INHIBITION OF INVASION AND MMPs BY A NUTRIENT MIXTURE IN HUMAN CANCER CELL LINES: A CORRELATION STUDY

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Matrix metalloproteinase (MMP)-2 and -9 secretion is elevated in various human cancers and their elevated expression has been associated with poor prognosis due to associated increased cancer cell invasion and metastasis. Aim: To examine the correlation between in vitro MMP-2 and MMP-9 secretion and Matrigel invasion in 42 different human cancer cell lines (selected on the basis of organ malignancies) treated with a nutrient mixture (NM). Materials and Methods: The cells were cultured in their recommended media supplemented with 10% FBS and antibiotics in 24-well tissue culture plates. At near confluence, the cells were treated with NM dissolved in media at 0, 10, 50, 100, 500 and 1000 μg/mL in triplicate. Parallel sets of cultures were also treated with phorbol 12-myristate 13-acetate (PMA) 100 ng/mL for induction of enzymes. After 24 h the media were collected and MMP-2 and MMP-9 levels were assayed by gelatinase zymography. Invasion studies were conducted using Matrigel in 24-well plates. Results: Correlation of pooled data from different cancer cell line groups demonstrated dose-dependent inhibition of MMP-2 and -9 and Matrigel invasion with NM treatment and significant negative correlation between MMP-2 and MMP-9 levels and Matrigel invasion. Pooled data of cell lines expressing only MMP-2 and resistance to PMA induction of MMP-9 showed significant negative correlation (r = -0.77, p = 0.003) between MMP-2 secretion and inhibition of invasion through Matrigel. Cell lines expressing only MMP-9, showed significant negative correlation (r = -0.726, p = 0.003) between MMP-9 secretion and Matrigel invasion. Pooled data of cell lines expressing MMP-2 and MMP-9 demonstrated significant negative correlation (r = -0.821, p < 0.0001) between MMP-9 secretion and inhibition of invasion through Matrigel. Pooled data of cancer cell lines expressing no basal MMP-9 secretion demonstrated significant negative correlation (r = -0.686, p < 0.0001) between PMA-induced MMP-9 secretion and inhibition of invasion through Matrigel. Conclusions: In conclusion, regardless of MMP-2 and MMP-9 patterns of expression, MMP modulation by NM was found to be significantly correlated with NM modulation of Matrigel invasion of these cell lines. Key Words: human cancer cells, nutrient mixture, correlation of invasion with MMPs.

Metastasis is responsible for a majority of cancer-related deaths, secondary to tumor progression to critical organs or to side effects resulting from therapeutic attempts at controlling tumor growth and spread. The progressive steps of the metastasis process include detachment of cancer cells from the primary tumor, disruption of the basement membrane, invasion into the surrounding stroma, cancer cell entry into and transport through the vascular or lymphatic system to distal sites such as the liver, lungs, and brain, and extravasation, tumor cell proliferation and angiogenesis at distal sites [1–5]. A critical event in tumor cell invasion is degradation of the extracellular matrix (ECM), a complex network of extracellular macromolecules such as collagen, proteoglycans, fibronectin, laminin, and many other glycoproteins that acts as a barrier to the spread of cancer cells to distal sites by restricting tumor growth and invasion [6–8]. A special group of proteases, matrix metalloproteinases (MMPs), a family of zinc and calcium-dependent proteolytic enzymes are crucial to invasion, migration, metastasis, and tumor genesis [8–10].

Over twenty different MMPs act on a broad spectrum of substrates, including collagen type I, II, III, IV, and stromelysin [11]. Among the many MMPs that have been identified, gelatinases, especially MMP-2 (gelatinase A) and MMP-9 (gelatinase B), are thought to play a key role in degradation of type IV collagen and gelatin, the two main components of ECM. MMP-2 and MMP-9 are secreted in their latent zymogenic form, 72kDa and 92kDa, respectively. MMP-2 and MMP-9 are cleaved by other MMPs or proteases to yield the activated forms of 68kDa, 58kDa, and 54kDa for MMP-2, and 84kDa for MMP-9. Increased expression of MMP-2 and MMP-9 is reported in many human tumors, including ovarian, breast and prostate tumors, and melanoma [12–14]. A significant association has been reported between tumor agression and increased levels of MMP-2 and MMP-9 in many experimental and clinical studies [8, 9, 15–19].

