Vascular Permeability Factor Gene Expression in Normal and Neoplastic Human Ovaries

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ABSTRACT

Epithelial ovarian cancer is an aggressive malignancy with a generally poor outcome. To improve survival, novel therapeutic strategies for this disease are needed and require elucidation of the biological events that underlie transformation and tumor growth. Vascular permeability factor (VPF), also known as vascular endothelial growth factor, is a homodimeric glycoprotein that acts on vascular endothelium as a potent permeability-inducing agent and mitogen. The present study demonstrates for the first time the constitutive gene expression of VPF in normal and neoplastic human ovaries. Abundant levels of VPF have been identified by an immunoblot in the ascites of patients with epithelial ovarian cancer (K-T. Yeo et al., Cancer Res., 53: 2972–2981, 1993). We have identified the malignant epithelium as one source of VPF in the ascites. Reverse transcription-polymerase chain reaction has demonstrated the expression of the two secreted isoforms, VPF₁₆₅ and VPF₁₆₁, in normal and neoplastic ovaries. Western blotting and an endothelial cell proliferation assay confirmed secretion of a biologically active product. VPF may be an important mediator of ascites formation and tumor metastasis observed in neoplastic conditions of the ovary.

INTRODUCTION

The clinical presentation of EOC is characterized commonly by the presence of intraabdominal disease and ascites. With accurate staging, more than 70% of patients will have advanced disease (Stage III or IV, disease beyond the pelvis) at the time of diagnosis (1, 2). Survival of this disease, like most malignancies, is directly related to stage (extent of disease), with a 5-yr survival of less than 20% in advanced cases (3). The events that contribute to malignant transformation and tumor cell growth and metastasis are under intense study. The role of growth factors, gene activation/inactivation, and chromosomal events are being investigated. There is increasing evidence that tumor-derived growth factors are important in the proliferation of malignant cells (4–6). Inappropriate production of growth factors paracrine factors which can influence the host cells to create a microenvironment ideally suited for tumor growth.

VPF, also known as vascular endothelial growth factor, is a 34- to 50-kDa dimeric, disulfide-linked glycoprotein synthesized by several human and animal cell types, including normal and neoplastic (7–12). This factor was first identified in the culture supernatant and the ascites of rodent tumors (13). Similarly, rapid resolution of ascites is observed in patients with ascites-producing tumors displayed inhibition of peritoneal fluid accumulation following administration of anti-VPF antibodies (13). Animal studies with transplanted ascites-producing tumors discussed inhibition of peritoneal fluid accumulation following administration of anti-VPF antibodies.
carcinoma of the ovary and was a generous gift from Dr. O. Martinez-Maza. OVCAR-3 and OC494 cells used in this study were obtained after I.p. passage in the athymic mouse. The above-mentioned cell lines were all maintained in RPMI 1640 with 15% FBS and antibiotics. MAR is a human ovarian surface epithelium (norma) transfected with the SV40 T-antigen and was provided by Dr. N. Auersterg. Malignant cells cultured from the tumor-associated ascites were maintained in RPMI 1640 with 15% FBS and antibiotics. MA990, maintained in RPMI 1640/15% FBS and antibiotics, is a primary peritoneal carcinoma (pathological diagnosis) obtained from a patient with histologically normal ovaries bilaterally. All primary tissue samples grown in culture were used for analysis between passages 1–3. Tumor samples were obtained from the Women’s Cancer Center, University of Minnesota, according to established protocols. Samples MA160 and MA990 were provided by Dr. Mark Moradi. The samples used in this study are summarized in Table 1. Normal ovarian tissue verified histologically was obtained at laparotomy from a variety of nonovarian conditions. CPAE cells were maintained in Dulbecco’s Modified Eagle’s Medium 20% FBS and antibiotics, insulin (1 μg/ml) and 1% of the following: sodium pyruvate, l-glutamine, and nonessential amino acids. To obtain serum-free cultures, supernatants, cells were washed three times with Hanks’ balanced salt solution, placed in serum-free culture medium and harvested at 72 h. Seeding density of U937 was at 5 × 10⁴ cells/ml. All other cells were seeded at 2.5 × 10⁴ cells/ml. Serum-free supernatants were concentrated by ultrafiltration (Amicon) and filter sterilized (Spin-X, 0.22-μm filter; Costar) before electrophoresis and use in the DNA synthesis assay.

