

Epigenetics wins over genetics: induction of differentiation in tumor cells

Joseph Lotem and Leo Sachs*

Malignant cells are genetically abnormal, but can the malignant phenotype revert to a non-malignant phenotype without correcting these genetic abnormalities? It has been found that this reversion can be achieved by reprogramming tumor cells by epigenetic changes induced by differentiation. The epigenetic suppression of malignancy by inducing differentiation bypasses the genetic abnormalities in tumor cells. Studies with myeloid leukemic cells have shown that some leukemic cells can be induced to differentiate by cytokines that control normal hematopoiesis, and that myeloid leukemic cells resistant to normal cytokines can be induced to differentiate by compounds that use alternative differentiation pathways. The epigenetic reprogramming of tumor cells by inducing differentiation has also been found with other types of tumors and can be used for tumor therapy. By this reversion of the malignant to non-malignant phenotype, epigenetics wins over genetics.

Key words: cytokines / differentiation / epigenetic suppression of malignancy / hematopoiesis / leukemia / tumor therapy

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Introduction

All cells in the body are descendents of a fertilized egg and in almost all cases contain the same set of genes. But there is a great diversity of normal cell types that carry out a variety of specific functions. These specific properties are determined by activating expression or repression of sets of genes by epigenetic changes. Such epigenetic events reprogram the genome in normal

development into different types of differentiated somatic cells.^{1,2} The origin of malignancy involves genetic changes in the DNA.^{3,4} This raises the question whether malignant cells can revert back to cells that again show normal growth control.⁵ Studies with sarcomas have shown that non-malignant cells can be derived from malignant cells⁶ by segregation of specific chromosomes.⁵ Hybridization between different cell types has also shown that non-malignant cells can be derived from malignant cells by specific chromosome changes.^{3,7} The appropriate genetic changes either with or without cell hybridization can thus result in the reversion of malignancy. But can the malignant phenotype revert to a non-malignant phenotype without correcting the genetic abnormalities in malignant cells? We will discuss how this can be achieved by epigenetic changes induced by differentiation. Using hematopoiesis and leukemia as a model system,^{5,8} we will also discuss the application of this conclusion to other types of tumors and to tumor therapy.

Epigenetic control of gene expression in differentiation

Cell differentiation requires cell type specific silencing of some genes and activation of other genes. The major change that leads to gene silencing in differentiation is methylation of DNA at CpG sites. This methylation prevents the binding of transcription factors to CpG dinucleotides in the gene promoter region.^{9,10} Methylated DNA preferentially associates with deacetylated histones.¹¹ This preferential association is mediated by methyl cytosine binding proteins of the MBD and MeCP families that recruit transcriptional repressor protein complexes containing histone deacetylases (HDACs)¹² and histone methylases.^{13,14} Histone methylation can trigger DNA methylation.¹⁵ Gene silencing by DNA methylation¹⁶ can also be induced by enhancing DNA methyl transferase activity.¹⁷

From the Department of Molecular Genetics, Weizmann Institute of Science, P.O. Box 26, Rehovot 76100, Israel. *Corresponding author.
E-mail: leo.sachs@weizmann.ac.il

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Demethylation of DNA induces activation of gene expression in differentiation.^{18–22} This can involve inhibition of DNA methyl transferase activity² or activation of DNA demethylase(s).²³ Structural chromatin changes, increased DNase I sensitivity and increased histone acetylation, can also lead to activation of gene expression.^{21,24,25} Another mechanism for gene activation involves acetylation of transcription factors such as MyoD²⁶ and SCL/TAL1²⁷ by the histone acetyl transferase (HAT) P/CAF. Acetylation of MyoD and SCL/TAL1 increases their binding to DNA, reduces association with gene-silencing HDAC containing complexes and activates gene expression. In some tumors, there is DNA hypomethylation and concomitant CpG island hypermethylation^{28–30} as well as aberrant regulation of HATs and HDACs.^{31,32}

What are the external inducers that induce the epigenetic changes for gene silencing and gene activation in normal differentiation, and can these inducers also epigenetically induce differentiation in malignant cells and reprogram the malignant to a non-malignant phenotype? To identify such inducers, we have studied, as a model system, the differentiation of different cell lineages from stem cells in hematopoiesis, and the ability of these normal inducers to induce differentiation in leukemia.

