Award Number: DAMD17-01-1-0045

TITLE: Overcoming Resistance of Prostate Cancer to TRAIL-Mediated Apoptosis

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REPORT DATE: June 2004

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release; Distribution Unlimited

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Overcoming Resistance of Prostate Cancer to TRAIL-Mediated Apoptosis

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Purpose - TRAIL (TNF-related apoptosis inducing ligand) is a protein that induces apoptotic cell death by activating a cascade of cell death caspases. TRAIL is a potential candidate for treatment of prostate cancer. However, it is clear that the majority of prostate cancer cell lines are either insensitive or only partially sensitive to this agent. The purpose of this proposal is to understand the nature of the resistance to this agent and to develop biochemical mechanisms to overcome this inhibition of cell death.

Scope - This proposal focuses on TRAIL resistant human prostate cancer cell lines including LNCaP, PC-3 and DU-145.

Major Findings - We find that TRAIL induced cell death can be markedly enhanced by the proteasome Inhibitor PS-341. The mechanism of action of PS-341 includes increases in the TRAIL receptor, and increases in the BH3 proteins, Bik and Bim. This combination kills cells in the presence of Bcl-xL and the absence of Bax but appears to require the Bak protein for activity.

Results and Significance - This result suggests that this combination of agents will have significant activity in the clinic. It also suggests that changes in the level of the TRAIL receptor, Dr5, and the protein Bik can be markers of the mechanism of action of PS-341.
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Subject –

TRAIL (TNF-related apoptosis inducing ligand) is a protein that trimerizes its receptor and activates caspases to induce apoptotic cell death. We have shown that although some prostate cancer cell lines are extremely sensitive to TRAIL most are either partially or completely resistant. Because TRAIL does not kill normal cells but does kill tumor cells, if resistance could be overcome, this would be a potentially important anticancer agent. The purpose of this grant is to (1) identify the mechanism of resistance of human prostate cancers to TRAIL-induced apoptosis; (2) Determine whether the sensitivity of normal tissue to TRAIL depends on the levels of AKT activity; and (3) Determine how calcitriol functions to modulate TRAIL-induced apoptotic killing. The scope of the research involves studying normal prostate epithelia in tissue culture, malignant human prostate cancer cell lines, and nude mice with subcutaneous tumors to validate this hypothesis.

Task 1-
The goals of this task involved over expressing TRAIL DR5 receptor in prostate cancer cell lines. This task has been circumvented by the development of a unique technology for studying the interaction of proteins with the TRAIL receptor. We used histidine-tagged TRAIL prepared in E. coli added to lysed cells at 1 ug/ml for 20 min on ice. Antihistidine antibody coupled to agarose beads (Sigma) was added to the supernatants which were then incubated with rotation for 2h to overnight at 4C. Beads were washed with TGH buffer (50 mM Hepes pH 7.2, 1% Triton X-100, 10% glycerol, 100 mM NaCl, 1 mM EDTA, 1mM EGTA, 0.25 mM PMSF, and protease inhibitors and eluted twice with 100 mM glycine (pH 2.3) for 10 min on ice. Following addition of concentrated SDS-PAGE sample buffer, the eluates were neutralized with 1N NaOH and boiled for 5 min prior to electrophoresis. The SDS-PAGE gel can then be western blotted with antibodies to TRAIL receptors and other components of the Disc, including FADD and caspase 8. An example of this being successfully done is shown in Figure 3 publication 3.

Task 2-
The goal of this task was to quantitate the binding of specific proteins to the TRAIL receptor under various conditions related to cancer and cell death. This exciting work has been published in Cancer Research and was the basis of a Letter to the Editor (Nesterov A, Kraft AS. In Response 04-4319. Letter to the Editor Can Res 2005; 65:(4)). We find that TRAIL does not kill normal cells or cells immortalized with SV-40 and telomerase, but once cells become transformed by Ras they are then killed by TRAIL.

For these experiments we have used three cell lines, wild type HEK cells, SV-40/Telomerase overexpressor HEK cells, and SV/40/Telomerase/Ras HEK cells. In figure 1 of paper we find that Ras transformed cells undergo apoptosis when treated with TRAIL while the immortalized cells do not.
In figure 2, using the technique described in Task 1, we find that Ras transformed cells have increased caspase 8 bound to the Dr5 receptors. We find that there is also increased caspase 8 cleavage. In addition Bid and plectin are cleaved as part of this increase in caspase 8 activity.

Using zVAD-fmk pretreatment, an inhibitor of apoptosis, we find that there is more caspase 8 bound to the membrane (see Figure 3 paper 3). To determine what is causing Ras induced apoptosis and the caspase 8 binding we have used inhibitors of Ras farnesylation SCH 66336, PD 98059, and U0126, the later two being MEK inhibitors. We find that all three of these compounds block the ability of Ras to enhance TRAIL induced apoptosis. This data suggests that the MEK activity is needed for effect of Ras on TRAIL killing. Further we are able to demonstrate that MEK Q56P can duplicate this activity.

Fig. 1. Transformation of human embryonic kidney cells (HEK) and human foreskin fibroblasts (BJ) with Ras sensitizes them to tumor necrosis factor-related apoptosis-inducing ligand (TRAIL)-induced apoptosis. The effects of TRAIL (1 µg/ml) on normal (N), immortalized (I), or Ras-transformed (R) HEK cells and BJ fibroblasts were assessed 72 h after the addition of TRAIL. A, the morphology of the plated cells was assessed, and representative photographs are shown. B, the cells were harvested, and extracts were processed by DNA laddering assay. DNA laddering was visualized by ethidium bromide staining of 2% agarose gels. Molecular weight markers are shown on the right.

Fig. 2. Proapoptotic effects of Ras are mediated by the mitogen-activated protein kinase pathway. Immortalized human embryonic kidney (HEK) cells were infected with empty retrovirus (EV), retroviruses expressing different Ras constructs (as indicated), activated mutant of mitogen-activated protein kinase 1 (MEK1Q56P) or wild-type MEK1 [MEK(WT)]. Uninfected cells were used as control (Cont). The cells were treated with 1 µg/ml tumor necrosis factor-related apoptosis-inducing ligand (TRAIL) for 48 h. Apoptotic cells were detected by incorporation of 7-aminoactinomycin D (7AAD). Data are presented as percentage of 7AAD-positive cells after subtraction of 7AAD uptake by cells not treated with TRAIL. The data shown are the average of three determinations and the SD (bars) of the mean.

Fig. 3.
We do not see any changes in Flip levels, as has been suggested to be important in the literature. We find that blocking the activity of MEK decreases the amount of caspase 8 bound to the Dr5 receptor. Additionally, we find that constitutively active MEK is sufficient to increase the amount of caspase 8 bound to the receptor.

**Task 3**
The goal of this task was to examine the regulation of Bid during the apoptotic process, and the ability of AKT to regulate this enzyme. The results detailed in this paragraph have been published in paper 1. To evaluate the control of Bid cleavage by TRAIL we used both prostate cancer and liver cells. We have added TRAIL (100 ng) to LNCaP cells and seen minor cleavage of caspase 8. We find that the addition of 1ug of the proteasome inhibitor PS-341, VELCADE, markedly increases the level of caspase 8 cleavage. The cells were incubated overnight before extracts were made. Thus BID cleavage is related to both the presence of TRAIL and the proteasome inhibitor. We find that the addition of both agents to HCT116 cells which are Bax-/- cells is still sufficient to induce the cleavage of BID.

We find that PS-341 treatment is associated with increases in Dr5 and Dr4 both at the level of the protein and the mRNA. We find an approximately 8-fold increase in the mRNA and a similar increase in the protein. We find that the protein levels are stabilized by PS-341.
Figure 4 Response of TRAIL receptor protein and mRNA expression to PS-341 treatment. (a) PS-341 treatment increases cell surface DR5 and DR4 receptors. HC-4 cells were exposed to 1 μM PS-341 for 0, 3, and 18 h. Cell surface TRAIL receptors were prepared as described in Materials and methods and analyzed by Western blotting for DR4 and DR5 protein. The lane labeled 'No TRAIL' represents cells to which histidine-tagged TRAIL was not added prior to cell lysis and incubation with antihistidine agarose (cf. Materials and methods).

(b) DR5 transcript levels increase in response to PS-341 treatment. Semiquantitative PCR (gel) and quantitative real-time PCR (ΔCt) were performed on cDNA prepared from RNA of HC-4 colon cancer cells exposed to PS-341 (1 μM) for various times. ΔCt values (the difference in cycle number at a given threshold during the linear phase of amplification) are relative to control cells; fold increases (2ΔCt) are in parentheses. (c) PS-341 treatment prevents degradation of DR4 and DR5 protein. HC-4 cells were exposed to vehicle or PS-341 for 6 h. At this point, cycloheximide (50 μM) was added and incubation was continued for an additional 18 h. Total cellular TRAIL receptors were isolated as described in Materials and methods and subjected to Western analysis for DR4 and DR5. The lane labeled 'No TRAIL' is as in (a).

Using an HA-ubiquitin construct we find that the Dr5 receptor is ubiquinated and that PS-341 increases the level of this ubiquitin.
Finally using MEFs that are KO for bax or bak or bax and bak, we find that bak but not bax is needed for the combined death induced by PS-341 and TRAIL. Thus bax +/- cells still undergo death when both agents are added. However, Bak KO cells do not.

Thus, we have found that Bid cleavage can be enhanced by the addition of TRAIL and PS-341. PS-341 increases the levels of TRAIL receptor to enhance BID cleavage. The ability of both agents to kill seems to be dependent on the presence of Bak.

**Task 4**

Because of the ability of Akt to affect the NF-kB signal we have evaluated the role of NF-kB in TRAIL killing. These experiments were done in renal cancer cells because the NF-kB signal transduction pathway is well-documented in this model. We find that modulation of the NF-kB pathway does not regulate the ability of TRAIL to kill. For example, if NF-kB is upregulated by treatment with TNF\(\alpha\) these cells do not become any more sensitive to TRAIL.

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**Figure 5** Ubiquitination of DR5. Expression vectors containing FLAG-tagged DR5 (L334N) (FLAG-DR5), HA-tagged ubiquitin (HA-Ub), or empty vector were transfected into 293 T cells in the combinations indicated. After 24 h, PS-341 (1 \(\mu\) M) or vehicle was added and the cultures were incubated overnight. Cell lysates were incubated overnight with anti-FLAG antibody covalently coupled to agarose beads at 4\(^\circ\). Bound material was eluted and prepared for Western blotting as described for DR5 immunoprecipitation. Blots were stained for DR5 (FLAG) or ubiquitin (HA) as indicated.

**Figure 6** Activation of NF-\(\kappa\)B in response to TRAIL. The A498, KRC/Y, KV-6, and PV-4 cell lines were either left untreated or treated with 100 ng/ml TNF\(\alpha\) or 300 ng/ml TRAIL for 45 minutes. Nuclear extracts were prepared and EMSA was performed using a \(^{32}\)P-labeled NF-\(\kappa\)B binding site of the H2-K\(^{b}\) MHC class I promoter consensus binding element. A control lane containing labeled probe in the absence of nuclear extracts demonstrates no mobility shift. Data for PV-4 cells shown was obtained in a separate experiment.
It has been shown by multiple laboratories that a dominant negative IkB will inhibit NF-kB. We have infected with the Ad-mIkB and then examined the sensitivity of the cells to TRAIL killing. We find that inhibiting NF-kB does not affect the ability of TRAIL to kill. Likewise we do not find that there is any increased sensitivity to TRAIL as a killing agent.

Figure 7 Inhibition of NF-xB using Ad-mIkB does not affect TRAIL mediated cytotoxicity in RCC cell lines. A. To determine the effectiveness of Ad-mIkB to inhibit NF-xB activation, KRC/Y, KV-6 and PV-4 cells were left untreated or transduced with Ad-mIkB at a MOI of 20 for 18 h prior to stimulation with 100 ng/ml TNF. EMSA was performed as in Figure 6 in cells treated with TNF following transduction with Ad-mIkB (mIkB + TNF). B. To determine effects of NF-xB inhibition on TRAIL sensitivity in KRC/Y, KV-6 and PV-4 cells, cells were either left untreated or transduced with Ad-mIkB or a control Ad-GFP construct at a MOI of 20. After 18 h cells were either left untreated or treated with 300 ng/ml TRAIL. Cell viability was measured using an MTS based assay 72 h following TRAIL treatment and expressed as percent control relative to untreated cells. Data are expressed as mean +/- SD for triplicate determinations.

Thus, this suggests that modulation of NF-kB by AKT does not affect the ability of TRAIL to kill.
Task 5-
The goal of this task is to determine whether normal prostate epithelial cells are sensitive to TRAIL. We have found that TRAIL application to normal prostate cells induces apoptosis. This induction of apoptosis is enhanced by the addition of cycloheximide. The effect of TRAIL is irrespective of the passage number of the primary cells in culture and is not correlated with the presence or absence of the decoy receptors as determined by PCR. This result cannot be explained by changes in the levels of Flip 1, gamma or delta. We find that cycloheximide increases TRAIL killing of these normal cells. These data are published in Oncogene.

