Resistance of Human Astrocytoma Cells to Apoptosis Induced by Mitochondria-Damaging Agents: Possible Implications for Anticancer Therapy

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ABSTRACT

The success of anticancer chemotherapy is often hampered by resistance to apoptosis, which may depend on defects in intracellular cell death pathways. Characterizing the alterations of these pathways is a prerequisite for developing alternative and effective antitumoral strategies. Here, we investigated the susceptibility of a human astrocytoma cell line, ADF, to apoptotic cell death induced by mitochondria-damaging agents. Neither the anticancer agent betulinic acid nor the “mitochondriotropic” poisons 2-deoxy-D-ribose and potassium cyanide induced apoptosis of these cells, despite induction of highly significant mitochondrial depolarization, eventually resulting in necrotic death. Resistance to apoptosis was not due to presence of the multidrug re-sistance pump or to impaired expression of caspase-8, caspase-9, or “executioner” caspase-3. Cloning of caspase-9 revealed the presence of full-length caspase-9α and a short variant (caspase-9β), which, in other tumors, acts as a dominant negative of the long isofrom. All analyzed clones showed a point mutation in the prodomain region that is known to interact with mitochondria-released factors. Thus, in these human astrocytoma cells, mitochondria-damaging agents induce a regulated form of mitochondrial-dependent necrotic cell death (oncosis). Resistance to apoptosis is due to an intrinsic defect of caspase-9, leading to inhibition of enzyme activation and/or impaired interaction with proteins released from depolarized mitochondria. These results may have implications for developing strategies aimed at overcoming tumor resistance to chemotherapy.

In multicellular organisms, many of the mechanisms that control tissue homeostasis are linked to apoptosis. In principle, two main pathways of apoptosis can be identified in mammalian cells, both having proteases called caspases as the main actors in controlling the biochemical steps leading to death (Igney and Krammer, 2002). The so-called “extrinsic pathway” is driven by the activation of extracellular death receptors, leading to the recruitment and activation of initiator caspase-8 and -10. Conversely, death at the mitochon-
However, the success of chemotherapy is often hampered by the appearance of broad drug resistance, in several cases due to defective common apoptosis-inducing pathways. It is now clear that these defects are probably at the basis of the initial expansion of the population of neoplastic cells eventually originating the tumor (Igney and Krammer, 2002). Thus, it is very important to identify the biochemical defect(s) borne by a specific tumor to predict the possible outcome of a given drug treatment and to plan more focused and effective therapies aimed at bypassing the observed alterations. This is particularly important in the case of central nervous system tumors (e.g., gliomas, in particular those of astrocytic origin), which account for more than 40% of all brain tumors and are often characterized by a poor prognosis (Kleiheues et al., 1995).

We have previously demonstrated that 2-chloro-2′-deoxyadenosine, a widely used chemotherapeutic drug for leukemia and lymphoma (known as cladribine; Bryson and Sorkin, 1993), is able to induce apoptotic cell death of human astrocytoma ADF cells through recruitment of an atypical caspase-2-dependent pathway (Ceruti et al., 2003). No activation of the mitochondria/caspase-9-dependent intrinsic pathway of apoptosis was detected in our experimental model, despite evidence demonstrating a key role played by this pathway in cladribine-induced cell death in other tumor cell lines (Marzo et al., 2001). Given the importance of the intrinsic pathway in the activation of apoptosis by chemotherapeutic agents (see above), we wondered whether insensitivity to this chemotherapeutic agent reflects a peculiar behavior of cladribine in these cells or is the result of a more generalized defect of the intrinsic pathway of apoptosis in astrocytoma cells. In the present study, we show that several mitochondria-damaging agents, including betulinic acid, a new, promising anticancer drug (Fulda and Debatin, 2000; Fulda et al., 2004), do not induce apoptosis in astrocytoma ADF cells, and we raise several hypotheses to explain this insensitivity that might have important implication in resistance to chemotherapy.