RESULTS

Identification of VPF Transcripts. Mature VPF transcripts are known to arise from alternate splicing of the primary gene transcript (15, 20). All the splice variants, however, contain the same 5' and 3' terminus (15). Primers were designed to amplify all known splice variants that may be expressed in the samples studied. Furthermore, to identify the type of transcript, it was critical to analyze the PCR products using a positive control. For this purpose, we used U937 cells which are known to express VPF. RT-PCR products generated from the same set of primers from U937 cells were cloned and sequenced (data not shown). The cDNAs of VPF165 and VPF121 were used as standards by liquid scintillation counting.

Table 1 Human ovarian samples

<table>
<thead>
<tr>
<th>Sample</th>
<th>Age (yr)</th>
<th>Diagnosis/stage/ menopausal status</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO510</td>
<td>51</td>
<td>Adenocarcinoma cervix/lVh/pre</td>
</tr>
<tr>
<td>NO610</td>
<td>81</td>
<td>Adenocarcinoma uterine/lB/post</td>
</tr>
<tr>
<td>NO700</td>
<td>70</td>
<td>Adenocarcinoma uterus/lI/post</td>
</tr>
<tr>
<td>NO450</td>
<td>45</td>
<td>Intraductal breast carcinoma/squamous metastasis (cervix)/lpre</td>
</tr>
<tr>
<td>NO500</td>
<td>50</td>
<td>Uterine leiomyoma/lpre</td>
</tr>
<tr>
<td>MA1148</td>
<td>65</td>
<td>Serous adenocarcinoma ovar/lI/post</td>
</tr>
<tr>
<td>MA154</td>
<td>54</td>
<td>Mucinous adenocarcinoma ovar/lI/post</td>
</tr>
<tr>
<td>MA155</td>
<td>40</td>
<td>Serous adenocarcinoma ovar/lI/post</td>
</tr>
<tr>
<td>MT156</td>
<td>32</td>
<td>Mucinous adenocarcinoma ovar/lA/post</td>
</tr>
<tr>
<td>MA160</td>
<td>55</td>
<td>Serous adenocarcinoma ovar/lI/post</td>
</tr>
<tr>
<td>MT161</td>
<td>55</td>
<td>Fibroadenoma/post</td>
</tr>
<tr>
<td>MA990a</td>
<td>72</td>
<td>Primary peritoneal carcinoma/post</td>
</tr>
</tbody>
</table>

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immunological method to characterize the secreted protein from representative EOC cells and the second method was a bioassay to detect VPF-like mitogen activity in the conditioned medium. Cells were grown in serum-free medium for the indicated time and then the conditioned media were collected. After concentration by ultrafiltration, samples were analyzed by sodium dodecyl sulfate-polyacrylamide gel electrophoresis, silver staining (data not shown), and immunoblotting (Fig. 2). A polyclonal antibody raised against a synthetic oligopeptide corresponding to the amino terminus of native VPF was used to identify the immunoreactivity of the secreted protein. Blots of conditioned media were also run on a different gel than lanes 1–14.

The same conditioned media used in Western blotting were also tested for VPF-like mitogenic activity in a vascular endothelial DNA synthesis assay (Fig. 3). OVCAR-3 and MA160 displayed a greater than 2-fold stimulation over controls. U937 showed a slightly lower level of stimulation at 190% of controls. Conditioned medium from U937 cells was used as a positive control and showed a broad band at 42–44 kDa. The small variation in size noted between samples is likely a consequence of differential glycosylation (21).

