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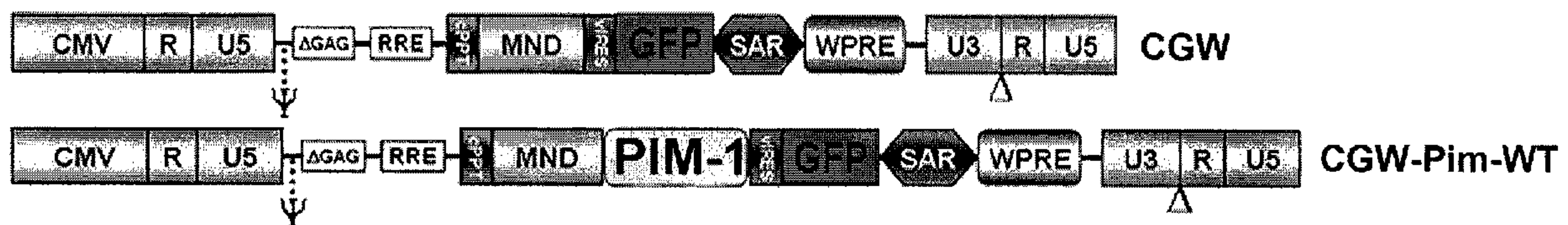
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(54) **Titre : COMPOSITIONS ET PROCEDE POUR MANIPULER L'ACTIVITE PIM-1 DANS LES CELLULES DU SYSTEME CIRCULATOIRE**

(54) **Title: COMPOSITIONS AND METHOD FOR MANIPULATING PIM-1 ACTIVITY IN CIRCULATORY SYSTEM CELLS**



(57) **Abrégé/Abstract:**

The invention provides compositions (e.g., pharmaceutical compositions) comprising nucleic acids encoding the serine/threonine kinase PIM-I, and methods for making and using them; including methods for inducing cellular proliferation, and protecting cardiac cells from hypoxia and cellular apoptosis. The invention provides compositions (e.g., pharmaceutical compositions) comprising nucleic acids encoding PIM-I, and methods for enhancing the regenerative potential of stem cells in the heart.

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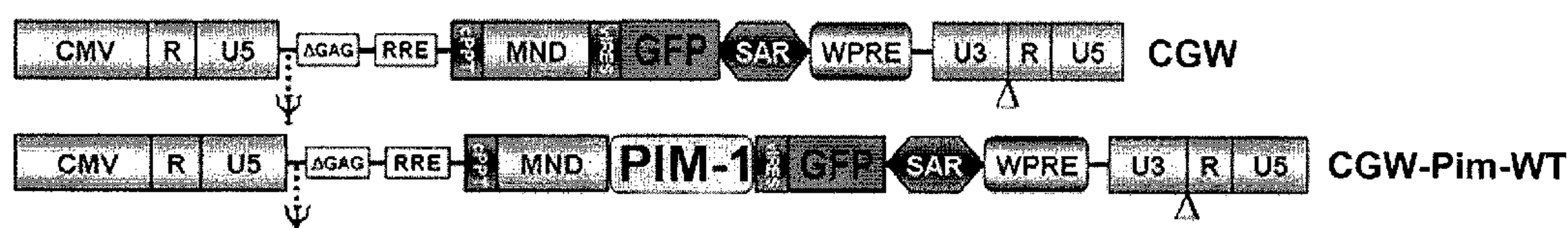


Figure 21

(57) Abstract: The invention provides compositions (e.g., pharmaceutical compositions) comprising nucleic acids encoding the serine/threonine kinase PIM-I, and methods for making and using them; including methods for inducing cellular proliferation, and protecting cardiac cells from hypoxia and cellular apoptosis. The invention provides compositions (e.g., pharmaceutical compositions) comprising nucleic acids encoding PIM-I, and methods for enhancing the regenerative potential of stem cells in the heart.

COMPOSITIONS AND METHOD FOR MANIPULATING PIM-1 ACTIVITY IN CIRCULATORY SYSTEM CELLS

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TECHNICAL FIELD

This invention generally relates to cell and molecular biology, treatment or prevention of cardiac disease or injury, and regenerative medicine. Disclosed are compositions (e.g., pharmaceutical compositions) comprising nucleic acids encoding the serine/threonine kinase PIM-1 (and related PIM enzymes), and medical uses and methods relating to alteration of PIM availability or availability in cardiac or vascular system cells or tissues; including inducing or enhancing differentiation, implantation, survival, and function of stem cells, progenitor cells, or adult cells in a cardiac or vascular tissue or environment. Also disclosed are compositions comprising nucleic acids encoding PIM, and methods for enhancing the regenerative potential of stem cells and progenitor cells in a vascular or cardiac environment.

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BACKGROUND

Intracellular molecular signaling networks communicate via kinases that phosphorylate target substrates to regulate critical aspects of growth and survival. PIM-1, a proto-oncogenic serine/threonine kinase, was originally discovered as the proviral integration site for Moloney murine Leukemia virus. PIM-1 is up-regulated in prostate cancer. The gene is highly expressed in the liver and spleen during fetal hematopoiesis and primarily in B-lymphoid and myeloid cell lines.

PIM-1 exists in two isoforms with molecular weights of 34 and 44kDa. The 34kDa isoform is cytosolic and nuclear localized, while the 44kDa isoform was recently found to be membrane bound. PIM-1 may be a relatively promiscuous kinase based upon minimal target substrate recognition sequence requirements and capacity for autophosphorylation. Two additional family members, PIM-2 and PIM-3, may exhibit functional redundancy with PIM-1.

Induction of PIM-1 expression is mediated by cytokines and growth factors including LIF, GM-CSF, EGF, and most interleukins, consistent with a role for PIM-1 in proliferation and survival of hematopoietic cells. PIM-1 mediates proliferative actions through phosphorylation of multiple target substrates, resulting in cell cycle transition, as well as protective effects via phosphorylation of multiple targets. Induction of PIM-1 expression has been linked to AKT (a serine/threonine kinase) in hematopoietic cells.

SUMMARY

The invention provides compositions, such as pharmaceutical compositions, comprising nucleic acids encoding a serine/threonine kinase PIM, and methods for making and using them; including methods for inducing cardiac or vascular cellular proliferation, and protecting cardiac or vascular cells from hypoxia and cellular apoptosis. In one aspect, the compositions and methods of the invention are used to express PIM-1 (e.g., by upregulating PIM kinase expression and/or activity) to protect cardiomyocytes from hypertrophy and inhibit myocardial apoptosis induced by infarction, reducing infarct size. In another embodiment, the compositions and methods of the invention are used to express PIM to induce cardiac or vascular cellular dedifferentiation and re-expression of stem cell markers; and in one aspect, to overexpress PIM to enhance the regenerative potential of stem cells, including stem cell ability to engraft in the heart after a myocardial infarction (post-MI).

One aspect of the disclosure relates to a method, comprising identifying a patient in need of enhanced PIM activity in a vascular system tissue, and enhancing levels of PIM in vascular system tissue of the patient to alter a functional characteristic of cells in that tissue. In one embodiment, the patient has experienced cardiac injury and the enhanced PIM levels facilitate cardiac regeneration to repair that injury. The enhancing step may advantageously comprise enhancing endogenous production of PIM in the vascular system tissue. Alternatively, it may comprise administering to the patient an exogenous PIM. The exogenous PIM may comprise PIM-1, for example, or another material sharing that same function, and may comprise a PIM enzyme in association with a cellular delivery moiety, such as a translocation domain that is attached to the PIM enzyme. In yet another embodiment, the enhancing step comprises administering cells to the patient that produce enhanced levels of PIM. As examples, the

administered cells may be stem cells or vascular system progenitor cells. Advantageously, the administered cells comprise a PIM-encoding polynucleotide operatively linked to a non-PIM promoter.

5 In one embodiment, the enhancing step comprises administering cells to vascular tissue of the patient, and expressing enhanced levels of PIM from the administered cells.

A different embodiment comprises PIM-delivering or enhancing material for treatment of vascular system disease or injury. This material can be, for example, a PIM enzyme linked to a cellular delivery agent, or a cell for introduction into a human or animal, wherein the cell has been altered to permit enhanced production of PIM. In some cases, the cell is a progenitor cell
10 or a stem cell, and the alteration comprises a PIM-encoding polynucleotide under control of a non-PIM promoter. Advantageously, the promoter may be a cardiac-specific promoter, an inducible promoter, an endogenous promoter, an exogenous promoter, or a constitutive promoter. Alternatively, the PIM-enhancer may be an inducer of endogenous PIM expression.

15 Yet another embodiment is use of a PIM-delivering or enhancing material in the preparation of a medicament for treating vascular system disease or injury.

Still another embodiment is a composition, comprising a vascular system cell or a cell that is differentiable into a vascular system cell, where the cell comprises a PIM-encoding polynucleotide sequence operably linked to a non-PIM promoter. The cell may be, for example, a stem cell or cardiac progenitor cell. Various types of stem cells that are contemplated include
20 mesenchymal stem cells, cardiac stem cells, adipose-derived stem cells, embryonic stem cells, and hematopoietic stem cells. Advantageously, the promoter is an inducible promoter or a cardiac-specific promoter.

Yet another embodiment is a method for treating cardiac disease or injury, comprising enhancing levels of PIM within diseased or injured cardiac tissue. The cardiac disease or injury
25 may include ischemic injury, hypoxic injury, myocardial infarction, traumatic cardiac injury, cardiac hypertrophy, overpressure injury, congestive heart failure, apoptosis-inducing injury or disease, bacterial infection, viral infection, and conditions that create an enhanced risk of any of the foregoing.

Another embodiment provides pharmaceutical composition formulated for
30 administration to heart muscle comprising:

- (i) (a) a PIM-1 encoding nucleic acid;
- (b) a PIM-1 encoding nucleic acid inserted in an expression construct or expression vehicle, or a naked PIM-1 encoding nucleic acid operably linked to a promoter;

(c) the pharmaceutical composition of (b), wherein the expression construct or expression vehicle comprises or consists of a vector, a plasmid, a recombinant virus or an artificial chromosome;

(d) the pharmaceutical composition of (c), wherein the expression construct or expression vehicle comprises or consists of a recombinant adeno-associated viral vector; an adenovirus vector, a retroviral vector; or a lentiviral vector;

(e) the pharmaceutical composition of (d), wherein the expression construct or expression vehicle comprises or consists of an immunodeficiency virus derived vector;

(f) the pharmaceutical composition of (e), wherein the immunodeficiency virus derived vector comprises or consists of a human immunodeficiency virus (HIV) derived vector; or

(g) the pharmaceutical composition of (f), wherein the human immunodeficiency virus (HIV) derived vector comprises or consists of a human immunodeficiency virus-1 (HIV-1) derived vector;

(h) the pharmaceutical composition of any of (a) to (g), wherein the PIM-1 encoding nucleic acid is operably linked to a promoter;

(i) the pharmaceutical composition of (h), wherein the promoter is a constitutive or an inducible promoter; or

(j) the pharmaceutical composition of (i), wherein the promoter is constitutively or inducibly active in a heart cell (a myocyte); and,

(ii) a pharmaceutically acceptable excipient.

wherein the pharmaceutical composition formulated for administration to heart muscle.

Also contemplated are liposomes comprising a pharmaceutical compound of the invention; and/or nanoparticles comprising a pharmaceutical compound of the invention.

Still other embodiments include uses of a pharmaceutical compound of the invention, a liposome of the invention, or a nanoparticle of the invention, for the manufacture of a medicament for:

(a) the amelioration, treatment or prevention of cellular apoptosis and/or damage in a cardiac or vascular cell, tissue or organ subsequent to cellular, tissue and/or organ hypoxia, hypoxaemia or anoxia, or subsequent to pressure-overload induced hypertrophy or heart failure, by increasing PIM-1 kinase activity in the cardiac or vascular cell, tissue or organ;

(b) the use of (a), wherein the hypoxia, hypoxaemia or anoxia is caused by an infarction, trauma, surgery, reimplantation, transplantation or a toxin;

(c) inducing cellular dedifferentiation and/or re-expression of a stem cell marker in a cardiac or vascular cell, tissue or organ;

(d) enhancing the retention of engrafted or transplanted cells, tissues or organs by overexpressing or expressing PIM-1 in the cells, tissues or organs;

(e) increasing the expression of bcl-2, bcl-XL and/or phosphorylation of Bad protein in a cardiac or vascular cell, tissue or organ;

5 (f) the amelioration, treatment or prevention of ischemia reperfusion injury in a cardiac or vascular cell, tissue or organ;

(g) the use of any of (a) to (f), wherein the cardiac or vascular cell, tissue or organ is or is contained in: a heart cell (a myocyte), a heart tissue or a heart or other organ;

(h) overexpressing or expressing PIM-1 in a stem cell or a pluripotent cell to enhance the
10 regenerative potential and/or induce proliferation of the stem cell or pluripotent cell;

(i) overexpressing or expressing PIM-1 in a heart cell (a myocyte) or heart tissue to increase Bcl-XL expression in the heart cell (myocyte) or heart tissue to induce cardioprotective anti-apoptotic signaling and/or to increase myocardial survival signaling;

(j) the use of any of (a) to (i), wherein the cell is a stem cell, an adult stem cell, a
15 hematopoietic stem cell, an adipose-derived stem cell, a mesenchymal stem cell, a c-kit⁺ stem cell, a human stem cell, an autologous or allogeneic stem cell, an embryonic cell, a tissue-specific resident stem cell, an allogeneic or autologous cell, a progenitor cell, a placental and/or cord blood cell, a Sca-1⁺ cell, or a CD34⁺ cell; or

(k) the use of any of (a) to (j), wherein the use is for the amelioration, treatment or
20 prevention of cellular apoptosis and/or damage in a cardiac or vascular cell, tissue or organ subsequent to cellular, tissue and/or organ hypoxia, hypoxaemia or anoxia, or subsequent to pressure-overload induced hypertrophy or heart failure; or because of a hypertrophic myocardium, an aged myocardium, a failing myocardium, an ischemic myocardium, a remodeled myocardium, a myocardium damaged by inflammation, infection, chronic stress,
25 disease, diabetes or alcoholism; and/or oxidative damage.

Also included are methods for inducing, upregulating or inserting a PIM-1 nucleic acid or a PIM-1 kinase activity in a cardiac or vascular cell, tissue or organ, comprising:

(a) (i) providing a PIM-1 encoding nucleic acid; and inserting the PIM-1 encoding nucleic acid into the cardiac or vascular cell, tissue or organ; (ii) providing a cell expressing
30 and/or secreting a PIM-1 kinase; (iii) administering PIM-1 kinase or a PIM-1 expressing nucleic acid to the cardiac or vascular cell, tissue or organ; or, (iv) providing a compound that induces or upregulates PIM-1 nucleic acid or a PIM-1 kinase activity in a cardiac or vascular cell, tissue or organ;

(b) the method of (a), wherein the PIM-1 encoding nucleic acid comprises or consists of a PIM-1 encoding message (a PIM-1 encoding mRNA), or a PIM-1 gene;

(c) the method of (a) or (b), wherein the PIM-1 encoding nucleic acid comprises or consists of a human PIM-1 encoding nucleic acid, or a human PIM-1 encoding message

5 (mRNA), or a human PIM-1 gene, or a human PIM-1 gene locus;

(d) the method of any of (a) to (c), wherein the cell is a human cell, a stem cell, an adult stem cell, a hematopoietic stem cell, an adipose-derived stem cell, a mesenchymal stem cell, a c-kit⁺ stem cell, a human stem cell, an autologous or allogeneic stem cell, an embryonic cell, a tissue-specific resident stem cell, an allogeneic or autologous cell, a progenitor cell, a placental
10 and/or cord blood cell, a Sca-1⁺ cell, or a CD34⁺ cell;

(e) the method of any of (a) to (d), wherein the PIM-1 encoding nucleic acid is inserted into a cardiac or vascular cell, tissue or organ *ex vivo* or *in vivo*;

(f) the method of any of (a) to (e), wherein a PIM-1 encoding nucleic acid is inserted in an expression construct or expression vehicle;

15 (g) the method of any of (f), wherein the expression construct or expression vehicle comprises or consists of a vector, a plasmid, a recombinant virus or an artificial chromosome;

(h) the method of any of (g), wherein the expression construct or expression vehicle comprises or consists of a recombinant adeno-associated viral vector; an adenovirus vector, a retroviral vector; or a lentiviral vector;

20 (i) the method of any of (h), wherein the expression construct or expression vehicle comprises or consists of an immunodeficiency virus derived vector;

(j) the method of any of (i), wherein the immunodeficiency virus derived vector comprises or consists of a human immunodeficiency virus (HIV) derived vector;

(k) the method of any of (j), wherein the human immunodeficiency virus (HIV) derived
25 vector comprises or consists of a human immunodeficiency virus-1 (HIV-1) derived vector;

(l) the method of any of (a) to (k), wherein the PIM-1 encoding nucleic acid is inserted into a cell that does not express wild type (normal) levels of PIM-1 protein;

(m) the method of (l), wherein the PIM-1 encoding nucleic acid is inserted into a cell that does not express wild type (normal) levels of PIM-1 protein-encoding message (mRNA);

30 (n) the method of (m), wherein the PIM-1 encoding nucleic acid is inserted into a cell that does not comprise a wild type (normal) PIM-1 gene or genomic PIM-1 encoding nucleic acid;

(o) the method of any of (a) to (n), wherein the PIM-1 encoding nucleic acid is inserted into a cardiac or vascular cell, tissue or organ *ex vivo* and the cardiac or vascular cell, tissue or organ is implanted into an individual in need thereof;

5 (p) the method of any of (a) to (o), wherein the PIM-1 encoding nucleic acid is inserted into a heart cell, cardiac or vascular tissue or cardiac or vascular organ or a myocyte cell *ex vivo* and the cell is implanted into a cardiac or vascular cell, tissue or organ or a myocardium (a heart) in need thereof;

(q) the method of any of (a) to (n), wherein the PIM-1 encoding nucleic acid is *in vivo* inserted into a cardiac or vascular cell, tissue or organ in an individual in need thereof;

10 (r) the method of (q), wherein the PIM-1 encoding nucleic acid is inserted into a cardiac or vascular cell, tissue or organ or a heart cell or a myocyte cell or a heart *in vivo*;

(s) the method of (r), wherein the individual has congestive heart failure, or has had a myocardial infarction, or heart muscle damage;

15 (t) the method of any of (a) to (s), wherein the cardiac or vascular cell, tissue or organ is or is contained in: a heart cell (a myocyte), a heart tissue or a heart or other organ;

(u) the method of (a), wherein the compound that induces or upregulates PIM-1 nucleic acid or a PIM-1 kinase activity in a cardiac or vascular cell, tissue or organ comprises: an interleukin, a cytokine and/or a paracrine factor involved in survival and/or proliferative signaling; an up-regulator of AKT serine/threonine kinase; insulin-like growth factor-1 (IGF-1);
20 insulin; leukemia inhibitory factor (LIF); granulocyte-macrophage colony-stimulating factor (GM-CSF); or epidermal growth factor (EGF);

(v) the method of any of (a) to (u), wherein the wherein PIM-1 activity in the cardiac or vascular cell, tissue or organ is increased by administering an exogenous PIM-1 kinase to the population of cells;

25 (w) the method of (v), wherein PIM-1 activity is increased by contacting a population of cells with a transfected cell that expresses an exogenous PIM-1 gene;

(x) the method of (v), wherein the population of cells comprises stem cells; or

(y) the method of any of (a) to (y), wherein the PIM-1 kinase activity is increased and/or upregulated in the cardiac or vascular cell, tissue or organ by administering a pharmaceutical
30 compound of the invention, a liposome of the invention, or a nanoparticle of the invention, or any combination thereof.

Still other aspects include methods for treating, preventing or ameliorating a disease or condition comprising administering to an individual in need thereof a pharmaceutical compound of the invention, a liposome of the invention, or a nanoparticle of the invention, or any

combination thereof, wherein the treatment, prevention and/or amelioration of the disease or condition comprises:

- (a) the amelioration, treatment or prevention of cellular apoptosis and/or damage in a cardiac or vascular cell, tissue or organ subsequent to cellular, tissue and/or organ hypoxia, hypoxaemia or anoxia, or subsequent to pressure-overload induced hypertrophy or heart failure; or because of a hypertrophic myocardium, an aged myocardium, a failing myocardium, an ischemic myocardium, a remodeled myocardium, a myocardium damaged by inflammation, infection, chronic stress, disease, diabetes or alcoholism; and/or oxidative damage, by increasing or upregulating PIM-1 kinase activity in the cardiac or vascular cell, tissue or organ;
- (b) the method of (a), wherein the cellular apoptosis and/or damage, or the hypoxia, hypoxaemia or anoxia, is caused by an infarction, trauma, surgery, reimplantation, transplantation or a toxin, or by inflammation, infection, chronic stress, diabetes or alcoholism; and/or oxidative damage;
- (c) inducing cellular dedifferentiation and/or re-expression of a stem cell marker in a cardiac or vascular cell, tissue or organ;
- (d) enhancing the retention of engrafted or transplanted cells, tissues or organs by overexpressing or expressing PIM-1 in the cells, tissues or organs;
- (e) increasing the expression of bcl-2, bcl-XL and/or phosphorylation of Bad protein in a cardiac or vascular cell, tissue or organ;
- (f) the amelioration, treatment or prevention of ischemia reperfusion injury in a cardiac or vascular cell, tissue or organ;
- (g) the method of any of (a) to (f), wherein the cardiac or vascular cell, tissue or organ is or is contained in: a heart cell (a myocyte), a heart tissue or a heart or other organ;
- (h) overexpressing or expressing PIM-1 in a stem cell or a pluripotent cell to enhance the regenerative potential and/or induce proliferation of the stem cell or pluripotent cell; or
- (i) overexpressing or expressing PIM-1 in a heart cell (a myocyte) or heart tissue to increase Bcl-XL expression in the heart cell (myocyte) or heart tissue to induce cardioprotective anti-apoptotic signaling and/or to increase myocardial survival signaling.
- (j) the method of any of (a) to (i), wherein the cell is a stem cell, an adult stem cell, a hematopoietic stem cell, an adipose-derived stem cell, a mesenchymal stem cell, a c-kit⁺ stem cell, a human stem cell, an autologous or allogeneic stem cell, an embryonic cell, a tissue-specific resident stem cell, an allogeneic or autologous cell, a progenitor cell, a placental and/or cord blood cell, a Sca-1⁺ cell, or a CD34⁺ cell.

The details of one or more embodiments of the invention are set forth in the accompanying drawings and the description below. Other features, objects, and advantages of the invention will be apparent from the description and drawings, and from the claims.

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DESCRIPTION OF DRAWINGS

Figure 1 illustrates immunoblots demonstrating that cardioprotective stimuli induces Pim-1 expression, as described in detail in Example 2, below.

10 Figure 2 illustrates confocal micrographs showing that cardiomyopathic stimuli induce Pim-1 expression in surviving myocardium: a widefield view is shown in the micrographs of the upper row, with selected regions is shown in higher magnification to reveal cellular detail is shown in the micrographs of the lower row, as described in detail in Example 2, below.

Figure 3 graphically illustrates data showing that Pim-1 preserves hemodynamic function
15 in ischemia-reperfusion injury, as described in detail in Example 2, below.

Figure 4 illustrates immunoblots demonstrating Pim-1 expression is highest in postnatal hearts and decreases with age, as described in detail in Example 2, below.

Figure 5 illustrates immunoblots demonstrating Pim-1 expression in cardiomyocytes from recombinant adenoviral vectors, as described in detail in Example 2, below.

20 Figures 6 and 7 show how Pim-1 inhibits apoptosis in cardiomyocytes: Figure 6 graphically summarizes that non-infected cells (NI) or GFP-expressing cells show comparable TUNEL labeling following doxorubicin treatment, whereas Pimwt expressing cells show significant reductions of TUNEL positive nuclei ($p < 0.05$); and Figure 7 illustrates a micrograph demonstrating that cells expressing the DN construct show enhanced TUNEL labeling; while
25 Figure 6 shows quantitative results, the Figure 7 panels illustrate representative fields of infected cardiomyocytes showing GFP fluorescence (green) overlay with actin filaments revealed by phalloidin (red) in GFP only, GFP-Pim-wt and GFP-Pim-DN samples, as described in detail in Example 2, below.

Figures 8A and 8B illustrate that nuclear accumulation of Akt induces expression of
30 Pim-1 kinase in the myocardium: Immunoblot (Figure 8A) and confocal microscopy (Figure 8B) of sections from 6 month old normal (NTG) and transgenic mice expressing cardiac-specific nuclear-targeted Akt; a separated grayscale images in scans correspond to pim-1, actin, and nuclei that correspond to the overlay colors of green, red, and blue respectively, as described in detail in Example 2, below.

Figure 9 illustrates that nuclear accumulation of Akt induces Pim-1 expression: Figure 9(A) illustrates a confocal microscopy of cultured cardiomyocytes infected with adenoviruses expressing nuclear-targeted β -galactosidase (B-gal), Akt wild-type (Akt wt), or nuclear targeted Akt (Akt-nuc) detected with myc-tag antibody (Tag); Figure 9(B) illustrates an immunoblot blot showing increased Pim-1 expression in cardiomyocyte cells infected with adenovirus encoding nuclear-targeted Akt (Akt-nuc), as described in detail in Example 2, below.

Figure 10 illustrates an immunoblot blot showing expression of dominant negative Pim-1 prompts Akt accumulation in cardiomyocytes; immunoblot shows infection of neonatal rat cardiomyocytes with adenoviruses expressing Pim-1 in either wild type (wt) or dominant-negative (DN) forms, as described in detail in Example 2, below.

Figure 11 illustrates data characterizing founder lines and protein expression in Pim-1 transgenic mice: Figure 11 left panel illustrates a PCR of genomic DNA samples from Pim-1 transgenic mice, and Figure 11 right panel illustrates an immunoblot of cardiac lysates, as described in detail in Example 2, below.

Figure 12 graphically illustrates data showing that inactivation of Pim-1 in the myocardium increases apoptosis and fibrosis: Figure 12a and Figure 12b graphically illustrate echocardiographic measurement of posterior (12a) and anterior (12b) wall dimension (PWD and AWD respectively) in NTG and Pim-DN animals at two week intervals; Figure 12c graphically illustrates heart weight to body weight ratios in NTG and Pim-DN animals at 10 and 22 weeks of age; Figure 12d graphically illustrates histogram data representing counts of TUNEL positive myocytes per mm^2 in 17-22 week old NTG and Pim-DN transgenics, as described in detail in Example 3, below.

Figure 13 shows individual cell surface area measurements from uninfected control, EGFP, and Pim-wt infected neonatal rat cardiomyocyte cultures treated and untreated with endothelin-1, as described in detail in Example 3, below.

Figure 14 graphically illustrates data showing Pim-wt transgenic animals are resistant to pressure overload induced hypertrophy: Figures 14a to 14f illustrate line graphs representing weekly echo-cardiographic assessment of NTG and Pim-wt sham and TAC banded hearts for anterior wall dimension (AWD 14d, 14a), posterior wall dimension (PWD 14d, 14b), end diastolic dimension (EDD, 14c), end-systolic dimension (ESD, 14d), percent fractional shortening (FS, 14e), and ejection fraction (EF, 14f), as described in detail in Example 3, below.

Figure 15 graphically illustrates data showing that Pim-1 enhances cardiac function: Figure 15a, Figure 15b and Figure 15c show *in vivo* hemodynamic assessment of NTG and Pim-wt hearts 4 and 10 weeks after sham or TAC operation, as described in detail in Example 3,

below.

Figure 16 graphically illustrates data demonstrating that Pim-1 protects against infarction injury: Figure 16a graphically illustrates a histogram representing infarct size 7 days post-MI as a percent of left-ventricular free wall in Pim-KO hearts; Figure 16b graphically illustrates data showing the number of TUNEL positive myocytes per mm² 7 days post-MI in Pim-KO hearts; Figure 16c graphically illustrates *in vivo* hemodynamic measurements of NTG and Pim-KO mice 5 days following MI; Figure 16e graphically illustrates immunoblot quantitation of survival protein levels 7 days post-infarction in Pim-KO and NTG control hearts; Figure 16f graphically illustrates infarct size measurements 10 days post-infarction; Figure 16g graphically illustrates the number of TUNEL-labeled CM/m² in LV 10 days after MI, as described in detail in Example 3, below.

Figure 17 illustrates data showing increased proliferative rate of Pim-1 engineered CSCs: Figure 17A illustrates a cell growth assessment using trypan blue assay of control, CGW, and CGW-Pim-wt transduced CPCs; Figure 17B illustrates an MTT assay on control, CGW, CGW-Pim-wt transduced CPCs; Figure 17C illustrates the proliferation rate of Pim-1 expressing CPC's treated with or without 10uM of Quercetagentin, a specific Pim-1 activity inhibitor, as described in detail in Example 4, below.

Figure 18 graphically illustrates data showing that intra-myocardial injection of Pim-1 expressing CPCs improves cardiac function: Figures 18A-C graphically illustrate electrocardiographic assessment of AWD (Figure 18A), EF (Figure 18B), and FS (Figure 18C), in sham (■), PBS injected (●), CGW (▲), and CGW-Pim-WT (◆) cardiac progenitor cells; Figure 18 D-F graphically illustrates *in vivo* hemodynamic measurements of left ventricular developed pressure (LVDP) (Figure 18D), left ventricular end diastolic pressure (LVEDP) (Figure 18E), and dP/dT maximum and minimum (Figure 18F) were used to assess cardiac function 12 weeks post-intramycardial injection of PBS, eGFP, and Pim-1 expressing CPCs, as described in detail in Example 4, below.

Figure 19 graphically illustrates data showing that CGW-Pim-wt CPCs form myocytes and vasculature in infarcted heart tissue reducing infarction area; and shows a quantitation of infarction area 12 weeks post CPC injection, as described in detail in Example 4, below.

Figure 20 graphically illustrates that long term cardiac functional recovery is afforded by CGW-Pim-wt expressing CPCs 32 weeks after intra-myocardial injection: Figure 20A-C illustrates electrocardiographic assessment of FS (Figure 20A), EF (Figure 20B), and AWD (Figure 20C), in sham (■), PBS injected (●), CGW (▲), and CGW-Pim-WT (◆) cardiac progenitor cells 32 weeks post CPC transplantation, as described in detail in Example 4, below.

Figure 21 illustrates an exemplary lentiviral constructs of the invention, as described in detail in Example 4, below.

Like reference symbols in the various drawings indicate like elements.

5 DETAILED DESCRIPTION

The present disclosure includes the discovery of new roles for PIM-1, its isoforms, and other PIM enzymes having equivalent or overlapping targets and substrates. Specifically, these enzymes have a role in cardiac and other circulatory system protection, survival, repair, regeneration, and recovery, and in the implantation, differentiation, function, and survival of
10 stem cells, progenitor cells, or differentiated cells introduced into circulatory system tissues. These discoveries form the basis for new cardiac therapies, including repair of damaged heart tissue and implantation, expansion, and survival of implanted stem cells or progenitor cells that differentiate into functional heart tissue. Prior to this invention, enhancement of PIM activity was not known to have any prophylactic or therapeutic utility in heart tissue, heart cells, or in
15 other circulatory system cells or tissues.

We show that circulatory system disease or injury can be attenuated, halted, prevented, or reversed, and that damaged circulatory system tissue can be replaced, repaired, or regenerated, by enhancement of PIM activity in that tissue. Ways in which PIM activity can be enhanced are described in more detail below, but include upregulation of endogenous PIM
20 production, direct introduction of materials having PIM activity into tissues or cells, introduction of polynucleotide encoding a PIM material into existing cells of a human or animal, removing cells from a subject and altering those cells to express enhanced levels of PIM, then reintroducing the cells into the subject, introducing exogenous cells into the subject that have been engineered to produce enhanced levels of PIM, including stem cells or progenitor cells that
25 include a PIM-encoding polynucleotide under the control of a non-PIM promoter, including an inducible promoter, a constitutive promoter, or a cardiac-specific promoter.

The term “PIM” is used herein to refer to a serine or threonine kinase, including the various PIM enzymes, e.g., PIM-1, PIM-2, and PIM-3, further including any isoforms thereof. For example, the serine/threonine kinase PIM-1 is known to exist in two isoforms, and
30 references to PIM and PIM-1 herein are intended to encompass both isoforms, unless otherwise specified. In addition, although certain cells, constructs, polynucleotides, techniques, uses, and methods are described in connection with one particular PIM, such as PIM-1, such descriptions are exemplary, and should be taken as also including the other PIM enzymes having similar activity.

The term “PIM activity” and “PIM kinase activity” refer to the enzymatic or physiological activity of the PIM enzymes, e.g., the activity of a PIM-1, and encompasses use of other materials having similar activity. The discoveries set forth herein relate to altering characteristics of living cells by enhancing a particular kinase activity in the cells. Of course, as
5 is well known, enzyme variants exist or can be readily constructed, having conservative amino acid substitutions, cross-linking, cross-species domain substitutions, truncations, and the like, while preserving a physiologically-effective level of enzymatic activity (in this case, kinase activity for the PIM-1 target). The present discoveries are not focused only on a particular kinase, but include the discovery of an entirely new role for PIM kinase activity in vascular
10 system cells and tissues. Thus, the results discussed herein flow from alteration of PIM kinase activity, regardless of the exact modality by which that is achieved.

The term “vascular system” is used herein to refer to the blood vessels and the heart, and all the tissues and cells of which they are comprised, including cardiac smooth muscle, cardiomyocytes, cardiomyoblasts, vascular wall, endothelium, vascular smooth muscle,
15 vascular connective tissue, and other known cells and tissues of the vascular system.

The term “stem cell” is used broadly to include totipotent, pluripotent, and multipotent cells that can differentiate into vascular system cells, including cardiac cells. “Progenitor cells” overlaps somewhat with multipotent stem cells, and includes cells that are at least partially differentiated but that are multipotent or unipotent, in that they have the ability to differentiate
20 into at least one type of vascular system cells.

The terms “treat” and “treatment” are used broadly, to include both prophylactic and therapeutic treatments. Similarly, when referring to disease or injury of circulatory system tissues, those terms are used broadly to include fully developed disease or injury, as well as incipient or threatened disease or injury. Thus, a patient at risk of or beginning to develop a
25 particular condition, is considered to have that condition “treated” when methods as disclosed herein are used to reduce the risk of development or progression of that condition, as well as when an already-developed condition is reversed, inhibited, cured, or ameliorated, and when the rate of development of a condition is halted or slowed.

Those being treated are referred to variously as patients, individuals, subjects, humans,
30 or animals. Treatments identified as useful for one category are also useful for other categories, and selection of a particular term (other than “human”) is not intended to be limiting, but rather just a use of an alternative expression.