**Materials and Methods**

**Cell Culture**

**Human Astrocytoma ADF Cells.** ADF cells (Malorni et al., 1994) were maintained in culture in standard conditions (37°C, 95% humidity, 5% CO₂) in RPMI 1640 medium supplemented with 10% fetal bovine serum, 2 mM glutamine, 100 U/ml penicillin, 100 μg/ml streptomycin, and 1% nonessential amino acids (all from Euroclone, Milano, Italy), and KCN (100–600 g/ml; Alexis Biochemicals, Vinci-Biochem, Italy), following the manufacturer’s instructions. At the end of the incubation with the tested agents, culture supernatants from both control and drug-treated ADF cells were collected and centrifuged to discard floating cells. Determination of LDH activity was then carried out in a 96-well plate in a total volume of 200 μl (100 μl of supernatant in each sample and 100 μl of reaction mixture). After a 10–20 min incubation at 25°C, LDH enzyme activity was measured in a spectrophotometer at 490 nm. To assess maximal LDH activity, cells were exposed for 18 h to 1% Triton X-100 and processed as described above. To detect spontaneous LDH activity due to the presence of 10% FCS (blank), parallel samples were run with medium alone. Each condition was run in triplicate.

**Detection of Lactate Dehydrogenase Activity in Culture Supernatants.** Lactate dehydrogenase (LDH) release into the cell culture supernatant occurs upon damage of the plasma membrane, and it is therefore considered a typical hallmark of necrosis. LDH activity was measured by means of a spectrophotometric assay kit (cytotoxicity detection kit-LDH; Roche, Milan, Italy), following the manufacturer’s instructions. At the end of the incubation with the tested agents, culture supernatants from both control and drug-treated ADF cells were collected and centrifuged to discard floating cells. Determination of LDH activity was then carried out in a 96-well plate in a total volume of 200 μl (100 μl of supernatant in each sample and 100 μl of reaction mixture). After a 10–20 min incubation at 25°C, LDH enzyme activity was measured in a spectrophotometer at 490 nm. To assess maximal LDH activity, cells were exposed for 18 h to 1% Triton X-100 and processed as described above. To detect spontaneous LDH activity due to the presence of 10% FCS (blank), parallel samples were run with medium alone. Each condition was run in triplicate.

**Western Blotting Analysis**

Whole-cell lysates were prepared and analyzed by immunoblotting, as described previously (Ceruti et al., 2003). For caspase-3 detection, 50 μg of proteins in each lane was size fractionated by SDS-polyacrylamide gel electrophoresis in 11% acrylamide gel, whereas for gp-170 (Mdr-1), 100 μg of proteins was subjected to electrophoretic separation in 15% acrylamide gel. After electrophoretic separation, proteins were electroblotted onto nitrocellulose membrane, an overnight incubation with primary antibodies was performed. In particular, mouse monoclonal...
Sham Biosciences, Inc., Milan, Italy) and autoradiography.

Total RNA Isolation and Reverse Transcriptase-Polymerase Chain Reaction Analysis

Total RNA was extracted as described previously (Fumagalli et al., 2004). For RT-PCR analysis, 1 μg of RNA was treated with RQ1 RNase-free DNase (Promega, Milan, Italy), and RNA was then reverse-transcribed with Superscript II RNA H–reverse transcriptase (200 U/sample; Invitrogen, Milan, Italy). cDNAs were amplified in each PCR assay with Platinum Taq DNA polymerase (1.25 U/sample; Invitrogen) in a 25-μl reaction mixture containing 20 pmol of 5’ and 3’ primers in a standard PCR buffer (50 mM KCl, 1.5 mM MgCl2, and 20 mM Tris-Cl, pH 8.4). Amplification were performed in a GeneAmp 9700 thermal cycler (Applied Biosystems, Milan, Italy) for 35 to 40 cycles (typically, 94°C/45 s, 60 s at the annealing temperature of 58.8°C, followed by 70 s at 72°C). Amplification of caspase-9 mRNAs was performed with specific oligonucleotide primers (Fw 5’-CCATGGAC-GAAGCGGATCGGCGGCTCC-3’ and Rw 5’-AGGGAGTCC-3’; caspase-9, Fw 5’-CCATGGAC-GAAGCGGATCGGCGGCTCC-3’ and Rw 5’-AGGGAGTCC-3’; caspase-8, Fw 5’-CACTAGAAAGGAGGATGGAAG-3’ and Rw 5’-CTATCGTCTCCTCTCTGAGAGGTCC-3’; and β-actin, Fw 5’-GGGAGGACCCACGACGTGCCCCATCTA-3’ and Rw 5’-CTATGAGATCTGGGATGATGG-3’). Ten microliter aliquots of the PCR products were finally size separated by electrophoresis in 1% agarose gels.

