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13. ABSTRACT (Maximum 200 Words) Although I obtained some interesting data from the experiments outlined in Year 1 of my original statement of work, my statement of work for Year 2 was revised and accepted on 12/10/04. The rationale for my proposed change was based on the recent announcement by Merck and Co. that they have pulled their COX-2 inhibitor rofecoxib off of the market due to unreasonable risks for heart attack and stroke. For my experiments, I had been working with celecoxib, a sister compound of rofecoxib, and several experts in the field fear as if long-term celecoxib administration may also pose a risk to the health of patients. Due to this unexpected announcement, I felt as if the work outlined in my Year 2 statement of work may not be clinically relevant. For Year 2 of my proposal, instead of extending my results with celecoxib, I focused my research on the role of another insulin-like growth factor binding, namely IGFBP-2, in breast cancer. We have obtained from the laboratory of Dr. Martin Gleave (University of British Columbia) the MDA-MB-231 breast cancer cell line transfected with a lentiviral vector expressing IGFBP-2 (231/BP-2), as well as a mock transfected MDA-MB-231 cell line (231/mock). We have determined that the 231/mock cells do not express any IGFBP-2 protein, whereas the 231/BP-2 cells express large amounts. Interestingly, we have observed that the 231/BP-2 cell line proliferates significantly faster than the 231/mock cells. Therefore, my results obtained in Year 2 focused on determining the mechanism of the growth promoting effect of IGFBP-2 in breast cancer cells.			
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Introduction

Although I obtained some interesting data from the experiments outlined in Year 1 of my original statement of work, my statement of work for Year 2 was revised and accepted on 12/10/04. The rationale for my proposed change was based on the recent announcement by Merck and Co. that they have pulled their COX-2 inhibitor rofecoxib (Vioxx) off of the market due to unreasonable risks for heart attack and stroke (1,2). For my experiments, I had been working with celecoxib (Celebrex), a sister compound of rofecoxib, and several experts in the field fear as if long-term celecoxib administration may also pose a risk to the health of patients (1,2).

Due to this unexpected announcement, I felt as if the work outlined in my Year 2 statement of work may not be clinically relevant. The basis for my original proposal was our observation that celecoxib induces insulin-like growth factor binding protein-3 (IGFBP-3) in breast epithelial cells. IGFBP-3 is a known inhibitor of breast cancer proliferation, so we wished to examine the relevance of this finding. The work which I performed in Year 1 has examined this issue in detail, and I summarized those results in my first Annual Report (submitted on June 1, 2004). For Year 2 of my proposal, instead of extending my results with celecoxib, I focused my research on the role of another insulin-like growth factor binding, namely IGFBP-2, in breast cancer.

Insulin-like growth factor binding protein-2 (IGFBP-2) is the second most abundant IGFBP in the circulation and is found in a variety of human fluids and tissues, including some breast cancer cells (3). Classically, IGFBP-2 was considered to be a growth inhibitor, as it had a well-defined role in sequestering the mitogens IGF-I and IGF-II, therefore preventing binding and subsequent activation of mitogenic and anti-apoptotic pathways downstream of the IGF-I receptor (IGF-IR) (3). However, increasing evidence indicates that under certain conditions, IGFBP-2 can act as a growth stimulator, and both IGF-dependent and independent mechanisms have been proposed (for a review, see ref. (4)).

We have obtained from the laboratory of Dr. Martin Gleave (University of British Columbia, Vancouver, B.C., Canada) the MDA-MB-231 breast cancer cell line transfected with a lentiviral vector expressing IGFBP-2 (231/BP-2), as well as a mock transfected MDA-MB-231 cell line (231/mock). We have determined that the 231/mock cells express very low levels of IGFBP-2 protein, whereas the 231/BP-2 cells express large amounts. Interestingly, we have observed that the 231/BP-2 cell line proliferates significantly faster than the 231/mock cells. Therefore, my results obtained in Year 2 focused on determining the mechanism of the growth promoting effect of IGFBP-2 in breast cancer cells.

