

PRIMER

Oxygen-sensing mechanisms in development and tissue repair

Yida Jiang¹, Li-Juan Duan¹ and Guo-Hua Fong^{1,2,*}

ABSTRACT

Under normoxia, hypoxia inducible factor (HIF) α subunits are hydroxylated by PHDs (prolyl hydroxylase domain proteins) and subsequently undergo polyubiquitylation and degradation. Normal embryogenesis occurs under hypoxia, which suppresses PHD activities and allows HIF α to stabilize and regulate development. In this Primer, we explain molecular mechanisms of the oxygen-sensing pathway, summarize HIF-regulated downstream events, discuss loss-of-function phenotypes primarily in mouse development, and highlight clinical relevance to angiogenesis and tissue repair.

KEY WORDS: Oxygen sensing, Prolyl hydroxylase, Hypoxia inducible factor, Development, Tissue repair

Introduction

Before the onset of vasculogenesis, normal embryonic tissues are under developmental hypoxia, with oxygen partial pressure (pO_2) averaging ~ 23 mm Hg ($\sim 3\%$ of sea level air) (Fathollahipour et al., 2018). Although the development of the cardiovascular systems brings in additional oxygen, the upper limit of the embryonic oxygenation level is dictated by placental pO_2 at 60 mm Hg (7.9%), which is substantially lower than the 10–13.1% found in adult arterial blood (Rodesch et al., 1992). In addition, rapid tissue growth is energetically demanding and consumes oxygen at high rates. For these reasons, embryonic tissues remain more hypoxic throughout development relative to adult tissues (Rieger et al., 1997; Siggaard-Andersen and Huch, 1995).

Hypoxia in normal embryos serves as a physiological signal that regulates diverse developmental processes. A key mechanism mediating hypoxia signaling is oxygen-dependent degradation of HIF α proteins. Under normoxia, prolyl hydroxylase domain (PHD) proteins split O_2 to hydroxylate specific proline residues in hypoxia inducible factor (HIF) α proteins, labeling them for polyubiquitylation and proteasomal degradation (Fig. 1A). Under hypoxia, hydroxylation is blocked; HIF α proteins translocate into nuclei where they heterodimerize with HIF β proteins to activate the expression of their target genes (Fig. 1B) (Bruick and McKnight, 2001; Epstein et al., 2001; Hu et al., 2006; Ivan et al., 2002; Maxwell et al., 1999; Wang et al., 1995). For their discovery of the oxygen-sensing mechanism, William Kaelin Jr, Sir Peter Ratcliffe and Gregg Semenza were awarded the 2019 Nobel Prize in Physiology or Medicine (NobelPrize.Org, 2019).

In this Primer, we provide an overview of molecular and cellular mechanisms of oxygen sensing and hypoxia signaling, and summarize loss-of-function phenotypes in development, mostly in mice. We also highlight clinical relevance, focusing on

angiogenesis and tissue ischemia (lack of perfusion). A discussion of other pathological processes in which hypoxia is also a component, such as tumorigenesis, diabetes and inflammation, is beyond the scope of this Primer. However, interested readers may consult several recent reviews on these subjects (Choueiri and Kaelin, 2020; Hayes et al., 2020; Semenza, 2019; Stothers et al., 2018).

Molecular mechanisms of the oxygen-sensing pathway PHDs and other HIF-hydroxylases

Structure and intracellular localization of PHDs

The first PHD family member to be discovered was the EGLN1 protein encoded by the egg laying 9 (*egl-9*) gene in *C. elegans* (Epstein et al., 2001). In mammals, the PHD family has three members: EGLN1 (PHD2), EGLN2 (PHD1) and EGLN3 (PHD3, also known as SM-20 in rats) (Bruick and McKnight, 2001; Epstein et al., 2001; Ivan et al., 2002). Structural features of PHD proteins are shown schematically in Fig. 2A. Notably, PHD3 has a shortened sequence, containing only the catalytic domain, whereas PHD2 is unique in that it contains a MYND domain, which mediates specific protein interaction (Barth et al., 2009; Shao et al., 2009; Song et al., 2013). PHD1, PHD2 and PHD3 are all soluble enzymes: PHD1 is exclusively located in the nucleus; PHD2 is predominantly cytoplasmic, but also shuttles into the nucleus; PHD3 is evenly distributed between both the nucleus and the cytoplasm (Metzen et al., 2003; Steinhoff et al., 2009). Functionally, PHDs are iron (Fe^{2+}) and 2-oxoglutarate (2-OG)-dependent dioxygenases, which split O_2 to hydroxylate their substrates (Epstein et al., 2001). In addition, PHDs have various oxygen-independent functions (Box 1) and substrates (Box 2).

Prolyl 4-hydroxylase transmembrane (P4H-TM, PHD4 or EGLN4) is anchored in the endoplasmic reticulum (ER) membrane with its catalytic domain protruding into the ER lumen, and has an EF domain (Fig. 2A), which may potentially bind Ca^{2+} (Koivunen et al., 2007; Myllykoski et al., 2021). The P4H-TM protein sequence is more closely related to collagen hydroxylase than to PHDs, except that the substrate-binding region is more conserved with PHDs (Koivunen et al., 2007). Although P4H-TM has been shown to carry out prolyl hydroxylation in both HIF1 α and HIF2 α (Koivunen et al., 2007), it is unclear how it overcomes the topological barrier imposed by the ER membrane, or whether there are physiologically relevant levels of HIF α proteins within ER lumens. Finally, factor inhibiting HIF (FIH) is an oxygen-dependent asparagine hydroxylase but its domain organization has not been clearly defined (Koivunen et al., 2004; Mahon et al., 2001). FIH mostly hydroxylates a C-terminal asparaginyl residue on HIF1 α and, to a much less extent, HIF2 α (Koivunen et al., 2004).

Regulation of PHD expression and degradation under hypoxia

Among the different PHD family members, PHD2 is most broadly expressed and plays a major role in oxygen sensing (Berra et al., 2003). The expression of PHDs, especially PHD2 and PHD3, is upregulated by HIF1 α (Fig. 2B), presumably as a feedback

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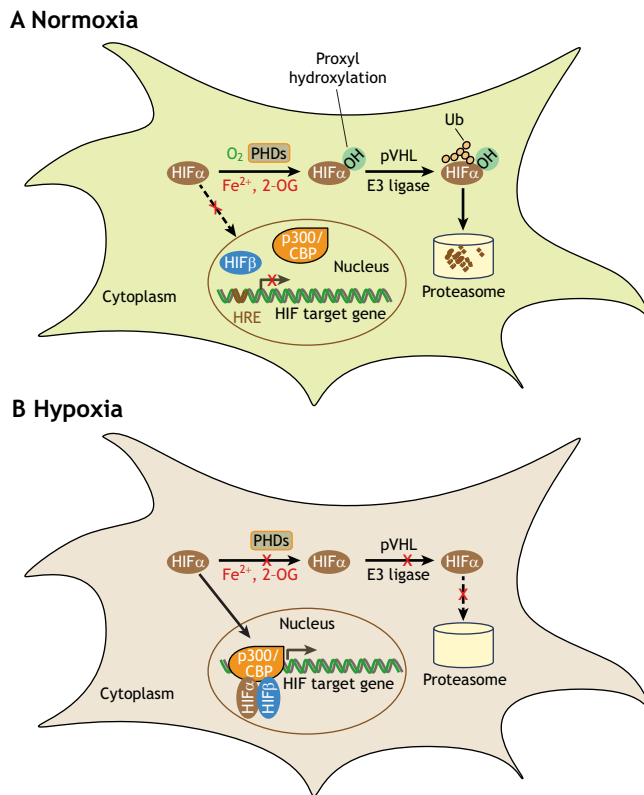


Fig. 1. Schematic showing oxygen-dependent regulation of HIF α stability by prolyl hydroxylase domain proteins (PHDs). (A) In normoxia, and in the presence of adequate levels of Fe^{2+} and 2-oxoglutarate (2-OG), PHDs split O_2 to hydroxylate (OH) HIF1 α and HIF2 α (indicated as HIF α), which are then recruited into E3 ubiquitin ligase complexes by pVHL (von Hippel Lindau protein), polyubiquitylated (Ub) and degraded by the proteasome. As a result, HIF α fail to enter nucleus. (B) In hypoxia, the hydroxylation reaction is mostly blocked (red crosses). HIF α proteins are stable, and translocate into the nucleus where they heterodimerize with HIF β . HIF α also recruits p300/CBP to activate the transcription of target genes.

mechanism to prevent uncontrolled HIF α accumulation under hypoxia (Bagnall et al., 2014; Fujita et al., 2012). On the other hand, the levels of PHD1 and PHD3, but not PHD2, are further fine-tuned by Siah1a/2-mediated ubiquitylation and proteasomal degradation under hypoxia (Fig. 2B) (Nakayama et al., 2004). It should be noted that in cells under physiological hypoxia, oxygen-dependent prolyl hydroxylation is still an ongoing process (Fig. 2B), although at a significantly slower pace than under normoxia. Once hydroxylated, degradation proceeds independently of oxygen concentration.

