

# Chemically modified tetracyclines selectively inhibit IL-6 expression in osteoblasts by decreasing mRNA stability

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Received 29 November 2002; accepted 12 May 2003

## Abstract

In bone biology, interleukin (IL)-6 is an autocrine/paracrine cytokine which can induce osteoclasts formation and activation to help mediate inflammatory bone destruction. Previous studies have shown that tetracycline and its derivatives have potentially beneficial therapeutic effects in the prevention and treatment of metabolic bone diseases by modulating osteoblast and osteoclast activities. Our previous studies indicated that non-antimicrobial chemically modified tetracyclines (CMTs) can dose-dependently inhibit IL-1 $\beta$ -induced IL-6 secretion in osteoblastic cells. In the present study, we explored the molecular mechanisms underlying the ability of doxycycline analogs CMT-8 and its non-chelating pyrazole derivative, CMT-5 to affect IL-6 gene expression in murine osteoblasts. Steady-state IL-6 mRNA was decreased with CMT-8 (ca. 50%) but not by CMT-5 when stimulated by IL-1 $\beta$ . CMT-8 regulation of IL-1 $\beta$ -induced IL-6 gene expression was further explored. CMT-8 did not affect IL-6 promoter activity in reporter gene assays. However, the IL-6 mRNA stability was decreased in the presence of CMT-8. These effects require *de novo* protein synthesis as they were inhibited by cycloheximide. Western blot analysis indicated that CMT-8 did not affect p38 mitogen-activated protein kinase, *c-jun* NH<sub>2</sub>-terminal kinases, or extracellular signal-regulated kinases (1 and 2) phosphorylation in response to IL-1 $\beta$ . These data suggest that CMT-8 can modulate inhibit IL-1 $\beta$ -induced IL-6 expression in MC3T3-E1 cells at the post-transcriptional level affecting IL-6 mRNA stability. These observations may offer a novel molecular basis for this treatment of metabolic bone diseases that are mediated by IL-6.

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**Keywords:** IL-6; IL-1 $\beta$ ; Osteoblasts; Gene expression; Chemically modified tetracyclines

## 1. Introduction

Bone is a dynamic tissue that constantly undergoes a remodeling process where bone resorption and bone deposition are balanced. When chronic inflammation occurs in bone, this balance is disrupted favoring net bone loss. Diseases involving an intimate combination of bone loss and inflammation include rheumatoid arthritis (RA) periodontal disease, and other metabolic bone diseases. Inflammatory cytokines, such as IL-1 $\alpha$  and IL-1 $\beta$ , tumor

necrosis factor (TNF)- $\alpha$  [1,2], and IL-17 [3] have all been shown to promote tissue destruction. In addition to these factors, members of the IL-6 family of cytokines have been shown to perturb bone and cartilage metabolism [4]. For example, leukemia inhibitory factor (LIF) and oncostatin M (OSM) have been shown to promote cartilage degradation *in vitro* and IL-6, LIF [5], OSM [6], IL-11 [7] have all been shown to mediate tissue destruction in various experimental models of bone resorption.

IL-6 is a pleiotropic cytokine that elicits a wide variety of immune/inflammatory responses including B- and T-cell activation, stimulation of fever, and release of acute phase response proteins [8]. Bone resorptive agents, such as parathyroid hormone (PTH), TNF- $\alpha$ , and IL-1 $\beta$ , have all been shown to stimulate IL-6 production and secretion in osteoblasts [9,10]. Proinflammatory cytokines, including

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**Abbreviations:** IL, interleukin; CMT, chemically modified tetracycline; MAP, mitogen-activated protein; RT-PCR, reverse transcription-polymerase chain reaction; ActD, actinomycin D; GAPDH, glyceraldehyde-3-phosphate dehydrogenase.

those of the IL-6 family, involved in bone formation and remodeling, converge on the expression of receptor-activated NF- $\kappa$ B ligand (RANKL), and its decoy receptor, osteoprotegerin (OPG) [11,12]. RANKL and OPG expression from stromal/osteoblastic cells increases osteoclastogenesis through activation of the RANKL cognate receptor, RANK, located on osteoclast precursor cells [13,14]. Thus, inhibition of IL-6 expression presents an attractive target for the treatment of metabolic bone diseases.

Tetracycline and its analogs have been shown to inhibit bone resorption in organ culture when induced by PTH, prostaglandin E<sub>2</sub> (PGE<sub>2</sub>), or bacterial lipopolysaccharide (LPS) [15–17]. Other studies have shown that tetracyclines inhibit excessive connective tissue degradation in several pathological conditions, including periodontitis and streptozotocin-induced diabetes [15,18]. Tetracyclines are potent inhibitors of extracellular matrix metalloproteinases (MMPs), including the three collagenases MMP-1, MMP-8, and MMP-13, and two gelatinases MMP-2 and MMP-9 [19–23]. More recently, tetracyclines and their analogs have been shown to inhibit inflammatory mediators, such as nitric oxide synthase [24,25], PGE<sub>2</sub> production [26], and possibly other cytokines [27]. Our group has also presented evidence that cytokine-induced IL-6 secretion is regulated by CMTs [28].

Since tetracycline is well known for its ability to bind divalent cations, such as calcium and zinc, and affect intracellular calcium concentrations, we evaluated the abilities of CMTs, which lack antimicrobial activity to affect osteoblast IL-6 secretion from MC3T3-E1 osteoblast cells. Previous data from our laboratory had indicated that regulation of intracellular calcium stores were critical to stimulus-secretion coupling in osteoblasts [29–31]. Herein, we show that, CMT-8 and but not CMT-5, an imidazole derivative, can decrease IL-6 gene expression when induced by IL-1 $\beta$  by a mechanism that requires *de novo* protein synthesis in a manner that decreases IL-6 mRNA stability.

