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Short communication

Do mechanical strain and TNF-α interact to amplify pro-inflammatory cytokine production in human annulus fibrosus cells?

Morakot Likhitpanichkul [a], Olivia M. Torre [a], Jadry Gruen [a], Benjamin A. Walter [a,b], Andrew C. Hecht [a], James C. Iatridis [a,*]

[a] Leni and Peter W. May Department of Orthopedics, Icahn School of Medicine at Mount Sinai, Box 1188, New York, NY 10029, United States
[b] Department of Biomedical Engineering, The City College of New York, New York, NY, United States

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ABSTRACT

During intervertebral disc (IVD) injury and degeneration, annulus fibrosus (AF) cells experience large mechanical strains in a pro-inflammatory milieu. We hypothesized that TNF-α, an initiator of IVD inflammation, modifies AF cell mechanobiology via cytoskeletal changes, and interacts with mechanical strain to enhance pro-inflammatory cytokine production. Human AF cells ($N=5$, Thompson grades 2–4) were stretched uniaxially on collagen-I coated chambers to 0%, 5% (physiological) or 15% (pathologic) strains at 0.5 Hz for 24 h under hypoxic conditions with or without TNF-α (10 ng/mL). AF cells were treated with anti-TNF-α and anti-IL-6. ELISA assessed IL-1β, IL-6, and IL-8 production and immunocytochemistry measured F-actin, vinculin and α-tubulin in AF cells. TNF-α significantly increased AF cell pro-inflammatory cytokine production compared to basal conditions (IL-1β:2.0 ± 1.4–84.0 ± 77.3, IL-6:10.6 ± 9.9–280.9 ± 214.1, IL-8:23.9 ± 26.0–5125.1 ± 4170.8 pg/ml for basal and TNF-α treatment, respectively) as expected, but mechanical strain did not. Pathologic strain in combination with TNF-α increased IL-1β, and IL-8 but not IL-6 production of AF cells. TNF-α treatment altered F-actin and α-tubulin in AF cells, suggestive of altered cytoskeletal stiffness. Anti-TNF-α (infliximab) significantly inhibited pro-inflammatory cytokine production while anti-IL-6 (atlizumab) did not. In conclusion, TNF-α altered AF cell mechanobiology with cytoskeletal remodeling that potentially sensitized AF cells to mechanical strain and increased TNF-α-induced pro-inflammatory cytokine production. Results suggest an interaction between TNF-α and mechanical strain and future mechanistic studies are required to validate these observations.

1. Introduction

Intervertebral disc (IVD) disorders contribute to back pain which is a leading cause of global disability (Cheung et al., 2012; Jacobs, 2011; Vos et al., 2012). Painful IVD degeneration involves complex interactions between mechanical loading and inflammation yet few studies investigate these interactions. For example, excessive spinal loads that induce large dynamic bending moments and asymmetric loads are predictive of spinal functional impairment and pain (Marras et al., 2010). Annulus fibrosus (AF) defects and delamination induce strain 'concentrations', cell death, and pro-inflammatory cytokine production (Adams et al., 2015; Korecki et al., 2008; Michalek et al., 2010; Ulrich et al., 2007; Walter et al., 2011). In contrast, dynamic loading is considered healthy since it can enhance IVD matrix production; although this healthy response to load is altered with degeneration perhaps because dynamic compression facilitates transport of pro-inflammatory cytokines into healthy IVDs where they can persist and induce biomechanical changes (Sowa et al., 2012; Stokes and Iatridis, 2004; Wuertz et al., 2009; Walter et al., 2015a).

TNF-α and IL-1β are key pro-inflammatory cytokines that are increased in IVD degeneration and known to be produced by cells of the IVD and immune system (Allen et al., 2011; Le Maitre et al., 2007; Olmarker and Rydevik, 2001; Risbud and Shapiro, 2014; Seguin et al., 2005). TNF-α can stimulate the production of pro-inflammatory cytokines, matrix degrading enzymes, and pain mediators (Millward-Sadler et al., 2009; Purmessur et al., 2013; Seguin et al., 2005; Weiler et al., 2005). TNF-α is also implicated in

Abbreviations: AF, annulus fibrosus; IVD, intervertebral disc; IL, interleukin; TNF-α, tumor necrosis factor-α; DMEM, Dulbecco's Modified Eagles Media; ELISA, Enzyme linked immunosorbant assay

* Corresponding author. Tel.: +1 212 241 1517.
E-mail addresses: morakotl@gmail.com (M. Likhitpanichkul), olivia.torre@icahn.mssm.edu (O.M. Torre), jadry.gruen@stonybrookmedicine.edu (J. Gruen), benjamin.walter@mssm.edu (B.A. Walter), andrew.hecht@mountsinai.org (A.C. Hecht), james.iatridis@mssm.edu (J.C. Iatridis).