Oxygen-independent regulation of PHD prolyl hydroxylase activity

As mentioned above, the catalytic activity of PHDs depends on not only oxygen, but also their essential co-factors Fe^{2+} and 2-OG (Fig. 2C) (Epstein et al., 2001; Gerald et al., 2004; Hewitson et al., 2007). The availability of Fe^{2+} is significantly influenced by cellular redox states. Reactive oxygen species (ROS) lead to the oxidation of Fe^{2+} to Fe^{3+} , the latter of which strongly suppresses PHD activities (Briggs et al., 2016; Epstein et al., 2001; Gerald et al., 2004). Several Krebs cycle intermediates, including fumarate, succinate and isocitrate, are structural analogs to 2-OG. In wild-type cells, these intermediates are mostly confined to mitochondria, but in cells with dysfunctional mitochondria, they can accumulate at high levels and leak into the cytoplasm to competitively inhibit PHDs (Hewitson et al., 2007).

Prolyl hydroxylation efficiency of HIF1 α is enhanced by recruiting PHD2 to HSP90/HIF1 α complex (Fig. 2D), via the interaction between MYND domain in PHD2 and co-chaperonin proteins of HSP90, including p23 and possibly also FKBP38 (Barth et al., 2009; Shao et al., 2009; Song et al., 2013). As a result, PHD2 is brought into close proximity of HIF1 α . Furthermore, interaction between PHD2 and a protein called OS-9, also thought to work by bringing PHD2 closer to HIF1 α , can also enhance hydroxylation, but specific domains involved in the interaction have not been characterized (Baek et al., 2005).

Hypoxia-induced factors

Structural organization and heterodimerization of HIF proteins

As depicted in Fig. 3, both HIF α and β subunits are members of the bHLH-PAS family of transcription factors. The N-terminal basic-helix-loop-helix (bHLH) motif (for DNA binding) and central PAS domain (mediating protein-protein interaction) are well conserved among different subunits, but the length and location of catalytic domains display substantial variability, except between HIF1 α and HIF2 α (Rieger et al., 1997; Tian et al., 1997; Wang et al., 1995).

HIF3 α exists in three isoforms due to alternative splicing (Huang et al., 2013; Makino et al., 2001; Yamashita et al., 2008). HIF3 α isoforms have very weak or no transcriptional activity, due to the lack of C-TAD or the entire catalytic domain, depending on the isoform (Huang et al., 2013; Makino et al., 2001; Yamashita et al., 2008). Therefore, HIF3 α isoforms, especially inhibitory PAS domain protein (IPAS), play inhibitory roles by trapping HIF1 β and competing for binding to hypoxia response elements (HREs) (Huang et al., 2013; Makino et al., 2001). In addition, IPAS also directly binds to HIF1 α to inhibit its activity (Huang et al., 2013; Makino et al., 2001).

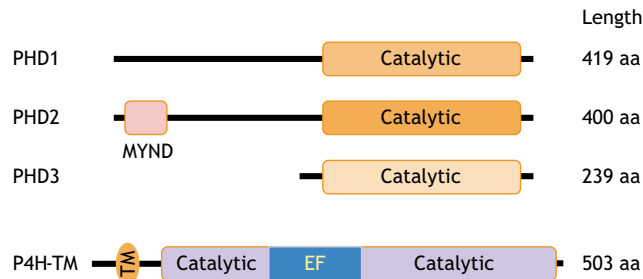
HIF1 β , also known as ARNT or ARNT1 [aryl hydrocarbon receptor (AhR) nuclear translocator], heterodimerizes with HIF1 α and HIF2 α proteins to form HIF1 and HIF2 heterodimers, respectively (Motta et al., 2018; Wang et al., 1995; Wu et al., 2015). ARNT also heterodimerizes with AhR to mediate xenobiotic detoxification response, a HIF-independent function (Reisz-Porszasz et al., 1994).

ARNT2 is similar to ARNT in structure, although its expression pattern is much more restricted (Hirose et al., 1996; Keith et al., 2001; Mandl et al., 2016). Within the HIF family, studies on ARNT2 are mostly limited to its interaction with HIF1 α (Hirose et al., 1996; Keith et al., 2001; Mandl et al., 2016). However, ARNT2 (but not ARNT) is known to heterodimerize with SIM1, an oxygen-independent member of the bHLH-PAS family of transcription factors involved in hypothalamus development (Michaud et al., 2000).

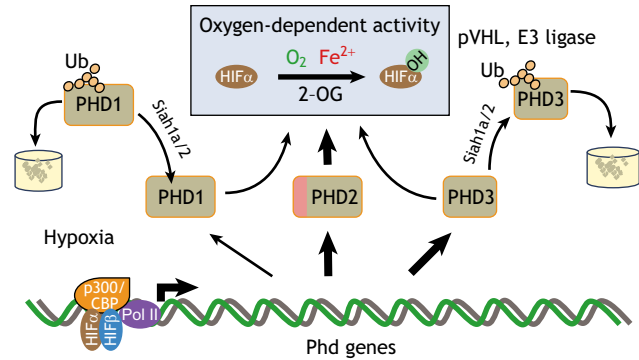
Expression patterns of HIF α and β subunits

In mouse embryos, HIF1 α is broadly expressed, whereas HIF2 α has a more restricted expression pattern (Jain et al., 1998). HIF2 α was first thought to be specifically expressed in the vascular endothelium (hence, also named endothelial PAS protein 1 or EPAS1) (Tian et al., 1997), but was later found to be expressed in additional cell types, such as kidney interstitial fibroblasts, neural crest cells and retinal astrocytes (Mowat et al., 2010; Niklasson et al., 2021; Paliege et al., 2010; Tian et al., 1998). In adult mice and cultured cells, the expression of both HIF1 α and HIF2 α is induced by growth factors and cytokines, independently of oxygenation conditions, but it is unclear whether similar induction also occurs in embryos (Dutta et al., 2008; Feldhoff et al., 2017; Wang et al., 2018).

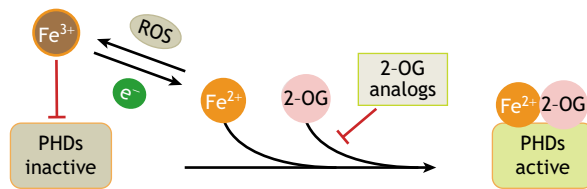
A Linear structure of mouse prolyl hydroxylases



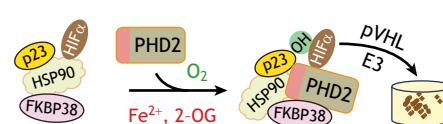
B PHD expression and degradation under hypoxia



C Dependence of PHD activities on co-factors



D Regulation of PHD2 activity by HSP90 complex



Key

Reducing redox state Proteasome MYND domain Ub, ubiquitylation Prolyl hydroxylation

Fig. 2. Regulation of prolyl hydroxylase domain protein (PHD) expression, stability and activity. (A) Linear structure of prolyl hydroxylases. MYND in PHD2 interacts with p23 and FKBP38; EF hand (EF) domain is believed to bind to Ca^{2+} . (B) Induction of PHD expression and degradation of PHD1 and PHD3 under hypoxia. PHD2 and PHD3 are more strongly expressed in response to hypoxia than PHD1 (indicated by arrow thickness). Siah1a/2 (a ubiquitin ligase) polyubiquitylates PHD1 and PHD3 (but not PHD2) under hypoxia. PHD1 and PHD3 are then degraded in proteasomes. In hypoxia, oxygen-dependent prolyl hydroxylation is inefficient, but is not completely blocked (blue box), leading to the slow degradation of HIF1 α and HIF2 α (indicated as HIF α). (C) Regulation of PHD activities by modulating co-factor availability and interaction. Reduced redox state (e^-) may facilitate PHD activation by promoting the regeneration of Fe^{2+} from Fe^{3+} , whereas reactive oxygen species (ROS) do the reverse. Several Krebs cycle intermediates (fumarate, succinate and isocitrate – not included in the figure) are structural analogs of 2-OG and competitively inhibit PHDs. (D) A complex containing HSP90, HIF1 α and co-chaperonin proteins (p23 and possibly also FKBP38) can interact with the MYND domain in PHD2. As a result, PHD2 is brought into close proximity of HIF1 α , enhancing prolyl hydroxylation efficiency of HIF1 α and leading to its degradation. aa, amino acids; P4H-TM, prolyl 4-hydroxylase transmembrane; TM, transmembrane domain.

