

UC Irvine

UC Irvine Previously Published Works

Title

Endogenous Estrogens Through Specific Estrogen Receptor-Mediated Mechanism Selectively Upregulates Uterine Artery CBS Expression in Rat Pregnancy

Permalink

<https://escholarship.org/uc/item/5fm9p8d4>

Authors

Bai, Jin
Li, Yao
Yan, Guofeng
et al.

Publication Date

2023

Peer reviewed

Communication

ICI 182,780 Attenuates Selective Upregulation of Uterine Artery CBS Expression in Rat Pregnancy

Jin Bai ¹, Yao Li ², Guofeng Yan ², Jing Zhou ², Alejandra Garcia Salmeron ¹, Olamide Tolulope Fategbe ¹, Sathish Kumar ³, Xuejin Chen ² and Dongbao Chen ^{1*}

¹ Department of Obstetrics and Gynecology, University of California Irvine, Irvine, CA 92697, USA; baij3@hs.uci.edu (J.B.); garcias9@uci.edu (A.G.S.); fategbeo@uci.edu (O.T.F.)

² Center for Laboratory Animal Sciences, Shanghai Jiaotong University School of Medicine, Shanghai 200240, China; yao.li@shsmu.edu.cn (Y.L.); 181864@shsmu.edu.cn (G.Y.); 183008@shsmu.edu.cn (J.Z.); chenxuejin@shsmu.edu.cn (X.C.)

³ Department of Comparative Biosciences, University of Wisconsin-Madison, Madison, WI 53706, USA; sathish.kumar@wisc.edu

* Correspondence: dongbaoc@uci.edu

Abstract: Endogenous hydrogen sulfide (H₂S) produced by cystathionine β-synthase (CBS) and cystathionine-γ lyase (CSE) has emerged as a novel uterine vasodilator contributing to pregnancy-associated increases in uterine blood flow, that-which safeguard pregnancy health. Uterine artery (UA) H₂S production is stimulated by-via exogenous estrogens replacement, and is also-associated with elevated endogenous estrogens during pregnancy through the selective upregulation of CBS, without altering CSE. However, how endogenous estrogens regulate uterine artery CBS expression in pregnancy is unknown. This study was conducted to test a hypothesis that endogenous estrogens selectively stimulate UA-CBS expression via specific estrogen receptors (ER). Treatment with E₂β (0.01 to 100 nM) stimulated CBS, but not CSE mRNA in organ cultures of fresh UA rings from both NP and P (gestational day 20, GD20) rats, but-with greater responses to all doses of E₂β tested in P vs. NP UA. ER antagonist ICI 182,780 (ICI, 1 μM) completely attenuated E₂β-stimulated CBS mRNA in both NP and P rat UA. Subcutaneous injection of-with ICI 182,780 (0.3 mg/rat) on-of GD19 P rats for 24 h significantly inhibited UA CBS but not mRNA expression, consistent with reduced endothelial and smooth muscle cell CBS (but not CSE) protein. ICI did not alter mesentery-mesenteric and renal artery CBS and CSE mRNA. In addition, ICI decreased endothelial nitric oxide synthase mRNA in UA, but not in mesentery-mesenteric and-or renal arteries. Thus, pregnancy-augmented UA CBS/H₂S production is mediated by the actions of endogenous estrogens via specific ER in pregnant rats.

Keywords: Uterine-uterine artery; cystathionine β-synthase; endogenous estrogens; estrogen receptors; pregnancy

Citation: Bai, J.; Li, Y.; Yan, G.; Zhou, J.; Salmeron, A.G.; Fategbe, O.T.; Kumar, S.; Chen, X.; Chen, D. ICI 182,780 Attenuates Selective Upregulation of Uterine Artery CBS Expression in Rat Pregnancy. *Int. J. Mol. Sci.* **2023**, *24*, x. <https://doi.org/10.3390/xxxxx>

Academic Editor(s): Name

Received: date

Revised: date

Accepted: date

Published: date



Copyright: © 2023 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

1. Introduction

During pregnancy, the organ systems throughout the mother's body make adaptive changes to optimize a-the uterine environment to safeguarding pregnancy health, with the most dramatic changes in the cardiovascular system [1,2]. Maternal vascular adaptations to pregnancy result in gestation-age-dependent up-to-20-50-fold increases in uterine blood flow (UtBF) of up to 20-50-fold. This is mandatory for delivering maternal nutrients and oxygen to the fetus and for exhausting respiratory gases and wastes from the fetus [3,4]. Insufficient rises in UtBF during pregnancy lead to placental ischemia/hypoxia, further resulting in placental under-perfusion, representing a major pathophysiology underlying many pregnancy-specific disorders such as preeclampsia, fetal growth restriction (FGR), and preterm birth [5-7]. These diseases not only deteriorate maternal

Commented [M1]: We Added article type, please confirm.



Commented [M3]: Titles (e.g., Dr., Mr., and Prof.) should NOT be used here. We removed them. Please confirm.



Commented [M4]: Please carefully check the accuracy of names and affiliations.



Commented [M5]: We change author name format, please confirm.

Commented [M6]: We added the correspondence note here according to those submitted online at susy.mdpi.com. Please confirm.

Commented [M7]: We added city and postal code, please confirm.

Commented [M8]: We added the email addresses here according to those submitted online at susy.mdpi.com. Please confirm.

Commented [M9]: Please add the postal code (or ZIP code in the U.S.). If the postal code is not available, Post Office Box number can be added instead.

Commented [M10]: We removed Running title and Precise, they are not allowed here, please confirm.

Commented [M2]: Please check all author names carefully.

Commented [M11]: We added the section number. Please confirm.

and fetal wellbeing during pregnancy but also derail the lifelong health trajectories of the mother and her child [8].

Concurrently, endogenous estrogen production is significantly elevated in pregnancy [9] and levels of total plasma estrogens can reach as high as ~1000-fold in pregnant vs. nonpregnant women [10]. Utilizing intact and ovariectomized sheep models, studies have shown that a marked rise in UtBF occurs as early as 15–30 min after a bolus subcutaneous injection of exogenous estradiol-17 β ($E_2\beta$, 1 $\mu\text{g}/\text{kg}$ body weight), reaches reaching its maximum at 90–120 min, and decreases decreasing thereafter; however, but it remains elevated up to 7–10 days [11–13]. Although the importance of estrogens in pregnancy is well recognized [14], the mechanisms underlying estrogen-induced uterine vasodilation remain partially understood. However, A a large body of evidence accumulated since the 1990's favors a leading role of nitric oxide (NO) in the mechanism. This is locally produced by the uterine artery (UA) endothelium via upregulating the expression [15–17] and activation [17,18] of endothelial NO synthase (eNOS). Systemic $E_2\beta$ administration and local inhibition of either the actions of NO synthase with L-N^G-Nitro arginine methyl ester (L-NAME) [13,19,20], or estrogen receptors (ERs) with ICI 182,780 (ICI) [13], inhibit up to ~68% of estrogen-induced uterine vasodilation. In vivo studies have established that L-NAME and ICI partially reduce (25–30%) UtBF from its maximum levels during pregnancy [13]. These studies delineate the cause-effect relationships among endogenous $E_2\beta$, and de-novo synthesis of NO through eNOS, and ERs, but while also implicate implicating mechanisms in addition to eNOS-NO to mediate uterine hemodynamics. While preclinical studies based on theories about regarding NO-mediated mechanisms in up-regulating uterine-placental perfusion have succeeded in various animal models of preeclampsia [21], clinical trials targeting NO pathways thus far have thus far achieved no to little to no success in these diseases [22,23], urging requiring more studies to identify other mechanisms.

