

Inhibition of Tumor Necrosis Factor α -Stimulated Aromatase Activity by Microtubule-Stabilizing Agents, Paclitaxel and 2-Methoxyestradiol

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The aromatase enzyme, which converts androstenedione to oestrone, regulates the availability of oestrogen to support the growth of hormone-dependent breast tumours. Cytokines, such as interleukin 6 (IL-6) and tumour necrosis factor α (TNF α) or prostaglandin E₂ (PGE₂), can stimulate aromatase activity. These factors may originate from cells of the immune system that infiltrate breast tumours. Paclitaxel, which is used in the treatment of breast cancer, stabilizes microtubules and has previously been shown to rapidly down-regulate TNF-receptors on human macrophages. The endogenous oestrogen metabolite, 2-methoxyestradiol (2-meOE2), also acts to stabilize microtubules. In this study, we have examined the ability of paclitaxel or 2-meOE2 to antagonise TNF α -stimulated aromatase activity in stromal fibroblasts derived from normal or malignant breast tissues. Paclitaxel inhibited basal and TNF α -stimulated aromatase activities by 88% and 91% respectively. 2-MeOE2 also reduced basal and TNF α -stimulated aromatase activities by 46% and 56% respectively. Both paclitaxel and 2-meOE2 also inhibited stimulation of aromatase activity by IL-6 plus its soluble receptor and PGE₂. The 16 α -hydroxylated derivative of 2-meOE2 and 2-meOE3, which does not bind to microtubules, was less effective at inhibiting TNF α -stimulated aromatase activity. Increased 2-hydroxylation of oestrogens, and subsequent formation of their 2-methoxy derivatives, may be associated with a reduced risk of breast cancer. It is possible that the pathway of oestrogen metabolism may influence the ability of stromal cells to respond to cytokine stimulation. © 1999 Academic Press

Abbreviations used: IL-6, interleukin 6; TNF α , tumour necrosis factor α ; PGE₂, prostaglandin E₂; 2-meOE2, 2-methoxyestradiol; 2-meOE3, 2-methoxyoestradiol; Pax, Paclitaxel; CM, conditioned medium; FCS, foetal calf serum; PPAR γ , peroxisome proliferator activated receptor γ .

Synthesis of oestrone from androstenedione, by the aromatase enzyme complex, is an important source of oestrogen available to support the growth of hormone-dependent tumours (1). Cytokines, such as IL-6 and TNF α and PGE₂, can all stimulate aromatase activity (2–4). Many breast tumours are infiltrated by macrophages and lymphocytes and there is evidence that these cells may be an important source of the factors that can stimulate aromatase activity (5–6).

The role that the immune system has in the development of cancers remains controversial (7). In women receiving long-term immune suppressive therapy, however, the incidence of breast cancer is reduced (8). This suggests that the immune system may have an immunostimulatory role in the development of breast cancer. Support for such a role, possibly acting via cytokine stimulation of oestrogen synthesis, was obtained by comparing the abilities of conditioned medium (CM) collected from white blood cells of an immunosuppressed subject or woman with breast cancer to stimulate aromatase (9). Stimulation of the activity of this enzyme was greatly reduced by CM collected from cells of the immunosuppressed subject. Furthermore, concentrations of TNF α were barely detectable in CM from cells of the immunosuppressed subject in contrast to the high levels present in CM from cells of a woman with breast cancer. It is likely, therefore, that TNF α has an important role in regulating aromatase activity.

TNF α , like other cytokines, acts by interacting with cell-surface receptors (10). Using human macrophages, paclitaxel, a compound that stabilizes microtubules, was found to rapidly down-regulate TNF α receptors (11). The endogenous oestrogen metabolite, 2-methoxyestradiol (2-meOE2), was recently shown to have a similar effect to that of paclitaxel on microtubule stability (12, 13). In the present investigation we have examined the ability of paclitaxel and 2-meOE2 to antagonise TNF α stimulated activity in cultured fibroblasts derived from breast tissues.