HIF3 α expression varies greatly among different isoforms. NEPAS expression is strong in multiple embryonic tissues but undetectable in adults (Yamashita et al., 2008). The expression of the prototypical HIF3 α isoform is weak in embryos, but is moderately increased in adult tissues (Yamashita et al., 2008). IPAS is undetectable in embryos but is strongly expressed in Purkinje neurons and cornea epithelium in adult mice (Makino et al., 2001; Yamashita et al., 2008).

ARNT is broadly expressed in mouse embryos. In contrast, ARNT2 is strongly expressed only in developing neural and kidney tissues, but its expression is weak in most other embryonic tissues (Jain et al., 1998).

Regulation of HIF α stability by oxygen and PHD-dependent mechanisms

HIF1 α and HIF2 α are both hydroxylated by PHDs at two proline residues in the conserved LXXLAP motif, each located within a separate oxygen-dependent degradation (ODD) domain (Fig. 3) (Hirsila et al., 2003). Hydroxylation occurs efficiently under normoxia, and hydroxylated HIF α proteins are recruited into E3 ubiquitin ligase complexes by pVHL (von Hippel Lindau protein), polyubiquitylated, and then routed to proteasomes for degradation (Fig. 1A) (Epstein et al., 2001; Ivan et al., 2002; Maxwell et al., 1999; Min et al., 2002). The entire process is very rapid; the half-life of HIF1 α protein is only 5–8 min in cells cultured under normoxia (Berra et al., 2001). In a hypoxic tissue environment, such as in

developing embryos, the intracellular oxygen concentration is below K_m values (Hirsila et al., 2003), thus allowing much of HIF α proteins to escape hydroxylation and accumulate at relatively high levels.

Regulation of HIF1 α protein stability by oxygen-independent mechanisms

In addition to oxygen-dependent degradation, HIF α stability is further fine-tuned by oxygen-independent mechanisms (Fig. 4A). HIF1 α is methylated by lysine-specific methyltransferase SET7/9, but demethylated by LSD1, a lysine-specific demethylase (Kim et al., 2016; Liu et al., 2015). Lysine methylated HIF1 α is subject to E3 ligase-dependent polyubiquitylation and proteasomal degradation (Kim et al., 2016). Oxygen-independent HIF1 α ubiquitylation in hypoxia is suppressed by two mechanisms, including interaction with the molecular chaperone HSP90 (Liu et al., 2007) and phosphorylation by protein kinase A (PKA) (Bullen et al., 2016).

HIF α is also modified by acetylation and SUMOylation under hypoxia, leading to stabilization or degradation by the same modification in a context-dependent manner (Bilton et al., 2005; Carbia-Nagashima et al., 2007; Cheng et al., 2007; Jeong et al., 2002). In addition, HIF1 α has been shown to be stabilized or destabilized by p53 in different studies (Madan et al., 2019; Ravi et al., 2000; Sano et al., 2007), but p53 itself is consistently stabilized by HIF1 α (An et al., 1998; Chen et al., 2003). Although

Box 1. Oxygen-independent functions of PHDs

Besides hydroxylating HIF α and non-HIF α substrates, there have been several reports that PHD1 or PHD3 also stabilize certain proteins by hydroxylase-independent mechanisms. For example, PHD3 stabilizes occludin and inhibitor of nuclear factor kappa-B kinase subunit γ (IKK γ) by physically blocking ubiquitylation of these proteins (Chen et al., 2015; Fu and Taubman, 2013). One of these proteins, occluding (Ocln), is developmentally important, with *Ocln*^{-/-} mice exhibiting growth retardation (Saitou et al., 2000).

HIF2 α also interacts with p53, the effect on HIF2 α is unknown; however, HIF2 α suppresses p53 expression and/or activity (Bertout et al., 2009; Das et al., 2012; Roberts et al., 2009).

Regulation of HIF complex assembly by PHD-independent mechanisms

Although the stability of HIF α is mostly regulated by prolyl hydroxylation, the assembly of HIF α into transcriptionally active HIF complexes is regulated by PHD-independent mechanisms (e.g. Fig. 4B). Specifically, HIF1 α phosphorylation by p42/p44 MAPK indirectly promotes heterodimerization by promoting HIF1 α nuclear localization (Mylonis et al., 2006). On the other hand, HIF3 α , especially its IPAS isoform, inhibits HIF heterodimerization by trapping HIF1 β (Makino et al., 2001; Yamashita et al., 2008). HIF activity also depends on the recruitment of p300/CBP, which is a major co-activator for HIF α (Ema et al., 1999; Kasper et al., 2005). Oxygen-dependent (but PHD-independent) HIF1 α asparaginyl hydroxylation, mediated by FIH, inhibits the interaction between HIF1 α and p300/CBP, thus suppressing HIF1 α transcriptional activity (Koivunen et al., 2004; Mahon et al., 2001; Chen et al., 2014; Kasper et al., 2005; Lando et al., 2002).

Summary

HIF α prolyl hydroxylation by PHDs plays a major role in oxygen sensing. However, a variety of other regulatory mechanisms are also highly relevant. Both PHD expression and activity are subject to regulation. PHD genes themselves are HIF targets, a feedback loop exists to prevent excessive HIF α accumulation. The hydroxylase activity of PHDs is regulated by a variety of conditions that influence the intracellular levels and distribution of different co-factors of PHDs. At the functional level, PHDs not only hydroxylate HIF α proteins, but also several other proteins (Box 2). Conversely, HIF α proteins are not only hydroxylated by PHDs, but also by P4H-TM and FIH. Furthermore, HIF α stability and activity are also regulated by several mechanisms that are independent of oxygen and hydroxylases.

HIF-regulated downstream events**Regulation of target gene expression****Target gene specificity**

HIF1 and HIF2 activate the expression of their target genes by interacting with HRE or HRE-like elements located in the enhancer sequences (Coulet et al., 2003; Kappel et al., 1999). Some of the target genes are common to HIF1 and HIF2, such as VEGF-A and Glut1, but others are preferably activated by either of them (Chen et al., 2001; Downes et al., 2018; Forsythe et al., 1996; Hu et al., 2003). Genes encoding several glycolytic enzymes, such as 6-phosphofructo-2-kinase (PFKFB3) (Obach et al., 2004), phosphoglycerate kinase 1 (PGK1) (Li et al., 1996) and pyruvate dehydrogenase kinase 3 (PDK3) (Lu et al., 2008) are HIF1-specific target genes. Conversely, endothelial expression of several

angiogenesis regulators, including eNOS (Coulet et al., 2003), Flk1 (VEGFR2) (Elvert et al., 2003; Kappel et al., 1999), Flt1 (VEGFR1) (Dutta et al., 2008) and *Tie2* (also known as *Tek*) (Jiang et al., 2019), are upregulated by HIF2 α . HIF2 α also activates the expression of the pluripotency genes *Nanog*, *Pou5f1* (encoding Oct4), *Sox2* and *Erk1* (also known as *Mapk3*) in stem or progenitor cells, such as neural stem cells, myoblast progenitors and mesenchymal stem cells (Gustafsson et al., 2005; Zhu et al., 2016).

In vivo regulation of erythropoietin (EPO) expression represents an interesting example where the expression patterns of HIF1 α and HIF2 α play a decisive role. EPO is strongly upregulated by HIF1 α *in vitro* (Wang and Semenza, 1995). However, *in vivo* studies have demonstrated that EPO expression is dependent on HIF2 α in mouse liver, kidney and cortical astrocytes, whereas HIF1 α is dispensable (Chavez et al., 2006; Kapitsinou et al., 2010; Rankin et al., 2007). There is evidence that HIF2 α , but not HIF1 α , is expressed in the cortex interstitial cells, the main cell type responsible for EPO production (Paliege et al., 2010). However, HIF1 α overexpression in brain tissues activates local EPO expression, conferring neural protection in the cerebral ischemia-reperfusion model (Li et al., 2020).

