

# Breast Cancer Cells in Three-dimensional Culture Display an Enhanced Radioresponse after Coordinate Targeting of Integrin $\alpha 5\beta 1$ and Fibronectin

Jin-Min Nam<sup>1</sup>, Yasuhito Onodera<sup>1,3</sup>, Mina J. Bissell<sup>1</sup>, and Catherine C. Park<sup>1,2</sup>

## Abstract

Tactics to selectively enhance cancer radioresponse are of great interest. Cancer cells actively elaborate and remodel their extracellular matrix (ECM) to aid in survival and progression. Previous work has shown that  $\beta 1$ -integrin inhibitory antibodies can enhance the growth-inhibitory and apoptotic responses of human breast cancer cell lines to ionizing radiation, either when cells are cultured in three-dimensional laminin-rich ECM (3D IrECM) or grown as xenografts in mice. Here, we show that a specific  $\alpha$  heterodimer of  $\beta 1$ -integrin preferentially mediates a prosurvival signal in human breast cancer cells that can be specifically targeted for therapy. 3D IrECM culture conditions were used to compare  $\alpha$ -integrin heterodimer expression in malignant and nonmalignant cell lines. Under these conditions, we found that expression of  $\alpha 5\beta 1$ -integrin was upregulated in malignant cells compared with nonmalignant breast cells. Similarly, we found that normal and oncofetal splice variants of fibronectin, the primary ECM ligand of  $\alpha 5\beta 1$ -integrin, were also strikingly upregulated in malignant cell lines compared with nonmalignant acini. Cell treatment with a peptide that disrupts the interactions of  $\alpha 5\beta 1$ -integrin with fibronectin promoted apoptosis in malignant cells and further heightened the apoptotic effects of radiation. In support of these results, an analysis of gene expression array data from breast cancer patients revealed an association of high levels of  $\alpha 5$ -integrin expression with decreased survival. Our findings offer preclinical validation of fibronectin and  $\alpha 5\beta 1$ -integrin as targets for breast cancer therapy.

*Cancer Res*; 70(13); 5238–48. ©2010 AACR.

## Introduction

Cancer cells have the ability to co-opt their microenvironment to create the necessary conditions for growth and survival by eliciting processes such as neoangiogenesis, and actively remodeling the extracellular matrix (ECM). ECM has profound effects on cellular behavior and can facilitate cancer progression (1). In addition, specific ECM components such as fibronectin have been associated with poor prognosis in patients with breast cancer (2).

The primary receptors for ECM ligands are the integrins. Integrins are a large family of heterodimeric ECM receptors that consists of  $18\alpha$  and  $8\beta$  subunits (3). Each individual member of the integrin family of receptors binds multiple

ECM ligands, such as fibronectin, laminin, and collagen, which then activate intracellular signaling pathways (3, 4). The  $\alpha$  subunit typically confers specificity for the ligand, whereas the  $\beta$  subunit couples to the downstream signaling pathways (3). In our previous studies, we have shown that the three-dimensional laminin-rich ECM (3D IrECM) culture model allows rapid discrimination between breast cancer cells and nonmalignant epithelial cells, which undergo acinar development in 3D IrECM, but not two-dimensional cultures (5). We applied this model to show that  $\beta 1$ -integrin inhibitory antibody, AIIB2, leads to selective apoptosis and decreases proliferation in human breast cancer cells in 3D IrECM and *in vivo* (6) without toxicity to normal tissues. In addition, we found that combining  $\beta 1$ -integrin inhibition with ionizing radiation (IR) allowed for the reduction of IR dose necessary to achieve growth inhibition *in vivo*.

The present study addresses whether a specific  $\beta 1$ -integrin heterodimer is more potent in prosurvival signaling in cancer compared with normal cells and whether this could be more specifically targeted. Although  $\beta 1$ -integrin and its downstream signaling have been implicated in resistance to IR (7–9), specific  $\alpha$  subunit partners of  $\beta 1$ -integrin and the molecular mechanisms involved in survival signaling after IR have not been fully investigated.

In this study, we show that  $\alpha 5\beta 1$ -integrin is a major  $\beta 1$  heterodimer that is upregulated in 3D IrECM and after IR exposure in malignant T4-2 and other breast cancer cells. We

**Authors' Affiliations:** <sup>1</sup>Life Sciences Division, Ernest Orlando Lawrence Berkeley National Laboratory, Berkeley, California; <sup>2</sup>Department of Radiation Oncology, University of California, San Francisco, California; and <sup>3</sup>Department of Molecular Biology, Hokkaido University Graduate School of Medicine, Sapporo, Japan

**Note:** Supplementary data for this article are available at Cancer Research Online (<http://cancerres.aacrjournals.org/>).

**Corresponding Author:** Catherine C. Park, Department of Radiation Oncology, University of California San Francisco Comprehensive Cancer Center, 1600 Divisadero Street H1031, San Francisco, CA 94143-1708. Phone: 415-353-7175; Fax: 415-353-9883; E-mail: cpark@radonc.ucsf.edu.

doi: 10.1158/0008-5472.CAN-09-2319

©2010 American Association for Cancer Research.

found that its preferred ECM ligand, fibronectin, is also dramatically upregulated, coincident with the increase in  $\alpha 5 \beta 1$ -integrin. In addition, several malignant cell lines in 3D lrECM preferentially upregulate protein of the fibronectin splice variant, EDA+, compared with nonmalignant cells. Demonstrative of its therapeutic potential, inhibition of  $\alpha 5$ -integrin and fibronectin interaction by ATN-161 (Ac-PHSCN-NH<sub>2</sub>) induces apoptosis and enhances IR efficacy in T4-2 and MDA-MB-231 malignant breast cancer cell lines. Finally, we found that high  $\alpha 5$ -integrin gene expression is associated with decreased survival, providing a potential clinical context for  $\alpha 5 \beta 1$ -integrin inhibition for therapy.

## Materials and Methods

### Cell culture

HMT-3522 mammary epithelial cells were originally derived from a woman with fibrocystic breast disease and were propagated as described in the Supplementary Data. HMT-3522-T4-2 wild-type cells that were either stably transfected with a constitutively active myristoylated Akt (T4-2 myr-Akt) or empty vector control (T4-2 vc) were previously described (10). 3D lrECM cultures consisted of cells trypsinized from monolayer cultures and plated on top of commercially available growth factor-reduced Basement Membrane Extract (Trevigen) as previously described (6, 11). Cultures were treated with ATN-161 or ATN-163 (kind gifts from Dr. Andrew Mazar, Attenuon, San Diego, CA) or anti- $\alpha 5$ -integrin antibodies on day 4 of culture for malignant cell lines. All cultures were analyzed 72 hours after the first treatment.

### Real-time PCR analysis

Total RNA was extracted using NucleoSpin RNA II (Macherey-Nagel). cDNA was synthesized with the SuperScript first-strand synthesis kit (Invitrogen) from 0.5 to 1.0  $\mu$ g RNA. Quantitative real-time PCR analysis was performed with the LightCycler System using LightCycler FastStart DNA Master SYBR Green I (Roche). The primers, the protocol used to amplify total fibronectin and EDA+ fibronectin, and 18S rRNA are described in the Supplementary Data.

### Cell surface labeling

After releasing cells from 3D lrECM, cell colonies were incubated with 0.2 mg/mL sulfo-NHS-SS-biotin (ThermoScientific) in PBS for 30 minutes at 4°C, and then the supernatant was replaced with 50 mmol/L glycine/PBS for 15 minutes at 4°C. After washing, cell pellets were lysed in 1% radioimmunoprecipitation assay buffer. Cell lysates were subjected to immunoprecipitation and SDS-PAGE using nonreducing conditions and then transferred onto nitrocellulose membranes. Proteins labeled on the cell surface were detected with streptavidin-horseradish peroxidase (HRP) conjugate (GE Healthcare) at a 1:500 dilution.

### Survival analysis

A gene expression data set including the microarray profiles of 295 human breast cancers and the associated clinical data (12) was obtained from Rosetta Inpharmatics. All pa-

tients had stage I or II breast cancer and were younger than 53 years (12). Among the 295 patients, 151 patients had lymph node-negative disease and 144 had lymph node-positive disease (12). For survival analysis, patients were stratified into upper, lower, and interquartiles for the expression of *ITGA5*. Kaplan-Meier survival curves were calculated and shown using SigmaPlot (version 11.0). Statistical significance was determined by the log-rank test; a *P* value of <0.05 was considered statistically significant.

