

博士論文(要約)

The anti-tumour effects of etoposide on

canine osteosarcoma

(犬骨肉腫に対するエトポシドの抗腫瘍効果)

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General introduction

Osteosarcoma (OSA) is the most common primary sarcoma of bone. It accounts for 80 – 90% of canine primary bone neoplasms where large- and giant breed dogs are at greater risk of developing this disease (Ru *et al.*, 1998; Morris and Dobson, 2001; McNeill *et al.*, 2007; Rosenberger *et al.*, 2007). Canine OSA tends to occur in older male dogs, though some reports showed an increased incidence in dogs less than 2 years of age (Misdorp and Hart, 1979; Mauldin *et al.*, 1988; Spodnick *et al.*, 1992; Boston *et al.*, 2006; McNeill *et al.*, 2007; Rosenberger *et al.*, 2007). Several studies have suggested that neutered status is associated with the development of OSA, with neutered dogs being more predisposed to the disease than intact dogs (Ru *et al.*, 1998; Cooley *et al.*, 2002).

The locally invasive nature of canine OSA requires a wide marginal excision by amputation or limb salvage procedures, which are the most effective means of treatment for the primary tumour and pain relief (Mauldin *et al.*, 1988; Szewczyk *et al.*, 2014). However, the major dilemma of the canine OSA treatment is the presence of micrometastases at the time of presentation or diagnosis. More than 70% of canine OSA patients are euthanized or died due to metastases with only 11 – 21% of the dogs are alive at 1 year post-surgery when treated with surgery alone (Brodey and Abt, 1976; Mauldin *et al.*, 1988; Spodnick *et al.*, 1992). Some reports suggested that both human and canine OSA patients benefit from aggressive surgical resection of pulmonary metastases; however, more studies are needed to determine the clinical advantage of this procedure over the operative and post-operative complications (Snyder *et al.*, 1991; O'brien *et al.*, 1993).

Combination of surgery and adjuvant chemotherapy using doxorubicin, cisplatin, or carboplatin extends survival rate of dogs with OSA to 35 – 50% at 1 year. Yet, adjuvant chemotherapy fails to impede the progression of the metastatic disease,

which is the ultimate cause of death (Straw *et al.*, 1991; Berg *et al.*, 1992, 1995; Bergman *et al.*, 1996; Boston *et al.*, 2006; Moore *et al.*, 2007; Bacon *et al.*, 2008; Phillips *et al.*, 2009; Oblak *et al.*, 2012; Szewczyk *et al.*, 2014). The anti-neoplastic agents mentioned above are extensively used in both human and veterinary oncology and are part of the treatment protocol of a variety of cancers. Nonetheless, each drug is associated with factors that limit its use. It has been proven that doxorubicin is capable of inducing cardiomyopathy in dogs, which is often fatal; while cisplatin administration is associated with nephrotoxicity, restricting their use in patients with cardiovascular disease and renal impairment, respectively (Daugaard *et al.*, 1987; Mauldin *et al.*, 1992; Berg *et al.*, 1995; McDuffie *et al.*, 2010; Gallay-Lepoutre *et al.*, 2016). The safer toxicity profile of carboplatin makes it a better candidate for canine OSA treatment. However, the high cost of carboplatin alongside canine OSA being a disease that commonly affects large- and giant-breed dogs render treatments to be costly.

Various novel anti-cancer therapies have been developed in recent years, these include molecular targeted drugs, immunotherapy and nanoparticles. Despite that, no breakthrough has yet been achieved in canine OSA treatment and the prognosis of canine OSA remains universally poor (MacEwen *et al.*, 1989; Vail *et al.*, 2002; Selvarajah and Kirpensteijn, 2010). The treatment options for canine OSA are limited and most new therapeutic approaches are still under investigation or commercially unavailable. Furthermore, research and development of new drugs are time-consuming and costly. Therefore, there is a clinical need for alternative treatment options or drug-repositioning that are effective, safe and affordable using drugs that are readily available.

From a preliminary study conducted to evaluate the sensitivity of canine OSA, mammary gland carcinoma (MGT) and melanoma cell lines to several topoisomerase inhibitors, canine OSA cell lines exhibited higher sensitivity than MGT and melanoma cell lines to all the topoisomerase inhibitors tested *in vitro*, including etoposide. In addition, etoposide treatment markedly delayed tumour progression in canine OSA xenografts but not the canine MGT xenografts. However, the treatment regimen employed in this study caused systemic toxicity and further study is necessary to refine the treatment protocol (Ong *et al.*, in press). Nevertheless, the findings presented in this study have opened interesting possibilities on the use of etoposide in veterinary oncology, especially for canine OSA.

