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Abrogation of the interaction between osteopontin and αvβ3 integrin reduces tumor growth of human lung cancer cells in mice

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Summary Osteopontin (OPN) is a multifunctional cytokine involved in cell signaling by interacting with αvβ3 integrins. Recent clinical studies have indicated that OPN expression is associated with tumor progression and poor prognosis among patients with lung cancer. However, the biological role of OPN in human lung cancer has not yet been well-defined. The purpose of this study is to investigate and provide evidence for the causal role of OPN regarding tumor growth and angiogenesis in human lung cancer. In this study, we developed a stable OPN transfectant from human lung cancer cell line SBC-3 which does not express the intrinsic OPN mRNA. To reveal the in vivo effect of OPN on tumor growth of human lung cancer, we subcutaneously injected OPN-overexpressing SBC-3 cells (SBC-3/OPN) and control cells (SBC-3/NEO) into the nude mice. Transfection with the OPN gene significantly increased in vivo tumor growth and neovascularization of SBC-3 cells in mice. These in vivo effects of OPN were markedly suppressed with administration of anti-αvβ3 integrin monoclonal antibody or anti-angiogenic agent, TNP-470. Furthermore, recombinant OPN protein enhanced human umbilical vein endothelial cell (HUVEC) proliferation in vitro, and this enhancement was significantly inhibited with the

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addition of anti-αvβ3 integrin antibody. Taken together, these results suggest that OPN plays a crucial role for tumor growth and angiogenesis of human lung cancer cells in vivo by interacting with αvβ3 integrin. Targeting the interaction between OPN and αvβ3 integrin could be effective for future development of anti-angiogenic therapeutic agents for patients with lung cancer.

1. Introduction

Lung cancer is one of the most frequently diagnosed solid tumors in the world, and is the leading cause of cancer-related deaths in Japan [1]. Despite advancement and improvements in surgical and medical treatments, the prognosis of lung cancer patients remains extremely poor [2]. These facts indicate how important it is to identify novel target molecules for the development of new anticancer therapies for human lung cancer.

Tumor growth and metastasis depend on blood supply and vessel formation. Therefore, anti-angiogenic therapy appears to be an attractive and rational approach for the treatment of solid tumors including lung cancer [3,4]. One approach to anti-angiogenic therapy is to inhibit the adhesive interactions required for tumor angiogenesis. The migration and proliferation of vascular endothelial cells is dependent on their adhesiveness to extracellular matrix (ECM) proteins through a variety of cell adhesion receptor including αvβ3 integrin [5,6]. Thus, the interaction between ECM and αvβ3 integrin may be a therapeutic target for lung cancer patients.

Osteopontin (OPN) is a multifunctional phosphoprotein that binds to αv integrin at the arginine-glycine-asparatic acid (RGD) motif of the central portion and exerts cell-adhesion and migration activity [7,8]. OPN is one of the ECM proteins produced by cancer cells, and is revealed to be overexpressed in various human tumors including the lung, breast, colon, ovary, and gastric cancers [9—14]. Previous studies suggested that OPN may be involved in the angiogenesis of cancer cells. For example, Senger et al. reported that OPN promotes vascular endothelial cell migration via αv integrin in cooperation with vascular endothelial growth factor (VEGF), suggesting that OPN may be involved in angiogenesis [15]. Shijubo et al. demonstrated that coexpression of OPN and VEGF is closely associated with angiogenesis and poor prognosis in stage I lung adenocarcinoma [16]. Thus, OPN is postulated to be related with tumor progression and angiogenesis in various cancers.

Recently, much interest has been focused on OPN expression in human lung cancer. Donati et al. investigated on the correlation between OPN expression in tumor tissues and survival of 136 patients with stage I non-small cell lung cancer (NSCLC), and indicated that OPN expression is a significant unfavorable prognostic factor for survival among patients with stage I NSCLC [17]. Hu et al. also reported that OPN expression was associated with tumor growth, tumor staging, and lymph node invasion of patients with NSCLC. They further analyzed OPN levels in plasma, and suggest that plasma OPN levels may serve as a biomarker for diagnosing or monitoring patients with NSCLC [18]. These findings from these clinical studies imply that OPN may be a therapeutic target and useful biomarker for human lung cancer. However, the biological and functional role of OPN in lung cancer animal model and therapeutic trials targeting OPN and its receptor, αvβ3 integrin, have not yet been reported.

In this study, we first developed stable transfectants from human small cell lung cancer (SCLC) cell line SBC-3 that constitutively secrete mouse OPN. We demonstrated that OPN transfected SBC-3 cells significantly increased in vivo tumorigenecity and neovascularization in comparison with the control cells in mice. In addition, we evaluated the therapeutic efficacy of anti-mouse αvβ3 integrin antibody (RMV-7) against OPN-overexpressing SBC-3 cells inoculated mice. The biological significance of OPN in tumor growth and angiogenesis of lung cancer and potential treatment using RMV-7 antibody are also discussed.

2. Materials and methods

2.1. Cell lines and reagents

Human small cell lung cancer cell line, SBC-3 cells, was kindly provided by Dr. I. Kimura (Okayama University, Okayama), and cultured in RPMI1640 (Koujin Bio, Saitama, Japan) medium containing 10% (v/v) fetal calf serum. HUVEC were purchased from Clonetics (San Diego, CA) and maintained with EGM-2 medium (Clonetics) on collagen-coated plastic flasks. The anti-mouse αvβ3 antibody (RMV-7) was kindly provided by Prof. Okumura (Department of Immunology, Juntendo University), and has been proven to interfere with OPN-mediated cell migration, adhesion, and proliferation [19,20]. Anti-human αvβ3 monoclonal antibody (LM609) was purchased from Chemicon International (Australia). The monoclonal antibody against murine CD31 was purchased from Pharmingen (San Diego, CA). The monoclonal antibody against murine OPN was purchased from Immuno-Biological Laboratories (Gunma, Japan). The polyclonal rabbit anti-single stranded DNA (ssDNA) was purchased from Dakocytomation (Tokyo, Japan). TNP-470 (6-*O*-(*N*-chloroacethyl-carbamoyl)-fumagillol), a semisynthetic analog of fumagillin derived from *Aspergillus fumigatus*, was kindly provided by Takeda Chemical Industries (Osaka, Japan).

2.2. Transfection

5×10^5 SBC-3 cells were transfected with Lipofectamine Reagent (Invitrogen) using 8 μg of purified murine OPN cDNA cloned into the eukaryotic cDNA expression vector BMGneo as previously described [21]. This plasmid was designated as BMGneo-mOPN. Two days later, the cells were placed in G418 sulfate (Geneticin; Invitrogen) at 1 mg/ml for selection. Four weeks after transfection, G418-resistant colonies were expanded and isolated with limiting dilution. The

resulting selected and isolated SBC-3 cells transfected with BMGneo-mOPN and BMGneo were designated as SBC-3/OPN and SBC-3/NEO, respectively.

2.3. Detection of OPN and VEGF transcription by RT-PCR

Expression of OPN and VEGF mRNA were assessed by RT-PCR. Total RNAs were extracted from cultured cell lines with TRIzol reagent (Invitrogen). The primers for the RT-PCR were: OPN sense primer (5′-AGTCGACATGAGATTGGCAGTGATTTGC-3′), OPN anti-sense primer (5′-ACTCGAGGCCTCTTCTTTAGTTGACCTC-3′), VEGF sense primer (5′-TGCACCCATGGCAGAAGGAGG-3′), and VEGF anti-sense primer (5′-TCACCGCCTCGGCTTGTCACA-3′). RT-PCR was conducted using a Gene Amp RNA PCR kit (Applied Biosystems, Branchburg, NJ) according to the manufacture's instructions.

2.4. Determination of OPN protein secretion by ELISA

5×10^5 SBC-3/OPN transfectants were cultured in 6-well plates with 2% FCS in RPMI 1640 medium overnight, followed by incubation in 3 ml serum free medium for an additional 24 h. Secreted murine OPN protein level in culture supernatant was measured with the commercial ELISA kit (Immuno-Biological Laboratories, Gunma, Japan) according to the manufacturer's instruction.

2.5. Western blot analysis

Conditioned medium from SBC-3/OPN and SBC-3/NEO cells were subjected to western blot analysis. Samples were separated on 10% acrylamide gels and transferred to a nitrocellulose filter with electroblotting at 4 °C. The filters were blocked in phosphate-buffered saline (PBS) containing 10% dry milk, washed in PBS containing 1% dry milk and 0.5% Tween-20, and then incubated with polyclonal rabbit anti-mouse OPN antibody (Immuno-Biological Laboratories, Gunma, Japan) at room temperature for 1 h. Filters were again washed and then incubated with horseradish-peroxidase-conjugated anti-rabbit antibody (Amersham Pharmacia Biotech) for 1 h. Filters were then washed with TBST (150 mM NaCl, 10 mM Tris, pH 8.0, 0.05% Tween-20), and specific proteins were detected using the enhanced chemiluminescence system (Amersham Pharmacia Biotech).

2.6. In vitro cell growth rates

SBC-3/NEO and SBC-3/OPN were placed onto 96-well plates at 2×10^3 cells/well in triplicate. At designated time points, the number of cells were quantified using a colormetric MTT assay as described previously [22].

2.7. In vitro cell migration assay

SBC-3/OPN and SBC-3/NEO were transfered to 6-well culture plates at 5×10^5 cells/well and incubated with 2% FCS in RPMI 1640 medium overnight. The cells were washed in PBS, and 3 ml of serum free medium were added to each well. After 24 h, 3 ml of conditioned serum-free medium were collected and subjected to in vitro cell migration assay. In vitro cell migration was performed using a cell culture insert with 8 μm micropore membrane (Falcon; Becton Dickinson, Franklin Lake, NJ) as previously described [21]. Briefly, the suspension of HUVEC (5×10^4 cells/200 μl in RPMI 1640 containing 0.1% BSA) was added to the upper chamber and the collected medium was added to the lower chamber. In order to confirm cell migration mediated by OPN, we conducted additional experiments by treating the cells with GRGDS peptide (Sigma) at the concentration of 100 μM or anti-human αvβ3 antibody at the concentration of 10 μg/ml. After incubation at 37 °C for 8 h, the filters were fixed with 10% formalin, and stained with crystal violet. The cells on the upper surface of the filters were removed by swabbing with a cotton swab, and the cells that had migrated to the lower surface were counted under a microscope at the magnification of 200×. All assays were performed in triplicate and at least three independent experiments were performed.

2.8. Soft agar colony formation assay

Six-well culture plates were covered with a layer of 0.5% agar in RPMI 1640 medium containing 20% (v/v) fetal calf serum to prevent the attachment of the cells to plastic substratum. Cell suspensions (5×10^3 cells/well) of the SBC-3/OPN or SBC-3/NEO cells were prepared with 0.3% agar and poured into 6-well plates. After 2 weeks of incubation at 37 °C, the colonies containing at least 50 cells were counted. All assays were performed in triplicate.

2.9. Mice

Female athymic BALB/c nude mice, 6–7 weeks old, were purchased from Charlsriver Co., Ltd. (Tokyo, Japan) and maintained in our animal facilities under specific pathogen-free conditions. All animal experiments were performed according to the Guidelines on Animal Experimentation as established by Juntendo University, School of Medicine.