### Statistical analysis

Results referred to in the remaining text, in Figs. 1 through 6, and in the Supplementary Data are expressed as mean  $\pm$  SEM. Data were analyzed by Student's *t* test. *P* values of <0.05 were considered significant. Significant differences are indicated by \* for *P* < 0.05, \*\* for *P* < 0.01, \*\*\* for *P* < 0.001, and n.s. for not significant.

### Other materials and methods

Lysis from 3D lrECM, immunoprecipitation, immunoblotting, immunostaining, apoptosis assay, Akt kinase assay, and antibodies are described in the Supplementary Data.

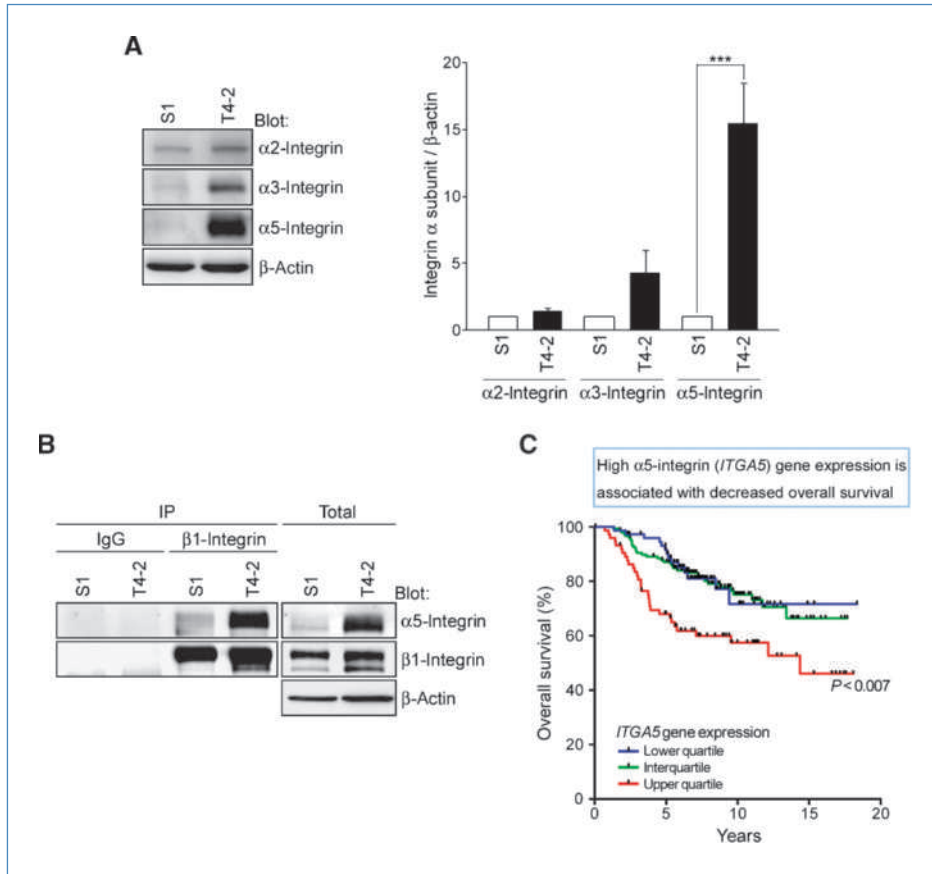
## Results

### $\alpha 5 \beta 1$ -Integrin heterodimers are strikingly upregulated in malignant T4-2 cells compared with nonmalignant S1 cells in 3D lrECM

We have shown previously that  $\beta 1$ -integrins are important potential targets for cancer therapy alone and in combination with IR (6, 13). However, whether a specific  $\beta 1$ -integrin heterodimer preferentially mediates tumor survival and/or resistance to radiation is not known. To investigate which  $\beta 1$ -integrin heterodimer plays a dominant role in malignant breast cells, we compared the expression level of several  $\alpha$ -integrin subunits between malignant T4-2 cells and their nonmalignant counterpart, S1 cells. We found that the  $\alpha 5$ -integrin subunit was dramatically upregulated in T4-2 compared with S1 cells in 3D lrECM (Fig. 1A). We also confirmed that the  $\alpha 5 \beta 1$ -integrin complex is upregulated by the immunoprecipitation of  $\beta 1$ -integrins (Fig. 1B) Interestingly,  $\alpha 5$ -integrin expression was significantly higher in T4-2 cells compared with S1 cells only in 3D lrECM cultures, but not on two-dimensional tissue culture plastic (two-dimensional data not shown).

### Elevated $\alpha 5$ -integrin gene expression is associated with significantly decreased long-term survival in patients with breast cancer

We previously showed that high  $\beta 1$ -integrin and fibronectin expression detected by immunohistochemistry was associated with significantly decreased survival in patients with early-stage invasive breast cancer (2). To our knowledge, no reported studies have found significant correlations between  $\alpha 5 \beta 1$ -integrin and clinical outcome in breast cancer. To investigate whether  $\alpha 5$ -integrin expression is associated with survival in breast cancer, we queried a gene expression data set that included the microarray profiles of



**Figure 1.** α5β1-Integrin heterodimers are strikingly upregulated in malignant T4-2 cells compared with nonmalignant S1 cells in 3D IrECM. A, Western blot for α2-, α3-, α5-integrin subunits from total cell lysates shows upregulation of α5-integrin in malignant T4-2 cells compared with nonmalignant S1 cells cultured in 3D IrECM. Equal amounts of protein were loaded and subjected to immunoblotting. Columns, mean intensity of Western blot analysis ( $n = 4$ ); bars, SEM. \*\*\*,  $P < 0.001$ . B, α5β1-integrin complex are upregulated in T4-2 cells compared with S1 cells cultured in 3D IrECM. Lysates were subjected to immunoprecipitation with anti-β1-integrin and subsequent immunoblotting using antibodies, as indicated. IP, immunoprecipitation. C, elevated *a5-integrin* gene expression is associated with significantly decreased long-term survival in patients with breast cancer. A Kaplan-Meier survival analysis of 295 human breast cancers stratified by *ITGA5* expression is shown. The highest quartile of *ITGA5* expression is significantly associated with decreased survival.  $P$  values (log-rank) between upper and lower or interquartile are  $<0.007$ .

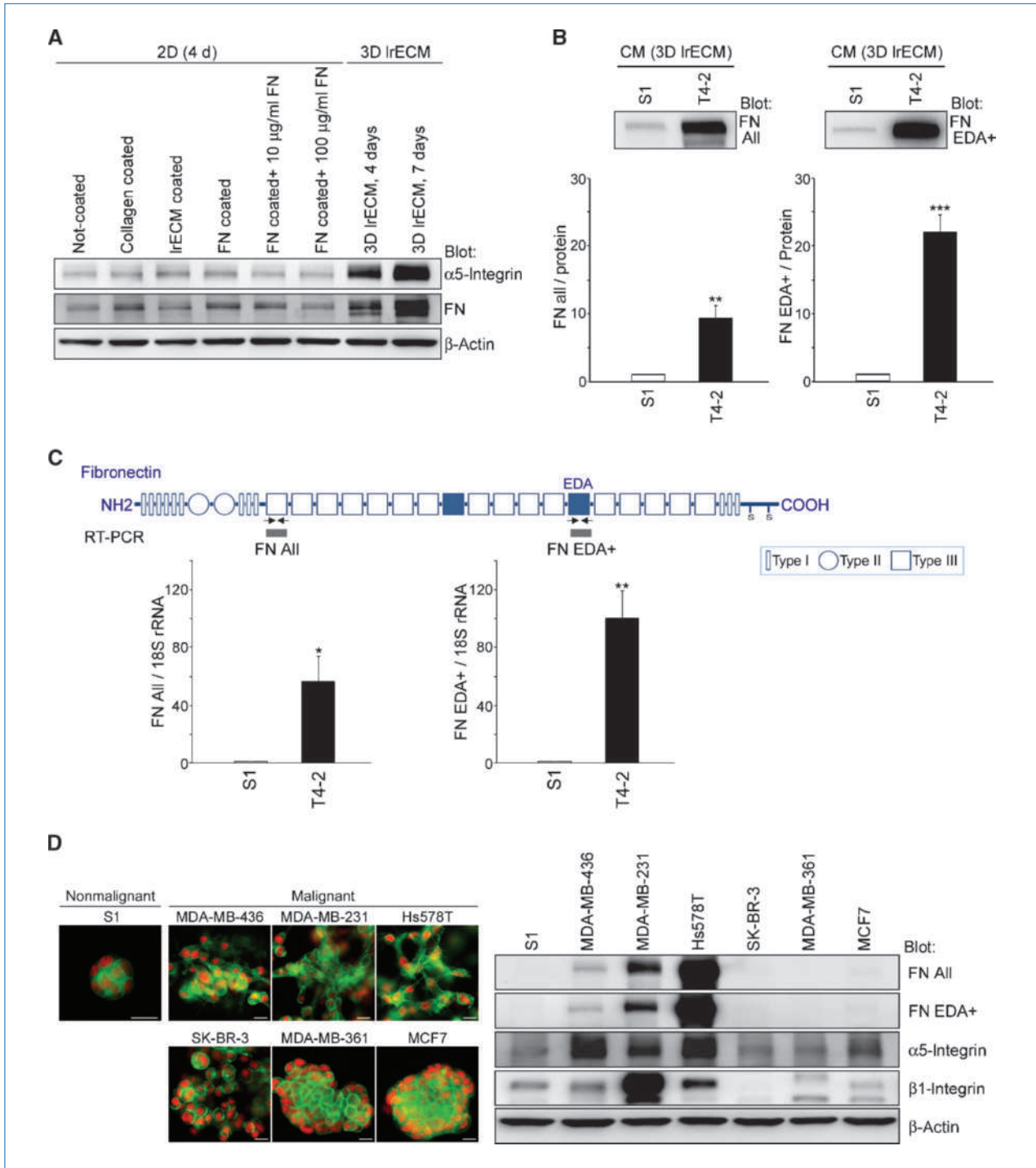
295 patients with clinical follow-up (12). We found that high α5-integrin gene expression is significantly associated with decreased survival (Fig. 1C), and of this group, 61.6% were estrogen receptor-positive. These data indicate that α5-integrin is a potentially important target for breast cancer therapy.

