

Dominant-Negative Constructs of IRE-1 α as an Effective way to Suppression of Tumor Growth through the Inhibition of Cell Proliferation

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Abstract: Activation of cell proliferation and angiogenesis as well as the down-regulation of apoptosis are important for tumor growth through pathways of the unfolding protein response/endoplasmic reticulum stress, a fundamental phenomenon for secure protection of cells by maintaining the functional integrity of the endoplasmic reticulum. It is mediated by three sensor and signaling pathways: IRE-1 α /ERN1 (inositol-requiring enzyme-1 α /endoplasmic reticulum to nuclei 1), ATF6 (activating transcription factor 6), and PERK (double stranded RNA activated protein kinase (PKR)-like endoplasmic reticulum kinase (PERK)). All three arms of the unfolded protein response are important for tumor cell survival and growth especially under hypoxic conditions, but the unfolded protein response signaling is mainly mediated through the ERN1 pathway. The inhibition of ERN1 by its dominant-negative constructs leads to a decrease of tumor growth through suppression of angiogenesis and cell proliferation as well as activation of apoptosis and tumor suppressors. Data concerning the molecular mechanisms of the effect a blockade of ERN1 signaling enzyme has on glioma growth is analyzed, including the expression of genes controlling angiogenesis, cell proliferation, cell cycle, and apoptosis. Moreover, the inhibition of ERN1 endoribonuclease only has more profound effect on the expression of most key regulatory genes as well as on cell proliferation than the blockade of both kinase and endonuclease activity of ERN1 in glioma cells. In conclusion, the inhibition of ERN1/IRE-1 α coordinately regulated factors involved in tumor growth, lowering expression levels of pro-proliferative, pro-angiogenic and anti-apoptotic factors and enzymes and up-regulated the expression of anti-proliferative, anti-angiogenic and pro-apoptotic factors in a trend towards the level of these transcription factors in normal human astrocytes. These review attempts to summarize recent advances in the role of inhibition of ERN1 signaling by dominant/negative strategies in regulation of proliferation and apoptosis related genes and suppression of tumor growth, which will help to define the best therapeutic targets for the design of potent antitumor drug.

Keywords: Tumor growth, endoplasmic reticulum stress, inhibition of IRE-1 α /ERN1, U87 glioma cells, angiogenesis, apoptosis, cell cycle, tumor suppressors.

INTRODUCTION

The endoplasmic reticulum is a dynamic intracellular organelle with exquisite sensitivity to alterations in homeostasis, and provides stringent quality control systems to ensure that only correctly folded proteins transit to the Golgi and unfolded or misfolded proteins are retained and ultimately degraded. The endoplasmic reticulum stress is a fundamental phenomenon for secure protection of cells by maintaining the functional integrity of the endoplasmic reticulum [1-3]. Malignant tumors use the endoplasmic reticulum stress response as well as hypoxia-induced signaling pathways to enhance tumor cells proliferation under stressful environmental conditions [4-6]. The rapid growth of solid tumors generates micro-environmental changes in association to nutrient deprivation, hypoxia, and acidosis, which induce cell proliferation and new blood vessels

formation mainly through the activation of unfolding protein response/endoplasmic reticulum stress signalling pathways [4,7]. Moreover, the activation of these signalling pathways are important for tumor growth through the up-regulation of angiogenesis, cell proliferation and down-regulation of cell apoptosis [4,8].

UNFOLDING PROTEIN RESPONSE/ENDOPLASMIC RETICULUM STRESS SIGNALING

The unfolded protein response is mediated by at least three sensor and signaling pathways: IRE-1 α /ERN1 (inositol-requiring enzyme-1 α /endoplasmic reticulum to nuclei 1), ATF6 (activating transcription factor 6), and PERK (double stranded RNA activated protein kinase (PKR)-like endoplasmic reticulum kinase (PERK)) [3,9]. All three arms of the stress are integrated and important for tumor growth and cell survival especially under hypoxic and nutrient deprivation conditions; however, this stress signaling is mainly mediated through the IRE-1 α /ERN1 pathway. Moreover, ERN1 pathway is the most evolutionary conserved and important sensor of the unfolded protein response to the accumulation of misfolded proteins and

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represents a key regulator of the life and death processes [4,5,10]. A better understanding of tumor responses to endoplasmic reticulum stress is required to elaborate therapeutical strategies of cell sensibilization, based on the blockade of survival mechanisms [4,11,12].

