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# A modified hTERT Promoter-directed Oncolytic Adenovirus Replication with Concurrent Inhibition of TGF $\beta$ Signaling for Breast Cancer Therapy

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## Abstract

Our laboratory is interested to develop oncolytic adenoviral vectors that can be administered systemically for the treatment of breast cancer. To restrict viral replication in breast tumor cells, we have constructed mhTERTAd.sT $\beta$ RFc, a 01/07 based adenoviral vector expressing the soluble form of TGF $\beta$  receptor II fused with human Fc IgG1 (sTGF $\beta$ RIIFc) gene, in which viral replication is under the control of modified human telomerase reverse transcriptase (mhTERT) promoter. In addition, mhTERTAd.sT $\beta$ RFc-mediated sTGF $\beta$ RIIFc production would target growth factor- $\beta$  (TGF $\beta$ ) pathway known to contribute to the tumor progression breast cancer metastasis. We chose to use mhTERT promoter because it was found to be relatively more active (approximately 20-times) in breast cancer cells compared to normal human cells. We showed that infection of MDA-MB-231 and MCF-7 breast cancer cells for 48 hrs with mhTERTAd.sT $\beta$ RFc produced high levels of sTGF $\beta$ RIIFc (greater than 1  $\mu$ g/ml) in the medium. Breast cancer cells produced nearly 6,000-fold increase in the viral titers during 48 hrs infection period. However, mhTERTAd.sT $\beta$ RFc replication was attenuated in normal cells. Infection of breast cancer cells with a replication deficient virus Ad(E1<sup>-</sup>).sT $\beta$ RFc also produced high levels of sTGF $\beta$ RIIFc, but under these conditions no detectable viral replication was observed. Adenoviral-mediated production of sTGF $\beta$ RIIFc was shown to bind with TGF $\beta$ -1, and abolished the effects of TGF $\beta$ -1 on downstream SMAD-3 phosphorylation. The administration of mhTERTAd.sT $\beta$ RFc intravenously into MDA-MB-231 human xenograft bearing mice resulted in significant inhibition of tumor growth, and production of sTGF $\beta$ RIIFc in the blood. On the other hand, intravenous injection of Ad(E1<sup>-</sup>).sT $\beta$ RFc did not exhibit significant inhibition of the tumor growth, but resulted in the sTGF $\beta$ RIIFc in the blood, suggesting that viral replication along with sTGF $\beta$ RIIFc protein production play a critical role in inducing inhibition of tumor growth. These results warrant future investigation of mhTERTAd.sT $\beta$ RFc as an anti-tumor agent *in vivo*.

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## Introduction

Nearly 200,000 women are diagnosed with breast cancer resulting in approximately 30,000 deaths each year in the United States.<sup>1</sup> Thus, there is a tremendous need to develop novel approaches to treat breast cancer. In recent years, tumor specific replicating adenoviruses have been proposed as potential gene therapy vehicles to target cancer.<sup>2-5</sup> Our long-term goals are to develop gene therapy approaches to treat breast cancer, and have chosen to develop oncolytic adenoviral (*d*01/07 based) vectors. The adenoviral mutant 01/07 has two deletions in the E1A (Rb and p300 binding) and replicates in cancer cells regardless of their genetic background.<sup>6</sup> In addition, we would target growth factor- $\beta$  (TGF $\beta$ ) pathway because high levels of TGF $\beta$  protein and activated SMAD signaling are known to contribute to tumor progression, and are associated with metastasis in breast cancer patients.<sup>7-14</sup> Recently, we have developed an oncolytic adenoviral vector (*d*01/07 based) expressing the soluble form of TGF $\beta$  receptor II fused with human Fc IgG1 (sTGF $\beta$ RIIFc) (Ad.sT $\beta$ RFc).<sup>6</sup> To further restrict *d*01/07 viral replication in breast tumor cells, we report here the construction of mhTERTAd.sT $\beta$ RFc, a modified 01/07 based adenoviral vector expressing sTGF $\beta$ RIIFc gene in which viral replication is under the control of a modified human telomerase reverse transcriptase (mhTERT) promoter. To examine the potential application of mhTERTAd.sT $\beta$ RFc as an anti-tumor agent, we have conducted *in vitro* and *in vivo* experiments using mhTERTAd.sT $\beta$ RFc in human breast cancer models. Our data presented here shows that it is feasible to create mhTERTAd.sT $\beta$ RFc; achieve mhTERTAd.sT $\beta$ RFc replication in breast cancer cells, and simultaneously produce sTGF $\beta$ RIIFc that can inhibit TGF $\beta$  signaling in human breast cancer cells, and that intravenous administration of mhTERTAd.sT $\beta$ RFc can inhibit tumor growth. These results warrant future investigation of mhTERTAd.sT $\beta$ RFc as an anti-tumor agent *in vivo*.

## Materials and Methods

### Cell culture

HEK-293, MCF-7, IMR-90 cells were obtained from ATCC, MDA-MB-231 cells were obtained as described earlier.<sup>13</sup> Cells were cultured in Dulbecco's Modified Eagle's Medium (DMEM) (Mediatech, Inc., Manassas, VA) containing 10% fetal bovine serum (FBS) (Mediatech, Inc., Manassas, VA) and 1% penicillin/streptomycin (Invitrogen).

### Construction of Recombinant viral vectors

To create mhTERTAd.sT $\beta$ RFc, A 0.7 kb fragment of mhTERT<sup>15</sup> was cloned in p01/07 shuttle plasmid to produce p01/07mhTERT shuttle vector in which E1A 01/07 gene was controlled by mhTERT promoter. The shuttle vector (PmeI digested) was recombined with PacI cut p01/07/sT $\beta$ RFc in *E. coli* BJ5183 to produce pmhTERT01/07/sT $\beta$ RFc viral backbone plasmid. The resulting plasmid was digested with PacI and transfected into HEK-293 cells to generate mhTERTAd.sT $\beta$ RFc adenovirus. Ad(E1<sup>-</sup>).sT $\beta$ RFc, an E1 minus, replication-deficient adenovirus expressing sTGF $\beta$ RIIFc was created by homologous recombination procedures using established methods (Clontech, Palo Alto, CA). A replication-deficient adenovirus devoid of any transgene Ad(E1<sup>-</sup>).Null has been described previously.<sup>16</sup> The adenoviruses were grown in HEK-293 cells and purified by double CsCl<sub>2</sub> density gradient.

### Western blot analysis of sTGF $\beta$ RIIFc produced by mhTERTAd.sT $\beta$ RFc or Ad(E1<sup>-</sup>).sT $\beta$ RFc - infected cells

Breast tumor cells (0.2×10<sup>6</sup> cells per well in 6-well plates) were plated in DMEM containing 10% FBS and incubated at 37°C overnight. The next morning, cells were infected with 100 plaque forming units (pfu)/cell of mhTERTAd.sT $\beta$ RFc, Ad(E1<sup>-</sup>).sT $\beta$ RFc or Ad(E1<sup>-</sup>).Null

for 24 hours. Cells were washed and incubated with DMEM without FBS for 24 hours. Media and cells were subjected to Western blot analysis as previously described<sup>16,17</sup>. Blots were probed with antibody reactive against TGF $\beta$ RII (H-567; Santa Cruz Biotechnology, Santa Cruz, CA) or actin protein (I-19; Santa Cruz Biotechnology, Santa Cruz, CA).

