Adenovirus-mediated Gene Therapy of Hepatocellular Carcinoma Using Cancer-specific Gene Expression

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ABSTRACT

Most patients with hepatocellular carcinoma have an elevated a-fetoprotein (AFP) level. This high level of AFP expression is transcriptionally controlled by the 5'-flanking sequence of the AFP gene. Using the 5'-flanking sequence as a promoter for the herpes simplex virus thymidine kinase (HSV-TK) gene in an adenoviral vector (Av1AFPTK1), the therapeutic efficacy of adenovirus-mediated HSV-TK gene transduction, followed by ganciclovir (GCV) administration, was studied in tumors in athymic nude mice. Av1AFPTK1 transduction of two cell lines demonstrated HSV-TK enzyme activity only in the AFP-producing cells (HuH7) and not in the AFP nonproducing cells (SK-Hep-1). As expected, only transduced HuH7 cells were killed by GCV treatment. Transduction by an adenoviral vector harboring a Rous sarcoma virus promoter and HSV-TK gene (Av1TK1) showed enzymatic activity and GCV killing in both cell lines. All HuH7 tumors that were transduced with either Av1AFPTK1 or Av1TK1 completely regressed after GCV treatment. On the other hand, there was complete regression of SK-Hep-1 tumors only when treated with Av1TK1 and GCV and not when treated with Av1AFPTK1 and GCV. Thus, cell-specific killing was achieved by adenoviral vector containing AFP promoter for the HSV-TK gene and GCV treatment.

INTRODUCTION

Hepatocellular carcinoma is one of the most common cancers in the world. Only a minority of patients are cured by removal of the tumor either by resection or transplantation (1–3). For the majority of patients, the current treatments remain unsatisfactory, and the prognosis is poor. One characteristic of hepatocellular carcinoma is that most of patients have an elevated concentration of serum AFP concentration (4). The AFP concentration in the serum generally tends to stabilize or gradually increase with progression of disease, and high levels of AFP are frequently found in patients with advanced hepatocellular carcinoma. The serum AFP levels in the patients appear to be regulated by the AFP-producing and AFP-nonproducing hepatocellular carcinoma transplanted in athymic nude mice.

Recombinant Adenovirus. Recombinant, replication-deficient adenoviral vectors were constructed by the homologous recombination method using pAvS6, an adenoviral vector construction “shuttle” plasmid and Clal fragment derived from Ad-dl327 as described (24, 25). Av1TK1, an E1-deleted (1.18–9.2 map units), E3-deleted (78.5–8.4 map units) adenovirus type 5-based viral vector was constructed by inserting a HSV-TK fragment under the control of RSV promoter and the major late mRNA tripartite leader of Ad5. Av1AFPTK1 contains the 4.9-kb HindIII-HindII fragment of the 5'-flanking sequences of the AFP gene instead of the RSV promoter and tripartite leader upstream of the HSV-TK gene (26). Av1LacZ4 was constructed by inserting Escherichia coli β-galactosidase gene into pAvS6 (25). Viral stocks were propagated in 293 cells, and titers were quantified by 293 plaque assays (24).

LacZ Expression in Av1LacZ4-Infected Cells. Transduction efficiency of adenoviral vectors in hepatocellular carcinoma cell lines were tested using Av1LacZ4. Exponentially growing cells were seeded onto duplicate of 12-well tissue culture dishes at a concentration of 2 × 104 cells/well. The next day, different MOIs of adenoviral vectors were added: 2 × 103 (MOI = 1000); 2 × 103 (MOI = 100); and 2 × 104 (MOI = 10) PFU/well. The following day, the cells were fixed with 0.5% glutaraldehyde and then stained with X-gal. The number of lacZ-positive and lacZ-negative cells in three high-power fields from each well was recorded, and the percentage of the positive cells is presented as mean ± SD.

