



YAN-RU LOU

Vitamin D₃ Metabolism in Normal and
Malignant Human Prostate Cells



ACADEMIC DISSERTATION

To be presented, with the permission of
the Faculty of Medicine of the University of Tampere,
for public discussion in the small auditorium of Building B,
Medical School of the University of Tampere,
Medisiinarinkatu 3, Tampere, on December 16th, 2005, at 12 o'clock.

Acta Universitatis Tampereensis 1127

ACADEMIC DISSERTATION
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Finland

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Finland

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Fax +358 3 3551 7685
taju@uta.fi
www.uta.fi/taju
<http://granum.uta.fi>

Cover design by
Juha Siro

Printed dissertation
Acta Universitatis Tamperensis 1127
ISBN 951-44-6498-2
ISSN 1455-1616

Electronic dissertation
Acta Electronica Universitatis Tamperensis 498
ISBN 951-44-6499-0
ISSN 1456-954X
<http://acta.uta.fi>

Tampereen Yliopistopaino Oy – Juvenes Print
Tampere 2005

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ABSTRACT

Vitamin D₃ is produced in the skin during exposure to sunlight and is then 25-hydroxylated in the liver, yielding the major circulating metabolite 25-hydroxyvitamin D₃ (25OHD₃). 25OHD₃ is converted to 1 α ,25-dihydroxyvitamin D₃ [1 α ,25-(OH)₂D₃] mainly in the kidney by 25OHD₃-1 α -hydroxylase (1 α -hydroxylase). 25OHD₃ and 1 α ,25-(OH)₂D₃ are further hydroxylated into less active metabolites by 25OHD₃-24-hydroxylase (24-hydroxylase, CYP24). Vitamin D₃ metabolites exert their effects by binding to the vitamin D receptor. 24-Hydroxylase is highly inducible by vitamin D₃ metabolites at transcriptional level and controls the biological action of 25OHD₃ and 1 α ,25-(OH)₂D₃. The active form of vitamin D₃, 1 α ,25-(OH)₂D₃ plays a central role in calcium homeostasis and at hypercalcemic concentrations it regulates the proliferation and differentiation of various cell types.

The present study was designed to investigate the role of vitamin D₃ metabolites and their enzymes in human primary prostate stromal and epithelial cells as well as in cancer cells. In addition, the crosstalk between vitamin D₃ and androgen as well as retinoic acid was investigated.

The present data show the expression of 1 α -hydroxylase and 24-hydroxylase in the prostate. 1 α -Hydroxylase is up-regulated by 25OHD₃ in stromal cells. 24-Hydroxylase is up-regulated by 25OHD₃ and 1 α ,25-(OH)₂D₃ in epithelial and stromal cells. The transcriptional activity of 25OHD₃ and 1 α ,25-(OH)₂D₃ in stromal cells is greatly increased in the presence of a 24-hydroxylase inhibitor, VID400.

The crosstalk between vitamin D₃ and 5 α -dihydrotestosterone (DHT) or all-trans-retinoic acid (ATRA) was studied in prostate stromal and epithelial cells. DHT at a physiological concentration enhances the antiproliferative activities of 25OHD₃ and 1 α ,25-(OH)₂D₃ by suppressing the expression of 24-hydroxylase in LNCaP cells. ATRA via retinoic acid receptor α (RAR α) significantly decreases the expression of 24-hydroxylase mRNA induced by 25OHD₃ and 1 α ,25-(OH)₂D₃ in primary cultures of human prostate stromal cells P29SN and P32S but not in either primary culture of human prostate epithelial cells PrEC or cancer epithelial cells LNCaP and PC3. Cell proliferation study showed that the combined treatment of 1 α ,25-(OH)₂D₃ and a RAR α -selective ligand, Am80 at 10 nM strongly inhibits cell proliferation whereas either alone has no effect.

By inhibiting 1 α -hydroxylase enzyme activity, the induction of 24-hydroxylase mRNA by 250 nM 25OHD₃ was clearly enhanced in stromal cells, suggesting that 1 α -hydroxylation is not a prerequisite for the hormonal activity of 25OHD₃. This finding that 25OHD₃ at a physiological concentration possesses an inherent hormonal activity provides a novel view of the vitamin D₃ endocrine system and suggests that it could be used as an anticancer therapy. 1 α ,25-(OH)₂D₃ is inactive at its physiological concentrations but pharmacological concentrations are needed for induction of target gene expression and growth inhibition.

Altogether, the present study demonstrates a novel vitamin D₃ endocrine system mediated by 25OHD₃ and provides feasible therapeutic approaches by using DHT or ATRA in combination

with vitamin D₃ metabolites at physiological concentrations. It also suggests that 24-hydroxylase is a key factor in inhibiting the action of vitamin D₃ metabolites in cancer chemoprevention and therapy.

ABBREVIATIONS

1 α OHD ₂	1 α -hydroxyvitamin D ₂
1 α OHD ₃	1 α -hydroxyvitamin D ₃
1 α ,25-(OH) ₂ D ₃	1 α ,25-dihydroxyvitamin D ₃ , calcitriol
1 α ,24,25-(OH) ₃ D ₃	1 α ,24,25-trihydroxyvitamin D ₃
24,25-(OH) ₂ D ₃	24,25-dihydroxyvitamin D ₃
25OHD ₂	25-hydroxyvitamin D ₂
25OHD ₃	25-hydroxyvitamin D ₃ , calcidiol
AF	activating function
ANOVA	analysis of variance
AR	androgen receptor
ATRA	all-trans-retinoic acid
BSA	bovine serum albumin
cAMP	cyclic 3',5'-adenosine monophosphate
CBP	cAMP response element-binding protein
C-terminus	carboxyl terminus
CYP24A1, 24-hydroxylase	25OHD ₃ -24-hydroxylase
CYP27A1	27-hydroxylase
CYP27B1, 1 α -Hydroxylase	25OHD ₃ -1 α -hydroxylase
DBD	DNA-binding domain
DBP	vitamin D binding protein
DCC-FBS	dextran-treated charcoal-stripped fetal bovine serum
DHT	5 α -dihydrotestosterone
DRIP	VDR-interacting protein
ECL	enhanced chemiluminescence
ER	estrogen receptor
FBS	fetal bovine serum
HPLC	high-performance liquid chromatography
IDBP	intracellular vitamin D binding protein
IGF-1	insulin-like growth factor-1
IGFBP-3	insulin-like growth factor binding protein-3
Ig	immunoglobulin
K _d	dissociation constant
LBD	ligand-binding domain
MAPK	mitogen-activated protein kinase
mRNA	messenger RNA
NADPH	reduced nicotinamide-adenine dinucleotide phosphate
NCoR-1	nuclear receptor corepressor-1
N-terminal	amino terminal
OD	optical density
PBS	phosphate-buffered saline
PKA	protein kinase A
PKC	protein kinase C
PMCA	plasma membrane calcium ATPase
PPAR	peroxisome proliferator-activated receptor
PSA	prostate-specific antigen

PTH	parathyroid hormone
RAR	retinoic acid receptor
RPLP0	human acidic ribosomal phosphoprotein P0
rRNA	ribosomal RNA
RXR	retinoid X receptor
SD	standard deviation
SDS-PAGE	sodium dodecyl sulphate-polyacrylamide gel electrophoresis
SRC	steroid receptor coactivator
TBS	Tris-HCl buffered saline
TFIIB	transcription factor IIB
TGF β	transforming growth factor β
TIF	transcriptional intermediary factor
TR	thyroid hormone receptor
TRPV	transient receptor potential cation channel
UV	ultraviolet
VDR	vitamin D ₃ receptor
VDRE	vitamin D-response element
vs.	versus
YY1	Ying-Yang 1

LIST OF ORIGINAL COMMUNICATIONS

This thesis is based on the following articles, which are referred to in the text by their Roman numerals.

I Yan-Ru Lou, Ilkka Laaksi, Heimo Syväälä, Merja Bläuer, Teuvo L.J. Tammela, Timo Ylikomi and Pentti Tuohimaa (2004): 25-Hydroxyvitamin D₃ is an active hormone in human primary prostatic stromal cells.

I a: FASEB Journal 18(2):332-334 (Epub 4 Dec 2003)

I b: <http://www.fasebj.org/cgi/doi/10.1096/fj.03-0140fje>

II Yan-Ru Lou, Nadja Nazarova, Riikka Talonpoika, and Pentti Tuohimaa (2005): 5 α -Dihydrotestosterone inhibits 1 α ,25-dihydroxyvitamin D₃-induced expression of CYP24 in human prostate cancer cells. Prostate 63(3):222-230 (Epub 10 Nov 2004).

III Yan-Ru Lou, Susanna Miettinen, Hiroyuki Kagechika, Hinrich Gronemeyer and Pentti Tuohimaa (2005): Retinoic acid via RAR α inhibits the expression of 24-hydroxylase in human prostate stromal cells. Biochemical and Biophysical Research Communications 338(4):1973-1981 (Epub 7 Nov 2005).

IV Yan-Ru Lou and Pentti Tuohimaa (2006): Androgen enhances the antiproliferative activity of vitamin D₃ by suppressing 24-hydroxylase expression in LNCaP cells. Journal of Steroid Biochemistry & Molecular Biology 99(1) (In press).

INTRODUCTION

The active form of vitamin D₃, 1 α ,25-dihydroxyvitamin D₃ [1 α ,25-(OH)₂D₃], plays a crucial role in calcium homeostasis and regulates the proliferation and differentiation of various cell types. However, the clinical use of 1 α ,25-(OH)₂D₃ is limited because of the induction of hypercalcemia at a concentration to suppress cell proliferation. 1 α ,25-(OH)₂D₃ functions through its interaction with vitamin D₃ receptor (VDR) and heterodimer partner 9-cis retinoic acid receptor (RXR) to regulate target gene transcription.

1 α ,25-(OH)₂D₃ is generated from two sequential hydroxylations of vitamin D₃, which is either of nutritional origin or produced by its precursor, 7-dehydrocholesterol (provitamin D₃) in the skin upon exposure to sunlight, UVB (290-315 nm). 25-Hydroxylation is a prerequisite for the activation of vitamin D₃, yielding the prohormone 25-hydroxyvitamin D₃ (25OHD₃). 25OHD₃ is the major circulating metabolite and a marker of the nutritional state. 25OHD₃ is then 1 α -hydroxylated by 25OHD₃-1 α -hydroxylase (1 α -hydroxylase, CYP27B1), yielding 1 α ,25-(OH)₂D₃. The principle site of 1 α -hydroxylase activity is the proximal tubules of the kidney. 1 α -Hydroxylase has also been found in many extra-renal tissues and cells, such as skin, placenta, lung, colon, macrophages and prostate epithelial cells, which suggests an autocrine and/or a paracrine role of 1 α ,25-(OH)₂D₃. The catabolism of 1 α ,25-(OH)₂D₃ is initiated by a mitochondrial cytochrome P450 enzyme 25OHD₃-24-hydroxylase (24-hydroxylase, CYP24A1). It hydroxylates 25OHD₃ and 1 α ,25-(OH)₂D₃. 24-Hydroxylase is expressed predominantly in the kidney and also found in various vitamin D₃ target tissues. 24-Hydroxylase expression is up-regulated in all vitamin D₃ target cells by 1 α ,25-(OH)₂D₃ at transcriptional level through activation of two vitamin D-response elements (VDREs) in its promoter region. CYP24A1 is known to be the strongly induced gene, therefore, the induction of CYP24A1 expression is often used as an indicator of 1 α ,25-(OH)₂D₃ responsiveness. Amplification of the CYP24A1 gene region has been found in human breast cancer, ovarian cancer, and prostate cancer as well as mouse islet carcinoma. CYP24A1 is therefore considered a candidate oncogene because it can abrogate vitamin D₃-mediated growth control. Thus, the expression of 1 α -hydroxylase and 24-hydroxylase is important in the metabolism of vitamin D₃, which in turn regulates the local concentrations of 25OHD₃ and 1 α ,25-(OH)₂D₃. This thesis aimed to elucidate the role of 25OHD₃, 1 α ,25-(OH)₂D₃, and their metabolizing enzymes in normal human prostate stromal and epithelial cells as well as in prostate cancer cells.

REVIEW OF THE LITERATURE

1. VITAMIN D

Vitamin D was discovered in the study of rickets. As early as 1822, a Polish physician, Sniadecki, observed and concluded that sunbathing cured rickets. Later it was demonstrated that exposure of the skin to UV radiation was responsible for the antirachitic activity (Huldschinsky 1919). After Mellanby's finding that cod liver oil containing vitamin A could cure the rachitic condition in dogs (1919), it was discovered that the antirachitic factor in cod liver oil was in fact not vitamin A, but a new vitamin designated vitamin D (McCollum et al. 1922). The active form of vitamin D, $1\alpha,25$ -dihydroxyvitamin D₃ [$1\alpha,25$ -(OH)₂D₃], plays a key role in calcium homeostasis as well as in bone development and maintenance. Additionally, $1\alpha,25$ -(OH)₂D₃ regulates the proliferation and differentiation of various cell types (Jones et al. 1998, Nagpal et al. 2005).

1.1. Metabolism of vitamin D

Vitamin D is not a true vitamin because its precursor can be produced upon the exposure of the skin to ultraviolet B (UVB). Vitamin D is a secosteroid (secosterol), which means that one of the rings in its cyclopentanoperhydrophenanthrene ring structure undergoes breakage of a carbon-carbon bond; for vitamin D, it is the 9,10 carbon-carbon bond of ring B (Figure 1). There are two forms of vitamin D with distinct structures. Vitamin D₂ (also known as ergocalciferol) is a natural form in plants, whereas vitamin D₃ (cholecalciferol) is synthesized by vertebrates (DeLuca 2004).

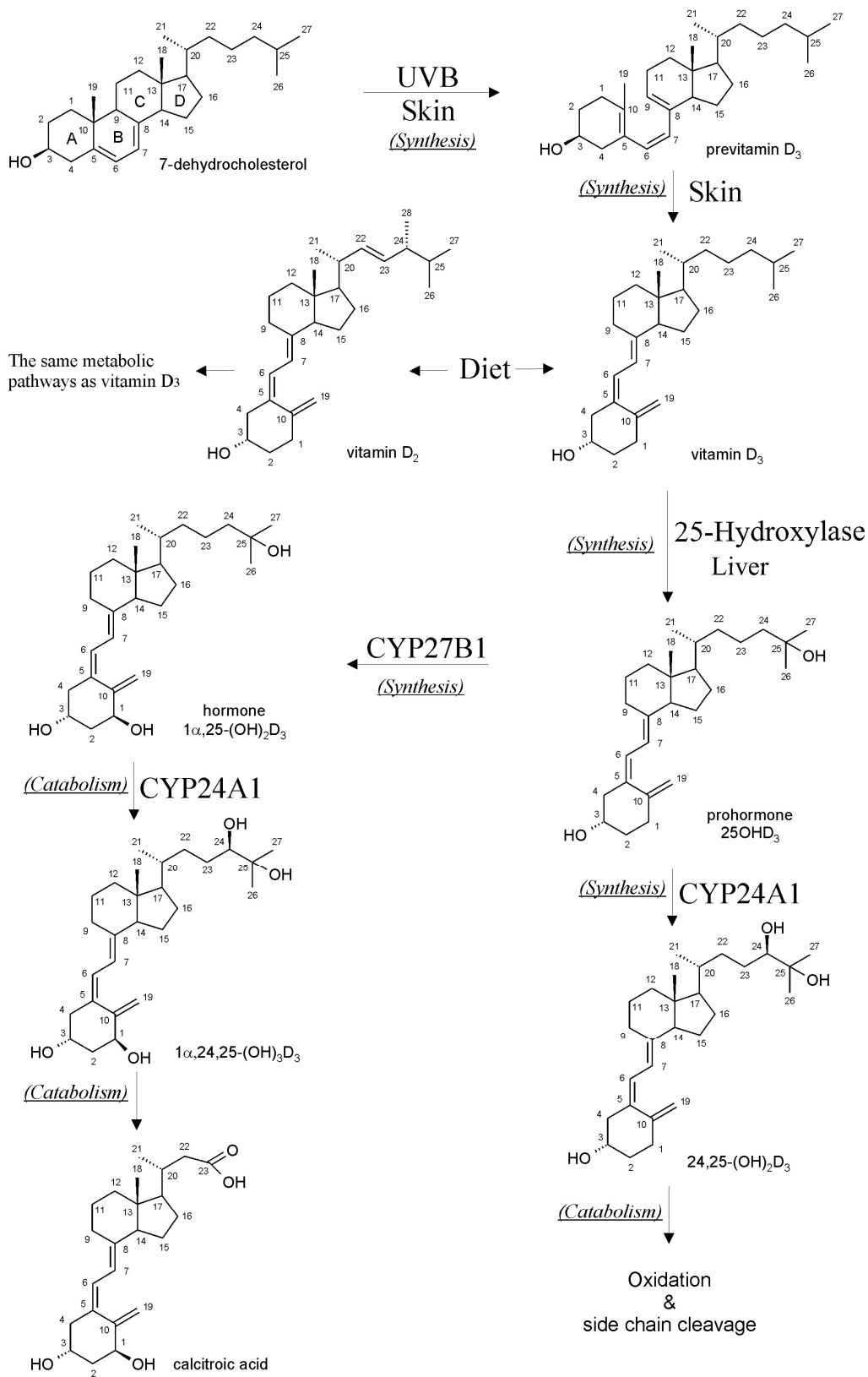


Figure 1. The metabolism of vitamin D₃.

1.1.1. Photosynthesis of vitamin D₃

In mammals vitamin D₃ is derived either from its cholesterol-like precursor in the skin or from nutritional sources. During the exposure of human skin to sunlight, UVB (290-315 nm) converts the precursor, 7-dehydrocholesterol (provitamin D₃) in the epidermis into previtamin D₃, which is then isomerized to vitamin D₃. Previtamin D₃ can also isomerize into biologically inactive photoisomers lumisterol and tachysterol in order to avoid vitamin D₃ intoxication (Bouillon et al. 1998). There are three factors affecting the output of vitamin D₃. The first factor is UVB, which is influenced by season, latitude, and air pollution (Webb et al. 1988, Agarwal et al. 2002). The second factor is the concentration of 7-dehydrocholesterol, which decreases with age (MacLaughlin and Holick 1985). The third factor is the skin. Sunscreen (Matsuoka et al. 1987), clothing (Matsuoka et al. 1992, Salih 2004), and increased melanin pigmentation (Clemens et al. 1982, Bell et al. 1985) can reduce the photosynthesis of vitamin D₃. Once vitamin D₃ is produced, it enters the extracellular fluid space, where it binds to vitamin D binding protein (DBP) in the circulation, and finally enters the bloodstream. Vitamin D₃ is then taken up either by the adipose tissue for storage or by the liver for further metabolism (Jones et al. 1998).