### **ELISA assays of sTGF $\beta$ RIIFc produced by mhTERTAd.sT $\beta$ RFc and Ad(E1<sup>-</sup>).sT $\beta$ RFc - infected cells**

Supernatants obtained from the mhTERTAd.sT $\beta$ RFc, Ad(E1<sup>-</sup>).sT $\beta$ RFc or Ad(E1<sup>-</sup>).Null infected cells were analyzed for sTGF $\beta$ RIIFc expression by ELISA using published method. In brief, 96-well plates (Nunc, Roskilde, Denmark) were coated with the anti-human IgG-Fc specific capture antibody (Santa Cruz Biotechnology, Inc., Santa Cruz, CA), incubated with various dilutions of the samples, followed by detection with biotinylated anti-human TGF $\beta$  RII antibody (R&D systems, Minneapolis, MN). The detection was carried out with streptavidin conjugate peroxidase using TMB/HRP substrate (BioFX Laboratories, Owing Mills, MD). After stopping the reaction with 1N HCl, the absorbance was measured at 450 nm using a SPECTRA max Plus ELISA plate reader (Molecular Devices, Sunnyvale, CA). Standard curves of sTGF $\beta$ RIIFc were used to calculate the sTGF $\beta$ RIIFc concentrations in the test samples.

### **Affinity purification of sTGF $\beta$ RIIFc and binding of sTGF $\beta$ RIIFc and TGF $\beta$ 1**

MDA-MB-231 cells were infected with Ad.sT $\beta$ RFc (100 pfu/cell) for 24 hrs. Medium was changed into serum free medium for additional 24 hrs. The medium was collected and applied to Protein A Sepharose column. The sTGF $\beta$ RIIFc was eluted with 100mM glycine buffer (pH 4). The eluted protein solution was neutralized by Tris buffer, pH 9.0, dialyzed against 20mM Tris (pH 7.5) and stored at -70°.

For binding of TGF $\beta$ -1 with sTGF $\beta$ RIIFc, TGF $\beta$ -1 (Sigma, St. Louis, MO) protein was mixed with sTGF $\beta$ RIIFc, and incubated for 1 hr at 4°C. The complexes were mixed with Protein A Sepharose beads (Vector Laboratories, Burlingame, CA), and incubated at 4°C for 1 hr. Samples were centrifuged at 13,000g, 4°C, 1 min, and the beads washed 4 times with wash buffer (50mM NaCl, 10 mM Tris-Cl, 5 mM EDTA, 1% Triton X-100 pH 7.4). Samples were resuspended in elution buffer (100mM glycine buffer pH 4) and centrifuged at 4°C, 5 min. Proteins were neutralized with TrisCl (pH 9.0), subjected to Western blot analysis and probed with anti-TGF $\beta$ -1 (R & D systems, Minneapolis, MN).

### **SMAD phosphorylation studies**

Cells were plated in 6-well plate ( $4 \times 10^5$  cells/well), and starved for 24 hours in serum free media. The cells were then washed with serum free media before treatment with the indicated concentrations of recombinant TGF $\beta$ -1 (Sigma, St. Louis, MO) for one hour. Cells were lysed in 250  $\mu$ L of lysis buffer containing 0.1mM phenylmethylsulfonyl fluoride, sonicated and stored at -80°C until further use. Equal amounts of cell lysates were separated by SDS-PAGE on 10% acrylamide gels and transferred to nitrocellulose membranes. The membranes were blocked in Blotto A for one hour at room temperature and treated with phospho-SMAD3 or SMAD2/3 primary antibodies (Cell Signaling, Danvers, MA) followed by horseradish peroxidase-conjugated bovine anti-rabbit IgG secondary antibody (Santa Cruz Biotechnology, Santa Cruz, CA). The blots were visualized by enhanced chemiluminescence substrate (Amersham Biosciences, Piscataway, NJ).

### **Viral titer assay**

Cells were plated in six-well plates at about 70% confluence and the viral titers were examined using the published method<sup>6,19</sup> with some modifications. Cells were infected

with mhTERTAd.sT $\beta$ RFc, Ad(E1<sup>-</sup>).sT $\beta$ RFc or Ad(E1<sup>-</sup>).Null for 3 hrs at a multiplicity of infection (MOI) of 100. Cells were washed with DMEM and incubated in 1 ml DMEM for additional one hr at 37°C. At the end of the incubation, cells were washed and either collected in 0.5 ml growth media and frozen at -70°C, or were maintained in 2 ml of growth media for additional 48 hrs. Media and cells were collected, and cells were subjected to three cycles of freezing and thawing to release the viruses. The total viruses from media and cells were serially diluted and added to monolayers of HEK-293 cells respectively. After 3 hrs of incubation at 37°C, the infected HEK-293 cells were overlaid with 3 ml of 1.25% SeaPlaque agarose (Cambrex, East Rutherford, NJ) in growth media. Plaques were counted following 7-8 days incubation using published methods.<sup>20</sup> To calculate the viral burst size, viral titers at 48 hrs were divided by the viral titers present in 3 hrs samples of various cell lines.

### **$\beta$ -gal assays**

Cells were plated in 6-well plate ( $10^5$  cell per well), and next day were infected with adenoviral vectors expressing  $\beta$ -galactosidase ( $\beta$ -gal) for 24 hrs and examined for  $\beta$ -gal as described earlier.<sup>16,21</sup> At the end of the incubation, cells were washed three times with PBS (pH 7.5) and lysed in 200  $\mu$ l of 0.1 M Tris (pH 7.5) containing 0.1% Triton x-100. An aliquot (30  $\mu$ l) was assayed for  $\beta$ -gal activity. Samples were treated with 100  $\mu$ l 20 mM Tris (pH 7.5) containing 1 mM MgCl<sub>2</sub>, 450 mM  $\beta$  mercaptoethanol, and 150 mM O-nitrophenyl-3-galactopyranoside. Incubations were performed at 37°C for 20 min, and the reaction was stopped by the addition of 100  $\mu$ l/well of 1 M Na<sub>2</sub>CO<sub>3</sub>. The absorbance was determined at 420 nm. An A420 of 1.0 was defined as 1.0 unit of enzyme activity.

### **Evaluating anti-tumor responses in vivo in breast tumor model**

MDA-MB-231 cells were injected subcutaneously in 4 weeks old nude mice (Nu/Nu) ( $5 \times 10^6$  cells/mouse). After about a week, when the tumor sizes reached about 50 mm<sup>3</sup> (day 0), mhTERTAd.sT $\beta$ RFc or Ad(E1<sup>-</sup>).sT $\beta$ RFc or Ad(E1<sup>-</sup>).Null vectors were injected into the tail vein ( $2 \times 10^8$  pfus in 0.1 ml buffer per injection, two injections total on days 0 and 3). Tumor sizes were measured once a week by a digital caliper. Tumor volumes were calculated using the formula  $(a \times b^2) \times 0.523$ , whereby  $a$  is the larger dimension, and  $b$  is the smaller dimension. At the end of the experiment blood was collected by intracardiac puncture. All animal protocols were approved by IACUC of the NorthShore Research Institute.