The same conditioned media used in Western blotting were also tested for VPF-like mitogen activity in a vascular endothelial DNA synthesis assay (Fig. 3). OVCAR-3 and MA160 displayed a greater than 2-fold stimulation over controls. U937 showed a slightly lower level of stimulation at 190% of controls. Conditioned medium of MA990 was at serum-free control levels. Recall RT-PCR did not identify VPF mRNA in MA990. Conditioned medium composed only of differential glycosylation (21).

Interestingly, VPFa65 and VPF121, the secreted isoforms, were observed exclusively in these samples. The oligonucleotide primers were designed complementary to the 5' and 3' termini of human VPF cDNA. The known splice sites are internal to these sequences; therefore, all reported isoforms would be expected to be amplified if present (15). Although there are no apparent differences in the biological properties of the VPF isoforms, VPFa65 would be expected to be the isoforms of functional significance as paracrine mediators in physiological and pathological processes.

The expression of VPF121 only in MA148 is distinct from the other malignant samples tested. It is noteworthy that this sample is highly tumorigenic, forming ascites and solid tumor within 3–4 weeks of i.p. transplantation in the nude mouse. In contrast, MA155 and MA160 grew satisfactorily in culture for several passages but did not grow after i.p. transplantation. Future studies will investigate the relationship of the pattern of isoform expression and tumorigenicity.

In addition to the PCR demonstration of the molecular species of VPF present, VPF was shown by immunoblotting to be secreted into the conditioned media of U937, OVCAR-3, and MA160. The conditioned media was also tested for biological activity as evidenced by identified VPF transcripts in samples from malignant and benign ovarian neoplasms and from normal ovaries. Positive expression in free-floating ascites tumor cells and solid tumor masses obtained from the same patient identifies the malignant epithelium as one source of VPF production. OVCAR-3- and OC494-established EOC cell lines were also found to be positive for VPF mRNA. Similar findings were also observed with normal ovarian tissues and cells. We did not have available fresh ovarian surface epithelium; however, MAR, an established cell line of normal ovarian epithelium, was positive for VPF expression as were all samples of normal ovarian tissue (pre- and postmenopausal).

DISCUSSION

This study systematically examined human tissues and cells of ovarian origin for the presence of VPF gene expression and the secretion of a biologically active protein product. RT-PCR analysis

![Fig. 1. RT-PCR analysis of VPF gene expression.](image1)

![Fig. 2. Western blot of serum-free culture supernatants. Lane 1, U937; Lane 2, MA160; Lane 3, OVCAR-3.](image2)

![Fig. 3. DNA synthesis assay.](image3)
stimulation of DNA synthesis of vascular endothelium. A modest stimulation of 150–250% of control was observed. Conceivably, there are other endothelial cell mitogens present in the conditioned media; however, conditioned media (serum-free) of OVCAR-3 and U937 displayed a single distinct band on silver staining corresponding to the band identified by immunoblotting using an anti-VPF antibody. VPF transcripts were absent in MA990 and therefore the conditioned media of this sample served as a negative control.

The development of ascites in patients with ovarian carcinoma contributes significantly to the morbidity of this disease. Mean survival after the discovery of ascites is 30–40 weeks (40). Our understanding of the mechanisms responsible for malignant ascites formation has evolved. Early work emphasized the importance of lymphatic obstruction, especially of the diaphragm, by tumor cells (41, 42). More recently, evidence for the participation of tumor-derived products has been provided (43). These investigations indicate that secreted products of tumor cells may act in a paracrine fashion by eliciting fluid leakage of the neighboring host vasculature. Accumulation of VPF in an animal model of ascites-producing tumors is found localized to the vessels of the tumor and the peritoneal surfaces (26, 44). Yeo et al. (14) have measured significantly elevated concentrations of VPF in the malignant ascites of patients with ovarian carcinoma. The cellular origin of VPF, however, was not studied. Our data identify the malignant epithelium as one of the sources. Activated peritoneal macrophages in these patients need to be studied as an additional site of production. Lastly, the neovascularature of the growing tumor is also thought to be intrinsically leaky, thereby providing an additional site for fluid extravasation from the vascular space (45). Thus, it appears that VPF may play a pivotal role in malignant ascites formation both as a potent inducer of vascular permeability and as an angiogenesis factor.