The disclosure includes compositions, such as pharmaceutical compositions, comprising nucleic acids encoding a PIM serine/threonine kinase, such as PIM-1, and methods for making and using them; including methods for inducing cardiac or vascular cellular proliferation, and protecting cardiac or vascular cells from hypoxia and cellular apoptosis. In one aspect, the
5 compositions and methods of the invention are used to express PIM-1 to protect cardiomyocytes from hypertrophy and inhibit myocardial apoptosis induced by infarction, reducing infarct size. In another embodiment, the compositions and methods of the invention are used to express PIM-1 to induce cardiac or vascular cellular dedifferentiation and re-expression of stem cell markers; and in one aspect, to overexpress PIM-1 to enhance the regenerative potential of stem cells,
10 including stem cell ability to engraft in the heart after a myocardial infarction (post-MI). In another embodiment, the compositions and methods of the invention are used to express PIM-1 to increase Bcl-XL expression to induce cardioprotective anti-apoptotic signaling, thus increasing myocardial survival signaling.

Also disclosed are compositions, such as pharmaceutical compositions, comprising
15 nucleic acids encoding the serine/threonine kinase PIM-1 and methods for preventing or inhibiting cell or tissue damage, e.g., cardiomyocyte cell death or inhibiting an ischemic or reperfusion related injury; including preventing or inhibiting the irreversible cellular and tissue damage and cell death caused by ischemia, e.g., ischemia subsequent to reperfusion (which can exacerbates ischemic damage by activating inflammatory response and oxidative stress).

20 The disclosure further provides compositions, such as pharmaceutical compositions, comprising nucleic acids encoding a serine/threonine kinase PIM and methods for regulating cardiac or vascular cellular proliferation and survival.

Using human and murine myocardial samples, we have demonstrated that both human and murine myocardial cells show elevated PIM-1 expression in failing hearts; where the
25 elevated PIM-1 has predominantly a nuclear localization. We have also shown that acute cardiomyopathic challenge also induces PIM-1 expression with nuclear and perinuclear distribution in mouse myocardium.

Expression of PIM-1 in postnatal mouse myocardium decreases with aging, and cardioprotective stimuli associated with AKT activation and nuclear-targeted AKT in particular
30 increase PIM-1 expression. We disclose that cardiomyocyte apoptosis is inhibited by PIM-1 via increased expression of bcl-2, bcl-XL, and phosphorylation of Bad^{S112}. Ischemia reperfusion injury is enhanced in PIM-1 knockout mice. Since loss of PIM-1 expression or activity leads to increased AKT expression without associated cardioprotective effects, PIM-1 represents a critical and novel facet of survival signaling downstream of AKT in the myocardium.

Treatments and Medical Uses

Detailed strategies for enhancing PIM activity within circulatory tissues are provided below. Regardless of the method by which PIM activity is increased, we have discovered that
5 enhancement of PIM activity has multiple beneficial effects in cardiac and other circulatory system tissues.

Initially, the care provider may wish to perform a patient selection step. This may include, for example, assessing whether a patient is in need of one or more of the various treatments, or identifying a patient in need of such treatment. Two significant categories of need
10 warrant some discussion.

First, there are individuals with readily-diagnosable existing conditions, including known disease or injury to cardiac or other circulatory tissue that is treatable with the compositions, methods, or techniques contemplated herein. In those cases, diagnosis or identification of the disease or injury would constitute diagnosis, selection, or identification of an individual in need
15 of the specified treatment.

Second, there are individuals in need of treatment that is more prophylactic, for example, treatment that takes advantage of the powerful cardioprotective properties exerted by PIM. In some cases, identification can take place by recognizing an inchoate disease or injury that would otherwise progress, for example, injury or other factors that have or will initiate apoptosis, or
20 conditions or factors that enhance the risk of developing a particular condition. Identification and treatment of those individuals may be desirable to prevent development of a disease or injury or to slow its development.

In between these two alternatives are individuals with existing disease or injury, which disease or injury is likely to progress. Identification and treatment of those individuals is also
25 contemplated.

One significant condition lending itself to treatment through enhancement of PIM activity in cardiac tissue is myocardial infarction or other ischemic injury. Prophylactic treatment is desirable, when high risk of ischemic injury can be identified. However, in many cases, the patient will be treated after the injury has occurred. Treatment should be commenced
30 as soon as is practicable after the injury.

Similarly, PIM-activity enhancement can be used to treat a number of other conditions and to create desired physiological effects, by treating a subject to enhance PIM activity in vascular, cardiac, or other circulatory system cells or tissues. These include prevention, reduction, or reversal of cardiac hypertrophy, including but not limited to maladaptive

hypertrophic remodeling; promoting cardiac cell survival and inhibiting apoptosis of those cells; enhancing cardiac contractility; improving cardiac ejection fraction; enhancing vascular growth and repair; and promoting differentiation of stem cells and progenitor cells toward cardiac or vascular tissue.

5 In another aspect, the methods contemplated herein include, but are not limited to, inhibition of cardiac apoptosis; inhibition of cardiac fibrosis; inhibition of cardiac remodeling; inhibition of cardiac hypertrophy; preservation or reduced loss of ejection fraction in damaged hearts; enhanced preservation of contractile function; decrease in cardiac necrosis; reduction in lesion size following ischemic injury; and increasing cardiac cellularity and decreasing myocyte
10 volume. All of these methods can be practiced prophylactically (to prevent or reduce a particular condition that would otherwise be likely to occur) and therapeutically (to treat a condition that is already in existence, including treatment to slow progression of a condition).

From another perspective, conditions that may lead to treatment by enhancement of PIM activity include (but are not limited to) congenital heart conditions; ischemic injury of any kind
15 to heart tissue; damage from infarction; cardiac reperfusion injury; traumatic cardiac injury; congestive heart failure injury; and injury relating to cardiac infection with a pathogen, including viral, bacterial, and parasitic pathogens.

In addition to identifying an individual having a condition for which PIM treatment is desirable, methods of treating the individual can include a step of increasing the level of PIM activity in a
20 target tissue, such as vascular tissue or cardiac tissue. This step can be practiced in the various ways disclosed herein. By way of example, and not limitation, those include administering factors or drugs to the patient, systemically or locally, that upregulate endogenous PIM expression; administering PIM protein, preferably in combination with a delivery modality, such as a linked transduction domain, a liposome, an antibody, or the like; administering PIM-
25 encoding polynucleotide to the patient, including naked DNA administration, administration of the polynucleotide in a viral vector, liposome, or other delivery modality; electroporation of cells of a subject to deliver DNA; and administering an autologous cell to the subject (e.g., into the heart) that has been altered to enhance PIM expression, including cardiomyocytes, cardiac progenitor cells, cardiac stem cells, mesenchymal stem cells, hematopoietic stem cells, adipose-
30 derived stem cells, and the like.

When administering cells to a human patient, for example, to treat a cardiac condition, the number of cells can be any amount effective to enhance cardiac function or structure or treat a target condition. Exemplary, non-limiting amounts include 10^5 to 10^{10} cells, more typically 10^6 to 10^9 cells.

Exemplary, non-limiting amounts of PIM protein administered to an adult human heart can be, for example, from about 10^{-4} g to about 10^{-10} g, calculated as the pure PIM protein.

Exemplary, non-limiting amounts of DNA include about 0.05 to 500 ug/kg, or 0.5 to 50 ug/kg body weight, and in the case of viral particles, formulated at a titer of about at least 10^{10} , 10^{11} , 10^{12} , 10^{13} , 10^{14} , 10^{15} , 10^{16} , or 10^{17} physical particles per milliliter. In one aspect, the PIM-1 encoding nucleic acid is administered in about 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 110, 120, 130, 140 or 150 or more microliter (μ l) injections. Doses and dosage regimens can be determined by conventional range-finding techniques known to those of ordinary skill in the art. For example, in alternative embodiments, about 10^6 , 10^7 , 10^8 , 10^9 , 10^{10} , 10^{11} , 10^{12} , 10^{13} , 10^{14} , 10^{15} , 10^{16} or 10^{17} viral (e.g., lentiviral) particles are delivered to the individual (e.g., a human patient) in one or multiple doses.

In other embodiments, an intracardiac single administration (e.g., a single dose) comprises from about 0.1 μ l to 1.0 μ l, 10 μ l or to about 100 μ l of a pharmaceutical composition of the invention. Alternatively, dosage ranges from about 0.5 ng or 1.0 ng to about 10 μ g, 100 μ g to 1000 μ g of PIM-1 expressing nucleic acid is administered (either the amount in an expression construct, or as in one embodiment, naked DNA is injected).

PIM sequences

Some embodiments include nucleic acid constructs comprising a PIM-encoding sequence, e.g., a PIM-1 expressing message or a PIM-1 gene. In one aspect, PIM-1 expressing nucleic acids used to practice this invention include PIM-1 genomic sequences, or fragments thereof, including coding or non-coding sequences, e.g., including introns, 5' or 3' non-coding sequences, and the like. Also encompassed are PIM-encoding mRNA sequences.

In one aspect, the PIM-1 expressing, or PIM-1 inducing or upregulating, composition is a nucleic acid, including a vector, recombinant virus, and the like; and a recombinant PIM-1 is expressed in a cell *in vitro*, *ex vivo* and/or *in vivo*.

In one aspect, a PIM-1 expressing nucleic acid encodes a human PIM-1, such as Genbank accession no. AAA36447 (see also, e.g., Domen (1987) Oncogene Res. 1 (1):103-112), SEQ ID NO:1.

In another aspect, a PIM-1 expressing nucleic acid encodes a human PIM-1 kinase 44 kDa isoform, see e.g., Genbank accession no. AAY87461 (see also, e.g., Xie (2006) Oncogene 25 (1), 70-78), SEQ ID NO:2.

In a further aspect, a PIM-1 expressing nucleic acid comprises a human PIM-1 kinase message (mRNA), see e.g., Genbank accession no. NM_002648 (see also, e.g., Zhang (2007) Mol. Cancer Res. 5 (9), 909-922), SEQ ID NO:3.

Also disclosed are human DNA sequences of PIM-2 (SEQ ID NO:4) and PIM-3 (SEQ ID NO:5).

In alternative embodiments, nucleic acids of this invention are operatively linked to a transcriptional regulatory sequence, e.g., a promoter and/or an enhancer, e.g., cardiac-specific, promoters to drive (e.g., regulate) expression of Pim-1. Promoters and enhancers used to practice this invention can be of any type and/or origin, and in one embodiment promoters specific to the species receiving the Pim-1 construct are used; e.g., humans can receive human promoters, mice receive murine promoters, etc. In other embodiments, promoters from heterologous species can be used; e.g., mammals or vertebrates receiving promoters that originate from other mammals or vertebrates, or viral or synthetic promoters active in the appropriate species and/or cell type also can be used. These promoters can comprise, for example, a α -myosin heavy chain promoter; a cardiac troponin-T promoter; a MLC-2v promoter; and any other promoter that drives expression in cardiac tissue but does not drive significant expression in other tissues. In one embodiment, promoters and enhancers active in primordial cells or stem cells, e.g., myocardial stem cells, can be operatively linked to drive expression of Pim-1.

20 Nucleic Acid Delivery - Gene Therapy Vehicles

In one aspect, this disclosure provides constructs or expression vehicles, e.g., expression cassettes, vectors, viruses (e.g., lentiviral expression vectors, e.g., see SEQ ID NO:4), and the like, comprising a PIM- encoding sequence, e.g., a PIM-1 encoding message or a PIM-1a gene, for use as *ex vivo* or *in vitro* gene therapy vehicles, or for expression of PIM-1 in heart tissue, a cardiac or vascular cell, tissue or organ to practice the methods of this invention, and for research, drug discovery or transplantation.

In one aspect, an expression vehicle used to practice the invention can comprise a promoter operably linked to a nucleic acid encoding a PIM protein (or functional subsequence thereof). For example, the invention provides expression cassettes comprising nucleic acid encoding a PIM-1 protein operably linked to a transcriptional regulatory element, e.g., a promoter.

In one aspect, an expression vehicle used to practice the invention is designed to deliver a PIM-1 encoding sequence, e.g., a PIM-1 gene or any functional portion thereof to a cardiac tissue or cell of an individual. Expression vehicles, e.g., vectors, used to practice the invention

can be non-viral or viral vectors or combinations thereof. The invention can use any viral vector or viral delivery system known in the art, e.g., adenoviral vectors, adeno-associated viral (AAV) vectors, herpes viral vectors (e.g., herpes simplex virus (HSV)-based vectors), retroviral vectors, lentiviral vectors and baculoviral vectors.

5 In one aspect of the invention, an expression vehicle, e.g., a vector or a virus, is capable of accommodating a full-length PIM-1 gene or a message, e.g., a cDNA. In one aspect, the invention provides a retroviral, e.g., a lentiviral, vector capable of delivering the nucleotide sequence encoding full-length human PIM-1 *in vitro*, *ex vivo* and/or *in vivo*. An exemplary lentiviral expression vector backbone (no “payload” included, e.g., no PIM-1 sequence included)
10 that can be used to practice this invention is set forth in SEQ ID NO:4.

In one embodiment, a lentiviral vector used to practice this invention is a “minimal” lentiviral production system lacking one or more viral accessory (or auxiliary) gene. Exemplary lentiviral vectors for use in the invention can have enhanced safety profiles in that they are replication defective and self-inactivating (SIN) lentiviral vectors. Lentiviral vectors and
15 production systems that can be used to practice this invention include e.g., those described in U.S. Patent Nos. (USPNs) 6,277,633; 6,312,682; 6,312,683; 6,521,457; 6,669,936; 6,924,123; 7,056,699; and 7,198,784; any combination of these are exemplary vectors that can be employed in the practice of the invention. In an alternative embodiment, non-integrating lentiviral vectors can be employed in the practice of the invention. For example, non-integrating lentiviral vectors
20 and production systems that can be employed in the practice of the invention include those described in USPN 6,808,923.

The expression vehicle can be designed from any vehicle known in the art, e.g., a recombinant adeno-associated viral vector as described, e.g., in U.S. Pat. App. Pub. No. 20020194630, Manning, et al.; or a lentiviral gene therapy vector, e.g., as described by e.g.,
25 Dull, et al. (1998) J. Virol. 72:8463-8471; or a viral vector particle, e.g., a modified retrovirus having a modified proviral RNA genome, as described, e.g., in U.S. Pat. App. Pub. No. 20030003582; or an adeno-associated viral vector as described e.g., in USPN 6,943,153, describing recombinant adeno-associated viral vectors for use in the eye; or a retroviral or a lentiviral vector as described in USPNs 7,198,950; 7,160,727; 7,122,181 (describing using a
30 retrovirus to inhibit intraocular neovascularization in an individual having an age-related macular degeneration); or 6,555,107.

Any viral vector can be used to practice this invention, and the concept of using viral vectors for gene therapy is well known; see e.g., Verma and Somia (1997) Nature 389:239-242; and Coffin et al (“Retroviruses” 1997 Cold Spring Harbour Laboratory Press Eds: JM Coffin,

SM Hughes, HE Varmus pp 758-763) having a detailed list of retroviruses. Any lentiviruses belonging to the retrovirus family can be used for infecting both dividing and non-dividing cells with a PIM-1-encoding nucleic acid, see e.g., Lewis et al (1992) EMBO J. 3053-3058.

Viruses from lentivirus groups from “primate” and/or “non-primate” can be used; e.g.,
5 any primate lentivirus can be used, including the human immunodeficiency virus (HIV), the causative agent of human acquired immunodeficiency syndrome (AIDS), and the simian immunodeficiency virus (SIV); or a non-primate lentiviral group member, e.g., including “slow viruses” such as a visna/maedi virus (VMV), as well as the related caprine arthritis-encephalitis virus (CAEV), equine infectious anemia virus (EIAV) and/or a feline immunodeficiency virus
10 (FIV) or a bovine immunodeficiency virus (BIV).

In alternative embodiments, lentiviral vectors used to practice this invention are pseudotyped lentiviral vectors. In one aspect, pseudotyping used to practice this invention incorporates in at least a part of, or substituting a part of, or replacing all of, an env gene of a viral genome with a heterologous env gene, for example an env gene from another virus. In
15 alternative embodiments, the lentiviral vector of the invention is pseudotyped with VSV-G. In an alternative embodiment, the lentiviral vector of the invention is pseudotyped with Rabies-G.

Lentiviral vectors used to practice this invention may be codon optimized for enhanced safety purposes. Different cells differ in their usage of particular codons. This codon bias corresponds to a bias in the relative abundance of particular tRNAs in the cell type. By altering
20 the codons in the sequence so that they are tailored to match with the relative abundance of corresponding tRNAs, it is possible to increase expression. By the same token, it is possible to decrease expression by deliberately choosing codons for which the corresponding tRNAs are known to be rare in the particular cell type. Thus, an additional degree of translational control is available. Many viruses, including HIV and other lentiviruses, use a large number of rare
25 codons and by changing these to correspond to commonly used mammalian codons, increased expression of the packaging components in mammalian producer cells can be achieved. Codon usage tables are known in the art for mammalian cells, as well as for a variety of other organisms. Codon optimization has a number of other advantages. By virtue of alterations in their sequences, the nucleotide sequences encoding the packaging components of the viral
30 particles required for assembly of viral particles in the producer cells/packaging cells have RNA instability sequences (INS) eliminated from them. At the same time, the amino acid sequence coding sequence for the packaging components is retained so that the viral components encoded by the sequences remain the same, or at least sufficiently similar that the function of the packaging components is not compromised. Codon optimization also overcomes the Rev/RRE

requirement for export, rendering optimized sequences Rev independent. Codon optimization also reduces homologous recombination between different constructs within the vector system (for example between the regions of overlap in the gag-pol and env open reading frames). The overall effect of codon optimization is therefore a notable increase in viral titer and improved
5 safety. The strategy for codon optimized gag-pol sequences can be used in relation to any retrovirus.

Vectors, recombinant viruses, and other expression systems used to practice this invention can comprise any nucleic acid which can infect, transfect, transiently or permanently transduce a cell. In one aspect, a vector used to practice this invention can be a naked nucleic
10 acid, or a nucleic acid complexed with protein or lipid. In one aspect, a vector used to practice this invention comprises viral or bacterial nucleic acids and/or proteins, and/or membranes (e.g., a cell membrane, a viral lipid envelope, etc.). In one aspect, expression systems used to practice this invention comprise replicons (e.g., RNA replicons, bacteriophages) to which fragments of DNA may be attached and become replicated. In one aspect, expression systems used to
15 practice this invention include, but are not limited to RNA, autonomous self-replicating circular or linear DNA or RNA (e.g., plasmids, viruses, and the like, see, e.g., U.S. Patent No. 5,217,879), and include both the expression and non-expression plasmids.

In one aspect, a recombinant microorganism or cell culture used to practice this invention can comprise "expression vector" including both (or either) extra-chromosomal
20 circular and/or linear nucleic acid (DNA or RNA) that has been incorporated into the host chromosome(s). In one aspect, where a vector is being maintained by a host cell, the vector may either be stably replicated by the cells during mitosis as an autonomous structure, or is incorporated within the host's genome.

In one aspect, an expression system used to practice this invention can comprise any
25 plasmid, which are commercially available, publicly available on an unrestricted basis, or can be constructed from available plasmids in accord with published procedures. Plasmids that can be used to practice this invention are well known in the art.

In alternative aspects, a vector used to make or practice the invention can be chosen from any number of suitable vectors known to those skilled in the art, including cosmids, YACs
30 (Yeast Artificial Chromosomes), megaYACS, BACs (Bacterial Artificial Chromosomes), PACs (P1 Artificial Chromosome), MACs (Mammalian Artificial Chromosomes), a whole chromosome, or a small whole genome. The vector also can be in the form of a plasmid, a viral particle, or a phage. Other vectors include chromosomal, non-chromosomal and synthetic DNA sequences, derivatives of SV40; bacterial plasmids, phage DNA, baculovirus, yeast

plasmids, vectors derived from combinations of plasmids and phage DNA, viral DNA such as vaccinia, adenovirus, fowl pox virus, and pseudorabies. A variety of cloning and expression vectors for use with prokaryotic and eukaryotic hosts are described by, e.g., Sambrook.

Bacterial vectors which can be used include commercially available plasmids comprising

5 genetic elements of known cloning vectors.

Pharmaceutical compositions

The invention provides compositions, including pharmaceutical compositions, and methods for expressing PIM; e.g., for expressing PIM-1 or another functionally-equivalent kinase to protect cardiomyocytes from hypertrophy and to inhibit myocardial apoptosis induced
10 by infarction, and to reduce infarct size. (Functional equivalence is considered to exist based on ability to act on the same substrate and produce the same product, and does not require identical kinetics.) In another embodiment, the pharmaceutical compositions of the invention are used to express PIM-1 to induce cardiac or vascular cellular dedifferentiation and re-expression of stem cell markers; and in one aspect, to overexpress PIM-1 to enhance the regenerative potential of
15 stem cells, including stem cell ability to engraft in the heart after a myocardial infarction (post-MI).

In one aspect, the PIM-1 expressing, or PIM-1 inducing or upregulating, composition is a nucleic acid, including a vector, recombinant virus, and the like; and a recombinant PIM-1 is expressed in a cell *in vitro*, *ex vivo* and/or *in vivo*.

20 In alternative embodiments, in practicing use of the pharmaceutical compositions and methods of this invention, compounds that induce or upregulate PIM nucleic acid or a PIM kinase activity in the heart or a cardiac or vascular cell, tissue or organ are administered. For example, compounds that can be administered in practicing use of the pharmaceutical compositions and methods of this invention can comprise: an interleukin, a cytokine and/or a
25 paracrine factor involved in survival and/or proliferative signaling; an up-regulator of AKT serine/threonine kinase; insulin-like growth factor-1 (IGF-1); insulin; leukemia inhibitory factor (LIF); granulocyte-macrophage colony-stimulating factor (GM-CSF); or epidermal growth factor (EGF). Okadaic acid and SV40 small T antigen inhibit or block negative regulation of PIM-1 by protein phosphatase 2A, and can thus be used to increase PIM-1 levels. See Maj, et
30 al., *Oncogene* 26(35):5145-53 (2007).

In alternative embodiments, the PIM-expressing, or PIM-inducing or upregulating, compositions of the invention are formulated with a pharmaceutically acceptable carrier. In alternative embodiments, the pharmaceutical compositions of the invention can be administered parenterally, topically, orally or by local administration, such as by aerosol or transdermally.

The pharmaceutical compositions can be formulated in any way and can be administered in a variety of unit dosage forms depending upon the condition or disease and the degree of illness, the general medical condition of each patient, the resulting preferred method of administration and the like. Details on techniques for formulation and administration are well described in the scientific and patent literature, see, e.g., the latest edition of Remington's Pharmaceutical Sciences, Maack Publishing Co, Easton PA ("Remington's").

Therapeutic agents of the invention can be administered alone or as a component of a pharmaceutical formulation (composition). The compounds may be formulated for administration in any convenient way for use in human or veterinary medicine. Wetting agents, emulsifiers and lubricants, such as sodium lauryl sulfate and magnesium stearate, as well as coloring agents, release agents, coating agents, sweetening, flavoring and perfuming agents, preservatives and antioxidants can also be present in the compositions.

Formulations of the PIM-expressing, or inducing or upregulating, compositions of the invention include those suitable for systemic administration, direct local vascular or cardiac administration, or alternatively oral/ nasal, topical, parenteral, rectal, and/or intravaginal administration. The formulations may conveniently be presented in unit dosage form and may be prepared by any methods well known in the art of pharmacy. The amount of active ingredient which can be combined with a carrier material to produce a single dosage form will vary depending upon the host being treated, the particular mode of administration. The amount of active ingredient which can be combined with a carrier material to produce a single dosage form will generally be that amount of the compound which produces a therapeutic effect.

Pharmaceutical formulations of this invention may comprise one or more diluents, emulsifiers, preservatives, buffers, excipients, etc. and may be provided in such forms as liquids, powders, emulsions, lyophilized powders, sprays, creams, lotions, controlled release formulations, tablets, pills, gels, on patches, in implants, etc.

Pharmaceutical formulations for oral administration can be formulated using pharmaceutically acceptable carriers well known in the art in appropriate and suitable dosages. Such carriers enable the pharmaceuticals to be formulated in unit dosage forms as tablets, pills, powder, dragees, capsules, liquids, lozenges, gels, syrups, slurries, suspensions, etc., suitable for ingestion by the patient. Pharmaceutical preparations for oral use can be formulated as a solid excipient, optionally grinding a resulting mixture, and processing the mixture of granules, after adding suitable additional compounds, if desired, to obtain tablets or dragee cores. Suitable solid excipients are carbohydrate or protein fillers include, e.g., sugars, including lactose, sucrose, mannitol, or sorbitol; starch from corn, wheat, rice, potato, or other plants; cellulose

such as methyl cellulose, hydroxypropylmethyl-cellulose, or sodium carboxy-methylcellulose; and gums including arabic and tragacanth; and proteins, e.g., gelatin and collagen.

Disintegrating or solubilizing agents may be added, such as the cross-linked polyvinyl pyrrolidone, agar, alginic acid, or a salt thereof, such as sodium alginate.

5 Dragee cores are provided with suitable coatings such as concentrated sugar solutions, which may also contain gum arabic, talc, polyvinylpyrrolidone, carbopol gel, polyethylene glycol, and/or titanium dioxide, lacquer solutions, and suitable organic solvents or solvent mixtures. Dyestuffs or pigments may be added to the tablets or dragee coatings for product identification or to characterize the quantity of active compound (i.e., dosage). Pharmaceutical
10 preparations of the invention can also be used orally using, e.g., push-fit capsules made of gelatin, as well as soft, sealed capsules made of gelatin and a coating such as glycerol or sorbitol. Push-fit capsules can contain active agents mixed with a filler or binders such as lactose or starches, lubricants such as talc or magnesium stearate, and, optionally, stabilizers. In soft capsules, the active agents can be dissolved or suspended in suitable liquids, such as fatty
15 oils, liquid paraffin, or liquid polyethylene glycol with or without stabilizers.

Aqueous suspensions can contain an active agent (e.g., a chimeric polypeptide or peptidomimetic of the invention) in admixture with excipients suitable for the manufacture of aqueous suspensions. Such excipients include a suspending agent, such as sodium carboxymethylcellulose, methylcellulose, hydroxypropylmethylcellulose, sodium alginate,
20 polyvinylpyrrolidone, gum tragacanth and gum acacia, and dispersing or wetting agents such as a naturally occurring phosphatide (e.g., lecithin), a condensation product of an alkylene oxide with a fatty acid (e.g., polyoxyethylene stearate), a condensation product of ethylene oxide with a long chain aliphatic alcohol (e.g., heptadecaethylene oxycetanol), a condensation product of ethylene oxide with a partial ester derived from a fatty acid and a hexitol (e.g., polyoxyethylene
25 sorbitol mono-oleate), or a condensation product of ethylene oxide with a partial ester derived from fatty acid and a hexitol anhydride (e.g., polyoxyethylene sorbitan mono-oleate). The aqueous suspension can also contain one or more preservatives such as ethyl or n-propyl p-hydroxybenzoate, one or more coloring agents, one or more flavoring agents and one or more sweetening agents, such as sucrose, aspartame or saccharin. Formulations can be adjusted for
30 osmolarity.

Oil-based pharmaceuticals can be used to deliver PIM-1 expressing, or PIM-1 inducing or upregulating, compositions of the invention. Oil-based suspensions can be formulated by suspending an active agent in a vegetable oil, such as arachis oil, olive oil, sesame oil or coconut oil, or in a mineral oil such as liquid paraffin; or a mixture of these. See e.g., U.S. Patent No.

5,716,928 describing using essential oils or essential oil components for increasing bioavailability and reducing inter- and intra-individual variability of orally administered hydrophobic pharmaceutical compounds (see also U.S. Patent No. 5,858,401). The oil suspensions can contain a thickening agent, such as beeswax, hard paraffin or cetyl alcohol.

5 Sweetening agents can be added to provide a palatable oral preparation, such as glycerol, sorbitol or sucrose. These formulations can be preserved by the addition of an antioxidant such as ascorbic acid. As an example of an injectable oil vehicle, see Minto (1997) J. Pharmacol. Exp. Ther. 281:93-102. The pharmaceutical formulations of the invention can also be in the form of oil-in-water emulsions. The oily phase can be a vegetable oil or a mineral oil, described
10 above, or a mixture of these. Suitable emulsifying agents include naturally-occurring gums, such as gum acacia and gum tragacanth, naturally occurring phosphatides, such as soybean lecithin, esters or partial esters derived from fatty acids and hexitol anhydrides, such as sorbitan mono-oleate, and condensation products of these partial esters with ethylene oxide, such as polyoxyethylene sorbitan mono-oleate. The emulsion can also contain sweetening agents and
15 flavoring agents, as in the formulation of syrups and elixirs. Such formulations can also contain a demulcent, a preservative, or a coloring agent.

In practicing this invention, the pharmaceutical compounds can also be administered by in intranasal, intraocular and intravaginal routes including suppositories, insufflation, powders and aerosol formulations (for examples of steroid inhalants, see Rohatagi (1995) J. Clin.
20 Pharmacol. 35:1187-1193; Tjwa (1995) Ann. Allergy Asthma Immunol. 75:107-111). Suppositories formulations can be prepared by mixing the drug with a suitable non-irritating excipient which is solid at ordinary temperatures but liquid at body temperatures and will therefore melt in the body to release the drug. Such materials are cocoa butter and polyethylene glycols.

25 In practicing this invention, the pharmaceutical compounds can be delivered by transdermally, by a topical route, formulated as applicator sticks, solutions, suspensions, emulsions, gels, creams, ointments, pastes, jellies, paints, powders, and aerosols.

In practicing this invention, the pharmaceutical compounds can also be delivered as microspheres for slow release in the body. For example, microspheres can be administered via
30 intradermal injection of drug which slowly release subcutaneously; see Rao (1995) J. Biomater Sci. Polym. Ed. 7:623-645; as biodegradable and injectable gel formulations, see, e.g., Gao (1995) Pharm. Res. 12:857-863 (1995); or, as microspheres for oral administration, see, e.g., Eyles (1997) J. Pharm. Pharmacol. 49:669-674.

In practicing this invention, the pharmaceutical compounds can be parenterally administered, such as by intravenous (IV) administration or administration into a body cavity or lumen of the heart. Use of catheters that temporarily block flow of blood from the heart while incubating the stem cells or a viral construct in heart tissue can be used, as well as recirculation systems of well-known type that isolate the circulation in all or a part of the heart to increase the dwell time of an introduced agent (e.g., stem cell, construct, naked DNA, PIM protein, viral or other vector) in the heart. These formulations can comprise a solution of active agent dissolved in a pharmaceutically acceptable carrier. Acceptable vehicles and solvents that can be employed are water and Ringer's solution, an isotonic sodium chloride. In addition, sterile fixed oils can be employed as a solvent or suspending medium. For this purpose any bland fixed oil can be employed including synthetic mono- or diglycerides. In addition, fatty acids such as oleic acid can likewise be used in the preparation of injectables. These solutions are sterile and generally free of undesirable matter. These formulations may be sterilized by conventional, well known sterilization techniques. The formulations may contain pharmaceutically acceptable auxiliary substances as required to approximate physiological conditions such as pH adjusting and buffering agents, toxicity adjusting agents, e.g., sodium acetate, sodium chloride, potassium chloride, calcium chloride, sodium lactate and the like. The concentration of active agent in these formulations can vary widely, and will be selected primarily based on fluid volumes, viscosities, body weight, and the like, in accordance with the particular mode of administration selected and the patient's needs. For IV administration, the formulation can be a sterile injectable preparation, such as a sterile injectable aqueous or oleaginous suspension. This suspension can be formulated using those suitable dispersing or wetting agents and suspending agents. The sterile injectable preparation can also be a suspension in a nontoxic parenterally-acceptable diluent or solvent, such as a solution of 1,3-butanediol. The administration can be by bolus or continuous infusion (e.g., substantially uninterrupted introduction into a blood vessel for a specified period of time).

The pharmaceutical compounds and formulations of the invention can be lyophilized. The invention provides a stable lyophilized formulation comprising a composition of the invention, which can be made by lyophilizing a solution comprising a pharmaceutical of the invention and a bulking agent, e.g., mannitol, trehalose, raffinose, and sucrose or mixtures thereof. A process for preparing a stable lyophilized formulation can include lyophilizing a solution about 2.5 mg/mL protein, about 15 mg/mL sucrose, about 19 mg/mL NaCl, and a sodium citrate buffer having a pH greater than 5.5 but less than 6.5. See, e.g., U.S. patent app. no. 20040028670.

The compositions and formulations of the invention can be delivered by the use of liposomes (see also discussion, below). By using liposomes, particularly where the liposome surface carries ligands specific for target cells, or are otherwise preferentially directed to a specific organ, one can focus the delivery of the active agent into target cells of the heart or other part of the circulatory system *in vivo*. See, e.g., U.S. Patent Nos. 6,063,400; 6,007,839; Al-Muhammed (1996) J. Microencapsul. 13:293-306; Chonn (1995) Curr. Opin. Biotechnol. 6:698-708; Ostro (1989) Am. J. Hosp. Pharm. 46:1576-1587.

The formulations of the invention can be administered for prophylactic and/or therapeutic treatments. In therapeutic applications, compositions are administered to a subject already suffering from a condition, infection or disease in an amount sufficient to cure, alleviate or partially arrest the clinical manifestations of the condition, infection or disease and its complications (a "therapeutically effective amount"). For example, in alternative embodiments, pharmaceutical compositions of the invention are administered in an amount sufficient to treat, prevent and/or ameliorate the deleterious effects on the heart of a myocardial infarction (post-MI); to protect cardiomyocytes from hypertrophy and to inhibit myocardial apoptosis induced by infarction, and to reduce infarct size. In another embodiment, the pharmaceutical compositions of the invention are used to express PIM-1 to induce cellular dedifferentiation and re-expression of stem cell markers; and in one aspect, to overexpress PIM-1 to enhance the regenerative potential of stem cells, including stem cell ability to engraft in the heart post-MI.

The amount of pharmaceutical composition adequate to accomplish this is defined as a "therapeutically effective dose." The dosage schedule and amounts effective for this use, i.e., the "dosing regimen," will depend upon a variety of factors, including the stage of the disease or condition, the severity of the disease or condition, the general state of the patient's health, the patient's physical status, age and the like. In calculating the dosage regimen for a patient, the mode of administration also is taken into consideration.