Cloning of Human Caspase-9α and Caspase-9β

Amplification of caspase-9α and caspase-9β mRNAs was performed with specific oligonucleotide primers (Fw 5’-CCATGGAC-GAAGCGGATC-3’ and Rw 5’-GCCCTGGCCTATGATGTTT-3’) for 35 cycles (initial denaturation at 95°C for 2 min, 95°C/60 s, 60 s at the annealing temperature of 58.8°C, followed by 70 s at 72°C). The PCR products were cloned into the pcDNA3.1 expression vector using the pcDNA3.1/V5-His TOPO TA expression kit (Invitrogen). Positive colonies were identified with a double enzymatic digestion, the first with HindIII and EcoRV (Roche) and the second with PvuII.
(Promega). The construct was verified by sequencing using the Applied Biosystems Terminator cycle sequencing kit.

**Statistical Analysis**

All results are expressed as mean ± S.E.M. of three independent experiments. Statistical significance between groups was derived from one-way ANOVA followed by the Scheffé’s F-test. A p value less than 0.05 was considered significant.

**Results**

**Lack of Effect of Mitochondria-Damaging Agents on the Survival of Human Astrocytoma ADF Cells.** BetA has been claimed to be a very promising drug in central nervous system tumors for its ability to activate the mitochondrial apoptotic pathway of cell death (Fulda et al., 1999; Fulda and Debatin, 2000). Hence, we exposed human astrocytoma ADF cells to increasing concentrations of the drug (10–100 μg/ml) for various times (24–72 h; Fig. 1A). No significant induction of apoptosis was detected at any of the times tested, with only a slight, although significant increase in the percentage of necrosis obtained after a 72-h incubation with the drug. Not even prolongation of the incubation time to a total of 96 h (Fig. 1B) was able to activate apoptotic cell death, but it did further increase the necrotic signs of toxicity.

Despite the lack of nuclear signs of apoptosis, BetA was able to induce a highly significant depolarization of mitochondria. This is clearly shown by graphs in Fig. 2A, which were obtained after staining both control and BetA-treated cultures with the mitochondria-specific dye JC-1. A high fluorescence emission of the dye in both the yellow (FL2; y-axis) and the green (FL1; x-axis) channels of the flow cytometer is representative of healthy and polarized mitochondria. Depolarization induces a significant drop in the yellow emission, accompanied by a contemporary increase of the green emission, due to the prevalence of the monomeric form with respect to J-aggregates. Depolarization is time-dependent, starting from a 48-h incubation time (Fig. 2B), and it can be achieved with any of the drug concentrations tested (10–50 μg/ml).

We next wondered whether the inability to activate the mitochondrial pathway of apoptosis represented a drug-related effect or whether it was a more general behavior of our cell line, mirroring some defects in the intrinsic pathway of death. Hence, we exposed ADF cells to dRib and KCN, two
well known “mitochondriotropic” molecules, acting on different molecular targets inside the organelle (Kletsas et al., 1998; Shou et al., 2000). Also with dRib, a very low percentage of apoptotic and necrotic death was detected, despite the use of elevated concentrations of the drug (10–50 mM) and the long incubation periods (24–72 h; Fig. 3A). A 96-h incubation with the highest concentration tested was able to induce necrosis in only the 27% of the total cell population (Fig. 3B), despite concentration- and time-dependent depolarization of mitochondria (Fig. 4, A and B).

Similar results were also obtained by exposing cultures to the mitochondrial poison KCN (Fig. 5). Concentrations up to 400 μM were completely ineffective in inducing death of ADF cells (Fig. 5, A and B). A higher concentration (600 μM) was instead able to kill almost all of the cells, mainly by inducing necrosis, through massive mitochondria depolarization (Fig. 5C), accompanied by widespread cytotoxicity.