![Figure 8 PrEC were pre-treated overnight with 10 μM cycloheximide or left untreated. Cultures were then incubated for 6 h with 100 or 1000 ng/ml of TRAIL alone or in combination with cycloheximide. Cell lysates were electrophoresed and the same Western blot was consecutively probed with antibodies specific to caspase 8 (Upstate Biotechnology, Lake Placid, NY, USA), caspase 3 (Transduction Laboratories, Lexington, KY, USA), DFF45 (Zymed Laboratories, So. San Francisco, CA, USA), gelsolin (Sigma, St. Louis, MO, USA), FLIP (ABR, Golden, CO, USA) and FLIP $^\gamma$ (Calbiochem, San Diego, CA, USA).]

Task 6-
This task was to evaluate the ability to enhance TRAIL killing by using small molecules. We have found that PS-341 greatly enhances the killing of prostate cells. This observation is true even when the cell type being studied is insensitive to either PS-341 or TRAIL.
Figure 9 PS-341 treatment markedly enhances TRAIL-induced apoptosis. (a) Cell viability assay of cell growth. LNCaP cells were treated with PS-341 or TRAIL in varying amounts overnight and the MTS assay was performed as described in Materials and methods. The s.d. of triplicate determinations is shown. (b) Nucleosome ELISA assay of treated LNCaP cells. LNCaP cells were treated overnight with vehicle, PS-341 (1 μM), TRAIL (0.1 μg/ml), or the combination of these two agents. The s.d. of triplicate determinations is shown. (c) The effect of PS-341, TRAIL, or both agents on the levels of specific cellular proteins. LNCaP cells were treated as in Figure 1b (D, DMSO; T, TRAIL; P, PS-341, and P/T, PS-341 and TRAIL). Extracts were run on a 10% SDS : PAGE gel, transferred to Immobilon, and Western blotted with antibodies to ubiquitin, p21\textsuperscript{waf1}, c-Myc, and PARP.

The addition of the combination of these agents to LNCaP human prostate cancer cells increases the amount of cell death. We do not find that this is secondary to changes in Flip proteins since both the L and S levels are unchanged with PS-341 treatment. The ability of these agents to kill does not appear to depend on caspase 9. We have demonstrated this by using mouse embryo fibroblasts that are KO for caspase 9. We also demonstrate that Bak rather than Bax is more important for the killing mediated by these agents (see figure).
Figure 10 Response of caspase 9⁻/⁻ MEF to PS-341 and TRAIL. Caspase 9⁻/⁻ MEF were exposed to vehicle, 0.1 μM PS-341, 1 μg/ml TRAIL, or the combination for 18 h. Cells were processed for DAPI uptake as described in Materials and methods. Data are expressed as mean and range of two independent experiments.

Task 7-
The goal of this task is to discover how PS-341 enhances the activity of TRAIL. We have found that PS-341 (Bortezomib) increases the levels of Bik in all cell lines tested. In some cell lines we also found that Bim was increased. We found that knocking out Bim using RNAi did not prevent cell death induced by Bim.
Figure 11 Effectiveness of RNAi directed against Bim and Bik in stable cell lines. A, MCF-7 human breast cancer cells stably expressing a shRNA against Bim, and the parental cell line, were treated with 1 μmol/L bortezomib for the indicated times. Cell lysates were analyzed by Western blotting for the indicated proteins. Bottom, Cells treated with 1 μmol/L bortezomib for 24 h were scored for nuclear DAPI uptake as described in Materials and Methods. B, MCF-7 human breast cancer cells stably expressing a shRNA against Bim, and the parental cell line, were treated with 1 μmol/L bortezomib and the indicated TRAIL concentrations for 24 h. Surviving cells were scored as described in Materials and Methods. C, LNCaP human prostatic cancer cells stably expressing a shRNA against Bik, and the parental cell line, were treated with bortezomib and TRAIL as indicated for 6 h. Cell lysates were analyzed for the indicated proteins by Western blotting.

Similarly, we did not find that knocking out Bik alone increased the cell death induced by PS-341 alone or with the addition of TRAIL. However, we were able to show that the knocking out both Bik and Bim decreased the amount of cell death induced by TRAIL and PS-341.

Figure 12a Protection against TRAIL-mediated apoptosis by RNAi directed against Bim and/or Bik. LNCaP human prostatic cancer cells stably expressing a shRNA directed against Bik were transiently transfected with constructs expressing GFP and a shRNA directed against Bik, or the cDNA encoding GFP alone. As a control, LNCaP cells stably expressing an RNAi with no effect on Bik or Bim levels were transiently transfected with constructs expressing the cDNA for GFP and or an shRNA directed against Bim, or the cDNA for GFP alone. Cells expressing GFP were sorted by FACS, plated, and treated with TRAIL at the indicated concentrations in the presence of 1 μmol/L bortezomib for 18 h. Cell survival was scored as described in Materials and Methods. Columns, mean; bars, SD. *, P < 0.05, statistically significant deviation from control (GFP) values. Inset, Western blot of control LNCaP cells transiently transfected with the constructs expressing GFP and RNAi directed against Bim. GFP-positive and GFP-negative cells were sorted by FACS, lysed, and analyzed for Bim expression by Western blot using GAPDH as a loading control.

This result is important because it suggests that tumors that have decreased levels of these proteins will be insensitive to these chemotherapies.
**Key Research Accomplishments**

- Normal prostate epithelial cells are sensitive to TRAIL-induced apoptosis – *Publication 1*
- Transformation with RAS oncogene sensitizes cells to TRAIL by increasing the amount of caspase 8 bound to FADD – *Publication 4*
- Ras activates Map kinase kinase to activate this caspase 8 binding – *Publication 4*
- Dominant active Map kinase kinase alone will sensitize cells to TRAIL-induced cell death – *Publication 4*
- Prostate cancer cells are uniformly sensitize cells to TRAIL-induced cell death by the proteasome inhibitor PS341 that has now been approved by the FDA for clinical practice *Publication 2*
- TRIAL plus PS-341 kills prostate cancel cells that are Bax negative or overexpress Bcl-xL – *Publication 2*
- This drug combination increases cleavage of caspase 8 and Bid secondary in part to increased numbers of TRAIL receptors *Publication 2*
- PS-341 and TRAIL induced killing requires the presence of Bak but not Bax to induce cell death – *Publication 2*
- PS-341 increases the level of BH3 proteins Bim and Bik – *Publication 5*
- RNAi inhibition of Bim and Bik block the ability of TRAIL to kill prostate cancer cells – *Publication 5*
REPORTABLE OUTCOMES


Tumor necrosis factor-related apoptosis-inducing ligand (TRAIL) triggers apoptosis in normal prostate epithelial cells

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TRAIL is a pro-apoptotic cytokine believed to selectively kill cancer cells without harming normal ones. However, we found that in normal human prostate epithelial cells (PrEC) TRAIL is capable of inducing apoptosis as efficiently as in some tumor cell lines. At the same time, TRAIL did not cause apoptosis in several other human primary cell lines: aorta smooth muscle cells, foreskin fibroblasts, and umbilical vein endothelial cells. Compared to these primary cells, PrEC were found to contain significantly fewer TRAIL receptors DcR1 and DcR2 which are not capable of conducting the apoptotic signal. This result suggests that the unusual sensitivity of PrEC to TRAIL may result from their deficiency in anti-apoptotic decoy receptors. The protein synthesis inhibitor cycloheximide significantly enhanced TRAIL toxicity toward PrEC as measured by tetrazolium conversion but had little or no effect on other TRAIL-induced apoptotic responses. Although cycloheximide did not further accelerate the processing of caspases 3 and 8, it significantly enhanced cleavage of the caspase 3 substrate gelsolin, indicating that in PrEC a protein(s) with a short half-life may inhibit the activity of the executioner caspases toward specific substrates. As the majority of prostate cancers are derived from epithelial cells, our data suggest the possibility that TRAIL could be a useful treatment for the early stages of prostate cancer.

Keywords: TRAIL; apoptosis; primary; prostate; human

TRAIL (TNFα-Related-Apoptosis-Inducing-Ligand)/Apo-2 ligand (Wiley et al., 1995; Pitti et al., 1996), is a pro-apoptotic cytokine that together with three related proteins, TNFα, CD95/FasL and TWEAK/Apo3L constitute a family of ligands that transduce death signals through death domain containing receptors (Schulze-Osthoff et al., 1998). TRAIL has been reported to induce apoptosis in a variety of cancer cells in vitro, including colon, breast, lung, kidney, CNS, blood and skin (Wiley et al., 1995; Ashkenazi et al., 1999; Walczak et al., 1999, 2000; Griffith et al., 1999), as well as in colon and breast tumor implants in nude mice (Ashkenazi et al., 1999, Walczak et al., 1999). The chemotherapeutic agents 5-FU and CPT-11 can further enhance the cytotoxic effects of TRAIL (Ashkenazi et al., 1999). At the same time, a large panel of primary human cells including prostate epithelial cells has been tested and reported to be TRAIL resistant (Ashkenazi et al., 1999; Walczak et al., 1999). Moreover, unlike TNFα and Fas ligand, whose use for cancer therapy had been hampered by their severe toxicity in vivo (Vassalli, 1992; Nagata, 1997), TRAIL had no toxic effects when systemically administered in rodents (Walczak et al., 1999) and non-human primates (Ashkenazi et al., 1999). These experimental data lead to the general belief that TRAIL can be used as a safe and specific anti-cancer agent.

Previously, we investigated the effects of TRAIL on several prostate cancer cell lines and found that their responses to TRAIL ranged from being highly sensitive (ALVA-31, DU-145, PC-3) to partially (JCA-1, TSU-2026, USA; 2Aventis Pharmaceuticals, 65926 Frankfurt, Germany

APPENDIX 1
TRAIL kills normal human prostate cells

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TRAIL kills normal human prostate cells

A Control Cycloheximide

B

C

TRAIL: - - + + Cycloheximide: - + - +

100 ng/ml TRAIL

1000 ng/ml TRAIL

TRAIL-sensitive. Since this finding contradicted the general concept that TRAIL toxicity is limited to cancerous cells, we tested whether our preparation of TRAIL possessed an aberrant toxicity toward normal cells. It was found that our TRAIL protein did not cause apoptosis in several other primary cells: human foreskin fibroblasts (HFF), human umbilical cord endothelial cells (HUVEC), and human aorta smooth muscle cells (HASMC) (Figure 1c). Consistent with previously published data (Ashkenazi et al., 1999; Walczak et al., Oncogene
of mRNA for TRAIL receptors DR4 and DR5 in PrEC was comparable to that found in TRAIL-resistant HUVEC and HASMC. However, the proportional amount of mRNA for TRAIL receptors DcR1 and DcR2, which bind TRAIL but do not transduce a death signal, was significantly lower in PrEC and TRAIL-sensitive prostate cancer cells ALVA-31 than in other primary cells and TRAIL-resistant prostate cancer cells LNCaP. Thus, one possible explanation for the unusual sensitivity of PrEC to TRAIL is that these cells have fewer 'decoy' receptors.

Since our data contradicted the previous report (Ashkenazi et al., 1999) where PrEC were found to be TRAIL-resistant, we performed a series of experiments to confirm the specificity of our observation. First, to

Figure 2 (a) Normal human prostate epithelial cells on 1st and 5th passages were pre-treated with 10 μM cycloheximide overnight or left untreated. Cells were then incubated for 24 h with TRAIL alone at concentrations increasing from 7–1000 ng/ml or in combination with 40 μM of Z-VAD-FMK (Enzyme Systems Products, Livermore, CA, USA). Cell viability was determined spectrophotometrically using an MTS tetrazolium based assay (Promega, Madison, WI, USA). Absorbance was measured at 490 nm and data from quadruplicate determinations was plotted as per cent of maximal signal. (b) Human prostate cancer cell lines LNCaP and ALVA-31, and renal cancer cell lines ACHN and A498, were incubated for 24 h with TRAIL at concentrations increasing from 7–1000 ng/ml. Cell viability was determined as described in the legend to a. (c) Relative amounts of mRNA for pro-apoptotic TRAIL receptors DR4 and DR5 and 'decoy' receptors DcR1 and DcR2 in primary cells and prostate cancer cell lines were determined by quantitative PCR using β-actin as a standard. RNA was extracted from cells using TRIzol reagent (GibcoBRL, Rockville, MD, USA). Real time PCR was performed using iCycler (BioRad, Hercules, CA, USA). (d) PrEC were treated for 36 h with soluble extracellular domain of TRAIL receptor DR5 (DR5:Fc) (Alexis, San Diego, CA, USA) alone at concentrations increasing from 64 to 8000 ng/ml or in the presence of 100 ng/ml of TRAIL. Cell viability was determined as described in the legend to a.
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rule out the possibility that TRAIL produced in our laboratory is significantly more potent than that used by others, we tested its efficacy on two renal cancer cell lines, ACHN and A498 (Figure 2b), which were also examined by Ashkenazi et al., 1999. The results we obtained using our TRAIL preparation were comparable to the published data: 100 ng/ml of TRAIL reduced cell viability approximately 2–5-fold for ACHN and A498 cells respectively. Second, using pan-caspase inhibitor Z-VAD-FMK, we confirmed that the effect of our TRAIL on PrEC was mediated by caspases (Figure 2a), suggesting that our TRAIL was activating the normal apoptotic pathway. Third, we found that the soluble extracellular domain of TRAIL receptor DR5 (DR5:Fc) is capable of inhibiting TRAIL-induced apoptosis in PrEC (Figure 2d), indicating that the effect of TRAIL is receptor-mediated and does not result from a toxic contaminant of our preparation.