**Upregulation of fibronectin and its splice variant EDA+ are associated with coordinate upregulation of α5β1-integrin in malignant breast cancer cells in 3D IrECM**

Fibronectin is the main ECM ligand of α5β1-integrin, which interacts with α5β1-integrin through its Arg-Gly-Asp and Pro-His-Ser-Arg-Asn synergy sequences (14). α5β1-Integrin and its interaction with fibronectin have been shown to mediate diverse roles in cancer cell survival, proliferation, and invasion (15–18). We previously found that fibronectin-inhibitory antibodies induced the phenotypic reversion of tumorigenic T4-2 cells, leading to the formation of normal acinar structures with correct basal polarity in 3D IrECM

(19). Here, we further investigated the relationship between fibronectin and α5β1-integrin expression in T4-2 malignant cells. We found that like α5β1-integrins, total fibronectin was significantly upregulated in T4-2 cells in 3D IrECM. In addition, we did not observe enhanced α5-integrin expression in two-dimensional cultures despite the addition of exogenous fibronectin (Fig. 2A).

We reasoned that malignant T4-2 cells, but not nonmalignant S1 cells, may be producing endogenous fibronectin in 3D IrECM cultures, which could effectively interact with the upregulated α5β1-integrin. When we measured total fibronectin protein levels in the conditioned medium of T4-2 cells in 3D IrECM compared with S1 cells, we found that fibronectin was secreted by T4-2 cells at a 9.4-fold higher level than S1 cells (Fig. 2B). In addition, fibronectin is known to contain several alternatively spliced domains. One species, EDA+ fibronectin, in particular, is expressed during embryogenesis and wound healing (20, 21). Remarkably, we found that this EDA+ segment is upregulated 22-fold in the conditioned medium of T4-2 cells in 3D IrECM, compared with S1



**Figure 2.** Upregulation of fibronectin and its splice variant EDA+ are associated with coordinate upregulation of α5β1-integrin in malignant breast cancer cells in 3D IrECM. **A**, upregulation of α5-integrin is not dependent on activation by ECM ligands on two-dimensional culture but required three-dimensional culture conditions. **B**, fibronectin (FN) secretion is upregulated in T4-2 cells compared with S1 cells in 3D IrECM. Twenty microliters of conditioned-medium (CM) from S1 or T4-2 cells were subjected to immunoblotting using fibronectin antibodies. The signals of immunoblotting were normalized with total protein of S1 or T4-2 cell lysate. Columns, mean (n = 3); bars, SEM. \*\*, P < 0.01; \*\*\*, P < 0.001. **C**, quantification of mRNA levels of total and EDA+ fibronectin in S1 and T4-2 cells cultured in 3D IrECM assessed by real-time PCR. The levels of total fibronectin are relative to 18S rRNA. Columns, mean (n = 3); bars, SEM. \*, P < 0.05; \*\*, P < 0.01. **D**, coordinate upregulation of α5β1-integrin and total and EDA+ fibronectin occurs in several highly aggressive metastatic breast cell lines, MDA-MB-436, MDA-MB-231, and Hs578T. Lower levels were observed in less aggressive cell lines, SK-BR-3, MDA-MB-361, and MCF7. Immunofluorescence microscopy shows morphologies of breast cell lines cultured in 3D IrECM. Green, filamentous actin; red, nuclei. Scale bar, 50 μm.

cells (Fig. 2B). We also confirmed that mRNA levels of total fibronectin and EDA+ segment are upregulated in T4-2 cells compared with S1 cells (Fig. 2C).

To investigate whether the upregulation of  $\alpha 5$ -integrin,  $\beta 1$ -integrin, total fibronectin, and EDA+ fibronectin in malignant breast cancer cells is a general phenomenon, we measured their expression levels in several additional breast cancer cell lines. We found that highly aggressive metastatic breast cancer cells (MDA-MB-436, MDA-MB-231, and Hs578T), which are of the basal molecular phenotype (22), showed a robust coordinate upregulation of  $\alpha 5$ -integrin and  $\beta 1$ -integrin, total fibronectin, and EDA+ fibronectin (Fig. 2D). Interestingly, by contrast, MCF-7, SKBR-3, MDA-MB-361 cell lines, all of luminal phenotype, did not display a similar robust upregulation of  $\alpha 5\beta 1$ -integrins or fibronectin in 3D IrECM. These results indicate that malignant breast cells of the basal phenotype preferentially upregulate the fibronectin- $\alpha 5\beta 1$ -integrin ligand-receptor pair in 3D IrECM, and synthesize and secrete predominantly the fibronectin EDA+ variant, which is known to play a role in tumorigenesis (23).

#### **Specific inhibition of the $\alpha 5\beta 1$ -integrin-fibronectin interaction by ATN-161 induces apoptosis in malignant breast cancer cells in 3D IrECM**

$\alpha 5\beta 1$ -Integrin interacts with the Arg-Gly-Asp and Pro-His-Ser-Arg-Asn sequences of fibronectin (14). ATN-161 is a small peptide that was previously shown to decrease angiogenesis by disrupting the  $\alpha 5\beta 1$ -integrin or  $\alpha v\beta 3$ -integrin interaction with the Pro-His-Ser-Arg-Asn synergy region of fibronectin (24–26). We asked whether  $\alpha 5\beta 1$ -integrin interaction with fibronectin is essential for survival and could be targeted to enhance therapeutic effect in T4-2 cells. We previously found that inhibition of  $\beta 1$ -integrin by AIB2 for 72 hours was effective in killing cancer cells, with little or no effect in nonmalignant S1 colonies (6). Examination of the consequences of specifically inhibiting  $\alpha 5\beta 1$ -integrin-fibronectin interactions using ATN-161 in the 3D IrECM assay (Fig. 3A) revealed that the growth of T4-2 colonies—but not S1 colonies—was significantly reduced (Fig. 3B). ATN-161-induced apoptosis of T4-2 cells was measured by counting terminal deoxynucleotidyl transferase-mediated dUTP nick end labeling (TUNEL)-positive nuclei at concentrations of 0.5 mg/mL (mean = 8.3%,  $P < 0.001$ ) or 2.0 mg/mL (mean = 23.4%,  $P < 0.001$ ) ATN-161 (Fig. 3C). In keeping with its effect on inhibiting  $\alpha 5\beta 1$ -integrin signaling, ATN-161 treatment also induced the downregulation of  $\alpha 5\beta 1$ -integrin protein expression in T4-2 cells cultured in 3D IrECM (Fig. 4B). Consistent with previous results using  $\beta 1$ -integrin inhibitory antibodies, ATN-161 did not significantly affect apoptosis in nonmalignant S1 cells in 3D IrECM (Fig. 3B and C). Of note, the scrambled peptide, ATN-163, did not affect apoptosis in T4-2 cells (Supplementary Fig. S1).

It has been reported that ATN-161 can also target other integrin heterodimers, specifically  $\alpha v\beta 3$ -integrin (24). We also detected a modestly elevated level of  $\alpha v$ -integrins in T4-2 cells compared with S1 cells (Supplementary Fig. S2). To validate  $\alpha 5\beta 1$ -integrin as a specific target, we tested two separate clones of  $\alpha 5$ -integrin inhibitory antibodies, IIA1 and

P1D6. Consistent with ATN-161 results, inhibition of  $\alpha 5\beta 1$ -integrin by these inhibitory antibodies effectively induced apoptosis of T4-2 cells, but not S1 cells, in 3D IrECM (Fig. 3D).

