

Review Article

Signaling Pathways of Receptors Involved in Platelet Activation and Shedding of These Receptors in Stored Platelets

Asra Amelirad¹, Karim Shamsasanjan^{1*}, Parvin Akbarzadehlaleh², Davod Pashoutan Sarvar³

¹Immunology Research Center, Tabriz University of Medical Sciences, Tabriz, Iran.

²Department of Pharmaceutical Biotechnology, Faculty of Pharmacy, Tabriz University of Medical Sciences, Tabriz, Iran.

³Asadabad School of Medical Sciences, Asadabad, Iran.

Article info

Article History:

Received: 29 June 2018

Revised: 25 Oct. 2018

Accepted: 12 Nov. 2018

epublished: 21 Feb. 2019

Keywords:

ADAM proteins

Metalloproteases

Platelet activation

Platelet membrane glycoproteins

Platelet storage pool deficiency

Platelet transfusion

Abstract

All cells encounter various signals coming from the surrounding environment and they need to receive and respond to these signals in order to perform their functions. Cell surface receptors are responsible for signal transduction. Platelets are blood cells which perform several functions using diverse receptors. Platelet concentrate is one of the most consumed blood products. However, due to the short lifespan of the platelets and platelets damage during storage, we face shortage of platelet products. One of the damages that platelets undergo during storage is the loss of surface receptors. Since cell surface receptors are responsible for all cell functions, the loss of platelet receptors reduces the quality of platelet products. In this study, we reviewed the important receptors involved in platelet activation and their associated signaling pathways. We also looked at the platelet receptors that shed during storage and the causes of this incident. We found that GPIIb α , P-selectin, CD40 and GPVI are platelet receptors that fall during platelet storage at room temperature. Considering that GPVI and GPIIb α are the most important receptors which involved in platelet activation, their shedding can cause decrease in platelet activation after transfusion and decrease thrombus consistence. Shear stress and platelet contact with the container wall are among the mechanisms discussed in this process, but studies in this area have to be continued.

Introduction

Platelets are the smallest blood cells (~2.5 μ m) and human adults approximately have 1 trillion platelets in circulation that are turned over every 8–10 days.^{1,2} They are metabolic active cells, and are seen in numerous functional organelles, highly organized cytoskeleton, vast array of receptors, and many secretory granules.³ Platelets are formed from mature megakaryocytes and arisen from the long tube-like developed cytoplasmic extension called proplatelets in particular platelets develop process. After release of platelets, the megakaryocyte nucleus, its envelope, and its neighbor cytoplasm, usually remains in the marrow, and finally, phagocytized by macrophages.⁴ Megakaryocytes are derived from hematopoietic stem cells (HSCs) in bone marrow.^{5,6} Bone marrow microenvironment contains cellular and acellular compartments. Cellular compartment contains HSCs, mesenchymal stem cells (MSCs), and some other kinds of stromal cells. On the other hand, acellular compartment includes scaffold proteins known as extra cellular matrix.⁷ HSCs are able to produce various blood cells.⁵ MSCs which recognized as main components of stromal cell niches support HSCs homing, proliferation, self-renewal, and differentiation in the bone marrow. Cheng

et al⁸ demonstrated under co-culture conditions, MSCs are able to support megakaryocyte differentiation and platelet formation from CD34b HSC.⁹ Although platelets are well-known because of their essential role in homeostasis and thrombus formation, they have many different functions. Platelets release pro-inflammatory and anti-inflammatory, angiogenic factors, and microparticles into the circulation and play serious roles in the host defense, inflammation, angiogenesis, tumor growth and metastasis.¹⁰⁻¹⁴ Platelet receptors are responsible for all these functions and their density and affinity controls the cell function directly. Platelets are unable to perform these functions in the absence of their receptors. Disorder of platelet receptors were first described by Glanzmann¹⁵ in 1918 and Bernard & Soulier¹⁶ in 1948. After the recognition of these disorders, structure and functions of platelet receptors were extensively studied. In the loss of ligand binding and in shear stress status, cell surface receptors are down regulated. One of the receptors down regulation mechanisms is ectodomain shedding. In this mechanism, protein will break in a near location to external surface of membrane layer.¹⁷⁻¹⁹ One of the conditions in which platelets experience shear stresses in storage conditions. In such situation, some of the platelet

*Corresponding Author: Karim Shamsasanjan, Tel: +98 21 88601546, Fax: +98 21 88601545, Email: k.shams@ibto.ir

© 2019 The Author (s). This is an Open Access article distributed under the terms of the Creative Commons Attribution (CC BY), which permits unrestricted use, distribution, and reproduction in any medium, as long as the original authors and source are cited. No permission is required from the authors or the publishers.

surface receptors are involved in surface deduction by shedding.^{20,21} Receptor shedding in the stored platelet reduce platelet quality and is one of the platelet storage lesions.²² In the following, we introduce:

- Platelet receptor signaling with a focus on signaling pathways associated with platelet activation
- Integrin activation (one of the key events in platelet activation)
- Basic mechanism of ectodomain shedding in platelets
- Receptor shedding during platelets storage

Platelet receptor signaling

Platelets perform their functions inside the vessels by using 3 types of signals: inhibitory, activation and negative feedback.²³

Inhibitory signals

Inhibitory signals allow platelets to circulate in a resting state. Platelets are activated even in the absence of activation signals. In healthy vessels, endothelium expresses fundamental forms of nitric oxide synthase (NOSIII) and cyclo-oxygenase-1 (COX-1), which produce the vasoactive hormones NO and prostacyclin (PGI₂), respectively. Both NO and PGI₂ are co-released by endothelial cells and act in synergy to inhibit platelet activation, thereby limiting thrombosis. Nitric oxide activates soluble guanylyl cyclase, present in the cytosol, causing an increase in intracellular cGMP from GTP. An immediate consequence of increasing cGMP is direct activation of protein kinase g (PKg). The activated PKg reduces the intracellular calcium and cell activation by phosphorylation of several targets. PGI₂ is able to bind with the prostacyclin receptor (IP) on the surface of platelets. Activation of the IP receptor on the surface of platelets induces production of cAMP, causing activation of PKa, the subsequent inhibition of several pathways including PKc activation, calcium release, and platelet inhibition. In addition to the NO and PGI₂, CD39 is another mechanism of inhibitory function in the vascular endothelium. In platelet membrane, CD39 hydrolyze endothelium and red cells secreted ADP to AMP and adenosine. Adenosine activates the Gs-coupled adenosine receptor, and leads to inhibition of platelet through elevation of cAMP.²³⁻²⁸

Activatory signals

Among the various platelet receptors that are known, 2 groups of platelets receptors are involved in platelets activation: adhesion receptors and G protein-coupled receptors. Glycoprotein (GP) Ib-IX-V, GP Ia/IIa and GPVI are 3 important adhesion receptors, which play a role in platelet activation.²⁹ In the following, we explain the pathways for platelet activation (Table 1).