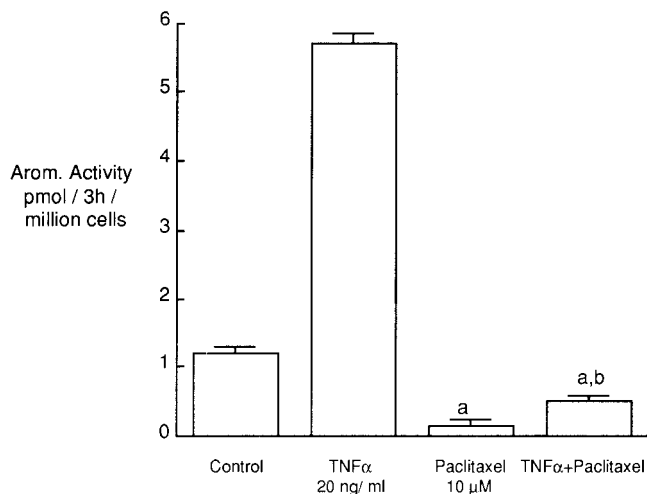


FIG. 1. Inhibition of basal and TNF α -stimulated aromatase activity by paclitaxel (Pax) in breast tissue fibroblasts. Paclitaxel was added to cells which were cultured for 24 h in 2% stripped foetal calf serum. TNF α was added, in the presence of dexamethasone (100 nmol/l) and cells cultured for a further 48 h in the same medium. Controls and cells with paclitaxel, but not TNF α , were also cultured in the presence of dexamethasone for a 48 h period. Aromatase activity was measured in intact monolayers after washing cells with phosphate buffered saline (means \pm SD, $n = 3$; a, $p < 0.001$ versus controls; b, $p < 0.001$ versus TNF α -stimulated aromatase activity).

MATERIALS AND METHODS

Samples of breast adipose or tumour tissue were obtained from women undergoing reduction mammoplasty or lumpectomy after obtaining their informed consent. The study was approved by the hospital Ethics Committee.

Fibroblasts were cultured as previously described (2). Briefly, they were cultured in Eagles' modified minimal essential medium containing Hepes buffer (20 mmol/l), 10% foetal calf serum (FCS) and supplements. Cells were routinely passaged 2–3 times after which replicate 25 cm² flasks were seeded with fibroblasts and grown to confluency. For experiments, cells were cultured in phenol red-free medium containing 2% stripped FCS for 24 h in the presence of paclitaxel or 2-meOE2 before the addition of TNF α , IL-6 plus IL-6 soluble receptor (IL-6sR) or PGE₂ and cultured for a further 48 h in this medium. TNF α , IL-6 and IL-6sR (R&D Systems Ltd, Abingdon, Oxford, UK) or PGE₂ (Sigma, Poole, Dorset, UK) were used in the presence of dexamethasone (100 nmol/l, Sigma). Paclitaxel, 2-meOE2 and other chemicals were also obtained from Sigma.

At the end of the treatment period aromatase activity was measured in intact monolayers using [14 C]-androstenedione (15–30 Ci/mmol, NEN-Du Pont, and Stevenage, Herts, UK) over a 3–20 h period (2, 3). The number of cells was measured by counting cell nuclei using a Coulter counter. Experiments were carried out in triplicate and results shown are representative of 2–3 investigations.

Statistics. Student's *t* test was used to assess the significance of differences in mean values of treated and control cells.

RESULTS

The ability of paclitaxel to inhibit TNF α stimulated aromatase activity was initially examined using fibroblasts derived from reduction mammoplasty tissue (Fig. 1). In these cells, TNF α , in the presence of dexa-

methasone, stimulated aromatase activity by 375%. Both paclitaxel and 2-meOE2 inhibited basal aromatase activity by 88% and 46% respectively. In addition, TNF α stimulated aromatase was also significantly reduced by these compounds by 91% and 56% respectively. This ability appears to be specific to agents that stabilize microtubules. Colchicine, which inhibits microtubule polymerization, or Cytochalasin B, which binds to microfilaments, were without effect (data not shown).