The dosage regimen also takes into consideration pharmacokinetics parameters well known in the art, i.e., the active agents' rate of absorption, bioavailability, metabolism, clearance, and the like (see, e.g., Hidalgo-Aragones (1996) J. Steroid Biochem. Mol. Biol. 58:611-617; Groning (1996) Pharmazie 51:337-341; Fotherby (1996) Contraception 54:59-69; Johnson (1995) J. Pharm. Sci. 84:1144-1146; Rohatagi (1995) Pharmazie 50:610-613; Brophy (1983) Eur. J. Clin. Pharmacol. 24:103-108; the latest Remington's, supra). The state of the art allows the clinician to determine the dosage regimen for each individual patient, active agent and disease or condition treated. Guidelines provided for similar compositions used as pharmaceuticals can be used as guidance to determine the dosage regiment, i.e., dose schedule

and dosage levels, administered practicing the methods of the invention are correct and appropriate.

Single or multiple administrations of formulations can be given depending on the dosage and frequency as required and tolerated by the patient. The formulations should provide a sufficient quantity of active agent to effectively treat, prevent or ameliorate a conditions, diseases or symptoms as described herein. Methods for preparing parenterally or non-parenterally administrable formulations are known or apparent to those skilled in the art and are described in more detail in such publications as Remington's.

The methods of the invention can further comprise co-administration with other drugs or pharmaceuticals, e.g., compositions for treating heart attacks, congestive heart failure and related symptoms or conditions. For example, the methods and/or compositions and formulations of the invention can be co-formulated with and/or co-administered with antibiotics (e.g., antibacterial or bacteriostatic peptides or proteins), particularly those effective against gram negative bacteria, fluids, cytokines, immunoregulatory agents, anti-inflammatory agents, complement activating agents, such as peptides or proteins comprising collagen-like domains or fibrinogen-like domains (e.g., a ficolin), carbohydrate-binding domains, and the like and combinations thereof.

Nanoparticles and Liposomes

The invention also provides nanoparticles and liposomal membranes comprising the PIM-1-expressing compounds of this invention which target specific molecules, including biologic molecules, such as polypeptide, including cardiac or vascular or stem cell surface polypeptides, including heart cell (e.g., myocyte) cell surface polypeptides. In alternative embodiments, the invention provides nanoparticles and liposomal membranes targeting diseased and/or injured heart cells, or stem cells, such as any pluripotent cell.

In alternative embodiments, the invention provides nanoparticles and liposomal membranes comprising (in addition to comprising compounds of this invention) molecules, e.g., peptides or antibodies, that selectively target diseased and/or injured heart cells, or stem cells. In alternative embodiments, the invention provides nanoparticles and liposomal membranes using interleukin receptors and/or other receptors to target receptors on cells, e.g., diseased and/or injured heart cells, or stem cells. See, e.g., U.S. patent application publication no. 20060239968.

Thus, in one aspect, the compositions of the invention are specifically targeted to stem cells or heart cells, such as myocytes.

The invention also provides nanocells to allow the sequential delivery of two different therapeutic agents with different modes of action or different pharmacokinetics, at least one of which comprises a composition of this invention. A nanocell is formed by encapsulating a

nanocore with a first agent inside a lipid vesicle containing a second agent; see, e.g., Sengupta, et al., U.S. Pat. Pub. No. 20050266067. The agent in the outer lipid compartment is released first and may exert its effect before the agent in the nanocore is released. The nanocell delivery system may be formulated in any pharmaceutical composition for delivery to patients suffering from any disease or condition as described herein, e.g., such as congestive heart failure or heart attack (myocardial infarction). For example, in treating myocardial infarction, an antibody and/or angiogenic agent can be contained in the outer lipid vesicle of the nanocell, and a composition of this invention is loaded into the nanocore. This arrangement allows the antibody and/or angiogenic agent to be released first and delivered to the injured tissue.

The invention also provides multilayered liposomes comprising compounds of this invention, e.g., for transdermal absorption, e.g., as described in Park, et al., U.S. Pat. Pub. No. 20070082042. The multilayered liposomes can be prepared using a mixture of oil-phase components comprising squalane, sterols, ceramides, neutral lipids or oils, fatty acids and lecithins, to about 200 to 5000 nm in particle size, to entrap a composition of this invention.

A multilayered liposome of the invention may further include an antiseptic, an antioxidant, a stabilizer, a thickener, and the like to improve stability. Synthetic and natural antiseptics can be used, e.g., in an amount of 0.01% to 20%. Antioxidants can be used, e.g., BHT, erysorbate, tocopherol, astaxanthin, vegetable flavonoid, and derivatives thereof, or a plant-derived antioxidizing substance. A stabilizer can be used to stabilize liposome structure, e.g., polyols and sugars. Exemplary polyols include butylene glycol, polyethylene glycol, propylene glycol, dipropylene glycol and ethyl carbitol; examples of sugars are trehalose, sucrose, mannitol, sorbitol and chitosan, or a monosaccharide or an oligosaccharide, or a high molecular weight starch. A thickener can be used for improving the dispersion stability of constructed liposomes in water, e.g., a natural thickener or an acrylamide, or a synthetic polymeric thickener. Exemplary thickeners include natural polymers, such as acacia gum, xanthan gum, gellan gum, locust bean gum and starch, cellulose derivatives, such as hydroxy ethylcellulose, hydroxypropyl cellulose and carboxymethyl cellulose, synthetic polymers, such as polyacrylic acid, poly-acrylamide or polyvinylpyrrolidone and polyvinylalcohol, and copolymers thereof or cross-linked materials.

Liposomes can be made using any method, e.g., as described in Park, et al., U.S. Pat. Pub. No. 20070042031, including method of producing a liposome by encapsulating a therapeutic product comprising providing an aqueous solution in a first reservoir; providing an organic lipid solution in a second reservoir, wherein one of the aqueous solution and the organic lipid solution includes a therapeutic product; mixing the aqueous solution with said organic lipid

solution in a first mixing region to produce a liposome solution, wherein the organic lipid solution mixes with said aqueous solution so as to substantially instantaneously produce a liposome encapsulating the therapeutic product; and immediately thereafter mixing the liposome solution with a buffer solution to produce a diluted liposome solution.

5 The invention also provides nanoparticles comprising compounds of this invention to deliver a composition of the invention as a drug-containing nanoparticles (e.g., a secondary nanoparticle), as described, e.g., in U.S. Pat. Pub. No. 20070077286. In one embodiment, the invention provides nanoparticles comprising a fat-soluble drug of this invention or a fat-solubilized water-soluble drug to act with a bivalent or trivalent metal salt.

10 Gene Therapy Delivery Methods

 The PIM-1 expressing nucleic acid compositions of the invention can be delivered for *ex vivo* or *in vivo* gene therapy to deliver a PIM-1 encoding nucleic acid. In one aspect, PIM-1 expressing nucleic acid compositions of the invention, including non-reproducing viral constructs expressing high levels of the human PIM-1 protein, are delivered *ex vivo* or for *in vivo* gene therapy.

 The PIM-1 expressing nucleic acid compositions of the invention can be delivered to and expressed in a variety of cardiac or vascular cells to induce cellular proliferation, and/or to protect cardiac or vascular cells from hypoxia and cellular apoptosis. PIM-1 so expressed (by practicing the composition and methods of this invention) can protect cardiomyocytes from hypertrophy and inhibit cell death induced by myocardial infarction (e.g. heart attack), reducing the amount of muscle affected. In addition, PIM-1 overexpression (by practicing the composition and methods of this invention) in cardiac or vascular cells, e.g., in heart cells, results in cellular reversion; the cardiac or vascular cells become stem cell like; complete with re-expression of stem cell markers (such as cardiac stem cell markers).

25 In one aspect, overexpression of PIM-1 (by practicing the compositions and methods of this invention) enhances the regenerative potential of stem cells and their ability to repair a damaged or injured organ (e.g., an injured heart after a heart attack). In one aspect, the invention provides compositions and methods for overexpressing PIM-1 using a controlled system using cultured stem cells prior to reintroduction in the adult human to enhance their ability to repair the organ following injury.

 The invention provides use of PIM-1 for a clinical therapy for repair of a number of tissues damaged by low oxygen or other means through use of a conditional control element that allows control of PIM-1 expression. For example, PIM-1 expressing nucleic acid delivery vehicles, e.g., expression constructs, such as vectors or recombinant viruses, can be injected

directly into the organ (e.g., a heart) to protect it from immediate injury. Expression of the protein can be then activated through an oral prescription drug (formulations for which are discussed above).

In one embodiment vectors used to practice this invention, e.g., to generate a PIM-
5 expressing cell, are bicistronic. In one embodiment, a MND (or, myeloproliferative sarcoma virus LTR-negative control region deleted) promoter is used to drive Pim-1 expression. In one embodiment, a reporter is also used, e.g., an enhanced green fluorescent protein (eGFP) reporter, which can be driven off a viral internal ribosomal entry site (vIRES). In alternative
embodiments, all constructs are third generation self-inactivating (SIN) lentiviral vectors and
10 incorporate several elements to ensure long-term expression of the transgene. For example, a MND promoter allows for high expression of the transgene, while the LTR allows for long-term expression after repeated passage. In alternative embodiments, the vectors also include (IFN)- β -scaffold attachment region (SAR) element; SAR elements have been shown to be important in keeping the vector transcriptionally active by inhibiting methylation and protecting the transgene
15 from being silenced.

In alternative embodiments, as a secondary course of therapy, PIM-1 expressing nucleic acid delivery vehicles, e.g., expression constructs, such as vectors or recombinant viruses, can be used to enhance proliferation during culture of adult stem cells extracted from the patient's damaged heart or other organ. In alternative embodiments, blood, fat, or marrow-derived stem
20 cells can also be used. PIM-1 expression can be activated through addition of the drug to culture media. After a number of days in culture, the expression of PIM-1 can be then turned off through removal of the drug; and, in one aspect, the increased number of cells produced in culture are reintroduced into the damaged area contributing to an enhanced repair process.

The invention can incorporate use of any non-viral delivery or non-viral vector systems
25 are known in the art, e.g., including lipid mediated transfection, liposomes, immunoliposomes, lipofectin, cationic facial amphiphiles (CFAs) and combinations thereof.

In one aspect, expression vehicles, e.g., vectors or recombinant viruses, used to practice the invention are injected directly into the heart muscle. In one aspect, the PIM-1 encoding nucleic acid is administered to the individual by direct injection. Thus, in one embodiment, the
30 invention provides sterile injectable formulations comprising expression vehicles, e.g., vectors or recombinant viruses, used to practice the invention.

In alternative embodiments, it may be appropriate to administer multiple applications and employ multiple routes, e.g., directly into the heart muscle and intravenously, to ensure sufficient exposure of target cells (e.g., myocytes or stem cells) to the expression construct.

Multiple applications of the expression construct may also be required to achieve the desired effect.

One particular embodiment of the invention is the *ex vivo* modification of stem cells of any origin or any pluripotent cell to enhance PIM-1 expression, followed by administration of the stem cells to a human or other mammalian host, or to any vertebrate. The stem cells may be directly or locally administered, for example, into cardiac tissue in the same manner as in existing stem cell therapy for cardiac injury or insufficiency. Alternatively, systemic administration is also contemplated. The stem cells may be autologous stem cells or heterologous stem cells. They may be derived from embryonic sources or from infant or adult organisms. The enhancement of PIM-1 expression may for example be the result of upregulation of the expression of existing chromosomal PIM-1-encoding sequence in the stem cells, or may be the result of insertion of an exogenous polynucleotide operably encoding PIM-1. As discussed in other contexts herein, a PIM-1-encoding insert in such stem cells may advantageously be under inducible expression control. In addition, the use of a “suicide sequence” of known type

In alternative embodiments, one or more “suicide sequences” are also administered, either separately or in conjunction with a nucleic acid construct of this invention, e.g., incorporated within the same nucleic acid construct (such as a vector, recombinant virus, and the like. See, e.g., Marktel S, et al., Immunologic potential of donor lymphocytes expressing a suicide gene for early immune reconstitution after hematopoietic T-cell-depleted stem cell transplantation. Blood 101:1290-1298(2003). Suicide sequences used to practice this invention can be of known type, e.g., sequences to induce apoptosis or otherwise cause cell death, e.g., in one aspect, to induce apoptosis or otherwise cause cell death upon administration of an exogenous trigger compound or exposure to another type of trigger, including but not limited to light or other electromagnetic radiation exposure.

In one aspect, a PIM-1 encoding nucleic acid-comprising expression construct or vehicle of the invention is formulated at an effective amount of ranging from about 0.05 to 500 ug/kg, or 0.5 to 50 ug/kg body weight, and can be administered in a single dose or in divided doses. However, it should be understood that the amount of a PIM-1 encoding nucleic acid of the invention, or other the active ingredient (e.g., a PIM-1 inducing or upregulating agent) actually administered ought to be determined in light of various relevant factors including the condition to be treated, the age and weight of the individual patient, and the severity of the patient's symptom; and, therefore, the above dose should not be intended to limit the scope of the invention in any way.

In one aspect, a PIM-1 encoding nucleic acid-comprising expression construct or vehicle of the invention is formulated at a titer of about at least 10^{10} , 10^{11} , 10^{12} , 10^{13} , 10^{14} , 10^{15} , 10^{16} , or 10^{17} physical particles per milliliter. In one aspect, the PIM-1 encoding nucleic acid is administered in about 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 110, 120, 130, 140 or 150 or more microliter (μ l) injections. Doses and dosage regimens can be determined by conventional range-finding techniques known to those of ordinary skill in the art. For example, in alternative embodiments, about 10^6 , 10^7 , 10^8 , 10^9 , 10^{10} , 10^{11} , 10^{12} , 10^{13} , 10^{14} , 10^{15} , 10^{16} or 10^{17} viral (e.g., lentiviral) particles are delivered to the individual (e.g., a human patient) in one or multiple doses.

In other embodiments, an intracardiac single administration (e.g., a single dose) comprises from about 0.1 μ l to 1.0 μ l, 10 μ l or to about 100 μ l of a pharmaceutical composition of the invention. Alternatively, dosage ranges from about 0.5 ng or 1.0 ng to about 10 μ g, 100 μ g to 1000 μ g of PIM-1 expressing nucleic acid is administered (either the amount in an expression construct, or as in one embodiment, naked DNA is injected). Any necessary variations in dosages and routes of administration can be determined by the ordinarily skilled artisan using routine techniques known in the art.

In one embodiment, a PIM-1 expressing nucleic acid is delivered *in vivo* directly to a heart using a viral stock in the form of an injectable preparation containing pharmaceutically acceptable carrier such as saline. The final titer of the vector in the injectable preparation can be in the range of between about 10^8 to 10^{14} , or between about 10^{10} to 10^{12} , viral particles; these ranges can be effective for gene transfer.

In one aspect, PIM-1 expressing nucleic acids (e.g., vector, transgene) constructs are delivered to the myocardium by direct intracoronary injection, e.g., using a standard percutaneous catheter based methods under fluoroscopic guidance. Alternatively, PIM-1 expressing nucleic acids (e.g., vector, transgene) constructs are delivered to organs and tissues, e.g., the heart, directly into both coronary and/or peripheral arteries, e.g., using a lipid-mediated gene transfer.

In these aspects, including direct intracoronary injection, or directly into both coronary and/or peripheral arteries, can be at an amount sufficient for the PIM-1 expressing nucleic acids (e.g., vector, transgene) to be expressed to a degree which allows for sufficiently effective; e.g., the amount of the PIM-1 expressing nucleic acid (e.g., vector, transgene) injected can be in the range of between about 10^8 to 10^{14} , or between about 10^{10} to 10^{12} , viral particles. The injection can be made deeply (such as 1 cm within the arterial lumen) into the lumen of the coronary arteries, and can be made in both coronary arteries, as the growth of collateral blood vessels is

highly variable within individual patients. By injecting the material directly into the lumen of the coronary artery by coronary catheters, it is possible to target the PIM-1 expressing nucleic acid (e.g., vector, transgene) rather effectively, and to minimize loss of the recombinant vectors to the proximal aorta during injection. Any variety of coronary catheter, or Stacked perfusion catheters, and the like can be used. See, e.g., U.S. Patent App. Pub. No. 20040132190.

In one aspect, the invention combines a therapeutic PIM-1 nucleic acid with a genetic "sensor" that recognizes and responds to the oxygen deprivation that follows the reduced blood flow, or ischemia, from coronary artery disease and heart attack. As soon as the oxygen declines, the sensor turns on the therapeutic gene, thereby protecting the heart. In addition to its potential for patients with heart disease, the aspect of this invention is useful for any condition in which circulatory system tissues are susceptible to loss of blood supply, including stroke, shock, trauma and sepsis.

Direct PIM delivery

In addition to cellular and nucleic acid approaches, PIM proteins can also be delivered directly to the affected cardiac or other circulatory tissues. Because PIM acts intracellularly, it is preferred to utilize a delivery strategy to facilitate intracellular delivery of PIM.

One technique that can be used is to provide the PIM in a vehicle that is taken up by or that fuses with a target cell. Thus, for example, PIM can be encapsulated within a liposome or other vesicle, as described in more detail above in connection with polynucleotide delivery to cells.

Alternatively, the PIM may be linked to a transduction domain, such as TAT protein. In some embodiments, PIM enzyme can be operably linked to a transduction moiety, such as a synthetic or non-synthetic peptide transduction domain (PTD), Cell penetrating peptide (CPP), a cationic polymer, an antibody, a cholesterol or cholesterol derivative, a Vitamin E compound, a tocopherol, a tocotrienol, a tocopherol, glucose, receptor ligand or the like, to further facilitate the uptake of the PIM by cells.

A number of protein transduction domains/peptides are known in the art and facilitate uptake of heterologous molecules linked to the transduction domains (e.g., cargo molecules). Such peptide transduction domains (PTD's) facilitate uptake through a process referred to as macropinocytosis. Macropinocytosis is a nonselective form of endocytosis that all cells perform.

Exemplary peptide transduction domains (PTD's) are derived from the *Drosophila* homeoprotein antennapedia transcription protein (AntHD) (Joliot et al., New Biol. 3:1121-34, 1991; Joliot et al., Proc. Natl. Acad. Sci. USA, 88:1864-8, 1991; Le Roux et al., Proc. Natl.

Acad. Sci. USA, 90:9120-4, 1993), the herpes simplex virus structural protein VP22 (Elliott and O'Hare, Cell 88:223-33, 1997), the HIV-1 transcriptional activator TAT protein (Green and Loewenstein, Cell 55:1179-1188, 1988; Frankel and Pabo, Cell 55:1189-1193, 1988), and more recently the cationic N-terminal domain of prion proteins. Preferably, the peptide transduction domain increases uptake of the biomolecule to which it is fused in a receptor independent fashion, is capable of transducing a wide range of cell types, and exhibits minimal or no toxicity (Nagahara *et al.*, Nat. Med. 4:1449-52, 1998). Peptide transduction domains have been shown to facilitate uptake of DNA (Abu-Amer, *supra*), antisense oligonucleotides (Astria-Fisher *et al.*, Pharm. Res, 19:744-54, 2002), small molecules (Polyakov *et al.*, Bioconjug. Chem. 11:762-71, 2000) and even inorganic 40 nanometer iron particles (Dodd *et al.*, J. Immunol. Methods 256:89-105, 2001; Wunderbaldinger *et al.*, Bioconjug. Chem. 13:264-8, 2002; Lewin *et al.*, Nat. Biotechnol. 18:410-4, 2000; Josephson *et al.*, Bioconjug., Chem. 10:186-91, 1999).

Fusion proteins with such trans-cellular delivery proteins can be readily constructed using known molecular biology techniques.

In addition, any of the polynucleotides encoding PIM molecules can be linked to the foregoing domains to facilitate transduction of those polynucleotides into target cells, *in vivo* or *in vitro*.

Kits and Libraries

The invention provides kits comprising compositions of this invention and methods of the invention, including PIM-expressing, or PIM-inducing or upregulating compositions and/or nucleic acids of the invention, including vectors, recombinant viruses and the like, transfecting agents, transducing agents, cardiac or vascular cells and/or cell lines, instructions (regarding the methods of the invention), or any combination thereof. As such, kits, cells, vectors and the like are provided herein.

The invention will be further described with reference to the following examples; however, it is to be understood that the invention is not limited to such examples.

EXAMPLE 1: Demonstrating the therapeutic efficacy of upregulating PIM-1

This example demonstrates that the compositions of the invention comprising nucleic acids encoding the serine/threonine kinase PIM-1, and the methods of this invention, are effective for inducing cellular proliferation, and protecting cells from hypoxia and cellular apoptosis; and to express PIM-1 kinase to protect cardiomyocytes from hypertrophy and/or inhibit myocardial apoptosis induced by infarction, reducing infarct size; and to express PIM-1

to induce cellular dedifferentiation and re-expression of stem cell markers; and to overexpress PIM-1 to enhance the regenerative potential of stem cells, including stem cell ability to engraft in the heart after a myocardial infarction (post-MI). These data demonstrate that in using compositions and methods described herein, PIM-1 functions as a defense against apoptotic stimuli induced during ischemia/ reperfusion injury resulting from myocardial infarction, pressure-overload induced hypertrophy, and heart failure.

Results

PIM-1 is expressed in the human myocardium and upregulated in failure.

Immunohistochemistry of normal and failing human heart samples indicates that PIM-1 expression is distributed throughout the cytoplasm in normal adult human myocardium. In contrast, in failing human heart samples, PIM-1 becomes mostly nuclear. Immunoblotting of human heart lysates demonstrates that PIM-1 expression increases 2.65-fold in the failing human myocardium when compared to normal controls. A similar pattern is seen in tropomodulin overexpressing transgenic (TOT) mice, a DCM model. Though PIM-1 is expressed at low levels in the 6 month old wildtype (NTG) mouse, expression in the TOT mouse is increased 5.9-fold and was mostly nuclear.

PIM-1 expressed in the mouse myocardium is developmentally regulated.

Immunoblot analysis of myocardial lysates from mice at various time points after birth demonstrates decreasing PIM-1 expression with age. Neonatal heart samples exhibit 6.3-fold more PIM-1 than 30 week old mice. Postnatal expression levels decline, but remain significantly elevated, until 8 weeks of age when they became comparable to 30 week old hearts. Confocal microscopy of mouse hearts at various developmental time points show PIM-1 expression is predominantly nuclear in neonates, becomes increasingly cytosolic in early adulthood, and is virtually absent in the 30 week old adult. This is corroborated by immunoblotting of subcellular fractionated myocardium for PIM-1. PIM-1 expression is 10.5-fold and 5.2-fold more nuclear and 5.0 and 4.6-fold less cytosolic in neonatal hearts and 8 week old hearts respectively when compared to 30 week old mouse myocardium.

PIM-1 exhibits cardioprotective effects *in vivo*.

Using an art-accepted animal model, these data demonstrate that expression of PIM-1 *in vivo* has a cardioprotective effect. PIM-1 localization and expression were examined in hearts from 3-month old normal mice processed four days after sham or cardio-myopathic injury resulting from infarction (MI) or pressure overload (TAC). Four days following TAC banding to induce pressure-overload hypertrophy, a marked peri-nuclear increase in PIM-1 immunoreactivity is observed in cardiomyocytes surrounding major vessels. Similarly, peri-

nuclear PIM-1 immunoreactivity is increased in border zone cardiomyocytes, but is unaffected in healthy regions of remote myocardium. PIM-1 positive border zone cardiomyocytes are negative for “terminal deoxynucleotidyl transferase-mediated dUTP-biotin nick end labeling” (TUNEL) labeling and exhibit increased Bcl-XL expression indicative of cardioprotective anti-

5 apoptotic signaling, demonstrating a role for PIM-1 in myocardial survival signaling, also demonstrating the compositions and methods of the invention can be effective in myocardial survival signaling by expressing and/or upregulating PIM-1 kinase expression and/or activity.

A protective role for PIM-1 was confirmed using hearts of mice deficient for PIM-1 by genetic deletion subjected to *ex vivo* ischemia/reperfusion injury together with age and sex

10 matched controls. Hearts of PIM-1 knockout mice exhibited statistically significant decreases in functional recovery following 45 minutes of reperfusion, as measured by left-ventricular developed pressure. TUNEL staining of paraffin embedded sections from hearts subjected to *ex vivo* ischemia reveals a 2.4-fold increase in the number of TUNEL positive cardiomyocytes in the PIM-1 knockout mice versus wildtype controls.

15 PIM-1 induces anti-apoptotic protein expression and protects cardiomyocytes in vitro. GFP-tagged cDNAs for wild-type 34kDa PIM-1 (PIM-wt) or a kinase dead (K67M) mutant (PIM-DN) as previously described¹⁰ were used to generate recombinant adenoviruses used for infection of neonatal rat cardiomyocyte cultures. Immunoblotting of lysates from cultures expressing GFP-PIM-wt or GFP-PIM-DN accumulate 64kDa GFP-PIM-1 fusion proteins

20 recognized by either GFP or PIM-1 antibodies. Cardiomyocytes overexpressing GFP-PIM-wt exhibit a statistically significant decrease in TUNEL labeling compared to EGFP infected controls. In comparison, GFP-PIM-DN overexpression induced a 30.8% increase in apoptotic cardiomyocytes (*p<0.05). Cultured cardiomyocytes were protected from apoptotic challenge with doxorubicin or deoxyglucose by GFP-PIM-wt overexpression (**p<0.01 for both groups),

25 whereas GFP-PIM-DN overexpression exacerbated apoptotic effects (**p<0.01, and *p<0.05 respectively). Consistent with these results, GFP-PIM-DN induced a 3.6-fold increase in caspase3 cleavage and an 80% increase in cleaved poly (ADP-ribose) polymerase (PARP). In comparison, GFP-PIM-wt produced significant increases in bcl-XL and bcl-2 expression (2.2-fold and 25.4-fold, respectively) when compared to control (*p<0.01). GFP-PIM-wt also

30 increased phosphorylation of Bad at the serine 112 residue (S112) by 16.7-fold versus uninfected control while levels of total Bad remained unchanged (*p<0.01).

PIM-1 is induced by cardioprotective stimuli.

These data demonstrate that the compositions and methods of the invention can be used to increase the expression of PIM-1 to provide a cardioprotective effect, e.g., after a myocardial

infarction. Treatment of neonatal rat cardiomyocyte cultures with cardioprotective agents including Leukemia Inhibitory Factor (LIF), Insulin-like Growth Factor (IGF-1), dexamethasone, and PMA, for 2 hours prior to assay induced PIM-1 immunoreactivity compared to control cells as visualized by confocal microscopy. PIM-1 immunoreactivity was not induced by phenylephrine, endothelin-1, forskolin, or estradiol (Fig. 4A). LIF, IGF, PMA, and dexamethasone induced PIM-1 expression by 2.8, 2.7, 2.3, and 2.0-fold respectively (*p<0.05, **p<0.01). The adenylate cyclase activator, forskolin, reduced PIM-1 expression by 45% versus control cultures (**p<0.01).

IGF-1 induction of PIM-1 expression is AKT-dependent.

PIM-1 expression in response to IGF-1 treatment is significantly reduced in the presence of the PI3 kinase inhibitor wortmannin or inactivated AKT (AKT-DN) by 4.0-fold and 9.1-fold respectively (**p<0.001). A role for nuclear accumulation of AKT resulting following IGF stimulation¹¹ was confirmed, as overexpression of nuclear-targeted AKT¹² increased PIM-1 expression in cultured cardiomyocytes by 2.1-fold compared to uninfected controls (*p<0.05). In contrast, overexpression of wildtype AKT (AKT-wt) decreased expression of PIM-1 1.4-fold versus uninfected control (*p<0.05). Confocal micrographs of cultured cardiomyocytes demonstrate that expression of nuclear-targeted AKT induces increased nuclear localization of PIM-1 (Fig. 5C). Consistent with in vitro results, immunohistochemistry of hearts from six-month-old cardiac-specific nuclear-targeted AKT transgenics exhibit increased PIM-1 immunoreactivity and nuclear localization compared to controls and a representative immunoblot corroborates increased PIM-1 expression.

PIM-1 and AKT exhibit feedback relationships.

AKT expression and phosphorylation (S⁴⁷³) increase in response to overexpression of GFP-PIM-DN in cultured cardiomyocytes (Fig. 6A). Comparable findings of increased phospho-AKT⁴⁷³ were observed with confocal microscopy of immunolabeled myocardial sections from 2-month old PIM-KO mice. Increased phospho-AKT⁴⁷³ and total AKT in immunoblots of whole heart lysates from PIM-KO mice correlated with the immunostaining, demonstrating that regulation of Akt expression and activity depends, in part, upon PIM-1 levels.

Discussion

Using an art-accepted animal model, these data demonstrate that the compositions and methods of the invention can be used to increase the expression of PIM-1 to provide a cardioprotective effect (a myocardium protective effect), e.g., after a myocardial infarction. Molecular regulation of cardioprotection endures as a highly significant research avenue for

therapeutic interventional strategies in the treatment of myocardial injury and heart failure. With this invention's discovery of a central role for PIM-1 in cardioprotection, as demonstrated by the data presented herein, a new facet of signaling has been uncovered with profound implications for regulation of cardiomyocyte survival and AKT-mediated effects. Taken together, data presented here provide the first evidence of PIM-1 expression and protective effects in the myocardium and demonstrate a reciprocal feedback mechanism between PIM-1 and AKT. The codependent interrelationship between AKT and PIM-1 previously documented in the hematopoietic system⁷ indicates both molecules work in concert.

PIM-1 functions as a defense against apoptotic stimuli induced during ischemia/reperfusion injury

PIM-1 has not previously been studied in the myocardial context studies. In non-cardiac cells it has been demonstrated that PIM-1 as a critical regulator of proliferation and cell survival signaling, e.g., as reviewed in ref¹ (see below). Using the compositions and methods of this invention, PIM-1 functions as a defense against apoptotic stimuli induced during ischemia/reperfusion injury resulting from myocardial infarction, pressure-overload induced hypertrophy, and heart failure. Although PIM-1 level is developmentally down-regulated, expression reappears in cardiomyocytes following cardiac injury by pressure-overload induced by TAC banding and myocardial infarction. PIM-1 is one of several protooncogenes participating in the "immediate early response" gene profile expressed following cardiac injury¹³ including c-fos, c-myc¹⁴, Raf and Ras. PIM-1 has been shown to cooperate with c-myc in activation of c-Myb dependent cellular proliferation in other tissues¹⁵⁻¹⁷ suggesting synergistic effects between oncogenes may help preserve the myocardium in reaction to injury.

PIM-1 potentiates intracellular anti-apoptotic signaling

In addition to its proliferative effects, these data also demonstrate that PIM-1 potentiates intracellular anti-apoptotic signaling. Consistent with findings in non-cardiac cells,^{17,18,19} adenoviral overexpression of PIM-1 protects neonatal rat cardiomyocytes from doxorubicin and deoxyglucose induced apoptosis through induction of bcl-2 and Bcl-XL expression as well as phosphorylation of Bad (Fig. 3). It is also possible that PIM-1 serves as the downstream effector of AKT induced p53 inhibition, since induction of mdm2 expression, phosphorylation, and p53 degradation is mediated by PIM-1¹⁷ and AKT protects against doxorubicin induced apoptosis through a p53-dependent mechanism²⁰. Furthermore, inactivation of PIM-1 induced apoptotic signaling in the cardiomyocyte context, exacerbating doxorubicin induced apoptosis. PIM-1 inactivation may also increase apoptotic activity through increasing generation of reactive-oxygen species and mitochondrial pore permeability, as has been found in other cellular

contexts¹⁸.

Several well known cardioprotective factors including LIF, the PKC activator PMA, the glucocorticoid dexamethasone, and IGF-1 significantly increased PIM-1 expression (Fig. 4), consistent with published reports showing induction of PIM-1 by PMA treatment of T cells²¹ as well as gp130 receptor ligands including IL-6 and LIF^(22, reviewed in 1). These ligands and their cognate receptor are increased in the failing heart^{23 24 25 26} as well as during development and hypertrophy of the myocardium.²⁷ With regard to other inductive stimuli, PMA-mediated PKC activation is cardioprotective,²⁸⁻³⁰ correlative findings show PIM-1 is rapidly induced by PMA treatment in T cells.²¹ IGF-1 mediates myocardial survival signaling⁴⁰⁻⁴² and stem cell proliferation⁴³ although we were unable to find prior published demonstration of PIM-1 induction by IGF. Results indicate that IGF-1 induced PIM-1 expression is AKT dependent and that nuclear-targeted AKT expression induces significant increases in PIM-1 expression in vitro and in vivo. Conversely, inactivation or ablation of PIM-1 expression induced AKT expression and activation, but increased AKT activation is unable to enhance recovery or reduce apoptosis following ischemia/reperfusion injury in PIM-1 null animals.

These results indicate that PIM-1 is an important mediator of cardioprotection downstream from comparatively well documented AKT signaling in the myocardium responsible for cardioprotection. Following growth factor or cytokine receptor activation, AKT is phosphorylated resulting in a conformational change which releases AKT from the membrane allowing it to transit through the cytosol and eventually to the nucleus where it affects transcription of target genes³¹ and exerts cardioprotective activity.¹² Recent research demonstrates similar substrate specificity shared by PIM-1 and AKT³, and that the widely employed PI3K inhibitor LY294002TM binds to and inhibits PIM-1 activity³². Therefore, previous studies involving the use of LY294002TM require reinterpretation in the context of AKT-dependent PIM-1 signaling in the myocardium.

Cardioprotective effects together with heightened expression in both postnatal / juvenile myocardium and pathologically challenged hearts implicate PIM-1 in promotion of phenotypic characteristics typically associated with a youthful myocardium. Indeed, the cytokine expression profile of neonatal myocardium share marked similarities with that exhibited by AKT-nuc transgenic hearts. It appears that many of the beneficial effects previously ascribed to Akt-nuc^{11,12,33} (see references below) may depend, at least in part, upon induction of PIM-1 expression.

Methods

Neonatal Rat Cardiomyocyte Cultures infections and treatments. Neonatal rat cardiomyocyte cultures were prepared as described previously¹². Cells to be subjected to treatments were placed in media with 2% serum overnight and then treated with the appropriate agent and harvested or fixed after the pre-described timepoint. Cardiomyocytes were infected with adenovirus for two hours, washed in PBS and then re-fed M199 with 2% FBS and 50µg/ml pen/strep, and 100 µM glutamine.

Nuclear and cytosolic extraction. Hearts were washed in PBS, transferred to 2ml of 0.57M STEAKM (0.57 M sucrose, 25 mM KCL, 5% MgCl₂, 1mM DTT, 0.5mM PMSF, 500 µl protease inhibitor and 50 µl phosphatase inhibitor), homogenized in ice using polytron and centrifuged for 10 minutes at 1000xg.