Since the response of cells to various apoptotic stimuli may change with aging (Warner et al., 1997) we also tested whether the conflicting results could arise from the differences in the age of cell cultures. In our experiments PrEC did not change their growth characteristics during the first five passages, with senescent cells beginning to appear after passage six. The data presented in Figure 2a demonstrate that young (1st passage) and aged (5th passage) cultures are equally sensitive to TRAIL.

It is possible that the discrepancies between our results and those previously published may arise from the assays chosen to quantitate apoptosis. For example, in the apoptosis-specific DNA fragmentation assay, internucleosomal DNA fragmentation reached a maximum at a TRAIL concentration of 60 ng/ml (Figure 1c). However, in the tetrazolium conversion assay, a technique that measures general cell viability (Cory et al., 1991), the maximal effect could not be achieved even at 1000 ng/ml of TRAIL (Figure 2a). In the report by Ashkenazi et al., 1999, PrEC were found to be TRAIL-insensitive, judging by propidium iodide staining. A possible drawback to the use of vital dyes, such as propidium iodide, is that cells undergoing apoptosis may retain cell membrane integrity and appear alive until late in the apoptotic program when secondary necrosis begins (Loo and Rillema, 1998).

For example, in our experiments, staining of PrEC with vital dye, trypan blue, did not detect a significant number of dead cells if they were treated with TRAIL for less than 24 h (data not shown).

The pro-apoptotic effects of TRAIL can often be enhanced by the inhibition of protein synthesis (Griffith et al., 1998; Kreuz et al., 2001; Wajant et al., 2000), suggesting that proteins with a short half-life protect cells from TRAIL-induced death. Therefore, we tested whether the inhibition of protein synthesis by cycloheximide affects TRAIL-induced apoptosis in PrEC. As demonstrated by Figure 1, cycloheximide had little or no effect on TRAIL-induced morphological changes and only moderately increased sensitivity of cells to this agent in DNA fragmentation assays.

However, as measured by the tetrazolium conversion assay (Figure 2a) which assesses cell viability based on the respiratory function of mitochondria (Cory et al., 1991), the inhibition of protein synthesis dramatically enhanced TRAIL toxicity. These results suggest that some, but not all TRAIL-induced apoptotic responses in PrEC are partially inhibited by short-lived anti-apoptotic proteins. As demonstrated by Figure 3, processing of the initiator caspase 8, the effector caspase 3, and one of caspase 3 substrates, the inhibitory subunit of DNA fragmentation factor (DFF45/ICAD) (Cryns and Yuan, 1998), were induced by TRAIL alone as efficiently as when TRAIL was combined with cycloheximide. In contrast, cycloheximide...
imide significantly enhanced processing of gelsolin, a prominent caspase 3 substrate, implicated in mediating apoptotic cytoskeletal changes (Kothakota et al., 1997). This result indicates that in PrEC a short-lived anti-apoptotic proteins(s) may inhibit the activity of the effector caspases toward specific substrates.

It has been recently reported that the inhibition of protein synthesis significantly enhances TRAIL-induced apoptosis in primary human keratinocytes (Kothakota et al., 1997). In keratinocytes, cycloheximide down-regulated FLIPs, proteins implicated in based prostate cancer therapy. As the majority of the majority of FLIPs or the rate of caspase 8 processing was under review, Lawrence et al., 2000 challenged the concept of the cytotoxic effects of TRAIL being limited to transformed cells. While this paper was under review, Lawrence et al., 2001 reported that different preparations of TRAIL may have different effects on primary cells. Based on the observation that recombinant TRAIL containing a hexahistidine tag induced apoptosis in primary human keratinocytes, whereas TRAIL without this tag did not, the authors concluded that the toxicity of TRAIL toward normal cells depended on the presence of hexahistidine. However, the data on primary human keratinocytes demonstrated that recombinant TRAIL which lacks a hexahistidine sequence may also trigger apoptosis in certain normal cells (Lawrence et al., 2001). Since we were not able to obtain TRAIL preparations used in the above referenced studies, we cannot preclude that the toxicity of our TRAIL toward prostate epithelial cells resulted from the presence of a hexahistidine tag. However, the effect of our TRAIL on PrEC did not appear to result from non-specific toxicity because: (1) it was dependent on caspase activity; (2) it could be inhibited by the extracellular domain of TRAIL receptor; and (3) it was accompanied by proteolytic events typical of receptor-mediated apoptosis. The observation that PrEC were unusually sensitive to TRAIL may have important implications for TRAIL-based prostate cancer therapy. As the majority of prostate cancers are derived from the epithelial cells (Stasney and McNeal, 1992), it is possible that TRAIL could be used for the treatment of developing premalignant lesions or early stages of prostate cancer. At the same time, our data raise concerns about TRAIL safety when this agent is used as a systemic drug for cancer therapy. It cannot be ruled out that some other human tissues may also be sensitive to this agent; thus, more extensive studies are needed to evaluate TRAIL sensitivity of multiple other primary cell lines before TRAIL is used for human treatment. A better understanding of the mechanisms involved in the inhibition of receptor-mediated cell death may also be beneficial for deciphering control of TRAIL-induced apoptosis in normal and malignant cells.

Acknowledgments

We acknowledge Fr Elke Kessler for her help with the primary cultures of HUVECs, Human aortic smooth muscle cells and experiments performed with these cells; Dr Pearly Lee with Real Time PCR experiments. This work was supported by NIH grant CA 78631 to AS Kraft.

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Oncogene, 1139
TRAIL kills normal human prostate cells


Oncogenic Ras Sensitizes Normal Human Cells to Tumor Necrosis Factor-α-Related Apoptosis-Inducing Ligand-Induced Apoptosis

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INTRODUCTION

Tumor necrosis factor-α-related apoptosis-inducing ligand (TRAIL) is a cytotoxic cytokine that induces apoptosis in tumor cells but rarely kills normal ones. To determine how normal human cells acquire TRAIL-sensitive phenotype during the process of malignant transformation, we used an experimental system that allows for controlled conversion of human cells from normal to cancerous by introduction of several genes. Human embryonic kidney cells and foreskin fibroblasts were first immortalized by combination of the early region of simian virus 40 and telomerase and then were transformed with oncogenic Ras. Both normal and immortalized cells were resistant to TRAIL-induced apoptosis, whereas Ras-transformed cells were susceptible. Ras transformation enhanced TRAIL-induced activation of caspase 8 by increasing its recruitment to TRAIL receptors. The proapoptotic effects of Ras could be reversed by mutations in its effector loop or by inhibitors of either farnesyl transferase or mitogen-activated protein kinase kinase. The expression of constitutively activated mitogen-activated protein kinase kinase 1 enhanced caspase 8 recruitment and sensitized immortalized human embryonic kidney cells to TRAIL-induced death. These results indicate that in normal human cells the TRAIL-induced apoptotic signal is blocked at the level of caspase 8 recruitment and that this block can be eliminated by Ras transformation, involving activation of the mitogen-activated protein kinase pathway.

MATERIALS AND METHODS

Reagents. The following reagents were obtained from the indicated sources: SCH 66336 (Scheiring-Plough Research Institute); PD 98059 and U0126 (Calbiochem); z-VAD-FMK (Enzyme System Products); anti-phospho-mitogen-activated protein kinase (anti-phospho-ERK) and anti-ERK (New England Biolabs); anti-Bid (Zymed Laboratories); anti-actin (Transduction Laboratories); anti-caspase 8 and anti-FADD (Upstate Biotechnology); monoclonal antibody to caspase 10 (Clone 4C1; MBL International); anti-DR4 and anti-DR5 (Alexis); monoclonal antibody N96 to FLIP (gift of Marcus Peter, Ben May Institute for Cancer Research). The expression and purification of TRAIL from yeast Pichia pastoris has been described in detail elsewhere (9).

Cell Culture. Normal human foreskin fibroblasts (BJ) were obtained from the American Type Culture Collection. Normal human embryonic kidney (HEK) cells were kindly provided by Silvia Bacchetti (McMaster University). Immortalization of the cells with SV40 large T antigen and hTERT and their subsequent transformation with H-ras-V12 has been described in detail elsewhere (9). Different Ras and mitogen-activated protein kinase kinase (MEK) constructs were expressed in immortalized HEK cells by use of pBabe-Puro vector (Ref. 11; a gift of Scott W. Lowe, Cold Spring Harbor Laboratory). Retroviral stocks were generated in Phoenix ecotropic packaging line (G. Nolan, Stanford University), and stable transformants were selected in the presence of puromycin (500 ng/ml). Cells infected with an empty vector were used as a control. Human bladder cancer cell line T24 was kindly provided by Gary J. Miller (University of Colorado Health Sciences Center, Denver, CO).

Cytotoxicity Assays. Cell viability was determined by either the tetrazolium-based Aqueous One assay (Promega) or by staining with 7-aminoactinomycin D and flow cytometry. Detection of DNA fragmentation by agarose gel electrophoresis was performed with a Suicide-Trap DNA Ladder Isolation Kit (Oncogene Research Products), using a procedure that selectively extracts apoptotic DNA from intact chromatin.

DISC Immunoprecipitation. HEK cells grown in roller bottles (4 X 10^6 cells/condition) were scraped into 10 ml of conditioned medium, combined, precipitated, and resuspended in 5 ml of the conditioned medium. As judged by the trypan blue exclusion assay, >80% of cells remained viable after this procedure. Supernatants were collected and subjected to DISC immunoprecipitation by adding TRAIL (1 μg/ml) to 20 min at 37°C. The cells were washed in ice-cold PBS, lysed in 10 ml of Triton/glycerol/HEPES buffer (12), cleared by centrifugation, and equalized for protein content. Precipitation of the stimulated TRAIL receptors was achieved by adding TRAIL (1 μg/ml) to the lysates for 30 min at 4°C. The TRAIL receptors that were complexed with TRAIL were immunoprecipitated by addition of 25 μl of antipolyhistidine agarose (Sigma) for 2 h at 4°C, and bound proteins were eluted with 100 mM glycine-HCl (pH 2.3; two times 40 μl for 10 min at 4°C).
RESULTS

Conversion of Normal Human Cells to Tumorigenic Ones Sensitizes Them to TRAIL. HEK and BJ cells were first immortalized by the combination of SV40ER and hTERT and then transformed with oncogenic Ras (9). Both normal and immortalized cells remained resistant to TRAIL, whereas the introduction of activated Ras rendered them susceptible to TRAIL-induced apoptosis, as assessed by both morphological changes typical of apoptosis (Fig. 1A) and DNA fragmentation (Fig. 1B).

Ras Transformation Potentiates TRAIL-Induced Activation of the Initiator Caspase 8. Because the process of immortalization did not sensitize cells to TRAIL-induced apoptosis, these cells were used as the control for additional experiments. To determine what step in the TRAIL-mediated apoptotic cascade is enhanced by Ras transformation, we compared TRAIL-induced proteolytic events in Ras-transformed and control, immortalized cells. As shown in Fig. 2, the addition of TRAIL to control cells did not induce cleavage of the initiator caspase 8. In contrast, treatment of Ras-transformed cells with TRAIL induced significant caspase 8 cleavage. Interestingly, TRAIL-induced processing of another proximal caspase, caspase 10 (13), was not facilitated by Ras transformation (Fig. 2), suggesting that these two enzymes may be regulated in different ways.

Caspase 8 cleavage is not necessarily accompanied by an increase in the activity of this proteolytic enzyme toward its cellular substrates (14). We therefore examined the ability of Ras to enhance TRAIL-induced cleavage of two specific caspase 8 substrates, Bid (6, 7) and plectin (5). As shown in Fig. 2, oncogenic Ras enhanced the ability of TRAIL to induce the cleavage of plectin in both HEK and BJ cells. Although we could not detect significant cleavage of Bid in BJ cells, proteolytic processing of this protein was evident in Ras-transformed HEK cells, which were generally more responsive to TRAIL than BJ fibroblasts.

Ras Transformation Enhances Recruitment of Caspase 8 to TRAIL DISC. We next examined how transformation of cells with Ras affected the ability of TRAIL receptors to form a functional DISC. To immunoprecipitate the activated TRAIL receptors DR4 and DR5, we first incubated intact cells with a (His)_{6}-tagged recombinant TRAIL (10) and then immunoprecipitated the receptors with an anti-polyhistidine antibody. To immunoprecipitate unstimulated receptors, we first lysed cells with detergent and then added (His)_{6}-TRAIL to the extracts.

These and subsequent experiments were performed with the HEK cells because the proapoptotic effects of Ras transformation were more robust in these cells. As shown in Fig. 3, the antibody to (His)_{6}-TRAIL efficiently immunoprecipitated both TRAIL receptors, DR4 and DR5. The lack of immunoprecipitation of TRAIL receptors when the cells or cell lysates were not treated with (His)_{6}-TRAIL.

Fig. 1. Transformation of human embryonic kidney cells (HEK) and human foreskin fibroblasts (BJ) with Ras sensitizes them to tumor necrosis factor-α-related apoptosis-inducing ligand (TRAIL)-induced apoptosis. The effects of TRAIL (1 μg/ml) on normal (N), immortalized (I), or Ras-transformed (R) HEK cells and BJ fibroblasts were assessed 72 h after the addition of TRAIL. A, the morphology of the plated cells was assessed, and representative photographs are shown. B, the cells were harvested, and extracts were processed by DNA laddering assay. DNA laddering was visualized by ethidium bromide staining of 2% agarose gels. Molecular weight markers are shown on the right.