The IRE-1 α /ERN1 enzyme is localized in the endoplasmic reticulum membrane and its N-terminus as sensor is localized in the lumen of endoplasmic reticulum and interact with chaperons, preferentially with HSPA5/BiP/GRP78 [13,14]. This chaperon functions as negative regulator of all sensing and signaling systems of endoplasmic reticulum stress, because it is associated with all three sensors in normal condition. The IRE-1 α /ERN1 enzyme is a bifunctional enzyme which has also cytoplasmic domain for two enzymatic activities: serine/threonine kinase and endoribonuclease [6,16]. The ERN1 protein kinase is activated upon induction of the endoplasmic reticulum stress and autophosphorylates ERN1 [17]. This results in the activation and dimerization of ERN1 in the endoplasmic reticulum membrane as well as in the activation of endoribonuclease. The main function of ERN1 endoribonuclease is alternative splicing of XBP1 pre-mRNA by excision of 26 bp fragment from the coding part. Resulting alternative splice variant of XBP1 encodes a bigger transcription factor with modified C-terminus. This splice variant of XBP1 is responsible for regulation of the expression of numerous genes encoded proteins for protein folding and degradation of unfolded proteins as well as affects broad aspects of cell fate and the metabolism of proteins, amino acids and lipids [18,19]. The activity of XBP1 splice variant is regulated by kinases and by interaction with other transcription factors [20-22]. The ERN1 endoribonuclease is also responsible for selective degradation of some mRNA upon endoplasmic reticulum stress conditions [23-26]. It is possible that this function of ERN1 endoribonuclease is very important in selective suppression of some signaling pathways. Thus, autophosphorylation of ERN1 by kinase is necessary for activation of ERN1 endoribonuclease; however, there is data that kinase inhibition by specific inhibitor activates endoribonuclease to confer cytoprotection against endoplasmic reticulum stress [27,28]. Therefore, the endoplasmic reticulum stress is a regulatory mechanism that allows cells to adapt to a series of metabolic, redox, and other environmental changes as well as directly influences life/death decisions at a cellular level.

During endoplasmic reticulum stress, homeostatic signaling through the unfolded protein response augments endoplasmic reticulum protein-folding capacity. If homeostasis is not restored, the unfolded protein response triggers apoptosis and ERN1 is a key component of this apoptotic switch. Under endoplasmic reticulum stress ERN1's endoribonuclease also causes endonucleolytic decay of chaperones, as early events culminating in apoptosis [12,28]. At the same time, the high level of chaperone expression in malignant tumor cells is considerably responsible for these cells surviving through suppression of apoptosis [29,30]. The bifunctional enzyme ERN1 has also an important additional function. Thus, recently was shown that peptides derived from this bifunctional enzyme can modulate ERN1 activity and protect cells from endoplasmic reticulum stress [31].

INHIBITION OF IRE-1 α /ERN1 BY DOMINANT-NEGATIVE CONSTRUCTS SUPPRESSES GLIOMA GROWTH

Two dominant-negative constructs of IRE-1 α /ERN1 was created for investigation of a role of ERN1 signaling in the control of cell proliferation and tumor growth: dn-ERN1, which has a sensor luminal part and a transmembrane domain without kinase and endoribonuclease domains, and dnr-ERN1, which has a mutation in endoribonuclease (Figure 1).