To consolidate evidence for induction of necrosis by BetA, dRib, and KCN on ADF cells, we have performed additional experiments by looking at other parameters typical of necrotic cell death. In all the following experiments, ADF cells were exposed to 600 μM KCN, 25 mM dRib, or 10 μg/ml BetA for either 48 or 72 h, as indicated in the legend to Fig. 6. A drastic increase in LDH release into cell supernatants, indicating membrane damage and necrotic cell death, was found upon exposure of ADF cells to KCN and upon incubation with either dRib or BetA (Fig. 6A, top). A trend to increase the release of LDH was also detected at earlier times (i.e., 24 and 48 h for KCN and dRib or BetA, respectively, data not shown). Release of LDH induced by an 18-h exposure to 1% Triton X-100 from the same cells was used here as a positive control (Fig. 6A, top). Moreover, as depicted in Fig. 6A (bottom), a flow-cytometric analysis of cell distribution according to their size (see FCS on the x-axis) showed that exposure of cells to any of the agents tested induced cell swelling, as shown by a significant shift toward higher cellular size values in comparison with control, vehicle-treated cells (black curve). Finally, induction of necrosis was also confirmed by flow-cytometric analysis of cells stained with an isotonic PI solution. Under these experimental conditions, PI is excluded by cells with intact membranes, and PI positivity can thus be taken as an index of necrosis. Increases of PI staining were found in cells exposed to KCN, dRib, or BetA (Fig. 6B).

Interestingly, despite lack of significant nuclear signs of apoptosis and in parallel with the appearance of the above-mentioned signs of necrosis, we found that exposure of ADF cells to the tested agents resulted in phosphatidyl serine externalization as evaluated by Annexin V-FITC positivity by flow cytometry (Fig. 6C). Together, the above-mentioned data clearly demonstrate that, in the human astrocytoma
ADF cells, mitochondriotropic agents primarily induce necrotic cell death.

No Activation of Caspases by BetA and dRib in Human Astrocytoma ADF Cells. Resistance to apoptotic stimuli may also arise from defects in the expression of caspases (Philchenkov et al., 2004; Reed, 2004). Thus, we decided to verify whether, in our experimental model, lack of apoptosis by BetA and dRib may arise from a defective expression and/or activation of the most important “initiator” caspases (i.e., caspase-8 and caspase-9 for the intrinsic and extrinsic pathways, respectively) and of “executor” caspase-3 (Igney and Krammer, 2002). As a first step, we looked at the presence of caspase-8 in the human astrocytoma ADF cells. RT-PCR analysis with specific oligonucleotide primers for this caspase revealed the presence of an amplification product at the expected molecular weight of 411 bp (Fig. 7A). However, despite the presence of caspase-8 mRNA, neither BetA nor dRib used at the same concentrations that induced cell death (see above) were able to activate this caspase (Fig. 7B). To check for the liability of the colorimetric assay, a positive control was used in parallel (see legend to Fig. 7).

Since in our experimental model BetA, dRib, and KCN all induced significant mitochondrial depolarization (which, however, was not followed by induction of apoptosis; see above), we also investigated whether ADF cells have defects in caspase-9 or caspase-3. It is known that one of the rate-limiting steps of the mitochondrial intrinsic pathway of apoptosis is release of cytochrome c from depolarized mitochondria, which in turn activates initiator caspase-9 and, as a consequence, executor caspase-3 (Earnshaw et al., 1999; Debatin, 2004). We have already shown a significant release of cytochrome c from the mitochondrial to the cytosolic cellular compartment after exposing ADF cells to BetA, dRib, and KCN (Ceruti et al., 2003), suggesting that no alterations in the mechanism(s) of protein release from depolarized mitochondria are detectable in our experimental model.

We thus checked the expression of caspase-9 and caspase-3...
Fig. 5. Human astrocytoma ADF cells are relatively resistant to KCN-induced cell death. A, ADF cells were exposed to 100 to 600 µM KCN for 6 to 48 h, and induction of cell death (either apoptotic or necrotic) was evaluated by flow cytometric analysis of PI-stained nuclei. A significant induction of apoptosis and necrosis was detected only with the highest concentration tested, starting from a 24-h incubation. *, p < 0.05 with respect to corresponding control, one-way ANOVA (Scheffe F-test). A typical histogram showing DNA content by PI staining of nuclei is shown in B. As shown in A, no significant induction of either necrosis (left marker) or apoptosis (right marker) was detected after a 48-h incubation with 400 µM KCN. C, KCN induced a marked reduction of mitochondrial membrane potential. After a 48-h incubation with 600 µM KCN, a significant increase of JC-1 monomers emission in FL1 was detected (open histogram). A nonsignificant trend to increase was also detected with a lower concentration (400 µM; not shown).
by RT-PCR in our experimental model. Amplification of cDNA with specific oligonucleotide primers for these caspases revealed two products (Fig. 8A) at the expected molecular weights of 264 and 330 bp for caspase-3 and caspase-9, respectively. Actin was used as an internal control for the amplification reaction. Translation of RNAs to proteins was checked by Western blotting analysis (see lower part of Fig. 8C for caspase-3; data not shown for caspase-9).

