Expression of Serotonin Receptors in Human Hepatocellular Cancer

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Abstract

Purpose: Serotonin is a well-known neurotransmitter and vasoactive substance. Recent research indicates that serotonin contributes to liver regeneration and promotes tumor growth of human hepatocellular cancer. The aim of this study is to investigate the expression of serotonin receptors in hepatocellular cancer and analyze their potential as a cytotoxic target.

Experimental Design: Using a tissue microarray and immunohistochemistry, we analyzed the expression of serotonin receptors in the liver from 176 patients with hepatocellular carcinoma, of which nontumor tissue was available in 109 patients. Relevant clinicopathologic parameters were compared with serotonin receptor expression. Two human hepatocellular cancer cell lines, Huh7 and HepG2, were used to test serotonin antagonists as a possible cytotoxic drug.

Results: The serotonin receptors 1B and 2B were expressed, respectively, in 32% and 35% of the patients with hepatocellular cancer. Both receptors were associated with an increased proliferation index, and receptor 1B correlated with the size of the tumor. Serotonin antagonists of receptors 1B and 2B consistently decreased viability and proliferation in Huh7 and HepG2 cell lines.

Conclusion: We identified two serotonin receptors that are often overexpressed in human hepatocellular cancer and may serve as a new cytotoxic target. Clin Cancer Res; 18(21); 5902–10. ©2012 AACR.

Introduction

Hepatocellular carcinoma (HCC) is the 5th most frequent cancer (1) and has become the 3rd leading cause of cancer-related death worldwide (2). To face this global health problem, the investigation of new molecular targets is necessary to develop new treatment strategies.

Recent in vitro and in vivo studies have suggested that serotonin (5HT) contributes to the tumor growth in a variety of cancer including cholangiocarcinoma (3, 4), colon cancer (5), and HCC (6). Within the liver, 5HT was found to be implicated in the pathogenesis of liver fibrosis (7, 8), nonalcoholic steatotic hepatitis (9), and viral hepatitis (10); all these conditions are involved in the tumorigenesis of HCC. We have recently proposed that 5HT, through its 5HT2B receptor, may represent a potential target in HCC (6). We observed that the inhibition of 5HT2B receptors leads to cell death of hepatocellular cancer cells in vitro and decreased tumor growth in a subcutaneous tumor model in mice.

At the cellular level, 5HT acts predominantly via G-protein coupled receptors. The availability of 7 receptor classes including 14 subtypes of serotonin receptors reflect the diversity of the serotonergic actions (11). Within these subtypes, 5HT receptors (1A, 1B, 2A, 2B, and 7) are widely distributed in the human gastrointestinal tract and are involved in normal liver function and disease (12, 13). In contrast, 5HT receptors 4 and 5 are not or only poorly expressed in the liver (14, 15).

In this study, the expression of different serotonin receptors was analyzed in specimens obtained from 176 patients with HCC using immunohistochemistry (IHC) on a tissue microarray (TMA). Receptor expression was compared between nontumoral and tumoral tissue in 109 patients, in whom nontumor tissue was available. We tested whether the expression of serotonin receptors in HCC correlated to the phenotype of the tumor and a variety of clinicopathologic parameters. From these data, we conducted experiments in human cell lines of HCC to investigate the cytotoxic effect of antagonizing serotonin receptors.

Patients and Methods

Patients

One hundred seventy-six patients with HCC who underwent surgery between 1992 and 2007 in Zürich, Switzerland...
(n = 94) and Regensburg, Germany (n = 82) were included in this study. The patients’ ages ranged from 20 to 85 years (median 61 years). The underlying liver diseases of the HCC were: hepatitis B virus (HBV) infection (27 cases, 15.3%), hepatitis C virus (HCV) infection (37 cases, 21%), alcohol abuse (46 cases, 26.1%), hemochromatosis (9 cases, 5.1%), Alagille’s syndrome (1 case, 0.6%), and unknown etiologies (56 cases, 31.8%). Corresponding nonneoplastic liver tissue of 109 patients with HCC was available. The median follow-up time of all patients was 17 months (range 1–120 months). Patients were treated with resection (n = 93) or liver transplantation (n = 40). Median follow-up time of patients without disease progression was 17 months (range 1–120 months). A total of 35% of patients died during follow-up after a median time of 14 months (range 1–79 months).

The study was approved by the local ethics committee (Kantonale Ethikkommission Zurich, StV 26-2005 and EK-94) and Regensburg, Germany (n = 82). A written informed consent was obtained from the patients without disease progression. The median follow-up time of all patients was 17 months (range 1–120 months). Patients were treated with resection (n = 93) or liver transplantation (n = 40). Median follow-up time of patients without disease progression was 17 months (range 1–120 months). A total of 35% of patients died during follow-up after a median time of 14 months (range 1–79 months).