The inhibition of IRE-1 α /ERN1 in U87 glioma cells by its dominant-negative construct (dn-ERN1) has been shown to result in a significant anti-proliferative effect in glioma growth (Figure 2) through suppression of angiogenesis and cell proliferation [11,33,34]. This is due to down-regulation of prevalent pro-angiogenic factors and up-regulation of anti-angiogenic genes, both *in vitro* and in the CAM (chorio-allantoic membrane) model, as well as in mice engrafted intracerebrally with U87 glioma cell clones. It was shown that A549/8 and U87 cells expressing a dominant-negative ERN1 transgene as well as ERN1-knockout mouse embryonic fibroblasts were unable to trigger VEGF-A up-regulation upon either oxygen or glucose deprivation [33-36]. This data therefore suggest an essential role for IRE- α -dependent signaling pathways in response to ischemia and identify this protein as a potential therapeutic target to control both the angiogenic switch and tumor development, because ERN1 is a common determinant linking hypoxia and unfolded protein responses to the up-regulation of vascular endothelial growth factor-A (VEGF-A) and other pro-proliferative factors [4,37].

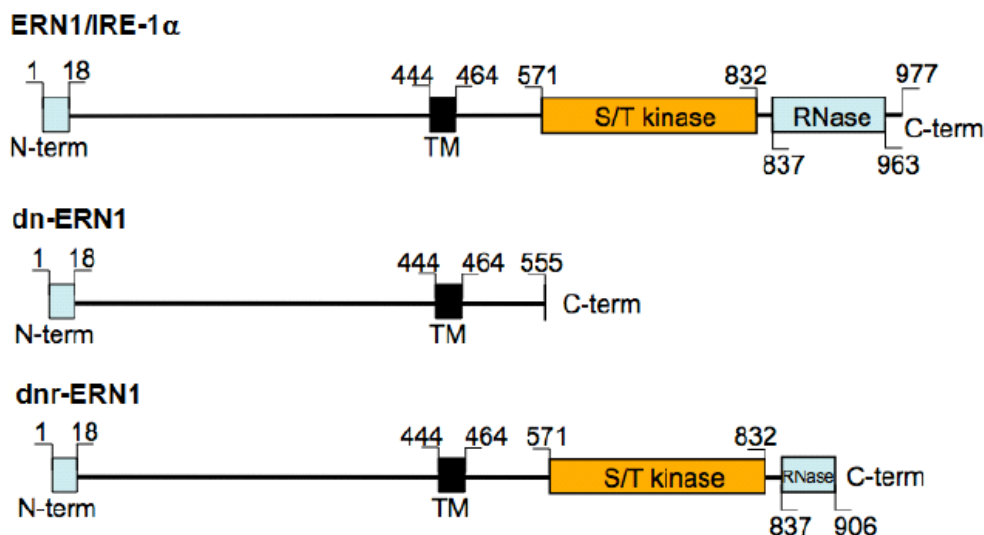


Figure 1: Schematic view of native ERN1/IRE-1 α and its dominant-negative constructs: dn-ERN1 without kinase and endoribonuclease domains and dnr-ERN1, which expresses an IRE-1 α protein truncated at its cytoplasmic C-terminal end in the RNase domain [11,32].

