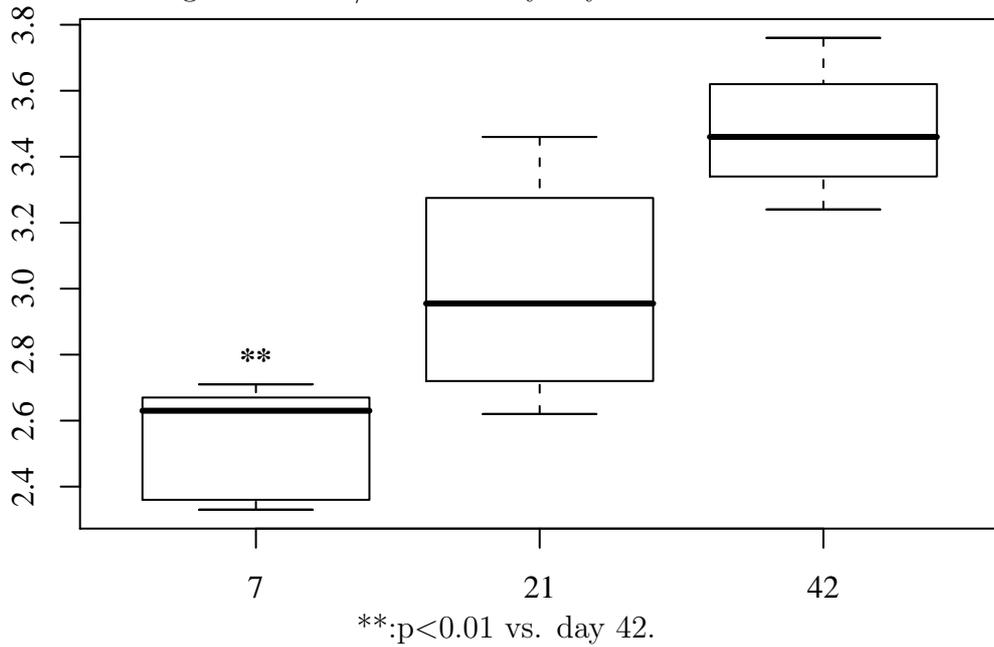
This situation changed on day 21: Females with MI showed a significant increase in heartweight to bodyweight, ventricular weight to bodyweight and left ventricular weight to bodyweight ratio compared to sham-operated females. Males with infarct showed tendencies toward higher heartweight to bodyweight and ventricular weight to bodyweight ratio compared to respective sham group.

However this tendency did not turn out to be significant.

On day 42 post-MI both males and females showed significant increases in ventricular weight to bodyweight and left ventricular weight to bodyweight ratio when compared to the correlating sham-group. Heartweight to bodyweight ratio showed a significant increase only in males, while females only showed a strong trend towards an increase of the ratio.

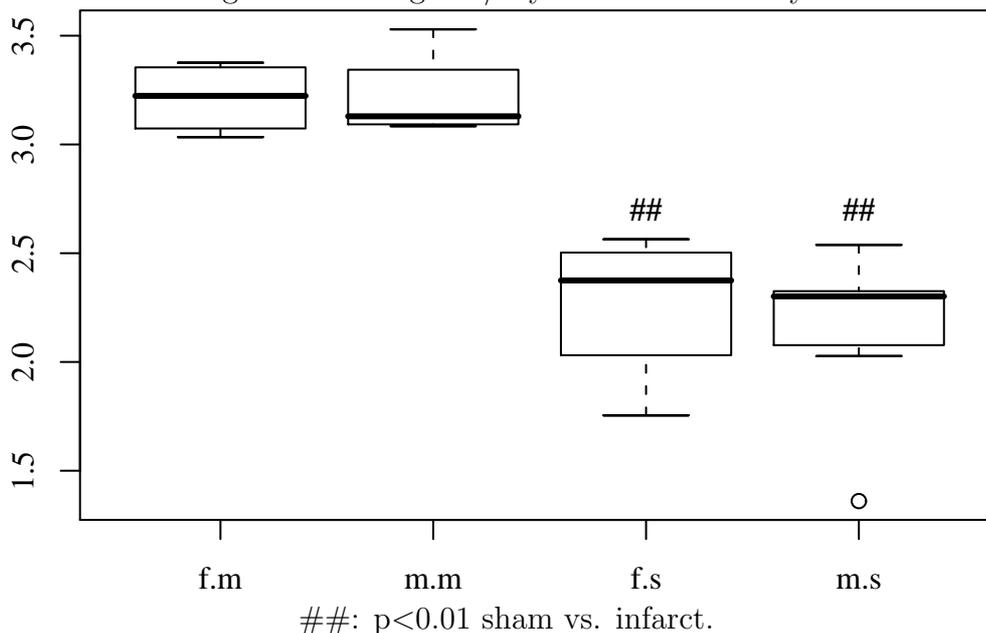
Figure 3.2 and Figure 3.3 show the increase in left ventricular to bodyweight ratio by day for females and males respectively. Females showed an significant increase of left ventricular to bodyweight ratio comparing 7 and 21 days and 7 and 42 days, whereas males only showed a significant increase comparing 7 and 42 days. Statistical analysis via 3-way anova for timepoint, gender and infarction showed significant influence of gender, infarction and timepoint on left ventricular to bodyweight ratio. It also showed significant interaction between gender and

Figure 3.3: LV/BW ratio by day for males with MI



timepoint and infarction and timepoint. However the three parameters gender, timepoint and infarct together showed no significant interaction. Interestingly this interaction could be observed in both ventricular weight to bodyweight and right ventricular weight to bodyweight ratio.

Figure 3.4: Lung wet/dry Ratio after 42 days



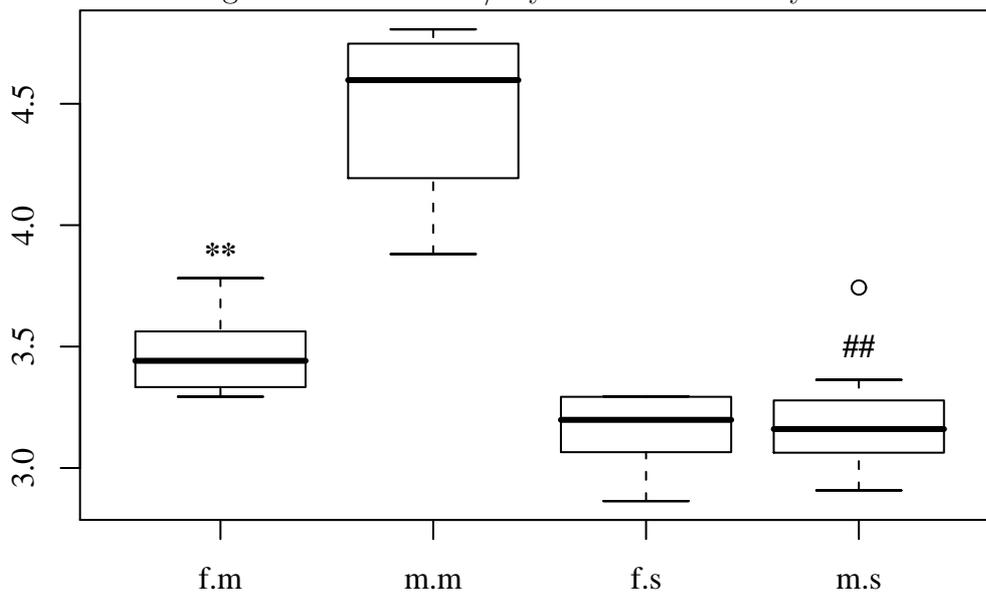
3.1.4 Congestion

Lung congestion as measured by lung wet to dry ratio was significantly higher in infarcted animals compared to sham as can be seen on figure 3.4. As a marker for right heart failure and congestion liver wet to dry ratio was measured. Interestingly only males showed a significant increase in liver congestion compared to sham (figure 3.5). Statistical analysis using a two-way anova for the factors gender and infarction revealed a significant influence of infarction on lung wet to dry ratio. Gender and the interaction between gender and infarction showed no significance for this ratio. However for liver wet to dry ratio a significant influence of both gender and infarction was revealed and there was a significant interaction between gender and infarction.

3.2 Echocardiography

On day 21 post-MI both genders showed left ventricular dilatation compared to correlating sham-groups. As can be seen in figure 3.6 and figure 3.7 both males and females showed a significant dilatation in both end-diastolic (EDD) as well as end-systolic diameter (ESD) compared to the correlating sham-group. As males have bigger hearts their EDD and ESD are bigger than the ones of females. As a parameter for contractility fractional shortening (FS) was calculated. As can be seen in figure 3.8 both males and females showed significant impairment of fractional shortening. Interestingly there were significant differences between the

Figure 3.5: Liver wet/dry Ratio after 42 days



** : $p < 0.01$ females vs. males, ## : $p < 0.01$ sham vs. infarct.

sham operated groups. Female sham showed smaller diameters and a higher fractional shortening compared to male sham. Albeit this difference in sham-operated animals, animals with MI showed no differences in echocardiography at this timepoint.

A similar picture could be observed at day 42 post-MI. Both genders showed a significant increase of both end-systolic (figure 3.9) as well as end-systolic diameter (figure 3.10) compared with sham. As at 21 days severe reduction of contractility could be observed. This is showed in figure 3.11 for fractional shortening. Again significant differences in sham groups could be observed. Females showed smaller diameters and increased fractional shortening compared to males. There was a strong trend for males with MI to have bigger left ventricular diameters and lower fractional shortening however this only turned out to be significant for end-systolic diameter.

Statistical analysis revealed a significant influence of gender, infarction and timepoint on fractional shortening and end-systolic diameter, with a significant influence of the interaction between gender and infarction. Interestingly in end-diastolic diameter this interaction could not be observed. However end-diastolic diameter showed significant influence of gender, infarction and timepoint.

Figure 3.6: End-diastolic Diameter after 21 days

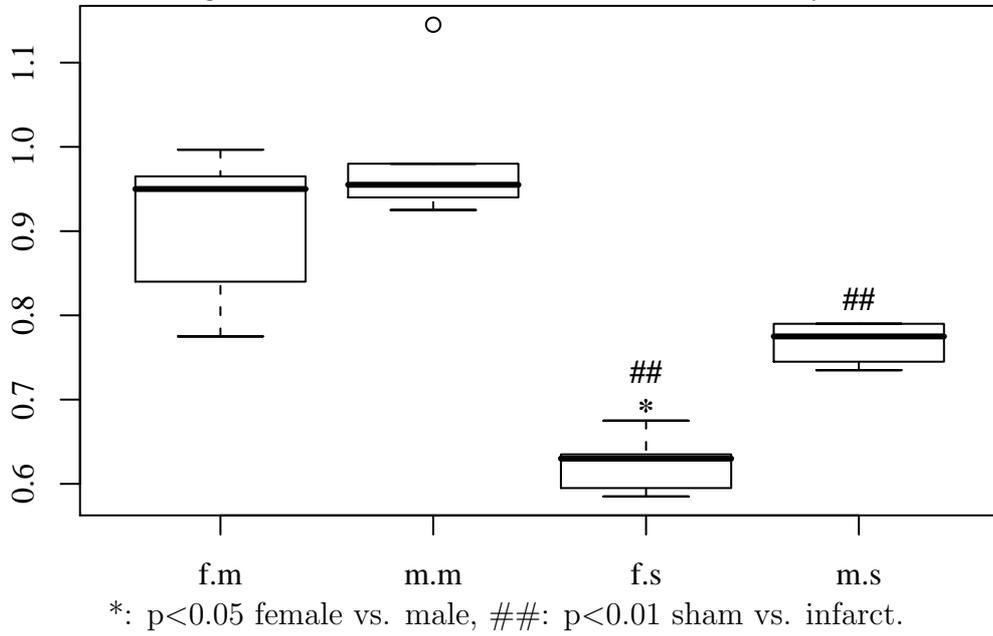


Figure 3.7: End-systolic Diameter after 21 days

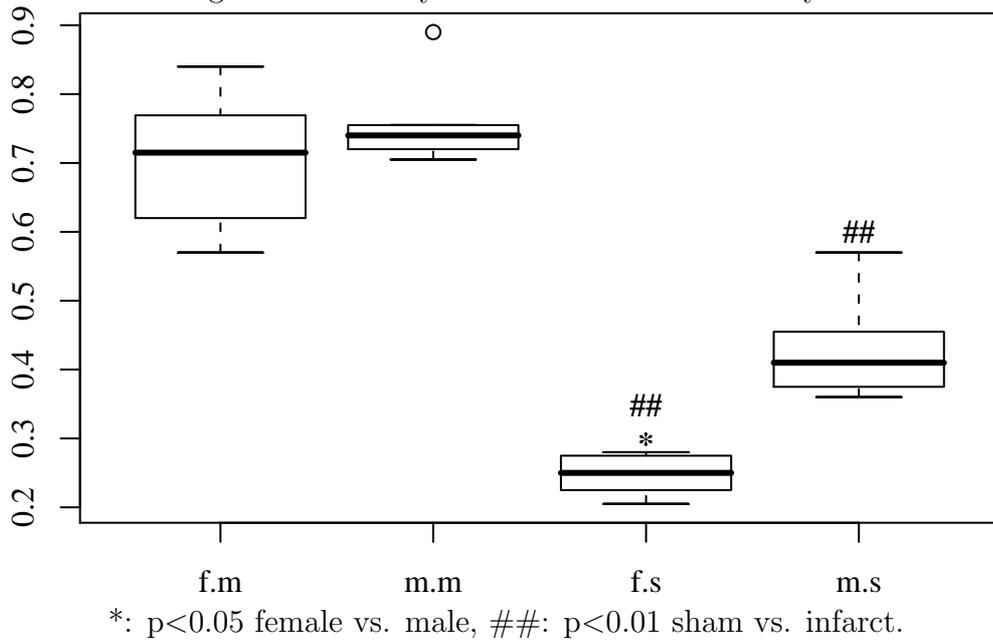


Figure 3.8: Fractional Shortening after 21 days

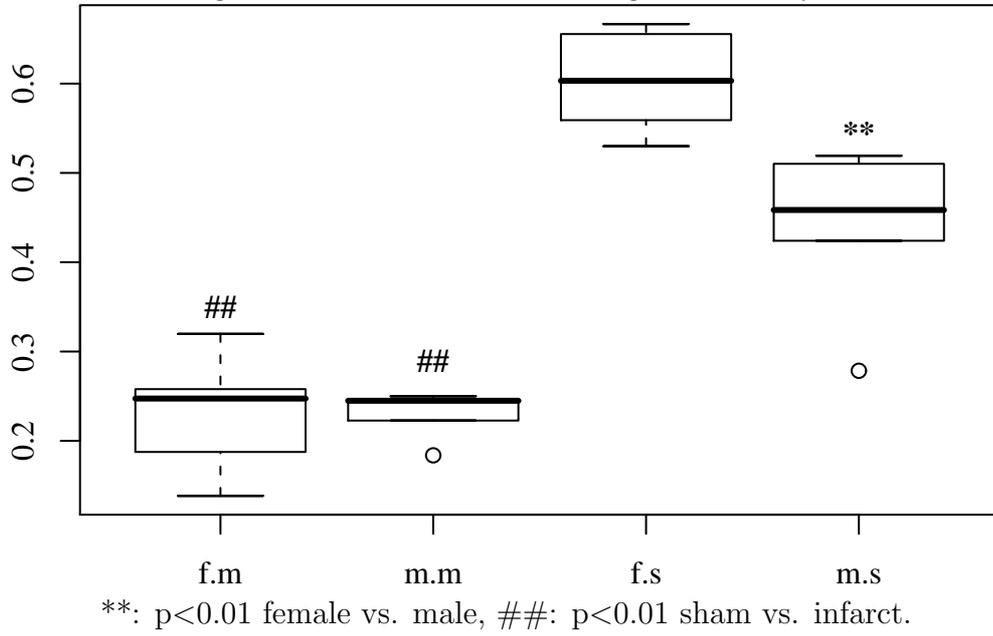


Figure 3.9: End-diastolic Diameter after 42 days

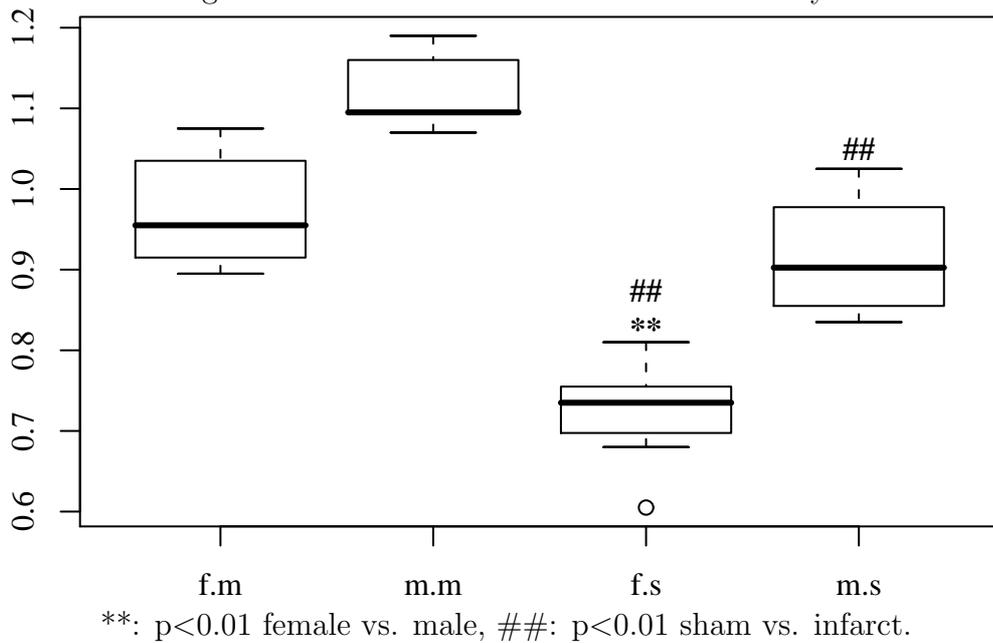


Figure 3.10: End-systolic Diameter after 42 days

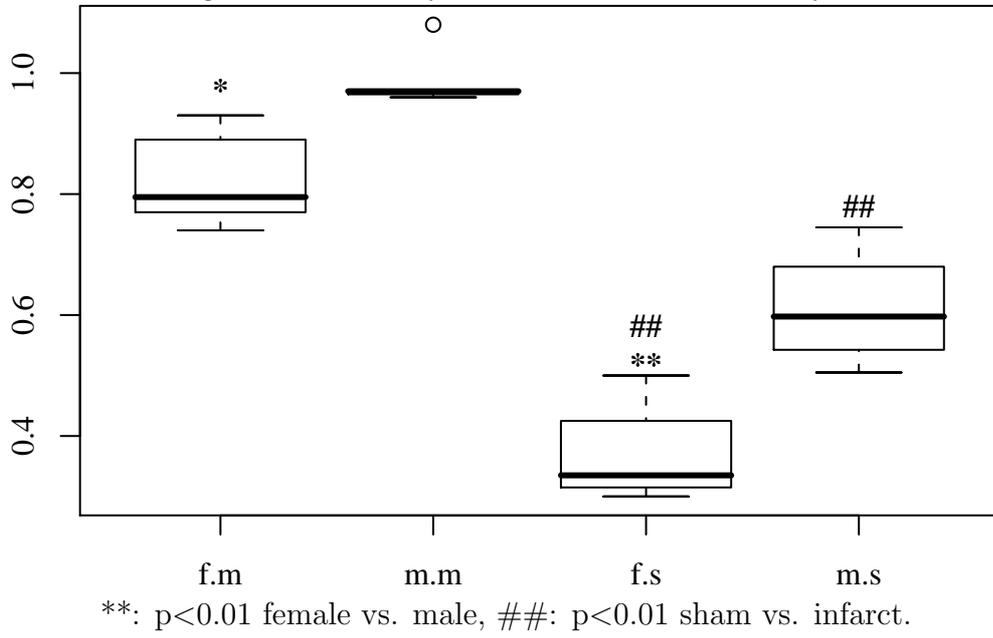
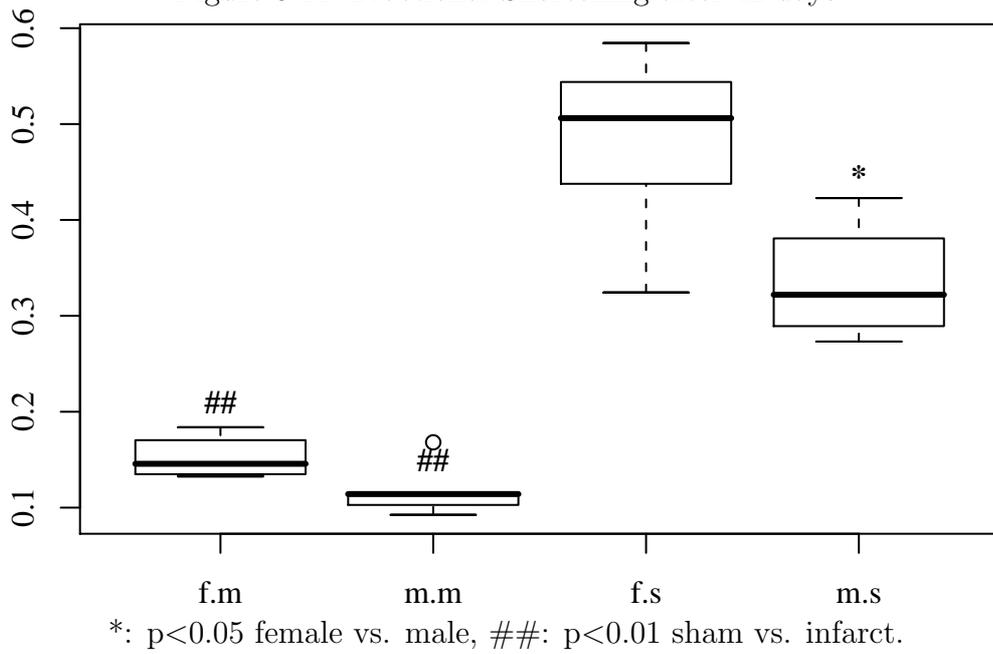


Figure 3.11: Fractional Shortening after 42 days



3.3 Endothelial Function

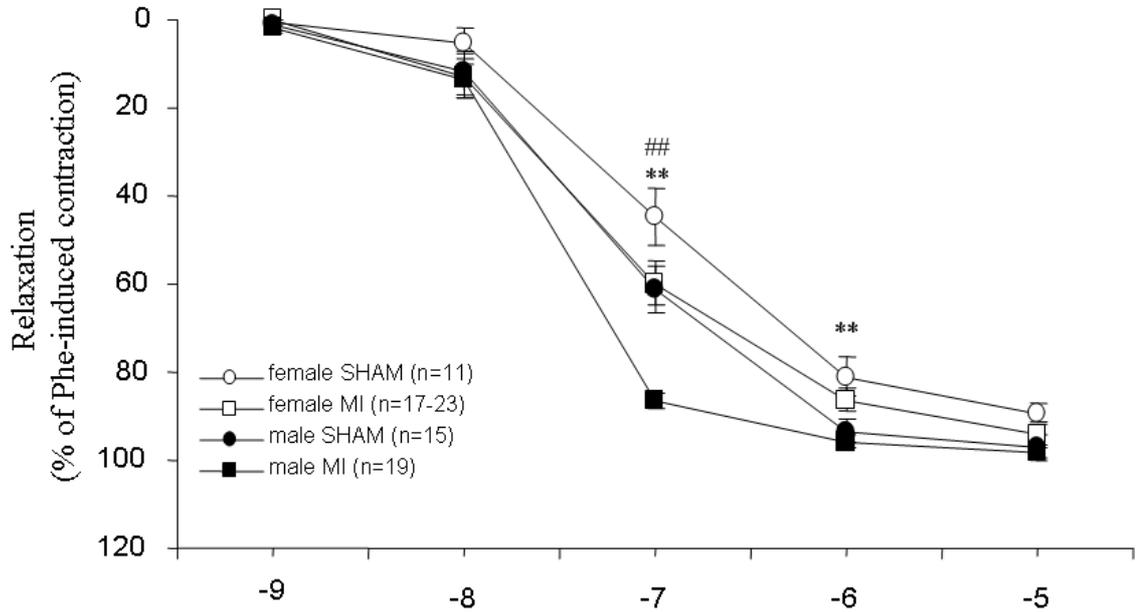
There was no impairment in Ach induced vasodilation at 7 (figure 3.12) or 42 days (figure 3.13) when infarcted groups are compared with non infarcted groups. It is however interesting to note that Ach induced vasodilation was augmented in male and female animals with infarction 7 days post-MI compared with the correlation sham groups for Ach concentrations of 10^{-7} and 10^{-6} M, in males this augmentation reached statistical significance. There was no difference in endothelium independent vasodilation with NaNP after 42 days $101.55\pm 2.71\%$ vs. $101.44\pm 2.87\%$ in females and $100.97\pm 4.46\%$ vs. $105.1\pm 1.80\%$ in males comparing MI and sham groups.

Basal NO production was reduced 7 days post-MI irrespective to gender: $21.76\pm 2.89\%$ vs. $54.32\pm 5.11\%$ ($p<0.05$) for females and $37.61\pm 4.81\%$ vs. $51.98\pm 5.05\%$ ($p<0.05$) for males comparing MI and sham groups. In the late phase 42 days after MI reduced basal NO production was only present in males ($21.42\pm 2.6\%$ vs. $33.85\pm 4.1\%$, $p<0.05$) but not in females ($24.49\pm 2.78\%$ vs. $27.01\pm 2.56\%$, ns).

The most striking difference between the genders was seen in NO- and COX-independent vasodilation. There was a significant up-regulation of Ach induced vasodilation in both genders 7 days post-MI (figure 3.14). However at 42 days post-MI this up-regulation was only seen in female animals with MI but not in male animals (figure 3.15).

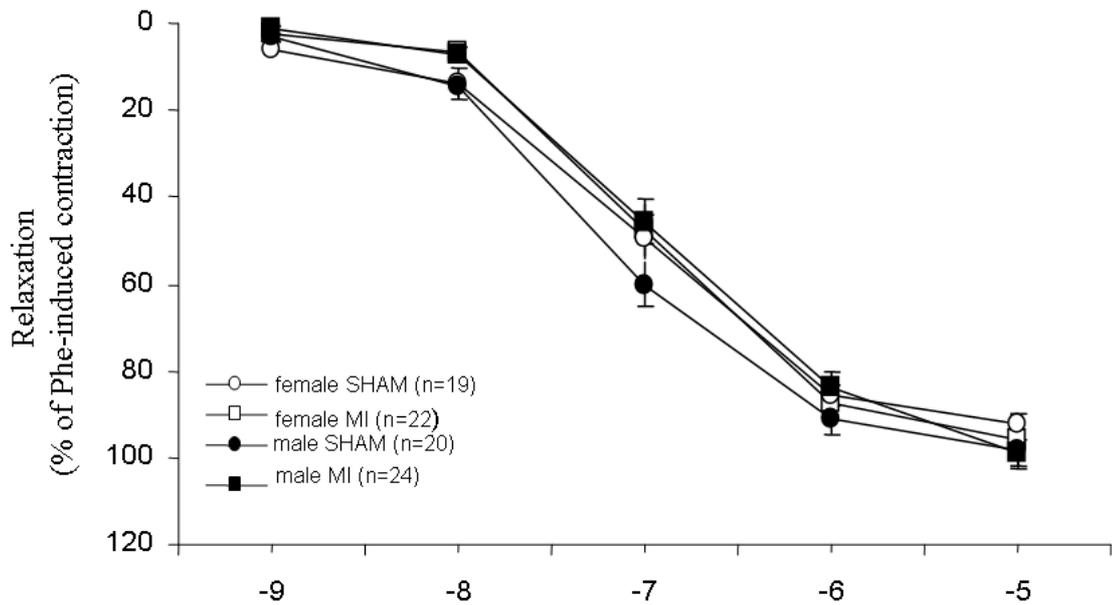
As can be seen in figure 3.16 this NO-independent vasodilation was totally blunted when either TEA or miconazole were added to the organ bath.

Figure 3.12: Ach induced vasodilation 7 days post-MI



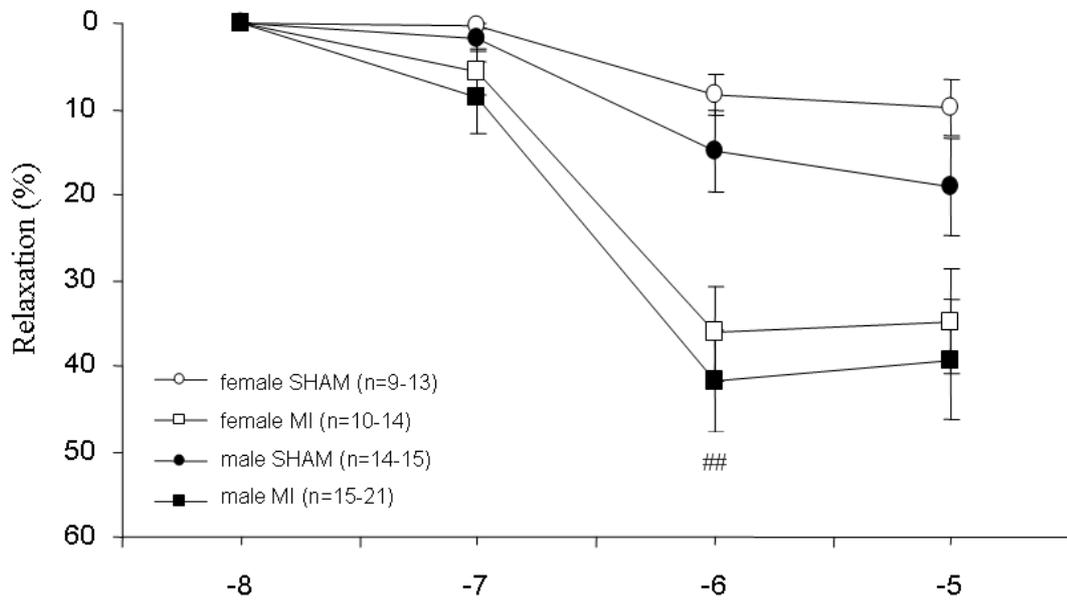
Ach log(M) 7 days post-MI. **: p<0.01 male vs. female, ##: p<0.01 MI vs. sham.