Body

The 231/BP-2 cell line is a breast cancer cell line which was transfected with a lentiviral vector expressing IGFBP-2. We determined that the 231/mock cells express very low levels of IGFBP-2 protein, whereas the 231/BP-2 cells express large amounts (figure 1b). Interestingly, the 231/BP-2 cell line proliferates significantly faster than the 231/mock cells, as determined by a MTT assay (figure 1a). Classically, IGFBP-2 was considered to be a growth inhibitor, as it had a well-defined role in sequestering the mitogens IGF-I and IGF-II, therefore preventing binding and subsequent activation of mitogenic and anti-apoptotic pathways downstream of the IGF-IR (3). However, increasing evidence indicates that under certain conditions, IGFBP-2 can act as a growth stimulator, and both IGF-dependent and -independent mechanisms have been proposed. Hypothesized mechanisms for IGF-dependent growth stimulatory effects include IGFBP-2 acting as a chaperone, presenting the IGFs to the IGF-IR, or IGFBP-2 acting by binding to and increasing the half-life of the IGFs. Several proposed mechanisms have been suggested for the IGF-independent growth effects of IGFBP-2, and for a review see ref. (4).

We observed the growth stimulatory effect of IGFBP-2 in 5% fetal bovine serum (FBS), which intrinsically contains IGFs, therefore we wished to determine if IGFBP-2 acts as an IGF-dependent growth stimulator in our system. As seen in figure 1b, transfection of IGFBP-2 did not increase levels of activated (phosphorylated) Akt or ERK-1/2, two downstream effectors of IGF-IR signalling. These results suggest that the growth stimulatory actions of IGFBP-2 in our system are IGF-independent. Consistent with this data, transfection of IGFBP-2 or addition of recombinant human IGFBP-2 (rhBP-2) to 231 cells did not increase IGF-IR expression (figure 2). Furthermore, addition of 50 ng/ml recombinant human IGF-I to either 231/mock or 231/BP-2 cells did not enhance their growth (data not shown), indicating that neither cell line is IGF-I responsive. Task 1d in my revised statement of work would have determined the effect of blocking IGF signalling at different levels of the pathway in both 231/mock and 231/BP-2 cells. However, since previous data suggested that the growth promoting effect of IGFBP-2 is IGF-independent, I did not perform this task.

After having established that the growth promoting effects of IGFBP-2 are IGF-independent, we then wished to determine if IGFBP-2, a secreted protein, acts as a growth promoter intracellularly or extra-cellularly. As seen in figure 3a, very high levels of IGFBP-2 are detected in serum-free conditioned media from 231/BP-2 cells, whereas very low levels are detected in 231/mock cells. Using ELISA, we quantified the amount of IGFBP-2 secreted by 231/BP-2 cells after 48 hours at ~250 ng/ml (figure 3b). Addition of 250-500 ng/ml rhBP-2 to 231/mock cells did not stimulate the growth of 231/mock cells in both serum-free and 5% FBS conditions (figure 3c), suggesting that IGFBP-2 acts as a growth promoter intracellularly. To further test this hypothesis, serum-free conditioned media from 231/mock and 231/BP-2 cells was collected at 48 and 72 hours, and was then added to 231/mock cells in culture. As seen in figure 3d, there was no difference in the ability of 231/mock and 231/BP-2 conditioned media to stimulate growth of 231/mock cells, once again providing evidence that IGFBP-2 acts as

a growth promoter intracellularly. A role for intracellular IGFBP-2 in various biological processes has been suggested in the literature (4,5) and recently, an intracellular binding partner of IGFBP-2 named Iip45 has been isolated (6), but its physiological role requires further clarification. The possibility exists that Iip45 is involved in the growth stimulatory role of IGFBP-2 in our system.

In order to confirm that intracellular IGFBP-2 is acting as a growth promoter in 231/BP-2 cells, we wished to downregulate IGFBP-2 expression with siRNA. We formed a collaboration with the siRNA company Atugen (Berlin, Germany), and they sent us various siRNAs which targeted IGFBP-2. We determined the most potent siRNA in terms of downregulating IGFBP-2 expression (data not shown), and we used this siRNA for all subsequent experiments. A siRNA which did not effect IGFBP-2 expression whatsoever was used as a negative control. As seen in figure 4a, treatment of 231/BP-2 cells with IGFBP-2 siRNA resulted in a significant decrease in IGFBP-2 expression as early as 24 hours. This decreased expression was observed up to 72 hours post-treatment. As seen in figure 4b, although the siRNA resulted in a significant decrease in IGFBP-2 expression, no decrease in IGF-IR expression or P-ERK expression was observed. These results are consistent with our data from figures 1 and 2, where we showed that increasing expression of IGFBP-2 in 231 cells did not increase IGF-IR expression or downstream signalling, suggesting an IGF-independent growth stimulatory role for IGFBP-2.

