

Incorporation of histone deacetylase inhibition into the structure of a nuclear receptor agonist

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1,25-dihydroxyvitamin D₃ (1,25D) regulates gene expression by signaling through the nuclear vitamin D receptor (VDR) transcription factor and exhibits calcium homeostatic, anticancer, and immunomodulatory properties. Histone deacetylase inhibitors (HDACis) alter nuclear and cytoplasmic protein acetylation, modify gene expression, and have potential for treatment of cancer and other indications. The function of nuclear receptor ligands, including 1,25D, can be enhanced in combination with HDACi. We designed triciferol, a hybrid molecule in which the 1,25D side chain was replaced with the dienyl hydroxamic acid of HDACi trichostatin A. Triciferol binds directly to the VDR, and functions as an agonist with 1,25D-like potency on several 1,25D target genes. Moreover, unlike 1,25D, triciferol induces marked tubulin hyperacetylation, and augments histone acetylation at concentrations that largely overlap those where VDR agonism is observed. Triciferol also exhibits more efficacious antiproliferative and cytotoxic activities than 1,25D in four cancer cell models *in vitro*. The bifunctionality of triciferol is notable because (i) the HDACi activity is generated by modifying the 1,25D side chain without resorting to linker technology and (ii) 1,25D and HDACi have sympathetic, but very distinct biochemical targets; the hydrophobic VDR ligand binding domain and the active sites of HDACs, which are zinc metalloenzymes. These studies demonstrate the feasibility of combining HDAC inhibition with nuclear receptor agonism to enhance their therapeutic potential.

HDAC inhibitors | multiple ligands | vitamin D

The biologically active metabolite of vitamin D₃, 1 α ,25-dihydroxyvitamin D₃ (1,25D, **1**) (Fig. 1), is best known as a primary regulator of calcium homeostasis (1, 2). However, 1,25D also controls cell differentiation and proliferation through binding to the nuclear vitamin D receptor (VDR) (NR1H1), which regulates histone acetylation, chromatin remodeling and recruitment of RNA polymerase II and ancillary factors required for target gene transcription (2). In addition to their calcium homeostatic properties, 1,25D analogs have therapeutic potential in treatment of hyperproliferative disorders, such as cancer and psoriasis (2, 3). 1,25D analogs may also be effective in treatment of a range of disorders with autoimmune components such as multiple sclerosis, type 1 diabetes and Crohn's disease, an inflammatory bowel disorder (2, 4). Moreover, 1,25D is also a direct inducer of antimicrobial innate immunity (5–7), a finding that has provided a molecular genetic basis for its activity against *Mycobacterium tuberculosis* infections (8).

Recent studies demonstrated combinatorial effects of trichostatin A (TSA, **2**; Fig. 1), a histone deacetylase inhibitor (HDACi), and 1,25D on the proliferation of 1,25D-resistant cancer cells (ref. 9 and L.E.T.-M., B.D., and J.H.W. unpublished results). HDACis, including TSA and suberoylanilide hydroxamic acid (SAHA, **5**) (Fig. 1), regulate the acetylation state of histones and other nuclear and nonnuclear proteins. Like VDR agonists, HDACis modulate gene expression and induce cell cycle arrest, cellular differentiation, and/or apoptosis (10–12),

and so they have been investigated as treatments for cancer. The potential of HDACis as therapeutics is underscored by the recent approval of SAHA, under the trade name Zolinza, for treatment of cutaneous T cell lymphoma (13).

In developing therapies against human disease, it is often advantageous to target two or more sympathetic biological targets. The potential advantages of this approach include targeting sympathetic biochemical pathways involved in a disease, limiting the development of resistance and reducing dosages of more toxic drugs. Classical examples include combining reverse transcriptase inhibitors with protease inhibitors in the treatment of AIDS (14) or coadministration of niacin with a statin in the treatment of hypercholesterolemia (15). Although many examples exist where combination therapy involves administration of multiple drugs, there is growing interest in developing “multiple ligands,” single chemical entities that interact with multiple biological targets (16). Although achieving appropriate dosing against individual targets is more readily achieved with separate chemical agents, a multiple ligand may have significant advantages. Development of a multiple ligand simplifies analysis of dose/toxicity relationships and pharmacokinetic profiles, holds the potential to localize activity against one target based on affinity for a second target (17), and can improve adherence to a treatment regimen.

