The endogenous cannabinoid anandamide inhibits human breast cancer cell proliferation

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ABSTRACT Anandamide was the first brain metabolite shown to act as a ligand of “central” CB1 cannabinoid receptors. Here we report that the endogenous cannabinoid potently and selectively inhibits the proliferation of human breast cancer cells in vitro. Anandamide dose-dependently inhibited the proliferation of MCF-7 and EFM-19 cells with IC50 values between 0.5 and 1.5 μM and 83–92% maximal inhibition at 5–10 μM. The proliferation of several other nonmammalian tumoral cell lines was not affected by 10 μM anandamide. The anti-proliferative effect of anandamide was not due to toxicity or to apoptosis of cells but was accompanied by a reduction of cells in the S phase of the cell cycle. A stable analogue of anandamide (R)-methanandamide, another endogenous cannabinoid, 2-arachidonoylglycerol, and the synthetic cannabinoid HU-210 also inhibited EFM-19 cell proliferation, whereas arachidonic acid was much less effective. These cannabimimetic substances displaced the binding of the selective cannabinoid agonist [3H]CP 55,940 to EFM-19 membranes with an order of potency identical to that observed for the inhibition of EFM-19 cell proliferation. Moreover, anandamide cytostatic effect was inhibited by the selective CB1 receptor antagonist SR 141716A. Cell proliferation was arrested by a prolactin mAb and enhanced by exogenous human prolactin, whose mitogenic action was reverted by very low (0.1–0.5 μM) doses of anandamide. Anandamide suppressed the levels of the long form of the prolactin receptor in both EFM-19 and MCF-7 cells, as well as a typical prolactin-induced response, i.e., the expression of the breast cancer cell susceptibility gene brca1. These data suggest that anandamide blocks human breast cancer cell proliferation through CB1-like receptor-mediated inhibition of endogenous prolactin action at the level of prolactin receptor.

Anandamide (N-arachidonoyl-ethanolamine), the first endogenous ligand of central (CB1) cannabinoid receptors, was isolated from porcine brain in 1992 (1). Since its discovery, several CB1-mediated effects have been reported for this endogenous cannabinoid in numerous mammalian tissues (reviewed in refs. 2 and 3). Of special interest for the development of new drugs seem to be the pharmacological actions exerted by anandamide in peripheral tissues. In the cardiovascular system, anandamide induces hypotension and bradycardia (4) and lowers ocular blood pressure (5). In the gastrointestinal and urinary tracts, the cannabimimetic metabolite inhibits smooth muscle contraction (6). Anandamide and CB1 receptors have been suggested to play a modulatory role during uterus–embryo interactions (7). Finally, anandamide and 2-arachidonoyl-glycerol, another putative “endogenous cannabinoid” (8, 9), have been shown to affect lymphocyte and macrophage function (10–12), even though it is not clear yet whether these immunomodulatory actions are mediated by the CB1 or “peripheral” CB2 cannabinoid receptor subtype. A neuroendocrine function for anandamide also was proposed on the basis of the interactions between psychoactive cannabinoids and steroid hormone action, described previously and reviewed in ref. 13, and of the finding of anandamide stimulatory or suppressing effects on the serum levels, respectively, of corticosterone or prolactin and growth hormone (14–16). Recently, further insights have been gained on the hypothalamic cellular targets of anandamide that are at the basis of its CB1-mediated regulatory action on the hypothalamo-pituitary-adrenal axis (17, 18).

Based on this background, in the present study we have addressed the question of whether anandamide would exert a modulatory effect on the proliferation of human breast cancer (HBC) cells, which has been suggested to depend on prolactin and estrogens (19–22). Inasmuch as they express prolactin receptors, respond to prolactin treatment, and synthesize their own prolactin (19–22), these cells are similar to B and T lymphocytes, whose proliferation has been shown to be stimulated by the hormone (23, 24) and inhibited by cannabinoids, anandamide (10), and 2-arachidonoylglycerol (11). Therefore, we have investigated the possible anti-mitogenic action of anandamide and other cannabimimetic compounds on two epitheliod HBC cell lines, EFM-19 and MCF-7 cells, that have been used widely in the past for studies on the pharmacology and biochemistry of lactogenic hormones (19–22, 25).