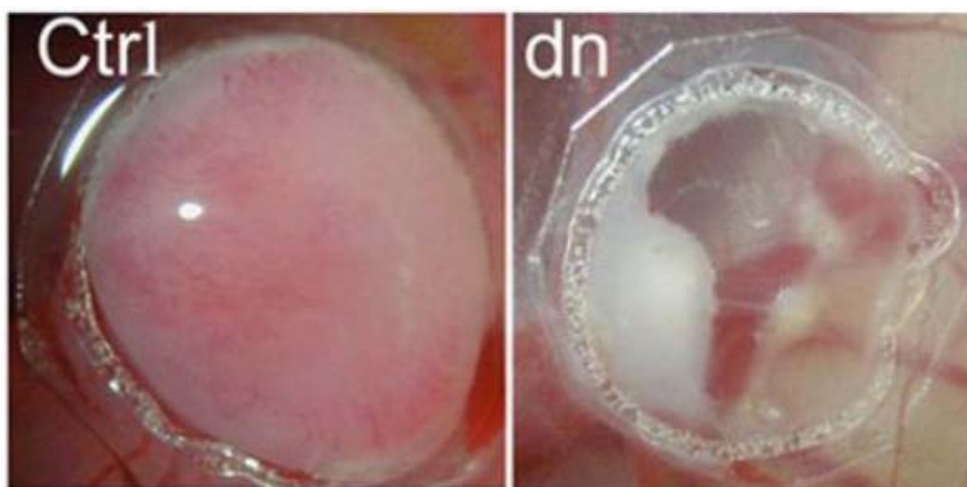


Figure 2: The tumor growth from IRE-1 α -deficient (dn) versus control (Ctrl) U87 glioma cells deposited onto the chicken CAM for 4 days [11].

Therefore, in a human glioma model, inhibition of ERN1 by stable overexpression of dn-ERN1 correlated with down-regulation of other pro-angiogenic factors such as interleukins IL-1 β , IL-6, and IL-8 and significant up-regulation of anti-angiogenic factors such as SPARC, CTGF, HSPG2, decorin, thrombospondin-1, and several other extracellular matrix proteins functionally linked to mesenchymal differentiation as well as glioma invasiveness [34,38]. These changes were correlated with *in vivo* reduction of angiogenesis and blood perfusion, a decreased growth rate and blood vessel cooption both in the chick chorio-allantoic membrane assay and in the mouse orthotopic brain model [34]. Moreover, this phenotypic change is consistently associated with increased overall survival

in glioma-implanted recipient mice. It is interesting to note that ectopic expression of IL-6 in ERN1-deficient tumors restored angiogenesis and neutralized vessel cooption but did not reverse the mesenchymal/infiltrative cell phenotype [34]. At the same time, an angiogenesis is a complex network and is regulated by hundreds of pro-angiogenic and anti-angiogenic factors. Thus, CD138-purified myeloma cells from 300 untreated patients do not show a significantly higher median number of expressed pro-angiogenic (45) or anti-angiogenic (31) genes, but almost all of these myeloma cells samples aberrantly express at least one of the angiogenic factors: HGF (hepatocyte growth factor), IL-15 (interleukin 15), ANG (angiogenin), FNFSF13/APRIL (tumor necrosis factor

(ligand) superfamily, member 13/a proliferation-inducing ligand), CTGF (connective tissue growth factor), also known as NOV2(nephroblastoma overexpressed 2) or TGFA (transforming growth factor, alpha) [39].

INHIBITION OF IRE-1 α /ERN1 BY dn-ERN1 SUPPRESSES GLIOMA GROWTH THROUGH DRAMATICALLY REDUCED EREG EXPRESSION

Recently was shown that epidermal growth factor (EGF) receptor ligand epiregulin (EREG) contribute to the development of malignant glioma in relation to the activity of the unfolded protein sensor IRE-1 α through EGF receptor ErbB1/HER1 [11]. Thus, the high-expression rate of EREG in U87 cells was therefore linked to IRE-1 α , because its inhibition by dn-ERN1 dramatically reduced EREG expression both in cell culture and in human xenograft tumor models (Figure 3) as well as suppressed glioma cell proliferation (Figure 4). Moreover, a stimulatory autocrine loop mediated by EREG was evidenced by the decrease in cell proliferation using specific blocking antibodies directed against either ErbB1 (cetuximab) or EREG itself [11].

