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Identification of Sialylated Glycoproteins in Doxorubicin-Treated Hepatoma Cells with Glycoproteomic Analyses

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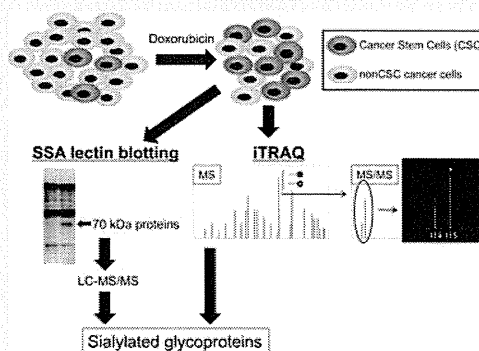
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Supporting Information

ABSTRACT: Sialylation is one of the most important types of glycosylation involved in carcinogenesis and establishment of cancer stemness. We previously showed that increased sialylation is a characteristic glycan change in cancer stem cells (CSCs) from hepatocellular carcinoma. However, the identities of glycoproteins targeted for sialylation remain unknown. In the present study, we identified glycoproteins targeted for sialylation in doxorubicin (DXR)-treated hepatocarcinoma cell line, Huh7, using glycoproteomic analyses. Since CSCs constitute a small subset of cells within carcinoma cell lines, it is difficult to identify sialylated proteins using general glycoproteomic strategies. It is known that treatment with anticancer drug can condense CSCs, we used DXR to concentrate CSCs. In DXR-treated Huh7 cells, isobaric tag for relative and absolute quantitation (iTRAQ) analysis identified 17 sialylated glycoproteins. Most of the identified glycoproteins were cancer-associated proteins. Furthermore, two proteins of approximately 70 kDa were detected using *Sambucus sieboldiana* agglutinin (SSA) blot analysis and identified as beta-galactosidase and alpha-2-HS-glycoprotein (fetuin-A) by SSA precipitation followed by liquid chromatography-tandem mass spectrometry analyses. Sialylation levels of fetuin-A were increased in DXR-treated Huh7 cell lysates. These changes in sialylation of glycoproteins might be involved in the establishment of cancer stemness.

KEYWORDS: sialylation, cancer stem cells, doxorubicin, hepatoma, glycoproteomics



■ INTRODUCTION

A growing body of evidence suggests that tumors are frequently composed of heterogeneous cell types and that tumor initiation and growth are driven by a small subset of cells, termed cancer stem cells (CSCs), or tumor-initiating cells.^{1–3} Several lines of research have indicated that CSCs can be preferentially resistant to many current therapies, including various chemotherapeutic agents and radiation treatment.^{4–7} Thus, therapeutic strategies that effectively target CSCs could have a major impact on cancer patient survival. There are many reports on CSC markers, which include CD13,⁸ CD44,^{9,10} epithelial cell adhesion molecule (EpCAM),¹¹ and CD133.^{9,12,13} These CSC markers have been used for identifying or concentrating CSCs in each type of cancer. It is unknown whether pure CSCs or whether heterogeneous populations containing CSC-like cells, should be targets for therapeutic strategies. Glycans are often attached to proteins and lipids on the cell surface and structurally and functionally modify these molecules. Glycans consist of several kinds of monosaccharides and show great structural diversity. Research in the field of glycobiology has revealed diverse and complex biological roles for these glycans.¹⁴ The structures and amounts of glycans present on the cell surface change

dramatically during development and differentiation.¹⁵ We have recently reported that sialylated glycans are useful markers for CSC-like cells in hepatoma cell lines.¹⁶ Glycomic analysis using a lectin microarray showed marked binding of *Sambucus sieboldiana* agglutinin (SSA) to a CD133⁺CD13⁺ cell subpopulation within hepatoma cell lines. SSA lectin recognizes α 2, 6-sialic acid.¹⁶ Sialic acid is one of the building blocks of glycans and is generally found at the outermost ends of the glycan chains of glycoproteins and glycolipids. Thus, sialic acid is associated with many physiological and pathological events, including binding to infectious pathogens, regulation of immune responses, and tumor malignancy.¹⁷ In particular, the alteration of sialic acid moieties is associated with cancer cell behavior, such as invasiveness and metastasis.^{18–23} Glycan changes are involved in development and differentiation, and sialic acid is one of the most important glycosylations involved in these processes.²⁴

Special Issue: Proteomics of Human Diseases: Pathogenesis, Diagnosis, Prognosis, and Treatment

Received: May 1, 2014

Published: August 26, 2014



In terms of glycoproteomic analyses, the identification of target proteins for each characteristic oligosaccharide structure is very important.²⁵ However, using the conventional strategy, which involves pooling and concentrating the CSC fraction using CD markers and lectins, it was not easy to obtain appropriate amounts of proteins for glycomic analyses. In general, CSC or CSC-like cells are resistant to anticancer drug treatment. For example, a CD133 and SSA double-positive population was resistant to several kinds of anticancer drug treatments such as 5-fluorouracil (5-FU) (Supplementary Figure 1). Hermann et al. also showed that the number of CD133-positive cells increased in human pancreatic cancer cells treated with gemcitabine.²⁶ These results suggest that short-term treatment with anticancer drugs can be used to easily concentrate CSCs. Among emerging proteomic technologies, isobaric tags for relative and absolute quantitation (iTRAQ) is a shotgun-based technique, which allows the concurrent identification and relative quantification of hundreds of proteins from different biological samples in a single experiment.^{27,28} Whereas iTRAQ analysis leads to a more comprehensive analysis of sialylated proteins, the SSA lectin precipitation technique followed by liquid chromatography–tandem mass spectrometry (LC–MS/MS) analysis allows for protein enrichment, which aids in the identification of specific target proteins.

In the present study, we investigated characteristic glycan structures in the doxorubicin (DXR)-treated human hepatoma cell line Huh7, and further identified their target glycoproteins using iTRAQ and SSA lectin precipitation followed by LC–MS/MS. In addition, the expression levels of these proteins were confirmed using Western blotting, and their biological significance in CSC functions is discussed.

MATERIALS AND METHODS

Cell Culture and Cell Treatments

The human hepatoma cell line Huh7 was obtained from American Type Culture Collection (ATCC, Manassas, VA, USA) and cultured in RPMI 1640 (Sigma, St. Louis, MO, USA) medium containing 10% fetal bovine serum (Invitrogen, Carlsbad, CA, USA), supplemented with 100 units/mL penicillin G and 100 µg/mL streptomycin in a 37 °C incubator under a humidified atmosphere containing 5% CO₂. The cells were seeded into 100 mm dishes at 1 × 10⁶ cells/dish. After 6 h, doxorubicin (DXR) (Sigma) was added to the culture medium (5 µg/mL). The cells were harvested after 48 h of exposure to DXR, and the culture media were harvested as conditioned media for the following analyses.

Lectin Microarray

Patterns of oligosaccharide structures in Huh7 cells treated with or without DXR were investigated by means of evanescent-field fluorescence-assisted lectin microarray. Forty-five types of lectins were immobilized on a glass slide in triplicate. The procedure has been described in detail, previously.²⁹ Briefly, total cellular proteins in phosphate buffered saline (PBS) containing 1% Triton X-100 were labeled with Cy3-succinimidyl ester (GE Healthcare, Chalfont St. Giles, U.K.) at room temperature (RT) for 1 h in the dark. Excess reagent was removed by gel filtration chromatography. The resultant Cy3-labeled protein solution was applied to a lectin microarray. After incubation at 20 °C for 15 h, the glass slide was scanned with an evanescent-field fluorescence scanner, GlycoStation (GP Biosciences Ltd., Kanagawa, Japan). All of the data were analyzed using Array Pro Analyzer version 4.5 (Media Cybernetics, Inc., Bethesda, MD, USA). The net

intensity value for each spot was calculated by subtracting the background value. The signal intensity value for each lectin was expressed as the average of the net intensity values for three spots. The signal from wheat germ agglutinin (WGA) was used to normalize the signal intensity of each lectin because binding to WGA lectin was relatively stable and similar using different cell types.

Mass Spectrometric Analysis

NanoLC–MS/MS analyses were performed on LTQ–Orbitrap XL (Thermo Fisher Scientific, Waltham, MA) equipped with nano-ESI source and coupled to Paradigm MG4 pump (Michrom Bioresources, Auburn, CA) and autosampler (HTC PAL, CTC Analytics, Zwingen, Switzerland). Peptide mixtures were separated on MagicC18AQ column (100 mm × 150 mm, 3.0 µm particle size, 300 Å, Michrom Bioresources) with a flow rate of 500 nL/min. A linear gradient of 5–30% B in 80 min, 30–95% B in 10 min, and 95% B for 4 min and finally decreased to 5% B was employed (A = 0.1% formic acid in 2% acetonitrile; B = 0.1% formic acid in 90% acetonitrile). Intact peptides were detected in the Orbitrap at 30,000 resolution. Up to three CID and HCD spectra were acquired in a data-dependent acquisition mode following each full scan (*m/z*, 400–1500). The mass spectrometer was operated in positive ion mode.

Preparation of Labeled Peptides for Isobaric Tags for Relative and Absolute Quantitation (iTRAQ) Analysis

Each protein sample (adjusted to 4.1 mg) was digested with 50 µg of Trypsin-TPCK Solution (Applied Biosystems, Framingham, MA, USA) at 37 °C overnight and sialylated proteins were isolated using *Sambucus sieboldiana* agglutinin (SSA) covalently linked to agarose beads (SSA-agarose) (J-Oil Mills, Inc., Tokyo, Japan). After applying to an SSA-agarose column, each sample was incubated for 6 h at 4 °C. The SSA-Agarose column was washed with 1 mL of 50 mM Tris HCl [pH 7.4] buffer five times. Bound peptides were eluted from the SSA-Agarose column using 1 mL of the elution buffer (0.2 M lactose) three times. The eluted samples were deglycosylated with glycopeptidase F. Deglycosylated peptides were desalted and labeled with iTRAQ reagents (Applied Biosystems) according to the manufacturer's instructions. Proteins from Huh7 cells, treated with or without DXR and eluted from SSA agarose, were labeled with iTRAQ reagents 114 and 115, respectively. All labeled peptide samples were mixed and fractionated as described previously.³⁰

iTRAQ Data Analysis

Protein identification and quantification for iTRAQ analysis was carried out using Proteome Discoverer v.1.3 (Thermo Fisher Scientific) using the MASCOT algorithm against Swiss-Prot protein database (Swiss-Prot_2012_06 536,489 entries). Taxonomy was set to *Homo sapiens* (20,312 entries). Search parameters for peptide and MS/MS mass tolerance were 10 ppm and 0.8 Da, respectively, with allowance for two missed cleavages made from the trypsin digest. Carbamidomethylation (Cys) and iTRAQ4plex (Lys, N-terminal) were specified as static modifications, whereas deamidation (Asn, Gln), iTRAQ4plex (Tyr), and oxidation (Met) were specified as dynamic modifications in the database search. When deamidation of Asn were detected, the amino acids were considered as glycan binding site because glycopeptidase F treatment convert glycosylated Asn residue to Asp. Mascot results were filtered with the integrated Percolator based filter using a false discovery rate <1% (based on PSMs). Relative protein abundances were calculated using the ratio of iTRAQ reporter ion in the MS/MS scan. List of the

glycoproteins identified in iTRAQ analysis was represented in Supplementary Table 1.

