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Anibamine, a Natural Product CCR5 Antagonist, as a Novel Lead for the Development of Anti Prostate Cancer Agents

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Abstract

Accumulating evidence indicates that the chemokine receptor CCR5 and the chemokine CCL5 may be involved in the proliferation and metastasis of prostate cancer. Consequently, chemokine receptor CCR5 antagonists could potentially act as anti prostate cancer agents. As the first natural product CCR5 antagonist, anibamine provides a novel chemical structural skeleton compared with other known antagonists identified through high-throughput screening. Our studies demonstrate that anibamine produces significant inhibition of prostate cancer cell proliferation at micromolar to submicromolar concentrations as well as suppressing adhesion and invasion of the highly metastatic M12 prostate cancer cell line. Preliminary in vivo studies indicate that anibamine also inhibits prostate tumor growth in mice. These findings indicate that anibamine may prove to be a novel lead compound for the development of prostate cancer therapeutic agents.

Keywords

chemokine receptor CCR5; antagonist; anibamine; prostate cancer

Prostate cancer is the most common non-cutaneous solid cancer occurring amongst men in the USA, and the second most common malignant cause of male death worldwide¹. Current therapies remain limited to surgery, radiation, and/or androgen ablation². Recent investigations indicate that there is a relationship between some inflammatory processes and cancer, specifically, prostate cancer development³⁻¹³. For example, the prostate cancer cell lines PC-3, DU145, and LNCaP express the chemokine CCL5 (RANTES) and the

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chemokine receptor CCR5. Furthermore, the chemokine receptor CCR5 antagonist, TAK-779 inhibited CCL5-induced proliferation of these prostate cancer cell lines¹². Levels of CCL5 and CCR5 are also reported to be greater in prostate cancer specimens than in benign hyperplasia¹³. Collectively these findings in both patient-derived specimens and prostate cancer cell lines suggest that development of the appropriate chemokine receptor CCR5 antagonists could provide a novel prostate cancer therapy.

Anibamine (Figure 1), a novel pyridine quaternary alkaloid recently isolated from *Aniba sp.*, was found to bind to CCR5 with an IC₅₀ of 1 μ M in competition with 125I-gp120, an HIV viral envelop protein¹⁴. Thus far, anibamine is the first known natural product acting as a CCR5 antagonist. While the chemokine receptor CCR5 has mainly been targeted in HIV therapies since it was first cloned more than a decade ago¹⁵⁻²¹, CCR5 antagonists could provide a novel therapeutic approach for prostate cancer treatment through the inhibition of CCL5 induced cell proliferation.

Anibamine has a novel structural skeleton compared to other CCR5 antagonists identified through high-throughput screening. Considering the binding affinity to CCR5 of other original lead compounds²²⁻²⁴, the inhibitory binding affinity of anibamine at 1 μ M to CCR5 appears quite promising.

Recently, the total synthesis of anibamine has been reported by one of our laboratories²⁵. The development of this synthetic pathway provides the opportunity for generating anibamine derivatives in order to explore their structure-activity relationships as CCR5 antagonists. The binding of anibamine to the chemokine receptor CCR5 has been characterized and compared with that of other CCR5 antagonists in different homology models of CCR5²⁶. The binding pocket of anibamine shares some common features with other high affinity CCR5 antagonists, suggesting binding to similar binding sites. The current studies were designed to explore the utility of developing anibamine as a novel lead compound against prostate cancer.

As indicated previously, the expression of CCL5 and CCR5 has been observed in various prostate cancer cell lines, including PC-3, DU145, and LNCaP^{12,13}. Expression of CCR5 and CCL5 mRNA was quantitated via qRT-PCR in the highly metastatic M12 prostate epithelial cell line, as well as in its non tumorigenic parental cell line P69²⁷. The results, shown in Figure 2, indicate that while both genetically related sublines express CCR5, CCL5 expression was evident in the M12 tumorigenic subline but was barely detectable in the parental p69 line. From our results, the relatively elevated levels of CCL5 in the metastatic M12 cell line compared to the nontumorigenic parental p69 line suggest that CCL5 and its receptor CCR5 could be involved in prostate cancer metastatic progression, providing additional support for the potential value of targeting the chemokine receptor CCR5 in prostate cancer.