The aim of this study was to examine the relationship between Matrigel invasion and MMP-2 and MMP-9 secretion in human cancer cell lines exhibiting various patterns of MMP-2 and MMP-9 expression treated with various doses of NM. Since expression of MMPs is highly regulated by cytokines and signal transduction pathways, including those activated by phorbol 12-myristate 13-acetate (PMA), the effect of PMA on MMP-2 and MMP-9 expression in several human cancer lines was assessed.

METHODS AND MATERIALS

Cell lines and reagents. Forty-two different cancer cell lines were selected based on different patterns of MMP-2 and MMP-9 expression, and included carcinomas, sarcomas, and leukemias (Table 1). The cancer cell lines and their recommended media were purchased from ATCC (Manassas, VA, USA). Penicillin, streptomycin, PMA, and fetal bovine serum (FBS) were obtained from Sigma (St. Louis, MO, USA). All other reagents used were of high purity and were obtained from Sigma, unless otherwise indicated.

Abbreviations used: ECM — extracellular matrix; MMP — matrix metalloproteinase; NM — nutrient mixture; PMA — phorbol 12-myristate 13-acetate.
incubated with 1 ml of media at 37 °C in a culture incubator equilibrated with 95% air and 5% CO2. At near confluency in a humidified atmosphere at 5% CO2, the cells were treated with the nutrient mixture containing 7% FBS (fetal bovine serum), 1% antibiotics (100 units/mL of penicillin and streptomycin, and 100 μg/mL of streptomycin), 1% insulin-transferrin-selenium, 1% glutamine, 1% HEPES, 1% sodium pyruvate, 1% non-essential amino acids, and 1% penicillin-streptomycin. The conditioned media were collected separately, pooled, and seeded on the inserts in the well. The plates were then incubated in a culture incubator equilibrated with 95% air and 5% CO2 for 24 h. After incubation, the media from the wells were withdrawn. The cells on the upper surface of the inserts were gently scrubbed away with cotton swabs. The cells that had penetrated the Matrigel membrane and migrated onto the lower surface of the Matrigel were stained with hematoxylin and eosin and visualized using a microscope.

**Statistics.** Pearson’s correlation coefficient was determined between pooled Matrigel invasion and MMP-2 and MMP-9 expression of cell groups using MedCalc Software (Mariakerke, Belgium).

**RESULTS**

**Cell lines expressing only MMP-2 and resistant to PMA induction of MMP-9.** Ovarian cancer SK-OV-3, retinoblastoma Y-79, and thyroid carcinoma SW-579 exhibited only MMP-2 secretion and resistance to PMA stimulation of MMP-9. NM inhibited Matrigel invasion in a dose-dependent manner in thyroid and ovarian cancer cells with 100% inhibition of thyroid cancer cells at NM 500 μg/mL and ovarian cancer cells at 1000 μg/mL Retinoblastoma cells did not demonstrate invasion through Matrigel. Pooled data of this group of cancer cell lines demonstrated...
significant negative correlation \((r = -0.77, p = 0.0003)\) between relative MMP-2 expression and inhibition of invasion through Matrigel, as shown in Fig. 1.

**Cell lines expressing only MMP-9.** Burkitt’s lymphoma (Raji), cervical cancer (DoTc2–4510) and pancreatic cancer (MiaPaCa-1) cells showed dose-dependent inhibition of invasion through Matrigel with NM treatment: 100% inhibition was seen in Burkitt’s lymphoma, pancreatic cancer, and in cervical cancer at 100, 500, and 1000 μg/mL NM, respectively. Basal and PMA-induced MMP-9 secretion was inhibited by NM in all three cell lines with total block of MMP-9 secretion in Burkitt’s lymphoma and pancreatic cancer at 1000 μg/mL and of cervical cancer cell secretion at 500 μg/mL. Pooled data of this group of cancer cell lines demonstrated significant negative correlation \((r = -0.726, p = 0.003)\) between MMP-9 secretion and inhibition of invasion through Matrigel, as shown in Fig. 2.