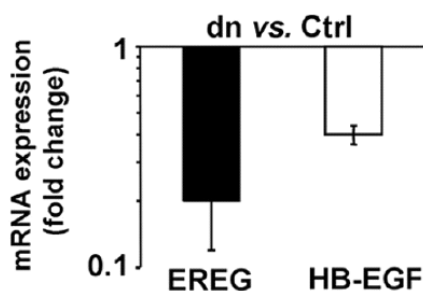


Figure 3: Expression of *EREG* and *HB-EGF* genes in IRE-1 α -deficient (dn) versus control (Ctrl) U87 glioma cells [11].

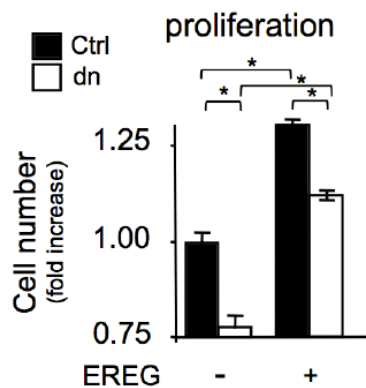


Figure 4: Effects of EREG on IRE-1 α -deficient (dn) versus control (Ctrl) U87 glioma cell proliferation. In the proliferation assay, cells were grown for four days [11]. The total cell number was reported as fold-increase of the standard value (1.00) obtained with U87Ctrl cells in the absence of EREG; * $p < 0.05$.

In addition, IRE1-mediated production of EREG did not depend on IRE-1 α RNase domain, as neither the selective dominant-negative invalidation of the RNase activity by dn-ERN1 (IRE-1 α kinase active) nor the siRNA-mediated knockdown of XBP1 had significant effect on EREG expression [11]. Finally, chemical inhibition of c-Jun N-terminal kinases (JNK) by the SP600125 compound reduced the ability of U87 cells to express EREG, demonstrating a link between the growth factor production and JNK activation under the dependence of IRE-1 α . It is interesting to note that EGF receptor also suppresses the maturation of specific tumour-suppressor-like miRNAs in response to hypoxic stress through phosphorylation of argonaute 2 [40].

INHIBITION OF IRE-1 α /ERN1 AND CELL CYCLE REGULATION

Furthermore, the IRE-1 α /ERN1 arm of unfolded protein response controls cell cycle gene expressions and inhibition of IRE-1 α by dn-ERN1 also significantly affects the expression of numerous genes, which participate in cell cycle regulation and cell proliferation [41-48]. Thus, a blockade of the endoplasmic reticulum stress sensor IRE-1 α by dn-ERN1 changes the expression of numerous cyclin genes in U87 glioma cells: down-regulates the expression of cyclin D1, which forms a complex with, and functions as a regulatory subunit of cyclin-dependent kinases 4 or 6, whose activity is required for cell cycle G1/S transition and may contribute to tumorigenesis, and up-regulates the expression of cyclin G2, which appears to be a negative cell-cycle regulator in some cancers [42,43,49]. It is important to note that the expression of both growth arrest-specific genes (GAS1 and GAS6) is strongly up-regulated in glioma cells without IRE-1 kinase and ribonuclease activities (cells overexpressed dn-ERN1) and down-regulated in hypoxia (Figure 5) [42]. Thus, suppressive effect of IRE-1 α by dn-ERN1 on cell proliferation and tumor growth [11,34] possibly mediated by down-regulation of the expression of the pro-proliferative cyclin D1 and up-regulation of a negative cell-cycle regulator cyclin G2 as well as growth arrest-specific genes GAS1 and GAS6.

