

A possible involvement of plasma membrane NAD(P)H oxidase in the switch mechanism of the cell death mode from apoptosis to necrosis in menadione-induced cell injury

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The effects of inhibitors of plasma membrane NADPH oxidase on menadione-induced cell injury processes were studied using human osteosarcoma 143B cells. The intracellular level of superoxide in the cells treated with menadione for 6 h reached a maximum followed by an abrupt decrease. The population of apoptotic cells detected by Annexin V and propidium iodide double staining also reached its maximum at 6 h of menadione-treatment while that of necrotic cells increased continuously reaching 90% of the total population at 9 h of the treatment. Pretreatment of the cells with inhibitors of NADPH oxidase, including diphenyliodonium chloride, apocynin, *N*-vanillylnonanamide and staurosporine was effective in lowering the menadione-induced elevations of superoxide, and also in the suppression of the switch of the cell death mode from apoptosis to necrosis in menadione-treated cells except for the case of staurosporine. These results strongly suggest that superoxide generated by NADPH oxidase, besides that generated by the mitochondria, may contribute to the remarkable increase in the intracellular level of superoxide in the cells treated with menadione for 6 h resulting in the switch from apoptosis to necrosis, although a direct evidence of the presence of active and inactive forms of NADPH oxidase in control and menadione-treated 143B cells is lacking at present.

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Abbreviations: AP, apocynin; DHE, dihydroethidium; DPI, diphenyliodonium chloride; FITC, fluorescein isothiocyanate; MEN, 2-methyl-1,4-naphthoquinone; *N*-VNA, *N*-vanillylnonanamide; PBS, phosphate-buffered saline; PI, propidium iodide; ROS, reactive oxygen species; STS, staurosporine.

Two types of cell death modes are known: apoptosis and necrosis. Apoptosis plays a key role in cell differentiation, organogenesis and various disease conditions. Apoptotic cells are phagocytosed by neighbouring cells, while necrotic cells cause local and general inflammatory reactions. There is a body of data in the literature demonstrating that a chemical at a low concentration may cause apoptosis, while at a higher concentration it will cause necrosis (Dive & Hickman, 1991; Eastman, 1993; Bonfoco *et al.*, 1995; Lieberthal *et al.*, 1996; Benchoua *et al.*, 2001). The detailed switch mechanisms involved in the transition of the cell death mode from apoptosis to necrosis remain to be solved. However, it is generally accepted that the intracellular level of ATP (Chandra *et al.*, 2000) and superoxide (Chandra *et al.*, 2000), and activities of caspases (Sun *et al.*, 1999) are three major components involved in the mechanism. Since apoptotic processes require energy, depletion of intracellular ATP results in the switch from apoptosis to necrosis. There are several experimental data to prove this (Eguchi *et al.*, 1997; Leist *et al.*, 1997; Ha & Synder, 1999). It is well established that reactive oxygen species (ROS) are intimately related to apoptosis and a burst in the intracellular level of ROS triggers the switch from apoptosis to necrosis (Bonfoco *et al.*, 1995; Nobel *et al.*, 1997; Hampton & Orrenius, 1997). It is also well established that a group of caspases play important roles in the apoptotic cascade and inactivation of caspases has been shown to trigger the switch from apoptosis to necrosis (Melino *et al.*, 1997; Lemaire *et al.*, 1998; Samali *et al.*, 1999).

Recently, we have found that menadione (2-methyl-1,4-naphthoquinone, MEN), a redox cycling agent, used as an anticancer drug, causes the switch from apoptosis to necrosis in human osteosarcoma cell line 143B cells (Kaminski *et al.*, 2003): the population of apoptotic cells reaches its maximum at 6 h after treatment with MEN at a concentration of

100 μM followed by abrupt decrease, while the population of necrotic cells increase continuously.

Mitochondria are the major source of superoxide. Recently, data have been accumulated to demonstrate that NADPH oxidase, originally detected in the plasma membrane of leukocytes, is localized also in various mammalian tissues: human placenta trophoblasts (Matsubara & Sato, 2001), vascular endothelial cells and vascular smooth muscle cells (Griendling *et al.*, 1994; 2000; Hohler *et al.*, 2000), human glomerular mesangial cells (Jones *et al.*, 1995), a hepatoma cell line (Ehleben *et al.*, 1997), and is involved in the apoptotic changes of the cell (Hu *et al.*, 2002; Kim *et al.*, 2002; Arroyo *et al.*, 2002).