#### **Akt activity mediates survival downstream of $\alpha 5\beta 1$ -integrin pathway in malignant T4-2 cells in 3D IrECM**

We previously showed that Akt played a role in conferring resistance to apoptosis post-IR and in response to  $\beta 1$ -integrin inhibitory antibodies, which could be overcome by administering increasing concentrations of inhibitory antibodies (13). Akt serine/threonine protein kinase activity is mediated through the phosphorylation of serine 473 and has been implicated in cell survival by inhibiting apoptosis (27). Here, we verified that Akt kinase activity and Akt phosphorylation were downregulated by  $\alpha 5\beta 1$ -integrin inhibition (Fig. 4A and B). Akt phosphorylation was not affected by ATN-161 on S1 cells (Supplementary Fig. S3).

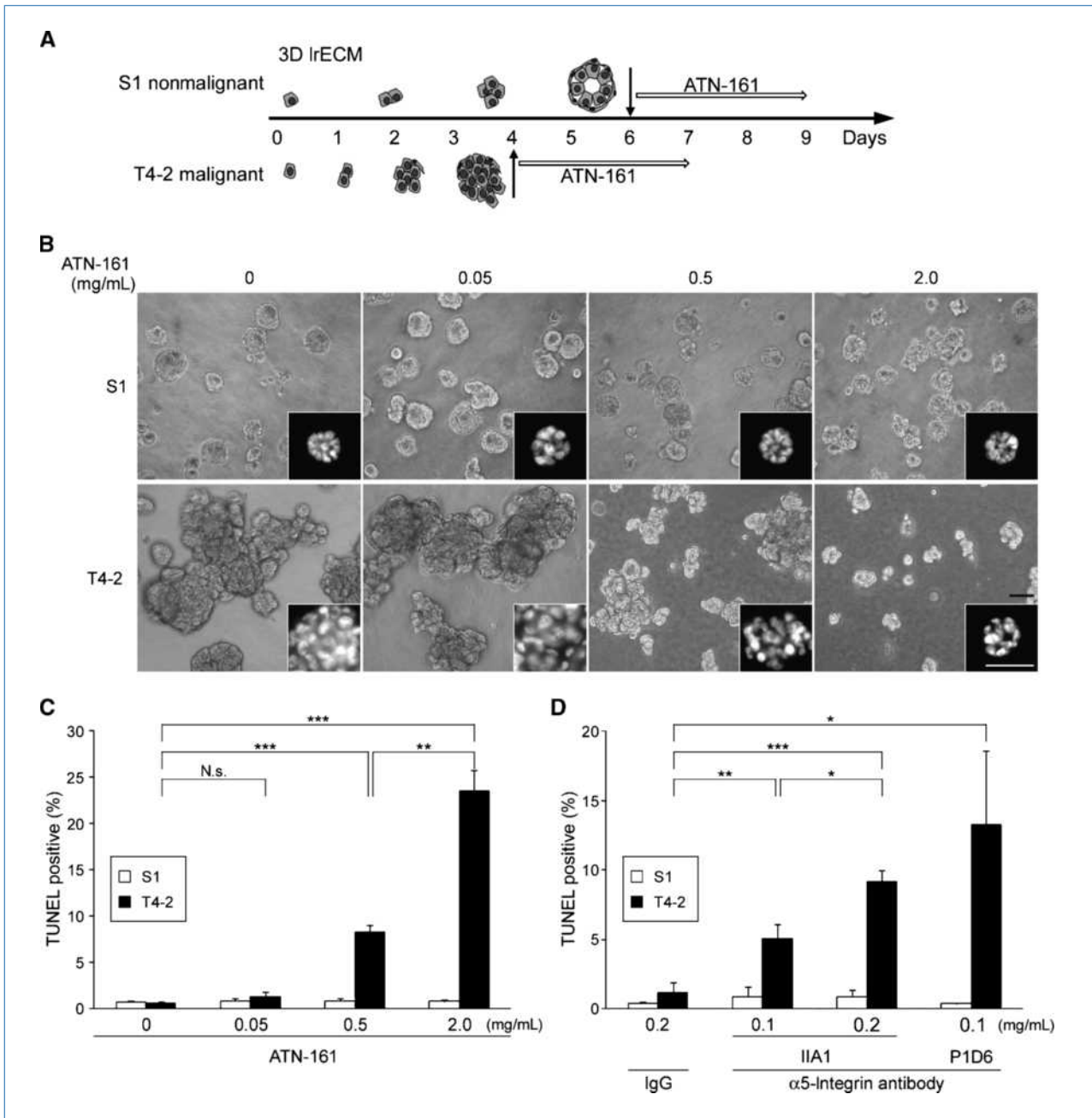
Furthermore, we tested  $\alpha 5\beta 1$ -integrin and fibronectin inhibition on T4-2 myr-Akt cells, which express constitutively active Akt (13), and confirmed that T4-2 myr-Akt cells were resistant to ATN-161-induced apoptosis (Fig. 4C). These data indicate that sustained malignant growth and survival in the context of 3D IrECM is mediated at least in part by Akt downstream of  $\alpha 5\beta 1$ -integrin, and cellular death may be targeted directly through ECM signaling pathways.

#### **$\alpha 5\beta 1$ -Integrin heterodimer is upregulated after IR exposure in malignant T4-2 cells in 3D IrECM**

$\beta 1$ -Integrin expression has previously been shown to be upregulated by IR in lung cancer cell lines and breast epithelial cells (28, 29), and to mediate cellular resistance to apoptosis after IR (7). In addition,  $\alpha 5\beta 1$ -integrin interaction with fibronectin has been shown to play an important role in cell survival, including that of breast cancer cells (30–32). Thus, we hypothesized that  $\alpha 5\beta 1$ -integrins at the cell surface after IR exposure could potentially increase survival signaling by enhanced interaction with fibronectin and thus could be targeted to enhance therapy. The surface expression of  $\alpha 5$ -integrins was measured by biotin labeling of cell surface proteins on T4-2 cells cultured in 3D IrECM. Total protein lysates were subjected to immunoprecipitation by anti- $\alpha 5$ -integrin antibody, followed by immunoblotting using HRP-conjugated streptavidin. Surface expression of  $\alpha 5$ -integrins was most prominent after 2 Gy, and upregulation also occurred after 4 Gy IR on T4-2 cells cultured in 3D IrECM (Fig. 5A). Consistent with this result, localization of  $\alpha 5$ -integrins was observed also at the plasma membrane after IR by confocal immunofluorescence (Fig. 5B). These data indicate that  $\alpha 5\beta 1$ -integrin is upregulated significantly by IR exposure, and that enhanced expression was reflected in the level of surface expression, which could potentially be targeted to enhance IR efficacy.

#### **IR exposure in combination with $\alpha 5\beta 1$ -integrin inhibition enhances apoptosis in T4-2 and MDA-MB-231 breast cancer cell lines in 3D IrECM**

We previously reported that  $\beta 1$  integrin inhibition enhances IR efficacy in several breast cancer cell lines cultured