As other factors, such as IL-6 and PGE₂, also act via interaction with cell surface receptors, the ability of paclitaxel and 2-meOE2 to antagonise aromatase stimulation by these factors and TNF α was also examined (Fig. 2). TNF α , IL-6 plus IL-6sR or PGE₂ all significantly enhanced aromatase activity in tumour-derived fibroblasts. Both paclitaxel and 2-meOE2 inhibited basal aromatase activity and TNF α stimulated activity. In addition, however, they were also found to antagonise stimulation of aromatase activity by IL-6 plus IL-6sR or PGE₂.

The relative potencies of paclitaxel and 2-meOE2 to antagonise TNF α stimulated aromatase activity were compared in a dose-response study (Fig. 3). In addition, the ability of the 16 α -hydroxy derivative of 2-meOE2, 2-meOE3, which does not appear to bind to microtubules (14), to inhibit TNF α stimulated aromatase activity was also examined.

While both paclitaxel and 2-meOE2 inhibited TNF α stimulated aromatase, it was evident that paclitaxel is a more potent antagonist. At 0.1 μ M paclitaxel inhib-

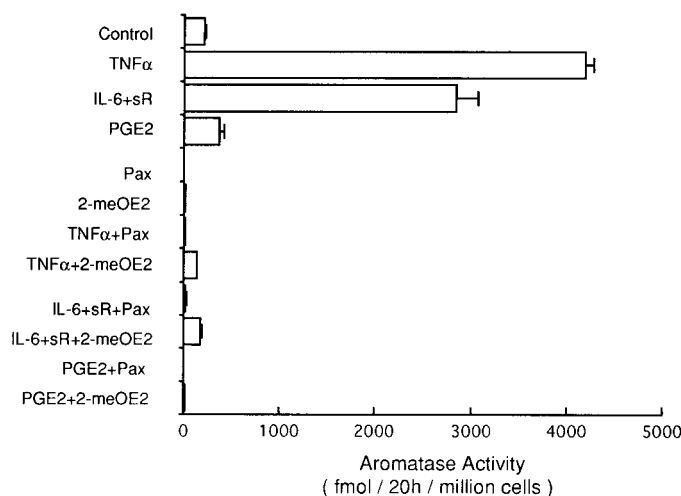


FIG. 2. Inhibition of TNF α (20 ng/ml), IL-6 plus IL-6sR (50 ng + 100 ng/ml) or PGE₂ (10 μ M) stimulated aromatase activity in fibroblasts by paclitaxel (Pax, 10 μ M) or 2-methoxyestradiol (2-meOE2, 10 μ M) (means \pm SD, $n = 3$). The experimental protocol used was as described in the legend to Fig. 1. Aromatase activity in cells treated for 48h with TNF α , IL-6 plus IL-6sR or PGE₂ was significantly higher ($p < 0.01$ – $p < 0.001$) than in control cells. All inhibitions were significant ($p < 0.001$) compared with aromatase activity in TNF α -stimulated cells in the absence of paclitaxel or 2-methoxyestradiol.