2.10. In vivo tumorigenicity

SBC-3/OPN and SBC-3/NEO cells were harvested from the culture flask with 0.05% Trypsin-EDTA (Invitrogen), washed three times, resuspended in PBS. Cell viability was determined by trypan blue dye exclusion test and cells were inoculated subcutaneously (s.c.) into the left flank of nude mice (1×10^7 cells/mouse). To investigate whether tumor growth is mediated by the interaction between OPN and its receptor, the RMV-7 antibody was administered to SBC-3/OPN or SBC-3/NEO inoculated mice. Briefly, RMV-7 (200 μg/mouse) and control isotype-matched IgG (200 μg/mouse) were administered intraperitoneally from day 3 after inoculation three times a week for 3 weeks. TNP-470 (30 mg/kg) was also administered subcutaneously from day 7 twice a week for 3 weeks to reveal the involvement of angiogenesis in in vivo tumor growth. Tumor growth was measured with a digital caliper in two perpendicular diameters every week. Tumor volumes were calculated from the length (a) and width (b) by using the following formula:

volume (mm^3) = $ab^2/2$. Each group consisted of 10 mice. All experiments were performed twice.

2.11. Immunohistochemical staining

Histological sections were obtained from SBC-3/OPN and SBC-3/NEO tumor tissues resected from mice. After resection, tumor tissues were immediately embedded and frozen in Tissue-Tek OCD compound (Miles Laboratories, Elkhart, TN), and sections were cut at 4 μm thickness. Immunohistochemical staining for murine OPN and CD31 was performed as previously described [23]. To quantify apoptotic cell number in the tumor, we performed immunohistochemical staining for ssDNA. Briefly, the sections were fixed with 4% paraformaldehyde (PFA) and then incubated at 4 °C overnight with rabbit anti-ssDNA antibody diluted to 1:400. Specific binding was detected through avidin-biotin peroxidase complex formation with biotin conjugated goat anti-rabbit IgG (Vectastain ABC kit, Vector, Burlingame, CA) and diaminobendizine (DAB) (Sigma, St. Louis, MI) as the substrate. Staining was absent when isotype-matched immunoglobulin was used as the control.

2.12. HUVEC proliferation assay

A 96-well flat bottom plastic assay plate (Corning, NY) was coated with recombinant mouse OPN (RD systems, Inc., CA; 10 μg/ml), polylysine (100 μg/ml) or BSA (10 mg/ml) in PBS and incubated overnight at 4 °C. The plate was washed with PBS and non-specific adhesion sites were blocked with 1% BSA in PBS for 1 h at 37 °C. After washing the wells with PBS, 5×10^3 cells in 100 μl of EGM-2 medium diluted with OPTI-MEM (Invitrogen) to 1/5 were seeded to each well. For some experiments, the HUVEC suspensions were pretreated with GRGDS peptide at the concentration of 100 μM or anti-human αvβ3 antibody at the concentration of 10 μg/ml for 1 h at 37 °C. Then after 48 h incubation, 10 μl of 2-(2-methoxy-4-nitrophenyl)-3-(4-nitrophenyl)-5-(2,4-disulfophenyl)-2H-tetrazolium monosodium salt (WST-8, Dojindo, Kumamoto, Japan) was added to each well. The plate was further incubated at 37 °C for 6 h for color development. Absorbance was measured at 450 nm on a microplate reader with microplate manager (Bio-Rad, Richmond, CA). All experiments were performed in triplicate.

2.13. Statistics

Statistical analysis was performed with analysis of variance (ANOVA). All data are presented as mean ± standard deviation. Differences between means were considered statistically significant at $P < 0.05$.

3. Results

3.1. Generation of stable transfectants that secretes murine OPN

BMGneo-mOPN or BMGneo were transfected into SBC-3 cells. Two OPN transfected SBC-3 clones (SBC-3/OPN#5 and SBC-3/OPN#6) and two control clones (SBC-3/NEO#1 and SBC-3/NEO#3) were constructed. To verify the expression of OPN and VEGF mRNA in transfectants, we conducted RT-PCR for OPN and VEGF, respectively. As shown in Fig. 1A, high levels of OPN mRNA expression were detected in the SBC-3/OPN cells, while there were no detectable expression levels observed in the SBC-3/NEO cells. For VEGF mRNA, there was no difference in the level of expression between SBC-3/OPN and SBC-3/NEO cells. Thus, transfection with OPN gene into SBC-3 cells does not affect the expression of other angiogenic inducers like VEGF mRNA. Secreted OPN protein from transfectants was confirmed with both western blot analysis and ELISA kit (Fig. 1B and C). OPN-transfected clones secreted significant amounts of OPN, while control clones did not. The clone SBC-3/OPN#5 secreted the high-

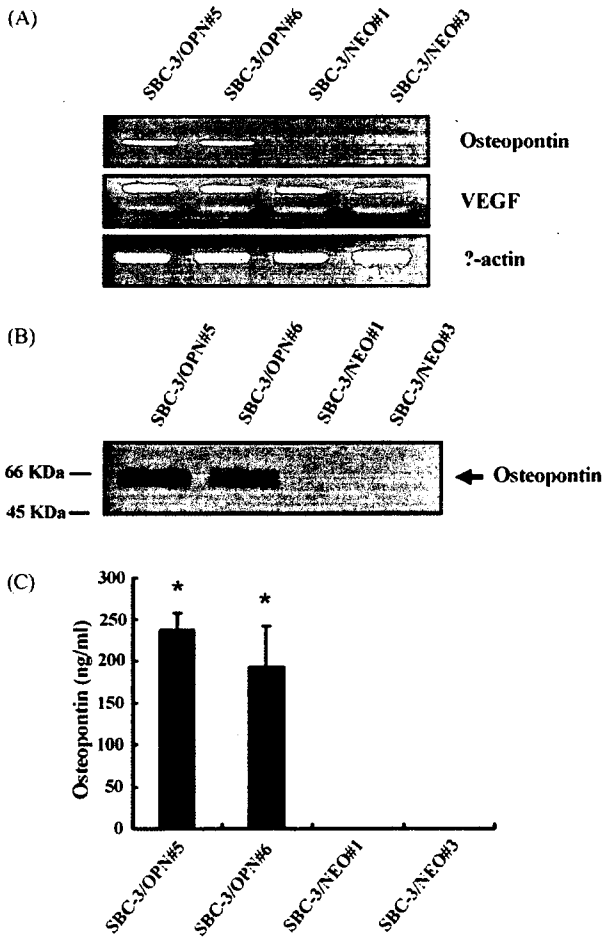

Fig. 1 (A) Expression of OPN and VEGF mRNA determined with RT-PCR analysis. Total RNAs were extracted from each clone and 1 μg of RNAs were subjected to RT-PCR analysis for OPN (top panel), VEGF (middle panel) and β-actin (bottom panel) expression. (B) Western blot analysis of secreted mouse OPN protein. Conditioned mediums from SBC-3/OPN and SBC-3/NEO clones were subjected to western blot analysis using polyclonal antibody against OPN. The arrow indicates the expression of OPN, and molecular standards are shown on the left in KD. (C) Secretion of OPN protein from SBC-3/OPN and SBC-3/NEO cells. Conditioned medium from each clones were collected and subjected to ELISA analysis. Note that the clone SBC-3/OPN#5 secreted the highest level of OPN protein into the culture medium. *$P < 0.05$ vs. SBC-3/NEO#1 and SBC-3/NEO#3.

est level of OPN protein into the culture medium. Therefore, we utilized this clone in the subsequential experiments.

3.2. In vitro cell growth rate of stable OPN-transfectant

Cells were seeded onto 96-well plates and the number of cells was quantified at specific time intervals with MTT assay. Cultured SBC-3/OPN and SBC-3/NEO cells displayed similar in vitro growth rates (data not shown).

3.3. Biological activity of OPN protein secreted from the transfectant

Since endothelial cell migration is essential for tumor angiogenesis, we conducted migration assay using HUVEC. Conditioned medium from SBC-3/OPN cells significantly stimulated HUVEC migration as compared with conditioned medium from SBC-3/NEO cells. Moreover, HUVEC migration toward the culture medium of SBC-3/OPN cells was almost completely suppressed with the addition of GRGDS peptide and anti-human αvβ3 antibody (Fig. 2). These results suggest that OPN secreted from SBC-3/OPN is actually biological active and stimulates HUVEC migration by interacting with αvβ3 integrin.

3.4. Effect of OPN transfection on colony formation

We evaluated whether transfection with OPN gene affects colony formation of SBC-3 cells in vitro with soft agar colony formation assay. As shown in Fig. 2B, there was no significant difference in the number of colonies between SBC-3/OPN and SBC-3/NEO cells. Thus, colony formation of SBC-3 cells in vitro was not affected by transfection with the OPN gene.

3.5. In vivo tumorigenecity of OPN transfectant

To investigate whether OPN has any role in tumor growth in vivo, SBC-3/OPN#5 clone and SBC-3/NEO#1 clone were injected subcutaneously into the left flank of the nude mice. As shown in Fig. 3 A and B, in contrast to the absence of any significant changes in in vitro cell growth, the in vivo growth rate of SBC-3/OPN#5 was significantly faster than that of the SBC-3/NEO#1 cells. We also tested in vivo tumor growth of the other SBC-3/OPN clone, SBC-3/OPN#6, to confirm its enhanced in vivo tumorigenecity. As expected, SBC-3/OPN#6 demonstrated enhanced in vivo tumor growth compared to SBC-3/NEO#1 (data not shown).

3.6. Expression of OPN protein in SBC-3/OPN and SBC-3/NEO tumors

To investigate whether enhanced tumor growth of SBC-3/OPN clones in vivo was mediated by secreted OPN, immunohistochemical staining for OPN was conducted. The OPN-positive cell number was significantly greater in the SBC-3/OPN induced tumor in comparison with that of the SBC-3/NEO tumor (Fig. 3C). These results suggest that

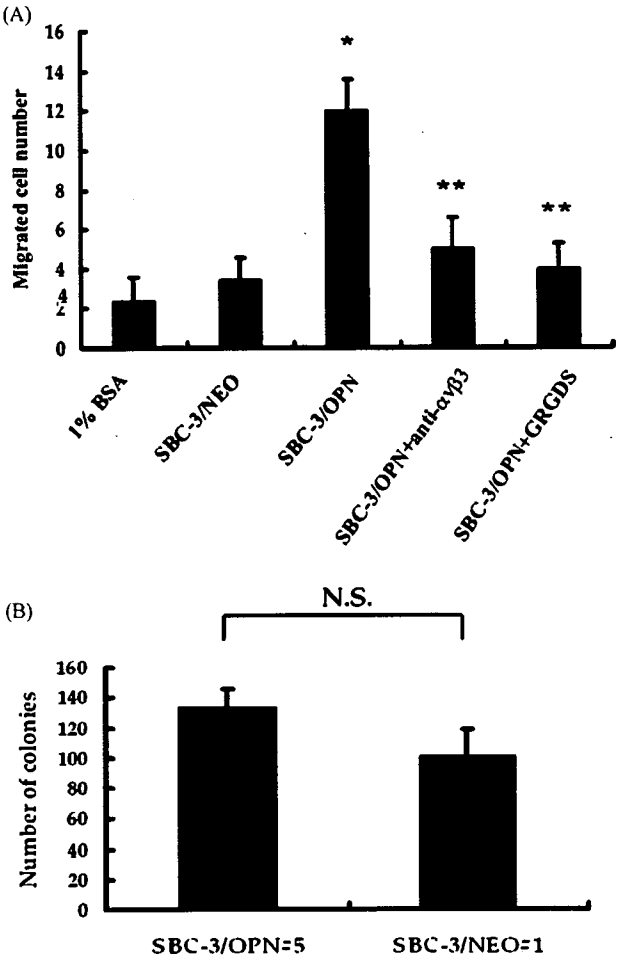

Fig. 2 (A) Migration of HUVEC toward conditioned medium from OPN-transfected cells. Cells were placed in the upper chamber and culture medium from SBC-3/NEO and SBC-3/OPN were added to the lower chamber. After 8 h incubation, cells that migrated through the porous filter were counted at ×200 magnification. Enhanced migration of HUVEC toward the culture medium from SBC-3/OPN was abrogated with the addition of either GRGDS peptide (100 μM) or anti-human αvβ3 antibody (10 μg/ml) to the upper chambers. Data are presented as mean ± S.D. $^{*}P < 0.0001$ vs. 1% BSA and SBC-3/NEO; $^{**}P < 0.001$ vs. SBC-3/OPN. (B) Soft-agar colony formation by SBC-3/OPN and SBC-3/NEO cells. Cells were seeded at an initial density of 5×10^3 cells into 6-well culture plates in triplicate in 0.3% agar. Colonies containing at least 50 cells were scored after 2 weeks of growth. Total colony per well were counted and presented as the mean ± S.D.

secreted OPN from SBC-3/OPN transfectants enhanced in vivo tumorigenesis.