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painful spine conditions with infliximab and other TNF-α inhibitors showing improved pain and behavioral responses in clinical trials and animal studies (Allen et al., 2011; Likhitpanichkul et al., 2015; Risbud and Shapiro, 2014; Shamji et al., 2010; Nakamae et al., 2011). However, clinical trial results using infliximab are mixed possibly due to inadequate dosing or delivery (Risbud and Shapiro, 2014) highlighting a need for improved knowledge of how TNF-α affects IVD cells.

Physiological strains stimulated anti-catabolic effects on AF cells in vitro while pathological strains resulted in a detrimental responses (Gilbert et al., 2010; Sowa et al., 2011; Sowa et al., 2012; Gawri et al., 2014). Pathologically high mechanical strain on AF cells exposed to IL-1β induced greater catabolic gene expression compared to mechanical strain alone (Sowa et al., 2011). The roles that healthy and pathological strains play on AF cell pro-inflammatory response and cytoskeleton structure are unknown and improved knowledge of IVD cell mechanobiology under pro-inflammatory conditions may provide new insights on pathophysiology.

The objectives of this study were: 1) to investigate the interaction between TNF-α and tensile strain levels on human AF cells in vitro, with the hypothesis that TNF-α treatment interacts with pathological strains to amplify down-stream pro-inflammatory cytokines IL-1β, IL-6, and IL-8 via cytoskeletal changes; and 2) to test the effectiveness of infliximab, an anti-TNF-α drug, and atlizumab, an anti-IL-6 drug, on human AF cells with the hypothesis that infliximab is more effective than atlizumab in inhibiting the interacting effects of TNF-α and high strain. Cells were subjected to 5% and 15% strain to represent physiological and pathological strains, as previously defined for AF cells (Gilbert et al., 2011; Rannou et al., 2000; Sowa et al., 2011). Pro-inflammatory cytokines and cytoskeletal changes are our primary output measurements. In addition to TNF-α and IL-1β, we measured IL-8 levels and IL-6. IL-8 is associated with the recruitment of immune cells including macrophages, which can further intensify the matrix breakdown and result in granulation tissue formation (Burke et al., 2002; Kim et al., 2008). IL-6 is up regulated in IVD injury, degeneration and sciatica (Andrade et al., 2013; Ulrich et al., 2007; Wuertz and Haglund, 2013), and has been considered a clinical target since it can enhance the effects of TNF-α and IL-1β (Studer et al., 2011).

2. Methods

Primary human AF cells were isolated from 5 human IVDs from surgery and autopsy (mean ± SD age: 50 ± 16 years) with degeneration grades 2–4 (Thompson et al., 1990). For cell isolation outer AF tissue was macroscopically dissected, minced and digested for 1 h in 2 g/L pronase (Fisher-Scientific, Waltham, MA) and 4 h in collagenase type I (Fisher-Scientific, Waltham, MA) in high glucose Dulbecco's Modified Eagles Media (DMEM). The cell suspension was filtered (100 μm) and cell pellets were washed with PBS. To accelerate proliferation, cells were expanded under normoxic conditions (37 °C, 5% CO_2, 20% O_2) in high glucose DMEM (Fisher-Scientific, Waltham, MA), 10% FBS (Fisher-Scientific, Waltham, MA), 50 ug/mL ascorbic acid (Fisher-Scientific, Waltham, MA), 1% penicillin/streptomycin (Fisher-Scientific, Waltham, MA), 2 μL/mL primocin (Invivogen, San Diego, CA), at 37 °C, 5% CO_2 with media changes each 3–4 days. Experimental media conditions better simulated IVD physiologic conditions by using hypoxia (37 °C, 5% CO_2, 5% O_2) as well as serum-free media, high glucose DMEM, 1% ITS (Fisher-Scientific, Waltham, MA), 50 μg/mL Ascorbic acid, 1% Pen/Strep, and 2 μL/mL primocin. For experiments, AF cells (passage 1–2; 100,000 cells/mL) were seeded onto silicone-membrane chambers (STREX, B-Bridge, Cupertino, CA) coated with rat-tail collagen I (BD Biosciences, San Jose, CA) for a one day incubation prior to stretch to enable cell confluency and equilibration under experimental conditions.

For TNF-α treatment, 10 ng/mL TNF-α (Fisher-Scientific, Waltham, MA) was added to serum-free media immediately prior to incubation. This TNF-α concentration was shown to increase proinflammatory cytokine and matrix degrading enzyme production in IVD cells (Millward-Sadler et al., 2009; Walter et al., 2015b). For mechanical treatment, Strex chambers were exposed to physiological (5%) or pathological (15%) cyclic tensile uniaxial strain at a 0.5 Hz frequency for 24 h, and controls were unstrained.