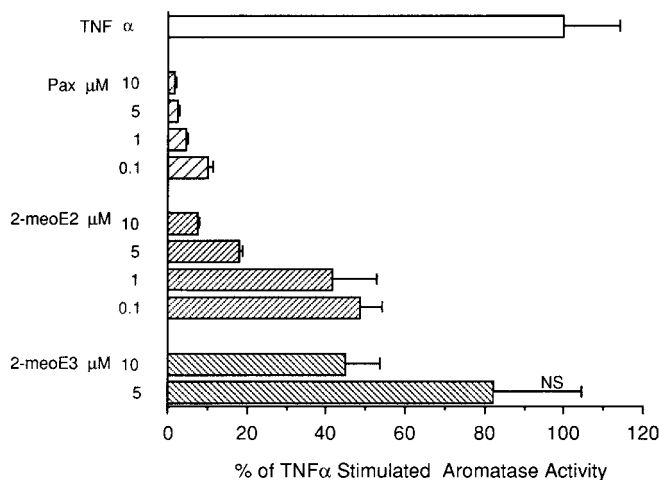


FIG. 3. Dose response for inhibition of TNF α -stimulated aromatase activity (expressed as % of TNF α -stimulated activity) by paclitaxel (Pax), 2-methoxyestradiol (2-meOE2) or 2-methoxyoestriol (2-meOE3) in fibroblasts (means \pm SD, n = 3). The experimental protocol used was as described in the legend to Fig. 1. All compounds significantly inhibited TNF α stimulation of aromatase activity (p < 0.001) with the exception of 2-methoxyoestriol at 5 μ M (NS).

ited stimulation by 90% whereas 2-meOE2 at this concentration only reduced the stimulation by 51%. 2-MeOE3, while showing some inhibitory effect at the highest concentration tested did not significantly reduce TNF α stimulation of aromatase activity at 5 μ M.

DISCUSSION

Results from this investigation have revealed that two agents that alter microtubule stability, paclitaxel and 2-meOE2, not only inhibit basal aromatase activity but greatly reduce TNF α stimulated activity. Paclitaxel is used in the treatment of breast cancer but, as far as we are aware, this is the first report demonstrating its ability to inhibit basal and cytokine stimulated aromatase activity. This property is restricted microtubule stabilizing agents as colchicine or cytochalasin B, which have different effects on the microtubule, were unable to inhibit TNF α stimulated aromatase activity.

TNF α , IL-6 plus IL6sR and PGE₂ are the three main factors identified so far that can regulate aromatase activity in fibroblasts derived from subcutaneous adipose or breast tissues. Microtubules may be required for the synthesis of cytokine receptors or for their translocation to the plasma membrane (15). It is likely, therefore, that the effect that paclitaxel and 2-meOE2 have on the ability of TNF α , IL-6 or PGE₂ to stimulate aromatase activity may also result from an effect on the synthesis/translocation of the receptors involved in their signalling. The ability of paclitaxel and 2-meOE2 to reduce basal (i.e. unstimulated) aromatase activity may result from blocking the autocrine/paracrine ac-

tion of cytokines and PGE₂, which are known to be produced by these fibroblasts, on aromatase activity (6, 16).

Paclitaxel is used for the treatment of breast cancer but its toxicity precludes its long-term use. The finding that 2-meOE2, an endogenous oestrogen metabolite, may have similar properties to paclitaxel suggests it may have considerable therapeutic potential (17). Oral administration of 2-meOE2 to mice inoculated with B₁₆ melanoma, Meth A sarcoma or MDA-MB-435 breast cancer cells significantly reduced tumour growth (18, 19).

The results from this investigation also suggest a possible mechanism by which the immune system could develop an immunostimulatory role. In the presence of adequate production of 2-meOE2, cytokine receptors in breast tissues would be down-regulated and thus cytokine stimulation of aromatase activity inhibited. Reduced production of 2-meOE2 would enable cytokines to stimulate oestrogen synthesis in breast tissues. Bradlow and his colleagues have obtained convincing evidence that a reduction in the formation of 2-hydroxyoestrogens and an increase in synthesis of 16 α -hydroxy metabolites is associated with an increased risk of breast cancer (20, 21). The observation in the present study that the 16 α -hydroxy derivative of 2-meOE2 had only a limited ability to suppress TNF α stimulated aromatase activity would appear to support Bradlow's findings.

Stromal fibroblasts cultured from adipose tissue have the ability to differentiate into adipocytes. TNF α , while stimulating aromatase activity in fibroblasts, inhibits their differentiation into adipocytes. High concentrations of oestradiol (10–100 μ M) can inhibit TNF α stimulated aromatase activity in adipose stromal cells and it has been postulated that a feed-back loop may exist to prevent excessive oestrogen synthesis in these cells (22). PPAR γ ligands, such as thiozolidinedione, can also stimulate adipocyte differentiation and also inhibit TNF α stimulated aromatase activity. As high concentrations of oestradiol were required to inhibit TNF α stimulated aromatase activity in human adipose stromal cells it is tempting to speculate that oestradiol may act after conversion to 2-meOE2.