Fig. 2. Transformation of cells with Ras enhances the ability of tumor necrosis factor-α-related apoptosis-inducing ligand (TRAIL) to activate caspase 8. Control (Cont) cells (immortalized cells infected with empty vector) or Ras-transformed human embryonic kidney cells (HEK) and human foreskin fibroblasts (BJ) were treated for 72 h with 1 μg/ml TRAIL. Cell lysates were immunoblotted with antibodies specific for caspase 8, caspase 10, Bid, and plectin. Equal protein loading was confirmed by probing the blot with antibodies to Fas-associated death domain (FADD).
confirmed the specificity of this procedure. DR5 was detected as a doublet, corresponding to two known splice variants of this protein (15). Equal amounts of protein in cell lysates was confirmed by probing with antibodies to FADD and caspase 8.

Fig. 4. Effects of small molecule inhibitors on tumor necrosis factor-α-related apoptosis-inducing ligand (TRAIL)-induced apoptosis of Ras-transformed cells. A and B, Ras-transformed human embryonic kidney cells (HEK) cells were pretreated for 72 h with farnesyl transferase inhibitor SCH 66336 (1 μM), mitogen-activated protein (MEK) inhibitors PD 98059 (100 μM) and U0126 (20 μM), or 0.1% DMSO as a control. Cells were then treated for an additional 72 h with different concentrations of TRAIL. A, the relative viability of cells was evaluated by use of the tetrazolium conversion assay. B, the cells were harvested, and extracts were processed by DNA laddering assay. DNA laddering was visualized by ethidium bromide staining of 2% agarose gels. C, Ras-transformed HEK cells were pretreated with one of the small molecule inhibitors as described above and then incubated with TRAIL (1 μg/ml) for 48 h. After this treatment, the cells were lysed and immunoblotted with an antibody to caspase 8. A short exposure of the electrochemiluminescence-treated blot was used to visualize holocaspase 8, and a long exposure was used for its 18-kDa proteolytic fragment. D, T24 human bladder cancer cells were pretreated for 72 h with farnesyl transferase inhibitor SCH 66336 (1 μM), MEK inhibitor PD 98059 (100 μM), or 0.1% DMSO as a control. Where indicated, cells were then treated for an additional 24 h with TRAIL (1 μg/ml). After this treatment, the cells were lysed and immunoblotted with an antibody to caspase 8.

Fig. 3. Transformation of cells with Ras enhances the recruitment of caspase 8 to Ras-associated death domain (FADD). Control and Ras-transformed human embryonic kidney cells (HEK) were treated with (His)6-tagged tumor necrosis factor-α-related apoptosis-inducing ligand (1 μg/ml) for 20 min at 37°C (TRAIL before lysis). The cells were lysed, and TRAIL–TRAIL-receptor complexes were immunoprecipitated (IP) with monoclonal antibody to polyhistidine. To immunoprecipitate unstimulated receptors, TRAIL was added to cells after lysis. Aliquots of the immunoprecipitated material were analyzed by immunoblotting with antibodies specific for DR5, DR4, FADD, and caspase 8. DR5 is detected as a doublet, corresponding to the two different splice variants of this protein (15). Equal amounts of protein in cell lysates was confirmed by probing with antibodies to FADD and caspase 8.

The Proapoptotic Effects of Ras Are Reversible. To test whether sensitization of cells to TRAIL by Ras transformation is a reversible process, we used the farnesyl transferase inhibitor SCH 66336, a compound that inhibits prenylation of Ras proteins and suppresses their biological activity (16). As shown in Fig. 4, A and B, pretreatment of Ras-transformed HEK cells with SCH 66336 efficiently rescued them from TRAIL-induced death.

To test whether the Ras-induced MAP kinase pathway contributes to the proapoptotic effect of this oncogene, we used two inhibitors of MEK, PD 98059 (17) and U0126 (18). As shown in Fig. 4, A and B, the MEK inhibitors efficiently rescued Ras-transformed HEK cells from TRAIL. Both the MEK and farnesyl transferase inhibitors suppressed TRAIL-induced cleavage of caspase 8 (Fig. 4C). These compounds thus appear to specifically reverse the proapoptotic effects of Ras.

We next tested whether Ras-dependent sensitization of cells to TRAIL-induced apoptosis can also occur in transformed cells obtained from cancer patients. For this purpose we used the bladder cancer cell line T24, which expresses the oncogenic allele of Ha-Ras (H-ras-V12) and possesses constitutively activated MAP kinase (19).

When cells were treated with TRAIL before lysis, two additional proteins, FADD and caspase 8, coimmunoprecipitated with the TRAIL receptors (Fig. 3). FADD coimmunoprecipitated equivalently with TRAIL receptors from Ras-transformed and control cells. In contrast, caspase 8 was recruited to TRAIL receptors in Ras-transformed cells much more efficiently than in control cells. Densitometric analysis of two independent experiments demonstrated that Ras increased caspase 8 recruitment to TRAIL by facilitating the binding of caspase 8 to FADD.

To rule out the possibility that the observed difference in the amounts of coimmunoprecipitated caspase 8 resulted from different rates of caspase 8 processing and subsequent dissociation from the DISC, cells were pretreated with the pancaspase inhibitor Z-VAD-FMK. Inhibition of caspase 8 activity, however, did not have a significant effect on the amounts of caspase 8 bound to the TRAIL receptors (Fig. 3).
Fig. 5. Proapoptotic effects of Ras are mediated by the mitogen-activated protein kinase pathway. Immortalized human embryonic kidney (HEK) cells were infected with empty retrovirus (EV), retroviruses expressing different Ras constructs (as indicated), or activated mutant of mitogen-activated protein kinase 1 (MEKQ65P) or wild-type MEK1 (MEK(WT)). Uninfected cells were used as control (Cont). The cells were treated with 1 μg/ml tumor necrosis factor-a-related apoptosis-inducing ligand (TRAIL) for 48 h. Apoptotic cells were detected by incorporation of 7-aminoactinomycin D (7AAD). Data are presented as percentage of 7AAD-positive cells after subtraction of 7AAD uptake by cells not treated with TRAIL. The data shown are the average of three determinations and the SD (bars) of the mean.

Using the farnesyl transferase inhibitor SCH 66336 or the MEK inhibitor PD 98059, we found that inhibition of either Ras processing or MAP kinase activity suppressed TRAIL-induced caspase 8 cleavage in T24 cells (Fig. 4D) and rescued them from TRAIL-mediated apoptosis (data not shown). This result confirms that sensitization of cells to TRAIL by oncogenic Ras can indeed take place in spontaneous human cancers.

The Proapoptotic Effects of Ras Are Mediated by MAP Kinase Pathway. The results presented in Fig. 4 suggested that the proapoptotic effects of Ras may involve the MAP kinase pathway. To confirm this observation, we transformed immortalized HEK cells with retroviruses expressing either a gain-of-function mutant of MEK1 (MEKQ65P), a dual-specificity protein kinase that phosphorylates and activates MAP kinase (11, 20), or two effector loop mutants of Ras (RasV12C40 and Ras V12G37) that are defective for Raf binding and do not activate the MAP kinase pathway (21–23). As measured by incorporation of 7-aminoactinomycin D, TRAIL efficiently induced death in cells that expressed either RasV12 or MEKQ65P but not in cells expressing constructs defective in MAP kinase activation (Fig. 5). These results confirm that an activated MAP kinase pathway is essential for sensitization of HEK cells to TRAIL-induced apoptosis.

Triggering of MAP Kinase Pathway Enhances TRAIL-Induced Activation of Caspase 8. The results presented in Figs. 2 and 3 suggest that oncogenic Ras sensitizes cells to TRAIL-induced apoptosis by enhancing activation of caspase 8. To investigate the involvement of the MAP kinase pathway in this process, we used a constitutively activated mutant of MEK1, MEKQ65P. Using an antibody that specifically recognizes the phosphorylated, activated form of MAP kinase, we found that expression of MEKQ65P induced phosphorylation of MAP kinase to approximately the same level as that observed in Ras-transformed cells (Fig. 6A).

As demonstrated in Fig. 6B, activation of the MAP kinase pathway potentiates the same step in the TRAIL-induced apoptotic cascade as oncogenic Ras. Treatment of either Ras-transformed or MEKQ65P-expressing, but not control, cells with TRAIL induced cleavage of both caspase 8 and two caspase 8 substrates, cFLIP, and Bid.

We also tested whether TRAIL-induced activation of caspase 8 can be enhanced by some stress stimuli known to trigger the MAP kinase pathway. For this purpose we treated HEK cells with UV light, a potent activator of the ERK pathway (24). As demonstrated in Fig. 6C, UV irradiation resulted in greatly increased caspase 8 processing in response to TRAIL.

The results presented in Fig. 3 suggested that oncogenic Ras sensitizes cells to TRAIL by enhancing the recruitment of caspase 8 to
TRAIL DISC. To confirm that this effect is mediated by the MAP kinase pathway, we analyzed DISC formation under conditions in which this pathway was either inhibited by PD 98059, the MEK inhibitor, or activated by the expression of MEK1\textsuperscript{Q56D}. TRAIL–TRAIL-receptor complexes were immunoprecipitated from TRAIL-treated cells by use of an antibody to polyhistidine. As shown in Fig. 6D, comparable amounts of FADD coimmunoprecipitated with TRAIL receptors from control, Ras-transformed, or MEK1\textsuperscript{Q56D}-expressing cells. In contrast, significantly more caspase 8 was coimmunoprecipitated with TRAIL receptors from Ras-transformed cells than from control cells. Pretreatment of Ras-transformed cells with the farnesyl transferase inhibitor SCH 66336 or with the MEK inhibitor PD 98059 reduced the amounts of coimmunoprecipitated caspase 8. The expression of constitutively active MEK increased the recruitment of caspase 8 to TRAIL receptors almost as efficiently as did oncogenic Ras. These results indicate that the observed enhancement of TRAIL receptor DISC formation in Ras-transformed cells is mediated by the MAP kinase pathway.

**DISCUSSION**

Although selective killing of cancer cells by TRAIL has been reported in many studies (1), the molecular mechanisms behind this selectivity remain unclear. Research has been focused on a comparison of apoptotic signals induced by TRAIL in normal cells versus those obtained from cancer patients. These studies implicated several proteins, including the protease-deficient homolog of caspase 8, FLIP (25), and the TRAIL decoy receptors DcR1 and DcR2 (26), in resistance of normal cells to TRAIL. However, a firm correlation between the cellular expression of these proteins and TRAIL resistance has not been established (27, 28).

Given the number of genetic alterations that occur during neoplastic transformation in humans (8), it is difficult to single out individual changes that are responsible for the acquisition of the TRAIL-sensitive phenotype. Here we describe the use of genetically defined transformation to investigate how conversion of human cells from normal to tumorigenic renders them sensitive to TRAIL-induced apoptosis. This experimental model mimics the stepwise accumulation of genetic alterations that occurs in human cancers: inactivation of tumor suppressors, acquisition of an unlimited life span, and selection of a continuous mitogenic signal (9). Both normal and immortalized cells were found to be resistant to TRAIL-mediated apoptosis, indicating that premalignant changes, including inactivation of tumor suppressors and acquisition of an unlimited life span, are not sufficient to sensitize cells to TRAIL. However, the subsequent conversion of immortalized cells to tumorigenic ones by activated Ras renders them susceptible to TRAIL-mediated apoptosis.

Ras-mediated sensitization of cells to TRAIL-induced apoptosis may involve at least two mechanisms. First, oncogenic Ras up-regulates the levels of one of the TRAIL receptors, DR5. Second, transformation of cells with Ras appears to facilitate recruitment of caspase 8 to TRAIL DISC. Because the overall amounts of FADD associated with TRAIL receptors was not increased on Ras transformation, it is likely that activated Ras somehow facilitates the interaction of caspase 8 with FADD. This process may involve several mechanisms. For example, one can speculate that the Ras-induced MAP kinase pathway may trigger direct phosphorylation/dephosphorylation of caspase 8, thereby affecting its FADD-binding function. Alternatively, the MAP kinase pathway may down-regulate the expression of a protein that competes with caspase 8 for FADD binding. Obviously, additional studies are needed to determine the exact mechanism of this sensitization.

Because Ras is capable of inducing genomic instability (29), it might, in principle, sensitize cells to TRAIL by promoting irreversible genetic alterations that would disable certain antiapoptotic pathways. Two observations make this scenario unlikely. First, the Ras-transformed cells used in our studies were found to be polyclonal (9). Second, the proapoptotic effects of Ras could be reversed by inhibitors of either farnesyl transferase or MEK. Apparently, continuous Ras signaling is essential for Ras-transformed cells to maintain both the transformed phenotype (30) and sensitivity to TRAIL. Alternatively, the activity of the farnesylation inhibitor could be related to its ability to regulate RhoB (31), suggesting that regulation of other small GTP-binding proteins may be important in regulating the sensitivity to TRAIL.

Our results indicate that the proapoptotic effect of Ras is mediated by the MAP kinase pathway. It has been reported recently that activation of this pathway suppresses TRAIL-induced apoptosis in HeLa cells (32). One possible explanation for this apparent discrepancy is that MAP kinase is capable of eliciting both proapoptotic (24, 33, 34) and prosurvival responses (35). The antiapoptotic effect of MAP kinase appears to be cell type specific. For example, activation of MAP kinase by phorbol myristate acetate was shown to suppress receptor-mediated apoptosis in some, but not all, types of cells (36). A prosurvival effect of the MAP kinase pathway has, at least in part, been attributed to ERK-dependent up-regulation of antiapoptotic FLIP proteins (37). However, positive regulation of FLIP expression by the MAP kinase pathway has been observed only in a limited set of human cells (38). Likewise, we did not observe any significant changes in the levels of FLIP proteins either on activation of MAP kinase by Ras or constitutively activated MEK (Fig. 6B), or on treatment of Ras-transformed BJ and HEK cells with MEK inhibitors (data not shown).