Previously, M12 cells were shown to have a very high invasive ability²⁷. It is also known that adhesion and invasion are important steps that further promote prostate tumorigenesis and metastasis. The growth inhibitory properties of anibamine were evaluated in the prostate cancer cell lines, PC-3, DU145, and M12. Results of these assays are summarized in Figure 3. Anibamine was observed to interfere with prostate cancer cell growth in a dose-dependent manner at micromolar to submicromolar concentrations in all three cell lines. The observations that anibamine can inhibit the invasion and adhesion of M12 cells support the possibility that anibamine may have anti metastatic properties against prostate cancer.

In invasion and adhesion assays, the addition of anibamine inhibited M12 invasive ability by 42 to 65% (Figure 4) depending on the dose and M12 adhesion up to 26% (Figure 5). No additional effects on adhesion were evident at higher concentrations (data not shown).

Further, M12 cells embedded in IrECM gels were studied to assess the effect of anibamine on tumor cell morphology. As shown in Figure 6, the M12 subline displayed a disorganized mass of cells when grown in 3D (which is in agreement with its metastatic character); the addition of anibamine reverted M12 cells to spheroid-like structures referred to as acini. These observations further support the premise that anibamine indeed could potentially inhibit prostate tumor metastasis.

After that, immunohistochemical staining for relevant cell proteins coupled with confocal microscopy was conducted to better examine the morphological differences displayed by these cells when grown embedded in IrECM gels. The M12 subline, which shows high expression of vimentin, spread throughout the IrECM as a disorganized mass, which reflects the highly tumorigenic/metastatic behavior of these cells when injected into male, athymic nude mice²⁸. Interestingly, vimentin gene expression declined with the addition of anibamine (Figure 7). In addition, while the expression of α 6- and β 1- integrins was quite disorganized in M12 cells. The addition of anibamine reverted the disorganized mass of cells to an acinus with a distinct luman displaying basal polarization of α 6- and β 1- integrin as shown previously for the parental, benign P69 cells.

As with the development of any new class of drugs, it was critical to determine whether these compounds could be used at concentrations that are not toxic to normal cells. For our initial screening studies, we examined hemolysis of sheep red blood cells by anibamine, since this was thought to be a possible limitation on the use of this class of agents²⁹. Our result indicates that no toxicity was observed in this assay below or at a concentration of 1 μ M (Figure 8), which would support the potential selectivity of this agent.

In addition, preliminary data from an on-going in vivo analysis suggests that anibamine can reduce the subcutaneous growth of M12 tumor cells in athymic nude mice. In the three mice with subcutaneous M12 tumors, four days after four injections of anibamine, the size of the tumors was 321.4 mm^3 , 80.0 mm^3 , and 202.2 mm^3 , respectively, averaging $201.2 \pm 69.7 \text{ mm}^3$. In contrast, the size of the tumors injected with the solvent control was 421.6 mm^3 , 182.6 mm^3 , and 384.6 mm^3 , respectively, averaging $329.6 \pm 74.3 \text{ mm}^3$. Thus anibamine did appear to reduce the rate of growth of the M12 tumors by roughly 50% (Figure 9). Such observation that anibamine can reduce the subcutaneous growth of M12 tumor cells in athymic nude mice support the premise that anibamine and/or its derivatives could prove to have utility in the treatment of prostate cancer.

In summary, anibamine showed significant inhibition of prostate cancer cell proliferation at 1 μ M and lower concentrations while direct hemolysis was not evident until an approximately 10-fold higher concentration. Anibamine also suppressed the invasive and metastatic properties of M12 cells and compromised the growth of these tumors in vivo. Overall these preclinical studies suggest that anibamine could have a reasonable therapeutic index, supporting the potential utility of this compound as the lead for future drug design and development.