### **Statistical analysis**

For *in vitro* studies, experimental groups were compared by t-tests, two tailed analysis, using GraphPad Prism software version 5 (GraphPad Software, San Diego, CA). For *in vivo* studies, comparisons among different treatment groups were done by the two-way ANOVA method and the Bonferroni post hoc test using the commercial software GraphPad Prism 5 (GraphPad Software, San Diego, CA).  $P < 0.05$  was considered to be significant difference. All the data points were presented as mean  $\pm$  SE (standard error).

## **Results**

### **mhTERT promoter is much more active in breast tumor cells compared to the normal cells**

Before creating mhTERT promoter-driven oncolytic viruses, we wanted to examine whether mhTERT promoter would have enhanced transcriptional activity in breast tumor cells as compared to the normal cells. Breast tumor (MDA-MB-231, MCF-7) and normal human cells (IMR-90) were exposed to E1 deleted Ad(E1<sup>-</sup>).mhTERTLacZ in which mhTERT promoter drives the expression of a marker  $\beta$ -gal gene<sup>15</sup>, or E1 deleted Ad(E1<sup>-</sup>).CMVLacZ in which CMV promoter drives  $\beta$ -gal expression<sup>15</sup>.  $\beta$ -gal activity was quantified, and the

results are shown in Fig 1. All three cell lines produced high levels of  $\beta$ -gal activity when infected with Ad(E1<sup>-</sup>).CMVLacZ.  $\beta$ -gal activity was relatively lower in each cell line infected with Ad(E1<sup>-</sup>).mhTERTLacZ. However, the  $\beta$ -gal activity was markedly reduced in IMR-90 cells (Fig. 1A). To evaluate the relative activities of the CMV and mhTERT promoters, the ratios of  $\beta$ -gal activities obtained from Ad(E1<sup>-</sup>).CMVLacZ vs. Ad(E1<sup>-</sup>).mhTERTLacZ viruses were calculated in each cell line and are shown in Fig. 1B. While, CMV promoter was 6.1 and 7.7 fold more active than mhTERT promoter in MDA-MB-231 and MCF-7 breast tumor cells respectively, it was 115- fold more active than mhTERT promoter in IMR-90 normal cells (Fig. 1B). These results indicate that mhTERT promoter incorporated in adenovirus backbone is about 20-times more active in breast cancer cells compared to normal human cells (p values < 0.05), favoring the use of mhTERT promoter in the oncolytic adenoviruses.

### Construction of mhTERT driven 01/07 based oncolytic adenovirus

To examine the use of mhTERT promoter in the context of 01/07 oncolytic viral replication, an oncolytic adenovirus mhTERTAd.sT $\beta$ RFc was constructed using homologous recombination method (Fig. 2). In this viral construct, mhTERT promoter regulates E1A expression. The key elements in this viral genome are mhTERT driving a mutant E1A region (01/07) and the expression cassette containing sTGF $\beta$ RIIFc (part of E3 containing adenovirus death protein is left intact) (Fig. 2). Rest of the genomic structure of mhTERTAd.sT $\beta$ RFc is identical to wild type Ad5.

### Infection of human breast cancer cells with mhTERTAd.sT $\beta$ RFc and Ad(E1<sup>-</sup>).sT $\beta$ RFc produce sTGF $\beta$ RIIFc that is secreted into the medium

To investigate if the infection of breast cancer cells with mhTERTAd.sT $\beta$ RFc and Ad(E1<sup>-</sup>).sT $\beta$ RFc can produce sTGF $\beta$ RIIFc protein, breast cancer cells were infected with mhTERTAd.sT $\beta$ RFc or Ad(E1<sup>-</sup>).sT $\beta$ RFc and the protein expression was examined using Western blot analysis. As shown in Fig. 3A, infection of MDA-MB-231 and MCF-7 cells with mhTERTAd.sT $\beta$ RFc showed 60-80 Kd protein band of sTGF $\beta$ RIIFc. Similarly, the extracellular media of mhTERTAd.sT $\beta$ RFc also showed the presence of sTGF $\beta$ RIIFc. Infection of cells with Ad(E1<sup>-</sup>).sT $\beta$ RFc also produced sTGF $\beta$ RIIFc as shown by the presence of protein band in the Ad(E1<sup>-</sup>).sT $\beta$ RFc-infected cells. However, sTGF $\beta$ RIIFc protein was not detectable in the cell lysates or the media of the tumor cells infected with a Ad(E1<sup>-</sup>).Null (Fig. 3A). The amounts of sTGF $\beta$ RIIFc in the supernatants of mhTERTAd.sT $\beta$ RFc and Ad(E1<sup>-</sup>).sT $\beta$ RFc -infected breast cancer cells were quantified by ELISA method. These amounts were found to be 2.22  $\mu$ g/ml and 1.13  $\mu$ g/ml in MDA-MB-231 and MCF-7 cells respectively in mhTERTAd.sT $\beta$ RFc infected cells (Fig. 3B). Similar amounts of sTGF $\beta$ RIIFc were found in Ad(E1<sup>-</sup>).sT $\beta$ RFc-infected MDA-MB-231 and MCF-7 cells (Fig. 3B). These results indicate that infection of breast tumor cells with mhTERTAd.sT $\beta$ RFc or Ad(E1<sup>-</sup>).sT $\beta$ RFc can produce sTGF $\beta$ RIIFc that is subsequently released into the media. Thus, incorporation of mhTERT promoter driving E1A expression, did not adversely affect the expression of sTGF $\beta$ RIIFc.

### mhTERTAd.sT $\beta$ RFc-dependent production of sTGF $\beta$ RIIFc in breast cancer cells can bind with TGF $\beta$ -1 and inhibit TGF $\beta$ -dependent SMAD-3 phosphorylation

To examine the binding capacity of sTGF $\beta$ RIIFc with TGF $\beta$ , sTGF $\beta$ RIIFc was incubated with TGF $\beta$ -1 for 30 minutes at room temperature and mixed with Protein A sepharose beads. The beads were centrifuged, the sTGF $\beta$ RIIFc-TGF $\beta$  complexes were eluted by denaturing buffer and subjected to Western blot analysis. The blots were probed with anti-TGF $\beta$ -1 antibody. The detection of TGF $\beta$ -1 in the precipitate from sTGF $\beta$ RIIFc-TGF $\beta$  complexes indicating that secreted sTGF $\beta$ RIIFc can form complexes with TGF $\beta$ -1 (Fig 4A).



In order to examine if the mhTERTAd.sT $\beta$ RFc-mediated sTGF $\beta$ RIIFc expression can lead to the inhibition of TGF $\beta$ -dependent signal transduction, the effect of sTGF $\beta$ RIIFc on the inhibition of TGF $\beta$ -dependent SMAD-3 phosphorylation was examined. MDA-MB-231 cells were exposed to TGF $\beta$ -1 in the absence or presence of the extracellular media containing the sTGF $\beta$ RIIFc or the purified sTGF $\beta$ RIIFc protein. As shown in Fig. 4B, TGF $\beta$ -1 induced SMAD-3 phosphorylation in MDA-MB-231 cells, and this phosphorylation was inhibited by the crude media containing sTGF $\beta$ RIIFc, as well as by the purified sTGF $\beta$ RIIFc (Fig. 4B). These results suggest that sTGF $\beta$ RIIFc derived from mhTERTAd.sT $\beta$ RFc-infected breast tumor cells is functionally active.