VWF/GPIb-IX mediated platelet activation

Von will brand factor is a multi-subunit glycoprotein that circulates in plasma. It is synthesized by endothelial

Table 1. Platelet receptors

Receptor family	Example
Integrins	$\alpha 2\beta 1^{30}$, $\alpha 5\beta 1^{31}$, $\alpha 11\beta 3^{32}$
Lucine rich repeat family	GPIb-IX-V ³³
Selectin s	CD62P ³⁴ , CELEC2 ³⁵
Tetraspanins	CD63 ³⁶
Transmembrane receptors	P2Y ₁ and P2Y ₁₂ ³⁷
Prostaglandin receptors	Prostacyclin receptors, thromboxane receptors ³⁸
Lipid receptors	PAF receptors ³⁹
Immunoglobulin superfamily receptors	GPVI, CD32 ⁴⁰
Tyrosine kinase receptors	Thrombopoietin receptors ⁴¹
Miscellaneous platelet membrane receptors	Serotonin receptors ⁴²

cells and megakaryocytes, that released through a regulated pathway after storage in endothelial Weibel-Palade bodies and platelet α granules.^{43,44} The mature von Willebrand factor (VWF) subunit has 2,050 residues with multiple A-, B-, C-, and D-type domains. The A1 domain contains binding site for platelet GPIb α .^{45,46} GPIb-IX-V is composed by 4 distinct trans membrane proteins: 2 chains of GPIb α (135 kDa), 2 GPIb β (26 kDa), 2 GPiX (20 kDa) and 1 GPV (82 kDa). These proteins are encoded by 4 different genes and belong to lucine rich family that map to chromosomes 17q12 (GPIb α), 22q11.2 (GPIb β), 3q29 (GP5) and 3q21 (GP9), respectively. GPIb-IX-V expresses on the platelet membrane exclusively. There are approximately, 25 000 copies of this receptor per platelet. When blood vessels are disrupted, circulating platelets adhere to exposed subendothelial surfaces through interactions of platelet GPIb α with VWF, which is immobilized on collagen fibers. This is the first step in a cascade of adhesion and signaling events that produce a hemostatic plug at the injured site. Platelets tether to and roll on immobilized VWF, but do not adhere firmly.⁴⁷⁻⁵⁰ The interaction between VWF and GPIb-IX-V not only mediates transient platelet adhesion but also initiates a signaling cascade result in platelet integrin $\alpha_{11b}\beta_3$ activation and outcome stable platelet adhesion, spreading, and aggregation.^{51,52} Platelet activation via VWF/GPIb-IX occurs only in high flow rates. Several intracellular signaling molecules and pathways in GPIb-IX-mediated platelet activation have been included: the phosphatidyl inositol 3-kinase (PI3-kinase) protein kinase b (AKT) pathway, the mitogen-activated protein kinase (MAPK) pathways, and the FCR γ -SYK/PLC γ 2 pathway. Nevertheless, the detailed mechanism of this process remains unclear. There have been conflicted reports regarding to the role of spleen tyrosine kinase (SYK) in GPIb signaling.^{53,54}

Collagen/GPVI mediated platelet activation

Collagens are the most numerous proteins in the subendothelial extracellular matrix and in addition are essential in platelet adherence and platelet plug

establishment to providing mechanical strength to the blood vessel walls.⁴⁶ Among various collagen types only fibrillar collagen type I, III, V, VI and nonfibrillar collagen type IV and VIII are thrombogenic. Although platelets have various receptors for collagen, the integrin $\alpha 2\beta 1$ and GPVI are the most important collagen receptors on platelet surface for binding to collagen and activation of platelets.²⁹ GPVI (62 kDa) is a type of I transmembrane receptor expressed on platelets and megakaryocytes exclusively. It comprises 2 Ig extracellular domains formed by disulphide bonds, a mucin-like stalk and a short 51-AA cytoplasmic tail.⁵⁵ The GPVI cytosolic tail contains recognized sequence motifs for binding to calmodulin and the SH3 domain of Src family tyrosine kinases positively charged arginine in transmembrane region of GPVI that formed a disulfide-linked with FC receptor (FCR) γ -chain. Each FCR γ -chain contains one copy of an immunoreceptor, tyrosine-based activation motif (ITAM) that undergoes phosphorylation on 2 conserved tyrosines upon crosslinking of GPVI, leading to binding and activation of the tyrosine kinase SYK, which phosphorylates downstream targets, such as LAT and SLP-76. This subject induces the establishment of a signaling complex, including LAT, SLP-76, Bruton tyrosine kinase (BTK), Grb2-related adaptor downstream of Shc (GADs), and phospholipase C γ (PLC γ) 2, which further activates PLC γ 2. PLC γ 2 activation leads to catalyzes the formation of inositol 1, 4, 5-trisphosphate (IP3) and diacylglycerol (DAG) from phosphatidylinositol 4, 5-bisphosphate. DAG and IP3 formations activate protein kinase C (PKC) and Ca²⁺ release from intracellular stores, respectively. This result in the integrin-mediated adhesion of platelets and some cellular activation, which leads to the deliver and production of some platelet agonists such as ADP, TxA₂, and thrombin acting via GPCRs.^{48,55-57}

CLEC-2/podoplanin mediate platelet activation

CLEC-2 is a C-type lectin-like type ii transmembrane receptor.⁵⁸ in platelet binding of rhodocytin (exogenous ligand) and podoplanin (endogenous ligand) to CLEC-2 in platelets surface triggers a novel platelet-signaling pathway.⁵⁹ Similar to collagen receptor glycoprotein (GP) VI/FCR γ -chain complex, CLEC2 ligand binding leads to tyrosine phosphorylation in the cytoplasmic tail of CLEC-2, which promotes the binding of SYK, subsequent activation of PLC γ 2, and platelet activation and aggregation.^{60,61} Podoplanin is expressed on the surface of defined types of cancer cells and various normal cells such as kidney podocytes, type I lung alveolar cells, fibroblastic reticular cells in lymph nodes, and lymphatic endothelial cells. CLEC-2-deficient platelets displayed normal adhesion under flow conditions, but further thrombus formation was severely impaired in vitro and in vivo.⁶² Considering that, Podoplanin is expressed on the surface of tumor cells. Therefore, platelet activation by CLEC-2/podoplanin interaction facilitates tumor metastasis.^{59,63}

Platelet activation and signaling mediated by G protein-coupled receptors

Platelet signaling begins with activation of platelet receptors by agonists such as PAF, collagen, thrombin, ADP, TxA₂ and epinephrine. Except collagen, which is described and acts as the first line of hemostasis in platelets, other agonists work through one or more members of G-coupled receptor superfamily.⁶⁴ Through the activation of G protein-mediated signaling pathways, they can further increase their own formation and release; thus they acting as positive-feedback mediators that amplify the initial signals to ensure the rapid activation and recruitment of platelets into a growing plaque.⁵⁷ G protein-coupled receptors (GPCRs) compose one of the largest families of membrane proteins involved in intracellular signaling. All GPCRs share a common serpentine structure of seven transmembrane-spanning domains, with an extracellular n-terminus and an intracellular c-terminus. GPCRs are so-named because they are physically associated with heterotrimeric G proteins. Each G protein is composed of α , β , and γ subunit. After receptor ligation α subunit dissociates from the $\beta\gamma$ subunits, which allows exposure of surfaces on both α and $\beta\gamma$ subunits for interaction with effector proteins. G proteins are generally classified into 4 families: G_s, G_i/Go/Gz, Gq/G₁₁, and G_{12/13}. Each of them is coupled to selective receptors and downstream effectors. Platelet activation via G protein-coupled receptors involves 3 major G protein-mediated signaling pathways that are initiated by the activation of the G proteins, Gq, G₁₃, and G_i. Although, in the absence of Gq-, G₁₃-, or G_i-mediated signaling, some platelet activation can occur, efficient activation of platelets in vitro and in vivo requires all 3 G protein-mediated signaling pathways. TP (thromboxane a₂ receptor), PAR3, PAR4 and PAR1 (thrombin receptors) which are coupled to Gq, and G₁₃, P2Y1 (ADP receptor) are coupled to Gq, and P2Y12 (ADP receptor) are coupled to G_i. Gq transmit cellular signals commonly through its interaction and activation of PLC β . Gq signaling is necessary for GPCR-stimulated platelet granule secretion, integrin activation, and consequent platelet aggregation. Gq signaling is necessary but insufficient for platelet aggregation and induced by ADP and optimal platelet response induced by TXA₂ or low dose thrombin. Gq also needs Gi-coupled to carry out these activities.^{48,57,65-69} G α 13 knockout platelets show reduction in granule secretion and unstable platelet aggregation induced by TxA₂ analog U46619. In addition, platelet aggregation induced by low dose thrombin in G α 13 knockout platelets is decrease.⁷⁰ All GPCR activity in the platelets depends on the G protein, as the knock-out of individual G proteins has been sufficient to disrupt platelet responses to receptor agonists (Table 2).⁶⁵