Cytokine control of stem cell differentiation in normal hematopoiesis

The formation of different types of blood cells, hematopoiesis, is essential for the development and survival of a normal individual. New blood cells belonging to different cell lineages are formed from stem cells during embryogenesis and throughout the lifetime of the adult. Identification of the external inducers that control normal blood cell development makes it possible to answer questions about the regulation of normal hematopoiesis and the origin and treatment of hematological diseases including leukemia. This became a reality about four decades ago when we established the first cell culture system in which normal hematopoietic cells, in the presence of feeder cells, could be cloned and made to develop to different cell lineages.³³ The concluding sentence of the first paper stated “The described cultures thus seem to offer a useful system for a quantitative kinetic approach to hematopoietic cell formation and for experimental studies on the mechanism and regulation of hematopoietic cell differentiation”.³³ We then showed that the inducers of these hematopoietic

cell clones are secreted by the feeder cells and are present in conditioned medium produced by the feeder cells.^{34–36} This system, which was first established for myeloid cells, allowed the identification, purification and gene cloning of the cytokines that regulate hematopoiesis.^{8,37}

The first inducer of normal macrophage and granulocyte colony formation identified in conditioned medium^{35,36} was called *mashran gm* from the Hebrew word meaning to send forth with the initials for granulocytes and macrophages.³⁸ This and other colony-inducing cytokines were then renamed macrophage and granulocyte inducers (MGI)³⁹ and MGI-type 1 (MGI-1) and are now called colony-stimulating factors (CSFs)^{37,40} and one cytokine is called interleukin-3 (IL-3).⁴¹ Of the four different CSFs initially identified, one (M-CSF), induces the development of clones with macrophages, another (G-CSF), clones with granulocytes, the third (GM-CSF), clones with granulocytes, macrophages, or both macrophages and granulocytes, and the fourth (IL-3), clones with macrophages, granulocytes, eosinophils, mast cells, erythroid cells, or megakaryocytes. Later studies identified other cytokines that act on cells of the myeloid lineage including stem cell factor (SCF),⁴² Flt3/Flk2 ligand (FL)⁴³ and thrombopoietin (TPO),⁴⁴ some of which can synergize with different CSFs. G-CSF is now used in the clinic to repair irradiation and chemotherapy associated suppression of normal hematopoiesis in cancer patients, to stimulate normal granulocyte development in patients with infantile congenital agranulocytosis, and to induce migration of hematopoietic stem cells from the bone marrow to peripheral blood for stem cell transplantation.^{5,8} At appropriate *in vivo* locations, hematopoietic stem cells can differentiate into glial cells,⁴⁵ skeletal muscle,⁴⁶ liver cells⁴⁷ and epithelial cells.⁴⁸ Hematopoietic stem cells thus show considerable plasticity and can also reprogram their gene expression in response to signals produced at sites such as regenerating tissues, which presumably have the right combination of cytokines.

The development of clones with terminally differentiated, non-dividing, mature cells such as granulocytes and macrophages from single precursor cells requires induction of cell multiplication and differentiation associated with the arrest of cell multiplication. How can one explain the ability of a cytokine to transmit signals that activate these distinct and apparently contradicting processes in the same cell? We suggested that there is a cytokine cascade in the signalling pathways for multiplication and differentiation induced

by the CSFs. We therefore looked for a cytokine that acts as a myeloid cell differentiation inducer but does not have CSF activity, and found such a cytokine which we called MGI-2.^{5,8} We showed that MGI-2 is identical to interleukin-6 (IL-6)⁴⁹ and it was suggested that there are presumably other hematopoietic cell differentiation inducing cytokines. Studies on myeloid leukemic cells have identified other differentiation inducing cytokines with no CSF activity, including leukemia inhibitory factor (LIF).^{50,51} Another cytokine, interleukin-1 (IL-1), also induced differentiation in some clones of myeloid leukemic cells, and this is mediated by induction of IL-6.⁵² IL-6 and IL-1 induce differentiation without apparently inducing cell multiplication in normal myeloid precursors.⁵³ Oncostatin M (OSM) and interleukin-11 (IL-11), which use the same cell surface signal transducing protein, gp130, that is used by IL-6 and LIF also induce myeloid differentiation⁵⁴ without CSF activity.