Enzymatic Assay for HSV-TK. Cells were seeded onto T12.5 tissue culture flasks at a concentration of 8 × 104 cells/flask. The next day, different MOIs of adenoviral vectors were added. Sixteen h after infection, the cells were harvested using a cell lifter. After washing twice with 2 ml of lysis buffer containing 10 mm Tris-HCl (pH 7.5), 1 mm DTT, 1 mm EDTA, and 20% glycerol, the cell pellet was suspended in 0.2 ml of lysis buffer containing 200 µg/ml of peflaboc SC (Boehringer Mannheim, Indianapolis, IN), 40 µg/ml of aprotinin (Boehringer Mannheim), and 5 µg/ml of leupeptin (Boehringer Mannheim). The cell lysate was obtained by centrifugation after 5 cycles of
nonproducing cell line SK-Hep-1 was significantly lower, even at a MOI of 5000. The AFP-negative nonhepatocellular carcinoma HeLa cells also demonstrated low activity of the enzyme, as expected. Higher HSV-TK activity was found in all three cell lines that were infected with Av1TK1, although the activity in SK-Hep-1 was low compared with that found for HuH7 and HeLa. The HSV-TK activity by Av1AFPPTK1 transduction into HuH7 was clearly lower than that by Av1TK1 transduction. Nevertheless, tumor cell-specific expression of HSV-TK gene was demonstrated in hepatocellular carcinoma cells.

Adenoviral Vector-mediated HSV-TK Gene Transfer to Hepatocellular Carcinoma Cell Lines and GCV Sensitivity. After infection with adenoviral vectors Av1AFPPTK1 or Av1TK1, cells were treated with varying doses of GCV for 4 days, and the number of viable cells was determined by a cell proliferation assay (Figs. 1, a–f). Cytopathic effect by the adenoviral vectors was clear when infected at high MOIs. HuH7 cells were more sensitive to the effect than were SK-Hep-1 cells. HuH7 cells infected with either Av1TK1 or Av1AFPPTK1 at a MOI of 1000 were killed after 4 days in the absence of GCV treatment (Fig. 1, a and c). HuH7 cells infected with Av1AFPPTK1 exhibited GCV sensitivity as low as 1 μg/ml of concentration at a MOI of 100 (Fig. 1a). SK-Hep-1 cells infected with Av1AFPPTK1, however, did not show any GCV sensitivity, even at high concentrations of GCV at a MOI of 100, although there was a slight decrease in the percent survival at 10 and 50 μg/ml when infected at a MOI of 1000 (Fig. 1b). On the other hand, both cell lines infected with Av1TK1 similarly became sensitive to GCV (Fig. 1, c and d). Infection with a control adenoviral vector, Av1LacZ4, did not demonstrate GCV sensitivity in both cell lines (Fig. 1, e and f). These experiments indicate that Av1AFPPTK1-mediated transfer of the HSV-TK gene resulted in GCV killing of only AFP-producing cells.

Antitumor Effect Mediated by Direct Injection of Adenoviral Vectors and GCV Treatment into Preestablished Tumor. Two hepatocellular carcinoma models were obtained by s.c. injection of either HuH7 or SK-Hep-1 cells into athymic nude mice. Adenoviral vectors were directly injected into the growing tumors, and the mice were treated with GCV (Fig. 2, a and b, respectively). Tumor growth in each treatment group was similar in size when the adenoviral vectors were injected into each hepatocellular carcinoma model (HuH7, 83.2 ± 3.5; SK-Hep-1; 10.9 ± 3.5 mm³). All 10 HuH7 tumors that received either Av1AFPPTK1 or Av1TK1 demonstrated complete regression after GCV treatment, whereas all 5 tumors without vector injection markedly increased their size, even after GCV treatment. It was of interest that injection of 2 × 10⁹ PFUs of Av1LacZ4 vector inhibited tumor growth. However, the combination of HSV-TK expression with GCV treatment was clearly necessary to obtain complete regression of the tumor, as demonstrated in the tumors that were given injections of either Av1AFPPTK1 or Av1TK1 in the absence of GCV administration.

