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Angiotensin II Type 2 Receptor: A Novel Modulator of Inflammation in Pancreatic Ductal Adenocarcinoma through Regulation of NF-KB Activity

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Authors' contributions

This work was carried out in collaboration between all authors. Authors AVG, GC and HAA designed the study. Author GC designed and wrote the protocols. Authors AVG and GC performed the experiments. Author AVG wrote the first draft of the manuscript. Authors AVG, GC and HAA managed the literature searches. All authors participated in discussion and edited the manuscript. All authors read and approved the final manuscript.

Article Information

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ABSTRACT

Aims: The aim of this study was to explore potential pro-inflammatory, pro-migratory and pro-invasive roles of angiotensin II type 2 receptor (AT2R) in pancreatic ductal adenocarcinoma (PDAC) cells.

Study Design: AT2R-specific agonist (CGP42112A, CGP), blocking antibody, or siRNA were interchangeably used to analyze functional impact of AT2R on PDAC cell proliferation, migration, and invasion.

Results: This study revealed that AT2R blockade reduced proliferation, migration and invasion of PDAC cells. Blocking AT2R significantly lowed the expression of oxidative-stress genes Nox1,

Nox3, Nox4, and Nox5, and pro-invasive genes MMP-2, MMP-9, OPN, and α5-integrin. AT2R siRNA significantly downregulated the expression levels of pro-inflammatory IL-1beta, IFN-γ, iNOS, IL-6, IL-8, and IL-15 mRNA. Blocking AT2R also inhibited the intrinsic and angiotensin II (AngII) or CGP-mediated activation of NF-κB.

Conclusion: These findings demonstrate previously unknown pro-inflammatory, pro-migratory and pro-invasive effects of AT2R in PDAC cells. Our data suggest that one mechanism by which AT2R promote inflammation is through activation of constitutive and AngII-mediated NF-kB. Thus, AT2R blockade could be a novel therapeutic strategy to target multiple pathways that mediate PDAC carcinogenesis.

Keywords: Pancreatic Ductal Adenocarcinoma (PDAC); AngII; AT2R; inflammation; NF-кВ.

1. INTRODUCTION

Pancreatic ductal adenocarcinoma (PDAC) is the fourth leading cause of adult cancer mortality in the United States [1]. Associated with a poor prognosis and a 5-year survival rate of 5%, this aggressive and chemo-resistant cancer metastasizes early to distant organs prior to diagnosis. Symptoms are usually nonspecific until cancer has reached an advanced stage [2]. As a result, elucidating PDAC's carcinogenic mechanism would significantly aid in the development of novel and effective therapies.

The renin-angiotensin system (RAS) is a major regulator of blood pressure and cardiovascular homeostasis. The effects of angiotensin II (AngII) are mediated via two G-protein-coupled receptors, angiotensin II type 1 (AT1R) and type 2 (AT2R) receptors. Most physiological effects of AngII have been attributed to stimulation of the AT1R [3], whereas AT2R often functions as a counter-regulatory receptor [4].

There is an increasing evidence that AnglI is involved in regulation of cell proliferation, inflammation angiogenesis, and tissue remodeling, and associated with cancer [5-7]. AnglI has been shown to stimulate VEGF in various types of cancer cells [8]. Importantly, blocking AnglI has been reported to decrease preneoplastic lesions, cancer cell growth, angiogenesis, and VEGF levels in many experimental models of cancer [9-19]. Epidemiologic studies involving hypertensive patients have suggested that blocking AnglI may decrease cancer risk [20-22]. AT1R overexpression correlates with invasiveness. These data suggest that blockade of the AT1R could be an effective anticancer strategy [11-19]. Thus, AT1R antagonists that already used clinically as potent antihypertensive drugs with mild side effects can be considered as potential tools in future

anticancer strategies. However, if AT1R blockers are to be used in anticancer therapy, it is important to assess the role of AT2R in tumor progression and angiogenesis. Indeed, long-term blockade of AT1R subtype leaves AT2R fully activated. Studies have shown AT2R can be proangiogenic and to work in concert with AT1R subtype to increase VEGF levels and blood vessel formation [23-25], thus leaving open the question of whether AT2R activation has beneficial effects on tumor progression.

Several studies have identified a local RAS in the pancreas and described its role in promoting the progression of PDAC [26,27]. We and others have described the role of AnglI on AT1R in promoting PDAC inflammation and angiogenesis [28-30]. However, the role of AT2R in PDAC progression has not been identified.