3.7. Effect of OPN transfection on tumor angiogenesis

To investigate whether transfection with OPN gene results in increased tumor angiogenesis in vivo, we performed immunohistochemistry for CD31 and counted the microvessels in the SBC-3/OPN#5 and SBC-3/NEO#1 induced tumors of the nude mice. As shown in Fig. 4A, the number of CD31-

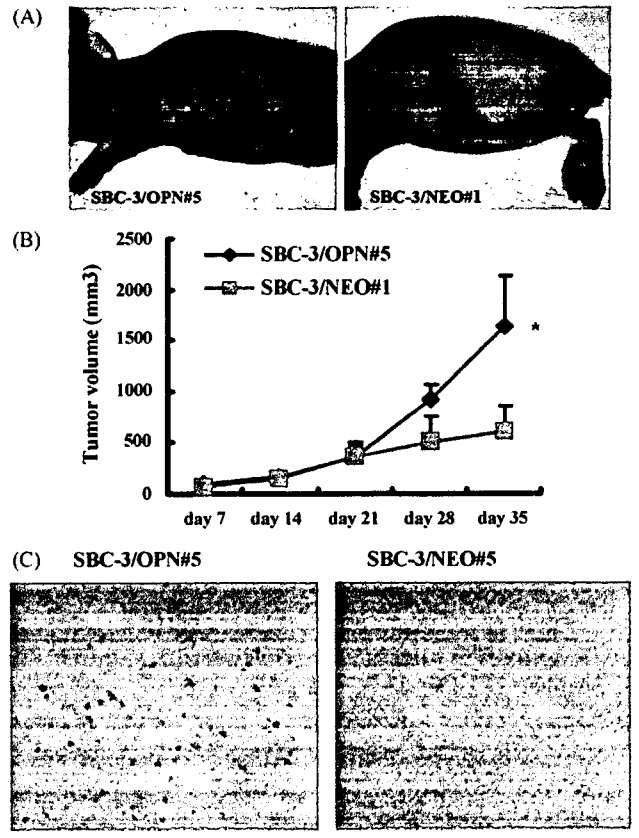

Fig. 3 Effect of OPN gene transfer into SBC-3 cells on tumor growth in mice. The SBC-3/OPN#5 and SBC-3/NEO#1 cells were inoculated s.c. into the left flanks of nude mice. (A) Representative photographs of the tumors at day 35 after inoculation with either the SBC-3/OPN#5 cells or the SBC-3/NEO#1 cells. (B) Tumors were measured with a digital caliper in two perpendicular diameters every week. The tumor volumes were calculated as described in Section 2. Each group consisted of 10 mice. $^{*}P < 0.05$ vs. SBC-3/NEO#1. (C) Representative sections of OPN expression in tumors derived from SBC-3/OPN and SBC-3/NEO. Cryostat sections of tumors developing in nude mice were stained with anti-mouse OPN monoclonal antibody (original magnification ×400).

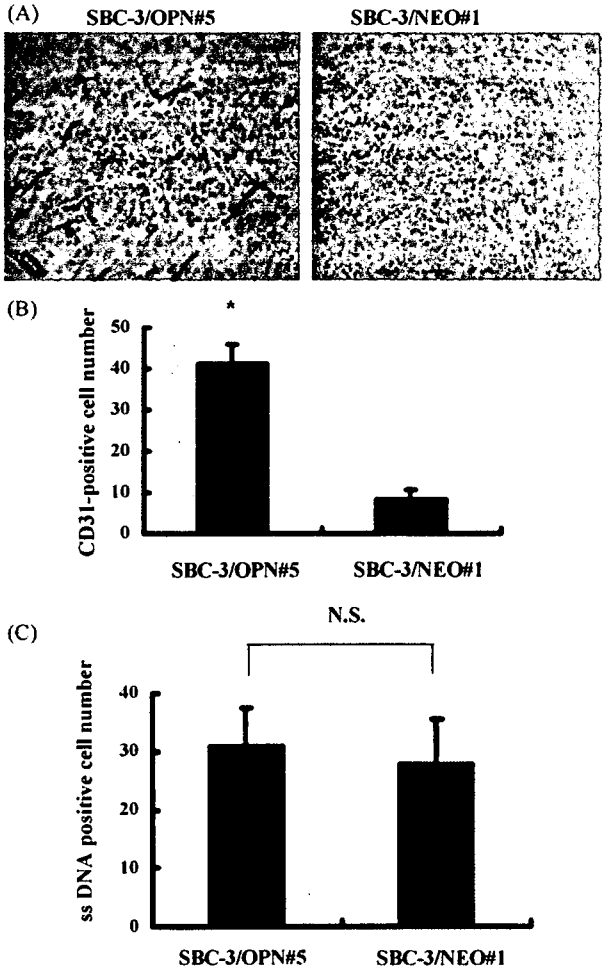

Fig. 4 (A and B) Vascularization of tumors derived from SBC-3/OPN#5 and SBC-3/NEO#1 cells. Cryostat sections of tumors developing in nude mice were stained with anti-CD31 monoclonal antibody. (A) Representative sections were depicted (×200). (B) Quantification of microvessel density in tumors. The number of CD31-positive microvessels in five fields of tumors that demonstrated the highest vascularity was counted at ×200 and presented as mean ± S.D. $^{*}P < 0.001$ vs. SBC-3/NEO#1. (C) Quantification of ss DNA staining in SBC-3/OPN and SBC-3/NEO cells developed in nude mice. The number of ss DNA positive cells in SBC-3/OPN#5 tumor was not significantly different from that of SBC-3/NEO#1 tumor.

positive vascular endothelial cells was markedly increased in the SBC-3/OPN#5 induced tumor compared to that of the SBC-3/NEO#1 induced tumor. As shown in Fig. 4B, greater than tenfold the number of microvessels was identified in the SBC-3/OPN#5 induced tumor compared with the SBC-3/NEO#1 induced tumor. These results strongly imply that OPN upregulates tumor angiogenesis of SBC-3 cells in mice.

3.8. Effect of OPN transfection on tumor cell apoptosis

We evaluated whether transfection with OPN gene affects tumor cell apoptosis of SBC-3 cells in vivo with immunohistochemical staining for ssDNA. As shown in Fig. 4C, the number of apoptotic cells in the SBC-3/OPN induced tumor was not significantly different from that of the SBC-3/NEO induced tumor. These results suggest the apoptosis of SBC-3 cells in vivo was not affected by transfection with the OPN gene.

3.9. Effect of OPN on in vitro HUVEC proliferation

The endothelial cell proliferation is essential for tumor angiogenesis. Therefore, we performed HUVEC proliferation assay using recombinant mouse OPN protein. As shown in Fig. 5, immobilized OPN significantly stimulated HUVEC proliferation compared with immobilized polylysine and BSA. Interestingly, this enhanced HUVEC proliferation mediated by immobilized OPN was significantly inhibited with the addition of anti-human $\alpha v\beta 3$ antibody or GRGDS peptide. These results are consistent with our finding that migration of HUVEC to OPN was mediated by $\alpha v\beta 3$ integrin as shown in Fig. 2. Taken together, these findings imply the interaction between OPN and $\alpha v\beta 3$ integrins on vascular endothelial cells may play an important role in tumor angiogenesis.

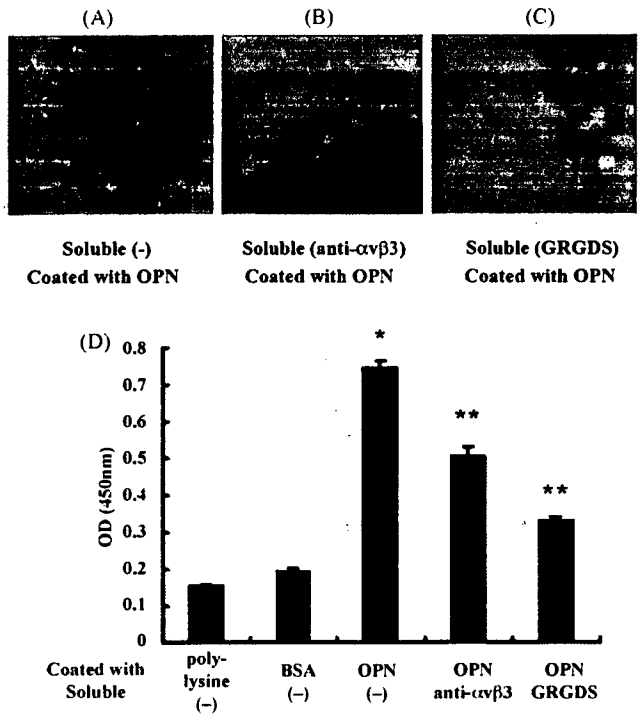

Fig. 5 Inhibitory effect of anti-αvβ3 antibody or RGD peptide on HUVEC proliferation mediated by OPN. (A–C) Representative microphotographs were depicted (×100). (D) Immobilized OPN significantly enhanced HUVEC proliferation and this enhancement was markedly suppressed by treatment with anti-αvβ3 antibody or RGD peptide. Data are presented as mean ± S.D. $^{*}P < 0.0001$ vs. coated with BSA, soluble (−); $^{**}P < 0.001$ vs. coated with OPN, soluble (−).

3.10. Effect of RMV-7 antibody or TNP-470 on growth of SBC-3/OPN tumor in vivo

Since the SBC-3/OPN#5 induced tumors revealed strong neovascularization and tumor growth, the SBC-3/OPN#5 induced tumors were treated with RMV-7 or anti-angiogenic agent, TNP-470, to investigate whether the accelerated SBC-3/OPN#5 tumor growth *in vivo* was directly associated with neovascularization mediated by the interaction between OPN and its receptor, αvβ3 integrin. As shown in Table 1, TNP-470 and RMV-7 administration significantly reduced *in vivo* tumor growth against SBC-3/OPN#5 cells with growth-inhibitory ratio (GIR) values (%) of 83.8% and 85.6%, respectively. In contrast to strong antitumor activity against SBC-3/OPN tumor, RMV-7 did not reveal any antitumor activity against the SBC-3/NEO tumor. These results suggest that the abrogation of the interaction between OPN and αvβ3 integrin could be an effective therapeutic modality in OPN-overexpressing lung cancer.