1.1.2. Vitamin D₃-25-hydroxylase

25-Hydroxylation is a prerequisite for the activation of vitamin D₃, yielding 25-hydroxyvitamin D₃ (25OHD₃). 25OHD₃ is the major circulating metabolite and a marker of the nutritional state. The normal range of serum 25OHD₃ concentrations is 25-137.5 nmol/L (Weaver and Fleet 2004), which varies with seasons among populations (Hine and Roberts 1994). However, it has been suggested that the adequate 25OHD₃ concentrations would be 100-200 nmol/L (Zittermann 2003). The liver was shown to be the main site of 25-hydroxylation (Ponchon and DeLuca 1969, Ponchon et al. 1969). To date, three cytochrome P450 enzymes, CYP27A1, CYP2R1, and CYP3A4 have been reported to possess 25-hydroxylase activity. The first identified enzyme was a mitochondrial protein, sterol 27-hydroxylase (CYP27A1) (Cali and Russell 1991, Guo et al. 1993). It hydroxylates a variety of sterols at the C27 position. This process involves cytochrome P450 enzyme receiving two electrons sequentially from reduced nicotinamide-adenine dinucleotide phosphate (NADPH) and a short transfer chain formed by ferredoxin reductase (adrenodoxin reductase) and ferredoxin (adrenodoxin). Mice with disrupted sterol 27-hydroxylase gene had normal plasma levels of cholesterol and 1 α ,25-(OH)₂D₃ (Rosen et al. 1998), indicating that sterol 27-hydroxylase is not critical for the maintenance of levels of vitamin D₃ metabolites in the circulation. Extra-hepatic tissues, such as kidney, skin, and intestine have been reported to possess CYP27A1 activity (Gascon-Barre et al. 2001, Schuessler et al. 2001, Theodoropoulos et al. 2003). CYP2R1 enzyme is a recently identified microsomal protein, vitamin D₃-25-hydroxylase (Cheng et al. 2003). Unlike sterol 27-hydroxylase, which shows specificity for vitamin D₃, CYP2R1 enzyme hydroxylates both vitamin D₂ and vitamin D₃. CYP27A1 hydroxylase is a low affinity, high capacity enzyme, whereas CYP2R1 hydroxylase is a high affinity, low capacity enzyme (Cheng et al. 2003). Therefore, the microsomal hydroxylase is capable of functioning at the physiological condition and is the major enzyme in 25-hydroxylation. CYP2R1 mRNA is abundant in the liver and testis, but the physiological significance of its expression in the testis remains unclear. A mutation in the CYP2R1 gene has been reported in a rickets patient (Cheng et al. 2004), emphasizing the important role of CYP2R1 enzyme in vitamin D metabolism. CYP3A4 is the liver microsomal enzyme with broad specificity. Although it was cloned in 1986, it has only recently been found

to 25-hydroxylate vitamin D₂, 1 α -hydroxyvitamin D₂ (1 α OHD₂), and 1 α -hydroxyvitamin D₃ (1 α OHD₃) in the liver (Gupta et al. 2004). Recombinant enzyme study shows that CYP3A4 is also a 24-hydroxylase for vitamin D₂, 1 α OHD₂, and 1 α OHD₃ (Gupta et al. 2005). Its activity has also been found in the intestine.

The regulation of 25-hydroxylation is not fully understood. CYP27A1 enzyme is down-regulated by 1 α ,25-(OH)₂D₃ in rat kidney and liver (Axen et al. 1995), and by 25OHD₃ and 1 α ,25-(OH)₂D₃ in rat intestine (Theodoropoulos et al. 2001). Growth hormone, insulin-like growth factor-1 (IGF-1), and the synthetic glucocorticoid, dexamethasone, increase the promoter activity of CYP27A1 (Araya et al. 2003). The microsomal enzymes CYP2R1 and CYP3A4 are so new findings that little are known about their regulation. CYP3A4 gene contains a vitamin D-response element (VDRE) and its expression is up-regulated by 1 α ,25-(OH)₂D₃ in small intestinal and colon cancer cells (Thompson et al. 2002). However, this vitamin D₃ receptor (VDR)-mediated regulation may not be meaningful in the liver, because of the undetectable level of VDR in the liver (Clemens et al. 1988).

1.1.3. 25-Hydroxyvitamin D₃-1 α -hydroxylase

The next step is 25OHD₃-1 α -hydroxylation catalyzed by 25OHD₃-1 α -hydroxylase (1 α -hydroxylase, CYP27B1), yielding the main active metabolite 1 α ,25-(OH)₂D₃. The normal physiological concentration of 1 α ,25-(OH)₂D₃ is 0.05-0.15 nmol/L (Mehta and Mehta 2002), which is 500-1000-fold lower than that of 25OHD₃. The serum 1 α ,25-(OH)₂D₃ concentration shows no seasonal variation (Hine and Roberts 1994). The principal site of 1 α -hydroxylase activity is the proximal tubules of the kidney. 1 α -Hydroxylase protein is a member of the cytochrome P450 superfamily localized to the inner mitochondrial membrane, where it hydroxylates 25OHD₃ at the C1 α position. Enzymatic studies using a reconstituted system containing a membrane fraction of recombinant bacterial cells show that the 25-hydroxyl group is essential for 1 α -hydroxylase activity and that the 24R-hydroxyl group enhances it, but the 23S-hydroxyl group reduces it (Sakaki et al. 1999b, Sawada et al. 1999). Human CYP27B1 was cloned by three separate groups (Fu et al. 1997, Monkawa et al. 1997, St-Arnaud et al. 1997). 1 α -Hydroxylase-knockout mice exhibit a phenotype identical to that observed in human vitamin D-dependent rickets type I, a disease caused by mutations in CYP27B1 gene (Dardenne et al. 2001, Panda et al. 2001). Additionally, female infertility and abnormal immune function were observed in 1 α -hydroxylase-ablated mice. Enriched calcium diet corrects the abnormal mineral ion homeostasis in 1 α -hydroxylase-knockout mice, but it is less effective than 1 α ,25-(OH)₂D₃ in restoring bone growth (Dardenne et al. 2003a, Dardenne et al. 2003b), which reconfirms the important role of 1 α -hydroxylase in calcium homeostasis. The renal 1 α -hydroxylase is tightly controlled by several factors; the expression in the kidney is down-regulated by 1 α ,25-(OH)₂D₃, hypercalcemia, and hyperphosphatemia, and up-regulated by parathyroid hormone (PTH), calcitonin, hypocalcemia, and hypophosphatemia (Bland et al. 1999, Murayama et al. 1999, Zhang et al. 2002). A negative regulatory region to 1 α ,25-(OH)₂D₃ as well as a positive regulatory region to PTH and calcitonin have been identified in CYP27B1 gene promoter, indicating that the regulation of 1 α -hydroxylase expression by 1 α ,25-(OH)₂D₃, PTH, and calcitonin takes place at transcriptional level (Brenza et al. 1998, Murayama et al. 1998, Kong et

al. 1999). In addition, the expression of 1α -hydroxylase decreases with age (Anderson et al. 2005).

The same 1α -hydroxylase has been found in many extra-renal tissues and cells (Zehnder et al. 2001), such as skin (Bikle et al. 1986), colon (Cross et al. 1997), intestine (Theodoropoulos et al. 2003), lung (Jones et al. 1999), placenta (Diaz et al. 2000b), macrophages (Monkawa et al. 2000), and prostate epithelial cells (Barreto et al. 2000), which supports the concept that $1\alpha,25$ -(OH) $_2$ D $_3$ acts as an autocrine and/or a paracrine factor. 1α -Hydroxylase gene amplification and mRNA splice variants have been found in malignant glioma (Maas et al. 2001). The regulation of the extra-renal 1α -hydroxylase is not identical to that in the kidney. Synthesis of $1\alpha,25$ -(OH) $_2$ D $_3$ is regulated by feedback mechanism in keratinocytes (Bikle et al. 1986), decidual cells (Delvin and Arabian 1987), lung cancer cells (Jones et al. 1999), macrophages (Monkawa et al. 2000), and prostate epithelial cells (Young et al. 2004), but it is unaffected by either phosphate, PTH, or calcium. Interestingly, the expression of CYP27B1 mRNA is unaffected by $1\alpha,25$ -(OH) $_2$ D $_3$ in lung cancer cells (Jones et al. 1999), macrophages (Monkawa et al. 2000) and keratinocytes (Xie et al. 2002). It has been elucidated that the decrease of 1α -hydroxylase activity is, in fact, due to the increased catabolism of both substrate 25OHD $_3$ and product $1\alpha,25$ -(OH) $_2$ D $_3$ by 24-hydroxylase (Xie et al. 2002). Interferon γ also regulates the synthesis of $1\alpha,25$ -(OH) $_2$ D $_3$ in keratinocytes (Bikle et al. 1989) and macrophages (Kreutz et al. 1993, Dusso et al. 1997).

In contrast to the above-mentioned human vitamin D-dependent rickets type I, granulomatous diseases such as sarcoidosis are associated with a high serum concentration of $1\alpha,25$ -(OH) $_2$ D $_3$ caused by the elevated activity of 1α -hydroxylase in macrophages (Adams et al. 1983, Adams et al. 1985). A group of enzyme inhibitors has been developed. They include antifungal imidazole derivatives, such as ketoconazole and liarozole, both of which inhibit many P450 enzymes. Ketoconazole decreases the synthesis of $1\alpha,25$ -(OH) $_2$ D $_3$ and can be used in the treatment of sarcoidosis-associated hypercalcemia (Adams et al. 1990, Bia and Insogna 1991). A newly identified SDZ88-357, which specifically inhibits 1α -hydroxylase activity (Schuster et al. 2001b), might be a useful tool to study the metabolism of vitamin D $_3$.

1.1.4. 25-Hydroxyvitamin D $_3$ -24-hydroxylase

The catabolism of $1\alpha,25$ -(OH) $_2$ D $_3$ is initiated by a mitochondrial cytochrome P450 enzyme 25OHD $_3$ -24-hydroxylase (24-hydroxylase, CYP24A1). It hydroxylates both 25OHD $_3$ and $1\alpha,25$ -(OH) $_2$ D $_3$ at the C24 position, but neither vitamin D $_3$ nor 1α OHD $_3$ (Ohyama and Okuda 1991). Studies using recombinant bacterial and insect cells have shown that 24-hydroxylase is a multicatalytic enzyme catalyzing the reactions in the C-24/C-23 pathway to produce the final metabolites of 25OHD $_3$ and $1\alpha,25$ -(OH) $_2$ D $_3$ (Akiyoshi-Shibata et al. 1994, Beckman et al. 1996, Sakaki et al. 1999a, Sakaki et al. 2000). 24-Hydroxylase displays 10-fold greater affinity for $1\alpha,25$ -(OH) $_2$ D $_3$ than 25OHD $_3$ (Chen et al. 1993). DBP reduces the rate of 25OHD $_3$ metabolism but not of $1\alpha,25$ -(OH) $_2$ D $_3$ metabolism (Masuda et al. 2004). 24-Hydroxylase is expressed predominantly in the kidney and also found in various vitamin D $_3$ target tissues. However, it is absent from the liver (Armbrecht and Boltz 1991). Recently, a CYP24A1 splice variant, designated hCYP24-SV, has been characterized in the kidney, placenta, keratinocytes, and

macrophages (Ren et al. 2005). hCYP24-SV lacks the mitochondrial targeting sequence and the variant protein is therefore functionally inactive (Ren et al. 2005). This truncated 24-hydroxylase may contribute to elevated levels of $1\alpha,25\text{-(OH)}_2\text{D}_3$ (Ren et al. 2005). The increase in renal CYP24A1 mRNA and activity with age has been reported in rats, suggesting that the increased renal catabolism of $1\alpha,25\text{-(OH)}_2\text{D}_3$ may contribute to the decrease in serum level of $1\alpha,25\text{-(OH)}_2\text{D}_3$ (Johnson et al. 1995, Matkovits and Christakos 1995a, Anderson et al. 2005). 24-Hydroxylase expression is up-regulated in all vitamin D_3 target cells by $1\alpha,25\text{-(OH)}_2\text{D}_3$ at transcriptional level through activation of two VDREs in its promoter region (Chen and DeLuca 1995). CYP24A1 is the most strongly regulated gene by $1\alpha,25\text{-(OH)}_2\text{D}_3$, therefore the induction of CYP24A1 expression is often used as an indicator of $1\alpha,25\text{-(OH)}_2\text{D}_3$ responsiveness. The major role of 24-hydroxylase appears to be the inactivation of $1\alpha,25\text{-(OH)}_2\text{D}_3$ to maintain systemic calcium homeostasis and to turn off the local effects of $1\alpha,25\text{-(OH)}_2\text{D}_3$. Studies have shown that the induction of 24-hydroxylase by $1\alpha,25\text{-(OH)}_2\text{D}_3$ requires new protein synthesis (Armbrecht et al. 1997, Zierold et al. 2002, Zierold et al. 2003). To date, no genetic disorder of 24-hydroxylase in humans has been reported. However, amplification of the CYP24A1 gene region has been found in human breast cancer (Kallioniemi et al. 1994, Tanner et al. 1995), ovarian cancer (Tanner et al. 2000), and prostate cancer (Wolter et al. 2002) and mouse islet carcinoma (Hodgson et al. 2001). CYP24A1 is, therefore, considered a candidate oncogene (Albertson et al. 2000) because it can abrogate vitamin D_3 -mediated growth control. Studies on 24-hydroxylase-knockout mice and VDR-knockout mice have led to a better understanding of the importance of 24-hydroxylase and VDR in $1\alpha,25\text{-(OH)}_2\text{D}_3$ catabolism. 24-Hydroxylase-knockout mice are incapable of excreting exogenous $1\alpha,25\text{-(OH)}_2\text{D}_3$, however, the surviving knockout mice have surprisingly low basal levels of $1\alpha,25\text{-(OH)}_2\text{D}_3$ compared to the wild-type controls (St-Arnaud et al. 2000). Further studies (Masuda et al. 2005) demonstrated that there was no alternative pathway of $1\alpha,25\text{-(OH)}_2\text{D}_3$ catabolism and the surviving knockout mice may adapt, in part, by suppressing $1\alpha,25\text{-(OH)}_2\text{D}_3$ synthesis because 1α -hydroxylase mRNA in the kidney was undetectable. No C23/C26 oxidation products were detected in keratinocytes from Cyp24a1-knockout mice, emphasizing the importance of the multiple roles of CYP24A1. In addition, keratinocytes from VDR-knockout mice showed a complete block of $1\alpha,25\text{-(OH)}_2\text{D}_3$ catabolism. It can be concluded that both 1α -hydroxylase and 24-hydroxylase regulate $1\alpha,25\text{-(OH)}_2\text{D}_3$ homeostasis through VDR.

Other factors such as PTH, calcium, and calcitonin can also regulate CYP24A1. PTH suppresses 24-hydroxylase mRNA by altering its stability in the kidney cells (Zierold et al. 2001). However PTH enhances the $1\alpha,25\text{-(OH)}_2\text{D}_3$ -dependent induction of 24-hydroxylase in osteoblastic cells (Krishnan et al. 1995, Armbrecht et al. 1998) and its action is potentiated by insulin (Armbrecht et al. 1996). But other group has reported no PTH effect on $1\alpha,25\text{-(OH)}_2\text{D}_3$ -dependent induction of 24-hydroxylase in bone cells (Nishimura et al. 1994). PTH has no effect on 24-hydroxylase in the intestine (Shinki et al. 1992) because of the absence of PTH receptors. Low calcium indirectly suppresses renal 24-hydroxylase activity due to secondary hyperparathyroidism but not bone 24-hydroxylase activity (Nishimura et al. 1994). Calcium exhibits no effect on the expression of intestinal 24-hydroxylase (Lemay et al. 1995). Calcitonin causes suppression of 24-hydroxylase mRNA expression and activity in the intestine (Beckman et al. 1994). The effect of calcitonin in the kidney has recently been described. Unlike in the intestine, calcitonin

stimulates renal 24-hydroxylase-promoter expression and such action is suggested to be very important in hypercalcemic state (Gao et al. 2004). Interferon γ abrogates $1\alpha,25\text{-(OH)}_2\text{D}_3$ -mediated induction of 24-hydroxylase in human monocytes and macrophages, which is one of the reasons for the hypercalcemia of various granulomatoses (Dusso et al. 1997).

One of the interesting fields in the study of vitamin D_3 is the development of 24-hydroxylase inhibitors, which are not only useful tools to study $1\alpha,25\text{-(OH)}_2\text{D}_3$ catabolism but also to enhance $1\alpha,25\text{-(OH)}_2\text{D}_3$ action. The high basal and self-induced expression of 24-hydroxylase may cause $1\alpha,25\text{-(OH)}_2\text{D}_3$ -resistance. Ketoconazole increases $1\alpha,25\text{-(OH)}_2\text{D}_3$ -dependent induction of VDR via decreasing $1\alpha,25\text{-(OH)}_2\text{D}_3$ catabolism (Reinhardt and Horst 1989). Liarozole acts synergistically with $1\alpha,25\text{-(OH)}_2\text{D}_3$ in $1\alpha,25\text{-(OH)}_2\text{D}_3$ -resistant cells (Ly et al. 1999). VID400, a selective inhibitor of 24-hydroxylase is a valuable tool to explore distinct functions of different metabolites (Schuster et al. 2001a, Schuster et al. 2001b).

Because the serum concentration of 25OHD_3 is 500-1000-fold higher than that of $1\alpha,25\text{-(OH)}_2\text{D}_3$, the major 24-hydroxyl metabolite in blood is 24,25-dihydroxyvitamin D_3 [$24,25\text{-(OH)}_2\text{D}_3$] despite the 10-fold greater affinity of 24-hydroxylase to $1\alpha,25\text{-(OH)}_2\text{D}_3$. The physiological functions of $24,25\text{-(OH)}_2\text{D}_3$ are not clear and need to be defined. $24,25\text{-(OH)}_2\text{D}_3$ was first shown to be essential for bone formation in 1978 (Ornoy et al. 1978). Later, several *in vivo* studies have shown that massive doses of $24,25\text{-(OH)}_2\text{D}_3$ increase bone volume and strength in rats, rabbits, and mice (Nakamura et al. 1987, Nakamura et al. 1988, Nakamura et al. 1989, Nakamura et al. 1992, Ono et al. 1996), indicating its role in bone formation at pharmacological concentrations. However, another group showed that $1\alpha,25\text{-(OH)}_2\text{D}_3$, but not $24,25\text{-(OH)}_2\text{D}_3$, is necessary and sufficient for normal bone growth and development in rats (Parfitt et al. 1984). Other physiological functions of $24,25\text{-(OH)}_2\text{D}_3$ are associated with fracture healing (Seo et al. 1997, Seo and Norman 1997), embryo development (Henry and Norman 1978, Norman et al. 1983), and cartilage development (Schwartz et al. 1995b). A membrane receptor for $24,25\text{-(OH)}_2\text{D}_3$ has been proposed (Pedrozo et al. 1999). By using 24-hydroxylase-knockout mice, the role of $24,25\text{-(OH)}_2\text{D}_3$ has been clarified. The lack of 24-hydroxylase activity during development results in impaired intramembranous bone mineralization. This phenotype was not rescued by treatment with $24,25\text{-(OH)}_2\text{D}_3$, but rather by crossing the 24-hydroxylase-mutant mice with VDR-knockout mice, demonstrating that deficient mineralization of intramembranous bone in 24-hydroxylase-ablated mice is due to elevated $1\alpha,25\text{-(OH)}_2\text{D}_3$ acting via VDR, not to the absence of $24,25\text{-(OH)}_2\text{D}_3$ (St-Arnaud et al. 2000). The authors concluded that 24-hydroxylase plays an important role in regulating $1\alpha,25\text{-(OH)}_2\text{D}_3$ homeostasis and $24,25\text{-(OH)}_2\text{D}_3$ is a dispensable metabolite during bone development. The interaction between $1\alpha,25\text{-(OH)}_2\text{D}_3$ and $24,25\text{-(OH)}_2\text{D}_3$ is also of interest. $24,25\text{-(OH)}_2\text{D}_3$ at pharmacological concentrations suppresses $1\alpha,25\text{-(OH)}_2\text{D}_3$ -stimulated osteoclast formation (Yamato et al. 1993) and the rapid action of $1\alpha,25\text{-(OH)}_2\text{D}_3$ on calcium transport (Takeuchi and Guggino 1996, Nemere 1999). The regulation of vitamin D_3 metabolic pathways is illustrated in Figure 2.