We showed recently that in PDAC cells, AT2R plays a role in tumor metabolism through mediating the induction of fatty acid synthase by AngII and through down-regulating the activity of AMP-activated protein kinase (AMPK) [31]. In this study, we explored potential proinflammatory, pro-migratory and pro-invasive roles of AT2R in PDAC cells.

2. METHODS

2.1 Immunohistochemistry

To localize AT2R, formalin fixed, paraffin embedded tissue blocks from PDAC tissue, matching controls and intraductal papillary mucinous neoplasms (IPMN) were prepared. 5 μm -thick serial sections were incubated for 3 h at 4°C with a rabbit polyclonal antibody against human AT2R (1:200) (Santa Cruz Biotechnology). A vectastain universal elite ABC kit and 3,3'-diaminobenzidine tetrahydrochloride chromogenic substrate (Vector Laboratories Inc.) were used according to the manufacturer's

protocol to visualize the tissue reaction. Antibody specificities were validated with nonimmune isotype serum.

2.2 Cell Culture and Treatment

MiaPaCa-2 and AsPC-1 cells, originally established from a primary PDAC, were purchased from the American Type Culture Collection (ATCC, Manassas, VA). The cells were cultured in DMEM medium supplemented with 10% fetal bovine serum in a humid atmosphere of 5% CO2. MiaPaCa-2 cells were transfected with scrambled or AT2R siRNA, treated with and without AT2R agonist, CGP42112A (10⁻⁵ M), for 24 h, collected and examined for a panel of proinflammatory and metastatic genes, and genes involved in ROS expression. To evaluate NFkB activity, MiaPaCa-2 cells were transfected with scrambled or AT2R siRNA, treated with and without AnglI (10⁻⁷ M) and CGP42112A (10⁻⁵ M) for one hour, and analyzed for NFkB activity via ELISA (ENZO Life Sciences Int, Inc). Angll was purchased from AnaSpec Inc., CGP42112A was purchased from Sigma Chemical Co.

2.3 MTT Assay

To examine the effect of AT2R blocking antibody on in vitro cell proliferation, MiaPaCa-2 and AsPC-1 cells were plated in 48-well plates and incubated in growth medium at 37°C and 5% CO₂. The cells were treated with or without AT2R antibody. MTT conversion assay was used to measure cell viability. MTT (Sigma Chemical Co.) was added (500 μg /ml) for 4 h after 24, 48, and 72 h of incubation. The resulting formazan crystals were solubilized with DMSO, and the optical density was measured at 570 nm. Optical density correlated with extent of cell viability and proliferation.

2.4 Cell Migration Assay

 2×10^5 MiaPaCa-2 or AsPC-1 cells were plated in 6-well plates (Falcon Becton Dickinson), and incubated in growth medium at 37°C and 5% CO_2 . A scratch was made through the layer of the cells on the bottom of the well using 1 ml sterile pipette tip 24 h later. The scratch width was measured at three marked locations per well. Cells were treated with or without blocking AT2R antibody (0.4 μ g/ml), incubated for 24-72 h, and scratch width was measured at the same marked locations. Migration distance was

estimated using ImageJ software. Closure was calculated as a percent of initial scratch width.

2.5 Transwell Invasion Assay

24-well invasion chambers were used in accordance with manufacturer's protocol (BD Biosciences). 1 × 10⁵ MiaPaCa-2 or AsPC-1 cells were seeded onto 8µM pore polycarbonate membrane of the upper chamber in serum-free medium, lower chamber contained full growth medium with or without AT2R blocking antibody (0.4 µg/ml). After 48-72 h of incubation cells were removed from the inner surface of the upper chamber, and cells that migrated through the membrane to the outside surface were treated with MTT solution for 4 h. The resulting formazan crystals were solubilized with DMSO, and the optical density was measured at 570 nm. Optical density correlated with the number of cells migrated through transwell membrane.

2.6 RNA Extraction and Reverse Transcriptase PCR

Total RNA was isolated using Tri-Reagent (Life Technologies). RNAs were quantified and cDNAs were synthesized using ImProm-II™Reverse Transcription System (Promega). TagMan gene expression assays for pro-inflammatory genes (IL-1β, IL-4, IL-6, IL-8, IL-10, IL-15, IFN-gamma, TNF-alpha, iNOS and MCP-1), metastatic genes (MMP-2, MMP-9, VEGF, OPN, $\alpha 5$ - and $\alpha 7$ integrins), reactive oxygen species(ROS) genes (Nox1, Nox2, Nox3, Nox4, and Nox5), and GAPDH (internal control) were purchased from Applied Biosystems. cDNAs were subjected to real-time qPCR using HotStart-IT or VeriQuest Probe qPCR Master Mixes (Affymetrix) and TaqMan technology (7500 Sequence Detector, Applied Biosystems). The relative mRNA levels were quantified using Applied Biosystems software.

