

**The Cancer Chemo-Preventive Properties of Vitamin D are Due, at Least in Part,
to the Transcriptional Regulation of Genes Implicated in Cell Cycle, DNA
Replication and Apoptosis, and Activation of FoxO3a Transcription Factor**

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LIST OF ABBREVIATIONS

Abbreviation	Description	Abbreviation	Description
1,25D	1,25-dihydroxyvitamin D ₃ or 1,25-dihydroxyvitamin D ₂	IBD	Inflammatory Bowel Disease
1,25-(OH) ₂ D ₃	1,25-dihydroxyvitamin D ₃	IPA	Ingenuity Pathway Analysis
7-DHT	7-dehydrocholesterol	JNK	c-Jun N-terminal Kinase
25-OHD ₂	25-hydroxyvitamin D ₂	IKK	IκB Kinase
25-OHD ₃	25-hydroxyvitamin D ₃	KD	Knock-Down
25D or 25-OHD	25-OHD ₂ or 25-OHD ₃	KO	Knock-Out
CaR	Ca ²⁺ Sensing Receptor	LBD	Ligand Binding Domain
CBP	CREB-Binding Protein	MARRS	Membrane-Associated Rapid Response Steroid binding protein
CC	Compound C	MDM2	Murine Double Mutant 2
CCNB1	Cyclin B1	MnSOD	Manganese Superoxide Dismutase
CCNB2	Cyclin B2	MS	Multiple Sclerosis
CCND1	Cyclin D1	NAD ⁺	Nicotinamide Adenine Dinucleotide
CCND2	Cyclin D2	NCI	National Cancer Institute
CCNG2	Cyclin G2	NCoR	Nuclear Corepressor
cGMP-1	Cyclic GMP-dependent kinase-1	NCX1	Sodium-Potassium Exchanger 1
CDK	Cyclin-Dependent Kinase	NES	Nuclear Export Signal
ChIP	Chromatin Immunoprecipitation	NaPi-II	Sodium-Phosphate co-transporter 2
CK1	Casein Kinase 1	NR	Nuclear Receptor
CNT	Connecting Tubule	O-GlcNAc	O-linked β-N-Acetylglucosamine
CoIP	Co-Immunoprecipitation	OGT	O-linked N-acetylglucosamine Transferase
CVD	Cardio-Vascular Disease	PCAF	P300/CBP-Associated Factor
DBE	Daf-16 Response Element	PDK1	Phosphoinositide-Dependent Kinase 1
DBP	Vitamin D Binding Protein	PGC1α	PPAR-Gamma Coactivators -1 alpha
DCT	Distal Convoluted Tubule	PI	Propidium Iodide
DNMT	DNA (cytosine-5)-methyltransferase	PI3K	Phosphoinositide-3-Kinase
DR3	Direct Repeats separated by 3bp	PIP2	Phosphatidylinositol 4,5-bisPhosphate, PtdIns(4,5)P2
DYRK1A	Dual Tyrosine Phosphorylated Regulated Kinase-1A	PIP3	Phosphoinositide-3,4,5-trisPhosphate
ER	Endoplasmic Reticulum	PKB	Protein Kinase B

Abbreviation	Description	Abbreviation	Description
ER6	Everted Repeats separated by 6bp	PMCA1b	Plasma Membrane Ca ²⁺ ATPase 1b
ERp57	Endoplasmic Reticulum protein 57kDa	PTEN	PI3K/phosphatase and Tensin homologue deleted on chromosome Ten
ERp60	Endoplasmic Reticulum protein 60kDa	PTH	Parathyroid Hormone
FACS	Fluorescence-Activated Cell Sorting	PTHR	Parathyroid Hormone Receptor
FASL	Fas Ligand	RXR	Retinoid X Receptor
FGF23	Fibroblast Growth Factor 23	SCC25	Squamous Cell Carcinoma
FGFR	Fibroblast Growth Factor Receptor	SGK	Serum and Glucocorticoid-inducible Kinase
FHRE	Fork-Head Response Element	SIRT1	Sirtuin 1
FoxO	Fork-head Box O transcription factor	Skp2	S-phase Kinase-associated Protein 2
GADD45a	Growth Arrest and DNA-Damage-inducible protein 45 α	SLE	Systemic Lupus Erythematosus
GRP58	Glucose Responsive Protein 58kDa	SMRT	Silencing Mediator for Retinoid and Thyroid Hormone Receptors
HAT	Histone Acetyl-Transferase	SRC	Steroid Receptor Co-activator
HDAC	Histone Deacetylase	T1D	Type 1 Diabetes
H&N SCC	Head And Neck Squamous Cell Carcinoma	T2D	Type 2 Diabetes
HRE	Hormone Response Element	TB	Tuberculosis
HSC	Hematopoietic Stem Cells	TBP	TATA box binding protein
TNF α	Tumour Necrosis Factor Alpha	TFIIB	Transcription Factor 2 B
TRADD	Tumour Necrosis Factor Receptor-Associated Death Domain	VD3	Vitamin D ₃ , cholecalciferol, calciol,
TRAIL	Tumour Necrosis Factor-Related Apoptosis Inducing Ligand	VDR	Vitamin D Receptor
TRPV	Transient Receptor Potential Vanilloid	VDRE	Vitamin D Response Element
UVB	Ultra-Violet B light	VDR _{mem}	Membrane Vitamin D Receptor
VD	Vitamin D	VDR _{nuc}	Nuclear Vitamin D Receptor, Vitamin D Receptor
VD ₂	Vitamin D ₂ , ergocalciferol	WB	Western Blot

ABSTRACT

Vitamin D is produced in the skin or obtained from limited dietary sources. Two sequential hydroxylation reactions in the liver and kidney produce the active form of the hormone, 1,25-(OH)₂D₃, which binds to and activates VDR to regulate gene expression (genomic effects) or to VDR_{mem} or MARRS to trigger certain signalling pathways (non-genomic effects). 1,25-(OH)₂D₃ is best known for its effects on calcium and phosphate metabolism, but it also possesses chemopreventive properties for many types of cancers, particularly those of the digestive tract.

The anti-proliferative effects of 1,25-(OH)₂D₃ on SCC25, a head and neck squamous cell carcinoma cell line derived from the floor of the mouth, have previously been demonstrated in this lab. Here, I extend these finding by investigating mechanisms of gene regulation and by discovering novel genes implicated in proliferation and apoptosis regulated by 1,25-(OH)₂D₃.

CCND2, *CCNG2*, *MMP3* and *BNIP3* are FoxO target genes, whose expression is controlled by 1,25-(OH)₂D₃. FoxO transcription factors are *bona fide* tumour suppressors regulating expression of genes implicated in cell cycle arrest, apoptosis and oxidative stress resistance. I show here that the four FoxO target genes are suppressed (*CCND2*) or stimulated (*CCNG2*, *BNIP3* and *MMP3*) by 1,25-(OH)₂D₃ at the transcription level through activation of FoxO3a. This activation is achieved through deacetylation and dephosphorylation of the transcription factor mediated by SIRT1 and PP1, respectively. Additionally, the crucial role FoxO3a plays in 1,25-(OH)₂D₃-mediated regulation of these genes is demonstrated by the fact that ablation of FoxO3a attenuates or completely blocks gene regulation.

To extend the list of VD-regulated genes implicated in cancer, a microarray analysis was performed. Ingenuity pathway analysis software was used to determine pathways and networks regulated by 1,25-(OH)₂D₃. Notably, one of the canonical pathways is VDR/RXR activation. Another canonical pathway displays down-regulation of genes responsible for chromosomal replication. In addition, a network of interacting genes constructed by IPA also shows that VD reduces DNA replication

and progression through the cell cycle. Several VD-regulated genes (*OLR1*, *MACC1*, *BIRC3*, *POLE2*, *PCNA*, *CCNB1*, *CCNA2*, *APPL1* and *BIRC5*) were selected and validated by qPCR. Interestingly, all of these genes are down-regulated by 1,25-(OH)₂D₃ and are over-expressed in various cancer types relative to normal tissues, as assessed using Oncomine. These results support potential mechanisms of VD actions in cancer.

RÉSUMÉ

La vitamine D est synthétisée dans l'organisme à partir du rayonnement UV au niveau de la peau, ou bien produite à partir de certains produits spécifiques issus de l'alimentation. Deux réactions d'hydroxylation séquentielles, qui ont respectivement lieu dans le foie et les reins permettent la synthèse de la forme active de l'hormone, $1,25\text{-(OH)}_2\text{D}_3$. Cette hormone régule l'expression de nombreux gènes *via* sa fixation au VDR (Récepteur à la Vitamine D) (effets génomiques) et cible également certaines voies de signalisation *via* sa fixation au VDR_{mem} ou MARRS (effets non génomiques). $1,25\text{-(OH)}_2\text{D}_3$ est plus connue pour ses effets sur le métabolisme du calcium et du phosphate, mais cette hormone possède également des propriétés chimio-préventives dans de nombreux types de cancers, particulièrement ceux concernant le système digestif.

L'effet antiprolifératif de $1,25\text{-(OH)}_2\text{D}_3$ dans la lignée cellulaire SCC25, (établie à partir de cellules dérivées d'une cavité buccale d'un carcinome de cellules squameuses du cou et de la tête), avait déjà été étudié dans le laboratoire. Durant ce projet, j'ai étendu ces résultats en m'intéressant aux mécanismes de régulation génique et en mettant en évidence de nouveaux gènes impliqués dans la prolifération et/ou l'apoptose régulée par $1,25\text{-(OH)}_2\text{D}_3$.

CCND2, *CCNG2*, *MMP3* et *BNIP3* sont des gènes cibles de la famille des protéines FoxO, dont l'expression est contrôlée par $1,25\text{-(OH)}_2\text{D}_3$. Les facteurs de transcription FoxO sont des suppresseurs de tumeurs validés, qui régulent l'expression de gènes impliqués dans l'arrêt du cycle cellulaire, l'apoptose et la résistance au stress oxydatif. J'ai mis en évidence ici, que les gènes cibles de FoxO sont régulés par $1,25\text{-(OH)}_2\text{D}_3$ au niveau transcriptionnel, *via* l'activation de FoxO3a. En effet, l'expression transcriptomique de *CCND2* est inhibée, tandis que celles de *CCNG2*, *BNIP3* et *MMP3* sont stimulées. L'activation a lieu grâce à la déacétylation et la déphosphorylation des facteurs de transcription FoxO, assurées respectivement par SIRT1 et PP1. De plus, le rôle central que joue FoxO3a dans la régulation

génique assurée par $1,25\text{-(OH)}_2\text{D}_3$ est mise en évidence, par le fait que cette régulation est atténuée ou complètement abolie par l'extinction de FoxO3a par siRNA. Afin d'élargir la liste de gènes régulés par la vitamine D impliqués dans le cancer, nous avons réalisé une analyse par microarrays. Le logiciel d'analyse « Ingenuity » a été utilisé pour déterminer quels sont les voies de signalisation et les réseaux régulés par $1,25\text{-(OH)}_2\text{D}_3$, notamment la voie canonique de l'activation du VDR/RXR. Une autre voie signalisation impliquée dans la réplication chromosomique est inhibée dans nos conditions. Par ailleurs, un réseau de régulation de gènes réalisés par IPA, a mis en évidence que la vitamine D réduit la réplication de l'ADN et la progression du cycle cellulaire. De nombreux gènes régulés par la vitamine D (*OLR1*, *MACC1*, *BIRC3*, *POLE2*, *PCNA*, *CCNB1*, *CCNA2*, *APPL1* et *BIRC5*) ont été identifiés et validés par qPCR. De façon intéressante, le logiciel Oncomine montre que l'ensemble de ces gènes est inhibé par $1,25\text{-(OH)}_2\text{D}_3$ et est surexprimé dans de nombreux types de cancers comparativement à des tissus sains. L'ensemble de ces résultats coïncident avec nos observations montrant que $1,25\text{-(OH)}_2\text{D}_3$ induit l'arrêt du cycle cellulaire et inhibe la prolifération cellulaire.