### **mhTERTAd.sT $\beta$ RFc can replicate in human breast cancer cells, but has reduced replication potential in normal cells**

Next, we examined the replication potential of mhTERTAd.sT $\beta$ RFc in breast cancer cells. Breast cancer cells were exposed to mhTERTAd.sT $\beta$ RFc and the viral titers measured at 3 hrs (basal level) and at 48 hrs. As shown in Fig. 5A, in MDA-MB-231 cells, at 3 hrs, the mhTERTAd.sT $\beta$ RFc viral titer was  $5.17 \times 10^2$ . This titer was increased to  $3.2 \times 10^6$  in 48 hrs, indicating a 6,189 fold increase in viral titer. The increase in viral titers from 3 hrs to 48 hrs is described here as the “viral burst size” (Fig. 5A, B). Similar increase (6,285-fold) in burst size was observed in MCF-7 cells (Fig. 5B). On the other hand, infection of MDA-MB-231 or MCF-7 cells with Ad(E1<sup>-</sup>).sT $\beta$ RFc or Ad(E1<sup>-</sup>).Null resulted in less than 2-fold increase in viral burst size (data not shown), suggesting that Ad(E1<sup>-</sup>).sT $\beta$ RFc is replication-deficient in the breast cancer cells. Using these viral replication assays, burst size of mhTERTAd.sT $\beta$ RFc was also compared in normal human cells. The burst size of mhTERTAd.sT $\beta$ RFc was about 16-fold lower in IMR-90 cells compared to the breast tumor cells (Fig. 5A, B). The burst size of mhTERTAd.sT $\beta$ RFc was about 16-fold higher in breast tumor cells compared to IMR-90 cells ( $p < 0.001$ ) (Fig. 5 B). These results indicate mhTERTAd.sT $\beta$ RFc replication is attenuated in normal cells while maintaining the replication potential in the breast tumor cells.

### **Intravenous delivery of mhTERTAd.sT $\beta$ RFc into MDA-MB-231 tumors bearing mice causes inhibition of tumor growth, and produces high levels of sTGF $\beta$ RIIFc in the blood**

Next, we conducted experiments to evaluate *in vivo* efficacy of mhTERTAd.sT $\beta$ RFc in a human breast xenograft model. MDA-MB-231 human xenograft tumors were established in nude mice. mhTERTAd.sT $\beta$ RFc, Ad(E1<sup>-</sup>).sT $\beta$ RFc or Ad(E1<sup>-</sup>).Null or buffer were injected into the tail vein. Tumor sizes were measured once a week and are shown in Fig 6A. In the control group of animals, tumors grew rapidly. However, in the group of animals that received mhTERTAd.sT $\beta$ RFc, there was a significant inhibition of tumor growth over time ( $p$  value  $< 0.01$  compared to buffer control). Intravenous injection of Ad(E1<sup>-</sup>).sT $\beta$ RFc showed some inhibition of tumor growth, however, the inhibition of the tumor growth in Ad(E1<sup>-</sup>).sT $\beta$ RFc treated group of animals was not statistically significant compared to buffer treated group ( $p$  values  $> 0.05$ ). Ad(E1<sup>-</sup>).Null had no significant inhibition on tumor growth ( $p$  value  $> 0.05$ ) compared to buffer group suggesting that the anti-tumor responses of mhTERTAd.sT $\beta$ RFc require viral replication in addition to sTGF $\beta$ RIIFc production.

To examine if the intravenous delivery of mhTERTAd.sT $\beta$ RFc in the experiments described above produces high levels of sTGF $\beta$ RIIFc, blood samples were collected at the end of the experiment (day 35). Aliquots of blood samples were analyzed for the presence of sTGF $\beta$ RIIFc using ELISA method described in Materials and Methods. In mhTERTAd.sT $\beta$ RFc treated group, the levels of sTGF $\beta$ RIIFc present in the blood were  $17.64 \pm 3.99$  mg/ml (Fig 6B). Similarly, E1<sup>-</sup>Ad.sT $\beta$ RFc treated group also produced high levels ( $9.45 \pm 2.59$  mg/ml) of sTGF $\beta$ RIIFc (Fig. 6B). As expected animals that received buffer or Ad(E1<sup>-</sup>).Null had very low levels sTGF $\beta$ RIIFc (less than 5 pg/ml) in the blood.

These results show that the intravenous delivery of mhTERTAd.sT $\beta$ RFc as well as sTGF $\beta$ RIIFc into the mice results in the release of sTGF $\beta$ RIIFc protein in the blood. However, since mhTERTAd.sT $\beta$ RFc is more effective as an anti-tumor agent, suggests that perhaps viral replication as well as sTGF $\beta$ RIIFc production play an important role in producing inhibition of tumor growth following intravenous delivery of the viral vectors.

## Discussion

There is a tremendous need to create novel approaches to treat breast cancer. In recent years tumor specific replicating adenoviruses have been proposed as potential gene therapy vehicles to target cancer 2-5. Given that breast cancer often metastasizes to other organs, there is a need to develop replicating adenoviruses that could be administered systemically for the treatment of breast cancer. Results presented here indicated that modified hTERT promoter is relatively more specific than CMV promoter for targeting breast cancer, strengthening the idea to use oncolytic adenoviruses in which E1A expression would be controlled by mhTERT promoter. mhTERTAd.sT $\beta$ RFc virus was created by the homologous recombination procedures previously established in our laboratory. In vitro results suggested that in cancer cells supported the mhTERTAd.sT $\beta$ RFc replication and the viral replication was attenuated in normal cells, indicating a potential advantage to use mhTERTAd.sT $\beta$ RFc for *in vivo* research. Another important feature of mhTERTAd.sT $\beta$ RFc is that it has retained the capacity to express the sTGF $\beta$ RIIFc protein. These results therefore, suggest that mhTERT-driven E1A expression does not compromise with the ability of mhTERTAd.sT $\beta$ RFc to replicate or to produce the sTGF $\beta$ RIIFc in the breast tumor cells.

Another important finding being reported here is that the adenoviral-mediated sTGF $\beta$ RIIFc produced is functionally active. In *vitro* assays showed that sTGF $\beta$ RIIFc can bind with TGF $\beta$ -1, and inhibit TGF $\beta$ -dependent SMAD-3 phosphorylation. The inhibition of SMAD phosphorylation production are of particular significance as higher levels of SMAD phosphorylation is linked with the progression of breast cancer metastasis.10-14,22-23 We also report that systemic administration of mhTERTAd.sT $\beta$ RFc via tail vein causes significant inhibition of tumor growth of human xenograft model in nude mice. The mhTERTAd.sT $\beta$ RFc treated animals also produce high levels of sTGF $\beta$ RIIFc in the blood, although, in this limited set of animals, it is difficult to correlate mhTERTAd.sT $\beta$ RFc-mediated sTGF $\beta$ RIIFc expression and *in vivo* anti-tumor responses of the local tumors. An important point to note that a replication-defective virus when injected systemically, though also produced high levels of sTGF $\beta$ RIIFc in the blood, was less effective than mhTERTAd.sT $\beta$ RFc in inhibiting the tumor growth. These results clearly suggest that while the viral replication is critical for anti-tumor responses at least in this particular tumor model and the route of viral injection. Since TGF $\beta$  appears to play a major role in breast cancer associated bone metastasis7-14. Our future studies will be designed to examine the effect of mhTERTAd.sT $\beta$ RFc-mediated sTGF $\beta$ RIIFc protein production in causing the inhibition of bone metastasis and osteolytic bone destruction.