Protein Identification by Mass Spectrometry

The gels were stained with the Silver Stain MS kit according to the manufacturer's instruction (WAKO Pure Chemical Industries, Ltd., Osaka, Japan). Protein spots in a silver-stained gel, corresponding to positive spots on Western blot membranes, were excised from the gel and digested in gel according to a previously described method,^{31,32} using sequencing grade modified trypsin (Promega, Inc., Madison, WI). Digested peptides were then extracted with 5% TFA in acetonitrile (acetonitrile/DW 50:45), sonicated for 5 min and concentrated by evaporation. Dried peptides were dissolved in 0.1% TFA (v/v) and 2% acetonitrile (v/v) for subsequent LC-MS/MS analysis. NanoLC-MS/MS analyses were performed on a LTQ-Orbitrap XL mass spectrometer (Thermo Fisher Scientific) equipped with a nano-ESI source (AMR) and coupled to a Paradigm MG4 pump (Michrom Bioresources) and an autosampler (HTC PAL, CTC Analytics). A spray voltage of 1800 V was applied. The peptide mixture was separated on a Magic C18AQ column (100 μ m $\times$ 150 mm, 3.0 μ m particle size, 300 Å, Michrom Bioresources) with a flow rate of 500 nL/min. The linear gradient of 5% to 45% B in 30 min, 45% to 95% B in 0.1 min, and 95% B for 2 min and finally decreased to 5% B was employed (A = 0.1% formic acid in 2% acetonitrile; B = 0.1% formic acid in 90% acetonitrile). Intact peptides were detected in the Orbitrap at 60,000 resolutions. For LC-MS/MS analysis, 6 precursor ions were selected for subsequent MS/MS scans in a data-dependent acquisition mode following each full scan (m/z , 350–1500). A lock mass function was used for the LTQ-Orbitrap to obtain constant mass accuracy during gradient analysis. Peptides and proteins were identified by means of automated database search using Proteome Discoverer v.1.3 (Thermo Fisher Scientific) against human or Swiss-Prot protein database (Swiss-Prot_2012_06) with a precursor mass tolerance of 10 ppm, a fragment ion mass tolerance of 0.8 Da, and strict trypsin specificity, allowing for up to two missed cleavages. Carbamidomethylation of cysteine was set as a fixed modification, and oxidation of methionines was allowed as dynamic modifications. Raw data of MS/MS analysis was represented in Supplementary Figure 2.

Lectin Blot Analysis

Huh7 cells were quickly harvested from a 100 mm dish in ice-cold PBS. After precipitation by centrifugation at 2000 rpm for 5 min at 4 °C, the cells were resuspended in TNE buffer (10 mM Tris-HCl [pH 7.8], 1% NP40, 1 mM EDTA, and 0.15 M NaCl) containing a protease inhibitor cocktail (Roche, Mannheim, Germany) and then placed on ice for 30 min to allow solubilization. Samples were then centrifuged at 15,000 rpm for 15 min at 4 °C, and the supernatants were collected as cell lysates. Samples were quantitated using a bicinchoninic acid (BCA) assay kit (Pierce, Rockford, IL, USA).

In each experiment, duplicate samples were subjected to 8% sodium dodecyl sulfate polyacrylamide gel electrophoresis (SDS-PAGE) under reducing conditions. One gel was subjected to Coomassie Brilliant Blue (CBB) R-250 staining and another was transferred to a polyvinylidene difluoride (PVDF) membrane (Millipore Corp., Billerica, MA, USA) for lectin blot analysis, using SSA, *Leukoagglutinating phytohemagglutinin* (L4-PHA), *Aleuria aurantia* lectin (AAL), and *Datura stramonium* (DSA). After blocking with PBS containing 3% bovine serum albumin (BSA) overnight at 4 °C, each membrane was incubated in 1:2500–1:10000 diluted biotinylated SSA, L4-PHA, AAL, and

DSA (J-Oil Mills, Inc., Tokyo, Japan) for 20 min at RT. The membranes were then washed three times with Tris-buffered saline containing 0.05% Tween-20 (TBST) (pH 7.4) and incubated with 1:2500 diluted avidin–peroxidase conjugates (ABC kits, Vector Res. Corp., Burlingame, CA, USA) for 20 min at RT. The membrane was again washed three times with TBST and then developed using an enhanced chemiluminescence system, Immobilon Western (Millipore), according to the manufacturer's protocol.

Immunoblot Analysis

Cell lysates and conditioned media were subjected to 8% SDS-PAGE under reducing conditions and then transferred to a PVDF membrane (Millipore). After blocking with PBS containing 5% skim milk for 1 h at RT, each membrane was incubated overnight at 4 °C with the following primary antibodies diluted 1:1000–1:5000: anti-HYOU1 (Abnova, Taipei, Taiwan), anti-P4HA1 (Abnova, Taipei City, Taiwan), anti-LAMP1 (Abcam Inc., Cambridge, MA, USA), anti-LAMP2 (Santa Cruz Biotechnology Inc., Santa Cruz, CA, USA), antibeta-galactosidase (Santa Cruz Biotechnology), antifetuin-A (Santa Cruz Biotechnology), or anti- β -actin (Cell Signaling, Beverly, MA, USA) for 60 min at RT. The dilution ratios for these antibodies ranged from 1:1000 to 1:5000. The membranes were then washed three times with Tris-buffered saline containing 0.05% Tween-20 (TBST) (pH 7.4) and incubated with 1:5000 diluted horseradish peroxidase conjugated with the appropriate secondary antibody for 30 min at RT. The membranes were again washed three times and developed using an Immobilon Western (Millipore).

Lectin Precipitation

Extracted protein (100 μ g) was incubated with 40 μ L of SSA-agarose overnight with shaking at 4 °C. Precipitated proteins were washed in 50 mM Tris HCl [pH 7.4] and then boiled in SDS sample buffer. Ten microliters of precipitated proteins were subjected to 8% SDS-PAGE. The gel was stained with Silver Stain MS Kits (Wako, Osaka, Japan). Protein bands were excised from the gel and digested with sequencing grade trypsin (Promega) as described previously.³³

Neuraminidase/N-Glycanase Treatments

The extracted proteins (100 μ g) were incubated overnight at 37 °C with 200 mU/mL of neuraminidase (Roche, Nutley, NJ, USA) in 50 mM AcOH buffer [pH 5.5] containing 4 mM CaCl₂ and 100 μ g/mL BSA. In addition, 100 μ g of the extracted proteins were incubated with glycopeptidase F (Takara Bio Inc., Otsu, Japan) according to the manufacturer's protocol. The cell lysates were subsequently boiled in SDS-PAGE sample buffer, electrophoresed on 8% SDS PAGE, and then transferred onto a PVDF membrane (Millipore). After blocking with TBST containing 5% skim milk at 4 °C overnight, Western blot analysis for fetuin-A was performed using antifetuin-A antibody.³⁴ Briefly, 1:5000 diluted antifetuin-A was incubated in TBST buffer containing 5% skim milk for 1 h at RT. After washing the membrane three times with TBST, it was incubated for 1 h at RT with the secondary antibody, horseradish peroxidase-conjugated anti-rabbit-IgG (Promega), diluted 1:5000. It was again washed three times and developed with an Immobilon Western (Millipore).

Immunofluorescence Confocal Microscopy

Huh7 cells were seeded in 35 mm dishes at 3×10^5 cells/dish. After 6 h, DXR was added to the culture medium (5 μ g/mL). After 48 h of exposure to DXR, cells were washed once in PBS

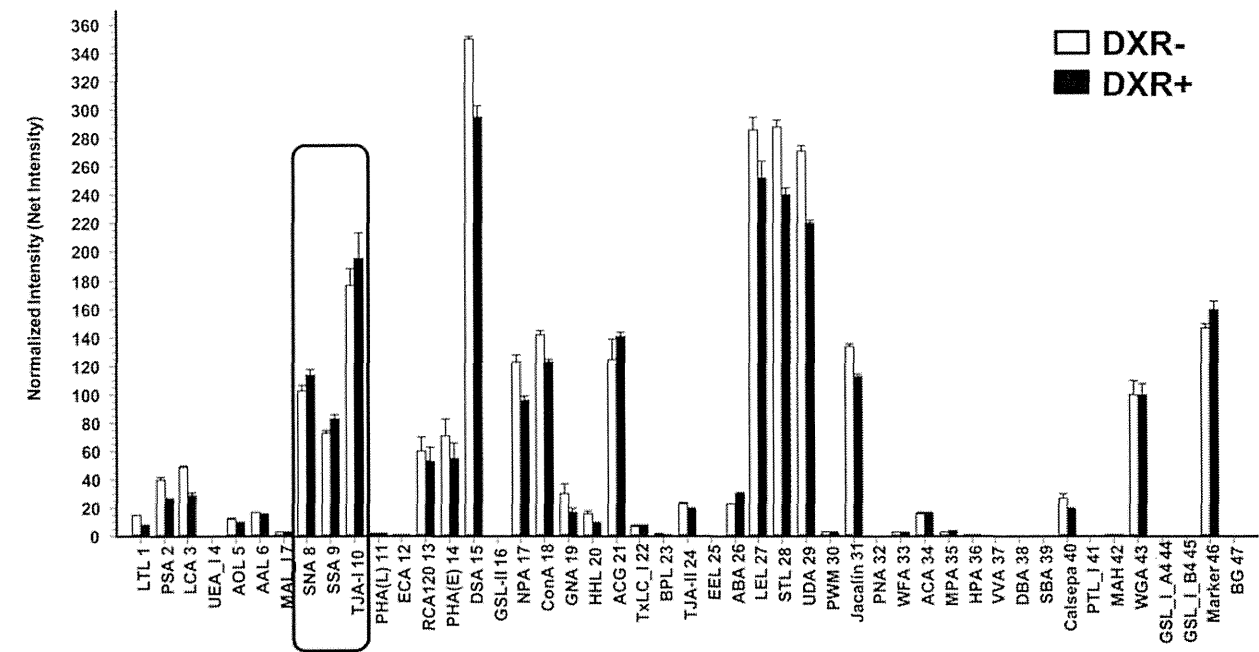


Figure 1. Lectin microarray analysis. Total cellular proteins of Huh7 cells treated with or without doxorubicin were analyzed three times using lectin microarray. Twenty-five nanogram aliquots of Cy3-labeled proteins were applied to each lectin microarray. The fluorescence intensity of each lectin was normalized to the intensity of WGA staining. All data are represented as mean $\pm$ standard deviations (SD). The Wilcoxon test was used to assess any significant differences in variables. There were significant increases in the intensities of SNA, SSA, and TJA-1 after doxorubicin treatment (DXR+) compared with the intensities in the absence of doxorubicin treatment (DXR–) ($P < 0.05$).

Table 1. Expression Profile of Sialylated Proteins in Doxorubicin-Treated Huh7 Cells, Obtained from iTRAQ Analysis

Swiss-Prot accession number	sequence	description	gene symbol	site	115/114	115/114 count	115/114 variability [%]
Q9Y4L1	VFGSQNLTTVK	hypoxia up-regulated protein 1	<i>HYOU1</i>	N515	7.137	1	
P13674	DMSDGFISNLTQQR	prolyl 4-hydroxylase subunit alpha-1	<i>P4HA1</i>	N367	4.857	1	
P11279	SGPKNMFTDLPDATVVLNR	lysosome-associated membrane glycoprotein 1	<i>LAMP1</i>	N562, N76	3.796	1	
O60568	SAEFFNYTVR	procollagen-lysine, 2-oxoglutarate 5-dioxygenase 3	<i>PLOD3</i>	N63	2.848	1	
O60568	EQYIHENYSR	procollagen-lysine, 2-oxoglutarate 5-dioxygenase 3	<i>PLOD3</i>	N548	2.347	1	
P11142	VEIANDQGNR	heat shock cognate 71 kDa protein	<i>HSPA8</i>	N31	2.152	1	
P16278	NNVITLNTGK	beta-galactosidase	<i>GLB1</i>	N458, N464	1.963	1	
P11279	NMTFDLPDATVVLNR	lysosome-associated membrane glycoprotein 1	<i>LAMP1</i>	N62, N76	1.890	1	
Q92508	ELYNGTADITLR	piezo-type mechanosensitive ion channel component 1	<i>PIEZO1</i>	N2294	1.852	1	
P11279	ENTSDPSLVIAFGR	lysosome-associated membrane glycoprotein 1	<i>LAMP1</i>	N84	1.836	2	6.0
Q86VZ4	SSDNVSVTVLR	low-density lipoprotein receptor-related protein 11	<i>LRP11</i>	N291	1.806	2	8.6
P19022	SNISILR	cadherin-2	<i>CDH2</i>	N692	1.804	1	
P13473	AASTYSIDSVSFSYNTGDNTTFDAEDK	lysosome-associated membrane glycoprotein 2	<i>LAMP2</i>	N257	1.699	1	
Q5ZPR3	TALFPDLLAQGNASLR	CD276 antigen	<i>CD276</i>	N104	1.697	1	
P11047	TLAGENQTAFEIEELNR	laminin subunit gamma-1	<i>LAMC1</i>	N1223	1.696	1	
Q5ZPR3	QLVHSFAEQDQGSAYANR	CD276 antigen	<i>CD276</i>	N309	1.634	1	
P13473	VQPENVTQ GK	lysosome-associated membrane glycoprotein 2	<i>LAMP2</i>	N356	1.614	2	12.5
P56199	VVYVALNQTR	integrin alpha-1	<i>ITGA1</i>	N532	1.611	1	

and fixed with methanol for 10 min at -20°C , followed by blocking with PBS containing 1% BSA for 1 h at RT. The cells were then incubated overnight at 4°C with the mouse antifetuin-A antibody (Santa Cruz Biotechnology) and rabbit antialbumin

antibody (Rockland Immunochemicals, Gilbertville, PA, USA). Fluorescein isothiocyanate (FITC)-conjugated SSA (J-Oil Mills, Inc., Tokyo, Japan) was incubated for 2 h at RT. Primary antibody binding was detected with Alexa-488 antimouse IgG or Alexa-546 antirabbit IgG (Invitrogen). Finally, the cells were washed three times for 2 min with PBS. Staining was evaluated using confocal microscopy.