4. Discussion

OPN is a secreted multifunctional glycosylated phosphoprotein that is involved in tumor progression and metastasis through interaction with adhesion molecules such as integrins αvβ3, αvβ5, and αvβ1, and CD44 variants in a RGD sequence dependent or independent manner [24,25]. Angiogenesis plays a central role in the growth and metastasis of various cancers. The endothelial cell migration is dependent on their adhesive to extracellular matrix protein such as OPN through a variety of cell adhesion receptor including αvβ3 integrins [26]. It has been reported that overexpression of the αvβ3 integrin on tumor vasculature is associated with an aggressive phenotype of several solid tumor types [27,28]. Recent clinical studies also revealed that OPN, a ligand for αvβ3, overexpression is associated with tumor progression and poor survival of patients with lung cancer [17,18].

Table 1 Antitumor activity of RMV-7 or TNP-470 against SBC-3/OPN and SBC-3/NEO inoculated into nude mice

Cell line	Agent	Tumor volume (mm^3)	GIR (%)
SBC-3/OPN#5	TNP-470 (−)	506.9 ± 246.28	83.8
	TNP-470 (+)[b]	81.79 ± 34.4*	
	RMV-7 (−)	2272.45 ± 1126.73	85.6
	RMV-7 (+)[a]	326.35 ± 157.18**	
SBC-3/NEO#1	TNP-470 (−)	126.7 ± 27.98	27.1
	TNP-470 (+)[b]	92.36 ± 12.64	
	RMV-7 (−)	464.76 ± 167.49	3.6
	RMV-7 (+)[a]	448.17 ± 177.68	

Antitumor activity was evaluated in term of growth-inhibitory ratio (GIR, %), defined as [1 − (mean tumor volume of treated/mean tumor volume of control)] × 100 at day 32[a] after the first administration of RMV-7 or day 28[b] after the first administration of TNP-470. Data are presented as mean ± S.D.
* $P < 0.05$ vs. TNP-470 (−).
** $P < 0.05$ vs. RMV-7 (−).

In this study, we conducted *in vivo* tumorigenicity experiments using human lung cancer cell line, SBC-3 cells, to reveal whether interaction between OPN and its receptor αvβ3 plays a key role in tumor growth mediated by angiogenesis. The SBC-3 cell line was originally established from bone marrow aspirate of the 24-year-old male patient with small cell lung cancer [29]. Its subcutaneous implantability has been approved by Fukumoto et al. [30]. OPN-overexpressing SBC-3 cells significantly enhanced *in vivo* tumor growth compared to the control cells. Interestingly, *in vitro* cell growth rate and VEGF mRNA expression levels were similar among these cells. In contrast, transfection of SBC-3 cells with OPN gene significantly induced neovascularization *in vivo*. Apoptosis of SBC-3 cells *in vivo* and colony formation of SBC-3 cells *in vitro* were not affected by transfection with the OPN gene. These results imply that promotion of the tumor growth of SBC-3/OPN cells *in vivo* may be attributed to the hypervascularization induced by secreted OPN. In fact, recombinant human OPN protein enhanced HUVEC proliferation *in vitro*, and these effects of OPN were significantly suppressed with the addition of anti-αvβ3 integrin monoclonal antibody or RGD peptide. These results suggest that OPN is implicated in the process of angiogenesis by interacting with the αvβ3 integrin. In addition, we performed *in vivo* experiment to evaluate the metastatic effect of OPN. The cell suspensions of SBC-3/OPN or SBC-3/NEO cells were injected into a lateral tail vein of BALB/c nude mice. Unfortunately, we did not observe metastatic colonies in lungs. Although liver and kidney metastasis were observed, there

was no significant difference in the number of metastatic colonies in livers and kidneys between in SBC-3/OPN and SBC-3/NEO injected mice (data not shown).

The sustained growth of solid tumors is dependent on the vascular network, making tumor blood vessels a potential therapeutic target [3]. Since previous reports confirmed that OPN plays an important role in tumor progression and metastasis, various therapeutical trials targeting the interaction between OPN and its receptors have been proposed. Thalmann et al. reported that anti-OPN antibody inhibits the growth stimulatory effect of endogenous OPN for human prostate carcinoma cells [31]. In addition, a murine anti-human OPN antibody, which recognizes the RGD/thrombin cleavage region, inhibits the adhesion of MDA-MB-435 breast cancer cells to OPN [32]. Recent trials have used the siRNA technique to knock down OPN mRNA expression. Shevde et al. have demonstrated that suppression of OPN mRNA with siRNA reduced tumorigenecity of MDA-MB-435 breast cancer cells [33]. In addition, Wai et al. revealed that inhibition of OPN mRNA reduced metastatic potential in murine colon carcinoma cells [34]. Regarding anti-OPN receptor antibodies, Brooks et al. have reported that monoclonal antibody (LM609) against αvβ3 integrin induces apoptosis of the proliferative angiogenic blood vessel cells and leads to tumor regression in breast cancer [35]. However, there are no studies with regard to the therapeutic trials targeting OPN and its receptor in lung cancer animal models.

In the present study, we evaluated therapeutic efficacy of anti-αvβ3 integrin antibody (RMV-7) in OPN-overexpressing human lung cancer cells inoculated mice model. Treatment of mice with RMV-7 completely suppressed the *in vivo* tumor growth of SBC-3/OPN with GIR value of 85.6%, while growth rate of SBC-3/NEO *in vivo* was not attenuated by treatment with RMV-7. In the same way, anti-angiogenic agent, TNP-470, exhibited strong anti-tumor activity against SBC-3/OPN tumor with GIR value of 83.8%. These results suggest that interaction between OPN and αvβ3 integrin plays a crucial role for tumor growth induced by up-regulated angiogenesis of human lung cancer cells in mice and anti-αvβ3 antibody could be useful in anti-angiogenic treatment of human lung cancer.

Phase I study using vitaxin (humanized monoclonal anti-αvβ3 integrin antibody) has demonstrated its safety and potential activity in some human cancers. This study revealed that one patient demonstrated partial response and seven patients exhibited stable disease course among the 14 patients evaluated [36]. Recently, McNeel et al. reported phase I trial of a monoclonal antibody specific for αvβ3 integrin (MEDI-522) in patient with advanced multiple malignancies including lung cancer [37]. In their study, three patients with renal carcinoma demonstrated a prolonged and stable disease course among the 25 patients investigated. However, none of the patients with lung cancer revealed favorable therapeutic response. According to our previous report, OPN is predominantly expressed in NSCLC, but its expression level is variable [38]. In both phase I trials, they did not mention the issue of OPN expression in NSCLC. The reason why none of the patients with NSCLC revealed any response to treatment with anti-αvβ3 antibody might have been due to the low expression of OPN in NSCLC cells in these patients. In fact, administration of RMV-7 antibody did not reduce *in vivo* tumor growth in SBC-3/NEO cells inoculated mice in our study. These results suggest that intratumoral OPN expression could be a surrogate marker in the prediction of therapeutic response for treatment with anti-αvβ3 integrin antibody in lung cancer.

Conclusively, our study revealed that OPN is involved in tumor growth and angiogenesis of lung cancer by up-regulating vascular endothelial cell migration and proliferation via interacting with αvβ3 integrin. OPN and its receptor could be effective target molecules in the future for anti-angiogenic therapy of patients with lung cancer.

Conflict of interest

None.

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Pertuzumab, a novel HER dimerization inhibitor, inhibits the growth of human lung cancer cells mediated by the HER3 signaling pathway

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A humanized anti-HER2 monoclonal antibody pertuzumab (Omnitarg, 2C4), binding to a different HER2 epitope than trastuzumab, is known as an inhibitor of heterodimerization of the HER receptors. Potent antitumor activity against HER2-expressing breast and prostate cancer cell lines has been clarified, but this potential is not clear against lung cancers. The authors investigated the *in vitro* anti-tumor activity of pertuzumab against eight non-small cell lung cancer cells expressing various members of the HER receptors. A lung cancer 11_18 cell line expressed a large amount of HER2 and HER3, and its cell growth was stimulated by an HER3 ligand, heregulin (HRG)-α. Pertuzumab significantly inhibited the HRG-α-stimulated cellular growth of the 11_18 cells. Pertuzumab blocked HRG-α-stimulated phosphorylation of HER3, mitogen-activated protein kinase (MAPK), and Akt. In contrast, pertuzumab failed to block epidermal growth factor (EGF)-stimulated phosphorylation of EGF receptor (EGFR) and MAPK. Immunoprecipitation showed that pertuzumab inhibited HRG-α-stimulated HER2/HER3 heterodimer formation. HRG-α-stimulated HER3 phosphorylation was also observed in the PC-9 cells co-overexpressing EGFR, HER2, and HER3, but the cell growth was neither stimulated by HRG-α nor inhibited by pertuzumab. The present results suggest that pertuzumab is effective against HRG-α-dependent cell growth in lung cancer cells through inhibition of HRG-α-stimulated HER2/HER3 signaling. (*Cancer Sci* 2007; 98: 1498–1503)

The HER family of receptor tyrosine kinases consists of four members: EGFR (also termed HER1/ErbB-1), HER2/ErbB-2/Neu, HER3/ErbB-3, and HER4/ErbB-4.[1] Binding of ligands leads to the homo- and heterodimer formation of the receptor tyrosine kinase.[2] There are numerous HER-specific ligands that generate signaling diversity within the cell.[3] EGF, amphiregulin, and TGF-α are known as a specific ligand of EGFR. HB-EGF, β-cellulin, and epiregulin have dual specificity for binding to EGFR and HER4. HRG-α binds HER3 and HER4.[4] No direct ligand for HER2 has been discovered. Dimerization consequently stimulates the intrinsic tyrosine kinase activity of receptors, and activates the downstream-signaling molecules such as MAPK, Akt, JAK, and STAT.[5,6]

Pertuzumab is a humanized monoclonal antibody and binds to the dimerization domain of HER2 distinct from the domain that trastuzumab binds to.[7] Therefore, pertuzumab is known as a dimerization inhibiter between HER2 and the other HER family receptors. A phase I trial of pertuzumab has been performed for advanced tumors,[8] and phase II studies of pertuzumab are underway. Two members of the HER family, HER2 and HER3, act as key oncogenes in breast cancer cells.[9,10] *In vitro* and *in vivo* anti-tumor activities of pertuzumab have been reported in breast tumors through the inhibition of the HER2/HER3 heterodimer formation.[11,12] In lung cancer cells, EGFR plays a crucial role in their biological behavior, but it is unclear whether pertuzumab inhibits the growth of the lung cancer cells mediated by HER family receptors.

The authors have focused on the growth inhibitory effect of pertuzumab against NSCLC cells expressing different types of HER receptors, and analyzed the mechanism of action of pertuzumab in response to the HER receptor ligand.

Materials and Methods

Reagents. Pertuzumab (Omnitarg, 2C4) was provided in sterile water at 25 mg/mL by Genentech, Inc. (South San Francisco, CA, USA) before use. All chemicals and reagents were purchased from Sigma (St Louis, MO, USA) unless noted otherwise.

Cell lines. The human NSCLC cell lines PC-7, PC-9, and PC-14 (Tokyo Medical University, Tokyo, Japan),[13,14] A549 (American Type Culture Collection, Manassas, VA, USA), and PC-3, Ma-1, Ma-24, and 11_18,[15] were maintained in RPMI 1640 medium supplemented with 10% heat-inactivated FBS (Life Technologies, Rockville, MD, USA).