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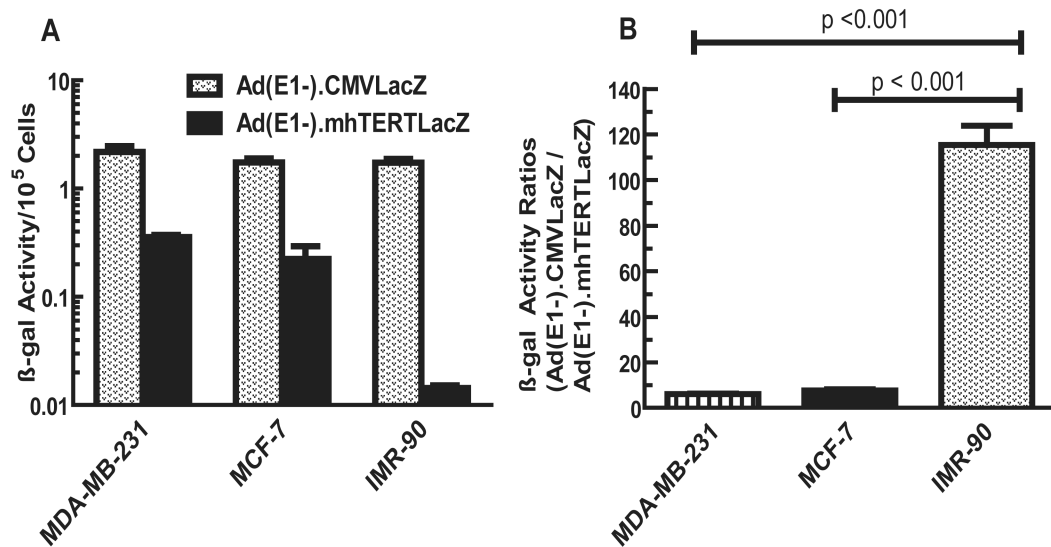
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## References

1. Cancer Facts and Figures 2009. American Cancer Society; 2009. [http://www.cancer.org/docroot/STT/stt\\_0.asp](http://www.cancer.org/docroot/STT/stt_0.asp)

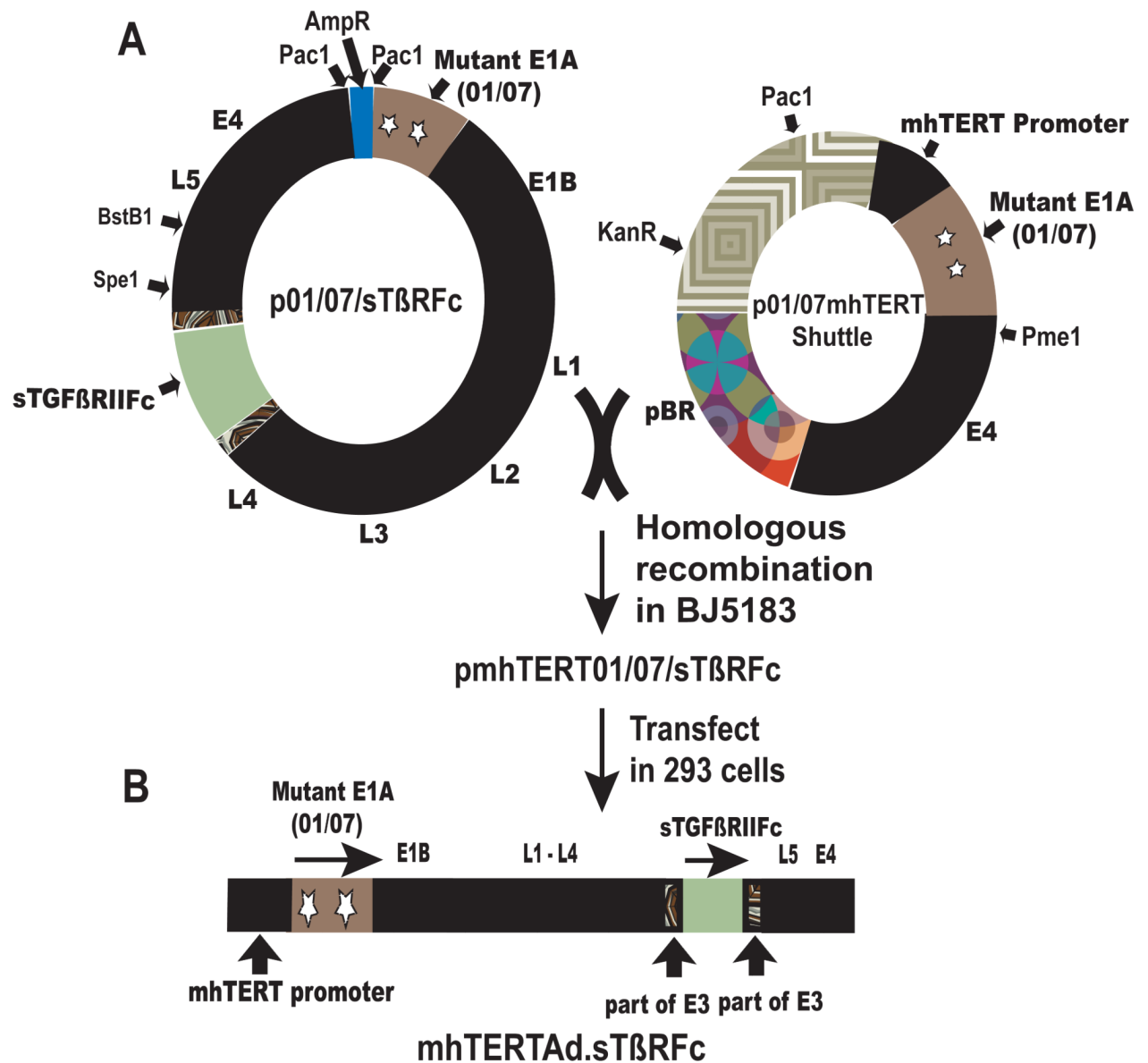
2. Seth, P., editor. Adenoviruses : Basic Biology to Gene Therapy. R G Landes Company; Austin, TX: 1999.
3. McCormick F. Cancer gene therapy: fringe or cutting edge? *Nat Rev Cancer*. 2001; 1:130–141. [PubMed: 11905804]
4. Seth P. Vector-mediated cancer gene therapy: an overview. *Cancer Biol Ther*. 2005; 4:512–517. [PubMed: 15908802]
5. McCormick F. Future prospects for oncolytic therapy. *Oncogene*. 2005; 24:7817–7819. [PubMed: 16299540]
6. Seth P, et al. Development of oncolytic adenovirus armed with a fusion of soluble transforming growth factor-beta receptor II and human immunoglobulin Fc for breast cancer therapy. *Hum Gene Ther*. 2006; 17:1152–1160. [PubMed: 17032151]
7. Teicher BA. Malignant cells, directors of the malignant process: role of transforming growth factor-beta. *Cancer Metastasis Rev*. 2001; 20:133–143. [PubMed: 11831642]
8. Roberts AB, Wakefield LM. The two faces of transforming growth factor beta in carcinogenesis. *Proc Natl Acad Sci U S A*. 2003; 100:8621–8623. [PubMed: 12861075]
9. Mundy GR. Metastasis to bone: causes, consequences and therapeutic opportunities. *Nat Rev Cancer*. 2002; 2:584–593. [PubMed: 12154351]
10. Kang Y, et al. Breast cancer bone metastasis mediated by the Smad tumor suppressor pathway. *Proc Natl Acad Sci U S A*. 2005; 102:13909–13914. [PubMed: 16172383]
11. Kingsley LA, Fournier PG, Chirgwin JM, Guise TA. Molecular biology of bone metastasis. *Mol Cancer Ther*. 2007; 6:2609–2617. [PubMed: 17938257]
12. Kozlow W, Guise TA. Breast cancer metastasis to bone: mechanisms of osteolysis and implications for therapy. *J Mammary Gland Biol Neoplasia*. 2005; 10:169–180. [PubMed: 16025223]
13. Yin JJ, et al. TGF-beta signaling blockade inhibits PTHrP secretion by breast cancer cells and bone metastases development. *J Clin Invest*. 1999; 103:197–206. [PubMed: 9916131]
14. Akhtari M, et al. Biology of breast cancer bone metastasis. *Cancer Biol Ther*. 2007; 7
15. Kim E, et al. Ad-mTERT-delta19, a conditional replication-competent adenovirus driven by the human telomerase promoter, selectively replicates in and elicits cytopathic effect in a cancer cell-specific manner. *Hum Gene Ther*. 2003; 14:1415–1428. [PubMed: 14577922]
16. Katayose D, et al. Cytotoxic effects of adenovirus-mediated wild-type p53 protein expression in normal and tumor mammary epithelial cells. *Clin Cancer Res*. 1995; 1:889–897. [PubMed: 9816059]
17. Craig C, et al. A recombinant adenovirus expressing p27Kip1 induces cell cycle arrest and loss of cyclin-Cdk activity in human breast cancer cells. *Oncogene*. 1997; 14:2283–2289. [PubMed: 9178904]
18. Yang YA, et al. Lifetime exposure to a soluble TGF-beta antagonist protects mice against metastasis without adverse side effects. *J Clin Invest*. 2002; 109:1607–1615. [PubMed: 12070308]
19. Wang ZG, Zhao W, Ramachandra M, Seth P. An oncolytic adenovirus expressing soluble transforming growth factor-beta type II receptor for targeting breast cancer: in vitro evaluation. *Mol Cancer Ther*. 2006; 5:367–373. [PubMed: 16505111]
20. Seth, P.; Higginbotham, J. Advantages and disadvantages of multiple different methods of adenoviral vector construction. In: Habib, N., editor. *Methods in Molecular Medicine*. Humana Press Inc.; Totowa, NJ: 2000. p. 189-198.
21. Seth P, et al. Adenovirus-mediated gene transfer to human breast tumor cells: an approach for cancer gene therapy and bone marrow purging. *Cancer Res*. 1996; 56:1346–1351. [PubMed: 8640824]
22. Nguyen DX, Massague J. Genetic determinants of cancer metastasis. *Nat Rev Genet*. 2007; 8:341–352. [PubMed: 17440531]
23. Clines GA, Guise TA. Mechanisms and treatment for bone metastases. *Clin Adv Hematol Oncol*. 2004; 2:295–302. [PubMed: 16163196]