## 2. Experimental design and methods

### 2.1. Materials

CMTs were obtained from CollaGenex, Inc., under a material transfer agreement between SUNY at Buffalo and CollaGenex, Inc. Human IL-1 $\beta$  was obtained from Sigma.

### 2.2. Cell culture of MC3T3-E1 cells

MC3T3-E1 osteoblastic cells were obtained from RIKEN. Cells were cultured in DMEM (Invitrogen Life Technologies), supplemented with 10% fetal bovine serum (Sigma), 100 units/mL penicillin, and 100  $\mu$ g/mL streptomycin, in a humidified atmosphere of 5% CO<sub>2</sub> in air at 37°. Osteoblast phenotypic mRNAs, including bone

sialoprotein and osteocalcin, were routinely assayed by Northern blot analysis to verify osteoblastic phenotype expression in these cells.

### 2.3. Cell culture of primary rat calvarial cells

Osteoblast-enriched cell preparations were obtained from Sprague–Dawley 21- or 28-day fetal rat calvaria by sequential collagenase digestion (type II; Life Technologies) in Bone Cell Buffer, pH 7.4, as described previously [32]. The resultant cells from the third and fourth 15-min collagenase digestions have osteoblastic character, including high alkaline phosphatase activity, and the ability to form collagen and bone *in vitro* [33]. These cells were pooled and cultured in BGJb media (Life Technologies) supplemented with 10% heat-inactivated fetal bovine serum (Sigma), 100 units/mL penicillin, and 100  $\mu$ g/mL streptomycin at 37° in humidified atmosphere of 5% CO<sub>2</sub>/95% air.

### 2.4. Northern blot analysis of osteoblast gene expression

For detection of mRNA from control and CMT-treated MC3T3-E1 osteoblastic cells, we employed Northern blot using methods as described previously [28,29]. Briefly, total RNA was isolated using Trizol reagent (Life Technologies). Total RNA was visualized for intactness by ethidium bromide staining following gel electrophoresis. RNA was quantitated by spectroscopy (SmartSpec 3000, Bio-Rad). High specific activity cDNA probes were generated from cloned templates using random primer kit (Stratagene). Rat IL-6 cDNA clone was obtained as a gift from Dr. J. Goldie, McMaster University, Hamilton, Ont. In all experiments, 15–20  $\mu$ g of total RNA was electrophoresed on 1% formaldehyde denaturing gel and transferred to Nytran nylon membranes (Schleicher&Schuell) using the Turboblotter apparatus (Schleicher&Schuell). All blots were normalized for loading with rat glyceraldehyde-3-phosphate dehydrogenase (GAPDH) cDNA probe. After hybridization with the appropriate probes, membranes were washed at high stringency and hybridized probe was quantitated using Bio-Rad's phosphorimager system and Quantity One software (Bio-Rad).

For analysis of mRNA stability in the presence or absence of CMT-8 and -5, we used the DNA polymerase inhibitor, actinomycin D (ActD). In these experiments, cells were pretreated with CMT-8 for 1 hr and then treated with IL-1 $\beta$  for 4 hr. Subsequently, actinomycin D was added to prevent further transcription. Total RNA was harvested and analyzed as outlined above after 0, 1, 2, and 4 hr of treatment with actinomycin D (2  $\mu$ g/mL).

To determine whether protein synthesis was required for the CMT-mediated effects on IL-6 mRNA levels, MC3T3-E1 cells were incubated with cycloheximide (CHX; 2  $\mu$ g/mL) prior to treatment with CMT-8 and IL-1 $\beta$ . Northern blot analysis for IL-6 and GAPDH expression was conducted as described above.

### 2.5. Reverse transcription–polymerase chain reaction (RT–PCR) analysis

Total RNA (5 µg) from MC3T3-E1 or primary rat calvarial cells was used for cDNA synthesis with oligo (dT) 12–18 primers and Superscript II (RNaseH-) (Life Technologies) in reverse transcription (RT) reactions. 2 µL of RT product was used as a template for polymerase chain reaction (PCR) amplification of IL-6 and GAPDH gene products. PCR primers were commercially synthesized (Sigma-Genosys) for IL-6 (GenBank accession # NM-031168). Primer sequences that were employed were 5'-ATGAAGTTCCTCTCTGCAAGAGACTT-3' for forward sequence and 5'-ATCACGGTTTGGCGAGTAGACTCT-3' for reverse sequence. Non-regulated GAPDH (GenBank accession # AF106860) sequences 5'-CACCATGGAGA-AGGCCGGGG-3' for forward primer sequence and 5'-GACGGACACATTGGGGGGTAG-3' for reverse primer sequence. RT–PCR products of 638 base pairs (bp) for IL-6 and 418 bp for GAPDH were separated and analyzed by gel electrophoresis. Resulting images were captured using a Gel-Doc (Bio-Rad) imaging system equipped with UV light and a gel scanner. PCR results were quantitated using Bio-Rad's phosphorimager system and Quantity One software to assess relative differences. RT–PCR products were assessed by subcloning RT–PCR products into pGEM-T (Promega) and DNA sequencing to determine authenticity.