Etoposide is a semisynthetic derivative of podophyllotoxin that disrupts DNA synthesis by inhibiting topoisomerase II and consequently cause DNA double strand breaks (Gantchev and Hunting, 1997). It has proven efficacy for a wide range of neoplasms including small cell lung cancer, testicular cancers, Hodgkin's and non-Hodgkin's lymphomas, and acute leukaemia in humans (Hande, 1998; Gerritsen-van Schieveen *et al.*, 2011). It has also been employed in some human OSA treatment protocols with varying outcomes (Le Deley *et al.*, 2007; O'Kane *et al.*, 2015; Whelan *et al.*, 2015; Schwartz *et al.*, 2016). Previous clinical trials on recurrent canine lymphoma and hemangiosarcoma have demonstrated that etoposide, either administered alone or in combination with other agents, may be a potential anti-neoplastic agent for clinical application in veterinary oncology (Hohenhaus and Matus, 1990; Lana *et al.*, 2007).

For the past decades, rapid advances in cancer research revealed that dynamic changes in the genome are attributed to development of cancer. The paths involved in oncogenesis are highly variable and frequently multigenic. Consequently, anti-cancer

therapies utilizing single-targeted drugs may not be able to sufficiently cure a complex disease such as cancer and multi-targeted therapies or combinational therapies are required to counter this condition (Hanahan and Weinberg, 2000; Zimmermann *et al.*, 2007). It has been suggested that anti-cancer therapy using combination of drugs with different cytotoxic mechanisms and less overlapping toxicity can achieve better response rate than monotherapy (Yamanaka *et al.*, 2011). Hence, it is appealing to evaluate the effects of etoposide in combination with other anti-cancer compounds on canine OSA.

The aims of this study were to investigate the anti-tumour efficacy of etoposide on canine OSA, to identify novel combination therapeutic regimen for the treatment of canine OSA and its mechanism of action, and to establish a treatment regimen applicable in clinical setting. In chapter 1, the anti-tumour effects of etoposide alone or in combination with a non-steroidal anti-inflammatory drug, piroxicam, on canine OSA cell lines were evaluated. The mechanism of actions and changes in the molecular machinery that contributed to the anti-tumour effects were elucidated. Experiments in chapter 2 were conducted based on the findings in chapter 1, where the synergistic anti-tumour effects exhibited by combination treatment of etoposide and piroxicam was deduced to be associated with survivin down-regulation. However, these improved effects were only apparent at the concentrations of piroxicam that exceed clinically attainable concentration. Thus, the anti-tumour effects of etoposide in combination with a survivin inhibitor (YM155) were explored in chapter 2. Finally, chapter 3 consists of the *in vivo* studies on the efficacy of etoposide therapy either alone or in combination with either piroxicam or YM155 using canine OSA xenograft mouse models.

Chapter 1

Cytotoxic effects of etoposide alone or in combination with piroxicam on canine OSA cell lines

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Chapter 2

Cytotoxic effects of etoposide alone or in combination with a survivin inhibitor, YM155, on canine osteosarcoma cell lines

The contents in this chapter are scheduled to be published as part of a journal.

Chapter 3

Anti-tumour effects of etoposide alone or in combination with either piroxicam or YM155 on canine osteosarcoma xenografts

Introduction

It has been universally acknowledged that NSAIDs have the capability to hamper tumorigenesis by inhibiting the production of prostaglandin, which is essential for tumour formation including transitional cell carcinoma, colorectal neoplasms, mammary gland carcinoma, squamous cell carcinoma and OSA (Mohammed *et al.*, 1999; Fosslie, 2000; Schmidt *et al.*, 2001; Mullins *et al.*, 2004). Besides that, various evidence show NSAIDs inhibit cancer cell proliferation, induce apoptosis and sensitize tumour cells to chemotherapeutic agents (Hanif *et al.*, 1996; Knapp *et al.*, 2000; Grösch *et al.*, 2001; Mohammed *et al.*, 2002). In chapter 1 of this study, it has been demonstrated that piroxicam enhanced the cytotoxic effect of etoposide, which interferes with the surveillance machinery of DNA leading to DNA double strand breaks and subsequently triggers the apoptotic cascades in canine OSA cells *in vitro*, but at concentrations that exceed the clinically achievable concentration.

Additionally, combination of etoposide with YM155 also exhibited superior anti-proliferative activity than either drug alone in chapter 2. YM155 is a promising novel anti-neoplastic compound that selectively blocks the expression of survivin protein, which is predominantly expressed in cancer cells. Suppression of survivin by YM155 reduces the threshold of apoptosis and sensitizes cancer cells to cytotoxic agents (Arora *et al.*, 2012; Nakahara *et al.*, 2011; Yamanaka *et al.*, 2011; Dresang *et al.*, 2013; Mir *et al.*, 2014; Yamazaki *et al.*, 2015; Zhang, Z. *et al.*, 2015). Although numerous studies showed that the improved outcome of concomitant treatment with conventional anti-neoplastic agent and YM155 was a result of augmented apoptosis, the findings in chapter 2 suggest that the cytotoxic mechanism was not universally identical.