MATERIALS AND METHODS

Cell Proliferation Assays, [3H]thymidine Incorporation Studies, and Effect on Cell Cycle. Anandamide was synthesized in large amounts and purified as described (1). Arachidonoyl-trifluoromethyl-ketone and (R)-methanandamide were purchased from Biomol (Plymouth Meeting, PA), and arachidonic acid and human prolactin were purchased from Sigma. SR 141716A and HU-210 were gifts from Sanofi Recherche, Montpellier, France, and Prof. Raphael Mechoulam, The Hebrew University of Jerusalem, Israel, respectively. Prolactin mAb was purchased from Pierce. EFM-19, MCF-7, and BT-474 cells, purchased from DSM, Braunschweig, Germany, and T-47D cells, purchased from American Type Culture Collection, were cultured in dialyzed media prepared...
according to the instructions of the manufacturers except for MCF-7 cells, which were cultured in dialyzed minimal essential medium containing 5% heat-inactivated fetal bovine serum. These culture media contained no detectable prolactin by radioimmunoassay. Cell proliferation assays were carried out in triplicate by a slight modification of the method described (19) in 6-well dishes containing subconfluent cells (at a density of \( \approx 50,000 \) cells/well). When using EFM-19 and BT-474 cells, which take 24 h to completely adhere to plastic and start growing, substances to be tested were introduced 24 h after cell seeding. With MCF-7 and T-47D cells, which immediately adhere to plastic and start growing, substances to be tested were introduced 6 h after cell seeding. Depending on the experiment, various doses or one single dose of the substances was assayed, and cells were trypsinized and counted by a hemocytometer, respectively, after 3 (MCF-7 and T-47D cells) or 6 (EFM-19 and BT-474 cells) days or day by day. This method also allowed us to check cell viability by the addition of trypan blue to aliquots of trypsinized cells. No significant decrease in cell viability was observed with up to 100 \( \mu \text{M} \) anandamide. For \(^{3}\text{H}\)thymidine incorporation studies, EFM-19 and MCF-7 cells were synchronised in G0 by incubation with 100 \( \mu \text{M} \) anandamide (Sigma) then was added, and the mixture was incubated overnight in triplicate by a slight modification of the method described previously (28) with slight modifications that consisted of the use of 12,000 \( \mu \text{g} \) of an anti-prolactin receptor mAb (U5, purchased from Affinity Bioreagents, Golden, CO) and 2 \( \mu \text{g} \) of IgG, corresponding to 8 \( \mu \text{g} \) of an anti-proliferative effect (Fig. 1c). Anandamide anti-proliferative action was due to inhibition of DNA synthesis, measured by determining the incorporation of \(^{3}\text{H}\)thymidine in DNA (see legend to Fig. 1), and was not due to toxic effects or apoptosis of cells, as assessed by testing the effect on cell viability and DNA fragmentation, respectively. Analogous results were obtained with other HBC cell lines, i.e., the widely studied MCF-7 cells, where anandamide effect was even more marked (estimated IC\(_{50} = 0.5 \mu \text{M}, 83\% \) maximal inhibition at 5 \( \mu \text{M} \) after a 3-day treatment, Fig. 1a) and T-47D or BT-474 cells (estimated IC\(_{50} = 1.9 \) and 6 \( \mu \text{M} \), respectively; data not shown). Conversely, no anti-proliferative effect was observed with a 10-\( \mu \text{M} \) concentration of anandamide in several tumoral lines derived from other cell types (e.g., mouse neuroblastoma N18TG2 cells, rat leukemia RBL-2H3 basophils, mouse heart endothelioma H5V cells, and mouse J774 macrophages) (data not shown). Of interest, anandamide appeared to inhibit significantly and dose-dependently the GI/S transition of the cell mitotic cycle in EFM-19 cells (the decrease of cells in the S phase was 9.9 \( \% \) at 1 and 5 \( \mu \text{M} \) anandamide, respectively, and was not due to toxic effects or apoptosis of cells, as assessed by testing the effect on cell viability and DNA fragmentation, respectively. Polyunsaturated fatty acids are known to affect cancer cell proliferation (for a review see ref. 29). Therefore, we performed a series of experiments aimed at assessing whether the effect of anandamide was due to arachidonic acid produced from its enzymatic hydrolysis. We tested arachidonoyl-trifluoromethylketone, an inhibitor of the enzyme “fatty acid amide hydrolase,” which catalyzes the hydrolysis of anandamide in mammalian tissues (30, 31). This compound, at a concentration (5 \( \mu \text{M} \)) that efficiently inhibited anandamide hydrolysis by intact EFM-19 cells (data not shown) without significantly affecting EFM-19 cell proliferation (2.6 \( \pm \) 0.2\% inhibition, mean \( \pm \) SD, \( n = 3 \)), potentiated anandamide anti-proliferative effect (Fig. 1c). Moreover (R)-methanandamide, a more stable analogue of anandamide (32), was more potent than the latter compound at low concentrations (IC\(_{50} = 0.8 \mu \text{M}; \) Fig. 1c), whereas arachidonic acid was much less effective (Fig. 1d).
No data on the presence of cannabinoid receptors in HBC cells have been reported to date (33). Therefore, we next wanted to determine whether anandamide anti-mitogenic action was due to interaction with selective binding sites or rather to noncannabinoid receptor-mediated intracellular effects (13, 28). We found that a synthetic cannabinoid, HU-210 (34), as well as another endogenous ligand of cannabinoid receptors, 2-arachidonoyl-glycerol (8, 9), but not an anandamide congener, palmitoylethanolamide [which is inactive at CB1 receptors (28, 34)], also exhibited a potent anti-proliferative action on EFM-19 cells (Fig. 2a), thus suggesting that this effect is due to interaction with cannabinoid receptors. More important: (i) The antiproliferative actions of anandamide, but not of arachidonic acid, were counteracted by the selective CB1 receptor antagonist SR 141716A (35) in both EFM-19 and MCF-7 cells (Fig. 2b and data not shown); and (ii) selective binding sites for anandamide, HU-210, 2-arachidonoyl-glycerol, and SR 141716A, but not palmitoylethanolamide [a CB2 receptor agonist candidate (36)], were detected through the displacement of a high affinity specific cannabinoid receptor ligand, [3H]CP-55,940, from EFM-19 cell membrane preparations (Fig. 2c). Bmax and Kd values for the binding of [3H]CP-55,940 were, respectively, 91.5 fmol mg protein⁻¹ and 438 pM. With the only predictable exception of the CB1 antagonist SR 141716A, which exerted only a very low antiproliferative action (16.0 ± 0.7% inhibition at 10 μM, mean ± SEM, n = 3) but was very active in the binding assays (Ki = 2.4 nM), the rank of potency of these compounds for cannabinoid receptor binding activity reflected that observed for the inhibition of EFM-19 cell proliferation, i.e., 2-arachidonoyl-glycerol > anandamide > HU-210 > palmitoylethanolamide in both assays, thus confirming the involvement of a CB1-like cannabinoid receptor in the anti-proliferative effect. Anandamide also displaced [3H]thymidine incorporation into EFM-19 and MCF-7 cell DNA (IC50s were 0.65 and 0.70 μM, and maximal inhibition at 1 μM was 75.0 ± 6 and 67.0 ± 0.9%, respectively, mean ± SD, n = 3).