Based on the observed synergy between 1,25D and TSA, we sought to combine VDR agonist activity and HDAC inhibition within a single molecule. This presented a significant design challenge. Although many multiple ligands have been designed to interact with two related biological targets [e.g., vasopeptidase inhibitors, which are dual inhibitors of zinc metalloproteases neprilysin and angiotensin converting enzyme (18)], few have been rationally designed to interact with two markedly different biological targets. In the case of targeting of both the VDR and HDACs, metalloenzyme inhibition would need to be incorporated into the structure of a lipophilic nuclear receptor agonist (19). Further increasing the challenge, 1,25D is fully enclosed within the VDR binding pocket and thus a fully merged structure with overlapping pharmacophores would be necessary. In this article, we describe the design, synthesis, and biochemical characterization of triciferol, a multiple ligand agent that combines VDR agonism and HDAC inhibition to enhance the cytostatic and cytotoxic activities of 1,25D.

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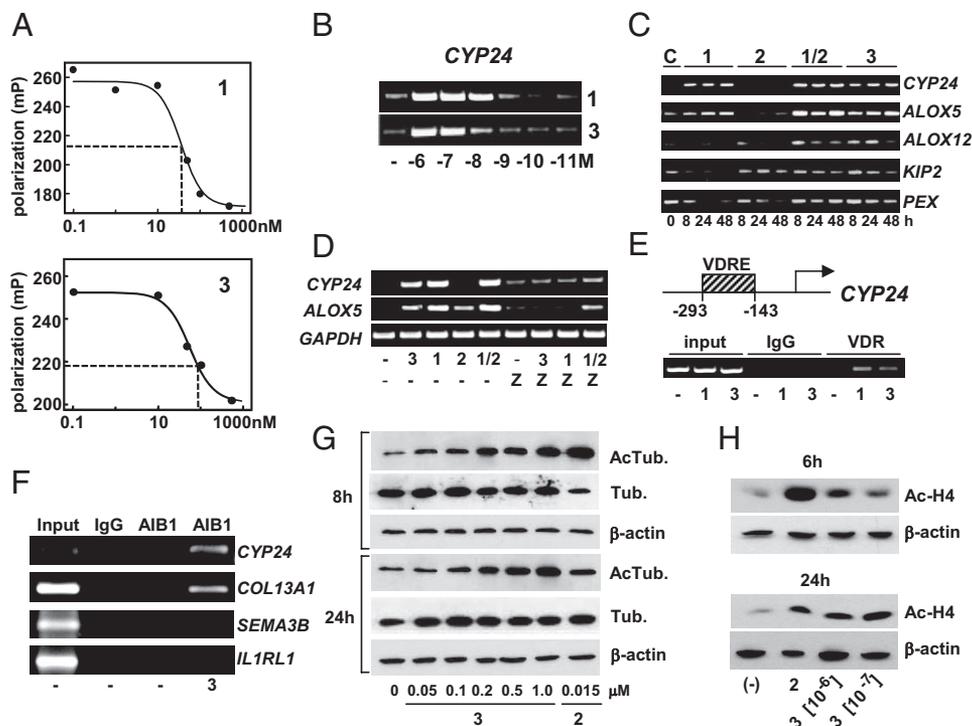


Fig. 3. VDR agonist and HDACi activities of triciferol. (A) Triciferol binds directly to the VDR ligand binding domain. Fluorescence polarization competition assays comparing displacement of a fluorescent tracer from the VDR ligand binding domain are shown. (mP, milli-polarization units; see *SI Materials and Methods* for assay details). Estimated IC₅₀s for 1,25D and triciferol in the assay were 32 and 87 nM, respectively. (B) Dose-response analysis of induction of *cyp24* expression by 1,25D (1) and triciferol (3). (C) Comparison of the regulation of 1,25D target genes by 100 nM 1,25D (1), 15 nM TSA (2), 1,25D and TSA together (1+2), and 100 nM triciferol (3). (D) VDR antagonist ZK159222 blocks triciferol-induced expression of 1,25D target genes *cyp24* and *alox5*. Cells were treated with vehicle (-), 1,25D (1), TSA (2), triciferol (3), and/or ZK159222 (Z), as indicated. (E) (Upper) Schematic representation of the proximal human *cyp24* promoter. (Lower) Analysis of induction by 100 nM 1,25D (1) or triciferol (3) of VDR binding to the 1,25D-responsive region of the human *cyp24* promoter by ChIP assay. (F) Re-ChIP analysis of recruitment induced by triciferol of the coactivator AIB1 to 1,25D target genes in MCF-7 cells, which overexpress AIB1 (36). The VDR was immunoprecipitated from extracts prepared for ChIP assays and reimmunoprecipitated with an antibody directed against AIB1. (G) Western blot analysis of dose-dependent induction of tubulin acetylation in SCC4 cells by triciferol (3) in SCC4 cells. Blots were probed for both total tubulin and actin as controls. (H) Western analysis of induction of histone H4 acetylation after 8 or 24 h of treatment with TSA (2) or triciferol (3), as indicated. See *SI Materials and Methods* for details.