The proangiogenic vasodilator hydrogen sulfide (H_2S) is endogenously produced mainly from L-cysteine by cystathionine β -synthase (CBS) and cystathionine γ -lyase (CSE) [24,25]. We have shown that through selective upregulation of endothelial cell (EC) and smooth muscle cell (SMC) CBS expression [26–28], UA H_2S production is stimulated by exogenous $E_2\beta$ treatment in ovariectomized sheep [26] and also positively correlates with endogenous estrogens in sheep [29] and women [28]. H_2S stimulates pregnancy-dependent relaxation of pressurized UA rings ex vivo [28,30] via activating SMC large conductance Ca^{2+} -activated voltage-dependent potassium channels [30], which mediate estrogen-induced UA dilation in pregnancy [31,32]. Thus, H_2S is a novel UA dilator alongside NO to mediate uterine hemodynamics.

Utilizing primary ovine UA endothelial cell (UAEC) and UASMC models, we reported that $E_2\beta$ stimulates primary ovine UAEC and UASMC H_2S production in vitro by stimulating specific-ER-dependent upregulation of CBS transcription, involving ER α and ER β [27,33]. $E_2\beta$ also stimulates CSE expression in these ovine UA cell models, which is contrary/contrasting to in vivo conditions [26,28,29]. However, in primary human UA EC, $E_2\beta$ stimulates UAEC H_2S production by stimulating specific-ER-dependent CBS transcription via directional ER α and ER β interactions with the proximal CBS promoter estrogen-responsive elements (EREs) [34], showing species-dependent ER-mediated mechanisms controlling UA CBS/ H_2S production in vitro. In vivo, UA CBS/ H_2S production is augmented in the two physiological states of elevated endogenous estrogens [35], [35]: in the proliferative/follicular-phase of the ovarian cycle, and pregnancy in women [28] and sheep [29]. Although these studies implicate the role of endogenous estrogens, how the process by which endogenous estrogens regulate UA CBS expression in pregnancy is currently elusive. Pregnant animals receiving ICI have been used to ascertain the role of endogenous estrogens in gene expression [36] and pregnancy-associated uterine vasodilation [13]. We therefore, we conducted this study using pregnant rats treated with ICI to test a hypothesis that endogenous estrogens stimulate UA CBS expression via specific ER in vivo.

Commented [A12]: The italicisation of CBS is inconsistent. The majority of cases in this article are not italicised, so I have changed this to ensure consistency

3. Materials and Methods

3.1. Chemicals and Antibodies

Monoclonal antibodies against CBS and CSE were [obtained](#) from Santa Cruz Biotechnology (Dallas, TX, [USA](#)). Anti-CD31 antibody was [obtained](#) from R&D [systems](#). [Systems](#) (Minneapolis, MN, [USA](#)). Prolong Gold antifade reagent with 4, 6-diamidino-2-phenylindole (DAPI), Alexa⁴⁸⁸ and Alexa⁵⁶⁸ conjugated goat anti-mouse immunoglobulin G (IgG) were [obtained](#) from Invitrogen (Carlsbad, CA, [USA](#)). Horseradish peroxidase-conjugated goat anti-mouse IgG was [obtained](#) from Cell Signaling (Beverly, MA, [USA](#)). ICI was from Tocris (Minneapolis, MN, [USA](#)). Bovine serum albumin (BSA) and all other chemicals, unless specified, were [obtained](#) from Sigma (St. Louis, MO, [USA](#)).

3.2. Animals and Treatments

Animal care and use procedures were in accordance with [the](#) National Institutes of Health guidelines (NIH Publication No. 85–23, revised 1996) with approval by the Institutional Animal Care and Use Committees at Shanghai Jiaotong University School of Medicine (A-2020-007), University of Wisconsin–Madison (V005847-R02), and University of California Irvine (AUP-21-156). Twelve-week-old Sprague–Dawley pregnant [positive plug = gestation day (GD) 1] rats were randomly assigned to receive a subcutaneous injection (n = 9/group) of ICI (Tocris Cat #104711, 0.3 mg/rat in sesame oil) or vehicle (100 µL sesame oil) on GD19. [Based on previous studies, This this ICI dosage was chosen based on previous studies for effectively to effectively testing its](#) inhibitory effect on estrogen-induced gene expression in rodents in vivo [36,37]. These animals were purchased from Shanghai Silaike Experiment Animal Co., Ltd. and housed in an AAALAC-certified animal facility in the Center for Laboratory Animals at the Shanghai Jiaotong University School of Medicine, at 21 °C ± 1 °C with humidity of 55% ± 10%, and a 12 h light/12 h dark cycle with food and water ad libitum. Animals were sacrificed at 24 h post-injection ~~for isolating to isolate~~ UA, mesenteric arteries (MAs), and renal arteries (RAs). The arteries were snap-frozen immediately, and then stored at –80 °C until analyzed. UA segments were also fixed in 4% paraformaldehyde for immunohistochemical analysis. Additional explant culture studies were performed with UA rings from nonpregnant (NP) and pregnant (P) GD20 Sprague–Dawley rats at the University of Wisconsin–Madison, ~~exactly~~ as described previously [38]. All other analyses were performed at the University of California Irvine.

3.3. RNA Extraction, Reverse Transcription, and Quantitative Real-Time Polymerase Chain Reaction (qPCR)

RNA extraction, reverse transcription, and qPCR were performed with gene-specific primers listed in Table 1, as previously described [34,39]. Relative mRNA levels were quantified by using the comparative CT ($\Delta\Delta C_t$) method, with L19 as the internal reference control.

Table 1. Primers used for RT-qPCR.

Gene	Forward	Reverse	Product size
CBS	TGAGATTGTGAGGACGCCAC	TCGCACTGCTGCAGGATCTC	177 bp
CSE	AGCGATCACACCACAGACCAAG	ATCAGCACCCAGAGCCAAAG	178 bp
eNOS	TACAGAGCAGCAATCCAC	CAGGCTGCAGTCCTTTGAT	813 bp
L19	GGACCCCAATGAAACCAACG	GTGTTCTTCTAGCATCGAGC	129 bp

Commented [M13]: For article/communication type: Section order "Results" is before "Materials and Methods", please revise.

Commented [M14]: Newly added information, please confirm.

Commented [M15]: We removed the vertical lines, please confirm.

3.4. Immunofluorescence Microscopy and Image Analysis

Paraffin-embedded rat UA sections (5 μ m) were deparaffinized in xylene and rehydrated. Antigen retrieval was achieved using boiling in 10 mM sodium citrate buffer for 15 min. Autofluorescence was quenched using by three 15-min washes with 300 mM glycine in phosphate-buffered saline (PBS) at room temperature (RMT). After blocking non-specific binding in 1% BSA-PBS at RMT for 30 min, the sections were incubated with 1 μ g/mL anti-CD31 in 0.5% BSA/PBS overnight at 4 $^{\circ}$ C. Following three 5-min washes in PBS, the sections were incubated with Alexa⁵⁶⁸ mouse IgG (2 μ g/mL) at RMT for 1 h. After three 20-min washes in PBS, sections were blocked with 1% BSA/PBS and then incubated with 1 μ g/mL of anti-CBS or anti-CSE antibodies overnight at 4 $^{\circ}$ C, followed by Alexa⁴⁸⁸ rabbit IgG or Alexa⁴⁸⁸ mouse IgG (2 μ g/mL) at RMT for 1 h. IgG was used as a negative control. The sections were washed and mounted with SlowFade gold antifade mount containing DAPI (Invitrogen) for labeling to label the cell nuclei. The sections were examined under a confocal laser scanning microscope Olympus FV3000 (Olympus Corporation, Tokyo, Japan). Images were acquired for quantifying to quantify the levels of CBS and CSE proteins in EC and SMC, as previously described [26,34].