Cell stimulation and lysis. Cells were starved in serum free RPMI 1640 medium for 24 h and treated with EGF, TGF-α, HB-EGF, and HRG-α at 100 ng/mL for 10 min. Cells were washed twice with ice-cold PBS, and lysed with lysis buffer (50 mM Tris, pH 7.5, 150 mM NaCl, 1% Nonidet P-40, 1 mM EDTA, 5 mM sodium pyrophosphate, 50 mM NaF, 1 mM sodium vanadate, 4 mg/mL leupeptin, 4 mg/mL apoprotein, 1 mM PMSF). Protein concentration of the supernatants was determined by the BCA protein assay (Pierce, Rockford, IL, USA).

Immunoprecipitation. Cell lysates (1000 μg) were incubated with the anti-HER2 antibody (Santa Cruz Biotechnology, Santa Cruz, CA, USA) at 4°C overnight. Protein G magnetic beads (New England BioLabs, Beverly, MA, USA) were added for 2 h. Beads were washed three times with lysis buffer, resuspended in SDS sample buffer with 2% β-mercaptoethanol, boiled, and separated using SDS-PAGE.

Western blotting. Cell lysates were electrophoretically separated on SDS-PAGE and transferred to a polyvinylidene difluoride

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Abbreviations: BCA, bicinchoninic acid; ECL, electrochemiluminescence; EDTA, ethylene diamine tetra-acetic acid; EGF, epidermal growth factor; EGFR, epidermal growth factor receptor; FBS, fetal bovine serum; HB-EGF, heparin-binding epidermal growth factor; HRG-α, heregulin-α; JAK, Janus kinase; MAPK, mitogen-activated protein kinase; MTS, 3-(4,5-dimethylthiazol-2-yl)-5-(3-carboxymethoxyphenyl)-2-(4-sulfophenyl)-2H-tetrazolium; NSCLC, non-small cell lung cancer; PBS, phosphate-buffered saline; PMSF, phenylmethylsulfonyl fluoride; RPMI, Roswell Park Memorial Institute; SDS-PAGE, sodium dodecyl sulfate–polyacrylamide gel electrophoresis; STAT, signal transducer and activator of transcription; TGF-α, transforming growth factor-α.

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membrane (Millipore, Bedford, MA, USA). The membrane was probed with each antibody against EGFR and HER2 (Transduction Laboratory, San Diego, CA, USA), HER3 (Santa Cruz Biotechnology), phospho-EGFR (Tyr1068), phospho-HER3 (Tyr1289), MAPK, phospho-MAPK (Thr202/204), Akt, phospho-Akt (Ser473) (Cell Signaling, Beverly, MA, USA), phosphotyrosine (PY-20, Transduction Laboratory), and β-actin (Sigma) as the first antibody, followed by detection using a horseradish peroxidase-conjugated secondary antibody. The bands were visualized with ECL (Amersham, Piscataway, NJ, USA), and images of blotted patterns were analyzed with NIH image software (National Institutes of Health, Bethesda, MD, USA).

Growth inhibition assay. A 100-μL volume of cell suspension (5000 cells/well) in serum-free RPMI 1640 medium was seeded into a 96-well plate and 50 μL of each drug at various concentrations and 50 μL of EGF, TGF-α, HB-EGF, and HRG-α, at 100 ng/mL was added. Human IgG1 (Calbiochem, Cambridge, MA, USA) was used as isotype control. After incubation for 72 h at 37°C, 20 μL of MTS solution (Promega, Madison, WI, USA) was added to each well and the plates were incubated for a further 2 h at 37°C. The absorbance readings for each well were determined at 490 nm with a Delta-soft on a Macintosh computer (Apple, Cupertino, CA, USA) interfaced to a Bio-Tek Microplate Reader EL-340 (BioMetallics, Princeton, NJ, USA). For ligand-stimulated growth of cells, the experiment was performed in six replicate wells for each ligand and carried out independently three times. For growth inhibition of pertuzumab, the experiment was performed in three replicate wells for each drug concentration and carried out independently three times as described elsewhere.[16]

Results

HRG-α dependent cell growth in lung cancer cells. Ligand-dependent cell growth of lung cancer cells was examined (Fig. 1). The addition of EGF, TGF-α, and HB-EGF increased the cell growth of the PC-3, 11_18, and A549 cells, but not that of the PC-7, PC-9, PC-14, Ma-1, and Ma-24 cells. HRG-α addition significantly increased the growth of the 11_18 cells (390% of control, $P < 0.01$ by t-test) and Ma-24 cells (204% of control, $P < 0.01$ by t-test), but did not influence the growth of any other cells. These findings suggest that the growth of the 11_18 and Ma-24 cells is depending upon HRG-α.

Pertuzumab inhibits HRG-α-dependent cell growth of the 11_18 and Ma-24 cells. Pertuzumab inhibited cell growth stimulated by HRG-α (IC_{50} = 0.12 μg/mL) but not stimulated by EGF, TGF-α, and HB-EGF in the 11_18 cells (IC_{50} > 100 μg/mL; Fig. 2). Pertuzumab also inhibited HRG-α dependent cell growth in the Ma-24 cells (IC_{50} = 39.8 μg/mL). Isotype control human IgG1 had no effect on ligand-dependent growth in the 11_18 and Ma-24 cells (data not shown). The growth of the other cells was not affected by exposure to pertuzumab (data not shown). This finding suggests that pertuzumab selectively inhibits HRG-α-dependent cell growth.

Ligand-stimulated phosphorylation of HER receptors. The expression levels of the HER receptors in the pertuzumab-sensitive (11_18 and Ma-24 cells) and pertuzumab-resistant cell (PC-9 cells) lines were determined using western blotting (Fig. 3a). Comparison of the protein expression levels of EGFR revealed high to moderate expression in the PC-9 and Ma-24 cells. EGFR was also detected in the 11_18 cells, although the expression in this

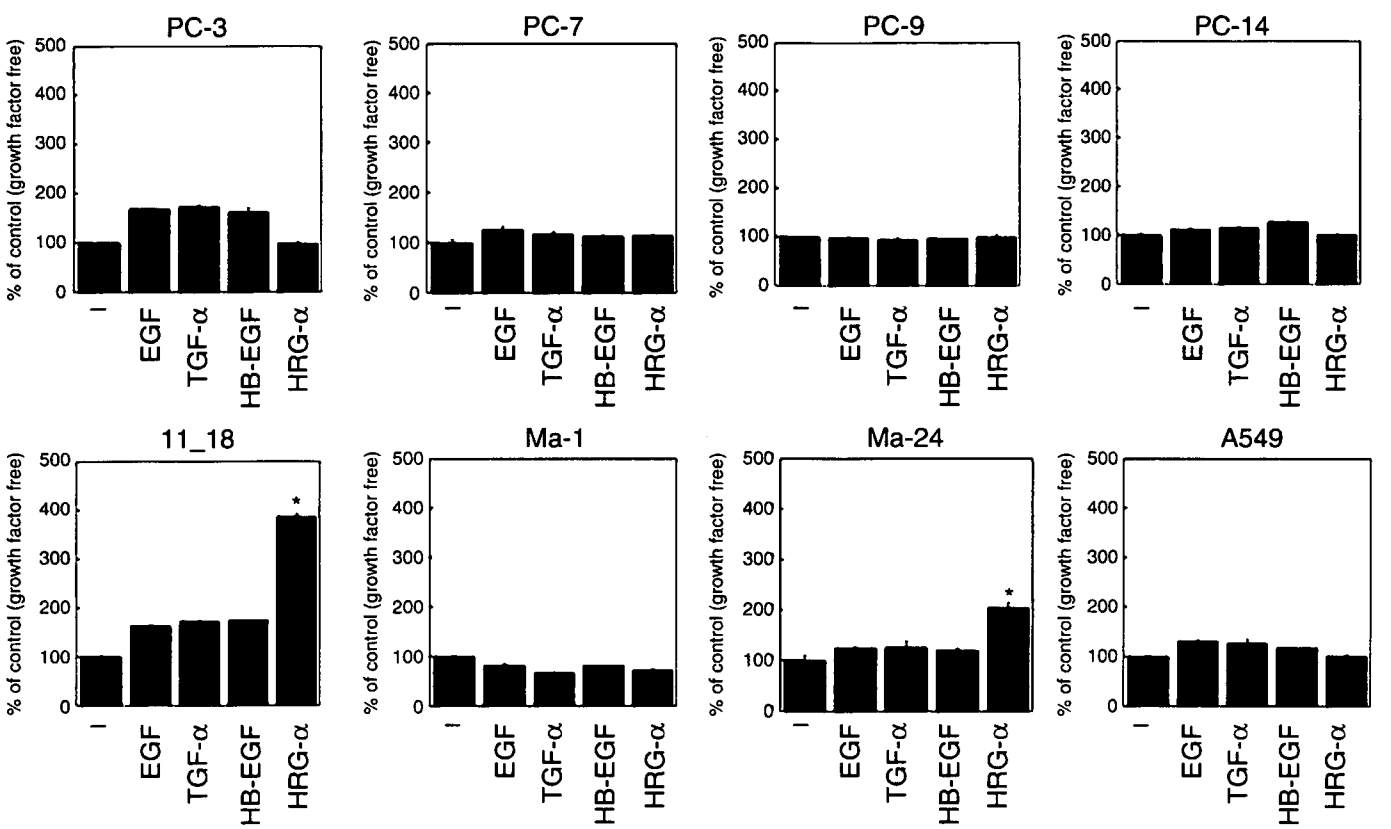

Fig. 1. Ligand-dependent cell growth in the lung cancer cells. Non-small cell lung cancer cells were stimulated with or without 100 ng/mL of epidermal growth factor (EGF), transforming growth factor (TGF)-α, heparin-binding epidermal growth factor (HB-EGF), and heregulin (HRG)-α. After incubation for 72 h, cell growth was determined using the MTS assay. The growth of cells was presented as the percentage of absorbance compared with ligand-untreated cells. Error bars represent SE. *Significant difference ($P < 0.01$; t-test) compared to the ligand-non-stimulated cells. Data shown are representative of at least three independent experiments with similar results.

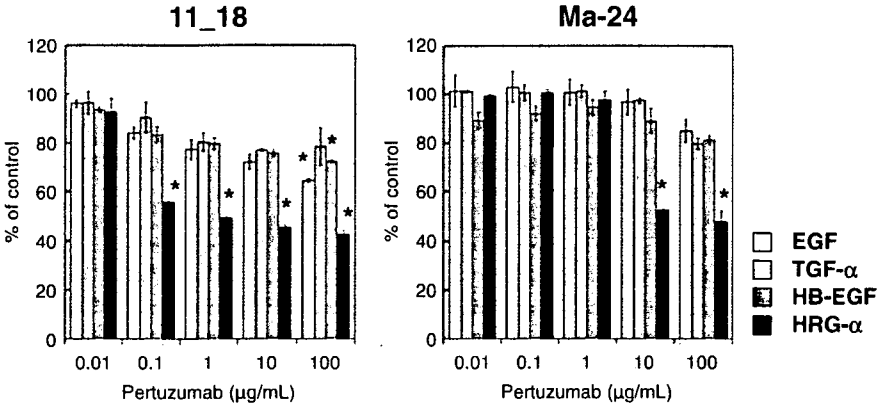

Fig. 2. Growth inhibitory effect of pertuzumab in the lung cancer cells. The lung cells were exposed to pertuzumab (0.01–100 μg/mL) for 72 h in serum free medium with or without 100 ng/mL of epidermal growth factor (EGF), transforming growth factor (TGF)-α, heparin-binding epidermal growth factor (HB-EGF), or heregulin (HRG)-α. The viability was determined using the MTS assay. Result are presented as the percentage of absorbance compared with pertuzumab-untreated cells. Error bars represent SE. *Significant difference ($P < 0.01$; *t*-test) compared to pertuzumab-untreated cells. Data shown are representative of at least three independent experiments with similar results.