In summary, using human cells that were progressively converted from normal into tumorigenic we demonstrated that (a) premalignant changes, including inactivation of tumor suppressors and immortalization, are not sufficient to sensitize human cells to TRAIL; (b) transformation of the immortalized cells with the growth-promoting oncogene H-ras-V12 renders them susceptible to TRAIL-induced apoptosis; (c) oncogenic Ras potentiates TRAIL-induced recruitment and activation of the initiator caspase 8; (d) the proapoptotic effects of Ras are reversible and involve the MAP kinase pathway; and (e) constitutive activation of MAP kinase sensitizes immortalized human cells to TRAIL. Because aberrant activation of MAP kinases is often associated with a neoplastic phenotype (19), sustained MAP kinase activity may potentially serve as an indicator of malignant transformation recognized by a TRAIL-based antitumor surveillance system.

**ACKNOWLEDGMENTS**

We thank Drs. William C. Hahn and Robert A. Weinberg (Whitehead Institute for Biomedical Research, Cambridge, MA) for immortalized and Ras-transformed HEK and BJ cells; Dr. Scott W. Lowe (Cold Spring Harbor Laboratory, Cold Spring Harbor, NY) for the MEK and Ras constructs; Dr. Silvia Bacchetti (McMaster University, Hamilton, Ontario, Canada) for normal HEK cells; Dr. W. Robert Bishop (Schering-Plough Research Institute, Kenilworth, NJ) for the farnesyl transferase inhibitor, SCH 66336; Dr. Marcus E. Peter (Ben May Institute for Cancer Research, Chicago, IL) for anti-FLIP antibody NFF6; and Dr. Gary Nolan (Stanford University, Palo Alto, CA) for the Phoenix packaging cell line.

**REFERENCES**


The proteasome inhibitor bortezomib sensitizes cells to killing by death receptor ligand TRAIL via BH3-only proteins Bik and Bim

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Abstract

Previously, we showed that the proteasome inhibitor bortezomib/Velcade (formerly PS-341) synergizes with the protein tumor necrosis factor α–related apoptosis-inducing ligand (TRAIL), a ligand for certain death receptors, to induce apoptosis in cell lines derived from prostate and colon cancers. Because apoptosis is often triggered by BH3-only proteins of the Bcl-2 family, we have explored the hypothesis that bortezomib contributes to the apoptosis by up-regulating their levels. Indeed, bortezomib induced increases of Bik and/or Bim in multiple cell lines but not notably of two other BH3-only proteins (Puma and Bim) nor other family members (Bax, Bak, Bcl-2, and Bcl-xL). The increase in Bik levels seems to reflect inhibition by bortezomib of its proteasome-mediated degradation. Importantly, both Bik and Bim seem central to the proapoptotic function of bortezomib because mouse embryo fibroblasts in which the genes for both Bik and Bim had been disrupted were refractory to its cytotoxic action. Similarly, the synergy between bortezomib and TRAIL in killing human prostate cancer cells was impaired in cells in which both Bik and Bim were down-regulated by RNA interference. Further evidence that bortezomib acts through the mitochondrial pathway regulated by the Bcl-2 family is that deficiency for APAF-1, which acts downstream of Bcl-2, also blocked its apoptotic effect. These results implicate BH3-only proteins, in particular both Bik and Bim, as important mediators of the antitumor action of bortezomib and establish their role in its enhancement of TRAIL-induced apoptosis. [Mol Cancer Ther 2005;4(3):443–9]

Introduction

The proteasome inhibitor bortezomib/Velcade (formerly PS-341) has recently entered clinical practice as a treatment for multiple myeloma and is undergoing clinical trials for other types of cancer (1). Its mode of action is not established but is very likely to involve promotion of apoptosis (2, 3). Diverse mechanisms have been proposed. Some results suggest that bortezomib might act through the “death receptor” pathway, in which extracellular ligands promote apoptosis through the activation of caspase-8 (4). Gene expression studies in cultured cells have shown that bortezomib treatment increases the level of the mRNAs for a number of proapoptotic proteins, including that of the death receptor DR5, which can be engaged by the tumor necrosis factor α–related apoptosis-inducing ligand (TRAIL; refs. 5, 6). Moreover, bortezomib has been reported to reduce levels of c-FLIP (7), which counters the activation of caspase-8, or to increase the activation of caspase-8 and its target Bid through mechanisms not involving c-FLIP (6). On the other hand, other results implicate the intrinsic pathway to apoptosis, in which the Bcl-2 protein family and mitochondria play key roles (8). Thus, bortezomib has been reported (a) to stabilize and activate the tumor suppressor p53 (9), which acts upstream of Bcl-2; (b) to stabilize IκB and thereby decrease the antiapoptotic effects of nuclear factor κB (10), which are frequently mediated through the Bcl2 family; and (c) to damage mitochondria through generation of reactive oxygen species, a response attenuated by Bcl-2 (11).

Such findings favor the view that bortezomib and perhaps other modes of proteasome inhibition promote apoptosis at least in part through the pathway regulated by the Bcl-2 family (2, 3). As well as members that promote cell survival (e.g., Bcl-2 and Bcl-xL), this family includes two proapoptotic groups: the eight or more proteins termed “BH3-only” because they bear only the small BH3 protein-interaction domain (e.g., Bik, Bim, Bid, and Puma) serve as triggers for the apoptotic signal, whereas Bax and Bak act downstream to impose apoptosis, probably mainly through permeabilization of mitochondria (8, 12, 13). We showed previously (6) that bortezomib synergizes with TRAIL to induce apoptosis in prostate and colon cancer cell lines. Pertinently, mitochondrial permeabilization was...
implicated by the early release of cytochrome c and second mitochondrial activator of caspases, proteins that promote the activation of caspase-9 via the scaffold protein Apaf-1, or antagonize the inhibitory effect of XIAP on caspase-9 respectively. Furthermore, in mouse embryonic fibroblasts (MEF), Bax and Bak were required for the apoptosis induced by bortezomib alone, and the absence of Bak protected cells against death induced by bortezomib combined with TRAIL (6).

As TRAIL has promise as an anticancer agent (4), we have explored further how bortezomib sensitizes cells to its action. Because the level of BH3-only proteins often seems a critical determinant of whether apoptosis ensues (8, 12, 14), our previous findings (6) have stimulated us to test whether bortezomib might act by increasing the level of certain BH3-only proteins. In keeping with that hypothesis, we report here that bortezomib induces increased levels of the BH3-only proteins Bik and Bim in a number of cancer cell lines and in MEFs. Bik is known to be required for apoptosis induced in hematopoietic cells by several types of cytotoxic stimuli and to participate in the developmentally programmed death of several cell types (12, 14, 15). Less is known about Bim, but the mouse gene (previously denoted Blk) is expressed in diverse cell types (16), including some cancer cell lines (17), and Bik mutations have been reported in some human B cell lymphomas (18). Significantly, we show that suppression of expression of both these proteins in MEFs or prostate cancer cells inhibits the apoptosis induced by bortezomib or by combined bortezomib/TRAIL treatment.

Materials and Methods

Cell Lines and Reagents

MEFs, DU145, PC-3, and Alva human prostatic cancer cell lines, 293T, and MCF-7 human breast cancer cells were grown in DMEM (Invitrogen, Carlsbad, CA) supplemented with 10% fetal bovine serum (Gemini, Woodland, CA), 100 units/mL penicillin, and 100 μg/mL streptomycin. The human prostatic cancer cell line LNCaP was grown in RPMI 1640 (Invitrogen) with glutamine and the same supplements. Cultures were maintained at 37°C at 95% humidity. Antibodies were obtained from the following sources: Bik from Santa Cruz Biotechnology (Santa Cruz, CA); Bcl-2, Bax, and Bak from Upstate Biotechnology (Lake Placid, NY); Bik from Stressgen Bioreagents (Victoria, British Columbia, Canada); poly(ADP-ribose) polymerase from Trevigen (Gaithersburg, MD); glyceraldehyde 3'-phosphate dehydrogenase from Chemicon (Temecula, CA); and HA, FLAG, and FLAG agarose from Sigma-Aldrich Co. (St. Louis, MO). Recombinant human TRAIL was prepared as described previously (6). Bortezomib (Velcade, formerly PS-341) was a gift of Millennium, Inc. (Cambridge, MA).

Cell Viability Assays

Assays employing 4',6-diamido-2-phenylindole (DAPI) or coupled (Sigma), or protein-A-protein G agarose beads to which anti-FLAG epitope antibody had been covalently coupled (Sigma), or protein-A-protein G agarose beads (Calbiochem/EMD Biosciences, San Diego, CA) to which...
anti-Bik antibody had been bound by incubation. After extensive rinses with lysis buffer, bound proteins were eluted with 100 mmol/L glycine (pH 2.3), neutralized, and processed for Western blotting.

Cell Sorting and Western Blotting

Cells were sorted on the basis of green fluorescent protein (GFP) expression at the University of Colorado Cancer Center Flow Cytometry Core. Western blotting was done as described (6).

Mouse Embryo Fibroblasts

Fibroblasts were prepared from mouse embryos in which the genes for Bim, Bik, or Apaf-1 had been disrupted by homologous recombination (9, 16). Fibroblasts doubly deficient in Bim and Bik were obtained from crosses between homozygous bik−/− and bim−/− mice.

Statistics

Data were analyzed first by ANOVA. Pairwise comparisons were then done with Bonferroni t test (22).

Results

Regulation of the Level of BH3-Only Proteins by Bortezomib

We showed previously (6) that bortezomib treatment of LNCaP cells did not affect the levels of either Bax or Bak (3). To examine the possibility that certain proteins of the BH3-only subfamily might be up-regulated by bortezomib, we probed Western blots from a panel of seven cell lines including prostate, colon, and breast cancer cell lines with antibodies directed against diverse proteins of the Bcl-2 family (Fig. 1A). Except for a slight rise in Bid in two lines (HC-4 and MCF-7), bortezomib treatment did not affect the levels of Bcl-xL, Bcl-2, Bax, Bak, or PUMA. In striking contrast, the level of the BH3-only protein Bik was elevated by the drug treatment in every cell line examined. Moreover, the level of Bim rose in HC-4 colon cancer cells (Fig. 1A), MEFs (Fig. 1C), and MCF-7 human breast cancer cells (Fig. 1A). The fold changes varied among cell lines but was as high as 4.2-fold in Du145 cells. The kinetics of induction of Bik in LNCaP cells (Fig. 1B) revealed that significant elevation was evident after only 1 hour of exposure to bortezomib, and the level continued to increase for several hours, indicating that Bik might well have a role in the induction of apoptosis. Rapid elevation was also observed in HC-4 and PC-3 cells (data not shown). As measured by the number of cells occupying the sub-G1 peak on fluorescence-activated cell sorting, 17 hours of bortezomib treatment induced relatively little cell death in these lines (LNCaP, 8.8% increase in cell death when compared with control untreated cells [all data is the average of triplicate determinations]; MCF-7, 0%; 293T, 1%; PC-3, 6.71%; HC-4, 3.16%; Du145, 1%). Longer incubations killed significantly more cells in all lines.

To determine whether Bik up-regulation instead reflected inhibition of proteasome-mediated protein degradation (3), we tested whether ubiquitinated forms of the protein accumulated in response to bortezomib. To do so, a FLAG-Bik expression construct was transfected into 293T cells together with a HA-tagged ubiquitin expression construct. Bik was then immunoprecipitated from the transfected cells, subjected to electrophoresis and shown by Western blotting using antibodies directed against HA and Bik. Figure 2 shows that both antibodies detected higher molecular weight bands specifically in Bik-transfected cells. The increase in their intensity following bortezomib treatment suggests that Bik is normally degraded by the proteasome via the standard ubiquitin-mediated pathway. Very little HA-specific staining was detected at the molecular weight expected for monoubiquitinated Bik (~28 kDa). As suggested by others (23), this result could reflect the preferential utilization of monoubiquitinated proteins in signaling pathways distinct from degradation.

Thus, bortezomib seems to up-regulate Bik by inhibiting its proteasomal degradation, and recent work suggests that the abundance of Bim can also be regulated by this mechanism (24, 25).

Central Roles of Bik and Bim in Mediating Apoptosis by TRAIL and Bortezomib

We showed previously (6) that bortezomib treatment increased sensitivity to TRAIL-induced apoptosis in LNCaP prostate cancer cells, HC-4 Bax-negative colon cancer cells, and MEFs. MEFs containing both Bax and Bak undergo apoptosis when treated with bortezomib alone. As
Bortezomib Requires BH3 Proteins to Induce Cell Death

reviewed elsewhere (8, 12), it is well established that overexpression of BH3-only proteins such as Bim and Bik promotes apoptosis (e.g., refs. 26–28). To determine whether the elevated levels of Bik and/or Bik described above contributed to TRAIL sensitivity or to bortezomib-induced apoptosis, we have taken two genetic approaches. To analyze the cancer cell lines, we have generated derivative lines in which Bik or Bim expression has been down-regulated by RNAi via the synthesis of small hairpin RNAs (shRNA; ref. 29). For the MEFs, we have analyzed cells bearing homozygous disruptions of bim (15), bik (16), or both genes.