These findings may help explain the significant volume of ascites that is occasionally found in apparently early stage (I/II) EOC (32). Staging of EOC requires meticulous surgical exploration with the appropriate biopsies taken. Such staging commonly reveals advanced disease and results in upstaging (2, 3). Nevertheless, the intraabdominal tumor burden is relatively low in the presence of ascites accumulation. Interestingly, in MT161, the benign ovarian fibroma, 2 liters of ascites were drained at the time of surgical exploration. Of patients with benign ovarian fibromas greater than 10 cm, 10–15% develop ascites despite negative peritoneal cytology (46). The addition of pleural effusions to the above situation defines Meigs’ syndrome (47). These observations hint that a diffusible molecule with permeability-inducing properties such as VPF may be of greater relevance than lymphatic obstruction in the genesis of effusions, peritoneal and pleural, in these patients.

Solid tumor growth is dependent on the acquisition of a supporting vasculature (48, 49). Tumor neovascularization (angiogenesis) is accompanied by a propensity to metastasize (50, 51). As noted earlier, VPF has been identified in several in vivo models as an angiogenesis factor. Ferrara et al. (52) transfected Chinese hamster ovary cells with the VPF gene and demonstrated the ability of the transfected cells, in contrast to parental cells, to grow s.c. in the nude mouse as small tumor implants. These transfected cells displayed a growth advantage in vivo but did not demonstrate properties of a transformed cell, e.g., growth in soft agar. At the time of surgical exploration for EOC, the abdominal viscera and peritoneal surfaces, including the diaphragm, liver, small bowel, and omentum, are studded with solid tumor implants. It is therefore possible that VPF may be a critical factor in supporting the widespread i.p. growth of ovarian carcinoma. Specifically, VPF secreted by the transformed epithelium may act by inducing neoangiogenesis and stroma formation in these metastatic deposits. Injection of anti-VPF antibodies in athymic mice transplanted with human tumors lead to tumor regression and decreased density of the tumor-supporting vasculature (27).

Our understanding of the regulatory factors involved in VPF expression is limited (53). In vitro studies have shown a reversible induction of VPF mRNA in hypoxic conditions (54). In situ studies reveal the relevance of this observation in tumor growth by demonstrating intense staining in the central necrotic core of growing tumors. Spherical tumor growth beyond a minimum size requires a neovascularization for metabolic support (49). These findings may account for the absence of VPF gene expression in the primary peritoneal carcinoma (MA990) sample which was characterized by growth in sheets and as ascites tumor. This possibility needs to be verified in additional cases of primary peritoneal carcinoma.

Studies examining the temporospatial expression of VPF in the normal ovarian and uterine cycles has provided important insights into regulation (9, 28). By in situ analysis, VPF mRNA was identified in the cells of the developing ovarian follicle, corpus luteum, and the endometrium at times coincident with neovascularization of these structures. Addition of exogenous estrogen to uterine carcinoma cell lines in culture stimulated VPF mRNA several fold (36). Therefore, differential expression of VPF in these cell types may be hormonally regulated by gonadotropin or steroid hormones. Recognizing the limitations of the following interpretation, it is interesting to note that the postmenopausal ovaries in this study, a condition characterized by elevated systemic levels of gonadotropins, displayed the most intense banding pattern by PCR analysis. If this correlation is borne out by quantitative analysis in current studies, the antitumor effects of gonadotropin-releasing hormone analogues in EOC may be explained by the inhibition of gonadotropic stimulation of VPF expression (55, 56). This would be an example of a novel method of antiangiogenesis therapy.

In summary, this study demonstrates the constitutive expression of VPF in normal and neoplastic human ovaries. Current investigations address the issue of quantitative differences in VPF expression and the regulatory elements involved.

REFERENCES


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