Pellets were resuspended in 1.5 mL of 0.57M STEAKM™, homogenized in tight fitting pestle and centrifuged at 1000xg for 10 minutes at 4° C. Supernatant was collected for cytosolic fraction.

Pellets were re-suspended in 750µl of 0.57M STEAKM™ with 0.5% TRITON-X™ and centrifuged at 1000xg for 10 minutes at 4° C. Supernatant was collected for membrane fraction.

Pellets were re-suspended in 300µl of 2.3M STEAKM™ (2.3M sucrose, 25mM KCL, 5% MgCl₂, 1mM DTT, 0.5mM PMSF, 500µl of protease inhibitor and 50µl of phosphatase inhibitor). 2 volumes of 0.57M STEAKM™ was added and the pellets were gently mixed.

A layer of 2.7M STEAKM™ (2.7M sucrose, 25mM KCL, 5% MgCl₂, 1mM DTT, 0.5mM PMSF, 500µl of protease inhibitor and 50µl of phosphatase inhibitor) was made at the bottom of an ultracentrifuge tube followed by a 2.4M STEAKM™ (2.4M sucrose, 25mM KCL, 5% MgCl₂, 1 mM DTT, 0.5 mM PMSF, 500 µl of protease inhibitor and 50 µl of phosphatase inhibitor). The homogenate layer was added. The 3 layers were centrifuged at 112,000xg for 1 hour at 4° C. White interface between 2.7 and 2.4M STEAKM™ was collected for nuclear fraction. 5 volumes of 0.57 STEAKM™ was added and the pellets were centrifuged at 2000xg for 20 minutes at 4° C. The pellet was re-suspended in sample buffer containing phosphatase inhibitors and protease inhibitors.

Immunoblotting. Infected cardiomyocytes were harvested 24 hours after infection in SDS denaturing sample buffer, sonicated and boiled for 10 minutes, and quantitated using the Bradford assay. Mouse whole heart lysates were generated from flash frozen hearts pulverized in a mortar and pestle then resuspended in SDS denaturing sample buffer, sonicated, boiled for 10 minutes and quantitated using Bradford assay. Approximately 50µg of each sample was loaded on a 4-15% gradient Bis-Acrylamide Tris Glycine gel and transferred to PVDF. Blots

were blocked in 3% BSA for 1hour, and probed with primary antibodies (PIM-1 (Cell Signaling Technology), c-jun (Cell Signaling Technology), HISTONE3™ (Cell Signaling Technology), GFP (Molecular Probes), bcl-2 (Santa Cruz), bcl-XL (Cell Signaling Technology), PHOSPHO-BADS112™ (Biosource) AKT (Cell Signaling Technology), GAPDH (Research Diagnostics Inc.), PHOSPHO-AKTS473™ (Cell Signaling Technology), total PARP (Biosource), cleaved PARP (Biosource), and cleaved caspase3 (Cell Signaling Technologies)) diluted in blocking solution overnight at 4°C. Blots were washed in TBS-0.5%Tween three times and probed with fluorescent or alkaline phosphatase conjugated secondary antibodies diluted 1:5000 in blocking solution for 1hour at room temperature followed by three washes in TBS-0.5%Tween. Blots were scanned using a TYPHOON 9410 IMAGER™ (GE Healthcare) and quantitated using IMAGEQUANT 5.2™ software (GE Healthcare). All quantitation is based on standardization to loading controls.

Adenoviral constructs. AKT-nuc and AKT wildtype adenoviruses were prepared as described previously, see reference ¹². PIM-wt and PIM-DN adenoviruses were prepared by subcloning of the NheI/SmaI fragments from pEGFP-N1 PIM-1 and pEGFP-N1PIM-DN™ plasmids described previously¹⁰, into the pDC315io™ (Microbix) adenoviral shuttle vector. ³²Sequence verified shuttle vectors were cotransfected with the genomic pBHGloxΔE1,3Cre into 293iq™ cells (Microbix) to generate the adenovirus. Purified plaques were isolated and expanded for use in experiments.

Immunohistochemistry. Hearts were fixed and embedded and cardiomyocytes fixed and permeabilized as described previously¹². Staining of cultured neonatal rat cardiomyocytes was performed with antibodies described above diluted 1:25 in PBS containing 10% horse serum overnight at 4°C. Slides were washed in PBS and probed with fluorescent conjugated secondary antibodies (1:100) for one hour at room temperature, and Texas Red phalloidin (1:50 Molecular Probes) to identify actin filaments. Slides were washed three times in PBS, and stained for 30 minutes with TOPRO-3™ (1:5000 Molecular Probes) to identify nuclei, washed once and cover-slipped using VECTRASHIELD™ (Vectra Labs). Paraffin embedded samples were cut at 4μm and deparaffinized through a standard series of Xylene and graded Ethanol steps to water. Antigen retrieval was performed in 10mM Citrate pH6.0. PIM-1 and phospho-AKT signals were amplified using the TYRAMIDE AMPLIFICATION KIT™ (Perkin Elmer) with primary concentrations of 1:500 for both antibodies, and secondaries 1:3000. Slides were washed following the amplification process, and stained with TOPRO-3 (Molecular Probes) to identify nuclei, washed and cover-slipped with VECTRASHIELD™ (Vectra Labs). Confocal imaging of stained slides was performed on a Leica LCS confocal microscope. For comparison

purposes, all slides were treated identically and scanned using the same settings in each experiment.

Doxorubicin and deoxyglucose induction of apoptosis. Cardiomyocytes were infected with GFP, PIM-wt, and PIM-DN viruses as described earlier. Twenty-four hours after infection, cells were treated with 1 μ M Doxorubicin or 1mM deoxyglucose for 16 hours then labeled for TUNEL using the IN SITU CELL DEATH DETECTION KIT™, TMR red (Roche Applied Science) per manufacturer instructions. Number of infected TUNEL positive cells was counted for each treatment on a Nikon DIAPHOT 420™ fluorescent scope.

Myocardial infarction and trans-aortic constriction. Mice were placed under anesthesia, and the chest wall surgically opened. To induce an acute ischemic event, the left anterior descending artery (LAD) was located and ligated using 8-0 nylon suture. To induce pressure overload, the aorta was banded with 8-0 prolene using a 27 gauge needle as a guide. Sham animals were treated identically except the LAD or aorta were not ligated. Animal hearts were harvested as described above and embedded into paraffin.

Ex Vivo Ischemia/Reperfusion. *Ex vivo* ischemia/reperfusion was performed as described previously³⁴. Sections from four hearts from each experimental group were cut and analyzed for cell death using TUNEL labeling (IN SITU CELL DEATH DETECTION KIT™, TMR red (Roche Applied Science)) according to the kit directions.

Statistical Analysis. Statistical analysis was performed using student T test, and analysis of variance (ANOVA) as appropriate. P values less than 0.05 were considered significant.

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10 EXAMPLE 2: Demonstrating the therapeutic efficacy of upregulating PIM-1

This example also demonstrates that the compositions of the invention comprising nucleic acids encoding the serine/threonine kinase PIM-1, and the methods of this invention, are effective for inducing cellular proliferation, and protecting cells from hypoxia and cellular apoptosis; and to express PIM-1 kinase to protect cardiomyocytes from hypertrophy and/or inhibit myocardial apoptosis induced by infarction, reducing infarct size.

Until relatively recently, dogma held that cardiomyocytes rarely underwent programmed cell death, were impervious to the effects of aging, and incapable of regeneration. The last decade of cardiovascular research has produced major paradigm shifts in the perceptions of cardiomyocyte biology. The emerging picture of the myocardium is quite unlike previous notions of a tenaciously steadfast contracting cell that persists throughout the lifespan of the organism. Instead, cardiomyocytes like many other cell types in the body possess a finite lifespan characterized by ongoing processes of birth, survival, death, and (more controversially) regeneration. Consequently, this new perspective has reinvigorated research into the molecular mechanisms that regulate survival and the cardiomyocyte life cycle.¹

Cellular proliferation and survival are regulated, in part, by the action of signaling cascades that lead to activation of kinases such as protein kinase C (PKC), Akt/PKB, and PIM-1. Voluminous research in the context of the cardiovascular system has established both PKC and Akt/PKB as fundamental pillars upon which cardiomyocyte function is maintained. In contrast, the cardiovascular role of PIM-1 and influences of this kinase upon cardiomyocyte structure and/or function are virtually nonexistent. Despite this dearth of cardiac-related knowledge, published studies of hematopoietic and oncogenic cells suggest that the effects of PIM-1-mediated signaling are as significant and far reaching as those ascribed to PKC or Akt/PKB. Similarities between these kinases are readily apparent: 1) phosphorylation of serine / threonine residues in target substrates, 2) regulation of cell survival and/or proliferation, and 3) intriguing propensity for nuclear accumulation.²⁻⁴ Between PIM-1 and Akt/PKB there are additional connections such as similar target substrate specificities, coordinate regulation of PIM-1 expression by Akt activation, and blunting of activation by treatment with the PI3-K inhibitor

LY294002.⁵⁻⁷ Collectively, this evidence implicates PIM-1 for an important role in myocardial signaling, and supportive findings documenting PIM-1 expression and function in cardiomyocytes are presented herein.

PIM-1 was originally identified as a proto-oncogene and subsequently found to be a highly conserved serine / threonine kinase. Unlike other serine / threonine kinases (e.g. Akt, MAPK, PKA or PKC), PIM-1 phosphotransferase activity is not regulated by upstream kinases – it is active in nascent translated form. Thus, PIM-1 activity is regulated by concerted control of gene transcription, mRNA translation, and protein degradation. The target phosphorylation consensus sequence for PIM-1 is found in proteins mediating transcription, cell growth, proliferation, and survival. While PIM-1 overexpression alone is not highly oncogenic, it does predispose cells to transformation upon exposure to mutagens.^{8,9} In general, PIM-1 up-regulation enhances cell survival whereas loss of PIM-1 increases apoptotic cell death. The protective effect of PIM-1 is dependent upon kinase activity as borne out by experiments using a dominant negative kinase dead mutant construct.^{10,11} Occasional exceptions wherein PIM-1 activity increases cell death seem to result from differences in the cellular backgrounds where PIM-1 was studied. Increased PIM-1 expression also associated with cellular differentiation^{4,12,13} as well as proliferation.^{14,15} Studies with myocardium demonstrate changes in PIM-1 expression during postnatal development and aging that form the basis of studies for this invention.

PIM-1 expression is stimulated by a variety of hormones, cytokines and mitogens, many of which are associated with cardioprotective signaling.^{16,17} These multiple inductive stimuli lead to an accepted survival kinase in the myocardium: Akt/PKB. However, the connection of Akt-mediated effects to PIM-1 mediated signaling has been overlooked. In fact, expression of PIM-1 is increased by Akt activation¹⁸ and studies using LY294002 to block PI3-K activity were also inadvertently inhibiting PIM-1 kinase activity as well.⁵ Despite apparent parallels between PIM-1 and Akt, these kinases exhibit distinct effects in regulation of cell growth and survival.⁶ PIM-1 shares homology with two related family members that have largely overlapping functions named PIM-2 and PIM-3. Parallels of signal transduction between PIM family members and Akt are a primary focus of ongoing research in non-myocyte cells.

Independent aspects of PIM-1 mediated signaling are waiting to be teased apart from overlaps with Akt using knockout mouse lines in conjunction with overexpression approaches, thereby providing new insight regarding regulation of myocardial survival and proliferation. Such studies with hematopoietic cells have revealed that PIM and Akt are critical components of overlapping but independent signaling pathways responsible for enhancement of growth and survival.^{6,7} Mouse lines engineered with deletion of PIM-1 or triple knockouts deficient for all

PIM kinases are viable without severe phenotypic effects.¹⁹ However, we have found cardiac-specific consequences following ischemia reperfusion damage in the PIM-1 knockout mouse line. This data validates the role of PIM-1 in response to and protection from cardiomyopathic challenge.

5 Fundamentals of PIM-1 signal transduction are predominantly based in studies of hematopoietic and oncogenic cells where the kinase was first identified. PIM-1 is a downstream effector of many cytokines that operate through “Signal Transducers and Activators of Transcription” known by the STAT acronym. Both STAT3 or STAT5 bind directly to the PIM-1 promoter and induce expression.²⁰ PIM-1 expression is inhibited by negative feedback loop
10 regulatory control of the Jak/STAT pathway through interaction with Suppressors Of Cytokine Signaling (also known as SOCS).¹⁷ PIM-1 protein stability is also decreased through action of serine/threonine phosphatase PP2a.²¹ Pivotal roles of STAT, SOCS, and PP2a signaling in the myocardium²²⁻²⁴ implicate PIM-1 as an attractive candidate effector molecule to mediate biological effects in cardiomyocytes.

15 The list of target molecules for PIM-1 kinase continues to accumulate new members every year, many of which regulate cell cycle progression and apoptosis. Regulation of cell cycle proliferation by PIM-1 in vascular smooth muscle cells confirms a role of PIM-1 in the cardiovascular system.¹⁴ In the context of this proposal, the capacity of PIM-1 to inactivate pro-apoptotic Bad protein via phosphorylation and enhance Bcl-2 activity^{7,25,26} is reminiscent of
20 prior investigations of cardiomyocyte survival signaling.^{27,28} The capacity of PIM-1 to inhibit apoptotic cell death by preserving mitochondrial integrity is a fundamental hypothesis in this proposal studied in Specific Aim 4. Removal / recycling of mitochondria and other intracellular organelles by autophagy is regulated in part by Akt-dependent signaling (reviewed in reference 29, below).

25 Recent advances support a central role for PIM kinases in proliferative and survival signaling. Cytokine-responsive gp130 signaling cascades lie directly upstream of PIM kinase activation,^{30,31} yet extensive studies in the cardiovascular system have yet to explore the contribution of PIM to reported protective effects. Furthermore, intermingling of PIM and Akt-mediated effects are established⁵⁻⁷ along with the pivotal role of Akt in the cardiovascular
30 system, (reviewed in references 32 and 33, below) yet the contribution of PIM kinases in myocardial signaling remains virtually unknown. Specific Aim 3 is designed to tease apart the relationship of Akt and PIM in the myocardium. Results point to PIM as a pivotal regulator of proliferation and survival in the myocardium.

C. PIM-1 is expressed in cardiomyocytes exposed to cardioprotective stimuli

PIM-1 is expressed in cardiomyocytes exposed to cardioprotective stimuli. Unlike Akt, PIM-1 is constitutively active and regulated by protein production / degradation rates.

Constitutive low level production of PIM-1 is detectable in cardiomyocytes under basal

5 conditions both in cultured cells as well as normal myocardium. We cultured neonatal rat cardiomyocytes, which we treated with IGF-1, PMA, dexamethasone, LIF, phenyl-ephedrine, endothelin-1, estradiol, and forskolin and then assayed for PIM-1 protein levels. The first four factors significantly increased PIM-1 expression, whereas little or no increase was seen with the others over a 2 hour period.

10 Figure 1 illustrates immunoblots demonstrating that cardioprotective stimuli induces Pim-1 expression. Cultured neonatal rat cardiomyocytes were treated with various factors to increase Pim-1 protein level as indicated above each lane including IGF-1, PMA, dexamethasone, and forskolin. Induction is evident in response to IGF-1, PMA and dexamethasone, whereas forskolin has no discernable effect. Similarly, other stimuli including
15 phenylephrine, endothelin-1, or estradiol did not markedly increase Pim-1 protein expression in this time frame of exposure, which was two hours.

PIM-1 is induced in cardiomyocytes in response to cardiomyopathic injury. Low level PIM-1 expression is markedly increased following cardiomyopathic challenge in hearts of mice subjected to either infarction by coronary occlusion or pressure overload resulting from
20 transverse aortic constriction (TAC) at four days after procedures. In comparison, PIM-1 is concentrated within the nuclei of selected cardiomyocytes in chronic heart failure from a genetically engineered mouse model (tropomodulin overexpressing transgenic³⁴). In all cases, PIM-1 protein level is elevated relative to sham-operated control mice. The elevation of PIM-1 under these circumstances is presumably mediated by paracrine cytokine signaling within the
25 challenged myocardium.

Figure 2 illustrates confocal micrographs showing that cardiomyopathic stimuli induce Pim-1 expression in surviving myocardium. Confocal micrographs show induction of Pim-1 protein expression relative to sham-operated controls (Sham) in response to acute myocardial injury induced four days after infarction in the border zone (MI) or near vasculature after
30 pressure overload after four days (TAC). Both acute injury models show accumulation of Pim-1 in perinuclear areas, whereas a genetically engineered transgenic model of chronic dilated cardiomyopathy shows Pim-1 accumulation within select nuclei (TOT). Sections were labeled with antibody to Pim-1 (green), phalloidin to decorate actin filaments (red), and TOPRO dye for nuclei (blue). Widefield view (upper row) with selected regions shown in higher magnification

to reveal cellular detail (lower row).

Loss of PIM-1 signaling impairs functional recovery following ischemia-reperfusion injury. Genetically engineered mouse lines lacking PIM-1 or a triple knockout lacking PIM-1, 2, and 3 created as described¹⁹ have been established in our colony. Hearts from these mice were
5 subjected to ex vivo treatment³⁵ leading to ischemia-reperfusion damage. Functional recovery of the PIM-knockout lines was significantly impaired relative to age, strain, and gender-matched control hearts. Hemodynamic recovery of the triple knockout line was comparable to that of the single isoform PIM-1 knockout line, indicating that the PIM-1 isoform is the critical member of the PIM family to mediate protective signaling in response to ischemia-reperfusion challenge.

10 Figure 3 graphically illustrates data showing that Pim-1 preserves hemodynamic function in ischemia-reperfusion injury. Hearts harvested from mouse normal (FVB, green or upper line) as well as genetically engineered lines lacking Pim-1 (PIM-1 ko, pink or lower line) or Pim-1, 2, and 3 (PIM 1,2,3 ko; blue or middle line) were subjected to ischemia reperfusion challenge and hemodynamic recovery of function was assessed as previously described.³² Pim
15 knockout mouse lines show significant impairment ($p < 0.01$ for time points beyond one hour of reperfusion).

PIM-1 expression is developmentally regulated in postnatal growth. Elevation of PIM-1 in postnatal development is consistent with our observation that PIM-1 promotes growth and proliferation of cardiomyocytes in the postnatal heart. In addition, we have also observed PIM-
20 1 expression in cardiac progenitor cells of adult hearts coincident with c-kit and Sca-1 stem cell markers. Correlation of PIM-1 expression in stem cell populations would be consistent with observations from hematopoietic cell biology demonstrating PIM-1 plays a role in proliferation and survival.^{6,19}

Figure 4 illustrates immunoblots demonstrating Pim-1 expression is highest in postnatal
25 hearts and decreases with age. Immunoblot showing Pim-1 protein expression at the indicated weeks after birth: data including samples from less than one week, and 2, 3, 4, 5, 8, 12, 19 and 39 weeks of age. Actin is shown as a loading control to verify comparable protein sample concentration between lanes.

PIM-1 is expressed by recombinant adenoviral vectors. Overexpression of PIM-1 or
30 dominant-negative PIM-1 lacking kinase activity has been accomplished by creation of adenoviral vectors. We have engineered these constructs with GFP fluorescent tags to track their expression without the need for anti-PIM-1 antibodies, allowing to directly visualize exogenous protein expression. These constructs have been valuable for understanding the effects of PIM-1 accumulation in cardiomyocytes.

Figure 5 illustrates immunoblots demonstrating Pim-1 expression in cardiomyocytes from recombinant adenoviral vectors. Cardiomyocytes were infected (or not infected, noting the “non-infected” control) with GFP-tagged constructs of Pim-1 in wild-type (GFP-Pimwt) or kinase-dead (GFP-PimDN) forms (and GFP only). Apparent mobility of GFP-fusion constructs (~65 kDa) differs from native Pim-1 (approximately 33 kDa). Note induction of native Pim-1 resulting from overexpression of GFP-PimDN, presumably as a compensatory mechanism. GAPDH shown to demonstrate comparable loadings between lysates.

PIM-1 overexpression protects against apoptotic challenge with doxorubicin. Overexpression of PIM-1 in cultured cardiomyocytes inhibits apoptosis resulting from exposure to doxorubicin as measured by TUNEL labeling. Neonatal rat cardiomyocyte cultures were infected with recombinant adenoviruses expressing GFP, PIM-1 wild-type (PIMwt), or PIM-1 dominant negative (DN) overnight prior to apoptotic stimulation with doxorubicin. With reference to Figure 6, non-infected cells (NI) or GFP-expressing cells show comparable TUNEL labeling following doxorubicin treatment, whereas PIMwt expressing cells show significant reductions of TUNEL positive nuclei ($p < 0.05$). Cells expressing the DN construct show enhanced TUNEL labeling. In contrast, the mutant kinase-dead PIM-1 construct accumulates to lower protein levels than PIM-1 wild-type, yet significantly increases apoptosis compared to GFP-expressing control cells.

Figures 6 and 7 show how Pim-1 inhibits apoptosis in cardiomyocytes. Neonatal rat cardiomyocyte cultures were infected with recombinant adenoviruses expressing GFP, Pim-1 wild-type (Pimwt), or Pim-1 dominant negative (DN) overnight prior to apoptotic stimulation with doxorubicin. As graphically summarized in Figure 6, non-infected cells (NI) or GFP-expressing cells show comparable TUNEL labeling following doxorubicin treatment, whereas Pimwt expressing cells show significant reductions of TUNEL positive nuclei ($p < 0.05$). Figure 7 illustrates a micrograph demonstrating that cells expressing the DN construct show enhanced TUNEL labeling; while Figure 6 shows quantitative results, the Figure 7 panels illustrate representative fields of infected cardiomyocytes showing GFP fluorescence (green) overlay with actin filaments revealed by phalloidin (red) in GFP only, GFP-Pim-wt and GFP-Pim-DN samples.

PIM-1 overexpression promotes anti-apoptotic signaling via cascades involving Bcl-2 family members as well as Mdm2. Overexpression of PIM-1 increases accumulation of Bcl-2 and Bcl-XL family members, both of whom antagonize intrinsic apoptotic signaling by preserving mitochondrial integrity, as illustrated in Figure 8A. Additional signaling to promote survival induced by PIM-1 includes accumulation of Mdm2 and phosphorylation of Bad. Mdm2

antagonizes p53-dependent cell death³⁶ and Bad phosphorylation inhibits the pro-apoptotic action of this protein.²⁶ Thus, PIM-1 impacts upon cell survival by promoting the anti-apoptotic action of Bcl-2 family members as well as enhancing Mdm2.

PIM-1 expression is induced by nuclear accumulation of activated Akt. Induction of PIM-1 promoter activity by Akt kinase indicates that PIM-1 expression lies downstream of Akt activation.¹⁸ This observation has now been validated in both transgenic mouse hearts expressing nuclear-targeted Akt (as illustrated in Figure 8B) as well as cultured cardiomyocytes infected with an adenoviral vector expressing nuclear-targeted Akt.

In summary, Figures 8A and 8B illustrate that nuclear accumulation of Akt induces expression of Pim-1 kinase in the myocardium: Immunoblot (Figure 8A) and confocal microscopy (Figure 8B) of sections from 6 month old normal (NTG) and transgenic mice expressing cardiac-specific nuclear-targeted Akt.³⁸ Separated grayscale images in scans correspond to pim-1, actin, and nuclei that correspond to the overlay colors of green, red, and blue respectively.

Nuclear accumulation of Akt promotes increased PIM-1 expression detectable by both immunofluorescence as well as immunoblot analyses. The implications of this result are profound for survival signaling in the myocardium, since inhibition of Akt activation would also lead to reduction in PIM-1 levels. Furthermore, pharmacologic treatment with LY294002 that has traditionally been used for inhibition of Akt also inhibits PIM-1 kinase activity.⁵ These findings provide strong circumstantial evidence that the protective effects previously ascribed to Akt activation may be due, in part, to actions of PIM-1 kinase. Since the role for PIM-1 in myocardial signaling has been overlooked to date, important aspects of cardiac Akt biology related to cell survival and growth need reassessment.

Figure 9 illustrates that nuclear accumulation of Akt induces Pim-1 expression. Figure 9(A) illustrates a confocal microscopy of cultured cardiomyocytes infected with adenoviruses expressing nuclear-targeted β -galactosidase (B-gal), Akt wild-type (Akt wt), or nuclear targeted Akt (Akt-nuc) detected with myc-tag antibody (Tag). Adenovirally encoded proteins are green in overlay. Nuclear-targeted Akt promotes accumulation of Pim-1 in the nucleus (shown blue in overlay). Phalloidin shows actin filaments (red in overlay). Figure 9(B) illustrates an immunoblot blot showing increased Pim-1 expression in cardiomyocyte cells infected with adenovirus encoding nuclear-targeted Akt (Akt-nuc). GAPDH is shown to show comparable loading between samples.

Loss of PIM-1 activity results in compensatory elevation of Akt. Previously documented overlaps between PIM-1 and Akt in terms of functional effects and crosstalk warrant further investigation to determine the role of PIM-1 kinase in myocardial biology. Experiments using adenoviruses expressing PIM-1 in either wild-type or dominant negative forms demonstrate that
 5 loss of PIM-1 signaling leads to elevation of Akt protein expression and activity. Similarly, immunoblot evaluation of the PIM-1 knockout line shows increased levels of phospho-Akt⁴⁷³ as well as total Akt protein (data not shown). The basis for this induction of Akt expression may lie with compensatory signaling to counterbalance loss of downstream PIM-1 activity. Since dominant negative PIM-1 is capable of enhancing cell death, as illustrated in Figure 10, our data
 10 are consistent with the conclusion that PIM-1 mediates certain facet(s) of survival signaling in the Akt cascade.

In summary, Figure 10 illustrates an immunoblot blot showing expression of dominant negative Pim-1 prompts Akt accumulation in cardiomyocytes. Immunoblot showing infection of neonatal rat cardiomyocytes with adenoviruses expressing Pim-1 in either wild type (wt) or
 15 dominant-negative (DN) forms. Levels of phospho-Akt⁴⁷³ as well as total Akt protein levels are elevated in lysates prepared from the cells expressing DN Pim-1. Two separate sets of experimental results are shown with controls of uninfected cells (NI), GFP-expressing cells (GFP), and GAPDH loading controls to standardize for variation in protein loading between samples.

20 Figure 11 illustrates data characterizing founder lines and protein expression in Pim-1 transgenic mice. PCR of genomic DNA samples (Figure 11 left) and immunoblot of cardiac lysates (Figure 11 right). Confirmation of vertical transmission of the cardiac-specific Pim-1 wild-type (wt) as well as dominant-negative (DN) transgene is confirmed in samples from the F1 generation. An immunoblot of cardiac lysates from the Pim-1 wt transgenic line shows
 25 accumulation of Pim-1 and GFP with coincident mobility at approximately 60 kDa (resulting from Pim-1 with a GFP-tag) indicative of substantial transgene expression in these 6 week old mouse hearts. GAPDH shown to indicate comparable loading of samples between lanes.

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25 EXAMPLE 3: Pim-1 kinase antagonizes aspects of myocardial hypertrophy and compensation to pathological pressure overload

The following data demonstrate that Pim-1 kinase exerts potent cardioprotective effects in the myocardium downstream of AKT, and that PIM-1 plays a role in cardiac hypertrophy. Cardiac-specific expression of Pim-1 (Pim-wt) or the dominant-negative mutant of Pim-1 (Pim-

30 DN) in transgenic mice together with adenoviral-mediated overexpression of these Pim-1 constructs was used to delineate the role of Pim-1 in hypertrophy. Transgenic overexpression of Pim-1 protects mice from pressure overload induced hypertrophy relative to wild-type controls as evidenced by improved hemodynamic function, decreased apoptosis, increases in anti-hypertrophic proteins, smaller myocyte size, and inhibition of hypertrophic signaling after

35 challenge. Similarly, Pim-1 overexpression in neonatal rat cardiomyocyte cultures inhibits hypertrophy induced by endothelin-1. On the cellular level, hearts of Pim-wt mice show enhanced incorporation of BrdU into myocytes as well as a hypercellular phenotype compared to wild-type controls after hypertrophic challenge. In comparison, transgenic overexpression of Pim-DN leads to dilated cardiomyopathy characterized by increased apoptosis, fibrosis, and

40 severely depressed cardiac function. Furthermore, overexpression of Pim-DN leads to reduced

contractility as evidenced by reduced Ca^{2+} transient amplitude and decreased percent cell shortening in isolated myocytes. These data support a pivotal role for Pim-1 in modulation of hypertrophy by impacting responses on molecular, cellular, and organ levels.

Cardiac-specific Pim-1 transgenesis

5 The wildtype form of human Pim-1 (Pim-wt) and a kinase dead mutant that functions as a dominant negative protein (Pim-DN) (16) were fused to GFP under control of the cardiac specific α -myosin heavy chain promoter. PCR of mouse lines created with these constructs show incorporation of the transgenes into the genome. Immunoblot of whole heart lysates from transgenic samples revealed a 64-kDa GFP-Pim-1 fusion protein that is recognized by both Pim-1 and GFP antibodies. Bona fide inhibitory function of the Pim-DN construct was validated using the ability of Pim-1 to activate GATA-1 transcription (Magnuson, unpublished data). Pim-wt phosphorylates the transcription factor GATA-1 and induces GATA-1 luciferase reporter expression in C2C12 myoblasts, with increasing titration of Pim-DN inhibiting GATA-1 activity. Based on previous studies that showed Pim-1 phosphorylates p21 (29), in-vitro kinase assays confirmed activity of our Pim-wt construct using whole heart lysates that were prepared from GFP-Pim-1-wt, GFP-Pim-1-DN transgenic mice and non-transgenic (NTG) mice. GFP-Pim-1 proteins (wt or KD) were immunoprecipitated from whole heart lysates and incubated in the presence of [γ -32P] ATP with GST-p21 as substrates. Samples were resolved on SDS-PAGE, and ^{32}P -labeled proteins were detected by autoradiography. Pim-wt overexpression phosphorylates p21 while this activity was abolished in the Pim-DN construct.

Pim-1 inactivation increases cardiomyocyte apoptosis and fibrosis

Hearts from mice created with genetic deletion of Pim-1 (Pim-1 KO) exhibit increased apoptosis in myocytes relative to NTG (non-transgenic) controls but show no evidence of overt cardiomyopathic remodeling (12). In comparison, Pim-DN overexpressing mice suffer from cardiomyopathy characterized by progressive wall thinning beginning at 3-4 months of age. Figure 12 compares the characteristics of the wild-type NTG mice with the mice lacking active PIM-1. In Fig. 12a, echocardiographic measurement of posterior wall dimension over time shows the PIM-DN mice have a progressive thinning. This is also seen in the anterior wall dimension in Figure 12b. As shown in Figure 12c, the heart:body weight ratio at 10 and 22 weeks after birth is also significantly increased in the PIM-DN mice. Since Pim-DN overexpression induces cardiomyocyte apoptosis *in vitro* (12), assessment of apoptotic myocytes in the myocardium of Pim-DN animals was performed by TUNEL staining. Pim-DN animals exhibit a two-fold increase in apoptotic cardiomyocytes per mm^2 relative to age-matched controls (1.2/ mm^2 and 2.4/ mm^2 respectively, Figure 12d ** $p < 0.01$) resulting in increased

fibrosis and collagen deposits in the left ventricle. In addition, the amount of necrosis was quantified (**p<.01) and found to be significantly increased at basal levels in Pim-DN animals.

In summary, Figure 12 graphically illustrates data showing that inactivation of Pim-1 in the myocardium increases apoptosis and fibrosis. Figure 12a and Figure 12b graphically illustrate echocardiographic measurement of posterior (12a) and anterior (12b) wall dimension (PWD and AWD respectively) in NTG (n=5) and Pim-DN (n=7) animals at two week intervals (*p<0.05, **p<0.01). Figure 12c graphically illustrates heart weight to body weight ratios in NTG and Pim-DN animals at 10 and 22 weeks of age (n=6, **p<0.01). Figure 12d graphically illustrates histogram data representing counts of TUNEL positive myocytes per mm² in 17-22 week old NTG and Pim-DN transgenics (n=3, **p<0.01).

Pim-DN hearts exhibit depressed cardiac function

Hearts of Pim-DN mice show progressive dilation from 17 weeks of age (*p<0.05) with attendant depression of fractional shortening and ejection fraction (36.6% and 74.2% respectively) by 27 weeks of age (*p<0.05, **p<0.01) by echocardiographic analyses. Morphometric analysis performed on both NTG and Pim-DN hearts additionally confirmed that Pim-DN hearts were significantly dilated. *In vivo* hemodynamic assessments verified impaired hemodynamics with diminished $\pm dP/dt$, increased left-ventricular end diastolic pressure (LVEDP), and decreased left-ventricular developed pressure (LVDP). Mechanistically, Pim-DN myocytes displayed reduced Ca²⁺ transient amplitude coupled with decreased percent cell shortening in respect to NTG myocytes. Additionally, the time constant (τ) of the Ca²⁺ transient decay was larger in Pim-DN myocytes. These results indicate that depressed contractile function of Pim-DN myocytes is mediated, at least in part, by a decline in Ca²⁺ release from the sarcoplasmic reticulum together with a slower reuptake. Thus inactivation of Pim-1 by Pim-DN in the myocardium has a negative effect on cardiac function.

Overexpression of Pim-1 inhibits hypertrophy in vitro

Induction of Pim-1 in the damaged myocardium is thought to be a protective survival response (12) occurring in cardiomyocytes such as those in the infarct border zone where Pim-1 colocalizes to cells expressing atrial natriuretic peptide. ANP is both anti-hypertrophic and cardioprotective (24), so the coincidence of these proteins prompted assessment of the role that Pim-1 accumulation plays in mitigation of hypertrophic signaling.

The impact of Pim-wt overexpression upon cardiomyocyte hypertrophy was initially examined using neonatal rat cardiomyocytes (NRCMs) infected with adenoviruses encoding EGFP-Pim-wt or EGFP protein followed by stimulation with endothelin-1 (ET-1) for 24 hours.