3.5. Statistical Analysis

Data are presented as means \pm SEM and analyzed using one-way analysis of variance (ANOVA), followed by the Bonferroni test for multiple comparisons using *SigmaStat14* (Systat Software Inc.). Student's *t*-test was used to compare NP vs. P groups. $p < 0.05$ was considered statistically significant, unless indicated in the figure legends.

2. Results

2.1. E2 β Stimulates CBS Expression via ER Mediation in Rat UA Ex Vivo

Baseline CBS mRNA was numerically higher in P vs. NP UA, but the difference was not statistically significant. Treatment with E2 β significantly stimulated CBS mRNA in a concentration-dependent manner in organ cultures of NP and P rat UA rings in vitro. Treatment with E2 β (1 and 10 nM) for 24 h significantly stimulated CBS mRNA expression in both NP and P rat UAs. The stimulatory effects of E2 β on CBS mRNA further increased with 100 nM E2 β , reaching its maximum level in NP UA by 4.05 ± 0.51 -fold vs. control ($p < 0.01$) and in P UA by 5.35 ± 0.54 -fold vs. control ($p < 0.01$), which were completely abrogated by 1 μ M ICI (Figure 1A). In addition, the stimulatory effects of E2 β on CBS mRNA in P UA were statistically greater at all tested concentrations (0.01–100 nM) of E2 β than that in NP UA ($p < 0.01$). Baseline levels of CSE mRNA did not differ in NP vs. P UA. Treatment with E2 β (0.01–10 nM) did not alter CSE mRNA in both NP and P UA, but at 100 nM E2 β also increased CSE mRNA expression with similar potency in NP and P rat UA, which was blocked using ICI (Figure 1B).

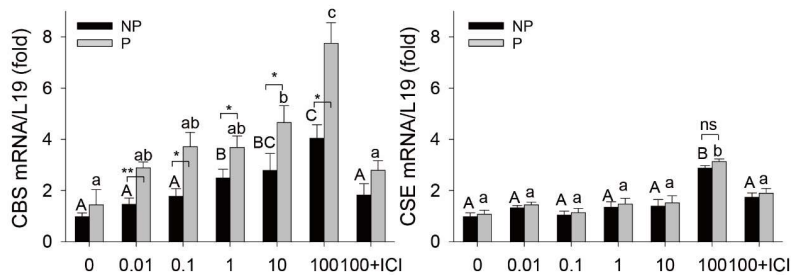


Figure 1. Effects of estradiol-17 β on CBS and CSE expression in isolated uterine arteries. Endothelium-intact uterine artery (UA) rings from non-pregnant (NP) and pregnant (P, day 20) rats were

Commented [M16]: Please provide city and country of it.

Commented [M17]: Please confirm if the bold is unnecessary and can be removed. The following highlights are the same.

treated with estradiol-17 β (E2 β , 0.01–100 nM) for 24 h. Total RNA was extracted for measuring to measure mRNAs of cystathionine β -synthase (CBS) and cystathionine γ -lyase (CSE) using by quantitative real-time PCR (qPCR) using gene-specific primers listed in Table 1; L19 was measured as an internal control for quantitation. Data (means \pm SEM) were summarized from 3 different rats. Bars with different superscripts differ significantly, $p < 0.05$ vs. untreated controls. * $p < 0.05$, ** $p < 0.01$, NP vs. P rats; ns: not significant.

2.2. ICI Decreases UA but Not Systemic Artery CBS mRNA in Rat Pregnancy In Vivo

In comparison to vehicle-treated P rats, systemic administration of ICI for 24 h significantly decreased GD20 P rat UA CBS mRNA by $62 \pm 6\%$ ($p < 0.01$, $n = 8$), without altering levels of other systemic mesentery artery (MA) and renal artery (RA) CBS mRNAs. ICI treatment also decreased UA eNOS mRNA by $51 \pm 21\%$ ($p < 0.05$, $n = 9$). ICI treatment did not change UA, MA and RA CSE mRNA, nor MA and RA eNOS mRNA in GD20 P rats in vivo (Figure 2).

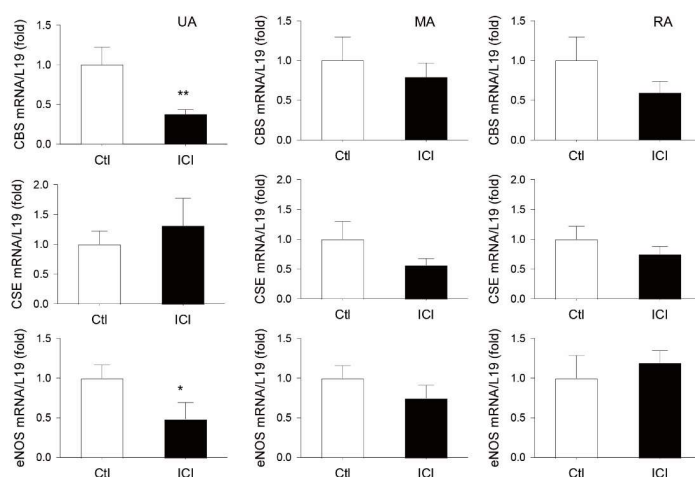


Figure 2. Effects of ICI 182, 760 on uterine and systemic (mesenteric and renal) artery CBS, CSE, and eNOS mRNA expression in pregnant rats in vivo. Time-pregnant rats on gestation day 19 were treated with either sesame oil alone (Ctl) or with a specific estrogen receptor (ER) antagonist ICI 182, 780 (ICI, 0.3 mg/rat). Rats ($n = 8$) were sacrificed at 24 h after injection. Uterine (UA), mesenteric (MA), and renal (RA) arteries were collected for analyzing to analyze mRNAs of cystathionine β -synthase (CBS), cystathionine γ -lyase (CSE), and endothelial nitric oxide synthase (eNOS) via by qPCR with gene-specific primers listed in Table 1; L19 mRNA was measured as an internal control for quantitation. Data (means \pm SEM) were summarized from artery samples of 5 different rats/group. * $p < 0.05$, ** $p < 0.01$ vs. vehicle (Ctl) treated controls.

2.3. ICI Decreases Rat UA Endothelial and SM CBS Protein

CBS and CSE proteins were immunolocalized in both EC and SMC of GD20 P rat UAs. Following systemic ICI treatment for 24 h, levels of CBS protein were significantly reduced by $24 \pm 4\%$ ($p < 0.05$, $n = 3$) in EC and $55 \pm 3\%$ ($p < 0.05$, $n = 3$) in SMC in the animals. However, UA EC and SMC CSE protein was/were not significantly altered by the by ICI treatment in GD20 P rats (Figure 3).