Statistical Analysis

Statistical analyses were conducted using JMP Pro 10.0 software (SAS Institute Inc., Cary, NC, USA). Variables in lectin array analyses were expressed as the mean $\pm$ standard deviation (SD). The Wilcoxon test was used to assess any significant differences in variables. Differences were considered statistically significant at $P < 0.05$.

RESULTS

Glycan Profiling of Huh7 Cells Treated with or without DXR Using Lectin Microarray

First, we determined the DXR IC_{50} concentration in Huh7 cells treated with DXR for 48 h, using the WST assay (Nacalai Tesque, Kyoto, Japan) (data not shown). Huh7 cells were treated with the IC_{50} concentration of DXR (5 μ g/mL) for 48 h, and then Cy3-labeled proteins derived from these cells were subjected to lectin microarray analysis (Figure 1). Interestingly, the intensities of three sialylated glycan-recognizing lectins (SNA, SSA, and TJA-1) among 43 lectins were significantly higher in DXR-treated cells than in untreated cells. This finding is very similar to that of our previous study, which demonstrated that hepatic CSCs (CD133 and CD13 double-positive Huh7 cells) highly expressed sialylated glycans.¹⁶ In this previous study, we also demonstrated that SSA lectin could be used as a tool for isolating CSCs. Unexpectedly, binding to the lectins PSA and LCA was slightly decreased in DXR-treated cells. Both PSA and LCA lectins recognize α 1–6 core fucosylation, which is involved in carcinogenesis. Changes in the branching formation of N-glycans, as judged by binding to L4-PHA lectin, were not observed in Huh7 cells treated with DXR.

Sialylated Protein Expression Profile of Huh7 Cells Treated with or without DXR

To identify target glycoproteins that show increased sialylation upon DXR treatment, iTRAQ analysis was performed. Total cell lysates from Huh7 cells treated with or without DXR were trypsinized and applied to a SSA-agarose column. Subsequently, captured sialylated glycopeptides were deglycosylated with glycopeptidase F and labeled with a specific isobaric iTRAQ reagent. A total of 191 proteins were identified with this analysis. Among these, we have listed glycoproteins that showed more than 1.6-fold expression in DXR-treated Huh7 cells as compared with that in DXR-untreated Huh7 cells (Table 1).

Western Blot Analysis of Glycoprotein Listed by iTRAQ Analysis

To further verify the changes in the glycoproteins listed in Table 1, we selected four proteins [hypoxia up-regulated protein 1 (HYOU1), prolyl 4-hydroxylase subunit alpha-1 (P4HA1), lysosomal-associated membrane glycoprotein 1 (LAMP1), and LAMP2], which are known to be abundantly glycosylated and associated with cancer, for validation using Western blotting (Figure 2). The expression levels of HYOU1 and P4HA1 showed no significant differences between Huh7 cells with or without DXR treatment. This indicates that the sialylation levels of these proteins increased with DXR treatment and total protein levels were not changed. In contrast, both LAMP1 and LAMP2 protein levels were slightly increased in DXR-treated Huh7 cells.

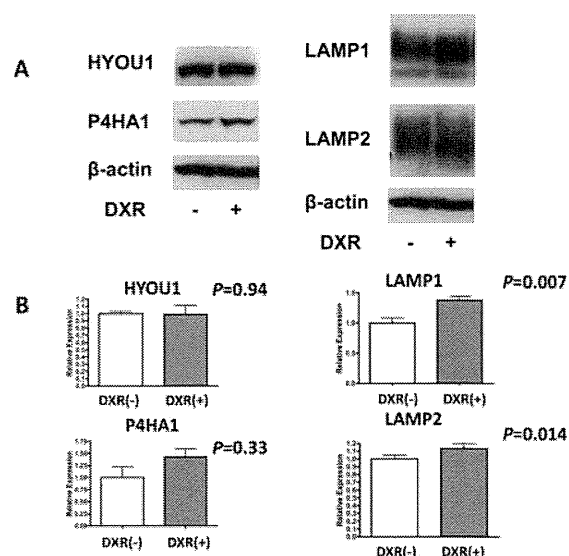


Figure 2. Western blot analyses of HYOU1, P4HA1, LAMP1, and LAMP2. (A) Twenty-five micrograms (HYOU1 and P4HA1), 10 μ g (LAMP1 and β -actin), and 2.5 μ g (LAMP2) of total cellular proteins were electrophoresed on 8% polyacrylamide gels, and Western blot analyses were performed. β -actin was used as the control. (B) Expression level of each protein band was determined by ImageJ64 software for three independent blots, and statistical analysis was performed by Wilcoxon test. Each result represented the mean $\pm$ SD.

Increase in Sialylation of 70 kDa Proteins in DXR-Treated Huh7 Cells

Next, we performed lectin blot analysis to determine changes in sialylation in each protein band in DXR-treated Huh7 cells. Very interestingly, dramatic increases in sialylation in approximately 70 kDa proteins were observed (Figure 3A). While other bands

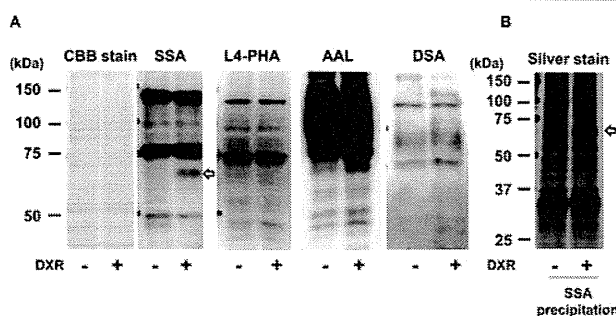


Figure 3. Lectin blot analyses and SSA precipitation of Huh7 cells treated with or without doxorubicin. (A) Lectin blot analyses using SSA, AAL, L4-PHA, and DSA. (B) Proteins were captured by SSA-agarose bead complexes, followed by 10% SDS-PAGE analysis with silver staining. The arrows indicate specifically sialylated bands. These data were results from 3–5 independent experiments.

in the SSA lectin blot were slightly increased or decreased in DXR-treated cells, the 70 kDa proteins were very prominent. Therefore, the protein levels of these 70 kDa proteins might be increased upon DXR treatment. Mechanisms that can increase sialylation in glycoproteins include increased branching, increased presence of Lewis structures, and extension of lactosamine structure repeats. L4-PHA, AAL, and DSA can recognize these glycan structures, respectively. Therefore, we examined these lectin blot analyses. The 70 kDa band was not

detected in other lectin blot analyses, although a significant increase was observed in AAL lectin blot analysis (Figure 3A). The increase in the intensity of the 70 kDa band in the DXR-treated cells in the AAL blot indicates an increased presence of Lewis structures in some glycoproteins. To capture this sialylated glycoprotein at 70 kDa, SSA precipitation was performed (Figure 3B). As shown in Figure 3B, approximately 70 kDa sialylated glycoproteins were identified using SSA-agarose precipitation followed by silver staining. Next, the 70 kDa protein spot was digested with trypsin, and the extracted peptides were analyzed using LC-MS/MS. The spectra thus acquired were searched against the Swiss-Prot database with the aid of the MASCOT search engine. In this manner, we identified five proteins as candidate sialylated glycoproteins (Table 2).

Table 2. Sialylated 70 kDa Proteins Identified by LC-MS/MS

Swiss-Prot accession no.	protein	peptide matching	protein coverage (%)
P16278	beta-galactosidase	12	11.23
P02765	alpha-2-HS-glycoprotein (fetuin-A)	8	5.45
Q02413	desmoglein-1	2	0.95
Q9NPR9	protein GPR108	2	2.03
P11279	lysosome-associated membrane glycoprotein 1	1	2.64

Evaluation of the 70 kDa Sialylated Proteins in DXR-Treated Huh7 Cells by Western Blot

To evaluate the 70 kDa sialylated proteins listed in Table 1, Western blotting was performed. Because of their large hit numbers in LC-MS/MS analysis, we focused on fetuin-A and beta-galactosidase. Although the protein expression of beta-galactosidase was slightly increased in DXR-treated Huh7 cells, the protein expression of beta-galactosidase obtained by SSA precipitation was much greater in DXR-treated Huh7 cells (Figure 4A). This result indicates that the sialylation levels of beta-galactosidase increased with DXR treatment. Next, Western blot analyses of alpha-2-HS-glycoprotein (fetuin-A) were performed. Although the protein expression of fetuin-A in total cell lysate was lower in DXR-treated Huh7 cells, the protein expression of fetuin-A obtained by SSA precipitation was significantly higher in DXR-treated Huh7 cells (Figure 4B). Furthermore, the molecular weight of fetuin-A was higher in DXR-treated Huh7 cells. These results indicate that oligosaccharide structures of fetuin-A are completely different between DXR-treated and untreated Huh7 cells. Additionally, the molecular weight of fetuin-A in the conditioned medium was almost the same between DXR-treated and untreated cells, which was consistent with the sialylated fetuin-A band (70 kDa) observed in cell lysates treated with DXR (Figure 4C). We found that sialylated fetuin (70 kDa) was barely observed in untreated cell lysate and almost all of the 70 kDa fetuin was secreted into the medium in the absence of DXR treatment. In order to determine whether the changes in molecular weight of fetuin-A were due to glycosylation/sialylation, the total cell lysates of DXR-treated and untreated Huh7 cells were incubated with 200 mU/mL neuraminidase, which specifically cleaves terminal sialic acid residues. A decrease of the molecular weight of fetuin-A was observed following neuraminidase treatment, suggesting that sialylation in fetuin-A was increased upon DXR treatment (Figure 4D). Next, to determine whether the changes in fetuin-A bands were dependent on N-glycosylation, cell lysates were treated with 20 mU/mL glycopeptidase F, which removes most complex type N-linked carbohydrates from

glycoproteins. As expected, the fetuin-A band was decreased following this treatment (Figure 4D).

Localization of Fetuin-A in Huh7 Cells Treated with DXR

To examine the localization of fetuin-A in DXR-treated Huh7 cells, an immunofluorescence study was performed. Cells were stained with antifetuin-A antibody (Figure 5A,B), and anti-albumin antibody, which served as a nonglycosylated secretory protein control (Figure 5A) and SSA (Figure 5B). Although the expression of fetuin-A was lower in DXR-treated Huh7 cells than in untreated cells, colocalization of fetuin-A and albumin were observed in DXR-treated and untreated cells. In contrast, the localization of SSA changed dramatically in DXR-treated cells (Figure 5B). The localization of these signals was altered in DXR-treated cells from a perinuclear pattern to a scatter pattern in the cytoplasm. SSA and fetuin-A were not colocalized in DXR-untreated cells, but a few DXR-treated cells showed colocalization of SSA and fetuin-A (Figure 5B).