Figure 13 shows individual cell surface area measurements from uninfected control, EGFP, and Pim-wt infected neonatal rat cardiomyocyte cultures treated and untreated with endothelin-1. As illustrated in Figure 13, Pim-wt overexpression inhibits ET-1 induced hypertrophy (* $p < 0.05$, ** $p < 0.01$) as assessed by cell surface area measurements relative to the increase in cell size seen in control and EGFP infected myocytes treated with ET-1. Molecular profiling of the hypertrophic signature of untreated cultures shows that Pim-wt expression decreases mRNA levels for atrial natriuretic peptide (ANP) by 60.6% and B-type natriuretic peptide (BNP) by 39.8% while increasing α -skeletal actin levels 89% compared to EGFP infected controls. However, upon treatment with ET-1, Pim-wt cultures exhibit a 2.5-fold increase in ANP levels and 10.2-fold decrease in β -myosin heavy chain levels versus ET-1 treated EGFP controls. Unfortunately, cultured cardiomyocytes overexpressing Pim-DN protein show diminished viability after the necessary time course to infect and treat with ET-1 as evidenced by high levels of TUNEL positive cells. As cardiomyocytes overexpressing Pim-DN protein begin to round up and detach from the plate, their morphology is drastically changed, thereby preventing an accurate assessment of cell size (12). However, the effect of Pim-DN on hypertrophy can be seen using the specific Pim-1 activity inhibitor quercetagenin. Pim-1 expressing NRCM cultures were treated for 1 hour with or without 10nM quercetagenin prior to 48 hour incubation with ET-1 and cell size assessment. Cells treated with quercetagenin and ET-1 had significantly larger surface compared to ET-1 stimulated cells where Pim-1 activity was not blunted by inhibitor. Collectively these results support an anti-hypertrophic role when Pim-1 is overexpressed, albeit at levels well above normal physiological induction in this cell culture system.

In summary, Figure 13 graphically illustrates data showing that Pim-1 overexpression protects cardiomyocytes from endothelin-1 induced hypertrophy. Individual cell surface area measurements from uninfected control, EGFP, and Pim-wt infected neonatal rat cardiomyocyte cultures treated and untreated with endothelin-1 (ET-1) ($n=4$, * $p < 0.05$, ** $p < 0.01$).

Pim-1 overexpression inhibits remodeling induced by pressure overload hypertrophy

Consequences of Pim-1 overexpression upon hypertrophy *in vivo* was assessed with Pim-wt mice subjected to trans-aortic constriction (TAC) to induce pressure overload relative to age and gender matched NTG controls. With reference to Figures 14a-f, line graphs were generated representing weekly echocardiographic assessment of NTG and Pim-wt sham and TAC banded hearts for anterior wall dimension (AWD 14d, 14a), posterior wall dimension (PWD 14d, 14b), end diastolic dimension (EDD, c), end-systolic dimension (ESD, 14d), percent fractional shortening (FS, 14e), and ejection fraction (EF, 14f) (NTG sham $n=6$, Pim-wt sham $n=6$, NTG TAC $n=9$, Pim-wt TAC $n=9$; * $p < 0.05$, ** $p < 0.01$) (Fig. 14a-14b, * $p < 0.05$, ** $p < 0.01$).

Results show that TAC of control NTG hearts prompts remodeling at two weeks after challenge evidenced by anterior and posterior wall thickening. In comparison, Pim-wt animals do not show significant increases in wall thickness for up to 14 weeks after challenge (Fig. 14a-14b). Similarly, NTG controls show left ventricular chamber enlargement measured by end diastolic diameter (EDD) within 8 weeks after banding, and end systolic diameter (ESD) increases significantly within 4 weeks. Neither EDD nor ESD parameters show significant changes in Pim-wt transgenics throughout the same time period (Figures. 14c-14d, **p<0.01 vs. sham, \$p<0.01 vs. Pim-wt TAC). Furthermore, NTG controls show marked decreases in both fractional shortening (FS) and ejection fraction after challenge, while myocardial function is maintained in Pim-wt hearts (Figures 14e-14f; **p<0.01 vs. Pim-wt TAC). Interestingly, although decreases in cardiac function are seen in NTG animals, Pim-1 protein is modestly elevated in response to pressure overload during early hypertrophy and progression to heart failure. Endogenous levels of Pim-1 expression increase early during adaptive hypertrophy and decline shortly thereafter, while during late -phase hypertrophy (9 weeks post-TAC), Pim-1 appears localized to nuclei within vasculature. These observations support the conclusion that Pim-1 is induced in response to stress.

In summary, Figure 14 graphically illustrates data showing Pim-wt transgenic animals are resistant to pressure overload induced hypertrophy. Figure 14a-f) Line graphs representing weekly echocardiographic assessment of NTG and Pim-wt sham and TAC banded hearts for anterior wall dimension (AWDd, a), posterior wall dimension (PWDd, b), end diastolic dimension (EDD, c), end-systolic dimension (ESD, d), percent fractional shortening (FS, e), and ejection fraction (EF, f) (NTG sham n=6, Pim-wt sham n=6, NTG TAC n=9, Pim-wt TAC n=9; *p<0.05, **p<0.01).

Pim-wt hearts are resistant to TAC induced hypertrophy

NTG mice exhibit significant increases in heart size and succumb at a significantly faster rate compared to Pim-wt transgenic mice following TAC challenge. Molecular mRNA markers of hypertrophy including ANP, BNP, α -skeletal actin (α SKA), β -myosin heavy chain (β -MHC) and c-fos are significantly increased in NTG TAC challenged hearts compared to shams. In comparison, molecular hypertrophic markers are not significantly increased in hearts of Pim-wt mice subjected to TAC challenge, although Pim-wt hearts do express more c-fos mRNA under basal conditions. Quantitation of apoptotic myocytes by TUNEL labeling in sections reveals a 3.72-fold increase in NTG TAC-challenged hearts compared to shams (3.2/mm² and 0.86/mm² respectively), whereas Pim-wt animals exhibit no significant increase in TUNEL positive cells (1.31/mm² versus 1.05/mm²). Consistent with improved myocardial viability, Pim-wt TAC-

challenged hearts show decreased peri-vascular fibrosis as well as decreased necrosis relative to NTG TAC-challenged counterparts. Additionally, Pim-wt TAC banded hearts have significantly increased levels of anti-apoptotic proteins including Bcl-xl, Bcl-2, and increased phosphorylation of BAD relative to NTG counterparts. These data support the idea that protection afforded by Pim-1 overexpression is due in part to increased survival signaling.

Pim-wt hearts exhibit increased contractile function in response to TAC banding

Decreased fibrosis is present in Pim-wt hearts after TAC banding, suggesting Pim-1 overexpression preserves contractile function. Actions of Pim-1 overexpression upon cardiac contractility were examined using Pim-wt and NTG controls assessed by *in vivo* hemodynamic measurements conducted at 4 weeks and 10 weeks after TAC challenge. Figures 15a-c illustrate an *in vivo* hemodynamic assessment of NTG and Pim-wt hearts 4 and 10 weeks (black and gray bars respectively) after sham or TAC operation (14 and 20 weeks of age respectively). Figure 15a shows $\pm dP/dt$ measurements; Figure 15b shows left ventricular developed pressure (LVDP), and Figure 15c illustrates left ventricular end-diastolic pressure (LVEDP). While contractile function is depressed in NTG TAC-challenged hearts at both time points, Pim-wt hearts possess better function after TAC challenge with slight decreases in $+dP/dt$ and no significant change in $-dP/dt$ compared to sham operated NTG controls. Comparison of 4-week and 10-week dP/dt assessments show significant decreases in function for both NTG and Pim-wt TAC challenged hearts, although performance of Pim-wt TAC-challenged hearts is relatively improved. Measurements reveal increases in left ventricular developed pressure and end-diastolic pressure in NTG hearts 4 and 10 weeks after TAC, but Pim-wt hearts show relative preservation of LVDP (Figure 15b, Pim-wt 19.75% increase, $**p<0.01$) and no change in LVEDP (Figure 15c $**p<0.01$, $$$$p<0.01$ vs. NTG TAC). Hemodynamic function reflected in $\pm dP/dt$ and LVDP is improved in Pim-wt hearts compared to NTG at 4 and 10 week time points (Figures 15a-15b, $\psi p<0.05$, $\psi\psi p<0.01$).

In summary, Figure 15 graphically illustrates data showing that Pim-1 enhances cardiac function. Figure 15a-c) *In vivo* hemodynamic assessment of NTG and Pim-wt hearts 4 and 10 weeks (black and gray bars respectively) after sham or TAC operation (14 and 20 weeks of age respectively). $\pm dP/dt$ measurements (Figure 15a), left ventricular developed pressure (LVDP, b), left ventricular end-diastolic pressure (LVEDP, Figure 15c). For 4-week animals NTG sham $n=4$, NTG TAC $n=3$, Pim-wt sham $n=4$, Pim-wt TAC $n=4$. For 10-week animals NTG sham $n=5$, NTG TAC $n=10$, Pim-wt sham $n=14$, Pim-wt TAC $n=7$ ($*p<0.05$, $**p<0.01$ vs. sham, $##p<0.01$ vs. 4-week TAC, $\$p<0.05$, $$$$p<0.01$ vs. NTG TAC, $\psi p<0.05$, $\psi\psi p<0.01$ vs. NTG sham).

The mechanistic basis for preservation of contractile function in Pim-wt hearts may rest with the cellular response in TAC challenged animals. NTG and Pim-wt groups injected with BrdU for 10 days were used to assess stimulation of DNA synthesis and potential cellular proliferation after TAC challenge. Pim-wt hearts possess 67% more BrdU+ myocytes relative to NTG controls after TAC challenge. The majority of BrdU+ cells in Pim-wt hearts post-TAC are diploid, supporting the premise that increases in BrdU+ cells stemmed from new myocyte formation and not enhanced DNA synthesis in pre-existing cells. Consistent with improved contractility, we now show that in addition to increased SERCA2a levels (12), Pim-wt hearts also show increased levels of phosphorylated phospholamban (PLB) while Pim-DN animals show significant decreases in phospho-PLB compared to NTG control animals. These results support the conclusion that in the face of decreased cardiac function, overexpression of Pim-1 allows the heart to maintain function through increased contractility through elevation of SERCA2a and phosphorylated PLB.

Pim-1 increases myocardial cellularity

The volume and cellularity of myocytes resulting from myocardial Pim-1 overexpression was assessed by quantitation of myocyte volume distribution. Results show Pim-wt hearts possess an increased percentage of small myocytes relative to NTG controls that is also reflected in decreased average myocyte size in these hearts, resulting in a hypercellular phenotype of approximately 33% more myocytes in Pim-wt compared to NTG. Additionally, isolated Pim-DN myocytes were 11% larger than NTG myocytes, indicating an inverse effect wherein impaired Pim-1 activity prompts formation of larger myocytes in the transgenic heart.

Inhibition of hypertrophy *in vivo* and *in vitro* indicates Pim-1 contributes to Akt-mediated blunting of hypertrophic remodeling. Pim-1 is only upregulated in localized regions close to acute injury or damage and is not increased throughout the myocardium until initiation of transit to end stage failure. Thus, Pim-1 likely serves as a survival and protective response to blunt maladaptive hypertrophic remodeling in early phases of reactive signaling. In comparison, Pim-1 elevation occurring in late stage decompensation probably represents a terminal effort to preserve function, although beneficial effects can be overridden by the sequelae of end stage failure. The differential expression of endogenous Pim-1 during transition from adaptive to maladaptive hypertrophy possibly represents a mechanism by which Pim-1 exerts cardioprotection.

Nuclear AKT delayed but did not overcome compensatory remodeling after TAC challenge (9), but Pim-wt transgenic hearts exhibit persistent blunting of myocardial hypertrophy (see e.g., Figure 14) without increases in apoptosis, changes in hypertrophic

signaling markers or deterioration of function (see e.g., Figure 15). In addition, Pim-wt transgenic hearts perform significantly better functionally than NTG counterparts at 14 and 20 weeks of age (see e.g., Figure 15). A potential basis for this remarkable resiliency to pressure overload is in part related to Pim-1-mediated induction of sarco/endoplasmic reticulum

- 5 Ca^{+2} ATP-ase 2a (SERCA2a) (12) and phospholamban (PLB) expression. Overexpression of Pim-DN in the myocardium increases myocyte apoptosis (see e.g., Fig. 12d) associated with dilated cardiomyopathy, whereas genetic deletion of Pim-1 also results in increased apoptosis although dilated cardiomyopathy is not observed (12). The cardiomyopathic consequences of Pim-DN overexpression suggest this kinase is critical to cardiomyocyte viability, as
- 10 compensatory up-regulation of Pim-2 occurs in the Pim-1 knockout line could help account for lack of cardiomyopathic changes (12). These findings are also consistent with our previous study that shows the dominant negative form of Pim-1 induces PARP and caspase 3 cleavage, increasing cardiomyocyte apoptosis *in vitro* (12). Furthermore for the effect on hypertrophy, Pim-DN seem to be able to mount a hypertrophic response as evidenced by increased anterior
- 15 wall thickness at one week after TAC challenge (not shown).

Overexpression of Pim-1 in the pathologically challenged myocardium results in numerous salutary effects including decreased apoptosis, increased expression of anti-apoptotic proteins, and decreased fibrosis and necrosis. Pim-1 also increases the percentage of small myocytes and an overall increase in the number of myocytes constituting the myocardium.

- 20 Consequently, PIM-1 overexpression provides an increased capacity to withstand TAC challenge by virtue of increased cell numbers of small cells and decreased cell death.

- Genetic Ablation of Pim-1 increases infarction injury. Protective effects of Pim-1 were assessed following MI in Pim-KO animals. Left ventricular free wall infarct size is increased 22.7% in Pim-KO hearts compared to wild type controls. (Fig. 5a). Pim-KO mice possess a
- 25 minor but significant increase in TUNEL positive myocytes in the left ventricle relative to wild type controls (Table S2, $p < 0.01$), and this differential is exacerbated following MI up to a 4.0 fold increase in TUNEL positive myocytes relative to wild-type samples (Fig. 5b $**p < 0.01$). Hemodynamic performance is comparable between Pim-KO and wild type controls under normal conditions (Fig. S5), but developed ventricular pressure in Pim-KO mice is depressed
- 30 and end diastolic pressure is increased with respect to wild type following infarction (Fig. 5c). Further, diastolic wall stress is significantly increased in both left ventricular free wall and septum after infarction in Pim-KO hearts (Fig. S5, $**p < 0.01$). Pim-KO mice were noted to possess decreased lymphocyte proliferation and hematopoietic cell differentiation¹³⁻¹⁵ that could possibly decrease inflammatory responses following MI, but no significant differences were

found in circulating c-kit⁺ cell number after MI or c-kit⁺/sca-1⁺ bone marrow cell number pre or post-MI (Fig. S5). Likewise, inflammatory cell recruitment following MI as indicated by CD45 staining is comparable between Pim-KO hearts versus controls (Fig. S5).

Pim-KO hearts exhibit altered protective signaling.

5 Pim-1 may be a relatively promiscuous kinase based upon minimal target substrate recognition sequence requirements¹⁶ and capacity for autophosphorylation¹⁷, so molecular mechanisms responsible for Pim-1-mediated cardioprotection were examined.

Pim-1-KO heart samples possess increases in phospho-AKT^{T308} (90.72%), phospho-AKT^{S473} (2.76-fold), total AKT (2.10-fold), phospho-STAT3^{Y705} (2.61-fold), total STAT3
10 (68.6%) and Pim-2 (4.6-fold) relative to wild type samples. However, no increases were observed for bcl-2, bcl-XL, phospho-BAD^{S112}, or Pim-3 expression compared to wild type controls (Fig. 16d). These survival-signaling molecules were also examined seven days after MI, when Pim-KO mice exhibit a 2.57-fold increase in Pim-3 expression, but decreases in bcl-XL (2.1-fold), phospho-BAD^{S112} (75.9%), phospho-AKT^{T308} (92.55%), phospho-AKT^{S473} (2.24-
15 fold), total AKT (73.66%), phospho-STAT3^{Y705} (2.72-fold), total STAT3 (2.0-fold), with no significant changes in bcl-2 or Pim-2 expression compared to sham-operated controls (Fig. 5e). In comparison, wild type heart samples show significant increases in bcl-XL (57.0%), phospho-BAD^{S112} (64.58%), phospho-AKT^{T308} (98.32%), phospho-AKT^{S473} (2.81-fold), total AKT (2.26-fold), phospho-STAT3^{Y705} (3.43-fold) total STAT3 (2.02-fold), with no change in Pim-2 or Pim-
20 3 expression compared to sham (Fig. 16e). Thus, Pim-KO hearts exhibit significant increases in Pim-2 and Pim-3 compared to NTG hearts post-MI, but profound decreases in the other survival signaling molecules are observed (Fig. 16e).

In summary, Figure 16 graphically illustrates data demonstrating that Pim-1 protects against infarction injury. Figure 16a graphically illustrates a histogram representing infarct size
25 7 days post-MI as a percent of left-ventricular free wall in Pim-KO hearts (*p<0.05 v NTG MI). Figure 16b graphically illustrates data showing the number of TUNEL positive myocytes per mm² 7 days post-MI in Pim-KO hearts (**p<0.01). Figure 16c graphically illustrates *in vivo* hemodynamic measurements of NTG and Pim-KO mice 5 days following MI (*p<0.05). Left ventricular developed pressure (LVDP), left ventricular end-diastolic pressure (LVEDP), and ±
30 change in pressure over change in time. Figure 16e graphically illustrates Immunoblot quantitation of survival protein levels 7 days post-infarction in Pim-KO and NTG control hearts (*p<0.05 vs. sham, #p<0.01 vs. sham, \$p<0.01 vs. NTG MI). Figure 16f graphically illustrates Infarct size measurements 10 days post-infarction (n=3, **p<0.01). Figure 16g graphically illustrates the number of TUNEL-labeled CM/m2 in LV 10 days after MI.

Materials and MethodsGeneration of Transgenic animals and animal use

Pim-wt and Pim-DN cDNA fragments (16) were subcloned into the α -MHC plasmid for transgenesis. Prior publications describe methods for TAC banding and echo (9), as well as
 5 HW:BW ratio determination and hemodynamics (12). Further details provided in the online supplement. All animal studies were approved by the Institutional Animal Use and Care Committee.

Confocal Microscopy, Immunoblotting and Assays

GFP-Pim-1 proteins immunoprecipitated from heart lysates were used in an *in vitro*
 10 kinase assay with GST-p21 as substrate. For luciferase assays, C2C12 cells transfected with indicated plasmids and pGATA-Luc reporter construct were analyzed for GATA-dependent luciferase activity. Methods for immunofluorescence microscopy were done as described in reference 26, listed below, immunoblotting were done as described in reference 24, listed below, quantitative RT-PCR and TUNEL (“terminal deoxynucleotidyl transferase-mediated dUTP-
 15 biotin nick end labeling”) staining were done as described in reference 9, listed below.

In vitro cell culture and analyses

Neonatal rat cardiomyocyte cultures were prepared as described previously (10). Adult myocyte isolation, volume calculations, cell shortening and Ca^{2+} transient experiments performed as previously described in references 12, 22, 25, listed below.

20 Figure LegendsReferences for Example 3

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Example 4: Pim-1 Engineered Cardiac Stem (Progenitor) Cells*Pim-1 increases the proliferation of cardiac progenitor cells*

To evaluate the growth rate of CGW-Pim-wt CPCs (cardiac progenitor cells), the number of viable cells was determined by trypan blue exclusion over a six day time course (Figure 17A).

5 At day six CGW-Pim-wt CPCs continued to expand significantly over that of CGW ($p<.05$) and non-treated ($p<.001$) CPCs. CGW-Pim-wt CPCs also exhibited an increased metabolic rate over CGW CPCs at one ($p<.001$) and three days ($p<.001$), as determined by MTT assay (Figure 17B). A specific Pim-1 activity inhibitor, Quercetagentin, was used to confirm that the growth advantage acquired by CGW-Pim-wt CPCs was due to overexpression of Pim-1. When added to
10 the culture media, the Pim-1 inhibitor significantly decreased the growth rate of CGW-Pim-wt CPCs at day two and three ($p<.001$) compared to untreated CGW-Pim-wt CPCs (Figure 17C).

In summary, Figure 17 illustrates data showing increased proliferative rate of Pim-1 engineered CSCs: Figure 17A illustrates a cell growth assessment using trypan blue assay of control, CGW, and CGW-Pim-wt transduced CPCs; Figure 17B illustrates an MTT assay on
15 control, CGW, CGW-Pim-wt transduced CPCs (mean $\pm$ SEM, $n=3$); Figure 17C illustrates the proliferation rate of Pim-1 expressing CPC's treated with or without 10uM of Quercetagentin, a specific Pim-1 activity inhibitor (mean $\pm$ SEM, $n=3$) * $p<.05$, ** $p<.01$, *** $p<.001$.

Pim-1 overexpressing CPCs improve cardiac function post- myocardial infarction

Previous studies have shown that Pim-1 transgenic mice elicit a significant resiliency to
20 pathological challenge. To test whether Pim-1 modified CPCs would also confer substantial resistance to infarction damage, twelve week old female FVB mice were given a myocardial infarction and intramyocardially injected with CGW or CGW-Pim-wt CPCs surrounding the border zone ($n=15-20$ /group). Echocardiography measurement at two weeks showed mice that received CGW-Pim-wt CPCs had a thicker anterior wall dimension (AWD) compared to that of
25 saline ($p<.001$) and CGW CPC ($p<.01$) injected mice (Fig. 18A). In order to determine if intramyocardial injection of Pim-1 modified CPCs provides long term increased functional improvement after pathological challenge; mice were followed for 12 weeks post infarction. At 6 weeks post infarction mice that received CGW-Pim-wt CPCs maintained EF and FS (Fig. 18B, C), and were statistically improved over CGW CPC injected mice. By 7 weeks, CGW CPCs
30 failed to maintain cardiac function (FS and EF) and were not statistically different than those animals that received saline injections. At 12 weeks, echocardiography again indicated that CGW-Pim-wt CPC injected animals continued to maintain EF and FS, whereby animals that received control CPCs had a 2-fold and 1.6-fold decrease, respectively (Fig. 18B, C).

Hemodynamic measurements of DP (Fig. 18D), Ped (Fig. 18E), and changes in $\pm dp/dt$ (Fig. 18F), confirmed significant enhanced cardiac function in CGW-Pim-wt CPC injected mice over CGW CPC and saline injected animals.

In summary, Figure 18 graphically illustrates data showing that intra-myocardial injection of Pim-1 expressing CPCs improves cardiac function. Figure 18A-C graphically illustrates electrocardiographic assessment of AWD (Figure 18A), EF (Figure 18B), and FS (Figure 18C), in sham (■), PBS injected (●), CGW (▲), and CGW-Pim-WT (◆) cardiac progenitor cells 12 weeks post CPC transplantation. Echocardiography measurements represent $n \geq 9$ animals for each group. Figure 18 D-F graphically illustrates *in vivo* hemodynamic measurements of left ventricular developed pressure (LVDP) (18D), left ventricular end diastolic pressure (LVEDP) (18E), and dP/dT maximum and minimum (18F) were used to assess cardiac function 12 weeks post-intramyocardial injection of PBS, eGFP, and Pim-1 expressing CPCs ($n \geq 5$). ANOVA statistical tests were run for echocardiography and in-vivo hemodynamic measurements, using Tukey's post-hoc test. Results are represented as mean $\pm$ SEM.

15 *Injection of Pim-1 modified CPCs results in a reduction of infarct size*

Quantitation of tropomyosin over left ventricular free wall area (LVFW) showed mice injected with Pim-1 modified CPCs had a significant 2-fold decrease in infarct area ($p=.02$) (Fig. 3B). Figure 19 graphically illustrates data showing that CGW-Pim-wt CPCs form myocytes and vasculature in infarcted heart tissue reducing infarction area; and shows a quantitation of infarction area 12 weeks post CPC injection. Results are represented as mean $\pm$ SEM, $n=3$ animals, $*p<.02$.

Long term cardiac functional improvement is only afforded by Pim-1 modified CPCs

In an effort to extend our previous studies we repeated our initial experiments and monitored injection of PBS, CGW, and CGW-Pim-wt CPC injected mice over 32 weeks by echocardiography and hemodynamic assessment. At 3 days all groups of mice had decreased FS (Fig. 20A) and EF (Fig. 20B), and were not statistically different from saline controls. As was previously seen, mice that received CGW CPCs had an initial early improvement at one week with onset of cardiac failure at six weeks, becoming statistically insignificant to saline controls by eight weeks. However, mice that received Pim-1 modified CPCs had an increase in FS and EF at 1 week that was maintained through 32 weeks (Fig. 20A, B).

In summary, Figure 20 graphically illustrates that long term cardiac functional recovery is afforded by CGW-Pim-wt expressing CPCs 32 weeks after intra-myocardial injection: Figure 20A-C illustrates electrocardiographic assessment of FS (Figure 20A), EF (Figure 20B), and AWD (Figure 20C), in sham (■), PBS injected (●), CGW (▲), and CGW-Pim-WT (◆) cardiac

progenitor cells 32 weeks post CPC transplantation. Echocardiography measurements represent an $n \geq 7$ animals for each group.

Exemplary bicistronic vectors of the invention

Vectors are bicistronic whereby the MND promoter drives Pim-1 expression and the
 5 reporter, enhanced green fluorescent protein (eGFP), is driven off a viral internal ribosomal entry site (vIRES). All constructs are third generation self-inactivating (SIN) lentiviral vectors and incorporate several elements to ensure long-term expression of the transgene. The MND (MND, myeloproliferative sarcoma virus LTR-negative control region deleted) promoter allows for high expression of the transgene, while the LTR allows for long-term expression after repeated
 10 passage. The vectors also include (IFN)- γ -scaffold attachment region (SAR) element. The SAR element has been shown to be important in keeping the vector transcriptionally active by inhibiting methylation and protecting the transgene from being silenced.

In order to investigate the potential myocardial benefits of long term overexpression of Pim-1 in CPCs, a bicistronic lentiviral vector was designed to deliver the human Pim-1 gene,
 15 CGW-Pim-wt, as well as a control vector, CGW (Fig. S1A). Expression of the Pim-1 gene is controlled through a myeloproliferative sarcoma virus LTR-negative control region deleted (MND) promoter, while the eGFP reporter is driven off of a viral internal ribosomal entry site (vIRES).

Figure 21 illustrates an exemplary lentiviral constructs of the invention for e.g., gene
 20 expression in cardiac progenitor cells, e.g., gene expression in c-kit⁺ cardiac progenitor cells (CPCs). The figures illustrates a self-inactivating (SIN) lentiviral vectors, termed CGW (GFP control) and CGW-Pim-wt; they were designed such that the Pim-1 gene is driven off an MND promoter while the eGFP reporter is driven off an internal ribosomal entry site.

The following sequence is an exemplary lentiviral vector backbone for practicing the
 25 invention, e.g., to express PIM-1 in a cell, including a human cell, e.g., a stem cell or a cardiac or myocyte cell.

gacggatcgggagatctcccgatcccctatggctgactctcagtacaatctgctctgatgccgcatagttaagccagtatctgctccctgcttg
 tgtgttgagggtcgctgagtagtgcgcgagcaaaatttaagctacaacaaggcaaggcttgaccgacaattgcatgaagaatctgcttagg
 gttaggcgttttgcgctgcttcgcgatgtacgggccagatatacgcggtgacattgattattgactagttattaatagtaatcaattacggggtca
 30 ttagttcatagcccatatatggagttccgcgttacataacttacggtaaattggcccgctggctgaccgccaacgacccccgccattgac
 gtcaataatgacgtatgttcccatagtaacgccaatagggaactttccattgacgtcaatgggtggagtatttacggtaaactgccacttgga
 gtacatcaagtgtatcatatgccaagtacgccccctattgacgtcaatgacggtaaattggcccgctggcattatgccagtacatgacctat
 gggactttcctacttggcagtacatctacgtattagtcacgctattaccatgggtgatgcggttttggcagtacatcaatgggcgtggatagcg
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aacaactccgccccattgacgcaaattgggcggtaggcgtgtacggtgggaggtctatataagcagcgcgtttgcctgtactgggtctctct
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5 ggcgactggtgagtacgcaaaaattttgactagcggaggctagaaggagagagatgggtgcgagagcgtcagtattaagcgggggag
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10 aattggagaagtgaattatataaataaagtagtaaaaattgaaccattaggagtagcaccaccaaggcaagagaagagtgggtgcaga
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15 agtgggacagagaaattaacaattacacaagcttaatacactccttaattgaagaatcgcaaaaccagcaagaaaagaatgaacaagaatt
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ccacaagttcagcgtgtccggcgagggcgagggcgatgccacctacggcaagctgacctgaagttcatctgcaccaccggcaagctg

cccgtgccctggcccaccctcgtgaccacctgacctacggcgtgcagtgttcagccgctaccccgaccacatgaagcagcacgacttc
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 25 ctacacaccagggccaggatcagatatccactgaccttggatgggtgtacaagctagtaccagttgagcaagagaaggtagaagaagc
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 30 ccagccatctgttgttggccctccccctgccttccctgacctggaagggtgccactccactgtccttccataaaaatgaggaaattgcat
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ccacatagcagaactttaaaagtgctcatcattggaaaacgttcttcggggcgaaaactctcaaggatcttaccgctgttgagatccagttcg
 atgtaaccactcgtgcaccaactgatcttcagcatctttactttaccagcgtttctgggtgagcaaaaacaggaaggcaaaatgccgca
 aaaaaggaataagggcgacacggaaatgttgaatactcatactcttccttttcaatatttgaagcatttatcagggttattgtctcatgagc
 ggatacatattgaatgtatttagaaaaataaacaataggggttcgcgcacattccccgaaaagtgccacctgacgtc (SEQ ID

5 NO:4)

Example 5: Exemplary PIM sequences used to practice this invention

The invention provides compositions and methods comprising use of PIM-expressing nucleic acids and PIM polypeptides.

For example, in one embodiment the Human PIM-1 protein is used to practice the compositions and methods of this invention; an exemplary Human PIM-1 protein that can be used is Genbank accession no. AAA36447 (see also, e.g., Domen (1987) Oncogene Res. 1 (1):103-112) (SEQ ID NO:5):

1 mllskinsla hlraapcndl hatklapgke keplesqyqv gpllgsggfg svysgirvsd
 61 nlpvaikhve kdriwdgel pngtrvpmev vllkkvssgf sgvirllldwf erpdsfvli
 15 121 erpepvqdlf dfitergalq eelarsffwq vleavrhchn cgvlhrdikd enilidlnrg
 181 elklidfgsg allkdtvytd fdgtrvyspp ewiryhryhg rsaavwslgi llydmvcgdi
 241 pfehdeeir ggqvffrqrvs secqhlirwc lalrpsdrpt feeiqnhpwm qdvllpqeta
 301 eihlhlslspg psk (SEQ ID NO:5)

20 In one embodiment, a Human PIM-1 protein isoform is used to practice the compositions and methods of this invention; an exemplary Human PIM-1 protein isoform that can be used is the human pim-1 kinase 44 kDa isoform, see e.g., Genbank accession no. AAY87461 (see also, e.g., Xie (2006) Oncogene 25 (1), 70-78) (SEQ ID NO:6):

25 1 mphepheplt ppfsalpdpa gapsrrqsrq rpqlssdsps afrasrshsr natrshshsh
 61 sprhslrhsp gsgscgsssg hrpcadilev gmlskinsl ahlraapcnd lhatklapgk
 121 ekeplesqyq vgpllgsggf gsvysgirvs dnlpvaikhv ekdriwdge lpngtrvpme
 181 vllkkvssgf fsgvirllldw ferpdsfvli lerxepvqdl dfitergal qeelarsffw
 241 qvleavrhch ncgvhlrdik denilidlnr gelklidfgs gallkdtvyt dfdgtrvysp
 30 301 pewiryhryh grsaavwslg illydmvcgd ipfehdeeii rgqvffrqrsv ssecqhlirw
 361 clalrpsdrp tfeeiqnhpw mqdvllpqet aeihlhlslsp gpsk (SEQ ID NO:6)

In one embodiment, a Human PIM-1 message (mRNA) is used to practice the compositions and methods of this invention; an exemplary Human PIM-1 message that can be used is Genbank accession no. NM_002648 (see also, e.g., Zhang (2007) Mol. Cancer Res. 5 (9), 909-922) (SEQ ID NO:7):

1 cccgagagga gtcggtggca gcggcgggcg cgggaccggc agcagcagca gcagcagcag
 61 cagcaaccac tagcctcctg ccccgcgggc ctgccgcacg agccccacga gccgctcacc
 121 ccgcccgttct cagcgtgccc cgaccccgtt ggccgcgcct cccgcccga gtcccggcag
 181 cgccctcagt tgtcctccga ctgcctctcg gccttccgcg ccagccgcag ccacagccgc
 5 241 aacgccaccc gcagccacag ccacagccac agccccaggc atagccttcg gcacagcccc
 301 ggctccggct cctgcggcag ctctctctggg caccgtccct gcgcccacat cctggagggt
 361 gggatgctct tgtccaaaat caactcgctt gccacactgc gcgcccgcgc ctgcaacgac
 421 ctgcacgcca ccaagctggc gcccggaag gagaaggagc ccctggagtc gcagtaccag
 481 gtggggcccgc tactgggcag cggcggttc ggctcggctt actcaggcat ccgctctcc
 10 541 gacaacttgc cgggtggccat caaacacgtg gagaaggacc ggatttccga ctggggagag
 601 ctgcctaata gcactcgagt gcccatggaa gtggtcctgc tgaagaagggt gagctcgggt
 661 ttctccggcg tcattaggct cctggactgg ttcgagaggc ccgacagttt cgtcctgac
 721 ctggagaggc ccgagccggt gcaagatctc ttcgacttca tcacggaaag gggagccctg
 781 caagaggagc tggcccgcag cttcttctgg cagggtgctg aggccgtgcg gcactgccac
 15 841 aactgcgggg tgctccaccg cgacatcaag gacgaaaaca tccttatcga cctcaatcgc
 901 ggcgagctca agctcatcga cttcgggtcg ggggcgctgc tcaaggacac cgtctacacg
 961 gacttcgatg ggacccgagt gtatagccct ccagagtga tccgctacca tcgctaccat
 1021 ggcaggctcg cggcagctct gtccctgggg atcctgctgt atgatattgt gtgtggagat
 1081 attcctttcg agcatgacga agagatcatc aggggccagg tttcttccag gcagagggtc
 20 1141 tcttcagaat gtcagcatct cattagatgg tgcttggccc tgagaccatc agataggcca
 1201 accttcgaag aaatccagaa ccatccatgg atgcaagatg ttctcctgcc ccaggaaact
 1261 gctgagatcc acctccacag cctgtcgccc gggcccagca aatagcagcc tttctggcag
 1321 gtccctcccct ctcttgtcag atgcccagag gaggggaagc ttctgtctcc agcttcccga
 1381 gtaccagtga cacgtctcgc caagcaggac agtgcttgat acaggaacaa catttacaac
 25 1441 tcattccaga tcccaggccc ctggaggctg cctcccaaca gtggggaaga gtgactctcc
 1501 aggggtccta ggcctcaact cctcccatag atactctctt cttctcatag gtgtccagca
 1561 ttgctggact ctgaaatatc ccgggggtgg ggggtggggg tgggtcagaa ccctgccatg
 1621 gaactgtttt cttcatcatg agttctgctg aatgccgcga tgggtcaggt aggggggaaa
 1681 caggttggga tgggatagga ctagcaccat tttaagtccc tgtcacctct tccgactctt
 30 1741 tctgagtgcc ttctgtgggg actccggctg tgctgggaga aatacttgaa cttgcctctt
 1801 ttacctgctg cttctccaaa aatctgcctg ggttttgttc cctatttttc tctcctgtcc
 1861 tccctcacc cctccttcat atgaaagggt ccatggaaga ggctacaggg ccaaacgctg
 1921 agccacctgc ctttttttct gcctccttta gtaaaactcc gactgaactg gtcttccttt
 1981 ttggttttta cttaactgtt tcaaagccaa gacctcacac acacaaaaaa tgcacaaaca
 35 2041 atgcaatcaa cagaaaagct gtaaatgtgt gtacagttgg catggtagta taaaaaaga
 2101 ttgtagtgga tctaattttt aagaaatttt gcctttaagt tattttacct gtttttgttt
 2161 cttgttttga aagatgcgca ttctaacctg gaggtcaatg ttatgtattt atttatttat
 2221 ttatttggtt cccttcctat tccaagcttc catagctgct gccctagttt tctttcctcc
 2281 tttcctcctc tgacttgggg accttttggg ggagggtgc gacgcttgct ctgtttgtgg
 40 2341 ggtgacggga ctcaggcggg acagtgcctg agctccctgg cttctgtggg gccctcacc
 2401 tacttaccga ggtgggtccc ggctctgtgg gtgatgggga ggggcattgc tgactgtgta
 2461 tataggataa ttatgaaaag cagttctgga tgggtgtgcct tccagatcct ctctggggct