Although decreasing IGFBP-2 expression in 231/BP-2 cells with siRNA did not inhibit IGF-IR signalling, it significantly decreased growth as seen in figure 5a. To determine if the growth inhibitory effect of the siRNA was specific to 231 cells, we treated MCF-7 cells, a natural IGFBP-2-expressing breast cancer cell line, with the IGFBP-2 siRNA. As seen in figure 4b, treatment with the siRNA abolished IGFBP-2 expression in MCF-7 cells, and this correlated with a ~35% decrease in cell viability (figure 4a). The IGFBP-2 siRNA had no effect on the proliferation of the 184hert cell line, an immortal breast epithelial cell line that was created by transfecting a retrovirus expressing the human telomerase reverse transcriptase gene into normal breast epithelial cells (7). However, we could not detect any IGFBP-2 expression in this cell line, therefore it serves as a good control to show that the growth inhibitory effect of the IGFBP-2 siRNA is not due to non-specific toxicity. We attempted to extend our studies with the siRNA to another natural IGFBP-2 expressing breast cancer cell line, MDA-MB-468, however we observed that the lipid transfection reagent used was toxic to this cell line (data not shown).

Key Research Accomplishments

- 1) Determined that transfection of IGFBP-2 into the MDA-MB-231 breast cancer cell line results in a significant increase in proliferation.
- 2) Determined that this increase in proliferation is due to an IGF-independent effect of IGFBP-2.
- 3) Determined that this increase in proliferation is due to IGFBP-2 acting intracellularly. .
- 4) Determined that downregulating IGFBP-2 expression with siRNA decreases the growth of 231/BP-2 cells, as well as the growth of the natural IGFBP-2 expressing breast cancer cell line MCF-7.

Reportable Outcomes

Manuscripts

- 1) So, A., Levitt, R.J., Gleave, M.E., and Pollak M. Overexpression of insulin-like growth factor binding protein-2 in MDA-MB-231 breast cancer cells enhances proliferation. Manuscript in preparation.
- 2) Levitt, R.J., Georgescu, M.M., and Pollak M. PTEN-induction in U251 glioma cells decreases the expression of insulin-like growth factor binding protein-2. Revised manuscript submitted to *Neuro-Oncology*, April 2005.

Abstracts and poster presentations

- 1) Levitt, R.J., Georgescu, M.M., and Pollak M. PTEN-induction in U251 glioma cells decreases the expression of insulin-like growth factor binding protein-2. 96th Annual Meeting of the American Association for Cancer Research (Anaheim, CA, April 2005).

Employment opportunities received based on experience/training supported by this award

- 1) Postdoctoral Fellow, laboratory of Dr. Martin Gleave, The Prostate Centre, University of British Columbia, Vancouver, B.C., Canada.

Conclusions

In this report, we show that transfection of IGFBP-2 in the MDA-MB-231 cell line (which expresses very low levels of IGFBP-2) results in a significant increase in proliferation. We determined that the mechanism of IGFBP-2 induced proliferation is IGF-independent, as overexpression of IGFBP-2 did not increase levels of IGF-IR or two downstream effectors of IGF-IR signalling: P-Akt and P-ERK. Furthermore, we determined that IGFBP-2 induced proliferation is due to intracellular IGFBP-2, as rhBP-2 did not effect the proliferation of 231/mock cells, nor did 231/BP-2 conditioned media. Finally, we show that downregulating IGFBP-2 expression with siRNA significantly inhibits the proliferation of 231/BP-2 cells, as well as the proliferation of the natural IGFBP-2 expressing breast cancer cell line MCF-7. In aggregate, these results provide evidence that IGFBP-2 functions as a growth stimulator for breast cancer cells, and therefore therapies that target IGFBP-2 expression, such as siRNA or antisense oligonucleotides, may have therapeutic value for breast cancer.