### 2.6. Transient transfection and reporter gene assays

MC3T3-E1 cells were cultured to 50% (ca.) confluency in 60 mm<sup>2</sup> dishes, washed twice with Opti-MEM MEDIA (Life Technologies) mixture according to manufacturer's instructions. Equal molar amounts of the various pCAT-Basic expression vectors (ca. 2 µg) were transfected along with a fixed amount (1.5 µg) of the pSV-β-galactosidase (pSVβgal) control vector (Promega). Cells were incubated for 12–24 hr with the DNA–lipofectamine mixture, washed twice, and then incubated with α-MEM media with 2% fetal bovine serum. CMT-8 (10 µg/mL each) were added ±IL-1β (1 ng/mL). After 24 hr, the cells were harvested, washed, and soluble extracts prepared by repeated freeze–thawing in 0.15 mL 0.25 M Tris, pH 8.0, and used for determination of β-galactosidase and CAT activities as described previously [31]. Results were analyzed by autoradiography using Bio-Rad Phosphor Imaging and Quantity One software.

### 2.7. Western blot analysis

MC3T3-E1 cells were exposed to CMT-8 (10 µg/mL) for 30 min, then stimulated with IL-1β (1 ng/mL) for 30 and 60 min time points. Cells were rinsed with ice-cold PBS and whole cell lysates prepared in SDS–PAGE buffer (Bio-Rad). Protein concentrations were measured

by Bradford's method (Bio-Rad). Ten micrograms of each sample was electrophoresed on 10% denatured SDS–PAGE gels, transferred to nitrocellulose membranes (Bio-Rad). Antibodies against phosphorylated and non-phosphorylated forms of p38, c-jun NH<sub>2</sub>-terminal kinase (JNK), and extracellular signal-regulated kinase (ERK) mitogen-activated protein (MAP) kinases (Cell Signaling Technologies) were used as primary antibodies in these studies. Primary antibodies were detected using HRP-conjugated secondary antibodies and LumniGlo (Cell Signaling Technologies) chemiluminescence detection and quantitation by Fuji imaging system.

## 3. Results

### 3.1. CMT-8, but not CMT-5, decreases steady-state IL-6 mRNA levels in MC3T3-E1 cells and primary rat osteoblastic cells

Northern blot analysis and semi-quantitative RT–PCR analysis were used to determine CMT-8 and -5 effects on IL-1β-induced IL-6 expression in MC3T3-E1 cells. IL-6 mRNA species of ~2.4 kb was detected in MC3T3-E1 cells by Northern blot analysis (Fig. 1A). RT–PCR analysis of IL-6 reproducibly identified a 638 bp fragment which was authenticated by sequencing as IL-6 gene product (Fig. 1B). As shown previously in these cells, IL-1β increases steady-state mRNA levels [9,34]. When cells are pretreated with CMT-8, this agent decreased IL-1β-induced IL-6 steady-state mRNA levels in these cells. When osteoblastic cells were pretreated with CMT-5, repression of IL-1β-induced IL-6 gene expression was not observed. When levels of GAPDH were used to normalize the data, an approximate 50% reduction in IL-6 mRNA with CMT-8 treatment is seen compared to IL-1β-treated cells (N = 4). In primary rat calvarial osteoblastic cells (N = 3), CMT-8 had similar effects on IL-1β-induced IL-6 expression (Fig. 2). CMT-5 was not able to inhibit IL-1β-induced IL-6 gene expression in primary cultures as observed in MC3T3-E1 cells. Relative fold differences are shown above each figure when compared to the unregulated GAPDH control.

### 3.2. De novo protein synthesis is required for CMT-8 repression of IL-1β-induced IL-6

To explore further the mechanism underlying the ability of CMT-8 to inhibit IL-1β-induced IL-6 expression, we performed experiments in the presence of the protein synthesis inhibitor CHX. As shown in Fig. 3, CHX blocked the ability of CMT-8 to inhibit IL-1β-induced IL-6 mRNA production. In addition, CHX was able to dramatically affect IL-6 mRNA levels in the presence or absence of IL-1β (lanes 6 and 7). When CHX is used as a protein synthesis inhibitor a 'superinduction' phenomenon is often