DISCUSSION

In the present study, to identify target glycoproteins for SSA lectin, we first used iTRAQ systems with SSA-agarose capture. However, the amounts of cellular proteins that could be isolated using CD133 antibody and SSA lectin were too small for proteomic analyses. Therefore, we used the anticancer drug DXR. Theoretically, treatment with DXR at its IC_{50} can concentrate CSCs. Lectin array analyses showed increased binding to SSA, SNA, and TJA-1 in DXR-treated Huh7 cells. Similar results were obtained in CD133 and CD13 double-positive CSCs derived from Huh7 cells.¹⁶ These findings suggest that Huh7 cells treated with DXR display similar characteristics to CSCs. SSA, SNA, and TJA-1 recognize terminal $\alpha 2$, 6-sialic acid residues. We speculate that this increased sialylation in DXR-treated Huh7 cells might have potential benefits for the survival of anticancer drug-treated cells. To identify those glycoproteins that are targets for sialylation, iTRAQ analysis was performed. Of the 19 candidate glycoproteins we identified, concentration of HYOU1 was much greater than those of the other glycoproteins. HYOU1 plays an important role in hypoxia/ischemia and angiogenesis. HYOU1 is overexpressed in invasive breast cancer, and its overexpression appears to be associated with poor prognosis.³⁵ A high score in iTRAQ analyses using SSA agarose capture may indicate one of two possibilities: an increase in the glycoprotein level itself or an increase in sialic acid levels in a specific glycoprotein. Protein levels remain unchanged in the case of HYOU1 (Figure 2). Although we would have liked to perform immunoprecipitation followed by SSA lectin blotting, the antibody for immunoprecipitation was not available. We predict that sialic acid increases in HYOU1 in DXR-treated Huh7 cells. The next high score in iTRAQ analysis was that of P4HA1. P4HA1 plays a central role in collagen synthesis. P4HA1 has also been shown to be expressed in hepatocellular carcinoma tissue. In contrast, the protein expression levels of LAMP1 and LAMP2 were increased with DXR treatment. LAMP1 and LAMP2 are localized primarily in the periphery of lysosomes and are recognized as major constituents of the lysosomal membrane.³⁶ It is well-known that these molecules are among the most heavily glycosylated cellular proteins, with approximately 50% of their mass being carbohydrates. Therefore, these proteins could be captured by an SSA-agarose column and detected using iTRAQ analysis. Since these 4 glycoproteins are associated with cancer progression as well as metastasis, increases in sialic acid content

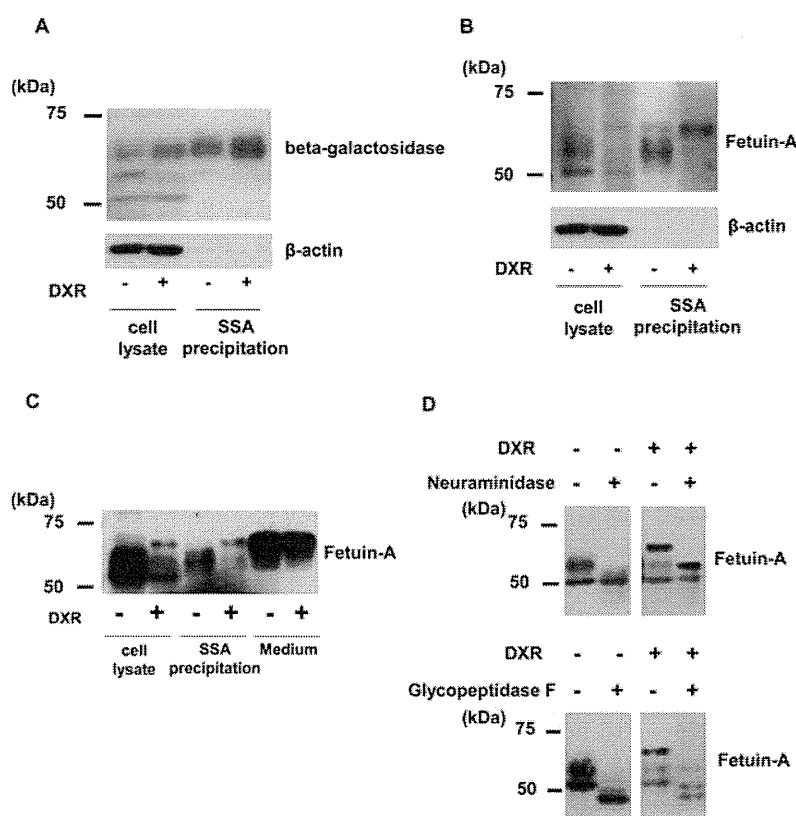


Figure 4. Evaluation of 70 kDa sialylated proteins in Huh7 cells treated with doxorubicin with Western blotting. (A) Ten micrograms of cell lysate and total cellular proteins obtained from lectin precipitation (50 μ g) were electrophoresed on 8% acrylamide gels, and Western blot analyses of beta-galactosidase were performed. (B) Western blotting analysis of fetuin-A was performed. (C) Western blotting analysis of fetuin-A from Huh7 cell lysates (30 μ g) and conditioned media (1 μ L) in the presence or absence of DXR treatment. (D) Cell lysates were treated with neuraminidase or glycopeptidase F at 37 $^{\circ}$ C overnight. The lysates were then subjected to 8% SDS-PAGE analysis. These data were results from 3 independent experiments.

in these proteins can change biological characteristics, including cancer stemness.

Next, we conducted an SSA lectin blot analysis to determine total/partial increases in sialic acid content in DXR-treated Huh7 cells. Surprisingly, proteins approximately 70 kDa in mass were specifically sialylated. From LC-MS/MS analyses, we identified five proteins that were not identified by iTRAQ analysis, with the exception of LAMP1. Fetuin-A (predicted molecular weight: 38 kDa), GPR108 (predicted molecular weight: 60 kDa), LAMP1 (predicted molecular weight: 45 kDa), and LAMP2 (predicted molecular weight: 45 kDa) are abundantly glycosylated. In our study, 70 kDa fetuin-A was heavily sialylated. Therefore, the band sizes of fetuin-A, GPR108, LAMP1, and LAMP2 were heavier than the predicted molecular weights. In addition, the predicted size of beta-galactosidase is about 116 kDa, but the alternatively spliced variant of beta-galactosidase was reported to be about 67 kDa.³⁷ Desmoglein-1 (predicted molecular weight: 112 kDa) would be cleaved by DXR-activated proteases. The reason why these proteins were not identified by iTRAQ is likely due to the analysis method of iTRAQ. Because proteins are cleaved into peptides in iTRAQ analysis, the steric structures of each protein is not reflected in iTRAQ analysis. In contrast, the steric structures of each protein and the site of *N*-glycan attachment are necessary in SSA precipitation analysis. These differences between iTRAQ and SSA precipitation are likely the reason for the different results seen in our study.

In LC-MS/MS analysis, we focused on beta-galactosidase and fetuin-A because of their predominantly large hit numbers.

Beta-galactosidase (lysosomal hydrolase) cleaves the terminal beta-galactose from glycoconjugates. It is reported that anticancer drug treatment induces a senescence-like phenotype, and senescent cells are characterized by the appearance of senescence-associated beta-galactosidase.³⁸ Therefore, increases in sialic acid in beta-galactosidase in DXR-treated Huh7 cells are very interesting. Another glycoprotein, identified as a 70 kDa sialylated glycoprotein, was fetuin-A. Fetuin-A is well-known as a heavily sialylated glycoprotein with both *N*-linked and *O*-linked carbohydrate side chains.^{39,40} Although various previous reports have discussed the biological functions of fetuin-A,^{41,42} no studies have demonstrated differences in fetuin-A functions due to glycosylation differences. Asialofetuin-A is well-known to bind easily to galectin-3, while sialylated fetuin (sialofetuin) is reported to have no binding ability to galectin-3.^{43,44} These biological differences would contribute to the functional diversity of variously glycosylated fetuin-A.

Neuraminidase treatment decreases the molecular weight of fetuin-A in DXR-treated Huh7 cells, and the lowered molecular weight was consistent with that of fetuin-A in DXR-untreated Huh7 cells, suggesting that fetuin-A was heavily sialylated in DXR-treated Huh7 cells. The question arises as to why this sialylated fetuin-A was not secreted into the conditioned medium. Therefore, we performed immunocytochemical analysis using confocal microscopy. Most of the fetuin-A was colocalized with albumin in DXR-treated cells compared to untreated cells, indicating that the secreted proteins were in the same endosome as during DXR treatment. A previous study

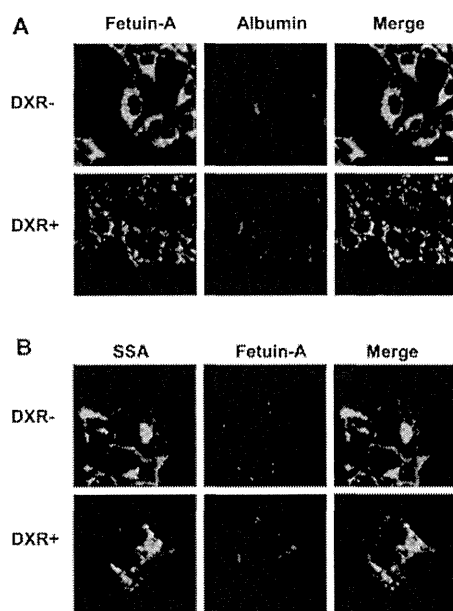


Figure 5. Localization of fetuin-A in Huh7 cells treated with doxorubicin. Immunocytochemical analyses were performed in Huh7 cells treated with or without DXR. After fixation of the cells, staining signals were visualized by laser scanning confocal microscopy. (A) Fetuin-A was visualized by Alexa-488-labeled immunostaining (green), albumin was visualized by Alexa-546-labeled immunostaining (red). (B) SSA was visualized by FITC labeling (green), and fetuin-A was visualized by Alexa-546-labeled immunostaining (red). The magnification is $\times 120$. The bar indicates $10\ \mu\text{m}$. These data were results from 3 independent experiments.

showed that DXR induced apoptosis at a high dose (IC_{90}) but induced autophagy at a low dose (IC_{50}).⁴⁵ However, fetuin-A was not located in either the lysosome or the autophagosome (data not shown). Next we examined immunostaining of SSA to detect sialylated proteins. Surprisingly, SSA staining was dramatically changed, and a few cells showed colocalization of fetuin-A and SSA in DXR-treated cells. These results indicate that a small amount of sialylated fetuin-A remained inside the cell in DXR-treated cells. In general, fetuin-A is known as a highly sialylated serum protein.⁴⁶ Most sialylated fetuin-A might be promptly secreted to the conditioned medium (Figure 4C). In contrast, a small amount of sialylated fetuin-A remained inside the cell in DXR-treated cells. Further studies should be performed using sialyltransferase knockout or knockdown cells to evaluate the relationship between sialylation and the localization of glycoproteins, especially that of fetuin-A in anticancer drug treated cells. Since sialylation is a glycomarker for stem cells,^{16,47} changes in the localization of sialylated proteins in CSCs might be involved in stem cell biology.

■ ASSOCIATED CONTENT

Supporting Information

Proliferation of CD133 positive Huh7 cells (SSA positive (+) or negative (−)) under 5-FU treatment. Raw data of MS/MS analysis. List of the glycoproteins identified in iTRAQ analysis. This material is available free of charge via the Internet at <http://pubs.acs.org>.

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Notes

The authors declare no competing financial interest.

■ ACKNOWLEDGMENTS

This study was supported by a Grant-in-Aid for Scientific Research (A), No. 21249038, from the Japan Society for the Promotion of Science, and partially supported as a research program of the Project for Development of Innovative Research on Cancer Therapeutics (P-Direct), Ministry of Education, Culture, Sports, Science and Technology of Japan.