One reservation is that the calculated log K_{ow} for anibamine is 9.1²⁹, which indicates that its lipophilicity is significantly higher than the value set forth by "Lipinski's rule of 5" for drug-like compounds³⁰. In comparing the chemical structure of anibamine with other known CCR5 antagonists (Figure 1), a major difference is that the anibamine side chains are simple, undecorated, aliphatic chains. Therefore, further drug development for CCR5 antagonists based on the chemical structure of anibamine, the first natural product with high binding affinity to the CCR5 chemokine receptor, may lead to a new type of therapeutic agent for metastatic prostate cancer therapy. Further studies of anibamine and its analogs

should also serve to clarify the mechanisms by which targeting the chemokine receptor CCR5 may suppress metastatic processes of prostate cancer cells.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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References

- 1(a). US Cancer Statistics: 2002 Incidence and Mortality, the most comprehensive federal report available on state-specific cancer rates. The Department of Health and Human Services; Nov. 2005 (b) Miller BA, Ries LAG, Hankey BF. Seer Cancer Statistics Review. 1973 NIH Publ., 1993, No. 93-2789.
- 2. http://www.cancer.gov/cancertopics/treatment/prostate
- 3. Frederick MJ, Gary L. Chemokines in Cancer. Reviews in Molecular Medicine 2001:1.
- 4. Nasu K, Matsui N, Narahara H, Tanaka Y, Takai N, Miyakawa I, Higuchi YM. A human endometrial stromal sarcoma cell line that constitutely produces interleukin-6, interleukin-8, and monocyte chemoattractant protein-1. Arch. Pathol. Lab. Med 1998;122:836. [PubMed: 9740146]
- Melani C, Pupa SM, Stoppacciaro A, Menard S, Colnaghi MI, Parmiani G, Colombo MP. An in vivo model to compare human leukocyte infiltration in carcinoma xenografts producing different chemokines. Int. J. Cancer 1995;62:572. [PubMed: 7665228]
- Selvan RS, Butterfield JH, Krangel M,S. Expression of multiple chemokine genes by a human mast cell leukemia. J. Biol. Chem 1994;269:13893. [PubMed: 8188667]
- Schadendorf D, Moller A, Algermissen B, Worm M, Sticherling M, Czarnetzki BM. IL-8 produced by human malignant melanoma cells in vitro is an essential autocrine growth factor. J. Immunol 1993;151:2667. [PubMed: 8360485]
- Miyamoto M, Shimizu Y, Okada K, Kashii Y, Higuchi K, Watanabe A. Effect of interleukin-8 on production of tumor-associated substances and autocrine growth of human liver and pancreatic cancer cells. Cancer Immunol. Immunother 1998;47:47. [PubMed: 9755878]
- 9. Mantovani A, Bottazzi B, Colotta F, Sozzani S, Ruco L. Origin and function of tumor-associated macrophages. Immunol. Today 1992;13:265. [PubMed: 1388654]
- Opdenakker G, Van Damme J. Chemotactic Factors, Passive Invasion and Metastasis of Cancer Cells. Immumol. Today 1992;13:463.
- Opdenakker G, Van Damme J. Cytokines and Proteases in Invasive Processes. Cytokine 1992;4:251. [PubMed: 1515548]
- 12. Vaday GG, Peehl DM, Kadam PA, Lawrence DM. Expression of CCL5(RANTES) and CCR5 in Prostate Cancer. The Prostate 2006;66:124. [PubMed: 16161154]
- Koenig JE, Senge T, Allhoff EP, Koenig W. Analysis of the Inflammatory Network in Benign Prostate Hyperplasia and Prostate Cancer. The Prostate 2004;58:121. [PubMed: 14716737]
- Jayasuriya H, Herath KB, Ondeyka JG, Polishook JD, Bills GF, Dombrowski AW, Springer MS, Siciliano S, Malkowitz L, Sanchez M, Guan Z, Tiwari S, Stevenson DW, Borris RP, Singh SB. Isolation and structure of antagonists of chemokine receptor CCR5. J. Nat. Prod 2004;67:1036. [PubMed: 15217290]
- Littman DR. Chemokine Receptors: Keys to AIDS Pathogenesis? Cell 1998;93:677. [PubMed: 9630212]
- Chinen J, Shearer WT. Molecular virology and immunology of HIV infection. J. Allergy Clin. Immunol 2002;110:189. [PubMed: 12170257]