**Cell lines expressing MMP-2 and MMP-9**

**Basal MMP-2 secretion with slight (10–20%) induction of MMP-9 by PMA (Group A):** glioblastoma (A-172), testis carcinoma.

Normal glioblastoma showed dose-dependent inhibition of Matrigel invasion and MMP-2 by NM with 100% block at 1000 μg/mL. PMA-treated glioblastoma cells showed dose-dependent inhibition of MMP-2 and MMP-9 by NM, with 100% block of both MMPs at 500 μg/mL NM.

**Basal MMP-2 secretion with moderate (40–50%) induction of MMP-9 (Group B):** bladder carcinoma, cervical cancer (HeLa), hepatocellular carcinoma (Hep-G2), neuroblastoma, osteosarcoma (MNNG). Normal cervical cancer cells showed dose-dependent inhibition of MMP-2 with complete block of MMP-2 at 500 μg/mL NM. Matrigel invasion was inhibited in a dose-dependent manner with total inhibition at 500 μg/mL NM. PMA-treated HeLa cells showed dose-dependent inhibition of MMP-2 and MMP-9 by NM, with 100% block of MMP-2 and -9 at 100 μg/ml and 500 μg/mL NM, respectively.

**Basal MMP-2 secretion with profound (70–90%) induction of MMP-9 by PMA (Group C):** head and neck carcinoma (FaDu), leukemia (HL-60), lung cancer (A-549).

Normal FaDu cells showed dose-dependent inhibition of MMP-2 with complete block of MMP-2 at 500 μg/mL NM. Matrigel invasion was inhibited in a dose-dependent manner with total inhibition at 500 μg/mL NM. PMA-treated FaDu cells showed dose-dependent inhibition of MMP-2 and MMP-9 by NM, with 100% block of MMP-2 and -9 at 100 μg/ml and 500 μg/mL NM, respectively.

**Basal MMP-2 secretion with profound 70–90% induction of MMP-9 by PMA (Group D):** melanoma (A-2058), renal adenocarcinoma (786-0) mesothelioma (MSTO-211H), chondrosarcoma (W1353), osteosarcoma (U2-OS), rhabdomyosarcoma (RD), synovial sarcoma (SW982) prostate cancer (PC-3).

**Basal MMP-2 secretion with profound 70–90% induction of MMP-9 by PMA (Group E):** fibrosarcoma (HT-1080), hepatocellular carcinoma (SK-Hep-1), tongue carcinoma (SCC-25), liposarcoma (SW672).

Normal liposarcoma cells showed dose-dependent inhibition of MMP-2 and MMP-9 by NM, with 100% block of MMP-2 and -9 at 100 μg/ml and 500 μg/mL NM, respectively.

**Effect of NM on melanoma cells: gelatinase zymography:** a, normal melanoma cells, legend: 1 — markers, 2 — control, 3–7: 100 ng/mL PMA, 3–7 - 10, 50, 100, 500, 1000 μg/mL NM; b, PMA (100 ng/mL)-treated melanoma cells, legend: 1 — markers, 2 — control (100 ng/mL PMA), 3–7: 100 ng/mL PMA and 10, 50, 100, 500, 1000 μg/mL NM

**Basal MMP-2 and MMP-9 equally expressed with PMA-induction of MMP-9 (Group E):** fibrosarcoma (HT-1080), hepatocellular carcinoma (SK-Hep-1), tongue carcinoma (SCC-25), liposarcoma (SW672).