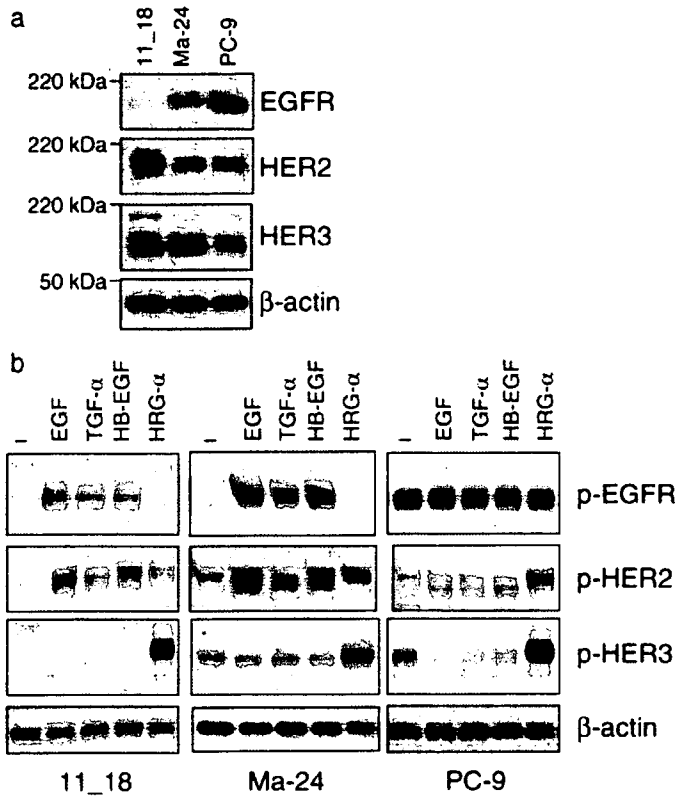

Fig. 3. Expression and phosphorylation of HER receptors in non-small cell lung cancer cells. (a) Expression of epidermal growth factor receptor (EGFR), HER2, and HER3 was detected using western blot analysis. Each lane contained 20 μg protein. β-Actin was used as a loading control. (b) The cells were stimulated with or without 100 ng/mL of epidermal growth factor (EGF), transforming growth factor (TGF)-α, heparin-binding epidermal growth factor (HB-EGF), and heregulin (HRG)-α for 10 min. Phosphorylation of EGFR and HER3 was detected using western blot analysis. Phosphorylation of HER2 was detected using immunoprecipitation followed by western blotting. β-Actin was used as a loading control. Data shown are representative of at least two independent experiments with similar results.

cell line was weak. The expression levels of HER2 were higher in the PC-9 and 11_18 cells than in the Ma-24 cells, which only expressed moderate levels of this receptor. All three cell lines showed strong expression of HER3. HER4 could not be detected in any of the three cell lines (data not shown). In contrast, these lung cancer cell lines expressed different types of EGFR mutations; the PC-9 cells had a 15-base deletion mutant (delE746-A750, exon 19), the 11_18 cells had a L858R point mutation (exon 21) of EGFR, and the Ma-24 cells had a E709G point mutation (exon 18) of EGFR. No mutations were detected in exons 19–21 of HER2 (data not shown).

Next, the ligand-stimulated phosphorylation of the HER receptors in the lung cancer cells after serum starvation was examined (Fig. 3b). While the ligands for EGFR (EGF, TGF-α, and HB-EGF) phosphorylated cellular EGFR in the 11_18 and Ma-24 cells, the EGFR in the PC-9 cells was hyperphosphorylated even under the non-stimulated condition, because PC-9 cells express an active mutant of EGFR. These results suggest that the EGF/TGF-α or HB-EGF–EGFR signals are active in lung cancer cells. The ligands for HER3 (HRG-α) specifically phosphorylated HER3 in the 11_18, Ma-24, and PC-9 cells. Phosphorylation of HER2 was analyzed by immunoprecipitation using an anti-HER2 antibody followed by western blotting for phosphotyrosine. The ligands for EGFR and HER3 phosphorylated HER2 in the 11_18 and Ma-24 cells, whereas only HRG-α but not the other ligands specifically phosphorylated HER2 in the PC-9 cells. These findings also suggest that the HRG-α–HER3 signal is active in lung cancer cells.

Pertuzumab blocks HRG-α but not EGF-stimulated signals. An inhibitory effect of pertuzumab on HRG-α-dependent cell growth in the 11_18 cells was demonstrated. To examine the effect of pertuzumab on signal transduction of both EGFR and HER3 in this cell line, the 11_18 cells were exposed to pertuzumab (0.2–200 μg/mL for 6 h) (Fig. 4a,b). HRG-α-stimulated phosphorylation of HER3 was dose-dependently inhibited by exposure to pertuzumab in the 11_18 cells, whereas EGFR phosphorylation was not stimulated by HRG-α stimulation (data not shown). MAPK and Akt were phosphorylated by HRG-α stimulation and these were inhibited by pertuzumab dose-dependently in the 11_18 cells. In contrast, EGF-stimulated phosphorylation of EGFR and MAPK was not inhibited by pertuzumab in the 11_18 cells. Phosphorylation of Akt was not detected by addition of EGF in the 11_18 cells. EGF did not phosphorylate HER3 and pertuzumab did not affect it (data not shown). Taken together, these results showed that pertuzumab inhibited HRG-α-stimulated phosphorylation of HER3, MAPK, and Akt, but not EGF-stimulated EGFR phosphorylation signaling.

HER3 is phosphorylated in response to HRG-α in the PC-9 cells as observed in the 11_18 cells, but the growth of the PC-9 cells was not increased by HRG-α (Figs 1,3b). To clarify the phosphorylation-inhibitory potential of pertuzumab, the effect of pertuzumab on signal transduction of the PC-9 cells was examined (Fig. 4c). When the PC-9 cells were stimulated by the addition of HRG-α, HER3 was phosphorylated in the PC-9 cells, but phosphorylation of HER3 was not inhibited by pertuzumab (20 and 200 μg/mL for 6 h). EGFR expressed in the PC-9 cells is constitutively active and pertuzumab failed to affect

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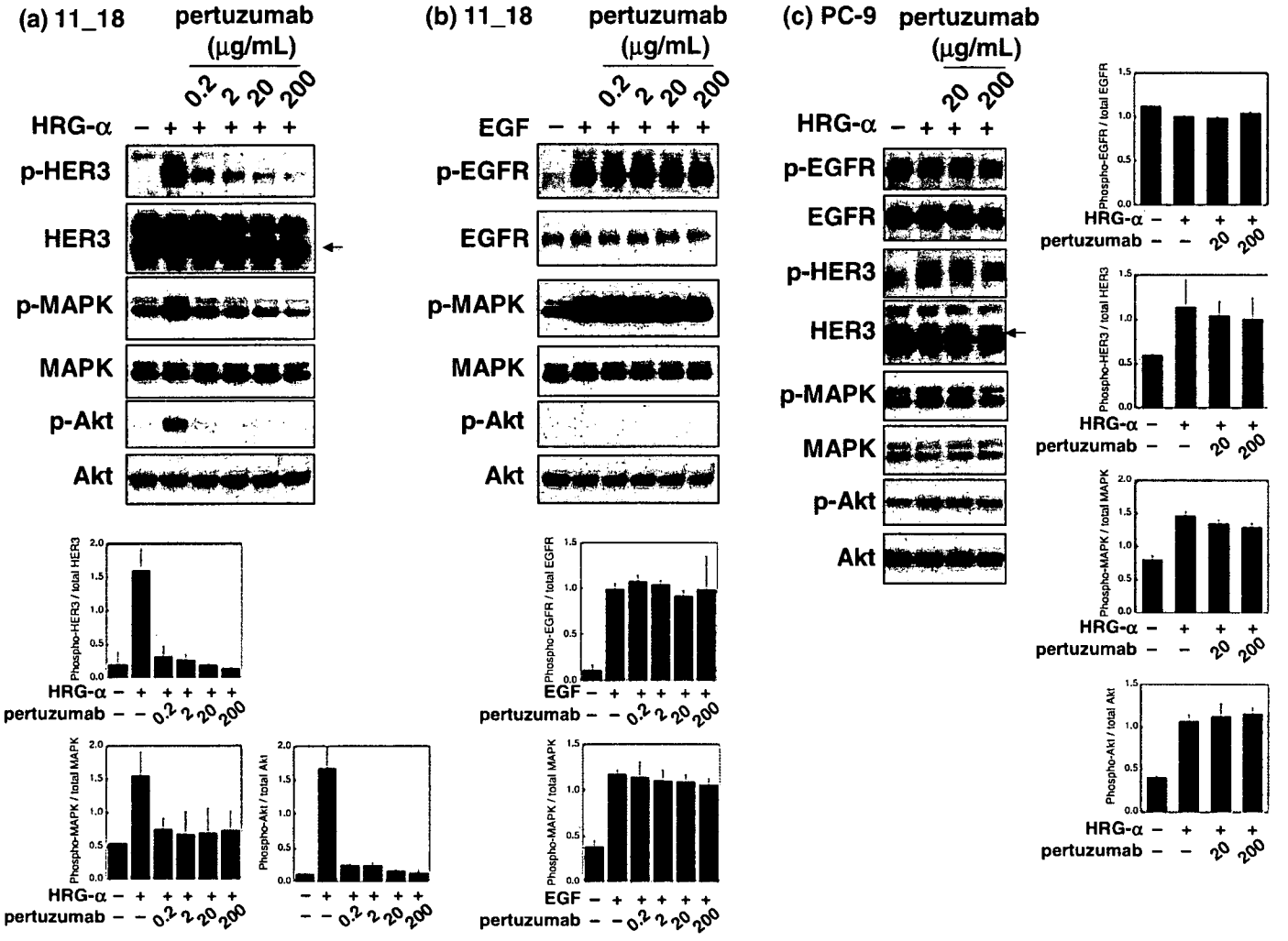

Fig. 4. Effect of pertuzumab on epidermal growth factor receptor (EGFR) and HER3 phosphorylation and their downstream signaling pathways. The 11_18 and PC-9 cells were exposed to pertuzumab for 6 h and stimulated with either heregulin (HRG)-α or epidermal growth factor (EGF) for 10 min. Cell lysate were separated using sodium dodecyl sulfate–polyacrylamide gel electrophoresis and immunoblotted for indicated antibodies. The intensities of bands were quantified by densitometer. (a) HRG-α-stimulated 11_18 cells. (b) EGF-stimulated 11_18 cells. (c) HRG-α-stimulated PC-9 cells. Data shown are representative of at least two independent experiments with similar results. MAPK, mitogen-activated protein kinase.

the phosphorylation level of the EGFR. Phosphorylation of MAPK and Akt was detected by the addition of HRG-α, but these were not inhibited by pertuzumab. These results suggest that pertuzumab is unable to affect HRG-α-stimulated phosphorylation of HER3 in the PC-9 cells.