LITERATURE REVIEW

Vitamin D

Vitamin D in Health and Disease

The beneficial effects of vitamin D (VD) for human health have been known or at least suspected since antiquity. Hippocrates claimed that the southern face of a hill (receiving the most sunlight in the northern hemisphere) is the healthiest place to live and found that sunlight, or heliotherapy, can be used to treat phthisis (tuberculosis) [6]. In 1793, cod liver oil, which was later found to contain vitamin D [7], was used to treat rheumatism and later gout and scrofula. It was, however, the Polish physician Sniadecki, who at around the same time established the link between VD, or sunlight, and rickets, which in the 1800s was an epidemic in Northern Europe, North America and parts of Northern Asia [8]. In 1890, Theodore Palm made the observation that children living near the Equator display much lower incidence of rickets compared with Europeans [9]. Sir Edward Mellanby was able to cure rickets in dogs kept indoors and fed oats by exposing them to sunlight in the beginning of the nineteenth century [10], followed by Huldshinsky's demonstration that ultraviolet (UV) light, which, as proved by Steenbock, induces the production of vitamin D in skin and fatty portions of the diet, can cure rickets in humans [8]. This led to the addition of ingestion of UV-irradiated foods to the arsenal of anti-rachitic treatments [11]. The use of this latter strategy and its implications (only foods containing cholesterol could be employed as an anti-rachitic agent) led to the discovery of the cholesterol precursor of vitamin D, 7-dehydrocholesterol (7-DHT) [11-13] by Windaus, for which he received the noble price in 1937.

Rickets is the classical and best characterized example of a disease cured by VD. However, there are others, such as tuberculosis (TB). Sanatoria were used starting the mid-1800s for the treatment of TB, which was also curable by cod liver oil or UV light, as demonstrated by Nobel Prize winner Niels

Finsen for cutaneous TB (lupus vulgaris) [14, 15]. Although not as definitive as the case of TB, VD has a preventive potential against other infectious diseases. For example, elderly women receiving VD supplements had significantly lower incidence of *Helicobacter pylori* infections [16]. Moreover, VD deficiency or insufficiency (less than 50nmol/l of circulating VD) is associated with increased risk of lower respiratory tract infections [17-22], and even HIV infection [23-25]. Regarding adaptive immunity, VD has tolerogenic effects on T-lymphocytes [26], beneficial for a number of autoimmune disorders [27, 28]. One example is Multiple Sclerosis (MS). Its incidence increases 200-fold from the equator to north of the 50th parallel [29] and 77% of patients with MS were found to be VD insufficient (43nmol/L) [30]. Consistently, VD supplementation decreased MS relapse rate and MS risk in general by 41% for every 20ng/l increase of circulating VD [31, 32].

VD, along with Ca²⁺ consumption, was also suggested to prevent inflammatory bowel disease (IBD) [33]. Higher incidence of IBD is associated with populations inhabiting regions that receive less sunlight and IBD patients have lower circulating VD [34, 35]. Two other conditions associated with autoimmunity are arthritis and systemic lupus erythematosus (SLE). In the case of the former, not only there is an inverse correlation with VD status [36-38], but supplementation seems to decrease pain and C-reactive protein levels [39]. On the other hand, despite insufficient VD status of SLE patients, causative relationship has not been demonstrated [40-42].

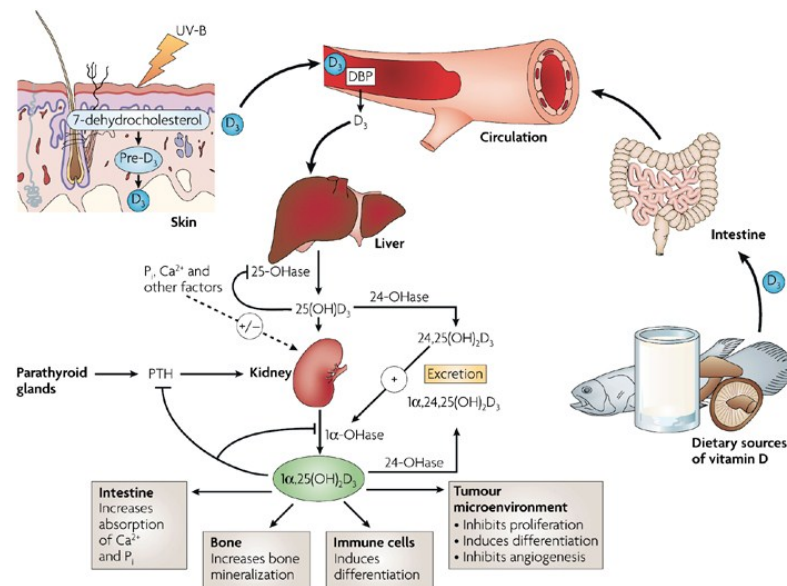
VD could also have preventive effects for diabetes, especially type 1 (T1D). Apart from increased incidence of the disease in northern latitudes combined with seasonality of onset, studies have demonstrated the beneficial effect of increased circulating VD levels to prevent T1D and has been proposed to increase glucose tolerance and incidence and severity of T2D and the metabolic syndrome [43].

Most, but not all, studies about VD supplementation and cardio-vascular disease (CVD) point to beneficial effects especially with regards to blood pressure. Part of these are due to parathyroid

hormone (PTH) and renin-angiotensin system down-regulation. No association was found between VD status and coronary artery disease, but the risk of myocardial infarction, heart failure and fatal stroke for patients with levels lower than 30ng/ml was significantly increased compare to VD-sufficient controls [44].

The effects of VD on the musculo-skeletal system were introduced earlier with rickets in children. In adults, VD deficiency and low dietary calcium result in similar consequences (osteomalacia). In this sense, it is not surprising that increases in circulating VD prevent fractures in the elderly. One of the reasons is increased bone density due to efficient Ca^{2+} absorption. The other is decreased risk of falling [45, 46], due to enhanced muscle strength and power, specifically in muscle fibre type IIa [47].

VD has also been associated with decreased cancer risk since 1936 when Peller made the observation that US Navy soldiers suffering from skin cancer had a much lower incidence of other forms of cancer [48]. In 1942, Apperly noticed that lower internal cancer incidence correlates with sunnier places in the USA [49]. The increased awareness for this chronic disease led to the declaration of “war on cancer” by the US government in 1970, prompting the generation of maps by the National Cancer Institute (NCI) showing cancer mortality rates according to geographical regions. This led to the discovery made by Cedrik and Frank Garland that VD correlates with lower colon cancer risk and mortality [50-52]. Groham and colleagues established a link in 1989 between colon and breast cancer incidence and mortality in 20 Canadian cities and air pollution (UVB absorption, which blocks VD synthesis) [53]. The same group applied this analysis to the Soviet union in 1990 to find the same correlation. Epidemiological data about the preventive properties of VD for colon cancer were extended to other types of cancer such as ovarian [54], breast [55], renal [56], endometrial [57] and lung [58], eventually leading to the Women Health Initiative clinical trial consisting of 60,000 female subjects. This study investigated the effects of 400 IU VD per day taken orally on colon cancer. The amount of VD, however was argued to be too small and had no effect on tumorigenesis [59].



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Figure 1: VD production in the skin or from diet, its metabolism and effects [2]

The effects of VD on prostate cancer seem to be controversial and no definitive correlation has been established [60]. The same appears to be valid for pancreatic cancer [61]. However, VD may have an indirect effect since it is beneficial for conditions such as glucose intolerance, diabetes and insulin resistance, all of which may play a role in the development and progression of pancreatic cancer. Skin cancer and VD is also a controversial topic. Sunlight has been used to treat psoriasis (although the exact mechanism is unknown) for years [62] and VD induces block in proliferation and increased differentiation of keratinocytes [63]. Anti-proliferative and pro-differentiation properties are also displayed by VD in the context of lymphoma and leukemia [64]. It must be noted that sunlight (especially its UVB spectrum) has been used in the discussion so far as a source for VD (**fig. 1**), as will be discussed below.

Vitamin D Endocrine System

Vitamin D₃ is also referred to as cholecalciferol or calciol. It should be noted that it is not really a vitamin since it can be produced in basal or supra-basal levels of the skin in a reaction catalyzed by UVB

[65]. The wavelength of UVB is 280-315nm, but wavelengths of 297-302nm are optimal for this reaction[66]. The precursor for vitamin D₃ is 7-DHC, also known as pro-vitamin D₃. In keratinocytes and spinous cell layers [67], UVB stimulates the relatively rapid photolysis of 7-DHC to produce pre-vitamin D₃ [68] in an intensity-dependent manner [69] (**fig. 1**). There are several factors that influence the production of pre-vitamin D₃ in the skin. Firstly, the amount of 7-DHC present in the epidermis (65%) and dermis (35%), of which 80% is in the membrane fraction and 20%, in the cytosolic fraction, is crucial. 7-DHC production is controlled by 7-DHC-Δ7-reductase, which interconverts cholesterol and 7-DHC [70]. 7-DHC is an important factor influencing the production of VD and its levels decrease with age [71]. Another essential factor is the availability of UVB irradiation to drive the isomerization of 7-DHC leading to carbons 9-10 bond cleavage. In this context, the skin pigmentation [72] and solar zenith angle [69] are critical for vitamin D₃ production, as well as other similar factors such as clothing and sunscreen [73, 74]. Pre-vitamin D₃ then undergoes heat-dependent isomerization to produce vitamin D₃, which takes up to several hours [68]. Temperature is therefore also an essential aspect of VD synthesis. It should be noted that under prolonged UV irradiation, the pre-vitamin D₃ can be further isomerized to two inert compounds, lumisterol and tachysterol, or converted back to 7-dehydrocholesterol [65]. It is therefore important that UVB exposure is at levels that are lower than erythemogenic for optimal vitamin D₃ production. Vitamin D₃ can also be obtained, along with supplements or fortified foods, from limited food sources such as oily fish (mackerel, salmon, tuna and herring) and fish oils [75]. Smaller amounts are present in beef liver, egg yolk and cheese. Some mushrooms provide vitamin D₂ (VD₂), or ergocalciferol [76]. VD₂, together with vitamin D₃ (VD₃), are collectively referred to as VD. Vitamin D₂ is also found in some plants. It is produced in yeast from the steroid precursor ergosterol [77]. In terms of metabolism in humans, VD₂ follows the exact same pathway, undergoes identical reactions as VD₃ and a randomized control study demonstrated similar effects of 1000IU of VD₂ or VD₃ in maintaining the levels of circulating VD [78] although there are reports about ergocalciferol being less effective in maintaining

circulating VD levels [79-81]. The physiological effects of these two forms, however, seem to be similar [82] and from this point on, only VD₃ will be considered with the understanding that the same applies for VD₂. Interestingly, there are four other naturally occurring vitamin D compounds (vitamin D₄ to D₇) [83], which are less studied, and around 2000 analogues, which differ in their effects and tissues of accumulation [84]