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Human hepatocellular cell lines, Huh7 and HepG2, were seeded into 24-well plates at a density of approximately 25% corresponding to 2.5 x 10^4 cells per well and allowed to adhere overnight before the medium was changed to the specified conditions, containing 100 μmol/L 5HT creatinine complex (Sigma Aldrich) and serotonin antagonists. Dosages of 5HT and antagonists were taken from response curves of previous experiments.

Time-dependent experiments were conducted with subsequent stimulation after serum withdrawal. In antagonist experiments, cells were incubated with the antagonist for 20 minutes before addition of the 5HT or FCS.

The number of viable cells was quantified by the addition of 25 μL of a 0.5% tetrazolium salt solution MTT (Sigma Aldrich). After 45 minutes of incubation, the formation of the formazan product was monitored by measuring absorbance at 570 nm after solubilization in acidic isopropanol (5% formic acid in isopropanol). Values were calculated as percentage of untreated controls.

**Western blotting**

Cells were seeded overnight in 10 cm dishes (1 x 10^6 /well). After treatment as indicated cells were homogenized in lysis buffer [50 mmol/L Tris-HCl (pH 8.0), 150 mmol/L NaCl, 5 mmol/L EDTA, 0.5% NP40, containing protease, and phosphatase inhibitor cocktail (Roche Diagnostics)]. Cell extracts were diluted in sample buffer [187.5 mmol/L Tris-HCl (pH 6.8), 6% SDS, 30% glycerol, 150 mmol/L DTT, and 0.3% bromophenol blue] and heated for 10 minutes at 90°C and cooled for 2 minutes on ice. Forty micrograms of protein were loaded, SDS-PAGE was conducted and samples were blotted onto a polyvinylidene difluoride membrane. Primary antibodies were phospho-p44/42 MAPK(ERK1/2) (#4370, Cell Signaling) and Anti-beta-Tubulin (ab6046; Abcam). Secondary staining and detection was conducted according to standard protocols with the enhanced chemiluminescence detection reagent (GE Healthcare Ltd). Results were displayed as fold induction to untreated controls.

**Statistics**

Data are given as mean and SD. Statistical analysis was conducted using SPSS, version 18.0 (SPSS Inc.) and Prism 4.0 (GraphPad, Inc.). Correlations were calculated according to Spearman ρ. Fisher exact test was applied to assess the statistical significance of the associations between the expression of 5HT receptors and various clinicopathologic parameters. Univariate survival analysis was carried out according to Kaplan–Meier, and differences in survival curves were assessed with the Log-rank test. Multivariate analyses were calculated according to the Cox regression model. P values <0.05 were considered significant. For cell culture experiments differences between the groups were assessed by 1-way or 2-way ANOVA using an appropriate posttest, including Dunnett and Bonferroni post hoc test.
of underlying liver disease, and patient survival (Table 2). Significant associations were identified for HTR1B and tumor size above 5 cm ($P = 0.002$). Interestingly, the expression of HTR1B was also associated with a higher proliferation rate, as assessed by Ki-67 staining ($P = 0.036$). HTR1B correlated with higher proliferation and size in HCC (Spearman $\rho$; Fig. 4). Consistent with our previous observation, we found that HTR2B correlated to a higher proliferation rate (Spearman $\rho$: $n = 176$, $r = 0.214$, $P = 0.004$; ref. 6). HTR1A and HTR7 were not associated with any of the evaluated clinicopathologic parameters.

To test whether the expression of 5HT receptors may impact on patient’s outcome, we evaluated a possible correlation between receptor expression and survival. An association could not be identified for any of the receptors studied (Table 2). These findings were similar even by excluding the patients who received transplantation or who had a noncurative resection. A univariate survival analysis of 171 patients showed that transplantation and R0-resection was significantly associated with prolonged overall survival (data not shown).

### Effect of 5HT antagonists on proliferation

In the light of the significant correlation between the expression of HTR1B and HTR2B markers of tumor cell proliferation, we asked whether 5HT-receptor antagonists might block proliferation in vitro. Therefore, we quantified the proliferation rate, using MTT
assays, of 2 human HCC cell lines (Huh7 and HepG2) exposed to specific antagonists S-WAY (HTR1A), SB216 (HTR1B), LY272 (HTR2B), and SB269 (HTR7). SB216 and LY216 significantly decreased proliferation in the presence of FCS, whereas antagonists against HTR1A attenuated proliferation only under serum-free conditions, and HTR7 had no impact on proliferation (Fig. 5).