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Appendix I:

Figures

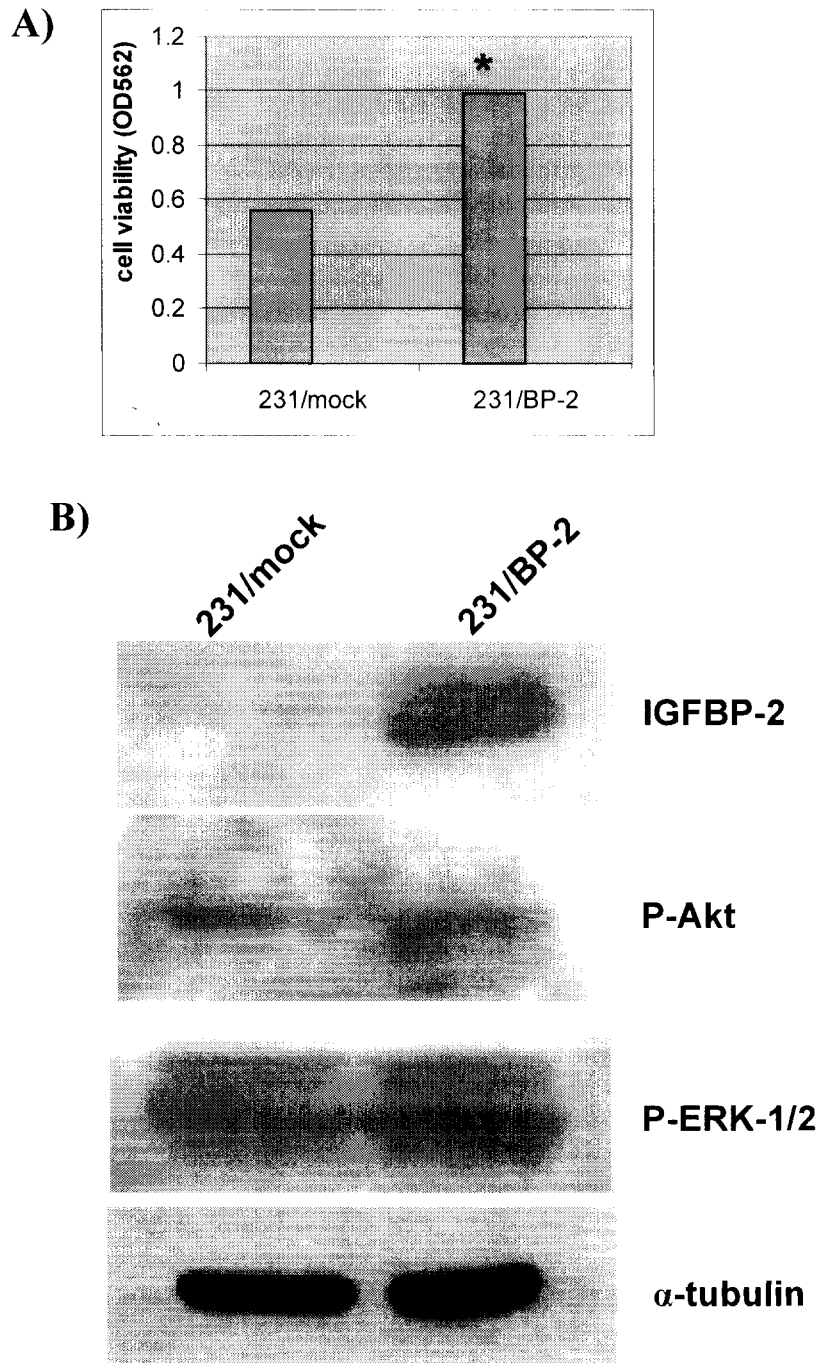
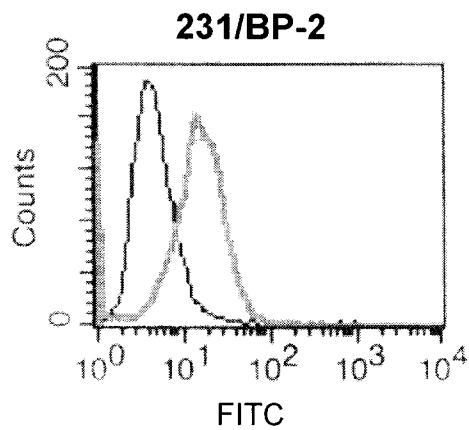
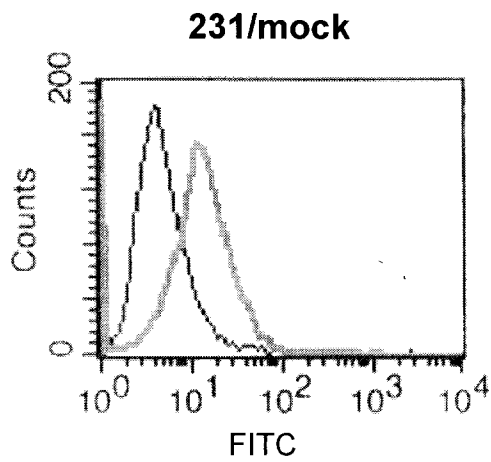