Because Bim was not induced by bortezomib in the prostate cancer cell lines examined, we evaluated other malignant cell lines and found significant induction of Bim by bortezomib treatment in MCF-7 cells (Fig. 1A). MCF-7 breast cancer cells were stably transfected with a construct expressing a shRNA directed against Bim. Figure 3A (top) shows that the elevation of Bim levels in wild-type cells by bortezomib was almost entirely suppressed by RNAi. The effect seems to be specific, because induction of Hsp-70 by bortezomib was unaffected, whereas Bcl-2 levels remained stable (Fig. 3A), and a point mutation in the hairpin used ablates the suppression by this RNAi.3 A preliminary experiment using nuclear DAPI uptake as a marker for apoptosis suggested that bortezomib-induced apoptosis in the cell line expressing RNAi did not differ significantly from wild-type MCF-7 after 24 hours (Fig. 3A, bottom). To evaluate further the effect of lowering Bim on the ability of bortezomib to enhance TRAIL-mediated apoptosis, we counted the cells remaining attached to the culture dish after combined treatment as an assay for cell survival. The cell line expressing Bim RNAi remained sensitive to TRAIL (Fig. 3B).

Similar experiments were conducted using LNCaP prostate cancer cells stably transfected with a shRNA construct directed against Bik. As shown in Fig. 3C, the bortezomib-induced elevation of Bik levels was strongly suppressed in these cells. However, there was no qualitative change in the extent of poly(ADP-ribose) polymerase cleavage resulting from treatment with TRAIL, or the combination of bortezomib and TRAIL, at the concentrations used. Nevertheless, RNAi against Bik can enhance cell survival (see below).

Unlike LNCaP cells, MEFs can be killed by bortezomib alone, as well as by the drug combination. Therefore, the MEFs derived from mice rendered deficient in Bim, Bik, or both proteins by homologous recombination (15, 16) provided an independent approach for evaluating whether either protein was essential for the apoptosis elicited by the drugs. Wild-type and mutant MEFs were treated with bortezomib, TRAIL, or the combination for 18 hours. Cells were then detached from the plates with trypsin and scored for the uptake of DAPI by fluorescence microscopy (Fig. 4). Notably, in the response to bortezomib alone, the MEFs deficient in both Bim and Bik showed <60% of the apoptosis given by the wild-type cells (P < 0.001). With that stimulus alone, even the MEFs lacking only Bik showed significantly less death than the wild-type cells (P < 0.01), but the absence of Bim alone seemed to have no statistically significant effect. With both bortezomib and TRAIL, apoptosis was high with the cells of all the genotypes, and although the extent seemed slightly lower in the MEFs lacking both Bim and Bik, the decrease was not statistically significant. Overall, the data derived from MEF, MCF-7, and LNCaP cells suggested that, although antiapoptotic effects of suppressing expression of Bim or Bik alone might be difficult to detect, suppression of both together might well convey significant protection. We tested this idea in LNCaP cells by using RNAi to down-regulate expression of both proteins. Control LNCaP cells (expressing an shRNA construct with no effect on Bim levels) and the LNCaP cell line stably expressing a shRNA directed against Bik were transiently transfected with a construct expressing either GFP alone, or GFP plus the anti-Bim shRNA shown to be effective in MCF-7 cells. Twenty-four hours later, GFP-positive cells were isolated by fluorescence-activated cell sorting and plated. After a recovery time of 10 to 12 hours, the cells were treated with bortezomib plus graded concentrations of TRAIL for 12 to 18 hours, then assayed for apoptosis using detachment as a marker. A representative experiment is shown in Fig. 5A. At all TRAIL concentrations tested, the cells expressing shRNAs against both Bim and Bik showed significantly greater survival than those expressing each single shRNA (P < 0.05 at 5 ng/mL TRAIL). Moreover, at the highest TRAIL concentration (100 ng/mL), inhibiting expression of either Bim or Bik alone also provided significant protection. However, because most cells were undergoing apoptosis at this concentration of TRAIL, no differences in the extent of poly(ADP-ribose) polymerase cleavage were evident (cf. Fig. 3C).

3 P. Bouillet et al., unpublished results.
Figure 3. Effectiveness of RNAi directed against Bim and Bik in stable cell lines. A, MCF-7 human breast cancer cells stably expressing a shRNA against Bim, and the parental cell line, were treated with 1 μM bortezomib for the indicated times. Cell lysates were analyzed by Western blotting for the indicated proteins. Bottom, Cells treated with 1 μM bortezomib for 24 h were scored for nuclear DAPI uptake as described in Materials and Methods. B, MCF-7 human breast cancer cells stably expressing a shRNA against Bim, and the parental cell line, were treated with 1 μM bortezomib and the indicated TRAIL concentrations for 24 h. Surviving cells were scored as described in Materials and Methods. C, LNCaP human prostatic cancer cells stably expressing a shRNA against Bik, and the parental cell line, were treated with bortezomib and TRAIL as indicated for 6 h. Cell lysates were analyzed for the indicated proteins by Western blotting.

Taken together, these results on BH3-only proteins suggest that the mitochondrial pathway of cell death plays a critical role in the ability of bortezomib to sensitize cells to TRAIL-induced cell death. If so, the proapoptotic effect should be suppressed by elimination of a critical downstream effector of mitochondrial disruption, such as the caspase-9 activator Apaf-1. To evaluate this, we studied the response of MEFs deficient in Apaf-1 to these agents (Fig. 5B). Clearly, the absence of Apaf-1 markedly decreased the ability of bortezomib to kill MEFs. At the TRAIL dose used in these studies (1 μg/mL), there was also a small but statistically significant (P < 0.05) decrease in the sensitivity of the cells to the combination treatment. This result supports the notion that both the intrinsic and extrinsic pathways are important for TRAIL-mediated apoptosis in MEFs.

Discussion

In this paper, we have shown that bortezomib treatment of a number of cancer cell lines induces increases in the levels of the BH3-only proteins Bik and Bim. Moreover, suppression of this induction, particularly of Bik, results in increased resistance of the cells to apoptosis caused by either bortezomib alone (for MEFs) or, in the case of the LNCaP cells, which are not killed by bortezomib alone, by the combination of TRAIL plus bortezomib. In addition, we found that concomitant suppression of Bim and Bik in both MEFs and LNCaP cells resulted in significantly more resistance than suppression of Bim or Bik individually.

More than eight BH3-only proteins have been described thus far in mammalian cells (8), and gene targeting has been used to clarify the apoptotic roles of six of them: Bim (15), Bad (30), Bid (31), Bik (16), Puma, and Noxa (32). Developmental lesions in such knockout mice range from dramatic (Bim) to as yet undetected (Bik). It seems likely, as is the case for Bax and Bak, that the functions of some BH3-only proteins overlap and hence that specific roles for such proteins appear only when more than one of the genes is suppressed. For example, we have recently found that male mice deficient in both Bim and Bik are sterile, whereas animals deficient in Bim or Bik alone have normal fertility. In accord with redundant function, we observed greatest resistance to apoptosis when expression of both Bim and Bik expression was suppressed.

As yet it is not entirely clear how BH3-only proteins activate the apoptotic machinery or how much their functions overlap (13). There is wide agreement that association of BH3-only proteins with antiapoptotic Bcl-2 family members is a critical step, and that the relative level of these opposing factions is important. In response to bortezomib treatment, we found that levels of Bcl-2 and Bcl-xL did not change (Fig. 1), although Mcl-1 levels were elevated (data not shown), in accord with its reported regulation by the proteasome (33). It is possible that the binding affinities of Bcl-2 prosurvival family members to various BH3-only proteins varies widely, and hence that the response to an apoptotic stimulus depends upon the precise cellular composition of these two factions (34). In addition to binding prosurvival family members and thus

* L. Coulzas et al., unpublished results.
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Thus, bortezomib apparently can promote apoptosis through both this pathway and that involving enhanced Bid cleavage. The relative importance of the intrinsic and extrinsic pathways in its action may

releasing their inhibition of Bax and Bak activation, it has been proposed that certain BH3-only proteins, such as Bid (35), can directly interact with Bax and Bak to promote apoptosis.

Preliminary experiments using reverse transcription-PCR and Bik promoter-CAT constructs suggested that bortezomib did not augment Bik transcription in LNCaP or HC-4 cells (data not shown). Our demonstration that Bik is ubiquitin-responsive (Fig. 2) suggests that its rapid accumulation in many cell lines in response to bortezomib is due to stabilization consequent to proteasome inhibition. Others have reported accumulation of Bik in the presence of other proteasome inhibitors (27, 36). Of interest, in one study Bik accumulated to much higher levels in cell lines which overexpressed Bcl-xL, suggesting that Bcl-xL served to sequester Bik (27). We observed no correlation, however, between the level of Bcl-xL and the level of Bik induced by bortezomib (cf. Fig. 1A).

Importantly, we showed that MEFs deficient in Bik or both Bim and Bik were significantly resistant to bortezomib-induced apoptosis (Fig. 4). Similarly, LNCaP prostate cancer cells in which both Bim and Bik had been suppressed were resistant to TRAIL-induced apoptosis in the presence of bortezomib (Fig. 5A). We showed previously (6) that enhanced cleavage of caspase-8 and Bid contributed to the synergy between bortezomib and TRAIL in inducing apoptosis. The present results suggest that an additional mechanism is bortezomib-mediated increases of the BH3-only proteins Bik or Bim. When these proteins reach a threshold level, they presumably can neutralize antiapoptotic proteins of the Bcl-2 family and thereby allow activation of Bax and/or Bak, leading to permeabilization of mitochondria and activation of caspase-9 (8). This mechanism is consistent with the marked potentiation of bortezomib on the apoptotic action of drugs such as doxorubicin (37). Thus, bortezomib apparently can promote apoptosis through both this pathway and that involving enhanced Bid cleavage. The relative importance of the intrinsic and extrinsic pathways in its action may

![Figure 4. Bortezomib and TRAIL-mediated apoptosis in Bim and/or Bik-deficient MEFs. MEFs were treated as indicated for 18 h and scored for nuclear DAPI uptake as described in Materials and Methods. Columns, mean of nuclei and cell counts from two independent experiments; bars, SD. *, P < 0.01, statistically significant deviation from wild-type value.](image)

![Figure 5. A, Protection against TRAIL-mediated apoptosis by RNAi directed against Bim and/or Bik. LNCaP human prostate cancer cells stably expressing a shRNA directed against Bik were transiently transfected with constructs expressing GFP and a shRNA directed against Bim, or the cDNA encoding GFP alone. As a control, LNCaP cells stably expressing an RNAi with no effect on Bik or Bim levels were transiently transfected with constructs expressing the cDNA for GFP and an shRNA directed against Bim, or the cDNA for GFP alone. Cells expressing GFP were sorted by FACS, plated, and treated with TRAIL at the indicated concentrations in the presence of 1 μmol/L bortezomib for 18 h. Cell survival was scored as described in Materials and Methods. Columns, mean; bars, SD. *, P < 0.05, statistically significant deviation from control (GFP) values. Inset, Western blot of control LNCaP cells transiently transfected with the constructs expressing GFP and RNAi directed against Bim. GFP-positive and GFP-negative cells were sorted by FACS, lysed, and analyzed for Bik expression by Western blot using GAPDH as a loading control. B, bortezomib and TRAIL-mediated apoptosis in APAF-1-deficient MEFs. MEFs were treated as indicated for 18 h and scored for nuclear DAPI uptake as described in Materials and Methods. Columns, mean of nuclei and cell counts from two independent experiments; bars, SD. *, P < 0.05, statistically significant deviation from wild-type value.](image)
well vary with cell type. In any case, these findings and those we reported previously (6) provide the rational for further exploration of the potential of combining bortezomib and TRAIL in cancer therapy.

Acknowledgments
We thank Dr. B. Vogelstein (Johns Hopkins University, Baltimore, MD) for the antibody to PUMA; Dr. Matthias Treier (European Molecular Biology Laboratory, Heidelberg, Germany) for the HA-ubiquitin expression construct (38); Dr. G. Chinnadurai (St. Louis Health Science Center, St. Louis, MO) for the Bik promoter-chloramphenicol acetyl transferase constructs (39); Philippe Bouillet (Walter and Eliza Hall Institute, Melbourne, Australia) for the Bim RNAi and the MCF-7 cells containing this construct; and Millenium Co. for the bortezomib.

References


We find that the prostate cancer cell lines ALVA-31, PC-3, and DU 145 are highly sensitive to apoptosis induced by TRAIL (tumor-necrosis factor-related apoptosis-inducing ligand), while the cell lines TSU-P1 and JCA-1 are moderately sensitive, and the LNCaP cell line is resistant. LNCaP cells lack active lipid phosphatase PTEN, a negative regulator of the phosphatidylinositol (PD) 3-kinase/Akt pathway, and demonstrate a high constitutive Akt activity. Inhibition of PI 3-kinase using wortmannin and LY-294002 suppressed constitutive Akt activity and sensitized LNCaP cells to TRAIL. Treatment of LNCaP cells with TRAIL alone induced cleavage of the caspases 8 and XIAP proteins. However, processing of BID, mitochondrial release of cytochrome c, activation of caspases 7 and 9, and apoptosis did not occur unless TRAIL was combined with either wortmannin, LY-294002, or cycloheximide. Blocking cytochrome c release by Bel-2 overexpression rendered LNCaP cells resistant to TRAIL plus wortmannin treatment but did not affect caspase 8 or BID processing. This indicates that in these cells mitochondria are required for the propagation rather than the initiation of the apoptotic cascade. Infection of LNCaP cells with an adenovirus expressing a constitutively active Akt reversed the ability of wortmannin to potentiate TRAIL-induced BID cleavage. Thus, the PI 3-kinase-dependent blockade of TRAIL-induced apoptosis in LNCaP cells appears to be mediated by Akt through the inhibition of BID cleavage.