2.7 NF-kB ELISA

Cell lysates were obtained from MiaPaca-2 cells transfected with scrambled or AT2R siRNA, treated with and without AnglI (10⁻⁷ M) and CGP42112A (10⁻⁵ M). Elisa kit (ENZO Life Sciences Int, Inc) was used to quantify the active form of p65 NF-kB subunit according to the protocol. Chemiluminescence activity was measured using Veritas Microplate Luminometer (Turner Designs).

2.8 Statistical Analyses

All experiments were performed 3 to 5 times. Data were analyzed for statistical significance by ANOVA with post-hoc Student's t-test analysis. Data are presented as mean \pm SEM. Continuous, normally distributed variables were analyzed by Student's t-test. Analyses were performed with assistance of a computer program (JMP 5 Software). Differences were considered significant at p \leq 0.05.

3. RESULTS

3.1 Expression of AT2R in Normal and Pancreatic Lesions

Immunohistochemical analysis showed that in normal pancreas, AT2R protein was mainly detected in pancreatic islets. In intraductal papillary mucinous neoplasms (IPMN), AT2R staining could be detected in the mucin-filled ductal cells. In PDAC lesions, AT2R

immunoreactivity was mainly localized in ductal membrane and cytoplasm of the tumor epithelial cells and, to a lesser degree, in stromal cells (Fig. 1). These data show the active production and expression of AT2R in PDAC cells *in vivo*.

3.2 AT2R Blockade by AT2R Antibody Decreases Cell Proliferation

The addition of AT2R antibody to the cultured medium significantly (p<0.05) decreased cell proliferation in MiaPaCa-2 cells after 48 h (Fig. 2A), and in AsPC-1 after 72 h (Fig. 2B).

3.3 AT2R Blockade Reduces Cell Migration

AT2R blockade by AT2R antibody significantly (p<0.05) inhibited cell migration in both cell lines. It was evident in MiaPaCa-2 cells at all time points (Fig. 3A), and in AsPC1 cells after 48 h (Fig. 3B).

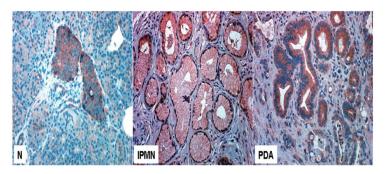


Fig. 1. Representative immunohistochemical staining for AT2R in normal pancreatic islets (left panel), IPMN (middle panel), and PDAC (right panel). PDAC cells show more intense and darker staining compared to normal pancreatic islets and IPMN. (X200 original magnification)

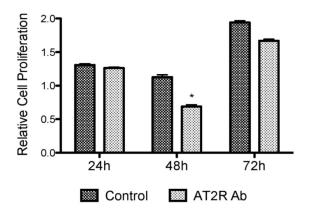


Fig. 2A. AT2R blockade reduces cell proliferation in MiaPaca-2 p < 0.05

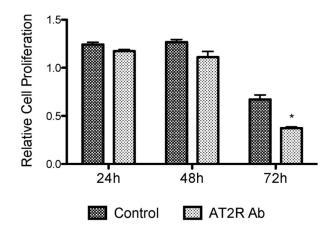


Fig. 2B. AT2R blockade reduces cell proliferation in AsPC-1 $^*p < 0.05$

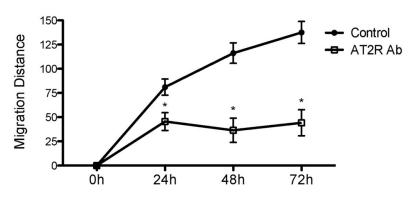


Fig. 3A. AT2R blockade reduces cell migration in MiaPaca-2 cells $^*p < 0.05$

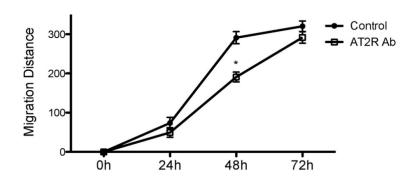


Fig. 3B. AT2R blockade reduces cell migration in AsPC-1 cells $^*p < 0.05$

3.4 AT2R Blockade by AT2R Antibody Inhibits Cell Invasion

Adding AT2R antibody to the growth medium of MiaPaCa-2 cells significantly (p<0.05) reduced cell invasion (Fig. 4).