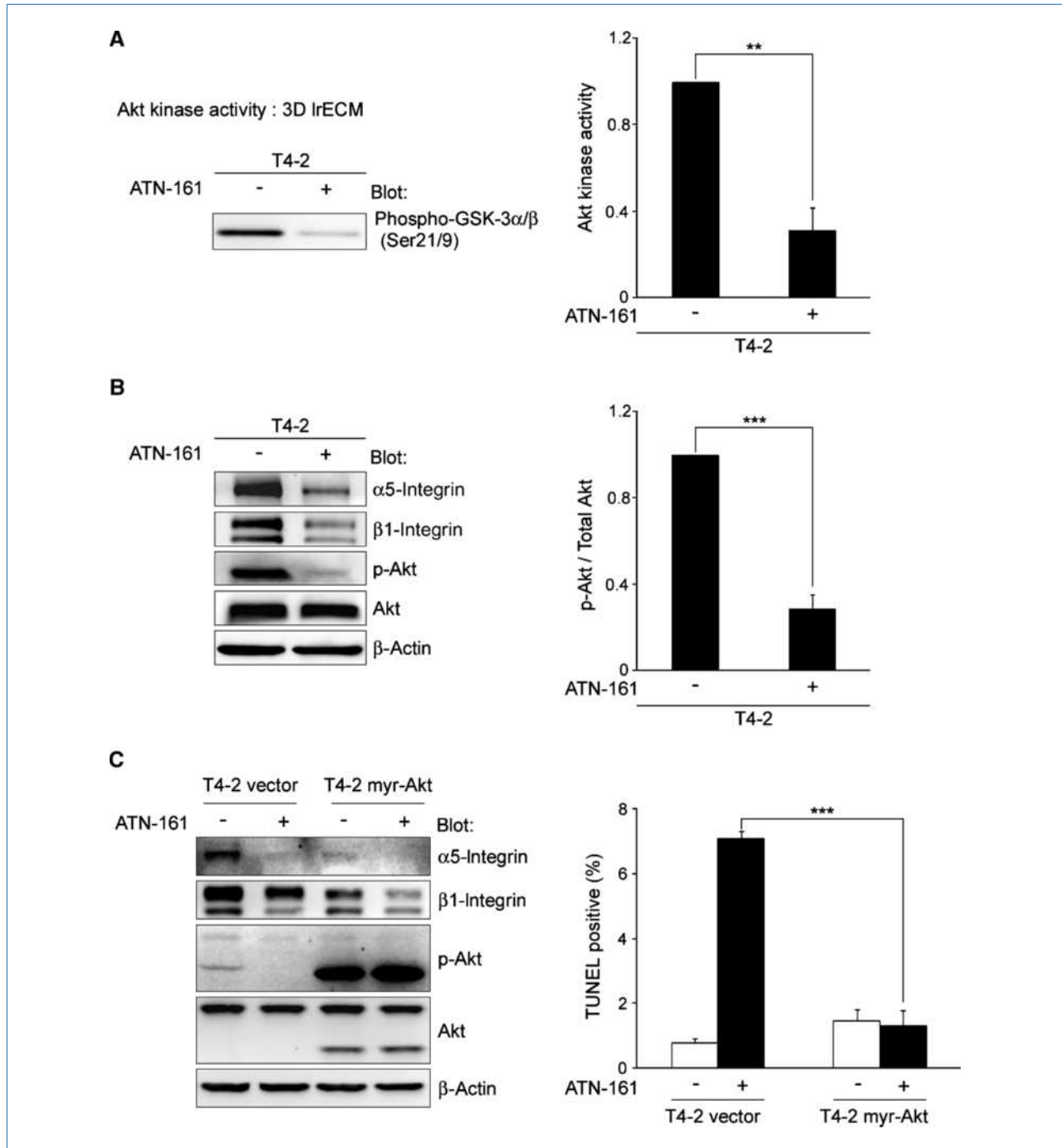
**Figure 3.** Specific inhibition of the α5β1-integrin-fibronectin interaction induces apoptosis in malignant breast cancer cells in 3D IrECM. **A**, experimental schema. **B**, phase-contrast micrographs of S1 and T4-2 cell colonies cultured in 3D IrECM with ATN-161 are shown. Nuclei were stained with 4',6-diamidino-2-phenylindole (insets). Scale bar, 50 μm. **C**, T4-2 colonies, but not S1 structures, showed a significant increase in apoptosis, measured by TUNEL assay. Columns, mean (n = 3); bars, SEM. \*\*, P < 0.01; \*\*\*, P < 0.001; n.s., not significant. **D**, specific inhibition of α5β1-integrin-fibronectin interaction using anti-α5-integrin inhibitory antibodies, IIA1 and P1D6, induces apoptosis in T4-2 cells, but not S1 cells, cultured in 3D IrECM. Apoptosis was measured by TUNEL assay. Columns, mean (n = 3); bars, SEM. \*, P < 0.05; \*\*, P < 0.01; \*\*\*, P < 0.001.

in 3D IrECM (13). Following previous experimental procedures, we treated T4-2 cells cultured in 3D IrECM with 0.5 mg/mL ATN-161 before or after exposure to 2 Gy IR (Fig. 6A). The disorganized colonies formed by T4-2 cells showed a significant increase in apoptosis after IR exposure

given either before or after ATN-161 compared with IR alone (Fig. 6B). Importantly the combination of ATN-161 and IR was also effective in MDA-MB-231, a highly aggressive, metastatic breast cancer cell line that was previously reported to respond to ATN-161 treatment with suppression in tumor

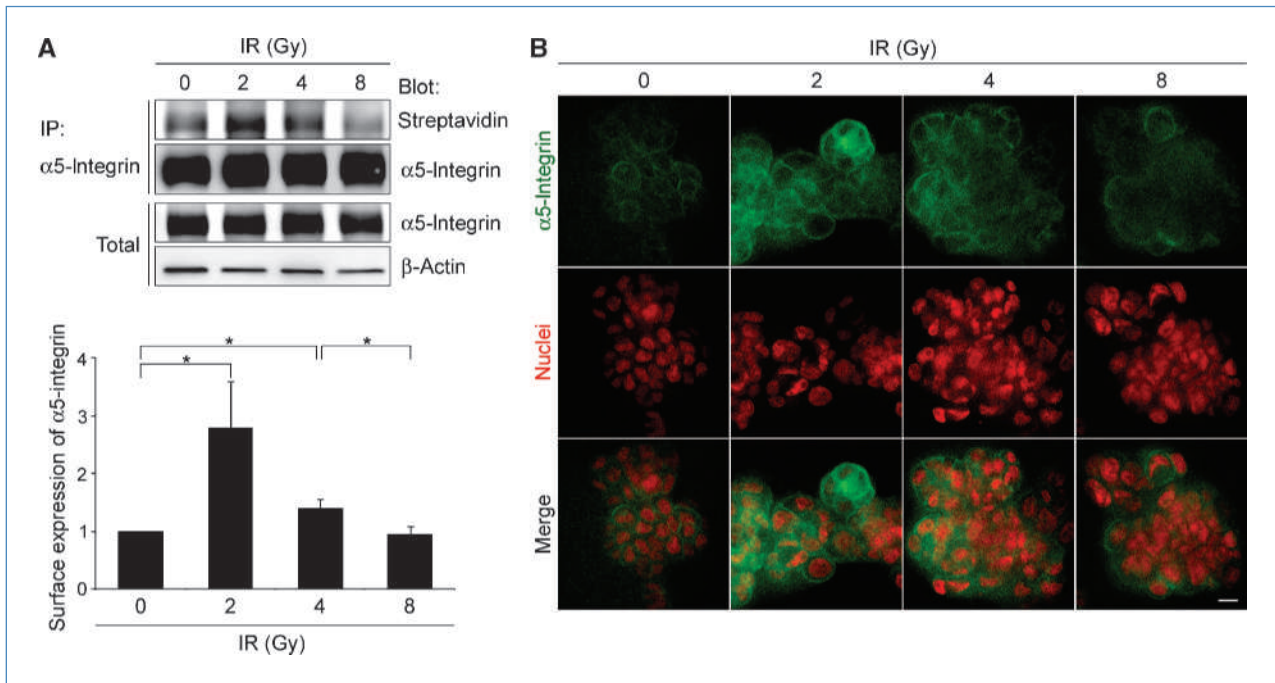
growth and metastasis *in vivo* (24). Compared with colonies treated with IR alone, those treated with ATN-161 post-IR showed a significant increase in apoptosis (Fig. 6C). Interestingly, treatment with ATN-161 pre-IR in this case was not

effective (Fig. 6C). These data indicate that inhibition of  $\alpha 5\beta 1$ -integrin enhances the IR effect on the apoptosis of malignant breast cancer cells, and that sequencing may be an important factor in determining the optimal treatment.



**Figure 4.** Akt activity mediates survival downstream of  $\alpha 5\beta 1$ -integrin pathway in malignant T4-2 cells in 3D IrECM. A, Akt kinase activity was downregulated by inhibition of  $\alpha 5\beta 1$ -integrin and fibronectin interactions. Cells were treated with or without 0.5 mg/mL ATN-161. Akt kinase activity was measured by phosphorylation of the GSK-3 $\alpha/\beta$  fusion protein. Columns, mean ( $n = 3$ ); bars, SEM. \*\*,  $P < 0.01$ . B, ATN-161 treatment (0.5 mg/mL) of T4-2 cells in three-dimensional culture resulted in decreased expression of  $\alpha 5$ - and  $\beta 1$ -integrins and pAkt. The level of phosphorylated Akt relative to total Akt is shown. Columns, mean ( $n = 3$ ); bars, SEM. \*\*\*,  $P < 0.001$ . C, ATN-161-induced apoptosis is totally suppressed in T4-2 cells stably transfected with a constitutively active form of Akt (T4-2 myr-Akt). Columns, mean ( $n = 3$ ); bars, SEM. \*\*\*,  $P < 0.001$ .