To clarify the effect of pertuzumab on HER2 phosphorylation and HER2/HER3 heterodimer formation, cell lysates were immunoprecipitated with anti-HER2 antibody (Fig. 5a,b). HRG-α stimulation increased HER2/HER3 heterodimer formation in the 11_18 cells, and pertuzumab decreased HRG-α-stimulated heterodimer formation. EGFR/HER2 heterodimer formation could be barely detected by HRG-α stimulation because of slight expression of EGFR in the 11_18 cells. In the case of EGF stimulation, HER2/HER3 heterodimer was not increased in the 11_18 cells. These findings suggest that pertuzumab inhibits HER2/HER3 heterodimerization by HRG-α stimulation. The HRG-α-stimulated phosphorylation of HER2 was inhibited by pertuzumab in the 11_18 cells. In contrast, the EGF-stimulated phosphorylation of HER2 was not inhibited. These data suggest that pertuzumab inhibits HRG-α stimulated phosphorylation in 11_18 cells. In the PC-9 cells, HRG-α stimulated HER2/HER3 heterodimer formation could be detected without any ligand stimulation, and pertuzumab diminished HRG-α-stimulated heterodimer formation (Fig. 5c). Phosphorylation of HER2 was increased by HRG-α stimulation, but not inhibited by pertuzumab in PC-9 cells. EGFR/HER2 heterodimer formation could be detected without any ligand stimulation, but pertuzumab did not affect it. Based on these results, it is speculated that the cell growth of the PC-9 cells is predominantly dependent on active EGFR signaling, and phosphorylation of HER3 is maintained by active mutant EGFR.

Discussion

Overexpression of HER3 was observed in the lung cancer cell lines and the HER3 was phosphorylated by the HER3 ligand in these cells. These results suggest that HER3 signaling is active in some types of lung cancer cells. Recently it was reported that high HER3 expression was associated with decreased survival.[17] A relationship between lung cancer metastasis and the expression of HER3 as well as EGFR and HER2 has been reported.[18] These bodies of evidence suggest that HER2/HER3 signaling is activated in a subpopulation of lung cancers and that HER2 and HER3 play an important role in the biological behavior of these lung cancers. Both HER2 and HER3 are therefore considered as a possible important target in the therapeutic strategy against lung cancer, just as they are in breast cancers.

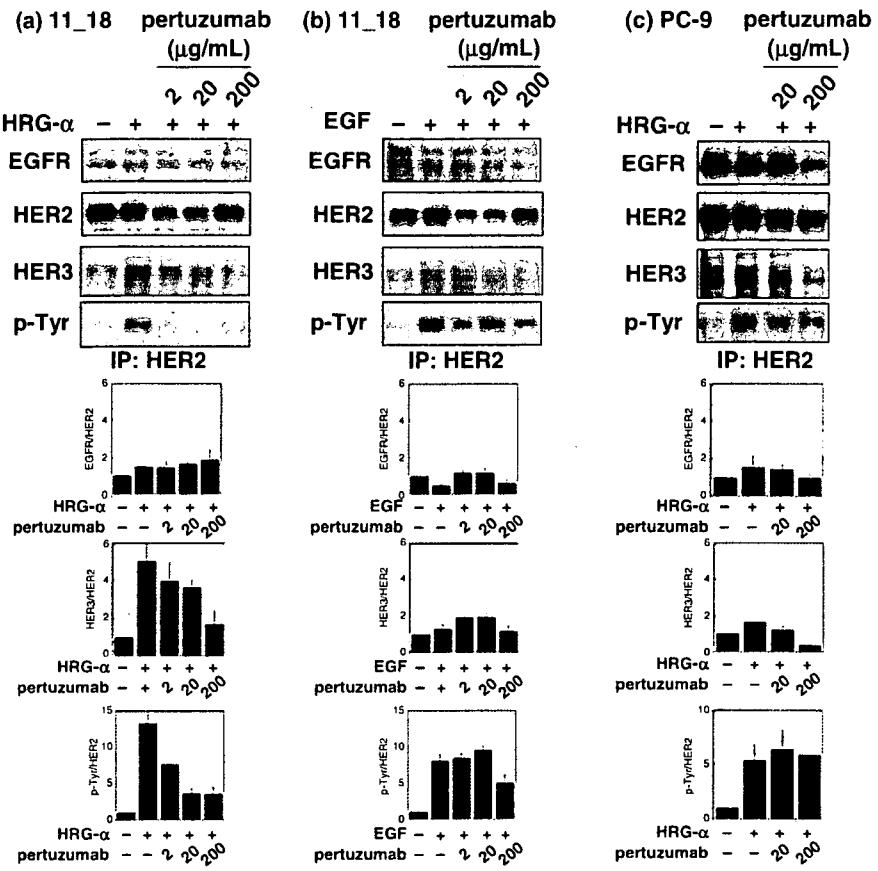

Fig. 5. Effect of pertuzumab on heterodimer formation. The 11_18 and PC-9 cells were exposed to pertuzumab for 6 h and stimulated with either heregulin (HRG)-α or epidermal growth factor (EGF) for 10 min. Cell lysates were immunoprecipitated with anti-HER2 antibody, separated using sodium dodecyl sulfate–polyacrylamide gel electrophoresis, and blotted for indicated antibodies. The intensities of bands were quantified by densitometer. (a) HRG-α-stimulated 11_18 cells. (b) EGF-stimulated 11_18 cells. (c) HRG-α-stimulated PC-9 cells. Data shown are representative of at least two independent experiments with similar results.

HER3 lacks kinase activity because of several base substitutions in motifs that are essential to tyrosine kinase and heterodimerization with HER2 or EGFR is essential for its signal transduction. Therefore co-expression of HER3 and its partners are determinants for the cellular sensitivity against pertuzumab in cancer cells. The present results showed that HER2/HER3 heterodimers are detected by HRG-α stimulation and these data are consistent with previous reports.[19] In contrast, the authors monitored the downstream phosphorylation signal, and demonstrated that HRG-α, but not EGF, phosphorylated Akt in the 11_18 cells. This finding allows us to speculate that HRG-α stimulation leads to Akt phosphorylation through HER2/HER3 heterodimerization.[20–22]

Recently, EGFR mutations have been reported in lung cancers and it was of great interest to clarify the relationship between the EGFR mutation and sensitivity to EGFR-targeted tyrosine kinase inhibitors.[23–25] The PC-9 cells express the deletional mutant EGFR (delE746-A750 in exon 19 of EGFR),[16,23,26,27] and their EGFR was constitutively phosphorylated under non-stimulated conditions (Fig. 3a). The authors speculate that the cell growth of the PC-9 cells is predominantly dependent on active EGFR signaling. In Fig. 3b, treatment with EGF and TGF-α seemed to decrease the phosphorylation of HER3 in PC-9 cells. Unfortunately, we could not conclusively explain this phenomenon. PC-9 cells express deletional EGFR and form EGFR homodimers in the absence of ligand stimulation. At the same time, phospho-HER3 was also detected under these conditions, suggesting that heterodimers of EGFR–HER3 were also formed. Ligand stimulation may alter the balance between homodimers and heterodimers, causing a reduction in HER3 phosphorylation, although there is not any evidence to support this hypothesis. In contrast, the phosphorylation of EGFR in the 11_18 cells that express a different type of mutant EGFR (L858R in exon 21 of EGFR),[26] was not constitutive. This finding may be explained by the differences between deletion mutant EGFR and L858R; constitutive active in the deletion mutant versus hyper-response to ligand stimulation in L858R.[28] Engelman *et al.* suggested that the mutant EGFR is used to couple HER3 in gefitinib-sensitive NSCLC cell lines.[29] The expression level of EGFR in the 11_18 cells was much lower than in the PC-9 cells, and a similar extent of HER3 expression was observed in these cell lines (Fig. 3a). The authors have demonstrated the differential inhibitory effect of pertuzumab against 11_18 and the PC-9 cells. Pertuzumab inhibited HER2/HER3 heterodimer formation and phosphorylation in the 11_18 cells, considering that mutant EGFR do not influence HER3 signals in the 11_18 cells. HER3 phosphorylation in the PC-9 cells was also increased by HRG-α stimulation. Although pertuzumab decreased HER2/HER3 heterodimer formation, it failed to inhibit HRG-α-stimulated HER3 phosphorylation, speculating that an active mutant EGFR transactivates HER3 in the PC-9 cells.

Several EGFR-targeted small inhibitors and antibodies have been under clinical evaluation in the treatment of lung cancer. An EGFR-targeted tyrosine kinase inhibitor, erlotinib, has been clinically applied as a second or third-line single agent therapy in NSCLC patients who have failed standard chemotherapy.[30] Anti-EGFR monoclonal antibodies such as cetuximab and ABX-EGF have been examined in a clinical study.[31] In addition to EGFR, HER2 and HER3 are also considered as important targeting molecules in lung cancers. The present results indicated that pertuzumab effectively inhibited signaling within HER2 and HER3, and may thus be effective in lung cancers expressing HER2 and HER3. To confirm the pertuzumab-sensitive population of lung cancer cells, experiments using small interfering RNA for mutant EGFR will be necessary in future studies.

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In conclusion, the authors have demonstrated that pertuzumab inhibits HRG-α-stimulated cell growth in lung cancer cells through the inhibition of HRG-α-stimulated HER3 signaling. It was further demonstrated that pertuzumab exerts an antiproliferative activity against lung cancer cells expressing HER2 and HER3. The next step will be to examine the clinical relevance of the occurrence of heterodimer formation between HER2 and the other HER receptors in lung cancer.

Acknowledgment

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SHORT COMMUNICATION

Sequential occurrence of non-small cell and small cell lung cancer with the same *EGFR* mutation

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EGFR mutation;
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Summary We report a case of small cell lung cancer (SCLC) developing after prolonged treatment (more than 2 years) for primary adenocarcinoma of the lung, and we show that both the SCLC and non-small cell lung cancer (NSCLC) tissues obtained from the same site share the same deletion in exon 19 of *EGFR*. This case suggests that the activating *EGFR* mutations may confer the pathogenesis of a subset of SCLC.

1. Introduction

The identification of somatic mutations in the tyrosine kinase domain of the epidermal growth factor receptor (EGFR) in patients with NSCLC and the association of such mutations with the clinical response to EGFR tyrosine kinase inhibitors such as gefitinib and erlotinib have had a substantial impact on the treatment of this disease [1,2]. To date, however, only a few *EGFR* mutations have been detected in other solid tumors including SCLC.