Negative feedback signals

Maintenance of the proper balance between platelet activation and platelet inhibition is critical because disruption of this balance can cause thrombotic or bleeding disorders, respectively.⁸⁴ Following initiation of platelet

Table 2. G protein-coupled receptors on human platelets

G protein	Agonist	Receptor	Effector/signaling	References
Gq	Thrombin	PAR1	Phospholipase C/Ca ⁺⁺ release, PKC activation	71,72
Gq	Thrombin	PAR4	Phospholipase C/Ca ⁺⁺ release, PKC activation	73-75
Gq	ADP	P2Y1	Phospholipase C Ca ⁺⁺ release, PKC activation	76,77
Gq	TxA2	TP	Phospholipase C, Ca ⁺⁺ release, PKC activation	69
G13	Thrombin	PAR1	Rho activation, actin remodeling	78
G13	TxA2	TP	Rho activation, actin remodeling	78,79
Gi2	ADP	P2Y12	↓ cAMP, PI3Kγ activation	80,81
G _s	PGI ₂	IP	↑ cAMP	82
G _z	Epinephrine	α _{2A} adrenergic	↓ cAMP	75,83

PAR1, Protease activated receptor; TP, Thromboxane receptor; IP, Prostacyclin receptor; PI3, Phosphoinositide 3-kinase

activation and thrombus formation, to control excess clot production, a number of negative regulator signals prevent the activation of more platelets. A number of endogenous inhibitory mechanisms are inhibitory receptors on the surface of platelets e.g., platelet endothelial cell adhesion molecule-1, Intracellular inhibitory receptors e.g., Liver X Receptor α and β and Emerging inhibitory pathways e.g., semaphorin 3A and junctional adhesion molecule-a.⁸⁵⁻⁸⁹

Key events in platelet activation

Platelet activation through agonists-GPCRs Signaling pathways induces platelet-shape change, degranulation, and integrin α_{Ib}β₃-mediated aggregation.^{57,90} In this section, we describe the Integrin activation.

Integrin activation

Integrins are a widely family of heterodimeric transmembrane receptors that are connecting extracellular ligands to mediate cell adhesion α₂β₁ and intracellular signaling pathways.⁹¹ Integrins composed by α- and β-subunits, which are non-covalently linked to each other. Both subunits traverse the plasma membrane and terminate short cytoplasmic domains.⁹² α_{Ib}β₃ (fibrinogen receptor), α_vβ₃ (vitronectin receptor), (collagen receptor), α₅β₁ (fibronectin receptor), and α₆β₁ (laminin receptor) are expressed in platelet. Among these integrins, α_{Ib}β₃ is the most abundant integrin in the platelets. α_{Ib}β₃ is normally kept in a low affinity state in circulating platelets, but transforms into a high affinity state following platelet activation.⁹³ This transformation allows α_{Ib}β₃ to bind Arg-Gly-Asp (RGD) sequence in their ligands. Activation of α_{Ib}β₃ is tightly regulated through a process termed 'inside-out signaling'. It has been shown that inside-out signaling requires the binding of talin and kindlins to the cytoplasmic domain of β₃. In addition, recent studies suggest that CalDAG-GEF1 and its downstream target, Rap1, plays an important role in inside-out signaling.^{48,91} Conversely, the interaction between integrins and their various ligands (fibrinogen, VWF, vitronectin and fibronectin) induces outside-in signals across the membrane that allows αIbβ₃ clustering, e.g. during platelet aggregation. One of the earliest events occurring during integrin outside-in signaling is the

tyrosine phosphorylation of specific substrates. The Src family of kinases (SFKs) has a dominant effect in these phosphorylation events. Src was originally proposed to be constitutively associated with the β₃ integrin C-terminal tail in an inactive conformation of resting platelets via its SH3 domain. Upon ligand binding to αIbβ₃ and integrin clustering, protein phosphatases relieve the inhibitory Src phosphorylation with dissociation of C terminal Src kinase from β₃, permitting Src activation. Src activation results in activation of the tyrosine kinase Syk. Syk substrates contain important outside-in effectors, including the RhoGEFs Vav1 and Vav3, and the SH2- containing leukocyte protein of 76 kDa (SLP-76). In addition, SFKs phosphorylate a host of signaling and cytoskeletal-associated proteins in platelets, including phospholipase Cγ2 (PLCγ2), focal adhesion kinase (FAK), and degranulation promoting adapter protein (ADAP), resulting recruitment and/or activation of these proteins.⁹⁴ Activated FAK modulates the activity of a broad range of downstream signaling proteins, including PI3- Kinases, PLC-γ as well as a number of small GTPases such as Ras, Rac, and Rho.⁹⁵ ADAP interactions with talin and kindlin promote platelet integrin αIbβ₃ activation and stable fibrinogen binding.⁹⁶ In general, inside-out signaling activates the ligand binding function of integrins and outside-in signaling mediates cellular responses induced by ligand binding to integrins leading to cell spreading, granule secretion, retraction, migration, and proliferation.⁹⁷

Platelet receptor shedding

Role of shedding in platelet function

Cells membrane receptors are common beginners in cell signaling. Therefore, receptors density and affinity controls the cell function.¹⁸ However, there are extensive information in literature about activation of platelet receptor.¹⁹ Nevertheless, downregulation of these receptors have not been recognized properly. One of the external cells receptors downregulation mechanisms is ectodomain shedding. In this mechanism, protein breaks near the external surface of membrane layer and the isolated ectodomain will release into the plasma.^{19,98,99} Disjunction part can be operational or use as a private biomarker of platelet.¹⁰⁰ Ectodomain shedding can be

a useful mechanism in abnucleus cells such as platelets because in these cells control of receptor surface through regulation of gene expression has an inconspicuous role.^{18,100} Ectodomain shedding can have other roles in addition to controlling levels of superficial proteins. For instance, the capacity of platelets to form filopodia and lamellipodia and spread on a VWF and/or collagen matrix requires the dynamic breaking of existing receptor/matrix ligand bonds and formation of new receptor matrix/ligand interactions at the tips of filopodia or the spreading lamellipodial edge. One mechanism for how this could occur is through receptor ectodomain shedding.¹⁹ According to the several investigations, 69 platelet membrane proteins have been identified in activated protein supernatant which are prone for shedding. It has been observed that shedding occurs in 12 membrane proteins out of these 69 proteins including semaphorin7a, CD84, GPV, amyloid beta A4, GPIb α , TLT-1, P-selectin, JAMA-1, CD40-L, semaphorin 4D, PECAM and GPVI. There are limited surveys on the remaining 57 membrane proteins.¹⁰¹⁻¹¹¹

Sheddase activation

Two members of a disintegrin and metalloprotease family (ADAMs) called ADAM10 and ADAM17 accomplish ectodomain shedding mechanism.^{19,112} ADAM10 and ADAM17 consist of a pro-peptide domain, catalytic domain, disintegrin domain, regulatory Cys-rich domain, transmembrane region, and cytoplasmic tail. They may be regulated by (a) cysteine-switch, where a free sulfhydryl in the pro-peptide domain interacts with the active-site metal ion inhibiting the enzyme, or (b) intracellular signals, required for ADAM mediated ectodomain shedding. ADAMs have a significant role in superficial proteins ectodomain shedding including growth factor, receptors and their ligands, cytokines and adhesion molecules.¹⁹ ADAMs will be active after cell activation or connecting to receptors which are able to shedding potentially. However, ADAMs basic activation mechanism is complex and has not been recognized completely. In some studies on the activation mechanism of these sheddase, it has been observed, for example, that (a) thiol modifying agents are able to activate ADAMs directly, (b) high amounts of ASA cause GPIb α shedding by ADAM17, or (c) calmodulin restrain which attached to cytoplasmic sequences of some membrane receptors cause the shedding of these receptors. Actually, internal cell signals as external ones are able to cause induction shedding.¹⁸