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We investigated the possible mechanism of action through which anandamide and other cannabinoids inhibit cell prolif-
We started from the observation that anandamide effects appeared to be restricted to cancer cell lines known to express estrogen and/or prolactin receptors and to proliferate in response to the treatment with steroid and/or lactogenic hormones (19–22). Both the levels and actions of these hormones have been shown to be influenced by synthetic cannabimimetics and anandamide (13–18). Therefore, we hypothesized that the latter compounds could exert their anti-proliferative effect by interfering with the action of one or more of such hormones. However, in a thorough study carried out in MCF-7 cells (38), no interaction between cannabimimetic compounds and estrogen receptors was observed, even though 1 μM desacetyllevonantradol, a synthetic cannabinoid, was shown to inhibit transcriptional activity when tested under conditions (48-h treatment of cells) similar to those used in the present study to detect anandamide anti-proliferative action in the same cell line. As to prolactin, this hormone is produced in high amounts [for example 0.35 μg/ml/day (20)] by most breast cancer cell lines studied so far as well as by human breast carcinomas and was proposed to act as a major autacoid for which the lowest effect of anandamide was found (see above), only a 29.1% inhibition of proliferation was observed. Thus, the potency of anandamide appeared to parallel the degree of dependency of HBC cell proliferation on endogenous prolactin. However, in the presence of a submaximal concentration of anandamide, the decreased availability of free endogenous prolactin caused by treatment with submaximal doses of prolactin antibody did not result in a further inhibition of proliferation (Fig. 3a). This result indicates that, if prolactin is the target of anandamide anti-proliferative action, the endogenous cannabinoid is not acting by reducing prolactin levels. On the other hand, low doses (0.1–0.5 μM) of anandamide, which were ineffective in the absence of exogenous prolactin, reverted the proliferation of EFM-19 cells induced by 50 ng/ml of the hormone. This effect was blocked by SR 141716A (Fig. 3b). These data, taken together, may suggest that anandamide anti-proliferative effect is caused, at least in part, by interference with the prolactin receptor-mediated proliferative action of endogenous prolactin. A reduction of prolactin receptors by anandamide, for example, would explain why the decreased availability of endogenous prolactin caused by prolactin antibody did not potentiate anandamide anti-proliferative action (Fig. 3a). This hypothesis was supported strongly by the finding that the brain cannabinoid, under the same conditions leading to inhibition of cell proliferation, exerted a strong down-modulatory effect on the levels of the prolactin receptor. This was detected as a 100-kDa protein in Western immunoblot analyses carried out on EFM-19 cell total proteins immunoprecipitated with an anti-prolactin receptor mAb and blotted with the same antibody (Fig. 3c, lanes A and B) or with an anti-phosphotyrosine polyclonal antibody (Fig. 3c, lanes D and E). Similar results were obtained in MCF-7 cells (data not shown). Normal and transformed breast cancer cells have been shown to express the long, 100-kDa form of the prolactin receptor (25), which undergoes tyrosine phosphorylation after its binding to prolactin and subsequent homodimerization (for a review see ref. 39). The inhibitory effect of anandamide on prolactin receptor levels probably is mediated by a CB1-like receptor as it was reversed by co-incubation of cells with SR 141716A (Fig. 3c, lanes C and F).