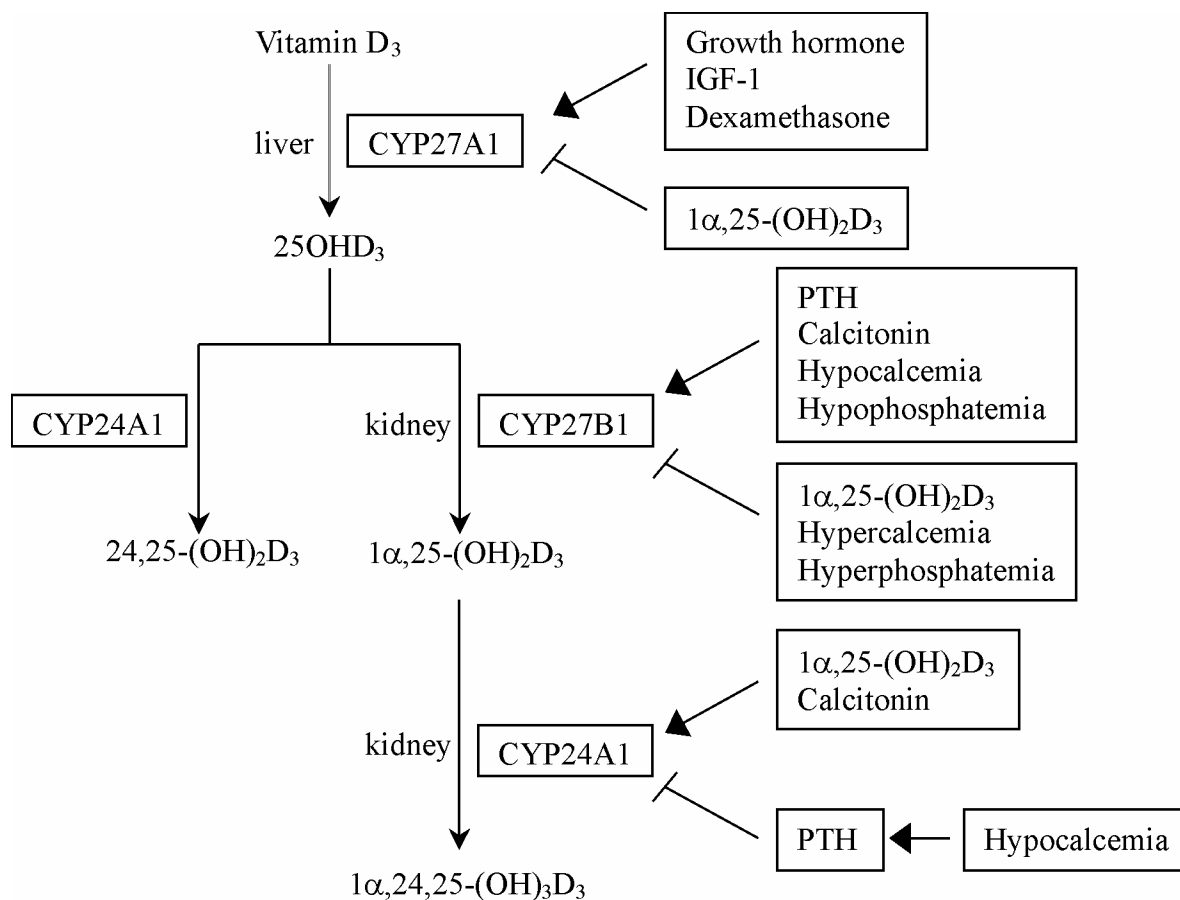


Figure 2. The regulation of vitamin D₃ metabolic pathways

1.2. Transport of vitamin D₃ metabolites

The bioavailability of vitamin D₃ metabolites is dependent on their rates of metabolism and catabolism, transport, cellular uptake, and intracellular trafficking. A serum protein called vitamin D binding protein (DBP, initially named group-specific component) plays a central role in the transportation of vitamin D metabolites and consequently regulates their storage, half-lives, and cellular uptake. DBP is predominantly expressed and secreted by the liver. DBP binds to 88% of serum 25OHD₃ with a high affinity (5×10^{-8} M) and to 85% of serum 1α,25-(OH)₂D₃ with a lower affinity (4×10^{-7} M) (White and Cooke 2000). DBP has a ligand-binding domain that is distinct from that of VDR (Mizwicki and Norman 2003). It is believed that vitamin D₃ metabolites with the higher affinity for DBP possess longer half-lives, slower clearance rate, and poorer access to target cells (Jones et al. 1998). Therefore, the binding affinity for DBP is one of the factors to be considered in the design of vitamin D₃ analogs. DBP also functions in receptor-mediated endocytosis, in which 25OHD₃-DBP complex is taken up in the proximal renal tubular cells by endocytic receptor megalin (Nykjaer et al. 1999). This process affects vitamin D renal metabolism and consequently, calcium homeostasis (Leheste et al. 2003). Once inside the target cells, how the vitamin D₃ metabolites reach mitochondria to bind their hydroxylases or nuclei to bind their receptors is not fully understood. Microtubule-based transport has been found to mediate the synthesis and nuclear activity of 1α,25-(OH)₂D₃ by regulating the intracellular trafficking of 25OHD₃ (Kamimura et al. 1995). A group of intracellular vitamin D binding

proteins (IDBPs) in New World primates has been identified (Gacad et al. 1997). IDBPs are highly homologous to human 70-kDa heat shock proteins and bind 25OHD₃ better than 1 α ,25-(OH)₂D₃ (Gacad and Adams 1998). It has been found that IDBPs increase VDR-mediated transactivation (Wu et al. 2000) and 1 α ,25-(OH)₂D₃ synthesis (Wu et al. 2002) by controlling intracellular localization of vitamin D metabolites.

1.3. Mechanisms of vitamin D₃ actions

1.3.1. Nuclear receptor and genomic actions

1.3.1.1. VDR

Most of the biological activities of vitamin D₃ metabolites are mediated by a nuclear protein, VDR, which was discovered over 30 years ago (Haussler et al. 1968). VDR was first cloned from chicken (McDonnell et al. 1987), followed by cloning from human, rat, and mouse (Baker et al. 1988, Burmester et al. 1988, Kamei et al. 1995). VDR is a ligand-activated transcription factor belonging to the nuclear receptor superfamily that includes receptors for estrogen, androgen, glucocorticoids, progesterone, thyroid hormone, and retinoids (Evans 1988). VDR exhibits the greatest similarity to the retinoic acid receptor (RAR) and thyroid hormone receptor (TR) (Jones et al. 1998). Like the other nuclear receptors, VDR has an A/B domain, a DNA-binding domain (DBD, C-domain), a hinge domain (D-domain), and a ligand-binding domain (LBD, E-domain) (DeLuca 2004, Lin and White 2004). The major steps of VDR action in regulating gene transcription include ligand binding to LBD, heterodimerization with the retinoid X receptor (RXR), DNA binding to the heterodimer VDR-RXR, and cofactor binding to LBD.

Unlike other nuclear receptors [estrogen receptor (ER), RXR and RAR, etc.], which contain a ligand-independent activating function-1 (AF-1) domain in their A/B domain, VDR lacks AF-1 domain in its A/B domain (Issa et al. 1998). DBD is the most conserved domain throughout the nuclear receptor family. The DBD of VDR recognizes specific DNA sequences through two zinc finger motifs that form two α -helices. The specific DNA sequences called VDREs are usually found in the promoter regions of target genes. It is known that the 5'-half-site of the VDRE binds RXR and the 3'-half-site of the VDRE binds VDR (DeLuca 2004). Some of the vitamin D-regulated genes are summarized in Table 1. As mentioned in Section 1.1.4, 24-hydroxylase is the most powerfully up-regulated gene.

Table 1. Vitamin D regulated genes (* containing VDRE; # containing a synthetic vitamin D analog responsive element; § no identified VDRE)

Category	Up-regulated	Down-regulated
Mineral and bone-related genes	Osteocalcin * (Kerner et al. 1989, Morrison et al. 1989)	Type I collagen * (Pavlin et al. 1994)
	Osteopontin * (Noda et al. 1990)	PTH * (Demay et al. 1992)
	Calbindin D _{9k} * (Darwish and DeLuca 1992)	PTH-related peptide * (Falzon 1996)
	Calbindin D _{28k} * (Gill and Christakos 1993)	Bone sialoprotein * (Li and Sodek 1993)
	RANKL * (Kitazawa and Kitazawa 2002, Kitazawa et al. 2003)	
	Carbonic anhydrase II * (Quelo et al. 1998)	
	Type II Na ⁺ -dependent Pi transporter * (Taketani et al. 1998)	
	Na ⁺ -sulfate cotransporter Nas1 * (Dawson and Markovich 2002)	
	TRPV5 § (Hoenderop et al. 2001)	
	TRPV6 § (Nijenhuis et al. 2003)	
Metabolism-related genes	CYP24A1 * (Chen and DeLuca 1995)	CYP27B1 * (Murayama et al. 1998)
	CYP3A4 * (Makishima et al. 2002)	CYP27A1 § (Axen et al. 1995)
	CYP3A1 * (Makishima et al. 2002)	
	CYP3A11 * (Makishima et al. 2002)	
	17β-hydroxysteroid dehydrogenase (hsd17b2) * (Wang et al. 2005)	
Cytokine and growth factor-related genes	IGFBP-3 * (Peng et al. 2004)	RelB * (Dong et al. 2003)
	PDGF-A * (Pedigo et al. 2003)	EGFR * (McGaffin et al. 2004)
	Insulin receptor * (Maestro et al. 2003)	IL-2 § (Manolagas et al. 1985)
	TGF-β2 * (Wu et al. 1999)	IFN-γ § (Cippitelli and Santoni 1998)
	TNFα * (Hakim and Bar-Shavit 2003)	IL-12 § (D'Ambrosio et al. 1998)

	IGFBP-5 § (Schmid et al. 1996)	
	TNF receptor 1 § (Mathiasen et al. 2001)	
	TGF-β1 § (Koli and Keski-Oja 1995)	
Cell cycle-related genes	p21 ^{waf1} * (Liu et al. 1996a)	c-myc # (Okano et al. 1999)
	Cyclin C * (Sinkkonen et al. 2005)	
	p27 ^{kip1} § (Wang et al. 1996)	
Apoptosis-related genes	Cathepsin B § (Simboli-Campbell et al. 1996)	Bcl-2 § (James et al. 1998)
	Clusterin § (Simboli-Campbell et al. 1996)	
	Bak § (Diaz et al. 2000a)	
Differentiation-related genes	Involucrin * (Bikle et al. 2002)	
	Phospholipase C-γ1 * (Xie and Bikle 1997)	
	Calcium sensing receptor § (Chakrabarty et al. 2005)	
Cell adhesion-related genes	β3 integrin * (Cao et al. 1993)	
	Fibronectin * (Polly et al. 1996)	
	E-cadherin § (Campbell et al. 1997)	
Other genes	Multidrug resistance-associated protein-3 * (McCarthy et al. 2005)	
	PPARδ * (Dunlop et al. 2005)	

The DBD is also responsible for the nuclear localization (Hsieh et al. 1998). The hinge domain of VDR confers flexibility to the protein in structural conformation upon ligand activation. Deletion of a few amino acids from the hinge region reduces the transcriptional activation of VDR *in vivo* (Shaffer et al. 2005). The LBD is a multifunctional domain and varies between nuclear receptors. The functions of the LBD in VDR involve binding of ligands, heterodimerization with RXR and binding of cofactors. 1α,25-(OH)₂D₃ has the greatest binding affinity to VDR (K_d = 90-300 pM for rat VDR) (Walters 1992). 25OHD₃ binds to human VDR approximately 50 times less (Bouillon et al. 1995) and to chicken VDR 150-667 times less effectively (Brumbaugh and Haussler 1974, Bouillon et al. 1995). The study of the ligand binding pocket has led to development of synthetic 1α,25-(OH)₂D₃ analogues. Ligand binding to VDR results in heterodimerization with RXR. The dimerization interfaces have been found in the DBD and LBD domains (Issa et al. 1998, Brown et al. 1999). The DBD of VDR does not dimerize with the DBD of RXR in the absence of VDRE (Rastinejad 2001), but the dimerization of LBDs, in some cases, is DNA-independent (Khorasanizadeh and Rastinejad 2001). Ligand binding to VDR also causes the conformational change at the C-terminus of the protein, a ligand-dependent activating function-2 (AF-2) domain, which then recruits transcription factors, termed

coregulators. Nuclear receptor coregulators are coactivators and corepressors. Coregulators contribute to histone modifications, chromatin remodeling, recruitment of RNA polymerase and accessory factors, and receptor localization (McKenna et al. 1999, McKenna and O'Malley 2002). The known coactivators involved in VDR action are such as the transcription factor IIB (TFIIB), the VDR-interacting protein (DRIP), the vitamin D coactivator NCoA-62, steroid receptor coactivator (SRC-1), transcriptional intermediary factor 1 (TIF1), and the cyclic AMP response element-binding protein CBP/p300 (Rachez and Freedman 2000). The corepressors known to be involved in VDR action are nuclear receptor corepressor-1 (NCoR-1) (Tagami et al. 1998), NCoR-2 (Tagami et al. 1998), the silencing mediator of retinoic acid and thyroid hormone receptor (Li et al. 1997a), Alien (Polly et al. 2000), and hairless (Hsieh et al. 2003).

Activation of nuclear receptors normally requires ligand binding. It has been shown that some nuclear receptors can act ligand-independently. In the absence of ligands, phosphorylation may activate VDR-mediated transcription (Matkovits and Christakos 1995b). In the presence of the transcription factor Ets-1, VDR ligand-independently stimulates the prolactin promoter (Tolon et al. 2000). Alopecia has been observed in VDR knockout mice (Li et al. 1997b, Yoshizawa et al. 1997) and some kindreds with vitamin D-dependent rickets type II (Tsuchiya et al. 1980, Chen et al. 1984), but not in 1 α -hydroxylase knockout mice (Dardenne et al. 2001, Panda et al. 2001), kindreds with vitamin D-dependent rickets type I, nor in patients with dietary vitamin D deficiency. Normalization of mineral homeostasis cannot prevent alopecia (Li et al. 1998). All these data strongly suggest that normal hair growth requires VDR, regardless of vitamin D₃ status. Recent investigation revealed that the maintenance of hair follicle homeostasis by VDR does not require ligand-dependent transactivation, but rather is mediated by VDR in a ligand-independent way (Chen et al. 2001, Skoriya et al. 2005).

1.3.1.2. Regulation of nuclear action of VDR

The nuclear action of VDR may be influenced by availability of ligands, VDR, RXR, coregulators, and VDRE.

Firstly, the availability of ligands is affected by their metabolism, catabolism, and bioavailability.

Secondly, the status of VDR may vary due to the regulation of its expression, phosphorylation, nuclear localization, occupancy with other proteins and possibly polymorphisms. (I) VDR is widely expressed in various tissues. N-terminal variants of human VDR proteins, generated by tissue-specific promoters, have been described (Crofts et al. 1998, Sunn et al. 2001). These variants could contribute to the differential responsiveness to ligands in various tissues and cells. The expression of VDR can be regulated by its cognate ligands (Christakos et al. 1996), retinoic acid (Chen and Feldman 1985), activation of protein kinase A (PKA) (Krishnan and Feldman 1992) and protein kinase C (PKC) (Krishnan and Feldman 1991), PTH (Krishnan et al. 1995), DHT (Ahonen et al. 2000b), estrogens (Liel et al. 1992), and glucocorticoid (Chen et al. 1983). The analysis of human VDR gene shows a retinoic acid response site in the exon 1C and no VDRE (Miyamoto et al. 1997). Homologous up-regulation of VDR is tissue specific (Gensure et al. 1998) and, instead of appearing at the transcriptional level (Wiese et al. 1992); it is, rather, the result of blocking ubiquitin/proteasome-mediated degradation (Li et al. 1999a). (II) PKA, PKC, and casein kinase II are able to phosphorylate VDR (Brown et al. 1999). It has been shown that the ligand binding increases phosphorylation of VDR (Brown and DeLuca 1990).

Phosphorylation of VDR can either enhance (Barletta et al. 2002) or suppress (Hsieh et al. 2004) the VDR-mediated transcription. (III) RXR promotes nuclear accumulation of unliganded VDR, which correlates with an increase in basal transcriptional activity (Prufer et al. 2000). (IV) It has recently been discovered that direct protein-protein interactions between activated Stat1 and the DBD of VDR impair VDR-RXR binding to human 24-hydroxylase VDRE (Vidal et al. 2002). This mechanism delineates how interferon γ antagonizes the $1\alpha,25\text{-(OH)}_2\text{D}_3$ -VDR transcriptional activation of 24-hydroxylase (Dusso et al. 1997). (V) The VDR polymorphisms have been suggested to be associated with bone-related features (Morrison et al. 1992, Morrison et al. 1994, Suarez et al. 1997, Carling et al. 1998, Tao et al. 1998, Uitterlinden et al. 2001). However, other studies do not support this relationship (Hustmyer et al. 1994, Lim et al. 1995, Garnero et al. 1996, Houston et al. 1996, Ensrud et al. 1999).

Thirdly, the status of RXR may vary due to its cognate ligand binding, its phosphorylation and occupancy with other receptor partners (RXR, RAR, TR, or PPAR, etc.). The liganded RXR may decrease (MacDonald et al. 1993) or increase (Giguere 1994) the action of VDR. Phosphorylation of RXR α can decrease $1\alpha,25\text{-(OH)}_2\text{D}_3$ -dependent activity (Solomon et al. 1999). Transcriptional interference between actions of VDR and other nuclear receptors may occur due to competition for RXR (Giguere 1994, Raval-Pandya et al. 1998).

Fourthly, coregulators may be affected by their tissue specificity, occupancy with other nuclear receptors or regulators and perhaps by signal transduction pathways. TFIIB cell-type specifically regulates $1\alpha,25\text{-(OH)}_2\text{D}_3$ -dependent transcription (Blanco et al. 1995). Competition between VDR and other nuclear receptors for the common coactivators could reduce the transcriptional activity of VDR as seen in the transcriptional interference between progesterone receptor and estrogen receptor (Meyer et al. 1989). In addition, a ubiquitous regulator Ying-Yang 1 (YY1) may also sequester TFIIB/CBP (Usheva and Shenk 1994, Guo et al. 1997, Raval-Pandya et al. 2001). SRC-1 is phosphorylated through mitogen-activated protein kinase (MAPK), which in turn regulates progesterone receptor-mediated activation (Rowan et al. 2000a, Rowan et al. 2000b). Activation of MAPK pathway may also influence VDR-mediated activation (Barletta et al. 2004). Phosphorylation has been reported to enhance VDR-mediated transcription by increasing interaction between VDR and DRIP205 (Barletta et al. 2002).

Fifthly, VDR action may be suppressed through competition for VDRE with a ubiquitous regulator YY1 (Guo et al. 1997) or by the VDRE-binding protein in New World primates (Chen et al. 2000a) and heterogeneous nuclear ribonucleoprotein in humans (Chen et al. 2003b).

1.3.2. Membrane receptor and non-genomic actions

In addition to the $1\alpha,25\text{-(OH)}_2\text{D}_3$ -mediated genomic actions of nuclear VDR, $1\alpha,25\text{-(OH)}_2\text{D}_3$ also produces rapid biological responses involving activation of protein kinases and regulation of ion channels (Norman et al. 2002, Fleet 2004). There is some evidence supporting this concept. First, a putative membrane VDR has been found in basal-lateral membranes of chick intestinal epithelium (Nemere et al. 1994), rat costochondral resting zone and growth zone cartilage cells (Nemere et al. 1998) and human tooth and bone (Mesbah et al. 2002). The $1\alpha,25\text{-(OH)}_2\text{D}_3$ membrane-associated, rapid-response sterol-binding ($1\alpha,25\text{-(OH)}_2\text{D}_3$ -MARRS) protein has been found to be involved in phosphate transport in the chick duodenum and it is identical to the multifunctional protein endoplasmic reticulum protein ERp57 (Nemere et al. 2004). In addition,

non-genomic action of $1\alpha,25\text{-(OH)}_2\text{D}_3$ was found in nuclear VDR-knockout mice (Boyan et al. 2003, Wali et al. 2003). Some vitamin D analogs produce non-genomic action without having genomic effects because of the poor ability to bind to nuclear VDR (Norman et al. 1993, Dormanen et al. 1994). Second, the classical VDR has been shown to be associated with caveolae-enriched plasma membranes (Huhtakangas et al. 2004). Studies have shown that nuclear VDR had a role in non-genomic action (Nguyen et al. 2004, Zanello and Norman 2004).