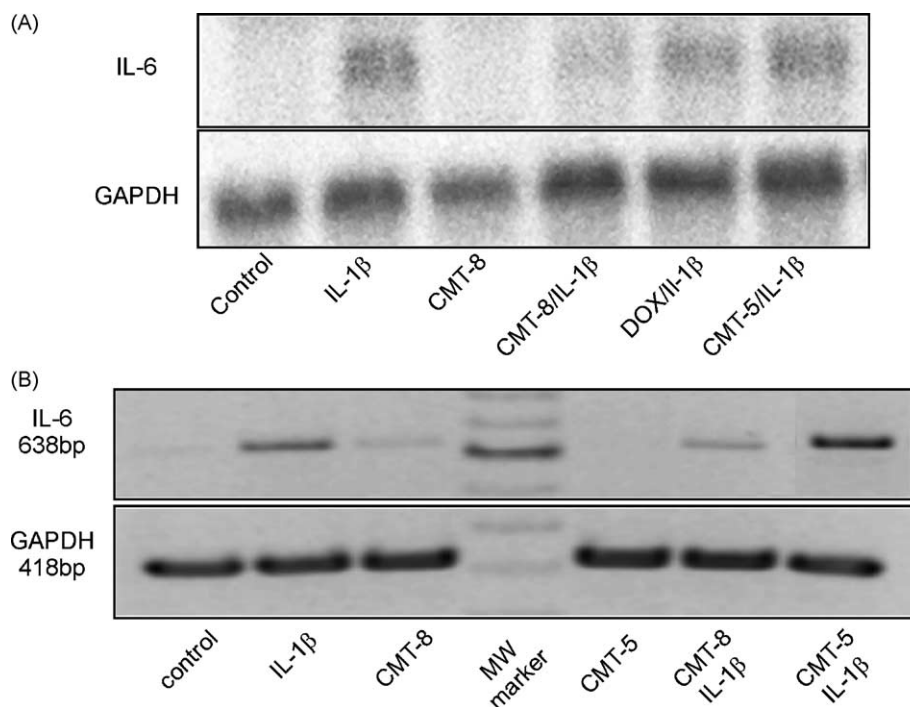


Fig. 1. Effect of CMTs and doxycycline on MC3T3-E1 cell gene expression. (A) MC3T3-E1 cells were cultured in the presence or absence of CMT-8 or CMT-5 (10  $\mu$ g/mL) and then exposed to IL-1 $\beta$  (1.0 ng/mL) for 18 hr. Total RNA was purified, separated on agarose gels, blotted onto nylon membranes, and sequentially hybridized with  $^{32}$ P-labeled cDNA probes specific for IL-6 and GAPDH. (B) MC3T3-E1 cells were cultured in the presence or absence of CMT-8 or CMT-5 (10  $\mu$ g/mL) and then exposed to IL-1 $\beta$  (1.0 ng/mL) for 18 hr. Semi-quantitative RT-PCR was performed on total RNA from treated cells. Agarose gels were used to analyze RT-PCR products and quantitated using Quantity One software of digitized images.

observed. With a variety of cytokine genes, including IL-6, the explanation most often used to explain this is treatment of cells with CHX causes the ribosomes to 'freeze' on the mRNA, potentially shielding it from degradation by cytoplasmic RNases [35].

### 3.3. CMT-8 does not affect expression of IL-6 promoter in MC3T3-E1 cells

To determine if CMT-8 can affect IL-6 gene promoter activity, transient transfection with rat IL-6 promoter constructs in MC3T3-E1 cells were performed. Following transient transfection of MC3T3-E1 cells with the -225 IL-6 promoter construct containing the reporter CAT gene

or the -138 construct, cells were incubated in the CMT-8 in the presence or absence of IL-1 $\beta$  for 24 hr and then assayed for CAT activity. Figure 4 shows that cells transfected with either the -225 or the -138 constructs expressed relatively low constitutive CAT activity. Both IL-6 promoter constructs were stimulated in the presence of IL-1 $\beta$  (1 ng/mL) by 3-fold (ca.), for the -225 and -138 construct, respectively ( $N = 3$ ). However, when CMT-8 was added to cells, this agent was not able to neither increase basal CAT activity nor inhibit IL-1 $\beta$ -stimulated CAT activity in a significant manner ( $P = 0.87$ , paired Student's  $t$ -test). Preliminary experiments indicated that empty vector pCAT-Basic (control) had no detectable CAT activity under non-treated conditions (data not shown).

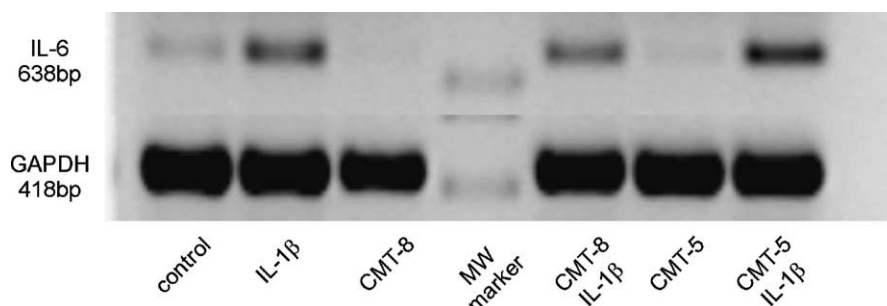


Fig. 2. Effect of CMTs on IL-6 steady-state mRNA levels in primary rat calvarial osteoblastic cells. Primary rat calvarial osteoblastic cells were cultured in the presence or absence of CMT-8 or CMT-5 (10  $\mu$ g/mL) and then exposed to IL-1 $\beta$  (1.0 ng/mL) for 18 hr. Semi-quantitative RT-PCR was performed on total RNA from treated cells. Agarose gels were used to analyze RT-PCR products and quantitated using Quantity One software of digitized images.



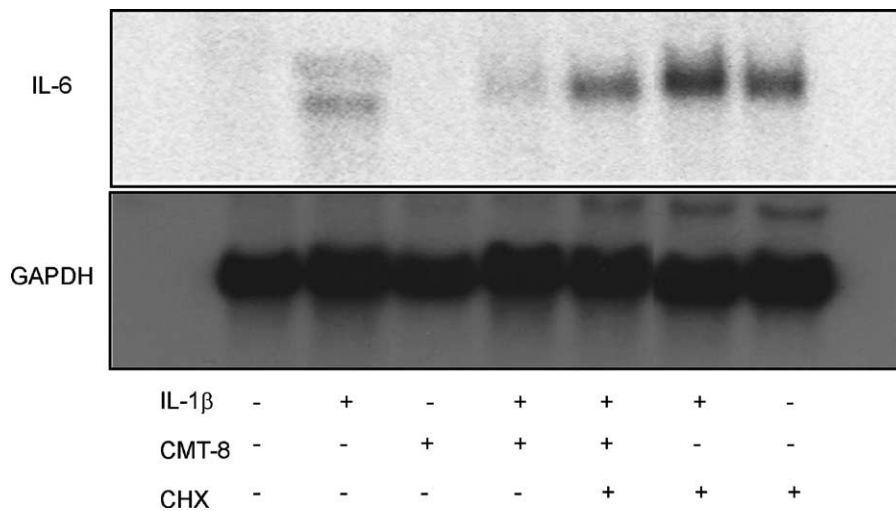


Fig. 3. Effect of CHX on CMT regulation of IL-6 in MC3T3-E1 Cells. MC3T3-E1 cells were treated with IL-1 $\beta$  (1.0 ng/mL) and CMT-8 (10  $\mu$ g/mL) and in the presence or absence of CHX (2  $\mu$ g/mL). Total RNA (15  $\mu$ g) was analyzed by Northern blot using  $^{32}$ P-labeled cDNA probes specific for rat IL-6 and rat GAPDH. See text for details on CHX effects.