Commented [A18]: Font was inconsistent here

Formatted: Font: Palatino Linotype

Formatted: Font: Palatino Linotype

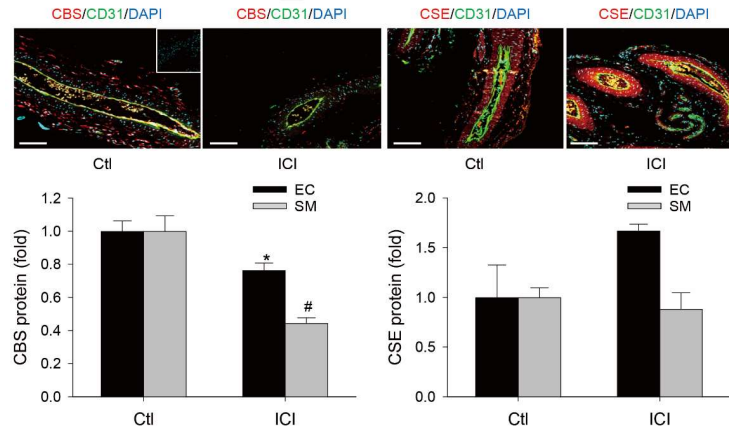


Figure 3. Effects of ICI 182, 760 on uterine artery CBS and CSE protein expression in pregnant rats in vivo. Uterine arteries (UAs) were collected from pregnant (gestation day 20) rats at 24 h treatment with vehicle (Ctl) or ICI 182, 780 (ICI, 0.3 mg/rat). Paraffin-embedded UA sections (5 μ M) were subjected to immunofluorescence labeling of cystathionine β -synthase (CBS) and cystathionine γ -lyase (CSE) proteins using specific CBS or CSE antibodies, with CD31 antibody for co-labeling endothelial cells (ECs) distinct from smooth muscle cells (SMCs). After incubation with corresponding fluorescently labeled secondary antibodies, sections were mounted with DAPI to label nuclei and examined under confocal microscopy. IgG was used as negative control (insert). Images were taken to determine CBS and CSE proteins (relative green fluorescence intensity; RFI) using Image J and summarized as fold changes relative to untreated smooth muscles. Data (means \pm SEM) were summarized from UA sections from three different rats. * and #, $p < 0.05$ vs. vehicle (Ctl) treated. Scale bar = 100 μ m.

Commented [M19]: Please confirm if the bold is unnecessary and can be removed. The following highlights are the same.

4. Discussion

The vasodilatory effect of estrogens was initially described in a classical study by Markee (1932), which showed that ~~that~~ treatment with crude estrogen extracts results in the vasodilation (hyperemia) of uterine endometrial tissue transplanted to the anterior chamber of the eye [40]. In early studies using ovariectomized nonpregnant sheep models, exogenous E_2 either administered either locally ~~in~~ the uterine artery with a low dose (3 μ g) or a higher systemic dose (1 μ g/kg body weight) ~~dose of exogenous E_2~~ will result in a maximal and remarkably predictable pattern of increase in UtBF; the response begins to rise around 20–30 min, then gradually increases and reaches its maximum value up to 10-fold baseline at 90–120 min, thereafter ~~decreases decreasing~~ but remaining ~~to be~~ elevated up to 7–10 days [11,12,41–45]. Exogenous estrogens also stimulate vasodilation in various systemic arteries, but with maximum response in the uterus [45,46]. The direct estrogenic uterine vasodilatory effect is of significance in perinatal medicine because: (1) endogenous estrogen levels increase throughout human pregnancy [40,10]; (2) UtBF increases up to 20–50-fold in human pregnancy, which is the lifeline of fetal development and survival as it ~~arguably~~ provides ~~arguably~~ the only nutrients/oxygen sources for fetal/placental development [3,4,34]; (3) estrogen production is reduced in pregnant women who develop preeclampsia [47]; and (4) aberrant estrogen metabolism due to catechol-O-methyltransferase deficiency results in preeclampsia-like symptoms in mice [48].

The mechanisms underlying estrogen-induced uterine vasodilation have been a long-lasting ~~hot-point of~~ ~~topic~~ because this research not only ~~comprehends delineates~~ the uterine hemodynamics important for maternal and fetal health [5–7] but also provides knowledge relevant to ~~unfold solving~~ the puzzle of the cardiovascular protective effects of estrogens [49]. Early pharmacological studies have shown that de novo protein

synthesis is required for estrogen-induced uterine vasodilation. This is because the unilateral infusion of cycloheximide significantly inhibits E₂β-induced UtBF elevation during the 90-min infusion, while the contralateral E₂β-induced UtBF is unaffected. This inhibition lasts for more than 30 min after the removal of the cycloheximide infusion [42]. In addition, various estrogens, including E₂β, estrone, estriol, Premarin, raloxifene, and extremely high doses of the anti-estrogen *trans*-clomiphene [11,12,41–45,50,51], all can all-ean stimulate UtBF with a similar pattern and efficacy, suggesting an involvement of specific ER-mediated mechanisms. This idea was indirectly supported by a study in which Lineweaver–Burk plots were developed using the reciprocal of UtBF responses versus vs. the dose of E₂β and catechol estrogens; because Given that the y-axis intercepts of the two estrogens were the same, it was suggested that these estrogens bind to the same receptors, but have different affinities and thus vasodilatory potency, as evidenced by the differences in the x-axis intercepts [52].

UtBF fluctuates regularly during the estrous cycle in animals, with a substantial increase followed by a decrease during the periovulatory period [53,54]. The follicular phase is a time when E₂β is produced by the developing follicles, and UtBF reaches maximum levels and while progesterone (P4) is virtually undetectable [54]. During pregnancy, UtBF is elevated when levels of both E₂β and P4 are high [55,56]. Similar uterine hemodynamics occur in the menstrual cycle [57] and pregnancy [4] in women, with comparable changing patterns of E₂/P4 levels. Because P4 by itself alone does not stimulate UtBF [58], the follicular phase and pregnancy are viewed as two physiological states of elevated endogenous estrogens that upregulate UtBF [59]. Uterine artery endothelium and vascular smooth muscle express both ERα and ERβ, which are regulated by endogenous (follicular and pregnancy) and exogenous estrogens, suggesting that the uterine artery UA is a target site for fluctuating estrogen levels [38,60,61].

Two types of anti-estrogens have been used to dissect ER-mediated mechanisms. This including includes type I anti-estrogens that are called selective estrogen receptor modulators (SERMS/SERMs), which are analogs of tamoxifen, and type II anti-estrogens that are pure anti-estrogens such as ICI 164,384 and ICI 182,780 [62]. SERMS/SERMs are non-steroidal compounds that bind both ERα and ERβ₂ and produce weak estrogen agonist effects in certain tissues, while producing estrogen antagonist effects in others [63]. ICI 182,780 is a selective steroidal estrogen antagonist that blocks estrogen action by competing for binding ERs in estrogen-responsive tissues [64]. Zoma et al. (2001) first showed that ICI 182,780 completely blocked elevated UtBF response to exogenous tibolone (a hormone-replacement therapy in postmenopausal women) in nonpregnant ovariectomized sheep [65]. Magness et al. (2005) demonstrated in follow-up studies that ICI 182,780 inhibits ~65% of the maximum levels of E₂β-induced UtBF in nonpregnant ovariectomized ewes; it also effectively inhibits baseline UtBF responses in the physiological states of elevated endogenous estrogens, follicular phase of the estrus cycle, and pregnancy in sheep [13]. These studies established that estrogen-induced uterine vasodilation is mediated by specific ERs.