2. BIOLOGICAL ACTIONS OF VITAMIN D₃

2.1. $1\alpha,25\text{-Dihydroxyvitamin D}_3\text{-mediated endocrine system}$

$1\alpha,25\text{-(OH)}_2\text{D}_3$ plays a major role in modulating calcium homeostasis, bone development, and mineralization. There are three main actions of $1\alpha,25\text{-(OH)}_2\text{D}_3$ involved in calcium homeostasis. First, interaction of $1\alpha,25\text{-(OH)}_2\text{D}_3$ with VDR increases intestinal calcium absorption by stimulating three types of proteins (Van Cromphaut et al. 2001): (1) two calcium channel proteins, transient receptor potential cation channel 5 (TRPV5, former name epithelial calcium channel 1) (Muller et al. 2000), and TRPV6 (former names calcium channel CaT1 and epithelial calcium channel 2) (Peng et al. 2000); (2) an intracellular calcium transfer protein, calcium binding protein (calbindin D_{9k}) (Howard et al. 1992, Jeung et al. 1992); (3) a calcium extrusion protein, plasma membrane calcium ATPase 1 isoform 1b (PMCA_{1b}) (Verma et al. 1988, Kutuzova and Deluca 2004). Second, $1\alpha,25\text{-(OH)}_2\text{D}_3$ increases calcium reabsorption in the distal renal tubule by stimulating TRPV5 (Hoenderop et al. 2001), TRPV6 (Nijenhuis et al. 2003), and calbindin D_{28K} (Van Baal et al. 1996). Third, in the absence of intestinal calcium absorption, $1\alpha,25\text{-(OH)}_2\text{D}_3$ maintains serum calcium level by stimulating osteoblasts to produce receptor activator of nuclear factor- κ B ligand (RANKL, other names tumor necrosis factor ligand 11, osteoprotegerin ligand, and osteoclast differentiation factor) (Palmqvist et al. 2002, Bergh et al. 2004), leading to osteoclastogenesis and bone resorption (Hofbauer and Heufelder 2001). The latter two actions are accompanied by PTH action. Calcium-sensing receptor in the parathyroid gland senses serum calcium concentration. When serum calcium concentration is low, the calcium-sensing receptor stimulates PTH secretion, which further, increases calcium reabsorption and 1α -hydroxylase activity in the kidney as well as induces calcium release from the bone matrix (DeLuca 2004, Hoenderop et al. 2005). $1\alpha,25\text{-(OH)}_2\text{D}_3$ suppresses the synthesis of PTH and parathyroid cell growth (Cantley et al. 1985, Szabo et al. 1989). Both VDR- and 1α -hydroxylase-knockout mice develop hypocalcemia after weaning (Li et al. 1997b, Yoshizawa et al. 1997, Dardenne et al. 2001, Panda et al. 2001), emphasizing the important role of the $1\alpha,25\text{-(OH)}_2\text{D}_3\text{/VDR}$ system in calcium homeostasis.

The action of $1\alpha,25\text{-(OH)}_2\text{D}_3$ in bone growth and mineralization is related to intestinal absorption of calcium and regulation of bone cell differentiation and function. Both VDR- and 1α -hydroxylase-knockout mice exhibit severely impaired bone formation (Li et al. 1997b, Yoshizawa et al. 1997, Dardenne et al. 2001, Panda et al. 2001) as seen in human vitamin D-dependent rickets type II and I. It has recently been ascertained that bone mineralization is directly regulated by serum calcium whereas bone formation and remodeling are regulated by $1\alpha,25\text{-(OH)}_2\text{D}_3\text{/VDR}$ system (Panda et al. 2004). Some biomarkers of bone formation, such as osteocalcin (Kerner et al. 1989) and alkaline phosphatase (Kyeyune-Nyombi et al. 1991) are induced by $1\alpha,25\text{-(OH)}_2\text{D}_3$. Some biomarkers of bone resorption may also be regulated. For

example, osteopontin (bone sialoprotein I) (Noda et al. 1990) is up-regulated and type I collagen (Harrison et al. 1989) is down-regulated by $1\alpha,25\text{-(OH)}_2\text{D}_3$.

In addition to the crucial role of $1\alpha,25\text{-(OH)}_2\text{D}_3$ in calcium homeostasis and bone growth, it has many other roles. It increases calcium uptake in myoblast cultures (Giuliani and Boland 1984) and cardiac muscle cells (Walters et al. 1987) at physiological concentrations. It regulates skin cell growth and differentiation (Gniadecki 1997, Gurlek et al. 2002) as well as the function of the immune system (Bhalla et al. 1984, Penna and Adorini 2000, Canning et al. 2001, Griffin et al. 2001) at physiological or pharmacological concentrations. At pharmacological concentrations it increases insulin synthesis and secretion (Bourlon et al. 1999) and regulates proliferation and differentiation of various cancer cells (Mehta and Mehta 2002, Lin and White 2004).

2.2. $1\alpha,25\text{-Dihydroxyvitamin D}_3\text{-mediated autocrine/paracrine system}$

Since the discovery of extra-renal 1α -hydroxylase, $1\alpha,25\text{-(OH)}_2\text{D}_3$ -mediated autocrine/paracrine system has been proposed. It is believed that the extra-renal $1\alpha,25\text{-(OH)}_2\text{D}_3$ production acts as an antiproliferative or immunomodulatory steroid in the producing cells or the cells nearby and does not affect the systemic calcium balance. For example, in antigen presenting cells such as macrophages (Kretz et al. 1993) and dendritic cells (Fritsche et al. 2003, Hewison et al. 2003), terminal differentiation increases 1α -hydroxylase expression and $1\alpha,25\text{-(OH)}_2\text{D}_3$ production, which thereafter, suppresses the differentiation and antigen-presentation capabilities of the precursor cells in a paracrine pathway. Meanwhile, terminal differentiation decreases VDR expression in the mature cells, which leads to the decrease in $1\alpha,25\text{-(OH)}_2\text{D}_3$ -responsiveness. 1α -Hydroxylase expression in the parathyroid gland (Segersten et al. 2002), placenta and deciduas (Zehnder et al. 2002b), endothelial cells (Zehnder et al. 2002a), prostate epithelial cells (Barreto et al. 2000), and colon (Tangpricha et al. 2001) implies that local $1\alpha,25\text{-(OH)}_2\text{D}_3$ production may influence the proliferation and differentiation or immune function of those cells. Non-systemic effect of the locally produced $1\alpha,25\text{-(OH)}_2\text{D}_3$ depends largely on the autocrine induction of 24-hydroxylase (Hewison et al. 2004).

3. VITAMIN D_3 AND CANCERS

3.1. Vitamin D_3 action in cancers

$1\alpha,25\text{-(OH)}_2\text{D}_3$ has potent antiproliferative, prodifferentiative, immunomodulatory, and apoptotic activities (Colston and Hansen 2002, Mehta and Mehta 2002, Ylikomi et al. 2002, Lamprecht and Lipkin 2003, Bikle 2004, Nagpal et al. 2005). $1\alpha,25\text{-(OH)}_2\text{D}_3$ and its analogs induce G1 growth arrest accompanied by either increased expression of cyclin-dependent kinase inhibitors $p21^{\text{waf1}}$ and $p27^{\text{kip1}}$, transforming growth factor- $\beta 1$ (TGF $\beta 1$), and insulin-like growth factor binding protein-3 (IGFBP-3) or decreased expression of c-myc and phosphorylation of retinoblastoma protein in many types of cancer cells, such as prostate (Campbell et al. 1997, Zhuang and Burnstein 1998, Yang and Burnstein 2003), breast (Verlinden et al. 1998, Jensen et al. 2001), colon (Scaglione-Sewell et al. 2000), ovarian (Li et al. 2004), leukemia (Wang et al. 1996, Muto et al. 1999), and myeloma (Puthier et al. 1996). However, unlike in other tumors, $1\alpha,25\text{-(OH)}_2\text{D}_3$ decreases $p21^{\text{waf1}}$ expression in squamous cell carcinoma (Hershberger et al. 1999), which may reflect the differentiating effect of $1\alpha,25\text{-(OH)}_2\text{D}_3$ because $p21^{\text{waf1}}$ has inhibitory function in differentiation of keratinocytes (Di Cunto et al. 1998).

$1\alpha,25\text{-(OH)}_2\text{D}_3$ or its analog induces cell differentiation by increasing E-cadherin (Palmer et al. 2001) and calcium sensing receptor (Chakrabarty et al. 2005) in colon cancer cells, involucrin (Gniadecki 1997) and phospholipase C- γ 1 (Xie and Bikle 2001) in keratinocytes as well as prostate specific antigen (PSA) (Skowronski et al. 1993) and E-cadherin (Campbell et al. 1997) in prostate cancer cells.

$1\alpha,25\text{-(OH)}_2\text{D}_3$ and its analogs up-regulate apoptotic markers cathepsin B and clusterin in breast cancer cells (Simboli-Campbell et al. 1996) and a proapoptotic protein Bak in colorectal carcinoma cells (Diaz et al. 2000a) and down-regulate an antiapoptotic protein Bcl-2 in breast cancer cells (James et al. 1998), prostate cancer cells (Crescioli et al. 2002, Guzey et al. 2002), and leukemia cells (Pepper et al. 2003).

$1\alpha,25\text{-(OH)}_2\text{D}_3$ may also modulate the immune function (Lemire 1997, Lemire 2000). The nuclear factor- κ B protein RelB (Dong et al. 2003), interleukin-2 (Bemiss et al. 2002), interleukin-12 (Lyakh et al. 2005), interferon- γ (Cippitelli and Santoni 1998), and tumor necrosis factor receptor 1 (Mathiasen et al. 2001) are targets of $1\alpha,25\text{-(OH)}_2\text{D}_3$ in the immune system. Despite the potent anticancer activities, $1\alpha,25\text{-(OH)}_2\text{D}_3$ has not been used in cancer prevention or treatment mainly because it causes severe hypercalcemia at the concentration that is effective in preventing experimental carcinogenesis or inhibiting cancer growth in experimental models.

3.2. Prostate cancer

3.2.1. Prostate cancer epidemiology

Prostate cancer is the third most common cancer in men, the most common cancer in Western countries, and the second most fatal cancer in American men (Chen and Holick 2003, Gronberg 2003). The cause of prostate cancer seems to be related to ethnic origin, age, family history, diet, environment, and hormones (Gronberg 2003, Bostwick et al. 2004). Three independent cohort studies showed a strong association between high serum levels of insulin-like growth factor-I and increased prostate cancer risk (Chan et al. 1998, Harman et al. 2000, Stattin et al. 2000). High level of circulating testosterone is not associated with increased prostate cancer risk (Hsing and Comstock 1993, Chen et al. 2003a, Stattin et al. 2004) and by contrast, both testosterone and DHT levels are lower in men with prostate cancer, especially, with more advanced tumors (Gustafsson et al. 1996, Hoffman et al. 2000). The initial hypothesis that vitamin D deficiency may be a risk factor for prostate was raised by Schwartz and Hulka (1990). Later some epidemiological studies showed a negative correlation between prostate cancer mortality and UV radiation exposure (Hanchette and Schwartz 1992, Luscombe et al. 2001, Freedman et al. 2002, Grant 2002) and further, an association between low levels of serum 25OHD_3 and a higher risk of prostate cancer (Corder et al. 1993, Ahonen et al. 2000a). These data may offer an explanation for the increased risk of African American men and aged men to develop prostate cancer as a result of decreased synthesis of vitamin D_3 . However, some studies showed no association between serum vitamin D_3 metabolites and prostate cancer (Braun et al. 1995, Gann et al. 1996, Nomura et al. 1998). A recent report showed that both low and high levels of serum 25OHD_3 are associated with a higher risk of prostate cancer (Tuohimaa et al. 2004), which may be due to vitamin D_3 deficiency and resistance.

3.2.2. Sex steroid hormones in prostate development and carcinogenesis

The normal prostate consists of epithelial glands and fibromuscular stroma and the glands are well organized. In the prostate epithelium, there are three types of cells, secretory luminal cells, which are androgen-dependent and secrete PSA, basal cells, and neuroendocrine cells. In the prostate stroma, there are fibroblasts, smooth muscle cells, endothelial cells, nerves, dendritic cells, and lymphocytes. Because prostate carcinoma is derived from the epithelium, the cancer epithelial cells have been most studied. It is known that both epithelial and mesenchymal components are required for prostate differentiation and that androgens act first on the mesenchyme, and then on the epithelium to form the prostate (Abate-Shen and Shen 2000). Additionally, the prostate stroma plays an important role in carcinogenesis and aberrant interaction between stroma and epithelium is thought to contribute to carcinoma progression (Tlsty and Hein 2001, Chung et al. 2003, Bhowmick et al. 2004, Mueller and Fusenig 2004). Studies have shown that carcinoma-associated fibroblasts do not form tumor but promote carcinogenesis of non-tumorigenic prostate epithelial cells (Grossfeld et al. 1998, Olumi et al. 1999, Cunha et al. 2002). Therefore, both stroma and epithelium should be considered in the treatment of prostate cancer.

The prostate is an androgen-dependent organ. The male sex hormone testosterone is converted by 5 α -reductase type II in the prostate, yielding 5 α -dihydrotestosterone (DHT), which has 5-fold higher affinity for the androgen receptor (AR) than does testosterone (Feldman and Feldman 2001). AR is normally associated with heat shock proteins in cytoplasm and is dissociated upon ligand binding, which is followed by receptor phosphorylation, conformational changes, dimerization, and binding of androgen-responsive elements (Ruijter et al. 1999). It has been recognized for centuries that castration prevents growth of the prostate (Machtens et al. 2000) and therefore, androgen ablation therapy (surgical castration, administration of androgen antagonists, or 5 α -reductase inhibitors) has been used in prostate cancer treatment. However, the tumor cells eventually become more advanced androgen-independent through several mechanisms, such as AR gene amplification and overexpression (Visakorpi et al. 1995, Koivisto et al. 1997, Linja et al. 2001). *In vitro* studies have shown that DHT has a biphasic effect on the growth of prostate cancer cells. It stimulates the growth of LNCaP cells at low concentrations (0.001 to 0.1 nM) and inhibits it at high concentrations (1 to 100 nM) (Sonnenschein et al. 1989, Henttu and Vihko 1992, Henttu et al. 1992, Lee et al. 1995, Zhao et al. 1997).

On the other hand, testosterone can be converted into estrogens by aromatase (Schweikert et al. 1976). Aromatase mRNA expression and/or enzyme activity were detected in the stroma of benign and malignant prostate tissues as well as in cancer cells, but not in nonmalignant prostate epithelial cells (Hiramatsu et al. 1997, Negri-Cesi et al. 1998, Negri-Cesi et al. 1999, Ellem et al. 2004). The two ER subtypes, ER α and β , have been found in the prostate (Royuela et al. 2001, Linja et al. 2003). The effects of estrogens in the prostate was earlier thought to be mainly in the prostate stromal compartment (Ekman 2000), because ER α was localized in prostate stroma. Later, ER β was found to be expressed in the prostate epithelial cells and it has antiproliferative effects on the prostate (Weihua et al. 2002). Exogenous estrogens inhibit prostate growth by indirect effects caused by suppression of pituitary gonadotropins and testicular testosterone output (Harkonen and Makela 2004). The direct effects of estrogens on the prostate have been investigated using organ cultures of rat or human prostate. High doses of estrogens were shown to be growth inhibitory in the organ culture of rat ventral prostate (Jarred et al. 2000). In the

organ cultures of human prostate and rat dorsal-lateral prostate, estrogens were found to stimulate DNA synthesis and induce squamous metaplasia (Nevalainen et al. 1991, Nevalainen et al. 1993).

It has been suggested that the development of prostate cancer depends on both androgenic and estrogenic responses and that neither hormone alone can induce malignant changes on the prostate (Risbridger et al. 2003). This hypothesis is supported by the studies performed in the hypogonadal mice and aromatase knockout mice. A direct proliferative response to estrogens has been found in the hypogonadal mice, which are deficient in gonadotrophins and androgens. However, there was no evidence of malignant changes in the prostate of the hypogonadal mice (Bianco et al. 2002). The aromatase knockout mice had no estrogen production, but very high androgen concentration (McPherson et al. 2001). Those mice developed benign prostatic hyperplasia. However, no malignant changes were detected in the prostate of the aromatase knockout mice (McPherson et al. 2001).

3.2.3. Retinoic acid in prostate cancer

Retinoic acid is a derivative of vitamin A. ATRA is the main signaling retinoid in the body and exerts its action by binding to RAR α , β , and γ . RAR α and γ are expressed in both normal and malignant prostate tissues whereas the expression of RAR β is significantly reduced in malignant prostates (Kikugawa et al. 2000, Lotan et al. 2000). RAR β , as a tumor suppressor gene in lung and breast cancers (Houle et al. 1993, Sirchia et al. 2002), has been found to be hypermethylated in prostate cancer (Nakayama et al. 2001, Jeronimo et al. 2004). Both inhibitory and stimulatory effects of ATRA on prostate cell growth have been demonstrated (Fong et al. 1993, Peehl et al. 1993, Jones et al. 1997). Interestingly, some antagonists of RARs have been found to inhibit the growth of prostate cancer cells (Hammond et al. 2001, Keedwell et al. 2004). ATRA was found to induce differentiation of prostate epithelial cells, as measured by PSA secretion (Fong et al. 1993, Esquenet et al. 1996) and by the expression of cytokeratins 8 and 18 (Peehl et al. 1994). ATRA may promote apoptosis of prostate cancer cells (Huss et al. 2004) and potentiate Taxotere-induced cell death in prostate cancer (Wang and Wieder 2004). ATRA also has antimetastatic activity (Nwankwo 2002). ATRA, like $1\alpha,25\text{-(OH)}_2\text{D}_3$, also increases the expression of IGFBP-3 in LNCaP cells (Goossens et al. 1999). However, several clinical trials have shown that the antitumor effect of ATRA in patients with prostate cancer was modest or minimal (Culine et al. 1999, Kelly et al. 2000).

3.3. Vitamin D₃ and its metabolism in prostate cancer

3.3.1. Vitamin D₃ in prostate cancer

VDR is expressed in prostate cancer cells, such as LNCaP, PC3, and DU145 (Miller et al. 1992, Skowronski et al. 1993) as well as in primary stromal and epithelial cells derived from normal and malignant prostate tissues (Skowronski et al. 1995). It is clear that VDR is required in the antiproliferative action of $1\alpha,25\text{-(OH)}_2\text{D}_3$ (Hedlund et al. 1996a, Hedlund et al. 1996b), but VDR abundance does not correlate with differential antiproliferative activities of $1\alpha,25\text{-(OH)}_2\text{D}_3$ in various cancer cells (Zhuang et al. 1997). $1\alpha,25\text{-(OH)}_2\text{D}_3$ acts as an anticancer agent through different pathways in different prostate cell types. In androgen-sensitive prostate cancer cells LNCaP, $1\alpha,25\text{-(OH)}_2\text{D}_3$ inhibits cell proliferation (Skowronski et al. 1993, Skowronski et al. 1995), induces the secretion of PSA (Skowronski et al. 1993, Skowronski et al. 1995), and down-regulates the expression of proliferating cell nuclear antigen (Hsieh et al. 1996). It is

known that the antiproliferative effect of $1\alpha,25\text{-(OH)}_2\text{D}_3$ in LNCaP cells involves G1 growth arrest (Zhuang and Burnstein 1998), hypophosphorylation of retinoblastoma protein (Zhuang and Burnstein 1998), induction of IGFBP-3 and p21^{waf1} (Boyle et al. 2001), stabilization of p27^{kip1}, and cyclin-dependent kinase 2 mislocalization (Yang and Burnstein 2003). $1\alpha,25\text{-(OH)}_2\text{D}_3$ also causes apoptosis in LNCaP cells (Hsieh and Wu 1997), accompanied by down-regulation of Bcl-2 (Blutt et al. 2000a). The action of $1\alpha,25\text{-(OH)}_2\text{D}_3$ is androgen-dependent in LNCaP cells (Zhao et al. 1997) and CWR22R cells (Bao et al. 2004) and is androgen-independent in MDA cells (Zhao et al. 2000). $1\alpha,25\text{-(OH)}_2\text{D}_3$ inhibits PC3 cell growth through induction of both TGF β and IGFBP-3 production, and the TGF β pathway seems to be essential (Murthy and Weigel 2004). Unlike in LNCaP cells, G1 accumulation is not observed in PC3 cells after $1\alpha,25\text{-(OH)}_2\text{D}_3$ treatment (Zhuang and Burnstein 1998). Additionally, $1\alpha,25\text{-(OH)}_2\text{D}_3$ inhibits the invasiveness of DU145 cells (Schwartz et al. 1997) and decreases cell adhesion of PC3 and DU145 (Sung and Feldman 2000).