Figure 1: Transfection of IGFBP-2 into MDA-MB-231 breast cancer cells results in increased proliferation. (A) 231/mock and 231/BP-2 cells were plated in DMEM/5% FBS. After 72 hrs, a MTT assay was performed to quantify cell viability (* $P < 0.05$). (B) 231/mock and 231/BP-2 cells were plated in DMEM/5%FBS. After 48 hrs, whole cell lysates were collected, separated by SDS-PAGE, and western blots were performed.

A)



————— Isotype
 - - - - - IGF-IR

B)

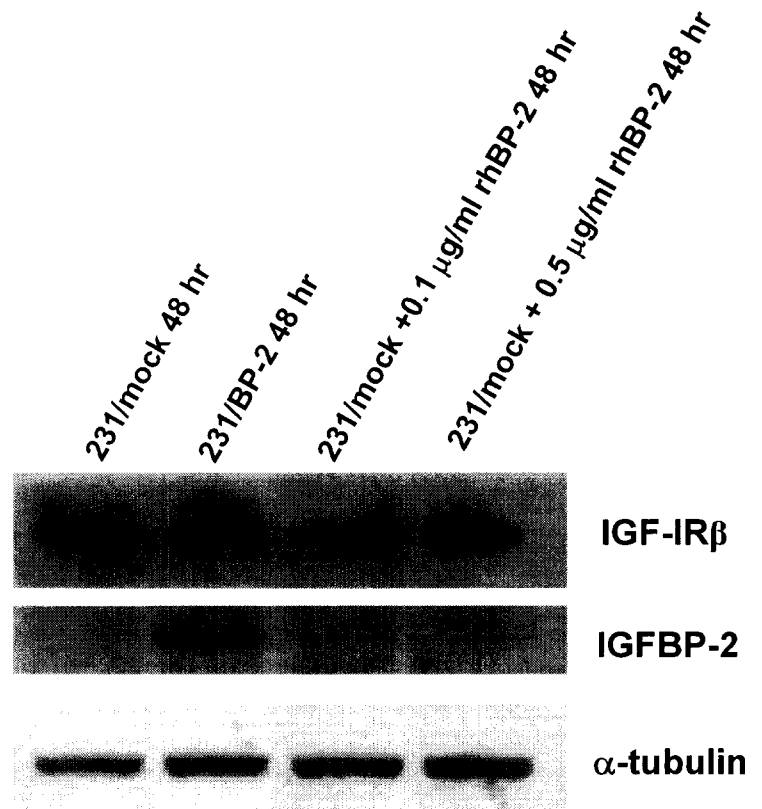


Figure 2: IGFBP-2 does not effect IGF-IR expression in MDA-MB-231 cells. (A) 231/mock and 231/BP-2 cells were plated in DMEM/5%FBS. After 48 hrs, cells were collected by trypsinization, stained with a FITC-conjugated IGF-IR antibody, and analyzed by flow cytometry. (B) 231/mock and 23/BP-2 cells were plated in DMEM/5%FBS. The following day, the cells were washed with PBS and switched to serum-free DMEM with or without human recombinant IGFBP-2 (rhBP-2). Cell lysates were collected after 48 hrs, seperated by SDS-PAGE, and western blots were performed.