Since the early 1990s, a large body of evidence since the early 1990's has further shown enhanced NO production locally by UA endothelium as the leading mechanism to mediate estrogen-induced uterine vasodilation [13,19,20]. Enhanced UA NO production is mediated by the increased expression [15–17] and activation [17,18] of eNOS, which that is mainly present in the endothelium. UA endothelial and smooth muscle cells express both ERα and ERβ [38,60,61]. Endothelial eNOS expression upon via estrogen stimulation is mediated by ERα interaction with the proximal eNOS promoter EREs [66]. Conversely, whereas eNOS activation by by estrogens likely involves its release from caveolar domains on the plasma membrane [67] and ser¹¹⁷ phosphorylation by extracellular signal-activated kinases, and protein kinase B/Akt via nongenomic pathways mediated by ERα localized on the plasma membrane caveolae [18,68,69].

Commented [M20]: Please confirm if the italics is unnecessary and can be removed. The following highlights are the same

Commented [A21]: Please check if intended meaning is retained

Nonetheless, blockade of the NO pathway by L-NAME inhibits ~68% E2 β -induced and ~26% baseline pregnancy-associated UtBF responses in sheep, which are similar to those inhibited by ICI 182,780 [43]–[13]. This suggests that suggesting other mechanisms exist alongside NO exist to mediate uterine hemodynamics regulation. To this end, our recent studies have shown that enhanced UA production of H₂S, the third member of the gasotransmitter family [70], seems to serve this role [28,30]. We reported that estrogen replacement treatment in ovariectomized nonpregnant sheep stimulates UA H₂S production by selectively upregulating EC and SM CBS (but not CSE) expression [26]. In that study, we have also shown that exogenous E2 β stimulates mesentery artery EC and SM CBS (but not CSE) expression and H₂S production, without altering carotid artery EC and SM CBS expression and H₂S production [26], showing vascular bed-specific effects of exogenous E2 β on H₂S biosynthesis in vivo. In follow-up studies, we have reported that UA H₂S production is augmented in the follicular phase sheep, and proliferative phase women, and ovine and human pregnancy [28,29], in association with elevated endogenous estrogens [10,55,56]. In addition, our mechanistic studies using primary EC and SMC culture models have further demonstrated that estrogen-stimulation of UA H₂S biosynthesis is mediated by specific ER-mediated upregulation of CBS transcription involving direct interactions of ER α / β with the proximal CBS promoter EREs [27,33,34].

In an organ culture model of freshly prepared P vs. NP rat UA rings in vitro, we have previously shown that E2 β stimulates pregnancy-dependent type 2-II angiotensin receptor (AT₂R) expression associated with elevated endogenous estrogens in pregnant rats [38]. With this model, we show here that E2 β stimulates UA CBS mRNA expression, but with different potency in P vs. NP rat UA rings in vitro. As little as 0.01 nM E2 β is effective in stimulating CBS mRNA in P vs. NP UA, and this pregnancy-dependent CBS mRNA upregulation is consistent in all E2 β concentrations (0.01 to 100 nM) tested. E2 β stimulates CBS mRNA in NP UA rings in vitro, but the effective concentrations are at 1–100 nM, which are higher than that in P UA. ICI blocks E2 β (100 nM)-stimulated CBS expression in both NP and P UAs. At 100 nM, E2 β also stimulated CSE mRNA, but this stimulation is not pregnancy-dependent. The findings differ from these those in our in vivo studies showing UA CBS but not CSE upregulation via E2 β replacement treatment and in pregnancy in vivo [26,28,29]–[26,28,29]. However, the findings but agree agree with our previous studies using ovine UAEC and UASMC models in vitro [27,33]. In addition, baseline CBS expression is only numerically higher but does not reach statistical significance in rat P vs. NP UA, contrasting our previous studies in sheep [29] and women [28]. The cause of these discrepancies is unclear but likely originated from in vitro culture conditions and species-related effects. Nonetheless, our current study provides further evidence that exogenous E2 β selectively stimulates CBS expression in rats, and rats and is mediated by specific ER-mediated in rats. Of note, 0.01–1 nM E2 β are in the physiological range while 10–100 nM E2 β are supraphysiological concentrations in women; however, for in vitro mechanistic studies, these concentrations may reflect the effects of total estrogens seen in pregnant women conceived after ovarian stimulation and in vitro fertilization [10].

Pregnant animals receiving ICI 182,780 have been previously used to address the role of ERs in endogenous [13] and exogenous [65] estrogen-induced uterine vasodilation and expression of uterine myometrial genes, including inducible NOS by endogenous estrogens [36]. Because the role of ERs in UA and systemic artery CBS/CSE expression by endogenous estrogens has never been tested, we therefore used pregnant rats receiving ICI 182,780 as a model to determine if systemic administration of ICI 182,780 (0.3 mg/rat subcutaneous injection) would affect UA and systemic (mesenteric and renal arteries) CBS and CSE expression in vivo. ICI treatment for 24 h significantly inhibits UA but not systemic MA and RA artery-CBS without altering CSE mRNA levels in GD19 pregnant rats in vivo. In addition, immunohistochemical analyses have also shown that ICI treatment significantly reduces UA EC and SM CBS, but not CSE protein in UA in pregnant rats in

Formatted: Font: Not Italic

Formatted: Font: Not Italic

Commented [TF22]: Can the author please confirm that the changes herein do not alter the intended meaning?

vivo. In addition, ICI reduces UA but not MA and RA artery eNOS mRNA levels in pregnant rats. **As is Consistent-consistent** with numerous previous studies showing UA endothelial eNOS upregulation by estrogens and pregnancy [15–17,71,72], simultaneous inhibition of CBS and eNOS expression ICI treatment in pregnant rats suggests that the CBS/H₂S system, alongside eNOS/NO, plays **a** role in mediating estrogen-induced uterine vasodilation in pregnancy.

Estrogens signal via both genomic and nongenomic pathways [73]. The former is mediated by ligated ERs (ER α and ER β) that functions as transcription factors to interact with promoter EREs to initiate target gene expression. ICI 182,780 was initially developed as **a** pure anti-estrogens, with a high affinity to ER α and ER β , so that it blocks estrogen actions by competing for binding ERs in estrogen-responsive tissues [64]. Estrogens can also initiate rapid cellular responses via nongenomic pathways by interacting with membrane ER α and G protein-coupled receptor 30/G protein-coupled estrogen receptor 1 (GPR30/GPER1) [73]. Rat UA GPER1 expression increases during gestation, and its activation can lead to UA vasodilation involving **the** activation of the NO-cGMP pathway [74], and in a Ca²⁺ and extracellular-signal activated kinases (ERK1/2)-dependent manner [75]. Pregnant animals receiving ICI **has-have** been widely used to address nuclear ER-mediated mechanisms. **However, this model is limited as itbut with a limitation as the model** cannot exclude the role of GPR30-mediated estrogen signaling since ICI 182,780 is a high-affinity GPER1 agonist [76].

In summary, in keeping with our previous studies showing augmented UA H₂S via selective UA EC and SM CBS expression in **by**-estrogen replacement treatment [26] and endogenous estrogens in ovine [29] and human pregnancy [28], [28], **our current study demonstrates, —for the first time,—**that elevated endogenous estrogens stimulate UA EC and SM CBS expression with vascular bed-specific effects via **an** ER-dependent mechanism, further adding new evidence for **an-the** emerging role of enhanced UA H₂S production **of H₂S** as a new UA vasodilator to comprehend uterine hemodynamics regulation.