2. Case report

A 46-year-old Japanese woman with no smoking history was diagnosed in July 2003 with stage IIIB adenocarcinoma (acinar type) of the lung, with a primary tumor in the left lower lobe and pleural disseminations. A computed tomography (CT) scan showing the tumor (arrow) and hematoxylin–eosin (HE) staining of a tumor biopsy specimen are shown (Fig. 1A). The patient received first-line treatment with cisplatin and vinorelbine and showed a brief partial response. She

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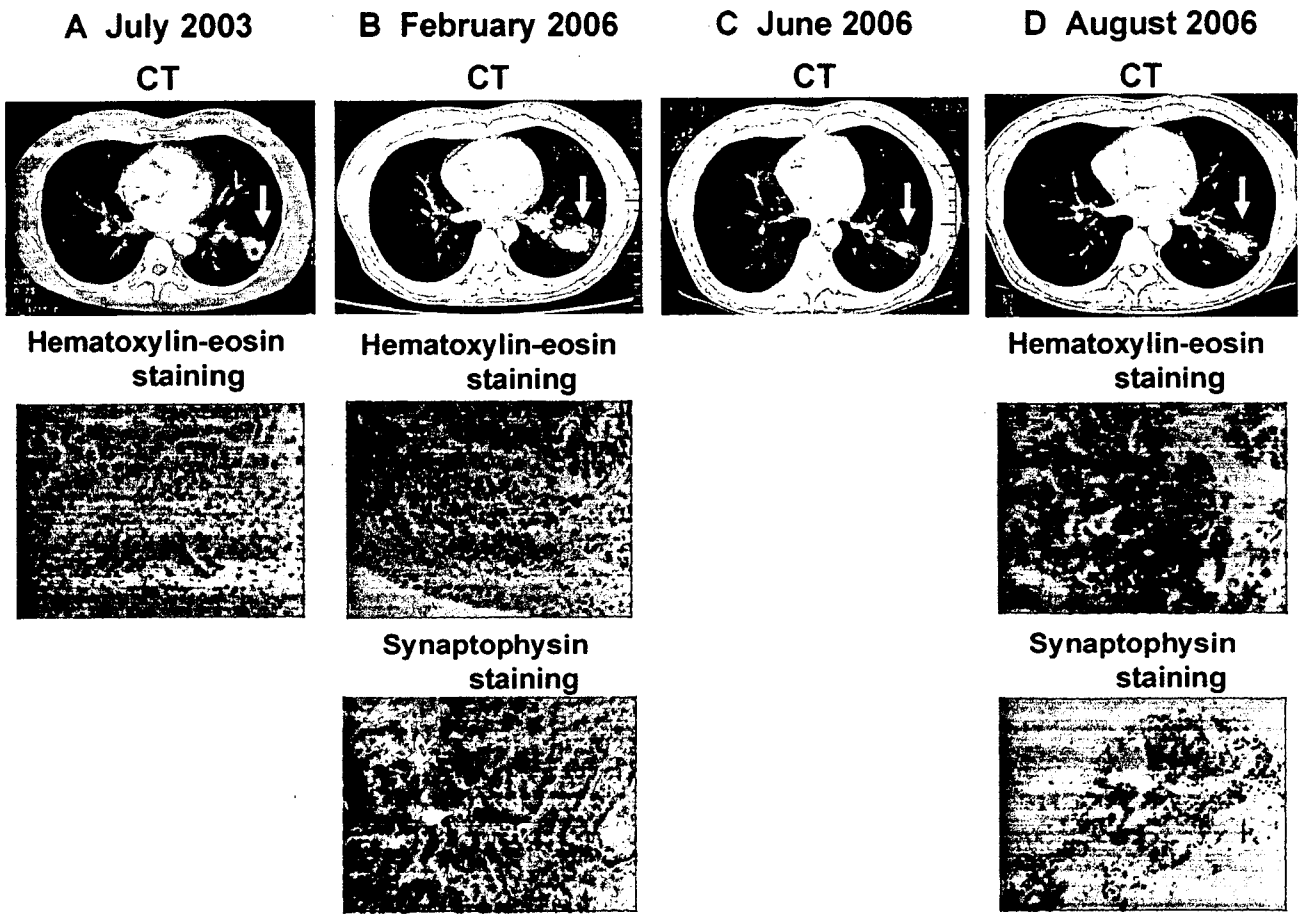

Fig. 1 Chest CT scan: (A) before treatment and HE staining of a tumor biopsy specimen; (B) before second lung biopsy and HE and synaptophysin stainings of a tumor biopsy specimen; (C) after four cycles of cisplatin and irrinotecan; (D) before third lung biopsy and HE and synaptophysin stainings of a tumor biopsy specimen.

subsequently underwent combination chemotherapy with gemcitabine and paclitaxel, manifesting a minor response on radiographic examination. In September 2004, the mass in the left lower lobe had progressed and treatment with gefitinib (250 mg daily) was initiated. After 10 months of treatment with gefitinib alone and transient disease stabilization, a repeat evaluation in July 2005 showed progression of the primary lung tumor. Gefitinib was discontinued, and the patient was enrolled in a phase I clinical trial of new agents. The primary tumor showed no evidence of regression on radiological examination. A magnetic resonance imaging (MRI) scan in December 2005 revealed multiple brain metastases in both hemispheres, which were accompanied by symptoms including headache, nausea, and visual disturbances. After surgical resection of the largest tumor in the right parietal lobe, the patient was exposed to 10 fractions of 3 Gy whole-brain radiotherapy. Her symptoms improved markedly, and MRI scans after radiotherapy revealed almost complete regression of the brain metastases. Histological examination of the resected brain tumor revealed a synaptophysin-positive small cell cancer. The patient provided informed consent to repeated lung biopsies for histological examination. A biopsy specimen of the progressive mass in the left lower lobe in February 2006 revealed SCLC by HE staining and was positive for synaptophysin by immunohistochemical analysis (Fig. 1B). A second lung biopsy specimen was microdissected for extraction of genomic DNA and analysis of *EGFR* mutations. A heterozygous in-frame 15-bp deletion in exon 19 of *EGFR* was detected with the use of the amplification refractory mutation system (ARMS); the genomic DNA of the patient was thus subjected to amplification by the polymerase chain reaction with primers specific for the wild-type (Fig. 2A, left panel) or mutant (Fig. 2A, right panel) versions of exon 19. The deletion was confirmed to be delE746–A750 by nucleotide sequencing. On the basis of the histological diagnosis of SCLC, the patient was treated with four cycles of cisplatin and irrinotecan, and she achieved a partial response (Fig. 1C). A repeat chest CT evaluation in August 2006 showed progression of the primary lung tumor (Fig. 1D). A new lung biopsy specimen revealed nests of adenocarcinoma cells forming small tubular structures, the same subtype of the adenocarcinoma at initial diagnosis on July 2003, and was negative for synaptophysin staining (Fig. 1D). In addition, ARMS analysis of the adenocarcinoma specimen detected the same in-frame 15-bp deletion in exon 19 of *EGFR* that had been identified in the previous SCLC specimen (Fig. 2B).

3. Discussion

EGFR mutations are more frequent in women, Asians, individuals with adenocarcinoma, or those who have never

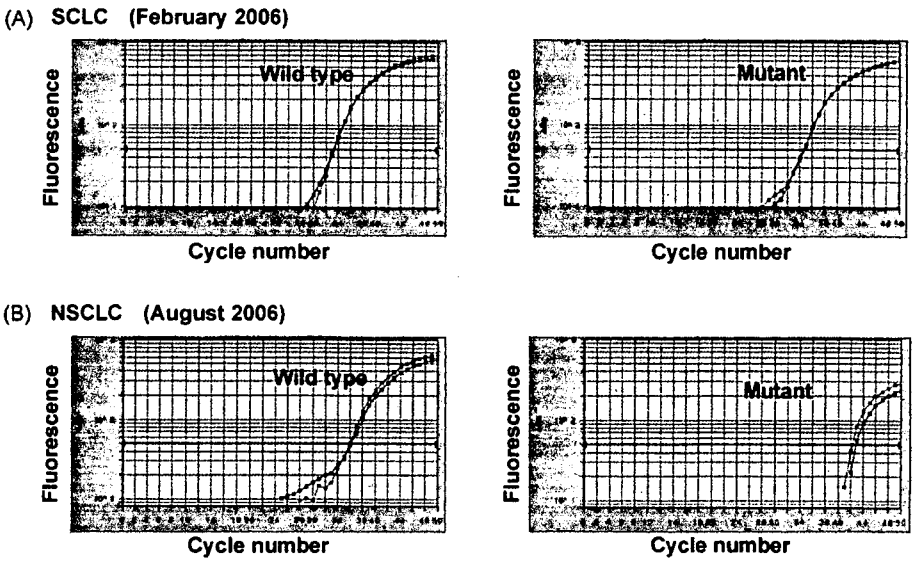

Fig. 2 Results of ARMS analysis of (A) the SCLC. Ascending curves, performed in duplicate (green and red), indicate that wild type (left panel) and deletion mutation in exon 19 (right panel) were detected; (B) the adenocarcinoma. Ascending curves, performed in duplicate (green and red), indicate that wild type (left panel) and deletion mutation in exon 19 (right panel) were detected.

smoked [3–5]. However, EGFR expression has been shown to be low or undetectable in SCLC, and screening of SCLC for *EGFR* mutations has yielded negative results [5]. We previously described the first case of SCLC with a deletion in exon 19 of *EGFR* in a nonsmoking Japanese woman [6]. Another case of SCLC with an 18-bp deletion in exon 19 of *EGFR* in a nonsmoking woman was also recently reported [7]. All reported cases of SCLC with *EGFR* mutations, including the present case, have thus been in women who have never smoked, even though SCLC occurs almost exclusively in smokers. Furthermore, all three of these SCLC cases were initially diagnosed as adenocarcinoma. In the present case, SCLC developed after prolonged treatment (>2 years) for primary adenocarcinoma, and both SCLC and NSCLC (adenocarcinoma) tissues obtained from the same site shared the same *EGFR* mutation. Small cell carcinoma of the prostate, which shares histological similarities with SCLC, has been shown to arise during the course of treatment for prostatic adenocarcinoma, suggesting that prostatic small cell carcinoma may originate from multipotent stem cells of the prostate that have the ability to differentiate into either epithelial or neuroendocrine type carcinoma [8–10]. It remains unclear whether the primary tumor of the present patient originally had a minor SCLC component or whether SCLC arose from transdifferentiation of the adenocarcinoma. Our finding that SCLC and NSCLC developed at the same site in the lung and shared the same somatic *EGFR* mutation suggests, however, that different types of lung cancer may arise from a common stem cell with multiple potential pathways of differentiation.

Conflict of interest

We, all authors, indicate no potential conflicts of interest.

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Skeletal metastases in non-small cell lung cancer: A retrospective study

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Summary
Background: The skeleton is one of the most common sites of metastasis in patients with advanced cancer. Bone metastases often cause SREs (skeletal-related events). Despite advances in the treatment of primary lung cancer, SREs still affect many patients. Therefore, we planned a retrospective study to investigate the clinical impact of SREs, and to compare differences in the therapeutic outcome between patients with and without skeletal metastases or SRE.
Patients and methods: We retrospectively investigated the charts of all 259 patients with non-small cell lung cancer (NSCLC) who consulted the Department of Medical Oncology at Kinki University School of Medicine between February 2002 and January 2005. We assessed their TNM stage, presence of skeletal metastases (on bone scintigraphy, MRI, and plain X-ray films), and outcome parameters such as SREs, analgesic use, and survival.
Results: A total of 70 patients (30.4%) were found to have skeletal metastases during their clinical course and 35 patients (50%) out of all 70 patients had SREs. Among 135 stage IV patients, a total of 56 (41%) had skeletal metastases, and 25 of these 56 patients (45%) had SREs. The most common SREs were the need for radiotherapy (34.3%) and hypercalcemia (20%). Patients with SREs tended to have worse survival, while no significant difference of survival was observed between patients with and without skeletal metastases.
Conclusion: It seems to be important to prevent SREs during the treatment of NSCLC, so further studies evaluating bisphosphonates in combination with chemotherapy are warranted.

1. Introduction

Most patients with advanced cancer develop skeletal metastases during the course of their disease, and these are often associated with significant morbidity [1]. The major-

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