The Small Antitumoral Immune Response Modifier **Imiquimod Interacts with Adenosine Receptor** Signaling in a TLR7- and TLR8-Independent Fashion

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Imiquimod, a small-molecule immune response modifier of the imidazoquinoline family, has shown profound antitumoral and antiviral efficacy both in vitro and in clinical applications in vivo. It has been demonstrated that this activity is mediated through the Toll-like receptor (TLR)7- and TLR8-signaling cascade resulting in the secretion of proinflammatory cytokines and, consecutively, induction of a tumor-directed cellular immune response. In addition, imiquimod exerts a direct proapoptotic activity in tumor cells. We demonstrate here that imiquimod induces activation of the transcription factor NF-κB and the downstream production of proinflammatory cytokines in the absence of TLR7 and TLR8. In Chinese hamster ovary cells stably transfected with the human adenosine receptor subtypes, we then show in radioligand-binding competition experiments that imiquimod binds to adenosine receptors at concentrations relevant in clinical settings, with highest affinities to the A_1 and A_{2A} subtypes. The effect on the receptor-mediated activation of adenylyl cyclase was also studied, and these experiments revealed that imiquimod acts as an adenosine receptor antagonist. In addition, imiquimod had an inhibitory effect on adenylyl cyclase activity downstream from the receptor. Finally, using transformed human keratinocytes, we provide experimental evidence that imiquimod and A2A adenosine receptor-specific compounds similarly induce proinflammatory cytokines in the absence of immune cells. Thus, imiquimod appears to suppress an important feedback mechanism of inflammation by antagonism of adenosine receptor-dependent increase of cAMP and a concomitant receptor-independent inhibition of cAMP production. These novel mechanisms presumably act synergistic with the positive induction of proinflammatory cytokines and can, at least in part, explain the profound inflammation observed in some patients in vivo.

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INTRODUCTION

Small molecules with specific activity against malignant or virally infected cells are attractive candidates with respect to new antitumoral treatment options. Among such compounds, immune response modifiers of the imidazoquinoline family, in particular the lead compound imiguimod, have attracted considerable interest owing to their profound antiviral and

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Abbreviations: CCPA, 2-chloro-N⁶-cyclopentyladenosine; CHO, Chinese hamster ovary; Cl-IB-MECA, N⁶-(2-chloro-3-iodobenzyl)adenosine-5'-Nmethyluronamide; PBS, phosphate-buffered saline; RT-PCR, reverse transcriptase-PCR; SCH 58261, 5-amino-7-(2-phenylethyl)-2-(2-furyl)pyrazolo(4,3-e)-1,2,4-triazolo(1,5-c)pyrimidine|TLR, Toll-like receptor; TNF-α, tumor necrosis factor-alpha

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antitumoral activities (Stanley, 1999; Marks et al., 2001; Bath-Hextall et al., 2004; Gupta et al., 2004; Schön and Schön, 2004; Urosevic et al., 2004; Burns and Brown, 2005; Schulze et al., 2005). Recent studies have demonstrated elegantly that imidazoquinoline family members exert their biological activity through direct activation of signaling through Toll-like receptor (TLR)7 and/or TLR8 (Hemmi et al., 2002; Jurk et al., 2002; Gorden et al., 2005), both of which have recently been identified as natural receptors for single-stranded RNA (Diebold et al., 2004; Heil et al., 2004). The activity of imiguimod is then mediated, at least in part, through intracellular activation of the transcription factor NF- κ B, which upon release from its inhibitor I κ B migrates to the nucleus and upregulates transcription of various cytokines including tumor necrosis factor-alpha (TNFα), IL-2, IL-6, IL-12, G-CSF, GM-CSF, IFN γ , and IFN α , as well as chemokines such as IL-8, macrophage inflammatory protein-1α, macrophage inflammatory protein-1 β , and membrane cofactor protein-1 (Miller et al., 1994; Reiter et al., 1994; Weeks and Gibson, 1994; Gibson et al., 1995; Megyeri et al., 1995; Wagner et al., 1997). The net result of these effects is a profound stimulation of a tumor-directed cellular immune response that is seen in tumors of different origin, for

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example, cutaneous melanomas and nonmelanoma skin cancer (Beutner et al., 1999; Marks et al., 2001; Stockfleth et al., 2001; Bong et al., 2002). Indeed, imiquimod has demonstrated good efficacy in the topical treatment of basal cell carcinomas (Beutner et al., 1999; Hannuksela-Svahn et al., 2000; Marks et al., 2001; Tyring, 2001), cutaneous squamous cell carcinomas in situ (actinic keratoses and Bowen's disease) (Stockfleth et al., 2001; Tyring, 2001), and cutaneous metastases of malignant melanoma (Steinmann et al., 2000; Bong et al., 2002; Schön et al., 2004).