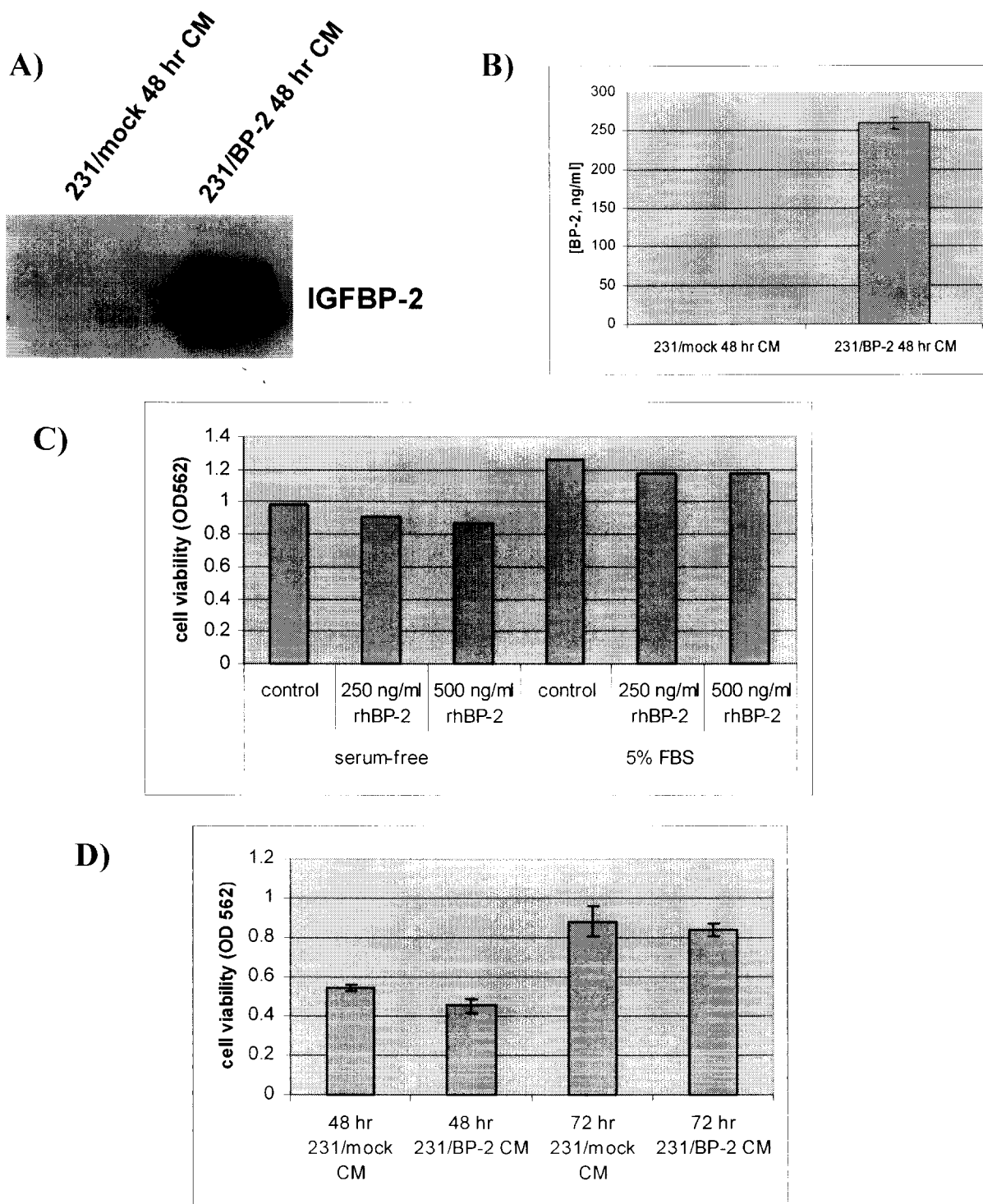


Figure 3: Extracellular IGFBP-2 does not stimulate the growth of 231/mock cells. 231/mock and 231/BP-2 were plated in DMEM/5%FBS. The following day, the cells were washed with PBS and switched to serum-free DMEM. Conditioned media was collected after 48 hrs and analyzed by western blotting (A) or ELISA (B). (C) 231/mock cells were treated with or without rhBP-2 in the indicated media for 72 hrs and then cell viability was assayed by MTT. (D) 231/mock cells were treated with serum-free 48 or 72 hr conditioned media from either 231/mock or 231/BP-2 cells for 72 hrs, and then cell viability was assayed by MTT.