CMT-5 was shown not to affect IL-6 gene promoter activity in parallel studies (data not shown).

#### 3.4. CMT-8 accelerates IL-6 mRNA rate of decay in MC3T3-E1 cells

To determine whether the down-regulatory effect of CMT-8 on IL-1 $\beta$ -induced steady-state IL-6 mRNA level was due to decreased stability of IL-6 mRNA, MC3T3-E1 cells were pretreated with IL-1 $\beta$  (1.0 ng/mL), then treated with CMT-8 (10  $\mu$ g/mL) for 6 hr and, during the last period of incubation, actinomycin D (2  $\mu$ g/mL) was added for 1, 2, or 4 hr. IL-6 mRNA levels were then analyzed by Northern blot. Actinomycin D blocks further transcription and allows the rates of mRNA decay to be determined. The results indicate that IL-1 $\beta$  increases the half-life of IL-6 (Fig. 5), with calculated half-lives of 90 min, consistent with previous reports where IL-1 $\beta$  prolonged the half-life of IL-6 mRNA [36]. However, in the presence of CMT-8, the half-life of IL-6 was decreased to  $\sim$ 30 min following normalization to GAPDH which has a relatively long half-life ( $\sim$ 8 hr) [37] (Fig. 5). These results indicate that the rate of IL-6 mRNA decay in MC3T3-E1 cells is accelerated by CMT-8.

#### 3.5. CMT-8 does not affect IL-1 $\beta$ -induced phosphorylation of MAP kinases

To further explore the molecular nature of CMT-8 on IL-6 mRNA stability, we directly measured phosphorylation of p38, JNK, and ERK MAP kinases in MC3T3-E1 cells. MAP kinase activation appears to play a significant role in cytokine mRNA stabilization, including IL-6 [38–40]. As shown in Fig. 6, MC3T3-E1 cells were pretreated with CMT-8 for 30 min and then stimulated by IL-1 $\beta$ . Protein from treated cells was evaluated by Western blot analysis

for phosphorylated and non-phosphorylated forms of p38, JNK, and ERK MAP kinases. Results from two independent studies indicated that IL-1 $\beta$  activates both p38 and JNK MAP kinase, but not ERK MAP kinase in the cells. Neither p38 nor JNK phosphorylation was inhibited by CMT-8 (N = 2).

## 4. Discussion

Tetracyclines have been used for decades as antimicrobial agents. More recently, a new effect of this class of agents has been discovered: inhibition of MMPs, which degrade connective tissue and other host-modulating activities [16,41]. The effects of tetracyclines were found to be independent of their antimicrobial activity in germ-free and conventional animal models, as well as in sterile *in vitro* systems [20]. Additionally, some CMTs, which lack antimicrobial activity, inhibit collagenase, inhibit bone resorption, and stimulate collagen deposition [41]. Other effects include inhibition of expression of iNOS [25], PLA<sub>2</sub> [42], and reduction of cytokine expression [27,43], e.g. TNF- $\alpha$ , IL-8, and IL-12 [25,41]. It should be noted here that CMT-5, a tetracycline analog lacking the important metal-binding domain, is ineffective on many of these pathways.

MC3T3-E1 osteoblastic cells are of the osteoblastic lineage that can undergo cellular differentiation in tissue culture into mature osteoblasts capable of secreting bone matrix proteins, including osteocalcin, consistent with a mature osteoblast phenotype [44]. In the present study, we used MC3T3-E1 cells at the stage of confluency in all experiments, approximately 3–5 days after plating. Thus, results found in these experiments are limited to osteoblasts that are still in the pre-osteoblastic stage and not the mature osteoblastic stage [45].