Author Contributions:

Funding: The study was in part supported by the National Institutes of Health (NIH) grants RO1HL70562 (to D-b C). JB was an American Heart Association (AHA) postdoctoral fellow (AHAPOST903757); AGS is a National Institute of Health (NIH) Predoctoral Fellow under the Research Supplements to Promote Diversity in Health-Related Research Program of the NIH (RO1 HL70562-13S1). OTF is supported by a University of California–Historically Black Colleges and Universities (UC–HBCU) Initiative Fellowship. The content is solely the responsibility of the authors and does not necessarily represent the official view of the funding agencies.

Institutional Review Board Statement:

Informed Consent Statement:

Data Availability Statement:

Conflicts of Interest: The authors declare no conflicts of interest.

References

1. Thornburg KL, Jacobson SL, Giraud GD, Morton MJ. Hemodynamic changes in pregnancy. *Semin Perinatol* 2000; 24:11-14.
2. Sanghavi M, Rutherford JD. Cardiovascular physiology of pregnancy. *Circulation* 2014; 130:1003-1008.
3. Rosenfeld CR. Distribution of cardiac output in ovine pregnancy. *Am J Physiol* 1977; 232:H231-235.
4. Palmer SK, Zamudio S, Coffin C, Parker S, Stamm E, Moore LG. Quantitative estimation of human uterine artery blood flow and pelvic blood flow redistribution in pregnancy. *Obstet Gynecol* 1992; 80:1000-1006.
5. Redman CW, Sargent IL. Latest advances in understanding preeclampsia. *Science* 2005; 308:1592-1594.

Commented [M23]: For research articles with several authors, the following statements should be used “Conceptualization, X.X. and Y.Y.; methodology, X.X.; software, X.X.; validation, X.X., Y.Y. and Z.Z.; formal analysis, X.X.; investigation, X.X.; resources, X.X.; data curation, X.X.; writing—original draft preparation, X.X.; writing—review and editing, X.X.; visualization, X.X.; supervision, X.X.; project administration, X.X.; funding acquisition, Y.Y. All authors have read and agreed to the published version of the manuscript.”

Commented [M24]: Information regarding the funder and the funding number should be provided. Please check the accuracy of funding data and any other information carefully.

Commented [M25]: In this section, you should add the Institutional Review Board Statement and approval number, if relevant to your study. You might choose to exclude this statement if the study did not require ethical approval. Please note that the Editorial Office might ask you for further information. Please add “The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board (or Ethics Committee) of NAME OF INSTITUTE (protocol code XXX and date of ... [1]

Commented [M26]: Any research article describing a study involving humans should contain this statement. Please add “Informed consent was obtained from all subjects involved in the study.” OR “Patient consent was waived due to REASON (please provide a detailed ... [2]

Commented [M27]: We encourage all authors of articles published in MDPI journals to share their research data. In this section, please provide details regarding where data supporting reported results can be found, including links to publicly archived datasets analyzed or generated dur ... [3]

Commented [M28]: Please consider this modification.

6. Ives Christopher W, Sinkey R, Rajapreyar I, Tita Alan TN, Oparil S. Preeclampsia—Pathophysiology and Clinical Presentations. *J Amer Coll Cardiol* 2020; 76:1690-1702.
7. Jung E, Romero R, Yeo L, Gomez-Lopez N, Chaemsaitong P, Jaovisidha A, Gotsch F, Erez O. The etiology of preeclampsia. *Am J Obstet Gynecol* 2022; 226:S844-S866.
8. Gluckman PD, Hanson MA, Cooper C, Thornburg KL. Effect of in utero and early-life conditions on adult health and disease. *N Engl J Med* 2008; 359:61-73.
9. Albrecht ED, Pepe GJ. Placental steroid hormone biosynthesis in primate pregnancy. *Endocr Rev* 1990; 11:124-150.
10. Parisi F, Fenizia C, Introini A, Zavatta A, Scaccabarozzi C, Biasin M, Savasi V. The pathophysiological role of estrogens in the initial stages of pregnancy: molecular mechanisms and clinical implications for pregnancy outcome from the periconceptual period to end of the first trimester. *Hum Reprod Update* 2023.
11. Magness RR, Rosenfeld CR. Local and systemic estradiol-17 beta: effects on uterine and systemic vasodilation. *Am J Physiol* 1989; 256:E536-542.
12. Magness RR, Phernetton TM, Zheng J. Systemic and uterine blood flow distribution during prolonged infusion of 17beta-estradiol. *Am J Physiol* 1998; 275:H731-743.
13. Magness RR, Phernetton TM, Gibson TC, Chen DB. Uterine blood flow responses to ICI 182 780 in ovariectomized oestradiol-17beta-treated, intact follicular and pregnant sheep. *J Physiol* 2005; 565:71-83.
14. Berkane N, Liere P, Oudinet JP, Hertig A, Lefevre G, Pluchino N, Schumacher M, Chabbert-Buffet N. From pregnancy to preeclampsia: a key role for estrogens. *Endocr Rev* 2017; 38:123-144.
15. Magness RR, Sullivan JA, Li Y, Phernetton TM, Bird IM. Endothelial vasodilator production by uterine and systemic arteries. VI. Ovarian and pregnancy effects on eNOS and NO(x). *Am J Physiol Heart Circ Physiol* 2001; 280:H1692-1698.
16. Rupnow HL, Phernetton TM, Shaw CE, Modrick ML, Bird IM, Magness RR. Endothelial vasodilator production by uterine and systemic arteries. VII. Estrogen and progesterone effects on eNOS. *Am J Physiol Heart Circ Physiol* 2001; 280:H1699-1705.
17. Nelson SH, Steinsland OS, Wang Y, Yallampalli C, Dong YL, Sanchez JM. Increased nitric oxide synthase activity and expression in the human uterine artery during pregnancy. *Circ Res* 2000; 87:406-411.
18. Chen DB, Bird IM, Zheng J, Magness RR. Membrane estrogen receptor-dependent extracellular signal-regulated kinase pathway mediates acute activation of endothelial nitric oxide synthase by estrogen in uterine artery endothelial cells. *Endocrinology* 2004; 145:113-125.
19. Rosenfeld CR, Cox BE, Roy T, Magness RR. Nitric oxide contributes to estrogen-induced vasodilation of the ovine uterine circulation. *J Clin Invest* 1996; 98:2158-2166.
20. Van Buren GA, Yang DS, Clark KE. Estrogen-induced uterine vasodilatation is antagonized by L-nitroarginine methyl ester, an inhibitor of nitric oxide synthesis. *Am J Obstet Gynecol* 1992; 167:828-833.
21. Larre AB, Parisotto A, Rockenbach BF, Pasin DM, Capellari C, Escouto DC, Pinheiro da Costa BE, Poli-de-Figueiredo CE. Phosphodiesterases and preeclampsia. *Med Hypotheses* 2017; 108:94-100.