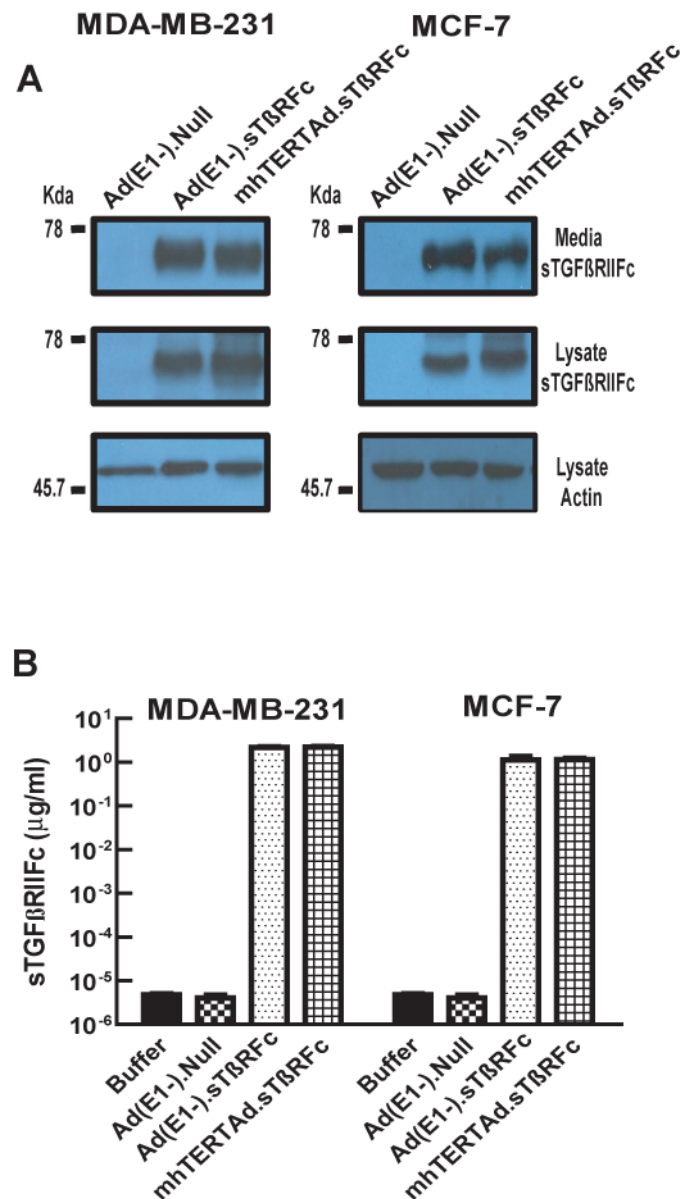


**Fig. 1.**

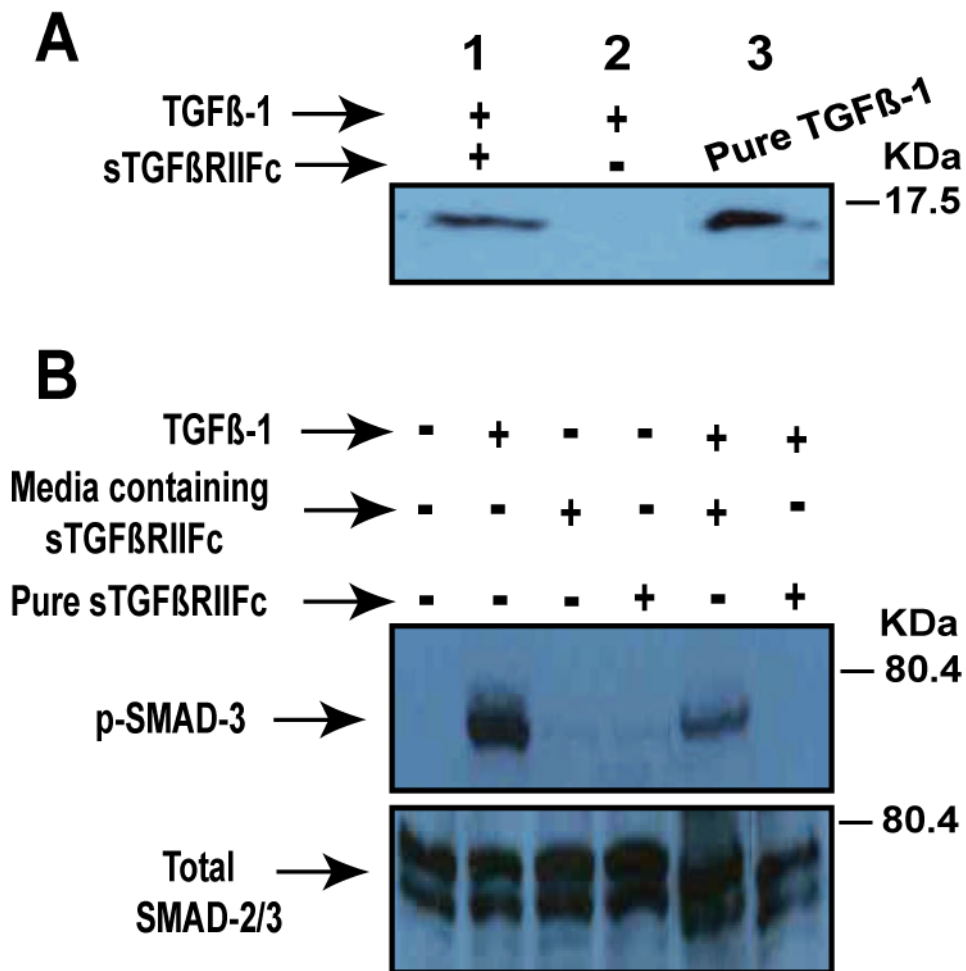
**A.** CMV and mhTERT promoter driven  $\beta$ -gal activities in breast tumor and normal cells. Various cells were plated in 6-wells ( $2 \times 10^4$  cells/well) and infected with Ad(E1-).CMVLacZ or Ad(E1-).mhTERTLacZ viruses (100 pfus/cell). Forty eight hrs later, cells were lysed and  $\beta$ -gal activities measured by staining with o-nitrophenyl- $\beta$ -D-galactopyranoside (ONPG) using published methods<sup>16,21</sup>. Shown are the averages of triplicate samples ( $\pm$ SE). **B.** Ratios of  $\beta$ -gal obtained from CMV promoter-directed and mhTERT promoter-directed  $\beta$ -gal activities. Ratios shown were obtained from Panel A. These ratios were significantly lower in IMR-90 cells compared to MDA-MB-231 or MCF-7 cells (p values < 0.05).

**Fig. 2.**

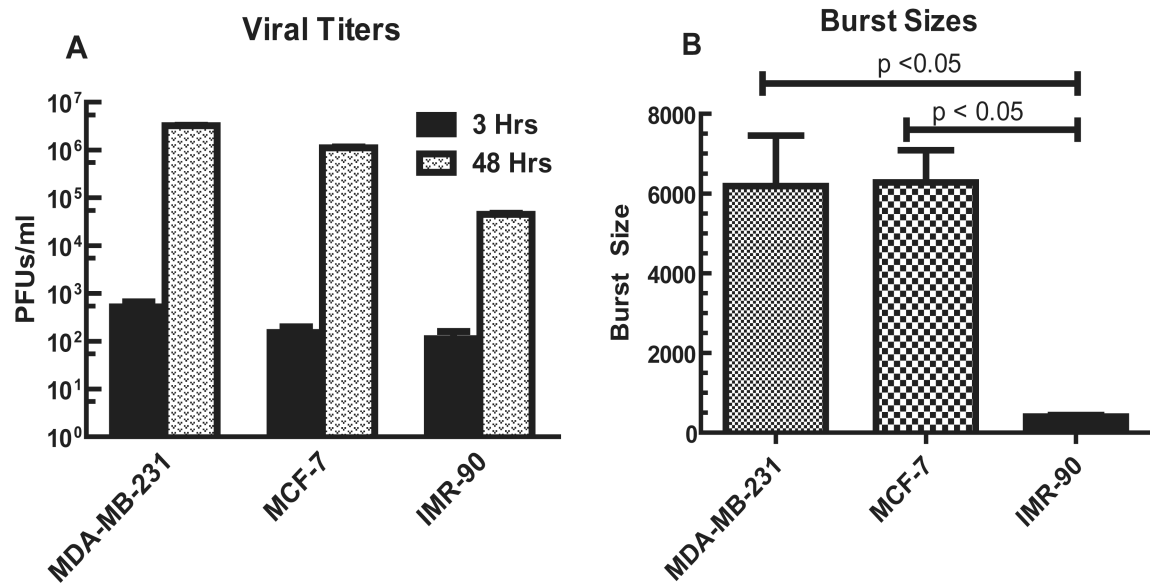
**A.** Construction of mhTERTAd.sTβRFc. A 0.7 kb fragment of mhTERT was cloned in p01/07 shuttle plasmid to produce p01/07mhTERT shuttle vector in which E1A 01/07 gene was controlled by mhTERT promoter. The shuttle vector (PmeI cut) was recombined with PacI cut p01/07/sTβRFc in *E. coli* BJ5183 to produce pmhTERT01/07/sTβRFc viral backbone plasmid. The