Interestingly, HIF2 α promotes translation, in addition to transcription, under hypoxia (Uniacke et al., 2012). In hypoxic cells, the normal translational initiation mechanism is suppressed. However, HIF2 α interacts with polysomes to facilitate the translation of mRNAs important for cellular functions under hypoxia (Uniacke et al., 2012).

Cooperation between HIF α and other transcription factors

Besides HIF β and p300/CBP, HIF α proteins also directly bind to a number of other transcription factors. In a mouse myogenic cell line, HIF1 α interacts with Notch intracellular domain (NICD), leading to the upregulation of NICD target genes that are important for the maintenance of an undifferentiated state (Gustafsson et al., 2005). HIF2 α -Ets interaction enhances the expression of *Ftl1* and *Flk1* *in vitro* and/or in mice (Dutta et al., 2008; Elvert et al., 2003). HIF1 α stabilizes p53, activating the expression of p53-dependent genes

Box 2. Prolyl hydroxylation of non-HIF protein substrates by PHDs

At least 20 non-HIF proteins have been reported to be hydroxylated by PHDs via oxygen-dependent mechanisms; controversies of between some *in vitro* hydroxylation studies are likely due to differences in experimental conditions (Anderson et al., 2011; Cockman et al., 2019; Cummins et al., 2006; Guo et al., 2016; Luo et al., 2014; Moser et al., 2013; Rodriguez et al., 2018; Zheng et al., 2014). Prolyl hydroxylation of different non-HIF proteins has different consequences, including degradation, e.g. ATF4 (Goda et al., 2003), or functional inactivation, e.g. Akt1 (Guo et al., 2016).

Some non-HIF substrates have known developmental roles. For example, *Atf4*^{-/-} mice exhibit delayed bone development (Yoshizawa et al., 2009), whereas Akt1 deficiency inhibits neonatal retinal angiogenesis (Lee et al., 2014). As the phenotypes in these mice are associated with the loss of the entire protein instead of specific mutation of the prolyl hydroxylation sites, it remains to be determined whether the developmental defects are specifically due to loss of oxygen-dependent regulation. It should be noted, however, that no studies have reported specific mutations in the prolyl hydroxylation sites in the endogenous HIF α loci in animal models, although transgenic overexpression of cDNAs lacking these sites have been carried out (Covello et al., 2006; Elson et al., 2001).

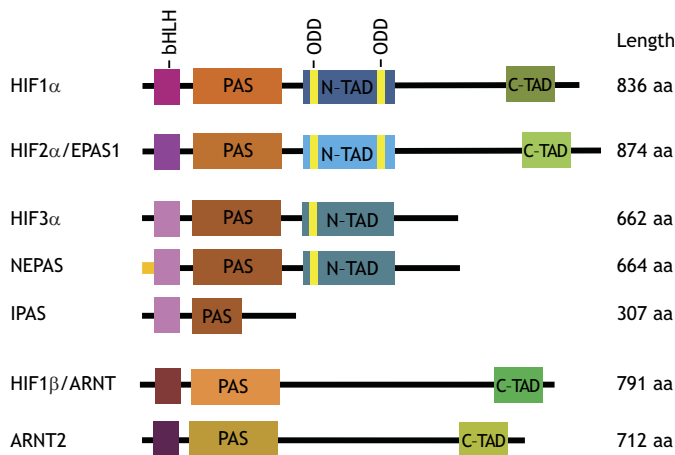


Fig. 3. Linear structure of mouse HIF subunits. Similar but different shades of colors represent related but different sequences. HIF1 α and HIF2 α have two oxygen-dependent degradation (ODD) domains each, but HIF3 α has only one ODD domain. aa, amino acids; bHLH, basic helix loop helix domain; C-TAD, C-terminal transactivation domain; N-TAD, N-terminal transactivation domain; PAS, Per-Arnt-Sim domain.

(An et al., 1998; Carmeliet et al., 1998; Zhou et al., 2015). In *Hif1 α ^{-/-}* mouse embryonic stem cells, p53 protein levels are significantly reduced and apoptosis is blocked under hypoxia (Carmeliet et al., 1998).

Cell-autonomous events regulated by HIF

HIF may regulate cell events in a cell-autonomous manner, in which HIF-activated gene products exert their functions in the same cells in which they are produced. An example of this type of regulation is metabolic reprogramming. HIF may also regulate cell functions in a non-autonomous manner. This may be best illustrated by VEGFA expression, which leads to endothelial cell differentiation, proliferation and migration. Here, we focus on cell-autonomous events.

Metabolism

Reprogramming of cellular metabolism by HIF α has been most extensively studied in cancer cells (reviewed by Elzakra and Kim, 2021; Semenza, 2011). More pertinent to this Primer is metabolic reprogramming in stem cells for tissue regeneration. In this regard, HIF1 α promotes glycolysis in several types of stem cell, such as mouse embryonic stem cells (Carmeliet et al., 1998), neural stem cells (Lange et al., 2016), hematopoietic stem cells (Kocabas et al., 2015) and human mesenchymal stem cells (Palomaki et al., 2013). In diabetic mice, HIF1 α overexpression confers protection against myocardial injury by promoting glycolysis and angiogenesis (Xue et al., 2010).

A major role of HIF2 α in metabolism is to promote oxidative phosphorylation in mitochondria (Oktay et al., 2007; Scortegagna et al., 2003). Mechanistically, HIF2 α activates the expression of SOD2 (mitochondrial superoxide dismutase) and frataxin, a chaperonin protein that enhances activity of aconitase in the Krebs cycle. Although HIF2 α has not been found to upregulate glycolysis in most studies, one publication shows HIF2 α -dependent upregulation of glycolysis during iPSC induction from human fibroblasts (Mathieu et al., 2014). At present, there is no explanation for this exception. However, we speculate that in most cells there might be a factor(s) that prevents HIF2 α from interacting with the genes encoding glycolytic enzymes. Occasionally, the expression or function of such a factor(s) might be

lost for different reasons, such as mutation or culture conditions, thus allowing HIF2 α to activate the expression of glycolytic enzymes.

Other cell-autonomous events regulated by HIF α

HIF1 α and HIF2 α also regulate various other cellular events. HIF1 α promotes autophagy (Cosin-Roger et al., 2017), alveolar epithelial cell differentiation (Saini et al., 2008) and apoptosis in mice (Carmeliet et al., 1998), but suppresses ER stress in rat nucleus pulposus cells and proliferation of mouse embryonic mesenchymal cells (Carmeliet et al., 1998; Novais et al., 2021). HIF2 α is required for neural crest cell migration in chick embryos (Niklasson et al., 2021), EPO synthesis in kidney interstitial fibroblasts in rats (Paliege et al., 2010), iron transport in intestinal epithelial cells in a humanized mouse model of sickle cell disease (Das et al., 2015), suppression of lipid accumulation in adipocytes (Feng et al., 2018) and production of catecholamine by the organ of Zuckerkandl in mouse embryos (Tian et al., 1998). These observations indicate that, despite biochemical similarities between HIF1 α and HIF2 α , their biological functions are often distinct. To some extent, the differential functions probably reflect differences in their expression profiles.

Summary

HIF1 α and HIF2 α share overlapping but distinct sets of target genes. Activation of target gene expression *in vivo* depends on not only molecular specificity of HIF1 α and HIF2 α , but also on their expression profiles. In addition, interaction between HIF α and other transcription factors may also influence the expression of target genes. HIF α target genes regulate various cellular functions, such as metabolism, autophagy and apoptosis.

Loss-of-function phenotypes in development

Phenotypes associated with loss of HIF hydroxylases

Here, we discuss major phenotypes related to embryonic and neonatal development in mice. Adult phenotypes are also briefly mentioned if they share common elements with development, such as tissue growth and organization. A more complete list of phenotypes is included in Table 1. However, studies strictly focused on specialized topics, such as tumorigenesis and erythrocytosis, are not discussed; however, interested readers may consult several reviews on these subjects (Chan and Giaccia, 2010; Haase, 2017).