- Kedzierska K, Crowe SM, Turville S, Cunningham AL. The influence of cytokines, chemokines and their receptors on HIV-1 replication in monocytes and macrophages. Rev. Med. Virol 2003;13:39. [PubMed: 12516061]
- 18(a). Tagat JR, McCombie SW, Nazareno D, Labroli MA, Xiao Y, Steensma RW, Strizki JM, Baroudy BM, Cox K, Lachowicz J, Varty G, Watkins R. Piperazine-Based CCR5 Antagonists as HIV-1 Inhibitors. IV. Discovery of 1-[(4,6-Dimethyl-5-pyrimidinyl)carbonyl]- 4-[4-{2methoxy-1(R)-4-(trifluoromethyl)phenyl}ethyl-3(S)-methyl-1-piperazinyl]-4-methylpiperidine (Sch-417690/Sch-D), a Potent, Highly Selective, and Orally Bioavailable CCR5 Antagonist. J. Med Chem 2004;48:2405. [PubMed: 15115380] (b) Strizki JM, Tremblay C, Xu S, Wojcik L, Wagner N, Gonsiorek W, Hipkin RW, Chou CC, Pugliese-Sivo C, Xiao Y, Tagat JR, Cox K, Priestley T, Sorota S, Huang W, Hirsch M, Reyes GR, Baroudy BM. Discovery and characterization of vicriviroc (SCH 417690), a CCR5 antagonist with potent activity against human immunodeficiency virus type 1. Antimicrob. Agents Chemother 2005;49:4911. [PubMed: 16304152]
- 19a). Lynch CL, Willoughby CA, Hale JJ, Holson EJ, Budhu RJ, Gentry AL, Rosauer KG, Caldwell CG, Chen P, Mills SG, MacCoss M, Berk S, Chen L, Chapman KT, Malkowitz L, Springer MS, Gould SL, DeMartino JA, Siciliano SJ, Cascieri MA, Carella A, Carver G, Holmes K, Schleif WA, Danzeisen R, Hazuda D, Kessler J, Lineberger J, Miller M, Emini EA. 1,3,4-Trisubstituted pyrrolidine CCR5 receptor antagonists: modifications of the arylpropylpiperidine side chains. Bioorg. Med. Chem. Lett 2003;6:119. [PubMed: 12467630] b) Shen DM, Shu M, Mills SG, Chapman KT, Malkowitz L, Springer MS, Gould SL, DeMartino JA, Siciliano SJ, Kwei GY, Carella A, Carver G, Holmes K, Schleif WA, Danzeisen R, Hazuda D, Kessler J, Lineberger J, Miller MD, Emini EA. Antagonists of human CCR5 receptor containing 4-(pyrazolyl)piperidine side chains. Part 1: Discovery and SAR study of 4-pyrazolylpiperidine side chains. Bioorg. Med. Chem. Lett 2004;23:935. [PubMed: 15012997] c) Shen DM, Shu M, Willoughby CA, Shah S, Lynch CL, Hale JJ, Mills SG, Chapman KT, Malkowitz L, Springer MS, Gould SL, DeMartino JA, Siciliano SJ, Lyons K, Pivnichny JV, Kwei GY, Carella A, Carver G, Holmes K, Schleif WA, Danzeisen R, Hazuda D, Kessler J, Lineberger J, Miller MD, Emini EA. Antagonists of human CCR5 receptor containing 4-(pyrazolyl)piperidine side chains. Part 2: Discovery of potent, selective, and orally bioavailable compounds. Bioorg. Med. Chem. Lett 2004;23:941. [PubMed: 15012998] d) Shu M, Loebach JL, Parker KA, Mills SG, Chapman KT, Shen DM, Malkowitz L, Springer MS, Gould SL, DeMartino JA, Siciliano SJ, Salvo JD, Lyons K, Pivnichny JV, Kwei GY, Carella A, Carver G, Holmes K, Schleif WA, Danzeisen R, Hazuda D, Kessler J, Lineberger, Miller MD, Emini EA. Antagonists of human CCR5 receptor containing 4-(pyrazolyl)piperidine side chains. Part 3: SAR studies on the benzylpyrazole segment. Bioorg. Med. Chem. Lett 2004;14:947. [PubMed: 15012999]
- 20. Maeda K, Nakata H, Koh Y, Miyakawa T, Ogata H, Takaoka Y, Shibayama S, Sagawa K, Fukushima D, Moravek J, Koyanagi Y, Mitsuya H. Spirodiketopiperazine-based CCR5 inhibitor which preserves CC-chemokine/CCR5 interactions and exerts potent activity against R5 human immunodeficiency virus type 1 in vitro. J. Virology 2004;78:8654. [PubMed: 15280474]
- 21a). Dorr P, Westby M, Dobbs S, Griffin P, Irvine B, Macartney M, Mori J, Rickett G, Smith-Burchnell C, Napier C, Webster R, Armour D, Price D, Stammen B, Wood A, Perros M. Maraviroc (UK-427,857), a potent, orally bioavailable, and selective small-molecule inhibitor of chemokine receptor CCR5 with broad-spectrum anti-human immunodeficiency virus type 1 activity. Antimicrob. Agents Chemother 2005;49:4721. [PubMed: 16251317] b) FDA Panel Backs HIV Drug, Pfizer Treatment Blocks Pathway Used to Infect Cells. Wall Street Journal. April 25;2007 c) FDA Voices Concerns Over New HIV Drug Class. Wall Street Journal. April 21;2007
- 22. Dorn CP, Finke PE, Oates B, Budhu RJ, Mills SG, MacCoss M, Malkowitz L, Springer MS, Daugherty BL, Gould SL, DeMartino JA, Siciliano SJ, Carella A, Carver G, Holmes K, Danzeisen R, Hazuda D, Kessler J, Lineberger J, Miller M, Schleif WA, Emini EA. Antagonists of the human CCR5 receptor as anti-HIV-1 agents. part 1: discovery and initial structure-activity relationships for 1 -amino-2-phenyl-4-(piperidin-1-yl)butanes. Bioorg. Med. Chem. Lett 2001;11:259. [PubMed: 11206473]
- 23. Palani A, Shapiro S, Clader JW, Greenlee WJ, Cox K, Strizki J, Endres M, Baroudy BM. Discovery of 4-[(Z)-(4-bromophenyl)- (ethoxyimino)methyl]-1'-[(2,4-dimethyl-3-