Downloaded from http://aacrjournals.org/cancerres/article-pdf/70/13/5238/2636243/5238.pdf by guest on 07 October 2024



**Figure 5.**  $\alpha 5\beta 1$ -Integrin heterodimer is upregulated after IR exposure in malignant T4-2 cells in 3D IrECM. A, cell surface expression of  $\alpha 5$ -integrins is upregulated after 2-4 Gy IR exposures in T4-2 cells cultured in 3D IrECM. Surface proteins of T4-2 cells were labeled with biotin and cell lysates were subjected to immunoprecipitation of  $\alpha 5$ -integrin and subsequent immunoblotting using HRP-conjugated streptavidin. Cell surface expression of  $\alpha 5$ -integrins was measured using streptavidin blots. Columns, mean ( $n = 3$ ); bars, SEM. \*,  $P < 0.05$ . B, immunofluorescence confocal localization of  $\alpha 5$ -integrins after IR exposure in T4-2 cells in 3D IrECM is shown. Increased cell surface  $\alpha 5$ -integrin expression is detected after 2 to 4 Gy IR. Green,  $\alpha 5$ -integrin; red, nuclei. Scale bar, 20  $\mu\text{m}$ .

## Discussion

We previously reported on the therapeutic potential of targeting  $\beta 1$ -integrins showing that  $\beta 1$ -integrin inhibitory antibodies could selectively enhance apoptosis and cytostasis in malignant breast cancer cells in 3D IrECM and *in vivo*, and increase the efficacy of IR without toxicity to normal tissues (6, 13). In the present work, we provide a more in-depth investigation of the  $\alpha 5\beta 1$ -integrin heterodimer and reveal a novel relationship between expression of the  $\alpha 5\beta 1$ -integrin receptor and its ligand, fibronectin. We show that the  $\alpha 5\beta 1$ -integrin heterodimer is specifically and strikingly upregulated in malignant T4-2 breast cancer cells in 3D IrECM and after IR, and that total fibronectin as well as the oncofetal EDA+ variant of fibronectin are coordinately upregulated in aggressive breast cancer cell lines of the basal molecular phenotype. We further show that the  $\alpha 5\beta 1$ -integrin-fibronectin interaction can be specifically targeted using a specific small peptide inhibitor, ATN-161, and  $\alpha 5$ -integrin inhibitory antibodies to induce apoptosis through an Akt-mediated mechanism. Importantly, we also find that high  $\alpha 5$ -integrin gene expression is associated with significantly decreased survival in patients with invasive breast cancer, providing a potential clinical context for  $\alpha 5\beta 1$ -integrin-targeted therapy.

$\alpha 5\beta 1$ -Integrin is associated with more aggressive disease phenotypes in a wide variety of human carcinomas as well as breast cancer (33-35) and, therefore, seems to have a uni-

versal function in progression in several cancer types. We found that  $\alpha 5\beta 1$ -integrin and fibronectin, its primary ligand, are coordinately upregulated in several aggressive breast cell lines of the basal phenotype. The addition of exogenous fibronectin has been previously shown to upregulate  $\alpha 5$ -integrin expression in Caco2-BBE human intestinal cells in two-dimensional culture (36). In the present study, we found that upregulation of  $\alpha 5\beta 1$ -integrin in T4-2 cells is observed only in the 3D IrECM context and that coating flat surfaces with ECM components was not sufficient to elicit the increased response. Others have shown that a three-dimensional environment is important for  $\alpha 5\beta 1$ -integrin localization and  $\alpha 5\beta 1$ -integrin-mediated matrix assembly in fibroblasts (37, 38). Our results highlight the importance of  $\alpha 5\beta 1$ -integrin-mediated ECM remodeling in tumor progression and the dependence of three-dimensional architecture on this process.

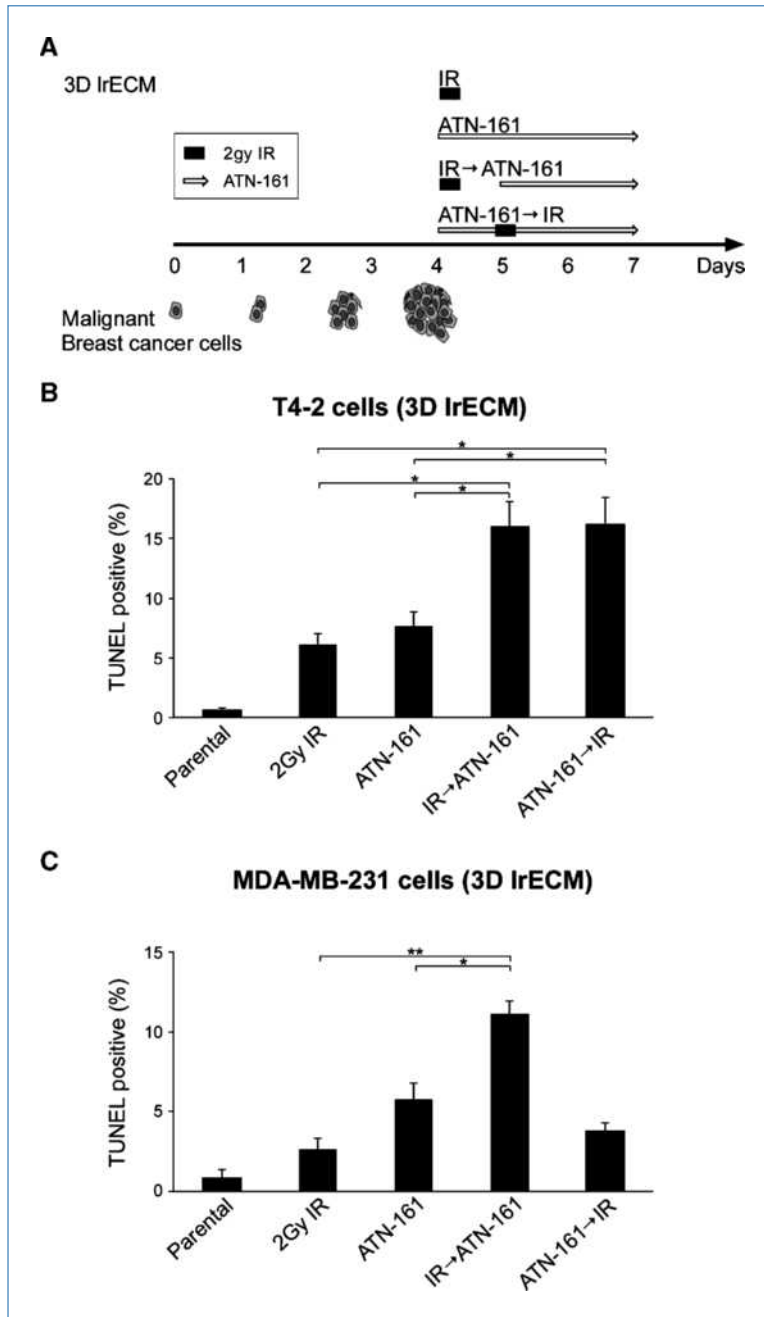
We also found that the EDA+ variant of fibronectin was specifically overexpressed in these cells. Others have shown that EDA+ fibronectin is overexpressed in wound healing and some tumors, although it is poorly represented in the ECM of adult normal tissues (21, 39). In breast cancer, EDA+ fibronectin is expressed in the normal-appearing stroma of ductal carcinoma *in situ* lesions and strongly elaborated in invasive breast cancer (40). It has been proposed that the EDA domain inclusion may mediate a conformational change in the whole molecule, hence increasing cell-ECM interaction through the binding to  $\alpha 5\beta 1$ -integrin



(41). Thus, we hypothesize that malignant cells increase EDA+ fibronectin to enhance survival signaling through  $\alpha 5\beta 1$ -integrin. However, the detailed molecular mechanisms of the upregulation of  $\alpha 5\beta 1$ -integrins and its relation to fibronectin in malignant breast cancer cells are still unknown.

Molecular phenotyping has led to the increased understanding of the developmental origins of some breast cancers and has provided tools to more accurately assess individual risk for metastasis (42). The basal phenotype is more aggressive in patients and is associated with significantly decreased survival (43). We found that the cell lines

that showed significant coordinate upregulation of  $\alpha 5\beta 1$ -integrin and EDA+ fibronectin were of the basal phenotype (22). Interestingly, none of the luminal cell types tested showed the same upregulation. We confirmed that 61.6% of *ITGA5*-high population in the survival analysis is estrogen receptor positive, which corresponds to the luminal subtype. These results indicate that the association between *ITGA5* expression and outcome in breast cancer is independent of molecular subtype. Further investigations to validate these results and investigate the potential underpinnings of these correlations are ongoing.