Although dendritic cells are thought to be the primary imiquimod-responsive cell type (Miller et al., 1994; Reiter et al., 1994; Burns et al., 2000; Suzuki et al., 2000; Hemmi et al., 2002), imiquimod at higher concentrations also exerts direct proapoptotic activity against various tumor cell populations in vitro and in vivo (Schön et al., 2003, 2004; Sidbury et al., 2003), and it can induce opioid growth factor receptors in tumor cells (Urosevic et al., 2004).

We report here the surprising observation that the biological activity of imiquimod is broader and more complex than could be discerned from previous reports, inasmuch as the compound induced proinflammatory cytokines in TLR7- and TLR8-negative cells, presumably through interference with adenosine receptor signaling. Given that adenosine receptor signaling is involved in inflammatory cascades (Montesinos et al., 2003; Sitkovsky et al., 2004; Odashima et al., 2005), there may be an imiguimod-induced regulatory loop involving adenosine receptors that augments the inflammatory responses observed in vivo.

RESULTS

Induction of proinflammatory cytokines by the small-molecule immune response modifier imiquimod in TLR7- and TLR8negative cells

To further determine the mode of action of small-molecule immune response modifiers, we cultured various cell lines, such as peripheral blood mononuclear cells, keratinocytederived tumor cells, melanoma lines, or leukemia cells, in the presence of imiquimod and studied their cytokine expression profile. Most of the transformed cell lines studied did not express detectable levels of either TLR7 or TLR8 (Figure 1a), the only imiquimod-binding receptors described thus far (Hemmi et al., 2002; Jurk et al., 2002; Gorden et al., 2005). Thus, our results demonstrating that imiquimod induced upregulation of proinflammatory cytokines including TNFα, IL-1 β , IL-6, and IL-8 in TLR7- and TLR8-negative cells, such as the keratinocyte-derived cell line HaCaT (Figure 1b, c, and e), was surprising and indicated a biological activity of imiquimod that was exerted independent of TLR7, TLR8, or dendritic cells. Strong induction of both IL-6 and IL-8 mRNA was observed as early as 30 minutes after exposure of the cells to imiquimod at $5 \mu \text{g/ml}$ (1.7- and 56.3-fold, respectively, as determined by densitometric analysis), and the signal intensity decreased over time (Figure 1b). The TNF α signal showed a similar, albeit somewhat slower, upregulation (3.8-fold after 1 hour as determined by densitometric analysis; Figure 1c). On the protein level, we found clear induction of TNF α , IL-1 β , IL-6, and IL-8 in cells incubated

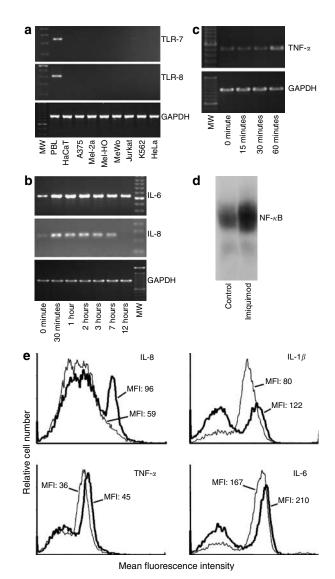


Figure 1. Imiquimod induces proinflammatory cytokines in TLR7- and TLR8negative cells. (a) Expression of TLR7 (upper panel), TLR8 (middle panel), and GAPDH (loading control, lower panel) was assessed by RT-PCR in freshly isolated peripheral blood lymphocytes (positive control), the spontaneously immortalized human keratinocyte line HaCaT, the melanoma lines A375, Mel-2a, Mel-HO, and MeWo, the T lymphoblast line Jurkat, the erythroleukemia line K562, and HeLa tumor cells. (b) TLR7- and TLR8-negative HaCaT cells were incubated with imiguimod (5 µg/ml) for the indicated periods of time, and expression of IL-6 (upper panel), IL-8 (middle panel), and GAPDH (bottom panel) was assessed by RT-PCR. Both IL-6 and IL-8 are rapidly upregulated following exposure of the cells to imiquimod. (c) HaCaT cells were incubated with imiquimod (5 μ g/ml) for the indicated time periods, and expression of TNFα (upper panel) and GAPDH (lower panel) was assessed by RT-PCR. (d) Activation of the transcription factor NF- κ B was assessed in untreated HaCaT cells (left lane) and HaCaT cells treated with imiguimod $(5 \,\mu\text{g/ml} \text{ for 1 hour})$ by an electrophoretic mobility shift assay using nuclear extracts as outlined in Materials and Methods. Please note imiguimodinduced activation of NF- κ B. (e) HaCaT cells were incubated with imiguimod $5 \mu g/ml$ for 24 hours. Thereafter, cells were fixed, permeabilized, and the indicated intracellular cytokines were detected as outlined in Materials and Methods. In each panel, the thin curve represents untreated control cells and the bold-print curve represents imiquimod-treated cells. Please note that imiquimod induces expression of TNFα, IL-1β, IL-6, and IL-8 on the protein level.

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