Normal liposarcoma cells showed dose-dependent inhibition of MMP-2 and MMP-9 secretion with complete block of MMP-2 at 1000 μg/mL NM and MMP-9 at 500 μg/mL NM. PMA-treated liposarcoma cells showed dose-dependent inhibition of MMP-2 and MMP-9 by NM, with 100% block of MMP-2 and -9 at 100 μg/ml and 1000 μg/mL NM, respectively. Matrigel invasion was inhibited in a dose-dependent manner with total inhibition at 100 μg/mL NM.
Pooled data of this group of cancer cell lines demonstrated significant negative correlation ($r = -0.821$, $p < 0.0001$) between MMP-9 secretion and inhibition of invasion through Matrigel, as shown in Fig. 5.

**Cell lines expressing no basal MMP-2 and MMP-9.** Breast cancer (MCF-7) and (MDA-MB-231), T-cell leukemia (Jurkat), prostate cancer (Du-145), and uterine leiomyosarcoma (SK-UT-1) cell lines expressed no basal MMP-2, and MMP-9 only with PMA induction. Colon cancer (HCT-116) and prostate adenocarcinoma (LNCaP) expressed neither MMP-2 nor MMP-9 even with PMA induction. The quantitative results of the effects of NM on Matrigel invasion of these cell lines are shown in Table 2 and the densitometric analyses of the effect of NM on MMP-9 secretion in normal and PMA-treated cells in this category are shown in Table 3. Normal MDA-MB-231 cells showed no MMP-2 nor MMP-9 expression. PMA-treated breast cancer cells showed dose-dependent inhibition of MMP-9 by NM, with 100% block at 50 μg/mL NM. Matrigel invasion was inhibited in a dose-dependent manner with total inhibition at 500 μg/mL NM.

**Table 2.** Effect of nutrient mixture on inhibition of Matrigel invasion by cancer cell lines expressing neither MMP-2 nor MMP-9

<table>
<thead>
<tr>
<th>Nutrient mixture treatment (μg/mL)</th>
<th>0</th>
<th>10</th>
<th>50</th>
<th>100</th>
<th>500</th>
<th>1000</th>
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<tbody>
<tr>
<td>Breast Cancer (MCF-7)</td>
<td>0%</td>
<td>58%</td>
<td>95%</td>
<td>100%</td>
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<td>100%</td>
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<td>Breast Cancer (MDA-MB-231)</td>
<td>0%</td>
<td>25%</td>
<td>75%</td>
<td>100%</td>
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<td>100%</td>
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<td>T-cell Leukemia (Jurkat)</td>
<td>0%</td>
<td>10%</td>
<td>15%</td>
<td>32%</td>
<td>100%</td>
<td>100%</td>
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<td>Prostate Cancer (Du-145)</td>
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<td>56%</td>
<td>56%</td>
<td>66%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Uterine Leiomyosarcoma (SK-UT-1)</td>
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<td>0%</td>
<td>50%</td>
<td>70%</td>
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<td>100%</td>
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<tr>
<td>Colon Cancer (HCT-116)</td>
<td>0%</td>
<td>54%</td>
<td>66%</td>
<td>76%</td>
<td>76%</td>
<td>76%</td>
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<tr>
<td>Prostate (LNCaP)</td>
<td>0%</td>
<td>57%</td>
<td>59%</td>
<td>91%</td>
<td>91%</td>
<td>100%</td>
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**Table 3.** Effect of nutrient mixture on MMP-9 expression after PMA treatment of cells that express neither MMP-2 nor MMP-9