Figure 3.13: Ach induced vasodilation 42 days post-MI



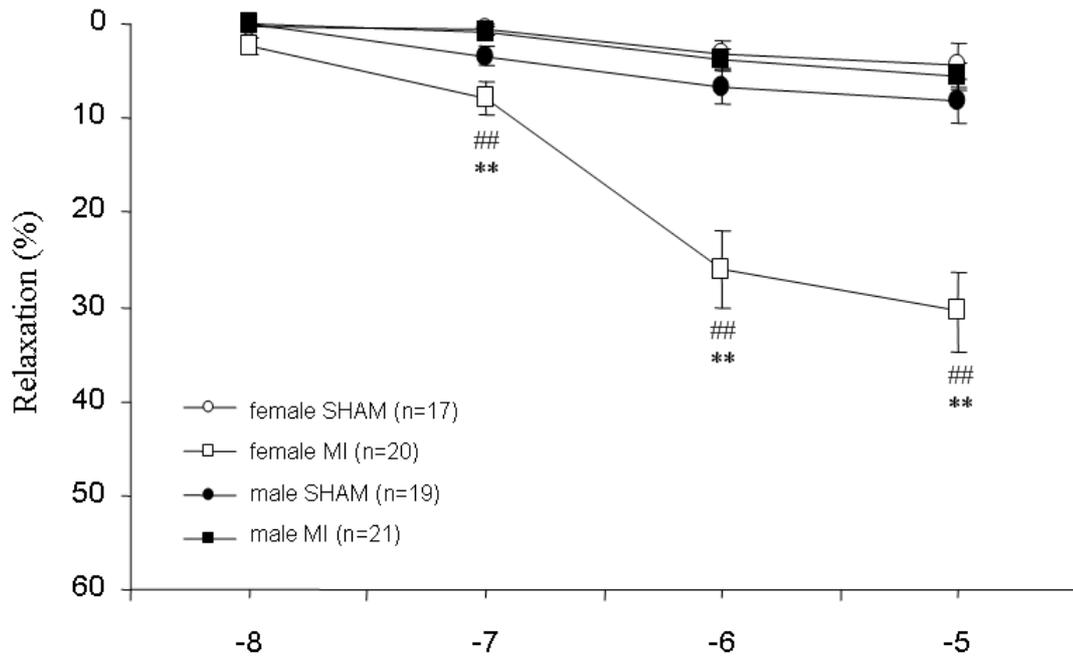
Ach log(M) 42 days post-MI.

Figure 3.14: NO-independent Ach induced vasodilation 7 days post-MI



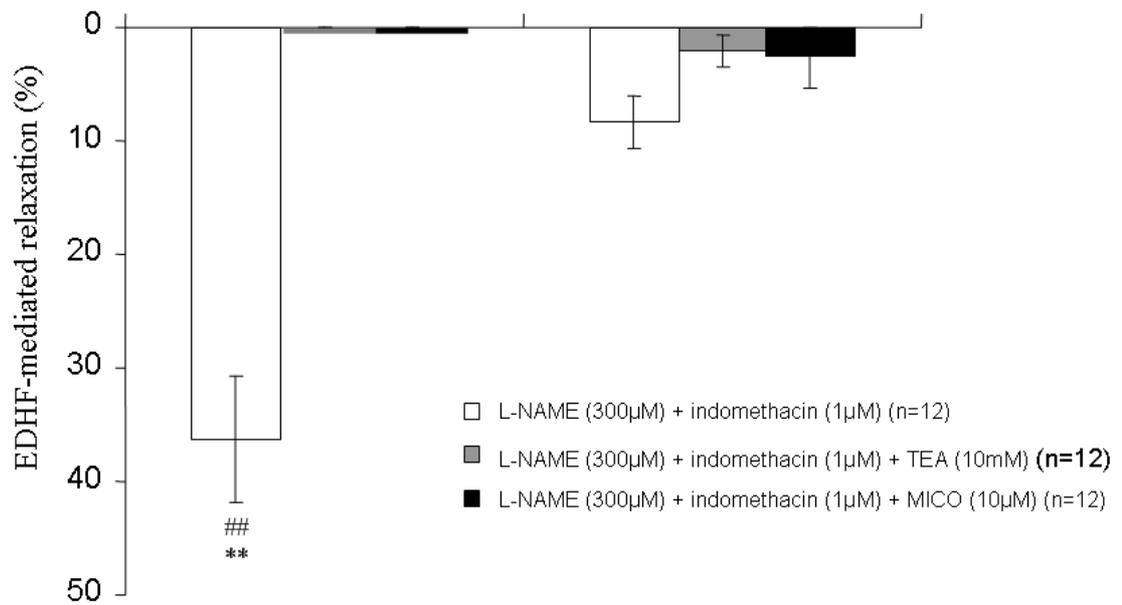
Ach log(M) in the presence of L-NAME and indometacin. ##:p<0.01 MI vs. sham.

Figure 3.15: NO-independent Ach induced vasodilation 42 days post-MI



Ach log(M) in the presence of L-NAME and indometacin. **:p<0.01 female vs. male, ##:p<0.01 MI vs. sham.

Figure 3.16: NO-independent vasodilation with addition of TEA or miconazole
female MI female SHAM

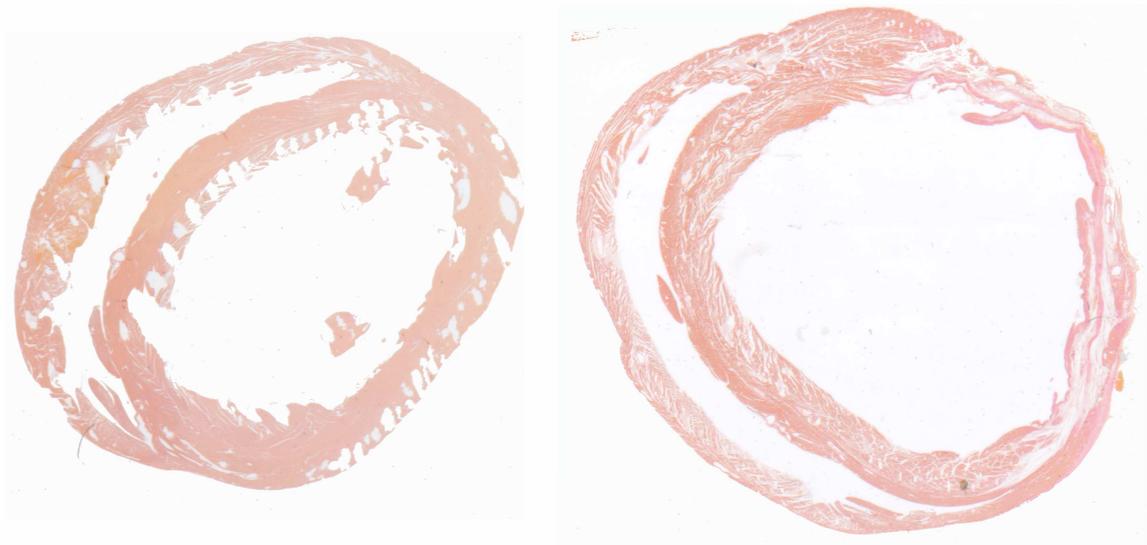


Ach $-6 \log(M)$. **: $p < 0.01$ L-NAME + indometacin vs. L-NAME + indometacin + TEA, ##: $p < 0.01$ L-NAME + indometacin vs. L-NAME + indometacin + miconazole.

3.4 Histology

Representative histological slides can be seen on figure 3.17 and figure 3.18 for males and females 42 days post-MI. Both infarcted groups show thinning and collagen deposition at the area of the scar. Furthermore infarcted hearts show an increase in ventricular diameter as clearly can be seen on the representative slides. Comparing male hearts to female hearts the male hearts seem to have thicker ventricular walls and less intraventricular diameters compared to the female hearts. However no measurements were performed.

Figure 3.17: Histology of females 42 days post-MI



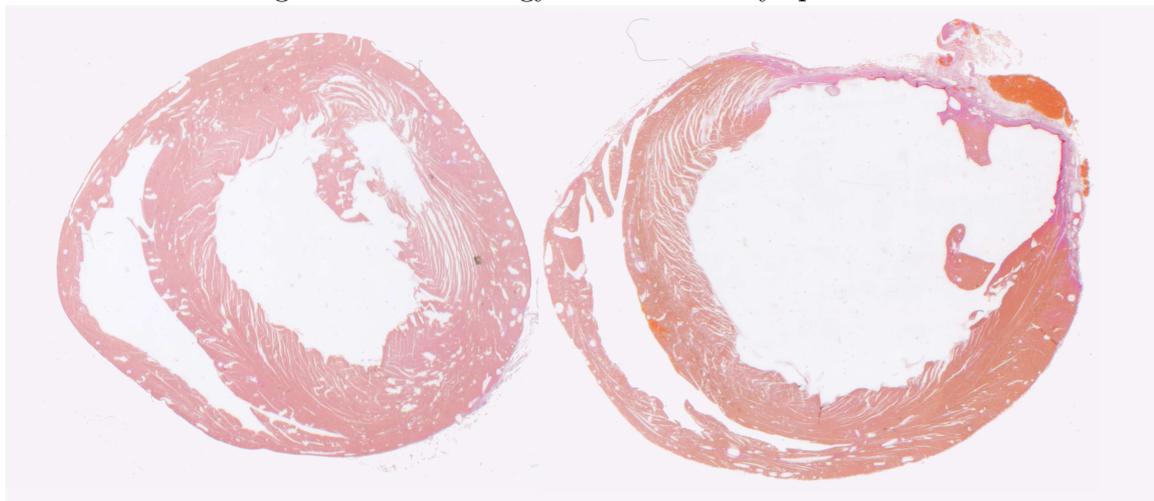
Representative histological slides of both sham operated (left) and infarcted (right) females 42 days post-MI.

3.5 Gene Expression Profiling

3.5.1 Seven Days post-MI

At day seven post-MI gene expression analysis showed 681 targets significantly changed in females with MI and 479 targets in males with MI compared to the correlating sham group. The predominant response was up-regulation. 67.4% of targets in females with MI and 78.5% of targets in males with MI were up regulated ($p < 0.01$). As can be seen on the Venn diagram in figure 3.19 only 193 targets were significantly changed in both genders the rest of the targets were either only changed in females (488) or in males (286) when comparing MI with sham groups. To define the functional classes the targets belong to, GO annotations were performed. The results of this annotation can be seen in

Figure 3.18: Histology of males 42 days post-MI



Representative histological slides of both sham operated (left) and infarcted (right) males 42 days post-MI.

figure 3.20 for absolute number of targets and figure 3.21 for percent of total up- or down-regulation respectively. The majority of targets belonged to the class of 'other or unknown' function. Besides that the highest changes can be seen in the groups of 'intracellular signaling and cell-cell communication', 'metabolism', 'gene and protein expression' and 'transport' in descending order. Most of the groups show no differences between the genders. Interestingly there seem to be more targets down-regulated relatively in 'gene and protein expression' in males.

However this difference is not seen in the number of absolute targets.

3.5.2 42 Days post-MI

At 42 days post-MI gene expression analysis showed 490 targets significantly changed in females with MI and 217 targets significantly changed in males with MI compared to the correlating sham group. Like 7 days post-MI up-regulation was the predominant answer with 81.8% of targets up-regulated in females and 69.1% of targets significantly up-regulated in males with MI ($p < 0.01$). The Venn diagram in figure 3.22 shows that only 53 targets are significantly changed in both genders whereas 437 and 164 are only changed in either females or males respectively. The results of the GO annotation can be seen in figure 3.23 and figure 3.24 for absolute number of targets and relative change in percent respectively. Here again the majority of genes belong to the class of 'others or unknown'. The majority of changes besides this class was seen in the classes of 'transport', 'intracellular signaling and cell-cell communication', 'gene and protein expression' and 'cell cycle and development' in descending order. Interestingly differences can be seen

between the genders in nearly all groups in relative as well as in absolute change. This is the most apparent in the classes of 'gene and protein expression', 'intracellular signaling and cell-cell communication' and 'metabolism'.

3.5.3 Changes in Time

Not only the differences between the genders at a certain timepoint but also the differences between the timepoints in a certain gender are of interest. Figure 3.25 and figure 3.26 show Venn diagrams comparing targets significantly changed 7 and 42 days post-MI in females and males respectively. A decrease in the number of targets was seen in both genders. Furthermore only 101 targets were the same in females at 7 and 42 days whereas 580 and 389 targets were only changed significantly at 7 and 42 days respectively comparing MI to sham groups. A similar picture can be seen in males, where only 49 targets were changed in both 7 and 42 days post-MI whereas 430 and 168 targets were only changed in 7 and 42 days respectively.

Figure 3.19: Venn diagram for males and females 7 days after MI

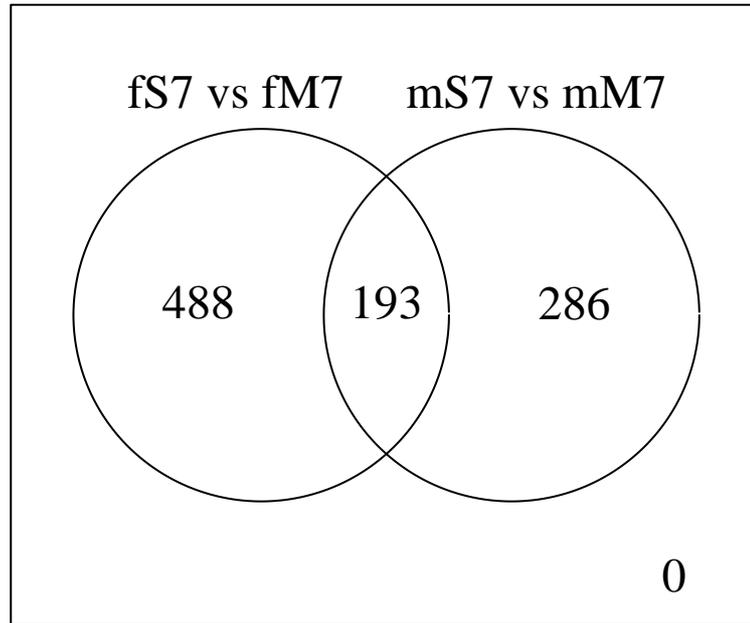


Figure 3.20: Annotated genes after 7 days total probesets

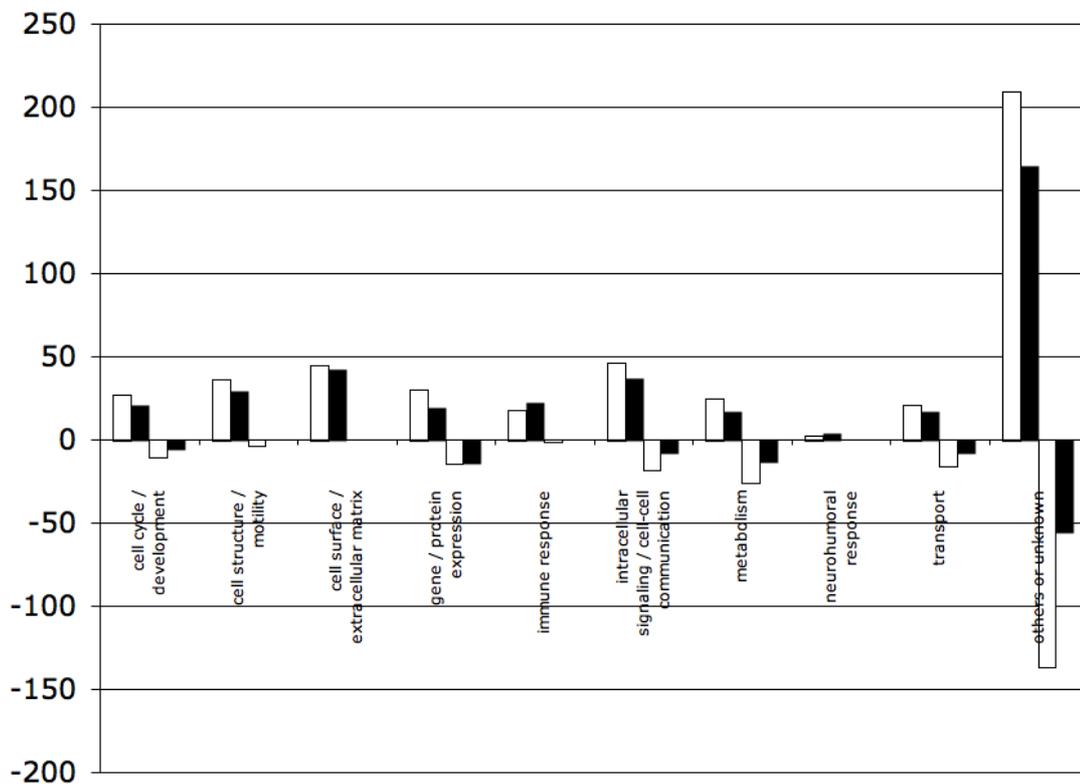


Figure 3.21: Annotated genes after 7 days in % of total change

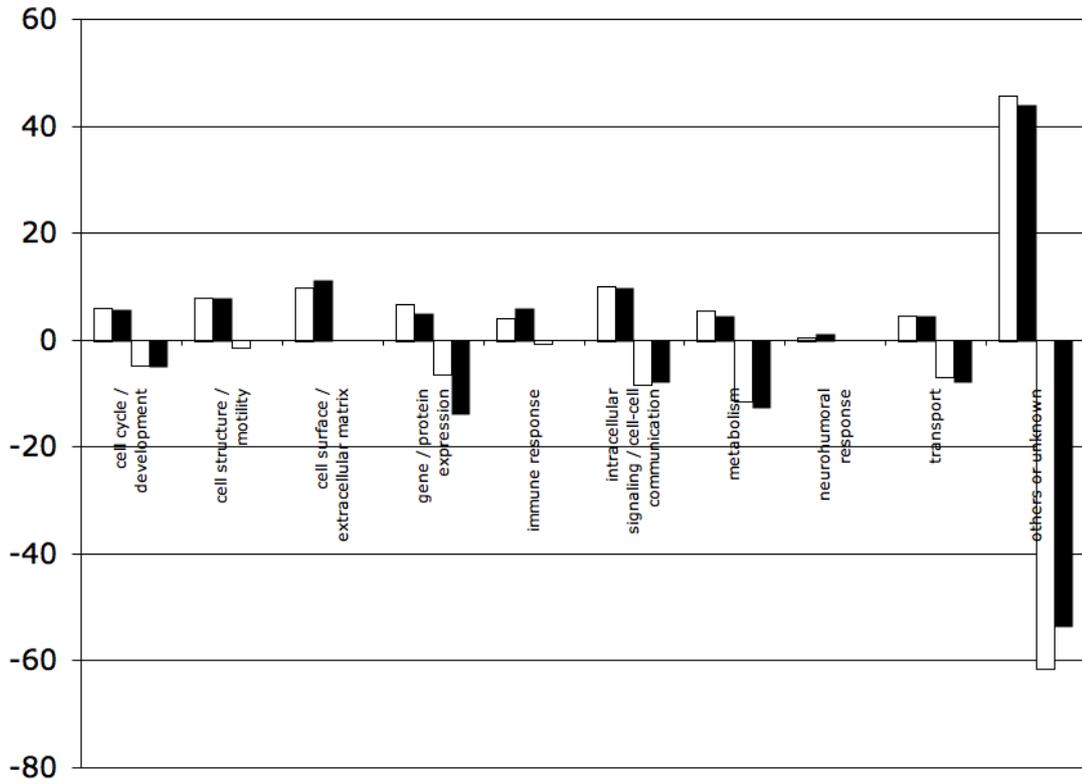


Figure 3.22: Venn diagram for males and females 42 days after MI

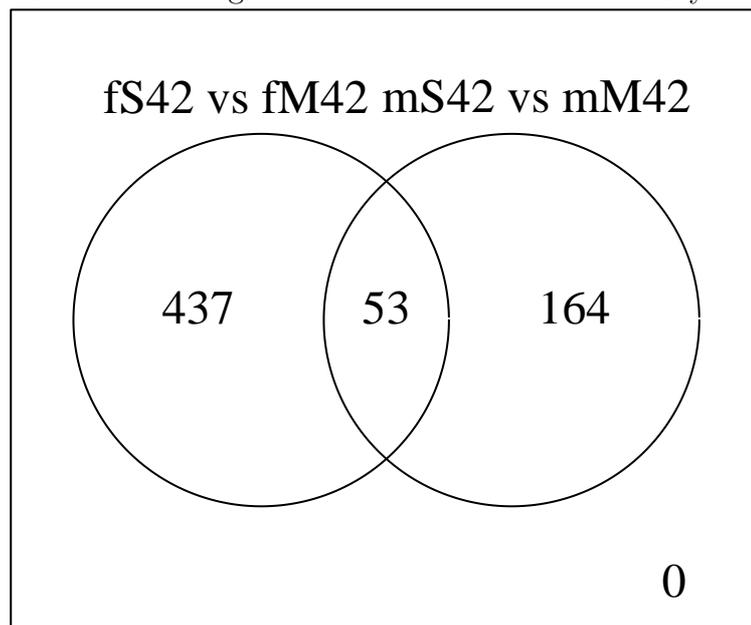


Figure 3.23: Annotated genes after 42 days total probesets

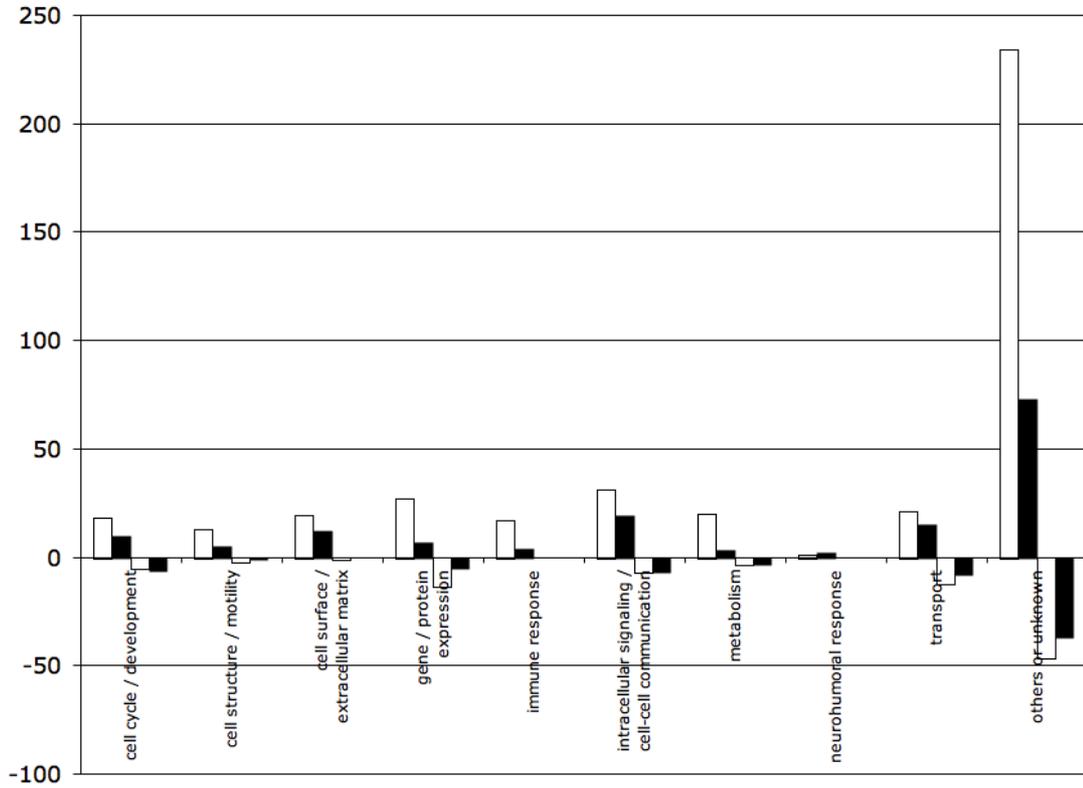


Figure 3.24: Annotated genes after 42 days in % of total change

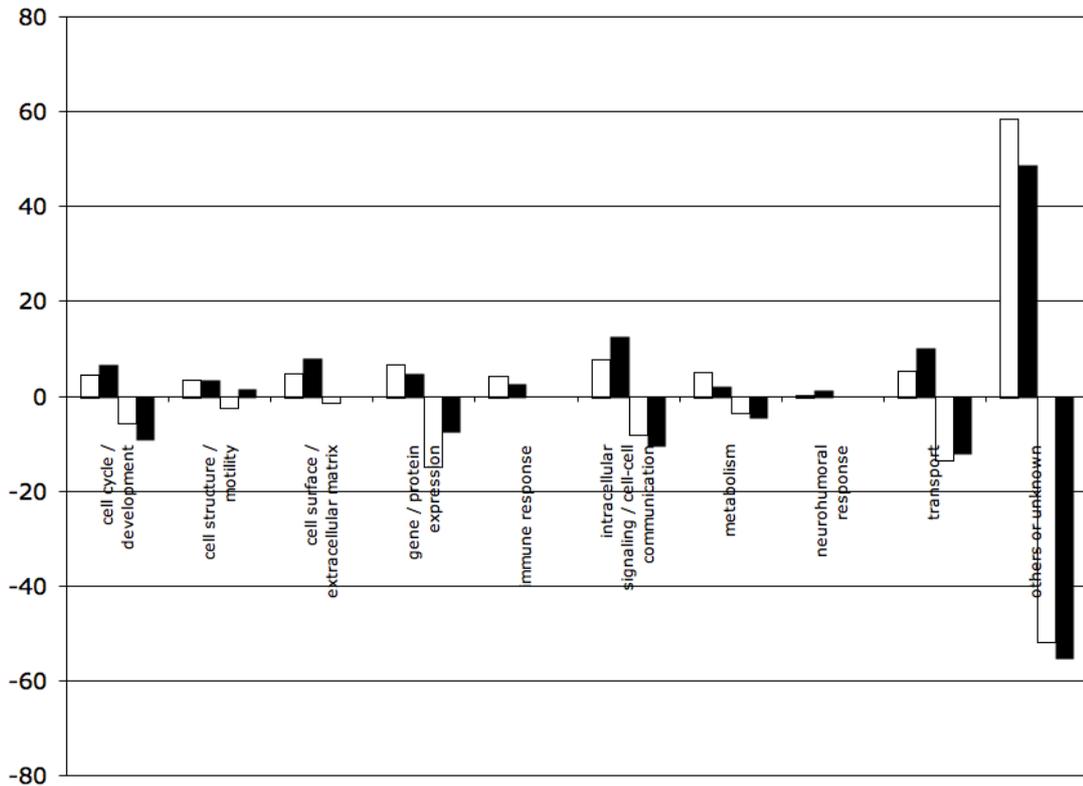


Figure 3.25: Venn diagram for females 7 and 42 days after MI

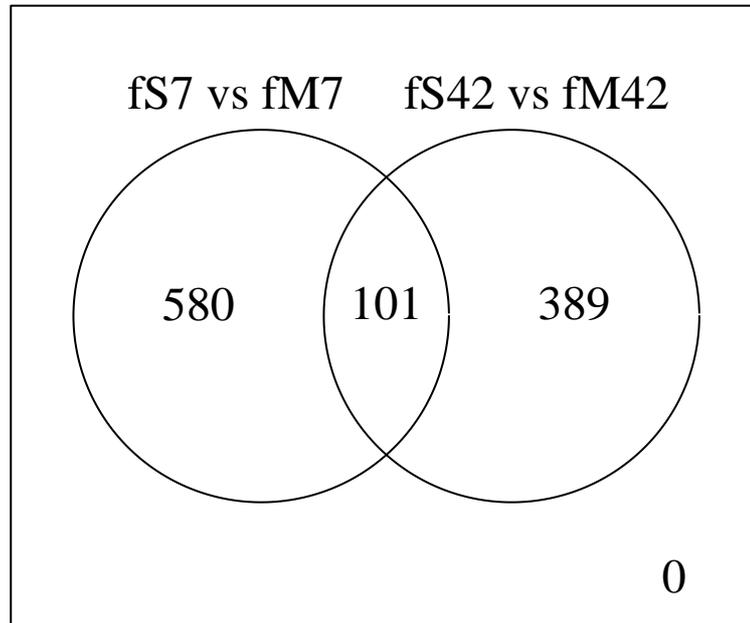
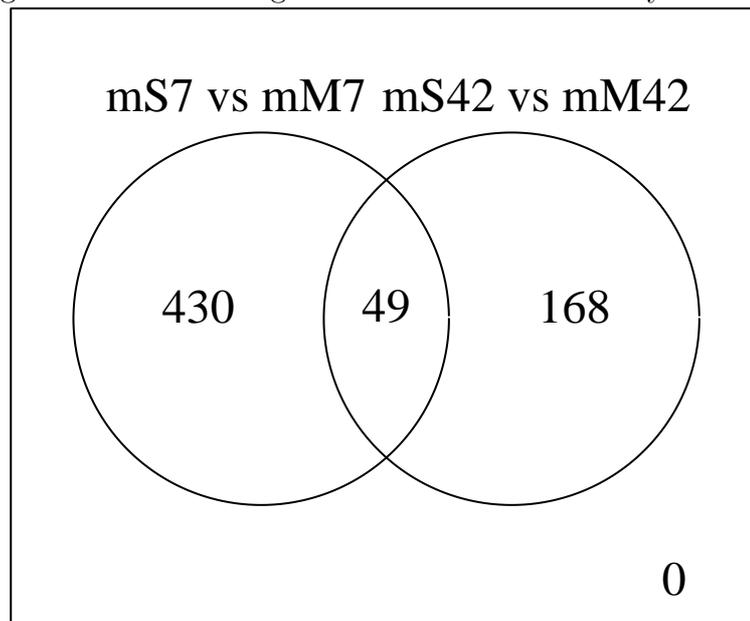


Figure 3.26: Venn diagram for males 7 and 42 days after MI



Chapter 4

Discussion

4.1 Morphology

Although the same age female rats were smaller than male rats throughout the whole study in both tibia length and bodyweight. However the bodyweight inside the genders were consistent. Consequently total heart weight and subsequent weights were smaller too. To get comparable data between the genders as well as to balance the individual variation of body size in groups all weights were put into ratio with bodyweight. As sham groups showed no significant differences in the weight ratios at any timepoint this seems to be a valid procedure to achieve comparable data. Furthermore ventricular weight to bodyweight ratios are often used as parameter for hypertrophy and allow direct comparison of hypertrophy between males and females.

Hypertrophy in males and females with myocardial infarction was similar at 7 and 42 days post-MI. Females with MI always showed a trend towards higher weight ratios than males however this did not turn out to be significant at these two time points. Nevertheless there was a difference in morphology between the genders on day 21. Females with MI showed a significant increase compared to either females with sham or males with MI in all four weight ratios measured. *These results suggests a faster development of hypertrophy post-MI in females.* Statistical analysis confirmed this hypothesis as it shows a significant interaction of gender, timepoint and infarction of both ventricular weight to bodyweight and right ventricular weight to bodyweight ratio.