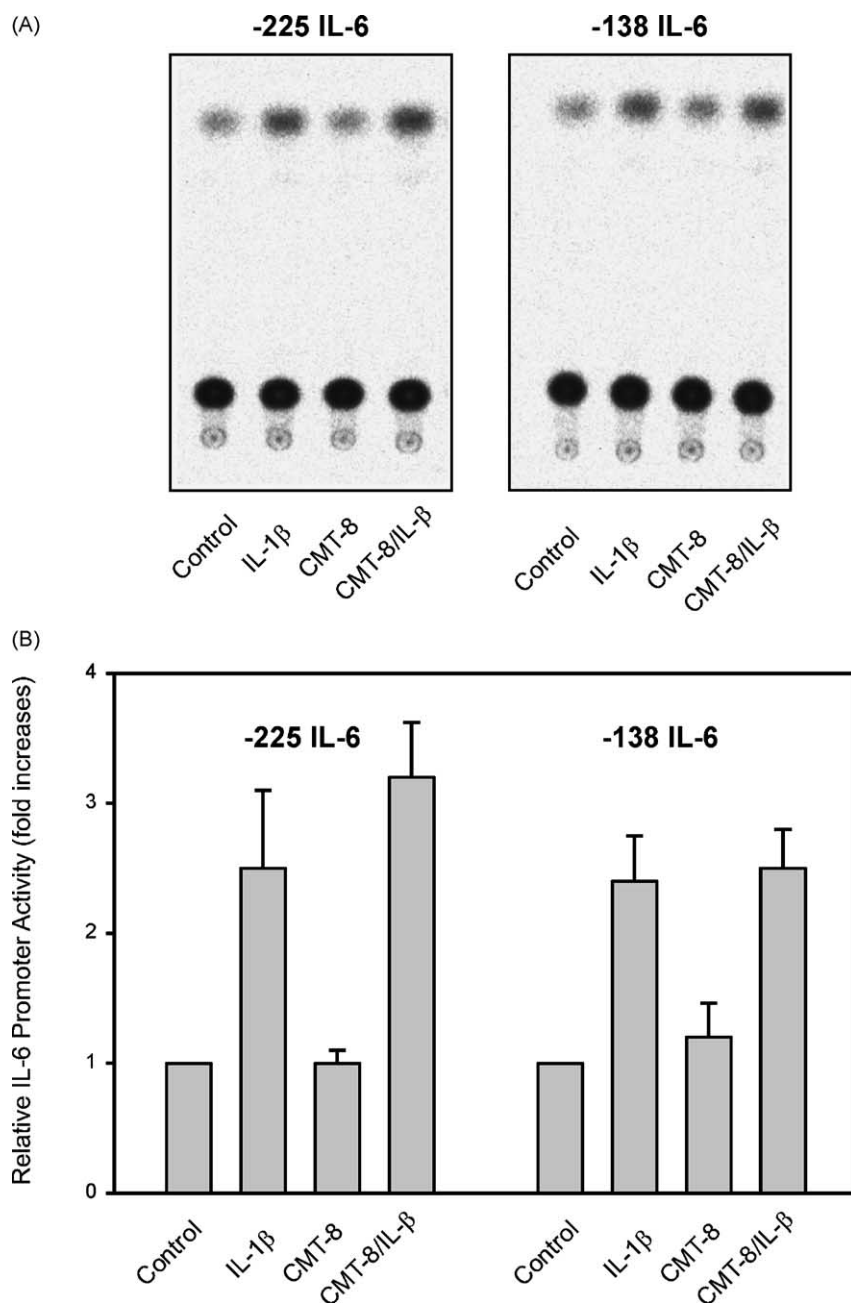


Fig. 4. Effect of CMT-8 on IL-6 promoter region in transient transfection experiments. (A) pCAT-Basic vector containing either the  $-225$  bp through  $+6$  bp fragment or the  $-138$  bp to  $+6$  bp fragment inserted in the forward orientation in front of the bacterial CAT gene was transfected onto MC3T3-E1 cells as described. Cells were then treated with CMT-8  $\pm$  IL-1 $\beta$  for 24 hr and assayed for soluble CAT activity. (B) Graphical representation of mean relative CAT activity from transiently transfected MC3T3-E1 cells following normalization to pSV $\beta$ gal activity ( $N = 3$ ).

Most of the studies that address gene regulation by CMTs have found that CMT effects occur *via* a post-transcriptional or translation mechanism. For example, iNOS has been shown to be regulated by CMT-3 by a mechanism similar to CMT-8 and -5 regulation of IL-6 where the mRNA of iNOS was decreased in the presence of CMT-3 and doxycycline [25]. PLA<sub>2</sub>, an inflammatory mediator, has been shown to be regulated by a post-translational mechanism; however, the exact mechanism has not been elucidated [42]. The results of the present study

suggest CMT-8, but not CMT-5, can inhibit IL-6 gene expression by a mechanism consistent with decreasing mRNA stability in osteoblasts. The results in this paper are consistent with the effects on IL-6 gene expression at the post-transcriptional level [39,46,47]. Similar findings were observed with CMT regulation of iNOS in macrophages [25].

Other studies have shown that tetracyclines can regulate steady-state levels of specific mRNAs. In cultured keratinocytes, gelatinase (MMP-2) gene expression was regulated