22. Trapani A, Jr., Goncalves LF, Trapani TF, Vieira S, Pires M, Pires MMS. Perinatal and hemodynamic evaluation of Sildenafil Citrate for preeclampsia treatment: a randomized controlled trial. *Obstet Gynecol* 2016; 128:253-259.
23. Sharp A, Cornforth C, Jackson R, Harrold J, Turner MA, Kenny LC, Baker PN, Johnstone ED, Khalil A, von Dadelszen P, Papageorgiou AT, Alfirevic Z, et al. Maternal sildenafil for severe fetal growth restriction (STRIDER): a multicentre, randomised, placebo-controlled, double-blind trial. *Lancet Child Adolesc Health* 2018; 2:93-102.
24. Papapetropoulos A, Pyriochou A, Altaany Z, Yang G, Marazioti A, Zhou Z, Jeschke MG, Branski LK, Herndon DN, Wang R, Szabo C. Hydrogen sulfide is an endogenous stimulator of angiogenesis. *Proc Natl Acad Sci U S A* 2009; 106:21972-21977.
25. Yang G, Wu L, Jiang B, Yang W, Qi J, Cao K, Meng Q, Mustafa AK, Mu W, Zhang S, Snyder SH, Wang R. H₂S as a physiologic vasorelaxant: hypertension in mice with deletion of cystathionine gamma-lyase. *Science* 2008; 322:587-590.
26. Lechuga TJ, Zhang HH, Sheibani L, Karim M, Jia J, Magness RR, Rosenfeld CR, Chen DB. Estrogen replacement therapy in ovariectomized nonpregnant ewes stimulates uterine artery hydrogen sulfide biosynthesis by selectively up-regulating cystathionine beta-synthase expression. *Endocrinology* 2015; 156:2288-2298.
27. Lechuga TJ, Qi QR, Kim T, Magness RR, Chen DB. E2beta stimulates ovine uterine artery endothelial cell H₂S production in vitro by estrogen receptor-dependent upregulation of cystathionine beta-synthase and cystathionine gamma-lyase expression. *Biol Reprod* 2019; 100:514-522.
28. Sheibani L, Lechuga TJ, Zhang H, Hameed A, Wing DA, Kumar S, Rosenfeld CR, Chen DB. Augmented H₂S production via cystathionine-beta-synthase upregulation plays a role in pregnancy-associated uterine vasodilation. *Biol Reprod* 2017; 96:664-672.
29. Lechuga TJ, Qi QR, Magness RR, Chen DB. Ovine uterine artery hydrogen sulfide biosynthesis in vivo: effects of ovarian cycle and pregnancy. *Biol Reprod* 2019; 100:1630-1636.
30. Li Y, Bai J, Yang YH, Hoshi N, Chen DB. Hydrogen sulfide relaxes human uterine artery via activating smooth muscle BK_{Ca} channels. *Antioxidants (Basel)* 2020; 9.
31. Rosenfeld CR, Cornfield DN, Roy T. Ca²⁺-activated K⁺ channels modulate basal and E2beta-induced rises in uterine blood flow in ovine pregnancy. *Am J Physiol Heart Circ Physiol* 2001; 281:H422-431.
32. Rosenfeld CR, Roy T. Large conductance Ca²⁺-activated and voltage-activated K⁺ channels contribute to the rise and maintenance of estrogen-induced uterine vasodilation and maintenance of blood pressure. *Endocrinology* 2012; 153:6012-6020.
33. Lechuga TJ, Bilg AK, Patel BA, Nguyen NA, Qi QR, Chen DB. Estradiol-17beta stimulates H₂S biosynthesis by ER-dependent CBS and CSE transcription in uterine artery smooth muscle cells in vitro. *J Cell Physiol* 2019; 234:9264-9273.
34. Bai J, Lechuga TJ, Makhoul J, Yan H, Major C, Hameed A, Chen DB. ERalpha/ERbeta-directed CBS transcription mediates E2beta-stimulated hUAEC H₂S production. *J Mol Endocrinol* 2023; 70.

35. Magness RR. Maternal cardiovascular and other physiologic responses to the endocrinology of pregnancy. In: Bazer F.W. (eds) *Endocrinology of Pregnancy. Contemporary Endocrinology, Vol 9 1998*; Humana Press, Totowa, NJ. pp 507-539.
36. Dong YL, Fang L, Gangula PR, Yallampalli C. Regulation of inducible nitric oxide synthase messenger ribonucleic acid expression in pregnant rat uterus. *Biol Reprod* 1998; 59:933-940.
37. Oliveira CA, Zhou Q, Carnes K, Nie R, Kuehl DE, Jackson GL, Franca LR, Nakai M, Hess RA. ER function in the adult male rat: short- and long-term effects of the antiestrogen ICI 182,780 on the testis and efferent ductules, without changes in testosterone. *Endocrinology* 2002; 143:2399-2409.
38. Mishra JS, Te Riele GM, Qi QR, Lechuga TJ, Gopalakrishnan K, Chen DB, Kumar S. Estrogen receptor-beta mediates estradiol-induced pregnancy-specific uterine artery endothelial cell angiotensin type-2 receptor expression. *Hypertension* 2019; 74:967-974.
39. Bai J, Chen DB. Enhanced Sp1/YY1 expression directs CBS transcription to mediate VEGF-stimulated pregnancy-dependent H₂S production in human uterine artery endothelial cells. *Hypertension* 2021; 78:1902-1913.
40. Markee JE. Rhythmic vascular uterine changes. *Am J Physiol* 1932; 100:32-39.
41. Greiss FC, Jr., Anderson SG. Effect of ovarian hormones on the uterine vascular bed. *Am J Obstet Gynecol* 1970; 107:829-836.
42. Killam AP, Rosenfeld CR, Battaglia FC, Makowski EL, Meschia G. Effect of estrogens on the uterine blood flow of oophorectomized ewes. *Am J Obstet Gynecol* 1973; 115:1045-1052.
43. Rosenfeld CR, Killam AP, Battaglia FC, Makowski EL, Meschia G. Effect of estradiol-17, on the magnitude and distribution of uterine blood flow in nonpregnant, oophorectomized ewes. *Pediatr Res* 1973; 7:139-148.
44. Resnik R, Killam AP, Battaglia FC, Makowski EL, Meschia G. The stimulation of uterine blood flow by various estrogens. *Endocrinology* 1974; 94:1192-1196.
45. Magness RR, Parker CR, Jr., Rosenfeld CR. Systemic and uterine responses to chronic infusion of estradiol-17 beta. *Am J Physiol* 1993; 265:E690-698.
46. Miller VM, Duckles SP. Vascular actions of estrogens: functional implications. *Pharmacol Rev* 2008; 60:210-241.
47. Jobe SO, Tyler CT, Magness RR. Aberrant synthesis, metabolism, and plasma accumulation of circulating estrogens and estrogen metabolites in preeclampsia implications for vascular dysfunction. *Hypertension* 2013; 61:480-487.
48. Kanasaki K, Palmsten K, Sugimoto H, Ahmad S, Hamano Y, Xie L, Parry S, Augustin HG, Gattone VH, Folkman J, Strauss JF, Kalluri R. Deficiency in catechol-O-methyltransferase and 2-methoxyoestradiol is associated with pre-eclampsia. *Nature* 2008; 453:1117-1121.
49. Chambliss K, Mineo C, Shaul PW. Endothelial biology of estrogen and cardiovascular disease. *Endocrinology* 2023.
50. Levine MG, Miodovnik M, Clark KE. Uterine vascular effects of estetrol in nonpregnant ewes. *Am J Obstet Gynecol* 1984; 148:735-738.