resulting plasmid was cut with PacI and transfected into HEK-293 cells to generate mhTERTAd.sTβRFc adenovirus. The Adenovirus was grown in HEK293 cells and purified by double CsCl<sub>2</sub> density gradient. **B.** Schematic structure of recombinant mhTERTAd.sTβRFc. The key elements in this viral genome are mhTERT promoter driving a mutant E1A region (01/07). The expression cassette containing sTGFβRIIFc was introduced in E3 region. Rest of the genome (E1B, E2B, L1-L5, and E4) is similar to wild type Ad5.



**Fig. 3.** mhTERTAd.sTβRFc and Ad(E1<sup>-</sup>).sTβRFc -mediated expression of sTGFβRIIFc protein in breast cancer cells. Breast cancer cells were infected with either mhTERTAd.sTβRFc, Ad(E1<sup>-</sup>).sTβRFc or Ad(E1<sup>-</sup>).Null (100 pfu/cell) for 24 hrs. At the end of the incubation, media were changed into serum free media, and the incubations continued for an additional 24 hrs. **A.** Western blot analysis of sTGFβRIIFc protein. Cells and media were subjected to Western blot analysis for sTGFβRIIFc expression and are shown in the Figure. **B.** ELISA assays of sTGFβRIIFc protein. Aliquots of media samples were analyzed for sTGFβRIIFc by ELISA as described in materials and methods. Shown are the averages of triplicate samples (±SE).