Finally, having found that anandamide interferes with prolactin action at an up-stream level, we wanted to assess whether the endogenous cannabinoid would also inhibit one of the more down-stream effects associated with the proliferative action of prolactin and other hormones, i.e., the expression of the breast cancer susceptibility brca1 gene, a marker for
in the presence or absence of 1
related effect of prolactin mAb (Pierce) on EFM-19 cell proliferation (lane B) or presence (lane C) of SR141716A (0.5
mM). In
using BSA or a NO synthase III polyclonal antibody instead of prolactin mAb, with no effect on proliferation. In 

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immunoblotting was performed with a monoclonal anti-prolactin receptor antibody (c, lanes A–C), polyclonal anti-phosphotyrosine antibody (c, lanes D–F), or a polyclonal anti-brcal protein antibody (d, lanes A–C). Proteins immunoprecipitated with a monoclonal anti-prolactin receptor antibody or total proteins (50
mg) were used in c and d, respectively. Control experiments (not shown) did not exhibit the bands at 220 or 100 kDa and were carried out with: (i) no proteins, (ii) no first antibody, and (iii) using, as the first antibody, various antibodies other than the ones mentioned above. The mobility of molecular weight markers is shown. Data are representative of at least three separate experiments. Similar data were obtained with MCF-7 cells. Photographs were taken from films exposed with the enhanced chemiluminescence methodology.

Fig. 3. Anandamide interferes with prolactin action. (a) Dose-related effect of prolactin mAb (Pierce) on EFM-19 cell proliferation in the presence or absence of 1 μM anandamide (AEA). (b) Effect of human (h) prolactin (50 ng/ml) on EFM-19 cell proliferation and its counterraction by low doses of anandamide with or without 0.5 μM SR 141716A. (c) Effect on the levels of the long form (100 kDa) of prolactin receptor of 3-day treatment of EFM-19 cells with anandamide (2.5 μM) in the absence (lanes B and E) or presence (lanes C and F) of SR141716A (0.5 μM); lanes A and D are from untreated cells. (d) Effect on the levels of the brcal gene product (220 kDa) of 3-day treatment of EFM-19 cells with anandamide (2.5 μM) in the absence (lane B) or presence (lane C) of SR141716A (0.5 μM). In a, the difference observed between the two sets of data was never statistically significant except for 0 μg/ml prolactin antibody. In a and b, data are mean ± SD (n = 3) and are expressed as described in Fig. 1 a, c, and d. **P < 0.05 vs. h-prolactin + [AEA] = 0; ***P < 0.05 vs. h-prolactin + [AEA] = 0.5 μM. In a, control experiments were performed by using BSA or a NO synthase III polyclonal antibody instead of prolactin mAb, with no effect on proliferation. In c and d, Western