pyridinyl)carbonyl]-4'-methyl-1,4'- bipiperidine N-oxide (SCH 351125): an orally bioavailable human CCR5 antagonist for the treatment of HIV infection. J. Med. Chem 2001;44:3339. [PubMed: 11585437]

- 24. Shiraishi M, Aramaki Y, Seto M, Imoto H, Nishikawa Y, Kanzaki N, Okamoto M, Sawada H, Nishimura O, Baba M, Fujino M. Discovery of novel, potent, and selective small-molecule CCR5 antagonists as anti-HIV-1 agents: synthesis and biological evaluation of anilide derivatives with a quaternary ammonium moiety. J. Med. Chem 2000;43:2049. [PubMed: 10821717]
- 25. Li G, Watson K, Buckheit RW, Zhang Y. Total Synthesis of Anibamine, a Novel Natural Product as a Chemokine Receptor CCR5 Antagonist. Org. Lett 2007;9:2043. [PubMed: 17447782]
- 26. Li G, Haney KM, Kellogg GE, Zhang Y. A Comparative Docking Study of Anibamine as the First Natural Product CCR5 Antagonist in CCR5 Homology Models. J. Chem. Inf. Model 2009;49:120. [PubMed: 19166361]
- Bae VL, Jackson-Cook CK, Maygarden SJ, Plymate SR, Chen J, Ware JL. Metastatic Sublines of an SV40 Large T Antigen Immortalized Human Prostate Epithelial Cell line. The Prostate 1998;34:275. [PubMed: 9496902]
- Zhang X, Fournier MV, Ware JL, Bissell MJ, Yacoub A, Zehner ZE. Inhibition of vimentin or beta1 integrin reverts morphology of prostate tumor cells grown in laminin-rich extracellular matrix gels and reduces tumor growth in vivo. Mol Cancer Ther 2009;8:499. [PubMed: 19276168]
- 29. Klausmeyer P, Chmurny GN, McCloud TG, Tucker KD, Shoemaker RH. A Novel Antimicrobial Indolizinium Alkaloid from Aniba panurensis. J. Nat. Prod 2004;67:1732. [PubMed: 15497951]
- Lipinski CA, Lombardo F, Dominy BW, Feeney PJ. Experimental and Computational Approaches to Estimate Solubility and Permeability in Drug Discovery and Development Settings. Adv. Drug Del. Rev 2001;46:3.