**Fig. 4.**

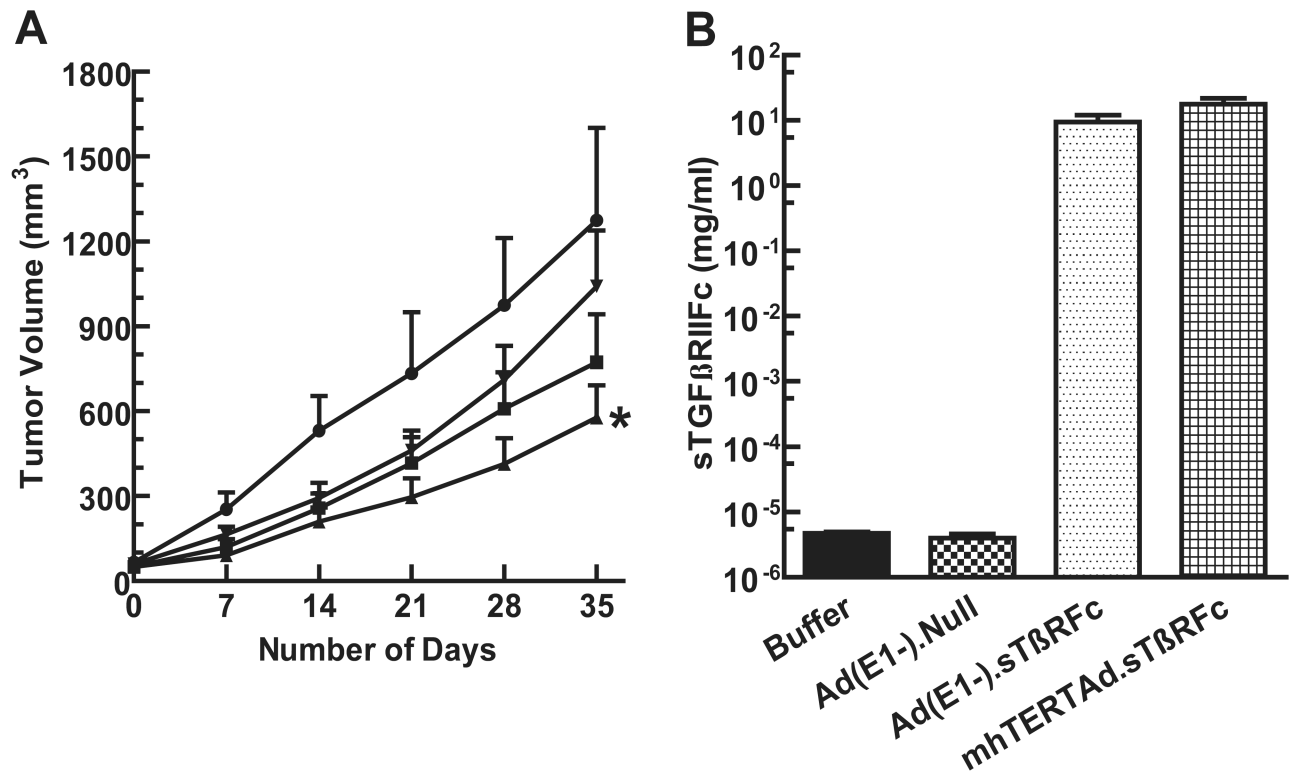
**A.** The binding of TGFβ-1 with sTGFβRIIFc. One μg of sTGFβRIIFc was mixed with 40 ng of TGFβ-1 (Sigma, St. Louis, MO) for 1 hour at 4°C and then incubated with Protein-A Sepharose beads (Vector Laboratories, Burlingame, CA) for 1 hour at 4°C. The bound TGFβ-1 was released with acidic buffer as described in materials and methods. The samples were subjected to Western blot analysis and probed with rabbit anti-TGFβ-1 polyclonal antibody (R & D systems, Minneapolis, MN). Note TGFβ-1 band is present when TGFβ-1 was pre-incubated with sTGFβRIIFc (lane 1), but not without sTGFβRIIFc (Lane 2). Lane 3 received pure TGFβ-1 as a positive control for Western blot. **B.** Inhibition of TGFβ-dependent SMAD-3 phosphorylation by sTGFβRIIFc. MDA-MB-231 cells were plated in 6-well plates (4×10<sup>5</sup> cells/well). Next day, media was changed and cells were incubated with TGFβ-1 (1 ng/ml) in the absence or presence of media containing sTGFβRIIFc or purified sTGFβRIIFc (100 ng/ml) for 60 minutes. Cell lysates were prepared and further subjected to Western blot analysis. Blots were probed with phospho SMAD3 antibody, or Smad2/3 antibody (Cell Signaling, Danvers, MA).



**Fig. 5.**

**A.** mhTERTAd.sT $\beta$ RFc titers in breast tumor and normal human cells. MDA-MB-231, MCF-7 and IMR-90 cells were plated in 6-well dishes ( $2 \times 10^5$  cells/well). Cells were infected with mhTERTAd.sT $\beta$ RFc (100 pfu/cell) for either 3 hrs or 48 hrs as described in Materials and Methods. Cell lysates and supernatants were collected and viral titers were measured by plaque forming assays in HEK-293 cells. Results shown are average of three determinations  $\pm$  SE. **B.** Comparison of viral burst sizes. Shown are the increases in the viral titers during 48 hrs infection (burst sizes) of the mhTERT.Ad.sT $\beta$ RFc in MDA-MB-231, MCF-7 and IMR-90 cells. The mhTERT.Ad.sT $\beta$ RFc burst size in IMR-90 cells was significantly lower compared to burst sizes in MDA-MB-231 or MCF-7 cells ( $p$  values  $< 0.001$ ).



**Fig. 6.**

**A.** *In vivo* evaluation of mhTERTAd.sTβRFc administration on MDA-MB-231 tumor xenograft in nude mice. MDA-MB-231 cells were injected subcutaneously ( $5 \times 10^6$  cells per mouse). Once tumor sizes reached about  $50 \text{ mm}^3$ , mhTERTAd.sTβRFc ( $n=13$ ) Ad(E1<sup>-</sup>).sTβRFc ( $n=12$ ), Ad(E1<sup>-</sup>).Null ( $n=10$ ) or buffer ( $n=11$ ) were administered into the tail vein. The virus dose was  $2 \times 10^8$  pfus in 0.1 ml buffer per injection; two injections total on days 0 and 3. Tumor volumes were measured using a digital caliper on various days shown. The tumor volumes were calculated using the formula  $(a \times b^2) \times 0.523$ . Results show the tumor volumes in animals that received intravenous injections of mhTERTAd.sTβRFc (▲), Ad(E1<sup>-</sup>).sTβRFc (■) Ad(E1<sup>-</sup>).Null (▼) or buffer (●). The tumor growth of various groups were compared with buffer control groups using two-way Anova, and further evaluated by Bonferroni post hoc test using Graph Pad Prism 5 software. Compared to buffer group the p value for mhTERTAd.sTβRFc group is  $<0.01$  (\*), p value for Ad(E1<sup>-</sup>).sTβRFc is  $>0.05$ , and p value for Ad(E1<sup>-</sup>).Null is  $>0.05$ . **B.** Blood levels of sTGFβRIIFc in mhTERTAd.sTβRFc or Ad(E1<sup>-</sup>).sTβRFc treated animals. Blood was collected on day 35 (Fig. 6A) and analyzed for the expression of sTGFβRIIFc by ELISA. Shown are the sTGFβRIIFc levels in animals that received the buffer, Ad(E1<sup>-</sup>).Null, Ad(E1<sup>-</sup>).sTβRFc or mhTERTAd.sTβRFc.