The existence of CSFs and distinct differentiation inducing cytokines led to the suggestion, that CSFs which induce growth and non-CSF cytokines which induce differentiation act in a cytokine cascade that ensures effective coupling of growth and differentiation.^{5,8,37,55} This was confirmed by showing that all four CSFs, GM-CSF, G-CSF, M-CSF and IL-3, can induce in normal hematopoietic precursors, the production of IL-6 which does not induce the formation of colonies but can induce myeloid precursor cells to differentiate.^{5,8,37,55} This cytokine cascade is part of a network that includes other cytokines.^{5,8,56} Cytokine activation during differentiation in myeloid and lymphoid cells is mediated by DNA demethylation of cytokine genes.^{20,21} Cytokines such as IL-1, IL-3, IL-6 and G-CSF induce expression of lysozyme during myeloid cell differentiation by demethylation of the lysozyme gene¹⁹ and G-CSF induces histone acetylation in the myeloid specific gene myeloperoxidase.²⁴ IL-6 can also induce expression of DNA methyltransferase,¹⁷ which can mediate silencing of certain genes during differentiation.

Reprogramming of gene expression in myeloid leukemic cells by inducing differentiation: reprogramming by cytokines

Leukemic and other malignant cells have abnormal developmental programs. These abnormalities are associated with genetic changes in the DNA in the form of various chromosomal aberrations, loss

of suppressor genes and activation of oncogenes.^{3,4} The existence of genetic changes in tumors raises the question whether genetically abnormal tumor cells can be epigenetically reprogrammed to regain normal behavior. Using myeloid leukemic cells as a model system, we first examined whether malignancy in these cells can be suppressed by inducing differentiation with normal cytokines.^{8,37,57,58} We found that there are myeloid leukemic cells that can be induced to differentiate to non-dividing mature granulocytes and/or macrophages by adding different cytokines including IL-6 (Figure 1), IL-1, GM-CSF, G-CSF and IL-3.^{8,37,56,58,59} It was then shown that differentiation can be induced in some myeloid leukemic cells by LIF, OSM, IL-11⁵⁴ and TNF.⁶⁰ These results show that there are myeloid leukemic cells that can be reprogrammed by normal cytokines to behave again like non-malignant cells. Different clones of myeloid leukemic cells can have different blocks in the ability to be induced to undergo differentiation by cytokines.^{61,62} As described in the previous section, cytokines can regulate differentiation by epigenetic changes.

In vivo studies have shown that normal differentiation of myeloid leukemic cells can be induced not only in culture but also *in vivo*.^{63,64} After injection of mouse myeloid leukemic cells into fetuses, leukemic cells were shown to participate in normal hematopoietic differentiation to mature granulocytes and macrophages in apparently healthy adult animals.^{65,66} It has also been shown that mature granulocytes in human myeloid leukemia patients can be derived from leukemic cells.⁶⁷ The development of leukemia was inhibited in mice inoculated with leukemic cells by increasing the amount of differentiation inducing cytokine, either by injecting it or by injecting a compound that increased its production by cells in the body.^{5,8,37,57,68,69} The finding that myeloid leukemic cells can be induced to differentiate to mature cells *in vitro* and *in vivo* by differentiation inducing cytokines and in doing so have lost their leukemogenicity *in vivo*, created the basis for differentiation therapy of leukemia.^{8,70} The ability of the leukemic cells to be induced to differentiate by cytokines and regain normal growth control was not due to correction of their chromosomal abnormalities.^{71,72} These studies indicate that an abnormal developmental program in myeloid leukemic cells can be reprogrammed epigenetically by appropriate differentiation inducing cytokines. The epigenetic suppression of malignancy by inducing differentiation bypasses the genetic abnormalities in malignant cells.^{71,72}