TRAIL (tumor-necrosis factor-related apoptosis-inducing ligand) (1) also known as Apo-2 ligand (2) is a proapoptotic cytokine that together with three related proteins (tumor necrosis factor-α, CD95L/FasL, and TWEAK/Apo3L) constitutes a family of ligands that transduce death signals through death domain-containing receptors (3–5). TRAIL is a type II transmembrane protein that functions by binding to two closely related receptors, DR4 and DR5 (6). Both TRAIL and its receptors are ubiquitously expressed (7), suggesting the existence of mechanisms that protect normal tissues from TRAIL-induced apoptosis.

TRAIL is capable of inducing apoptosis in a wide variety of cancer cells in culture and in tumor implants in mice, including cancers of the colon, breast, lung, kidney, central nervous system, blood, and skin (1, 6, 8–11). At the same time, unlike tumor necrosis factor-α and Fas ligand, whose use for cancer therapy has been hampered by their severe toxicity (12, 13), TRAIL has no toxic effects when systemically administered in rodents (10) and nonhuman primates (9). Although the majority of normal human cells tested so far appear to be TRAIL-resistant, recent experiments have demonstrated that cultured human liver cells may be sensitive to TRAIL (14), suggesting that additional studies are required to investigate what determines resistance or sensitivity to this agent.

Despite the ubiquitous expression of TRAIL receptors, a significant proportion of cell lines originating from various cancer types demonstrate either partial or complete resistance to the proapoptotic effects of TRAIL. These findings suggest either defects in apoptotic pathways or the presence of inhibitors of TRAIL-induced apoptosis. The latter possibility appears to be more likely, since the resistance of many types of cancer cells to TRAIL can be reversed by treatment with protein synthesis inhibitors (15–19) or chemotherapeutic agents (9, 11). Some normal human cells can also be sensitized to TRAIL by the inhibition of protein synthesis (20). The elucidation of mechanisms that control sensitivity to TRAIL may lead to better understanding of death receptor-mediated signaling and help to develop TRAIL-based approaches to cancer treatment.

Activation of death receptors leads to the formation of the death-inducing signaling complex (DISC) (21), which includes the receptor itself, and caspase 8 (22). The recruitment of caspase 8 to TRAIL receptors DR4 and DR5 is thought to be mediated by the adaptor protein FADD (23–25). The formation of the DISC triggers autoprocessing and activation of caspase 8 (22) that in turn results in the cleavage and activation of the effector caspase 3 or 7 (26, 27), leading to apoptosis. Activated caspase 8 may also cleave a proapoptotic protein BID, whose cleavage product triggers cytochrome c release from mitochondria (28, 29). In some but not all cell types, the mitochondrial step may be required to amplify the apoptotic signal and fully activate caspase 8 (30). Since the TRAIL-induced apoptotic signal is a multistep process, inhibition of this cascade may occur at several stages. For example, at the ligand-receptor level, TRAIL signaling could be inhibited by the overexpression of nonfunctional TRAIL receptors DR5R or DR2 (31) or by proteins that induce rapid internalization of TRAIL receptors

*This work was supported by National Institutes of Health Grant CA 79631 (to A. S. K.) and United States Public Health Service Grant CA 53520 (to G. J. M.). The costs of publication of this article were defrayed in part by the payment of page charges. This article must therefore be hereby marked "advertisement" in accordance with 18 U.S.C. Section 1734 solely to indicate this fact.

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APPENDIX 4
In the present study, we tested the cytotoxic effects of TRAIL on six human prostate cancer cell lines, demonstrating variable responses, with some cell lines being extremely sensitive and others highly resistant. The highly resistant cell line LNCaP was further investigated to examine mechanisms that protect it from TRAIL-mediated apoptosis. We found that the TRAIL-induced death signal in LNCaP cells is negatively regulated by a high constitutive activity of protein kinase Akt. Furthermore, the antiapoptotic block occurs downstream of caspase 8 activation at the level of BID protein cleavage. This study is the first demonstration that the PI 3-kinase/Akt pathway may interfere with an apoptotic signal by inhibiting processing of BID.

EXPERIMENTAL PROCEDURES

Antibodies—Antibodies were obtained from the following sources: anti-phospho-Akt (New England Biolabs, Beverly, MA); anti-cytocrome c and anti-BID (Zymed Laboratories Inc); anti-Akt and anti-XIAP (Transduction Laboratories, Lexington, KY); anti-HA tag (Roche Applied Science, Ulm, Germany); anti-caspase 7 (Pierce, Rockford, IL); and anti-caspase 9 (Santa Cruz, Santa Cruz, CA).

Cell Culture—Prostate cancer cell lines LNCaP, PC-3, DU 145, TSU-P1, and C4-2 were passed in RPMI 1640 with 10% fetal calf serum, 50 units/ml penicillin, and 50 μg/ml streptomycin. These sources for the cell lines, their characterization, and use in our laboratories have been described previously (36). LNCaP cells overexpressing Bcl-2 (37) were kindly provided by Dr. R. Buttyan (Columbia Presbyterian Medical Center, New York, NY) and grown in medium supplemented with 100 μg/ml G418.

Expression of Recombinant TRAIL in Yeast Picinia pastoris—A cDNA encoding for soluble human TRAIL (residues 114–281) was amplified by polymerase chain reaction from the expression sequence tag clone 117926 (GenBank accession number U60176). The resulting shuttle plasmids were introduced into the E. coli (JM83) and expressed as a fusion protein containing a deactivating frameshift mutation in the gene coding sequence of human Akt1 was fused in frame with the N-terminal hexahistidine tag using oligonucleotides 5'-AGTCATGGTACCTTAGCCAACTAAAAAGGCCCCGAA-3' and 5'-AGTCATGGTACCTTAGCCAACTAAAAAGGCCCCGAA-3', respectively. These features allowed quick one-step purification of secreted 20-kDa TRAIL by nickel-chelate chromatography from yeast supernatant yielding ~2 mg of pure protein from each liter of yeast culture medium (Fig. 1A).

Effect of Soluble TRAIL on Six Prostate Cancer Cell Lines—Recombinant human TRAIL (residues 114–281) was produced in methylotrophic yeast P. pastoris as a fusion protein containing an N-terminal hexahistidine tag and a cleavable secretion signal from yeast α factor. These features allowed a high constitutive activity of protein kinase Akt, and therefore, the lack of negative regulation by Bcl-2 family members (37). This cytoprotective signal from yeast α factor may be involved in autoprotection of recombinant adenovirus and may be a limiting factor for the use of TRAIL in gene therapy approaches.

To investigate the mechanisms controlling the resistance of LNCaP cells to the cytotoxic effect of TRAIL, a series of Western and Northern blot experiments were performed to determine the expression of various components of the TRAIL signaling pathway among the six prostate cancer cell lines. However, no correlation was found between the sensitivity of cells to TRAIL and the expression of TRAIL receptors DR4 and DR5 on cell membranes. The results showed that DR4 and DR5 receptors are not responsible for the resistance of LNCaP cells to TRAIL. The cytotoxicity of TRAIL was tested on a panel of six prostate cancer cell lines (Fig. 1B). Cell viability assays demonstrated that three of these cell lines, ALVA-31, DU 145, and PC-3 were very sensitive to TRAIL, JCA-1, and TSU-P1 revealed moderate sensitivity, whereas LNCaP cells were resistant to as high as 4 μg/ml of TRAIL. Internuclosomal fragmentation (DNA laddering) confirmed that cell death occurred by apoptosis (data not shown).

To investigate the mechanisms controlling the resistance of LNCaP cells to the cytotoxic effect of TRAIL, a series of Western and Northern blot experiments were performed to determine the expression of various components of the TRAIL signaling pathway among the six prostate cancer cell lines. However, no correlation was found between the sensitivity of cells to TRAIL and the expression of TRAIL receptors DR4 and DR5, death receptors TRAIL-DR4 and TRAIL-DR5, initiator caspase 8, and apoptosis inhibitory protein cFLIP (data not shown). LNCaP cells contain a deactivating frameshift mutation in the gene encoding the tumor suppressor PTEN (42). This specific phosphatase cleavage D3 phosphate of second messenger lipid phosphatidylinositol (P1) 3,4,5-triphosphate (43). PI 3,4,5-triphosphate produced by PI-3 kinase activates protein kinase Akt, and therefore, the lack of negative regulation by Bcl-2 family members (37). This cytoprotective signal from yeast α factor may be involved in autoprotection of recombinant adenovirus and may be a limiting factor for the use of TRAIL in gene therapy approaches.
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Fig 1. Sensitivity of human prostate cancer cell lines to soluble human TRAIL. A. purification of recombinant TRAIL from P. pastoris supernatant by nickel-chelate chromatography. B. relative viability of six prostate cancer cell lines treated for 24 h with TRAIL, as measured by the tetrazolium conversion assay. Data are expressed as the means for duplicate determinations.

Fig 2. Constitutive activity of Akt in prostate cancer cells determined by immunoblot with anti-phospho-Akt antibody (Ser473). A. cell lysates prepared from six prostate cancer cell lines were probed by immunoblotting with anti-phospho-Akt antibody (top panel) or anti-Akt antibody (bottom panel). B. LNCaP cells were treated with wortmannin (200 nM) or cycloheximide (10 μg) for 6 h, and cell lysates were immunoblotted with anti-phospho-Akt antibody (top panel) or anti-Akt/TEF5b antibody (bottom panel).

reverses the high constitutive activity of Akt (Fig. 2B).

Inhibition of PI 3-Kinase Activity or Protein Synthesis Renders LNCaP Cells Sensitive to TRAIL—To test whether the high constitutive activity of Akt in LNCaP cells results in their resistance to TRAIL, we first examined how PI 3-kinase inhibitors wortmannin (200 nM) and LY-294002 (20 μM) effect TRAIL cytotoxicity. Wortmannin acts at nanomolar concentrations by covalently modifying PI 3-kinase (44) but is unstable in aqueous solutions (45), making it possible that some PI 3-kinase activity can be restored by de novo synthesis in the course of the experiment. LY-294002 does not bind the enzyme covalently and has an IC50 value for PI 3-kinase about 500-fold higher than that of wortmannin (46) but is much more stable in culture medium. We have found that both substances significantly enhanced the proapoptotic activity of TRAIL in LNCaP cells as judged by apoptotic morphology (Fig. 3A) and DNA fragmentation (Fig. 3B), quantitated by measuring the relative amounts of DNA-histone complexes released into cytoplasm. Since wortmannin and LY-294002 inhibit PI 3-kinase by different mechanisms, this result confirms that sensitization of cells to TRAIL occurs through the inhibition of the PI 3-kinase pathway. Inhibition of protein synthesis with cycloheximide also sensitized LNCaP cells to TRAIL (Fig. 3, A, B). The DNA fragmentation induced by TRAIL in combination with wortmannin, LY-294002, or cycloheximide was greater than that triggered by the potassium ionophore valinomycin (Fig. 3B), a potent inducer of apoptosis (47). Thus, the resistance of LNCaP cells to TRAIL results from the blockage of the TRAIL-induced apoptotic signal transduction cascade rather than the defects in apoptotic machinery. These data demonstrate that the inhibition of TRAIL-mediated apoptosis in LNCaP cells requires PI 3-kinase activity and involves some short-lived protein component(s).