This finding is confirmed by studies evaluating the effect of estrogens on post-MI remodeling[170, 171, 172]. Interestingly it is contradicted by two studies one using a physiologic hormone status[149] and another using gonadectomy and subsequent sex-hormone replacement[186]. Both studies showed increased hypertrophy in males[149] and animals receiving testosterone respectively[186]. Cavasin et al.

published a study on a mouse model using a mouse model of myocardial infarction with physiologic hormone status and reported a higher left ventricular to bodyweight ratio in females but a higher myocyte cross sectional area in males[148]. This shows clearly that weight ratios do not strongly correlate with myocyte volume. Another interesting finding was reported by Litwin et al. on a model similar to the one used in this study. They reported higher left ventricular to bodyweight ratios for females with MI but a tendency towards higher right ventricular to bodyweight ratios in males 6 weeks post-MI[188]. The debate on sex-specific differences in hypertrophy is not concluded yet. The differences seen in the results might be caused by differences in timepoints of evaluation since this study showed the highest difference between the sexes 21 days post-MI but further work has to be done to elucidate this process.

4.2 In-Vivo Hemodynamics

The smaller size of female hearts also reflects as smaller end-diastolic and end-systolic diameters and subsequently higher fractional shortening in echocardiography. This is to be seen at both 21 and 42 days in sham operated animals. Infarction increases the diameters in both sexes and decreases fractional shortening in the same time. Significantly increased diameters and lowered fractional shortening is to be seen at both 21 and 42 days. However at 42 days there is a trend towards smaller diameters and improved fractional shortening in females with MI compared in males. This trend turns out to be statistically significant for end-systolic diameter. In contrary *at 21 days although there are statistically significant differences in sham operated animals, diameters and fractional shortening in MI groups are the same.* Statistical analysis confirmed the influence of gender on echocardiographic parameters showing a significant interaction of gender and infarction for end-systolic diameter and fractional shortening and a significant interaction of gender, infarction and timepoint for end-diastolic diameter. Correlating to the ventricular failure developed after 42 days lung and liver wet to dry ratios as marker for edema are increased. There seems to be no difference in lung congestion between males and females. However males show a significantly higher liver congestion than males, which serves as an indicator for right ventricular function. This might be caused by right ventricular decompensation of males whereas females still compensate the increased load on the right ventricle secondary to left ventricular failure. Statistical analysis confirmed the latter by showing a significant interaction of gender and infarction on liver wet to dry ratio.

These findings are supported by studies examining the effect of estrogen on post-MI remodeling[170, 171, 172], physiological hormone status[188] as well as clinical research[143] all showing no significant influence of sex or estrogen on fractional shortening or ventricular diameters. However this findings are contradicted by two studies, one using a model of physiological hormone status and MI in mice[148] an a clinical study on one-year outcome post-MI[30]. The reason for this inconsistency is not yet clear, however estrogen seems to have no positive effect on post-MI myocardial function.

4.3 Endothelial Function

As discussed above secondary endothelial dysfunction post-MI is a field with diverging results. This study showed no endothelial dysfunction in both sexes at 7 and 42 days post-MI. Basal NO release was reduced at 7 days in both sexes and in males only 42 days post-MI. However the interesting part is an up-regulation of EDHF pathways seen at day 7 in both sexes and at day 42 in females only. This is confirmed by blocking EDHF pathway using TEA a K^+ -channel blocker or miconazole a cytochrome p450 antagonist. It seems like at 7 days post-MI endothelial dysfunction is prohibited by up-regulation of EDHF pathways and this up-regulation is still prominent in females 42 days post-MI. Again the *timepoint of analysis plays a crucial role in finding differences.*

The absence of endothelial dysfunction post-MI well correlates with previous findings of preserved endothelial function in Sprague-Dawley rats[109, 110]. Interestingly basal NO release was restored in female rats at 6 weeks post-MI. This might be due to the stimulating effects of estrogens of eNOS[194], restoring basal NO release[195]. Interestingly one study using estrogen receptor- β knock-out mice suggested that estrogens only show this effects in males[196]. This is supported by a clinical study on young healthy men showing reduced flow mediated dilatation when medicated with aromatase-inhibitors[197]. Endothelial dysfunction in post-MI heart failure is a multi-factorial process. The data obtained in this study suggests to add sex as one of this factors.

4.4 Gene-expression profiling

Gene-expression profiling using genechip[®] technology is a sensitive approach. The huge number of targets evaluated is a huge statistical challenge. Nevertheless it is a way of screening to get an overall idea of what is going on at transcription level. Up-regulation was the predominant answer in this study at both timepoints in

both genders. However *at 7 days there was significantly more up-regulation in males than in females*. A contrary picture showed at day 42 post-MI. However over the whole time more targets were significantly changed in females than in males comparing MI with sham groups. Interestingly only a small subset of targets were the same in males and females on both timepoints. The rest of the targets were only changed in either males or females. A similar picture can be seen when comparing 7 to 42 days in each sex separately. Only a small subset of targets is significantly changed in both 7 and 42 days the rest is either changed at 7 or at 42 days. In both sexes the number of significantly changed targets decreases with time. GO annotations give a pattern over transcriptional programs activated in the tissue at the moment of the examination. Therefore the processes activated can easily be spotted out. At 7 days the groups reacted similar in both males and females suggesting no huge differences between the genders. A contrary picture was seen at 42 days. In nearly all functional groups there were differences between males and females. *This finding suggests that although different targets are expressed at day 7 post-MI in males and females, the basic transcriptional programs activated are the same*. At day 42 post-MI this seems to be different. The different targets activated in males and females seem to be caused by a different transcriptional program activated. Once again timepoint proved to be crucial to discover gender-specific differences.

The only comparable work to this study has been published by Weinberg et al. in 2003[147]. They used a model of pressure overload and evaluated gender-specific differences in early and late hypertrophic response. Interestingly their finding quite confirms the results of this study. Only a small subset of targets were significantly changed comparing the genders in both acute and chronic phase of pressure overload hypertrophy. The majority of targets is either changed in males or females. Furthermore comparing acute with chronic banding again only a small subset was changed in both groups. The majority was either changed in acute or chronic setting of pressure overload. And correlating to the findings of this study the number of significantly changed targets decreased from acute to chronic.

However one difference is to be seen: They found more targets significantly changed in males than in females in acute phase whereas there were about the same number of targets changed in chronic phase. This contradicts the findings in this study where females showed more targets significantly changed at all timepoints.

Gene-expression profiling is as mentioned above a very sensitive tool to monitor processes in cells as well as in tissues. However there are certain drawbacks of this technology. The huge amount of data gained by Genechips put new challenges on bioinformatic analysis and statistics. Due to the huge amount of comparisons

made there will for sure be some significant differences. Like in many methods genechips only give a snapshot at a certain time (the time of snap-freezing the sample) of the transcriptional status in the cell. This study and many others showed the importance of timepoint upon the result of evaluation. Furthermore a huge amount of targets measured on genechips or their function are unknown at the moment. This demonstrates once again our little understanding of processes in sub-cellular level and the huge potential there is for upcoming research. As a result of this problems genechip data is reviewed very critical in the scientific society and it is correct to do so. Time will prove the strength and weaknesses of this and similar technologies.

4.5 Assembling the Pieces

The point that was stressed most throughout this chapter was time. And it seems like time is the factor gluing the pieces of this study together. All parameters showing differences show these in a time dependent manner. At day 7 post-MI early remodeling not many differences were to be seen. In morphology and echocardiography the biggest contrast between the groups were observed at day 21 post-MI, with females showing an adverse progress compared to males. These two parameters didn't show that much contrast 42 days post-MI. In contrary endothelial function and gene-expression profiling showed the highest contrast at this late phase of remodeling. However it is to note that day 21 has not been evaluated in this two analyses. Morphologic and echocardiographic data suggests that females do not react different than males in sense of quantity but rather in velocity of adverse development. The reason of this differences might lay in the differential targets expressed in early remodeling. Although the transcriptional program in early remodeling seems to be similar between males and females there are targets expressed in only one of the sexes. Some of this targets might cause a faster development of hypertrophy and reduced hemodynamics in females. This correlates well with clinical as well as basic research findings. There is evidence for higher 1 year mortality[8, 29] and more frequent development of congestive heart failure in women[8]. Furthermore there are reports of worse prognosis for women post-MI especially in young age[176, 177]. Premenopausal status seems to worsen development post-MI. Although estrogen seems to be protective against the development of coronary artery disease at the moment an myocardial infarction happens this effect doesn't seem to be existent or even detrimental. The often cited better outcome in congestive heart failure in women seems to be caused by a difference in etiology rather than a real benefit in prognosis[135, 136, 140, 141].

Estrogen seems to have no beneficial effects concerning morphologic and functional parameters in basic research[170, 171, 172, 188] as well as in at least one double blind placebo controlled clinical trial[169]. However the phantom of beneficial effects of estrogens on the cardiovascular system is still in the mind of many researchers and practitioners. This idea seems to be untrue for post-MI remodeling. Critical evaluation of the influence of estrogens on other cardiovascular diseases have to follow.

4.6 Limitations of this Study

As post-MI remodeling is a very dynamic process snapshots, like the ones in this study, always render an incomplete picture. Little can be said about the dynamics of processes and therefore on the outcome. It only allows to do statements on the three selected timepoints. Since there are reports of more pronounced hypertrophy in males and this study reported a later onset of hypertrophy in males it might well be that at a later timepoint the hypertrophy of males could be more pronounced than in females. The same thing is to say about echocardiographic parameters. Results in endothelial dysfunction are very species and even strain specific. The results reported by this study should therefore be critically viewed if applied to another strain or species. Genechips as described above have a lot of limitations. Pooling strategy as used in this study should only be considered a screening tool and the results reported above should be seen in this light. To confirm these findings the results will be verified using a second independent method for a selected subset of targets.

4.7 Conclusion

Gender-specific differences do exist in post-MI remodeling in morphology, hemodynamics, endothelial function and gene-expression profile. This differences are highly time dependent. Furthermore *the main difference is not a difference in quantity or quality but in velocity of development of congestive heart failure post-MI*. Further research has to be done to understand this highly dynamic process.

Bibliography

- [1] Creative commons by attribution license 2.5. <http://creativecommons.org/licenses/by/2.5>.
- [2] B. Lohff A. Rieder, editor. *Gender Medizin*. Springer-Verlag, Wien, 2004.
- [3] J. Lindenfeld, H. Krause-Steinrauf, and J. Salerno. Where are all the women with heart failure? *J Am Coll Cardiol*, 30(6):1417–9, 1997.
- [4] Medline trend. <http://dan.corlan.net/medline-trend.html>.
- [5] World Health Organization. Gender and health. *technical paper WHO/FRH, WDH/98.16*, 1998.
- [6] L. Mosca, A. Ferris, R. Fabunmi, R.M. Robertson, and American Heart Association. Tracking women’s awareness of heart disease: an american heart association national study. *Circulation*, 109(5):573–9, 2004.
- [7] World health organization statistical information system 2006. <http://www.who.int/whosis/>.
- [8] N. Bello and L. Mosca. Epidemiology of coronary heart disease in women. *Prog Cardiovasc Dis*, 46(4):287–95, 2004.
- [9] H. Tunstall-Pedoe, K. Kuulasmaa, M. Mähönen, H. Tolonen, E. Ruokokoski, and P. Amouyel. Contribution of trends in survival and coronary-event rates to changes in coronary heart disease mortality: 10-year results from 37 who monica project populations. monitoring trends and determinants in cardiovascular disease. *Lancet*, 353(9164):1547–57, 1999.
- [10] M. Stramba-Badiale, K.M. Fox, S.G. Priori, P. Collins, C. Daly, I. Graham, B. Jonsson, K. Schenck-Gustafsson, and M. Tendera. Cardiovascular diseases in women: a statement from the policy conference of the european society of cardiology. *Eur Heart J*, 27(8):994–1005, 2006.
- [11] E.L. Glader, B. Stegmayr, B. Norrving, A. Terént, K. Hulter-Asberg, P.O. Wester, K. Asplund, and Riks-Stroke Collaboration. Sex differences in management and outcome after stroke: a swedish national perspective. *Stroke*, 34(8):1970–5, 2003.
- [12] J.M. Holroyd-Leduc, M.K. Kapral, P.C. Austin, and J.V. Tu. Sex differences and similarities in the management and outcome of stroke patients. *Stroke*, 31(8):1833–7, 2000.

- [13] C. Weimar, A. Ziegler, I.R. König, and H.C. Diener. Predicting functional outcome and survival after acute ischemic stroke. *J Neurol*, 249(7):888–95, 2002.
- [14] P.M. Ridker, N.R. Cook, I.M. Lee, D. Gordon, J.M. Gaziano, J.E. Manson, C.H. Hennekens, and J.E. Buring. A randomized trial of low-dose aspirin in the primary prevention of cardiovascular disease in women. *N Engl J Med*, 352(13):1293–304, 2005.
- [15] S.S. Rathore, Y. Wang, and H.M. Krumholz. Sex-based differences in the effect of digoxin for the treatment of heart failure. *N Engl J Med*, 347(18):1403–11, 2002.
- [16] A.M. Katz. *Heart failure: pathophysiology, molecular biology and clinical management*. Lippincott Williams & Wilkins, Philadelphia, USA, 2000.
- [17] T. Thom, N. Haase, W. Rosamond, V.J. Howard, J. Rumsfeld, T. Manolio, Z.J. Zheng, K. Flegal, C. O'Donnell, S. Kittner, D. Lloyd-Jones, Hong Goff, Adams Y, Friday R, Furie G, Gorelick K, Kissela P, Marler B, Meigs J, Roger J, Sidney V, Sorlie S, Steinberger P, Wasserthiel-Smoller J, Wilson S, Wolf M, American Heart Association Statistics Committee P, and Stroke Statistics Subcommittee. Heart disease and stroke statistics–2006 update: a report from the american heart association statistics committee and stroke statistics subcommittee. *Circulation*, 113(6):e85–151, 2006.
- [18] J.G. Cleland, K. Swedberg, F. Follath, M. Komajda, A. Cohen-Solal, J.C. Aguilar, R. Dietz, A. Gavazzi, R. Hobbs, J. Korewicki, H.C. Madeira, V.S. Moiseyev, I. Preda, W.H. van Gilst, J. Widimsky, N. Freemantle, J. Eastaugh, J. Mason, and Study Group on Diagnosis of the Working Group on Heart Failure of the European Society of Cardiology. The euroheart failure survey programme– a survey on the quality of care among patients with heart failure in europe. part 1: patient characteristics and diagnosis. *Eur Heart J*, 24(5):442–63, 2003.
- [19] K.K. Ho, K.M. Anderson, W.B. Kannel, W. Grossman, and D. Levy. Survival after the onset of congestive heart failure in framingham heart study subjects. *Circulation*, 88(1):107–15, 1993.
- [20] M.R. Cowie, D.A. Wood, A.J. Coats, S.G. Thompson, P.A. Poole-Wilson, V. Suresh, and G.C. Sutton. Incidence and aetiology of heart failure; a population-based study. *Eur Heart J*, 20(6):421–8, 1999.
- [21] E.H. Starling. Some points in the pathology of heart disease (lecture i). *Lancet*, II:569–72, 1897.
- [22] R.H. Woods. A few applications of a physical theorem to membranes in the human body in a state of tension. *Journal of Anatomy and Physiology*, 26:362, 1892.
- [23] A.C. BURTON. The importance of the shape and size of the heart. *Am Heart J*, 54(6):801–10, 1957.

- [24] L.H. Opie, P.J. Commerford, B.J. Gersh, and M.A. Pfeffer. Controversies in ventricular remodelling. *Lancet*, 367(9507):356–67, 2006.
- [25] M.A. Pfeffer and E. Braunwald. Ventricular remodeling after myocardial infarction. experimental observations and clinical implications. *Circulation*, 81(4):1161–72, 1990.
- [26] B.I. Jugdutt. Ventricular remodeling after infarction and the extracellular collagen matrix: when is enough enough? *Circulation*, 108(11):1395–403, 2003.
- [27] A. de Torbal, E. Boersma, J.A. Kors, G. van Herpen, J.W. Deckers, D.A. van der Kuip, B.H. Stricker, A. Hofman, and J.C. Witteman. Incidence of recognized and unrecognized myocardial infarction in men and women aged 55 and older: the rotterdam study. *Eur Heart J*, 27(6):729–36, 2006.
- [28] D. Hasdai, S. Behar, L. Wallentin, N. Danchin, A.K. Gitt, E. Boersma, P.M. Fioretti, M.L. Simoons, and A. Battler. A prospective survey of the characteristics, treatments and outcomes of patients with acute coronary syndromes in europe and the mediterranean basin; the euro heart survey of acute coronary syndromes (euro heart survey acs). *Eur Heart J*, 23(15):1190–201, 2002.
- [29] B.W. Karlson, J. Herlitz, and M. Hartford. Prognosis in myocardial infarction in relation to gender. *Am Heart J*, 128(3):477–83, 1994.
- [30] H. Dittrich, E. Gilpin, P. Nicod, G. Cali, H. Henning, and Ross. Acute myocardial infarction in women: influence of gender on mortality and prognostic variables. *Am J Cardiol*, 62(1):1–7, 1988.
- [31] W. Baumgarten. Infarction in the heart. *Am J Physiol*, 2(3):243–265, 1899.
- [32] B.I. Jugdutt. Delayed effects of early infarct-limiting therapies on healing after myocardial infarction. *Circulation*, 72(4):907–14, 1985.
- [33] N.G. Frangogiannis, M.L. Lindsey, L.H. Michael, K.A. Youker, R.B. Bressler, L.H. Mendoza, R.N. Spengler, C.W. Smith, and M.L. Entman. Resident cardiac mast cells degranulate and release preformed tnf-alpha, initiating the cytokine cascade in experimental canine myocardial ischemia/reperfusion. *Circulation*, 98(7):699–710, 1998.
- [34] J.H. Hill and P.A. Ward. The phlogistic role of c3 leukotactic fragments in myocardial infarcts of rats. *J Exp Med*, 133(4):885–900, 1971.
- [35] M.C. Peitsch, J. Tschopp, A. Kress, and H. Isliker. Antibody-independent activation of the complement system by mitochondria is mediated by cardiolipin. *Biochem J*, 249(2):495–500, 1988.
- [36] R. Bolli. Oxygen-derived free radicals and postischemic myocardial dysfunction (“stunned myocardium”). *J Am Coll Cardiol*, 12(1):239–49, 1988.

- [37] P. Ferdinandy and R. Schulz. Nitric oxide, superoxide, and peroxynitrite in myocardial ischaemia-reperfusion injury and preconditioning. *Br J Pharmacol*, 138(4):532–43, 2003.
- [38] J.E. Jordan, Z.Q. Zhao, and J. Vinten-Johansen. The role of neutrophils in myocardial ischemia-reperfusion injury. *Cardiovasc Res*, 43(4):860–78, 1999.
- [39] N.G. Frangogiannis, C.W. Smith, and M.L. Entman. The inflammatory response in myocardial infarction. *Cardiovasc Res*, 53(1):31–47, 2002.
- [40] M. Nian, P. Lee, N. Khaper, and P. Liu. Inflammatory cytokines and post-myocardial infarction remodeling. *Circ Res*, 94(12):1543–53, 2004.
- [41] M.W. Irwin, S. Mak, D.L. Mann, R. Qu, J.M. Penninger, A. Yan, F. Dawood, W.H. Wen, Z. Shou, and P. Liu. Tissue expression and immunolocalization of tumor necrosis factor-alpha in postinfarction dysfunctional myocardium. *Circulation*, 99(11):1492–8, 1999.
- [42] T. Kubota, C.F. McTiernan, C.S. Frye, S.E. Slawson, B.H. Lemster, A.P. Koretsky, A.J. Demetris, and A.M. Feldman. Dilated cardiomyopathy in transgenic mice with cardiac-specific overexpression of tumor necrosis factor-alpha. *Circ Res*, 81(4):627–35, 1997.
- [43] T. Kadokami, C.F. McTiernan, T. Kubota, C.S. Frye, and A.M. Feldman. Sex-related survival differences in murine cardiomyopathy are associated with differences in tnfr-receptor expression. *J Clin Invest*, 106(4):589–97, 2000.
- [44] K.A. Krown, M.T. Page, C. Nguyen, D. Zechner, V. Gutierrez, K.L. Comstock, C.C. Glembotski, P.J. Quintana, and R.A. Sabbadini. Tumor necrosis factor alpha-induced apoptosis in cardiac myocytes. involvement of the sphingolipid signaling cascade in cardiac cell death. *J Clin Invest*, 98(12):2854–65, 1996.
- [45] M.S. Finkel, C.V. Oddis, T.D. Jacob, S.C. Watkins, B.G. Hattler, and R.L. Simmons. Negative inotropic effects of cytokines on the heart mediated by nitric oxide. *Science*, 257(5068):387–9, 1992.
- [46] T. Yokoyama, L. Vaca, R.D. Rossen, W. Durante, P. Hazarika, and D.L. Mann. Cellular basis for the negative inotropic effects of tumor necrosis factor-alpha in the adult mammalian heart. *J Clin Invest*, 92(5):2303–12, 1993.
- [47] P.J. Hohensinner, C. Kaun, K Rychli, S. Demyanets, G. Maurer, K. Huber, and J.J. Wojta. Cardiac myocytes and cardiav fibroblasts contribute to regulation of monocyte phenotype [abstract]. *European Surgery*, 38(Supplement 207):10, 2006.
- [48] P.J. Hohensinner, C. Kaun, K. Rychli, E. Ben-Tal Cohen, S.P. Kastl, S. Demyanets, S. Pfaffenberger, W.S. Speidl, G. Rega, R. Ullrich, G. Maurer, K. Huber, and J. Wojta. Monocyte chemoattractant protein (mcp-1) is expressed in human cardiac cells and is differentially regulated by inflammatory mediators and hypoxia. *FEBS Lett*, 580(14):3532–8, 2006.

- [49] K. Ono, A. Matsumori, T. Shioi, Y. Furukawa, and S. Sasayama. Cytokine gene expression after myocardial infarction in rat hearts: possible implication in left ventricular remodeling. *Circulation*, 98(2):149–56, 1998.
- [50] G. Heba, T. Krzemiński, M. Porc, J. Grzyb, and A. Dembińska-Kieć. Relation between expression of tnf alpha, inos, vegf mrna and development of heart failure after experimental myocardial infarction in rats. *J Physiol Pharmacol*, 52(1):39–52, 2001.
- [51] A. Deten, H.C. Volz, W. Briest, and H.G. Zimmer. Cardiac cytokine expression is upregulated in the acute phase after myocardial infarction. experimental studies in rats. *Cardiovasc Res*, 55(2):329–40, 2002.
- [52] C.L. Ivey, F.M. Williams, P.D. Collins, P.J. Jose, and T.J. Williams. Neutrophil chemoattractants generated in two phases during reperfusion of ischemic myocardium in the rabbit. evidence for a role for c5a and interleukin-8. *J Clin Invest*, 95(6):2720–8, 1995.
- [53] M.G. Sutton and N. Sharpe. Left ventricular remodeling after myocardial infarction: pathophysiology and therapy. *Circulation*, 101(25):2981–8, 2000.
- [54] C.A. Chidsey, E. Braunwald, and A.G. Morrow. Catecholamine excretion and cardiac stores of norepinephrine in congestive hear failure. *Am J Med*, 39:442–51, 1965.
- [55] D.E. Jewitt, D. Reid, M. Thomas, C.J. Mercer, C. Valori, and J.P. Shillingford. Free noradrenaline and adrenaline excretion in relation to the development of cardiac arrhythmias and heart-failure in patients with acute myocardial infarction. *Lancet*, 1(7596):635–41, 1969.
- [56] L. McDonald, C. Baker, C. Bray, A. McDonald, and N. Restieaux. Plasma-catecholamines after cardiac infarction. *Lancet*, 2(7629):1021–3, 1969.
- [57] C. Vaney, B. Waeber, G. Turini, D. Margalith, H.R. Brunner, and C. Perret. Renin and the complications of acute myocardial infarction. *Chest*, 86(1):40–3, 1984.
- [58] H.M. McAlpine, J.J. Morton, B. Leckie, A. Rumley, G. Gillen, and H.J. Dargie. Neuroendocrine activation after acute myocardial infarction. *Br Heart J*, 60(2):117–24, 1988.
- [59] D.P. Murray, R.D. Watson, A.V. Zezulka, R.G. Murray, and W.A. Littler. Plasma catecholamine levels in acute myocardial infarction: influence of beta-adrenergic blockade and relation to central hemodynamics. *Am Heart J*, 115(1 Pt 1):38–44, 1988.
- [60] J.L. Rouleau, L.A. Moyé, J. de Champlain, M. Klein, D. Bichet, M. Packer, G. Dagenais, B. Sussex, J.M. Arnold, and F. Sestier. Activation of neurohumoral systems following acute myocardial infarction. *Am J Cardiol*, 68(14):80D–86D, 1991.

- [61] J.L. Rouleau, J. de Champlain, M. Klein, D. Bichet, L. Moyé, M. Packer, G.R. Dagenais, B. Sussex, J.M. Arnold, and F. Sestier. Activation of neurohumoral systems in postinfarction left ventricular dysfunction. *J Am Coll Cardiol*, 22(2):390–8, 1993.
- [62] G.S. Francis, S.R. Goldsmith, T.B. Levine, M.T. Olivari, and J.N. Cohn. The neurohumoral axis in congestive heart failure. *Ann Intern Med*, 101(3):370–7, 1984.
- [63] B. Michorowski and L. Ceremuzyński. The renin-angiotensin–aldosterone system and the clinical course of acute myocardial infarction. *Eur Heart J*, 4(4):259–64, 1983.
- [64] J. Sadoshima, Y. Xu, H.S. Slayter, and S. Izumo. Autocrine release of angiotensin ii mediates stretch-induced hypertrophy of cardiac myocytes in vitro. *Cell*, 75(5):977–84, 1993.
- [65] M.D. Schaller, J. Nussberger, F. Feihl, B. Waeber, H.R. Brunner, C. Perret, and P. Nicod. Clinical and hemodynamic correlates of elevated plasma arginine vasopressin after acute myocardial infarction. *Am J Cardiol*, 60(14):1178–80, 1987.
- [66] T. Nakamura, H. Funayama, A. Yoshimura, Y. Tsuruya, M. Saito, M. Kawakami, and S.E. Ishikawa. Possible vascular role of increased plasma arginine vasopressin in congestive heart failure. *Int J Cardiol*, 106(2):191–5, 2006.
- [67] S.R. Goldsmith and M. Gheorghide. Vasopressin antagonism in heart failure. *J Am Coll Cardiol*, 46(10):1785–91, 2005.
- [68] P. Uusimaa, H. Ruskoaho, O. Vuolteenaho, M. Niemelä, J. Lumme, M. Ikäheimo, A. Jounela, and K. Peuhkurinen. Plasma vasoactive peptides after acute myocardial infarction in relation to left ventricular dysfunction. *Int J Cardiol*, 69(1):5–14, 1999.
- [69] T. Omland, A. Aakvaag, V.V. Bonarjee, K. Caidahl, R.T. Lie, D.W. Nilsen, J.A. Sundsfjord, and K. Dickstein. Plasma brain natriuretic peptide as an indicator of left ventricular systolic function and long-term survival after acute myocardial infarction. comparison with plasma atrial natriuretic peptide and n-terminal proatrial natriuretic peptide. *Circulation*, 93(11):1963–9, 1996.
- [70] J.A. Doust, P.P. Glasziou, E. Pietrzak, and A.J. Dobson. A systematic review of the diagnostic accuracy of natriuretic peptides for heart failure. *Arch Intern Med*, 164(18):1978–84, 2004.
- [71] J. Pernow and Q.D. Wang. Endothelin in myocardial ischaemia and reperfusion. *Cardiovasc Res*, 33(3):518–26, 1997.
- [72] T. Miyauchi, M. Yanagisawa, T. Tomizawa, Y. Sugishita, N. Suzuki, M. Fujino, R. Ajisaka, K. Goto, and T. Masaki. Increased plasma concentrations of endothelin-1 and big endothelin-1 in acute myocardial infarction. *Lancet*, 2(8653):53–4, 1989.

- [73] M. Yasuda, M. Kohno, A. Tahara, H. Itagane, I. Toda, K. Akioka, M. Teragaki, H. Oku, K. Takeuchi, and T. Takeda. Circulating immunoreactive endothelin in ischemic heart disease. *Am Heart J*, 119(4):801–6, 1990.
- [74] M.P. Love and JJV McMurray. Endothelin in congestive heart failure. *Basic Res Cardiol*, 91(Suppl. 1):21–9, 1996.
- [75] F. Pousset, R. Isnard, P. Lechat, H. Kalotka, A. Carayon, G. Maistre, S. Escolano, D. Thomas, and M. Komajda. Prognostic value of plasma endothelin-1 in patients with chronic heart failure. *Eur Heart J*, 18(2):254–8, 1997.
- [76] W. Dietl. *Effects of Post-MI Endothelin-A Receptor Blockade on Ventricular Remodeling*. PhD thesis, Medizinische Universität Wien, 2006.
- [77] H.F. Weisman, D.E. Bush, J.A. Mannisi, M.L. Weisfeldt, and B. Healy. Cellular mechanisms of myocardial infarct expansion. *Circulation*, 78(1):186–201, 1988.
- [78] G.M. Hutchins and B.H. Bulkley. Infarct expansion versus extension: two different complications of acute myocardial infarction. *Am J Cardiol*, 41(7):1127–32, 1978.
- [79] K.T. Weber. Cardiac interstitium in health and disease: the fibrillar collagen network. *J Am Coll Cardiol*, 13(7):1637–52, 1989.
- [80] P. Whittaker, D.R. Boughner, and R.A. Kloner. Role of collagen in acute myocardial infarct expansion. *Circulation*, 84(5):2123–34, 1991.
- [81] J.P. Cleutjens, M.J. Verluyten, J.F. Smiths, and M.J. Daemen. Collagen remodeling after myocardial infarction in the rat heart. *Am J Pathol*, 147(2):325–38, 1995.
- [82] H.E. Kim, S.S. Dalal, E. Young, M.J. Legato, M.L. Weisfeldt, and J. D’Armiento. Disruption of the myocardial extracellular matrix leads to cardiac dysfunction. *J Clin Invest*, 106(7):857–66, 2000.
- [83] S. Chakraborti, M. Mandal, S. Das, A. Mandal, and T. Chakraborti. Regulation of matrix metalloproteinases: an overview. *Mol Cell Biochem*, 253(1-2):269–85, 2003.
- [84] A.M. Deschamps and F.G. Spinale. Pathways of matrix metalloproteinase induction in heart failure: bioactive molecules and transcriptional regulation. *Cardiovasc Res*, 69(3):666–76, 2006.
- [85] N. Sivasubramanian, M.L. Coker, K.M. Kurrelmeyer, W.R. MacLellan, F.J. DeMayo, F.G. Spinale, and D.L. Mann. Left ventricular remodeling in transgenic mice with cardiac restricted overexpression of tumor necrosis factor. *Circulation*, 104(7):826–31, 2001.
- [86] A.J. Gearing, P. Beckett, M. Christodoulou, M. Churchill, J. Clements, A.H. Davidson, A.H. Drummond, W.A. Galloway, R. Gilbert, and J.L. Gordon. Processing of tumour necrosis factor-alpha precursor by metalloproteinases. *Nature*, 370(6490):555–7, 1994.