**Figure 6.** IR exposure in combination with  $\alpha 5\beta 1$ -integrin inhibition enhances apoptosis in T4-2 and MDA-MB-231 breast cancer cell lines in 3D IrECM. A, experimental schema. Apoptosis of breast cancer cells was measured by TUNEL assay. B, IR exposure in combination with  $\alpha 5\beta 1$ -integrin inhibition enhances apoptosis in T4-2 cells in 3D IrECM compared with either ATN-161 or IR alone. Columns, mean ( $n = 3$ ); bars, SEM. \*,  $P < 0.05$ . C, IR exposure followed by  $\alpha 5\beta 1$ -integrin inhibition enhances apoptosis in MDA-MB-231 cells in 3D IrECM. Columns, mean ( $n = 3$ ); bars, SEM. \*,  $P < 0.05$ ; \*\*,  $P < 0.01$ .

Previous studies with ATN-161 had focused on its ability to suppress tumor growth by inhibiting angiogenesis *in vivo* (25, 44) primarily by targeting  $\alpha 5\beta 1$  and  $\alpha v\beta 3$  integrins. Others have previously found that inhibition of  $\alpha v$ -integrins may affect primary tumor growth and increase sensitivity to IR (45). Our study indicates that the primary tumor cell survival signaling may also be targeted using ATN-161, resulting in downregulation of  $\alpha 5\beta 1$ -integrin through the suppression of Akt activity, which has been implicated in cell survival by inhibiting apoptosis (46). In addition, we and others have shown previously that Akt activity is a promising target in cancer cells downstream of  $\beta 1$ -integrin signaling post-IR (13, 47). In the present study, our extended findings support the role of Akt in mediating survival through  $\alpha 5\beta 1$ -integrin signaling specifically.

$\beta 1$ -Integrin expression is aberrantly upregulated post-IR and has been implicated in survival and resistance to IR in several cancer cell types (7, 48). However, the nature of the specific  $\beta 1$ -integrin heterodimers that are upregulated post-IR or their relationship with IR dose has not been well studied. Here, we found that both total and cell surface expression of  $\alpha 5\beta 1$ -integrin were increased after IR in T4-2 cells, suggesting that the increase in  $\alpha 5\beta 1$ -integrin signaling contributes to survival signaling post-IR in 3D IrECM. The peak upregulation of  $\alpha 5\beta 1$ -integrin occurred after 2-Gy exposure, and the degree of upregulation decreased with increasing radiation dose. Others have shown that upregulation of  $\beta 1$ -integrins occurs after a single dose of 6 Gy in lung cancer cell lines (29). Upregulation of endothelial  $\alpha v\beta 3$ -integrin was observed after 2 Gy, reaching a plateau at 15 Gy (49), and  $\alpha IIb\beta 3$ -integrin with doses ranging between 0.5 to 2.5 Gy in melanoma cells (50). Onoda and colleagues (50) showed a dose-dependent increase in B16 melanoma cells' adhesion to fibronectin post-IR; they also showed that maximum increase in adhesion occurs after exposure to 0.5 Gy. Thus, our current findings are within the range of dose-response reported by others. However, the nature of response of integrin levels to dose of radiation and the relationship to tissue specific integrin heterodimers need further investigation.

In our study, we found that the addition of ATN-161 treatment following 2 Gy IR resulted in a significant increase in apoptosis of both T4-2 cells and MDA-MB-231 cells compared with single treatments. The sequencing of biological agents with IR can be an important factor in optimizing treatment. To test the effect of sequencing, we treated cultures with ATN-161 before IR exposure. We found that in

T4-2 cells, reverse sequencing was not distinguishable from treatment with ATN-161 post-IR. However, when MDA-MB-231 cells were treated with IR following ATN-161, an enhanced apoptotic effect was not observed. We hypothesize that the effect of ATN-161 or IR may be influenced by several factors, such as expression level of  $\alpha 5\beta 1$ -integrin in tumor cells, or the availability of fibronectin in tumor microenvironment, which will be important areas of future investigation.

In summary, in the context of 3D IrECM, malignant breast cancer cells of the basal phenotype strikingly upregulate  $\alpha 5\beta 1$ -integrin coordinately with its primary ligand, fibronectin in its oncofetal form. Inhibition of  $\alpha 5\beta 1$ -integrin and fibronectin interaction using ATN-161 and anti- $\alpha 5$ -integrin inhibitory antibodies results in apoptosis in malignant T4-2 cells in 3D IrECM. In addition,  $\alpha 5\beta 1$ -integrins are upregulated in malignant T4-2 cells after IR, and the combination of ATN-161 and 2 Gy IR enhanced apoptosis compared with single treatments in breast cancer cells. Finally, we found that  $\alpha 5$ -integrin gene overexpression is associated with decreased survival in breast cancer patients. Together, our findings indicate that  $\alpha 5\beta 1$ -integrin and its ligand fibronectin are important for survival signaling in breast cancer and are important targets for therapy.

### Disclosure of Potential Conflicts of Interest

No potential conflicts of interest were disclosed.

### Acknowledgments

We thank Dr. Andrew Mazar for providing us with the ATN-161 compound, Dr. Joni Mott for the critical reading of the manuscript, Dr. Hidetoshi Mori for the helpful discussions.

### Grant Support

NIH grant 1R01CA124891 (C.C. Park); the American Cancer Society RSG-07-1110-01-CCE (C.C. Park); grants from the U.S., DOE, Office of Biological and Environmental Research (DE-AC02-05CH1123), a Distinguished Fellow Award and Low Dose Radiation Program, and the Office of Health and Environmental Research, Health Effects Division (03-76SF00098); NIH-National Cancer Institute awards R37CA064786, R01CA057621, U54CA126552, U54CA143836, U01CA143233, and U54CA112970; and by the U.S. DOD grant W81XWH0810736 (M.J. Bissell).

The costs of publication of this article were defrayed in part by the payment of page charges. This article must therefore be hereby marked *advertisement* in accordance with 18 U.S.C. Section 1734 solely to indicate this fact.

Received 06/23/2009; revised 04/07/2010; accepted 04/13/2010; published OnlineFirst 06/01/2010.

### References

- Nelson CM, Vanduijn MM, Inman JL, Fletcher DA, Bissell MJ. Tissue geometry determines sites of mammary branching morphogenesis in organotypic cultures. *Science* 2006;314:298–300.
- Yao ES, Zhang H, Chen YY, et al. Increased  $\beta 1$  integrin is associated with decreased survival in invasive breast cancer. *Cancer Res* 2007; 67:659–64.
- Hynes RO. Integrins: bidirectional, allosteric signaling machines. *Cell* 2002;110:673–87.
- Ruoslahti E, Pierschbacher MD. New perspectives in cell adhesion: RGD and integrins. *Science* 1987;238:491–7.
- Petersen OW, Ronnov-Jessen L, Howlett AR, Bissell MJ. Interaction with basement membrane serves to rapidly distinguish growth and differentiation pattern of normal and malignant human breast epithelial cells. *Proc Natl Acad Sci U S A* 1992;89:9064–8.
- Park CC, Zhang H, Pallavicini M, et al.  $\beta 1$  Integrin inhibitory antibody induces apoptosis of breast cancer cells, inhibits growth, and distinguishes malignant from normal phenotype in three dimensional cultures and *in vivo*. *Cancer Res* 2006;66:1526–35.
- Cordes N, Seidler J, Durzok R, Geinitz H, Brakebusch C.  $\beta 1$ -Integrin-mediated signaling essentially contributes to cell survival after radiation-induced genotoxic injury. *Oncogene* 2006;25:1378–90.
- Hodkinson PS, Elliott T, Wong WS, et al. ECM overrides DNA