Nevertheless, no activation of either caspase-9 (Fig. 8B) or caspase-3 (Fig. 8C) was detectable in ADF cells after exposure to both BetA and dRib at any of the times tested, in agreement with the lack of apoptotic cell death (Figs. 1 and 3). Also for these caspases, positive controls were run in parallel, leading to a statistically significant caspase-9 and -3 activation (see Discussion). For effector caspase-3, Western blotting analysis was also performed. Low molecular weight
Expression of a Caspase-9 Short Isoform in Human ADFCells. Two splicing variants of caspase-9 have been described previously (Seol and Billiar, 1999; Srinivasula et al., 1999; Angelastro et al., 2001; Waltereit and Weller, 2002): one long isoform corresponding to the full-length protein (called caspase-9α) and one short variant (identified as caspase-9β) missing most of the large subunit (indicated with “B” in Fig. 9A) containing the catalytic site of the enzyme (see Fig. 9A for a schematic representation of the two variants). To check for the presence of these two splice variants, we designed oligonucleotide primers external to the caspase coding sequence (see Materials and Methods). Two RT-PCR products were identified in ADF cells (Fig. 9B) with the expected molecular weight of 1250 and 800 base pairs, corresponding to caspase-9α and -9β, respectively.

Furthermore, since mutations in caspase sequence may also account for the inability to activate the apoptotic program of death, we cloned and sequenced the two RT-PCR products. The nucleotide sequences of caspase-9α and -9β obtained from ADF cells are 99% identical to that reported for the human caspase-9 (GenBank accession nos. NM_001229 and NM_032996 for caspase-9α and -9β, respectively), except for a single C-to-T nucleotide substitution in position 83 of the coding sequence, which was found in each of the 11 clones analyzed. Figure 9C shows the deduced amino acid sequence for ADF caspase-9α and its alignment with the previously reported human caspase-9α isoform. The portion of the protein outside the boxes, containing the part that is missing in the short isoform, represents caspase-9β. The reported polymorphism leads to a single amino acid substitution at position 28 (A→V), which belongs to the prodomain portion of the protein (Allan et al., 2003). Therefore, we conclude that not only do ADF cells express the short isoform of caspase-9 but also they have a point mutation in the gene sequence encoding for the enzyme that may contribute to their resistance to various apoptotic stimuli (see Discussion).

Finally, to rule out the possibility that resistance to induction of apoptosis may be due to expression, in ADF cells, of the glycoprotein p-170 (gp-170 or Mdr-1) known to act as a pump extruding drugs out of cells (thus reducing their intracellular concentrations and efficacy as chemotherapeutic agents; Moran et al., 1997), we also looked at the presence of this protein in the human astrocytoma cells used here. Western blot analysis with an antibody that specifically recognized the gp-170 protein did not reveal any immunoreactive band in lysates from ADF cells, whereas a specific band with the expected molecular weight of 170 was detected in lysates from LoVo/DX cells (Fig. 10), which have been reported to express the multidrug resistance protein to significant levels (Soranzo et al., 1990).

Discussion

Activation of the mitochondria/caspase-9-dependent pathway of apoptosis by anticancer drugs often represents the key step to a successful therapy. Unfortunately, in cancer cells this is also one of the pathways showing the highest degree of alterations (Igney and Krammer, 2002), which can vary greatly depending upon the histotype, and the degree of malignity. Thus, important needs in the pharmacological approach to cancer are represented by 1) understanding whether apoptotic pathways can be successfully recruited by chemotherapeutic agents in specific tumors, 2) determining whether alterations of the "classical" cell death pathways are present, and 3) assessing the possibility to activate alternative and effective ways of killing cancer cells.