- [87] U. Schönbeck, F. Mach, and P. Libby. Generation of biologically active il-1 beta by matrix metalloproteinases: a novel caspase-1-independent pathway of il-1 beta processing. *J Immunol*, 161(7):3340–6, 1998.
- [88] C.G. Brilla, G. Zhou, L. Matsubara, and K.T. Weber. Collagen metabolism in cultured adult rat cardiac fibroblasts: response to angiotensin ii and aldosterone. *J Mol Cell Cardiol*, 26(7):809–20, 1994.
- [89] K. Chen, J. Chen, D. Li, X. Zhang, and J.L. Mehta. Angiotensin ii regulation of collagen type i expression in cardiac fibroblasts: modulation by ppar-gamma ligand pioglitazone. *Hypertension*, 44(5):655–61, 2004.
- [90] P. Rouet-Benzineb, B. Gontero, P. Dreyfus, and C. Lafuma. Angiotensin ii induces nuclear factor- kappa b activation in cultured neonatal rat cardiomyocytes through protein kinase c signaling pathway. *J Mol Cell Cardiol*, 32(10):1767–78, 2000.
- [91] W. Briest, A. Hölzl, B. Ressler, A. Deten, M. Leicht, H.A. Baba, and H.G. Zimmer. Cardiac remodeling after long term norepinephrine treatment in rats. *Cardiovasc Res*, 52(2):265–73, 2001.
- [92] W. Briest, B. Ressler, A. Deten, and H.G. Zimmer. Norepinephrine-induced cardiac hypertrophy and fibrosis are not due to mast cell degranulation. *Mol Cell Biochem*, 252(1-2):229–37, 2003.
- [93] S. Naito, S. Shimizu, S. Maeda, J. Wang, R. Paul, and J.A. Fagin. Ets-1 is an early response gene activated by et-1 and pdgf-bb in vascular smooth muscle cells. *Am J Physiol*, 274(2 Pt 1):C472–80, 1998.
- [94] E.E. Creemers, J.P. Cleutjens, J.F. Smits, and M.J. Daemen. Matrix metalloproteinase inhibition after myocardial infarction: a new approach to prevent heart failure? *Circ Res*, 89(3):201–10, 2001.
- [95] Y.Y. Li, A.M. Feldman, Y. Sun, and C.F. McTiernan. Differential expression of tissue inhibitors of metalloproteinases in the failing human heart. *Circulation*, 98(17):1728–34, 1998.
- [96] L. Roten, S. Nemoto, J. Simsic, M.L. Coker, V. Rao, S. Baicu, G. Defreyte, P.J. Soloway, M.R. Zile, and F.G. Spinale. Effects of gene deletion of the tissue inhibitor of the matrix metalloproteinase-type 1 (timp-1) on left ventricular geometry and function in mice. *J Mol Cell Cardiol*, 32(1):109–20, 2000.
- [97] E.E. Creemers, J.N. Davis, A.M. Parkhurst, P. Leenders, K.B. Dowdy, E. Hapke, A.M. Hauet, P.G. Escobar, J.P. Cleutjens, J.F. Smits, M.J. Daemen, M.R. Zile, and F.G. Spinale. Deficiency of timp-1 exacerbates lv remodeling after myocardial infarction in mice. *Am J Physiol Heart Circ Physiol*, 284(1):H364–71, 2003.
- [98] K. Trescher, O. Bernecker, B. Fellner, M. Gyöngyösi, S. Krieger, R. Demartin, E. Wolner, and B.K. Podesser. Adenovirus-mediated overexpression of inhibitor kappa b-alpha attenuates postinfarct remodeling in the rat heart. *Eur J Cardiothorac Surg*, 26(5):960–7, 2004.

- [99] N. Kawamura, T. Kubota, S. Kawano, Y. Monden, A.M. Feldman, H. Tsutsui, A. Takeshita, and K. Sunagawa. Blockade of nf-kappab improves cardiac function and survival without affecting inflammation in tnf-alpha-induced cardiomyopathy. *Cardiovasc Res*, 66(3):520–9, 2005.
- [100] K. Trescher, O. Bernecker, B. Fellner, M. Gyöngyösi, R. Schäfer, S. Aharinejad, R. DeMartin, E. Wolner, and B.K. Podesser. Inflammation and postinfarct remodeling: overexpression of ikappab prevents ventricular dilation via increasing timp levels. *Cardiovasc Res*, 69(3):746–54, 2006.
- [101] L.E. Rohde, A. Ducharme, L.H. Arroyo, M. Aikawa, G.H. Sukhova, A. Lopez-Anaya, K.F. McClure, P.G. Mitchell, P. Libby, and R.T. Lee. Matrix metalloproteinase inhibition attenuates early left ventricular enlargement after experimental myocardial infarction in mice. *Circulation*, 99(23):3063–70, 1999.
- [102] F.G. Spinale, M.L. Coker, S.R. Krombach, R. Mukherjee, H. Hallak, W.V. Houck, M.J. Clair, S.B. Kribbs, L.L. Johnson, J.T. Peterson, and M.R. Zile. Matrix metalloproteinase inhibition during the development of congestive heart failure : effects on left ventricular dimensions and function. *Circ Res*, 85(4):364–76, 1999.
- [103] A. Ducharme, S. Frantz, M. Aikawa, E. Rabkin, M. Lindsey, L.E. Rohde, F.J. Schoen, R.A. Kelly, Z. Werb, P. Libby, and R.T. Lee. Targeted deletion of matrix metalloproteinase-9 attenuates left ventricular enlargement and collagen accumulation after experimental myocardial infarction. *J Clin Invest*, 106(1):55–62, 2000.
- [104] S. Heymans, A. Luttun, D. Nuyens, G. Theilmeier, E. Creemers, L. Moons, G.D. Dyspersin, J.P. Cleutjens, M. Shipley, A. Angellilo, M. Levi, O. Nübe, A. Baker, E. Keshet, F. Lupu, J.M. Herbert, J.F. Smits, S.D. Shapiro, M. Baes, M. Borgers, D. Collen, M.J. Daemen, and P. Carmeliet. Inhibition of plasminogen activators or matrix metalloproteinases prevents cardiac rupture but impairs therapeutic angiogenesis and causes cardiac failure. *Nat Med*, 5(10):1135–42, 1999.
- [105] S.H. Kubo, T.S. Rector, A.J. Bank, R.E. Williams, and S.M. Heifetz. Endothelium-dependent vasodilation is attenuated in patients with heart failure. *Circulation*, 84(4):1589–96, 1991.
- [106] H. Drexler. Endothelium as a therapeutic target in heart failure. *Circulation*, 98(24):2652–5, 1998.
- [107] S. Baggia, K. Perkins, and B. Greenberg. Endothelium-dependent relaxation is not uniformly impaired in chronic heart failure. *J Cardiovasc Pharmacol*, 29(3):389–96, 1997.
- [108] P. Mulder, L. Elfertak, V. Richard, P. Compagnon, B. Devaux, J.P. Henry, E. Scalbert, P. Desché, B. Macé, and C. ThuilleZ. Peripheral artery structure and endothelial function in heart failure: effect of ace inhibition. *Am J Physiol*, 271(2 Pt 2):H469–77, 1996.

- [109] M. Ontkcan, R. Gay, and B. Greenberg. Diminished endothelium-derived relaxing factor activity in an experimental model of chronic heart failure. *Circ Res*, 69(4):1088–96, 1991.
- [110] R.P. Brandes, T. Walles, G. Koddenberg, W. Gwinner, and A. Mügge. Endothelium-dependent vasodilatation in sprague-dawley rats with postinfarction hypertrophy: lack of endothelial dysfunction in vitro. *Basic Res Cardiol*, 93(6):463–9, 1998.
- [111] J.R. Teerlink, M. Clozel, W. Fischli, and J.P. Clozel. Temporal evolution of endothelial dysfunction in a rat model of chronic heart failure. *J Am Coll Cardiol*, 22(2):615–20, 1993.
- [112] S. Gschwend, H. Buikema, R.H. Henning, Y.M. Pinto, D. de Zeeuw, and W.H. van Gilst. Endothelial dysfunction and infarct-size relate to impaired edhf response in rat experimental chronic heart failure. *Eur J Heart Fail*, 5(2):147–54, 2003.
- [113] J. Bauersachs, A. Bouloumié, D. Fraccarollo, K. Hu, R. Busse, and G. Ertl. Endothelial dysfunction in chronic myocardial infarction despite increased vascular endothelial nitric oxide synthase and soluble guanylate cyclase expression: role of enhanced vascular superoxide production. *Circulation*, 100(3):292–8, 1999.
- [114] A. Schäfer, D. Fraccarollo, S.K. Hildemann, P. Tas, G. Ertl, and J. Bauersachs. Addition of the selective aldosterone receptor antagonist eplerenone to ace inhibition in heart failure: effect on endothelial dysfunction. *Cardiovasc Res*, 58(3):655–62, 2003.
- [115] C.J. Smith, D. Sun, C. Hoegler, B.S. Roth, X. Zhang, G. Zhao, X.B. Xu, Y. Kobari, Sessa Pritchard, Hintze WC, and TH. Reduced gene expression of vascular endothelial no synthase and cyclooxygenase-1 in heart failure. *Circ Res*, 78(1):58–64, 1996.
- [116] C.A. Farquharson and A.D. Struthers. Spironolactone increases nitric oxide bioactivity, improves endothelial vasodilator dysfunction, and suppresses vascular angiotensin i/angiotensin ii conversion in patients with chronic heart failure. *Circulation*, 101(6):594–7, 2000.
- [117] C.A. Farquharson and A.D. Struthers. Aldosterone induces acute endothelial dysfunction in vivo in humans: evidence for an aldosterone-induced vasculopathy. *Clin Sci (Lond)*, 103(4):425–31, 2002.
- [118] M. Malmjö, A. Bergdahl, X.H. Zhao, X.Y. Sun, T. Hedner, L. Edvinsson, and D. Erlinge. Enhanced acetylcholine and p2y-receptor stimulated vascular edhf-dilatation in congestive heart failure. *Cardiovasc Res*, 43(1):200–9, 1999.
- [119] P. Yue, C.S. Long, R. Austin, K.C. Chang, P.C. Simpson, and B.M. Massie. Post-infarction heart failure in the rat is associated with distinct alterations in cardiac myocyte molecular phenotype. *J Mol Cell Cardiol*, 30(8):1615–30, 1998.

- [120] M. Gidh-Jain, B. Huang, P. Jain, G. Gick, and N. El-Sherif. Alterations in cardiac gene expression during ventricular remodeling following experimental myocardial infarction. *J Mol Cell Cardiol*, 30(3):627–37, 1998.
- [121] B. Thometich, W. Dietl, G. Mitterer, M. Bauer, K. Trescher, M. Hasun, A. Baumgartner, R. Bittner, W.M. Schmidt, and BK. Podesser. Tenascin-c: a possible marker for lv remodeling after myocardial infarction in endothelin therapy (abstract). *European Surgery*, 39(Supplement 213):8, 2007.
- [122] B.D. Lowes, W. Minobe, W.T. Abraham, M.N. Rizeq, T.J. Bohlmeier, R.A. Quaife, R.L. Roden, D.L. Dutcher, A.D. Robertson, N.F. Voelkel, D.B. Badesch, B.M. Groves, E.M. Gilbert, and M.R. Bristow. Changes in gene expression in the intact human heart. downregulation of alpha-myosin heavy chain in hypertrophied, failing ventricular myocardium. *J Clin Invest*, 100(9):2315–24, 1997.
- [123] K. Nakao, W. Minobe, R. Roden, M.R. Bristow, and L.A. Leinwand. Myosin heavy chain gene expression in human heart failure. *J Clin Invest*, 100(9):2362–70, 1997.
- [124] S. Miyata, W. Minobe, M.R. Bristow, and L.A. Leinwand. Myosin heavy chain isoform expression in the failing and nonfailing human heart. *Circ Res*, 86(4):386–90, 2000.
- [125] G.F. Tomaselli and E. Marbán. Electrophysiological remodeling in hypertrophy and heart failure. *Cardiovasc Res*, 42(2):270–83, 1999.
- [126] M. Gidh-Jain, B. Huang, P. Jain, and N. el Sherif. Differential expression of voltage-gated k⁺ channel genes in left ventricular remodeled myocardium after experimental myocardial infarction. *Circ Res*, 79(4):669–75, 1996.
- [127] B. Huang, T. El-Sherif, M. Gidh-Jain, D. Qin, and N. El-Sherif. Alterations of sodium channel kinetics and gene expression in the postinfarction remodeled myocardium. *J Cardiovasc Electrophysiol*, 12(2):218–25, 2001.
- [128] R. Studer, H. Reinecke, J. Bilger, T. Eschenhagen, M. Böhm, G. Hasenfuss, H. Just, J. Holtz, and H. Drexler. Gene expression of the cardiac na(+)-ca²⁺ exchanger in end-stage human heart failure. *Circ Res*, 75(3):443–53, 1994.
- [129] M. Flesch, R.H. Schwinger, F. Schiffer, K. Frank, M. Südkamp, F. Kuhn-Regnier, G. Arnold, and M. Böhm. Evidence for functional relevance of an enhanced expression of the na(+)-ca²⁺ exchanger in failing human myocardium. *Circulation*, 94(5):992–1002, 1996.
- [130] G. Hasenfuss, W. Schillinger, S.E. Lehnart, M. Preuss, B. Pieske, L.S. Maier, J. Prestle, K. Minami, and H. Just. Relationship between na⁺-ca²⁺-exchanger protein levels and diastolic function of failing human myocardium. *Circulation*, 99(5):641–8, 1999.
- [131] S. Gupta, A.J. Prahash, and I.S. Anand. Myocyte contractile function is intact in the post-infarct remodeled rat heart despite molecular alterations. *Cardiovasc Res*, 48(1):77–88, 2000.

- [132] F.L. Tan, C.S. Moravec, J. Li, C. Apperson-Hansen, P.M. McCarthy, J.B. Young, and M. Bond. The gene expression fingerprint of human heart failure. *Proc Natl Acad Sci U S A*, 99(17):11387–92, 2002.
- [133] M. Steenman, Y.W. Chen, M. Le Cunff, G. Lamirault, A. Varró, E. Hoffman, and J.J. Léger. Transcriptomal analysis of failing and nonfailing human hearts. *Physiol Genomics*, 12(2):97–112, 2003.
- [134] M.C. Petrie, N.F. Dawson, D.R. Murdoch, A.P. Davie, and J.J. McMurray. Failure of women’s hearts. *Circulation*, 99(17):2334–41, 1999.
- [135] F. Gustafsson, C. Torp-Pedersen, H. Burchardt, P. Buch, M. Seibaek, E. Kjølner, I. Gustafsson, L. Køber, and DIAMOND Study Group. Female sex is associated with a better long-term survival in patients hospitalized with congestive heart failure. *Eur Heart J*, 25(2):129–35, 2004.
- [136] J.K. Ghali, H.J. Krause-Steinrauf, K.F. Adams, S.S. Khan, Y.D. Rosenberg, C.W. Yancy, J.B. Young, S. Goldman, M.A. Peberdy, and J. Lindenfeld. Gender differences in advanced heart failure: insights from the best study. *J Am Coll Cardiol*, 42(12):2128–34, 2003.
- [137] M. Martínez-Sellés, J.A. García Robles, L. Prieto, M. Domínguez Muñoa, E. Frades, O. Díaz-Castro, and J. Almendral. Systolic dysfunction is a predictor of long term mortality in men but not in women with heart failure. *Eur Heart J*, 24(22):2046–53, 2003.
- [138] T. Simon, M. Mary-Krause, C. Funck-Brentano, and P. Jaillon. Sex differences in the prognosis of congestive heart failure: results from the cardiac insufficiency bisoprolol study (cibis ii). *Circulation*, 103(3):375–80, 2001.
- [139] J.K. Ghali, I.L. Piña, S.S. Gottlieb, P.C. Deedwania, J.C. Wikstrand, and MERIT-HF Study Group. Metoprolol cr/xl in female patients with heart failure: analysis of the experience in metoprolol extended-release randomized intervention trial in heart failure (merit-hf). *Circulation*, 105(13):1585–91, 2002.
- [140] Dunlap Adams, Sueta SH, Clarke CA, Patterson SW, Blauwet JH, Jensen MB, Tomasko LR, Koch L, and G. Relation between gender, etiology and survival in patients with symptomatic heart failure. *J Am Coll Cardiol*, 28(7):1781–8, 1996.
- [141] Sueta Adams, Gheorghide CA, O’Connor M, Schwartz CM, Koch TA, Uretsky GG, Swedberg B, McKenna K, Soler-Soler W, Califf J, and RM. Gender differences in survival in advanced heart failure. insights from the first study. *Circulation*, 99(14):1816–21, 1999.
- [142] G.E. Garavaglia, F.H. Messerli, R.E. Schmieder, B.D. Nunez, and S. Oren. Sex differences in cardiac adaptation to essential hypertension. *Eur Heart J*, 10(12):1110–4, 1989.

- [143] D.L. Crabbe, K. Dipla, S. Ambati, A. Zafeiridis, J.P. Gaughan, S.R. Houser, and K.B. Margulies. Gender differences in post-infarction hypertrophy in end-stage failing hearts. *J Am Coll Cardiol*, 41(2):300–6, 2003.
- [144] H.M. Krumholz, M. Larson, and D. Levy. Sex differences in cardiac adaptation to isolated systolic hypertension. *Am J Cardiol*, 72(3):310–3, 1993.
- [145] A. Luchner, U. Bröckel, M. Muscholl, H.W. Hense, A. Döring, G.A. Riegger, and H. Schunkert. Gender-specific differences of cardiac remodeling in subjects with left ventricular dysfunction: a population-based study. *Cardiovasc Res*, 53(3):720–7, 2002.
- [146] J.D. Carroll, E.P. Carroll, T. Feldman, D.M. Ward, R.M. Lang, D. McGaughey, and R.B. Karp. Sex-associated differences in left ventricular function in aortic stenosis of the elderly. *Circulation*, 86(4):1099–107, 1992.
- [147] E.O. Weinberg, M. Mirotsoy, J. Gannon, V.J. Dzau, R.T. Lee, and R.E. Pratt. Sex dependence and temporal dependence of the left ventricular genomic response to pressure overload. *Physiol Genomics*, 12(2):113–27, 2003.
- [148] M.A. Cavasin, Z. Tao, S. Menon, and X.P. Yang. Gender differences in cardiac function during early remodeling after acute myocardial infarction in mice. *Life Sci*, 75(18):2181–92, 2004.
- [149] M. Jain, R. Liao, B.K. Podesser, S. Ngoy, C.S. Apstein, and F.R. Eberli. Influence of gender on the response to hemodynamic overload after myocardial infarction. *Am J Physiol Heart Circ Physiol*, 283(6):H2544–50, 2002.
- [150] P.S. Douglas, S.E. Katz, E.O. Weinberg, M.H. Chen, S.P. Bishop, and B.H. Lorell. Hypertrophic remodeling: gender differences in the early response to left ventricular pressure overload. *J Am Coll Cardiol*, 32(4):1118–25, 1998.
- [151] T. Tamura, S. Said, and A.M. Gerdes. Gender-related differences in myocyte remodeling in progression to heart failure. *Hypertension*, 33(2):676–80, 1999.
- [152] G.P. Aurigemma, K.H. Silver, M. McLaughlin, J. Mauser, and W.H. Gaasch. Impact of chamber geometry and gender on left ventricular systolic function in patients. *Am J Cardiol*, 74(8):794–8, 1994.
- [153] A.C. Ng, H.S. Wong, A.S. Yong, and A.P. Sindone. Impact of gender on outcomes in chronic systolic heart failure. *Int J Cardiol*, (In Press), 2006.
- [154] F.A. Masoudi, E.P. Havranek, G. Smith, R.H. Fish, J.F. Steiner, D.L. Ordin, and H.M. Krumholz. Gender, age, and heart failure with preserved left ventricular systolic function. *J Am Coll Cardiol*, 41(2):217–23, 2003.
- [155] R.S. Vasan, M.G. Larson, E.J. Benjamin, J.C. Evans, C.K. Reiss, and D. Levy. Congestive heart failure in subjects with normal versus reduced left ventricular ejection fraction: prevalence and mortality in a population-based cohort. *J Am Coll Cardiol*, 33(7):1948–55, 1999.

- [156] W.Y. Lee, A.M. Capra, N.G. Jensvold, J.H. Gurwitz, A.S. Go, and Epidemiology Practice Outcomes Cost of Heart Failure (EPOCH) Study. Gender and risk of adverse outcomes in heart failure. *Am J Cardiol*, 94(9):1147–52, 2004.
- [157] J.M. Burstein, R. Yan, I. Weller, and B.L. Abramson. Management of congestive heart failure: a gender gap may still exist. observations from a contemporary cohort. *BMC Cardiovasc Disord*, 3:1, 2003.
- [158] Clinical Quality Improvement Network Investigators. Mortality risk and patterns of practice in 4606 acute care patients with congestive heart failure. the relative importance of age, sex, and medical therapy. *Arch Intern Med*, 156(15):1669–73, 1996.
- [159] K.J. Harjai, E. Nunez, J. Stewart Humphrey, T. Turgut, M. Shah, and J. Newman. Does gender bias exist in the medical management of heart failure? *Int J Cardiol*, 75(1):65–9, 2000.
- [160] P. Zapater, J. Novalbos, S. Gallego-Sandín, F.T. Hernández, and F. Abad-Santos. Gender differences in angiotensin-converting enzyme (ace) activity and inhibition by enalaprilat in healthy volunteers. *J Cardiovasc Pharmacol*, 43(5):737–44, 2004.
- [161] A.B. Luzier, A. Killian, J.H. Wilton, M.F. Wilson, A. Forrest, and D.J. Kazierad. Gender-related effects on metoprolol pharmacokinetics and pharmacodynamics in healthy volunteers. *Clin Pharmacol Ther*, 66(6):594–601, 1999.
- [162] M.A. Pfeffer, E. Braunwald, L.A. Moyé, L. Basta, Cuddy Brown, Davis TE, Geltman BR, Goldman EM, Flaker S, and GC. Effect of captopril on mortality and morbidity in patients with left ventricular dysfunction after myocardial infarction. results of the survival and ventricular enlargement trial. the save investigators. *N Engl J Med*, 327(10):669–77, 1992.
- [163] E. Ambrosioni, C. Borghi, and B. Magnani. The effect of the angiotensin-converting-enzyme inhibitor zofenopril on mortality and morbidity after anterior myocardial infarction. the survival of myocardial infarction long-term evaluation (smile) study investigators. *N Engl J Med*, 332(2):80–5, 1995.
- [164] The Acute Infarction Ramipril Efficacy (AIRE) Study Investigators. Effect of ramipril on mortality and morbidity of survivors of acute myocardial infarction with clinical evidence of heart failure. *Lancet*, 342(8875):821–8, 1993.
- [165] L. Køber, C. Torp-Pedersen, J.E. Carlsen, H. Bagger, P. Eliassen, K. Lyngborg, J. Videbaek, D.S. Cole, L. Auclert, and N.C. Pauly. A clinical trial of the angiotensin-converting-enzyme inhibitor trandolapril in patients with left ventricular dysfunction after myocardial infarction. trandolapril cardiac evaluation (trace) study group. *N Engl J Med*, 333(25):1670–6, 1995.
- [166] R. Garg and S. Yusuf. Overview of randomized trials of angiotensin-converting enzyme inhibitors on mortality and morbidity in patients with heart failure. collaborative group on ace inhibitor trials. *JAMA*, 273(18):1450–6, 1995.

- [167] Beta-Blocker Heart Attack Trial Research Group. A randomized trial of propranolol in patients with acute myocardial infarction. i. mortality results. *JAMA*, 247(12):1707–14, 1982.
- [168] W.E. Stumpf, M. Sar, and G. Aumüller. The heart: a target organ for estradiol. *Science*, 196(4287):319–21, 1977.
- [169] S. Hulley, D. Grady, T. Bush, C. Furberg, D. Herrington, B. Riggs, and E. Vittinghoff. Randomized trial of estrogen plus progestin for secondary prevention of coronary heart disease in postmenopausal women. heart and estrogen/progestin replacement study (hers) research group. *JAMA*, 280(7):605–13, 1998.
- [170] T. Pelzer, P.A. Loza, K. Hu, B. Bayer, C. Dienesch, L. Calvillo, J.F. Couse, K.S. Korach, L. Neyses, and G. Ertl. Increased mortality and aggravation of heart failure in estrogen receptor-beta knockout mice after myocardial infarction. *Circulation*, 111(12):1492–8, 2005.
- [171] M. van Eickels, R.D. Patten, M.J. Aronovitz, A. Alsheikh-Ali, K. Gostyla, F. Celestin, C. Grohe, M.E. Mendelsohn, and R.H. Karas. 17-beta-estradiol increases cardiac remodeling and mortality in mice with myocardial infarction. *J Am Coll Cardiol*, 41(11):2084–92, 2003.
- [172] S. Hügel, M. Reincke, H. Strömer, J. Winning, M. Horn, C. Dienesch, P. Mora, H.H. Schmidt, B. Allolio, and S. Neubauer. Evidence against a role of physiological concentrations of estrogen in post-myocardial infarction remodeling. *J Am Coll Cardiol*, 34(5):1427–34, 1999.
- [173] L.C. Sharkey, B.J. Holycross, S. Park, L.J. Shiry, T.M. Hoepf, S.A. McCune, and M.J. Radin. Effect of ovariectomy and estrogen replacement on cardiovascular disease in heart failure-prone shhf/mcc- fa cp rats. *J Mol Cell Cardiol*, 31(8):1527–37, 1999.
- [174] M. van Eickels, C. Grohé, J.P. Cleutjens, B.J. Janssen, H.J. Wellens, and P.A. Doevendans. 17beta-estradiol attenuates the development of pressure-overload hypertrophy. *Circulation*, 104(12):1419–23, 2001.
- [175] T. Pelzer, V. Jazbutyte, K. Hu, S. Segerer, M. Nahrendorf, P. Nordbeck, A.W. Bonz, J. Muck, K.H. Fritzemeier, C. Hegele-Hartung, G. Ertl, and L. Neyses. The estrogen receptor-alpha agonist 16alpha-le2 inhibits cardiac hypertrophy and improves hemodynamic function in estrogen-deficient spontaneously hypertensive rats. *Cardiovasc Res*, 67(4):604–12, 2005.
- [176] V. Vaccarino, L. Parsons, N.R. Every, H.V. Barron, and H.M. Krumholz. Sex-based differences in early mortality after myocardial infarction. national registry of myocardial infarction 2 participants. *N Engl J Med*, 341(4):217–25, 1999.
- [177] G.K. Andrikopoulos, S.E. Tzeis, A.G. Pipilis, D.J. Richter, K.G. Kappos, C.I. Stefanadis, P.K. Toutouzas, E.T. Chimonas, and investigators of the Hellenic

- Study of AMI. Younger age potentiates post myocardial infarction survival disadvantage of women. *Int J Cardiol*, 108(3):320–5, 2006.
- [178] S. Guerra, A. Leri, X. Wang, N. Finato, C. Di Loreto, C.A. Beltrami, J. Kajstura, and P. Anversa. Myocyte death in the failing human heart is gender dependent. *Circ Res*, 85(9):856–66, 1999.
- [179] R.D. Patten, I. Pourati, M.J. Aronovitz, J. Baur, F. Celestin, X. Chen, A. Michael, S. Haq, S. Nuedling, C. Grohe, T. Force, M.E. Mendelsohn, and R.H. Karas. 17beta-estradiol reduces cardiomyocyte apoptosis in vivo and in vitro via activation of phospho-inositide-3 kinase/akt signaling. *Circ Res*, 95(7):692–9, 2004.
- [180] R. Dash, K.F. Frank, A.N. Carr, C.S. Moravec, and E.G. Kranias. Gender influences on sarcoplasmic reticulum ca²⁺-handling in failing human myocardium. *J Mol Cell Cardiol*, 33(7):1345–53, 2001.
- [181] E.O. Weinberg, C.D. Thienelt, S.E. Katz, J. Bartunek, M. Tajima, S. Rohrbach, P.S. Douglas, and B.H. Lorell. Gender differences in molecular remodeling in pressure overload hypertrophy. *J Am Coll Cardiol*, 34(1):264–73, 1999.
- [182] J. Ren, K.K. Hintz, Z.K. Roughead, J. Duan, P.B. Colligan, B.H. Ren, K.J. Lee, and H. Zeng. Impact of estrogen replacement on ventricular myocyte contractile function and protein kinase b/akt activation. *Am J Physiol Heart Circ Physiol*, 284(5):H1800–7, 2003.
- [183] P. Bridgman, M.A. Aronovitz, R. Kakkar, M.I. Oliverio, T.M. Coffman, W.M. Rand, M.A. Konstam, M.E. Mendelsohn, and R.D. Patten. Gender-specific patterns of left ventricular and myocyte remodeling following myocardial infarction in mice deficient in the angiotensin ii type 1a receptor. *Am J Physiol Heart Circ Physiol*, 289(2):H586–92, 2005.
- [184] P.J. Smith, O. Ornatsky, D.J. Stewart, P. Picard, F. Dawood, W.H. Wen, P.P. Liu, D.J. Webb, and J.C. Monge. Effects of estrogen replacement on infarct size, cardiac remodeling, and the endothelin system after myocardial infarction in ovariectomized rats. *Circulation*, 102(24):2983–9, 2000.
- [185] E. Vanoli, S. Bacchini, S. Panigada, F. Pentimalli, and P.B. Adamson. Experimental models of heart failure. *European Heart Journal, Supplement*, 6(6):F7–F15, 2004.
- [186] M.A. Cavasin, S.S. Sankey, A.L. Yu, S. Menon, and X.P. Yang. Estrogen and testosterone have opposing effects on chronic cardiac remodeling and function in mice with myocardial infarction. *Am J Physiol Heart Circ Physiol*, 284(5):H1560–9, 2003.
- [187] B.K. Podesser, M. Jain, S. Ngoy, C.S. Apstein, and F.R. Eberli. Unveiling gender differences in demand ischemia: a study in a rat model of genetic hypertension. *Eur J Cardiothorac Surg*, 31(2):298–304, 2007.