There was no complete regression in SK-Hep-1 tumors that received either Av1AFPPTK1 or Av1TK1. The results of this study are consistent with the findings of Pauken et al., who reported a 100% regression of s.c. tumors in athymic nude mice when HSV-TK expressing adenoviral vector was used in combination with GCV treatment. The HSV-TK gene was introduced into both human keratinocyte and colon carcinoma cell lines. The effect of HSV-TK gene expression on cancer cells was determined by transduction with adenoviral vectors. The HSV-TK expression in vitro was tested by an enzymatic assay for phosphorylated GCV after infection with recombinant adenoviral vectors Av1AFPPTK1 and Av1TK1 (Table 2). Two hepatocellular carcinoma cell lines and a cervical cancer cell line were infected with different MOIs of the vectors. At MOIs of 1000 and 5000, the cells transduced with Av1AFPPTK1 demonstrated a cytopathic effect by the vector. In the AFP-producing cell line HuH7, there appeared to be a relationship between the enzymatic activity and the number of Av1AFPPTK1 PFU used (MOI). However, the activity in the AFP-
Fig. 1. In vitro sensitivity of adenoviral vector-transduced hepatocellular carcinoma cells to GCV. After infection of cell lines at different MOIs of adenoviral vectors, AFP-producing (HuH7) and AFP-nonproducing (SK-Hep-1) hepatocellular carcinoma cells were cultured in increasing concentrations of GCV. Four days later, viable cells were measured by a cell proliferation assay. Absorbance at 490 nm in cells treated with GCV was expressed as a percentage of the absorbance found in the cells without GCV treatment. Points, mean; bars, SD. 

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**DISCUSSION**

Elevated levels of serum AFP have been observed in the majority of patients with advanced hepatocellular carcinoma, making serum AFP a reliable diagnostic marker (4). The detailed mechanism of the elevation has been studied using the 5'-flanking region of AFP gene,
Av1AFPTK1 adenoviral vector was efficiently expressed in only in HSV-TK gene specifically in AFP-producing cells. Indeed, TK enzyme control of AFP gene expression. This sequence has been shown to differ widely in the number of the adenovirus receptors and the different rate of direct a specific expression of reporter genes in AFP-producing cells.

which has enhancer, silencer, and promoter sequences (22, 23). The results indicated that the 5' flanking sequences is responsible for the control of AFP gene expression. This sequence has been shown to direct a specific expression of reporter genes in AFP-producing cells. In this study, we used the 4.9-kb 5' flanking sequence to express the HSV-TK gene specifically in AFP-producing cells. Indeed, TK enzymatic assays demonstrated that the HSV-TK gene transferred by the Av1AFPTK1 adenoviral vector was efficiently expressed in only in the AFP-producing cell line and not in the AFP-nonproducing cell lines. The difference of HSV-TK expression could contribute to the different numbers of the adenovirus receptors and the different rate of internalization of the vector or transgene expression in each cell line, rather than different AFP production. However, TK enzyme activity in HuH7 was 10-20 fold higher than that in SK-Hep-1 or HeLa at MOI 1000 and 40 fold higher at MOI 5000, whereas transduction efficiency of Av1LacZ4 adenoviral vector was similar at MOI 1000 in these cell lines (Table 1). Therefore, the difference of HSV-TK gene expression would be directed by the difference of AFP production in each cell line.

Both the amount of phosphorylated GCV (cpm) and percent survival of infected cells after treatment of GCV correlated with the amount of adenoviral vector infected. The vector dose used in the animal studies has not yet been optimized. Although 2 X 10^9 PFUs of either vector was sufficient to cause complete regression of AFP-positive HuH7 hepatocellular carcinoma after GCV treatment when injected into 83.2 ± 3.5 mm^3 tumors, it is not yet clear whether lower viral doses will be equally efficacious. HuH7 cells may be more sensitive to cytotoxic effect of adenoviral vector injections than are SK-Hep-1 cells (Fig. 1). However, 14 of 15 tumors that received adenoviral injections (Av1AFPTK1+GCV, Av1TK1-GCV, Av1LacZ4+GCV) demonstrated significant tumor growth. Low levels (15-43 cpm) of HSV-TK enzyme activity in SK-Hep-1 cells were found at higher MOIs. However, the level was not high enough to kill the transduced cells in vitro.