Figure 1. Anibamine and some known CCR5 antagonists

mRNA qPCR



Figure 2.

Differential expression of CCL5 and CCR5 in isogenic P69 and M12 prostate cancer sublines. SYBR-based qRT-PCR was performed with total RNA extracted from P69 and M12 sublines as described in Materials and Methods. The Y-axis represents the relative mRNA level of CCL5 or CCR5 normalized to RNU48 as an internal control. The standard error of the mean is shown as error bars. Student's t-test indicates a significant difference with a *P*-value <0.001 for both CCL5 and CCR5.

per cent inhibition of proliferation 140.00% 120.00% 100.00% 80.00% Т M12 60.00% DU-145 40.00% Т PC-3 20.00% 0.00% 10 nM 100 nM 1 uM 10 uM

concentration of anibamine

Figure 3.

Inhibition of prostate cancer cell proliferation by anibamine. Three prostate cancer cell lines, M12, PC-3, and DU-145 were exposed to a series of concentrations of anibamine. Proliferation was assessed using the WST-1 Cell Proliferation Reagent (Roche).

Anti-proliferation assay



In Vitro Invasion Assay

Figure 4.

Effect of anibamine on invasive capability of M12 cells. Equal numbers of M12 cells were plated in Transwell chambers -/+ anibamine at the indicated concentrations as described in Materials and Methods. Filters were coated with 1:10 diluted lrECM prior to cell plating. Medium containing 20% FBS, EGF (20 ng/ml) and 5ng/ml CCL5 was added as a chemo-attractant to the lower chamber. Bars indicate standard error. ANOVA testing indicates a significant difference with a *P*-value <0.001.





Figure 5.

Effect of anibamine on M12 cell adhesion. Equal numbers of M12 cells were pre-treated +/- anibamine at the indicated concentrations for 24 hours and were then plated in 96-well cells coated with diluted lrECM as described in Materials and Methods. The x-axis represents the concentration of anibamine, while the Y-axis represents the relative adhesion index normalized to the M12 control without drug. Bars indicate standard error. ANOVA test indicates a significant difference with a P-value of <0.001 (F=26.8).



Figure 6.

Growth properties of M12 cells +/- anibamine in 3D lrECM gels. M12 cells (1×10^5) were mixed with 100µl of undiluted lrECM gel +/- 500nM or 1µM anibamine and then plated in 96-well plate as described in Materials and Methods. Light microscopy images were taken from cultures at day 5 and 8 as indicated. Magnification is at 10X.



Figure 7.

Comparison of content and localization of vimentin and integrin within the morphological structures formed by the M12 prostate sublines +/- anibamine grown embedded in IrECM gels. Confocal immunofluorescence microscopy of structures formed at day 8 stained with antibodies to vimentin (red, top panel), α 6-integrin (green) and β 1-integrin (red) as indicated. The overlay of α 6 β 1-integrin is shown on the bottom panel. All pictures are taken at a magnification of 63X and nuclei were counterstained with 4'6-diamidino-2-phenylindole (DAPI; blue) as discussed in Materials and Methods.



Figure 8.

Assessment of red blood cell hemolysis by anibamine. Sheep red blood cells were exposed to anibamine in PBS for 60 min. Samples were centrifuged and the absorbance of the supernatant determined at 540nm. Lysis in distilled water was used as a positive control.



Figure 9.

Influence of anibamine on prostate tumor growth in vivo. Six athymic nude mice were injected subcutaneously with 2000 M12 cells. After the tumors became visible, the mice were injected intravenously via a lateral tail vein with 0.3mg/kg of anibamine or with 0.3mg/kg of saline over a 16 day period for four injections (once every fourth day). The tumor size was recorded accordingly as the number of day right after the first injection.