- [188] S.E. Litwin, S.E. Katz, C.M. Litwin, J.P. Morgan, and P.S. Douglas. Gender differences in postinfarction left ventricular remodeling. *Cardiology*, 91(3):173–83, 1999.
- [189] X.J. Du. Gender modulates cardiac phenotype development in genetically modified mice. *Cardiovasc Res*, 63(3):510–9, 2004.
- [190] M.A. Pfeffer, J.M. Pfeffer, M.C. Fishbein, P.J. Fletcher, J. Spadaro, R.A. Kloner, and E. Braunwald. Myocardial infarct size and ventricular function in rats. *Circ Res*, 44(4):503–12, 1979.
- [191] Genechip[®] expression analysis technical manual. http://www.affymetrix.com/support/technical/manual/expression_manual.affx.
- [192] Robert C Gentleman, Vincent J. Carey, Douglas M. Bates, Ben Bolstad, Marcel Dettling, Sandrine Dudoit, Byron Ellis, Laurent Gautier, Yongchao Ge, Jeff Gentry, Kurt Hornik, Torsten Hothorn, Wolfgang Huber, Stefano Iacus, Rafael Irizarry, Friedrich Leisch Cheng Li, Martin Maechler, Anthony J. Rossini, Gunther Sawitzki, Colin Smith, Gordon Smyth, Luke Tierney, Jean Y. H. Yang, and Jianhua Zhang. Bioconductor: Open software development for computational biology and bioinformatics. *Genome Biology*, 5:R80, 2004.
- [193] R Development Core Team. *R: A Language and Environment for Statistical Computing*. R Foundation for Statistical Computing, Vienna, Austria, 2006. ISBN 3-900051-07-0.
- [194] Z. Chen, I.S. Yuhanna, Z. Galcheva-Gargova, R.H. Karas, M.E. Mendelsohn, and P.W. Shaul. Estrogen receptor alpha mediates the nongenomic activation of endothelial nitric oxide synthase by estrogen. *J Clin Invest*, 103(3):401–6, 1999.
- [195] A.A. Nekooeian and C.C. Pang. Estrogen restores role of basal nitric oxide in control of vascular tone in rats with chronic heart failure. *Am J Physiol*, 274(6 Pt 2):H2094–9, 1998.
- [196] L. Luksha, L. Poston, J.A. Gustafsson, K. Hultenby, and K. Kublickiene. The oestrogen receptor beta contributes to sex related differences in endothelial function of murine small arteries via edhf. *J Physiol*, 577(Pt 3):945–55, 2006.
- [197] R. Lew, P. Komesaroff, M. Williams, T. Dawood, and K. Sudhir. Endogenous estrogens influence endothelial function in young men. *Circ Res*, 93(11):1127–33, 2003.

Appendix A

Appendix

A.1 Acknowledgments

Hereby I would like to express my thankfulness to the following persons and institutions for making this work possible.

Our lab under the lead of Bruno Podesser, especially Christof Inci our technician working everyday so we can work, Karola Trescher a brilliant mind and skilled surgeon Georg Mitterer who did the GeneChip analysis, Mariann Gyöngyösi who invested her time in doing echocardiography and Bruno Podesser for mentoring, lecturing and much more.

The lab of Stefan Chlopicki in Krakow, especially Gabor Csanyi who performed the endothelial function experiments with me and taught me how to play "Durak". The Besondere Einrichtung für Biomedizinische Forschung under the lead of Udo Losert for providing an ideal environment to work.

The library of the medical university of Vienna for providing medical literature of the last 200 years, especially Andrea Straub who invested her time in digging out the article of Woods[22].

The numerous cafés in Vienna for providing a comfortable place to work and for keeping my caffeine level reasonable.

My family, who supported me patiently during my studies.

My friends for frequently disturbing my work and directing my thoughts to other not less interesting issues. Especially Lynn Wang who had to suffer from my distractedness and moods and Anna Benini for making me susceptible for a topic like this.

And finally Wolfgang Dietl, colleague, friend and room-mate. Without whom my daily work would be more triste and this thesis wouldn't even have started.

A.2 Disclaimer

The fundamental problem of todays science and those doing it is to assume there is only one reality and that all of it's elements can be quantified and understood.

What we know today is only the least common denominator of the subjective realities of those speaking up and telling them. This work, seen in this perspective, describes only the personal truth of the author and might not be valid in the readers reality.

Appendix B

Geneexpression Tables

B.1 Probesets significantly changed comparing mS7 vs. mM7

Probe Set ID	Gene Symbol	SLR2	annotation
1367661_at	S100a6	1,48	cell cycle / development
1367776_at	Cdc2a	1,68	cell cycle / development
1368527_at	Ptgs2	1,7	cell cycle / development
1369084_a_at	Bok	1,01	cell cycle / development
1369735_at	Gas6	1,03	cell cycle / development
1369968_at	Ptn	1,51	cell cycle / development
1370267_at	Gsk3b	1,76	cell cycle / development
1370282_at	RGD:61950	1,11	cell cycle / development
1370294_a_at	Cdc20	1,29	cell cycle / development
1370458_at	Hdgrfp3	1,62	cell cycle / development
1371527_at	Emp1	1,68	cell cycle / development
1371947_at	Ndn predicted	1,38	cell cycle / development
1372685_at	Cdkn3 predicted	3,5	cell cycle / development
1377064_at	Dusp6	1,08	cell cycle / development
1383075_at	Ccnd1	1,09	cell cycle / development
1387004_at	Nbl1	2,47	cell cycle / development
1387122_at	Plagl1	1,37	cell cycle / development
1387391_at	Cdkn1a	3,38	cell cycle / development
1388479_at	Dpysl3	1,13	cell cycle / development
1390343_at	Ccnc	1,72	cell cycle / development
1398362_at	Notch2	1,59	cell cycle / development
1369351_at	Cntn3	-1,03	cell cycle / development
1372016_at	Gadd45b	-1,4	cell cycle / development
1377100_at	Aprin predicted	-1,43	cell cycle / development
1387226_at	Inexa	-1,2	cell cycle / development
1387927_a_at	Olfm1	-1,49	cell cycle / development
1367570_at	Tagln	1,07	cell structure / motility
1367574_at	Vim	1,12	cell structure / motility
1368404_at	Dbn1	1,4	cell structure / motility

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1368824_at	Cald1	1,04	cell structure / motility
1368838_at	Tpm4	1,07	cell structure / motility
1369976_at	Dncl1	1,13	cell structure / motility
1370033_at	RGD:620885	1,17	cell structure / motility
1370287_a_at	Tpm1	1,28	cell structure / motility
1370339_at	Tpm3	1,29	cell structure / motility
1370792_at	Mapre1	1,08	cell structure / motility
1370863_at	Krt2-5	2,08	cell structure / motility
1370949_at	Marcks	1,32	cell structure / motility
1371184_x_at	Tpm3	2,16	cell structure / motility
1371239_s_at	Tpm3	1,29	cell structure / motility
1371530_at	Krt2-8	1,9	cell structure / motility
1371700_at	Mfap4 predicted	1,56	cell structure / motility
1371895_at	Krt1-14 predicted	2,9	cell structure / motility
1372325_at	Emilin1 predicted	3,07	cell structure / motility
1372516_at	Kif22 predicted	1,87	cell structure / motility
1373674_at	Mfap5 predicted	2,62	cell structure / motility
1376185_at	RGD:1359118	1,5	cell structure / motility
1376924_a_at	Palmd predicted	1,05	cell structure / motility
1386948_at	Nes	1,81	cell structure / motility
1388111_at	Eln	2,28	cell structure / motility
1388155_at	Krt1-18	4,43	cell structure / motility
1389189_at	Actn1	1,98	cell structure / motility
1398294_at	Actn1	1,45	cell structure / motility
1398303_s_at	Tpm3	1,3	cell structure / motility
1398888_at	H3f3b	1,02	cell structure / motility
1367562_at	Sparc	1,06	cell surface / extracellular matrix
1367581_a_at	Spp1	1,69	cell surface / extracellular matrix
1367712_at	Timp1	1,84	cell surface / extracellular matrix
1367849_at	Sdc1	1,11	cell surface / extracellular matrix
1367860_a_at	Mmp14	2,17	cell surface / extracellular matrix
1368171_at	Lox	2,6	cell surface / extracellular matrix
1368172_a_at	Lox	2,38	cell surface / extracellular matrix
1368347_at	Col5a3	4,85	cell surface / extracellular matrix
1368441_at	Msln	1,15	cell surface / extracellular matrix
1368474_at	Vcam1	2,07	cell surface / extracellular matrix
1368829_at	Fbn1	1,4	cell surface / extracellular matrix
1369793_a_at	Mcam	1,16	cell surface / extracellular matrix
1369955_at	Col5a1	1,39	cell surface / extracellular matrix
1370155_at	Colla2	1,77	cell surface / extracellular matrix
1370234_at	<td>2,85</td> <td>cell surface / extracellular matrix</td>	2,85	cell surface / extracellular matrix
1370301_at	Mmp2	1,09	cell surface / extracellular matrix
1370864_at	Colla1	2,35	cell surface / extracellular matrix

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1370895_at	Col5a2	2,23	cell surface / extracellular matrix
1370959_at	Col3a1	1,39	cell surface / extracellular matrix
1371349_at	LOC294337	1,66	cell surface / extracellular matrix
1371369_at	Col6a2 predicted	1,99	cell surface / extracellular matrix
1372897_at	LOC497831	1,39	cell surface / extracellular matrix
1373401_at	—	4,82	cell surface / extracellular matrix
1373463_at	Col5a2	2,17	cell surface / extracellular matrix
1373947_at	Dpt predicted	1,56	cell surface / extracellular matrix
1374726_at	Fndc1 predicted	1,89	cell surface / extracellular matrix
1374933_at	Mcam	1,11	cell surface / extracellular matrix
1375144_at	Timp2	1,47	cell surface / extracellular matrix
1376099_at	Col5a1	1,69	cell surface / extracellular matrix
1376198_at	Asam	1,48	cell surface / extracellular matrix
1386879_at	Lgals3	1,46	cell surface / extracellular matrix
1386912_at	Pcolce	1,14	cell surface / extracellular matrix
1387351_at	Fbn1	2,3	cell surface / extracellular matrix
1387854_at	Col1a2	2,07	cell surface / extracellular matrix
1388054_a_at	Cspg2	1,33	cell surface / extracellular matrix
1388116_at	Col1a1	1,86	cell surface / extracellular matrix
1388138_at	Thbs4	1,51	cell surface / extracellular matrix
1388142_at	Cspg2	1,61	cell surface / extracellular matrix
1388143_at	Col18a1	1,5	cell surface / extracellular matrix
1388936_at	Cdh11	1,08	cell surface / extracellular matrix
1389533_at	Fbln2	1,36	cell surface / extracellular matrix
1393891_at	Col8a1 predicted	1,4	cell surface / extracellular matrix
1367931_a_at	Ptbp1	1,02	gene / protein expression
1368321_at	Egr1	1,49	gene / protein expression
1368726_a_at	Zfp347	1,63	gene / protein expression
1370054_at	Cdkn2c	1,28	gene / protein expression
1370510_a_at	Arntl	2,07	gene / protein expression
1371293_at	—	1,06	gene / protein expression
1374857_at	LOC499709	2,13	gene / protein expression
1376009_at	Mgea6 predicted	1,05	gene / protein expression
1377433_at	Zfp580 predicted	1,09	gene / protein expression
1385243_at	Maf	1,04	gene / protein expression
1389404_at	Fkhl18 predicted	1,88	gene / protein expression
1398350_at	Basp1	1,66	gene / protein expression
1368511_at	Bhlhb3	-1,37	gene / protein expression
1368632_at	Foxg1	-1,88	gene / protein expression
1368784_at	Acf	-1,78	gene / protein expression
1369063_at	Anp32a	-1,93	gene / protein expression
1370541_at	Nr1d2	-1,27	gene / protein expression

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1372266_at	Rev3l predicted	-1,26	gene / protein expression
1373763_at	Zfp297b	-2,79	gene / protein expression
1377013_at	—	-1,07	gene / protein expression
1387874_at	Dbp	-2,24	gene / protein expression
1390430_at	Nr1d2	-1,22	gene / protein expression
1368394_at	Sfrp4	1,08	gene / protein expression
1371048_at	Foxe1	1,17	gene / protein expression
1371504_at	RGD1561181 predicted	1,07	gene / protein expression
1374137_at	Elf1	1,28	gene / protein expression
1374477_at	Prrx2 predicted	1,48	gene / protein expression
1374891_at	Brf2	1,05	gene / protein expression
1389701_at	Pgr	1,01	gene / protein expression
1369850_at	Ugt2a1	-1,24	gene / protein expression
1371967_at	Mrpl16	-1,06	gene / protein expression
1374847_at	Lztr1 predicted	-1,02	gene / protein expression
1387430_at	Hsf2	-1,09	gene / protein expression
1392566_at	Maf	1,31	gene / proteine expression
1367850_at	LOC498276	2,22	immune response
1367973_at	Ccl2	2,74	immune response
1367998_at	Slpi /// LOC296356	1,13	immune response
1368000_at	C3	1,54	immune response
1368238_at	Pap	1,98	immune response
1369672_at	Alox5ap	1,11	immune response
1370892_at	C4a /// C4-2	1,7	immune response
1370928_at	Litaf	1,04	immune response
1376574_at	C1qr1	1,04	immune response
1376652_at	C1qa predicted	1,17	immune response
1387125_at	S100a9	1,35	immune response
1387396_at	Hamp	1,14	immune response
1387687_at	Igsf6	1,14	immune response
1387868_at	Lbp	1,51	immune response
1387902_a_at	LOC500180 /// LOC500183	4,34	immune response
1387952_a_at	Cd44	1,24	immune response
1388272_at	Igh-1a predicted	1,6	immune response
1388602_at	Adn	2,56	immune response
1389123_at	RGD:1303200	1,44	immune response
1389470_at	Bf	1,15	immune response
1390659_at	Cd44	1,88	immune response
1398246_s_at	Fcgr3 /// LOC498276	2,13	immune response
1376734_at	Nov	1,18	intracellular signaling / cell cell communication

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1367584_at	Anxa2	1,16	intracellular signaling / cell-cell communication
1367614_at	Anxa1	1,46	intracellular signaling / cell-cell communication
1367631_at	Ctgf	1,92	intracellular signaling / cell-cell communication
1367813_at	Ppp1r14a	1,19	intracellular signaling / cell-cell communication
1367844_at	Gnai2	1,13	intracellular signaling / cell-cell communication
1367846_at	S100a4	1,86	intracellular signaling / cell-cell communication
1367859_at	Tgfb3	1,22	intracellular signaling / cell-cell communication
1367940_at	Cmkor1	1,1	intracellular signaling / cell-cell communication
1368176_at	Rara	1,41	intracellular signaling / cell-cell communication
1368408_at	Gprk5	1,21	intracellular signaling / cell-cell communication
1368706_at	Tm4sf4	2,77	intracellular signaling / cell-cell communication
1368883_at	Nov	1,09	intracellular signaling / cell-cell communication
1369407_at	Tnfrsf11b	3,89	intracellular signaling / cell-cell communication
1369484_at	Wisp2	1,85	intracellular signaling / cell-cell communication
1369771_at	Irs1	1,13	intracellular signaling / cell-cell communication
1370055_at	Rab3d	1,79	intracellular signaling / cell-cell communication
1370256_at	Fzd1	1,49	intracellular signaling / cell-cell communication
1370948_a_at	Marcks	1,14	intracellular signaling / cell-cell communication
1371644_at	Ptk9 predicted	1,2	intracellular signaling / cell-cell communication
1371785_at	Tnfrsf12a	1,26	intracellular signaling / cell-cell communication
1372031_at	Dab2	1,01	intracellular signaling / cell-cell communication
1372168_s_at	Igfbp6	1,91	intracellular signaling / cell-cell communication

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1372835_at	Rhoj predicted	1,49	intracellular signaling / cell-cell communication
1373611_at	Il17r predicted	1,05	intracellular signaling / cell-cell communication
1373911_at	Postn predicted	4,53	intracellular signaling / cell-cell communication
1374730_at	Tyrobp	1,42	intracellular signaling / cell-cell communication
1375043_at	Fos	5,83	intracellular signaling / cell-cell communication
1376425_at	Tgfb2	1,01	intracellular signaling / cell-cell communication
1379766_at	Tg	1,22	intracellular signaling / cell-cell communication
1386890_at	S100a10	1,07	intracellular signaling / cell-cell communication
1387276_at	RGD:621187	1,31	intracellular signaling / cell-cell communication
1387625_at	Igfbp6	2,66	intracellular signaling / cell-cell communication
1388469_at	—	1,86	intracellular signaling / cell-cell communication
1389905_at	Pepd	1,11	intracellular signaling / cell-cell communication
1390119_at	Sfrp2	2,68	intracellular signaling / cell-cell communication
1397161_a_at	Itsn	1,19	intracellular signaling / cell-cell communication
1398304_at	Fzd2	1,11	intracellular signaling / cell-cell communication
1368303_at	Per2	-1,89	intracellular signaling / cell-cell communication
1371615_at	Dgat2	-1,03	intracellular signaling / cell-cell communication
1371776_at	Pik3r1	-1,16	intracellular signaling / cell-cell communication
1373666_at	Rapgef5	-1,3	intracellular signaling / cell-cell communication
1387224_at	Dgkb	-1,2	intracellular signaling / cell-cell communication
1387504_at	Il1rl2	-1,07	intracellular signaling / cell-cell communication
1389931_at	Crhr2	-1,17	intracellular signaling / cell-cell communication

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1398438_at	Gtpbp3	-1,54	intracellular signaling / cell-cell communication
1371732_at	Dpt predicted	1,38	intradellular signaling / cell-cell communication
1367668_a_at	Scd2	1,05	metabolism
1367856_at	G6pdx	1,11	metabolism
1367896_at	Ca3	1,76	metabolism
1368003_at	Aldh1a2	1,04	metabolism
1368128_at	Pla2g2a	1,1	metabolism
1368878_at	Idi1	1,6	metabolism
1370051_at	Tgm1	3,54	metabolism
1370154_at	Lyz	1,22	metabolism
1370161_at	Ssg1	1,49	metabolism
1370862_at	Apoe	1,4	Metabolism
1371537_at	—	1,15	metabolism
1371774_at	Sat	1,23	metabolism
1372229_at	—	1,15	metabolism
1376089_at	—	1,07	metabolism
1388650_at	Top2a	4,49	metabolism
1388924_at	Angptl4	1,44	metabolism
1389871_at	Got2	1,35	metabolism
1367734_at	Akr1b4	-1	metabolism
1367839_at	Fdft1	-1,11	metabolism
1368188_at	Hpd	-1,04	metabolism
1369292_at	Hsd17b1	-1,52	metabolism
1370019_at	Sult1a1	-2,42	metabolism
1370187_at	Pccb	-1,22	metabolism
1370952_at	Gstm2	-1,22	metabolism
1372382_at	Prkag2	-1,27	metabolism
1376753_at	Fpgt	-1,27	metabolism
1376883_at	MGC93920	-1,21	metabolism
1387703_a_at	Usp2	-1,43	metabolism
1388210_at	Mte1	-1,53	metabolism
1388617_at	Bphl predicted	-1,17	metabolism
1367564_at	Nppa	2,13	neurohumoral response
1368912_at	Trh	4,64	neurohumoral response
1384240_at	Agtr1a	1,15	neurohumoral response
1370012_at	Ptgis	1,01	neurohumoral response
1367655_at	Tmsb10	1,73	others or unknown
1367686_at	RAMP4	1,07	others or unknown
1368187_at	Gpnmb	1,87	others or unknown
1368528_at	Mic2l1	1,41	others or unknown
1368555_at	Cd37	1,99	others or unknown
1368821_at	Fstl1	1,8	others or unknown
1368822_at	Fstl1	1,73	others or unknown

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1368840_at	Lr8	1,3	others or unknown
1369422_at	Fap	1,28	others or unknown
1369648_at	Calcr1	1,04	others or unknown
1370312_at	Spon1	1,32	others or unknown
1370347_at	Pdlim7	1,14	others or unknown
1370383_s_at	RT1-Db1	1,05	others or unknown
1370389_at	LOC497844	1,56	others or unknown
1370967_at	—	1,24	others or unknown
1371033_at	RT1-Bb	1,22	others or unknown
1371331_at	Fstl1	1,76	others or unknown
1371368_at	Sec61a1	1,57	others or unknown
1371432_at	Vat1 predicted	1,37	others or unknown
1371447_at	Plac8 predicted	1,41	others or unknown
1371462_at	Igfbp4	1,1	others or unknown
1371583_at	Rbm3	1,31	others or unknown
1371731_at	MGC72974	1,46	others or unknown
1371782_at	RGD:1359688	1,26	others or unknown
1371803_at	Gm2a	1,02	others or unknown
1371832_at	Leo1	3,94	others or unknown
1371843_at	RGD:1359165	1,1	others or unknown
1371861_at	—	1,17	others or unknown
1371922_at	—	1,32	others or unknown
1371924_at	Olfml3 predicted	1,27	others or unknown
1371927_at	—	1,29	others or unknown
1371970_at	LOC499322	3,83	others or unknown
1372006_at	—	1,98	others or unknown
1372042_at	Cklfs3 predicted	1	others or unknown
1372219_at	MGC109519	1,13	others or unknown
1372256_at	—	1,06	others or unknown
1372286_at	LOC302313	1,19	others or unknown
1372293_at	—	1,97	others or unknown
1372301_at	Aebp1 predicted	1,28	others or unknown
1372308_at	—	1,19	others or unknown
1372640_at	LOC499410	1,99	others or unknown
1372729_at	Procr predicted	1,18	others or unknown
1372756_at	—	1,04	others or unknown
1372824_at	Plekhf2 predicted	1,14	others or unknown
1372870_at	Kdelr3 predicted	1,12	others or unknown
1372947_at	Pls3	1,22	others or unknown
1373000_at	LOC317181	4,34	others or unknown
1373054_at	Cdw92	1,55	others or unknown
1373128_at	RGD:1359365	1,09	others or unknown
1373152_at	RGD:1359545	1,25	others or unknown

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1373156_at	RGD:1359132	1,29	others or unknown
1373221_at	—	1,67	others or unknown
1373250_at	—	1,93	others or unknown
1373290_at	LOC312299	1,73	others or unknown
1373347_at	Acbd3	1,59	others or unknown
1373416_at	RGD1311673 predicted	1,06	others or unknown
1373421_at	Tgif predicted	1,29	others or unknown
1373460_at	LOC501103	1,18	others or unknown
1373471_at	Rnf166	1,43	others or unknown
1373487_at	Spon1	1,31	others or unknown
1373628_at	—	3,07	others or unknown
1373673_at	—	1,4	others or unknown
1373699_at	—	1,42	others or unknown
1373727_at	LOC499856	2,37	others or unknown
1373750_at	Leprel2 pre- dicted	1,37	others or unknown
1373781_a_at	—	1,65	others or unknown
1373823_at	LOC498709	1,75	others or unknown
1373882_at	—	1,06	others or unknown
1373962_at	—	1,12	others or unknown
1374061_at	RGD1307606 predicted	1,07	others or unknown
1374172_at	—	1,8	others or unknown
1374204_at	Wsb1 predicted	1,12	others or unknown
1374238_at	—	1,18	others or unknown
1374276_at	—	1,08	others or unknown
1374529_at	Thbs1	2,18	others or unknown
1374564_at	Dtx2	1,25	others or unknown
1374666_at	Pcf11 predicted	1,15	others or unknown
1374696_at	—	2,3	others or unknown
1374759_at	Galntl1 pre- dicted	1,07	others or unknown
1374775_at	Mki67 predicted /// LOC310382 /// LOC366937	3,69	others or unknown
1374779_at	F13a	1,17	others or unknown
1374809_at	—	1,35	others or unknown
1375010_at	Cd68 predicted	1,03	others or unknown
1375170_at	S100a11 pre- dicted	1,35	others or unknown
1375267_at	RGD:1303221	1,7	others or unknown
1375420_at	Tp53i11 pre- dicted	1,38	others or unknown
1375422_at	—	1,05	others or unknown

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1375523_at	Marcks	1,35	others or unknown
1375575_at	—	1,14	others or unknown
1375857_at	LOC309499	1,28	others or unknown
1375862_at	—	1,04	others or unknown
1375962_at	—	1,04	others or unknown
1376100_at	RGD1305887 predicted	2,88	others or unknown
1376105_at	Col14a1 predicted	1,35	others or unknown
1376377_at	RGD1565114 predicted	1,29	others or unknown
1376379_a_at	RGD1309906	1,05	others or unknown
1376831_at	RGD1308747 predicted	5,85	others or unknown
1376900_at	Aptx	1,25	others or unknown
1376905_at	—	1,48	others or unknown
1376943_at	—	1,18	others or unknown
1377056_at	—	1,17	others or unknown
1377086_at	C1qtnf3 predicted	2,14	others or unknown
1377092_at	—	1,2	others or unknown
1377421_at	—	1,2	others or unknown
1377461_at	RGD1561952 predicted	1,11	others or unknown
1377832_at	Plk4 predicted	1,29	others or unknown
1379702_at	—	2,7	others or unknown
1379747_at	Prss35	4,48	others or unknown
1382849_at	—	3,29	others or unknown
1383912_at	—	1,63	others or unknown
1386154_at	RGD1304927 predicted	1,07	others or unknown
1386461_at	—	1,06	others or unknown
1387774_at	Ywhaz	1,01	others or unknown
1388395_at	G0s2 predicted	1,54	others or unknown
1388408_at	RGD1307129 predicted	1,79	others or unknown
1388425_at	RGD1305890	1,11	others or unknown
1388439_at	LOC360627	1,07	others or unknown
1388478_at	—	1,15	others or unknown
1388484_at	Ube2c predicted	1,37	others or unknown
1388527_at	—	1,7	others or unknown
1388541_at	—	1,66	others or unknown
1388569_at	Serpinf1	1,27	others or unknown
1388596_at	Cotl1 predicted	1	others or unknown
1388674_at	Cdkn1a	1,28	others or unknown

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1388786_at	—	1,17	others or unknown
1388893_at	RGD:1359293	1,29	others or unknown
1388902_at	Loxl1 predicted	3,69	others or unknown
1388985_at	LOC310926 /// LOC501211	1,32	others or unknown
1388990_at	Mki67ip	1	others or unknown
1389006_at	Mpeg1	1,13	others or unknown
1389020_at	—	1,78	others or unknown
1389039_at	—	1,02	others or unknown
1389129_at	RGD1308952	3,14	others or unknown
1389208_at	LOC363495	1,01	others or unknown
1389368_at	Magi1 predicted	1,11	others or unknown
1389383_at	—	1,22	others or unknown
1389408_at	Rrm2	1,92	others or unknown
1389419_at	—	1,03	others or unknown
1389424_at	—	1,04	others or unknown
1389435_at	—	1,18	others or unknown
1389490_at	Cd1641 predicted	1,85	others or unknown
1389500_at	—	1,82	others or unknown
1389553_at	RGD:1359528	1,6	others or unknown
1389617_at	—	1,15	others or unknown
1389722_at	—	1,13	others or unknown
1389756_at	Melk predicted	1,42	others or unknown
1389809_at	—	1,31	others or unknown
1390122_at	RGD1565175 predicted	1,08	others or unknown
1390145_at	—	1,68	others or unknown
1390249_at	RGD1305464 predicted	1,19	others or unknown
1390298_at	—	1,47	others or unknown
1390536_at	—	1,29	others or unknown
1390604_s_at	Itgb3bp predicted	3,36	others or unknown
1390698_at	—	1,25	others or unknown
1390708_at	—	1,93	others or unknown
1392819_at	Ms4a11 predicted	1,44	others or unknown
1392939_at	—	1,42	others or unknown
1392958_at	LOC498035	1,16	others or unknown
1393860_at	—	2,34	others or unknown
1394080_at	—	1,34	others or unknown
1398373_at	B3galt3 predicted	1,25	others or unknown

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1398380_at	RGD1311476 predicted	1,1	others or unknown
1398421_at	—	1,01	others or unknown
1398445_at	—	1,17	others or unknown
1398464_at	—	1,74	others or unknown
1367741_at	Herpud1	-1,62	others or unknown
1368495_at	Rln1	-1,21	others or unknown
1371405_at	—	-1,11	others or unknown
1371479_at	LOC500939	-1,5	others or unknown
1371623_at	RGD1309248 predicted	-1,02	others or unknown
1372091_at	RGD:1303258	-1,55	others or unknown
1372248_at	Sesn1 predicted	-1,11	others or unknown
1372400_at	RGD1563853 predicted	-1,4	others or unknown
1372474_at	—	-1,15	others or unknown
1372676_at	RGD1304560 predicted	-1,71	others or unknown
1372920_at	—	-1,65	others or unknown
1373254_at	—	-1,25	others or unknown
1373444_at	—	-1,06	others or unknown
1373708_at	MGC125034	-1,06	others or unknown
1373930_at	—	-1,09	others or unknown
1374088_at	—	-1,02	others or unknown
1374347_at	—	-1,1	others or unknown
1374374_x_at	RGD1308066 predicted	-1,71	others or unknown
1374688_at	—	-1,02	others or unknown
1375053_at	—	-1,06	others or unknown
1375346_at	RGD1563941 predicted	-1,4	others or unknown
1375445_at	—	-1,58	others or unknown
1375464_at	RGD1564982 predicted	-1,24	others or unknown
1375849_at	—	-1,19	others or unknown
1375911_at	RGD:735140	-1,4	others or unknown
1376139_at	Plxna3_mapped	-1,56	others or unknown
1376155_at	RGD1561110 predicted	-1,07	others or unknown
1376243_at	LOC304692	-1,49	others or unknown
1376495_at	—	-1,06	others or unknown
1376626_at	MGC94941	-1,01	others or unknown
1376678_at	RGD1562438 predicted	-1,3	others or unknown
1376746_at	Ldhd predicted	-3,49	others or unknown

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1377297_at	—	-1,58	others or unknown
1377365_at	RGD1311019 predicted	-1,04	others or unknown
1377380_at	—	-1,14	others or unknown
1377381_at	—	-1,28	others or unknown
1377419_at	—	-2,12	others or unknown
1377772_at	Tmeff1	-1,19	others or unknown
1385438_at	—	-1,09	others or unknown
1385866_at	—	-1,35	others or unknown
1386212_at	Spna1 predicted	-1,24	others or unknown
1386466_at	—	-1,21	others or unknown
1389219_at	LOC498312	-1,48	others or unknown
1389314_at	Nvl predicted	-1,24	others or unknown
1389460_at	—	-1,16	others or unknown
1389632_at	—	-2,82	others or unknown
1389800_at	—	-1,01	others or unknown
1389864_at	—	-1,8	others or unknown
1390161_at	RGD:1359578	-1,52	others or unknown
1390164_at	—	-1,24	others or unknown
1390171_at	—	-1,11	others or unknown
1390540_at	—	-1,02	others or unknown
1392798_at	Pdia2 predicted	-1,08	others or unknown
1394061_at	—	-1,25	others or unknown
1398440_at	—	-1,71	others or unknown
1367559_at	Ftl1	1,12	transport
1367939_at	Rbp1	2,18	transport
1368419_at	Cp	2,47	transport
1368420_at	Cp	1,47	transport
1368565_at	Slc1a3	1,91	transport
1369269_at	Galnt1	1,17	transport
1370228_at	Tf /// Srprb predicted	1,13	transport
1370248_at	Fxyd6	1	transport
1371029_at	Pkd1	1,01	transport
1375633_at	RGD:1303043	1,17	transport
1386913_at	Gp38	1,03	transport
1387011_at	Lcn2	1,24	transport
1387058_at	Pctp	1,11	transport
1387287_a_at	Abcc9	1,2	transport
1387519_at	Vamp1	1,05	transport
1387794_at	Fcna	1,43	transport
1388292_at	Kcnj3	1,03	transport
1367650_at	Lcn7	-1,11	transport
1368304_at	Fmo3	-1,15	transport
1369625_at	Aqp1	-1,01	transport

Continued on Next Page...