Studies in animals showed that $1\alpha,25\text{-(OH)}_2\text{D}_3$ and its analogs significantly reduced prostate tumor volume (Schwartz et al. 1995a), tumor growth (Blutt et al. 2000b, Oades et al. 2002), and metastasis (Getzenberg et al. 1997, Lokeshwar et al. 1999). A few clinical trials of $1\alpha,25\text{-(OH)}_2\text{D}_3$ have been conducted in prostate cancer patients whose PSA level was significantly decreased (Osborn et al. 1995, Gross et al. 1998). However, all *in vivo* studies show that $1\alpha,25\text{-(OH)}_2\text{D}_3$ causes severe hypercalcemia and/or hypercalciuria. Therefore, the clinical use of $1\alpha,25\text{-(OH)}_2\text{D}_3$ is limited and lesser calcemic analogs would be promising.

3.3.2. Vitamin D₃ metabolism in prostate cancer

24-Hydroxylase is ubiquitous in the body and is an important enzyme controlling the action of vitamin D₃ metabolites. It has been shown that $1\alpha,25\text{-(OH)}_2\text{D}_3$ can induce the expression of 24-hydroxylase in many prostate cancer cells (Skowronski et al. 1993, Miller et al. 1995, Skowronski et al. 1995). Cells expressing high basal or induced level of 24-hydroxylase may be vitamin D₃ resistant. For example, DU145 cells, expressing a high level of 24-hydroxylase, are not inhibited by $1\alpha,25\text{-(OH)}_2\text{D}_3$ unless in the presence of 24-hydroxylase enzyme inhibitor (Ly et al. 1999). The antiproliferative activity of $1\alpha,25\text{-(OH)}_2\text{D}_3$ seems to be related in inverse proportion to 24-hydroxylase expression (Miller et al. 1995). Ketoconazole, a 24-hydroxylase inhibitor, has been proposed for use in combination with $1\alpha,25\text{-(OH)}_2\text{D}_3$ in prostate cancer treatment (Peehl et al. 2001, Peehl et al. 2002). The chromosomal region where the 24-hydroxylase gene is located has been found to be amplified in prostate cancer (Wolter et al. 2002), which may cause overexpression of 24-hydroxylase and abrogate vitamin D₃-mediate growth control. 24-Hydroxylase should, therefore, be considered in the use of vitamin D in prostate cancer treatment.

The autocrine/paracrine role of $1\alpha,25\text{-(OH)}_2\text{D}_3$ in the prostate was evidenced by the finding of 1α -hydroxylase activity in prostate cells (Schwartz et al. 1998). PC3, DU145, and primary prostate epithelial cells possess 1α -hydroxylase activity and no measurable production of $1\alpha,25\text{-(OH)}_2\text{D}_3$ was detected in LNCaP cells (Schwartz et al. 1998). $25\text{OH}\text{D}_3$ inhibits the proliferation of 1α -hydroxylase-possessing cells, which was assumed to be due to the conversion of $25\text{OH}\text{D}_3$ to $1\alpha,25\text{-(OH)}_2\text{D}_3$ (Barreto et al. 2000). Moreover, the less 1α -hydroxylase activity the prostate

cancer cells possess, the less sensitive they are to 25OHD₃ (Hsu et al. 2001). Accordingly, 25OHD₃ and its analogs have been evaluated as therapeutic agents for prostate cancer (Chen et al. 2000b, Swamy et al. 2004). Because of the less calcemic property, 25OHD₃ and its analogs would be better anticancer agents than 1 α ,25-(OH)₂D₃. The regulation of prostate 1 α -hydroxylase is different from that of renal 1 α -hydroxylase. 1 α ,25-(OH)₂D₃, but not PTH or calcium, suppresses 1 α -hydroxylase gene-promoter and enzyme activity in prostate epithelial cells (Young et al. 2004). It is possible that the activation of 25OHD₃ by 1 α -hydroxylase in the prostate may contribute to the antiproliferative activity of 25OHD₃, but 25OHD₃ itself may also have an effect on cell proliferation.

AIMS OF THE PRESENT STUDY

The aims of the present study were:

1. To study the expression and 25OHD₃- and 1 α ,25-(OH)₂D₃-mediated regulation of two key enzymes involved in vitamin D₃ metabolism, namely 1 α -hydroxylase and 24-hydroxylase, in prostate stromal and epithelial cells (I, II, III, IV)
2. To study the role of DHT in the transcriptional and antiproliferative activities of 25OHD₃ and 1 α ,25-(OH)₂D₃ in prostate cancer epithelial cells (II, IV)
3. To study the combined effect of ATRA and vitamin D₃ metabolites on 24-hydroxylase expression in prostate stromal and epithelial cells (III)
4. To evaluate the hormonal role of 25OHD₃ in prostate stromal and cancer cells (I, IV)

MATERIALS AND METHODS

1. MATERIALS (I, II, III, IV)

25OHD₃ and 1 α ,25-(OH)₂D₃ were generously donated by Leo Pharmaceuticals (Ballerup, Denmark). VID400, an inhibitor of 24-hydroxylase, and SDZ88-357, an inhibitor of 1 α -hydroxylase, were kindly provided by Dr. Anton Stuetz (Novartis Research Institute, Vienna, Austria). LE135 and Am80 were kindly provided by Dr. Hiroyuki Kagechika (School of Biomedical Science, Tokyo Medical and Dental University, Tokyo, Japan) and BMS453 by Dr. Hinrich Gronemeyer (IGBMC, Department of Cell Biology and Signal Transduction, Illkirch, France). DHT was obtained from Merck (Darmstadt, Germany), Casodex from AstraZeneca (London, UK), and hydroxyflutamide from Schering-Plough Avondale (Rathdrum, Co. Wicklow, Ireland). All-trans-retinoic acid (ATRA) was obtained from ICN Biomedicals (Eschwege, Germany). Cycloheximide was purchased from Sigma (St. Louis, MO), TRIzol Reagent from Gibco BRL (Life Technologies, Grand Island, New York), and Lipofectamine™ 2000 from Invitrogen (Paisley, UK). RPMI-1640 and DMEM-F12 media were purchased from Sigma-Aldrich (Steinheim, Germany), FBS and penicillin-streptomycin from Gibco BRL (Groningen, The Netherlands), Amphotericin B and insulin from Sigma-Aldrich (St. Louis, MO, USA), BSA from Roche (Mannheim, Germany), and prostate epithelial cell growth medium from Cambrex (Walkersville, MD, USA). The expression vector pARL was kind gift from Dr. Albert O. Brinkmann (Department of Reproduction & Development, University Medical Center Rotterdam, The Netherlands) and pSG5-hRAR β from Dr. Hinrich Gronemeyer, (IGBMC, Department of Cell Biology and Signal Transduction, Illkirch, France).

2. CELL AND PRIMARY CULTURES (I, II, III, IV)

2.1. Cell cultures

Human prostate cancer cells LNCaP clone FGC, PC3, and DU145 were purchased from the American Type Culture Collection. Cells were routinely maintained in 75 cm² flasks with phenol red-free RPMI-1640 medium, supplemented with 10 % FBS, 100 units/ml penicillin and 100 μ g/ml streptomycin at 37°C in a humidified atmosphere of 5 % CO₂ in air. To deplete endogenous steroids, the medium was changed to one containing 10 % DCC-FBS two to three days before starting the experiments.

2.2. Primary epithelial culture

The primary culture of normal human prostate epithelial cells PrEC was obtained from Cambrex (Walkersville, MD, USA). According to the manufacture's instructions, PrEC cells were cultured in prostate epithelial cell growth medium containing bovine pituitary extract, hydrocortisone, recombinant human epidermal growth factor, bovine insulin, epinephrine, triiodothyronine, transferrin, and gentamicin sulfate amphotericin-B (Cambrex, Walkersville, MD, USA). 1 % BSA was used in treatments of PrEC cells due to the lack of serum in the culture medium. The cells used in the experiments were from passage 6.

2.3. Primary stromal cultures

2.3.1. Tissues

Two primary cultures, designated P29SN and P32S, were derived from a benign area of prostate carcinoma and benign adenoma, respectively. The use of prostate tissue was approved by the local ethical committee and informed consent was obtained from both subjects.

2.3.2. Isolation and culture of primary stromal cells

Stromal cell cultures were established essentially according to previously described methods (Peehl and Sellers 1997). Tissue samples were minced into fragments not larger than 3 mm³ and dissociated by enzymes. After overnight digestion at 37°C with 0.05 % collagenase A (P32S) or 0.05 % collagenase/dispace (P29SN), the partly digested tissue was centrifuged and digestion of the pellet was continued with fresh 0.1 % collagenase A at 37°C until isolated glands could be observed. Epithelial acini were separated from the stromal fraction by centrifugation at 50 g. The stromal fraction was carefully rinsed with culture medium and transferred to a 75 cm² culture flask. The primary stromal cells and serial cultures were maintained in phenol red-free DMEM/F12 medium, supplemented with 5 % DCC-FBS, 5 µg/ml insulin, and antibiotics (penicillin 100 units/ml, streptomycin 100 µg/ml, amphotericin B 2.5 µg/ml) at 37°C in humidified atmosphere of 5 % CO₂ in air. The cells used in the experiments were from passages 6 to 12.

3. TRANSIENT TRANSFECTIONS (II, III)

3.1. Transfection of AR

PC3 cells (6×10^5) were transfected with a wild-type human AR cDNA expression vector (pSG5-hAR) or the mutant AR of LNCaP cells (pARL) in 25 cm² flasks. Each flask received 1 µg of DNA and 2.5 µl of Lipofectamine™ 2000 in 1.5 ml of serum-free RPMI-1640 medium for 4 h following the manufacturer's instructions. After transfection, the cells were incubated in RPMI-1640 medium with 10 % DCC-FBS for 44 h to allow the expression of the transfected AR.

3.2. Transfection of RARβ

In the transfection of a human RARβ cDNA expression vector (pSG5-hRARβ) or the empty vector (pSG5), 8×10^4 of PC3 cells grown in 6-well plates were used with 100 ng of DNA and 0.3 µl of Lipofectamine™ 2000 in 1 ml of serum-free RPMI-1640 medium following the same procedure mentioned above in section 3.1.

4. CELL TREATMENTS AND RNA ISOLATION (I, II, III, IV)

The subconfluent cells were treated with vehicle (ethanol, final concentration 0.02-0.12 %), hormones, or other compounds at the concentrations indicated for 6, 24, and 48 h. The ethanol concentration was equal in controls and hormone-treated samples.

Total cellular RNA was isolated by using TRIzol Reagent following the manufacturer's instructions. Total RNA amounts were quantified by measuring absorbance at 260 nm. The OD₂₆₀/OD₂₈₀ nm absorption ratio was always greater than 1.9. Denaturing agarose gel electrophoresis was performed to verify the integrity of RNA. The intensity of the 28S rRNA band was more than twice that of the 18S rRNA band stained by ethidium bromide.

5. REAL-TIME RT-PCR (I, II, III, IV)

5.1. Primer design

As recommended in the manufacturer's protocol, primers were designed using Primer Express v2.0 software (Perkin-Elmer Applied Biosystems, USA) to ensure suitability for the ABI Prism 7000 sequence detection system and the reaction parameters. To confirm the specificity of the

primer sequences, BLASTN searches were performed. All primers were designed to be intron-spanning to preclude amplification of genomic DNA. In order to normalize the amount of sample cDNA added to the reaction, human acidic ribosomal phosphoprotein P0 (RPLP0) was used as the endogenous control. RPLP0 is ubiquitously expressed and is considered to be a reliable endogenous control. All sequence specific oligonucleotide primers (Table 2) were synthesized by TAG Copenhagen A/S (Copenhagen, Denmark).

Table 2. Oligonucleotide primer sequences

<i>Genes</i>	Oligonucleotide	Sequence	Position
CYP24 (NM_000782)	forward primer	5'-GCCCAGCCGGGAAGCTC-3'	1907-1922
	reverse primer	5'-AAATACCACCATCTGAGGCGTATT-3'	1968-1945
CYP27B1 (NM_000785)	forward primer	5'-TTGGCAAGCGCAGCTGTAT-3'	1409-1427
	reverse primer	5'-TGTGTTAGGATCTGGGCCAAA-3'	1484-1464
VDR (NM_000376)	forward primer	5'-CCTTCACCATGGACGACATG-3'	948-967
	reverse primer	5'-CGGCTTTGGTCACGTCAC-3'	1025-1007
AR (NM_000044)	forward primer	5'-TGTCAACTCCAGGATGCTCTACTT-3'	3386-3409
	reverse primer	5'-ATTCGGACACACTGGCTGTACA-3'	3478-3457
RPLP0 (NM_001002)	forward primer	5'-AATCTCCAGGGGCACCATT-3'	515-533
	reverse primer	5'-CGCTGGCTCCCACTTTGT-3'	588-571
RAR α (X06538)	forward primer	5'-AGTACTGCCGACTGCAGAAGTG-3'	648-669
	reverse primer	5'-TGTTTCGGTCGTTTCTCACAGA-3'	695-716
RAR β (X07282)	forward primer	5'-CAAATCATCAGGGTACCACTATGG-3'	601-624
	reverse primer	5'-CTGAATACTTCTGCGGAAAAAGC-3'	651-673
RAR γ (M24857)	forward primer	5'-TGCCGGCTACAGAAGTGCTT-3'	847-866
	reverse primer	5'-CTTCTTGTTCCGGTCATTTTCG-3'	895-915
RXR α (X52773)	forward primer	5'-TCCTTGGAGGCCTACTGCAA-3'	1270-1289
	reverse primer	5'-GGCAGGCGGAGCAAGAG-3'	1343-1327
RXR β (M84820)	forward primer	5'-AGCAGCAGGGACGGTTTG-3'	1559-1576
	reverse primer	5'-GATGCTCTAGACTTAAGGCCAAT-3'	1612-1636
RXR γ (U38480)	forward primer	5'-TTTCCCGCAGGCTATGGA-3'	58-75
	reverse primer	5'-TGCTGATGGGCTCATGGAT-3'	102-120

5.2. cDNA synthesis and real-time PCR

The total RNA from each sample was reverse-transcribed using a high-capacity cDNA achieve kit (Perkin-Elmer Applied Biosystems, USA) following the manufacturer's instructions. The experimental protocol was following: 10 min at 25°C followed by 120 min reverse transcription at 37°C. All PCR reactions were performed in MicroAmp optical 96-well reaction plates using an SYBR Green Master Mix kit (Perkin-Elmer Applied Biosystems, USA) on an ABI Prism 7000 sequence detection system (Perkin-Elmer Applied Biosystems, USA). The thermal cycling conditions consisted of a 10 min polymerase activation/initial denaturation at 95°C and 45 cycles with a 95°C denaturation for 15 sec and a 60°C annealing/extension for 1 min. Detection of accumulated fluorescent products was performed at the end of the extension step of each cycle. To verify the specific products, dissociation curve analysis was carried out after 45 cycles.

Serial dilutions of cDNA from the cells treated with 10 nM $1\alpha,25\text{-(OH)}_2\text{D}_3$ for 24 h were made to generate the standard curves of endogenous control and target genes. The calibrator sample used in the data analysis was the untreated sample. The data were quantified by the standard curve method with ABI Prism SDS Data Analysis software. The relative expression level of the target gene was calculated using amplification efficiencies obtained from the standard curves and Ct values as previously described (Pfaffl 2001). Results are expressed as means (\pm SD) of two to five independent experiments performed in duplicate.

5.3. Statistical methods

Statistical significance was evaluated by Student's *t*-test, one-way ANOVA, and two-way ANOVA followed by Bonferroni post-tests (GraphPad Prism 4 software, San Diego, CA, USA). Differences of $P > 0.05$ were considered not significant (NS), and $P < 0.05$ significant (*), $P < 0.01$ (**) and $P < 0.001$ (***) highly significant.

6. WESTERN BLOT ANALYSIS (I, II)

6.1. Analysis of 1α -hydroxylase

The subconfluent cells were trypsinized and pelleted. Cell lysate protein was prepared using M-PerTM mammalian protein extraction reagent (Pierce, Rockford, IL, USA) following the manufacturer's instructions. Protein concentrations were measured using BCA protein assay kit (Pierce, Rockford, IL, USA). Cell lysate was subjected to SDS-PAGE using a 7.5 % gel. Protein bands were transferred to nitrocellulose transfer membranes (0.45 μm pore; Schleicher & Schuell, Germany). After blocking of nonspecific binding sites with 20 % non-fat milk in TBS containing 0.1 % Tween 20 (TBS-T) at room temperature for one hour, the membranes were incubated with anti-mouse 1α -hydroxylase antibody (The Binding Site Ltd. Birmingham, UK) (Bland et al. 1999) at a 1:500 dilution in TBS-T containing 0.1 % non-fat milk at 4°C overnight. After washing with TBS-T, the membranes were incubated with secondary antibody (horseradish peroxidase-conjugated; ZYMED, CA, USA) at a 1:4000 dilution in TBS-T containing 0.1 % non-fat milk at room temperature for one hour. The blots were detected by enhanced chemiluminescence reagents (ECL, UK) and exposed to x-ray film for 2 min. The control experiment included presaturation of the primary antibody with an excess of the immunizing peptide (mouse amino acid sequence 266 to 289: R-H-V-E-L-R-E-G-E-A-A-M-R-N-Q-G-K-P-E-E-D-M-P-S) (Zehnder et al. 1999).

6.2. Analysis of AR

For the study of AR, the cytosolic and nuclear proteins were extracted and Western blot analysis was performed as described previously (Ahonen et al. 2000b). Polyclonal rabbit antibody AR70 used in Western blot analysis was produced against synthetic peptides corresponding to the N-terminal amino acids 1 to 17 of human AR (Tahka et al. 1997).

7. IMMUNOHISTOCHEMISTRY (I)

7.1. Cells

For immunohistochemical analysis cells from each primary stromal culture were grown on 4-well glass slides (Lab-Tek II Chamber Slide, Nalge Nunc, Naperville IL) until subconfluent. The cells were then fixed with 2 % formaldehyde for 20 min at room temperature and thereafter permeabilized with pre-chilled (-20°C) 94 % ethanol for 10 min on ice.

7.2. Antibodies

Mouse monoclonal anti-human antibodies were used to immunohistochemically characterize the stromal primary cultures. Antibodies against vimentin (1:200), desmin (1:100), smooth muscle actin (1:100), cytokeratins 5/6 (1:100), and 18 (1:50) were purchased from Dako (Glostrup, Denmark). Antibody against cytokeratins 14 (1:200) was from Novocastra (Newcastle, UK) and those against fibronectin (1:50) and cytokeratin 8 (1:50) from Santa Cruz (Santa Cruz, California, USA). Rat monoclonal anti-VDR antibody (1:200) was from Neo Markers (Fremont, CA, USA). Controls included omission of the primary antibodies and staining with nonimmunized mouse IgG. Normal rat IgG (Santa Cruz, California, USA) was used as control of VDR staining.

7.3. Immunostaining

The staining using the primary antibodies mentioned above was performed with a broad spectrum Zymed Histostain-Plus kit (Zymed Laboratories, South San Francisco, CA, USA) with the following modifications to the manufacturer's instructions: primary antibodies were incubated overnight at 4°C and biotinylated second antibody 20 min RT. All washings were repeated three times, 5 min each.