Our data clearly show that human ADF astrocytoma cells are resistant to agents known to interfere with cell survival by altering mitochondrial functions. Among the agents tested here, BetA is a natural product derived from the bark of the white birch tree (Einzhamer and Xu, 2004) and represents a promising new drug for the treatment of various neoplasms. BetA has been demonstrated to potently inhibit the growth of neuroectodermal tumors, such as neuroblastoma, medulloblastoma, and Ewing sarcoma cell lines (Fulda and Debatin, 2000) as well as of several human carcinoma (Zucol et al.,
Although its intracellular molecular target has never been described, it is generally claimed that, in neuroectodermal tumors, BetA directly affects mitochondria (Fulda and Debatin, 2000), causing a drop in mitochondrial membrane potential, cytochrome c release, and caspase-9 activation (Fulda et al., 1998; Costantini et al., 2000), leading to the typical signs of apoptotic cell death. For glial tumors, conflicting results have been published. In fact, although this drug was originally claimed to also induce apoptosis in glioblastoma cell lines (Fulda and Debatin, 2000), very high concentrations of BetA (as high as 50 μg/ml) were needed to detect signs of apoptosis in quite a few malignant glioma cell lines (Wick et al., 1999), and only the concomitant exposure to BetA and TRAIL was effective in inducing death (Fulda et al., 2004). The present results represent the first in-depth evaluation of BetA-induced effects on a human astrocytoma cell line and might have important clinical implications.

dRib has never been used as an anticancer agent, but it is extensively used in vitro tool to induce mitochondria-dependent cell death in experimental systems, through glutathione depletion and consequent induction of oxidative stress (Ceruti et al., 1997; Kletsas et al., 1998; Ikeda et al., 2002). On the other hand, KCN represents a well known mitochondrial poison that uncouples the respiratory chain from ATP production, leading to a dramatic energetic defect and cell death, mainly necrotic (Li et al., 2002; Prabhakaran et al., 2004; Fig. 5). Despite very different types of mitochondrial interference, these three agents induced very similar effects on human astrocytoma cells.

In our experimental model, mitochondria-damaging agents are still able to activate the very first steps of the intrinsic pathway of apoptosis (i.e., disruption of mitochondrial membrane potential and release of cytochrome c in the cytoplasm; see Figs. 2, 4, and 5 and Ceruti et al., 2003). Nevertheless, despite the appearance of these dramatic biochemical events, caspase-9 activation is defective (Fig. 8). Thus, the prolonged energetic imbalance induced by these agents leads, in turn, to necrotic death (although of modest entity and after very long exposure periods; Figs. 1, 3, and 5). The nature of cell death upon exposure to these agents has been also confirmed by other parameters of necrosis, including LDH release, cellular swelling, and flow cytometry positivity to isotonic PI (Fig. 6, A and B). Interestingly, we also found that, despite lack of significant apoptosis, drug-treated cells show exter-
nalization of PS, which is generally taken as a marker of apoptotic death. This confirms recent data from other authors showing that early exposure of PS at the outer face of plasma membrane is not unequivocally associated to induction of apoptosis but also occurs during oncosis (early primary necrosis; Krysko et al., 2004), probably depending upon the loss of aminophospholipid translocate activity, due to the rapid decrease in ATP levels. Moreover, the pathway of death we observed in our experimental model is remarkably similar to what recently reported for arsenic trioxide in several tumoral cell lines. Also in this case, cells underwent potent mitochondrial depolarization, and a regulated form of mito-

Fig. 9. Human astrocytoma ADF cells express two isoforms of caspase-9. A, schematic representation of the coding sequences of the two caspase-9 isoforms that can be generated by alternative splicing of the caspase-9 gene (Seol and Billiar, 1999; Srinivasula et al., 1999; Angelastro et al., 2001; Waltereit and Weller, 2002). Caspase-9β is missing a 450-bp sequence (fragment B) encoding for part of the large subunit and containing the active QACGG catalytic site (see circle in C). B, primers external to the coding sequence of caspase-9β revealed the presence of two RT-PCR products at the expected molecular weight of 1250 and 800 bp and corresponding to caspase-9β and -9α, respectively. C, predicted amino acid sequence obtained from cloning of the two caspase-9 isoforms from human astrocytoma ADF cells, and alignment with the corresponding human sequences (GenBank accession nos. NM_001229 and NM_032996 for caspase-9α and -9β, respectively). Boxes indicate the portion of the protein that is missing in the caspase-9β short isoform. A point mutation in the 28 position (A→V) was detected in every caspase-9α- and -9β-tested clone.
chondrial-dependent necrotic cell death, with no involvement of caspases (Scholz et al., 2005).