Various studies in recent years have shown that calmodulin is connected to internal cell domain of GPVI, GPV and GPVI β in circulate platelets and activation of platelets by different agonist causes calmodulin separates from internal cell domain of these proteins. Also, it has been observed calmodulin inhibition causes external domain shedding of GPV and GPVI. However, GPIb β is not affected by shedding in calmodulin inhibition. On the other hand, GPIb α which is connected to GPIb β by

disulfide and non-covalent bond is affected by shedding. It seems that connected calmodulin to GPIb β has a restrain effect on GPIb α shedding and this is only report that shows a receptor has experienced shedding restrain by another cytoplasmic sequences receptor.^{19,98}

Shedding in stored platelet Receptor

Platelet concentrates (PCs) are the most vulnerable blood products with the shortest shelf life.^{113,114} In recent years, requirement to platelet products is being increased due to increment of the patients who are being treated in bone marrow suppression. At the moment platelet are not only being used to control or prevent bleeding but also being increasingly used as a source of growth factors in tissue repair, wound redressing, and skin rejuvenation.¹¹⁵ Using autologous platelet rich products including platelet lysate, platelet rich plasma and platelet rich fibrin for MSCs expansion become more general employing autologous platelet rich products for MSCs expansion is a convenient, non-toxic, safe and cheap therapeutic method that promotes using MSCs for cell therapy. These 3 products contain a variety of growth factors including platelet-derived growth factor, fibroblast growth factor, insulin-like growth factor, transforming growth factor, platelet factor 4, and platelet-derived epidermal growth factor. These growth factors enhance and accelerate MSc.¹¹⁶ however, the short half-life of platelets has caused these products have the most wasting amounts among blood products; for example, in Canada platelet's half-life is about 5 days and 30% of them will be out of reach.¹¹⁷ PSL (platelet storage lesion) is one of the main reasons of platelets short half-life. PSL explains structural and functional changes in platelets from bloodletting until the platelet transfusion.¹¹⁵ Shedding of platelets surface receptor during storage is one of the PSL. The receptor shedding has an obvious difference with other processes such as the losing of receptor surface through internationalization, release of micro particles, and secretion process. In the secretion process, proteins from platelet storage granules releases.^{110,118}

PSL accelerates clearance of platelet after transfusion and has connections with various elements including media, agitation method, bag materials, storage temperature, and so on. Unlike the erythrocyte, platelets are kept between 20-24°C.^{117,119-123} However, keeping the platelets in this range of temperature increases the percentage of bacterial infection and decreases hemostatic activity. Refrigerated platelets do not have these problems, however they eliminate from blood circulation shortly after injection. Desialylation of platelets is considered as one of the mechanisms for rapid elimination of refrigerated platelets that purge them by liver macrophage or hepatocyte through recognition of exposed glycan. Notably, desialylated GPIb α also shows increased susceptibility toward ADAM17-mediated metalloproteolysis.^{118,124}

Beside the platelet activation, there are some other materials such as NEM (N-ethylmaleimide), W7 (N-(6-

Aminoethyl)-5-chloro-1-naphthalenesulfonamide), PMA (PKc activator phorbol-12-myristate-13-acetate), ASA (acetylsalicylic acid), and CCCP (mitochondrial-targeting compound carbonyl cyanide 3-chlorophenylhydrazone) which can induce GPIb α shedding. This shedding cause production of a part called glyocalcin, a soluble n-terminal 130 kDa ectodomain fragment, which is further processed in the plasma by proteases. Glyocalcin is a private biomarker at PSL and refrigerated platelets.

Since shedding is a proteolytic reaction that is dependent on enzyme, controlling of enzyme or substrate is inevitable for restraining shedding. In the case of controlling enzymes for GPIb α shedding, injection of GM6001 or MAPK p38 (which control ADAM17 enzyme) in the storage platelets decreases shedding of this glycoprotein and improves the result of platelet transfusion. Moreover, monoclonal antibody 5G6, which acts as a substrate controller, connects to GPIb α cleavage and prevents enzymes to connect to GPIb α . Thus, there is a close connection between ectodomain shedding and clearance of injected platelets. The reason can be described as follows: decrease of GPIb α surface affected by shedding in storage platelets is effective on adhesion strength of injected platelets under the increase of venous rate share. These platelets have lower functional power and will be eliminated from blood circulation rapidly.^{125,126} GPV is another glycoprotein that experiences shedding during refrigerating of platelets. It seems that GPV shedding is controlled by both ADAM17 and ADAM10, and it is a dependent mechanism on thrombin. On the other hand, GPIb α shedding only depends on ADAM17. The other platelet surface glycoproteins including GPVI, GPIb β , GPIX and glycoprotein IIb/IIIa are not affected by refrigerated storage.¹²⁷

GPIb α shedding is also occurred in storage platelets in room temperature. In room temperature, P-selectin, CD40 and GPVI are also involved in surface deduction by shedding mechanism beside GPIb α . The amount of expression and shedding GPIb α and GPVI have a close correlation, and at the same time, there is a negative connection between these 2 glycoproteins with P-selectin and CD40 expression measure. However, all of their sheddings are increased during storage.¹²⁶ Similar to GPIb α , signaling depended on GPVI has a significant role in cross-linking of receptor. This receptor shedding decreases cell signaling time and causes decreasing in platelet activation and secretion. In addition, these glycoproteins' shedding decrease thrombus consistence and make an easy establishment of thromboembolus.¹⁹

GPVI shedding is more seriously regulated than GPIb α , and different shedding mechanisms may be involved GPVI shedding is induced by GPVI ligands such as collagen, convulxin and CRP. However, under conditions where GPVI is completely lost, GPIb α is detected on platelets. This difference in regulation reflects the fact that GPVI directly binds to calmodulin at the cytoplasmic domain whereas the cytoplasmic domain of GPIb α does

not bind to calmodulin.¹²⁸ Levels of GPVI shedding are higher in stored platelets in compared with non-stored samples activated under the effect of agonists such as Calcium Ionophore. Either interplaying of platelet surface with the container walls during storage or induced shear stress under long-period agitation might play role in the excessive shedding of GPVI during platelet storage.¹²⁶ Shedding of 2 key platelet receptors, glycoprotein (GP) Iba and GPVI, after exposed to the non-physiological high shear stress environment exists in blood contacting medical devices and stenotic blood vessels has also been reported.¹²⁹

Conclusion

All cells are constantly exposed to a variety of extracellular signals. The cells surface receptors are responsible for responding to these signals and, in this way, they control all cell functions. In this paper, we first describe those receptors and signaling pathways, which lead to the activation of platelets, and then explain the ectodomain shedding, which is one of the methods for controlling platelet surface receptors. Two main groups of receptors play roles in the activation of platelets: adhesion receptors and G protein-coupled receptors. However, the initial signaling mechanisms of these 2 receptor groups are different. They ultimately converge into common intracellular signaling events. In particular, almost all agonists induce activation of PLC. The cells use different mechanisms to control the level of their receptors. One of these mechanisms is ectodomain shedding which can be a useful mechanism in no-nucleus cells such as platelets because in these cells control of receptor surface through regulation of gene expression has an inconspicuous role. Regularly, shedding has been occurred after platelets activation, but it has been reported that it has also happened in circulating platelets. However, the platelet receptor shedding does not occur only in vivo. Several studies have suggested the presence of platelet receptors shedding in shear stress conditions, such as storage condition. GPIb α , P-selectin, CD40 and GPVI are induced by ectodomain shedding mechanism in storage bag. As we know, GPVI and GPIb α are the most important receptors, which involved in platelet activation. Therefore, their shedding can reduce cell signaling time and finally, cause decrease platelet activation and secretion. Moreover, these glycoproteins' shedding decreases thrombus consistence and makes an easy establishment of thromboembolus. In addition to shear stress, the platelet contact with the container wall, as another possible cause of this mechanism, has been raised, but studies in this area have to be continued. Thus, finding the main reasons for platelet shedding, which is one of the PSL cases in platelet storage conditions, helps to find a solution to prevent this mechanism or reduce its rate and speed, and ultimately to improve the quality of the storage platelets. Based on the studies reviewed here, there are 2 main possibilities for improving shedding. First method is change the agitation method and its revolution speed

and second is using different platelet storage bag. Thus, investigation the effects of these 2 mode on shedding decrease is an interesting subject for further studies.