Nonetheless, studies in the previous chapters were conducted on cultured cell. There are some limitations in *in vitro* studies as cancer cells are kept in an environment that is incapable to fully replicate the condition *in vivo*. Some drugs, such as NSAIDs, exert their anti-tumour effects by modulating the tumour microenvironment, immune system or circulatory system that are absent in cell culture studies. Knapp *et al.* demonstrated that piroxicam improved the remission rate in canine patients with transitional cell carcinoma at concentration that was non-cytotoxic *in vitro*, signifying results from cell culture analyses may not reflect the outcome *in vivo* precisely. On top of that, pharmacokinetic optimisation is essential for novel drug or drug combination; thus, studies using animal models are inevitable.

Cell proliferation is a fundamental biological process controlled by organized mechanisms. Dysregulation of this meticulous program that results in persistent cell proliferation may cause tumour formation (Schlüter *et al.*, 1993). The course of tumour development is also dependent on the level of neoplastic cell death. Compensatory suppression of apoptosis, which is essential to constrain growth in normal tissue and to eliminate genetically aberrant cells, supports neoplastic progression (Thompson, 1995; Evan and Vousden, 2001). Therefore, tumourigenesis is imminent when there are disruptions in the cell proliferation and apoptosis regulatory machineries. Since the defects in these two mechanisms are the cores of tumour establishment, they serve as important targets for therapeutic interventions and assessment of therapeutic efficacy (Evan and Vousden, 2001).

The *in vivo* anti-tumour efficacy of etoposide against canine OSA has been reported previously, but the treatment regimen of the study resulted in systemic toxicity (Ong *et al.*, in press). Therefore, the purpose of this chapter was to investigate the effectiveness of etoposide treatment alone and in combination with piroxicam

(section 1) or YM155 (section 2) against canine OSA using xenograft mouse models and establish a suitable treatment protocol that could be translated into clinical application. The anti-tumour efficacy of each regimen was evaluated in the aspects of tumour growth, cell proliferation and apoptosis.

The contents in this chapter are scheduled to be published as part of a journal.

Summary and Conclusion

Canine OSA is an aggressive bone neoplasm with more than 90% of the patients have micrometastases at the time of diagnosis. Hence, most patients succumb to the disease despite removal of the primary tumour via amputation or limb-sparing surgery within several months. The use of adjuvant chemotherapy, such as doxorubicin, carboplatin and cisplatin, in patients that underwent surgical removal of the primary mass prolonged overall survival. However, these patients eventually suffer from metastases, which is the ultimate cause of death. Recently, there have been great advances in oncology research that provided in-depth understanding of tumour biology and aid the development of novel cancer therapeutics. For years, efforts to improve the survival outcome of canine OSA patients remain futile without major breakthrough in its anti-cancer therapy. Besides that, a lot of potential novel treatments are still in the research stage and would take a long time to be available commercially. These highlight an urgent need for novel treatment approach for canine OSA using readily available drugs.

Findings from a preliminary study revealed canine OSA cell lines were sensitive to topoisomerase inhibitors, which included etoposide, both *in vitro* and *in vivo*. Etoposide has been employed in the treatment protocol for human OSA, and since OSA in dogs is similar to humans in various aspects, further investigation on etoposide as a potential chemotherapeutic agent for veterinary application is warranted. Besides, multi-targeted therapy may be attractive, as it has been suggested to deliver better response rate than single-targeted therapy. Therefore, the objectives of this study were to investigate the anti-tumour efficacy of etoposide on canine OSA and identify novel combination therapeutic regimen for this disease. Furthermore, the effect of treatment on the underlying molecular machineries was elucidated to gain better insight into the anti-tumour mechanisms.

In the first chapter, the cytotoxic effects of etoposide alone and in combination with piroxicam on canine OSA cell lines were examined. All canine OSA cell lines were sensitive to etoposide treatment at 0.2 μ M, which is a concentration attainable *in vivo*. Etoposide induced cells to undergo G₂/M arrest through inactivation of the Cdc2-cyclin B1 complex and subsequently triggered the apoptosis cascade. Whilst piroxicam alone did not show anti-proliferative effect, combination treatment with etoposide and piroxicam demonstrated better cytotoxic effect than either drug alone. Piroxicam chemosensitized all OSA cell lines to the inhibitory effect of etoposide, and augmented the proportion of G₂/M and apoptotic cells. Intriguingly, analyses of the cellular proteins revealed that one of the underlying mechanisms that contributed to this synergistic effect was down-regulation of the expression of survivin, which is an IAP, and subsequently up-regulation of cleaved PARP.