Once VD₃ has been produced in the skin, it is exported into the circulation by the vitamin D binding protein (DBP) [85] as further UV will cause its degradation [86]. DBP is a group-specific, Gc-globulin of the alpha-albumin, albumin and alpha-fetoprotein gene family [87], that has a half-life of 2.5 days in the plasma [87, 88] and does not only act to transport VD in the circulation, but also as a storage site for the latter [89]. It is synthesized predominantly in the liver, has a molecular weight of 52-59 kDa [90, 91] and its gene is located on chromosome 4. There are two domains of the protein capable of VD metabolites and actin [90, 92-94]. DBP is also implicated in the transport of fatty acids and macrophage activation and chemotaxis [95]. Alternatively, chylomicrons can also bind VD₃ in the circulation [89]. The VD₃/DBP complex is thus transported through the circulation to the liver. Its whole-body half-life is about 2 months and the circulating half-life is about 4-6h [96]. Once in the liver, VD₃ undergoes hydroxylation at position 25 to give the major circulating form of vitamin D, 25-hydroxyvitamin D₃ (25-OHD₃) (calcidiol, calcifediol, or 25-hydroxycholecalciferol) [97] or 25-OHD₂ collectively referred to as 25-OHD. 25-OHD is used as a measure for the VD status in the body [98]. It is considered to be representative of VD status in the body due to the fact that 25-hydroxylation is a rapid reaction that is not subjected to any regulation allowing for virtually all VD₃ to be converted to 25-OHD₃ [66]. The half-life of 25-OHD₃ is about 12 days. Different threshold levels of 25-OHD define VD sufficiency or deficiency with intermediate values indicating insufficiency, severe or sub-clinical deficiency. In biochemical terms, vitamin D sufficiency is defined as the levels of 25-OHD for which PTH production and secretion is stable, usually achieved at a concentration of ~75nmol/l (30ng/ml; 1nmol/l=2.5*1ng/ml) or more [99]. In this

context, VD sufficiency is defined as circulating 25-OHD₃ levels of 75-80nmol/l or more, insufficiency – between 50 and 74nmol/l and 25OHD levels lower than 50nmol/l are reflective of a vitamin D deficiency or hypovitaminosis D [27, 100]. In order to achieve vitamin D sufficiency, a recommended supplementation of at least 45-100µg per day (1800-4000IU; 1IU=1µg*40) [101] is required.

The enzymes responsible for the 25-hydroxylation step in the liver are members of the cytochrome p450 family. CYP27A1 is a mitochondrial enzyme. It is most highly expressed in liver and is believed to be important in hepatic vitamin D₃ hydroxylation [102]. It was observed, however, that the microsomal CYP2R1, which is almost ubiquitously expressed, contributes more to the this hydroxylation reaction since a defect in its gene causes rickets [103]. It should be noted that other microsomal enzymes such as CYP3A4 [104] and CYP2J2 [105] also significantly contribute to vitamin D 25-hydroxylation. CYP2R1, however, has the highest specificity and binds vitamin D with the highest affinity compared to the other enzymes (K_m of 0.45 and 0.67 µM for VD₃ and VD₂, respectively) [106]. 25-OHD₃ exits the liver and enters the circulation, bound by DBP. DBP has the highest affinity to 25-OHD₃ compared to all other VD₃ metabolites (K_a=5*10⁻⁸ M) [94] and is in a large molecular excess (5.52-7.93 * 10⁻⁶ M) compared to its main binding substrate (5 * 10⁻⁸ M) [87] allowing it to act as a reservoir for calcidiol and potentially protect against vitamin D toxicity. 25-OHD₃ is still not the active form of VD and has to be further hydroxylated at position 1, although several studies argue that calcidiol can produce some of the effects of hormonal VD, as well as bind the vitamin D receptor (VDR). This activation occurs in the kidney, after the 25-OHD₃/DBP complex leaves the liver and travels through the circulation [97]. It was initially believed that unbound 25-OHD₃ diffuses freely across the basolateral membrane of the renal proximal tubule epithelium – “the free hormone hypothesis” [107, 108]. The high affinity of DBP for calcidiol, however, allows for very small amounts of 25-OHD₃ to be present in a free form. A subsequent study, therefore, provides a more plausible mechanism for transport of 25-OHD₃ into cells of the proximal tubule. Notably, the 25-OHD₃/DBP complex was shown to be filtered through the

glomerulus and internalized from the luminal side of the proximal tubules by the megalin/cubulin receptor [109]. There, 1- α hydroxylation is catalyzed by the mitochondrial CYP27B1 [110, 111] to produce the active vitamin D, also referred to hormonal VD, calcitriol, or 1,25-dihydroxyvitamin D₃ [1,25-(OH)₂D₃]. It was discovered between 1968 and 1971 as the result of studies performed by several groups [112, 113]. Unlike the VD₃ 25-hydroxylases, the renal 25-OHD₃ 1- α -hydroxylase is tightly regulated by phosphate and calcium homeostatic signals, as will be discussed later. Interestingly, Inuit populations, which receive very small amounts of UVB light, seem to have an enhanced conversion of 25-OHD₃ to 1,25-(OH)₂D₃ in the kidneys [114]. It is noteworthy to mention that CYP27B1 could be expressed in a variety of other tissues, such as the gastrointestinal tract, pancreas, endothelial cells, brain, placenta, epidermis, adipose tissue, activated leukocytes and macrophages [115-117]. CYP27B1 in the aforementioned tissues, however, is not subject to the same regulation as renal CYP27B1 and could provide sufficient hormonal vitamin D in autocrine and paracrine fashion. In fact, certain tissues possess the full set of cytochrome p450 enzymes necessary for the synthesis of hormonal VD from its precursor 7-DHC. Such tissues include prostate epithelium [118, 119], osteoblasts [120], macrophages [121] and keratinocytes [122-125]. In this context, skin is of obvious interest due to the presence of high levels of 7-DHC and, therefore, its capacity to produce 1,25(OH)₂D₃ in a completely independent fashion. CYP27B1 seems to be the only enzyme capable of 25-OHD₃ 1 α -hydroxylation discovered so far and mutation of its gene causes symptoms of VD deficiency, which are easily reversed by administration of 1,25-(OH)₂D₃ [110]. Once produced in the kidney, 1,25D enters the circulation and is transported, again by DBP ($K_a = 4 \times 10^{-7}$ M) [94], to various tissues where free 1,25-(OH)₂D₃ diffuses through the plasma membrane to exert its many effects. The latter can be subdivided into two categories: non-genomic (fast) and genomic (slower) [126].

Non-genomic effects of 1,25D

As suggested by the name, the non-genomic effects of 1,25D do not require modulation of gene expression and usually consist of regulating signal transduction pathways, such as peptide and growth factor receptor activation, as well as ion channel function. Examples of the former include activation (or suppression in a cell-dependent context) of ERK [127-133], PKC [134-139], PLC [136, 140-144] and PLD [145], production of 1,3,4-triphosphate (IP3) and 1,2-diacylglycerol (DAG) as a result of increased phosphoinositide turnover, release of intracellular calcium stores [144, 146-149] and PKA stimulation through increased adenylate cyclase activity [150-154]. In terms of ion channel regulation, there is a substantial amount of studies demonstrating the rapid increase in absorption of Ca^{2+} from the extracellular space or its release from intracellular reservoirs as a result of the non-genomic actions of hormonal VD [143, 144, 146, 154-163]. Another effect of the rapid actions of calcitriol is the regulation of chloride channels resulting in an outward ionic flux [164-168] and regulatory volume changes.

The genomic effects of hormonal vitamin D are mediated through the vitamin D receptor, which is localized in the nucleus (VDR_{nuc} or just VDR) of target cells. VDR was discovered in the mid-1970s [169, 170] by Mark R. Hausler and cloned in 1988 [171]. The non-genomic effects, on the other hand, are believed to be initiated at the plasma membrane by a unique receptor for calcitriol or other vitamin D metabolites. Studies in this field have provided evidence for the existence of two such receptors: membrane-localized VDR (VDR_{mem}) and membrane-associated rapid response steroid binding protein (MARRS) [172]. MARRS – also referred to as glucose responsive protein 58kDa (GRP58) and endoplasmic reticulum (ER) 57-60kDa (ERp57 or ERp60) [172] – is a multi-functional thioredoxin-like protein anchored to the plasma membrane by a myristoylation sequence and can also be found at the ER [173]. Its discovery was triggered by the observations that calcitriol binds to the basolateral membrane of chick and rat enterocytes to a protein that is distinct from the classical VDR [174, 175]. In addition, VD analogues that are unable to bind the classical VDR are capable of initiating rapid responses [176] such

as PKC activation and Ca^{2+} and PO_4^- uptake [134, 172] – effects which are blocked by an anti-MARRS antibody [132]. Similarly, rapid responses are not entirely abolished in VDR-null mice [177]. Interestingly, binding of hormonal VD to MARRS was also shown to trigger translocation of the complex to the nucleus [173].

VDR_{mem} is the classical VDR that is localized to the plasma membrane [178], in particular lipid rafts and caveolae in cells of several tissues (intestine, kidney, lung, osteoblasts) [179], and has been shown to mediate the rapid effects of calcitriol in osteoblasts and fibroblasts [180] as they are abolished in VDR-null mice. Additionally, analogues which only induce rapid effects were shown to bind to an alternative pocket of the VDR [181], suggesting that VDR_{mem} participates in mediating the non-genomic effects of vitamin D.