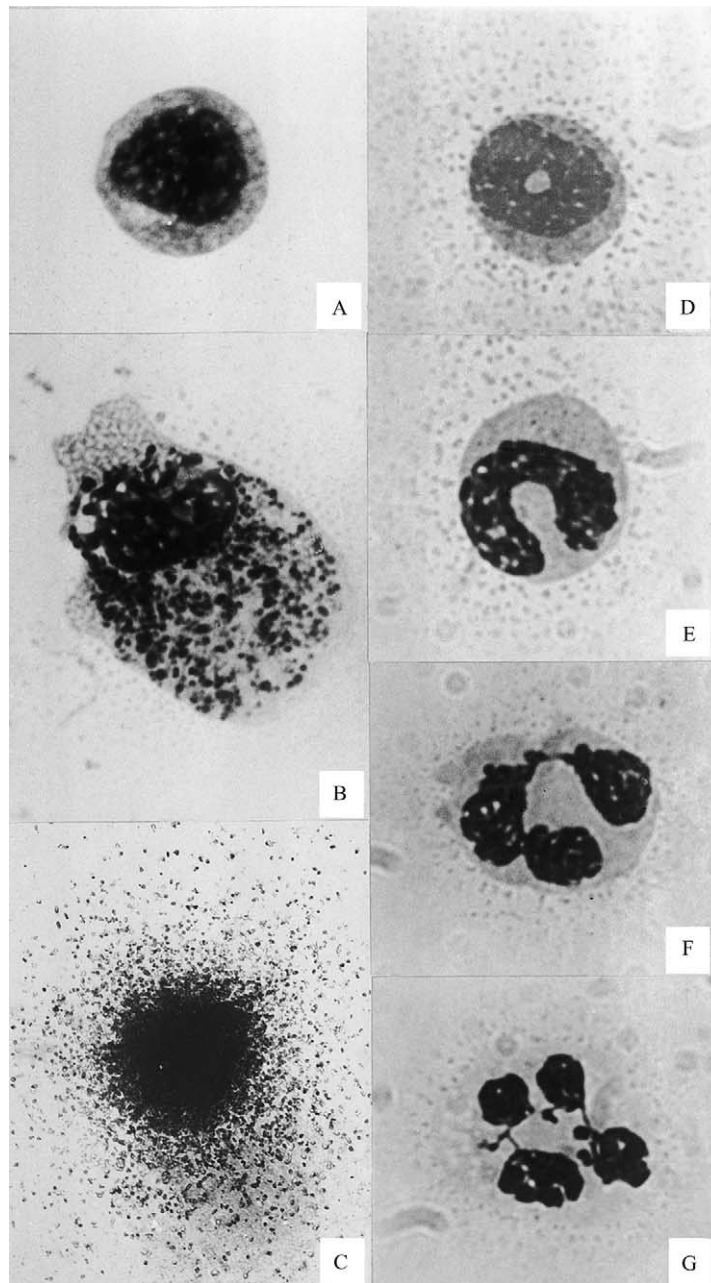


Figure 1. Epigenetic differentiation of genetically abnormal myeloid leukemic cells to non-malignant mature macrophages and granulocytes by IL-6: (A) leukemic cell; (B) macrophage; (C) colony with macrophages; (D–G) stages in differentiation to granulocytes.⁵⁹

Reprogramming of gene expression in myeloid leukemic cells by inducing differentiation: reprogramming by other compounds

Studies with a variety of compounds, other than normal hematopoietic cytokines, have shown that various compounds induce differentiation in myeloid

leukemic cells.⁷⁰ Various chemicals also induce differentiation in erythroleukemic cells.⁷³ For myeloid leukemic cells, these include compounds that are used today in cancer chemotherapy, such as cytosine arabinoside, methotrexate and others, irradiation and glucocorticoid hormones. At high doses, irradiation and the compounds used in cancer chemotherapy

kill cells by inducing apoptosis, whereas at low doses they induce differentiation. The compounds are not equally active on the same leukemic clone.^{70,74} Differentiation induced by glucocorticoid hormones is presumably mediated by their ability to cause chromatin remodeling as well as by the association of ligand-bound glucocorticoid receptors with transcriptional co-activators some of which have HAT activity.⁷⁵ Some compounds can also induce differentiation in clones that are not induced to differentiate by a hematopoietic cytokine, and in some of these clones induction of differentiation requires combined treatment with different compounds.⁷⁴ In addition to chemotherapeutic compounds, radiation and steroids, other compounds that can induce differentiation in myeloid leukemic cells include insulin, bacterial lipopolysaccharide, tumor promoting phorbol esters^{70,74} and retinoic acid (RA).⁷⁶ The ability of RA to induce terminal differentiation of human promyelocytic leukemia cells carrying the PML/RAR α fusion protein is now used clinically in the therapy of this leukemia,⁷⁶ showing the successful application of the concept of differentiation therapy in the clinic.