2521 gtgtttttgag cagcaggtag cctgctgggt ttatctgagt gaaatactgt acaggggaat
 2581 aaaagagatc ttattttttt ttttatactt ggcgtttttt gaataaaaac cttttgtctt
 2641 aaaaaaaaaa aaaaaaaaaa aaaaaaaaaa aaaaaaaaaa aaaa (SEQ ID NO:7)

5 In one embodiment, a Human PIM-1 gene is used to practice the compositions and methods of this invention; an exemplary Human PIM-1 gene that can be used is (SEQ ID NO:8):

LOCUS NC_000023 5826 bp DNA linear CON 03-MAR-2008
 DEFINITION Homo sapiens chromosome X, reference assembly, complete sequence.
 ACCESSION NC_000023 REGION: complement(48655403..48661228)
 10 VERSION NC_000023.9 GI:89161218
 PROJECT GenomeProject:168
 SOURCE Homo sapiens (human)
 ORGANISM Homo sapiens
 REFERENCE 1 (bases 1 to 5826)
 15 AUTHORS International Human Genome Sequencing Consortium.
 TITLE Finishing the euchromatic sequence of the human genome
 JOURNAL Nature 431 (7011), 931-945 (2004)
 PUBMED 15496913

20
 1 cgcgcgcggc gaatctcaac gctgcgccgt ctgcgggcgc ttccggggcca ccagtttctc
 61 tgctttccac cctggcgccc cccagccctg gctccccagc tgcgctgccc cgggcgtcca
 121 cgccctgcgg gcttagcggg tttagtgggc tcaatctgcg cagcgccacc tccatgttga
 181 ccaagcctct acagggggcct cccgcgcccc cggggacccc cagcgccgcg ccaggtgagt
 25 241 acatcctccc ctactgcaac cagacggggg gggctggaat gatgggttgc agcgcggggg
 301 gagggagtcg tggctgggct cagcacgccg ccaccctgac ttctctgcct ccgctgcgt
 361 aggaggcaag gatcggaag cgttcgaggc cgagtatcga ctcgcccccc tcctgggtaa
 421 gggggggcttt ggcaccgtct tcgcaggaca ccgcctcaca gatcgactcc aggtatccgt
 481 catgagggtc ttgggagggg caggtgcgtg tggcgggggc gggggtcctg gccctggaat
 30 541 gctgggtgac cgaggagtga gcctgcagag tgtgtagagg accaggtgtg tgtgtgtgtg
 601 tgtccgtgtc cgtgtccgag gagtgcgctt gcagtgtgtg tagagggcca ggtgtgtgtg
 661 cgtgcgcgtg tgtgtgtcgg tctaggaggt tatggggcggg gggggggggc agggggcttc
 721 agattccgga gtcccttgac cccgggggtc aggctgtgta tgtgtgggaa agcagggacc
 781 tagatgtgag atttgtggga cttttggagg taggtgtcca gtgtggagtc atgcggacca
 35 841 ggaccctggt acagagttgg ggtgtcgtag agctaaatag gaagattgtg ggctgggggt
 901 atcaggaaat ctagaactca ggacttgagg tgatgagtcc tgatgcctga gaacggagag
 961 cccagggtca aggaaggtgg gagagataaa cttgggttccg aggacctgga gggcagggga
 1021 gacgccctgg tacgcgttct gtgggggtgct gtgggttgggg accagaaaga ctagagtgtc
 1081 ggtagatgga ggaatactgg aggtaggcag aaggtctaga ctgggagggg tctggggatc
 40 1141 acctgctggc ctccctatca cggccttctt ctccaggtgg ccatcaaagt gattccccgg
 1201 aatcgtgtgc tgggctgggc ccccttggtg agtaccttcg gagcccttcc taacctacct
 1261 actccatcac tgatgtattc acctccttgc ttttccaggg gatgtatgac tccctgggcc
 1321 ctgtaacagt gagaatactg ccagtcattt tatactccct tggggtgaca tacagttctg
 1381 attcacccca attcccctag agccctggat tctcccctcc aacaaacctt taccatcctt
 45 1441 cctccaaaca ctgctggggg actgcccgca gggcgtgctg gtggggaaca aggggcagag
 1501 gtcactggtt gccatggtga tgggtggctg tctctctctg ccgttataac gctaacggac
 1561 atcagggcgg gtctgggcaa gttgtagagt tgggagcgcc ccctggcggg ctctagggga
 1621 aactgcgcct gcgcagtcca tgggacccaa agggagaggg tgcgcctgcg caatatcggt
 1681 atttttgcat ctcggtgaga aaacgtctgc tgccgtgcaa gtcagcagcc tggccaggag
 50 1741 agggctctac ctcatcccag aagggtgctg ctggaagtgt acctgcgcag ggcttgggga
 1801 ggcagtgggg ggcggatttt gtggccccca gcgtttatac tttttttttt ttggagacac
 1861 agtctccctc tgttgcccag gctggagtga ggtgacgcga tctcggtcca ctgcaacctc
 1921 cgtctcctgg gttcaagtga ttctcctgcc tcagcctccc aagtagctgg gactacagga
 1981 gcgcacaacc atgcccggct aatttttgta ttttttagtag agacagggtt tcaccatggt
 55 2041 ggccaggcgg gttttgaact gctgacctca ggtgatccgc ctgcctcggc cactcaaagt
 2101 gctgggatta caggcatgag ccaccacgcc cggctgcatt tatgactttt ttttttcctt
 2161 gagacggagt ttcgctctgc tgcctgggct ggagtgcagt ggcgtgatct cagctcactg
 2221 cagcctccac ctctgggtt caagcgattc tcctgcctca ggctcctgag tagctggaat
 2281 tacaggcacc cgctgccatg cccggctaag ttttacgttt ttagtagaga ccgtgtttca
 60 2341 ccatgttggc caggctgggtc tcgaaccctt gacctagtga tctgcccgcc ttgggcctcc
 2401 caaagtgtct ggattacagg cgtgagccac cgcgccagc ctctaatttt gtatttttag

2461 tagagacggg gtttctccat gttggtcagg ctgggtctcga actcccgacc tcaggtgatc
 2521 tgcccgtctc ggcctcccaa agtgctggga ttacaggcgt gagccactgc gcagggccac
 2581 atttaggctt tttattggct ggttctaggt gcttgggtgat gctgacaaaa cacatgataa
 2641 cactaagtcc ttttgtgcta ggctccttgt aataaatcac tcagctgttt aacaaattag
 5 2701 gtatatgtac cacctactat atgacagaca taattctaga cactcagcaa agtattacat
 2761 aagtattgag agctcathtt gtgctaggtc cttttttact aattgttttc acctgtttaa
 2821 caaatattta ttcagcccta ctctgttagc agccactgtt ctagtgcttc atatacgtcc
 2881 gtgaacaaaa caaaccatta cacaataagt gtttattgag tgctaactgc ttgtcagagc
 10 2941 ccatgctatt aagtgtgtgc atctgtttta catttattga tcacctgtgt aaggtactat
 3001 tctaattctgg gatattgtcag ggaacaaaac aaaacacata atgggtgggtgc tgcttctgct
 3061 gaaagccttc agttgataac cagatttttc tttgtatttt tgcttgtttg ttttgagaca
 3121 gctggagtgc agtgggtgtg tcttcaactgc aacctctgcc ttcttggctc aagcgaccct
 3181 cccacctgag cctcccaagt agctgggact acaggtgcat gccaccaagc ctggctaatt
 3241 tttgtgtttg tgccattttg cccaggctga tcttgaactc ttgggctcaa gcaatccacc
 15 3301 cacatcagcc tcccaaagtg ctgggattgc agggatgagc cactgtgcct ggccgaactt
 3361 ctttcgttta ttcaaagtgt tattgatcta cgacatgcga gatttgtgca ggctctttgc
 3421 tggtttcacc ctctcaatcg ctgtgtgagt ttgtgtcttt agggaaagtg agggccagga
 3481 agggaaagtga gttgcttagc gacacactgt caggaaaagg ggccctgagt tgagcttagg
 20 3541 taaaaagcct cagagctgtt gccctgacat ctgtcttttt tctctccctg cttccacccc
 3601 cacctgtgcc cccagtcaga ctcagtcaca tgcccaactcg aagtcgcact gctatggaaa
 3661 gtgggtgtag gtgggtgggca ccctggcgtg atccgcctgc ttgactgggt tgagacacag
 3721 gagggcttca tgctggctct cgagcggcct ttgcccgcct aggatctctt tgactataatc
 3781 acagagaagg gcccaactggg tgaaggccca agccgctgct tctttggcca agtagtggca
 25 3841 gccatccagc actgccattc ccgtggaggt gtccatcgtg acatcaagga tgagaacatc
 3901 ctgatagacc tacgccgtgg ctgtgccaaa ctcatgtatt ttgggtcttg tgccctgctt
 3961 catgatgaac cctacactga ctttgatggg aaggcttctc taaatctccc tggagggatt
 4021 gtttttactt gatggccttg tgacctttgg cctccagtgg tggggtgtcc tgtaatcctt
 4081 gaccataact gcattatata agatgatcga ttgctaatac tggggattct cagccttgcc
 30 4141 ctctgataaa gtccatcttt taatgggtgtg ctaaccttat tctgggctcc tattctggtg
 4201 aggggatcct gttaccatcc tgagtattct ttctctggta aggggatcct gttacttttc
 4261 agtgctttta ttctgttgag gggactctgt tatttttagct gctttttatc tagtgagggg
 4321 actctgcttt tatcttgagt gctcttaatt gtgggtgaggg catccttccct ggagagtttg
 4381 gggttggaga agggcatcat gagattgagt tgggtctaacc cctggcttgt gtgcagggac
 35 4441 aagggtgtac agccccccag agtggtatctc tcgacaccag taccatgcac tcccggccac
 4501 tgtctggtca ctgggcatcc tcctctatga catgggtgtgt ggggacattc cctttgagag
 4561 ggaccaggag attctggaag ctgagctcca cttcccagcc catgtctccc caggtgagggc
 4621 ctcaactgacc ccagcccaga agactccatc cttctcaggg accagtaccc cctactgact
 4681 gctaactctc cctctctgct tcttggccta cagactgctg tgccctaata cgccggtgcc
 40 4741 tggcccccaa accttcttcc cgaccctcac tgggaagagat cctgctggac ccctggatgc
 4801 aaacaccagc cgaggatgta cccctcaacc cctccaaagg aggcctgccc cctttggcct
 4861 ggtccttgct accctaagcc tggcctggcc tggcctggcc cccaatgggtc agaagagcca
 4921 tcccatggcc atgtcacagg gatagatgga catttggtga cttggtttta caggtcatta
 4981 ccagtcatta aagtccagta ttactaaggt aagggtatga ggatcagggg ttagaagaca
 5041 taaaccaagt ctgcccagtt cccttcccaa tcctacaaag gagccttccct cccagaacct
 45 5101 gtgggtccctg attctggagg gggaaacttct tgcttctcat tttgctaagg aagtttattt
 5161 tgggtgaagt gtcccatctc tgagccccgg gactcttatt ctgatgatgt gtcacccac
 5221 attggcacct cctactacca ccacacaaac ttagtctata tgctcttact tgggcaaggg
 5281 tgcttttctt ccaatacccc agtagctttt atttttagtaa agggaccctt tcccctagcc
 50 5341 taggggtccca tattgggtca agctgcttac ctgcctcagc ccaggattct ttattctggg
 5401 ggaggtaatg ccctgttggt accccaaggc ttcttttttt tttttttttt tttgggtgag
 5461 gggaccctac tctgttatcc caagtgtctt tattctgggt agaagaacct tacttccata
 5521 atttgggaag gaatggaaga tggacaccac cggacaccac cagacactag gatgggatgg
 5581 atgggtttttt gggggatggg ctaggggaaa taaggcttgc tgtttgttct cctggggcgc
 5641 tccctccaac ttttgcatat tcttgcaacc tcctcctgag ccgggattgt ccaattacta
 55 5701 aaatgtaaat aatcacgtat tgtggggagg ggagttccaa gtgtgccctc ctctcttctc
 5761 ctgcctggat tatttaaaaa gccatgtgtg gaaaccact atttaataaa agtaatagaa
 5821 tcagaa (SEQ ID NO:8)

In one embodiment, exemplary Human PIM-1 polypeptides and message that can be
 60 used are:

(SEQ ID NO:9) MLLSKFGSLAHLCPGGVDHLPVKILQPAKADKESFEKAYQVGA

(SEQ ID NO:10)

65 VLGSGGFGTVYAGSRIADGLPVAVKHVVKERVTEWGS LGGATVPLEVVLLRKVGAAGG
 ARGVIRLLDWFERPDGFLLVLERPEPAQDLDFITERGALDEPLARRFFAQVLA AVRH

CHSCGVVHRDIKDENLLVDLRSGELKLIDFGSGALLKDTVYTFDFGTRVYSPPEWIRY
 HRYHGRSATVWSLGVLLYDMVCGDIPFEQDEEILRGRLLFRRRVVSPECQQLIRWCLSL
 RPSERPSLDQIAAHPWMLGADGGAPESCDLRLCTLDPDDVASTSSSESL"

5 (SEQ ID NO:11)

1 agcggaccga cgcgacacgc cgtgcgcctc cgcggctgcg ctacgaaac gagtcccga
 61 gcggccccgc gcccgcgcga cccggccctc gcccaccga agacaggcgc ccagctgcc
 121 cgcgtctcc ccagctagcg cccggccgcg gccgcctcgc gggccccggg cggaaggggg
 181 cgggggtccc attcggccc ccccgccgga gggatacgcg gcgcgcgcgc ccaaaacccc
 241 cgggagagcg gcccgggcg ggtgaggcg tccgctgct gctcgtctac gcggtccccg
 301 cgggccttcc gggccactg cgcgcgcgcg accgcctcgg gctcggacgg ccggtgtccc
 361 cggcgccgcg ctgcccggga tcggccgcgg ctccggcgcc tggggctcgg ggctccgggg
 421 aggcctcgc ccgcgatgct gctctcaag ttcggctccc tggcgacct ctgcggggcc
 481 ggcgcgctgg accacctccc ggtgaagatc ctgcagccag ccaaggcgga caaggagagc
 541 ttcgagaagg cgtaccagg gggcgccgtg ctgggtagcg gcggcttcgg cacggtctac
 601 gcgggtagcc gcatcgccga cgggctccc gtagctgtga agcacgtggt gaaggagcgg
 661 gtgaccgagt ggggcagcct gggcgggcg accgtgccc tggagggtgt gctgtgcgc
 721 aagggtggcg cggcgggcg gcgcgcgcgc gtcacccg tctggactg gttcagcgg
 781 cccgacggct tctgctggt gctggagcgg cccgagccgg cgcaggacct ctgcacttt
 841 atcacggagc gcggcgccct ggacgagccg ctggcgcgcc gcttctcgc gcaggtgctg
 901 gccgctgc gccactgcca cagctgcggg gtcgtgcacc gcgacattaa ggacgaaat
 961 ctgcttgg acctgcgct cggagagctc aagctcatc acttcggtc gggtcgctg
 1021 ctcaaggaca cgtctacac cgacttcgac ggcaccgag tgtacagccc cccgagtg
 1081 atccgctacc accgctacca cggcgctcg gccaccgtgt ggtcgtggg cgtgcttct
 1141 tacgatattg tgtgtggga catcccttc gagcaggacg aggagatcct ccgaggccgc
 1201 ctgcttcc ggaggagggt ctctccagag tgccagcagc tgatccggtg gtgctgtcc
 1261 ctgcggccct cagagcgcc gtcgtggat cagattgcgg cccatccctg gatgctggg
 1321 gctgacgggg gcgccccga gagctgtgac ctgcggtgt gcacctga cctgatgac
 1381 gtggccagca ccacgtccag cagcagagc ttgtaggag ctgcacctga ctggagcta
 1441 ggggaccacc tgcttgcc agacctggga cgcgccaga cctgacttt tctgcgtg
 1501 ggccgtctcc tctgcggaa gcagtgcct ctgaccctg gtgacctc cttgagtg
 1561 ctttgaacg ctggtccgc gggacttgt tttcaagc tctgtctc caaagacgt
 1621 ccggtcagg tccgcctgc cctgggtgga tacttgaacc ccagacgcc ctctgtctg
 1681 ctgtgtccg aggcggcct ccatctgcc tgcccaccg gagctttc cgcggcgca
 1741 gggccecaag cccacctcc gccctcagc ctgcggtgt cgtctggga cgtcctgcac
 1801 acacaatga agtctggcc tccgcgccg cccgccacg cgagccgtac ccgcccga
 1861 ctctgtatt tatggtgtga cccctggag gtgcccctc cccaccggg ctatttattg
 1921 ttaatttat ttgtgagg ttttctct gagcgtct cctctccaa gcccagggg
 1981 acagtggga ggcaggggag ggggtggctg tggccaggg acccaggcc ctgattctg
 2041 tgctggcgt ctgtctggc cccgctgtc agaagatga catgtatgt ggtaactta
 2101 aggggagtg gtgacctga cactccagg cactgtgcc agggtttggg ttttaatta
 2161 ttgactttg acagtctgt tgtgggctt gaaagctgg gtggggccag agcctgagc
 2221 ttaatttat tcagtacctg ttttgtgt aatgcggtgt gtgcaggcat cgcagatgg
 2281 ggttttca gttcaaaagt gagatgtct gagatcat tttttatc aggtattca
 2341 attaaatgt tttgtacat aaaaaaaaa aaaaaaaaa aaaaaaaaa aa

(SEQ ID NO:12)

Agcttcgaattatgctcttgtccaaaatcaactcgcttggccacctgcgcgcgcgcctgcaacgacctgcacgccaccaagc
 tggcgccccggcaaggagaaggagccccctggagtcgcagtaccaggtgggccccgctactgggcagcggcggttcggctcgtctactc
 5 aggcattccgcgtctccgacaacttgccggtggccatcaaacacgtggagaaggaccggatttccgactggggagagctgcctaattggca
 ctcgagtggccatggaagtggctctgctgaagaaggtgagctcgggtttctccggcgctcattaggctcctggactggttcgagaggcccgga
 cagtttcgtcctgatcctggagaggccccgagccggtgcaagatctcttcgacttcacacggaaaggggagccctgcaagaggagctggc
 ccgcagcttcttctggcaggtgctggaggccgtgcggcactgccacaactgcgggggtgctccaccgcgacatcaaggacgaaaacatcc
 ttatcgacctcaatcgcggcgagctcaagctcatcgacttcgggtcgggggcgctgctcaaggacaccgtctacacggacttcgatggga
 10 cccgagtgtatagccctccagagtggatccgctaccatcgctaccatggcaggtcggcggcagctctggctccctggggatcctgctgtatga
 tatggtgtgtggagatattcctttcgagcatgacgaagagatcatcagggggccaggttttcttcaggcagagggtctcttcagaatgtcagcat
 ctcatagatggtgcttggccctgagaccatcagataggccaaccttcgaagaaatccagaacctccatggatgcaagatgttctcctgcc
 ccaggaaactgctgagatccacctccacagcctgtcgccggggggccagcagcctgtcgccggggggccagcaacaattggtaccgcgg
 gcccg

15 (SEQ ID NO:13)

atgctct tgtccaaaat caactcgctt gccacactgc gcgcgcgcgc ctgcaacgac
 421 ctgcacgcca ccaagctggc gcccggcaag gagaaggagc ccctggagtc gcagtaccag
 481 gtgggccccgc tactgggcag cggcggtctt ggctcggctt actcaggcat ccgcgtctcc
 541 gacaacttgc cgggtggccat caaacacgtg gagaaggacc ggatttccga ctggggagag
 20 601 ctgcctaattg gcactcgagt gcccatggaa gtggtcctgc tgaagaaggt gagctcgggt
 661 ttctccggcg tcattaggct cctggactgg ttcgagaggc ccgacagttt cgtcctgatc
 721 ctggagaggc ccgagccggt gcaagatctc ttcgacttca tcacggaaag gggagccctg
 781 caagaggagc tggcccgcag cttcttctgg caggtgctgg aggcctgctg gcactgccac
 841 aactgcgggg tgctccaccg cgacatcaag gacgaaaaca tccttatcga cctcaatcgc
 25 901 ggcgagctca agctcatcga cttcgggtcg ggggcgctgc tcaaggacac cgtctacacg
 961 gacttcgatg ggacccgagt gtatagccct ccagagtgga tccgctacca tcgctaccat
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(SEQ ID NO:14)

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- 5 While the invention is susceptible to various modifications and alternative forms, specific examples thereof have been shown by way of example in the drawings and are herein described in detail.

10

WHAT IS CLAIMED IS:

1. A cardiac cell comprising a PIM-1 encoding nucleic acid, wherein the PIM-1 encoding nucleic acid is provided in an expression construct or expression vehicle comprising a plasmid, a recombinant virus or an artificial chromosome, and wherein the cardiac cell is a myocyte or a cardiac stem cell.
2. A pharmaceutical composition comprising the cardiac cell of claim 1, and a pharmaceutically acceptable carrier or a pharmaceutically acceptable excipient.
3. The cardiac cell of claim 1, or the pharmaceutical composition of claim 2, for use in preventing or treating damage in a cardiac cell, tissue or organ subsequent to cellular, tissue or organ hypoxia, hypoxaemia or anoxia, or subsequent to pressure-overload induced hypertrophy or heart failure; or wherein the damage is a result of a hypertrophic aged, failing or an ischemic myocardium, or a myocardium damaged by inflammation, infection, chronic stress, diabetes or alcoholism.
4. A pharmaceutical composition for treating a cardiac injury in an individual by cardioregeneration of functional cardiomyocytes, comprising, for introduction into the heart of the individual, a population of autologous or allogenic cardiac progenitor cells that have been engineered to contain an expression vector comprising a heterologous promoter operatively linked to a PIM-1 kinase encoding polynucleotide sequence for overexpression of a PIM-1 kinase in the cardiac progenitor cells, and a pharmaceutically acceptable carrier or a pharmaceutically acceptable excipient, wherein the introduced cardiac progenitor cells differentiate into functional cardiomyocytes in the heart in sufficient numbers to treat said cardiac injury more effectively than would occur through introduction of unmodified cardiac progenitor cells or by virtue of endogenous cardiac progenitor cells.

5. The pharmaceutical composition of claim 4, wherein the promoter is an inducible promoter.
6. The pharmaceutical composition of claim 4 or 5, wherein the cardiac progenitor cells are c-kit⁺ cells.
7. The pharmaceutical composition of claim 4 or 5, wherein the cardiac progenitor cells are human cardiac progenitor cells.
8. The pharmaceutical composition of any one of claims 4 to 7, wherein the introduced cardiac progenitor cells provide improved cardiac function in the individual for at least 32 weeks.
9. The pharmaceutical composition of any one of claims 4 to 8, wherein the PIM-1 kinase encoding polynucleotide sequence encodes a human PIM-1.
10. The pharmaceutical composition of any one of claims 4 to 9, wherein the cardiac injury is caused by conditions due to a myocardial infarction.
11. The pharmaceutical composition of any one of claims 4 to 9, wherein the cardiac injury is caused by conditions due to a congestive heart failure.
12. Use of a population of autologous or allogeneic cardiac progenitor cells for treating a cardiac injury in an individual, wherein the population of autologous or allogeneic cardiac progenitor cells have been engineered to contain an expression vector comprising a heterologous promoter operatively linked to a PIM-1 encoding polynucleotide sequence for overexpression of a PIM-1 kinase in the cardiac progenitor cells, and wherein when said cardiac progenitor cells are introduced into the heart of the individual, the introduced cardiac progenitor cells differentiate into functional cardiomyocytes in the heart in sufficient numbers to treat said cardiac injury.

13. The use of claim 12, wherein the promoter is an inducible promoter.
14. The use of claim 12 or 13, wherein the cardiac progenitor cells are c-kit+cells.
15. The use of claim 12 or 13, wherein the cardiac progenitor cells are human cardiac progenitor cells.
16. The use of any one of claims 12 to 15, wherein the introduced cardiac progenitor cells provide improved cardiac function in the individual for at least 32 weeks.
17. The use of any one of claims 12 to 16, wherein the PIM-1 encoding polynucleotide encodes a human PIM-1.
18. The use of any one of claims 12 to 17, wherein the cardiac injury is caused by conditions due to a myocardial infarction.
19. The use of any one of claims 12 to 17, wherein the cardiac injury is caused by conditions due to a congestive heart failure.
20. A composition comprising, a cardiac progenitor cell, wherein the cardiac progenitor cell comprises a PIM-1-encoding polynucleotide sequence operably linked to a non-PIM promoter, and a pharmaceutically acceptable carrier or a pharmaceutically acceptable excipient.
21. The composition of claim 20, wherein the cardiac progenitor cell is a stem cell, an adult stem cell, a hematopoietic stem cell, an adipose-derived stem cell, a mesenchymal stem cell, a c-kit+ stem cell, a human stem cell, an autologous or allogeneic stem cell, an embryonic cell, a tissue-specific resident stem cell, an allogeneic or autologous cell, a progenitor cell, a placental or cord blood cell, a Sca-1+ cell, or a CD34+ cell.

22. A pharmaceutical composition formulated for administration to a heart muscle or a cardiac cell comprising, a PIM-1 encoding nucleic acid operably linked to a promoter and inserted in a viral vector, and a pharmaceutically acceptable carrier or a pharmaceutically acceptable excipient.
23. Use of the composition of claim 20, or the pharmaceutical composition of claim 22, for ameliorating, preventing, or treating a cardiac disease or an injury, or damage in a cardiac cell, tissue or organ subsequent to cellular, tissue or organ hypoxia, hypoxaemia or anoxia, or subsequent to pressure-overload induced hypertrophy or heart failure, wherein the damage is a result of a hypertrophic aged, failing or an ischemic myocardium, or a myocardium damaged by inflammation, infection, chronic stress, diabetes or alcoholism, or wherein the cardiac disease or injury comprises: ischemic injury or ischemia reperfusion injury in a cardiac or vascular cell, tissue or organ, hypoxic injury, myocardial infarction, traumatic cardiac injury, cardiac hypertrophy, overpressure injury, congestive heart failure, apoptosis-inducing injury or disease, a bacterial infection, or a viral infection;
- wherein said composition, or pharmaceutical composition, is for *ex vivo* administration to a cardiac or vascular cell or tissue to induce expression of a PIM-1 nucleic acid in said cardiac or vascular cell or tissue *ex vivo* such that said cell or tissue expresses or secretes a Pim-1 kinase; and
- wherein said cardiac or vascular cell or tissue is for administration or implantation into an individual in need thereof.
24. Use of the composition of claim 20, or the pharmaceutical composition of claim 22, for ameliorating, preventing, or treating a cardiac disease or an injury, or damage in a cardiac cell, tissue or organ subsequent to cellular, tissue or organ hypoxia, hypoxaemia or anoxia, or subsequent to pressure-overload induced hypertrophy or heart failure, wherein the damage is a result of a hypertrophic aged, failing or an ischemic myocardium, or a myocardium damaged by

inflammation, infection, chronic stress, diabetes or alcoholism, or wherein the cardiac disease or injury comprises: ischemic injury or ischemia reperfusion injury in a cardiac or vascular cell, tissue or organ, hypoxic injury, myocardial infarction, traumatic cardiac injury, cardiac hypertrophy, overpressure injury, congestive heart failure, apoptosis-inducing injury or disease, a bacterial infection, or a viral infection;

wherein said composition, or pharmaceutical composition, is for introduction into a cardiac or vascular cell or tissue *in vivo* to induce expression of a PIM-1 nucleic acid in said cardiac or vascular cell or tissue *in vivo* such that said cell or tissue expresses or secretes a Pim-1 kinase.

25. Use of the composition of claim 20, or the pharmaceutical composition of claim 22, for enhancing levels of PIM-1 in a vascular system cell or tissue to alter a functional characteristic of said cell or tissue in an individual in need thereof.
26. Use of the composition of claim 20, or the pharmaceutical composition of claim 22, for overexpressing or expressing PIM-1 in a stem cell or a pluripotent cell to enhance the regenerative potential of the stem cell or pluripotent cell.