Ethical Issues

Not applicable.

Conflict of Interest

The authors declare that they have no conflict of interest.

Acknowledgments

The authors would like to thank Mr. Omid Amelirad (Department of Mechanical Engineering, Sharif University of Technology, Tehran, Iran) and Ms. Sarah Aqmasheh (Department of Immunology, Tabriz University of Medical Science, Tabriz, Iran) for helping us in editing the draft article.

References

- Thon JN, Italiano JE. Platelets: Production, morphology and ultrastructure. In: Gresele P, Born G, Patrono C, Page C, eds. *Antiplatelet Agents. Handbook of Experimental Pharmacology*. Berlin: Springer; 2012.
- Thon JN, Italiano JE. Platelet formation. *Semin Hematol*. 2010;47(3):220-6. doi: 10.1053/j.seminhematol.2010.03.005
- Yun SH, Sim EH, Goh RY, Park JI, Han JY. Platelet activation: the mechanisms and potential biomarkers. *Biomed Res Int* 2016;2016:9060143. doi: 10.1155/2016/9060143
- Patel SR, Hartwig JH, Italiano JE Jr. The biogenesis of platelets from megakaryocyte proplatelets. *J Clin Invest* 2005;115(12):3348-54. doi: 10.1172/JCI26891
- Orkin SH. Diversification of haematopoietic stem cells to specific lineages. *Nat Rev Genet* 2000;1(1):57-64. doi: 10.1038/35049577
- Chang Y, Bluteau D, Debili N, Vainchenker W. From hematopoietic stem cells to platelets. *J Thromb Haemost* 2007;5(suppl 1):318-27. doi: 10.1111/j.1538-7836.2007.02472.x
- Saleh M, Shamsasanjan K, Movassaghpourakbari A, Akbarzadehlaleh P, Molaeipour Z. The impact of mesenchymal stem cells on differentiation of hematopoietic stem cells. *Adv Pharm Bull* 2015;5(3):299-304. doi: 10.15171/apb.2015.042
- Cheng L, Qasba P, Vanguri P, Thiede MA. Human mesenchymal stem cells support megakaryocyte and proplatelet formation from CD34(+) hematopoietic progenitor cells. *J Cell Physiol* 2000;184(1):58-69. doi: 10.1002/(SICI)1097-4652(200007)184:1<58::AID-JCP6>3.0.CO;2-b
- Pashoutan Sarvar D, Shamsasenjan K, Akbarzadehlaleh P. Mesenchymal stem cell-derived exosomes: new opportunity in cell-free therapy. *Adv Pharm Bull* 2016;6(3):293-99. doi: 10.15171/apb.2016.041
- Karpatkin S, Pearlstein E, Ambrogio C, Collier BS. Role of adhesive proteins in platelet tumor interaction in vitro and metastasis formation in vivo. *J Clin Invest* 1988;81(4):1012-9. doi: 10.1172/JCI113411
- Gear AR, Camerini D. Platelet chemokines and chemokine receptors: linking hemostasis, inflammation, and host defense. *Microcirculation* 2003;10(3-4):335-50. doi: 10.1038/sj.mn.7800198
- Zarbock A, Polanowska-Grabowska RK, Ley K. Platelet-neutrophil-interactions: linking hemostasis and inflammation. *Blood Rev* 2007;21(2):99-111. doi: 10.1016/j.blre.2006.06.001
- Risau W, Drexler H, Mironov V, Smits A, Siegbahn A, Funa K, et al. Platelet-derived growth factor is angiogenic in vivo. *Growth Factors* 1992;7(4):261-6.
- Knighnton DR, Hunt TK, Thakral KK, Goodson WH 3rd. Role of platelets and fibrin in the healing sequence: an in vivo study of angiogenesis and collagen synthesis. *Ann Surg* 1982;196(4):379-88.
- Glanzmann E. Hereditare hamorrhagische Thrombasthenie, Ein Beitrag zur Pathologie der Blutplattchen. *Jb Kinderheilkd* 1981;88:113-41.
- Bernard J, Soulier JP. Sur une nouvelle variete de dystrophie thrombocytaire hemorragipare congenitale. *Bull Mem Soc Med Hop Paris* 1948;64(28-29):969-74.
- Saboor M, Ayub Q, Ilyas S, Moinuddin. Platelet receptors; An instrumental of platelet physiology. *Pak J Med Sci* 2013;29(3):891-6.
- Bender M, Stegner D, Nieswandt B. Model systems for platelet receptor shedding. *Platelets* 2017;28(4):325-32. doi: 10.1080/09537104.2016.1195491
- Berndt MC, Karunakaran D, Gardiner EE, Andrews RK. Programmed autologous cleavage of platelet receptors. *J Thromb Haemost* 2007;5(suppl 1):212-9. doi: 10.1111/j.1538-7836.2007.02484.x
- Torres R, Tormey CA, Stack G. Fluid motion and shear forces in platelet storage bags with different modes of agitation. *Vox Sang* 2016;111(2):209-12. doi: 10.1111/vox.12409
- Gardiner EE. Proteolytic processing of platelet receptors. *Res Pract Thromb Haemost* 2018;2(2):240-50. doi: 10.1002/rth2.12096
- Bennett JS. Shedding new light on the platelet storage lesion. *Arterioscler Thromb Vasc Biol* 2016;36(9):1715-6. doi: 10.1161/atvbaha.116.308095
- Bye AP, Unsworth AJ, Gibbins JM. Platelet signaling: a complex interplay between inhibitory and activatory networks. *J Thromb Haemost* 2016;14(5):918-30. doi: 10.1111/jth.13302
- Jones CI, Barrett NE, Moraes LA, Gibbins JM, Jackson DE. Endogenous inhibitory mechanisms and the regulation of platelet function. *Methods Mol Biol* 2012;788: 341-66. doi: 10.1007/978-1-61779-307-3_23
- Mitchell JA, Ali F, Bailey L, Moreno L, Harrington LS. Role of nitric oxide and prostacyclin as vasoactive hormones released by the endothelium. *Exp Physiol* 2008;93(1):141-7. doi: 10.1113/expphysiol.2007.038588
- Dutta-Roy AK, Sinha Ak. Purification and properties of prostaglandin E1/prostacyclin receptor of human blood platelets. *J Biol Chem* 1987;262(26):12685-91.
- JIN RC, Voetsch B, Loscalzo J. Endogenous mechanisms of inhibition of platelet function. *Microcirculation* 2005;12(3):247-58. doi: 10.1080/10739680590925493
- Marcus AJ, Broekman MJ, Drosopoulos JH, Olson KE, Islam N, Pinsky DJ, et al. Role of CD39 (NTPDase-1) in thromboregulation, cerebroprotection, and cardioprotection. *Semin Thromb Hemost* 2005;31(1):234-246. doi: 10.1055/s-2005-869528
- Sanguhl K, Shuldiner AR, Klein TE, Altman RB. Platelet aggregation pathway. *Pharmacogenet Genomics* 2011;21(8):516-21. doi: 10.1097/FPC.0b013e3283406323
- Clemetson KJ, Clemetson JM. Platelet GPIb complex as a target for anti-thrombotic drug development. *Thromb Haemost* 2008;99(03):473-9. doi: 10.1160/TH07-12-0718
- Kasirer-Friede A, Kahn ML, Shattil SJ. Platelet integrins