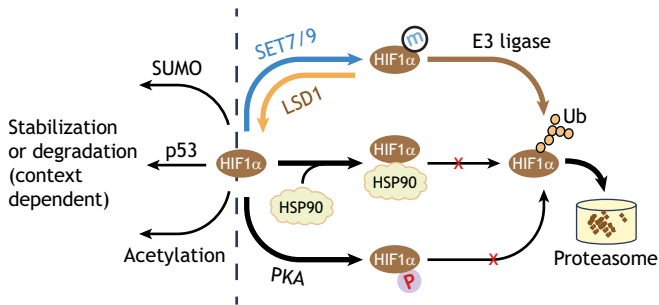
Germline Phd knockout

Phd2^{-/-} (*Egln1^{-/-}*) embryos die at mid-gestation stages, but *Phd1^{-/-}* (*Egln2^{-/-}*), *Phd3^{-/-}* (*Egln3^{-/-}*) and *Phd1^{-/-}/Phd3^{-/-}* are viable (Takeda et al., 2006). In *Phd2^{-/-}* mice, HIF1 α and HIF2 α protein levels are significantly elevated in both the placenta and embryo proper, except in the heart. However, the myocardium thickness and trabeculation are dramatically reduced in *Phd2^{-/-}* embryos, potentially secondary to poor nutrition resulting from defective placental development (Takeda et al., 2006). PHD2-deficient placentas display reduced labyrinthine branching morphogenesis, abnormal migration of spongiotrophoblasts and giant cells, and reduced angiogenesis. The placental defects in *Phd2^{-/-}* embryos partially resemble those in *Vhl^{-/-}* mouse embryos, which also display vascular deficiency in the poorly developed labyrinth (Gnarra et al., 1997). The exact reason for reduced angiogenesis is unknown, but poor labyrinthine development and cellular defects in the placenta could have some negative impacts.

Tissue-specific PHD deficiency

PHD2 deficiency in retinal astrocytes decelerates their differentiation from proliferative immature states towards non-

A Oxygen-independent regulation of HIF1 α stability



B PHD-independent regulation of HIF activity

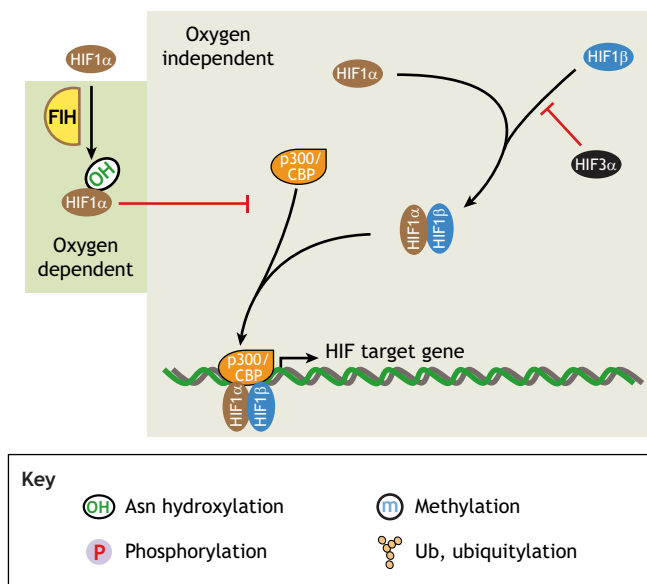


Fig. 4. PHD-independent regulation of HIF1 α stability and activity.

(A) Oxygen-independent regulation of HIF1 α protein stability. The left one-third of the panel shows regulatory events with undefined (context-dependent) outcomes, including both stabilization and degradation for the same type of post-translational modification (e.g. SUMOylation or acetylation) or interaction with p53. The right two-thirds of the panel shows events with well-defined outcomes: methylation of HIF1 α by SET7/9, a lysine-specific methyltransferase, leads to ubiquitylation (Ub) and degradation by the proteasome. The actions of SET7/9 can be reversed by the activity of lysine-specific demethylase (LSD1). Conversely, interaction of HIF1 α with heat shock protein 90 (HSP90) or phosphorylation of HIF1 α by protein kinase A (PKA) prevents HIF1 α degradation. (B) Regulation of the assembly of the transcriptionally active HIF complex by PHD-independent mechanisms. Events on the right are oxygen independent. HIF3 α inhibits heterodimerization between HIF1 α and HIF1 β (by competing for HIF1 β). Interaction between HIF1 α and p300/CBP is important for HIF transcriptional activity, but this interaction is suppressed by factor-inhibiting hypoxia-inducible factor (FIH) through oxygen-dependent asparaginyl hydroxylation (OH) of HIF1 α . Although HIF2 α and Arnt2 are expected to be regulated by similar mechanisms to HIF1 α and HIF1 β , they are not included in the diagram because direct data are still lacking for some of the steps.

proliferative mature states, leading to prolonged expansion of the astrocyte population (Duan and Fong, 2019). Increased abundance of immature astrocytes blocks retinal vascular pruning in neonatal mice (Duan and Fong, 2019).

Neural-specific *Phd2* deletion promotes brain vascularization due to HIF1 α stabilization and VEGFA overexpression (Nasyrov

et al., 2019). In kidneys, PHD2 and PHD3 double deficiency in stromal cells suppresses kidney development, manifested as reduced number of glomeruli and smaller kidney size (Kobayashi et al., 2017). In the lung, endothelial and hematopoietic PHD2 deficiency leads to obliterative lung vascular remodeling and pulmonary hypertension (Dai et al., 2016). Mechanistically, upregulated HIF2 α in PHD2-deficient endothelium promotes CXCL12 expression, which in turn stimulates the proliferation of associated vascular smooth muscle cells (Dai et al., 2016).

FIH deficiency in zebrafish and mice

FIH knockdown in zebrafish by morpholino oligonucleotides (MO) promotes angiogenesis of intersomitic vessels (So et al., 2014). However, *Fih*^{-/-} mice and zebrafish both develop normally. In adults, *Fih*^{-/-} mice display elevated metabolism, whereas *Fih*^{-/-} mice and zebrafish both have improved tolerance to hypoxia (Cai et al., 2018; Zhang et al., 2010). Discrepancies between MO and gene targeting studies are most likely due to MO off target effects (Kok et al., 2015).

HIF mutant phenotypes in development

Most mutant phenotypes discussed below are associated with loss-of-function mutations in mice, but some data are based on knock-in studies. A more complete list of phenotypes is presented in Table 2.

Germline knockout of HIF α genes

Consistent with its broad expression pattern and important roles in a variety of cellular processes, HIF1 α is required in multiple embryonic tissues. *Hif1a*^{-/-} embryos are grossly abnormal, displaying a variety of developmental defects, including poor angiogenesis, failure of neural tube closure, branchial arch hypoplasia, pericardial effusion, brain tissue deficiency and cardiac hyperplasia. *Hif1a*^{-/-} embryos suffer from growth retardation and die *in utero* between E9.5 and E10.5 (Carmeliet et al., 1998; Iyer et al., 1998; Ryan et al., 1998).

Hif2a^{-/-} embryonic defects are milder, in part due to the more restricted expression pattern of HIF2 α . In some background strains, *Hif2a*^{-/-} embryos exhibit vascular disorganization, hemorrhage (Peng et al., 2000), bradycardia and die *in utero* at mid-gestational stages (Peng et al., 2000; Tian et al., 1998). In other cases, *Hif2a*^{-/-} mice are born live, but exhibit growth retardation, reduced body weight and a high mortality rate at juvenile ages (Peng et al., 2000; Scortegagna et al., 2003). Mechanistically, SOD2 expression and aconitase activity are both reduced in *Hif2a*^{-/-} mice, leading to oxidative stress in the mitochondria and compromised activity of the Krebs cycle (Oktay et al., 2007; Scortegagna et al., 2003). *Hif2a*^{-/-} mice delivered by Cesarean section die within a few hours due to respiratory distress syndrome (RDS). The development of RDS is due to surfactant deficiency, which in turn arises from diminished VEGFA expression in epithelial cells during alveolarization (Compennolle et al., 2002).

HIF1 α and HIF2 α have both overlapping and unique roles in development. *Hif1a*^{-/-}/*Hif2a*^{-/-} embryos die before E8.5, substantially earlier than either *Hif1a*^{-/-} or *Hif2a*^{-/-} embryos (Cowden Dahl et al., 2005). In addition, *Hif1a*^{-/-}/*Hif2a*^{-/-} embryos completely lack placental vasculogenesis. Conversely, substituting HIF1 α with HIF2 α by HIF2 α cDNA knock-in at the *Hif1a* locus leads to elevated Oct4 (encoded by *Pou5f1*) expression and embryonic death before E7.5 (Covello et al., 2006).