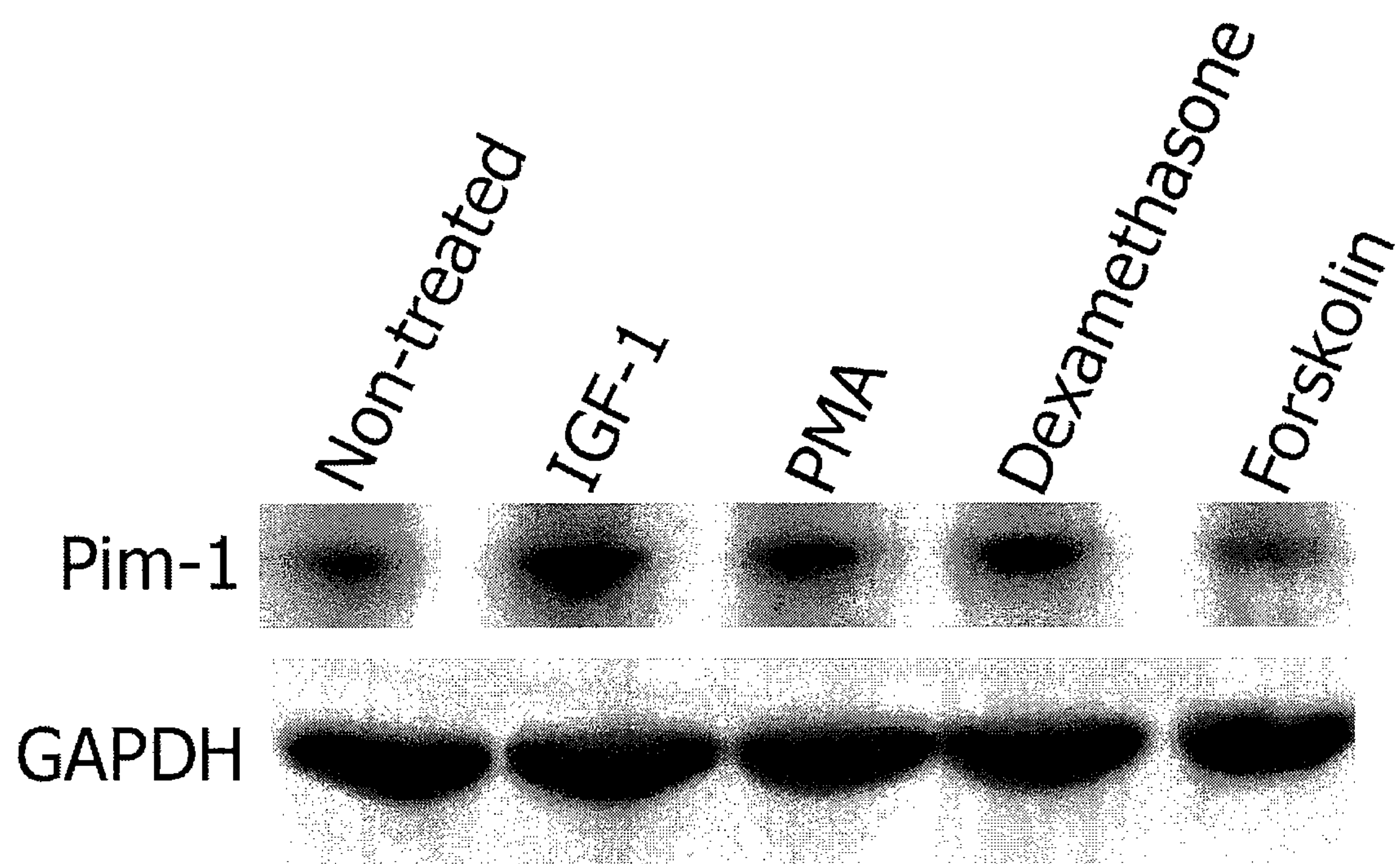
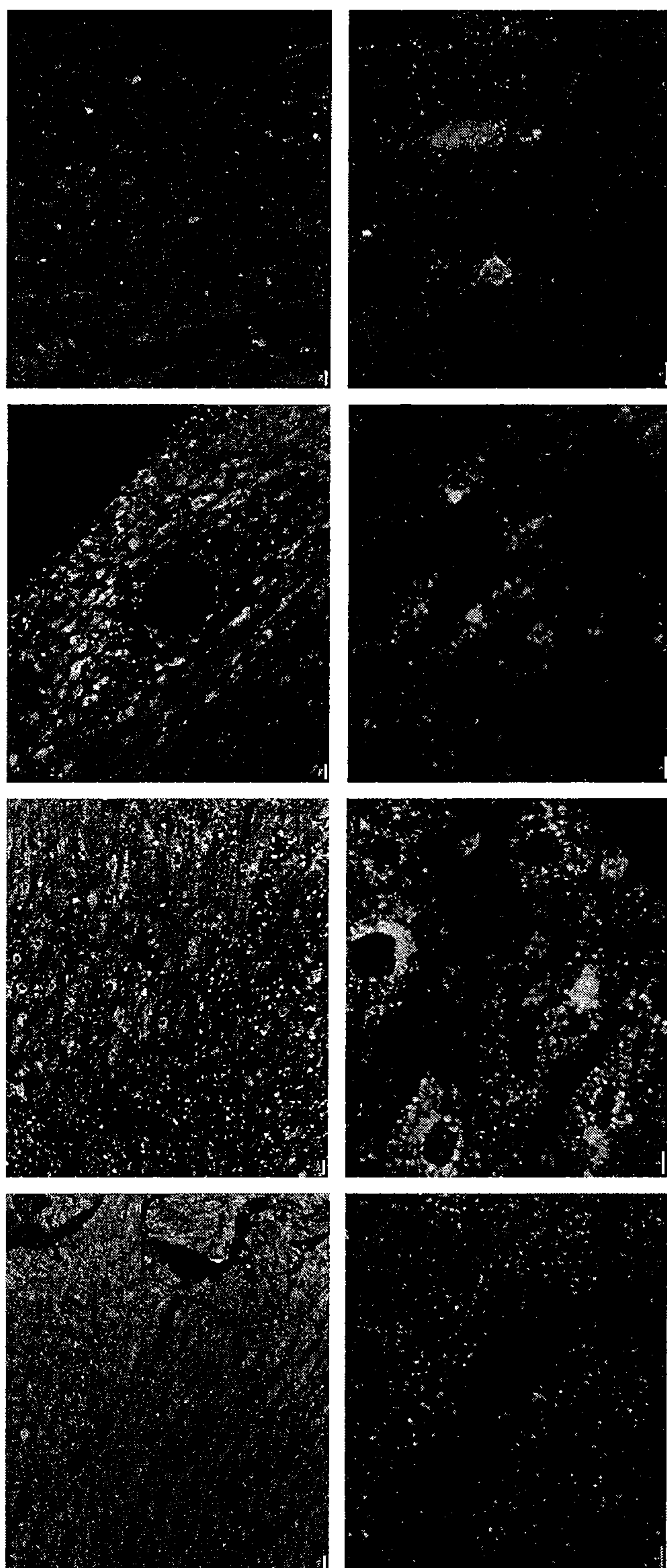


Figure 1

**Figure 2**

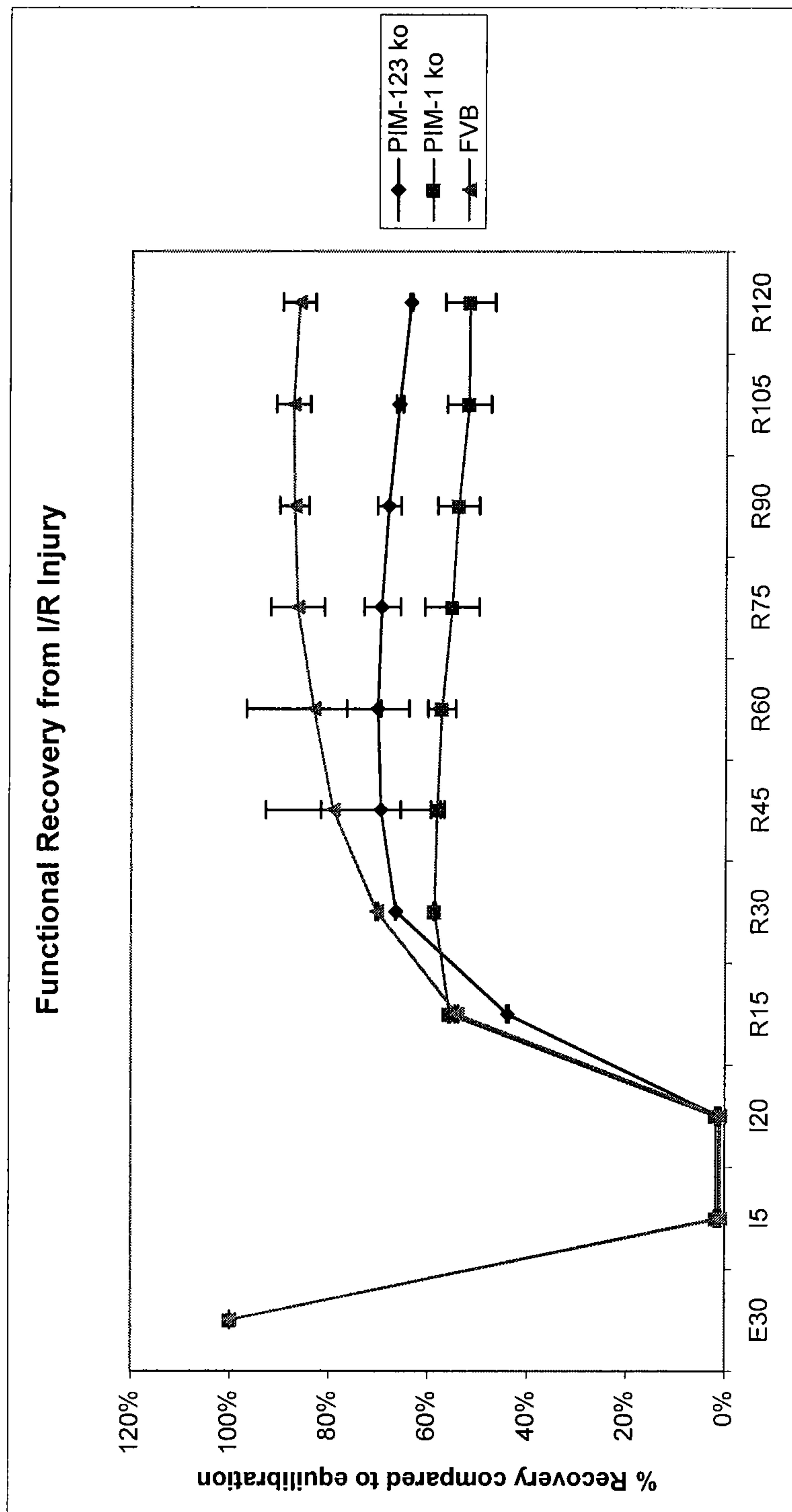


Figure 3

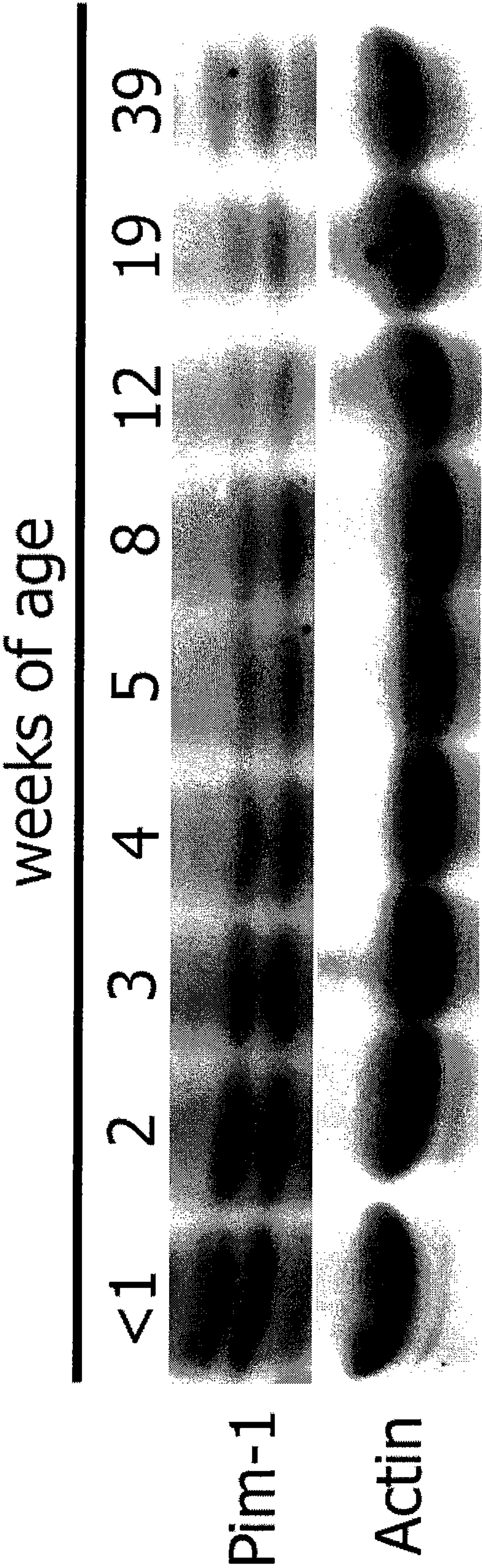


Figure 4

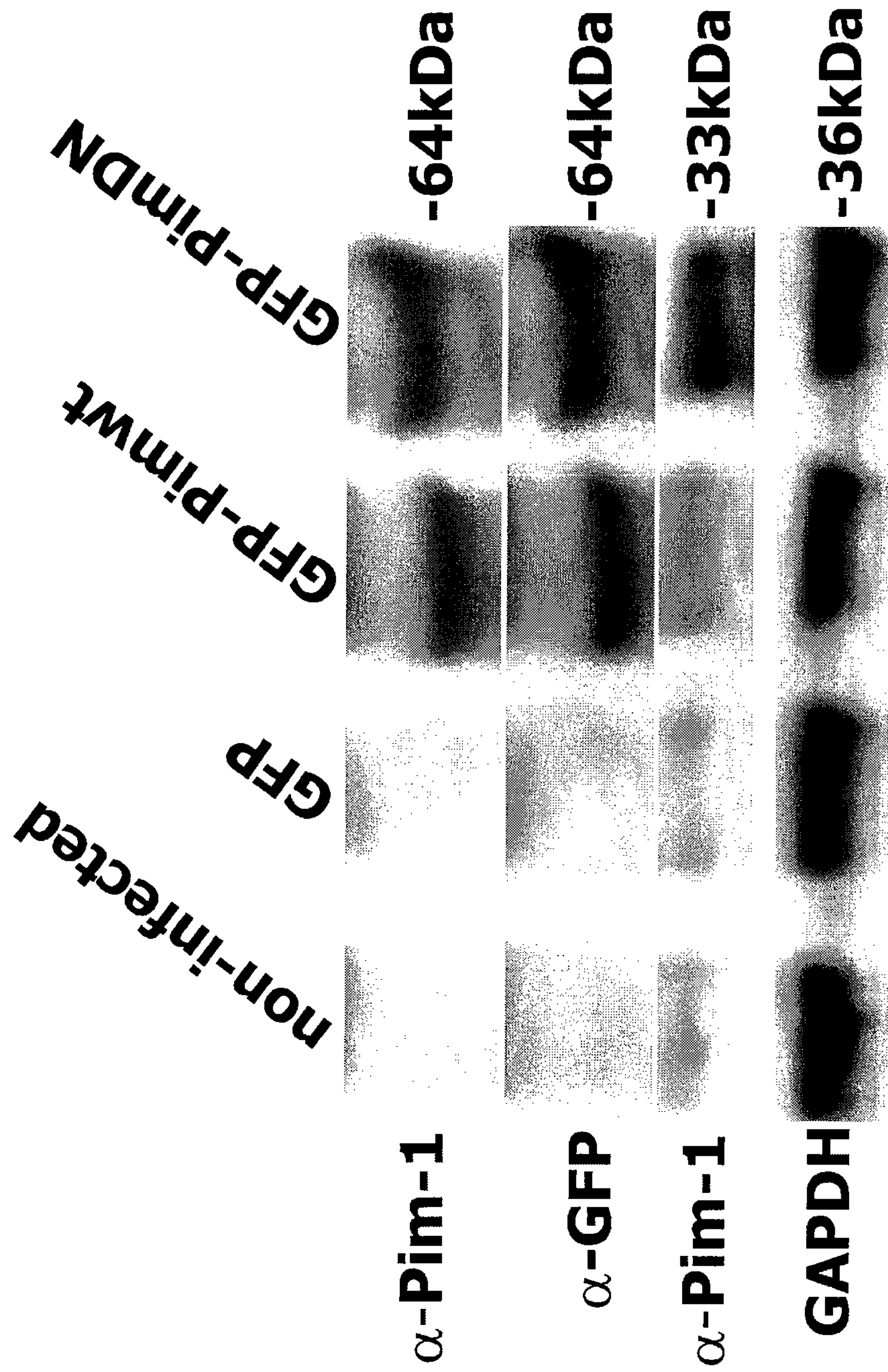


Figure 5

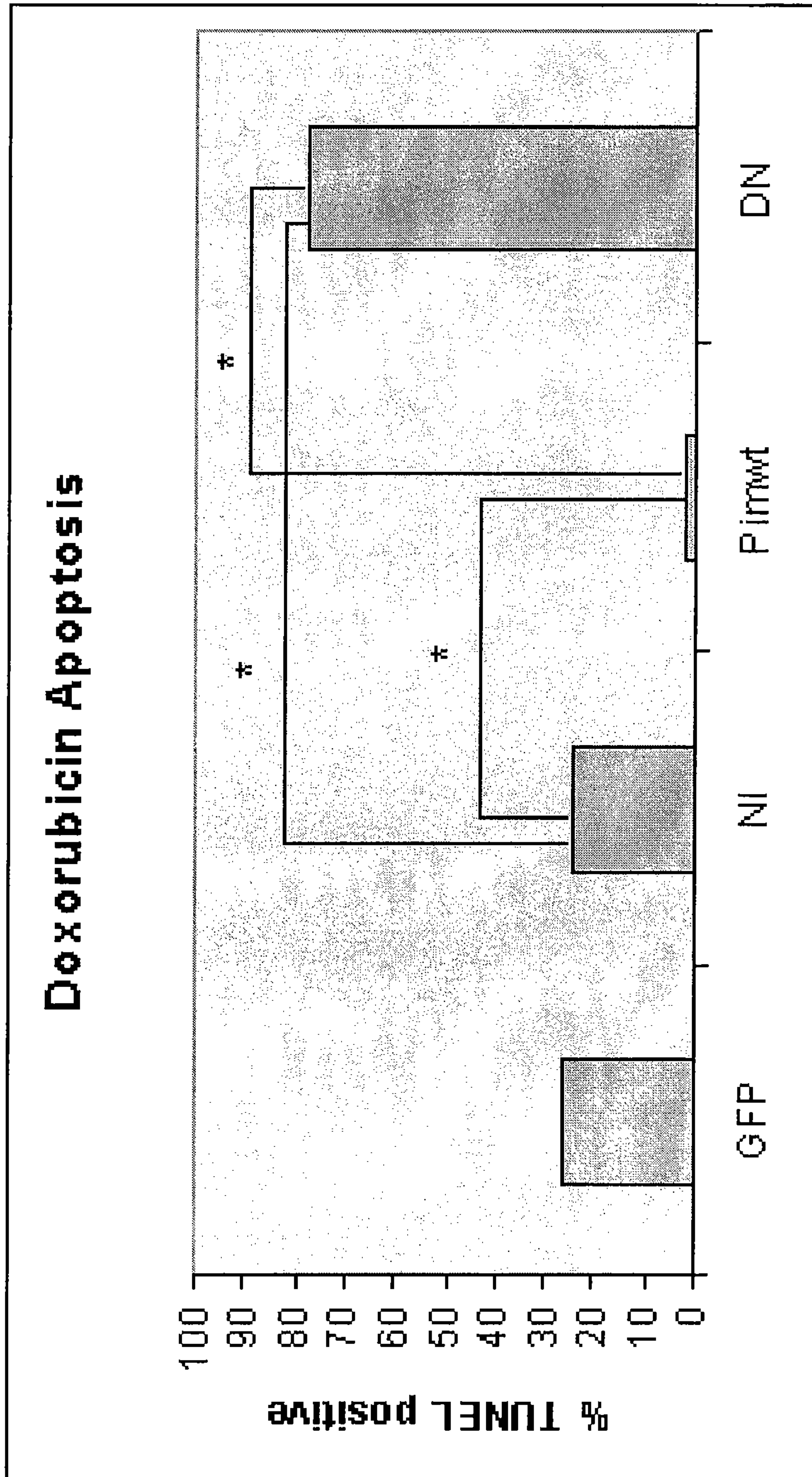
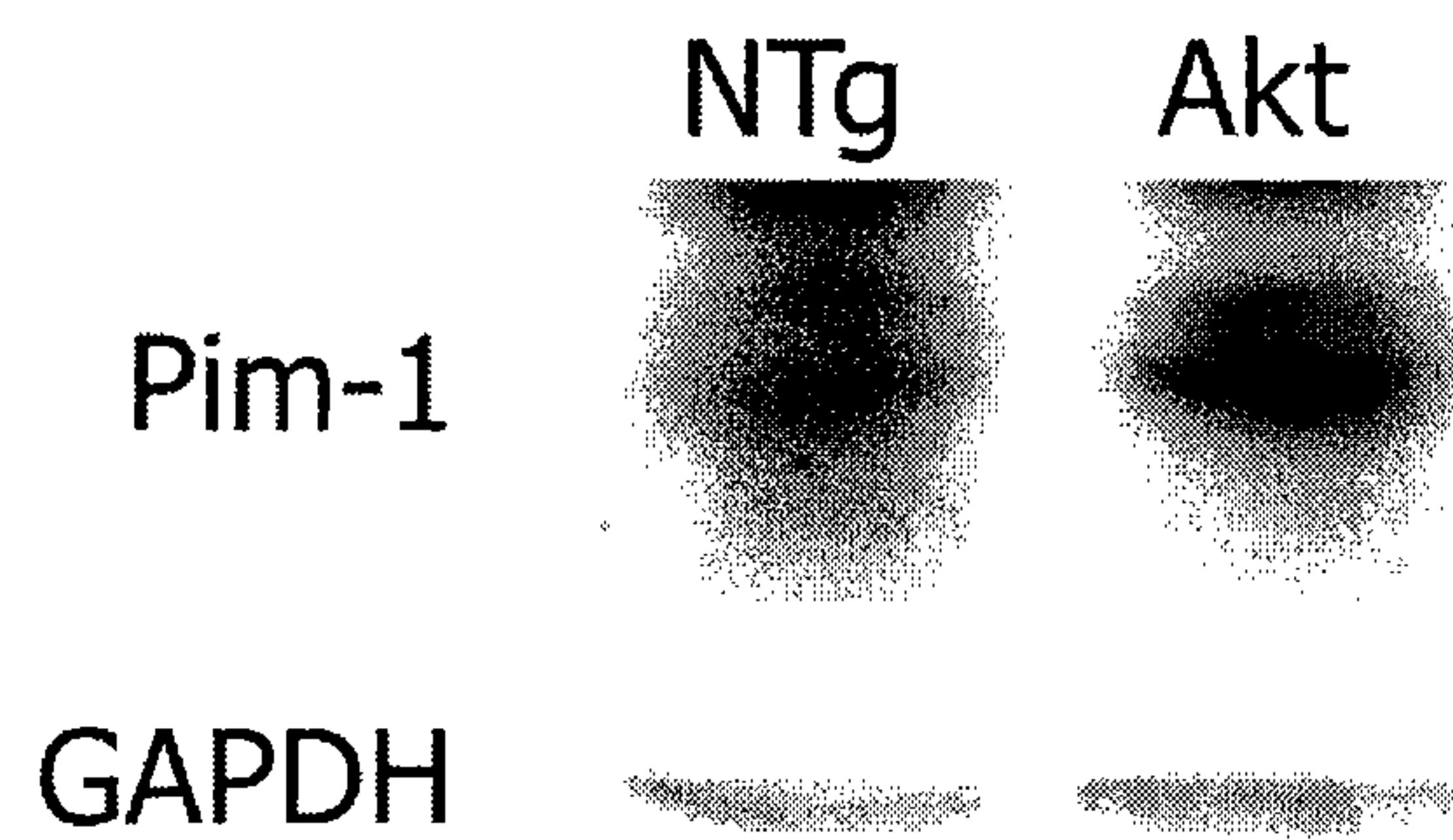
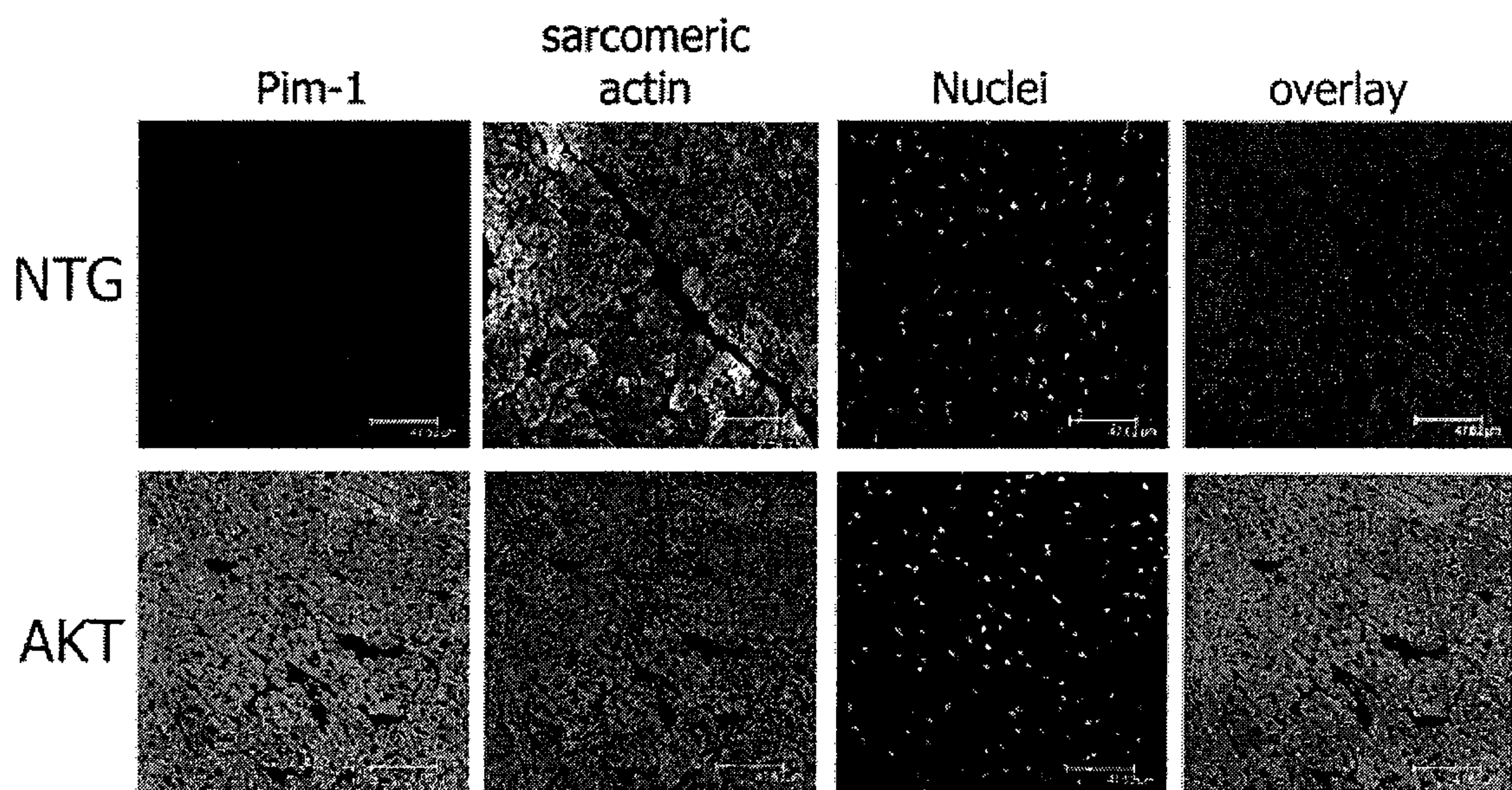
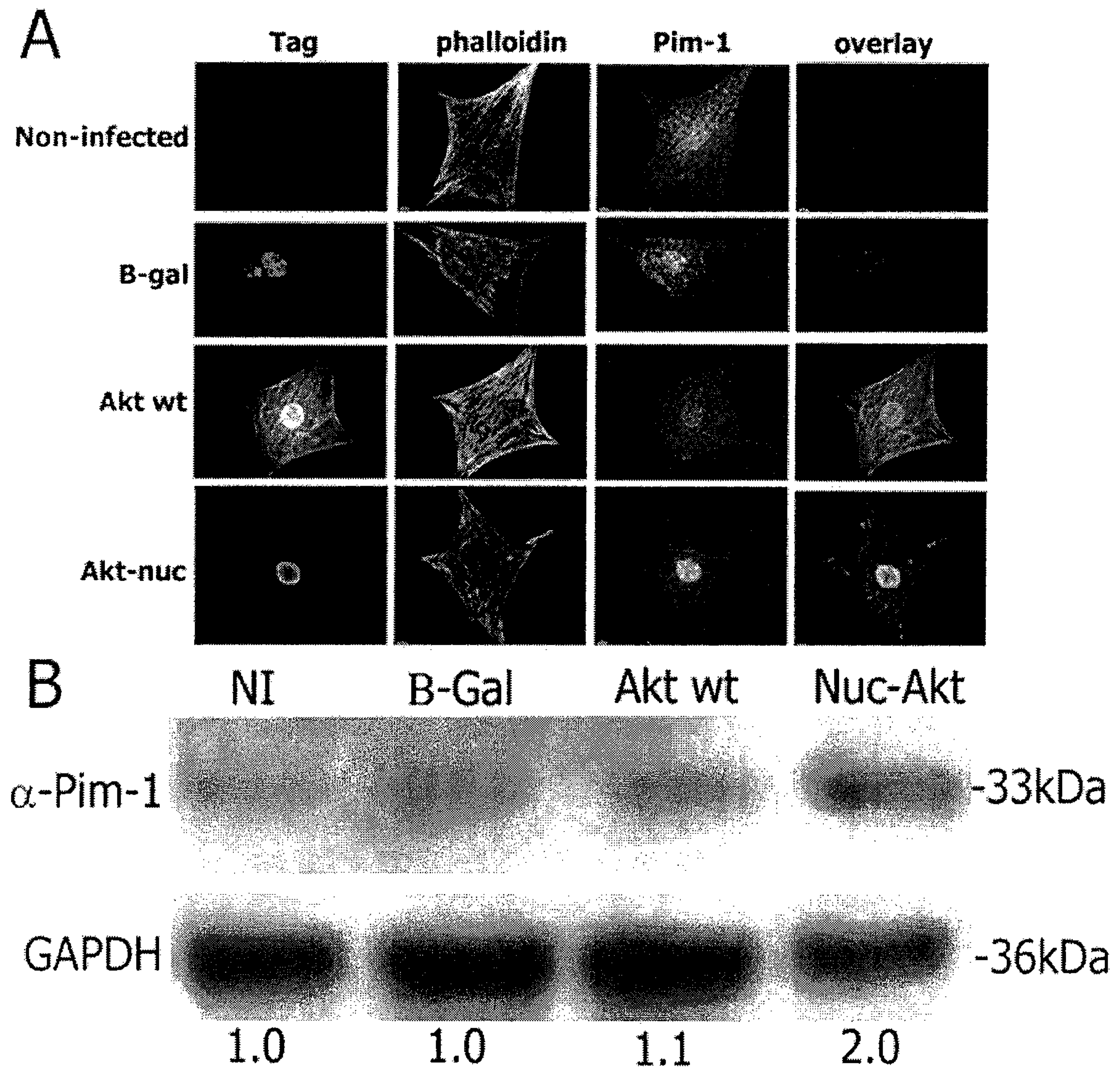