Table B.1 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1369668_x_at	Vps52	-1,2	transport
1370103_at	Hcn1	-1,12	transport
1373657_at	Slc31a2	-1,11	transport
1374741_at	Esrra	-1,07	transport
1387053_at	Fmo1	-1,03	transport

B.2 Probesets significantly changed comparing fS7 vs. fM7

Probe Set ID	Gene Symbol	SLR2	annotation
1367776_at	Cdc2a	1,5	cell cycle / development
1367866_at	Fbln5	1,01	cell cycle / development
1367875_at	Gak	1,15	cell cycle / development
1368125_at	Slc12a4	1,56	cell cycle / development
1368527_at	Ptgs2	2,33	cell cycle / development
1369197_at	Apaf1	1,39	cell cycle / development
1369262_at	Casp8	3,21	cell cycle / development
1369530_at	Isl2	1,92	cell cycle / development
1369665_a_at	Il18	1,17	cell cycle / development
1369735_at	Gas6	1,09	cell cycle / development
1369941_at	Dap	1,05	cell cycle / development
1370247_a_at	Pmp22	1,1	cell cycle / development
1370282_at	RGD:61950	1,62	cell cycle / development
1370295_at	Nme1	1,17	cell cycle / development
1370328_at	Dkk3	1,22	cell cycle / development
1371527_at	Emp1	1,12	cell cycle / development
1371551_at	Traf4 predicted	1,16	cell cycle / development
1373914_at	Scgf	2,13	cell cycle / development
1374739_at	LOC500727	1,08	cell cycle / development
1375168_at	Hdac7a	1,41	cell cycle / development
1386938_at	Anpep	1,49	cell cycle / development
1387143_at	Ppp1r9b	1,05	cell cycle / development
1388099_a_at	Tfpt	1,41	cell cycle / development
1388479_at	Dpysl3	1,5	cell cycle / development
1389555_at	RGD:1302974	1,41	cell cycle / development
1398362_at	Notch2	1,4	cell cycle / development
1368545_at	Cflar	-1,28	cell cycle / development
1369068_at	Cul5	-1,87	cell cycle / development
1369192_at	Cdkn1b	-2,47	cell cycle / development
1371131_a_at	Txnip	-1,06	cell cycle / development
1372520_at	Mcl1	-1,03	cell cycle / development
1372926_at	Timp3	-1,95	cell cycle / development
1375872_at	Fcmd predicted	-1,25	cell cycle / development

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1385839_x_at	Tm2d1 pre- dicted	-1,1	cell cycle / development
1388105_at	D123	-1,47	cell cycle / development
1398813_at	Ube1c	-1,08	cell cycle / development
1368202_a_at	Dab2	1,2	cell cycle /development
1367570_at	Tagln	1,79	cell structure / motility
1367574_at	Vim	1,02	cell structure / motility
1368404_at	Dbn1	1,11	cell structure / motility
1368838_at	Tpm4	1,15	cell structure / motility
1369942_at	Actn4	1,07	cell structure / motility
1370033_at	RGD:620885	1,23	cell structure / motility
1370158_at	Myh10	1,29	cell structure / motility
1370307_at	Agrn	1,01	cell structure / motility
1370339_at	Tpm3	1,07	cell structure / motility
1370340_x_at	Tpm3	1,11	cell structure / motility
1370462_at	Hmmr	1,41	cell structure / motility
1370857_at	RGD:621676	1,4	cell structure / motility
1371139_at	Pls3	3,1	cell structure / motility
1371239_s_at	Tpm3	1,05	cell structure / motility
1371575_at	Msn	1,03	cell structure / motility
1371653_at	—	1,08	cell structure / motility
1371700_at	Mfap4 predicted	2,06	cell structure / motility
1372325_at	Emilin1 pre- dicted	2,12	cell structure / motility
1372516_at	Kif22 predicted	1,02	cell structure / motility
1373591_at	Arfp2	1,02	cell structure / motility
1373674_at	Mfap5 predicted	2,14	cell structure / motility
1373897_at	—	1,79	cell structure / motility
1375367_at	RGD:1359203	1,09	cell structure / motility
1376766_at	Fmnl1 predicted	1,15	cell structure / motility
1379936_at	Tpm1	1,92	cell structure / motility
1386925_at	Arpc1b	1,41	cell structure / motility
1386948_at	Nes	1,06	cell structure / motility
1387402_at	Myh9	1,32	cell structure / motility
1388111_at	Eln	1,75	cell structure / motility
1388139_at	Myh2	1,09	cell structure / motility
1388460_at	Capg predicted	1,09	cell structure / motility
1388932_at	Lama5	1,46	cell structure / motility
1389189_at	Actn1	1,56	cell structure / motility
1398294_at	Actn1	1,42	cell structure / motility
1398303_s_at	Tpm3	1,39	cell structure / motility
1399147_at	Dncli1	3,68	cell structure / motility
1370738_a_at	Trdn	-3,13	cell structure / motility
1375542_at	Rdx	-1,11	cell structure / motility
1376924_a_at	Palmd predicted	-1,4	cell structure / motility

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1367562_at	Sparc	2,09	cell surface / extracellular matrix
1367581_a_at	Spp1	1,44	cell surface / extracellular matrix
1367594_at	Bgn	1,34	cell surface / extracellular matrix
1367712_at	Timp1	1,63	cell surface / extracellular matrix
1367744_at	Maged2	1,43	cell surface / extracellular matrix
1367860_a_at	Mmp14	1,97	cell surface / extracellular matrix
1368171_at	Lox	2,13	cell surface / extracellular matrix
1368172_a_at	Lox	1,62	cell surface / extracellular matrix
1368347_at	Col5a3	3,21	cell surface / extracellular matrix
1368530_at	Mmp12	2,41	cell surface / extracellular matrix
1368829_at	Fbn1	2,31	cell surface / extracellular matrix
1369793_a_at	Mcam	1,12	cell surface / extracellular matrix
1369955_at	Col5a1	2,29	cell surface / extracellular matrix
1370043_at	Alcam	1,61	cell surface / extracellular matrix
1370130_at	RGD:619921	1,29	cell surface / extracellular matrix
1370155_at	Col1a2	2,64	cell surface / extracellular matrix
1370234_at	Fn1	2,95	cell surface / extracellular matrix
1370864_at	Col1a1	2,51	cell surface / extracellular matrix
1370895_at	Col5a2	2,05	cell surface / extracellular matrix
1370959_at	Col3a1	1,87	cell surface / extracellular matrix
1371032_at	Nid1	1,03	cell surface / extracellular matrix
1371349_at	LOC294337	1,5	cell surface / extracellular matrix
1371369_at	Col6a2	pre- dicted	2,04 cell surface / extracellular matrix
1372439_at	Col4a1	pre- dicted	1,02 cell surface / extracellular matrix
1372897_at	LOC497831	1,54	cell surface / extracellular matrix
1373245_at	Col4a1	pre- dicted	1,55 cell surface / extracellular matrix
1373401_at	—	3,15	cell surface / extracellular matrix
1373463_at	Col5a2	2,01	cell surface / extracellular matrix
1373947_at	Dpt predicted	1,9	cell surface / extracellular matrix
1374726_at	Fndc1 predicted	2,52	cell surface / extracellular matrix
1376099_at	Col5a1	1,45	cell surface / extracellular matrix
1386879_at	Lgals3	1,28	cell surface / extracellular matrix
1386912_at	Pcolce	1,18	cell surface / extracellular matrix
1387351_at	Fbn1	2,27	cell surface / extracellular matrix
1387854_at	Col1a2	2,41	cell surface / extracellular matrix
1388054_a_at	Cspg2	1,71	cell surface / extracellular matrix
1388116_at	Col1a1	2,81	cell surface / extracellular matrix
1388138_at	Thbs4	2,59	cell surface / extracellular matrix
1388142_at	Cspg2	1,12	cell surface / extracellular matrix
1388143_at	Col18a1	1,88	cell surface / extracellular matrix
1388459_at	Col18a1	4,5	cell surface / extracellular matrix
1388936_at	Cdh11	1,31	cell surface / extracellular matrix

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1389533_at	Fbln2	1,29	cell surface / extracellular matrix
1389966_at	Col6a3	pre- 1,73	cell surface / extracellular matrix
1393891_at	Col8a1	pre- 2,65	cell surface / extracellular matrix
1368321_at	Egr1	1,08	gene / protein expression
1368510_at	Gata1	1,18	gene / protein expression
1368571_at	Cyln2	1,29	gene / protein expression
1370054_at	Cdkn2c	1,64	gene / protein expression
1370159_at	Smardc2	1,09	gene / protein expression
1372483_at	Zfp469 predicted	1,35	gene / protein expression
1372653_at	Fkbp11	pre- 1,13	gene / protein expression
1373599_at	—	1,35	gene / protein expression
1374154_at	—	1,05	gene / protein expression
1375218_at	Tgfb1i4	1,01	gene / protein expression
1375249_at	Eif2c1 predicted	1,13	gene / protein expression
1375661_at	Sox11	1,55	gene / protein expression
1376325_at	—	1,16	gene / protein expression
1378038_at	Ptbp2	1,02	gene / protein expression
1378140_at	Arl11 predicted	1,77	gene / protein expression
1387060_at	Copeb	1,2	gene / protein expression
1387169_at	Tle3	1,43	gene / protein expression
1387343_at	Cebpd	1,48	gene / protein expression
1388761_at	Hdac1 predicted	4,42	gene / protein expression
1389432_at	RGD:1303084	1,11	gene / protein expression
1390415_at	—	1,57	gene / protein expression
1398350_at	Basp1	1,66	gene / protein expression
1368249_at	Klf15	-1,24	gene / protein expression
1369737_at	Crem	-2,41	gene / protein expression
1370751_at	RGD:727924	-1,66	gene / protein expression
1372266_at	Rev3l predicted	-1,12	gene / protein expression
1374857_at	LOC499709	-1,31	gene / protein expression
1376884_a_at	Rpl3l predicted	-1,12	gene / protein expression
1388901_at	Fkbp5 predicted	-1,04	gene / protein expression
1367804_at	Apcs	1,13	gene / protein expression
1368394_at	Sfrp4	2,2	gene / protein expression
1371400_at	Thrsp	1,05	gene / protein expression
1372367_at	—	1,03	gene / protein expression
1373499_at	Gas5	1,75	gene / protein expression
1387036_at	Hes1	1,12	gene / protein expression
1389137_at	Cit	1,18	gene / protein expression
1390046_at	Adam8	pre- 1,06	gene / protein expression
1368376_at	Nr0b2	-1,01	gene / protein expression

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1370474_at	Thrb	-1,4	gene / protein expression
1371504_at	RGD1561181 predicted	-1,58	gene / protein expression
1372245_at	Wdr39	-1,03	gene / protein expression
1372269_at	Med6 predicted	-1,1	gene / protein expression
1376121_at	Phf10	-1,13	gene / protein expression
1376805_at	Rnf2	-1,21	gene / protein expression
1367998_at	Slpi /// LOC296356	1,26	immune response
1368000_at	C3	1,27	immune response
1368393_at	C1qr1	2,16	immune response
1368558_s_at	Aif1	1,14	immune response
1370847_at	Spon2	1,61	immune response
1370892_at	C4a /// C4-2	1,14	immune response
1370904_at	RGD:735053	1,12	immune response
1371015_at	Mx1	1,04	immune response
1371079_at	Fcgr2b	1,73	immune response
1371262_at	Igha /// LOC314492 /// RGD:1359626 /// LOC500731 /// LOC500733 /// LOC500734 /// LOC500735 /// LOC500736 /// LOC501425 /// LOC503065 /// LOC503070	1,21	immune response
1374334_at	Igha	1,16	immune response
1387868_at	Lbp	1,09	immune response
1387902_a_at	LOC500180 /// LOC500183	2,76	immune response
1387952_a_at	Cd44	1,07	immune response
1387969_at	Cxcl10	1,82	immune response
1388130_at	Zyx	1,04	immune response
1388272_at	Igh-1a predicted	4,92	immune response
1388602_at	Adn	1,02	immune response
1368494_at	S100a8	-1,42	immune response
1369305_at	Rab3il1	1,05	intracellular signaling / cell-cell communication
1368114_at	Fgf13	-1,37	intracellular signaling / cell-cell communication
1376734_at	Nov	1,14	intracellular signaling / cell cell communication

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1367584_at	Anxa2	1,57	intracellular signaling / cell-cell communication
1367631_at	Ctgf	1,56	intracellular signaling / cell-cell communication
1367844_at	Gnai2	1,31	intracellular signaling / cell-cell communication
1367846_at	S100a4	2,23	intracellular signaling / cell-cell communication
1367859_at	Tgfb3	1,58	intracellular signaling / cell-cell communication
1368010_at	Ptpn6	1,03	intracellular signaling / cell-cell communication
1368808_at	Cap1	1,03	intracellular signaling / cell-cell communication
1368883_at	Nov	1,09	intracellular signaling / cell-cell communication
1368940_at	P2ry2	1,06	intracellular signaling / cell-cell communication
1369260_a_at	Mpp4	1,37	intracellular signaling / cell-cell communication
1369263_at	Wnt5a	1,51	intracellular signaling / cell-cell communication
1369407_at	Tnfrsf11b	1,77	intracellular signaling / cell-cell communication
1369443_at	Angptl2	1,51	intracellular signaling / cell-cell communication
1369484_at	Wisp2	3,05	intracellular signaling / cell-cell communication
1369645_at	Oprl1	1,14	intracellular signaling / cell-cell communication
1369646_at	Oprl	1,08	intracellular signaling / cell-cell communication
1369736_at	Emp1	1,4	intracellular signaling / cell-cell communication
1370603_a_at	Ptprc	1,01	intracellular signaling / cell-cell communication
1370642_s_at	Pdgfrb LOC497724	/// 1,04	intracellular signaling / cell-cell communication
1371113_a_at	Tfrc	1,21	intracellular signaling / cell-cell communication
1371487_at	Sh3bgrl3 pre-	1,05	intracellular signaling / cell-cell communication
1371632_at	—	1,01	intracellular signaling / cell-cell communication

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1372168_s_at	Igfbp6	2,23	intracellular signaling / cell-cell communication
1372935_at	—	1,38	intracellular signaling / cell-cell communication
1373425_at	LOC365842	1,3	intracellular signaling / cell-cell communication
1373911_at	Postn predicted	2,85	intracellular signaling / cell-cell communication
1374730_at	Tyrobp	1	intracellular signaling / cell-cell communication
1375043_at	Fos	1,33	intracellular signaling / cell-cell communication
1375224_at	Phlda3 predicted	1,71	intracellular signaling / cell-cell communication
1376425_at	Tgfb2	2,36	intracellular signaling / cell-cell communication
1385814_at	Map3k3 predicted	1,29	intracellular signaling / cell-cell communication
1387276_at	RGD:621187	1,05	intracellular signaling / cell-cell communication
1387444_at	Ptprh	1,01	intracellular signaling / cell-cell communication
1387523_at	Ptgdr /// LOC498475	1,21	intracellular signaling / cell-cell communication
1387625_at	Igfbp6	1,99	intracellular signaling / cell-cell communication
1388469_at	—	1,22	intracellular signaling / cell-cell communication
1388750_at	Tfrc	1,18	intracellular signaling / cell-cell communication
1389315_at	Git2	1,52	intracellular signaling / cell-cell communication
1390119_at	Sfrp2	2,63	intracellular signaling / cell-cell communication
1392672_at	Scgf	1,37	intracellular signaling / cell-cell communication
1393669_at	RGD:1359415	2,6	intracellular signaling / cell-cell communication
1398304_at	Fzd2	2,57	intracellular signaling / cell-cell communication
1398345_at	—	1,3	intracellular signaling / cell-cell communication
1368132_at	Tob1	-1,17	intracellular signaling / cell-cell communication

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1368358_a_at	Ptpr	-1,34	intracellular signaling / cell-cell communication
1368854_at	Vsnl1	-1,08	intracellular signaling / cell-cell communication
1368924_at	Ghr	-1,26	intracellular signaling / cell-cell communication
1369152_at	Ppp3r1	-1,39	intracellular signaling / cell-cell communication
1369352_at	Hipk3	-1,1	intracellular signaling / cell-cell communication
1370061_at	Rab3b	-1,46	intracellular signaling / cell-cell communication
1371060_at	Trim23	-1,81	intracellular signaling / cell-cell communication
1371776_at	Pik3r1	-1,02	intracellular signaling / cell-cell communication
1374235_at	Dscr11l	-1	intracellular signaling / cell-cell communication
1374989_at	Asb12	-1,1	intracellular signaling / cell-cell communication
1375692_at	Mapk1	-1,1	intracellular signaling / cell-cell communication
1382105_at	Gnb5	-4,65	intracellular signaling / cell-cell communication
1382375_at	Wnt5a	-1,1	intracellular signaling / cell-cell communication
1386950_at	Ppp1cb	-2,33	intracellular signaling / cell-cell communication
1388048_a_at	Inpp4b	-1,46	intracellular signaling / cell-cell communication
1388305_at	Araf	-1,06	intracellular signaling / cell-cell communication
1371732_at	Dpt predicted	1,35	intracellular signaling / cell-cell communication
1367497_at	Ptdss1	1,08	metabolism
1367708_a_at	Fasn	1,25	metabolism
1368027_at	Tbxas1	1,32	metabolism
1368259_at	Ptgs1	1,14	metabolism
1368370_at	Adcy4	1,19	metabolism
1369460_at	Slc7a2	1,04	metabolism
1369929_at	Psap	1,02	metabolism
1370154_at	Lyz	1,59	metabolism
1370161_at	Ssg1	1,26	metabolism
1370220_at	Scsep1	1,26	metabolism
1370862_at	Apoe	1,79	Metabolism

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1371774_at	Sat	1,13	metabolism
1373150_at	Comtd1 pre- dicted	1,07	metabolism
1373600_at	LOC300173	1,36	metabolism
1374976_a_at	Soat1	1,87	metabolism
1383303_at	Sah	1,3	metabolism
1383945_at	Umpk predicted	1,22	metabolism
1387376_at	Aox1	1,83	metabolism
1387570_at	Manea	1,32	metabolism
1388650_at	Top2a	2,47	metabolism
1389688_at	Leprel1	1,74	metabolism
1390420_at	Cpxm1 pre- dicted	1,25	metabolism
1390588_at	—	2,22	metabolism
1398349_at	Ak2	1,12	metabolism
1399162_a_at	Ddb1	1,28	metabolism
1367544_at	Rnf111 pre- dicted	-1,15	metabolism
1367908_at	Gcsh	-1,11	metabolism
1368814_at	Aldh6a1	-1,43	metabolism
1369150_at	Pdk4	-1,39	metabolism
1369629_at	Adk	-1,23	metabolism
1369785_at	Ppat	-1,09	metabolism
1370019_at	Sult1a1	-1,81	metabolism
1370237_at	Hadhsc	-1,01	metabolism
1370385_at	Pla2g6	-1,42	metabolism
1372323_at	Sardh	-1,06	metabolism
1372524_at	—	-1,17	metabolism
1373201_at	Dbt	-1,33	metabolism
1384466_at	RGD:1359368	-1,93	metabolism
1387022_at	Aldh1a1	-1,07	metabolism
1387206_at	B4galt6	-1,28	metabolism
1387896_at	Scp2	-1,08	metabolism
1388210_at	Mte1	-2,68	metabolism
1388211_s_at	Cte1 /// Mte1	-1,73	metabolism
1388410_at	Ugp2 predicted	-1,07	metabolism
1388617_at	Bphl predicted	-1,06	metabolism
1389114_at	RGD1309144	-1,01	metabolism
1389548_at	Adhfe1 pre- dicted	-2	metabolism
1389572_at	Me3 predicted	-1,02	metabolism
1389989_at	Atrx	-4,72	metabolism
1390388_at	Fech predicted	-1,08	metabolism
1367564_at	Nppa	2,62	neurohumoral response
1370012_at	Ptgis	1,64	neurohumoral response

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1367768_at	Lxn	1,61	others or unknown
1367986_at	Ptgfrn	1,04	others or unknown
1367993_at	Rsn	1,06	others or unknown
1368187_at	Gpnmnb	2,73	others or unknown
1368247_at	Hspa1a Hspa1b	/// 1,05	others or unknown
1368276_at	Syp	1,23	others or unknown
1368399_a_at	Pgcp	1,12	others or unknown
1368676_at	Dnch2 LOC497827	/// 1,6	others or unknown
1368821_at	Fstl1	1,83	others or unknown
1368822_at	Fstl1	2,37	others or unknown
1368840_at	Lr8	1,56	others or unknown
1368976_at	Cd38	1,01	others or unknown
1369422_at	Fap	1,46	others or unknown
1369453_at	Epn1	1,12	others or unknown
1369723_at	Xylt2	1,25	others or unknown
1369947_at	Ctsk	1,27	others or unknown
1370000_at	Nucb2	1,01	others or unknown
1370347_at	Pdlim7	1,44	others or unknown
1370383_s_at	RT1-Db1	1,34	others or unknown
1370394_at	RGD:1359626 /// LOC500728	2,77	others or unknown
1370883_at	RT1-Da	1,22	others or unknown
1370885_at	Ctsz	1,24	others or unknown
1370887_at	Tgfb1i1	1,36	others or unknown
1370964_at	Ass	1,18	others or unknown
1371033_at	RT1-Bb	1,19	others or unknown
1371037_at	Pros1	1,01	others or unknown
1371194_at	Tnfaip6	1,47	others or unknown
1371331_at	Fstl1	2,18	others or unknown
1371368_at	Sec61a1	1,23	others or unknown
1371382_at	LOC293860	1,38	others or unknown
1371411_at	Plxnb2 pre- dicted	1,21	others or unknown
1371412_a_at	Nrep	1,27	others or unknown
1371432_at	Vat1 predicted	1,25	others or unknown
1371447_at	Plac8 predicted	1,42	others or unknown
1371462_at	Igfbp4	1,46	others or unknown
1371563_at	Rcc2 predicted	1,21	others or unknown
1371583_at	Rbm3	1,37	others or unknown
1371735_at	—	1,49	others or unknown
1371771_at	—	1,62	others or unknown
1371782_at	RGD:1359688	1,3	others or unknown
1371784_at	RGD:1303226	1,43	others or unknown

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1371803_at	Gm2a	1,32	others or unknown
1371847_at	—	1,07	others or unknown
1371924_at	Olfml3 predicted	1,28	others or unknown
1371927_at	—	1,24	others or unknown
1372006_at	—	1,35	others or unknown
1372042_at	Cklfs3 pre- dicted	1,24	others or unknown
1372050_at	—	1,25	others or unknown
1372063_at	LOC497938	1,7	others or unknown
1372125_at	Gpx7 predicted	1,33	others or unknown
1372146_at	—	1,53	others or unknown
1372174_at	Peflin	1,06	others or unknown
1372219_at	MGC109519	1,3	others or unknown
1372285_at	—	1,32	others or unknown
1372293_at	—	1,38	others or unknown
1372301_at	Aebp1 predicted	1,74	others or unknown
1372357_at	Tbc1d20	1,09	others or unknown
1372410_at	C1qtnf6 pre- dicted	1,62	others or unknown
1372447_at	—	1,01	others or unknown
1372640_at	LOC499410	5,14	others or unknown
1372655_at	—	1,09	others or unknown
1372658_at	Dmn	1,08	others or unknown
1372772_at	—	1,12	others or unknown
1372778_at	—	1,03	others or unknown
1372870_at	Kdelr3 predicted	1,3	others or unknown
1372979_at	—	1,09	others or unknown
1373000_at	LOC317181	1,47	others or unknown
1373054_at	Cdw92	1,37	others or unknown
1373127_at	LOC502656	1,13	others or unknown
1373128_at	RGD:1359365	1,08	others or unknown
1373204_at	RGD1310725 predicted	1,27	others or unknown
1373214_at	Kdelc1	1,1	others or unknown
1373250_at	—	1,29	others or unknown
1373458_at	Bex4	1,27	others or unknown
1373514_at	RGD1308168 predicted	1,29	others or unknown
1373536_at	—	1,21	others or unknown
1373561_at	RGD:1359458	1,08	others or unknown
1373592_at	MGC94010	1,16	others or unknown
1373628_at	—	2,57	others or unknown
1373672_at	—	1,76	others or unknown
1373673_at	—	1,24	others or unknown
1373727_at	LOC499856	2,24	others or unknown

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1373750_at	Leprel2 predicted	1,23	others or unknown
1373781_a_at	—	1,1	others or unknown
1373860_at	Sox4 predicted	1,36	others or unknown
1373882_at	—	1,21	others or unknown
1373889_at	LOC498022	1,06	others or unknown
1374081_at	—	1,12	others or unknown
1374121_at	—	1,42	others or unknown
1374172_at	—	1,86	others or unknown
1374176_at	RGD1308059 predicted	1,12	others or unknown
1374247_at	Stab1 predicted	2,68	others or unknown
1374276_at	—	1,21	others or unknown
1374381_at	—	1,38	others or unknown
1374383_at	—	1,18	others or unknown
1374453_at	—	1,39	others or unknown
1374529_at	Thbs1	1,74	others or unknown
1374627_at	—	1,2	others or unknown
1374666_at	Pcf11 predicted	1,23	others or unknown
1374670_at	RGD1307722 predicted	1,07	others or unknown
1374709_at	—	1,06	others or unknown
1374759_at	Galnt1 predicted	1,74	others or unknown
1374762_at	—	1,17	others or unknown
1374798_at	Tor1aip2	1,04	others or unknown
1374831_at	Athl1 predicted	1,02	others or unknown
1374851_at	Ixl predicted	1,15	others or unknown
1374939_at	—	1,13	others or unknown
1375010_at	Cd68 predicted	1,64	others or unknown
1375054_at	—	1,02	others or unknown
1375056_at	LOC289589	1,22	others or unknown
1375123_at	Sox4 predicted	1,03	others or unknown
1375170_at	S100a11 predicted	1,52	others or unknown
1375187_at	—	1,26	others or unknown
1375248_at	RGD:1359220	1,3	others or unknown
1375267_at	RGD:1303221	1,15	others or unknown
1375523_at	Marcks	1,57	others or unknown
1375575_at	—	1,01	others or unknown
1375593_at	—	1,34	others or unknown
1375724_at	RGD1563612 predicted	1,22	others or unknown
1375862_at	—	1,46	others or unknown
1375921_at	—	1,43	others or unknown

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1375998_at	—	1,59	others or unknown
1376028_at	LOC303514	1,15	others or unknown
1376045_at	—	1,13	others or unknown
1376100_at	RGD1305887	1,54	others or unknown
1376105_at	Col14a1 predicted	1,14	others or unknown
1376152_at	—	1,01	others or unknown
1376321_at	Fam38a predicted	1,24	others or unknown
1376332_at	RGD1560268 predicted	1,13	others or unknown
1376353_at	Actr5 predicted	1,31	others or unknown
1376459_at	RGD1563580 predicted	1,05	others or unknown
1376799_a_at	Crlf1 predicted	1,41	others or unknown
1376821_at	—	1,18	others or unknown
1376831_at	RGD1308747 predicted	1,54	others or unknown
1376905_at	—	1,31	others or unknown
1376980_at	—	3,41	others or unknown
1376998_a_at	—	3,74	others or unknown
1377024_at	—	1,23	others or unknown
1377086_at	C1qtnf3 predicted	4,81	others or unknown
1377239_at	Apbb1ip predicted	1,39	others or unknown
1378016_at	—	1,22	others or unknown
1378367_at	—	1,29	others or unknown
1380822_at	—	1,03	others or unknown
1380979_a_at	RGD1309414 predicted	1	others or unknown
1383013_at	RGD1565099 predicted	1,07	others or unknown
1383100_at	RGD1306343 predicted	1,24	others or unknown
1383175_a_at	RGD1306959 predicted	1,57	others or unknown
1383684_at	Asf1b predicted	1,75	others or unknown
1384288_at	—	1,22	others or unknown
1384847_at	—	1,14	others or unknown
1384934_at	—	1,49	others or unknown
1385236_at	RGD1304856 predicted	1,58	others or unknown
1385241_at	—	1,72	others or unknown

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1385458_a_at	RGD1306959 predicted	1,26	others or unknown
1386041_a_at	RGD:1359220	1,03	others or unknown
1386160_at	Thh predicted	1,13	others or unknown
1386744_x_at	—	4,77	others or unknown
1387166_at	Aipl1	1,13	others or unknown
1387897_at	Cnp1	1,1	others or unknown
1387946_at	Lgals3bp	1	others or unknown
1388148_a_at	Lrpap1	1,18	others or unknown
1388166_at	RGD:1359202 /// LOC299458 /// LOC314509 /// LOC366747	1,52	others or unknown
1388339_at	Pea15 predicted	1,15	others or unknown
1388340_at	RGD:1303041	1,43	others or unknown
1388416_at	Lrp1 predicted	1,23	others or unknown
1388439_at	LOC360627	1,59	others or unknown
1388482_at	—	1,48	others or unknown
1388484_at	Ube2c predicted	2	others or unknown
1388519_at	Sec61b predicted	1,04	others or unknown
1388527_at	—	2,07	others or unknown
1388569_at	Serpinf1	1,17	others or unknown
1388596_at	Cotl1 predicted	1,78	others or unknown
1388628_at	RGD:1303327	1,15	others or unknown
1388773_at	LOC299339	1,08	others or unknown
1388784_at	Csf1r	1,05	others or unknown
1388786_at	—	1,53	others or unknown
1388902_at	Loxl1 predicted	2,37	others or unknown
1389020_at	—	2,01	others or unknown
1389039_at	—	1,09	others or unknown
1389048_at	RGD:620739	1,71	others or unknown
1389263_at	Rai14 predicted	1,56	others or unknown
1389295_at	Olfml2b predicted	1,37	others or unknown
1389306_at	—	2,64	others or unknown
1389408_at	Rrm2	1,7	others or unknown
1389419_at	—	3,8	others or unknown
1389435_at	—	1,02	others or unknown
1389490_at	Cd1641 predicted	2,22	others or unknown