[Fig. 2; see [supporting information \(SI\) Materials and Methods](#) for complete details]. Direct binding of triciferol to the VDR was assessed by using a fluorescence polarization competition (FPC) assay, which revealed that triciferol competed for tracer binding with an apparent IC₅₀ of 87 nM or ≈ 3 -fold higher than that of 1,25D (32 nM) (Fig. 3A). VDR agonism of triciferol was tested initially by using a 1,25D-sensitive reporter gene assay, which revealed agonist activity comparable to that of 1,25D at 100 nM (Fig. S1). VDR agonism was also assessed in human squamous carcinoma SCC4 cells (29, 30) by analyzing induction of the gene encoding CYP24 (Fig. 3B), the enzyme that initiates 1,25D catabolism (1, 2). Triciferol induced strong *cyp24* expression and was within a factor of ≈ 10 as potent as 1,25D, in good agreement with the results of the FPC assay.

We compared further the capacity of triciferol and a combination of 1,25D and TSA to regulate the expression of a series of 1,25D₃ target genes (31, 32) in SCC4 cells over 48 h. This revealed profiles of gene regulation by triciferol that are more similar to those of 1,25D and TSA in combination than 1,25D alone (Fig. 3C). *Cyp24* was completely unresponsive to TSA, and its induction by 1,25D, 1,25D and TSA or triciferol did not differ substantially. However, in many cases, the magnitude of gene expression observed in the presence of triciferol differed markedly from that of 1,25D under conditions where TSA was active on its own or where it substantially enhanced 1,25D₃-dependent gene regulation (*cdkn1c/kip2*, *alox12*, and *pex*). Notably, unlike 1,25D, triciferol induced a marked up-regulation of the gene

encoding cyclin-dependent kinase inhibitor p57^{KIP2} (*cdkn1c/kip2*), whose expression is lost during oral SCC progression (33). Induction of *cyp24* and *alox5* by triciferol was markedly inhibited by the VDR antagonist ZK159222 (Fig. 3D), consistent with a VDR-driven mechanism of gene regulation. Furthermore, treatment with either 1,25D or triciferol markedly enhanced VDR binding to the promoter-proximal VDRE region (34) of the *cyp24* promoter, as assessed by chromatin immunoprecipitation (ChIP) assay (Fig. 3E), consistent with their similar effects on *cyp24* induction. In other ChIP assays, triciferol also induced VDR binding to the VDRE (32) in the *col13a1* gene (data not shown). Moreover, re-ChIP experiments revealed that triciferol induced recruitment of the p160 coactivator AIB1 (35) to VDR-bound target genes (Fig. 3F). Taken together, the results above show that triciferol is a VDR agonist with a gene regulatory profile that is distinct from that of 1,25D.

In preliminary assays with an acetylated colorimetric substrate (36), triciferol showed clear inhibitory activity (Fig. S2). In control experiments in SCC4 squamous carcinoma cells, 1,25D alone at concentrations as high as 1 μ M did not alter tubulin or histone acetylation and had no substantial effect on hyperacetylation induced by TSA (Fig. S3). In contrast, treatment of SCC4 cells with triciferol induced a marked dose-dependent increase in levels of acetylated α -tubulin (Fig. 3G) and enhanced acetylation of histone H4 (Fig. 3H). Tubulin hyperacetylation (Fig. 3G) was visible after 8 h of incubation with triciferol concentrations as low as 50 nM, and plateaued at a concentration of