Figure 6



Figure 7

**Figure 8 (A)****Figure 8 (B)**

**Figure 9**

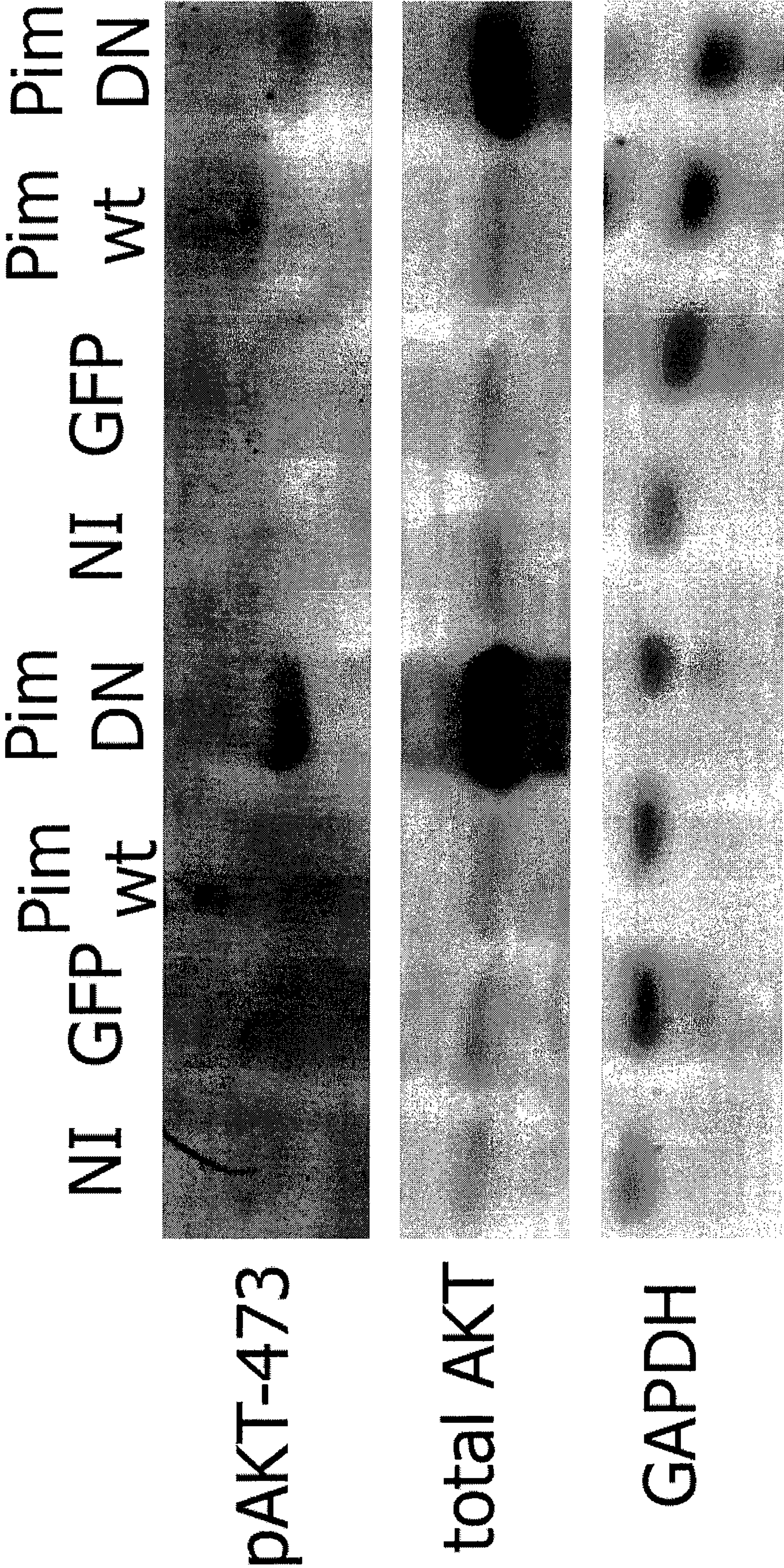


Figure 10

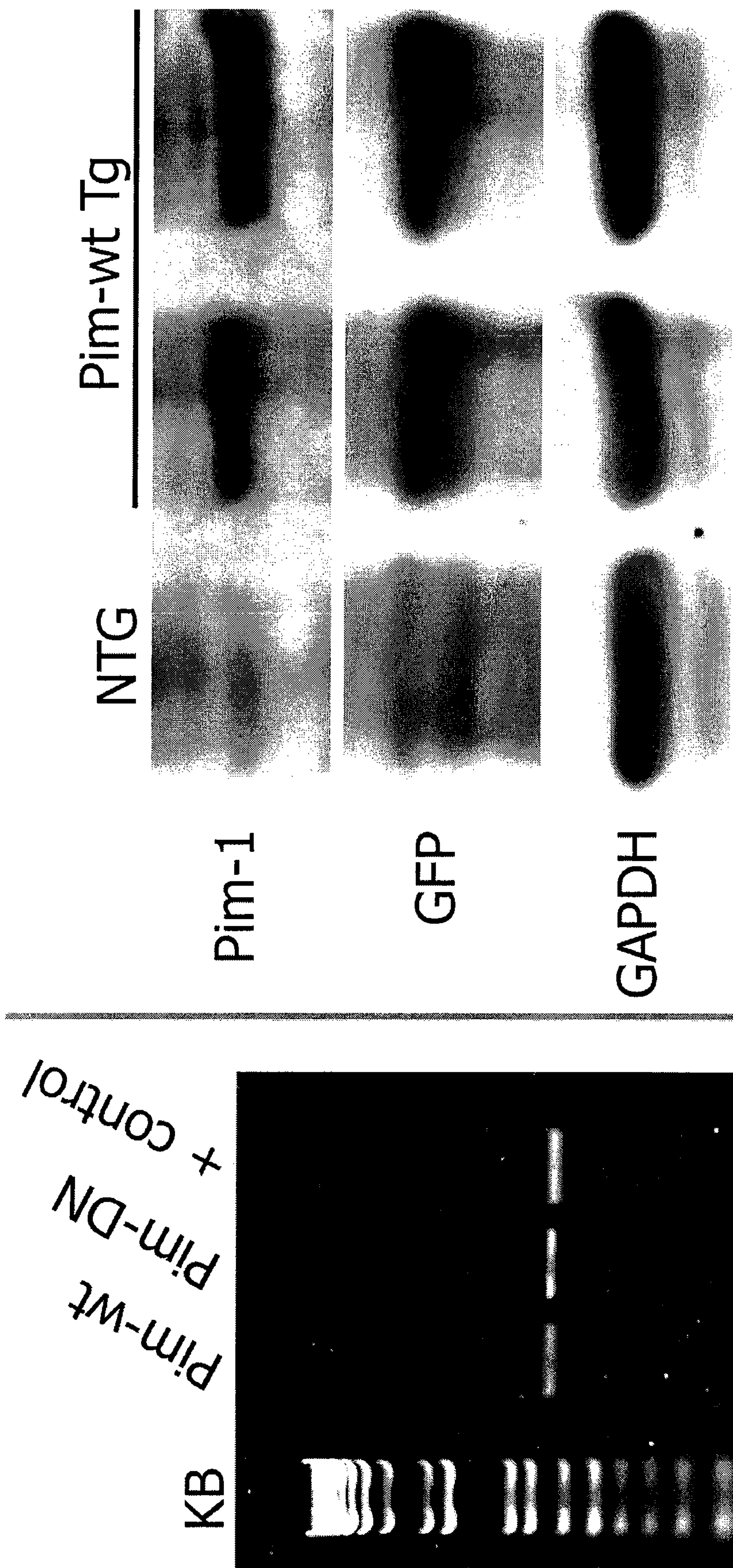


Figure 11

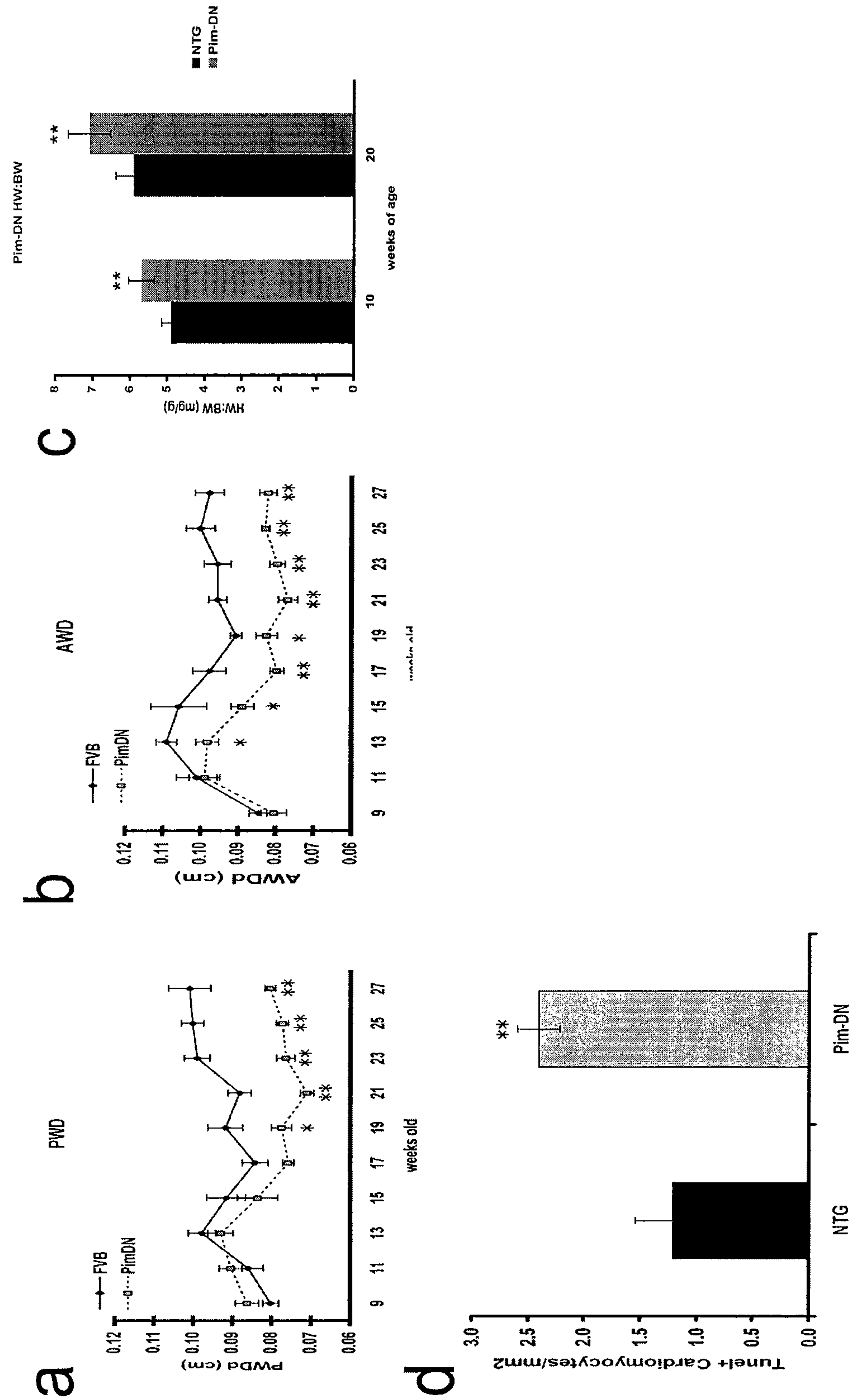


Figure 12

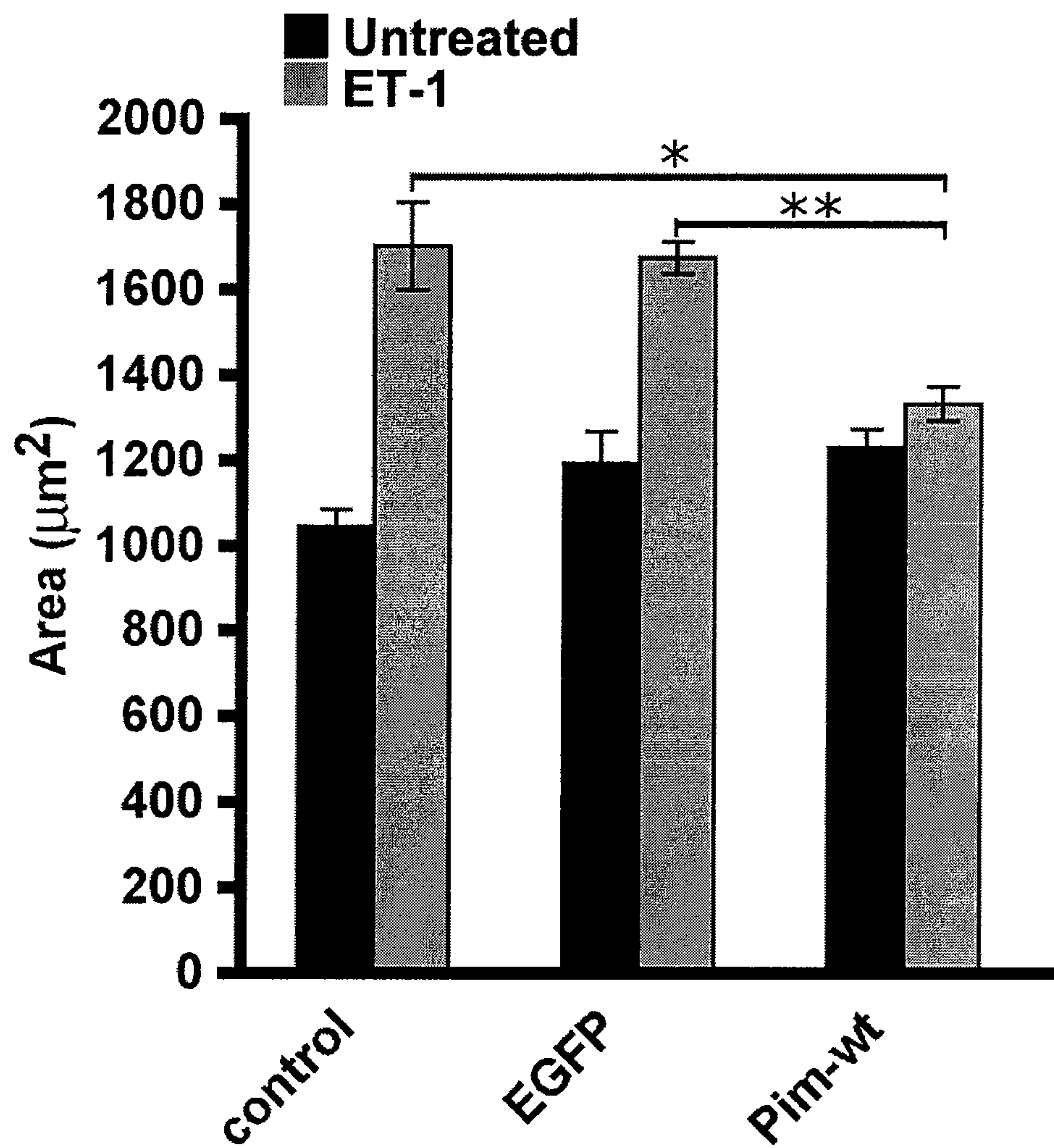


Figure 13

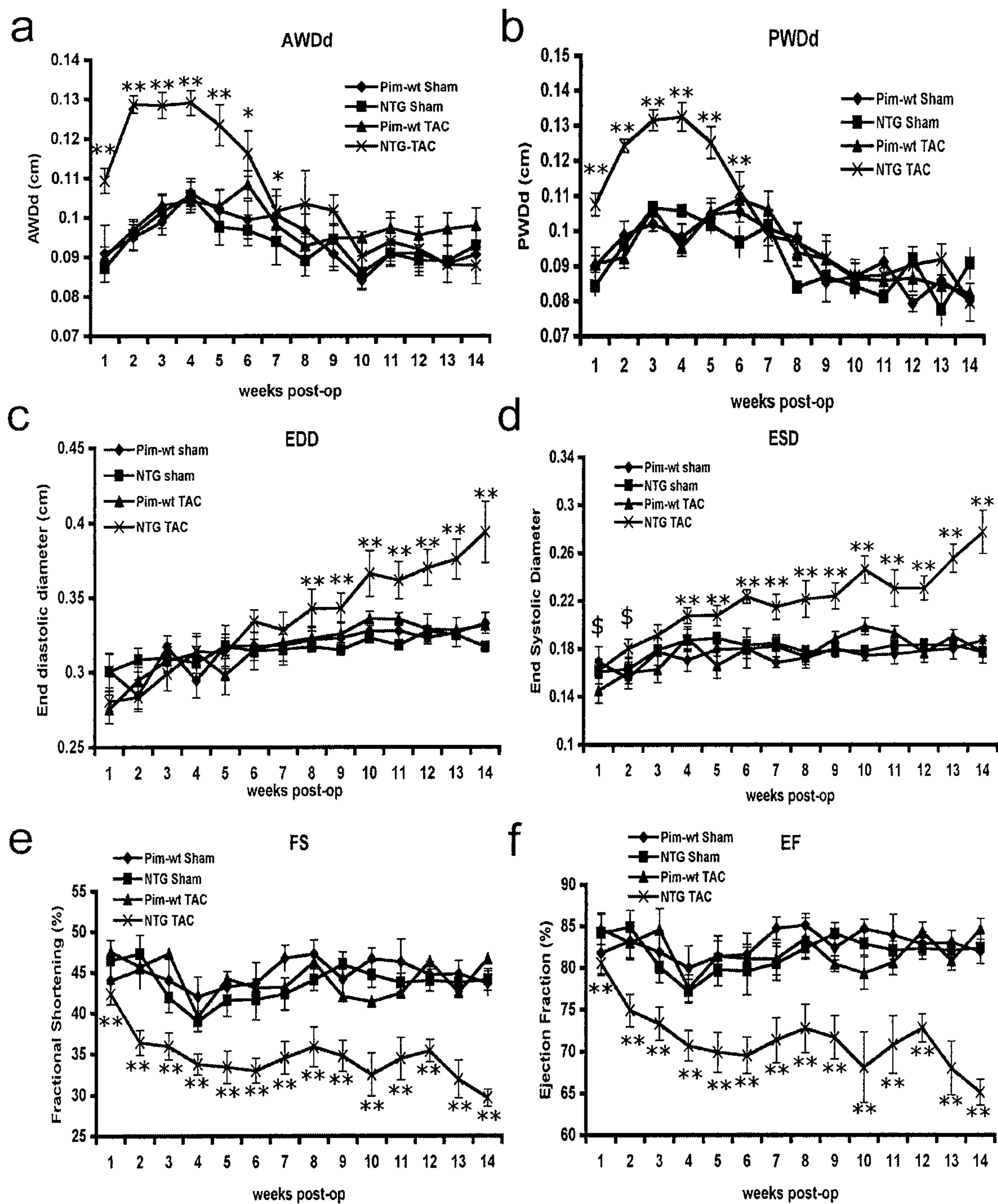


Figure 14

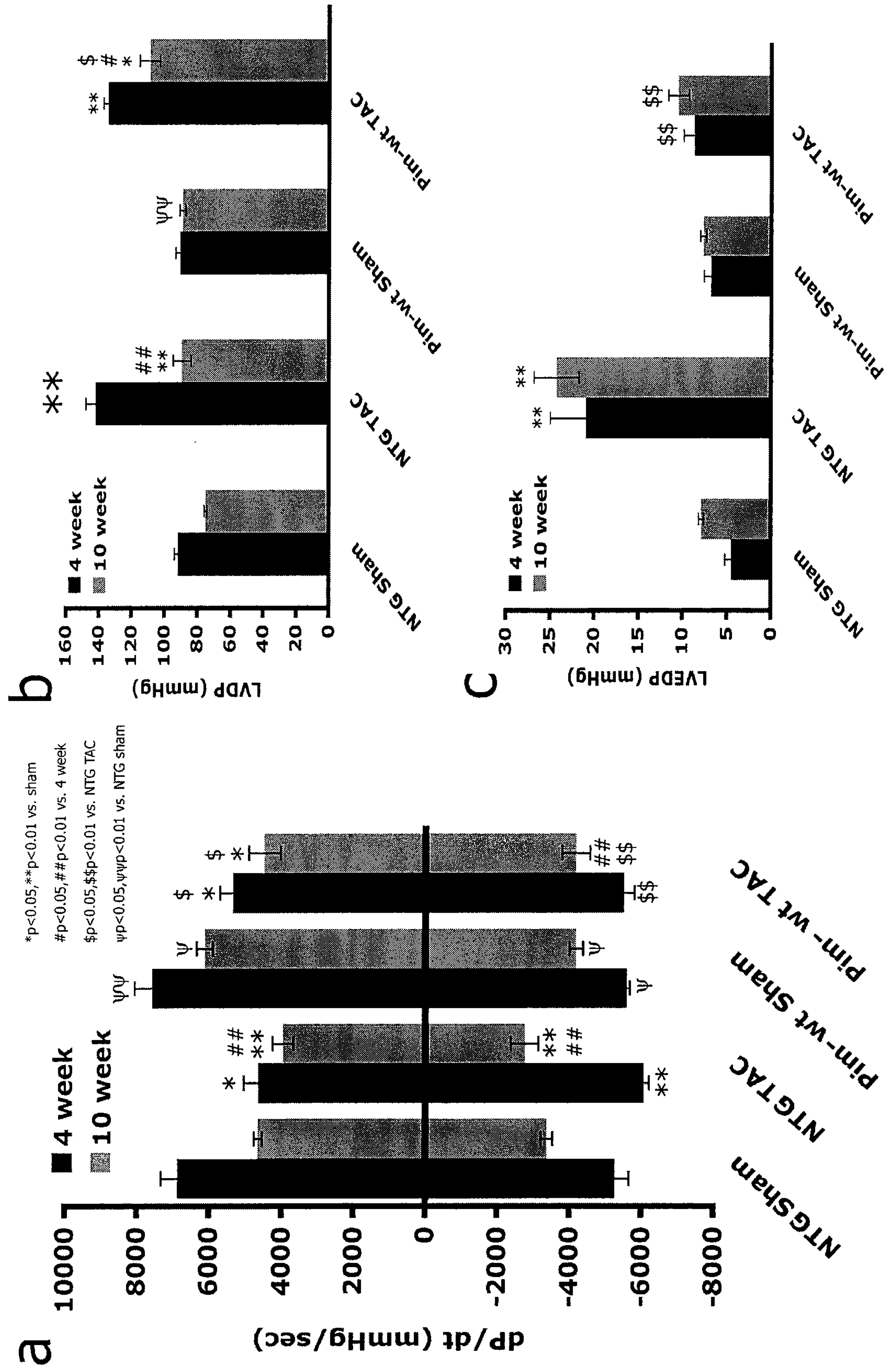


Figure 15

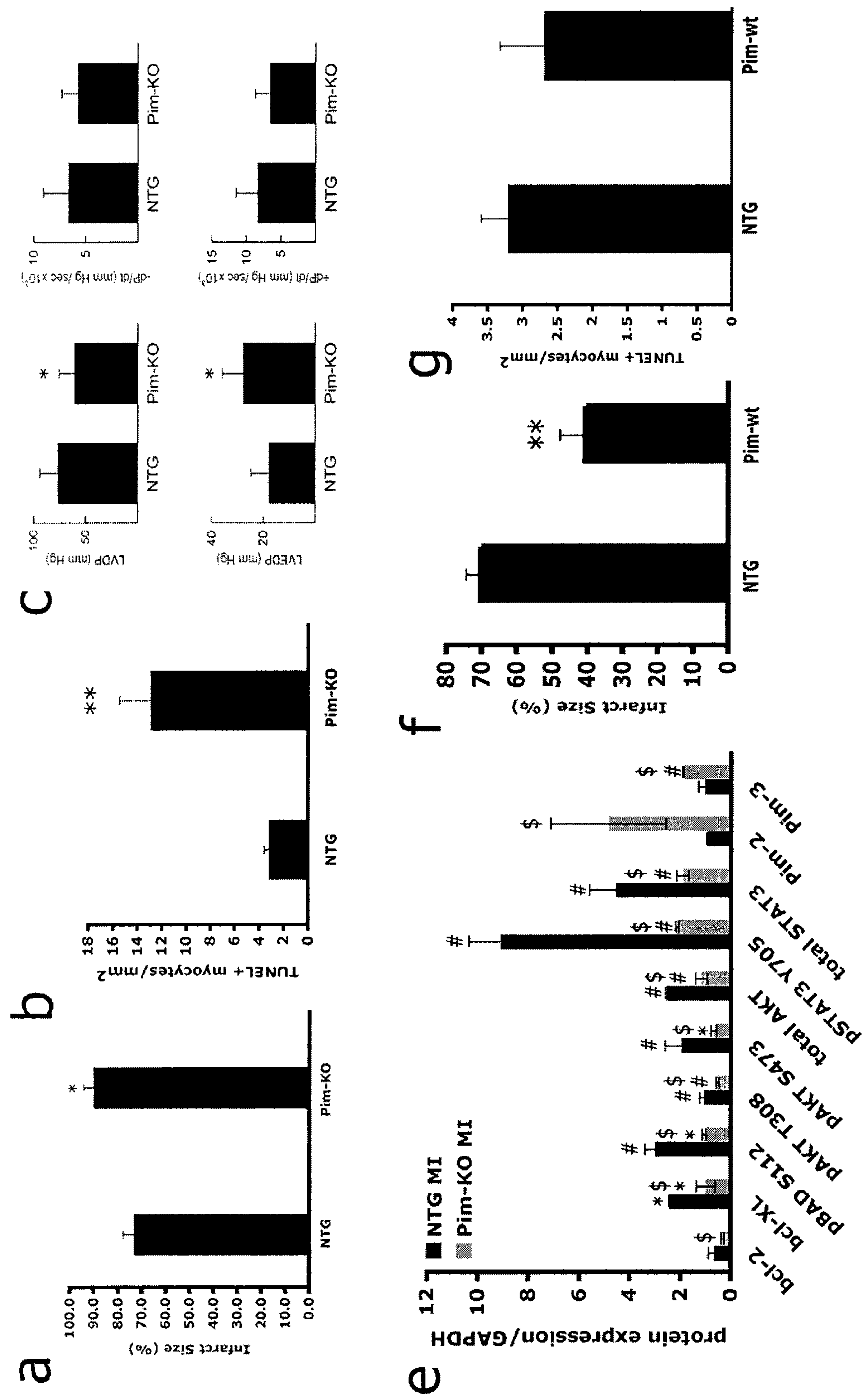


Figure 16

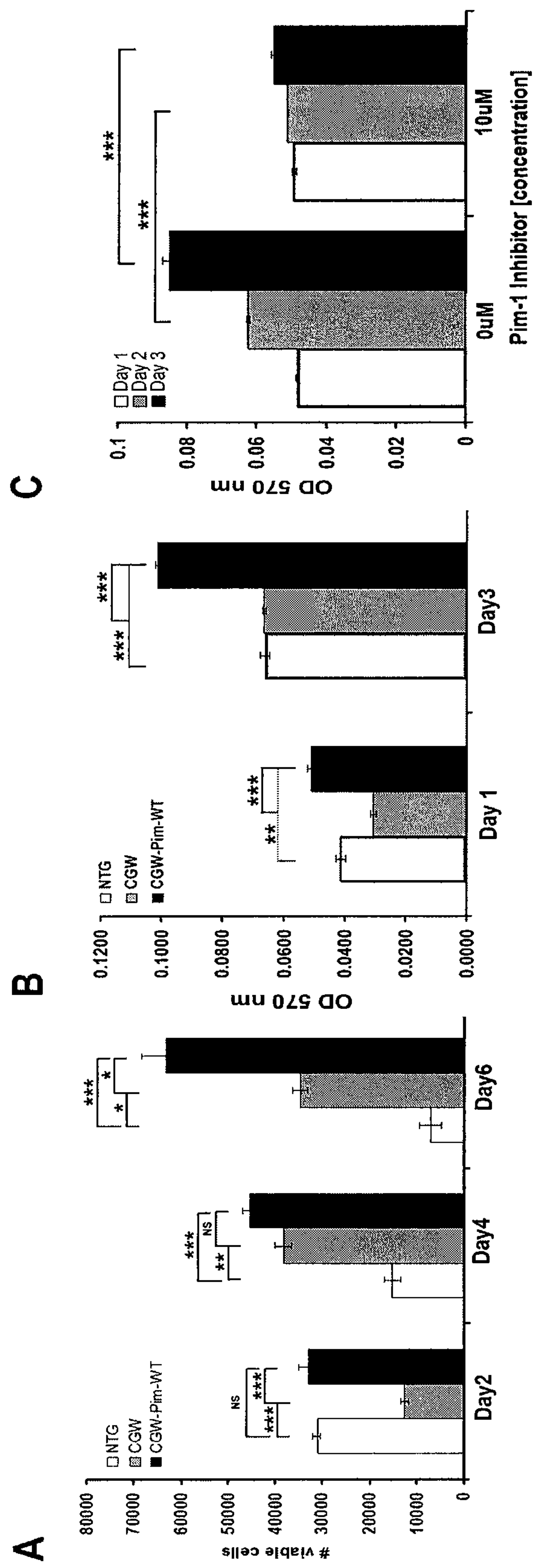


Figure 17

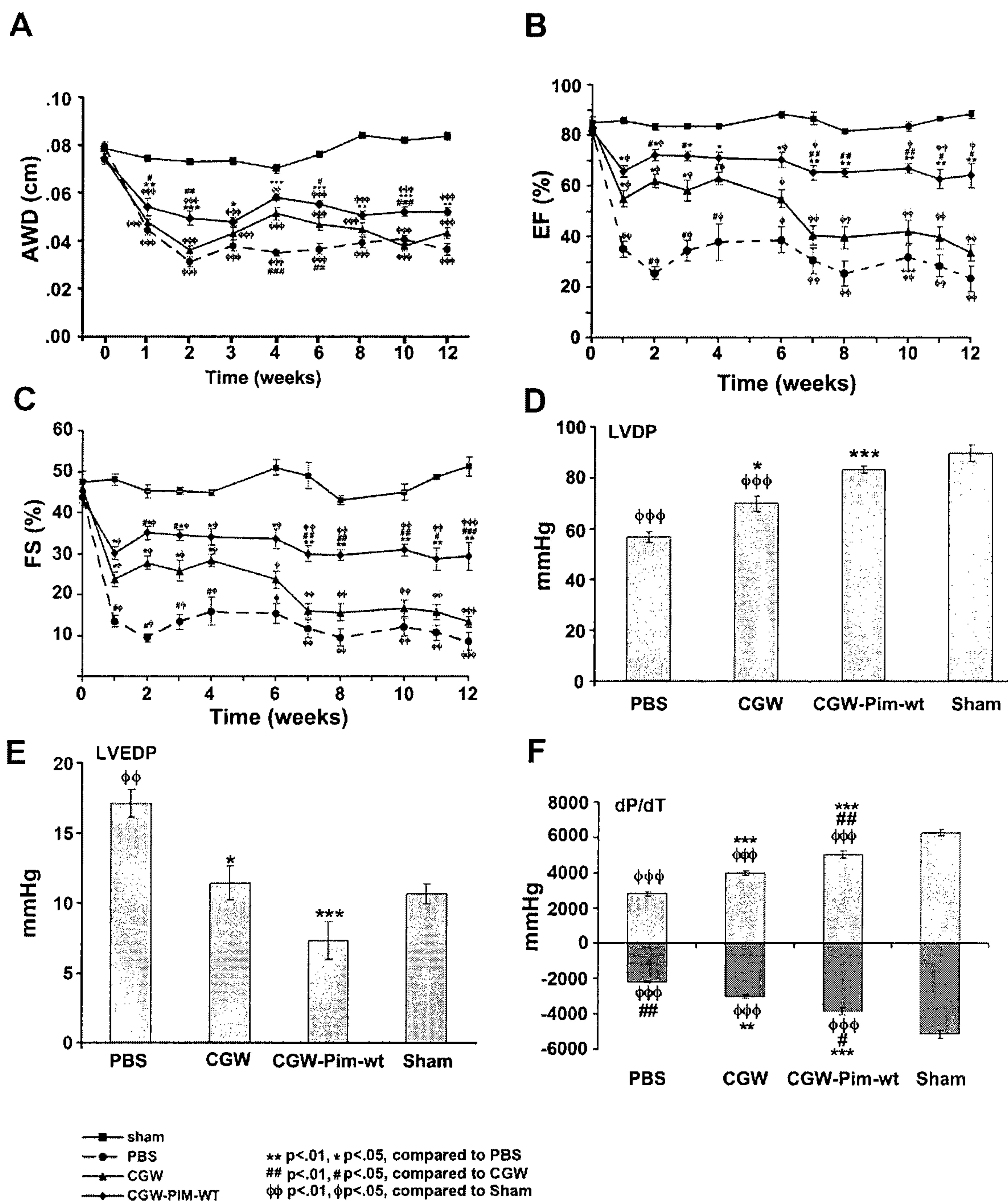


Figure 18

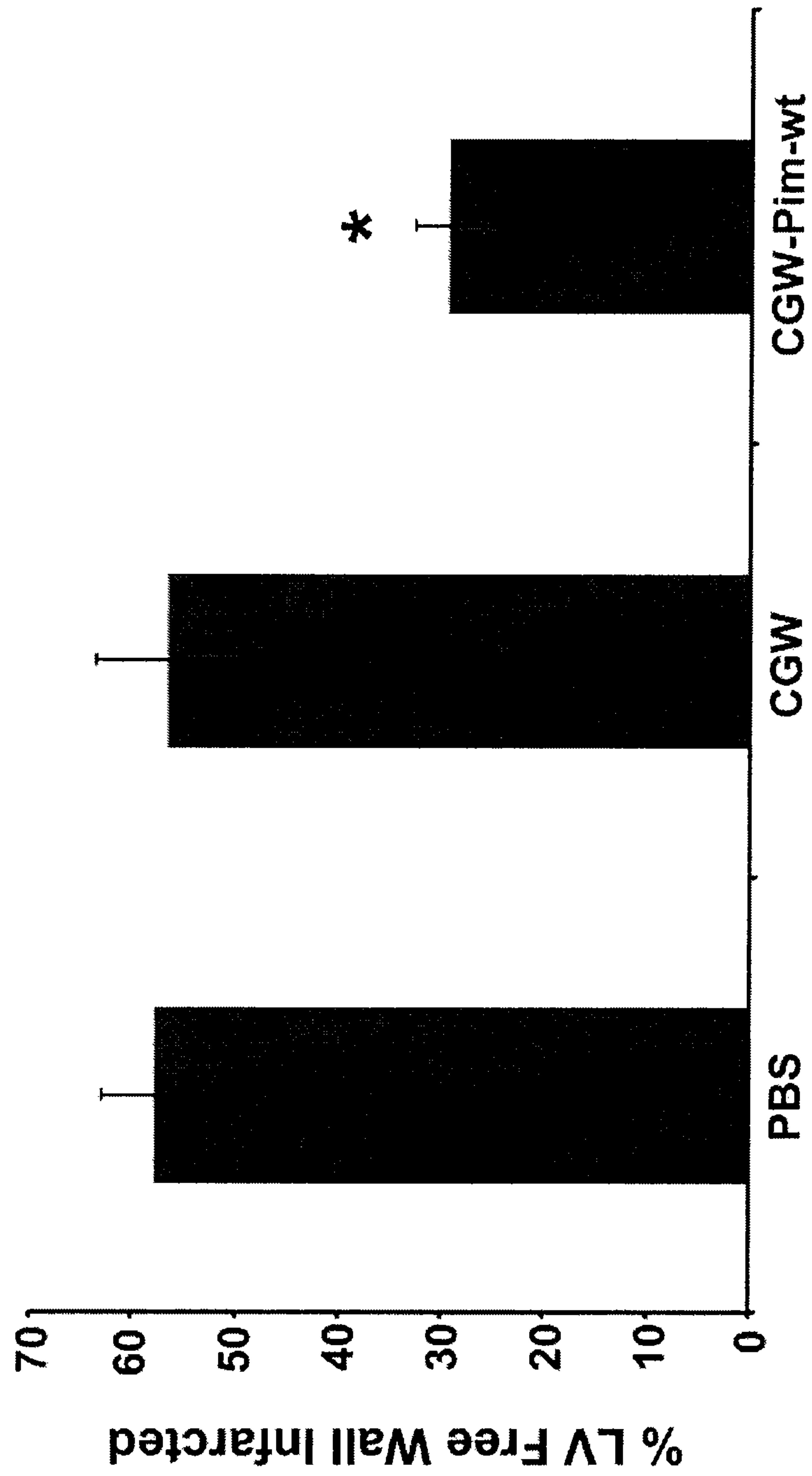
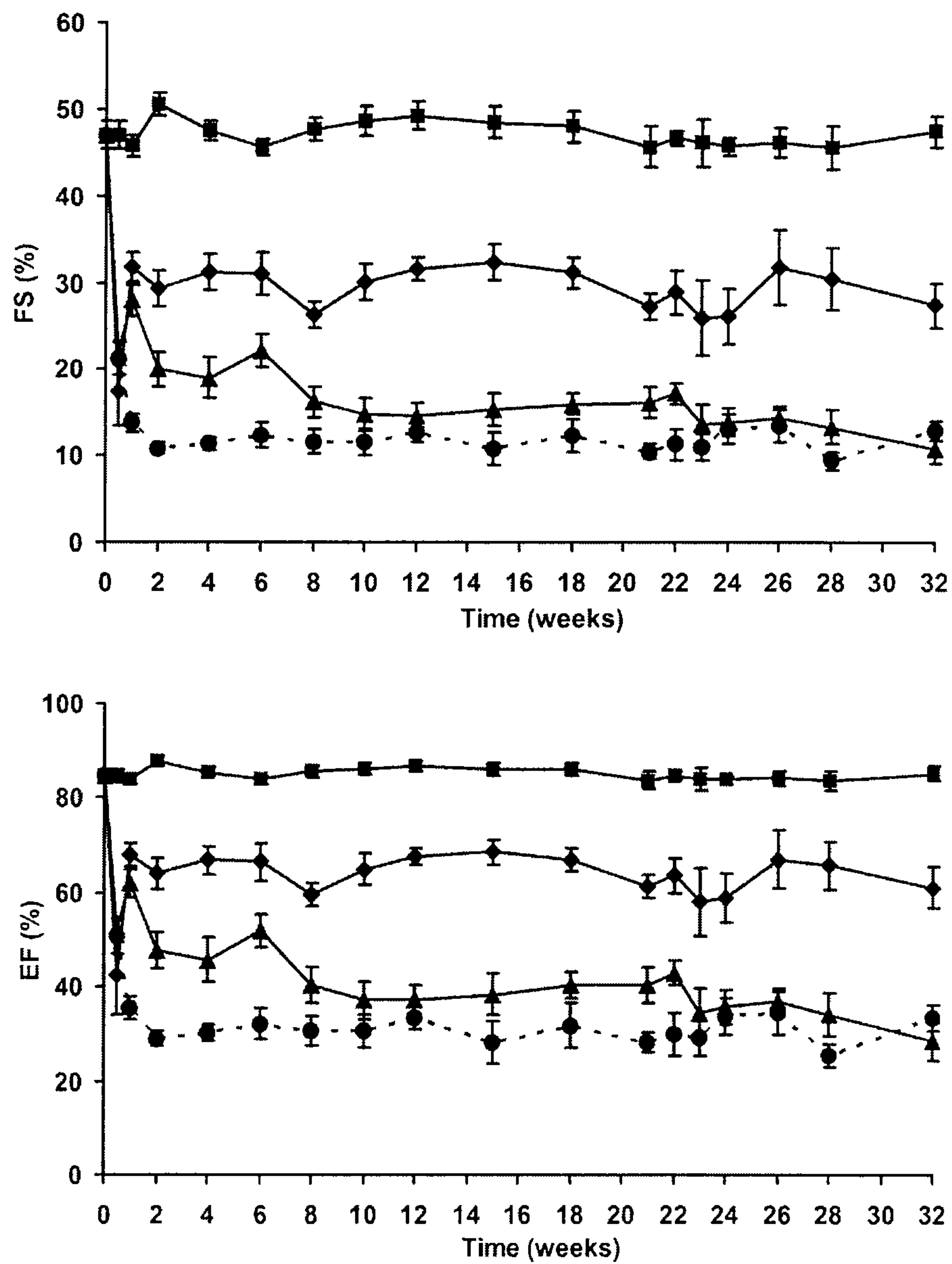


Figure 19

**Figure 20**

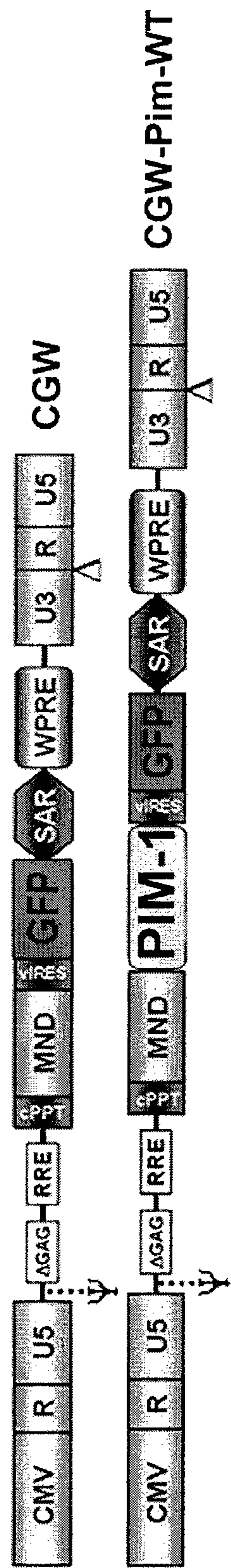


Figure 21