8. CELL GROWTH ASSAYS (I, III, IV)

8.1. Crystal violet staining assay

P29SN and P32S cell growth was analyzed by crystal violet staining assay performed in 96-well culture plates seeding 1000 cells/well in 200 µl medium. The cells were allowed to attach for 24 h. Cells were then treated with 100, 250, 1000 nM of 25OHD₃ or 10 nM of 1α,25-(OH)₂D₃. Both control and treated cells received ethanol vehicle at a concentration of 0.1 %. Media were changed and treatments were renewed every 48 h. Relative cell numbers were quantified at 0, 3, 5, 7, 9, and 11 days by using crystal violet assay (Kueng et al. 1989). Briefly, cells were fixed with 11 % glutaraldehyde, washed with deionized water, air-dried, stained with 0.1 % crystal violet, washed with deionized water, and air-dried. Then 10 % acetic acid was added and a Victor 1420 Multilabel Counter (Wallac, Turku, Finland) was used for the optical density measurements of extracts at a wavelength of 590 nm. Two separate experiments were done in which six determinations were used for each treatment. Statistical significance was evaluated by Student's *t*-test.

8.2. Cell number counting assay

P32S or P29SN cells seeded in 24-well plates at a density of 5758 cells per well in 1 ml medium or in 6-well plates at a density of 3×10^4 cells per well in 3 ml medium were treated with vehicle (0.1 % ethanol), 100 nM, 250 nM of 25OHD₃, or 10 nM of 1 α ,25-(OH)₂D₃ and/or Am80 (RAR selective ligand) at the concentrations indicated. Media were changed and treatments were renewed every 48 h. At day 6 or 9, cells were trypsinized and pelleted. Cell numbers were counted in a Burker chamber (Assistent, Sondheim, Germany). The experiments were performed three to five times independently and the results are expressed as percent of control (mean \pm SD). Statistical significance was evaluated by Student's *t*-test or one-way ANOVA followed by Bonferroni post-tests (GraphPad Prism 4 software, San Diego, CA, USA).

LNCaP cell growth was analyzed by counting cell numbers. LNCaP cells seeded in 6-well plates at a density of 5×10^4 cells per well in 3 ml RPMI-1640 medium containing 10 % FBS were allowed to attach for 48 h and then treated with vehicle (0.1 % ethanol), 100 nM, 500 nM of 25OHD₃, 0.1 nM, 10 nM of 1 α ,25-(OH)₂D₃, and/or 1 nM of DHT. Media were changed and treatments were renewed every 48 h. At day 6, cells were trypsinized and pelleted. Cell numbers were counted in a Burker chamber (Assistent, Sondheim, Germany). The experiments were performed three times independently and the results are expressed as percent of control (mean \pm SD). Statistical significance was determined by two-way ANOVA followed by Bonferroni post-tests (GraphPad Prism 4 software, San Diego, CA, USA). Differences of $P > 0.05$ were considered not significant (NS), and $P < 0.05$ significant (*), $P < 0.01$ (**) and $P < 0.001$ (***) highly significant.

9. HIGH-PERFORMANCE LIQUID CHROMATOGRAPHY ANALYSIS (I, II)

9.1. 1 α -Hydroxylase activity assay

P29SN cells were seeded in 25 cm² flasks in 3 ml of complete growth medium. After 48 h of incubation, the medium was replaced with fresh medium containing 250 nM 25OHD₃ and/or 1000 nM SDZ88-357. At 4 h, the media and cells were collected for quantitation of 1 α ,25-(OH)₂D₃ concentration. The radioactive 1 α ,25-dihydroxy (26,27 methyl-³H) vitamin D₃ TRK 656 5 uCi, Amersham) was added and the samples were pre-purified using the acetonitrile-C18 Sep-Pak Cartridge (Waters, Ireland) (Turnbull et al. 1982) followed by separation of the metabolites by high-performance liquid chromatography (HPLC, Pharmacia LKB HPLC pump 2248, VWM 2141, Uppsala, Sweden). The mobile phase solvent system was hexane: dichloromethane: methanol: isopropanol (75:12:6:7). The concentrations of 1 α ,25-(OH)₂D₃ were quantified by radioreceptor assay (Reinhardt et al. 1984). The corresponding protein concentrations were measured using BCA protein assay kit (Pierce, Rockford, IL, USA). Enzymatic activity was expressed as fmol/mg protein/h. Data are expressed as means (\pm SD) of five repeats.

9.2. 1 α ,25-(OH)₂D₃ assay

LNCaP cells (3.5×10^5) cultured in 25 cm² flasks in the growth medium containing 10 % DCC-FBS for three days were pre-treated with 10 nM 1 α ,25-(OH)₂D₃ in the absence or presence of 10 nM DHT for 48 h and then incubated with a physiological concentration of 1 α ,25-(OH)₂D₃ for 16 h. The media and cells were collected for the assay of the unmetabolized 1 α ,25-(OH)₂D₃

following the procedure described above in section 9.1. Statistical significance was determined by Student's *t*-test.

RESULTS

1. REGULATION OF CELL GROWTH (I, III, IV)

1.1. Prostate stromal cell growth

1.1.1. Characterization of the primary stromal cultures

Both primary stromal cultures P29SN and P32S showed similar staining characteristics. An extensive staining for vimentin and fibronectin was seen, over 99 % of cells being positive for these markers. Less than 5 % of the cells present expressed smooth muscle actin and less than 2 % expressed desmin. There was no specific staining with anti-cytokeratins 8 and 18. Stainings with anti-cytokeratins 5/6 and 14 as well as PBS were negative. A positive immunostaining for VDR was detected in the discrete foci of cell nuclei. The control staining for VDR was negative. These data indicate that the vast majority of both primary prostate cultures were fibroblasts in phenotype.

1.1.2. Effect of 25OHD₃ and 1 α ,25-(OH)₂D₃

The crystal violet assays showed that the growth of P29SN cells was significantly inhibited when treated with 250 nM, 1000 nM of 25OHD₃, and 10 nM of 1 α ,25-(OH)₂D₃. 25OHD₃ dose-dependently inhibited P29SN cell growth. Compared to the controls, the relative cell growth at day 9 treated with 100 nM, 250 nM, 1000 nM of 25OHD₃, and 10 nM of 1 α ,25-(OH)₂D₃ was 98 \pm 25 % ($P > 0.05$), 70 \pm 8 % ($P < 0.01$), 51 \pm 6 % ($P < 0.0001$), and 62 \pm 9 % ($P < 0.001$), respectively (Table 3). To verify the results above, a cell number counting method was applied. Compared to the controls, at day 9 the relative growth of P29SN cells treated with 100 nM, 250 nM of 25OHD₃, and 10 nM of 1 α ,25-(OH)₂D₃ was 139 \pm 16% ($P = 0.050$), 78 \pm 5% ($P = 0.018$), and 68 \pm 8% ($P = 0.023$), respectively.

The crystal violet assays showed that the growth of P32S cells was not inhibited by 10 nM of 1 α ,25-(OH)₂D₃ but significantly inhibited by 25OHD₃. Compared to the controls, at day 9 the relative cell growth treated with 100 nM, 250 nM, 1000 nM of 25OHD₃, and 10 nM of 1 α ,25-(OH)₂D₃ was 81 \pm 12 % ($P < 0.01$), 77 \pm 9 % ($P < 0.01$), 60 \pm 7 % ($P < 0.0001$), and 95 \pm 20 % ($P > 0.05$), respectively (Table 3).

Table 3. Antiproliferative effect of 25OHD₃ and 1 α ,25-(OH)₂D₃ on prostate stromal cells (relative cell growth at day 9: percent of control, mean \pm SD, n = 12)

	25OHD ₃ (nM)				1 α ,25-(OH) ₂ D ₃ (nM)
	0	100	250	1000	10
P29SN cells	100 %	98 \pm 25 %	70 \pm 8 %	51 \pm 6 %	62 \pm 9 %
P32S cells	100 %	81 \pm 12 %	77 \pm 9 %	60 \pm 7 %	95 \pm 20 %

1.1.3. Effect of RAR-selective ligand Am80

Am80 at the concentrations of 1 to 10 nM had no effect on the growth of P32S cells, whereas at 100 and 200 nM concentration it strongly inhibited cell growth by 43.9% ($P < 0.01$) and 44.4%, respectively ($P < 0.001$).

1.1.4. Combined effect of Am80 and $1\alpha,25\text{-(OH)}_2\text{D}_3$ or 25OHD_3

The combined treatment of $1\alpha,25\text{-(OH)}_2\text{D}_3$ and Am80 at 10 nM concentration exhibited strong inhibitory effect ($P < 0.01$), whereas either of these alone had no effect on cell growth. Am80 at 1 or 100 nM, the same enhancement was observed but it was not statistically significant. Due to the strong inhibitory effect of 200 nM Am80, no enhanced effect of $1\alpha,25\text{-(OH)}_2\text{D}_3$ was observed. Moreover, 25OHD_3 inhibited the growth of P29SN cells ($P < 0.05$) and the effect was enhanced in the presence of 200 nM Am80 ($P < 0.001$).

1.2. Prostate cancer epithelial cell growth

1.2.1. Effect of 25OHD_3 and $1\alpha,25\text{-(OH)}_2\text{D}_3$

LNCaP cell growth was significantly inhibited by 25OHD_3 at 500 nM and by $1\alpha,25\text{-(OH)}_2\text{D}_3$ at a pharmacological concentration of 10 nM by 43% ($P < 0.001$) and 76% ($P < 0.001$), respectively (Table 4). However, 25OHD_3 at a physiological concentration of 100 nM and $1\alpha,25\text{-(OH)}_2\text{D}_3$ at a physiological concentration of 0.1 nM did not affect LNCaP cell growth ($P > 0.05$, Table 4).

1.2.2. Effect of DHT

DHT (1 nM) caused a 54% decrease in LNCaP cell growth ($P < 0.001$, Table 4).

1.2.3. Combined effect of DHT and 25OHD_3 or $1\alpha,25\text{-(OH)}_2\text{D}_3$

The combined treatment of 1 nM DHT with either 25OHD_3 or $1\alpha,25\text{-(OH)}_2\text{D}_3$ at physiological concentrations suppressed cell growth by 71% ($P < 0.001$) and by 72% ($P < 0.001$), respectively (Table 4). 1 nM DHT enhanced the effect of 500 nM 25OHD_3 from 43% inhibition to 90% inhibition ($P < 0.001$). The effect of 10 nM $1\alpha,25\text{-(OH)}_2\text{D}_3$ was increased from 76% inhibition to 89% inhibition by 1 nM DHT ($P > 0.05$, Table 4). It should be noted that the combined treatment of 1 nM DHT and either 25OHD_3 or $1\alpha,25\text{-(OH)}_2\text{D}_3$ was more antiproliferative than 1 nM DHT alone ($P < 0.05$; $P < 0.001$; $P < 0.01$). Two-way ANOVA shows a statistically significant interaction between two factors: 25OHD_3 and DHT ($F = 5.668$, $P = 0.0185$) and between $1\alpha,25\text{-(OH)}_2\text{D}_3$ and DHT ($F = 13.3$, $P = 0.0009$).

Table 4. Antiproliferative effect of 25OHD_3 and $1\alpha,25\text{-(OH)}_2\text{D}_3$ with and without DHT on LNCaP cells (relative cell growth at day 6: percent of control, mean \pm SD, n = 3)

		25OHD_3 (nM)			$1\alpha,25\text{-(OH)}_2\text{D}_3$ (nM)	
		0	100	500	0.1	10
DHT (nM)	0	100 %	101 \pm 9 %	57 \pm 7 %	100 \pm 21 %	24 \pm 8 %
	1	46 \pm 11 %	29 \pm 2 %	10 \pm 5 %	28 \pm 4 %	11 \pm 2 %

2. VDR EXPRESSION (II, III)

VDR was detected in all the cells studied. Neither 10 nM $1\alpha,25\text{-(OH)}_2\text{D}_3$ nor DHT at concentrations of 0.01 to 100 nM altered the expression of VDR mRNA in LNCaP cells. The level of VDR mRNA was not altered by ATRA in P29SN and PrEC cells.

3. RARs and RXRs (III)

3.1. Differential mRNA expression in epithelial and stromal cells

To better understand the action of ATRA, we studied the expression of RARs and RXRs. LNCaP cells expressed a significantly lower level of RAR α than PrEC ($P < 0.05$). In the other cell types the expression level of the receptor did not differ. Of particular interest, RAR β was expressed differentially in prostate epithelial and stromal cells. The stromal cells expressed a much higher level of RAR β than the epithelial cells (LNCaP vs. P29SN, $P < 0.001$; LNCaP vs. P32S, $P < 0.001$; PrEC vs. P29SN, $P < 0.001$; PrEC vs. P32S, $P < 0.001$), while there was no significant difference between LNCaP and PrEC or between P29SN and P32S. The prostate cancer cells, LNCaP, expressed less RAR γ than the other types of cells ($P < 0.001$) and PrEC cells expressed less RAR γ than stromal cells (PrEC vs. P29SN, $P < 0.01$; PrEC vs. P32S, $P < 0.05$).

The expression of RXR α was slightly higher in epithelial than in stromal cells (PrEC vs. P29SN, $P < 0.05$; PrEC vs. P32S, $P < 0.01$; LNCaP vs. P32S, $P < 0.05$). RXR β was similarly expressed in all cell types except for a significant difference between LNCaP and P29SN cells ($P < 0.05$). The expression of RXR γ was extremely low or negligible in P29SN, P32S, and PrEC cells.

3.2. Differential mRNA regulation by ATRA in epithelial and stromal cells

ATRA at 1000 nM did not regulate RAR α and RAR γ expression in any studied cell type. However, ATRA caused a 16-fold increase in RAR β mRNA level in PrEC cells ($P = 0.018$), a 3-fold increase in P29SN cells ($P = 0.031$), and a 5-fold increase in P32S cells ($P = 0.029$) but not in cancer LNCaP cells. The expression of RXR α mRNA appeared to be unaltered by 1000 nM ATRA in LNCaP, PrEC, and P29SN cells and slightly down-regulated 0.7-fold in P32S cells ($P = 0.043$). The expression of RXR β mRNA was slightly decreased 0.6-fold in P29SN ($P = 0.027$) and increased 1.4-fold in P32S ($P = 0.002$), and further, unaltered in LNCaP and PrEC cells.

4. 1 α -HYDROXYLASE EXPRESSION (I, IV)

4.1. In stromal cells

Immunoblotting analysis using an anti-mouse 1 α -hydroxylase antibody showed a clear single band at 56 KD in both primary stromal cultures P29SN and P32S, which is the size of 1 α -hydroxylase protein. No signal was seen in the presaturation controls.

To determine whether the primary prostate stromal cells can produce 1 α ,25-(OH) $_2$ D $_3$, we performed a 1 α -hydroxylase activity assay. 1 α -Hydroxylase activity in P29SN cells was 30 ± 29 fmol/mg protein/h ($n = 5$). However, the concentration of 1 α ,25-(OH) $_2$ D $_3$ in culture medium and in cells was much lower than physiological concentration (50 pM). When the cells received 250 nM 25OHD $_3$ in the presence of 1000 nM SDZ88-357, a specific 1 α -hydroxylase inhibitor (Schuster et al. 2001b), 1 α -hydroxylase activity was 7 ± 36 fmol/mg protein/h ($n = 5$), which indicates that SDZ88-357 can effectively inhibit 1 α -hydroxylase activity.

In both P29SN and P32S cells, quantitative real-time RT-PCR showed a detectable and similar level of 1 α -hydroxylase mRNA. Among these, only in P29SN cells did the use of 100 nM

25OHD₃ for 6 h cause statistically significant up-regulation of 1 α -hydroxylase mRNA level (2 ± 0.3 -fold, $P < 0.05$).

4.2. In epithelial cells

Immunoblotting analysis using an anti-mouse 1 α -hydroxylase antibody showed a weak band of 56 kD in DU145 cells. No signal was seen in the presaturation controls. However, in LNCaP cells, a very weak band of 56 kD was found along with a non-specific band at 64.6 kD, which did not disappear in the presaturation control. Quantitative real-time RT-PCR showed no regulation of 1 α -hydroxylase expression by 500 nM 25OHD₃, 10 nM 1 α ,25-(OH)₂D₃, or 1 nM DHT in LNCaP cells. The combined treatment of 500 nM 25OHD₃ and 1 nM DHT caused a 1.8-fold increase in the level of 1 α -hydroxylase mRNA ($P < 0.05$). However, the combined treatment of 10 nM 1 α ,25-(OH)₂D₃ and 1 nM DHT did not alter the level of 1 α -hydroxylase mRNA.

Normal epithelial PrEC cells expressed a much higher basal 1 α -hydroxylase mRNA level than stromal P29SN cells and cancer LNCaP, PC3, and DU145 cells ($P < 0.001$). The level of 1 α -hydroxylase mRNA expressed in PrEC cells was 358-fold higher than that in LNCaP cells ($P < 0.001$). Further, P29SN cells expressed 0.8-fold less and PC3 and DU145 cells 17-fold and 21-fold more 1 α -hydroxylase mRNA than LNCaP cells, respectively ($P > 0.05$).

5. 24-HYDROXYLASE EXPRESSION (I, II, III, IV)

5.1. mRNA expression and regulation in stromal cells

5.1.1. Effect of 25OHD₃ and 1 α ,25-(OH)₂D₃

25OHD₃ and 1 α ,25-(OH)₂D₃ induced the expression of 24-hydroxylase mRNA in primary prostate stromal cells P29SN and P32S in a concentration- and time-dependent manner. 25OHD₃ at a physiological concentration of 250 nM and 1 α ,25-(OH)₂D₃ at a pharmacological concentration of 10 nM were effective.

100 nM 25OHD₃ at 6 h increased the mRNA level of 24-hydroxylase 2.27 ± 0.32 -fold ($P > 0.05$) in P29SN cells and had no effect in P32S cells, while 250 nM and 1000 nM 25OHD₃ enhanced the mRNA level of 24-hydroxylase in P29SN (200 ± 5 -fold, $P < 0.01$ and 12000 ± 220 -fold, $P < 0.01$, respectively) and in P32S cells (4 ± 0.5 -fold, $P < 0.05$ and 660 ± 5 -fold, $P < 0.0001$, respectively). In P29SN and P32S cells, treatment with 250 nM 25OHD₃ caused a 140 ± 10 -fold ($P < 0.05$) and 7 ± 2 -fold ($P > 0.05$) stimulation at 24 h, a 90 ± 0.2 -fold ($P < 0.01$) and 5 ± 0.7 -fold ($P < 0.05$) stimulation at 48 h in 24-hydroxylase mRNA level, respectively.

1 α ,25-(OH)₂D₃ at a physiological concentration (0.1 nM) had no effect on the expression of 24-hydroxylase mRNA at 6 h in either primary culture. In P29SN cells, 10 nM 1 α ,25-(OH)₂D₃ increased 24-hydroxylase mRNA level 6900 ± 500 -fold ($P < 0.001$), 14600 ± 800 -fold ($P < 0.0001$), and 2900 ± 500 -fold ($P < 0.01$) at 6, 24, and 48 h, respectively. Similarly, in P32S cells, 10 nM 1 α ,25-(OH)₂D₃ increased 24-hydroxylase mRNA level 4200 ± 1600 -fold ($P > 0.05$), 34000 ± 200 -fold ($P < 0.01$), and 18000 ± 200 -fold ($P < 0.01$) at 6, 24, and 48 h, respectively.

5.1.2. Effect of 24-hydroxylase inhibitor, VID400

The transcriptional activity of 25OHD₃ and 1 α ,25-(OH)₂D₃ was greatly increased in the presence of an inhibitor of 24-hydroxylase, VID400 (Schuster et al. 2001a, Schuster et al. 2001b). Combination of 250 nM 25OHD₃ and 100 nM VID400 exhibited an 8.3-fold ($P < 0.05$) and 60-fold ($P < 0.05$) stimulatory effect compared to 250 nM 25OHD₃ alone in P29SN and P32S cells, respectively. Moreover, 100 nM VID400 increased the 10 nM 1 α ,25-(OH)₂D₃-mediated induction of 24-hydroxylase mRNA 1.9-fold ($P < 0.05$) and 2.5-fold ($P > 0.05$) in P29SN and P32S cells, respectively.