Genomic effects of 1,25D

The VDR_{nuc} mediates the genomic effects of calcitriol. VDR is a member of the nuclear receptor

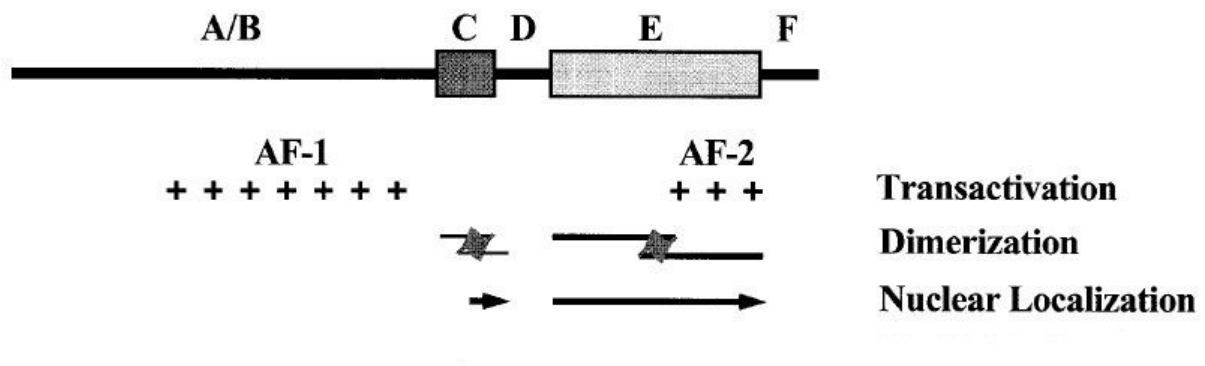


Figure 2: NR members are composed of 6 regions. The positions of motifs implicated in transactivation, dimerization and NLSs are also marked [185].

(NR) superfamily. The latter represents a class of transcription factor, whose function is induced by ligand binding [182-184]. Structurally, they are composed of six regions, conserved between members of the seven subfamilies [185] (**fig. 2**). These regions are designated A through F and feature functional domains crucial for the function of NR: DNA binding domain (DBD) (C), C-terminal ligand binding domain

(LBD) (E/F) and hinge domain (D) [186-188] (**fig. 2**). Ligand binding induces NRs to associate with their cognate DNA response elements (also known as hormone response elements, HREs) in the regulatory regions of target genes. The DBD contains two C4 zinc fingers of which many amino acids establish non-specific contacts with the DNA backbone and only a few within the first zinc finger – residues 2-6 in the so called P box region [189, 190] – are required to confer specificity for the cognate HRE [191, 192]. Binding of agonists or antagonists to NRs results in the recruitment of coactivators, such as p160 or steroid receptor coactivators (SRC), or corepressors, such as silencing mediator for retinoid and thyroid hormone receptors (SMART) and nuclear corepressor (NCoR) [193, 194], respectively, to stimulate or inhibit gene expression. The LBD is composed of 12 (11-13) α -helices in an anti-parallel sandwich arrangement [195]. Helices 4, 5, 8 and 9 enclose a cavity and ligand binding generally stabilizes a specific conformation of the NR by interacting with residues from helices 3, 5, 6, 7 and 10, as well as the loop N-terminal to activation function 2 domain (AF-2 located C-terminally to the LBD and important for

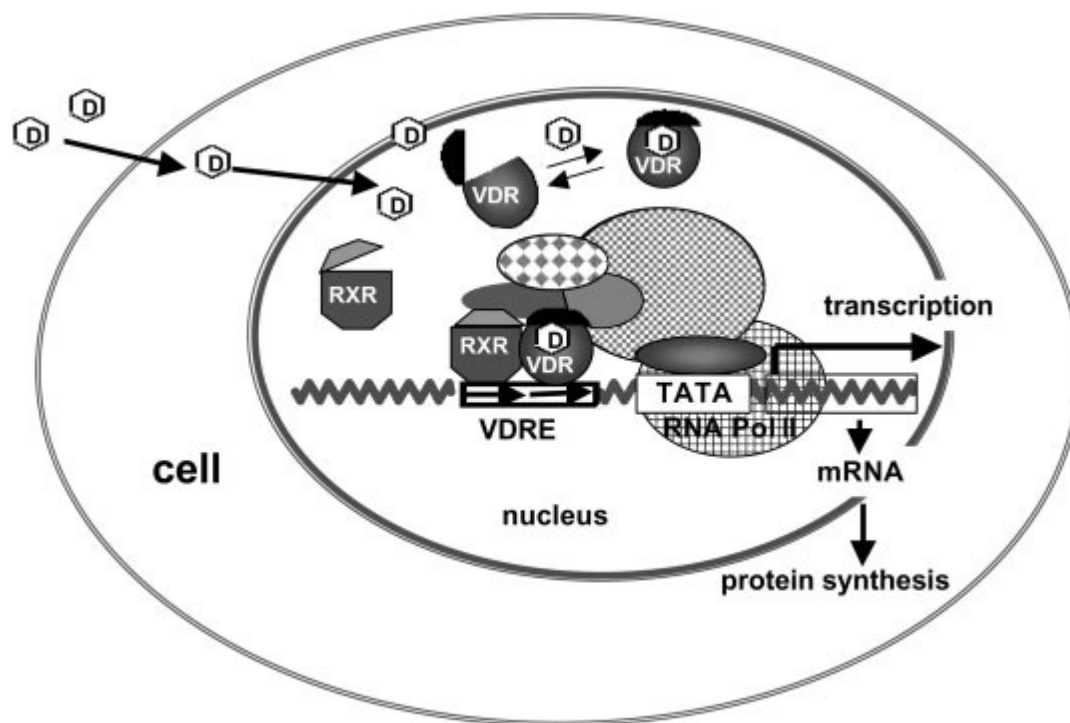


Figure 3: VDR/RXR gene regulation. Ligand-bound VDR and unbound RXR interact with co-activators and the mediator complex to recruit RNA Polymerase II and stimulate gene expression [4].

transcriptional regulation) [195]. There are some NRs with no known ligands. These are known as orphan receptors (e.g. ERR) [196, 197]. In addition, SHP1 and DAX1 constitute a NR family characterized by the lack of a DBD and they function through binding to other NRs and modulating their activity [198-200]. The NRs can bind their HREs as monomers (retinoic acid receptor-related orphan receptor γ , ROR γ) [201], homodimers – retinoid X receptor (RXR) [202] – or heterodimers – RXR can function as a homo- or heterodimer [203]. VDR is also part of the latter category. It is generally accepted that upon ligand binding, VDR associates with ligand-free RXR in the nucleus to bind to vitamin D response elements and stimulate gene expression through interaction with co-activators [4] (**fig. 3**). It was recently demonstrated, however, that RXR stabilizes the otherwise unstable VDR through direct interaction even in the absence of calcitriol [204]. Residues 317-325 of the VDR and 347-353 and 419-432 of the RXR α are important for this association [203]. Binding of 1,25D to VDR triggers some important conformational changes. Hormonal vitamin D, as well as its analogs, associate with VDR through a part of the LBD called ligand binding pocket (LBP). LBP is delimited by helix 11 (H11), the beta-turn between H3-H7, and H12. H12 is particularly noteworthy since its position determines the properties of VDR: transcriptional activation or repression. The LBP is hydrophobic with certain charged residues that establish contacts with the ligand. They are located at two distinct sites within the LBP, termed site 1 – narrower, and site two – wider [205]. Residues within site 1 interact with the 1 α -hydroxyl and site 2 bind the 25-hydroxyl group of the hormone. Once 1,25D is in the LBP, H12 covers the LBP, thus forming the AF-2 surface with the charged E420 and K246 positioned at opposite ends of the hydrophobic region of AF-2. This conformation of AF-2 is suitable for interacting with coactivators, whereas the open H12 is interacting with nuclear co-repressors NCoR [206]. It was shown that ligand binding to VDR does not increase its affinity towards RXR, but rather stabilizes further the VDR/RXR heterodimer and induces conformational changes in the DBD domain of VDR and H3 of RXR [203] suggesting the presence of allosteric communication between the co-receptors. Binding of either 9-cis retinoic acid or 1,25D to their cognate

receptors appears to destabilize the DBD of VDR independently of the presence of the other ligand [203]. Two models have been proposed to mechanistically explain this phenomenon: (1) the flexibility of the DBD domain is increased, which allows for a bigger capture radius – the fly-cast model [207]; (2) the increased flexibility allows the heterodimer to screen faster the DNA for the presence of vitamin D response elements (VDREs) [208].

Not only does ligand binding affect the DBD, but the reverse is also true. Binding to DNA has an effect on the LBD and co-activator-interacting surfaces of the NR. Association with a VDRE results in stabilization of the dimer interaction: H7, H8, H9 and H10 for VDR and H7 and H10 of RXR, which are part of the dimerization interface [203]. The VDR/RXR heterodimer binds to direct repeat response elements (DR3), which consists of 2 identical sites of the consensus sequence 5'-AGGTCA-3' (or a more general 5'-PuG(G/T)TCA-3' motif), separated by 3 base-pairs or everted repeats spaced by 6 base-pairs (ER6) [209-211]. The heterodimer establishes contact with the major groove of each repeat of the VDRE through both DBDs such that the LBDs are located 5' relative to the DBDs and rotated around an axis perpendicular to DNA [203, 212]. The LBDs are connected to the DBDs by a small segment, the hinge, which determines the positioning of the LBD relative to the DBD [212]. Moreover, it has been suggested that the hinge region also binds DNA [213]. VDR makes stronger contact with the 3' repeat, compared to RXR, which interacts with the 5' repeat [203]. Moreover, DNA binding stimulates further association between VDR and RXR in the DBDs and the region upstream of it. It also induces conformational changes in the co-activator binding cleft, including AF-2, to enhance the ligand-dependent co-activator recruitment [203, 214]. The rotation of the heterodimer's LBDs upon DNA binding also may play a role in orienting the co-regulators [212]. Interestingly, binding of 9-cis-retinoic acid to the RXR can synergize with calcitriol in recruiting co-activators to the heterodimer [215].