The present study has been undertaken to find out if the superoxide generated by NADPH oxidase, besides that from the mitochondria, contributes to the burst in the intracellular level of ROS resulting in the transition of the cell death mode from apoptosis to necrosis in MEN-treated cells.

MATERIAL AND METHODS

Cell culture. Human osteosarcoma 143B cells (ATCC RL 8303) were cultured at 37°C in a humidified atmosphere with 5% CO₂ in Dulbecco's Modified Eagles Medium (Nissui Co. Ltd., Tokyo, Japan) containing 1 mM pyruvate supplemented with 10% fetal bovine serum and 50 $\mu\text{g/ml}$ kanamycin. The cells were kindly provided by Dr. M. Tanaka (Department of Gene Therapy, Gifu International Institute of Biotechnology, Yagi Memorial Park, Gifu, Japan).

Treatment of cells with various chemicals. Cells were cultured in the presence of chemicals specified below: MEN (final concentration, 100 μM ; Sigma Chemicals Co., St. Louis, MO, U.S.A.); inhibitors of NADPH oxidase: diphenyliodonium chloride (DPI, final concentration, 1 μM ; Sigma); apocynin (AP, final concentration, 500–1000 μM ; Lan-

caster); *N*-vanillylnonanamide (*N*-VNA, final concentration, 125 μ M; Sigma); staurosporine (STS, final concentration, 500 nM; Sigma). All reagents were prepared as 1000 \times -concentrated stock solutions in Me₂SO and stored at -20°C.

Detection of apoptotic and necrotic changes of the cell. Changes in phospholipid asymmetry of the plasma membrane and its intactness were detected using Annexin-V FITC Apoptosis Kit (BioSource International, Inc., Camarillo, CA, U.S.A.) composed of fluorescein isothiocyanate (FITC)-conjugated Annexin V and propidium iodide (PI) double staining and subsequent flow cytometric analysis, essentially according to the method described by Gerasimenko *et al.* (2002) as described before (Kaminski *et al.*, 2003).

Cells growing in 6-cm culture dishes were collected by trypsinization, washed in phosphate-buffered saline (PBS), and collected with cells floating in the culture medium by centrifugation. Cells were suspended (1×10^6 cells/ml) in 100 μ l AnnexinV-binding buffer (10 mM Hepes/NaOH, pH 7.4, 140 mM NaCl, 2.5 mM CaCl₂). Then, FITC-Annexin V (5 μ l/500 μ l $1 \times$ AnnexinV-binding buffer) and PI (final concentration, 5 μ g/ml) were added to the cell suspension and incubated for 30 min in the dark. All procedures were carried out at 22°C (Gerasimenko *et al.*, 2002). Samples were submitted to flow cytometer analysis using FACSCAN (Coulter, France).

Flow cytometric analysis of intracellular levels of oxygen free radicals. Overall intracellular superoxide generation was measured following the conversion of dihydroethidium (DHE) (Molecular Probes Inc.) into ethidium by the method of Mancini *et al.* (1997) as described before (Spodnik *et al.*, 2002). Cells growing in 6-cm culture dishes were stained with DHE (final concentration, 10 μ M) for 30 min at 37°C in a humidified atmosphere with 5% CO₂, washed in phosphate-buffered saline, re-suspended and submitted to FACS analysis.

Protein determination. Protein content was assayed using Bio-Rad DC Protein Assay Kit (Bio-Rad Laboratories, Hercules, CA, U.S.A.) according to the manufacturer's instructions.

Statistical analysis. Data presented are the mean \pm S.E. of at least three different experiments. Student's *t*-tests were used to evaluate significant differences. Values of the experimental groups were statistically different from those of the control at: a ($P < 0.001$), b ($0.001 < P < 0.01$), c ($0.01 < P < 0.02$), d ($0.02 < P < 0.05$).

RESULTS AND DISCUSSION

Recently, we have analyzed time-dependent changes of the cell injury processes induced by MEN (Kaminski *et al.*, 2003). We found that a population of apoptotic cells reaches its maximum at 6 h after the treatment followed by an abrupt decrease. On the other hand, the population of necrotic cells continued to increase during the course of the experiment for up to 24 h.