The same amount of the adenoviral vector (2 X 10^9 PFUs) was used for the treatment of AFP-nonproducing hepatocellular carcinoma Sk-Hep-1 (10.9 ± 0.3 mm^3). Cytotoxic effect of adenoviral vectors alone was apparent in tumors that received adenoviral vector injections compared with tumors without injection, and tumor sizes among the four groups of tumors (Av1AFPTK1+GCV, Av1AFPTK1-GCV, Av1TK1-GCV, and Av1LacZ4+GCV) were similar, irrespective of which adenoviral vector was utilized (Fig. 2b). In contrast to HuH7 tumors, complete regression was not obtained by Av1AFPTK1 injection and GCV treatment in SK-Hep-1 tumors. Therefore, adenoviral vector-mediated AFP-producing hepatocellular carcinoma-specific gene therapy was achieved using cell-specific gene expression.

Higher expression of the HSV-TK gene by a RSV promoter of Av1TK1 was found in all three cell lines. The enzymatic levels of Av1TK1-transduced HuH7 cells was 35-137 fold higher than those transduced with Av1AFPTK1 at MOIs of 10 and 100, respectively. GCV killing of Av1TK1-transduced cells was clearly demonstrated in vitro and in vivo. Therefore, Av1TK1-mediated gene therapy also has the potential for the treatment of hepatocellular carcinoma. In this case, however, the toxicity of the procedure against nontumorous tissue must be considered. Different from retroviral vector system, adenoviral vectors can infect a variety of cells, including nondividing normal cells, as well as dividing cancer cells. Efficient expression of target genes has been shown in normal cells, including hepatocytes using the RSV promoter in adenoviral vectors (27-29). Therefore, Av1TK1 will infect and express the HSV-TK gene in normal cells if the virus is delivered to nontumorous tissues. Because only dividing cells are damaged by GCV in principle (12), quiescent hepatocytes may not be damaged. However, localized delivery to the tumor such as a direct injection of Av1TK1 into hepatocellular carcinoma would be preferable to minimize GCV toxicity to normal cells.

Tumor-specific expression of the HSV-TK gene by Av1AFPTK1 will help to decrease potential damage of nontumorous surrounding tissue when the vectors are directly injected into tumors. In addition, other delivery routes for hepatocellular carcinoma may be possible by utilizing Av1AFPTK1. Patients in the late stage of hepatocellular carcinoma often have different sizes of multiple tumors in the liver and sometimes in extrahepatic lesions. Direct injection of adenoviral vectors into all the tumors would be difficult in many cases. However, the majority of such patients have an elevated serum AFP concentra-
tion. The serum AFP levels in the patients appear to be regulated by AFP mRNA expression in hepatocellular carcinoma but not in surrounding liver, although weaker expression of the gene has been reported in cirrhotic or surrounding dysplastic cells (5, 6, 30, 31). Further studies will be necessary; however, Av1AFPPTK1 can be infused into liver via the hepatic artery. The HSV-TK gene will be expressed only in the multiple tumors and not in nontumorous tissues, and it will possibly kill all the tumors without a toxic effect to nontumorous tissues. Thus, adenovirus-mediated gene therapy using the HSV-TK/GCV system appears to have the potential for the treatment of human hepatocellular carcinoma. Nevertheless, a large amount of adenoviral vector injections into tumor clearly shows significant toxicity, and safety studies of these vectors directly injected into liver or i.a. must be performed to consider a clinical trial for hepatocellular carcinoma in the future.

REFERENCES


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