The VDR/RXR α heterodimer binds to co-activators such as SRC-1 in a 1:1 stoichiometry with SRC-1 associating only with the binding cleft of VDR [212, 216, 217], which is created through conformational

changes induced by ligand and DNA binding [203, 212, 218] (**fig. 3**). Co-activators associate with VDR or other NRs through a specific motif termed NR box (LXXLL) [219]. In the coactivators-interacting cleft of the VDR, lysine in H3-H4 and glutamate in H12 of the AF-2 domain form a charge clamp which binds and orients SRC-1 via its NR box [220]. SRC-1 [221] belongs to a family of NR co-activators named p160. Other members of this family are TIF-2 (SRC-2) [222, 223] and AIB-1 (SRC-3) [224-228]. P160 co-activators along with enzymes that possess histone acetyl-transferase (HAT) activity (CBP/p300) [229] constitute a class of VDR co-activators that modify covalently histone tails in order to activate gene transcription and facilitate the recruitment of general transcription factors and RNA Polymerase II that form the pre-initiation complex (PIC). SRC-1 has a HAT activity [230] and was shown to associate with CBP/p300 [231, 232], as well as transcription factor 2 B (TFIIB) and TATA box binding protein (TBP) [233] thus bridging VDR with the basal transcriptional machinery. Another class of co-activators for VDR is the ATP-dependent chromatin remodelling complexes such as WINAC [234]. Yet a third class of co-activators consist of proteins that regulate gene transcription through recruitment of GTFs and RNA polymerase II at target gene promoters. In the case of VDR, this is mediated by the DRIP/TRAP complex [235]. It has been demonstrated that DRIP and p160 co-activators are involved in the regulation of different aspects of cellular behaviour in keratinocytes. Notably, DRIP co-activators are implicated in the regulation of proliferation, whereas SRC – in genes important for differentiation [236]. In addition, the preferential binding of one or the other class of co-activators to the VDR is dependent on the differentiation state of the cell [236-239]. Other co-activators have been described that do not belong to any of the above classes, such as SMAD3 [240] and NCoA-62 [241]. NCoA-62 (Nuclear Receptor Co-activator, 62kDa) does not belong to the p160 family of co-activators and its mode of action is quite different. It is bound to unliganded VDR (but does not interact with the AF-2 domain) and calcitriol enhances this interaction 2-3-fold and modestly augments gene transactivation. Importantly, calcitriol also triggers the formation of a ternary complex of VDR/SRC-1/NCoA-62, in which NCoA-62 and SRC-1 synergize in gene activation

[230]. It should be mentioned that co-activator recruitment does not result in proteins being permanently docked to the VDR. Rather, it is a cyclic process that allows for continuous assessment of ligand presence in the LBD of VDR [242]. Thus, when the ligand is no longer present, the co-activators are released giving co-repressors a chance to bind so that target genes are repressed. Nuclear receptor co-repressor (NCoR) [243] and silencing mediator for retinoic acid and thyroid hormone receptor (SMRT) [244] are the founding members of the co-repressor family for VDR. It has grown to include RIP13 δ 1 [245, 246], SMRTe [247, 248], SUNCoR [249] and Alien [250]. NCoR and SMRT mediate repression through N-terminal HDAC activities [251-253] and associate with VDR through a C-terminal NR box [254], which contains a motif called co-repressor NR box (CoRNR box) of consensus sequence L/I XX I/V I and LXX I/H IXXX I/L [255-257]. The sequence of the CoRNR box allows for the formation of an α -helix one turn longer than the LXXLL motif present in the co-activators, which permits binding to the open conformation of AF-2 of the VDR [256, 257]. Ligand binding, therefore results in release of co-repressors as they are no longer able to bind the open AF-2 [258]. Alternatively, the co-repressor hairless (Hr) was found to repress gene transcription in a ligand-dependent manner. It is mainly expressed in hair follicles, brain and epidermis. Its association with unliganded VDR is weak, but present (mediated by its LDSII motif) and is greatly increased upon ligand binding (through its LSELL motif) and so are its gene repression actions [259, 260]. Alien, on the other hand, does not bind to the AF-2 domain of VDR and is released upon 1,25D₃ binding [251]. Ligand-bound VDR is also able to repress gene transcription through sequestration of TF [261, 262]. These modes of gene regulation, along with the non-genomic responses elicited by VD mediate its beneficial for human health effects, the classical example of which is the regulation of skeletal and mineral homeostasis.

Skeletal and Mineral Homeostasis Effects of VD

Calcium is an important element that plays an essential role in skeletal mineralization [263] and a variety of physiological, extracellular and intracellular signalling events. It can only be obtained from the diet and must be kept within a narrow range in human serum [264]. As a result, a complex regulatory system has evolved to control calcium homeostasis, in which VD plays a crucial role [265, 266]. Calcitriol is associated with increased Ca^{2+} absorption from the intestine and reabsorption from the kidney.

Intestinal Calcium Absorption

There are two modes of calcium transport in the intestine: saturable (transcellular) and non-saturable (paracellular) [267, 268]. The former is energy-dependent, mostly present in the lower bowel [269] and accounts for close to 60% of total calcium absorption. It is stimulated by 1,25D [270-272]. Specifically, VD sufficiency is required for the transport of Ca^{2+} from the brush border across the cell to the basolateral membrane [273] of the enterocytes. Its effects are noticeable after 2-4h, suggesting that they are mediated by ligand-bound VDR-stimulated gene expression. The fact that VDR is essential for Ca^{2+} absorption is supported by the following observations: (1) *In vivo*, VDR gene deletion is associated with Ca^{2+} malabsorption phenotypes such as osteomalacia, poor growth and elevated serum PTH [274-276]; (2) *In vitro*, overexpression of VDR in the intestinal cell line CaCo-2 increases 1,25D-stimulated Ca^{2+} transport [277]. Its absorption in the intestine can be attributed to the effects of VD on four modes of transportation: facilitated diffusion, vesicular transport, transcytosis and paracellular entry through tight junctions. In the context of facilitated diffusion, VD was shown to regulate both uptake (through an apical membrane calcium channel TRPV6) [278-284] and the rate-limiting [280, 281] transport to the basolateral membrane (by calbindin D_{9k}) [271, 274, 278, 284, 285] in mice, rats and humans. Finally, once the calcium has been ferried from the brush border to the basolateral membrane, where the plasma

membrane Ca^{2+} ATPase 1b (PMCA1b), a vitamin D target gene [286], exports Ca^{2+} against the concentration gradient from the cytoplasm to the serum [287, 288]. Calcitriol is able to enhance intestinal calcium absorption also through stimulating vesicular transport [289]. There is evidence that 1,25D increases lysosome formation [290, 291]. Vesicles thus formed act as Calbindin_{9k} surrogates to ferry Ca^{2+} across the cell and blocking their formation limits calcium absorption [290].

A very interesting mode of intestinal calcium absorption regulation by VD is transcaltachia. It occurs only minutes after 1,25D exposure implicating non-genomic effects. The fact that only serosal 1,25D stimulates transcaltachia [292] points to the existence of a 1,25-(OH)₂D₃ binding protein at the basolateral side of enterocytes [176]. Two such receptors have been identified: membrane VDR [179] and MARRS [172]. Notably, deletions of MARRS in mice limit 1,25D-induced calcium absorption [293]. There is also evidence that 1,25D increases paracellular Ca^{2+} flux [268, 294, 295] through upregulation of claudin 2 and 12 mRNA and protein [296]. They participate in the formation of tight junctions and their levels are significantly lower in VDR KO mice. In line with these observations, knockdown of these claudins leads to reduced Ca^{2+} permeability in CaCo-2 cell line.

Renal Calcium Reabsorption

Apart from the well characterized effects on intestine, VD is also known to increase renal calcium reabsorption in the distal convoluted (DCT) and connecting tubules (CNT) [280, 297]. The mechanism of transport is quite similar to that in enterocytes: Ca^{2+} enters the renal epithelial cell via the calcium channel TRPV5 at the apical membrane, is ferried by calbindinD_{28k}, and is released into the serum at the basolateral side via PMCA1b and the sodium/calcium exchanger, NCX1. In a rat model, vitamin D deficiency resulted in a decreased expression of TRPV5 [298], calbindinD_{28k} and NCX1, and the physiological manifestation was hypocalcemia. Supplementation with 1,25-(OH)₂D₃ restored expression of the three renal proteins mentioned above and normalized serum Ca^{2+} levels [299]. Similar

observations were documented in mice where TRPV5 KO is associated with malfunction of the Ca^{2+} reabsorption pathway in the DCT and the CNT [300].

Endocrine Regulation

The kidney is also important for production of the hormonally active form of vitamin D, which is regulated by Ca^{2+} homeostatic signals such as Ca^{2+} itself and PTH (**fig. 1**). *CYP27B1* is expressed in the proximal tubule of the kidney [301-303]. The expression of this enzyme is inhibited by its own end product through the VDR in a negative feedback loop [304] and is activated by calcitropic stimuli such as PTH and calcitonin [305, 306]. *CYP27B1* repression is VDR/RXR- and $1,25\text{-(OH)}_2\text{D}_3$ -dependent without there being any consensus VDREs [307, 308]. Binding of the activated VDR/RXR heterodimer to the negative gene regulatory sequence was found to occur indirectly through tethering to a transcription factor called vitamin D interacting receptor (VDIR) [307, 308]. There is dissociation of p300 and a subsequent reduction of HAT with a concomitant upregulation of HDAC activity and binding of co-repressors NCoR, HDAC2 and Sin3A. Moreover, there is increased methylation of CpG islands at the promoter as a result of DNMT1 and DNMT3B methyltransferase activity. $1,25\text{-(OH)}_2\text{D}_3$, therefore, represses the expression of renal 25-OHD_3 1α -hydroxylase through histone deacetylation and promoter DNA methylation [309]. Alternatively, calcitriol also stimulates its own degradation by strongly enhancing the expression of *CYP24A1* – the enzyme that catalyzes the limiting step of vitamin D catabolism (**fig. 1**)– through binding of VDR/RXR to several regulatory elements of the gene. PTH induces HAT activity association with VDIR in a PKA and cAMP dependent manner [310, 311] resulting in increased renal *CYP27B1* expression. Circulating PTH levels are increased as a consequence of low serum Ca^{2+} , which activates several pathways in order to correct the hypocalcemia. The Ca^{2+} sensing receptor (CaR) is normally active when bound to Ca^{2+} and is inhibited at low serum Ca^{2+} concentrations. Active

CaR decreases PTH secretion and parathyroid cell growth [312]. It acts in the kidney, on the other hand, to decrease calcium reabsorption [313, 314].

Under conditions of low serum Ca^{2+} , PTH increases gene expression of renal 25-OHD₃ 1 α -hydroxylase through its cognate receptor, PTHR, resulting in upregulation of intestinal Ca^{2+} absorption and kidney reabsorption [299, 315]. Increased 1,25-(OH)₂D₃ and Ca^{2+} in turn act in the parathyroid gland to decrease PTH production [316] and secretion [317] via VDR [318] and CaR [315], respectively. It was also demonstrated that ligand-bound VDR inhibits proliferation of parathyroid cells [319, 320] where it upregulates its own expression. PTH and calcitriol, as Ca^{2+} homeostatic hormones, also have an effect on bone, which acts as a reservoir of calcium and phosphate. Acting together through their cognate receptors, they increase resorption in order ameliorate hypocalcemia. PTH by itself is associated with increased bone formation and osteoblastic resorption [321], whereas ligand-bound VDR stimulates net bone resorption through increased osteoclast size [321]. The bone anabolic effects of PTH appear to be mediated, at least in part through canonical Wnt/ β -catenin signaling pathway in osteoblasts [322]. In terms of VD-induced bone accretion, there is the obvious indirect effect of calcitriol on elevation of circulating Ca^{2+} levels. In addition, 1,25-(OH)₂D₃ seems to have direct effects on bone mineralization as was shown in mouse models [323].