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1389600_at	LOC301748 /// LOC316186 /// LOC360998 /// LOC363306 /// LOC363320 /// LOC363433 /// LOC498374 /// LOC501091 /// LOC501092 /// LOC501093 /// LOC501221 /// LOC501225 /// LOC501226 /// LOC501245 /// LOC501250 /// LOC501253 /// LOC501393 /// LOC501396 ///	4,55	others or unknown
1389637_at	RGD1309338 predicted	1,18	others or unknown
1389640_at	—	1,08	others or unknown
1389695_at	—	1,43	others or unknown
1389698_at	—	1,06	others or unknown
1389707_at	—	2,21	others or unknown
1389809_at	—	1,02	others or unknown
1389864_at	—	1,06	others or unknown
1389889_at	RGD1306404 predicted	1,09	others or unknown
1390175_at	RGD1565319 predicted	1,02	others or unknown
1390177_at	—	1,29	others or unknown
1390200_at	RGD1304816 predicted	1,73	others or unknown
1390249_at	RGD1305464 predicted	1,74	others or unknown
1390277_at	RGD1560646 predicted	1,27	others or unknown
1390306_at	—	1,32	others or unknown
1390708_at	—	1,67	others or unknown
1391484_at	Socs7 predicted	1,17	others or unknown
1391544_at	—	1,15	others or unknown
1392534_at	Tmepai pre- dicted	1,25	others or unknown

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1392938_s_at	RGD1306959 predicted	1,37	others or unknown
1393643_at	Rcn predicted	1,09	others or unknown
1398348_at	—	1,37	others or unknown
1367522_at	RGD1566014 predicted	-1,05	others or unknown
1367728_at	Tsn	-1,28	others or unknown
1368013_at	Ddit4l	-1,3	others or unknown
1368208_at	Cml1	-1,28	others or unknown
1368770_at	Gcnt1	-1,97	others or unknown
1368843_at	Yme1l1	-1,24	others or unknown
1368944_at	Dlgh1	-1,25	others or unknown
1369070_at	Pex12	-1,44	others or unknown
1369076_at	Tmem33	-1,24	others or unknown
1369591_at	Csn10	-1,06	others or unknown
1370198_at	Trdn	-1,24	others or unknown
1371405_at	—	-1,19	others or unknown
1371443_at	RGD1304567	-1,02	others or unknown
1371715_at	MGC112883	-1,01	others or unknown
1371744_at	—	-1,03	others or unknown
1371766_at	—	-1,17	others or unknown
1371956_at	—	-1,01	others or unknown
1371965_at	RGD1303272	-1,17	others or unknown
1371970_at	LOC499322	-2,78	others or unknown
1372011_at	Gda	-1,18	others or unknown
1372101_at	Ppap2b	-1,07	others or unknown
1372248_at	Sesn1 predicted	-1,23	others or unknown
1372312_at	Ltv1	-1,07	others or unknown
1372372_at	RGD1306952 predicted	-1,15	others or unknown
1372534_at	—	-1,39	others or unknown
1372586_at	Ube2d3	-1,21	others or unknown
1372627_at	—	-1,08	others or unknown
1372676_at	RGD1304560 predicted	-1,71	others or unknown
1372713_at	RGD1309550	-1,04	others or unknown
1373011_at	LOC619558	-1,16	others or unknown
1373142_at	Ghitm	-1,11	others or unknown
1373178_at	—	-1,09	others or unknown
1373253_at	Acbd4	-1,25	others or unknown
1373266_at	RGD1306327	-1,16	others or unknown
1373568_at	—	-1,03	others or unknown
1373652_at	—	-1,04	others or unknown
1373765_at	—	-1,96	others or unknown
1373773_at	Gpm6a	-1,39	others or unknown

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1373859_at	—	-1,59	others or unknown
1374088_at	—	-1,22	others or unknown
1374148_at	LOC498009	-3,13	others or unknown
1374218_at	Iqsec2 predicted	-1,09	others or unknown
1374237_at	Lmod1 pre- dicted	-1,02	others or unknown
1374278_at	—	-1,56	others or unknown
1374318_at	—	-1,09	others or unknown
1374348_at	RGD1308111 predicted	-1,02	others or unknown
1374408_at	RGD1309199	-1,14	others or unknown
1374454_at	—	-1,67	others or unknown
1374515_at	RGD1306437 predicted	-1,1	others or unknown
1374527_at	RGD1308525 predicted	-1,39	others or unknown
1374562_at	—	-1,01	others or unknown
1374605_at	RGD1309660 predicted	-1,22	others or unknown
1374652_at	—	-1,5	others or unknown
1374676_at	Mob	-1,2	others or unknown
1374753_at	MGC93684	-1,02	others or unknown
1374770_at	Asah1	-1,11	others or unknown
1375099_at	—	-1,25	others or unknown
1375422_at	—	-1,49	others or unknown
1375644_at	LOC498824	-1,02	others or unknown
1375911_at	RGD:735140	-1,45	others or unknown
1376049_at	LOC312030	-1,15	others or unknown
1376058_at	Mtus1	-1,05	others or unknown
1376094_at	Hint3	-1,06	others or unknown
1376175_at	LOC498174	-2,67	others or unknown
1376280_at	RGD1307284 predicted	-1,11	others or unknown
1376282_at	—	-1,12	others or unknown
1376376_at	—	-1,03	others or unknown
1376484_at	RGD1559624 predicted	-1,75	others or unknown
1376581_at	RGD1309138 predicted	-3,07	others or unknown
1376620_at	—	-1,24	others or unknown
1376746_at	Ldhd predicted	-1,57	others or unknown
1376770_at	RGD1559565 predicted	-1,04	others or unknown
1376843_at	Bmpr2	-1,53	others or unknown

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1376861_at	LOC317312 /// LOC501648	-1,53	others or unknown
1376868_at	—	-1,05	others or unknown
1377069_at	—	-1,15	others or unknown
1377072_at	—	-1,7	others or unknown
1377213_at	—	-1,09	others or unknown
1377297_at	—	-1,52	others or unknown
1377448_at	RGD1307901 predicted	-1,09	others or unknown
1377807_a_at	—	-1,27	others or unknown
1379500_at	LOC498404	-1,06	others or unknown
1380883_at	—	-1,53	others or unknown
1382255_at	—	-1,03	others or unknown
1382959_at	—	-1,07	others or unknown
1383058_at	—	-1,15	others or unknown
1383686_at	—	-1,01	others or unknown
1384309_at	—	-1,19	others or unknown
1385697_at	—	-1,28	others or unknown
1386185_at	—	-2,91	others or unknown
1386514_at	Hapln4 pre- dicted	-2,5	others or unknown
1386856_a_at	Samd4b	-1,57	others or unknown
1387636_a_at	Cdtw1	-1,03	others or unknown
1387929_at	RGD:620149	-1,4	others or unknown
1388307_at	Tde2	-1,12	others or unknown
1388382_at	LOC361985	-1,21	others or unknown
1388471_at	RGD1307494 predicted	-1,56	others or unknown
1388526_at	—	-1,32	others or unknown
1388573_at	—	-1,08	others or unknown
1388689_at	—	-1,28	others or unknown
1388696_at	Ufd1l	-1,08	others or unknown
1388766_at	Mtx2 predicted	-1,01	others or unknown
1388799_at	Klhl7 predicted	-1,1	others or unknown
1389075_at	—	-1,28	others or unknown
1389111_at	—	-1,01	others or unknown
1389147_at	—	-1,62	others or unknown
1389229_at	Acpl2	-1,08	others or unknown
1389230_at	Arrdc3	-1,42	others or unknown
1389252_at	—	-1,06	others or unknown
1389332_at	—	-1,1	others or unknown
1389411_at	—	-1,13	others or unknown
1389460_at	—	-1,45	others or unknown
1389464_at	Ln timer predicted	-1,18	others or unknown

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1389551_at	Lactb2 predicted	-1,06	others or unknown
1389632_at	—	-1,28	others or unknown
1389694_at	—	-1,23	others or unknown
1389729_at	MGC94142	-1,19	others or unknown
1389907_at	Zbtb8os predicted	-1,11	others or unknown
1390042_at	MGC109491	-1,39	others or unknown
1390101_at	RGD1560252 predicted	-1,04	others or unknown
1390139_a_at	RGD1306073 predicted	-1,02	others or unknown
1390408_at	LOC317444	-1,44	others or unknown
1390606_at	RGD1564108 predicted	-1,72	others or unknown
1391272_at	LOC499942	-1,07	others or unknown
1391428_at	—	-1,26	others or unknown
1392633_at	—	-1,74	others or unknown
1392683_at	—	-1,01	others or unknown
1392778_at	—	-3,38	others or unknown
1392929_at	RGD1565616 predicted	-1,24	others or unknown
1393018_at	RGD1565534 predicted	-1,17	others or unknown
1393239_at	—	-1,21	others or unknown
1393798_at	Atrx	-1,66	others or unknown
1394347_at	LOC501069	-2,46	others or unknown
1398966_at	—	-1,06	others or unknown
1398973_at	RGD1564625 predicted	-1,11	others or unknown
1399129_at	—	-1,01	others or unknown
1367939_at	Rbp1	2	transport
1368207_at	Fxyd5	1,35	transport
1368242_at	Kcnb1	1,38	transport
1368419_at	Cp	1,06	transport
1368565_at	Slc1a3	1,03	transport
1369384_at	Gria4	1,82	transport
1369639_at	Gja1	1,19	transport
1369743_a_at	P2rx4	1,47	transport
1370228_at	Tf /// Srprb predicted	1,35	transport
1370248_at	Fxyd6	1,02	transport
1370516_at	Slc15a3	1,42	transport
1370966_at	Hcn2	1,16	transport
1373658_at	—	1,78	transport

Continued on Next Page...

Table B.2 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1373932_at	Cybb	1,5	transport
1375633_at	RGD:1303043	1,9	transport
1376344_at	Cybrd1	1,43	transport
1386913_at	Gp38	1,04	transport
1387871_at	Cfl1	1,01	transport
1388140_at	Rab13	1,24	transport
1388494_at	—	1,7	transport
1398330_at	Stxbp1	1,29	transport
1368304_at	Fmo3	-1,2	transport
1369526_at	Acadsb	-1,14	transport
1370588_a_at	Slc8a1	-1,44	transport
1372142_at	Asna1 predicted	-1,03	transport
1373074_at	RGD1307279	-1,01	transport
1373953_at	Slc4a1ap pre- dicted	-1,08	transport
1374741_at	Esrra	-1,04	transport
1375783_at	Grik5	-1,44	transport
1376560_at	LOC362652	-1,3	transport
1382775_at	Ryr2	-1,08	transport
1384609_a_at	RGD1311456 predicted	-5,35	transport
1386911_at	Atp1a2	-1,04	transport
1387455_a_at	Vldlr	-1,02	transport
1389912_at	Ensa	-1,05	transport
1398313_a_at	Kcnk3	-1,19	transport

B.3 Probesets significantly changed comparing mS42 vs. mM42

Probe Set ID	Gene Symbol	SLR2	annotation
1387032_at	Cck	-1,67	cell cycle / development
1368828_at	Gata6	1,01	cell cycle / development
1368722_at	Lta	-1,04	cell cycle / development
1387776_at	Tgm2	1,20	cell cycle / development
1370282_at	RGD:61950	1,27	cell cycle / development
1368466_a_at	Odf2	2,96	cell cycle / development
1387391_at	Cdkn1a	1,14	cell cycle / development
1387274_at	Dlx5	-1,72	cell cycle / development
1385265_a_at	—	1,39	cell cycle / development
1368189_at	Dhcr7	-1,06	cell cycle / development
1368144_at	Rgs2	1,23	cell cycle / development
1368125_at	Slc12a4	3,15	cell cycle / development
1376178_at	Ddit3	-1,44	cell cycle / development

Continued on Next Page...

Table B.3 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1374173_at	Hexb	-1,09	cell cycle / development
1371527_at	Emp1	1,04	cell cycle / development
1376307_a_at	Drb1	1,35	cell cycle / development
1371315_at	Myl7 predicted	3,53	cell structure / motility
1375542_at	Rdx	1,53	cell structure / motility
1387617_at	Tpm3	-1,07	cell structure / motility
1371700_at	Mfap4 predicted	1,44	cell structure / motility
1371139_at	Pls3	1,73	cell structure / motility
1368404_at	Dbn1	1,00	cell structure / motility
1369476_at	Efnb1	1,12	cell surface / extracellular matrix
1369327_at	Pdzk3	1,16	cell surface / extracellular matrix
1388054_a_at	Cspg2	1,76	cell surface / extracellular matrix
1387854_at	Col1a2	1,26	cell surface / extracellular matrix
1388142_at	Cspg2	1,56	cell surface / extracellular matrix
1387351_at	Fbn1	1,20	cell surface / extracellular matrix
1370927_at	Col12a1	1,50	cell surface / extracellular matrix
1370993_at	Lamc1	1,53	cell surface / extracellular matrix
1388138_at	Thbs4	1,05	cell surface / extracellular matrix
1367594_at	Bgn	1,18	cell surface / extracellular matrix
1367712_at	Timp1	1,06	cell surface / extracellular matrix
1393891_at	Col8a1 pre- dicted	1,29	cell surface / extracellular matrix
1390430_at	Nr1d2	-1,12	gene / protein expression
1368702_at	Pawr	2,30	gene / protein expression
1369067_at	Nr4a3	1,68	gene / protein expression
1387876_at	Stat5b	-1,14	gene / protein expression
1387874_at	Dbp	-2,60	gene / protein expression
1377902_a_at	Rad52 predicted	-1,44	gene / protein expression
1370510_a_at	Arntl	1,35	gene / protein expression
1371293_at	—	1,40	gene / protein expression
1387374_at	Tcf12	1,67	gene / protein expression
1368997_at	Tceb3	1,10	gene / protein expression
1373804_at	Foxp1	1,15	gene / protein expression
1398911_at	Mrpl2	-1,20	gene / protein expression
1390659_at	Cd44	1,44	immune response
1368238_at	Pap	4,84	immune response
1387396_at	Hamp	1,20	immune response
1387902_a_at	LOC500180 /// LOC500183	1,18	immune response
1387072_at	Prkwnk1	1,04	intracellular signaling / cell-cell communication
1373911_at	Postn predicted	3,10	intracellular signaling / cell-cell communication
1398438_at	Gtpbp3	-1,24	intracellular signaling / cell-cell communication

Continued on Next Page...

Table B.3 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1375231_a_at	Cxxc5	-1,02	intracellular signaling / cell-cell communication
1371081_at	Rapgef4	-1,27	intracellular signaling / cell-cell communication
1376393_at	Ralgps2	-1,14	intracellular signaling / cell-cell communication
1370728_at	Il13ra1	4,68	intracellular signaling / cell-cell communication
1371615_at	Dgat2	-1,00	intracellular signaling / cell-cell communication
1392467_at	Impa2	-1,74	intracellular signaling / cell-cell communication
1368290_at	Cyr61	-2,25	intracellular signaling / cell-cell communication
1392672_at	Scgf	1,17	intracellular signaling / cell-cell communication
1367631_at	Ctgf	1,44	intracellular signaling / cell-cell communication
1389315_at	Git2	1,15	intracellular signaling / cell-cell communication
1388712_at	—	2,66	intracellular signaling / cell-cell communication
1369640_at	Gja1	1,04	intracellular signaling / cell-cell communication
1368849_at	Csnk1g3	1,42	intracellular signaling / cell-cell communication
1369736_at	Emp1	1,26	intracellular signaling / cell-cell communication
1388249_at	Rapgef1	1,95	intracellular signaling / cell-cell communication
1388104_at	Gpr48	1,12	intracellular signaling / cell-cell communication
1368685_at	Cspg4	1,04	intracellular signaling / cell-cell communication
1387641_at	Rab5a	1,04	intracellular signaling / cell-cell communication
1369352_at	Hipk3	1,47	intracellular signaling / cell-cell communication
1368505_at	Rgs4	1,09	intracellular signaling / cell-cell communication
1370256_at	Fzd1	1,30	intracellular signaling / cell-cell communication
1369152_at	Ppp3r1	1,02	intracellular signaling / cell-cell communication

Continued on Next Page...

Table B.3 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1368408_at	Gprk5	1,43	intracellular signaling / cell-cell communication
1369492_at	Aadac	-1,26	metabolism
1369365_at	Pde3a	1,08	metabolism
1370523_a_at	—	-1,08	metabolism
1367896_at	Ca3	1,26	metabolism
1368188_at	Hpd	-1,11	metabolism
1386889_at	Scd2	1,20	metabolism
1387154_at	Npy	1,40	neurohumoral response
1367564_at	Nppa	3,81	neurohumoral response
1373159_at	—	-1,11	others or unknown
1373543_at	RGD1564382 predicted	-1,54	others or unknown
1373021_at	—	-1,05	others or unknown
1373078_at	—	-1,02	others or unknown
1373152_at	RGD:1359545	1,06	others or unknown
1369326_at	Akap6	1,02	others or unknown
1373781_a_at	—	1,65	others or unknown
1373778_at	—	-1,11	others or unknown
1373771_at	—	-1,10	others or unknown
1370394_at	RGD:1359626 /// LOC500728	1,15	others or unknown
1374078_at	RGD1560612 predicted	1,12	others or unknown
1369107_at	Sftpa1	1,48	others or unknown
1373628_at	—	1,21	others or unknown
1372849_at	—	1,03	others or unknown
1373535_at	Enah predicted	1,47	others or unknown
1373699_at	—	-1,07	others or unknown
1370887_at	Tgfb1i1	1,05	others or unknown
1372213_at	LOC500300	-1,51	others or unknown
1371331_at	Fstl1	1,07	others or unknown
1368247_at	Hspa1a /// Hspa1b	1,19	others or unknown
1372440_at	Serpine2	1,58	others or unknown
1370198_at	Trdn	-1,07	others or unknown
1370236_at	Ppt	1,02	others or unknown
1370806_at	Retsat	-1,35	others or unknown
1368531_at	Prlpc1	-2,44	others or unknown
1371028_at	Tgoln2	1,15	others or unknown
1372640_at	LOC499410	1,88	others or unknown
1372620_at	Anp32e pre- dicted	1,25	others or unknown
1372576_at	—	1,13	others or unknown
1373284_at	Sav1 predicted	1,29	others or unknown

Continued on Next Page...

Table B.3 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1373282_at	RGD1306651 predicted	-1,33	others or unknown
1369519_at	Edn1	-1,03	others or unknown
1372820_at	—	1,17	others or unknown
1372025_at	Apeg3	-1,45	others or unknown
1374105_at	Hig1	-1,06	others or unknown
1371998_at	MGC124888	1,03	others or unknown
1371970_at	LOC499322	4,40	others or unknown
1371927_at	—	2,10	others or unknown
1371687_at	Canx	1,10	others or unknown
1368944_at	Dlgh1	1,18	others or unknown
1389203_at	RGD1307036 predicted	2,20	others or unknown
1389172_at	Enh	1,97	others or unknown
1389020_at	—	1,11	others or unknown
1388902_at	Loxl1 predicted	1,03	others or unknown
1388781_at	—	1,10	others or unknown
1388689_at	—	-1,19	others or unknown
1388569_at	Serpinf1	1,00	others or unknown
1388395_at	G0s2 predicted	1,06	others or unknown
1388192_at	Rwdd3	2,81	others or unknown
1386597_s_at	Spdy1	3,09	others or unknown
1384446_at	—	-1,05	others or unknown
1384967_at	Sart2 predicted	-1,06	others or unknown
1385458_a_at	RGD1306959 predicted	1,43	others or unknown
1385697_at	—	-3,41	others or unknown
1388824_at	—	1,06	others or unknown
1388802_at	—	1,62	others or unknown
1374974_at	—	1,32	others or unknown
1386622_at	RGD1565247 predicted	1,32	others or unknown
1385826_at	—	1,28	others or unknown
1392938_s_at	RGD1306959 predicted	1,67	others or unknown
1390741_at	RGD1304737 predicted	-1,23	others or unknown
1391454_at	—	1,04	others or unknown
1391599_at	—	-1,23	others or unknown
1392407_at	RGD1561419 predicted	1,04	others or unknown
1390586_at	—	-1,04	others or unknown
1392778_at	—	-1,45	others or unknown
1390168_a_at	Zcsl3 predicted	-1,64	others or unknown
1393268_at	—	1,04	others or unknown

Continued on Next Page...

Table B.3 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1393860_at	—	3,13	others or unknown
1393993_at	—	-1,16	others or unknown
1398463_at	—	-1,33	others or unknown
1398348_at	—	1,09	others or unknown
1385871_at	Dhx36 predicted	-1,08	others or unknown
1389259_at	—	1,55	others or unknown
1389368_at	Magi1 predicted	2,12	others or unknown
1389612_at	—	1,01	others or unknown
1389694_at	—	-1,13	others or unknown
1389419_at	—	1,65	others or unknown
1374473_at	—	-1,14	others or unknown
1376072_at	RGD1309973 /// LOC501188	-1,26	others or unknown
1374529_at	Thbs1	1,42	others or unknown
1376799_a_at	Crlf1 predicted	1,04	others or unknown
1376665_at	—	1,16	others or unknown
1376937_at	LOC304020	1,02	others or unknown
1376993_at	Amotl1 predicted	1,15	others or unknown
1376827_at	—	1,20	others or unknown
1375769_at	Trim41 predicted	1,09	others or unknown
1375123_at	Sox4 predicted	2,18	others or unknown
1399164_a_at	—	-1,06	others or unknown
1375089_at	Filip1	1,20	others or unknown
1375911_at	RGD:735140	-1,34	others or unknown
1376800_at	—	-1,06	others or unknown
1374187_at	—	1,60	others or unknown
1377475_at	—	1,16	others or unknown
1379242_at	—	3,17	others or unknown
1374233_at	RGD1308326 predicted	1,64	others or unknown
1377239_at	Apbb1ip predicted	1,33	others or unknown
1383102_at	—	1,48	others or unknown
1383175_a_at	RGD1306959 predicted	1,50	others or unknown
1374172_at	—	1,02	others or unknown
1374164_at	—	-1,04	others or unknown
1379814_at	—	-5,22	others or unknown
1374448_at	Reck predicted	1,07	others or unknown
1377118_at	RGD1308517	1,07	others or unknown
1374237_at	Lmod1 predicted	-1,21	others or unknown
1377224_at	—	2,09	others or unknown

Continued on Next Page...

Table B.3 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1374313_at	Bpy2ip1 predicted	1,76	others or unknown
1374316_at	—	1,02	others or unknown
1377094_at	—	-1,32	others or unknown
1374343_at	—	1,47	others or unknown
1373932_at	Cybb	1,71	transport
1368046_at	RGD:620059	4,24	transport
1368419_at	Cp	2,12	transport
1390237_at	Timm8a	-1,18	transport
1374532_at	Ptges2 predicted	1,03	transport
1371102_x_at	Hbb	2,30	transport
1387543_at	Slc5a7	1,08	transport
1377362_at	Kcnab1	1,13	transport
1370588_a_at	Slc8a1	1,65	transport
1386951_at	Ndufa5	-1,14	transport
1387420_at	Clic4	1,11	transport
1369410_at	—	-1,04	transport
1370239_at	Hba-a1 /// RGD:1359364	3,37	transport
1367553_x_at	Hbb	2,93	transport
1387719_at	Cln1	-1,24	transport
1388064_a_at	Slc1a3	1,34	transport
1369741_at	Kcnj3	-1,00	transport
1369668_x_at	Vps52	-1,20	transport
1388608_x_at	Hba-a1	1,73	transport
1371245_a_at	—	4,16	transport
1386372_at	Rab3ip	-1,19	transport
1368889_at	Vtila	-1,02	transport
1370240_x_at	Hba-a1 /// RGD:1359364	3,37	transport

B.4 Probesets significantly changed comparing fS42 vs. fM42

Probe Set ID	Gene Symbol	SLR2	annotation
1383075_at	Ccnd1	1,42	cell cycle / development
1392890_at	Pafah1b1	1,52	cell cycle / development
1371827_at	Syvn1	1,07	cell cycle / development
1368527_at	Ptgs2	1,32	cell cycle / development
1369968_at	Ptn	1,49	cell cycle / development
1373577_at	Nrp	1,31	cell cycle / development
1371527_at	Emp1	1,77	cell cycle / development
1388970_at	Rasip1 predicted	1,18	cell cycle / development

Continued on Next Page...

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1368819_at	Itgb1	1,51	cell cycle / development
1388867_at	MGC112830	1,09	cell cycle / development
1390100_s_at	Bat3	1,01	cell cycle / development
1371064_at	Pcm1	-1,20	cell cycle / development
1369530_at	Isl2	-1,20	cell cycle / development
1389384_at	Hrpap20	1,47	cell cycle / development
1387270_at	Hhex	1,28	cell cycle / development
1368939_a_at	Ntrk3	-1,08	cell cycle / development
1372759_at	Cdk9	1,01	cell cycle / development
1398813_at	Ube1c	1,31	cell cycle / development
1388096_at	Kitl	2,62	cell cycle / development
1372520_at	Mcl1	1,36	cell cycle / development
1371528_at	Fkbp8	-1,05	cell cycle / development
1372926_at	Timp3	1,17	cell cycle / development
1367587_at	Csh1l1	-2,79	cell cycle / development
1371545_at	Pecam	1,06	cell structure / motility
1373674_at	Mfap5 predicted	2,14	cell structure / motility
1388111_at	Eln	1,17	cell structure / motility
1371327_a_at	Actg predicted /// LOC295810	1,05	cell structure / motility
1370949_at	Marcks	1,57	cell structure / motility
1371700_at	Mfap4 predicted	1,41	cell structure / motility
1370738_a_at	Trdn	2,25	cell structure / motility
1369212_s_at	Epb4.1l1	-1,14	cell structure / motility
1373363_at	Map1b	1,16	cell structure / motility
1399147_at	Dncli1	1,34	cell structure / motility
1371315_at	Myl7 predicted	1,39	cell structure / motility
1368404_at	Dbn1	1,08	cell structure / motility
1375469_at	Smarca4	-2,89	cell structure / motility
1371765_at	H2a	1,16	cell structure / motility
1376924_a_at	Palmd predicted	1,51	cell structure / motility
1387351_at	Fbn1	1,66	cell surface / extracellular matrix
1387854_at	Col1a2	1,52	cell surface / extracellular matrix
1376198_at	Asam	1,75	cell surface / extracellular matrix
1390112_at	Efemp1 predicted	1,18	cell surface / extracellular matrix
1393891_at	Col8a1 predicted	1,30	cell surface / extracellular matrix
1388312_at	—	1,94	cell surface / extracellular matrix
1367860_a_at	Mmp14	1,25	cell surface / extracellular matrix
1368172_a_at	Lox	2,51	cell surface / extracellular matrix
1370895_at	Col5a2	1,30	cell surface / extracellular matrix
1367594_at	Bgn	1,09	cell surface / extracellular matrix
1368829_at	Fbn1	1,74	cell surface / extracellular matrix
1388138_at	Thbs4	1,78	cell surface / extracellular matrix

Continued on Next Page...

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1370234_at	Fn1	1,22	cell surface / extracellular matrix
1367749_at	Lum	1,76	cell surface / extracellular matrix
1376711_at	Cldn11	-1,34	cell surface / extracellular matrix
1371518_at	Nid	1,10	cell surface / extracellular matrix
1368474_at	Vcam1	1,13	cell surface / extracellular matrix
1387144_at	Itga1	1,33	cell surface / extracellular matrix
1388054_a_at	Cspg2	1,18	cell surface / extracellular matrix
1370130_at	RGD:619921	1,20	cell surface / extracellular matrix
1370510_a_at	Arntl	1,03	gene / protein expression
1387644_at	Btc	-1,51	gene / protein expression
1372151_at	Tcerg1 predicted	1,27	gene / protein expression
1371293_at	—	1,12	gene / protein expression
1373264_at	Zbed3	1,48	gene / protein expression
1388313_at	Rps25	1,09	gene / protein expression
1387874_at	Dbp	-1,39	gene / protein expression
1375545_at	Rbm9 predicted	1,14	gene / protein expression
1390234_at	Sf3b1	1,06	gene / protein expression
1368511_at	Bhlhb3	-1,01	gene / protein expression
1374154_at	—	1,44	gene / protein expression
1376437_at	Dhx33 predicted	2,56	gene / protein expression
1368632_at	Foxg1	-1,60	gene / protein expression
1375190_at	Kctd13	-1,51	gene / protein expression
1399046_at	Top1	1,15	gene / protein expression
1390430_at	Nr1d2	-1,32	gene / protein expression
1369067_at	Nr4a3	1,20	gene / protein expression
1389851_at	Zfp36l2 predicted	-1,07	gene / protein expression
1382005_at	Rod1	1,77	gene / protein expression
1372367_at	—	1,04	gene / protein expression
1389446_at	Snrpa1 predicted	-1,60	gene / protein expression
1371670_at	Exosc4 predicted	-1,14	gene / protein expression
1372575_at	Wbp11	1,03	gene / protein expression
1371489_at	Rnf4	2,21	gene / protein expression
1371430_at	Dag1	1,31	gene / protein expression
1388576_at	Eif3s9	-1,16	gene / protein expression
1375019_at	Hnrph3 predicted	1,07	gene / protein expression
1389141_at	Orc2l	-1,21	gene / protein expression
1375907_at	Ascc1	-1,23	gene / protein expression
1374137_at	Elf1	2,04	gene / protein expression
1374425_at	Tle1 predicted	1,22	gene / protein expression
1368308_at	Myc	1,27	gene / protein expression

Continued on Next Page...

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1373764_at	Zfml predicted	1,93	gene / protein expression
1387036_at	Hes1	1,06	gene / protein expression
1389689_at	Vars2l	1,07	gene / protein expression
1369912_at	Crk	1,01	gene / protein expression
1376811_a_at	Cpsf6 predicted	1,25	gene / protein expression
1369679_a_at	Nfia	1,25	gene / protein expression
1377029_at	Rora predicted	-1,26	gene / protein expression
1379685_at	Sfrs15	1,14	gene / protein expression
1372254_at	Serping1	1,06	immune response
1388272_at	Igh-1a predicted	2,02	immune response
1387902_a_at	LOC500180 /// LOC500183	3,36	immune response
1367850_at	LOC498276	1,74	immune response
1398246_s_at	Fcgr3 /// LOC498276	1,16	immune response
1388212_a_at	RT1-S3	1,04	immune response
1376652_at	C1qa predicted	1,26	immune response
1387893_at	C1s /// LOC500313	1,73	immune response
1368760_at	Cxcl2	1,27	immune response
1368238_at	Pap	1,55	immune response
1368490_at	Cd14	1,41	immune response
1387134_at	Slfn3	1,91	immune response
1368332_at	Gbp2	1,18	immune response
1369202_at	Mx2	1,02	immune response
1370892_at	C4a /// C4-2	1,25	immune response
1387029_at	Cfh	2,08	immune response
1389123_at	RGD:1303200	1,51	immune response
1371635_at	Gpr175	-1,20	intracellular signaling / cell-cell communication
1374369_at	Raph1 predicted	1,09	intracellular signaling / cell-cell communication
1373803_a_at	Ghr	1,08	intracellular signaling / cell-cell communication
1387277_at	Lyn	-1,42	intracellular signaling / cell-cell communication
1382778_at	Dusp6	1,04	intracellular signaling / cell-cell communication
1383017_at	—	1,03	intracellular signaling / cell-cell communication
1387659_at	Gda	1,14	intracellular signaling / cell-cell communication
1373911_at	Postn predicted	2,06	intracellular signaling / cell-cell communication

Continued on Next Page...