Since the intracellular level of ROS is known to be one of the triggering factors to induce the switch of the cell death mode, time-dependent changes of the intracellular level of superoxide in MEN-treated cells were analyzed (Fig. 1). The intracellular levels of superoxide began to increase at 2 h of MEN-treatment reaching its maximum at 6 h followed by an abrupt decrease. Since there are several reports in the literature to demonstrate that superoxide generated by plasma membrane NADPH oxidase is involved, besides that generated from the mitochondria, in the apoptotic processes in certain experimental conditions (Hu *et al.*, 2002; Kim *et al.*, 2002; Arroyo *et al.*, 2002), the effects of several inhibitors of NADPH oxidase on the MEN-induced changes in the intracellular level of superoxide were examined (Fig. 2A).

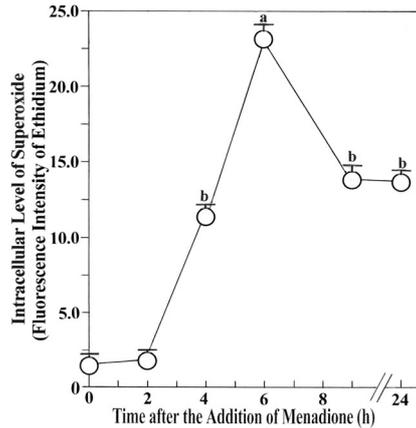


Figure 1. Time-dependent changes in the intracellular level of superoxide in MEN-treated 143B cells.

Cells were treated with 100 μ M MEN for various lengths of time, collected, stained with dihydroethidium. The mean fluorescence intensity of ethidium per cell was plotted against the duration of MEN-treatment. Data are averages and standard error (mean \pm S.E.) for five experiments. Values for the experimental groups are significantly different from those of the control (evaluated by Student's *t*-test) at: a ($P < 0.001$), b ($0.001 < P < 0.01$).

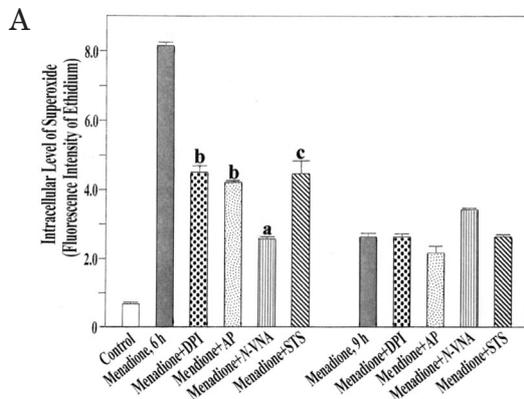


Figure 2. Effects of the pretreatment with inhibitors of NADPH oxidase on MEN-induced changes of the intracellular level of superoxide.

A. Cells were treated with MEN for 6 h or 9 h in the presence and absence of the pretreatment with inhibitors of NADPH oxidase indicated in the figure, and stained with dihydroethidium for the detection of the intracellular levels of superoxide. DPI: diphenyliodonium chloride; AP: apocynin; *N*-VNA: *N*-vanillyl-nonanamide; STS: staurosporine. Data are averages and standard error (mean \pm S.E.) for three experiments. Comparisons were made between the data obtained from the cells treated with menadione alone for 6 h or 9 h and those treated with menadione in the presence of inhibitors of NADPH oxidase.