In *Hif3a*^{-/-} (also known as *NEPAS*^{-/-}) neonatal mice, HIF2 α activity is upregulated, presumably due to the relief of HIF1 β

Table 1. Partial list of phenotypes resulting from genetic manipulations of PHD expression

Manipulations	Species	Main phenotype	Reference
<i>Egln1</i> ^{-/-} (<i>Phd2</i> ^{-/-})	<i>C. elegans</i>	Egg laying defects	Epstein et al. (2001)
<i>Phd1</i> ^{-/-}	Mouse	Viable, increased glycolysis	Takeda et al. (2006); Aragonés et al. (2008)
<i>Phd2</i> ^{-/-}	Mouse	Death at mid-gestation, defective placental labyrinthine and myocardial development	Takeda et al. (2006)
<i>Phd3</i> ^{-/-}	Mouse	Viable, failure of intestinal epithelial barrier function and sympathoadrenal hypofunction	Takeda et al. (2006); Bishop et al. (2008); Chen et al. (2015)
<i>Phd2</i> hypomorphic	Mouse	Viable, improved hindlimb muscle regeneration and protection against I/R injury	Hyvarinen et al. (2010a); Settellemeier et al. (2020)
Myocardial-specific KO of <i>Phd2</i> *	Mouse	Protection from acute myocardial ischemic injury	Holscher et al. (2011)
<i>Phd2</i> ^{+/-}	Mouse	Improved arteriogenesis and expansion of M2 macrophage population	Takeda et al. (2011)
<i>Phd2</i> KO in skeletal muscles	Mouse	Protection of cardiomyocytes against I/R injury	Olenchock et al. (2016)
<i>Phd2</i> KO at P1 [‡]	Mouse	Resistance of retinal blood vessels to oxygen	Duan et al. (2011)
<i>Phd2</i> KO in astrocyte progenitors	Mouse	Increased retinal astrocyte progenitors due to delayed maturation; blocking of retinal vascular pruning due to extra astrocytes	Duan and Fong (2019)
<i>Phd2</i> KO in keratinocytes or hepatocytes	Mouse	Improved wound healing and arteriogenesis	Takeda et al. (2014); Zimmermann et al. (2014)
<i>Phd2</i> KO after 6 weeks of age [‡]	Mouse	Polycythemia, increased vascular growth	Takeda et al. (2008); Takeda et al. (2007)
<i>Phd2</i> somatic KO [‡]	Mouse	Polycythemia, congestive heart failure	Minamishima et al. (2008)
<i>Phd1</i> ^{-/-} / <i>Phd3</i> ^{-/-}	Mouse	Erythrocytosis	Takeda et al. (2008)
Kidney stroma DKO of <i>Phd2/Phd3</i>	Mouse	Reduced number of glomeruli; small kidneys	Kobayashi et al. (2017)
Neural tissue specific <i>Phd2</i> KO	Mouse	Increased brain vascularization	Nasyrov et al. (2019)
Keratinocyte-specific KO of <i>Phd2</i> , <i>Phd2/Phd3</i> and <i>Phd1/Phd2/Phd3</i>	Mouse	Increased angiogenesis (moderate in <i>Phd2</i> KO alone, most robust in triple KO)	Takeda et al. (2014)
Hepatocyte-specific KO of <i>Phd1/Phd2/Phd3</i>	Mouse	Loss of liver tissue, fusion of vascular lumens, fatty liver and erythrocytosis	Duan et al. (2014a)
<i>P4H-TM</i> morpholino KD	Zebrafish	Head defects and pericardial edema	Hyvarinen et al. (2010b)
<i>P4h-tm</i> ^{-/-}	Mouse	Defective calcium signaling in astrocytes	Byts et al. (2021)
<i>fih</i> morpholino KD	Zebrafish	Increased angiogenesis of intersomitic vessels	So et al. (2014)
<i>fih</i> overexpression	Zebrafish	Reduced intersomitic vessel angiogenesis	So et al. (2014)
<i>fih</i> ^{-/-}	Zebrafish	Reduced apoptosis	Cai et al. (2018)
<i>Fih</i> ^{-/-}	Mouse	Increased metabolic rate and reduced body weight.	Zhang et al. (2010)
Myocardial-specific KD of <i>Phd2/Fih</i> [§]	Mouse	Improved myocardial repair, stem cell recruitment and angiogenesis	Huang et al. (2011)
<i>Vhl</i> ^{-/-}	Mouse	Death at E9.5, lack of placental vessels	Gnarra et al. (1997)
Hepatocyte-specific KO of <i>Vhl</i>	Mouse	Polycythemia, steatosis and vascular tumor	Haase et al. (2001)

Pathological phenotypes that are not directly related to non-malignant tissue growth are not included.

*Knockout of floxed *Phd2* by myocardial-specific Cre. Although Cre-mediated deletion is generally less than 100% efficient, the manipulation is referred to as KO to avoid confusion with siRNA-mediated knockdown;

[‡]KO in these mice was mediated by Rosa26CreERT2 or chicken β -actin-CreERT.

[§]KD, knockdown by intramyocardial injection of shRNA minicircle vectors.

I/R, ischemia-reperfusion; KD, knockdown; KO, knockout.

sequestration. Elevated HIF2 α activity promotes the expression of its target gene endothelin 1 (*Edn1*), which leads to incomplete lung alveolarization (Yamashita et al., 2008).

Germline knockout of *Arnt* (*Hifb*) genes

Arnt^{-/-} (*Hif1b*^{-/-}) embryos essentially phenocopy the developmental defects of *Hif1a*^{-/-} mice and die by E10.5, which is slightly later than embryonic lethality at E9.5-E10.5 in *Hif1a*^{-/-} mice (Maltepe et al., 1997). The phenotypic similarity between *Hif1a*^{-/-} and *Arnt*^{-/-} embryos is consistent with HIF1 α and ARNT functioning as a heterodimer. *Arnt2*^{-/-} mice die at perinatal stages due to hypothalamus defects, but *Arnt*^{-/-}/*Arnt2*^{-/-} embryos die before E8.5 (Keith et al., 2001). The earlier embryonic lethality in *Arnt*^{-/-}/*Arnt2*^{-/-} is suggestive of functional redundancy between ARNT and ARNT2.

Tissue-specific HIF α deficiency

Owing to embryonic lethality in germline knockout mice, tissue-specific approaches have been taken to determine HIF α functions.

Cardiomyocyte-specific deletion of *Hif1a* in mice causes failure in heart-tube looping (Krishnan et al., 2008), while *Hif1a* knockout in the second heart field results in decreased sympathetic innervation in the heart (Bohuslavova et al., 2019). Specific loss of *Hif-1a* in neural cells or lung epithelium causes defective brain development (Tomita et al., 2003) or RDS-like phenotypes (Saini et al., 2015), respectively.

Neuro-specific disruption of HIF2 α leads to altered expression of genes involved in neurogenesis. In these mice, migration of HIF2 α -deficient neural stem cells is defective, leading to pyramidal neuron deficiency and cognitive abnormalities (Kleszka et al., 2020). Endothelial cell-specific HIF2 α deficiency reduces Tie2 expression in airway endothelial cells (ECs) and hence causes apoptosis (Jiang et al., 2019). In the same mice, pericyte coverage is also reduced, presumably secondary to EC apoptosis. As pericytes normally provide a major source of angiopoietin 1, a Tie2 ligand, their deficiency further compromises Tie 2 signaling in airway ECs (Jiang et al., 2019). In neonatal retinas, astrocyte-specific *Hif2a* deficiency greatly accelerates the differentiation of proliferative astrocyte progenitors (proangiogenic) into non-proliferative mature

Table 2. Partial list of phenotypes associated with genetic manipulation of HIF components