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REFERENCES

1. Reed, M. J., Owen, A. M., Lai, L. C., Coldham, N. G., Ghilchik, M. W., Shaikh, N. A., and James, V. H. T. (1989) *Int. J. Cancer* **44**, 233–237.
2. Reed, M. J., Coldham, N. G., Patel, S., Ghilchik, M. W., and James, V. H. T. (1992) *J. Endocrinol.* **132**, R5–R8.

3. Macdiarmid, F., Wang, D., Duncan, L. J., Purohit, A., Ghilchik, M. W., and Reed, M. J. (1994) *Molec. Cell. Endocrinol.* **106**, 17–21.
4. Zhao, Y., Agarwal, V., Mendelson, C. R., and Simpson, E. R. (1996) *Endocrinology* **137**, 5739–5742.
5. Kelly, P. M., Davison, R. S., Bliss, E., and McGee, J. O. (1988) *Br. J. Cancer* **57**, 174–177.
6. Purohit, A., Ghilchik, M. W., Duncan, L. J., Wang, D. Y., Singh, A., Walker, M. M., and Reed, M. J. (1995) *J. Clin. Endocrinol. Metab.* **80**, 3052–3058.
7. Reed, M. J., and Purohit, A. (1997) *Endocrine Rev.* **18**, 701–715.
8. Stewart, T., Tsai, S.-C. J., Grayson, H., Henderson, R., and Opelz, G. (1995) *Lancet* **346**, 796–798.
9. Singh, A., Purohit, A., Duncan, L. J., Mokbel, K., Ghilchik, M. W., and Reed, M. J. (1997) *J. Steroid Biochem. Molec. Biol.* **61**, 185–192.
10. Tartaglia, L. A., and Goeddel, D. V. (1992) *Immunol. Today* **13**, 151–153.
11. Ding, A. H., Porteu, F., Sanchez, E., and Nathan, C. F. (1990) *Science* **248**, 370–373.
12. Attalla, H., Makela, T. P., Adlercreutz, H., and Andersson, L. C. (1996) *Biochem. Biophys. Res. Comm.* **228**, 467–473.
13. Attalla, H., Westberg, J. A., Andersson, L. C., Adlercreutz, H., and Makela, T. P. (1998) *Biochem. Biophys. Res. Comm.* **247**, 616–619.
14. Yue, T.-L., Wang, X., Londen, C. S., Gupta, S., Pillarisetti, K., Gu, J.-L., Hart, T. K., Lykso, P. G., and Feuerstein, G. Z. (1997) *Molec. Pharmacol.* **51**, 951–962.
15. Ding, A. H., Porteu, F., Sanchez, E., and Nathan, C. F. (1990) *J. Exp. Med.* **171**, 715–727.
16. Schrey, M. P., and Patel, K. V. (1995) *Br. J. Cancer* **72**, 1412–1419.
17. Zhu, B. T., and Conney, A. H. (1998) *Cancer Res.* **58**, 2269–2277.
18. Fotsis, T., Zhang, Y., Pepper, M. S., Adlercreutz, H., Montesano, R., Nawroth, P. P., and Schweigerer, L. (1994) *Nature* **368**, 273–239.
19. Klauber, N., Parangi, S., Flynn, E., Hamel, E., and D'Amato, R. J. (1997) *Cancer Res.* **57**, 81–86.
20. Bradlow, H. L., Sepkovic, D. W., Telang, N. T., and Osborne, M. P. (1995) *Ann. N.Y. Acad. Sci.* **728**, 180–200.
21. Bradlow, H. L., Telang, N. T., Sepkovic, D. W., and Osborne, M. P. (1996) *J. Endocrinol.* **150**, S259–S265.
22. Simpson, E., Rubin, G., Clyne, C., Robertson, K., O'Donnell, L., Davis, S., and Jones, M. (1999) *Endocr. Rel.-Cancer* **6**, 131–137.