■ ABBREVIATIONS

CSCs, cancer stem cells; DXR, doxorubicin; SSA, *Sambucus sieboldiana* agglutinin; SNA, *Sambucus nigra* lectin; TJA-1, *Tricosanthes japonica* agglutinin-1; PSA, *Pisum sativum* agglutinin; LCA, *Lens culinaris* agglutinin; WGA, Wheat germ agglutinin; L4-PHA, *Leukoagglutinating phytohemagglutinin*; AAL, *Aleuria aurantia* lectin; DSA, *Datura stramonium* agglutinin; iTRAQ, isobaric tags for relative and absolute quantitation; HYOU1, hypoxia up-regulated protein 1; P4HA1, prolyl 4-hydroxylase subunit alpha-1; LAMP1, lysosomal-associated membrane glycoprotein 1

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Annexin A4 induces platinum resistance in a chloride- and calcium-dependent manner

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Keywords: Annexin A4; platinum resistance; annexin repeat; chloride ion

Received: April 04, 2014

Accepted: August 03, 2014

Published: August 04, 2014

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ABSTRACT

Platinum resistance has long been a major issue in the treatment of various cancers. We previously reported that enhanced annexin A4 (ANXA4) expression, a Ca^{2+} -regulated phospholipid-binding protein, induces chemoresistance to platinum-based drugs. In this study, we investigated the role of annexin repeats, a conserved structure of all the annexin family, responsible for platinum-resistance as well as the effect of knockdown of ANXA4. ANXA4 knockdown increased sensitivity to platinum-based drugs both *in vitro* and *in vivo*. To identify the domain responsible for chemoresistance, ANXA4 deletion mutants were constructed by deleting annexin repeats one by one from the C terminus. Platinum resistance was induced both *in vitro* and *in vivo* in cells expressing either full-length ANXA4 or the deletion mutants, containing at least one intact annexin repeat. However, cells expressing the mutant without any calcium-binding sites in the annexin repeated sequence, which is essential for ANXA4 translocation from the cytosol to plasma membrane, failed to acquire platinum resistance. After cisplatin treatment, the intracellular chloride ion concentration, whose channel is partly regulated by ANXA4, significantly increased in the platinum-resistant cells. These findings indicate that the calcium-binding site in the annexin repeat induces chemoresistance to the platinum-based drug by elevating the intracellular chloride concentration.

INTRODUCTION

Since cisplatin was first introduced as an anticancer drug in the 1970s [1], various platinum-based drugs have been developed and widely used not only against gynecological but also against other cancers, including lung, colorectal, testicular, prostate and bladder cancer [2-6]. Although these platinum-based drugs have significantly contributed to improve survival rates, chemoresistance to these drugs has become a major problem in recent years [7-9]. It has now been elucidated that the mechanism of platinum resistance is mediated by reduced platinum accumulation, increased platinum detoxification, increased

repair of platinum-DNA adducts and inhibited apoptosis [10-12]. Several proteins have been reported to be candidate factors such as copper transporters: CTR1 [13], ATP7A and ATP7B [14-17]; multidrug resistance protein 2 (MRP2) [18-20]; glutathione S-transferase enzyme π (GST π) [21]; excision cross-complementing gene 1 (ERCC1) [22]; receptor-interacting protein 1 (RIP1) [23]; microRNAs [24-26]; and p53 [27]. In contrast, there are still several proteins related to platinum resistance without a full understanding of how these proteins help cells to confer platinum-based drugs.

We recently reported that annexin A4 (ANXA4) is overexpressed in ovarian clear cell carcinoma and

induces chemoresistance to platinum-based drugs [28]. Annexins are calcium-regulated and negatively charged phospholipid membrane-binding proteins. The basic structure of annexins consists of 2 major domains: a conserved structural element called an annexin repeat, a segment of 70 amino acid residues at the C terminus, and the N-terminal region unique for a given member of the family and determining individual annexin properties *in vivo*. The annexin repeat possesses the calcium and membrane binding sites and is responsible for mediating the canonical membrane binding properties [29]. These domains in ANXA4 are surrounded by relatively short amino and carboxy termini that do not have any known function [30]. ANXA4 is involved in membrane permeability, exocytosis and regulation of chloride channels in a calcium-dependent manner [29, 31-33]. ANXA4 is almost exclusively expressed in epithelial cells [34]. With regard to cancer, ANXA4 overexpression has been reported in various tumours, such as lung, gastric, colorectal, renal, pancreatic, ovarian and prostate cancer [28, 35-39] and is associated with tumour invasiveness, metastasis and chemoresistance [37, 40]. Moreover, ANXA4 has been shown to be associated with resistance to platinum-based drugs [28, 41-43].

ANXA4-induced platinum resistance appears to be mediated in part by the increased extracellular efflux of platinum mediated by the copper transporter ATP7A [28, 44]. Another mechanism of ANXA4-induced chemoresistance is the modulation of NF- κ B transcriptional activity [45]. ANXA4 suppresses NF- κ B transcriptional activity through interaction with the p50 subunit in a calcium-dependent manner; ANXA4 causes resistance to apoptosis induction by etoposide.

While ANXA4 prominently associated with chemoresistance, the functional domain of ANXA4 remains unclear. Therefore, to clarify the functional domain of ANXA4 is required to understand detailed mechanisms of the chemoresistance induced by ANXA4 and also overcome chemoresistance. In this study, focusing on platinum resistance, we aimed to identify the ANXA4 domain relevant to chemoresistance with regard to its structure as well as to test whether knockdown of ANXA4 expression could improve platinum resistance. Our data showed that the annexin repeat plays an important role in platinum resistance induced by ANXA4, which occurs in a calcium-dependent manner.

RESULTS

Establishment of ANXA4 knockdown RMG-I cells

To create cell lines with a stable ANXA4 knockdown, we analysed ANXA4 expression in

ovarian cancer cells using western blotting. ANXA4 expression was strong in clear cell carcinoma cell lines (OVTOKO, OVISE and RMG-I) compared with serous adenocarcinoma cell lines (A2780, OVCAR3 and OVSAHO) and a mucinous adenocarcinoma cell line (MCAS; Fig. 1A). To see whether blocking ANXA4 expression was a valid chemosensitising strategy for ovarian clear cell carcinoma treatment, ANXA4 was stably suppressed using an ANXA4 shRNA plasmid. We established RMG-I-Y4 and R5 cell clones as well as RMG-I NC7 cell clones transfected with the empty vector as a control. Compared with RMG-I NC7 and untransfected control parent RMG-I cells, ANXA4 expression was markedly down-regulated at the protein level in RMG-I-Y4 and RMG-I-R5 cells (Fig. 1B). In the absence of any drug treatment, the growth rate among the 4 cell lines was similar *in vitro* (data not shown).

Knockdown of ANXA4 expression enhances sensitivity to cisplatin and carboplatin

The sensitivity to cisplatin and carboplatin was assessed in the 3 RMG-I clones NC7, R5 and Y4. Compared with the IC₅₀ for cisplatin in NC7 cells, IC₅₀ was significantly decreased in Y4 cells and R5 cells ($p < 0.01$; Fig. 1C, left panel). Similarly, IC₅₀ for carboplatin significantly decreased in Y4 cells and R5 cells compared with NC7 cells ($p < 0.01$; Fig. 1C, right panel). IC₅₀ for cisplatin and carboplatin decreased approximately 2-fold because of the knockdown of ANXA4 expression.

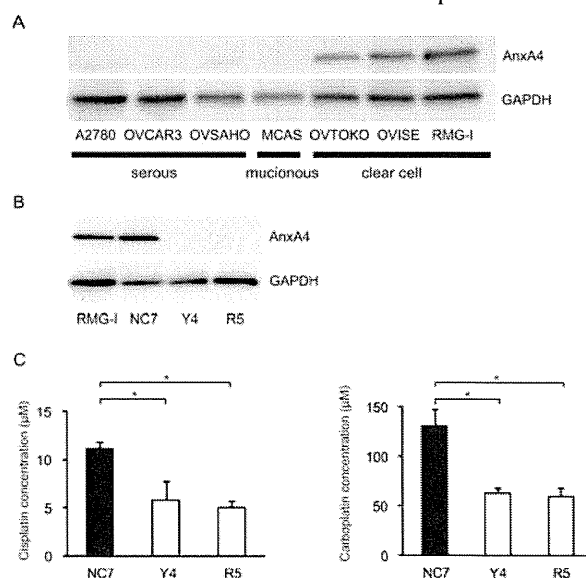


Fig.1: Knockdown of ANXA4 expression attenuates platinum resistance. (A) ANXA4 expression in indicated ovarian cancer cell lines and (B) established ANXA4 knockdown RMG-I cells (R5 and Y4) was confirmed using Western blotting. (C) IC₅₀ for both cisplatin and carboplatin was significantly reduced in R5 and Y4 cells compared with NC7 cells. Data are presented as mean $\pm$ SD (* $p < 0.01$).

Suppression of ANXA4 expression improves platinum sensitivity *in vivo*

To determine whether ANXA4 knockdown in clear cell carcinoma cells improved platinum sensitivity *in vivo*, NC7 and Y4 cells were subcutaneously injected in ICR *nu/nu* mice. One week after inoculation with the tumour cells, the mice were randomised into 2 groups and received cisplatin or PBS *i.p.* twice a week for 4 weeks. The tumour growth rate in the absence of drugs was similar for both cell lines (Figs. 2A and 2B). Cisplatin treatment had very little effect on NC7 cells (Fig. 2A), but tumour volume markedly decreased in Y4 cells (Fig. 2B). Cisplatin treatment significantly decreased tumour growth in Y4 cells ($87.4 \pm 1.8\%$) compared with NC7 cells ($-1.1 \pm 18.0\%$; $p < 0.01$; Fig. 2C). These results showed that ANXA4 knockdown in the RMG-I cell line significantly attenuated resistance to cisplatin *in vivo*.

The annexin repeat domain is required for the platinum drug resistance

To identify a possible resistance-related domain within the annexin repeated sequence of ANXA4, we constructed 3 deletion mutants by deleting the annexin

repeats one by one from the C-terminal region. Figure 3A shows the structure of each deletion mutant. Full-length ANXA4, 3 ANXA4 deletion mutants or the empty vector were transfected into NUGC3 cells, whose endogenous ANXA4 expression is relatively low (Supplementary Fig. S1). Therefore, we established cell lines stably overexpressing full-length ANXA4 (FL-22), each ANXA4 deletion mutant (R3-6, R2-13 or R1-12) or the empty vector (NC-14). Expression of each ANXA4 deletion mutant was confirmed using Western blotting (Fig. 3B).

Subsequently, the sensitivity to the platinum-based drugs cisplatin and carboplatin was assessed. Cells transfected with full-length ANXA4 and the 3 deletion ANXA4 mutants were significantly more resistant to both cisplatin and carboplatin compared with control cells, approximately with a 1.7- to 2.2-fold increase in IC_{50} for cisplatin ($p < 0.01$) and a 1.4- to 1.7-fold increase in IC_{50} for carboplatin ($p < 0.05$; Fig. 3C).