Manipulations	Species	Main phenotypes	Molecular changes	Reference
<i>Hif1a</i> ^{-/-}	Mouse	Lethal before E9.5; defects in metabolism, angiogenesis, proliferation and apoptosis	VEGFA, PGK1, p53, p21, Bcl2 and Glut1/3 decreased	Carmeliet et al. (1998); Iyer et al. (1998); Ryan et al. (1998)
<i>Hif1a</i> KO in CNS	Mouse	Defective brain development	Glut1 and VEGFA decreased	Tomita et al. (2003)
<i>Hif1a</i> KO in second heart field SNS	Mouse	Defective innervation of heart	Not determined	Bohuslavova et al. (2019)
<i>Hif1a</i> KO in lung epithelium	Mouse	Neonatal respiratory distress syndrome-like phenotypes	HIF2 α , β -catenin and VEGFA decreased	Saini et al. (2008)
<i>Hif1a</i> KO growth plate (GF) chondrocytes	Mouse	Chondrocyte death and overproliferation in different GP regions; perinatal death due to tracheal defects	p57, PGK and VEGFA decreased; VEGFA increased (secondary effect)	Schipani et al. (2001)
<i>Hif1a</i> KO in ECs and myeloid cells	Mouse	Cardioprotection	Not determined	Sarkar et al. (2012)
<i>Hif1a/Hif2a</i> DKO, lung epithelium	Mouse	Rescued lung development	NF- κ B and Myc decreased	Saini et al. (2015)
<i>Hif1a</i> KO in cardiomyocytes	Mouse	Aborted heart development (failure in heart looping); death between E11 and E12	Mef2c, Tbx5 and Titin decreased	Krishnan et al. (2008)
<i>Hif1a</i> morpholino KD	<i>Xenopus</i>	Failed cardiogenesis.	Nkx2.5 decreased	Nagao et al. (2008)
Epidermal <i>Hif1a</i> overexpression	Mouse	Skin hypervascularization by non-leaky blood vessels	VEGFA and Glut1 decreased	Elson et al. (2001)
Cardiac <i>Hif1a</i> OE in diabetic mice	Mouse	Prevention of cardiac remodeling.	Glycolytic pathway increased	Xue et al. (2010)
<i>Hif1a</i> OE in transplanted rabbit bone marrow cells	Rabbit	Improved bone regeneration and increased bone angiogenesis.	VEGFA increased	Ding et al. (2013)
<i>Hif2a</i> ^{-/-}	Mouse	Vascular leakage, neonatal RDS-like phenotypes, mitochondrial disease and bradycardia.	VEGFA, surfactants, Sod2 and catecholamines decreased	Compemolle et al. (2002); Peng et al. (2000); Scortegagna et al. (2003); Tian et al. (1998)
Hypomorphic <i>Hif2a</i> ^{kd/kd}	Mouse	Reduced neovascularization in ischemic retinas	EPO decreased	Morita et al. (2003)
<i>Hif2a</i> KO in neurons	Mouse	Pyramidal neurons deficiency	<i>Wnt7b</i> increased; <i>Pou4f1</i> and <i>Nrp2</i> decreased	Kleszka et al. (2020)
<i>Hif2a</i> KO in astrocytes and their progenitors	Mouse	Depletion of the retinal astrocyte progenitor pool; poor retinal astrocyte proliferation; diminished retinal vascular development	VEGFA decreased	Duan et al. (2014b); Perelli et al. (2021)
<i>Hif2a</i> KO in astrocytes	Mouse	Reduced neovascularization in ischemic retinas	VEGFA decreased	Weidemann et al. (2010)
<i>Hif2a</i> KO in ECs	Mouse	Loss of airway ECs and pericytes; failure to protect ischemic renal tissues; poor arteriogenesis in ischemic hindlimb muscles	Angpt1/Tie2 and delta-like 4 decreased	Jiang et al. (2019); Kapitsinou et al. (2014); Skuli et al. (2012)
<i>Hif2a</i> KO in cardiomyocytes	Mouse	Increased myocardial infarct size in the ischemia/reperfusion model	Epithelial growth factor amphiregulin decreased	Koeppen et al. (2018)
<i>Hif2a</i> KO (CRISPR) and OE	Chicken	Defective neural crest cell migration	Not determined	Niklasson et al. (2021)
<i>Hif2a</i> KD by shRNA	Human fibroblast	Reduced iPSC induction	Glycolysis decreased	Mathieu et al. (2014)
<i>Hif2a</i> KD by shRNA	Human HSCs in mice	Increased apoptosis	Mitochondrial ROS and ER stress decreased	Rouault-Pierre et al. (2013)
<i>Hif2a</i> cDNA KI/KI at the <i>Hif1a</i> locus ¹¹	Mouse	Death before E7.5 and abnormal gastrulation	Oct4, VEGFA and TGF α increased	Covello et al. (2006)
<i>Hif1a</i> ^{-/-} / <i>Hif2a</i> ^{-/-}	Mouse	Death before E8.5, defective trophoblast differentiation and placental vascularization.	Mash2 decreased	Cowden Dahl et al. (2005)
<i>Hif1a/Hif2a</i> KO in myoblasts	Mouse	Defective muscle regeneration in postnatal/adult mice	Notch signaling decreased	Yang et al. (2017)
<i>NEPAS</i> ^{-/-} (<i>Hif3a</i> ^{-/-})	Mouse	Enlarged right ventricle; impaired alveolarization	HIF2 α activity and endothelin 1 increased	Yamashita et al. (2008)
<i>Hif3a</i> OE in airway epithelium	Mouse	Impaired alveolarization; fewer lung epithelial and Clara cells	Sox2 increased; HIF2 α decreased	Huang et al. (2013)
<i>IPAS</i> antisense oligonucleotides	Mouse	Angiogenesis in the cornea	HIF1 α activity decreased	Makino et al. (2001)
<i>Arnt</i> ^{-/-}	Mouse	Death at E9.5; defective angiogenesis, metabolism and placental development, and yolk sac hematopoiesis	VEGFA, PGK1 and Alda decreased	Adelman et al. (2000); Adelman et al. (1999); Maltepe et al. (1997)
<i>Arnt2</i> ^{-/-}	Mouse	Perinatal death and defective hypothalamus development	PGK, VEGFA and Glut3 decreased	Keith et al. (2001)
<i>Arnt</i> ^{-/-} / <i>Arnt2</i> ^{-/-}	Mouse	Embryo resorption before E8.5	Not determined	Keith et al. (2001)

Where standard genotype symbols are too lengthy, they are replaced by unconventional descriptions. For example, *Hif1a/Hif2a* double KO in lung epithelium is used for SPC-rTA-tg/(tetO)7-CMV-Cre/tg/*Hif-1 α* flox/flox/*Hif-2 α* flox/flox. Regulation is at the level of expression, unless indicated as 'activity'.

CNS, sympathetic nervous system; DKO, double knockout; ER, endoplasmic reticulum; HSCs, hematopoietic stem cells; iPSC, induced pluripotent stem cell; KD, knockdown; KI, knock-in; KO refers to Cre mediated disruption of floxed allele; whereas ^{-/-} is reserved for germline mutation; OE, overexpression; RDS, respiratory distress syndrome; ROS, reactive oxygen species; SNS, sympathetic nervous system.

astrocytes (non-angiogenic) (Duan et al., 2014b; Perelli et al., 2021). As a result, the pool of proangiogenic astrocyte progenitors is rapidly depleted and retinal angiogenesis is severely suppressed (Duan et al., 2014b; Perelli et al., 2021).

Summary

Phd1^{-/-} mice exhibit defective placentation and heart development, and die in mid-gestational stages, whereas *Phd1*^{-/-}, *Phd3*^{-/-} and

Phd1^{-/-}/*Phd3*^{-/-} are viable. Cre-mediated *Phd2* knockout has also revealed important roles in several neonatal tissues. HIF1 α and HIF2 α play both overlapping and unique roles in development. While *Hif1a*^{-/-} embryonic defects are more severe and widespread than in *Hif2a*^{-/-} mice, *Hif1a*^{-/-}/*Hif2a*^{-/-} embryos display the most severe defects, suggesting partially overlapping functions. On the other hand, HIF1 α cannot be replaced by HIF2 α , suggesting that at least some roles are unique. Tissue-specific gene-targeting studies

also revealed developmental defects specifically associated with HIF1 α or HIF2 α deficiency. ARNT and ANRT2 also display partially overlapping roles, with ARNT being the major isoform required for development.

Clinical relevance to the repair of ischemic tissues

Among different human diseases, tissue ischemia shares many molecular and cellular features related to embryonic development. In both cases, cells are under hypoxia and their growth/repair depends on angiogenesis. As tissue repair is generally promoted by HIF α , but suppressed by HIF α deficiency, discussion in this section is focused on approaches that enhance HIF α activity, such as tissue-specific PHD knockout, delivery of PHD inhibitors and delivery of HIF α overexpression vectors. More information is included in Table 1 for PHD-related studies and in Table 2 for HIF α -related studies.

Angiogenesis and tissue repair by PHD targeting or inhibition

Beneficial effects of PHD deficiency on tissue repair

In several models, tissue-specific PHD2 deficiency is beneficial for the survival and repair of ischemic tissues. Cardiomyocyte-specific *Phd2* disruption in mice protects mice against acute myocardial ischemic injury (Holscher et al., 2011). The specific mechanism underlying protection has not yet been investigated, but HIF1 α protein level is increased in these mice, suggesting a role of the canonical PHD2-HIF1 α axis in this model (Holscher et al., 2011).