- and immunoreceptors. *Immunol Rev* 2007;218:247-64. doi: 10.1111/j.1600-065X.2007.00532.x
32. Hagemeyer CE, Peter K. Targeting the platelet integrin GPIIb/IIIa. *Curr Pharm Des* 2010;16(37):4119-33. doi: 10.2174/138161210794519255
 33. Andrews RK, Berndt MC, López JA. The glycoprotein Ib-IX-V complex. Platelets. Amsterdam: Elsevier; 2006.
 34. McEver RP. P-selectin/PSGL-1 and other interactions between platelets, leukocytes, and endothelium. Platelets. Amsterdam: Elsevier; 2007.
 35. Ozaki Y, Suzuki-Inoue K, Inoue O. Novel interactions in platelet biology: CLEC-2/podoplanin and laminin/GPVI. *J Thromb Haemost* 2009;7(suppl 1):191-4. doi: 10.1111/j.1538-7836.2009.03372.x
 36. Israels SJ, McMillan-Ward EM. CD63 modulates spreading and tyrosine phosphorylation of platelets on immobilized fibrinogen. *Thromb Haemost* 2005;93(2):311-8. doi: 10.1160/TH04-08-0503
 37. Gachet C. ADP receptors of platelets and their inhibition. *Thromb Haemost* 2001;86(1):222-32.
 38. Katsuyama M, Sugimoto Y, Namba T, Irie A, Negishi M, Narumiya S, et al. Cloning and expression of a cDNA for the human prostacyclin receptor. *FEBS Lett* 1994;344(1):74-8.
 39. Burgers JA, Akkerman JW. Regulation of the receptor for platelet-activating factor on human platelets. *Biochem J* 1993;291(pt 1):157-61.
 40. Labelle M, Begum S, Hynes RO. Direct signaling between platelets and cancer cells induces an epithelial-mesenchymal-like transition and promotes metastasis. *Cancer Cell* 2011;20(5):576-90. doi: 10.1016/j.ccr.2011.09.009
 41. Kaushansky K. Historical review: megakaryopoiesis and thrombopoiesis. *Blood* 2008;111(3):981-6. doi: 10.1182/blood-2007-05-088500
 42. Li N, Wallen NH, Ladjevardi M, Hjemsdahl P. Effects of serotonin on platelet activation in whole blood. *Blood Coagul Fibrinolysis* 1997;8(8):517-23.
 43. Ruggeri ZM. The role of von Willebrand factor in thrombus formation. *Thromb Res* 2007;120(Suppl 1):S5-9. doi: 10.1016/j.thromres.2007.03.011
 44. Wagner DD. The Weibel-Palade body: the storage granule for von Willebrand factor and P-selectin. *Thromb Haemost* 1993;70(1):105-10.
 45. De Meyer SF, Deckmyn H, Vanhoorelbeke K. von Willebrand factor to the rescue. *Blood* 2009;113(21):5049-57. doi: 10.1182/blood-2008-10-165621
 46. Ju L, Chen Y, Zhou F, Lu H, Cruz MA, Zhu C. Von Willebrand factor-A1 domain binds platelet glycoprotein Iba in multiple states with distinctive force-dependent dissociation kinetics. *Thromb Res* 2015;136(3):606-12. doi: 10.1016/j.thromres.2015.06.019
 47. Kauskot A, Hoylaerts MF. Platelet Receptors. In: Gesele P, Born G, Patrono C, Page C, eds. *Antiplatelet Agents*. Berlin, Heidelberg: Springer; 2012.
 48. Li Z, Delaney MK, O'Brien KA, Du X. Signaling during platelet adhesion and activation. *Arterioscler Thromb Vasc Biol* 2010;30(12):2341-9. doi: 10.1161/ATVBAHA.110.207522
 49. Yago T, Lou J, Wu T, Yang J, Miner JJ, Coburn L, et al. Platelet glycoprotein Iba forms catch bonds with human WT vWF but not with type 2B von Willebrand disease vWF. *J Clin Invest* 2008;118(9):3195-207. doi: 10.1172/JCI35754
 50. Ruggeri ZM, Mendolicchio GL. Adhesion mechanisms in platelet function. *Circ Res* 2007;100(12):1673-85. doi: 10.1161/01.RES.0000267878.97021.ab
 51. Du X. Signaling and regulation of the platelet glycoprotein Ib-IX-V complex. *Curr Opin Hematol* 2007;14(3):262-9. doi: 10.1097/MOH.0b013e3280dce51a
 52. Grainick HR, Williams SB, Collier BS. Asialo von Willebrand factor interactions with platelets. Interdependence of glycoproteins Ib and IIb/IIIa for binding and aggregation. *J Clin Invest* 1985;75(1):19-25. doi: 10.1172/JCI111673
 53. Badolia R, Kostyak JC, Dangelmaier C, Kunapuli SP. Syk Activity Is Dispensable for Platelet GPIb-IX-V Signaling. *Int J Mol Sci* 2017;18(6):1238. doi: 10.3390/ijms18061238
 54. Ozaki Y, Asazuma N, Suzuki-Inoue K, Berndt MC. Platelet GPIb-IX-V-dependent signaling. *J Thromb Haemost* 2005;3(8):1745-51. doi: 10.1111/j.1538-7836.2005.01379.x
 55. Varga-Szabo D, Pleines I, Nieswandt B. Cell adhesion mechanisms in platelets. *Arterioscler Thromb Vasc Biol* 2008;28(3):403-12. doi: 10.1161/ATVBAHA.107.150474
 56. Watson SP, Auger JM, McCarty OJ, Pearce AC. GPVI and integrin alphaIIb beta3 signaling in platelets. *J Thromb Haemost* 2005;3(8):1752-62. doi: 10.1111/j.1538-7836.2005.01429.x
 57. Offermanns S. Activation of platelet function through G protein-coupled receptors. *Circ Res* 2006;99(12):1293-304. doi: 10.1161/01.RES.0000251742.71301.16
 58. Colonna M, Samaridis J, Angman L. Molecular characterization of two novel C-type lectin-like receptors, one of which is selectively expressed in human dendritic cells. *Eur J Immunol* 2000;30(2):697-704. doi: 10.1002/1521-4141(200002)30:2<697::AID-IMMU697>3.0.CO;2-M
 59. Suzuki-inoue K, Inoue O, Ozaki Y. Novel platelet activation receptor CLEC-2: from discovery to prospects. *J Thromb Haemost* 2011;9(suppl 1):44-55. doi: 10.1111/j.1538-7836.2011.04335.x
 60. Fuller GL, Williams JA, Tomlinson MG, Eble JA, Hanna SL, Pöhlmann S, et al. The C-type lectin receptors CLEC-2 and Dectin-1, but not DC-SIGN, signal via a novel YXXL-dependent signaling cascade. *J Biol Chem* 2007;282(17):12397-409. doi: 10.1074/jbc.M609558200
 61. Suzuki-Inoue K, Fuller GL, García A, Eble JA, Pöhlmann S, Inoue O, et al. A novel Syk-dependent mechanism of platelet activation by the C-type lectin receptor CLEC-2. *Blood* 2006;107(2):542-9. doi: 10.1182/blood-2005-05-1994
 62. May F, Hagedorn I, Pleines I, Bender M, Vögtle T, Eble J, et al. CLEC-2 is an essential platelet-activating receptor in hemostasis and thrombosis. *Blood* 2009;114(16):3464-72. doi: 10.1182/blood-2009-05-222273
 63. Suzuki-Inoue K. CLEC-2/podoplanin and thromboinflammation. *Blood* 2017;129(14):1896-8. doi: 10.1182/blood-2017-02-764670
 64. Stalker TJ, Newman DK, Ma P, Wannemacher KM, Brass LF. Platelet Signaling. *Handb Exp Pharmacol* 2012;210:59-85. doi: 10.1007/978-3-642-29423-5_3
 65. Woulfe DS. Platelet G-protein-coupled receptors in hemostasis and thrombosis. *J Thromb Haemost* 2005;3(10):2193-200. doi: 10.1111/j.1538-7836.2005.01338.x
 66. Hollpeter G, Jantzen HM, Vincent D, Li G, England L, Ramakrishnan V, et al. Identification of the platelet ADP receptor targeted by antithrombotic drugs. *Nature* 2001;409(6817):202-7. doi: 10.1038/35051599
 67. Foster CJ, Prosser DM, Agans JM, Zhai Y, Smith MD, Lachowicz JE, et al. Molecular identification and

