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Targeting Vacuolar H\textsuperscript{+}-ATPases as a New Strategy against Cancer

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Abstract

Growing evidence suggests a key role of tumor acidic microenvironment in cancer development, progression, and metastasis. As a consequence, the need for compounds that specifically target the mechanism(s) responsible for the low pH of tumors is increasing. Among the key regulators of the tumor acidic microenvironment, vacuolar H\textsuperscript{+}-ATPases (V-ATPases) play an important role. These proteins cover a number of functions in a variety of normal as well as tumor cells, in which they pump ions across the membranes. We discuss here some recent results showing that a molecular inhibition of V-ATPases by small interfering RNA as well as a pharmacologic inhibition through proton pump inhibitors led to tumor cytotoxicity and marked inhibition of human tumor growth in xenograft models. These results propose V-ATPases as a key target for new strategies in cancer treatment. [Cancer Res 2007;67(22):10627–30]

Introduction

Evidence is accumulating that hypoxia and acidity are involved in cancer progression and in the tumor sensitivity to chemotherapy. The hypoxic and acidic tumor microenvironment may in turn induce the selection of tumor cells able to survive in this unfavorable condition and contribute to the progression from benign to malignant growth. Acidity, in particular, has been shown to have a role in resistance to chemotherapy (1), proliferation (2), and metastatic behavior (3). Up to five decades ago, it was postulated that tumors were acidic due to their marked rate of lactic acid production (4). In fact, an important determinant of tumor acidity is the anaerobic metabolism that allows the selection of cells able to survive in a hypoxic-anoxic environment through the up-regulation of hypoxia-inducible factor \( 	ext{\alpha} \) and the adaptation of a glycolytic phenotype with generation of lactate (5). However, tumors are able to create the acidic environment also in conditions of reduced production of lactate via glycolysis, suggesting that the aerobic metabolism is not the major mechanism responsible for the development of an acidic environment within solid tumors (6, 7). Particularly, the causes for the acidic pH in tumors may include (a) deficiencies in tumor perfusion, due to the abnormal vascularization of the tumor mass; (b) hypoxia and metabolic abnormalities associated with transformation and uncontrolled cell growth; and (c) increased capacity for transmembrane pH regulation. These conditions may create a sort of vicious circle that, on one hand holds up the same conditions and on the other hand may favor the selection of highly malignant tumor cells able to survive in this hostile environment. A variety of ion exchangers expressed by tumor cells seem to have a key role in the establishment of the malignant tumor microenvironment. These transmembrane proteins pump ions from the inside to the outside of the cells, and in some cases they exchange ions between the internal and the external spaces. Of course, this mechanism substantially helps the cells in managing to free themselves from the very dangerous H\textsuperscript{+} ions that otherwise may accumulate within cytosolic spaces, in turn fatally activating a cascade of lytic enzymes. Among these proton pumps, one of the most studied, as responsible for both the establishment and the maintenance of the acidic pH of tumors, are the vacuolar H\textsuperscript{+}-ATPases (V-ATPase).