- damage-induced cell cycle arrest and apoptosis in small-cell lung cancer cells through  $\beta 1$  integrin-dependent activation of PI3-kinase. *Cell Death Differ* 2006;13:1776–88.
9. Damiano JS, Cress AE, Hazlehurst LA, Shtil AA, Dalton WS. Cell adhesion mediated drug resistance (CAM-DR): role of integrins and resistance to apoptosis in human myeloma cell lines. *Blood* 1999;93:1658–67.
  10. Liu H, Radisky DC, Nelson CM, et al. Mechanism of Akt1 inhibition of breast cancer cell invasion reveals a protumorigenic role for TSC2. *Proc Natl Acad Sci U S A* 2006;103:4134–9.
  11. Lee GY, Kenny PA, Lee EH, Bissell MJ. Three-dimensional culture models of normal and malignant breast epithelial cells. *Nat Methods* 2007;4:359–65.
  12. van de Vijver MJ, He YD, van't Veer LJ, et al. A gene-expression signature as a predictor of survival in breast cancer. *N Engl J Med* 2002;347:1999–2009.
  13. Park CC, Zhang HJ, Yao ES, Park CJ, Bissell MJ.  $\beta 1$  Integrin inhibition dramatically enhances radiotherapy efficacy in human breast cancer xenografts. *Cancer Res* 2008;68:4398–405.
  14. Aota S, Nomizu M, Yamada KM. The short amino acid sequence Pro-His-Ser-Arg-Asn in human fibronectin enhances cell-adhesive function. *J Biol Chem* 1994;269:24756–61.
  15. Caswell PT, Spence HJ, Parsons M, et al. Rab25 associates with  $\alpha 5 \beta 1$  integrin to promote invasive migration in 3D microenvironments. *Dev Cell* 2007;13:496–510.
  16. Maschler S, Wirl G, Spring H, et al. Tumor cell invasiveness correlates with changes in integrin expression and localization. *Oncogene* 2005;24:2032–41.
  17. Nista A, Leonetti C, Bernardini G, Mattioni M, Santoni A. Functional role of  $\alpha 4 \beta 1$  and  $\alpha 5 \beta 1$  integrin fibronectin receptors expressed on adriamycin-resistant MCF-7 human mammary carcinoma cells. *Int J Cancer* 1997;72:133–41.
  18. Zeng BX, Fujiwara H, Sato Y, et al. Integrin  $\alpha 5$  is involved in fibronectin-induced human extravillous trophoblast invasion. *J Reprod Immunol* 2007;73:1–10.
  19. Sandal T, Valyi-Nagy K, Spencer VA, Folberg R, Bissell MJ, Maniatis AJ. Epigenetic reversion of breast carcinoma phenotype is accompanied by changes in DNA sequestration as measured by AluI restriction enzyme. *Am J Pathol* 2007;170:1739–49.
  20. Vartio T, Laitinen L, Narvanen O, et al. Differential expression of the ED sequence-containing form of cellular fibronectin in embryonic and adult human tissues. *J Cell Sci* 1987;88:419–30.
  21. Jarnagin WR, Rockey DC, Koteliensky VE, Wang SS, Bissell DM. Expression of variant fibronectins in wound healing: cellular source and biological activity of the EIIIA segment in rat hepatic fibrogenesis. *J Cell Biol* 1994;127:2037–48.
  22. Neve RM, Chin K, Fridlyand J, et al. A collection of breast cancer cell lines for the study of functionally distinct cancer subtypes. *Cancer Cell* 2006;10:515–27.
  23. Oyama F, Hirohashi S, Shimosato Y, Titani K, Sekiguchi K. Deregulation of alternative splicing of fibronectin pre-mRNA in malignant human liver tumors. *J Biol Chem* 1989;264:10331–4.
  24. Khalili P, Arakelian A, Chen G, et al. A non-RGD-based integrin binding peptide (ATN-161) blocks breast cancer growth and metastasis *in vivo*. *Mol Cancer Ther* 2006;5:2271–80.
  25. Livant DL, Brabec RK, Pienta KJ, et al. Anti-invasive, antitumorigenic, and antimetastatic activities of the PHSCN sequence in prostate carcinoma. *Cancer Res* 2000;60:309–20.
  26. Stoeltzing O, Liu W, Reinmuth N, et al. Inhibition of integrin  $\alpha 5 \beta 1$  function with a small peptide (ATN-161) plus continuous 5-FU infusion reduces colorectal liver metastases and improves survival in mice. *Int J Cancer* 2003;104:496–503.
  27. Manning BD, Cantley LC. AKT/PKB signaling: navigating downstream. *Cell* 2007;129:1261–74.
  28. Park CC, Henshall-Powell RL, Erickson AC, et al. Ionizing radiation induces heritable disruption of epithelial cell interactions. *Proc Natl Acad Sci U S A* 2003;100:10728–33.
  29. Cordes N, Blaese MA, Meineke V, Van Beuningen D. Ionizing radiation induces up-regulation of functional  $\beta 1$ -integrin in human lung tumour cell lines *in vitro*. *Int J Radiat Biol* 2002;78:347–57.
  30. Zhang Z, Vuori K, Reed JC, Ruoslahti E. The  $\alpha 5 \beta 1$  integrin supports survival of cells on fibronectin and up-regulates Bcl-2 expression. *Proc Natl Acad Sci U S A* 1995;92:6161–5.
  31. Korah R, Boots M, Wieder R. Integrin  $\alpha 5 \beta 1$  promotes survival of growth-arrested breast cancer cells: an *in vitro* paradigm for breast cancer dormancy in bone marrow. *Cancer Res* 2004;64:4514–22.
  32. Maglott A, Bartik P, Cosgun S, et al. The small  $\alpha 5 \beta 1$  integrin antagonist, SJ749, reduces proliferation and clonogenicity of human astrocytoma cells. *Cancer Res* 2006;66:6002–7.
  33. Sawada K, Mitra AK, Radjabi AR, et al. Loss of E-cadherin promotes ovarian cancer metastasis via  $\alpha 5$ -integrin, which is a therapeutic target. *Cancer Res* 2008;68:2329–39.
  34. Saito T, Kimura M, Kawasaki T, Sato S, Tomita Y. Correlation between integrin  $\alpha 5$  expression and the malignant phenotype of transitional cell carcinoma. *Br J Cancer* 1996;73:327–31.
  35. Gong J, Wang D, Sun L, Zborowska E, Willson JK, Brattain MG. Role of  $\alpha 5 \beta 1$  integrin in determining malignant properties of colon carcinoma cells. *Cell Growth Differ* 1997;8:83–90.
  36. Kolachala VL, Bajaj R, Wang L, et al. Epithelial-derived fibronectin expression, signaling, and function in intestinal inflammation. *J Biol Chem* 2007;282:32965–73.
  37. Cukierman E, Pankov R, Stevens DR, Yamada KM. Taking cell-matrix adhesions to the third dimension. *Science* 2001;294:1708–12.
  38. Mao Y, Schwarzbauer JE. Stimulatory effects of a three-dimensional microenvironment on cell-mediated fibronectin fibrillogenesis. *J Cell Sci* 2005;118:4427–36.
  39. Kornblihtt AR, Pesce CG, Alonso CR, et al. The fibronectin gene as a model for splicing and transcription studies. *FASEB J* 1996;10:248–57.
  40. Brown LF, Guidi AJ, Schnitt SJ, et al. Vascular stroma formation in carcinoma *in situ*, invasive carcinoma, and metastatic carcinoma of the breast. *Clin Cancer Res* 1999;5:1041–56.
  41. Manabe R, Oh-e N, Sekiguchi K. Alternatively spliced EDA segment regulates fibronectin-dependent cell cycle progression and mitogenic signal transduction. *J Biol Chem* 1999;274:5919–24.
  42. Perou CM, Sorlie T, Eisen MB, et al. Molecular portraits of human breast tumours. *Nature* 2000;406:747–52.
  43. Sorlie T, Perou CM, Tibshirani R, et al. Gene expression patterns of breast carcinomas distinguish tumor subclasses with clinical implications. *Proc Natl Acad Sci U S A* 2001;98:10869–74.
  44. Danese S, Sans M, Spencer DM, et al. Angiogenesis blockade as a new therapeutic approach to experimental colitis. *Gut* 2007;56:855–62.
  45. Cao Q, Cai W, Li T, et al. Combination of integrin siRNA and irradiation for breast cancer therapy. *Biochem Biophys Res Commun* 2006;351:726–32.
  46. Johnson GE, Ivanov VN, Hei TK. Radiosensitization of melanoma cells through combined inhibition of protein regulators of cell survival. *Apoptosis* 2008;13:790–802.
  47. Ning S, Chen Z, Dirks A, et al. Targeting integrins and PI3K/Akt-mediated signal transduction pathways enhances radiation-induced anti-angiogenesis. *Radiat Res* 2007;168:125–33.
  48. Cordes N, Meineke V. Cell adhesion-mediated radioresistance (CAM-RR). Extracellular matrix-dependent improvement of cell survival in human tumor and normal cells *in vitro*. *Strahlenther Onkol* 2003;179:337–44.
  49. Abdollahi A, Griggs DW, Zieher H, et al. Inhibition of  $\alpha (v) \beta 3$  integrin survival signaling enhances antiangiogenic and antitumor effects of radiotherapy. *Clin Cancer Res* 2005;11:6270–9.
  50. Onoda JM, Piechocki MP, Honn KV. Radiation-induced increase in expression of the  $\alpha 1 \text{Ib} \beta 3$  integrin in melanoma cells: effects on metastatic potential. *Radiat Res* 1992;130:281–8.