- characterization of the platelet ADP receptor targeted by thienopyridine antithrombotic drugs. *J Clin Invest* 2001;107(12):1591-8. doi: 10.1172/JCI12242
68. Kim S, Foster C, Lecchi A, Quinton TM, Prosser DM, Jin J, et al. Protease-activated receptors 1 and 4 do not stimulate Gi signaling pathways in the absence of secreted ADP and cause human platelet aggregation independently of G_i signaling. *Blood* 2002;99(10):3629-36. doi: 10.1182/blood.V99.10.3629
 69. Paul BZ, Jin J, Kunapuli SP. Molecular mechanism of thromboxane a₂(2)-induced platelet aggregation. Essential role for p2t(ac) and alpha(2a) receptors. *J Biol Chem* 1999;274(41):29108-14. doi: 10.1074/jbc.274.41.29108
 70. Moers A, Nieswandt B, Massberg S, Wettschureck N, Grüner S, Konrad I, et al. G 13 is an essential mediator of platelet activation in hemostasis and thrombosis. *Nat Med* 2003;9(11):1418-22. doi: 10.1038/nm943
 71. Riewald M, Ruf W. Protease-activated receptor-1 signaling by activated protein C in cytokine-perturbed endothelial cells is distinct from thrombin signaling. *J Biol Chem* 2005;280(20):19808-14. doi: 10.1074/jbc.M500747200
 72. Shenker A, Goldsmith P, Unson CG, Spiegel AM. The G protein coupled to the thromboxane A2 receptor in human platelets is a member of the novel Gq family. *J Biol Chem* 1991;266(14):9309-13.
 73. Vretenbrant K, Ramström S, Bjerke M, Lindahl TL. Platelet activation via PAR4 is involved in the initiation of thrombin generation and in clot elasticity development. *Thromb Haemost* 2007;97(3):417-24. doi: 10.1160/TH06-07-0397
 74. Harper MT, Poole AW. Diverse functions of protein kinase C isoforms in platelet activation and thrombus formation. *J Thromb Haemost* 2010;8(3):454-62. doi: 10.1111/j.1538-7836.2009.03722.x
 75. Keularts IML, van Gorp RMA, Feijge MAH, Vuist WMJ, Heemskerk JWM. α_{2A} -adrenergic receptor stimulation potentiates calcium release in platelets by modulating cAMP levels. *J Biol Chem* 2000;275(3):1763-72. doi: 10.1074/jbc.275.3.1763
 76. Jin J, Daniel JL, Kunapuli SP. Molecular basis for ADP-induced platelet activation. II. The P2Y1 receptor mediates ADP-induced intracellular calcium mobilization and shape change in platelets. *J Biol Chem* 1998;273(4):2030-4.
 77. Salzman EW, Kensler PC, Levine L. Cyclic 3',5'-adenosine monophosphate in human blood platelets. iv. Regulatory role of cyclic amp in platelet function. *Ann N Y Acad Sci* 1972; 201: 61-71.
 78. Neer EJ. Heterotrimeric G proteins: Organizers of transmembrane signals. *Cell* 1995;80(2):249-57.
 79. Dangelmaier C, Jin J, Smith JB, Kunapuli SP. Potentiation of thromboxane A2-induced platelet secretion by Gi signaling through the phosphoinositide-3 kinase pathway. *Thromb Haemost* 2001;85(02):341-8.
 80. Dorsam RT, Kunapuli SP. Central role of the P2Y 12 receptor in platelet activation. *J Clin Invest* 2004;113(3):340-5. doi: 10.1172/JCI20986
 81. Murugappa S, Kunapuli SP. The role of ADP receptors in platelet function. *Front Biosci* 2006;11:1977-86.
 82. Dorris SL, Peebles RS Jr. PGI2 as a regulator of inflammatory diseases. *Mediators Inflamm* 2012;2012:926968. doi: 10.1155/2012/926968
 83. Kim S, Jin J, Kunapuli SP. Akt activation in platelets depends on Gi signaling pathways. *J Biol Chem* 2004;279(6):4186-95. doi: 10.1074/jbc.M306162200
 84. Gough NR. Platelet NF- κ B-PKA Complex. *Sci Signal* 2010;3(126):ec182. doi: 10.1126/scisignal.3126ec182
 85. Jones CI, Barrett NE, Moraes LA, Gibbins JM, Jackson DE. Endogenous inhibitory mechanisms and the regulation of platelet function. *Methods Mol Biol* 2012;788:341-66. doi: 10.1007/978-1-61779-307-3_23
 86. Newton-Nash DK, Newman PJ. A new role for platelet-endothelial cell adhesion molecule-1 (CD31): inhibition of TCR-mediated signal transduction. *J Immunol* 1999;163(2):682-8.
 87. Moraes LA, Unsworth AJ, Vaiyapuri S, Ali MS, Sasikumar P, Sage T, et al. Farnesoid X Receptor and its ligands inhibit the function of platelets. *Arterioscler Thromb Vasc Biol* 2016;36(12):2324-33. doi: 10.1161/atvbaha.116.308093
 88. Kashiwagi H, Shiraga M, Kato H, Kamae T, Yamamoto N, Tadokoro S, et al. Negative regulation of platelet function by a secreted cell repulsive protein, semaphorin 3A. *Blood* 2005;106(3):913-21. doi: 10.1182/blood-2004-10-4092
 89. Naik MU, Stalker TJ, Brass LF, Naik UP. JAM-A protects from thrombosis by suppressing integrin α IIb β 3-dependent outside-in signaling in platelets. *Blood* 2012;119(14):3352-60. doi: 10.1182/blood-2011-12-397398
 90. Nieswandt B, Schulte V, Zywiets A, Gratacap MP, Offermanns S. Costimulation of Gi-and G12/G13-mediated signaling pathways induces integrin alpha IIBbeta 3 activation in platelets. *J Biol Chem* 2002;277(42):39493-8. doi: 10.1074/jbc.M207256200
 91. Joo SJ. Mechanisms of platelet activation and integrin α II β 3. *Korean Circ J* 2012;42(5):295-301. doi: 10.4070/kcj.2012.42.5.295
 92. Kim SH, Turnbull J, Guimond S. Extracellular matrix and cell signalling: the dynamic cooperation of integrin, proteoglycan and growth factor receptor. *J Endocrinol* 2011;209(2):139-51. doi: 10.1530/JOE-10-0377
 93. Coller BS, Shattil SJ. The GPIIb/IIIa (integrin alphaIIbeta3) odyssey: a technology-driven saga of a receptor with twists, turns, and even a bend. *Blood* 2008;112(8):3011-25. doi: 10.1182/blood-2008-06-077891
 94. Durrant TN, van den Bosch MT, Hers I. Integrin α _{IIb} β 3 outside-in signaling. *Blood* 2017;130(14):1607-19. doi: 10.1182/blood-2017-03-773614
 95. Hitchcock IS, Fox NE, Prévost N, Sear K, Shattil SJ, Kaushansky K. Roles of focal adhesion kinase (FAK) in megakaryopoiesis and platelet function: studies using a megakaryocyte lineage specific FAK knockout. *Blood* 2008;111(2):596-604. doi: 10.1182/blood-2007-05-089680
 96. Kasirer-Friede A, Kang J, Kahner B, Ye F, Ginsberg MH, Shattil SJ. ADAP interactions with talin and kindlin promote platelet integrin α IIb β 3 activation and stable fibrinogen binding. *Blood* 2014;123(20):3156-65. doi: 10.1182/blood-2013-08-520627
 97. Shen B, Delaney MK, Du X. Inside-out, outside-in, and inside-outside-in: G protein signaling in integrin-mediated cell adhesion, spreading, and retraction. *Curr Opin Cell Biol* 2012;24(5):600-6. doi: 10.1016/j.ceb.2012.08.011
 98. Mo X, Nguyen NX, Mu Ft, Yang W, Luo SZ, Fan H, et al. Transmembrane and Trans-subunit Regulation of Ectodomain Shedding of Platelet Glycoprotein Ibalpha. *J Biol Chem* 2010;285 (42):32096-104. doi: 10.1074/jbc.M110.111864
 99. Reiss K, Saftig P. The "a disintegrin and metalloprotease" (ADAM) family of sheddases: physiological and cellular functions. *Semin Cell Dev Biol* 2009;20(2):126-137. doi:

- 10.1016/j.semcd.2008.11.002
100. Gardiner EE, Al-Tamimi M, Andrews RK, Berndt MC. Platelet Receptor Shedding. *Methods Mol Biol* 2012; 788: 321-39. doi: 10.1007/978-1-61779-307-3_22
 101. Hofmann S, Vogtle T, Bender M, Rose-John S, Nieswandt B. The SLAM family member CD84 is regulated by ADAM10 and calpain in platelets. *J Thromb Haemost* 2012;10(12):2581-92. doi: 10.1111/jth.12013
 102. Rabie T, Strehl A, Ludwig A, Nieswandt B. Evidence for a role of ADAM17 (TACE) in the regulation of platelet glycoprotein V. *J Biol Chem* 2005;280(15):14462-8. doi: 10.1074/jbc.M500041200
 103. Bergmeier W, Piffath CL, Cheng G, Dole VS, Zhang Y, Von Andrian UH, et al. Tumor necrosis factor-alpha-converting enzyme (ADAM17) mediates GPIIb/IIIa shedding from platelets in vitro and in vivo. *Circ res* 2004;95(7):677-83. doi: 10.1161/01.RES.0000143899.73453.11
 104. Koenen RR, Pruessmeyer J, Soehnlein O, Fraemohs L, Zerneck A, Schwarz N, et al. Regulated release and functional modulation of junctional adhesion molecule A by disintegrin metalloproteinases. *Blood* 2009;113(19):4799-809. doi: 10.1182/blood-2008-04-152330
 105. André P, Nannizzi-Alaimo L, Prasad SK, Phillips DR. Platelet-derived CD40L: the switch-hitting player of cardiovascular disease. *Circulation* 2002;106(8): 896-9.
 106. Zhu L, Bergmeier W, Wu J, Jiang H, Stalker TJ, Cieslak M, et al. Regulated surface expression and shedding support a dual role for semaphorin 4D in platelet responses to vascular injury. *Proc Natl Acad Sci USA* 2007;104(5):1621-6. doi: 10.1073/pnas.0606344104
 107. Wong MX, Harbour SN, Wee JL, Lau LM, Andrews RK, Jackson DE. Proteolytic cleavage of platelet endothelial cell adhesion molecule-1 (PECAM-1/CD31) is regulated by a calmodulin-binding motif. *FEBS Lett* 2004;568(1-3):70-8. doi: 10.1016/j.febslet.2004.04.094
 108. Gardiner EE, Arthur JF, Kahn ML, Berndt MC, Andrews RK. Regulation of platelet membrane levels of glycoprotein VI by a platelet-derived metalloproteinase. *Blood* 2004;104(12):3611-7. doi: 10.1182/blood-2004-04-1549
 109. Collier BS, Kalomiris E, Steinberg M, Scudder LE. Evidence that glyocalicin circulates in normal plasma. *J Clin Invest* 1984;73(3):794-9. doi: 10.1172/jci111273
 110. Fong KP, Barry C, Tran AN, Traxler EA, Wannemacher KM, Tang HY, et al. Deciphering the human platelet sheddome. *Blood* 2010;117(1):e15-e26. doi: 10.1182/blood-2010-05-283838
 111. Fox JE. Shedding of adhesion receptors from the surface of activated platelets. *Blood Coagul Fibrinolysis* 1994;5(2):291-304.
 112. Reiss K, Saftig P. The "A Disintegrin And Metalloprotease" (ADAM) family of sheddases: Physiological and cellular functions. *Semin Cell Dev Biol* 2009;20(2):126-37. doi: 10.1016/j.semcd.2008.11.002
 113. Yaghoubi R, Shamsasanjan K, Karimi GH, Zadsar M. Evaluation of the quality of platelet components in Azarbaijan Sharghi province: the comparison in the PSL between a blood center and a hospital. *Sci J Iran Blood Transfus Organ* 2017;14(4):261-71.
 114. Rock G, Sherring VA, Tittley P. Five-day storage of platelet concentrates. *Transfusion* 1984;24(2):147-52.
 115. Mittal K, Kaur R. Platelet storage lesion: an update. *Asian J Transfus Sci* 2015;9(1):1-3. doi: 10.4103/0973-6247.150933
 116. Mohammadian M, Shamsasanjan K, Lotfi Nezhad P, Talebi M, Jahedi M, Nickkhab H, et al. Mesenchymal stem cells: new aspect in cell-based regenerative therapy. *Adv Pharm Bull* 2013;3(2):433-7. doi: 10.5681/apb.2013.070
 117. Hadesfandiari N. Improving platelet storage bags: antifouling polymer coatings, antimicrobial peptides and surface topography. University of British Columbia 2017. doi: 10.14288/1.0348313
 118. Andrews RK, Gardiner EE. Basic mechanisms of platelet receptor shedding. *Platelets* 2017;28(4):319-24. doi: 10.1080/09537104.2016.1235690
 119. Cauwenberghs S, van Pampus E, Curvers J, Akkerman JW, Heemskerk JW. Hemostatic and Signaling Functions of Transfused Platelets. *Transfus Med Rev* 2007;21(4):287-94. doi: 10.1016/j.tmr.2007.05.004
 120. Seghatchian J, Krailadsiri P. The platelet storage lesion. *Transfus Med Rev* 1997;11(2):130-44. doi: 10.1053/tm.1997.0110130
 121. van der Meer PF, de Korte D. Platelet preservation: agitation and containers. *Transfus Apher Sci* 2011;44(3):297-304. doi: 10.1016/j.transci.2011.03.005
 122. Murphy S, Gardner FH. Platelet storage at 22 degrees C: role of gas transport across plastic containers in maintenance of viability. *Blood* 1975;46(2):209-18.
 123. NasrEldin E. Effect of cold storage on platelets quality stored in a small containers: Implications for pediatric transfusion. *Pediatr Hematol Oncol* 2017;2(2):29-34. doi: 10.1016/j.phoj.2017.07.001
 124. Grozovsky R, Hoffmeister KM, Falet H. Novel clearance mechanisms of platelets. *Curr Opin Hematol* 2010;17(6):585-9. doi: 10.1097/MOH.0b013e32833e7561
 125. Chen W, Liang X, Syed AK, Jessup P, Church WR, Ware J, et al. Inhibiting GPIIb/IIIa Shedding Preserves Post-Transfusion Recovery and Hemostatic Function of Platelets After Prolonged Storage. *Arterioscler Thromb Vasc Biol* 2016;36(9):1821-8. doi: 10.1161/atvbaha.116.307639
 126. Hosseini E, Ghasemzadeh M, Nassaji F, Jamaat ZP. GPVI modulation during platelet activation and storage: its expression levels and ectodomain shedding compared to markers of platelet storage lesion. *Platelets* 2017;28(5):498-508. doi: 10.1080/09537104.2016.1235692
 127. Jansen AJ, Josefsson EC, Rumjantseva V, Liu QP, Falet H, Bergmeier W, et al. Desialylation accelerates platelet clearance after refrigeration and initiates GPIIb/IIIa metalloproteinase-mediated cleavage in mice. *Blood* 2012;119(5):1263-73. doi: 10.1182/blood-2011-05-355628
 128. Gardiner EE, Arthur JF, Berndt MC, Andrews RK. Role of Calmodulin in Platelet Receptor Function. *Curr Med Chem Cardiovasc Hematol Agents* 2005;3(4):283-7.
 129. Chen Z, Mondal NK, Ding J, Gao J, Griffith BP, Wu ZJ. Shear-induced platelet receptor shedding by non-physiological high shear stress with short exposure time: glycoprotein Iba and glycoprotein VI. *Thromb res* 2015;135(4):692-8. doi: 10.1016/j.thromres.2015.01.030