Role of V-ATPases in Cancer Metastasis

V-ATPases, as a specific proton pump of the cell, have an important role in the control of intracellular pH and extracellular pH. V-ATPases are involved in maintaining a relatively neutral intracellular pH, an acidic luminal pH, and an acidic extracellular pH (8), through pumping protons into extracellular environment or lumen of some membrane-bound organelles. V-ATPases are overexpressed in many types of metastatic cancers and positively correlated to their invasion and metastasis (9, 10). In cancer tissues, the extrusion of protons via V-ATPase causes extracellular acidification and contributes to the maintenance of an aberrant pH gradient between the alkaline cytosol and the acidic extracellular environment. The low pH of tumor extracellular microenvironment may induce the increased secretion and activation of proteases. Moreover, low extracellular pH may promote the degradation and remodeling of extracellular matrix (ECM) through proteolytic enzyme activation, thus contributing to cancer invasion and metastasis (3, 11). In fact, the promoting effect of V-ATPases on cancer invasion and metastasis mainly relies on their ability to maintain an acidic pH of extracellular microenvironment and very acidic luminal pH. This pathway is in turn related to the activation, secretion, and cellular distribution of many proteases involved in the digestion of ECM. The proteases needing a low extracellular pH to optimize their activation (12–15) include matrix metalloproteinases (MMP), bone morphogenetic protein-1-type metalloproteinases, tissue serine proteases, and adamalysin-related membrane proteases. Among them, MMPs are proteases essentially involved in degradation and remodeling of ECM, due to their ability to collectively degrade all the structural components of the ECM. We have recently shown that the inhibition of V-ATPase function via knockdown of \( ATP6L \) (c subunit gene) expression using RNA interference technology could effectively suppress cancer metastasis by the decrease of proton extrusion and the down-regulation...
of protease activity (16). Cancer metastasis is an ultimate cause leading to the failure of clinical treatment for patients with malignant tumor (17). Throughout the entire process of cancer metastasis, degradation and remodeling of ECM almost exist in each step (18). Thus, blocking the ECM degradation has become a prospective approach in the development of treatment for cancer metastasis. However, previous trials whose end point was to target only one or several MMPs by MMP inhibitors did not provide positive results. A possible main reason for these failures is that MMP family consists of over 20 members and there is no MMP inhibitor (endogenous or exogenous) able to simultaneously inhibit all MMP members (19). Our data (16) and other reports (8, 11) have indicated that one way to inhibit protease activation in cancer metastasis is to increase the pH of extracellular microenvironment of metastatic cancer cells, in turn entirely suppressing the activation of proteases and blocking the process of degradation and remodeling of ECM. Some data suggest that different use of ion exchangers may help to distinguish tumor cells with different metastatic behavior (9). In fact, although breast cancer cells with low metastatic potential preferentially use Na⁺/H⁺ exchangers and the V-ATPases that maintain an alkaline-acidic outside pH gradient featuring cancer cells is generated by the up-regulated activity of proton transporters like Na⁺/H⁺ exchangers and HCO₃⁻-based H⁺-transporting mechanisms, highly metastatic cells preferentially use plasma membrane V-ATPases (9).

Moreover, it has been largely and successfully used for the treatment of peptic ulcer diseases, due to their antiacidic properties. After protonation in the stomach, PPI irreversibly bind the proton and can no longer be protonated. Thus, blocking the proton pump transport across membranes. Because of the importance of the reversed pH gradients in malignant progression of tumor cells, we tested the specific effects of PPI on (a) drug resistance in a variety of human tumor cells and (b) growth of B-cell tumors, both in vitro and in vivo. Weakening weak bases, most chemo-therapeutic agents are neutralized either in the acidic tumor microenvironment or in the lumen of acidic intracellular vesicles, representing these two factors as the bases for cellular resistance to drugs (20, 23). We observed that physiologic concentrations of PPI significantly increase the pH of acidic intracellular vesicles and the extracellular pH, inducing accumulation of acidic vesicles in the cell. Indeed, low-dose pretreatment in vitro and in vivo with PPI (a) reverted chemoresistance of different tumor cells to cisplatin, 5-fluouracil, and doxorubicin; and (b) increased the sensitivity of drug-sensitive cells to anticancer agents. These effects were mediated by the intracellular retention of chemotherapeutic agents, associated with a “normalization” of the pH gradients of the tumor cells (Fig. 1; ref. 24).