To test whether these deletion mutants induce platinum resistance through regulating cellular drug concentration as previously reported [28], we quantitated the intracellular platinum content of each deletion mutant-transfected cell clone after cisplatin treatment, which is one of the most representative platinum drugs. Platinum accumulation was significantly reduced in cells overexpressing either full-length ANXA4 or any of the 3

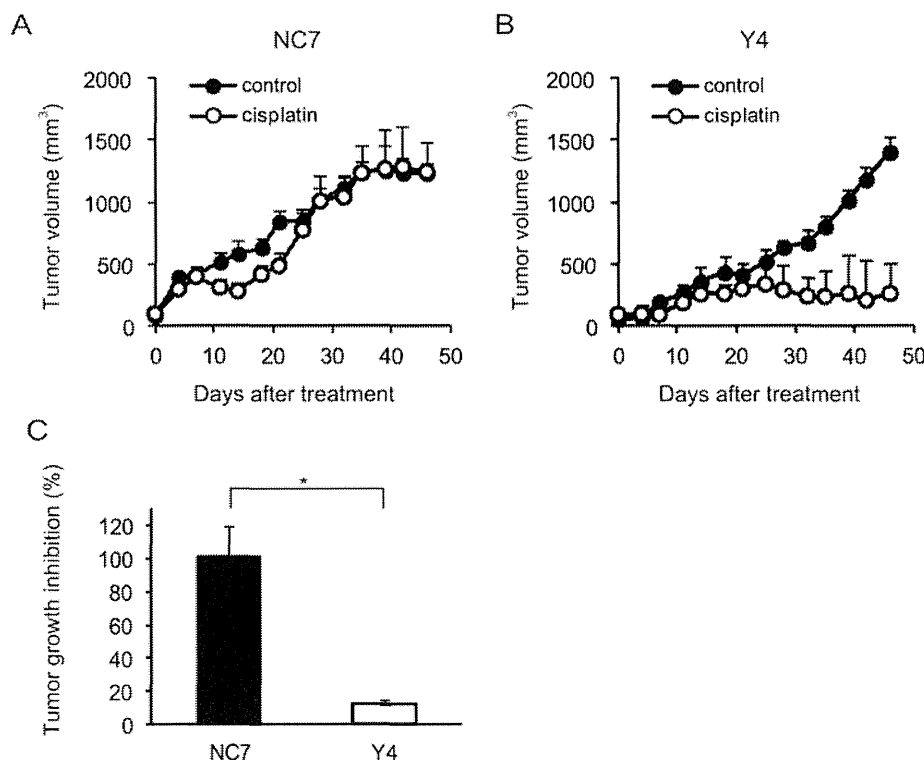


Fig.2: ANXA4 knockdown cells show enhanced sensitivity to cisplatin *in vivo*. Female ICR *nu/nu* mice were subcutaneously inoculated with RMG-I NC7 or Y4 cells and given PBS (control group: filled circles) or cisplatin *i.p.* (3 mg/kg; treatment group: open circles) twice weekly for 4 weeks ($n = 6$ per group). Growth curves of NC7 tumours (A) and Y4 tumours (B). The mean volume (points) $\pm$ SE (bars) is shown. (C) Comparison of the cisplatin-induced growth inhibition of tumours 46 days after treatment among NC7 and Y4 tumours. The average (columns) $\pm$ SE (bars) are shown (* $p < 0.01$).

deletion mutants compared with NC-14 cells regardless of the incubation time after cisplatin exposure (Fig. 3D). These results suggested that the decreased intracellular platinum contents were associated with platinum resistance of the cells transfected with ANXA4 full length and each deletion mutant.

The calcium-binding site of the annexin repeat is responsible for platinum resistance

As specified above, platinum resistance was enhanced in cells overexpressing ANXA4 deletion mutants, which contained at least 1 intact annexin repeat. Thus, to assess whether the calcium-binding site of the

annexin repeat sequence was involved in chemoresistance, another deletion mutant, R1(E70A) was constructed. Within the annexin repeat next to the N-terminal region, the 70th amino acid, glutamic acid, was responsible for the calcium-dependent activity of ANXA4 [30]. Accordingly, at this site, the point mutation variant of R1, R1(E70A), loses the function of its calcium-binding site (Fig. 4A). Similar to other deletion mutants, R1(E70A) was transfected into NUGC3 cells and designated R1(E70A)-95. Western blotting revealed that R1-12 had the same molecular weight as R1(E70A)-95 (Fig. 4B). R1(E70A)-95 did not induce resistance to either cisplatin or carboplatin (Fig. 4C). Moreover, the intracellular platinum content of R1(E70A)-95-transfected cells did not decrease compared with that of NC-14 cells after 0 hr

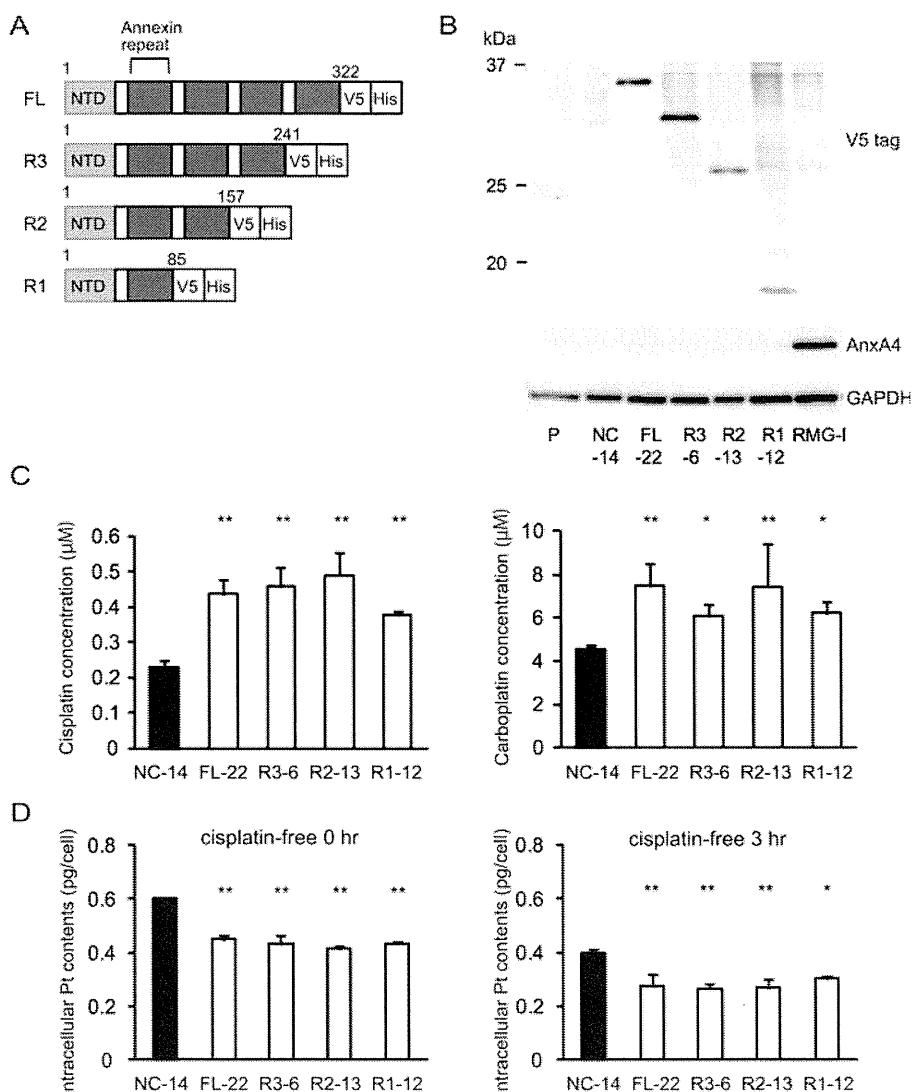


Fig.3: Annexin repeat domain is required for the platinum drug resistance. (A) A structural map of ANXA4 and 3 deletion mutant proteins. Annexin repeats were deleted one by one from the C-terminal site. (B) Established deletion mutant cells together with parent cells, control cells and RMG-I as a positive control were confirmed using Western blotting. (C) Compared with NC-14 cells, IC_{50} for both cisplatin and carboplatin was significantly increased in FL-22 and all other mutant cells. (D) Intracellular platinum accumulation after treatment with 100 μM cisplatin for 60 min with or without additional 3 hr of incubation in cisplatin-free medium. Data are presented as mean ± SD (* p < 0.05, ** p < 0.01).

or 3 hr of additional incubation in cisplatin-free medium (Fig. 4D). According to the above results, the platinum resistance of ANXA4 seemed to be related to the calcium-binding site of the annexin repeat next to the N-terminal domain.

The calcium-binding site of the annexin repeated sequence is required for the resistance to platinum-based drugs *in vivo*

To determine whether the annexin deletion mutants of ANXA4 influenced the sensitivity to cisplatin *in vivo*,

we inoculated ICR *nu/nu* mice with NC-14, FL-22, R1-12 or R1(E70A)-95 cells. Mice in each group were randomised into 2 subgroups and received either cisplatin at 3 mg/(kg·d) or PBS *i.p.* once a week for 3 weeks. Cisplatin markedly decreased tumour volume in mice injected with NC-14 and R1(E70A)-95 cells, whereas the treatment effect was relatively smaller in mice injected with FL-22 and R1-12 cells (Fig. 5A). Consistent with the tumour volume, tumour growth was significantly inhibited by cisplatin in mice inoculated with NC-14 ($96.5 \pm 1.3\%$) and R1(E70A)-95 cells ($87.8 \pm 11.4\%$) compared with those injected with FL-22 ($48.5 \pm 11.7\%$) and R1-12 cells ($37.7 \pm 9.8\%$; $p < 0.01$; Fig. 5B). These *in vivo* results

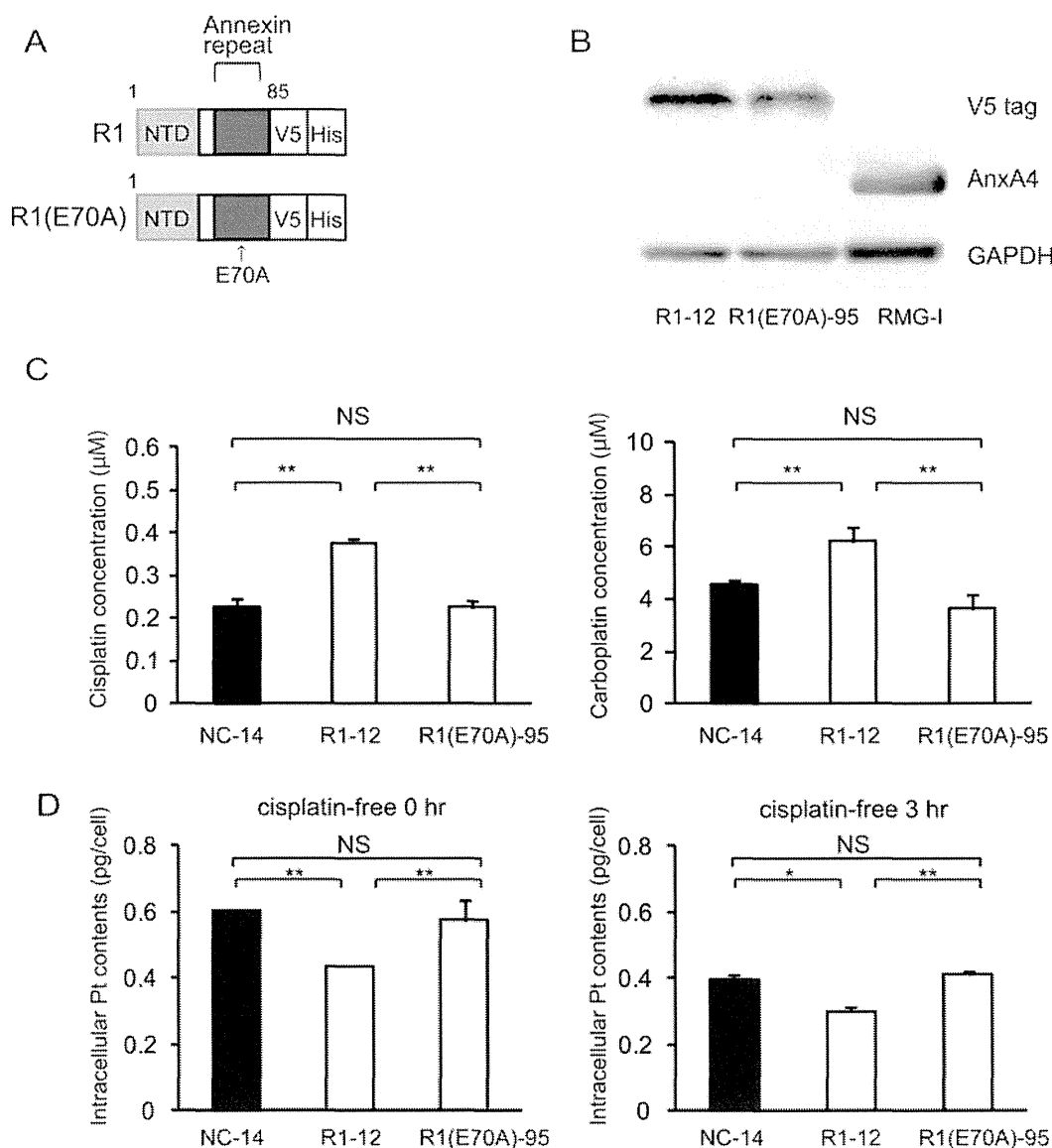


Fig.4: The calcium-binding site of the annexin repeat is responsible for induction of the platinum resistance. (A) A structural map of R1 and R1(E70A) variants without a function for the calcium-binding site. (B) Western blotting confirmed the mutant established cell lines. (C) Unlike R1-12, the R1(E70A)-95 cell clone was not resistant to either cisplatin or carboplatin. (D) Intracellular platinum accumulation in R1(E70A) cells was the same as in NC14 cells both with or without additional 3 hr of incubation in cisplatin-free medium. Data are presented as mean $\pm$ SD (* $p < 0.05$, ** $p < 0.01$).

were consistent with those obtained *in vitro*.