Vitamin D and Phosphate Homeostasis

The role of VD in phosphate homeostasis has also generated considerable interest. Phosphate is involved in bone mineralization, macromolecule synthesis and intracellular signalling. It is readily available from the diet and its intestinal absorption is mostly unregulated [324]. Renal reabsorption, therefore, is the convergence point for the majority of phosphate homeostatic signals [325], the two main players being PTH and fibroblast growth factor 23 (FGF23). Increased serum phosphate upregulates PTH secretion directly by increasing its mRNA stability and indirectly through down-

regulating free Ca^{2+} in the serum [298]. PTH then binds its receptor (PTHr1) at the basolateral and apical membrane of the proximal tubule in the kidney inducing PKA and PKC activation, respectively, which both result in internalization of the membrane sodium-phosphate co-transporters NaPi-IIa and NaPi-IIc responsible for phosphate reabsorption. The net effect is phosphate wasting [326]. The same effect is attained through increased FGF23 production – mainly by osteocytes and osteoblasts [327] – stimulated by increase in phosphate [328]. FGF23 binds to its receptor (FGFR1) in the proximal tubule and results in decreased phosphate reabsorption [329] by down-regulating NaPi-IIa and NaPi-IIc expression [330]. It also inhibits *CYP27B1* and up-regulates *CYP24A1* expression, thus reducing active VD levels [331]. 1,25-(OH)₂D₃ has several effects on phosphate homeostasis. Firstly, it increases phosphate uptake from the diet by Pit-2 upregulation [332]. Secondly, it enhances the production and secretion of FGF23 in osteocytes and osteoblasts [333, 334], thus acting as a negative feedback mechanism to reduce serum phosphate levels.

In conclusion, the complex endocrine interaction between PTH, hormonal VD and FGF23 implies that disruption of signalling pathways implicating any of these hormones will affect the others and negatively impact calcium or phosphate homeostasis, or both.

Molecular effects of VD in cancer

The anti-cancer effects of 1,25D at the cellular level appear to be tissue specific and no universal mechanism or pathway could be used to explain them. However, a common feature is that VD seems to promote quiescence and induce a more differentiated phenotype in most cancer cells. Here, three such cancer cell types will be discussed, as the VD effects on these cells are well described.

As mentioned earlier, 1,25D has beneficial effects for skin cancer patients. At the molecular level, this is due to inhibition of proliferation and is associated with the expression of differentiation markers such as involucrin, loricrine, flaggrin and transglutaminase [236]. VD was also demonstrated to

confer protection against UV-induced DNA damage by stimulating mechanisms resulting in increased p53 expression, down-regulated stress-induced kinases activation and inhibition of nitric oxide production.

The anti-cancer effects of VD are best described and the most extensively studied in colon cancer. In terms of the molecular mechanisms, the most prominent pathway affected is the Wnt/ β -catenin pathway. It is inhibited by ligand-bound VDR via binding to β -catenin (via its AF-2 domain) [335]. VD is also able to increase the expression of cystatin D, which inhibits cysteine proteases from the cathepsin family and is thus needed to block Wnt signalling and confer differentiated phenotype [336].

VD has also been shown to trigger cellular events leading to breast cancer prevention. Most breast cancer cell lines, especially the less aggressive and estrogen receptor-positive ones are growth inhibited by 1,25-(OH)₂D₃ [337]. This is achieved through regulation of a broad range of targets. Some of these targets are implicated in the cell cycle: down-regulation of cyclins, cyclin-dependent kinases and upregulation of their inhibitors [338-340]. Other targets consist of apoptotic and autophagy-related genes such as members of the Bcl-2 family, caspases and cathepsins . In addition, differentiation markers such as casein, adherent proteins (E-cadherin) and lipid droplets are also induced as a result of 1,25D treatment [341, 342].

FoxO

The forkhead box family of transcription factors was first discovered in *Drosophila melanogaster* [343] where the FOX gene product was found to play an important role in development. In mammals, there are several families of forkhead transcription factors, one of them being the forkhead box O (FoxO) subfamily. It is composed of 4 members: FoxO1, FoxO3a, FoxO4 and FoxO6. The first three share a great degree of homology and are ubiquitously expressed. Still, FoxO1 appears to be present at higher levels in adipose tissue, FoxO3a – in ovaries, kidneys, heart and brain, whereas FoxO4 is mainly found in

muscle and heart [344-346]. FoxO6, however appears to have a neuronal pattern of expression [347] and is not regulated by nuclear-cytoplasmic shuttling following growth factor-induced phosphorylation [348]. FoxOs are *bona-fide* tumour suppressors as their ablation results in transformation and tumorigenesis at the cellular [349-356] and organismal level [357]. In the same line of evidence, overexpression of FoxOs in various cell types strongly blocks cell proliferation [358-361]. Their functions of regulating apoptosis, cell proliferation, differentiation and stress (especially oxidative) resistance are conserved in *Caenorhabditis elegans*, *D. melanogaster* and vertebrates [362, 363].

Structure-Function Relationship

Due to the importance of these transcription factors, it is crucial that they are tightly regulated.

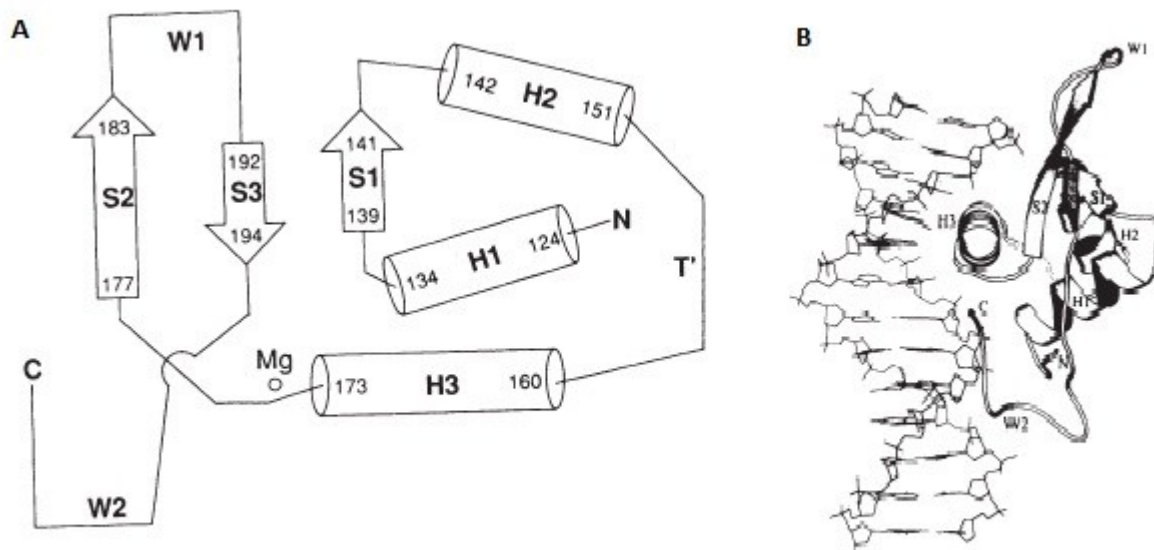


Figure 4: Structure of the Fork-head Domain. (A) S designates β -strands, H refers to helices and W, wings or loops. The relative position of the amino-acids delimiting each segment are also represented. (B) The fork-head domain as it interacts with DNA. The DNA is represented by a stick figure, whereas the winged helix domain, as a ribbon structure. The importance of H3 for establishing contact with DNA is apparent [3].

Based on what have been described so far, this regulation is mostly done through post-transcriptional mechanisms such as post-translational modifications. In order to better understand how these mechanisms can impact the function and stability of FoxOs, one should first become familiar with their

structure (**fig. 4**). A unifying feature of all Fox proteins is their DNA binding domain [3, 364], which is composed of around 110 amino-acids arranged in a winged helix motif [365-367]. Generally, it contains three alpha-helices (H1, H2 and H3), three beta-strands (S1, S2 and S3) and two loops or wings (W1 and W2) [3](**fig. 4**) such that the alpha-helical cluster (H1, H2 and H3) is C-terminal relative to the β -strands portion (S2 and S3) and the two protruding wings (W1 and W2). In the context of the whole molecule, the DBD is located closer to the N-terminus and is followed by a nuclear localization signal, nuclear export sequence and the transactivation domain at the C-terminus. The core sequence recognized by the DBD of Fox transcription factor is 5'-(A/C)AA(C/T)A-3' [343, 368]. H3 (especially Asn165 and His169) is crucial for sequence recognition and binding of the Fox monomer to the major groove of DNA [3]. W1 and W2 also interact with the DNA duplex (both bases and backbone) via van der Waals forces, hydrogen bonding and electrostatic forces thus establishing specific and non-specific interactions with major and minor grooves [3, 369, 370].

Members of each subfamily of Fox transcription factors, however harbor minor variations in the DBD motif, possibly allowing them to preferentially bind to different consensus sequences. FoxO4, for example contains another short helix between H2 and H3 [343]. The FoxO subfamily members bind preferentially to the consensus sequence 5'-GTAAACAA-3' referred to as the DAF-16, the *C. elegans* orthologue of FoxO, binding element (DBE) or fork-head response element (FHRE) [371, 372]. FoxOs were also shown to bind with a smaller affinity to the insulin-response sequence, 5'-(C/A)(A/C)AAA(C/T)AA-3' [371-379]. Studies of FoxO3a bound to a FHRE demonstrated that Arg211, His212 and Ser215 of the H3 are required for binding [380]. Additionally, the W2 adopts a coil structure exposing the basic Arg248, Arg249 and Arg250 to interact directly with the DNA backbone [380]. It was also observed that the N-terminal region of the DBD, upstream of H1, is important for DNA binding as well [381].