Of note, these enhanced effects were evident only when piroxicam was added at concentrations higher than the physiological achievable concentration and it was postulated that these synergistic anti-proliferative effect might be absent *in vivo*. However, cell culture experiments are unable to fully replicate the condition *in vivo*; thus, further investigation using animal models was performed in chapter 3 to validate the anti-tumour efficacy of etoposide alone and in combination with piroxicam against canine OSA. Since suppression of survivin was associated with enhanced cytotoxicity in combination treatment, adjunct treatment with a survivin inhibitor may exhibit comparable inhibitory effects on canine OSA.

Therefore, the study on the effects of etoposide in combination with a survivin inhibitor molecule, YM155, on canine OSA cell lines was conducted and presented in chapter 2. The IC₅₀ of YM155 for each canine OSA cell line was at nanomolar concentration, which is within or below the canine or murine serum concentration.

YM155 enhanced the cytotoxicity of etoposide on all canine OSA cell lines, but the effect of treatment on cell cycle regulatory machineries was heterogenous. Unlike the previous drug combination, etoposide together with YM155 did not induce G₂/M arrest nor inactivation of the Cdc2-cyclin B1 complex, but promoted accumulation of cells in S phase and reduction of G1 fraction in POS and HOS cell lines, and had little effect on the cell cycle distribution of HMPOS cell line.

Survivin knock down by YM155 is known to sensitise cancer cells to chemotherapy-induced apoptosis. Surprisingly, combination treatment with etoposide and YM155 enhanced the apoptotic activity of HOS cell line only. It remains unclear in what way YM155 enhanced the inhibitory effect of etoposide on HMPOS and POS cell lines, but it was speculated that YM155 might target other signalling molecules besides survivin. Nonetheless, given the apparent synergistic effects demonstrated by this therapeutic combination, further study *in vivo* was conducted to determine a suitable treatment protocol and evaluate the anti-tumour efficacy and safety profile of this drug combination.

Next, the anti-neoplastic efficacy of etoposide alone and in combination with piroxicam was evaluated using xenograft mouse models in the first section of chapter 3. Both etoposide single agent treatment and combination treatment with piroxicam delayed xenograft tumour progression predominantly through suppression of tumour cell proliferation. While the protein expression of survivin was reduced in these 2 groups, it was not accompanied with an increase in apoptotic activity, which is contrary to the findings in cell culture study. This could be due to the interaction between cancer cells with certain ECM compounds that modified their response to anti-neoplastic agents and blocked the apoptosis cascade. In agreement with the hypothesis postulated, addition of piroxicam into etoposide treatment regime did not

further suppress tumour growth when compared with etoposide single agent treatment. Meanwhile, piroxicam single agent treatment failed to suppress xenograft tumour growth. Considering canine OSA is commonly associated with pain, and incorporation of piroxicam into etoposide treatment regimen did not cause adverse reaction, this therapeutic combination is a promising alternative therapy for canine OSA.

In the second section of chapter 3, the *in vivo* anti-tumour efficacy of etoposide in combination with YM155 was evaluated. Although statistically insignificant, combination treatment reduced the growth rate of the xenograft tumours by 70%, primarily through alteration of the cell proliferation machineries. Surprisingly, the anti-neoplastic effect exhibited by etoposide and YM155 single agent treatment was negligible. Besides, survivin expression was not suppressed following administration of YM155, indicating further study is needed to improve the treatment protocol. It is hypothesised that the anti-tumour effect would be aggravated following optimisation of the treatment regimen. Taken together, these findings suggest that concomitant treatment with etoposide and YM155 is a potential novel therapeutic approach for canine OSA, but further improvement of the treatment regimen is necessary before proceeding to clinical trial.

In conclusion, this study revealed that etoposide exhibits effective anti-neoplastic activity against canine OSA both *in vitro* and *in vivo*. Addition of piroxicam into etoposide therapy does not improve the anti-tumour effect of etoposide, but this combination therapeutic regimen is feasible as it does not cause severe adverse reaction and may help alleviate cancer pain; thus, improving the life quality of canine OSA patients. Concomitant treatment with etoposide and a survivin inhibitor demonstrates superior anti-neoplastic effect than etoposide single agent

treatment, and this is a promising novel combination therapy for canine OSA. However, more work to optimise the treatment regimen is required. Although the anti-neoplastic mechanisms of etoposide treatment either alone or in combination with piroxicam or survivin inhibitor have not been completely elucidated, modification in the cell cycle progression machineries is one of the mechanisms involved.

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