Unliganded RAR α and even more so PML/RAR α fusion protein, block myeloid differentiation by recruiting DNA methyltransferases⁷⁷ and HDAC containing complexes^{31,78} that repress transcription of target genes. Binding of RA results in degradation of the PML/RAR α fusion protein which causes promoter demethylation,⁷⁷ relieves the HDAC mediated repression and allows differentiation to occur.^{77,78} Arsenic trioxide can relieve recruitment of the transcriptional co-repressor SMRT to PML/RAR α ⁷⁹ and also causes degradation of the PML/RAR α fusion protein.⁷⁸ This

degradation results in induction of differentiation^{78,80} and induces remission in PML/RAR α promyelocytic leukemia patients.⁸⁰ Since the repression of gene expression by PML/RAR α is mediated, at least in part, by HDAC containing complexes, inhibitors of HDAC activity⁸¹ can relieve the block in differentiation by PML/RAR α . HDAC inhibitors also enhance the ability of RA to relieve transcriptional repression and the differentiation block imposed by PML/RAR α .⁸² In leukemic cells which are only weakly responsive or nonresponsive to RA alone, the combination of HDAC inhibitors and RA relieves transcriptional repression and the differentiation block imposed by the fusion proteins PLZF-RAR α ⁸² and AML1/ETO.⁸³ Inhibition of DNA methyltransferase by 5-aza-2'-deoxycytidine enhances differentiation of myeloid leukemic cells by RA and Vitamin D3 analogs even in cells that do not differentiate with RA or Vitamin D3 alone.⁸⁴ It is therefore possible that all myeloid leukemic cells which are no longer susceptible to the normal hematopoietic cytokines by themselves can be induced to differentiate by the appropriate combination of compounds. The combination of HDAC inhibitors and DNA methylation inhibitors synergistically activate transcription of hypermethylated genes.⁸⁵ It will be interesting to determine whether this combination may be an effective differentiation treatment in cells that resist other treatments. The experiments with myeloid leukemic cells have shown that there are different pathways of gene expression for inducing differentiation, and that genetic changes which suppress induction of differentiation by one compound need not affect differentiation by another compound using alternative pathways^{74,86} (Figure 2).

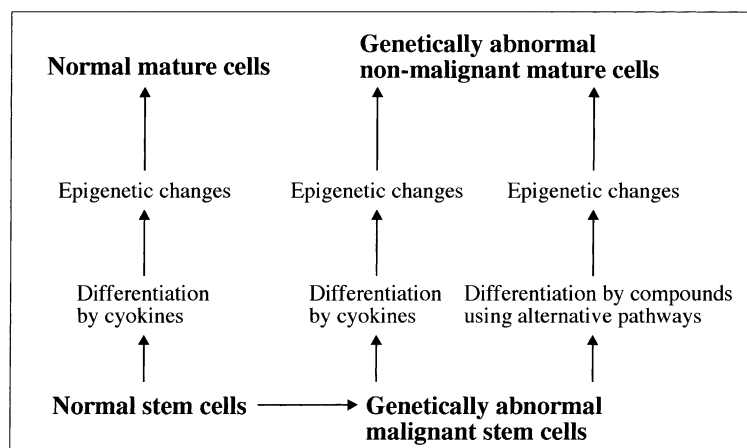


Figure 2. Epigenetic suppression of malignancy by inducing differentiation. Malignant cells are genetically abnormal. The malignant phenotype can be epigenetically reprogrammed to a non-malignant phenotype by inducing differentiation.

Reprogramming of gene expression by inducing differentiation in other types of tumors

The principles outlined above on differentiation of myeloid leukemic cells with cytokines and some other compounds also apply to other tumors. Melanoma cells can be induced to differentiate by a combination of interferon β and mezerein,⁸⁷ interferon γ and the phorbol ester TPA or interferon γ and RA.⁸⁸ Human prostate cancer cells differentiate by treatment with IL-6 or cAMP elevating compounds and even better when both were added together.⁸⁹ Colon carcinoma cells differentiate by Vitamin D₃,⁹⁰ TPA⁹¹ or brefeldin A.⁹² Human neuroblastoma cells differentiate by RA and herbimycin and even better by their combination⁹³ and prostate cancer cells⁹⁴ and breast cancer cells⁹⁵ differentiate with HDAC inhibitors. The use of HDAC inhibitors *in vivo* in mice has shown that these compounds inhibit the growth of leukemia and some other types of tumors with little toxicity to the mice.⁸¹ Both HDAC inhibitors⁸¹ and RA analogs (retinoids) that bind to RAR or RXR⁹⁶ are currently being tested clinically in therapy of leukemia and other tumors.

The results with myeloid leukemia and other tumors, which are all genetically abnormal, have shown that tumor cells can be epigenetically reprogrammed to a non-malignant phenotype by inducing differentiation. The epigenetic suppression of malignancy by inducing differentiation bypasses the genetic abnormalities in tumor cells and can be used in tumor therapy. In this reprogramming of a malignant to a non-malignant phenotype, epigenetics wins over genetics.

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