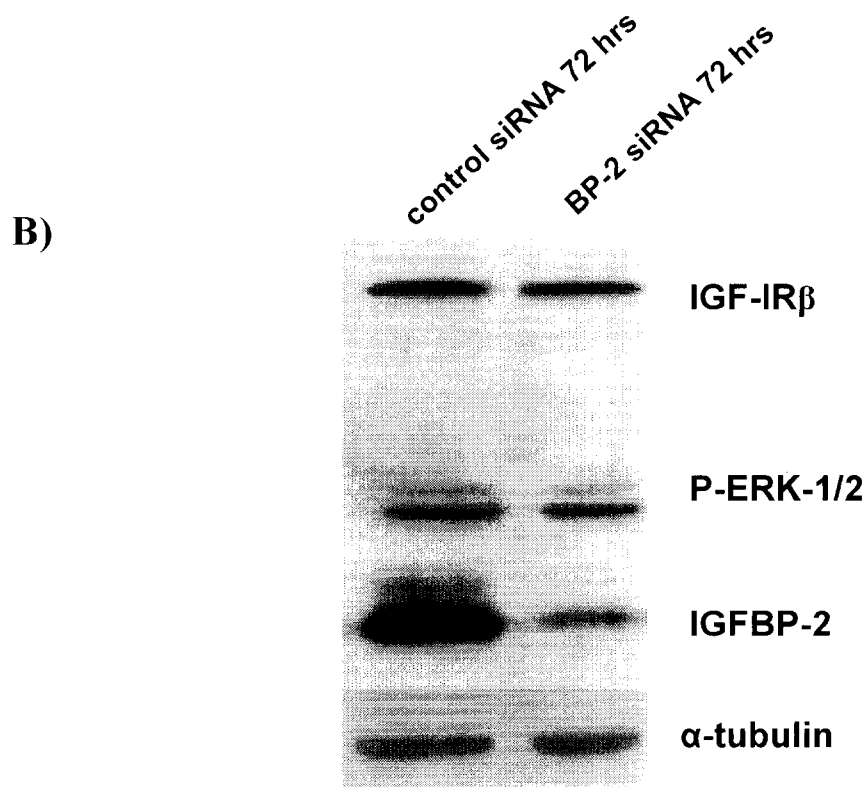
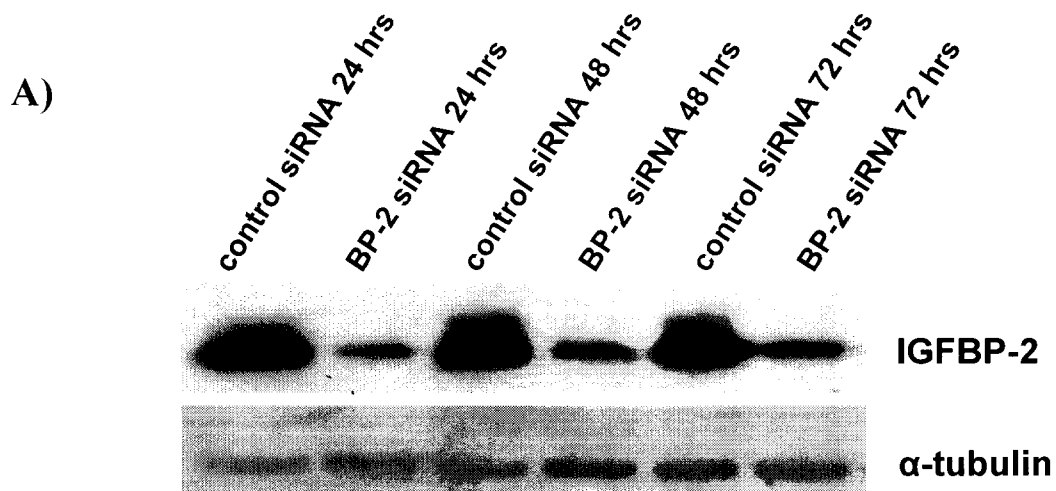
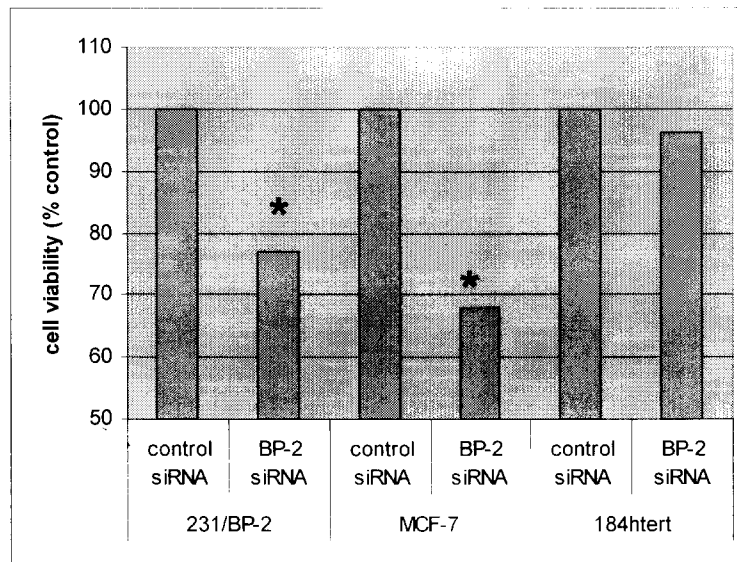