<table>
<thead>
<tr>
<th>Nutrient mixture treatment (μg/mL)</th>
<th>0</th>
<th>10</th>
<th>50</th>
<th>100</th>
<th>500</th>
<th>1000</th>
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<td>Breast Cancer (MCF-7)</td>
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<td>100%</td>
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<td>10%</td>
<td>2%</td>
<td>1%</td>
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<tr>
<td>Breast Cancer (MDA-MB-231)</td>
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<td>14%</td>
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<tr>
<td>T-cell Leukemia (Jurkat)</td>
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<td>121%</td>
<td>166%</td>
<td>88%</td>
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<td>0%</td>
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<tr>
<td>Prostate Cancer (Du-145)</td>
<td>100%</td>
<td>97%</td>
<td>42%</td>
<td>10%</td>
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<td>50%</td>
<td>73%</td>
<td>13%</td>
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<td>0%</td>
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<tr>
<td>Colon Cancer (HCT-116)</td>
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<td>0%</td>
<td>0%</td>
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<td>0%</td>
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<tr>
<td>Prostate Adenocarcinoma (LNCaP)</td>
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<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>Lung Carcinoma (Calu-3)</td>
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<tr>
<td>Prostate Cancer (22RV1)</td>
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Pooled data of this group of cancer cell lines demonstrated significant negative correlation ($r = -0.686$, $p < 0.0001$) between MMP-9 secretion and inhibition of invasion through Matrigel, as shown in Fig. 6.
Fig. 6. Correlation between MMP-9 secretion and Matrigel invasion in cancer cells expressing MMP-9 only with PMA treatment

DISCUSSION

Numerous clinical and experimental studies have documented the increased levels of MMPs, especially MMP-2 and MMP-9 with cancer progression. Although the pattern of MMP expression can vary from tumor to tumor, specific MMPs increase in particular organ-related cancers. Recent clinical studies have focused on developing potential anti-neoplastic agents for specific cancers.

Due to the diagnostic and prognostic value of MMP-2 and MMP-9 expression in cancers, specific focus has been directed to these MMPs. In part, this is due to the fact that MMP-2 and MMP-9 are type IV collagenases, and thus can degrade the major structural protein of ECM and basement membrane. Several studies have documented enhanced expression of these MMPs with tumor progression and metastasis [8, 10, 15–19].

Most MMPs appear to be secreted in inactive proforms which are then activated extracellularly by either the plasminogen cascade system or by other members of the MMP family, such as MT-MMPs [11]. In this study, PMA was used as a model agent to stimulate the expression of MMP-9 by the cytokine pathway.

Different cancers demonstrate distinct patterns of MMP-2 and MMP-9 expression. For example, ovarian cancer, has been reported to exhibit elevated expression of MMP-9 compared to breast and bladder cancer [20]. Increased levels of MMP-2 expression have been reported in colon, pancreas, prostate, and skin cancer [12]. In our study, MMP-2 was constitutively expressed by most cell lines, whereas MMP-9 levels varied and usually could be induced by PMA. Interestingly, the prostate cancer cell lines LNCAP and colon cancer cell line HCT-116 showed no MMP-2 or MMP-9 activity in either control or stimulated media. However, Matrigel invasion of these cell lines was evident as well as the dose-dependent inhibition of their invasion with NM treatment. It has been reported that co-culturing cancer cells that express no MMPs with stromal cells, a condition more representative of the clinical picture, leads to induction of MMPs. In vitro co-culture experiments of normal fibroblasts with tumor cell lines such as prostate, breast, colon, lung, and melanoma, have demonstrated high expressions of MMP-2 and MMP-9 otherwise not seen; neither fibroblasts nor these cancer cell lines express MMP-2 and MMP-9 at substantial levels when monocultured [21–23].

Thus, findings are significant as they indicate the importance of MMP secretion to achieve control of cancer invasion and metastasis. Those cell lines exhibiting moderate sensitivity (achieving total blockage at 500 μg/mL NM) included thyroid cancer, FaDu, HeLa, melanoma, testes, bladder, fibrosarcoma HT-1080, lung cancer and renal adenocarcinoma.

CONCLUSION

In conclusion, the results clearly indicate that regardless of the MMP-2 and MMP-9 expression patterns of various malignancies, MMP expression modulation by NM is significantly correlated to NM modulation of Matrigel invasion of these cell lines. These findings are important as they demonstrate the major role of MMP-2 and -9 in invasion and thus in potential metastasis by various cancer cell line groups. Furthermore, these results demonstrate the efficacy of the non-toxic NM in inhibiting MMPs and Matrigel invasion in vitro in cells from various malignancies and thus the potential of the therapeutic use of NM in treatment of various malignancies.
ACKNOWLEDGEMENT

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REFERENCES