3.5 AT2R Silencing Reduces Transcription of Genes Involved in Oxidative Stress, Metastasis and Inflammation

MiaPaCa-2 cells were transfected with AT2R siRNA and tested for mRNA expression in panels

of genes involved in oxidative stress, metastasis and inflammation (Fig. 5A, B, C). Silencing of AT2R significantly (p<0.05) reduced the expression of the ROS-inductive genes (Nox1, Nox3, Nox4, and Nox5) and pro-invasive genes (MMP-2, MMP-9, OPN, $\alpha 5$ integrin), whereas VEGF levels were not affected. In the panel of pro-inflammatory genes, silencing AT2R had an

overall anti-inflammatory effect. AT2R siRNA significantly (p<0.05) reduced IL-1beta, IFN- γ , iNOS, IL-8 and (p<0.01) IL-6, IL-15 mRNA expression levels. TNF- α , MCP-1, IL-4 and IL-10 mRNA expressions were not significantly reduced. These data indicate that AT2R may play a role in PDAC inflammation, invasiveness and metastasis.

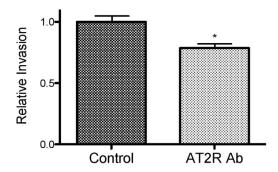


Fig. 4. AT2R blockade causes significant decrease in MiaPaca-2 cells invasion at 48 h $^*p < 0.05$

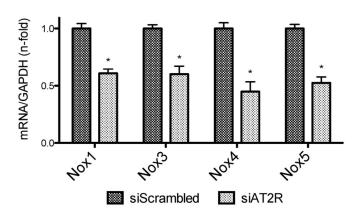


Fig. 5A. AT2R silencing reduces the transcription of genes involved in oxidative stress $^*p < 0.05$

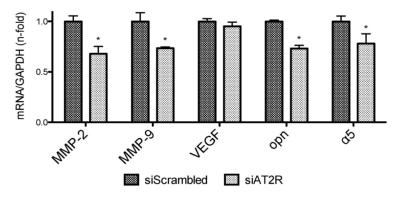


Fig. 5B. AT2R silencing reduces the transcription of genes involved in oxidative metastasis $^*p < 0.05$

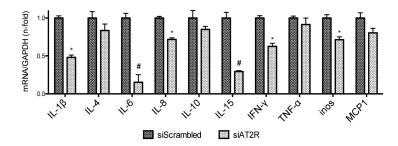


Fig. 5C. AT2R silencing reduces the transcription of genes involved in inflammation $^*p < 0.05$ and #p < 0.01

3.6 AT2R Silencing Reduces Constitutive and Angll-induced NF-kB Activity

Since NF-kB is a major transcription activator of the panel of genes involved in inflammation that were affected by AT2R silencing, we examined whether AT2R stimulation or inhibition would directly affect NF-kB activity. Silencing of AT2R significantly (p<0.01) reduced the constitutive activity of NF-κB by 40% (Fig. 6A) in MiaPaCa-2 cells. While AngII significantly (p<0.05) increased NF-κB activity, again this effect was reduced by more than 40% when AT2R was silenced in MiaPaCa-2 cells (p<0.01).

3.7 AT2R Agonist Activates NF-kB

Activation of AT2R with AT2R agonist resulted in significant (p<0.05) activation of NF- κ B to levels similar to those obtained by Angll, an effect that was significantly reduced (p<0.01) when AT2R was silenced in MiaPaCa-2 cells (Fig. 6B). These findings suggest that one mechanism by which AT2R is involved in promoting inflammation is through activation of constitutive and Angll-mediated NF- κ B.

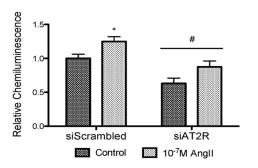


Fig. 6A. AT2R silencing reduces constitutive, and Angll-induced NF-kB activity in MiaPaca-2 cells

*p < 0.05 and #p < 0.01

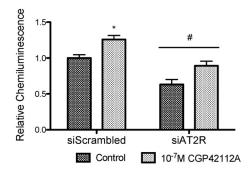


Fig. 6B. AT2R silencing reduces CGP42112Ainduced NF-κB activity in MiaPaca-2 cells *p < 0.05 and #p < 0.01