Figure 4: Downregulation of IGFBP-2 by siRNA in 231/BP-2 cells does not inhibit IGF-IR expression or signalling. 231/BP-2 cells were treated with 30 nM control siRNA or 30 nM IGFBP-2 siRNA (Atugen, Berlin, Germany) with profectin-50 lipid transfection reagent (Atugen) in DMEM/8% FBS. At the indicated time points, whole cell lysates were collected, separated by SDS-PAGE, and western blots were performed.

A)



B)

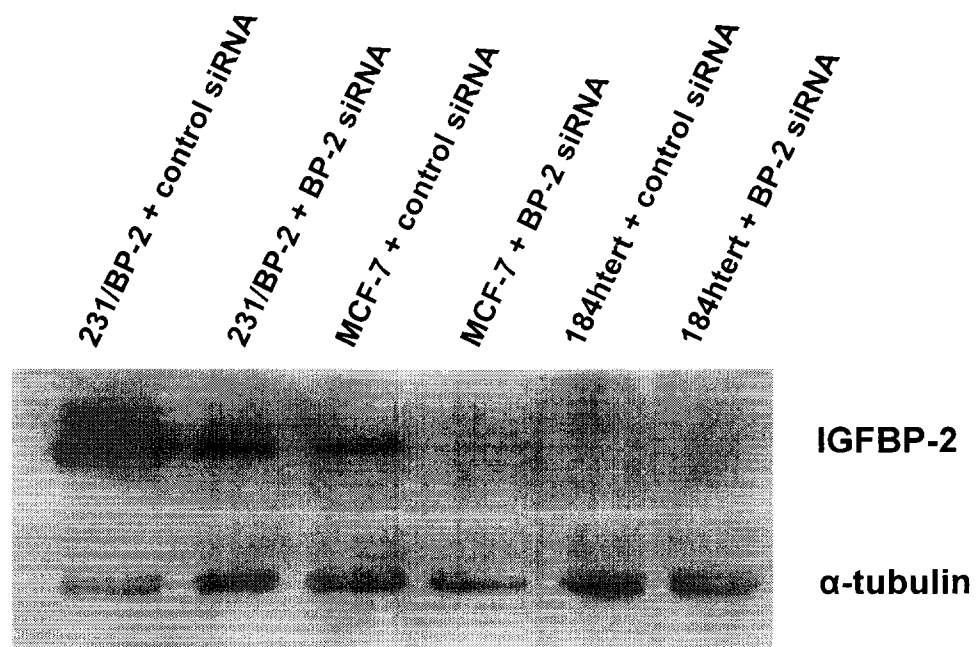


Figure 5: Downregulation of IGFBP-2 by siRNA in 231/BP-2 and MCF-7 cells inhibits proliferation. Cells were treated with 30 nM control siRNA or 30 nM IGFBP-2 siRNA (Atugen, Berlin, Germany) with profectin-50 lipid transfection reagent (Atugen) in DMEM/8% FBS. (A) After 96 hrs, cell viability was assayed by MTT (* $P < 0.05$). (B) After 72 hrs, whole cell lysates were collected, separated by SDS-PAGE, and western blots were performed.