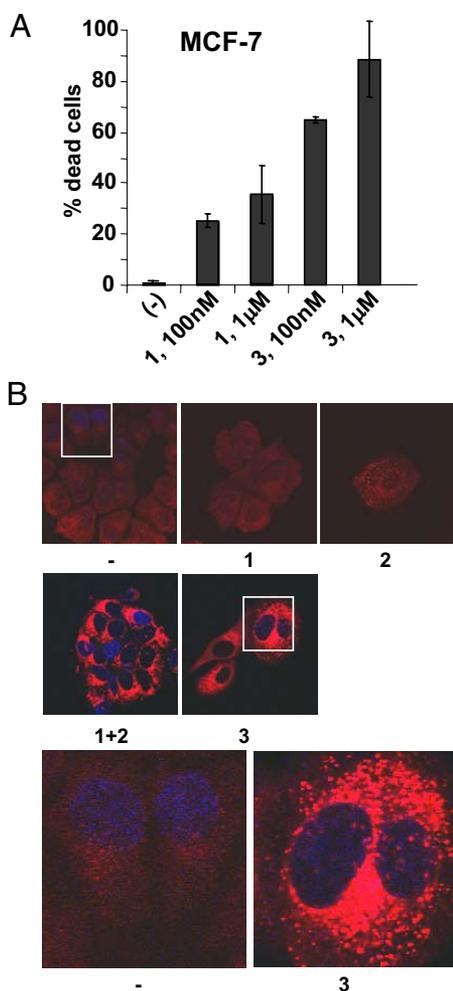


Fig. 5. Comparison of autophagic cell death induced by 1,25D and triciferol in human MCF-7 breast cancer cells. (A) MCF-7 cell death induced by 1,25D (1) or triciferol (3) as measured by trypan blue exclusion assay. (B) Analysis of formation of autophagosomes in MCF-7 cells treated with vehicle (-), 1,25D (1), TSA (2), 1,25D and TSA together (1+2), or triciferol (3). (Lower) Magnifications of the boxed regions of control or triciferol-treated cells. See *SI Materials and Methods* for details.

in a concentration range largely overlapping that where VDR agonism is observed, and that this hyperacetylation is sustained over at least 24 h. Thus, it might be expected that it would function as an effective multiple ligand *in vivo*. Indeed, triciferol exhibited enhanced cytostatic properties relative to 1,25D in

poorly differentiated breast and squamous carcinoma lines and displayed enhanced cytotoxic properties in the MCF-7 breast cancer line. Moreover, although treatment with 1,25D or TSA alone did not have marked effects on SCC4 cell morphology, triciferol induced morphological changes that were very similar to those seen with combined treatment with 1,25D and TSA. Taken together, these data show that triciferol acts as a multiple ligand with significantly enhanced properties relative to either 1,25D or TSA alone in the models tested. The data also suggest that triciferol may exhibit enhanced therapeutic potential relative to 1,25D or other analogues.

Although we have focused here on cancer models, compounds like triciferol may have enhanced activities against other indications targeted by 1,25D or its analogs, such as psoriasis (2), microbial infections (5–8), or autoimmune conditions, such as inflammatory bowel diseases (4). An important next step is to compare the therapeutic index of triciferol with that of 1,25D in animal models of disease and, in particular, determine whether triciferol, like other 1,25D analogs (43), lacks the undesirable calcemic properties of 1,25D.

In conclusion, the above studies demonstrate the synthetic feasibility of combining HDAC inhibition with VDR agonism in 1,25D analogs to enhance their therapeutic potential. Triciferol is unique in that it is a fully merged structure targeting two radically different and biochemically distinct proteins (a metalloenzyme and a nuclear receptor ligand binding domain), and provides proof-of-principle that a second biochemical activity can be incorporated into the agonist structure of a nuclear receptor ligand.

Materials and Methods

Synthesis of Triciferol. See *SI Materials and Methods* for a detailed protocol describing the synthesis of triciferol, including spectroscopic analysis of intermediates.

Molecular and Cell Biology. All cells used in this study were purchased from the American Type Culture Collection and cultured under recommended conditions. See *SI Materials and Methods, Cell and Molecular Biology* for details of all molecular and cell biology protocols, including tissue culture, cell viability assays, and microscopy, RT/PCR analysis, chromatin immunoprecipitation assays, Western blot analysis, and HDAC colorimetric assays.

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