Enzyme linked immunosorbant assay (ELISA) specific for human TNF-α, IL-1β, IL-6, and IL-8 (MSD N45025B-1, Rockville, MD) assessed concentrations of pro-inflammatory cytokines within culture medium 24 h after treatment.

Immunocytochemistry was performed on cells 24 h after initiation of treatments to determine acute effects on F-actin, vinculin, and α-tubulin ($N=3$). AF cells were fixed using 16% paraformaldehyde, and stained for F-actin, α-tubulin, and vinculin (F-actin: Phalloidin-TRITC: Sigma Cat#P1951, 1:100; α-tubulin:α-tubulin-Alexa Flour 488: eBioScience Cat#53-4502-80, 1:50; vinculin:mouse anti-vinculin: Sigma Cat#V4505, 1:100; Alexa Flour 488 goat anti-mouse: Life Technologies Cat#A1001, 1:200). Viability was determined with live/dead staining (2 μL/mL calcein, 1 μL/mL ethidium homodimer, 1 μL/5 mL Hoechst). Apoptosis was measured by caspase-3 activity (rabbit cleaved caspase-3:Cell signaling Cat# mAB9664, 1:100; Alexa Flour 594 goat anti-rabbit:Invitrogen Cat#A-11037, 1:1000). Imaging was performed using confocal (Leica SP5 DM, Wetzlar, Germany) and epi-fluorescence imaging (AxioImager Z1, Zeiss, Jena, Germany).

Anti-inflammatory treated cells were exposed to 10 ng/mL TNF-α and 1000 ng/mL infliximab (anti-TNF-α) or 1000 ng/mL anti-IL-6 added to fresh serum-free media immediately prior to incubation or application of tensile strain. Infliximab and atlizumab doses were selected based on pilot 3 day dose response studies showing largest effect with no observed cell death.

Cytokine concentrations were normalized to paired controls and compared between treatment groups. Student's paired t-tests were performed to compare cytokine concentrations in response to unstrained basal and TNF-α treatment ($N=5$). One-way ANOVA with Tukey's post-hoc tests for multiple comparisons were performed to compare cytokine concentrations between 0%, 5%, and 15% strains in the presence of TNF-α ($N=5$). $p<0.05$ was considered significant.

3. Results

TNF-α treatment significantly increased IL-1β, IL-6 and IL-8 concentrations (IL-1β:84.15 ± 77.3, IL-6:280.9 ± 214.1, IL-8:5125.1 ± 4170.8 pg/ml) compared to basal media, which had low concentrations (IL-1β:1.9 ± 1.4, IL-6:10.6 ± 9.9, IL-8: 23.9 ± 26.0 pg/ml) (Fig. 1). Mechanical strain at 5% and 15% showed no significant effect on pro-inflammatory cytokine production compared to unstrained groups. Combined TNF-α treatment with 15% strain showed a significant increase in IL-1β and IL-8 concentrations at 15% compared to 5% strain (Fig. 2).

TNF-α treatment on AF cells increased F-actin intensity compared to basal, however no changes in vinculin staining were apparent (Fig. 3). The α-tubulin staining demonstrated a more diffusely connected microtubule network for the TNF-α treated cells compared to basal. In basal medium, no apparent differences in F-actin or vinculin staining of AF cells at 5% and 15% strain were observed compared to unstrained (Fig. 4). Cells subjected to TNF-α and 15% strain exhibited cytoskeletal changes similar to TNF-α alone (Fig. 5). Cells subjected TNF-α and 15% strain had increased cell roundedness, however, no staining for dead cells or cleaved caspase-3 was observed for any groups.

Infliximab non-significantly decreased IL-1β and IL-8 levels compared to TNF-α-stimulated AF cells undergoing 15% strain, and significantly decreased IL-1β and IL-8 levels compared to anti-IL-6 treatment (Fig. 6).

4. Discussion

The AF cell niche changes following injury and degeneration to create large deformations and defects that expose AF cells to high levels of pro-inflammatory cytokines and pathological strains. The most important findings were that human AF cells exposed to TNF-α responded to pathological strains with increased IL-1β and IL-8 production and a modified AF cytoskeletal network with enhanced stress fiber formation from actin polymerization and disrupted microtubule network. Results suggested that TNF-α induced cytoskeletal changes in human AF cells suggestive of enhanced mechanosensitivity, although this hypothesis requires further testing. Anti-TNF-α treatment inhibited pro-inflammatory cytokine production compared to anti-IL-6, suggesting anti-