It seems highly conceivable that tumor acidity may induce a selective accumulation of PPI in the tumor tissues, as it occurs normally in the stomach. By analogy with the gastric compartment, PPI may be protonated and transformed in the active form in the acidic tumor microenvironment, thus blocking the H⁺-ATPase and altering the tumor pH gradients. In fact, we found that effect of PPI on tumor cell growth was directly related to the level of acidity of the culture medium (25). PPI induced selective cytotoxicity in B-cell tumors that passed through an early massive reactive oxygen species (ROS) activation and lysosomal membrane perturbation, leading to a caspase-independent cell death (25). In line with the expected inhibition of pH regulation, PPI caused alkalization of acidic vesicles and acidification of the cytosol. The antineoplastic activity of PPI was observed also in pre-B acute lymphoblastic leukemia cells obtained from patients with acute lymphoblastic leukemia, as well as in severe combined immunodeficient mice engrafted with B-cell lymphomas, whose growth was significantly reduced after PPI p.o. administration. Of course, the effect of PPI may depend on the level of acidity within the target tumor tissues. Indeed, it is conceivable that solid tumors, such as carcinoma or melanomas, may create a more acidic environment, in turn allowing a more potent PPI activation. We know that melanoma cells may survive at very low pH (lower than 5; ref. 26), whereas B-cell tumor-derived cells mostly die at these pH.3 This suggests that at least melanomas are more acidic than B-cell lymphomas, and that melanoma cells are armed to bear extreme acidic conditions. Altogether, these results suggest that PPI-mediated antitumor activity may pass through a strong inhibition of a crucial mechanism that allows tumor cells to efficiently eliminate toxic molecules, including protons and ROS. ROS accumulation is an early event in the PPI-mediated antineoplastic effect and permeabilization of acidic vesicles is crucial in this apoptotic cascade. The following acidification of the cytosol may create the optimal conditions for massive activation of protease and other very dangerous lytic enzymes, thus leading to cell death through a sort of autodigestion. However, these results provided the proof of concept that PPI may be considered not only as chemosensitizer agents, but also as a new class of antineoplastic drugs. We reckon that the mechanisms of action of PPI are based on the strong reduction of the reversed cellular pH gradient characterizing tumor cells, eventually leading to tumor cell death (Fig. 1B). In fact, tumor microenvironment is characterized by reversed pH gradient, with an acidic extracellular pH and an alkaline cytosol. This condition is involved in both tumor malignancy and tumor resistance to chemotherapeutics (Fig. 1B, top). PPI treatment locks up the pH gradient by stopping the V-ATPase–mediated H⁺ efflux, in turn allowing anticancer drugs to enter and exert their action within tumor cells (24) and triggering apoptotic pathways in tumor cells that lead to tumor growth inhibition (ref. 25; Fig. 1B, bottom).
Figure 1. Effects of V-ATPase inhibition of tumor microenvironment. A, proton pump V-ATPase is overexpressed in cancer cells with metastatic potential. The 16 kDa subunit (ATP6L) of V-ATPase can provide the proton transmembrane path. To explore the role of V-ATPase in cancer metastasis, ATP6L expression in highly metastatic HCCLM3 cells was knocked down by ~60% using small interfering RNA. The invasion, the expression of MMP-2, and the protease activity of small interfering RNA–treated cells were decreased in vitro. In vivo, the protease activity and the metastasis were also drastically reduced. These results implicate the potential of V-ATPase as a candidate target for antimetastasis treatment (16).

B, tumor cells are characterized by an alkaline cytosolic pH and an acidic extracellular pH whose gradient is involved in tumor progression and malignancy, resulting in chemoresistance, metastasis, and increased proliferation rate. Such pH gradients are maintained by the up-regulated activity of V-ATPases that extrude protons outside the cell and acidify intracellular vesicles. In the presence of PPI, which are protonated and activated in the tumor environment, the activity of V-ATPase is inhibited and the abnormal pH homeostasis of tumor cells is dramatically altered, thus depriving them of a crucial mechanism contributing to tumor malignant behavior (24, 25). The action of PPI include chemosensitization, inhibition of proliferation, and induction of apoptosis.
**Tumor Acidity as a New Delivery for Anticancer Drugs**

Pharmacologic inhibitors of V-ATPases activity have been used in the past with high level of efficacy in vitro, but their potential application in clinical settings is hampered by predicted toxicity on normal cells (20). The great potential of PPI as V-ATPase inhibitors is that they need protonation to be transformed in the active drug (20). This, in turn, means at least two important things: (a) they are recruited by the acidic compartments and (b) they are activated to work as antiacidic drugs, only in these compartments. The evidence is that PPI need an acidic or at least unbuffered medium to work as active drug in culture condition. It has been also shown that human tumor cells may be cultivated in really extreme environmental conditions, such as very acidic medium, whereas in the same conditions normal cells die (26). In fact, PPI are not toxic to normal cells, whereas they exert their action against tumor cells, and this is proven to occur in vivo as well (25). Additional strategies using tumor acidity as a delivery system for anticancer drugs imply the use of acridine orange and that of pH-low insertion peptides nanotechnology. In fact, acridine orange selectively accumulates within tumor tissues due to reversed pH gradients, and after photodynamic and radiodynamic therapy acridine orange is activated within cancers (such as musculoskeletal tumors) and exerts a very selective cytotoxic effect (27). Recently, interesting nanotechnology data identified peptides able to selectively insert into the membrane of cancer cells only at acidic pH, thus providing a powerful tool for selective delivery of therapeutic agents to the acidic site of the tumors (28).

**Concluding Remarks**

Our results and recent published observations indicate a new path to anticancer treatment, and important suggestions are emerg-