Post translational modifications have a great impact on FoxO function and stability and it is important to understand their role in the structural context of the proteins. Phosphorylation is the best

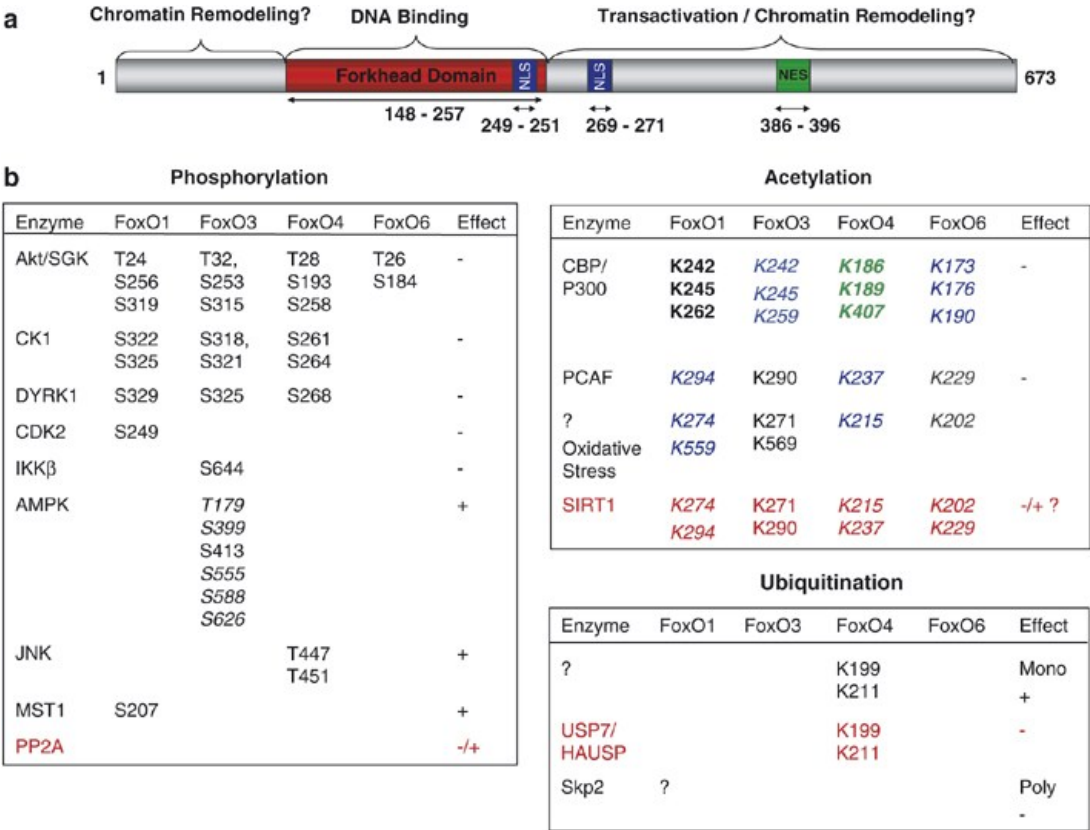


Figure 5: FoxO translational modifications. (A) Schematic of human Foxo3a. Different domains are represented with the amino acids delimiting them. (B) Post-translational modifications of the members of the FoxO family. Left panel: phosphorylation. Upper right panel: acetylation. Bottom right panel: ubiquitination [1].

studies and seems to have the greatest effect (both positive and negative) on function. FoxOs are phosphorylated by protein kinase B (PKB) and serum and glucocorticoid-inducible kinase (SGK) on three sites (**fig. 5**) [372, 374, 377, 382-384]: the N-terminus upstream of the DBD; the W2 of the fork-head domain itself in a region proposed to play the role of NLS [3, 380, 385-387] and between the NLS and the NES. There is evidence that phosphorylation at the second PKB/SGK site interferes with DNA binding [380, 381, 388, 389]. The third site – Ser319 for FoxO1 – results in the stimulation of casein kinase 1 (CK1) binding to further phosphorylate the protein at Ser322 and subsequently, Ser325 [390], followed by phosphate modification at a fourth site by the dual tyrosine phosphorylated regulated kinase-1A

(DYRK1A)[391]. These four latter modifications result in the creation of a negatively charged region promoting nuclear export in an Exportin/Crm1- and Ran-dependent manner [390]. In addition, the first two PKB phosphorylation sites (the N-terminus and in W2/NLS) represent a 14-3-3 consensus binding motif [382, 392-395]. Moreover, as suggested by their position, disruption of DNA binding has been demonstrated [396, 397]. In addition, 14-3-3 binding induces a conformational change that exposes FoxOs' NES (leucine-rich) to promote, along with 14-3-3 itself, Exportin/Crm1-mediated nuclear export [394]. Regulation of subcellular localization of FoxOs by 14-3-3 is also controlled by masking the NLS thus preventing nuclear re-import [382, 384, 398-401]. Apart from PKB, other kinases are also able to phosphorylate FoxOs resulting in various outcomes regarding their function. Cyclic GMP-dependent kinase-1 (cGMP-1) phosphorylates Ser152-155 upstream of H1 and Ser184 in H2 of FoxO1 and inhibits DNA binding [380, 387, 402]. This, however, is unique to FoxO1. MST1 phosphorylates a highly conserved serine residue in H3 that disrupts interaction with 14-3-3 potentiating FoxO activity [3]. Again specific to FoxO1 only, is the Cdk-2-mediated phosphorylation of Ser249 in W2 that results in reduced DNA binding [380].

Although not as extensively studied, acetylation also plays an important role in regulating FoxO function. Out of the several acetylation sites, two occur at W2 of the fork-head domain and were shown to disrupt DNA binding by neutralizing the negative charge of lysine residues [5, 380]. Generally, however, not much is known about effects of acetylation and it is accepted that acetylation has gene-specific effects on FoxOs. Mono-ubiquitination, on the other hand, has an opposing effect to acetylation - nuclear localization and activation – and occurs, at least in part, at the same lysine residues as acetylation [403]. USP7/HAUSP catalyzes the removal of single ubiquitin molecules thus reversing the effect. Conversely, poly-ubiquitination triggers degradation of FoxO by the proteasome [349].

In conclusion, one could claim that there exists a FoxO code (**fig. 5**) that, analogous to the histone code, fine-tunes the function of these transcription factors according to the various signals that converge on them.

Regulation of FoxOs and Effects on Their Function

FoxO proteins are transcription factors normally found in the nucleus. They induce or repress target gene expression to control cellular processes involved in stress resistance, cell cycle, programmed cell death and metabolism. FoxOs induce arrest at the G1 phase of the cell cycle by enhancing p27^{kip} [360, 361, 404-406], p15 and p19 [407] gene expression, and by inhibiting c-Myc through upregulation of its transcriptional inhibitor Mxi1 [408]. In addition, cyclin D1 (CCND1) [409] and cyclin D2 (CCND2) [410] are transcriptionally suppressed, which, along with stimulation of p130 [359], delays or blocks entry into S phase. FoxOs also up-regulate cyclin G2 (CCNG2) [411] and growth arrest and DNA-damage-inducible protein 45 α (GADD45a) [412, 413], which results in arrest in the G2 phase of the cell cycle [413]. The latter occurs mostly under conditions of stress [412]. The G2 arrest is believed to be important in DNA repair.

In the context of ROS detoxification, FoxOs induce the expression of enzymes such as manganese superoxide dismutase (MnSOD) [414], peroxiredoxin III (Prx-3) [415], sestrins [416], selenoprotein P [417], PINK1 [418] and Catalase [419], and down-regulate thioredoxin interacting protein (TXNIP) to enhance thioredoxin activity [420] thus decreasing oxidative stress and increasing cell survival [345]. In the advent of high oxidative stress level with which the cell cannot cope, FoxOs contribute to the induction of cell cycle arrest followed by programmed cell death [421, 422]. FoxOs are capable of inducing apoptosis by stimulating genes involved in triggering both the intrinsic [404, 406] and extrinsic pathways. Upregulation of Bim [404], PUMA [423], BNIP3 [424] and Bcl-6 [425] stimulates cytochrome c release and activation of the intrinsic apoptotic pathway, whereas induction of tumour

necrosis factor-related apoptosis inducing ligand (TRAIL) [426], tumour necrosis factor receptor-associated death domain (TRADD) [427] and Fas-ligand (FasL) [382] stimulate the extrinsic apoptotic pathway.

In the liver, FoxO enhances hepatic gluconeogenesis by inducing the expression of glucose-6-phosphatase (G6Pase) and phosphoenolpyruvate carboxykinase (PEPCK) [428, 429]. In muscle cells, on the other hand, FoxO transcription factors stimulate the expression of atrogin-1 and MuRF-1, which are ubiquitin ligases essential for muscle atrophy and muscle wasting [429, 430]. Similarly, autophagy is enhanced by FoxO3a in muscle cells by up-regulating relevant genes such as *MAP1LC3*, *GABARAP*,

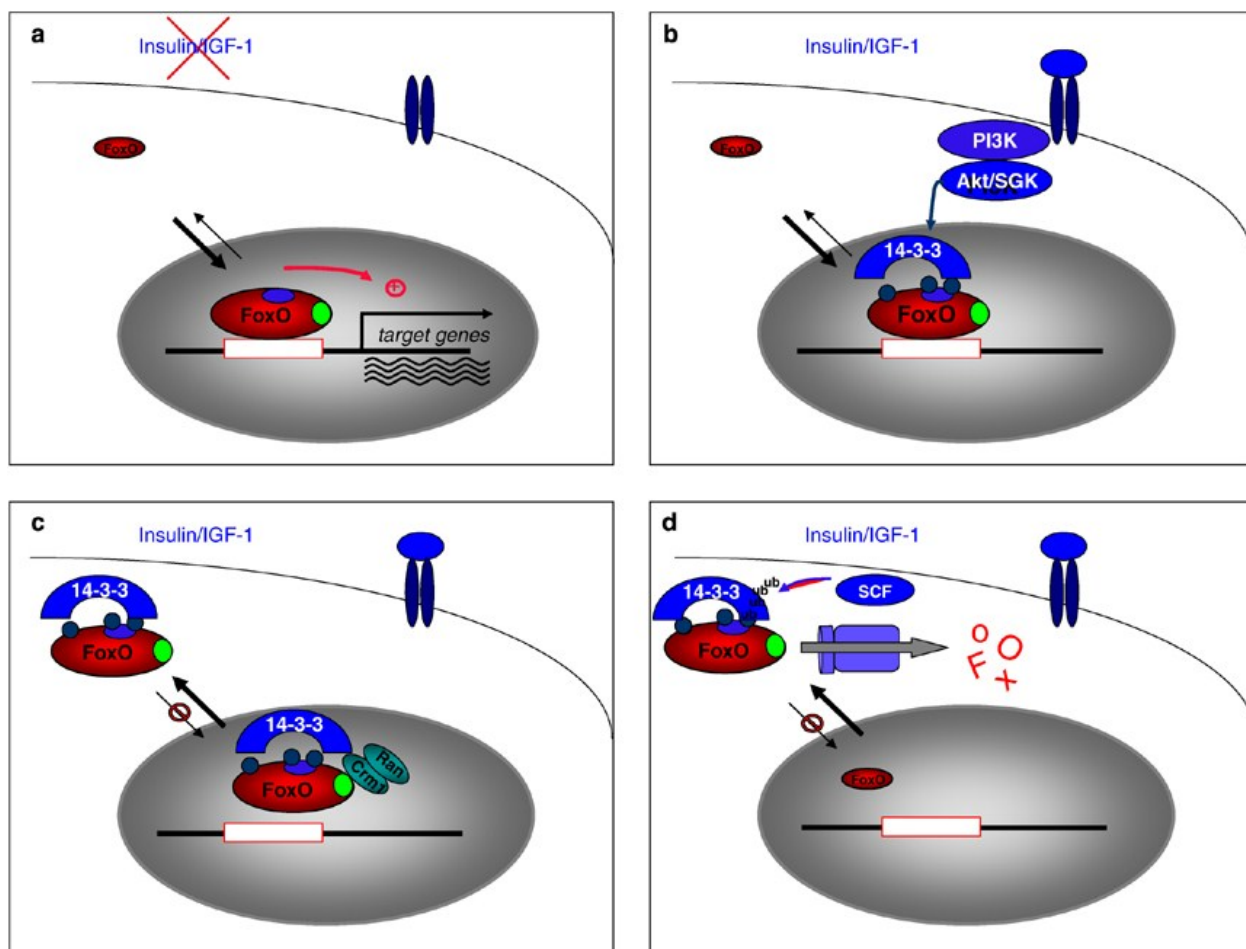


Figure 6: Regulation of FoxO subcellular localization and function by the PI3K/PKB pathway. (A) In the absence of growth factor stimulation, FoxO proteins are in the nucleus and regulates target genes through binding to FHREs. (B) Upon mitogenic stimulation, PKB (designated here as Akt) and SGK are stimulated and are able to phosphorylate FoxO at three conserved sites. (C) This results in release of FoxO from FHREs and binding to 14-3-3 resulting in nuclear export. (D) Upon prolonged growth factor stimulation, FoxOs are poly-ubiquitinated by SCF and degraded by the proteasome [1].