4. DISCUSSION

Recent evidence indicates that AnglI is an important activator of cancer cell inflammation and angiogenesis via several signaling events mediated mainly through AT1R [11-19]. AT2R's involvement has been controversial and not properly investigated [28]. High levels of AT2R have been demonstrated in several types of cancer [32-36]. Recently we showed that AT2R plays a critical role in PDAC lipogenesis through regulating AMPK activity [31]. Proliferative effect of AT2R in PDAC cell lines seems to be consistent with other studies evaluating AT2R effect on various tumors [33-35]. Similarly, the pro-migratory and invasive nature of AT2R validated by evidence appears to be demonstrating a dual (complimentary) role of AT1R and AT2R. In contrast, there have also been experiments detailing an opposite, antiproliferative effects of AT2R in other tissuespecific tumors [28], a clear deviation from our findings in PDAC. Accordingly, AT2R might seem to generate differential proliferative effects depending on tissue origin. An explanation for such discrepancies has yet to be determined. Furthermore, more studies to discern the individual roles for AT1R and AT2R are necessary to determine whether their effects are complimentary.

Previous studies have implicated NAPDH oxidase in the development and progression of pancreatic cancer via production of ROS. ROS accumulation promotes pancreatic cancer survival by inhibiting apoptosis [36] and enhances endothelial tumor growth in murine models [37]. Furthermore, AngII has been shown to induce ROS production via AT1R [38]. Our findings indicate that blockade of AT2R reduces expression of NADPH isoforms Nox1, Nox3, Nox4, and Nox5, which ultimately decreases ROS levels. Hence, AT2R blockade may reduce cell survival through reduction of the Nox genes.

The lethality of PDAC is attributed to its metastasis through the extracellular matrix (ECM). Both tumor cell movement and growth are controlled by integrins that interact with ECM proteins, such as fibronectin. The major integrin responsible for fibronectin binding is $\alpha 5\beta 1$, which is crucial for invasive and metastatic potential of cancer. Correlated with $\alpha 5$ -subunit expression [39], matrix metalloproteinases help break down the extracellular matrix and further allow malignant tumors to invade surrounding tissue. Thus, the overexpression of MMPs has been intimately linked to highly aggressive cancers, such as ovarian, melanoma, breast, and colorectal. Another necessary component of metastasis and tumor progression is osteopontin (OPN), which has been shown to confer a migratory phenotype [40]. Our study showed that AT2R silencing significantly (p<0.05) reduced the expression of all those pro-invasive genes (MMP-2, MMP-9, OPN, α5 integrin) that resulted in reduction of invasive nature of MiaPaca-2 and AsPC-1 PDAC cell lines.

The main regulator of inflammation is Nuclear Factor kappa Beta (NF-κB), a transcription factor that regulates the expression of cytokines and ROS-inducing genes, among others. Dimerization and nuclear translocation of NF-κB lead to activation of such genes [41]. Furthermore, NF-κB pathway is essential for many human cancers. Therapeutics that interfere with NF-κB signaling are of great clinical interest [42]. We demonstrated that AT2R silencing blocked the expression of proinflammatory, prometastatic, and ROS-inducing genes – all genes that are transcriptionally activated by NF-κB. Our data also showed that AT2R regulated the activity of NF-κB. However, current evidence

regarding AT2R's function in inflammation is conflicting. While it was originally thought that AT2R functioned to antagonize the effects of AT1R, AT2R activation has been linked to elevated oxidative stress and inflammation [4,7,25].

Accordingly, further studies are required to elucidate the exact mechanism(s) through which AT2R mediates the regulation of NF-κB activity. Altogether, our results demonstrate a previously undescribed role of AT2R in PDAC of promoting proliferative and invasive changes via the regulation of NF-κB activity, a central mediator of inflammation.

5. CONCLUSIONS

In this research study, we demonstrated that blocking AT2R elicited anti-proliferative, antimigratory, and anti-invasive properties of MiaPaca-2 and AsPC-1 PDAC cell lines. Also, silencing AT2R correlated with lower mRNA expressions of key pro-inflammatory, prometastatic, and ROS-inductive genes. Lastly, AT2R silencing was correlated with significant reduction of NFkB activity while addition of AT2R agonist increased such activity. Based on these results, we introduce AT2R as a key player in PDAC progression that acts mainly by activating inflammation and invasion via NFkB regulation. Our results suggest that modulation of AT2R in RAS system could be a potential therapeutic target in PDAC, and AT2R antagonists might represent a novel and promising strategy for controlling and prevention of metastasis, and prolongation of survival in patients with primary or metastatic PDAC.

CONSENT

As per international standard or university standard, patient's written consent has been collected and preserved by the authors.

ETHICAL APPROVAL

It is not applicable.

DISCLAIMER

Some part of this manuscript was previously presented and the abstract was published in the following conference. Conference name: 7th Annual Academic Surgical Congress. Dates: February 14 – 16, 2012. Location:

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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