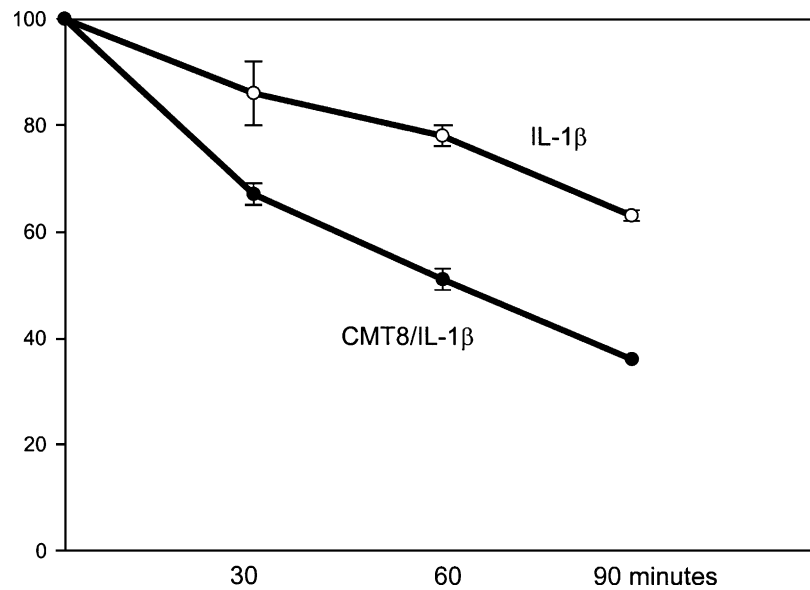


Fig. 5. Effect of CMT-8 on IL-6 mRNA stability in MC3T3-E1. MC3T3-E1 cells were pretreated with CMT-8 (10  $\mu$ g/mL), then treated with IL-1 $\beta$  (1 ng/mL) for 6 hr. During the last 90, 60, and 30 min of incubation, actinomycin D (2.0  $\mu$ g/mL) was added. Total RNA (N = 3) was purified, separated on agarose gels, blotted onto nylon membranes, and sequentially hybridized with  $^{32}$ P-labeled cDNA probes specific for IL-6 and GAPDH. The % mRNA remaining from IL-1 $\beta$   $\pm$  CMT-8-treated cells following normalization to GAPDH. mRNA half-lives were experimentally determined to be  $\sim$ 90 min in IL-1 $\beta$ -treated cells, and  $\sim$ 30 min in CMT-8/IL-1 $\beta$ -treated cells.

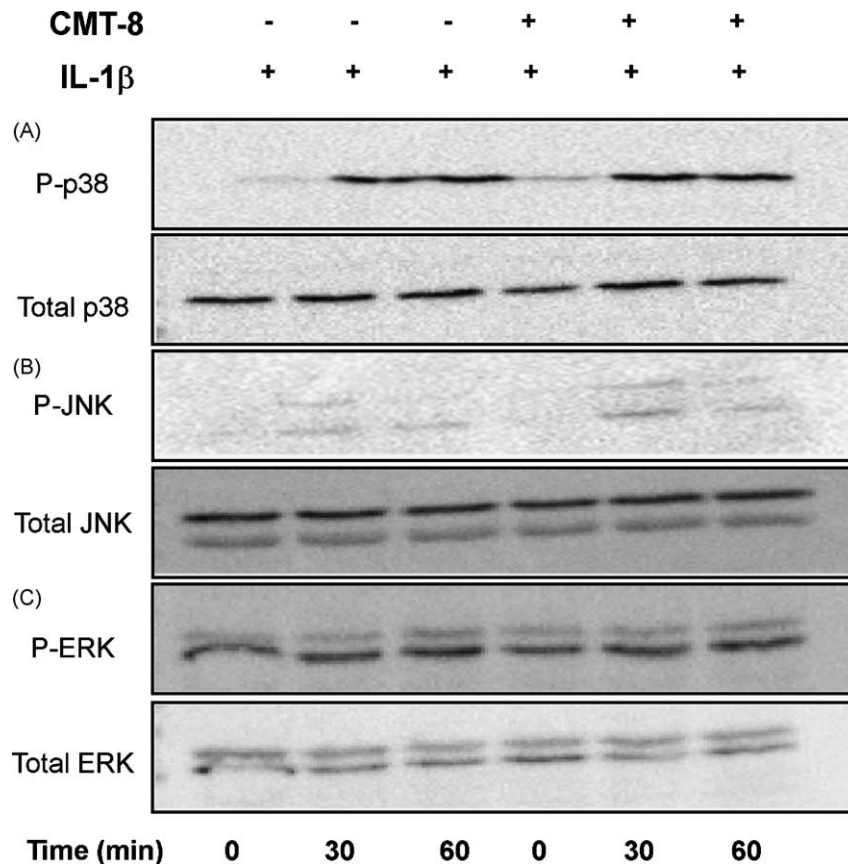


Fig. 6. Effect of CMT-8 on MAP kinase phosphorylation in MC3T3-E1. (A) Activation of p38 (A), JNK (B), or ERK (C) was evaluated in MC3T3-E1 cells in response to IL-1 $\beta$  stimulation was detected by phosphospecific antibodies to phosphorylated p38 (A), JNK (B), or ERK (C). Effects of CMT-8 were evaluated by pretreatment of cells with CMT-8 followed by IL-1 $\beta$  stimulation. Blots were reprobed with anti-p38 (A), JNK (B), or ERK (C) to verify equal loading.

by doxycycline and CMT-1, however, the mechanism of this regulation was not elucidated [23]. It was proposed to involve a direct regulation of mRNA transcription rate or an increase in the rate of decay post-transcriptionally. Another mechanism of indirect regulation of MMP-2 expression by doxycycline and CMT-1 was proposed to involve chelation of divalent cations required for cell adhesions molecules, with subsequent changes in gene expression mediated through signal transduction pathways. Another study has shown that CMT-1 can prevent streptozotocin-induced depression of skin type I procollagen  $\alpha_1$  (I) gene steady-state mRNA levels in a diabetic rat model [48]. Although the mechanism was not elucidated the authors suggested that the type I ( $\alpha_1$ ) procollagen gene mRNA half-life was prolonged in the presence of CMT-1. *In vivo* data have shown that minocycline can prevent trabecular bone loss induced by ovariectomy (OVX) consistent with effects on bone remodeling in aged rats [49]. Additional *in vivo* data showed that CMT-1 with or without flurbiprofen was able to prevent bone loss associated with loss of gonadal function [50]. Other animal studies have subsequently shown CMT-8 along with bisphosphonates can diminish LPS-induced alveolar bone destruction [49]. In this paper, CMT-8 but not CMT-5 inhibited the potentially catabolic effects of IL-1 $\beta$ , suggesting a novel molecular mechanism of these drugs with the treatment of metabolic bone diseases, such as osteoporosis and periodontal diseases.