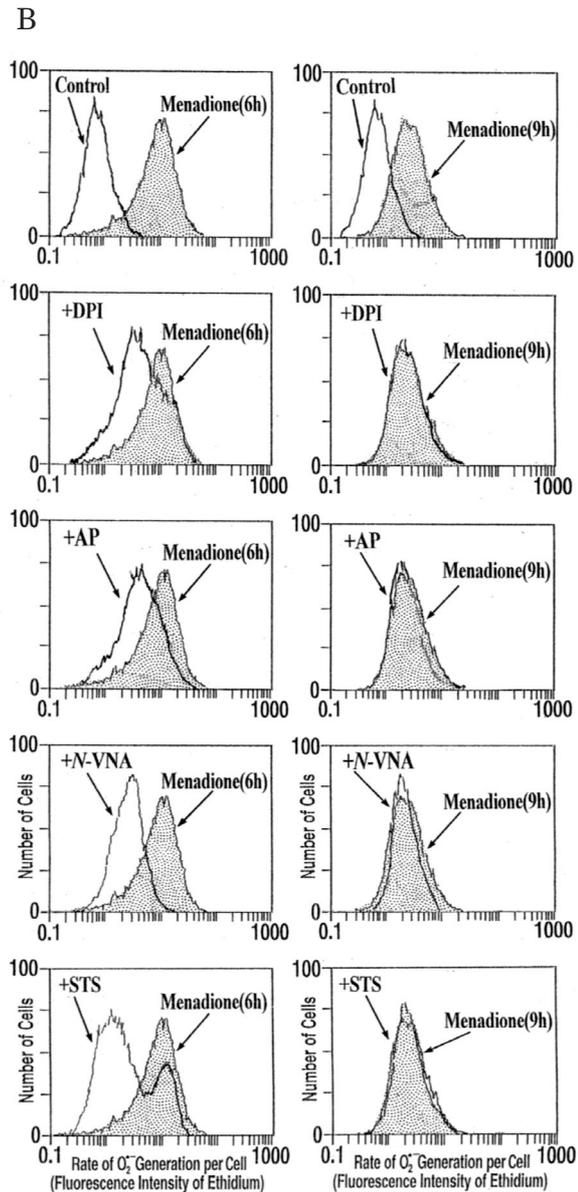


Figure 2. Continued.

B. Typical flow cytometric charts demonstrating intracellular levels of superoxide in cells treated with MEN in the absence and presence of the pretreatment with inhibitors of NADPH oxidase. Experimental conditions are the same as in Fig. 2A.

It is evident from the figure that the intracellular level of superoxide distinctly increased at 6 h of the MEN-treatment and the inhibitors of NADPH oxidase invariably suppressed this increase, although the intracellular level of superoxide remained higher than that of the control.

The intracellular level of superoxide in the cells treated with MEN for 9 h was distinctly lower than at 6 h and inhibitors of NADPH oxidase had practically no effect. Cells treated with MEN for 9 h were characterized ultrastructurally by condensed nuclei and swollen cytoplasm and thus could be designated as 'intermediate cells' indicating that they were in a transitional state from apoptosis to necrosis (Kaminski *et al.*, 2003).

Mitochondria in the intermediate cells were often extremely swollen with the rupture of the outer membrane. Furthermore, plasma membranes were sometimes ruptured as well. Thus it may be reasonable to assume that cells treated with MEN for 9 h were often seriously damaged so that the ability of mitochondria to synthesize ATP using molecular oxygen became decreased resulting in lowering of the rate of superoxide generation by mitochondria.

Typical examples of flow cytometric charts are shown in Fig. 2B. The peak intensity of

ethidium in the cells treated with MEN for 6 h distinctly shifted to the right compared to that of control cells. The peak intensity of ethidium in the cells pretreated with various inhibitors of NADPH oxidase invariably shifted to the left compared to that of MEN-treated cells in the absence of the pretreatment with inhibitors of NADPH oxidase.

The peak intensity of the dye in the cells treated with MEN for 9 h also shifted to the right as in the case of cells treated with MEN for 6 h, but the degree of the shifts was much smaller. There were essentially no differences in the peak intensity of the dye between the cells treated with MEN in the presence and in the absence of the pretreatment with inhibitors of NADPH oxidase.

Next, the effects of pretreatment with inhibitors of NADPH oxidase on viability of MEN-treated cells were examined (Fig. 3). Cells were pretreated with inhibitors of NADPH oxidase and then treated with MEN for 6 h or 9 h. The cells were double-stained