Table 2. 5HT-receptor expression in HCC

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>HTR1A</th>
<th>HTR1B</th>
<th>HTR2B</th>
<th>HTR7</th>
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<tbody>
<tr>
<td></td>
<td>Total%</td>
<td>Positive</td>
<td>P value</td>
<td>Total%</td>
<td>Positive</td>
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<tr>
<td>Age at diagnosis</td>
<td>&lt;60 years</td>
<td>78 20</td>
<td>25.6 1</td>
<td>78 21</td>
<td>26.9 1</td>
</tr>
<tr>
<td></td>
<td>≥60 years</td>
<td>97 24</td>
<td>24.7 1</td>
<td>98 28</td>
<td>28.6 1</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>40 18</td>
<td>45.5 0.414</td>
<td>41 13</td>
<td>31.7 0.849</td>
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<tr>
<td></td>
<td>Male</td>
<td>133 36</td>
<td>26.9</td>
<td>135 41</td>
<td>30.4</td>
</tr>
<tr>
<td>Tumor stage</td>
<td>pT1</td>
<td>42 5</td>
<td>11.9 0.068</td>
<td>42 10</td>
<td>23.8 0.17</td>
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<tr>
<td></td>
<td>pT2</td>
<td>68 18</td>
<td>26.1</td>
<td>70 16</td>
<td>22.9</td>
</tr>
<tr>
<td></td>
<td>pT3</td>
<td>53 18</td>
<td>33.3</td>
<td>54 20</td>
<td>37.0</td>
</tr>
<tr>
<td></td>
<td>pT4</td>
<td>4 2</td>
<td>50.0</td>
<td>4 1</td>
<td>25.0</td>
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<tr>
<td>Histologic grade</td>
<td>G1</td>
<td>41 12</td>
<td>28.6 0.523</td>
<td>42 13</td>
<td>31.0 0.391</td>
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<tr>
<td></td>
<td>G2</td>
<td>115 26</td>
<td>22.6</td>
<td>116 33</td>
<td>28.4</td>
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<tr>
<td></td>
<td>G3</td>
<td>17 6</td>
<td>33.3</td>
<td>18 8</td>
<td>44.4</td>
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<tr>
<td>Size</td>
<td>≤5 cm</td>
<td>93 16</td>
<td>16.7 0.002</td>
<td>93 23</td>
<td>24.7 0.205</td>
</tr>
<tr>
<td></td>
<td>&gt;5 cm</td>
<td>62 24</td>
<td>39.3</td>
<td>62 21</td>
<td>33.9</td>
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<tr>
<td>Etiology</td>
<td>HBV</td>
<td>27 9</td>
<td>33.3 0.148</td>
<td>27 7</td>
<td>25.9 0.304</td>
</tr>
<tr>
<td></td>
<td>HCV</td>
<td>35 5</td>
<td>13.5</td>
<td>37 9</td>
<td>24.3</td>
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<tr>
<td></td>
<td>Alcohol</td>
<td>45 11</td>
<td>23.9</td>
<td>46 13</td>
<td>28.3</td>
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<tr>
<td></td>
<td>Others</td>
<td>10 1</td>
<td>10.0</td>
<td>10 2</td>
<td>20.0</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>55 18</td>
<td>33.3</td>
<td>55 23</td>
<td>41.8</td>
</tr>
<tr>
<td>Proliferation rate</td>
<td>≤5%</td>
<td>73 13</td>
<td>17.1 0.036</td>
<td>76 16</td>
<td>21.1 0.021</td>
</tr>
<tr>
<td></td>
<td>&gt;5%</td>
<td>100 31</td>
<td>31.3</td>
<td>100 38</td>
<td>38.0</td>
</tr>
<tr>
<td>Overall survival</td>
<td>Alive</td>
<td>108 27</td>
<td>24.8 1</td>
<td>110 25</td>
<td>22.7 0.116</td>
</tr>
<tr>
<td></td>
<td>Deceased</td>
<td>61 15</td>
<td>24.6</td>
<td>61 22</td>
<td>36.1</td>
</tr>
</tbody>
</table>

*TMA cores of some carcinomas were not evaluable because of insufficient number of carcinoma cells.
5HT activates the mitogen-activated protein kinases pathway (MAPK) or extracellular signal-regulated kinases (ERK) through the stimulation of HTR1B and HTR2B (8, 18–21). The MAPK/ERK pathway is involved in the activation of transcription factors that regulate proliferation and cell-cycle progression (22). To test whether 5HT and specific receptor antagonists changes the activation of the MAPK/ERK pathway, we measured the phosphorylation of ERK (pERK) with immunoblots. Stimulation with 5HT of HepG2 cells lead to a temporary phosphorylation after 5 minutes, which decreased again after 30 minutes. In the presence of the HTR2B-antagonist SB216 and the HTR1B-antagonist LY272, no phosphorylation of ERK could be detected (Fig. 6). These findings suggest (1) that proliferation of HCC cell lines is mediated by 5HT receptors and that (2) specific antagonists inhibit HCC cell growth in vitro.