Increase of the intracellular chloride concentration is related to cisplatin resistance

To elucidate the molecular mechanisms of chemoresistance induced by ANXA4, we focused on the chloride channel because one of the functions of ANXA4 is inhibition of calcium-dependent chloride conductance[32]. According to the literature, treatment with cisplatin induces an increase of the intracellular Ca^{2+} concentration [46], which is an important ion for the phospholipid membrane-binding activity of ANXA4. In contrast, cisplatin exposure also induces an elevation of the intracellular chloride concentration: $[\text{Cl}^-]_i$ [47]. Elevation of $[\text{Cl}^-]_i$ has been shown to prevent the aquation

of 1 or 2 of the 2 chloride coordination sites in cisplatin, and only the aquated forms of cisplatin covalently bind to DNA. Nevertheless, the mechanisms of $[\text{Cl}^-]_i$ elevation because of cisplatin treatment have not been fully elucidated. We hypothesised that an increase in intracellular Ca^{2+} concentration after cisplatin exposure would result in translocation of ANXA4 from the cytosol to plasma membrane, which leads to $[\text{Cl}^-]_i$ accumulation through inhibition of the chloride channel by the Ca^{2+} -bound ANXA4. To confirm this hypothesis, we quantified $[\text{Cl}^-]_i$ after cisplatin treatment using MQAE fluorescence, a fluorescent Cl^- indicator. Relative fluorescence was substituted for $[\text{Cl}^-]_i$ as previously reported [48].

We monitored MQAE fluorescence in control cells (NC-14), in cells overexpressing full-length ANXA4 (FL-22) and in 2 deletion mutants (R1-12 and R1[E70A]-95). The relative fluorescence ratio before (F0) and after

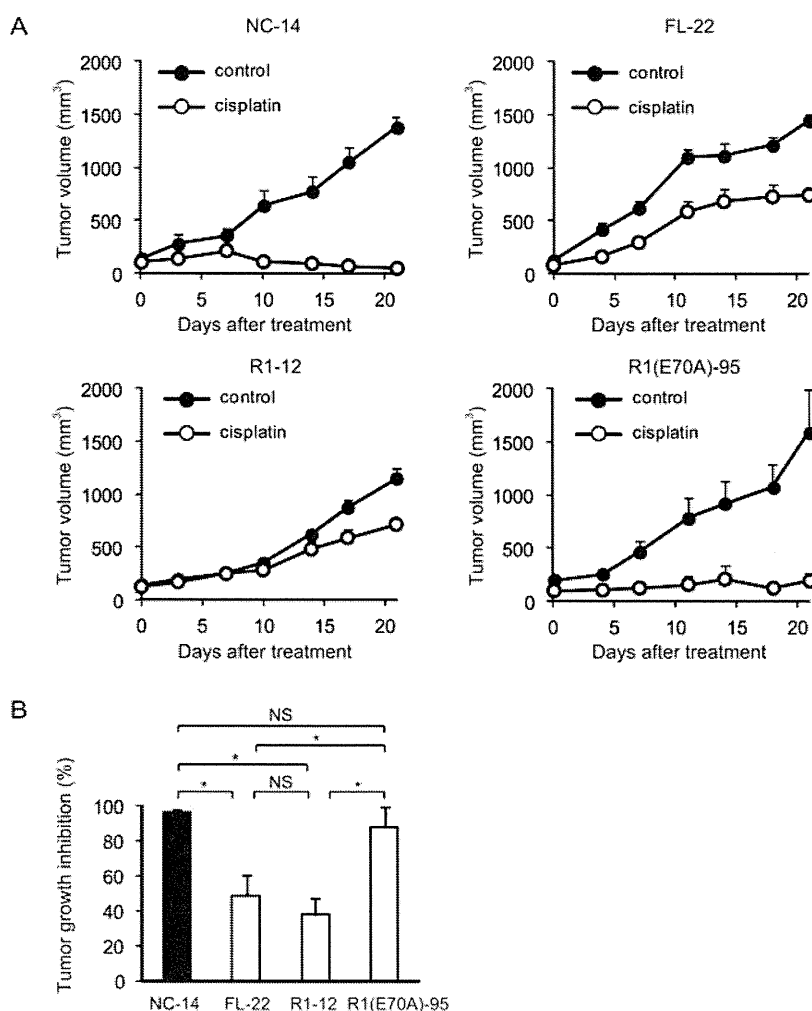


Fig.5: The calcium-binding site of the annexin repeat is required for platinum drug resistance *in vivo*. Female ICR *nu/nu* mice were subcutaneously inoculated with NC14, FL-22, R1-12 or R1(E70A)-95 cells and given PBS (control group: filled circles) or cisplatin i.p. (3 mg/kg; treatment group: open circles) once a week for 3 weeks (n = 6 per group). (A) Growth curves of tumours of each cell. The mean volume (points) $\pm$ SE (bars) is shown. (B) Comparison of the cisplatin-induced growth inhibition of tumours 28 days after treatment. The average (columns) $\pm$ SE (bars) are shown; * $p < 0.01$.

treatment with cisplatin for 30 min (F30) is shown in Figure 6. The inverse ratio of MQAE fluorescence $1/(F_{30}/F_0)$, which is directly proportional to the increase in $[Cl^-]_i$, was significantly elevated in the platinum-resistant cell clones FL-22 (1.12 ± 0.03) and R1-12 (1.12 ± 0.01) compared with sensitive clones, NC-14 (1.06 ± 0.01) and R1(E70A)-95 (1.06 ± 0.02 ; $p < 0.01$). Thus, the increase in $[Cl^-]_i$ is likely to be involved in cisplatin resistance.

DISCUSSION

ANXA4 has been reported to be strongly expressed and involved in chemoresistance in various cancers. The factors associated with ANXA4-induced chemoresistance have been reported, such as NF- κ B [45] and ATP7A [44], but the structure of the protein, i.e. annexin repeats and calcium-binding sites in the annexin repeated sequence, has not been taken into account in relation to the ANXA4-induced chemoresistance. In this study, we showed that ANXA4 knockdown improved sensitivity to platinum drugs, and annexin repeats were involved in chemoresistance.

We first confirmed ANXA4 expression in various ovarian adenocarcinoma cell lines. As previously reported [28, 49], ANXA4 is significantly upregulated in clear cell carcinoma cell lines (OVTOKO, OWISE and RMG-I) compared with other histological types (serous and mucinous adenocarcinoma cell lines: A2780, OVCAR3, OVSAHO and MCAS). It has been previously demonstrated that enhanced ANXA4 expression induces platinum resistance both *in vitro* and *in vivo* [28, 44], but whether ANXA4 knockdown attenuates platinum resistance has been unknown thus far. Mogami et al. recently reported that an ANXA4 knockdown improves sensitivity to carboplatin *in vitro* using 2 cell lines of ovarian clear cell carcinoma, OVTOKO and OWISE. To the best of our knowledge, ours is the first study to show that ANXA4 knockdown markedly improves the sensitivity to platinum-based drugs not only *in vitro* but also *in vivo* (Figs. 1 and 2).

The result that ANXA4 knockdown improves sensitivity to platinum-based drugs suggests that ANXA4 is a good therapeutic target. To identify the functional domain(s) of ANXA4 that could be a promising therapeutic target, we focused on annexin repeats and constructed 4 deletion mutants (R3, R2, R1 and R1[E70A]). Resistance to platinum drugs was enhanced in cells transfected with mutants possessing at least 1 intact annexin repeat. In contrast, the sensitivity to platinum-based drugs improved among the R1(E70A)-transfected clones because in those cells, the calcium-binding site did not function properly (Figs. 3C and 4C). This result implies that the ANXA4-induced chemoresistance to platinum-based agents is calcium dependent. It has been reported that cisplatin induced increase of intracellular calcium concentration in chemosensitive cells, but not in resistant cells [46, 50].

Together with this and the data by Chan et al., elevation of intracellular calcium concentration induced by cisplatin treatment may translocate Ca^{2+} bound form of ANXA4 from cytosol to plasma membrane, which results in platinum-resistance[32]. We are currently investigating on further analysis.

By analysing the intracellular platinum accumulation, we attempted to elucidate the mechanism of the platinum resistance induced by ANXA4 and its deletion mutants. When intracellular platinum contents were quantitated just after exposure to cisplatin or 3 hr incubation with cisplatin-free medium after exposure to cisplatin, significantly less platinum accumulated in cells transfected with the full-length ANXA4 (FL-22) and 3 deletion mutants (R3-6, R2-13 and R1-12), all of which enhanced the resistance to the platinum-based drugs. In contrast, R1(E70A)-transfected cells (R1[E70A]-95), which did not induce chemoresistance, had the same amount of platinum accumulation as the control cells (Figs. 3D and 4D). These results suggest that the resistance to the platinum-based drugs is mediated by the decrease in intracellular platinum accumulation, which is calcium dependent. The annexin repeats, especially their calcium-binding sites, may be involved in inhibition of the influx, promotion of the efflux or both of platinum drugs. Recently, Cu transporters (CTR1 for the uptake and ATP7A and ATP7B for the efflux) have been reported to be involved in resistance to both cisplatin and carboplatin [14, 44, 51]. In addition, ANXA4 likely enhance platinum efflux through the interaction with ATP7A [44]. The possible mechanisms of inhibition of the influx mediated by ANXA4 remains unclear and further analyses are needed.

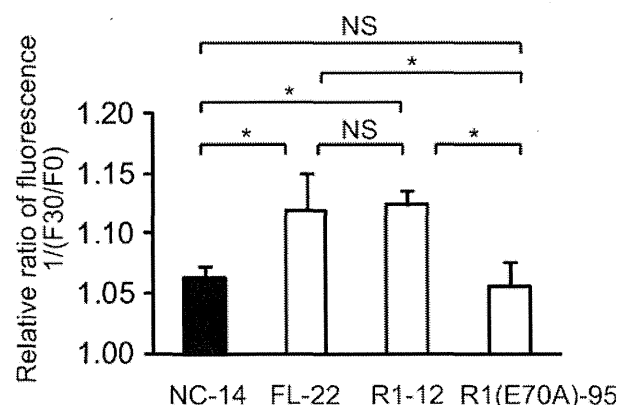


Fig.6: The increase of intracellular chloride concentration is related to cisplatin resistance. ANXA4 deletion mutant series cells (NC-14, FL-22, R1-12 and R1[E70A]-95) loaded with N-ethoxycarbonylmethyl-6-methoxyquinolinium bromide (MQAE) were exposed to $100 \mu M$ cisplatin. The fluorescence pre-treatment and during treatment (30 min exposure) was compared in each cell clone. Data are presented as mean $\pm$ SD (* $p < 0.01$).