Insensitivity of ADF cells to the agents tested here is not due to a defect in the expression of caspase-9, since both the long and the short forms of this caspase were detected. Even though we cannot rule out that other genetic and/or biochemical alterations may account for ADF cells resistance to chemotherapy (e.g., loss of the apoptotic protease activating factor-1 protein, subcellular distribution of caspases, or overexpression of antiapoptotic proteins), expression of the short caspase-9 isoform (caspase-9b) in these cells might contribute to their insensitivity to chemotherapy. In fact, it has been demonstrated that this form of caspase-9 can behave as a dominant negative of the caspase-9 long isoform (caspase-9a) and inhibit its activation in response to various proapoptotic stimuli (Srinivasula et al., 1999). Both neuronal and non-neuronal cells transfected with caspase-9β were shown to be resistant to death evoked by trophic factor deprivation or DNA damage (Angelastro et al., 2001). Overexpression of caspase-9β inhibited tumor necrosis factor-α- and Bax-mediated apoptosis in MCF-7 carcinoma cells (Seol and Billiar, 1999). Moreover, it has been already demonstrated that other astrocytoma cell lines express very high level of both α and β caspase-9 isoforms with respect to normal astrocytes (Walte-reit and Weller, 2002). In these cells, overexpression of both isoforms by exogenous transfection did not modulate their sensitivity to the apoptosis induced by either CD95L plus cycloheximide or teniposide. Nevertheless, it should be emphasized that these apoptotic stimuli do not directly target mitochondria; thus, despite the overexpression of the pro- and antiapoptotic caspase-9 isoforms, the final degree of apoptosis could likely be maintained unchanged by recruitment of other pathways (e.g., the caspase-8- and/or the caspase-2-dependent pathways). This is not the case of the agents used in the present study, which directly act on mitochondria and whose apoptotic activity can be more heavily influenced by alterations of the intrinsic death pathway. Thus, our results seem to confirm the low sensitivity of tumor of glial origin to BetA, suggesting that expression of caspase-9β may represent one of the reasons for this resistance, and may also be used to predict the success of a given chemotherapy. Indeed, a very interesting study have been recently published showing that 13 of 21 glioblastoma cell lines established directly from patients were sensitive to BetA-induced cell death (Jeremias et al., 2004). Although this represents a very high percentage of success (around 62%), the reason for the remaining cell lines to be insensitive to this pharmacological treatment is currently unknown.

We also detected an A-to-V mutation at position 28 of the caspase-9 protein expressed by ADF cells, which may as well influence caspase-9 activity. This polymorphism has already been reported (GenBank single nucleotide polymorphism ID rs1052571), but no information regarding the possible biological significance of this mutation is currently available. The mutated amino acid is localized in the region of the protein corresponding to the enzyme prodomain (Allan et al., 2003), which is responsible for the interactions with apoptotic protease activating factor-1 in the apoptosome complex (Shiozaki et al., 2002). It is tempting to speculate that the introduction of a more lipophilic and ramified amino acid, such as valin, in this region of the protein may somehow modify the ternary structure of the protein, leading to a defective apoptosome formation.

In previous studies, we have been able to activate the apoptotic program, and therefore induce cell death, in ADF astrocytoma cells only by using agents able to bypass the caspase-9-dependent pathway of death. In fact, we have demonstrated that 2CdA is a very effective apoptotic stimulus for this cell line only due to the fact that it is able to recruit a caspase-2-dependent/mitochondria-independent pathway of death (Ceruti et al., 2003). Indeed, ADF cells show resistance to another typical chemotherapeutic agent, etoposide, and this resistance can be overcome by the concomitant exposure to pharmacological agents that can promote the activation of the caspase-2-dependent pathway of apoptosis (S. Ceruti, A. Mazzola, and M. P. Abbracchio, manuscript in preparation). In both pharmacological paradigms, caspase-9 activation can be achieved at very late time points (see positive control in Fig. 8; Ceruti et al., 2003), only as a consequence of the direct intervention of the other caspases that can proteolytically cleave and activate the enzyme, as a positive feedback loop aimed at amplifying the death process.

Thus, since induction of apoptosis represents a common event for different classes of anticancer agents converging into common downstream mechanisms, these observations confirm that disruption and/or alteration of only one of such mechanisms can lead to broad drug resistance. For this reason, the setting of therapeutic strategies aimed at overcoming resistance and at recruiting the pathways that are still active in a given tumor represents one of the most important goals in cancer chemotherapy.

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References


Angelastro JM, Moon NY, Liu DX, Yang AS, Greene LA, and Franker T (2001)


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