Furthermore, an inhibition of the ERN1 enzyme function by dn-ERN1 also affects the expression of POLO-like kinase gene family in U87 glioma cells: down-regulates PLK1 and up-regulates PLK2 and PLK4 [44]. This changes possibly mediated by ERN1 kinase, because the inhibition of ERN1 endoribonuclease by dn-ERN1 does not change the

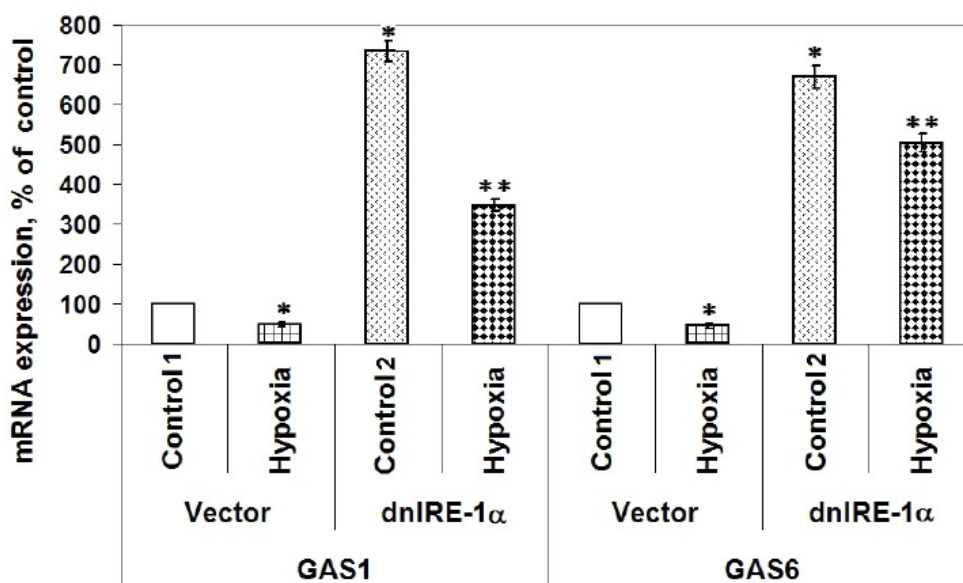


Figure 5: Expression of growth arrest-specific genes *GAS1* and *GAS6* in glioma cell line U87 and its subline with IRE-1-deficiency measured by qPCR: effect of hypoxia (3 % oxygen – 16 hours); * - $P < 0.05$ versus control 1 (Vector); ** - $P < 0.05$ versus control 2 (dnIRE-1 α) [42].

expression of these genes in U87 glioma cells. Moreover, knockdown of ERN1 by dn-ERN1 in U87 glioma cells modifies the hypoxic regulation of POLO-like kinase gene expressions [44]. POLO-like kinases play an important role in cell cycle regulation and participate in tumorigenesis [50]. PLK1 is highly expressed in a broad spectrum of human tumors, strongly promotes progression of the cell cycle and is responsible for aggressive proliferation of tumor cells. Thus, down-regulation of PLK1 gene expression in glioma cells without ERN1 signaling enzyme function possibly contributes to suppression of these cell proliferation and glioma growth [11,34]. This data correlates to results Harris *et al.* [51] that POLO-like kinase 1 inhibition suppresses medulloblastoma cell growth.

ANTI-PROLIFERATIVE EFFECT OF IRE-1 α INHIBITION THROUGH UP-REGULATION OF TUMOR SUPPRESSOR GENES

It is possible that anti-proliferative effect of ERN1/IRE-1 α blockade is also associated with specific changes in the expression of retinoblastoma and retinoblastoma-related genes as well as circadian genes [46,47]. Thus, the knockdown of IRE-1 α by dn-ERN1 leads to up-regulation of the expression of retinoblastoma and retinoblastoma-like 1 (Figure 6) as well as most retinoblastoma related genes: *EID1*, *JARID1B*, *E2F1*, *E2F3*, *RBAP48* and *CTIP*, which possibly plays an important role in suppression of glioma cell proliferation [46]. At the same time, hypoxia

decreases the expression levels of retinoblastoma-like 1 and most retinoblastoma-related genes (*E2F3*, *RBAP46*, *RBAP48* and *CTIP*), but ERN1 knockdown mainly modulates hypoxic regulation [46]. Furthermore, the inhibition of IRE-1 α by dn-ERN1 affects the expression most circadian genes in different ways: up-regulates the expression of *PER1*, *PER3*, and *CLOCK* genes and down-regulates the *CRY1*, *PER2*, and *ARNTL* genes [47]. Moreover, hypoxia also has different effects on the expression levels of circadian genes and these effects are dependent on ERN1 signaling enzyme function [47]. The expression and function of most circadian genes are controlled by casein kinases and blockade of IRE-1 α by dn-ERN1