Subsequently, the question regarding the involvement of calcium-binding site in the platinum resistance arose. To answer this question, we measured $[Cl^-]_i$ after cisplatin exposure. The significant increase in $[Cl^-]_i$ was observed in the cells with platinum resistance, FL-22 and R1-12, compared with cell clones without platinum resistance, NC-14 and R1(E70A)-95. In a previous study, higher $[Cl^-]_i$ was observed in cisplatin-resistant cells compared with sensitive cells, whereas the intracellular cisplatin accumulation showed the opposite pattern [47]. These results, in addition to the results of decreased platinum accumulation in resistant mutants, indicate that ANXA4 induces platinum resistance through cellular drug efflux partly by elevating the intracellular chloride concentration. We report 'partly' because only cisplatin, not carboplatin, was tested in our $[Cl^-]_i$ assay. Cisplatin becomes intracellularly activated by the aquation of 1 or 2 of the 2 chloride coordination sites, but carboplatin does not contain any chloride coordination sites [1, 52-54]. Thus, this mechanism of resistance through elevation of $[Cl^-]_i$ may be specific to cisplatin and may not be true of carboplatin resistance. In this study, 3 cell clones overexpressing a deletion mutant (R3-6, R2-13, and R1-12) show stronger tolerance to cisplatin than to carboplatin in terms of their IC_{50} ; a 1.7- to 2.2-fold increase for cisplatin and only a 1.4- to 1.7-fold increase for carboplatin (Fig. 3C). It is assumed that the increase in $[Cl^-]_i$ is one of the factors inducing cisplatin resistance.

In this study, the calcium-binding site in the annexin repeat next to the N terminus was observed to be responsible for the resistance to the platinum drugs. Nevertheless, the role of the other 3 calcium-binding sites has not yet been investigated. The roles of individual calcium-binding sites were demonstrated using site-directed mutagenesis by Nelson and Creutz regarding calcium-dependent membrane binding and aggregation [30]. The mutations in each domain had different effects on the binding or aggregating activities, i.e. a mutation in the first or fourth domain had a greater effect on membrane binding. A mutation in the second domain had a stronger effect on membrane aggregation, whereas the mutation of the third domain was almost silent. Although the mechanisms involved in membrane binding/aggregation and the mechanisms of chemoresistance are likely different, our data could provide some clues to understanding the function of each annexin repeat and each calcium-binding site in chemoresistance.

ANXA4 has been shown to induce resistance to paclitaxel and platinum-based drugs [55]. The effect of ANXA4 knockdown on paclitaxel sensitivity was assessed in a previous study. The effect of sensitivity to paclitaxel varied among different cell clones: ANXA4 knockdown in the OVTOKO cell line with acidic isoelectric point (IEPs) did not improve the sensitivity to paclitaxel, whereas OWISE cell lines with basic IEPs showed improved sensitivity to paclitaxel [43]. In our own preliminary data,

significant chemosensitisation to paclitaxel and etoposide was confirmed in RMG-I Y4 and R5 (data not shown). Further studies are required to identify the detailed mechanism.

In summary, in this study, we observed the annexin repeat, especially its calcium binding site, was associated with platinum-resistance induced by ANXA4, and it happened in calcium-dependent manner. Our findings may help to understand the mechanisms of platinum resistance induced by other annexin family proteins, which possesses the same annexin repeat structure, and offer new strategies for the treatment of chemoresistant cancers.

METHODS

Cell lines and culture

The human ovarian serous adenocarcinoma cell line (OVSAHO), human ovarian mucinous adenocarcinoma cell line (MCAS), human ovarian clear cell carcinoma cell lines (OVTOKO, OWISE and RMG-I) and human gastric cancer cell line (NUGC3) were obtained from the Japanese Collection of Research Bioresources (Osaka, Japan). A2780 cells from the human ovarian serous adenocarcinoma were obtained from the European Collection of Animal Cell Culture (Salisbury, Scotland) and OVCAR-3 cells from another human ovarian serous adenocarcinoma were from American Type Culture Collection (Manassas, VA). MCAS cells were maintained in the DMEM medium and the others in the RPMI medium, all supplemented with 10% foetal bovine serum (FBS; Serum Source International, NC, USA) and 1% penicillin-streptomycin (Nacalai Tesque, Kyoto, Japan) at 37°C in a humidified atmosphere with 5% CO₂. All the cell lines were tested and authenticated.

Generation of ANXA4 knockdown cell lines

To generate stable ANXA4 knockdown cell lines, RMG-I cells were transfected with a commercial plasmid vector expressing short heparin RNA (shRNA) that targeted ANXA4 mRNA or a negative control nonspecific shRNA (SuperArray Bioscience Corp., KH06928N; Frederick, MD, USA) using Lipofectamine 2000 (Invitrogen, Carlsbad, CA), according to the manufacturer's instructions. After selection using a culture medium containing geneticin (600 µg/mL; Invitrogen), stable clones were maintained in 250 µg/mL geneticin. Two stable RMG-I-ANXA4 shRNA cell clones were established, designated Y4 and R5 cells. In addition, we transfected the empty vector into the RMG-I cell line using the same procedure to generate control cells, designated NC7.

Construction of ANXA4 deletion mutants and gene transfection

Using pcDNA3.1-ANXA4 as a template, full-length cDNA of ANXA4 was amplified using KOD-plus (Toyobo Co. Ltd., Osaka, Japan) with the primers forward 5'-TTGACCTAGAGTCATGGCCA-3', reverse 5'-ATCATCTCCTCCACAGAGAA-3' and subsequently ligated into the pcDNA3.1/V5-His-TOPO vector in-frame with the C-terminal V5 and 6× His tag. To generate ANXA4 deletion mutants, annexin repeat domains were deleted one by one from the C-terminal site. Three deletion mutants named R3, R2 and R1 were generated and similarly amplified (an Arabic number shows the number of annexin repeat domains). The nucleotide sequences of the forward primers for PCR were the same as those described above for all the deletion mutants, and the reverse primers were as follows: R3 5'-TATAGCCAGCAGAGCATCTT-3', R2 5'-CAGAGACACCAGCACTCGCT-3' and R1 5'-CATCCCCACAATCACCTGCT-3'. We subsequently set out to generate an R1 mutant (the E70A mutation), whose calcium-binding site does not work because of the change of a negatively charged carboxyl group to a neutral side chain, as previously described [30]. The site-directed mutagenesis was performed using the KOD-Plus-Mutagenesis kit (Toyobo), according to the manufacturer's protocol. These cDNA fragments, including full-length gene, were subsequently inserted between the *Bgl* II and *Eco*R I sites of the pIRES2AcGFP vector (Clontech, Palo Alto, CA). The sequences of all the mutants were confirmed using the ABI PRISM 3100 Genetic Analyser (Applied Biosystems, Foster City, USA).

Full-length ANXA4, each ANXA4 deletion mutant construct and the empty vector were transfected into NUGC3 cells using Lipofectamine 2000 (Invitrogen). Stable transfectants designated FL-12, R3-6, R2-13, R1-12, R1(R70A)-95 and NC-14 were obtained by selection in a medium containing geneticin and were maintained in the same manner described above.

Western blotting

Cells were lysed in RIPA buffer (10 mM Tris-HCl, pH 7.5, 150 mM NaCl, 1% Nonidet P-40, 0.1% sodium deoxycholate, 0.1% SDS, 1× phosphatase inhibitor cocktail (Nacalai Tesque) and 1× protease inhibitor cocktail (Nacalai Tesque)), followed by centrifugation (13,200 rpm, 4°C, 15 min). Soluble proteins in the supernatant were separated using sodium dodecyl sulphate polyacrylamide gel electrophoresis, as described previously [28]. Additional information can be found in the Supporting Information on Material and Methods section.

Measurement of IC₅₀ values after treatment with a platinum-based drug

Cells were suspended in the RPMI medium supplemented with 10% FBS, seeded in 96-well plates (1,500/well for the RMG-I series and 2,500 cells/well for ANXA4 deletion mutant series), cultured for 24 h and exposed to various concentrations of cisplatin (0–25 μM; Sigma-Aldrich, St Louis, MO) or carboplatin (0–1000 μM; Sigma-Aldrich) for 72 h. Cellular proliferation was subsequently evaluated using the WST-8 assay, i.e. 2-(2-methoxy-4-nitro-phenyl)-3-(4-nitrophenyl)-5-(2,4-disulfophenyl)-2H-tetrazolium monosodium salt assay (Cell Counting Kit-SF; Nacalai Tesque) after treatment. The absorption of WST-8 was measured at a wavelength of 450 nm (reference wavelength: 630 nm) using a Model 680 microplate reader (Bio-Rad Laboratories, Hercules, CA). Absorbance values for the treated samples were expressed as percentages relative to results for untreated controls, and IC₅₀ values were calculated.

Measurement of intracellular platinum accumulation

Full-length ANXA4-transfected cells (FL-22), each ANXA4 deletion mutant-transfected cell clone (R3-6, R2-13, R1-12 and R1[E70A]-95), and control cells (NC-14) were cultured up to 80% confluence in 150-mm tissue culture dishes. The cells were then exposed to 100 μM cisplatin for 60 min at 37°C and washed twice with PBS either immediately or after 3 hr of incubation in cisplatin-free RPMI 1640 medium supplemented with 10% FBS. Whole-cell extracts were prepared, and the concentration of intracellular platinum was determined using an Agilent 7500ce inductively coupled plasma mass spectrometer (ICP-MS; Agilent, Santa Clara, CA, USA).

In vivo model of cisplatin resistance

All animal experiments were conducted in accordance with the Institutional Ethical Guidelines for Animal Experimentation of the National Institute of Biomedical Innovation (Osaka, Japan). Female Institute of Cancer Research (ICR) *nu/nu* mice were obtained from Charles River Japan (Yokohama, Japan). Injection of the ANXA4 knockdown cells was performed as follows: ICR *nu/nu* mice at 4 weeks of age were subcutaneously inoculated (into the flank of the mice; n = 6 per group) with 2.5×10^6 cells of RMG-I NC7 cells or RMG-I-Y4 cells in the total volume of 100 μL of 1/1 (v/v) PBS/Matrigel (Becton Dickinson, Bedford, MA). Injection of ANXA4 mutant-transfected cells, i.e. mice at 5 weeks of age were inoculated with 10^6 cells of NC-14, FL-22, R1-12 or R1(E70A) in the same manner

as with the ANXA4 knockdown cells. Treatment with cisplatin (3 mg/kg) or PBS *i.p.* was initiated 1 week after inoculation and administered twice weekly for 4 weeks (ANXA4 knockdown cells) and once a week for 3 weeks (ANXA4 mutant-transfected cells). Tumour volumes were determined twice weekly by measuring length (L), width (W) and depth (D) and using the following formula: tumour volume (mm³) = W × L × D.

[Cl⁻]_i measurements

[Cl⁻]_i was measured using the fluorescent Cl⁻ indicator N-ethoxycarbonylmethyl-6-methoxyquinolinium bromide (MQAE; Dojindo, Kumamoto, Japan). [Cl⁻]_i is detected by the mechanism of diffusion-limited collisional quenching of MQAE fluorescence. MQAE fluorescence intensity inversely correlates with [Cl⁻]_i. The cells of the ANXA4 deletion mutant series (NC-14, FL-22, R1-12 and R1[E70A]-95) were cultured in 35-mm tissue culture dishes up to 20% confluence and incubated with a medium containing 10 mM MQAE for 4 h at 37°C. After loading, the cells were washed 5 times with Cl⁻-free buffer and electrically stimulated under a microscope at 37°C in a humidified atmosphere with 5% CO₂. Fluorescence measurements were initiated immediately at the indicated periods using Biozero BZ-9000 (Keyence, Tokyo, Japan) at 510/40 nm excitation and 380/50 nm emission. The fluorescence was quantitated by means of a standardised procedure using a BZ-II Analyser (Keyence), and the data were presented as the reciprocal of the ratio of fluorescence data (F0/F30) to identify possible correlations with the increase in [Cl⁻]_i.

Statistical analysis

All calculations involved one-way analysis of variance (ANOVA) followed by Dunnett's analysis to evaluate the significance of differences. In all experiments, p value of <0.05 was considered statistically significant.

ACKNOWLEDGEMENTS

We thank Y. Kanazawa and A. Yagi for their secretarial assistance, M. Ako and E. Harada for technical assistance.

There are no conflicts of interest to declare. This study was supported by a Grant-in-Aid from the Program for Promotion of Fundamental Studies in Health Sciences of the National Institute of Biomedical Innovation; a Grant-in-Aid from the Ministry of Health, Labour and Welfare of Japan and Grants-in-Aid for Young Scientists (B) (22791560) from the Japanese Ministry of Education, Science, Culture and Sports

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