5.1.3. Effect of 1 α -hydroxylase inhibitor, SDZ88-357

By using a specific inhibitor for 1 α -hydroxylase, SDZ88-357, which has been shown earlier to inhibit 1 α -hydroxylase activity, we found that 250 nM 25OHD₃ is capable of inducing 24-hydroxylase mRNA and 1 α -hydroxylation is not a prerequisite for its hormonal activity of 25OHD₃. In the presence of 1000 nM SDZ88-357, 250 nM 25OHD₃ was 4 times ($P > 0.05$) and 2 times ($P > 0.05$) more effective than in the absence of 1 α -hydroxylase inhibitor in P29SN and P32S cells, respectively. In the presence of both 100 nM VID400 and 1000 nM SDZ88-357, the induction of 24-hydroxylase mRNA by 250 nM 25OHD₃ was increased 6-fold and 4-fold in P29SN and P32S cells, respectively.

5.1.4. Effect of ATRA and RAR-selective ligands

In P29SN cells, ATRA at 100 and 1000 nM did not affect the expression of 24-hydroxylase mRNA. However, ATRA significantly antagonized the effect of 25OHD₃ and 1 α ,25-(OH)₂D₃. The level of 24-hydroxylase mRNA induced by 250 nM 25OHD₃ was decreased by 61 % ($P < 0.001$) with 100 nM ATRA and by 95 % ($P < 0.001$) with 1000 nM ATRA, respectively (Table 5). The level of 24-hydroxylase mRNA induced by 10 nM 1 α ,25-(OH)₂D₃ was decreased by 36 % ($P < 0.001$) with 100 nM ATRA and by 83 % ($P < 0.001$) with 1000 nM ATRA, respectively (Table 5). Two-way ANOVA shows a statistically significant interaction between the two hormones: 25OHD₃ and ATRA ($F = 35.13$, $P < 0.0001$), 1 α ,25-(OH)₂D₃ and ATRA ($F = 42.20$, $P < 0.0001$).

In P32S cells, ATRA at 100 and 1000 nM had no significant effect on the expression of 24-hydroxylase mRNA. However, it significantly reduced the effect of 25OHD₃ and 1 α ,25-(OH)₂D₃. The level of 24-hydroxylase mRNA induced by 250 nM 25OHD₃ was decreased by 38 % ($P < 0.001$) with 100 nM ATRA and by 96 % ($P < 0.001$) with 1000 nM ATRA, respectively (Table 5). The level of 24-hydroxylase mRNA induced by 10 nM 1 α ,25-(OH)₂D₃ was decreased by 89 % ($P < 0.001$) with 100 nM ATRA and by 98 % ($P < 0.001$) with 1000 nM ATRA, respectively (Table 5). Two-way ANOVA shows a statistically significant interaction between the two hormones: 25OHD₃ and ATRA ($F = 184.56$, $P < 0.0001$), 1 α ,25-(OH)₂D₃ and ATRA ($F = 53.69$, $P < 0.0001$).

Table 5. Effect of ATRA on the 25OHD₃- and 1 α ,25-(OH)₂D₃-mediated induction of 24-hydroxylase mRNA expression in prostate stromal cells (mean \pm SD, n = 3)

	P29SN cells			P32S cells		
	ATRA (nM)			ATRA (nM)		
	0	100	1000	0	100	1000
Vehicle	1	1 \pm 0.6	0.8 \pm 0.2	1	3 \pm 2	3 \pm 2
25OHD ₃ (250 nM)	31583 \pm 7531	12310 \pm 1513	1641 \pm 35	411 \pm 6	253 \pm 43	16 \pm 5
1 α ,25-(OH) ₂ D ₃ (10 nM)	34127 \pm 3714	21952 \pm 5378	5748 \pm 715	43595 \pm 8996	4919 \pm 3461	823 \pm 686

To further determine which retinoid receptor plays a role in the suppression of 24-hydroxylase expression in stromal cells, we applied two RAR-selective ligands, BMS453 and LE135. BMS453 binds with the same affinity to RAR α , RAR β , and RAR γ and it is a potent antagonist for RAR α and RAR γ , whereas it acts as a mixed agonist/antagonist for RAR β (Chen et al. 1995, Germain et al. 2004). LE135 does not bind to RXRs and RAR γ , whereas it binds with higher affinity to RAR β (K_i = 0.22 μ M) than to RAR α (K_i = 1.4 μ M) and acts as RAR β -selective antagonist (Li et al. 1999b).

We used BMS453 and LE135 at 1000 nM (Chen et al. 1995, Li et al. 1999b) in combination with 100 nM ATRA in P32S cells. The inhibitory effect of ATRA on 1 α ,25-(OH)₂D₃-induced expression of 24-hydroxylase mRNA was reversed by BMS453 (P < 0.05) and unaltered by LE135, indicating that ATRA acts through RAR α and/or RAR γ but not RAR β . In the study of RAR β mRNA expression, 100 nM ATRA induced the expression of RAR β 3.1 fold (P < 0.001), which was not affected by LE135. However, BMS453 reduced the ATRA-induced expression of RAR β by 29 % (P < 0.01), indicating that RAR α and/or RAR γ but not RAR β mediate(s) the ATRA action in the induction of RAR β .

To ascertain whether RAR α or RAR γ mediates the action of ATRA, we used an RAR α agonist Am80. Am80 selectively activates RAR α (K_i = 6.5 nM) and RAR β (K_i = 30 nM), and cannot bind to RAR γ and RXRs (Umemiya et al. 1997). Am80 exhibited the same effect as ATRA. Am80 at 200 nM reduced the 1 α ,25-(OH)₂D₃-induced expression of 24-hydroxylase mRNA by 80.2% in P32S cells (P < 0.001). Moreover, 200 nM Am80 induced the expression of RAR β 3.8 fold in P32S cells (P < 0.05), which was as effective as 100 nM ATRA (4.0-fold induction, P < 0.05). Taken together, RAR α mediates the action of ATRA in inhibiting the 1 α ,25-(OH)₂D₃-induced expression of 24-hydroxylase mRNA and in inducing the expression of RAR β in prostate stromal cells.

5.2. mRNA expression and regulation in primary epithelial cells

5.2.1. Effect of 25OHD₃ and 1 α ,25-(OH)₂D₃

In PrEC cells, 250 nM 25OHD₃ and 10 nM 1 α ,25-(OH)₂D₃ at 24 h increased 24-hydroxylase mRNA level 317 \pm 6-fold (P < 0.001) and 316 \pm 33-fold (P < 0.01), respectively.

5.2.2. Effect of ATRA

In PrEC cells, ATRA (100 and 1000 nM) had no effect on the expression of CYP24 mRNA and did not affect the action of either 25OHD₃ or 1 α ,25-(OH)₂D₃ (two-way ANOVA: 25OHD₃ vs. ATRA, $F = 2.14$, $P = 0.1599$; 1 α ,25-(OH)₂D₃ vs. ATRA, $F = 0.84$, $P = 0.4561$).

5.3. Expression and regulation in cancer epithelial cells

5.3.1. Effect of 25OHD₃ and 1 α ,25-(OH)₂D₃

In LNCaP cells, both 10 nM 1 α ,25-(OH)₂D₃ and 1000 nM 25OHD₃ time-dependently induced the expression of 24-hydroxylase mRNA. 10 nM 1 α ,25-(OH)₂D₃ increased 24-hydroxylase mRNA level 1218 \pm 220-fold ($P > 0.05$), 4294 \pm 16-fold ($P < 0.01$), and 2513 \pm 118-fold ($P < 0.05$) at 6, 24, and 48 h, respectively. 1000 nM 25OHD₃ increased 24-hydroxylase mRNA level 3730 \pm 342-fold ($P < 0.05$), 11618 \pm 199-fold ($P < 0.01$), and 9300 \pm 906-fold ($P < 0.05$) at 6, 24, and 48 h, respectively. 25OHD₃ at 500 nM and 750 nM also increased 24-hydroxylase mRNA level 77 \pm 6-fold ($P > 0.05$), 21387 \pm 1082-fold ($P < 0.01$), respectively. However, neither 1 α ,25-(OH)₂D₃ at a physiological concentration (0.1 nM) nor 100-250 nM 25OHD₃ affected the expression of 24-hydroxylase mRNA at 24 h in LNCaP cells. The induction of 24-hydroxylase mRNA by 1 α ,25-(OH)₂D₃ requires protein synthesis, because a protein synthesis inhibitor, cycloheximide, strongly inhibited 1 α ,25-(OH)₂D₃-induction of 24-hydroxylase mRNA by 90 % ($P < 0.001$) in LNCaP cells.

24-Hydroxylase mRNA level in PC3 cells was increased 149 \pm 29-fold ($P < 0.001$) and 288 \pm 84-fold ($P < 0.05$) at 24 h by 500 nM 25OHD₃ and 10 nM 1 α ,25-(OH)₂D₃, respectively. 10 nM 1 α ,25-(OH)₂D₃ increased 24-hydroxylase mRNA level 45 \pm 11-fold ($P < 0.05$) in DU145 cells.

5.3.2. Effect of DHT

DHT alone at all concentrations tested had no significant effect on the 24-hydroxylase mRNA expression in LNCaP cells ($P > 0.05$, Table 6). The 1 α ,25-(OH)₂D₃-induced expression of 24-hydroxylase in LNCaP cells was strongly decreased by DHT at 1, 10, 100 nM by 50 % ($P < 0.001$), 94 % ($P < 0.001$), 97 % ($P < 0.001$), respectively, and slightly increased by DHT at 0.01 and 0.1 nM by 27 % ($P < 0.001$) and 37 % ($P < 0.001$), respectively (Table 6). Similarly, the 25OHD₃-induced expression of 24-hydroxylase in LNCaP cells was strongly decreased by DHT at 1, 10, 100 nM by 75 % ($P < 0.05$), 97 % ($P < 0.01$), 99 % ($P < 0.001$), respectively, and slightly increased by DHT at 0.01 and 0.1 nM by 11 % ($P > 0.05$) and 3 % ($P > 0.05$), respectively (Table 6). This DHT effect is mediated by AR. Hydroxyflutamide (an agonist for the mutant AR of LNCaP cells) at 1 μ M strongly inhibited the 1 α ,25-(OH)₂D₃-induced expression of 24-hydroxylase by 97 % ($P < 0.001$) and did not change the DHT effect. A pure antagonist, Casodex (1 μ M), did not affect 1 α ,25-(OH)₂D₃-stimulated expression of 24-hydroxylase mRNA and partially antagonized the DHT effect. DHT did not significantly enhance the degradation of 24-hydroxylase mRNA. The biological consequence of the inhibitory effect of DHT on the expression of 24-hydroxylase mRNA is the protection of 1 α ,25-(OH)₂D₃ from catabolism. Pre-treatment with 10 nM 1 α ,25-(OH)₂D₃ for 48 h significantly enhanced the catabolism of 1 α ,25-(OH)₂D₃ ($P = 0.0312$ vs. no cell control and $P = 0.0270$ vs. one pre-treated with 10 nM 1 α ,25-(OH)₂D₃ and 10 nM DHT). However, pre-incubation with 10 nM 1 α ,25-

(OH)₂D₃ and 10 nM DHT did not cause a significant change in 1 α ,25-(OH)₂D₃ concentration, indicating that 10 nM DHT protects 1 α ,25-(OH)₂D₃ from catabolism.

Table 6. Effect of DHT on the 25OHD₃- and 1 α ,25-(OH)₂D₃-mediated induction of 24-hydroxylase mRNA expression in LNCaP cells (mean \pm SD, n = 3)

	DHT (nM)					
	0	0.01	0.1	1	10	100
Vehicle	1	10 \pm 15	3 \pm 2	6 \pm 4	11 \pm 11	2 \pm 1
25OHD ₃ (500 nM)	69 \pm 5	77 \pm 29	71 \pm 4	17 \pm 23	2 \pm 2	0.8 \pm 0.5
1 α ,25-(OH) ₂ D ₃ (10 nM)	30360 \pm 405	38489 \pm 748	41547 \pm 5929	15266 \pm 737	1771 \pm 220	1056 \pm 384

However, DHT does not affect the action of 1 α ,25-(OH)₂D₃ in inducing 24-hydroxylase in androgen-insensitive DU145 or PC3 cells whether transfected with the wild-type AR or the mutant AR of LNCaP cells. The levels of AR mRNA in PC3 and DU145 cells were, respectively, 0.32 % ($P < 0.0001$) and 0.051 % ($P < 0.0001$) of that in LNCaP cells. Two-way ANOVA shows no significant interaction between the two factors: 1 α ,25-(OH)₂D₃ and DHT ($P > 0.05$).

5.3.3. Effect of ATRA

The expression of 24-hydroxylase mRNA was not regulated by ATRA at 100 and 1000 nM in either LNCaP or PC3 cells. ATRA did not significantly interfere with either 25OHD₃ or 1 α ,25-(OH)₂D₃ in regulating the expression of CYP24 mRNA in either LNCaP cells or PC3 cells whether transfected with RAR β or not.

DISCUSSION

1. LOCAL METABOLISM OF 25OHD₃ AND 1 α ,25-(OH)₂D₃ IN THE PROSTATE

This study shows evidence for the prostatic expression of two key enzymes involved in vitamin D₃ metabolism, 1 α -hydroxylase and 24-hydroxylase. By using quantitative real-time RT-PCR and immunoblotting, we demonstrate, for the first time, the expression of 1 α -hydroxylase in prostate stromal cells. 1 α -Hydroxylase mRNA was not detected in prostate stromal cells in an early report (Barreto et al. 2000) possibly due to the low sensitivity of the traditional RT-PCR. Our results indicate that the stromal cells express more 1 α -hydroxylase protein than cancer epithelial cells DU145 and LNCaP. However, the activity of this enzyme in stromal cells was low, being approximately 40-100-fold lower than that reported in normal epithelial cells (Hsu et al. 2001). Quantitative real-time RT-PCR showed that normal epithelial PrEC cells expressed a much higher basal level of 1 α -hydroxylase mRNA than stromal P29SN cells and cancer LNCaP, PC3, and DU145 cells. Previous study showed that the promoter activity of 1 α -hydroxylase gene was lower in PC3 and DU145 cells than that in normal prostate cells and was lost in LNCaP cells leading to the defect in 1 α -hydroxylase enzyme activity (Chen et al. 2003c). Quantitative real-time RT-PCR showed that the expression of 1 α -hydroxylase mRNA was not regulated by either 25OHD₃ or 1 α ,25-(OH)₂D₃ in LNCaP cells, but was up-regulated by 100 nM 25OHD₃ in P29SN cells. Earlier reports show that renal 1 α -hydroxylase is down-regulated by 1 α ,25-(OH)₂D₃ at transcriptional level (Murayama et al. 1998, Kong et al. 1999) but the extra-renal expression of CYP27B1 mRNA is unaffected by 1 α ,25-(OH)₂D₃ in lung cancer cells (Jones et al. 1999), macrophages (Monkawa et al. 2000), and keratinocytes (Xie et al. 2002). It is possible that production of 1 α ,25-(OH)₂D₃ in the prostate acts as an autocrine/paracrine regulator. This 1 α ,25-(OH)₂D₃-mediated autocrine/paracrine system has been proposed earlier in the prostate (Barreto et al. 2000), breast (Townsend et al. 2005), colon (Bises et al. 2004), and immune system (Hewison et al. 2004).

The action of vitamin D₃ metabolites is controlled by 24-hydroxylase-mediated inactivation (Jones et al. 1998, Omdahl et al. 2002). The present study demonstrates that 24-hydroxylase expression is induced by both 25OHD₃ and 1 α ,25-(OH)₂D₃ in stromal, normal epithelial, and cancer epithelial cells in a concentration- and time-dependent manner. Stromal and normal epithelial cells (250 nM 25OHD₃ is effective) are more sensitive to 25OHD₃ than cancer epithelial cells (\geq 500 nM). Our result also shows that protein synthesis is required in the induction of 24-hydroxylase mRNA by 1 α ,25-(OH)₂D₃ in LNCaP cells, which has earlier been reported in other cell lines (Armbrecht et al. 1997, Zierold et al. 2002). A previous study performed on prostate cancer epithelial cells suggested that the growth response was inversely correlated with 24-hydroxylase expression (Miller et al. 1995), which was also observed in our study. 10 nM 1 α ,25-(OH)₂D₃ failed to control P32S cell growth, perhaps partially due to the highly induced 24-hydroxylase expression. On the other hand, 25OHD₃ induced a much smaller amount of 24-hydroxylase in those cells and the growth was even inhibited by 100 nM 25OHD₃. This vitamin D₃-resistance phenomenon has been observed in DU145 cells (Ly et al. 1999). We found that in the presence of a 24-hydroxylase inhibitor, VID400, the transcriptional activity of both 25OHD₃ and 1 α ,25-(OH)₂D₃ in stromal cells is greatly increased, emphasizing the critical role of 24-hydroxylase-mediated inactivation. It has been reported that 24-hydroxylase enzyme

inhibitors enhance the transcriptional activity of $1\alpha,25\text{-(OH)}_2\text{D}_3$ in human skin (Kang et al. 1997) as well as the antiproliferative activity of $1\alpha,25\text{-(OH)}_2\text{D}_3$ in prostate cancer cells (Ly et al. 1999, Peehl et al. 2002) and ovarian cancer cells (Miettinen et al. 2004). The importance of 24-hydroxylase in vitamin D₃-resistance has been highlighted by a study demonstrating that 24-hydroxylase is a putative oncogene in human breast cancer (Albertson et al. 2000). Amplification of the chromosomal region, where 24-hydroxylase gene is located, has frequently been reported in human ovarian cancer (Tanner et al. 2000), breast cancer (Kallioniemi et al. 1994, Tanner et al. 1995), and prostate cancer (Wolter et al. 2002) and mouse islet carcinomas (Hodgson et al. 2001). The overexpression of 24-hydroxylase due to its amplification may diminish or abolish vitamin D₃-mediated growth control (Albertson et al. 2000). Epidemiological study also suggests that a high level of serum 25OHD₃ is associated with a higher prostate cancer risk, perhaps due to the development of vitamin D₃-resistance (Tuohimaa et al. 2004). Thus, 24-hydroxylase is a key factor in the successful application of vitamin D₃ metabolites in cancer chemoprevention and therapy.

Taken together, our results indicate that the induction of 24-hydroxylase expression by 25OHD₃ and $1\alpha,25\text{-(OH)}_2\text{D}_3$ seems to be a determinant of vitamin D₃ action in the prostate because the inhibition of 1α -hydroxylase expression by $1\alpha,25\text{-(OH)}_2\text{D}_3$ is absent. Although, the $1\alpha,25\text{-(OH)}_2\text{D}_3$ -induced decrease in 1α -hydroxylase activity has been observed in some extrarenal tissues (Bikle et al. 1986, Delvin and Arabian 1987, Jones et al. 1999, Monkawa et al. 2000, Young et al. 2004), this is, in fact, due to the up-regulation of 24-hydroxylase, which decreases concentrations of both the substrate 25OHD₃ and the product $1\alpha,25\text{-(OH)}_2\text{D}_3$ (Xie et al. 2002). A better understanding of the tissue-specific regulation of vitamin D₃ metabolism and function may help the clinical use of vitamin D₃ metabolites in cancer treatment.

2. INTERACTION BETWEEN ANDROGEN AND VITAMIN D₃

To understand the prostate-specific regulation of vitamin D₃ metabolism and function, we studied the androgen effect on 24-hydroxylase and vitamin D₃-mediated growth control. Androgen plays an important role in the prostate. LNCaP cells are androgen-sensitive and express AR. DHT has been shown to stimulate the growth of LNCaP cells at low concentrations (0.001 to 0.1 nM) and to inhibit it at high concentrations (1 to 100 nM) (Lee et al. 1995, Zhao et al. 1997). Both epidemiological and experimental studies have suggested that androgen signaling is required for the anticancer action of vitamin D₃ (Zhao et al. 1997, Ahonen et al. 2000a, Bao et al. 2004). However, it is not clear how vitamin D₃ and androgen signaling pathways interact. The present study demonstrates that DHT regulates the induction of 24-hydroxylase mRNA levels by 25OHD₃ or $1\alpha,25\text{-(OH)}_2\text{D}_3$ in LNCaP cells in a concentration-dependent manner. DHT at low concentrations (0.01-0.1 nM) slightly increased the levels of the induced 24-hydroxylase mRNA. However, DHT at a physiological concentration of 1 nM caused a 50 %-75 % reduction and 10-100 nM of DHT caused 94 %-99 % suppression. Furthermore, DHT at 10 nM reduced $1\alpha,25\text{-(OH)}_2\text{D}_3$ catabolism suggesting that it protects $1\alpha,25\text{-(OH)}_2\text{D}_3$ from inactivation and therefore, the local tissue concentration of $1\alpha,25\text{-(OH)}_2\text{D}_3$ remains higher. Moreover, our study shows that DHT enhances the antiproliferative activity of 25OHD₃ and $1\alpha,25\text{-(OH)}_2\text{D}_3$. The growth-inhibitory effect of 500 nM 25OHD₃ and 10 nM $1\alpha,25\text{-(OH)}_2\text{D}_3$ is significantly enhanced by 1 nM DHT. Both 25OHD₃ and $1\alpha,25\text{-(OH)}_2\text{D}_3$ at physiological concentrations exhibit strong antiproliferative activity only in the presence of 1 nM DHT. This enhancement by DHT of the

antiproliferative action of vitamin D₃ hormones correlates with the inhibitory effect of DHT on the expression of 24-hydroxylase.