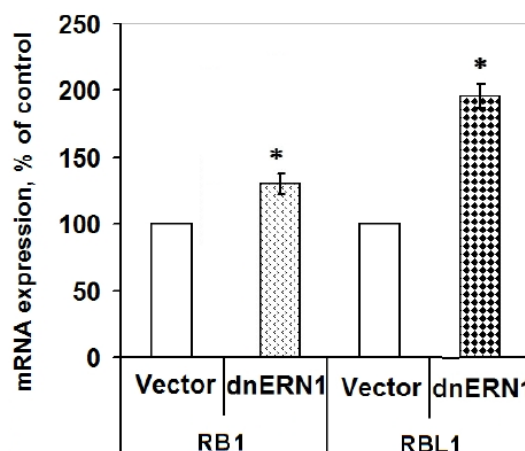


Figure 6: Expression of *RB1* and *RBL1* genes in control glioma cell line U87 (Vector) and its subline with IRE-1-deficiency (dnERN1) measured by qPCR; * - $P < 0.05$ versus control (Vector) [46].

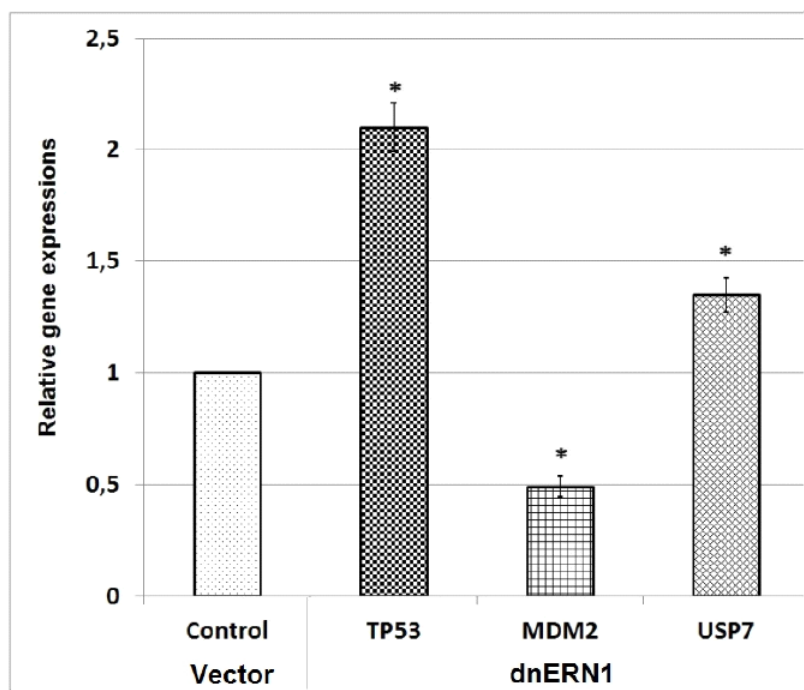


Figure 7: Expression of *TP53*, *MDM2*, and *USP7* genes in control U87 glioma cell and its subline with IRE-1 deficiency (dnERN1) measured by qPCR; * - $P < 0.05$ versus control [52].

also affects the expression of different casein kinase genes in diverse ways [48]. Hypoxia induces or suppresses the expression of most casein kinase genes mainly in ERN1-knockdown cells only.