Induction of IL-6 in these studies with IL-1 $\beta$  also translated into secretion of IL-6 protein. Our previous results indicated that IL-6 secretion could be inhibited by up to ~50% by CMT-8 and to a lesser extent by doxycycline (~30%) [28]. In these studies, CMT-8 inhibition of IL-1 $\beta$ -induced IL-6 secretion occurred in a dose-dependent manner with an experimentally  $IC_{50}$  of 4.4  $\mu$ g/mL. In subsequent studies, we used 10  $\mu$ g/mL CMTs as these concentrations were determined not to have any effects on cell viability (preliminary data not shown). The results of the present study were consistent with the regulation of the IL-1 $\beta$ -induced IL-6 steady-state mRNA regulation in osteoblastic cultures (Figs. 1 and 2), suggesting that IL-6 protein levels are decreased due to a decrease in the amount of IL-6 gene expression rather than a decrease in newly translated protein. Studies with MC3T3-E1 cells have shown that IL-1 $\beta$  increases steady-state IL-6 mRNA levels as early as 1 hr and later studies showed that the transcription factors NF- $\kappa$ B and C/EBP- $\beta$  are needed to mediate the induction of IL-6 gene expression [4]. IL-1 $\beta$  has been shown to increase the mRNA half-life of IL-6 from 30 min to 2 hr [36]. We also observed a similar increase in IL-6 half-life with IL-1 $\beta$  treatment (Fig. 5). Results using actinomycin D to arrest transcription suggest that CMT-8 accelerates IL-6 degradation at the post-transcriptional level rather than transcription at the promoter level. Additional studies addressing the rate of transcription were inconclusive (data not shown), but based upon promoter

activity in these cells, we do not feel the rate of mRNA synthesis is dramatically affected. Additional experiments are needed to confirm this interpretation.

Regulation of cytokine mRNA turnover, such as IL-6, is recognized to be one of the centrally important mechanisms of controlling the level of cytoplasmic mRNA, and consequently, gene expression. Rapid mRNA turnover is mediated by *cis*-acting elements that are distributed throughout the mRNA molecule [51]. For example, a common destabilizing element found in the 3' untranslated region (UTR) of short-lived mRNAs is the AU-rich element (ARE), consisting of multiple copies of the pentanucleotide, AUUUA, and a high content of U residues [52,53]. ARE-directed mRNA decay may be positively or negatively regulated by extracellular stimuli [54,55].

MAP kinases are key enzymes in the signal transduction cascade from the extracellular environment to the nucleus of essentially every eukaryotic cell type [56]. Three groups of MAP kinases have been identified in mammalian cells [57,58]. These are the ERKs, the JNKs, and the p38 MAP kinases. In general, the ERKs are activated by growth factors and hormones whereas both JNKs and p38 MAP kinases are activated by environmental stress and inflammatory cytokines [58,59]. p38 MAP kinase was originally identified as the target of pyridinylimidazole compounds that inhibit the production of inflammatory cytokines from monocytes [60]. Subsequently, p38 MAP kinase has been shown to play a role in a variety of other cellular processes, including prolongation of cytokine mRNA half-life [61,62].

In these studies, we observed that IL-6 mRNA half-life was reduced in the presence of CMT-8. To explore the possibility that CMT-8 could directly affect MAP kinases which are activated in response to IL-1 $\beta$  stimuli, we performed experiments to measure CMT-8 effects on p38, JNK, and ERK MAP kinase phosphorylation when activated by IL-1 $\beta$ . Results shown in Fig. 6 indicate that CMT-8 does not directly affect MAP kinase activation in MC3T3-E1 cells. In these cells, both p38 and JNK are activated in response to IL-1 $\beta$  (Fig. 6A and B), while no effect is observed with ERK in response to IL-1 $\beta$ . These results are similar to that of other studies with osteoblasts or bone marrow stromal cells [63,64]. Thus, data from these studies suggest that MAP kinases are not the direct target of CMT-8 in osteoblasts.

It is assumed that regulation of mRNA stability is mediated through *trans*-acting RNA-binding factors which interact with *cis*-elements, including AREs. ARE-binding regulators of mRNA stability include AUF1, HuR, and tristetraprolin (TTP) [65]. All of these RNA-binding proteins are expressed in MC3T3-E1 cells.<sup>1</sup> Based upon the data obtained in this present study, we propose a mechanism whereby CMT-8 regulation of IL-1 $\beta$ -induced IL-6 expression occurs at the post-transcriptional level and

<sup>1</sup> Unpublished data.



requires ongoing protein synthesis to mediate these effects. A possible mechanism consistent with these findings would be the induction of RNA-binding protein(s) to truncate the 3'-end of the IL-6 mRNA and target the message for degradation.

Other studies previous to this study have shown the potential of tetracyclines to regulate IL-6 in osteoporosis animal models. Minocycline was shown to decrease IL-6 in ovariectomized (OVX) rats and increase type I collagen expression without affecting osteocalcin or alkaline phosphatase expression [66]. We have had similar results in MC3T3-E1 cells [28], and see footnote 1). Additional studies with CMT-8 have demonstrated that IL-6 is decreased in periodontal disease animal models where LPS-induced bone loss can be measured [67]. Recent data have been shown that low doses of doxycycline, where antibacterial actions are not observed, can reduce acute phase response protein, C-reactive protein, IL-6, MMP-2, and MMP-9 in patients with recent acute coronary syndrome [68]. Data presented herein provide additional support for the use of CMTs in the treatment of IL-6-mediated bone diseases. Bone-related diseases which may benefit from CMT therapeutics include osteoporosis, rheumatoid arthritis, periodontitis, and other metabolic bone diseases.

## Acknowledgments

This work was supported, in part through the Moir P. Tanner Research Fund (K.L.K.), the ADA Health Foundation (K.L.K.), and CollaGenex, Inc. (K.L.K.).

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