TRAIL-mediated Cytochrome c Release Is Blocked in LNCaP Cells—Depending on the cell type, apoptotic signaling mediated by CD95/Fas may or may not require the release of proapoptotic factors (cytochrome c and apoptosis-inducing factor) from mitochondria. In type II, but not in type I cells, inhibition of mitochondrial apoptotic activities by overexpression of Bcl-2 protein blocks Fas-mediated apoptosis (30). To examine whether the apoptotic activity of mitochondria is required for the transduction of the TRAIL-induced death signal in LNCaP cells, the cytoxic effects of TRAIL alone or in combination with wortmannin were studied in an LNCaP cell line overexpressing Bcl-2 (37). Quantitation of apoptotic nuclei by the TUNEL technique clearly demonstrates that Bcl-2 overexpression impairs the cytoxic effect of TRAIL (Fig. 4A), indicating that mitochondria play an important role in TRAIL-induced apoptosis of LNCaP cells. If the resistance of LNCaP cells to TRAIL results from the high constitutive activity of Akt, this enzyme may block apoptosis either upstream (48, 49) or downstream (50) of mitochondrial cytochrome c release. To discriminate between these two possibilities, experiments were done to examine whether TRAIL-induced cytochrome c release is inhibited in LNCaP cells. LNCaP cells were incubated for 6 h with TRAIL alone or TRAIL in combination with cycloheximide or wortmannin. Cytosolic extracts were then prepared under conditions that keep mitochondria intact (39), and cytochrome c released to the cytosolic fraction was then detected by immunoblotting (Fig. 4B). This experiment demonstrated that in LNCaP cells TRAIL alone does not trigger the release of cytochrome c from the mitochondria, but it does so in combination with wortmannin and, to a lesser extent, cycloheximide. Thus, TRAIL-induced apoptotic signaling in LNCaP cells is blocked upstream of the mitochondria.
PI 3-Kinase Blocks TRAIL-Induced Apoptosis and BID Cleavage

TRAIL is combined with cycloheximide and wortmannin (Fig. 5A). Similarly, these two compounds did not enhance TRAIL-induced cleavage of the apoptosis inhibitory protein XIAP, a substrate for several caspases including caspase 8 (51). These results suggest that the antiapoptotic block in LNCaP cells is not due to down-regulation of XIAP. In contrast, proteolytic cleavage of the caspase 8 substrate BID was not detected in TRAIL-treated cells unless TRAIL was administered in combination with cycloheximide or wortmannin. Caspase 8-mediated cleavage of BID generates a proteolytic fragment, tBID, that is released into the cytoplasm. The involvement of PI 3-kinase or cycloheximide in the blockage of TRAIL-induced BID cleavage was further confirmed by the experiment with another PI 3-kinase inhibitor, LY-294002. Fig. 5B demonstrates that treatment of LNCaP cells with LY-294002 in combination with TRAIL results in the decreasing of caspase 8 activity. To test whether or not cleavage of BID in LNCaP cells depends on mitochondrial function, the processing of BID in cycloheximide-treated LNCaP cells versus parental cells was examined. Immunoblot analysis (Fig. 5C) demonstrates that after 6 h of treatment with TRAIL plus wortmannin or TRAIL plus cycloheximide, BID is processed equally well in parental and cycloheximide-treated LNCaP cells. In addition, caspase 8 was processed efficiently in both cell lines as judged by the TRAIL-induced appearance of a cleavage product that corresponds to the 20-kDa active subunit of caspase 8. Thus, apoptogenic activity of mitochondria is not required for TRAIL-induced cleavage of BID and caspase 8.

Our results demonstrate that the blockage of TRAIL-induced apoptosis at the level of BID cleavage can be induced by cycloheximide treatment, suggesting the possibility that this inhibition may be mediated by a short-lived protein. It has been hypothesized that inhibition of protein synthesis sensitizes cells to death-inducing ligands by down-regulating antiapoptotic cFLIP proteins (15, 19, 52). To determine whether this is the case for LNCaP cells, cell lysates from a previous experiment (Fig. 5A) were immunoblotted with antibodies that recognize different splice variants of cFLIP proteins: FLIPY, FLIPy', and FLIP6 (53). In contrast to published data, treatment of LNCaP cells for up to 16 h with cycloheximide or wortmannin had no effect on the level of cFLIP proteins (Fig. 5C), suggesting that they are unlikely to be involved in the
Fig. 5. Block of TRAIL-mediated apoptotic signal in LNCaP cells occurs at the level of BID cleavage. A, LNCaP cells were treated for 6 or 10 h with 1 μg/ml TRAIL, 200 nM wortmannin (WM), or 10 μM cycloheximide (CHX) alone or in combinations. Cell lysates were electrophoresed and consecutively immunoblotted with antibodies specific to caspase 8, XIAP, BID, caspase 9, and caspase 7. The arrows on the left indicate cleavage products. B, LNCaP cells were treated for 6 h with 1 μg/ml TRAIL or 20 μM LY-294020 alone or in combinations. Cell lysates were electrophoresed and consecutively immunoblotted with antibodies specific to BID or the phosphorylated form of Akt (Ser473). C, parental LNCaP cells and LNCaP cells overexpressing Bcl-2 were treated for 6 h with 1 μg/ml TRAIL and 200 nM wortmannin alone or in combination. Cleavage of caspase 8 and BID was analyzed by immunoblotting with the corresponding antibodies. Blots were processed by ECL, and two different exposures were taken to visualize holocaspase 8 (short exposure) and its 20-kDa proteolytic fragment (long exposure). The arrow indicates caspase 8 cleavage product. D, cell lysates from the experiment described for A were immunoblotted with antibodies that specifically recognize different splice variants of cFLIP protein: FLIP, FLIPy, and FLIPS.

Inhibition of TRAIL signaling in LNCaP cells.

Constitutively Active Akt Blocks TRAIL/Wortmannin-induced BID Cleavage—The potentiating effect of wortmannin on TRAIL-induced BID cleavage suggests that Akt may be involved in the inhibition of TRAIL signaling in LNCaP cells. To confirm this hypothesis, a constitutively active Akt, constructed by fusing Akt to the myristoylation signal of Sre protein (myr-Akt) was introduced into LNCaP cells by adenovirus-mediated gene transfer. If Akt is the sole target of the wortmannin effect, then this infection would be expected to counteract the ability of wortmannin to sensitize LNCaP cells to TRAIL-induced BID cleavage. As a control, an adenovirus containing kinase-inactive Akt (myr-Akt(K-) ) was used. LNCaP cells infected with adenoviral constructs 16 h prior to the experiment were treated for an additional 6 h with TRAIL or TRAIL plus wortmannin, and BID cleavage was examined by immunoblotting. Our results demonstrate (Fig. 6A) that the infection of LNCaP cells with myr-Akt, but not with the kinase-inactive Akt, inhibits processing of BID induced by TRAIL plus wortmannin treatment. TRAIL-mediated cell death was also inhibited in myr-Akt-infected cells as judged by cell morphology (data not shown). Thus, activated Akt is capable of rescuing LNCaP cells from the apoptogenic action of TRAIL plus wortmannin treatment, supporting the hypothesis that the resistance of LNCaP cells to TRAIL results from high constitutive activity of Akt.

We next tested whether activated Akt can also inhibit cleavage of BID induced by TRAIL plus cycloheximide treatment. However, no rescue was observed even when the adenovirus titer was 16 times higher than that sufficient to inhibit programmed death of TRAIL plus wortmannin treatment (Fig. 6B). These results suggest that the protective effects of Akt on BID cleavage may require Akt-induced protein synthesis.

Our results (Figs. 1B and 2A) indicate the existence of TRAIL-sensitive cell lines that possess an elevated Akt activity, albeit at a much lower level than that found in LNCaP cells. This result raises the question of whether the protective effect of Akt is cell type-specific or it occurs only when the level of Akt activity is above a certain threshold. To examine these possibilities, we overexpressed myristoylated Akt in various TRAIL-sensitive cell lines: DU 145 and ALVA-31 prostate cancer cells, A498 renal cancer cells, and HeLa cervical cancer cells. Of them, only ALVA-31 cells acquired significant resistance to TRAIL upon myr-Akt overexpression (Fig. 6C). Thus, the protective effect of Akt appears to be cell type-specific.

**DISCUSSION**

We have developed a novel approach to obtaining preparative amounts of proapoptotic ligand TRAIL and tested the effects of this reagent on a panel of six prostate cancer cell lines. Soluble TRAIL was produced by a methylotrophic yeast *P. pastoris*, secreted into the medium, and then purified to homogeneity by one-step chromatography on a nickel-chelate column. Cytotoxicity assays demonstrated that three cell lines, ALVA-31, DU 145, and PC-3, were very sensitive to TRAIL, while in comparison JCA-1 and TSU-Pr1 revealed moderate sensitivity, and LNCaP cells were resistant to as high as 4 μg/ml TRAIL. Comparing these results with the data published on Fas ligand-induced apoptosis indicates that prostate cancer cells differ in their responses to these two apoptotic stimuli. Whereas cells believed to be derived from primary prostate cancer tumors (ALVA-31 and JCA-1) were reported to be sensitive to Fas ligand-induced apoptosis, cells originating from distant metastasis (DU 145, PC-3, TSU-Pr1, and LNCaP) appeared to be Fas-resistant despite the expression of Fas antigen on the cell surface (36, 54). In contrast, the above listed cell lines, only LNCaP cells were resistant to TRAIL-induced apoptosis, indicating that TRAIL has a greater potential as an agent to treat metastatic prostate cancer. These data also suggest that despite the similarity of CD95/Fas and TRAIL receptors, TRAIL and Fas ligand-mediated apoptosis may employ different signal transduction pathways or be negatively regulated by different mechanisms in these prostate cancer cells.

We found that among six prostate cancer cell lines examined, the LNCaP cells, which are the most highly resistant to TRAIL-induced apoptosis, have the highest constitutive activity of the Akt protein kinase. This result is consistent with the lack of the functional tumor suppressor PTEN, a negative regulator of the PI 3-kinase/Akt pathway in these cells (42). Because the Akt
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Protein kinase is known to block apoptosis (55), we tested whether inhibition of this pathway affects the sensitivity of LNCaP cells to TRAIL. We found that treatment with the PI 3-kinase inhibitors wortmannin and LY-294002 or the protein synthesis inhibitor cycloheximide renders them sensitive to TRAIL-induced apoptosis. Thus, the resistance of LNCaP cells to TRAIL results not from defects in apoptotic machinery, but from PI 3-kinase-dependent inhibition of the TRAIL-mediated apoptotic signaling pathway.

It has been reported that apoptosis induced by triggering of CD95/Fas (56, 57) is counteracted by the PI 3-kinase/Akt pathway, but the molecular mechanisms that cause apoptosis resistance remain unclear. To identify which step of the TRAIL-mediated apoptotic pathway is blocked in LNCaP cells, we first tested whether the release of proapoptotic factors from mitochondria is essential for TRAIL-induced death of these cells. The involvement of mitochondria in apoptosis induced by death receptors remains controversial. Scaffidi et al. (30) have proposed that two types of cells exist that differ with respect to their requirement for mitochondrial function during Fas-mediated apoptosis. In type I cells, caspase 3 is activated without involvement of mitochondria to a level sufficient to process the effector caspase 3. In contrast, in type II cells a mitochondrial-dependent amplification loop is required to fully activate caspase 8 and transduce an apoptotic signal. This model has recently been questioned by Huang et al. (58), who argue that the difference between type I and type II cells is an artifact of using agonistic anti-Fas antibodies to trigger Fas signaling instead of Fas ligand. To clarify the role of mitochondria in TRAIL-induced apoptosis in LNCaP cells, we used Bcl-2-overexpressing LNCaP cells, which were shown to exhibit an impaired cytochrome c release in response to various apoptotic stimuli (37).

Our results demonstrate that these cells are much more resistant to TRAIL plus wortmannin-induced apoptosis compared with the parental cells. In these experiments, apoptosis was triggered by soluble death receptor ligand and not agonistic antibody, supporting the notion that in some cells mitochondrial function is indeed essential for death receptor-mediated apoptosis.

Using a cell fractionation approach, we have found that TRAIL-induced cytochrome c release was blocked in LNCaP cells, but both wortmannin and cycloheximide are capable of overcoming this block. Release of mitochondrial cytochrome c by death receptors is triggered by a multistep mechanism. The formation of the DISC results in autoprocessing and activation of the initiator caspase 8 followed by cleavage of the proapoptotic protein BID (28, 29). A proteolytic fragment of BID translocates to the mitochondria as an integral membrane protein and triggers the release of mitochondrial cytochrome c (59).

Using immunoblot analysis, we found that cleavage of caspase 8 and one of its substrates, the antiapoptotic protein XIAP (51) were required for TRAIL-induced cleavage of BID, the release of cytochrome c, and processing of caspases 9 and 7. Thus, the PI 3-kinase-dependent block of TRAIL-induced apoptosis in LNCaP cells occurs at the level of BID cleavage.

The requirement for mitochondrial apoptogenic activity in TRAIL-induced death suggests that LNCaP cells are similar to type II cells. If so, the lack of BID cleavage could, in principle, be explained by the disruption of a mitochondria-dependent...
amplification loop, resulting in only partial activation of caspase 8. To see whether this hypothesis could be true, we compared the cleavage of BID and caspase 8 in Bel-2-overexpressing versus parental LNCaP cells and found that these proteins are processed equally well in both cell lines. These results demonstrate that although mitochondrial function is important for TRAIL-induced apoptosis in LNCaP cells, unlike “typical” type II cells mitochondria are required not to amplify caspase 8 activation but to transduce apoptotic signal downstream of the initiator caspase. Therefore, it may be possible to classify LNCaP as type III cells where mitochondria are involved in the propagation rather than the initiation of the apoptotic cascade.

Involvement of PI 3-kinase in the block of apoptosis suggests that Akt could mediate resistance of LNCaP cells to TRAIL. To confirm this hypothesis, we tested whether overexpression of constitutively active Akt could inhibit the proapoptotic effect of TRAIL plus wortmannin treatment. For this purpose, we used a myristoylated derivative of Akt, which exhibits kinase activity (16) in the absence of PI 3-kinase (58). Bcl-2 (3-7-h) treatment of LNCaP and PC-a cells. This could reflect either the difference in protein is involved in the PI 3-kinase/Akt-mediated blockage of TRAIL-induced BID cleavage and apoptosis in LNCaP cells still await identification and characterization.

Acknowledgments—We thank Dr. Ralph Buttyan (Columbia Presbyterian Medical Center, New York, NY) for Bel-2-overexpressing LNCaP cells, and we thank Dr. Richard A. Roth (Stanford University School of Medicine, Stanford, CA), Dr. Joseph Biggs, and other members of Kraft laboratory for helpful discussions. We appreciate the excellent technical assistance of Sarah Windmiller.

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Methods Mol. Biol. 103, 81–94