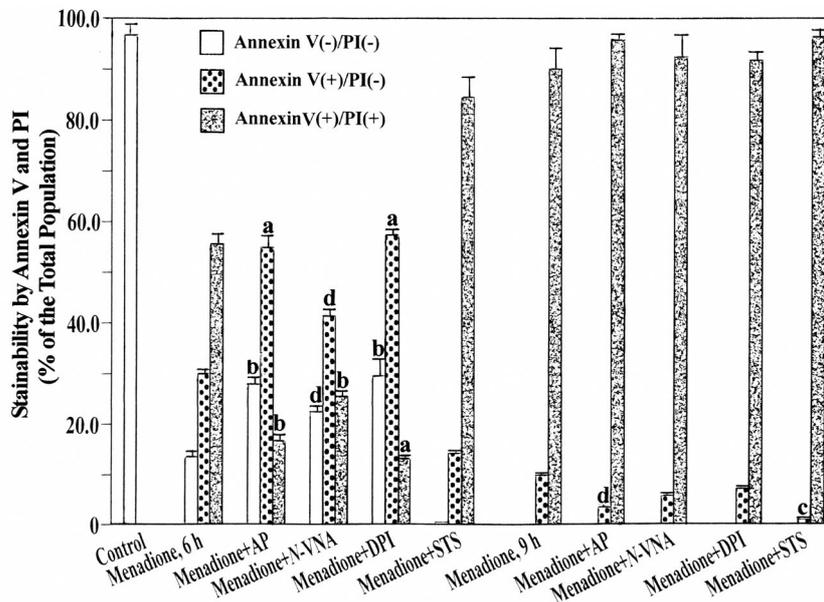


Figure 3. Viability of cells treated with MEN for 6 h or 9 h, in the presence and absence of the pretreatment with inhibitors of NADPH oxidase.

Cells treated with various experimental conditions were stained with Annexin V and PI for flow cytometric analysis of their viability. Annexin V (-)/ PI (-): viable cells; Annexin V (+)/ PI (-): apoptotic cells; Annexin V (+)/ PI (+): necrotic cells. Data are averages and standard error (mean \pm S.E.) for three experiments. Comparisons were made between the data obtained for the cells treated with menadione alone for 6 h or 9 h and those treated with menadione in the presence of inhibitors of NADPH oxidase. Values of the latter are significantly different from those of the former at: a ($P < 0.001$), b ($0.001 < P < 0.01$), c ($0.01 < P < 0.02$), d ($0.02 < P < 0.05$).

with Annexin V and PI for viability. Cells were classified into three groups depending upon their stainability with the dyes: Annexin V(-)/PI(-), viable cells; Annexin V(+)/PI(-), apoptotic cells; and Annexin V(+)/PI(+), necrotic (intermediate) cells. At 6 h of the treatment with MEN, 30% of cells became apoptotic while 56% necrotic. On the other hand, pretreatment of cells with inhibitors of NADPH oxidase, except for the case of STS, distinctly suppressed the MEN-induced transition of the cell death mode from apoptosis to necrosis: the populations of apoptotic cells pretreated with AP, N-VNA, DPI were 55.0%, 41.4%, 57.4%, respectively. In the case of cells pretreated with STS, the population of apoptotic cells was even smaller (14.4%) than that of those treated with MEN alone with a distinct increase in the population of necrotic cells (84.6%). At 9 h of the MEN-treatment 90% of cells became necrotic, and pretreatment with NADPH oxidase inhibitors caused no change. Recently, we have shown that the major population of cells treated with MEN for 9 h become necrotic (intermediate cells), and mitochondria in these cells often become extremely swollen (Kaminski *et al.*, 2003). Thus it might be reasonable to assume that the ability of mitochondria in the cells treated with MEN for 9 h to use molecular oxygen for ATP synthesis is lowered compared to that of mitochondria in control cells. Although inhibitors of NADPH oxidase are partially effective in suppressing the transition of the cell death mode from apoptosis to necrosis, mitochondria are damaged when the incubation time with MEN exceeds 6 h and the cells become necrotic even in the presence of NADPH oxidase inhibitors.

Menadione has been shown to stimulate intracellular ROS generation *via* activation of NADPH oxidase from hepatocytes (Thor *et al.*, 1982), yeast (Yamashoji *et al.*, 1991) and a human B-lymphoma cell line and Jurkat cells (Suzuki & Ono, 1999). The present study strongly suggests a possible contribution of NADPH oxidase to the switch mechanism of

the cell death mode from apoptosis to necrosis in MEN-treated human osteosarcoma 143B cells *via* the generation of superoxide. Detection of the intracellular localization of inactive and active forms of NADPH oxidase is currently under way and the results will be reported soon.

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