Discussion

In this study, we identified that serotonin receptors 1A, 1B, 2B, and 7 are expressed in human HCC tissue as well as in corresponding nontumoral liver tissue. HTR1B and HTR2B are overexpressed in tumor tissue, however, compared with the adjacent liver, and the expression of these receptors correlated with a higher proliferation index. Specific antagonists against HTR1B and HTR2B inhibited the proliferation of cells in 2 human HCC cell lines suggesting a new putative target for therapy.

These findings are consistent with our previous observation, that almost one-third of HCCs are positive for HTR2B, whereas 20 normal livers used an internal control, were negative (6). In the current study, we extended our analysis in nontumoral tissue, as control of the corresponding HCC tumoral tissue. The expression rate
The involvement of HTR1B in HCC is novel and needs further investigation. Within the liver, HTR1B is involved in the growth of the biliary tree by autocrine and paracrine regulation of 5HT (3, 13). In relation to cancer the role of HTR1B is less defined. A few in vitro studies suggest apoptotic and antiproliferative properties of HTR1B antagonists (28, 29).

Many 5HT-receptor agonist and antagonists are available for experimental research. Most of them are not approved for human use. In the current study, we used a new chemical antagonist against HTR2B (LY272 instead of SB204741, used in recent experiments (6)). This water-soluble antagonist avoids complicated solubilization protocols such as SB204741. Interestingly, LY272 exhibited the same effect on survival in Huh7 and HepG2 as SB204741, excluding a general toxic effect of SB204741 and suggesting that specific inhibition of HTR2B impairs growth of HCC cells.

Proliferation assays were conducted without (serum-free medium) and with FCS, as standard growth medium. 5HT stimulated HCC cell growth as strong as FCS. Only antagonists against HTR2B and HTR1B inhibited proliferation in the presence of FCS. These experiments suggest 5HT as a serum factor needed for optimal growth of HCC cells mediated by 2 different types of 5HT receptors. The proliferative effect of 5HT is cell-type specific because 5HT did not stimulate proliferation in non-HCC cell lines, as shown in our previous publication (6). 5HT-mediated cell growth may be at least partially explained by the activation of classical MAP kinases such as ERK1/2, a pathway that is frequently activated in cancer including HCC (30–32). Interestingly, either inhibition of HTR1B or HTR2B suppressed the phosphorylation of ERK1/2. This finding may be explained with cross-talks between 5HT-receptor subtypes or 5HT receptor and other cell-surface receptors. A cross-talk means a transactivation of a distinct cellular target by different signal transduction pathways. As a result the activation of a target can be blocked or attenuated if one of several activating pathways is inhibited. Cross-talks between different 5HT receptors (33, 34) and HTR2B and the platelet growth factor receptor (18) have been described.

The first, and still only clinically available success of a molecular targeted therapeutic strategy was the use of the multikinase inhibitor sorafenib, leading to survival benefit in patients with advanced HCC (35). This success encourages a molecular classification of HCC to promote a personalized treatment (36). The detection of 5HT receptors in HCC may have a clinical relevance, as a considerable number of patients overexpress HTR1B and HTR2B and many different specific 5HT antagonists are available on the market.

A large amount of work has been done to identify prognostic molecular markers in HCC, for example, to predict survival or help in deciding a specific therapy. A particular difficulty is the presence of a variety of underlying diseases, such as various etiologies for the liver cirrhosis, which may exert differential effects on involved
molecular pathways leading to HCC. For example, a molecular marker for HBV-related HCC may not be relevant for HCV-related disease. In addition, the majority of patients are likely to have been exposed to a combination of etiologic factors. Therefore, our cohort of 176 patients may still be too small to reveal 5HT-receptors as a predictor of survival or an association with a distinct etiology. It is also possible that not the expression of 5HT receptors itself serves as a marker, for example, predicting survival, but downstream molecules activated by 5HT receptors.

In conclusion, the 5HT receptor 1B and 2B are involved in tumor growth of human HCC. Therefore, 5HT-mediated signaling pathways in the liver may represent a target for new molecular treatment strategies in a subset of patients.

Disclosures of potential conflicts of interest
No potential conflicts of interest were disclosed.

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References

20. Hsu EH, Lochan AC, Cowen DS. Activation of Akt1 by human 5-hydroxytryptamine (serotonin)1B receptors is sensitive to inhibitors of MEK. J Pharmacol Exp Ther 2001;298:825–32.
29. Ishizuka J, Beauchamp RD, Townsend CM Jr, Gleeley GH Jr, Thompson JC. Receptor-mediated autocrine growth-stimulatory effect of 5-
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