This study may explain the epidemiological result, which shows that 25OHD₃ has a protective role against prostate cancer only before the andropause, when serum androgen levels are higher (Ahonen et al. 2000a). It also suggests that a combination of androgen and either 25OHD₃ or 1 α ,25-(OH)₂D₃ at physiological concentrations may be a more beneficial treatment of androgen-dependent prostate cancer than either alone. Because DHT itself has a dose-dependent inhibitory effect on cell growth and may prevent prostate cancer from becoming androgen independent (Feldman and Feldman 2001), the clinical use of DHT in combination with vitamin D₃ metabolites could be more beneficial than the use of other 24-hydroxylase enzyme inhibitors. Although androgen ablation is considered a standard therapy for prostate cancer treatment, the epidemiological studies show no association between high levels of circulating testosterone and increased prostate cancer risk (Chen et al. 2003a, Stattin et al. 2004). In contrast, prostate cancer, especially with more advanced tumors, causes lower levels of both testosterone and DHT (Gustafsson et al. 1996, Hoffman et al. 2000), which may stimulate the growth of prostate cancer cells (Lee et al. 1995, Zhao et al. 1997). The use of androgens in the treatment of prostate cancer has earlier been suggested (Prehn 1999). Based on the present study, the use of either 25OHD₃ or 1 α ,25-(OH)₂D₃ in combination with androgen at physiological concentrations may represent a feasible therapeutic approach for androgen-dependent prostate cancer.

By using AR agonist and antagonist as well as androgen-insensitive cells, we demonstrate that AR is required for the effect of DHT. 1 α ,25-(OH)₂D₃-induced expression of 24-hydroxylase was strongly inhibited by hydroxyflutamide. Hydroxyflutamide functions as an agonist for the mutant AR of LNCaP cells (Veldscholte et al. 1992, Berrevoets et al. 1993). An AR antagonist, Casodex, did not affect 1 α ,25-(OH)₂D₃-induced expression of 24-hydroxylase but partially antagonized the action of DHT because the dose of Casodex (100-fold excess) used can only partially inhibit DHT binding. It has been reported that a 1000-fold excess concentration of Casodex is needed to completely block DHT binding (Zhao et al. 2000). The effect of DHT was not observed in androgen-insensitive human prostate cancer cell lines, DU145 and PC3 whether transfected with the wild-type AR or the mutant AR of LNCaP cells. This indicates that besides AR, there must be other factor(s) involved in the action of androgen.

The mechanism of this action of DHT is not known. Some possible pathways have been excluded. First, DHT does not change VDR mRNA levels. This is consistent with previous reports in other types of cells including prostate cells (Wiese et al. 1992, Li et al. 1999a, Leman and Getzenberg 2003). Second, DHT does not affect the stability of 24-hydroxylase mRNA. Third, no androgen-responsive element has been identified in 24-hydroxylase gene promoter and DHT does not affect the basal level of 24-hydroxylase mRNA. DHT may directly impair the transcriptional function of the liganded VDR, presumably by interfering with coactivator recruitment or by mitogen-activated protein (MAP) kinase activation. There is no earlier report about the interaction of androgen and vitamin D signaling pathways at a specific gene level. Further studies are needed to elucidate the mechanisms underlying the effect of DHT.

3. INTERACTION BETWEEN ALL-TRANS RETINOIC ACID AND VITAMIN D₃

This study demonstrates that ATRA significantly decreases the expression of 25OHD₃- and 1 α ,25-(OH)₂D₃-induced 24-hydroxylase mRNA levels in primary cultures of human prostate stromal cells P29SN and P32S, but not in either primary culture of human prostate epithelial cells PrEC or cancer epithelial cells LNCaP and PC3. Studies on the transfection of RAR β in PC3 cells and using RAR-specific ligands eliminated the role of RAR β in the action of ATRA. Furthermore, by using an RAR α agonist Am80, we found that this action of ATRA is actually mediated by RAR α . RAR α has been found to be responsible for the action of RA in breast cancer cells (Fitzgerald et al. 1997, Schneider et al. 2000). This inhibitory effect of ATRA in stromal cells may therefore enhance the antiproliferative activity of vitamin D metabolites. Cell growth study showed that the combined treatment of 1 α ,25-(OH)₂D₃ and Am80 at 10 nM strongly inhibits cell growth whereas either alone has no effect. The prostate stroma plays an important role in benign prostatic hyperplasia as well as in carcinogenesis, and aberrant interaction between stroma and epithelium is believed to contribute to carcinoma progression (Tlsty and Hein 2001, Chung et al. 2003, Bhowmick et al. 2004, Mueller and Fusenig 2004). It has been demonstrated that carcinoma-associated fibroblasts do not form tumors but promote carcinogenesis of non-tumorigenic prostate epithelial cells (Grossfeld et al. 1998, Olumi et al. 1999, Cunha et al. 2002).

ATRA, the most potent form of vitamin A, plays an important role in the growth and differentiation of many cells (Altucci and Gronemeyer 2001). ATRA is the main signaling retinoid in the body and exerts its action by binding to RARs, which also act as heterodimers with RXR and bind to the retinoic acid response element (Altucci and Gronemeyer 2001). 9-cis RA binds to both RARs and RXRs (Giguere 1994, Chambon 1996). The role of ATRA in regulating 24-hydroxylase expression is not very clear. An early study showed that RXR-selective ligands stimulate 24-hydroxylase mRNA expression and enzymatic activity in mice (Allegretto et al. 1995). In our experiments, ATRA alone had no effect on 24-hydroxylase expression, suggesting that isomerization of ATRA to 9-cis RA is negligible. There has been no earlier report about the effect of ATRA on prostate cells. Our finding is the first demonstration to show crosstalk between vitamin D and ATRA in prostate stromal cells. 9-cis RA has been reported to reduce 1 α ,25-(OH)₂D₃-induced expression of osteocalcin by diverting RXRs away from VDRs (MacDonald et al. 1993). ATRA and vitamin D have earlier been shown to cooperate to promote differentiation of promyeloid leukemia cells (Brown et al. 1994) and synergistically inhibit the growth of breast cancer cells (Koga and Sutherland 1991, Wang et al. 2000) with different mechanisms.

The present data show that RAR α , but not RAR β , mediated ATRA-induced expression of RAR β in prostate stromal cells, which is consistent with other studies performed in cervical cells (Geisen et al. 1997) and breast cancer cells MCF7 (Shang et al. 1999). The higher expression levels of RAR β in stromal cells may result from the more active RAR α , which mediates the action of ATRA in reducing 24-hydroxylase expression in stromal cells. Additionally, the present study shows that prostate cancer LNCaP cells express much lower levels of RARs than normal cells, which is consistent with earlier reports showing that the expression of RARs is decreased in tumor progression (Hansen et al. 2000). The loss of responsiveness to ATRA in terms of growth inhibition and RAR β inducibility, as seen in LNCaP cells in our study, has been

reported in colon (Nicke et al. 1999), lung (Zhang et al. 1994) and breast cancers (Liu et al. 1996b). We found that ATRA did not regulate the expression of RAR α and RAR γ genes in prostate cells, as also in breast cancer cells (Liu et al. 1996b, Shang et al. 1999).

4. NOVEL ENDOCRINE SYSTEM OF 25OHD₃

The present study demonstrates that 25OHD₃ is an active hormone in the prostate. 25OHD₃ (physiological concentrations 20-105 nM) at 100-250 nM in stromal cells and primary epithelial cells or at 500 nM in cancer LNCaP cells can induce 24-hydroxylase expression and inhibit cell growth, whereas 0.1 nM of 1 α ,25-(OH)₂D₃ within a physiological concentration range (48-156 pM) is inactive. 25OHD₃ at physiological concentration is as effective as 1 α ,25-(OH)₂D₃ at pharmacological concentration. By using a specific inhibitor of 1 α -hydroxylase, we demonstrate for the first time that 25OHD₃ possesses an inherent hormonal activity and that its activation through 1 α -hydroxylation is not essential for its biological activity.

1 α ,25-(OH)₂D₃ has the greatest binding affinity to VDR (K_d = 90-300 pM for rat VDR) (Walters 1992). 25OHD₃ binds to human VDR approximately 50 times less effectively (Bouillon et al. 1995) and to chicken VDR 150-667 times less effectively (Brumbaugh and Haussler 1974, Bouillon et al. 1995). Therefore, 1 α ,25-(OH)₂D₃ has been regarded as the vitamin D hormone. However, the serum concentrations of 25OHD₃ are approximately 1000-fold greater than those of 1 α ,25-(OH)₂D₃, which indicates that the biological activity of the circulating 25OHD₃ is significant. Moreover, 24-hydroxylase displays 10-fold greater affinity for 1 α ,25-(OH)₂D₃ than 25OHD₃ (Chen et al. 1993). It has been suggested that 55 to 90 % of the biological action of vitamin D₃ metabolites is mediated by 25OHD₃ (Zittermann 2003). 1 α ,25-(OH)₂D₃ has been demonstrated *in vitro* to regulate the growth, differentiation, and function of a variety of cells including cancer cells (Mehta and Mehta 2002, Ylikomi et al. 2002, Chen and Holick 2003, Lin and White 2004, Nagpal et al. 2005), but its antiproliferative and differentiation actions are achieved only at hypercalcemic concentrations (Osborn et al. 1995, Gross et al. 1998, Smith et al. 1999).

Based on the present results, we propose a novel vitamin D₃ endocrine system (Figure 3), distinct from the classical system involved in calcium homeostasis and mediated by 1 α ,25-(OH)₂D₃. The novel vitamin D₃ endocrine system is based on the liver hormone, 25OHD₃, which regulates cell proliferation and gene expression at physiological concentrations. The synthesis of 1 α ,25-(OH)₂D₃ in the kidney is tightly controlled by the hormone itself, PTH, and calcium, through the regulation of 1 α -hydroxylase and 24-hydroxylase. Thus, the circulating levels of 1 α ,25-(OH)₂D₃ vary within an extremely narrow range not affected by the season (Hine and Roberts 1994, Corder et al. 1995). In contrast, the physiological serum concentration of 25OHD₃ fluctuates within a wide range, depending on the season (Hine and Roberts 1994, Corder et al. 1995). The results may also explain those epidemiological studies suggesting that UV radiation and 25OHD₃ may protect against prostate cancer (Schwartz and Hulka 1990, Ahonen et al. 2000a, Luscombe et al. 2001) and other cancers (Tangrea et al. 1997, Grant 2002, Bertone-Johnson et al. 2005). However, serum levels of 1 α ,25-(OH)₂D₃ are not associated with cancer risk (Tangrea et al. 1997, Bertone-Johnson et al. 2005).

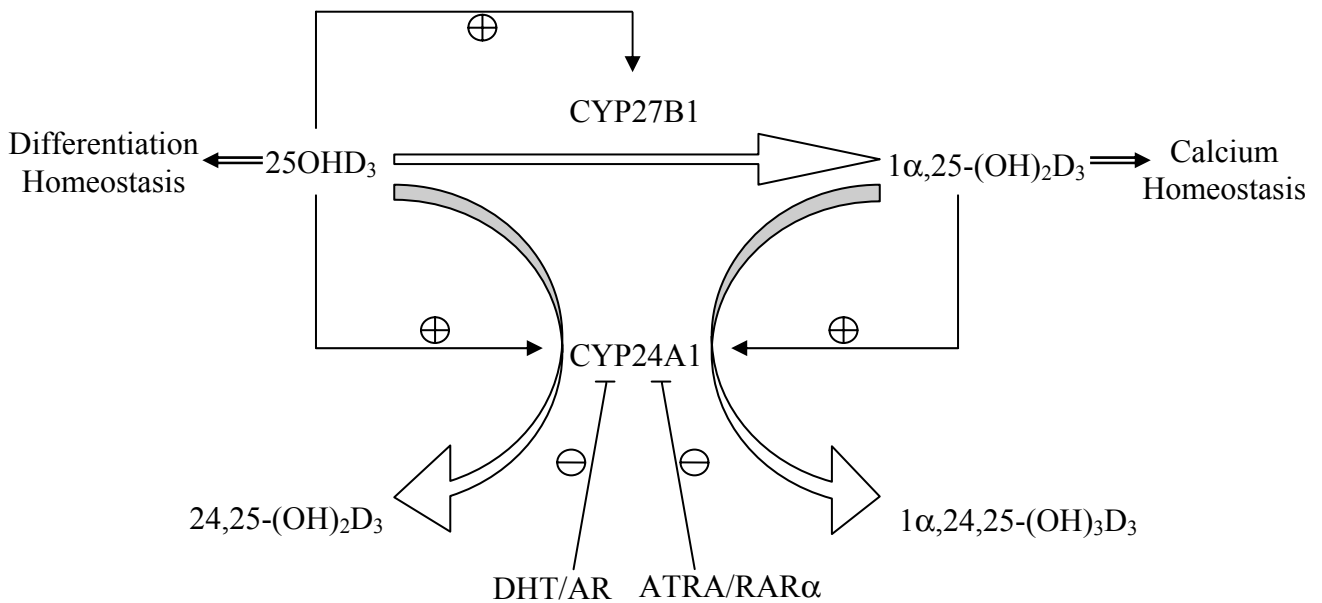


Figure 3. Summary of the results. There are two vitamin D₃ endocrine systems: the classical 1α,25-(OH)₂D₃-mediated system is responsible for calcium homeostasis whereas the novel 25OHD₃-mediated system regulates cell proliferation and differentiation. Both hormones regulate the key enzymes 24-hydroxylase and/or 1α-hydroxylase in the prostate. Androgen and all-trans-retinoic acid enhance the activities of vitamin D hormones by suppressing the expression of 24-hydroxylase in prostate epithelial and stromal cells, respectively.

SUMMARY AND CONCLUSIONS

This study provides evidence for the prostatic expression of two key enzymes involved in vitamin D₃ metabolism, 1 α -hydroxylase and 24-hydroxylase. 1 α -Hydroxylase is up-regulated by 25OHD₃ in stromal cells. 24-Hydroxylase is up-regulated by both 25OHD₃ and 1 α ,25-(OH)₂D₃ in epithelial and stromal cells. In the presence of a 24-hydroxylase inhibitor, VID400, the transcriptional activity of both 25OHD₃ and 1 α ,25-(OH)₂D₃ in stromal cells is greatly increased, emphasizing the critical role of 24-hydroxylase-mediated inactivation. Thus, inhibition of 24-hydroxylase is very important aspect in the clinical use of vitamin D₃ metabolites.

To understand the prostate-specific regulation of vitamin D₃ metabolism and function, the androgen effect on 24-hydroxylase and vitamin D₃-mediated growth control was studied. DHT at a physiological concentration enhances the antiproliferative activities of 25OHD₃ and 1 α ,25-(OH)₂D₃ by suppressing the expression of 24-hydroxylase in LNCaP cells. This finding provides a feasible therapeutic approach for androgen-dependent prostate cancer.

ATRA significantly decreases the expression of 24-hydroxylase mRNA induced by 25OHD₃ and 1 α ,25-(OH)₂D₃ in primary cultures of human prostate stromal cells P29SN and P32S but not in either primary culture of human prostate epithelial cells PrEC or cancer epithelial cells LNCaP and PC3. With an RAR α agonist Am80, RAR α was found to mediate the action of ATRA. This inhibitory effect of ATRA in stromal cells may therefore, enhance the antiproliferative activity of vitamin D metabolites. Cell growth study showed that the combined treatment of 1 α ,25-(OH)₂D₃ and Am80 at 10 nM strongly inhibits cell growth whereas either alone has no effect.

The finding that 25OHD₃ at a physiological concentration possesses an inherent hormonal activity provides a novel view of the vitamin D₃ endocrine system and suggests a potent anticancer therapy. 1 α ,25-(OH)₂D₃ is inactive at its physiological concentrations but pharmacological concentrations are needed for induction of target gene expression and growth inhibition.

Taken together, the present study demonstrates several important aspects regarding the role of vitamin D₃ metabolites and their enzymes in the prevention and treatment of prostate cancer. 25OHD₃ mediates a distinct vitamin D₃ endocrine system. 24-Hydroxylase is a key factor in the successful application of vitamin D₃ metabolites in cancer chemoprevention and therapy. The crosstalk between vitamin D₃ and DHT or ATRA may provide therapeutic approaches.

ACKNOWLEDGEMENTS

This study was carried out at the Department of Anatomy, Medical School, University of Tampere, Finland.

I am most grateful to my supervisor, Professor Pentti Tuohimaa, M.D., Ph.D., for his patient guidance, never-ending encouragement and generous help. It has been a pleasure to work in his group. His enthusiasm and enormous knowledge of science have been of great value. Without his support, this work would not have been possible.

I would like to thank Docent Anitta Mahonen, Ph.D. and Professor Pirkko Vihko, M.D., Ph.D., the official reviewers of this thesis, for their advice and valuable criticism.

I wish to express my gratitude to Heimo Syväälä, Ph.D., for his kind support and help over the years. I would like to thank Ya-Hua Zhuang, M.D., Ph.D., for his valuable help in life science and computer science. I wish to thank Professor Timo Ylikomi, M.D., Ph.D., for his support and help.

My sincere thanks go to my collaborators and co-authors, Ilkka Laaksi, M.D., Nadja Nazarova, M.Sc., Susanna Miettinen, M.Sc., Merja Bläuer, Ph.D., Riikka Talonpoika, M.D., Hiroyuki Kagechika, Ph.D., Hinrich Gronemeyer, Ph.D., Teuvo L.J. Tammela, M.D., Ph.D., for their contribution to this study.

I am grateful to Mrs. Hilikka Mäkinen, Ms. Arja Ahola, Ms. Taina Eskola, for their excellent technical assistance.

My colleagues in the Medical School at University of Tampere are acknowledged for their friendship and help. Special thanks go to Merja Ahonen, Ph.D., Mrs. Tarja Arvela, Olga Golovko, M.Sc., Ms. Mirja Hyppönen, Ulla Järvelin, M.D., Allan V. Kalueff, Ph.D., Ms. Marianne Kuuslahti, Tommi Manninen, M.Sc., Mika Perttu, M.D., Teemu Murtola, M.D., Pasi Pennanen, M.Sc., Sami Purmonen, M.Sc., Shengjun Qiao, M.Sc., Riina Sarkanen, M.Sc., and Annika Vienonen, Ph.D.

Finally, my warmest and loving thanks go to my family and friends for their support and encouragement during these years. I am grateful to my father, Wanzhen, and to my sister, Yanbin, for their endless support and love.

I wish to thank Virginia Mattila, M.A., for revising the language of this thesis. This study was financially supported by the Medical Research Fund of the Tampere University Hospital, the Academy of Finland and the Finnish Cancer Foundation. Permission to republish the original articles was kindly granted by FASEB (I) and John Wiley & Sons, Inc. (II).

Tampere, October 2005

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ORIGINAL COMMUNICATIONS

ERRATA

There are two errors in the original communication III:

Page 1976, in the caption of Fig. 1, " $P < 0.05$ (ns)" should read " $P > 0.05$ (ns)";

Page 1978, in the caption of Fig. 3, " $P < 0.05$ (ns)" should read " $P > 0.05$ (ns)".