51. Clark KE, Baker RS, Lang U. Premarin-induced increases in coronary and uterine blood flow in nonpregnant sheep. *Am J Obstet Gynecol* 2000; 183:12-17.
52. Rosenfeld CR, Jackson GM. Induction and inhibition of uterine vasodilation by catechol estrogen in oophorectomized, nonpregnant ewes. *Endocrinology* 1982; 110:1333-1339.
53. Magness RR, Mitchell MD, Rosenfeld CR. Uteroplacental production of eicosanoids in ovine pregnancy. *Prostaglandins* 1990; 39:75-88.
54. Gibson TC, Phernetton TM, Wiltbank MC, Magness RR. Development and use of an ovarian synchronization model to study the effects of endogenous estrogen and nitric oxide on uterine blood flow during ovarian cycles in sheep. *Biol Reprod* 2004; 70:1886-1894.
55. Ford SP. Control of uterine and ovarian blood flow throughout the estrous cycle and pregnancy of ewes, sows and cows. *J Anim Sci* 1982; 55 Suppl 2:32-42.
56. Magness RR, Rosenfeld CR, Carr BR. Protein kinase C in uterine and systemic arteries during ovarian cycle and pregnancy. *Am J Physiol* 1991; 260:E464-470.
57. Bernstein IM, Ziegler WF, Leavitt T, Badger GJ. Uterine artery hemodynamic adaptations through the menstrual cycle into early pregnancy. *Obstet Gynecol* 2002; 99:620-624.
58. Resnik R, Brink GW, Plumer MH. The effect of progesterone on estrogen-induced uterine blood flow. *Am J Obstet Gynecol* 1977; 128:251-254.
59. Magness RR, Rosenfeld CR. The role of steroid hormones in the control of uterine blood flow. In: *The uterine circulation*. Perinatology Press, Ithaca, NY 1989; 10:239-271.
60. Liao WX, Magness RR, Chen DB. Expression of estrogen receptors-alpha and -beta in the pregnant ovine uterine artery endothelial cells in vivo and in vitro. *Biol Reprod* 2005; 72:530-537.
61. Byers MJ, Zangl A, Phernetton TM, Lopez G, Chen DB, Magness RR. Endothelial vasodilator production by ovine uterine and systemic arteries: ovarian steroid and pregnancy control of ERalpha and ERbeta levels. *J Physiol* 2005; 565:85-99.
62. O'Regan RM, Cisneros A, England GM, MacGregor JI, Muenzner HD, Assikis VJ, Bilimoria MM, Piette M, Dragan YP, Pitot HC, Chatterton R, Jordan VC. Effects of the antiestrogens tamoxifen, toremifene, and ICI 182,780 on endometrial cancer growth. *J Natl Cancer Inst* 1998; 90:1552-1558.
63. Goldstein SR, Siddhanti S, Ciaccia AV, Plouffe L, Jr. A pharmacological review of selective oestrogen receptor modulators. *Hum Reprod Update* 2000; 6:212-224.
64. al-Matubsi HY, Fairclough RJ, Jenkin G. Oestrogenic effects of ICI 182,780, a putative anti-oestrogen, on the secretion of oxytocin and prostaglandin F2alpha during oestrous cycle in the intact ewe. *Anim Reprod Sci* 1998; 51:81-96.
65. Zoma W, Baker RS, Lang U, Clark KE. Hemodynamic response to tibolone in reproductive and nonreproductive tissues in the sheep. *Am J Obstet Gynecol* 2001; 184:544-551.
66. MacRitchie AN, Jun SS, Chen Z, German Z, Yuhanna IS, Sherman TS, Shaul PW. Estrogen upregulates endothelial nitric oxide synthase gene expression in fetal pulmonary artery endothelium. *Circ Res* 1997; 81:355-362.

67. Ramadoss J, Liao WX, Morschauer TJ, Lopez GE, Patankar MS, Chen DB, Magness RR. Endothelial caveolar hub regulation of adenosine triphosphate-induced endothelial nitric oxide synthase subcellular partitioning and domain-specific phosphorylation. *Hypertension* 2012; 59:1052-1059.
68. Chen Z, Yuhanna IS, Galcheva-Gargova Z, Karas RH, Mendelsohn ME, Shaul PW. Estrogen receptor alpha mediates the nongenomic activation of endothelial nitric oxide synthase by estrogen. *J Clin Invest* 1999; 103:401-406.
69. Fulton D, Gratton JP, McCabe TJ, Fontana J, Fujio Y, Walsh K, Franke TF, Papapetropoulos A, Sessa WC. Regulation of endothelium-derived nitric oxide production by the protein kinase Akt. *Nature* 1999; 399:597-601.
70. Wang R. Hydrogen sulfide: the third gasotransmitter in biology and medicine. *Antioxid Redox Signal* 2010; 12:1061-1064.
71. Weiner CP, Lizasoain I, Baylis SA, Knowles RG, Charles IG, Moncada S. Induction of calcium-dependent nitric oxide synthases by sex hormones. *Proc Natl Acad Sci U S A* 1994; 91:5212-5216.
72. Kulandavelu S, Whiteley KJ, Qu D, Mu J, Bainbridge SA, Adamson SL. Endothelial nitric oxide synthase deficiency reduces uterine blood flow, spiral artery elongation, and placental oxygenation in pregnant mice. *Hypertension* 2012; 60:231-238.
73. Bai J, Qi QR, Li Y, Day R, Makhoul J, Magness RR, Chen DB. Estrogen receptors and estrogen-induced uterine vasodilation in pregnancy. *Int J Mol Sci* 2020; 21:4349-4398.
74. Tropea T, De Francesco EM, Rigracciolo D, Maggiolini M, Wareing M, Osol G, Mandala M. Pregnancy augments G-protein estrogen receptor (GPER) induced vasodilation in rat uterine arteries via the nitric oxide - cGMP signaling pathway. *PLoS One* 2015; 10:e0141997.
75. Tropea T, Rigracciolo D, Esposito M, Maggiolini M, Mandala M. G-protein-coupled estrogen receptor expression in rat uterine artery is increased by pregnancy and induces dilation in a Ca²⁺ and ERK1/2 dependent manner. *Int J Mol Sci* 2022; 23.
76. Lin AH, Li RW, Ho EY, Leung GP, Leung SW, Vanhoutte PM, Man RY. Differential ligand binding affinities of human estrogen receptor-alpha isoforms. *PLoS One* 2013; 8:e63199.

Page 10: [1] Commented [M25] MDPI 17/09/2023 09:41:00

In this section, you should add the Institutional Review Board Statement and approval number, if relevant to your study. You might choose to exclude this statement if the study did not require ethical approval. Please note that the Editorial Office might ask you for further information. Please add "The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board (or Ethics Committee) of NAME OF INSTITUTE (protocol code XXX and date of approval)." for studies involving humans. OR "The animal study protocol was approved by the Institutional Review Board (or Ethics Committee) of NAME OF INSTITUTE (protocol code XXX and date of approval)." for studies involving animals. OR "Ethical review and approval were waived for this study due to REASON (please provide a detailed justification)." OR "Not applicable" for studies not involving humans or animals.

Page 10: [2] Commented [M26] MDPI 17/09/2023 09:41:00

Any research article describing a study involving humans should contain this statement. Please add "Informed consent was obtained from all subjects involved in the study." OR "Patient consent was waived due to REASON (please provide a detailed justification)." OR "Not applicable." for studies not involving humans. You might also choose to exclude this statement if the study did not involve humans. Written informed consent for publication must be obtained from participating patients who can be identified (including by the patients themselves). Please state "Written informed consent has been obtained from the patient(s) to publish this paper" if applicable.

Page 10: [3] Commented [M27] MDPI 17/09/2023 09:41:00

We encourage all authors of articles published in MDPI journals to share their research data. In this section, please provide details regarding where data supporting reported results can be found, including links to publicly archived datasets analyzed or generated during the study. Where no new data were created, or where data is unavailable due to privacy or ethical restrictions, a statement is still required. Suggested Data Availability Statements are available in section "MDPI Research Data Policies" at <https://www.mdpi.com/ethics>.