Keratinocyte-specific PHD2 deficiency promotes dermal angiogenesis moderately, but loss of additional PHD proteins yields much more robust effects (Takeda et al., 2014). Molecularly, dermal levels of HIF1 α and VEGFA are increased in a dose-dependent manner – most strongly upregulated in mice deficient in all three PHDs in their skin tissues (Takeda et al., 2014). In a wound-healing model, dermal PHD2 deletion promotes angiogenesis and wound healing (Zimmermann et al., 2014). In the mouse model of hindlimb ischemia, shRNA-mediated knockdown of all three PHDs promotes vascularization by HIF-dependent mechanisms (Loinard et al., 2009).

PHD deficiency may also confer protective effects by HIF-independent mechanisms. In *Phd1*^{-/-} mice, brain tissues are better protected against ischemia injury than wild-type mice, mostly due to NF κ B-dependent metabolic reprogramming and redox balancing (Quaegebeur et al., 2016). In the mouse model of hindlimb ischemia, *Phd2* haploinsufficiency accelerates arteriogenesis through NF κ B-dependent macrophage repolarization (to a M2 phenotype), which is proangiogenic (Takeda et al., 2011). Molecularly, the partial loss of PHD2 promotes NF κ B assembly by reducing prolyl hydroxylation of IKK β , a non-HIF substrate protein (Cummins et al., 2006), promoting NF κ B assembly.

Interestingly, PHD2 deficiency in one tissue may also protect or accelerate repair in a remote tissue. PHD2 deficiency in keratinocytes or hepatocytes promotes arteriogenesis in ischemic hindlimb muscles (Takeda et al., 2014). Similarly, skeletal muscle-specific *Phd2* disruption protects the heart against ischemia-reperfusion (I/R) injury (Olenchock et al., 2016). PHD2 deficiency in skeletal muscles leads to the accumulation of 2-OG, which enters the circulation and promotes the secretion of kynurenic acid (KYNA) from the liver.

Harmful effects of PHD deficiency

Several human diseases are linked to abnormalities in oxygen sensing. For example, heterozygous loss-of-function mutations in

PHD2 and gain-of-function mutations in *HIF2A* are both associated with erythrocytosis: a high concentration of red blood cells (Percy et al., 2012, 2006). In the *VHL* locus, thousands of heterozygous germline and somatic mutations have been identified, many of which underlie the development of erythrocytosis and/or a variety of malignant tumors (Kaelin, 2007).

In mice, similar pathological disorders may develop due to defective oxygen sensing. For example, Cre-dependent global *Phd2* deletion in postnatal or adult mice leads to severe erythrocytosis, cardiac congestion and death within several months of *Phd2* deletion (Minamishima et al., 2008; Takeda et al., 2008). Hepatocyte-specific deficiency of all three PHDs or VHL also leads to robust erythrocytosis and major defects in the liver, including severe steatosis (fatty liver) and tissue loss in PHD-deficient mice (Duan et al., 2014a), and vascular tumors in VHL deficient mice (Haase et al., 2001). These findings call for caution when targeting the oxygen-sensing mechanisms for clinical benefits.

Promoting tissue repair by pharmacologically inhibiting PHD hydroxylase activities

The therapeutic potential of small molecule PHD hydroxylase inhibitors are being actively tested (Semenza, 2019). One study loaded a PHD hydroxylase inhibitor (1,4-dihydrophenanthroline-4-one-3-carboxylic acid, ‘DPCA’) into a hydrogel nanofiber construct and then implanted it into wounded sites, where it upregulated HIF1 α protein levels and improved tissue repair (Cheng et al., 2019). Some of the small molecule-based studies have advanced to early phase clinical trials; Daprodustat, another PHD hydroxylase inhibitor, has been tested in a Phase I trial. The inhibitor was found to be safe when applied topically, with very minimal systemic absorption (Olson et al., 2019). As systemic PHD deficiency could lead to undesirable consequences, being able to deliver PHD hydroxylase inhibitors locally is of practical importance.

Angiogenesis and tissue repair by HIF α overexpression

Increased angiogenesis and tissue repair by transgenic HIF1 α overexpression

Transgenic mice overexpressing HIF-1 α in specific tissues display improved protection and repair of ischemic tissues, whereas tissue-specific HIF α deficiency has the opposite effect. Cardiomyocyte-specific HIF1 α overexpression prevents cardiac remodeling in streptozotocin-induced diabetic mice, in part by promoting the glycolytic pathway under diabetic conditions (Xue et al., 2010). In a rabbit model of corticosteroid-induced osteonecrosis, HIF1 α overexpression in bone marrow cells promotes bone tissue regeneration, along with increased VEGFA expression and bone angiogenesis (Ding et al., 2013). Keratinocyte-specific HIF1 α overexpression leads to hypervascularization of dermal tissues with non-leaky blood vessels (Elson et al., 2001). In contrast to overexpression, tissue-specific HIF α deficiency interferes with repair of ischemic tissues (Koeppen et al., 2018; Sarkar et al., 2012; Skuli et al., 2012).

Promoting tissue repair by viral or plasmid vector-mediated HIF α overexpression

In addition to transgenic overexpression, vector-based approaches have also been taken to achieve HIF α overexpression by localized delivery. In the mouse model of hindlimb ischemia, intramuscular injection of adenoviral vector overexpressing HIF-1 α accelerated the recovery of hindlimb perfusion and function, in part by promoting the recruitment of circulating angiogenic cells (Ibuki

et al., 2020). In a rat model of Alzheimer-like neurodegeneration, intracerebral injection of adeno-associated viral vector expressing HIF1 α attenuated hippocampal neuronal apoptosis (Chai et al., 2014). In a rat stroke model, brain infarct volume was reduced by the transplantation of bone marrow-derived stem cells engineered to overexpress HIF1 α (Lv et al., 2017). Finally, angiogenesis in wounded skin tissue is promoted by local injection of a plasmid vector overexpressing HIF2 α (Chen et al., 2010).

Some of the tissue repair-related studies have moved on to clinical trials. For example, a Phase I trial has demonstrated the safety of intramuscular injection of an adenoviral vector expressing HIF1 α lacking prolyl hydroxylation sites (Rajagopalan et al., 2007), although success in more advanced clinical trials remains to be demonstrated. Although not the focus of this Primer, HIF inhibitors are actively studied in both animal models and clinical trials, often for the purpose of suppressing neovascularization. Interested readers may consult a recent review focused on this important topic (Semenza, 2019).

Summary

In preclinical models for angiogenesis and tissue repair, HIF α , especially HIF1 α , levels are boosted by different approaches, including Phd gene targeting, pharmacological inhibition of PHD activities, and HIF α overexpression. These studies overwhelmingly indicate that tissue-specific or localized upregulation HIF α levels is often beneficial for the protection and repair of ischemic tissues. On the other hand, systemic or excessive HIF α stabilization can be harmful, as shown in mice globally deficient for PHD2 or liver-specific loss of all three PHDs. Overall, pros and cons of targeting the oxygen-sensing mechanisms are context dependent, and each specific approach needs careful evaluation on a case by case basis.

Conclusions

Physiological hypoxia in embryonic tissues stabilizes HIF α proteins, allowing them to activate the transcription of developmentally important target genes. Embryonic phenotypes in *Hif1a*^{-/-} and *Hif1b*^{-/-} mice provide unequivocal evidence that HIF1 is broadly required in many cellular functions during embryogenesis. Although the role of HIF2 α is more restricted during early embryogenesis, it is required in multiple processes in postnatal mice. PHD family knockout studies have provided evidence that oxygen-sensing mechanisms operate *in vivo*, essentially as predicted by *in vitro* molecular studies, involving both the canonical PHD-HIF axis and non-HIF PHD substrates. Furthermore, the embryonic lethality of *Hif1a*^{-/-}, *Hif1b*^{-/-}, *Hif2a*^{-/-} and *Phd2*^{-/-} mice suggests that embryogenesis requires an optimal level of HIF α activity. Embryonic development is perturbed by HIF levels above or below this level in either direction. On the other hand, adult mice are relatively tolerant to locally elevated HIF α levels in several types of tissues, such as myocardium, brain, skeletal muscles and dermal tissues, and can even benefit from such conditions during the repair process of ischemic tissues. Nonetheless, systemic PHD2 deficiency or tissue-specific deficiency of multiple PHD proteins may have deleterious consequences. Collectively, these studies have demonstrated the proof of principle that oxygen-sensing mechanisms may provide novel therapeutic targets to accelerate the repair of ischemia-injured tissues, whereas safety and efficacy-related issues need to be evaluated for each specific approach.

Competing interests

The authors declare no competing or financial interests.

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