It is important to note that a blockade of glioma cell proliferation by inhibiting the ERN1 signaling enzyme with dn-ERN1 has is also associated with overexpression of TP53 and specific changes in the expression of TP53-related genes, which control apoptosis (Figure 7) [52,53]. TP53 has numerous functions in the cells, including repression of POLO-like kinase-1 [58]. Endoplasmic reticulum stress is tightly linked to cell survival and death mainly through TP53 (tumor protein 53) pathway [54-57]. It was shown that blockade of ERN1 gene function in U87 glioma cells induces the expression of USP7 (ubiquitin specific peptidase 7) gene, but decreased the expression of MDM2 (TP53 E3 ubiquitin protein ligase homolog) gene [52]. Both enzymes are related to control of cell proliferation and apoptosis, because USP7 deubiquitinates TP53 and MDM2 and strongly stabilizes TP53 even in the presence of excess MDM2, and also induces TP53-dependent cell growth repression and apoptosis [59]. Thus, an enhanced expression of TP53 gene in ERN1 knockdown glioma cells correlates with decreased level of ubiquitin ligase MDM2 and increased expression level of USP7 which deubiquitinates TP53 and MDM2 and induces TP53-

dependent cell growth repression and apoptosis. At the same time, the expression levels of *TP53*, *MDM2*, and *USP7* genes do not change significantly in glioma cells with suppression by dn-ERN1 of endoribonuclease activity only [52]. It is possible that changes in the expression of *TP53*, *MDM2*, and *USP7* genes in glioma cells with ERN1 knockdown are responsible upon blockade of ERN1 kinase activity. Moreover, MDM2 promotes proteasome-dependent ubiquitin-independent degradation of retinoblastoma RB1 protein. Thus, the expression of genes encoding TP53 and related to TP53 enzymes (*MDM2* and *USP7*) depends upon the endoplasmic reticulum stress signaling and correlates with suppression of glioma growth under ERN1 knockdown.

Stability as well as activity of TP53 depends upon different factors such as *TOPORS* (topoisomerase I binding, arginine/serine-rich, E3 ubiquitin protein ligase), *RYBP/DADAF* (RING1 and YY1-binding protein/DAD-associated factor), *TP53BP1* (TP53 binding protein 1), *TP53BP2*, *NME6* (TP53 binding protein 1), *SESN1* (TP53 binding protein 1), and *ZMAT3* (zinc finger, Matrin-type 3). There is also data that the expression of *TOPORS*, *TP53BP1*, *NME6*, and *ZMAT3* is down-regulated in glioma cells expressing dominant-negative ERN1 [53]. At the same time, inhibition of ERN1 function in U87 glioma cells resulted in increased expression of *RYBP/DADAF*, *TP53BP2*,

and *SESN1* genes. Increased expression of RYBP/DADAF inhibits ubiquitination and subsequent degradation of TP53, and thereby plays a role in regulating transcription of TP53 target genes, interacts with MDM2 and decreases MDM2-mediated TP53 ubiquitination, stabilizing TP53 and increasing its activity as well as promotes apoptosis [60,61]. TP53 binding proteins modulate TP53 function, suppress tumor growth, and promote susceptibility to apoptosis, but their activity depends upon different factors [62,63]. NME6 participates in oncogenesis and inhibits TP53-induced apoptosis. *SESN1* and *ZMAT3* are TP53 target genes which have a role in the TP53-dependent growth regulatory pathway. Thus, inhibition of ERN1 branch of endoplasmic reticulum stress response correlates with induction of p53 signaling and slower tumor growth [11,34].

In conclusion, the inhibition of ERN1/IRE-1 α coordinately regulated factors involved in tumor growth, lowering expression levels of pro-proliferative, pro-angiogenic and anti-apoptotic factors and enzymes and up-regulated the expression of anti-proliferative, anti-angiogenic and pro-apoptotic factors. These investigations will help to define the best therapeutic targets for the design of specific inhibitors that could act as potent antitumor drug.

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Received on 03-12-2014

Accepted on 03-02-2015

Published on 10-03-2015

DOI: <http://dx.doi.org/10.12970/2308-8044.2015.03.01.5>