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1388818_at	Araf	-1,10	intracellular signaling / cell-cell communication
1388800_at	Rab5a	1,11	intracellular signaling / cell-cell communication
1387625_at	Igfbp6	1,02	intracellular signaling / cell-cell communication
1376425_at	Tgfb2	1,17	intracellular signaling / cell-cell communication
1386950_at	Ppp1cb	1,94	intracellular signaling / cell-cell communication
1390711_at	—	1,45	intracellular signaling / cell-cell communication
1369806_at	Adrb1	-1,12	intracellular signaling / cell-cell communication
1369732_a_at	St3gal2	1,47	intracellular signaling / cell-cell communication
1389905_at	Pepd	1,90	intracellular signaling / cell-cell communication
1369443_at	Angptl2	1,32	intracellular signaling / cell-cell communication
1371235_at	Grm6	-1,02	intracellular signaling / cell-cell communication
1390119_at	Sfrp2	1,75	intracellular signaling / cell-cell communication
1370061_at	Rab3b	-1,15	intracellular signaling / cell-cell communication
1390707_at	Rgs10	1,31	intracellular signaling / cell-cell communication
1369484_at	Wisp2	2,10	intracellular signaling / cell-cell communication
1367912_at	Ltbp1	1,26	intracellular signaling / cell-cell communication
1398355_at	Trpm7	2,54	intracellular signaling / cell-cell communication
1367631_at	Ctgf	1,16	intracellular signaling / cell-cell communication
1399027_at	RGD:619921	1,11	intracellular signaling / cell-cell communication
1367619_at	Pgrmc1	1,43	intracellular signaling / cell-cell communication
1371081_at	Rapgef4	1,18	intracellular signaling / cell-cell communication
1372503_at	Tnfsf12	1,15	intracellular signaling / cell-cell communication

Continued on Next Page...

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1388305_at	Araf	1,17	intracellular signaling / cell-cell communication
1388462_at	Sbk1	-1,08	intracellular signaling / cell-cell communication
1370891_at	Cd48	1,05	intracellular signaling / cell-cell communication
1372733_at	—	1,11	intracellular signaling / cell-cell communication
1370728_at	Il13ra1	2,17	intracellular signaling / cell-cell communication
1370642_s_at	Pdgfrb LOC497724	1,34	intracellular signaling / cell-cell communication
1388057_a_at	Dlgap1	1,37	intracellular signaling / cell-cell communication
1371732_at	Dpt predicted	1,08	intracellular signaling / cell-cell communication
1372323_at	Sardh	1,06	metabolism
1373201_at	Dbt	1,01	metabolism
1367856_at	G6pdx	1,13	metabolism
1373062_at	Sulf1	2,94	metabolism
1367627_at	Gatm	1,22	metabolism
1367668_a_at	Scd2	1,47	metabolism
1368891_at	Gnpat	1,56	metabolism
1370489_a_at	Plcb4	1,74	metabolism
1370523_a_at	—	2,20	metabolism
1373381_at	Herc4	1,08	metabolism
1399162_a_at	Ddb1	1,12	metabolism
1368906_at	Pgk1	1,17	metabolism
1368128_at	Pla2g2a	1,58	metabolism
1368806_at	Sepp1	1,15	metabolism
1374976_a_at	Soat1	2,00	metabolism
1369292_at	Hsd17b1	2,50	metabolism
1368331_at	Ctbs	1,47	metabolism
1368215_at	Tpp1	1,02	metabolism
1387219_at	Adm	1,30	metabolism
1390588_at	—	-2,43	metabolism
1387506_at	Foxa3	-1,70	metabolism
1393946_at	Fusip1	1,32	metabolism
1389567_at	Scap predicted	-1,26	metabolism
1367564_at	Nppa	2,02	neurohumoral response
1383251_at	Parp2 predicted	1,01	others or unknown
1372444_at	Kif5b	1,38	others or unknown
1372400_at	RGD1563853 predicted	2,00	others or unknown
1371636_at	—	1,04	others or unknown

Continued on Next Page...

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1388746_at	—	1,50	others or unknown
1372435_at	—	-1,07	others or unknown
1371652_at	—	1,13	others or unknown
1388689_at	—	2,92	others or unknown
1388635_at	RGD1309744 predicted	1,17	others or unknown
1371756_at	Krt5	-1,04	others or unknown
1371919_at	RGD:1302935	1,00	others or unknown
1388578_at	LOC289378	-1,05	others or unknown
1371969_at	—	1,26	others or unknown
1389072_at	—	1,85	others or unknown
1389249_at	Sh2bp1	1,21	others or unknown
1389220_at	—	1,33	others or unknown
1371250_at	Pf4	1,22	others or unknown
1389147_at	—	2,05	others or unknown
1371274_at	CysS	-1,02	others or unknown
1371313_at	RGD1565656 predicted	1,18	others or unknown
1388879_at	—	1,37	others or unknown
1371331_at	Fstl1	1,09	others or unknown
1388766_at	Mtx2 predicted	1,24	others or unknown
1371394_x_at	LOC498989	-1,66	others or unknown
1371412_a_at	Nrep	1,51	others or unknown
1389070_at	—	-1,00	others or unknown
1371472_at	—	1,09	others or unknown
1371475_at	Rnase4	1,30	others or unknown
1389020_at	—	1,98	others or unknown
1372063_at	LOC497938	2,99	others or unknown
1388882_at	Fkbp3 predicted	1,16	others or unknown
1371583_at	Rbm3	1,23	others or unknown
1389095_at	Boc predicted	3,11	others or unknown
1372713_at	RGD1309550	1,60	others or unknown
1388557_at	—	1,96	others or unknown
1372567_at	—	1,38	others or unknown
1388166_at	RGD:1359202 /// LOC299458 /// LOC314509 /// LOC366747	1,41	others or unknown
1372576_at	—	-1,08	others or unknown
1372620_at	Anp32e pre- dicted	1,13	others or unknown
1372627_at	—	1,55	others or unknown
1375038_at	—	2,13	others or unknown

Continued on Next Page. . .

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1373992_at	RGD:1359421 /// LOC498871 /// LOC498872	1,07	others or unknown
1383162_at	—	1,81	others or unknown
1372721_at	—	1,04	others or unknown
1372748_at	RGD1307436 predicted	1,14	others or unknown
1372809_at	LOC290595	-1,13	others or unknown
1372818_at	Colec12	1,04	others or unknown
1372828_at	Msrb2	-1,32	others or unknown
1372840_at	RGD1560093 predicted	2,33	others or unknown
1372870_at	Kdelr3 predicted	1,09	others or unknown
1388420_at	LOC361100	1,62	others or unknown
1389253_at	Vnn1 predicted	1,30	others or unknown
1389332_at	—	1,32	others or unknown
1372064_at	Cxcl16	1,44	others or unknown
1372101_at	Ppap2b	1,70	others or unknown
1388527_at	—	1,73	others or unknown
1372167_at	—	1,82	others or unknown
1372265_at	RGD1304719	1,16	others or unknown
1371970_at	LOC499322	-4,58	others or unknown
1372282_at	RGD1307506 predicted	1,39	others or unknown
1372301_at	Aebp1 predicted	1,94	others or unknown
1388408_at	RGD1307129 predicted	1,15	others or unknown
1388347_at	LOC362934	1,39	others or unknown
1388339_at	Pea15 predicted	1,47	others or unknown
1388338_at	—	-1,23	others or unknown
1388307_at	Tde2	2,03	others or unknown
1373313_at	—	1,23	others or unknown
1373954_at	RGD1305986 predicted	1,65	others or unknown
1388472_at	—	1,48	others or unknown
1391560_at	—	1,03	others or unknown
1391454_at	—	-1,28	others or unknown
1368353_at	Gfap	-1,37	others or unknown
1391428_at	—	1,35	others or unknown
1390738_at	Bst2	1,04	others or unknown
1392900_at	LOC310756	1,02	others or unknown
1390709_at	—	1,22	others or unknown
1390698_at	—	2,12	others or unknown
1390688_at	Ddx50	1,20	others or unknown
1390672_at	—	-1,47	others or unknown

Continued on Next Page...

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1390670_at	—	-1,14	others or unknown
1390661_at	Wdr20	1,76	others or unknown
1390604_s_at	Itgb3bp predicted	3,66	others or unknown
1390568_at	Tubd1 predicted	-1,14	others or unknown
1368508_at	Psma3 /// Psma3l	1,21	others or unknown
1399155_at	—	-1,35	others or unknown
1399154_at	Fbxl11 predicted	1,32	others or unknown
1399116_at	—	1,31	others or unknown
1399028_at	—	1,10	others or unknown
1398973_at	RGD1564625 predicted	1,51	others or unknown
1398945_at	—	1,08	others or unknown
1398927_at	RGD1307161	-1,43	others or unknown
1367655_at	Tmsb10	2,16	others or unknown
1392710_at	Wdfy1	-1,32	others or unknown
1367741_at	Herpud1	-1,19	others or unknown
1367768_at	Lxn	1,63	others or unknown
1398596_at	—	2,30	others or unknown
1394247_x_at	—	-1,46	others or unknown
1394234_x_at	—	1,28	others or unknown
1393860_at	—	1,52	others or unknown
1393417_at	—	-1,07	others or unknown
1393239_at	—	1,08	others or unknown
1393130_at	—	1,11	others or unknown
1390526_at	—	1,01	others or unknown
1398866_at	Magi3	1,61	others or unknown
1389467_at	MGC108778	1,13	others or unknown
1390375_at	Akap8l	-1,05	others or unknown
1389525_at	Rnf149	1,18	others or unknown
1370236_at	Ppt	1,18	others or unknown
1370312_at	Spon1	1,30	others or unknown
1370344_at	Hspa4	1,01	others or unknown
1398319_at	—	1,39	others or unknown
1389601_at	—	1,36	others or unknown
1389424_at	—	1,04	others or unknown
1389383_at	—	1,03	others or unknown
1389351_at	RGD:1359548	1,06	others or unknown
1389337_at	—	1,00	others or unknown
1389329_at	Lgals8	1,70	others or unknown
1372872_at	LOC310958	1,17	others or unknown
1370899_at	—	1,14	others or unknown
1370381_at	Pnrc1	1,54	others or unknown
1389986_at	—	2,01	others or unknown

Continued on Next Page...

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1371028_at	Tgolin2	1,20	others or unknown
1390477_at	—	-1,15	others or unknown
1390450_a_at	Ogn predicted	1,84	others or unknown
1370394_at	RGD:1359626 /// LOC500728	1,99	others or unknown
1390300_at	—	2,23	others or unknown
1390298_at	—	1,02	others or unknown
1390259_at	—	1,00	others or unknown
1390129_at	—	1,20	others or unknown
1369186_at	Casp1	1,12	others or unknown
1390115_at	—	1,03	others or unknown
1390538_at	—	-1,06	others or unknown
1389923_at	—	-1,09	others or unknown
1369670_at	Mox2	1,15	others or unknown
1389842_at	RGD1564664 predicted	-1,03	others or unknown
1389796_at	—	2,05	others or unknown
1389774_at	—	1,78	others or unknown
1369890_at	—	-1,00	others or unknown
1389728_at	Meis2 predicted	1,36	others or unknown
1369938_at	Pank4	-1,13	others or unknown
1389713_at	—	1,05	others or unknown
1390024_at	—	1,34	others or unknown
1384802_at	—	-1,30	others or unknown
1375646_at	Efcab2 predicted	2,32	others or unknown
1375714_at	LOC365661	1,32	others or unknown
1375800_at	—	1,12	others or unknown
1375821_at	—	-1,90	others or unknown
1375853_at	RGD1309995 predicted	1,02	others or unknown
1375880_at	—	1,22	others or unknown
1375990_a_at	—	1,18	others or unknown
1376845_at	isg12(b)	1,66	others or unknown
1376330_at	—	-1,11	others or unknown
1376905_at	—	2,69	others or unknown
1375612_at	—	1,22	others or unknown
1376049_at	LOC312030	1,59	others or unknown
1376104_at	RGD1308319 predicted	1,88	others or unknown
1376214_at	—	1,04	others or unknown
1376232_at	—	-1,08	others or unknown
1374770_at	Asah1	1,83	others or unknown
1376896_at	—	1,48	others or unknown
1375215_x_at	RGD:1303133	2,17	others or unknown
1374858_at	Dhx29 predicted	1,51	others or unknown

Continued on Next Page...

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1374879_x_at	—	1,92	others or unknown
1374953_at	LOC500420	1,04	others or unknown
1367489_at	—	1,07	others or unknown
1385826_at	—	1,14	others or unknown
1385697_at	—	2,48	others or unknown
1375123_at	Sox4 predicted	1,07	others or unknown
1387929_at	RGD:620149	1,11	others or unknown
1372640_at	LOC499410	2,40	others or unknown
1375635_at	—	1,08	others or unknown
1375230_at	—	-1,11	others or unknown
1385333_at	—	1,42	others or unknown
1375362_at	—	1,45	others or unknown
1375422_at	—	2,38	others or unknown
1375463_at	—	1,44	others or unknown
1375535_at	—	1,26	others or unknown
1384934_at	—	1,19	others or unknown
1375595_at	—	1,44	others or unknown
1379683_at	RGD1565079 predicted	1,35	others or unknown
1377296_at	Tm6sf1 pre- dicted	-1,04	others or unknown
1377720_x_at	—	1,60	others or unknown
1377731_at	RGD1560600 predicted	1,16	others or unknown
1377820_a_at	—	1,09	others or unknown
1377823_at	—	1,31	others or unknown
1377836_at	—	3,30	others or unknown
1377995_at	RGD1311484	-1,02	others or unknown
1378009_at	—	1,11	others or unknown
1379361_at	Pex11a	-1,14	others or unknown
1383338_at	—	3,40	others or unknown
1379739_at	—	1,26	others or unknown
1379874_at	—	2,07	others or unknown
1381504_at	LOC306805	1,86	others or unknown
1383321_at	Tpst1 predicted	1,10	others or unknown
1382255_at	—	1,25	others or unknown
1383306_at	—	1,21	others or unknown
1379242_at	—	1,58	others or unknown
1376376_at	—	1,61	others or unknown
1376411_at	—	1,07	others or unknown
1376440_at	Rnf139 pre- dicted	1,39	others or unknown
1387081_at	Rcn2	1,16	others or unknown
1376495_at	—	-1,08	others or unknown
1376575_at	—	1,66	others or unknown

Continued on Next Page...

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1376579_at	Lap3	1,58	others or unknown
1376588_at	—	1,22	others or unknown
1376634_a_at	—	3,78	others or unknown
1377224_at	—	2,89	others or unknown
1376662_at	Ppp1r12a	2,04	others or unknown
1376723_a_at	—	-1,19	others or unknown
1376746_at	Ldhd predicted	-1,42	others or unknown
1376778_at	—	1,83	others or unknown
1383965_at	Ncbp2 predicted	1,89	others or unknown
1376817_at	—	-1,45	others or unknown
1383912_at	—	3,68	others or unknown
1377114_at	—	1,15	others or unknown
1377141_at	LOC498685	1,20	others or unknown
1375134_at	—	1,49	others or unknown
1384402_a_at	LOC289181	1,81	others or unknown
1386517_at	—	2,31	others or unknown
1375921_at	—	1,23	others or unknown
1373421_at	Tgif predicted	2,79	others or unknown
1373876_at	—	-1,06	others or unknown
1373419_at	—	1,00	others or unknown
1374751_at	—	2,34	others or unknown
1374061_at	RGD1307606 predicted	1,78	others or unknown
1386856_a_at	Samd4b	-1,12	others or unknown
1373862_at	LOC252889	1,34	others or unknown
1374166_at	—	1,01	others or unknown
1374167_at	LOC361399	1,46	others or unknown
1374170_at	LOC498749	1,49	others or unknown
1375901_at	Mageh1	1,44	others or unknown
1373546_at	—	1,03	others or unknown
1388799_at	Klhl7 predicted	1,42	others or unknown
1373919_at	—	2,13	others or unknown
1373152_at	RGD:1359545	1,59	others or unknown
1374081_at	—	1,22	others or unknown
1373603_at	RGD1565744 predicted	1,02	others or unknown
1373616_at	RGD1561936 predicted	1,20	others or unknown
1373628_at	—	2,74	others or unknown
1373673_at	—	1,04	others or unknown
1387166_at	Aipl1	-1,07	others or unknown
1373727_at	LOC499856	1,59	others or unknown
1373750_at	Leprel2 pre- dicted	1,62	others or unknown
1373759_at	—	1,36	others or unknown

Continued on Next Page...

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1373776_at	—	1,02	others or unknown
1387266_at	Siah1a	1,25	others or unknown
1373861_at	Ndfip2 predicted	1,62	others or unknown
1372999_at	RGD1307008 predicted	1,19	others or unknown
1388802_at	—	1,03	others or unknown
1374529_at	Thbs1	1,84	others or unknown
1374530_at	—	1,20	others or unknown
1374545_at	Rkhd2 predicted	1,06	others or unknown
1374548_at	—	1,35	others or unknown
1374563_at	—	1,32	others or unknown
1374578_at	—	1,87	others or unknown
1373078_at	—	-1,20	others or unknown
1373037_at	Ube216	1,04	others or unknown
1374454_at	—	1,46	others or unknown
1374631_at	Obfc2b	1,07	others or unknown
1374644_at	—	1,35	others or unknown
1374652_at	—	1,10	others or unknown
1374684_at	—	2,07	others or unknown
1374695_at	—	1,61	others or unknown
1372947_at	Pls3	1,39	others or unknown
1374705_at	—	1,31	others or unknown
1374718_at	—	1,40	others or unknown
1375962_at	—	1,19	others or unknown
1374204_at	Wsb1 predicted	1,44	others or unknown
1374214_at	—	1,08	others or unknown
1374233_at	RGD1308326 predicted	1,41	others or unknown
1374298_at	—	1,71	others or unknown
1374299_at	Dhx9 predicted	2,64	others or unknown
1374316_at	—	-1,19	others or unknown
1374456_at	—	1,20	others or unknown
1373090_at	Ssr1	1,00	others or unknown
1374339_at	—	1,01	others or unknown
1385933_at	—	1,52	others or unknown
1385916_at	—	1,53	others or unknown
1374435_at	—	1,89	others or unknown
1373093_at	RGD1307599 predicted	1,00	others or unknown
1388796_at	Gosr1	1,36	transport
1367598_at	Ttr	-1,02	transport
1388198_at	Nupl1	1,51	transport
1377386_at	Atp2c1	-1,55	transport
1367748_at	Arf5	-1,10	transport
1388052_a.at	Kcnq3	-1,14	transport

Continued on Next Page...

Table B.4 – Continued

Probe Set ID	Gene Symbol	SLR2	annotation
1388140_at	Rab13	1,11	transport
1377190_at	RGD1306939	1,29	transport
1370248_at	Fxyd6	1,37	transport
1386372_at	Rab3ip	-1,40	transport
1369705_at	Xtrp3	-1,24	transport
1369772_at	Slc6a9	-2,17	transport
1389492_at	Arfgap1	-1,33	transport
1370228_at	Tf /// Srprb predicted	1,03	transport
1376344_at	Cybrd1	1,60	transport
1370240_x_at	Hba-a1 /// RGD:1359364	1,34	transport
1388608_x_at	Hba-a1	1,33	transport
1370739_x_at	Trdn	1,51	transport
1371102_x_at	Hbb	1,04	transport
1370934_at	Nup153	1,47	transport
1371004_at	Sort1	1,20	transport
1370239_at	Hba-a1 /// RGD:1359364	1,64	transport
1387600_at	Gabrp	-1,01	transport
1373657_at	Slc31a2	1,39	transport
1368533_at	Heph	1,62	transport
1387054_at	Abcg1	-1,16	transport
1387027_a_at	Lgals9	1,19	transport
1387543_at	Slc5a7	-1,38	transport
1387008_at	Sfxn3	1,14	transport
1368990_at	Cyp1b1	1,07	transport
1376268_at	Arf6	1,34	transport
1386904_a_at	Cyb5	-1,08	transport
1371929_at	Mlx	1,00	transport

Appendix C

License

THE WORK (AS DEFINED BELOW) IS PROVIDED UNDER THE TERMS OF THIS CREATIVE COMMONS PUBLIC LICENSE ("CCPL" OR "LICENSE"). THE WORK IS PROTECTED BY COPYRIGHT AND/OR OTHER APPLICABLE LAW. ANY USE OF THE WORK OTHER THAN AS AUTHORIZED UNDER THIS LICENSE OR COPYRIGHT LAW IS PROHIBITED.

BY EXERCISING ANY RIGHTS TO THE WORK PROVIDED HERE, YOU ACCEPT AND AGREE TO BE BOUND BY THE TERMS OF THIS LICENSE. THE LICENSOR GRANTS YOU THE RIGHTS CONTAINED HERE IN CONSIDERATION OF YOUR ACCEPTANCE OF SUCH TERMS AND CONDITIONS.

C.1 Definitions

1. "Collective Work" means a work, such as a periodical issue, anthology or encyclopedia, in which the Work in its entirety in unmodified form, along with a number of other contributions, constituting separate and independent works in themselves, are assembled into a collective whole. A work that constitutes a Collective Work will not be considered a Derivative Work (as defined below) for the purposes of this License.
2. "Derivative Work" means a work based upon the Work or upon the Work and other pre-existing works, such as a translation, musical arrangement, dramatization, fictionalization, motion picture version, sound recording, art reproduction, abridgment, condensation, or any other form in which the Work may be recast, transformed, or adapted, except that a work that constitutes a Collective Work will not be considered a Derivative Work for the purpose of this License. For the avoidance of doubt, where the Work is a musical composition or sound recording, the synchronization of the Work in timed-relation with a moving image ("synching") will be considered a Derivative Work for the purpose of this License.
3. "Licensor" means the individual or entity that offers the Work under the terms of this License.

4. "Original Author" means the individual or entity who created the Work.
5. "Work" means the copyrightable work of authorship offered under the terms of this License.
6. "You" means an individual or entity exercising rights under this License who has not previously violated the terms of this License with respect to the Work, or who has received express permission from the Licensor to exercise rights under this License despite a previous violation.

C.2 Fair Use Rights

Nothing in this license is intended to reduce, limit, or restrict any rights arising from fair use, first sale or other limitations on the exclusive rights of the copyright owner under copyright law or other applicable laws.

C.3 License Grant

Subject to the terms and conditions of this License, Licensor hereby grants You a worldwide, royalty-free, non-exclusive, perpetual (for the duration of the applicable copyright) license to exercise the rights in the Work as stated below:

1. to reproduce the Work, to incorporate the Work into one or more Collective Works, and to reproduce the Work as incorporated in the Collective Works;
2. to create and reproduce Derivative Works;
3. to distribute copies or phonorecords of, display publicly, perform publicly, and perform publicly by means of a digital audio transmission the Work including as incorporated in Collective Works;
4. to distribute copies or phonorecords of, display publicly, perform publicly, and perform publicly by means of a digital audio transmission Derivative Works.
5. For the avoidance of doubt, where the work is a musical composition:
 - (a) Performance Royalties Under Blanket Licenses. Licensor waives the exclusive right to collect, whether individually or via a performance rights society (e.g. ASCAP, BMI, SESAC), royalties for the public performance or public digital performance (e.g. webcast) of the Work.
 - (b) Mechanical Rights and Statutory Royalties. Licensor waives the exclusive right to collect, whether individually or via a music rights agency or designated agent (e.g. Harry Fox Agency), royalties for any phonorecord You create from the Work ("cover version") and distribute, subject to the compulsory license created by 17 USC Section 115 of the US Copyright Act (or the equivalent in other jurisdictions).

6. Webcasting Rights and Statutory Royalties. For the avoidance of doubt, where the Work is a sound recording, Licensor waives the exclusive right to collect, whether individually or via a performance-rights society (e.g. SoundExchange), royalties for the public digital performance (e.g. webcast) of the Work, subject to the compulsory license created by 17 USC Section 114 of the US Copyright Act (or the equivalent in other jurisdictions).

The above rights may be exercised in all media and formats whether now known or hereafter devised. The above rights include the right to make such modifications as are technically necessary to exercise the rights in other media and formats. All rights not expressly granted by Licensor are hereby reserved.

C.4 Restrictions

The license granted in Section 3 above is expressly made subject to and limited by the following restrictions:

1. You may distribute, publicly display, publicly perform, or publicly digitally perform the Work only under the terms of this License, and You must include a copy of, or the Uniform Resource Identifier for, this License with every copy or phonorecord of the Work You distribute, publicly display, publicly perform, or publicly digitally perform. You may not offer or impose any terms on the Work that alter or restrict the terms of this License or the recipients' exercise of the rights granted hereunder. You may not sublicense the Work. You must keep intact all notices that refer to this License and to the disclaimer of warranties. You may not distribute, publicly display, publicly perform, or publicly digitally perform the Work with any technological measures that control access or use of the Work in a manner inconsistent with the terms of this License Agreement. The above applies to the Work as incorporated in a Collective Work, but this does not require the Collective Work apart from the Work itself to be made subject to the terms of this License. If You create a Collective Work, upon notice from any Licensor You must, to the extent practicable, remove from the Collective Work any credit as required by clause 4(b), as requested. If You create a Derivative Work, upon notice from any Licensor You must, to the extent practicable, remove from the Derivative Work any credit as required by clause 4(b), as requested.
2. If you distribute, publicly display, publicly perform, or publicly digitally perform the Work or any Derivative Works or Collective Works, You must keep intact all copyright notices for the Work and provide, reasonable to the medium or means You are utilizing: (i) the name of the Original Author (or pseudonym, if applicable) if supplied, and/or (ii) if the Original Author and/or Licensor designate another party or parties (e.g. a sponsor institute, publishing entity, journal) for attribution in Licensor's copyright notice, terms of service or by other reasonable means, the name of such party or parties; the title of the Work if supplied; to the extent reasonably practicable, the Uniform Resource Identifier, if any, that Licensor specifies to be associated with the Work, unless such URI does not refer to the copyright notice or licensing information for the

Work; and in the case of a Derivative Work, a credit identifying the use of the Work in the Derivative Work (e.g., "French translation of the Work by Original Author," or "Screenplay based on original Work by Original Author"). Such credit may be implemented in any reasonable manner; provided, however, that in the case of a Derivative Work or Collective Work, at a minimum such credit will appear where any other comparable authorship credit appears and in a manner at least as prominent as such other comparable authorship credit.

C.5 Representations, Warranties and Disclaimer

UNLESS OTHERWISE MUTUALLY AGREED TO BY THE PARTIES IN WRITING, LICENSOR OFFERS THE WORK AS-IS AND MAKES NO REPRESENTATIONS OR WARRANTIES OF ANY KIND CONCERNING THE WORK, EXPRESS, IMPLIED, STATUTORY OR OTHERWISE, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF TITLE, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, NONINFRINGEMENT, OR THE ABSENCE OF LATENT OR OTHER DEFECTS, ACCURACY, OR THE PRESENCE OF ABSENCE OF ERRORS, WHETHER OR NOT DISCOVERABLE. SOME JURISDICTIONS DO NOT ALLOW THE EXCLUSION OF IMPLIED WARRANTIES, SO SUCH EXCLUSION MAY NOT APPLY TO YOU.

C.6 Limitation on Liability

EXCEPT TO THE EXTENT REQUIRED BY APPLICABLE LAW, IN NO EVENT WILL LICENSOR BE LIABLE TO YOU ON ANY LEGAL THEORY FOR ANY SPECIAL, INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR EXEMPLARY DAMAGES ARISING OUT OF THIS LICENSE OR THE USE OF THE WORK, EVEN IF LICENSOR HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

C.7 Termination

1. This License and the rights granted hereunder will terminate automatically upon any breach by You of the terms of this License. Individuals or entities who have received Derivative Works or Collective Works from You under this License, however, will not have their licenses terminated provided such individuals or entities remain in full compliance with those licenses. Sections 1, 2, 5, 6, 7, and 8 will survive any termination of this License.
2. Subject to the above terms and conditions, the license granted here is perpetual (for the duration of the applicable copyright in the Work). Notwithstanding the above, Licensor reserves the right to release the Work under different license terms or to stop distributing the Work at any time; provided, however that any such election will not serve to withdraw this License (or any other

license that has been, or is required to be, granted under the terms of this License), and this License will continue in full force and effect unless terminated as stated above.

C.8 Miscellaneous

1. Each time You distribute or publicly digitally perform the Work or a Collective Work, the Licensor offers to the recipient a license to the Work on the same terms and conditions as the license granted to You under this License.
2. Each time You distribute or publicly digitally perform a Derivative Work, Licensor offers to the recipient a license to the original Work on the same terms and conditions as the license granted to You under this License.
3. If any provision of this License is invalid or unenforceable under applicable law, it shall not affect the validity or enforceability of the remainder of the terms of this License, and without further action by the parties to this agreement, such provision shall be reformed to the minimum extent necessary to make such provision valid and enforceable.
4. No term or provision of this License shall be deemed waived and no breach consented to unless such waiver or consent shall be in writing and signed by the party to be charged with such waiver or consent.
5. This License constitutes the entire agreement between the parties with respect to the Work licensed here. There are no understandings, agreements or representations with respect to the Work not specified here. Licensor shall not be bound by any additional provisions that may appear in any communication from You. This License may not be modified without the mutual written agreement of the Licensor and You.

Creative Commons is not a party to this License, and makes no warranty whatsoever in connection with the Work. Creative Commons will not be liable to You or any party on any legal theory for any damages whatsoever, including without limitation any general, special, incidental or consequential damages arising in connection to this license. Notwithstanding the foregoing two (2) sentences, if Creative Commons has expressly identified itself as the Licensor hereunder, it shall have all rights and obligations of Licensor.

Except for the limited purpose of indicating to the public that the Work is licensed under the CCPL, neither party will use the trademark "Creative Commons" or any related trademark or logo of Creative Commons without the prior written consent of Creative Commons. Any permitted use will be in compliance with Creative Commons' then-current trademark usage guidelines, as may be published on its website or otherwise made available upon request from time to time.

Creative Commons may be contacted at <http://creativecommons.org/>.