ATG12, *BNIP3* and *BNIP3L* [431-435]. Both proteasomal degradation, autophagy and the upregulation of myostatin [436] are known to cause muscle atrophy [432].

FoxOs are also implicated in tissue homeostasis. They maintain hematopoietic stem cell (HSC) pool by keeping the latter in a quiescent state and loss of FoxOs results in increased levels of myeloid progenitors [345] and a concomitant decrease in HSC due to increased ROS levels and apoptosis [345]. These transcription factors are also implicated in maintenance of the naïve T cell pool through inducing IL7-R production [437] and differentiation of chronic myeloid leukemia cells into erythrocytes through upregulation of ID1 [438]. All these important functions of FoxO transcription factors imply tight regulation.

In this context, the best studied and probably one of the most important pathways is the phosphoinositide 3-kinase/protein kinase B (PI3K/PKB) pathway (**fig. 6**). Upon insulin and growth factor stimulation, a receptor tyrosine kinase is activated to subsequently recruit and activate the phosphoinositide-3-kinase (PI3K). PI3K transfers a phosphate group from ATP to phosphatidylinositol 4,5-bisphosphate [PtIns(4,5)P₂; PIP₂] in the cell membrane to generate phosphoinositide-3,4,5-P₃ (PIP₃), which serves as a secondary messenger [439]. This action is reversed by the phosphatase PI3K/phosphatase and tensin homologue deleted on chromosome ten (PTEN), which removes a phosphate group from PtIns (3,4,5)P₃ essentially blocking the whole pathway [440]. PKB is recruited to the PIP₃ at the membrane via its pleckstrin homology domain [441]. Once at the cell membrane, PKB is phosphorylated by another kinase – phosphoinositide-dependent kinase 1 (PDK1), which is localized to the cell membrane by the same mechanism as PKB [442]. This phosphorylation at Thr308 results in activation of PKB and translocation to the nucleus where it can phosphorylate and thus modify the activity of a plethora of substrates. In this context, it was demonstrated that FoxO proteins are phosphorylated on all three PKB sites [373, 374, 376, 382] as discussed earlier upon growth factor stimulation [359, 382] with insulin and insulin-like growth factor (IGF-1) having the most prominent

effect. Conversely, mitogens and cytokine withdrawal results in activation of FoxOs and the transcription of their target genes [404-406, 414]. Notably, the same effect is achieved by treating cells with the PI3K inhibitor LY294002 demonstrating the importance of the PI3K/PKB signaling pathway in inhibition of FoxO transcription factors. SGK, which is highly homologous to PKB, is able to phosphorylate FoxOs at the same sites (Thr32, Ser253 and Ser315 for FoxO3a) [443], but has preference for Thr32 and Ser315, whereas PKB, for Thr32 and Ser253. As mentioned earlier, phosphorylation by PKB/SGK results in nuclear export through the 14-3-3 chaperone. Interestingly, phosphorylation at Ser319 of FoxO1 creates a consensus binding motif for CK1, which further phosphorylates it on Ser322 and Ser325 [390] to increase its sequestration in the cytoplasm [444]. This sequestration could be further enhanced by binding of FoxOs to the protein Melted found in *Drosophila*, which is found at the plasma membrane [445]. The PI3K/PKB-mediated regulation FoxO transcription factors is conserved in *C. elegans* [446-451] and *Drosophila* [452-454] emphasizing the importance of this pathway. Additionally, in these two model organisms, DAF16 and dFOXO, respectively, significantly extend the lifespan of the organism [455]. A similar role of FoxOs has been suggested for humans [456-458].

DYRK1A is another serine/threonine kinase that constitutively modifies FoxO1 at Ser329 and FoxO4 at Ser268 to enhance PKB/SGK- and CK-1-mediated nuclear export [390, 391], as discussed earlier. I κ B kinase (IKK) is able to phosphorylate FoxO3a on Ser644 in response to tumour necrosis factor alpha (TNF α) resulting in inhibition of transcriptional activity, nuclear export and proteasomal degradation following poly-ubiquitination [349]. Unlike DYRK1A, this pathway is not complementary to PKB, but rather functions independently [349]. It has been shown also that cyclin-dependent kinase 1 and 2 (CDK1 and CDK2) synchronize cell cycle progression with FoxO inhibition by direct phosphorylation of FoxO1 at Ser249 inducing its cytoplasmic translocation [459, 460]. When DNA damage triggers Chk1- and Chk2-mediated inhibition of CDK2, however, FoxOs are able to up-regulate CCNG2 [461] and down-

regulate CCNB1 and CCNB2 expression [462]. In the advent of too extensive DNA damage, FoxOs trigger cell death through the induction of apoptotic genes, notably Bim, BNIP3, BNIP3L, FASL and TRAIL [424].

Phosphatases also play an important role in the regulation of FoxO function, although they have not been studied as extensively as the kinases and are not as well defined at this time. One phosphatase that was demonstrated to remove phosphates off FoxO protein, is PP2A, which essentially activates the transcription factors [463-465]. PTEN, as mentioned earlier, does not directly act on FoxO, but rather inhibits the signaling pathway leading to FoxO deactivation. Interestingly, oxidative stress was shown to inhibit PTEN, which results in increased phosphorylation and nuclear export by PKB [440].

There are certain kinases which are induced under stress conditions – oxidative and metabolic – that activate FoxOs. Oxidative stress-induced kinases generally overpower the inhibitory effects of PKB. One example is the c-Jun N-terminal kinase (JNK), which, following increased ROS levels, phosphorylates FoxO4 at Thr447 and Thr451 inducing its nuclear re-localization and target gene regulation [466-469]. In addition, JNK can phosphorylate 14-3-3, which greatly reduces the affinity of the latter for FoxO [469], and PKB, thus inhibiting its activity [470]. It was also shown that phosphorylation by JNK increases FoxO acetylation and pro-apoptotic gene expression [471]. The mammalian homologue of yeast Sir2- (SIRT1) mediated deacetylation, on the other hand, targets FoxOs to genes increasing the defenses against oxidative stress [471] as outlined above. The mammalian Ste-20-like protein kinase (MST1) is another kinase induced by oxidative stress. It targets FoxO3a to the nucleus via phosphorylation of Ser207 and subsequent release from 14-3-3 [472]. This mode of regulation has also been demonstrated for FoxO1 [473, 474]. However, phosphorylation by MST1 interferes with binding of the transcription factors to DNA, which raises the point that a phosphatase is required to remove the phosphate group prior to gene regulation [473]. Additionally, MST1 activates JNK unless the latter is inhibited via phosphorylation by PKB at Thr120 [475, 476]. PKB also directly phosphorylates MST1 on Thr387 thus blocking activation of JNK [475, 477]. Regulation of DAF16 by the JNK and MST1 homologues – JNK-1 and CST-1,

respectively – in *C. elegans* is conserved: both kinases are activated as a result of increased oxidative stress and phosphorylate DAF16 inducing its activation [467, 472]. These pathways are also present in *Drosophila* where, Hippo, the homologue of MST1, and JNK activate dFoxO in response to oxidative stress [468, 478], which, as in vertebrates, induces the expression of genes with antioxidant function such as *l(2)efl*, *hsp68*, *fer1HCH*, *Sestrin* and *jafrac1* [468, 479, 480]. Mitochondrial ROS are also able to activate AMPK [481]. Normally, AMPK activity is triggered by metabolic stress, which is sensed via increase AMP/ATP or ADP/ATP ratio. In this context, ROS and energy depletion is coupled to FoxO3a activity through AMPK, which phosphorylates this transcription factor on 6 novel sites to increase their transactivation activity, but not DNA binding or nuclear import [482]. These sites are Thr179, Ser399, Ser413, Ser555, Ser321, Ser528 and Ser626 [482]. The effect of activation of FoxO3a by AMPK is changes in expression of genes implicated in energy metabolism and stress resistance ultimately leading to health span and life span extension as a result of dietary restriction [483]. This pathway is conserved in *C. elegans* [482, 484] where the beneficial effects of caloric restriction were shown to be mediated by DAF16. Under conditions of lack of nutrients, however, autophagy is triggered in a FoxO-dependent fashion [433-435].

The fact that FoxOs are induced by metabolic stress is consistent with their role in the regulation of metabolism and changes during fasting at the organismal level [485-487]. For example, FoxO1 expression was found to be higher in the liver of diabetic mice [486] with a concomitant increase in the enzymes G6Pase and PEPCK, as well as PGC1 α [488] and increased gluconeogenesis [487], which is conserved in *Drosophila* [455, 489, 490]. FoxO1 is also responsible for the impairment of pancreatic beta cells proliferation and function [491], and promotes food intake [492]. At the cellular level, the response of forkhead box O transcription factors to metabolic stress is mediated not only by AMPK, but also by SIRT1, a mechanism conserved in *C. elegans*. SIRT1 is class III HDAC enzyme which requires nicotinamide adenine dinucleotide (NAD⁺) to function. The NAD⁺/NADH ratio is also a sensor of energy status, higher

numbers signifying energy deficiency. AMPK is implicated in increasing this ratio, and therefore, SirtT1 activity [493]. Acetylation of FoxO transcription factors is mediated by several HAT enzymes: CREB-binding protein (CBP), p300 and p300/CBP-associated factor (PCAF). PCAF binds to phospho-Ser253 of FoxO1 (PKB phosphorylation site) [494]. CBP/p300 binding were shown to occur directly through disulfide bridges that form as a result of increased ROS. Acetylation of FoxO1 prevents its polyubiquitination and degradation although the acetylated lysines are different from the ones that are polyubiquitinated [5, 495, 496]. On the other hand, acetylation at Lys242, Lys245 and Lys262 inhibits DNA binding [5] resulting in the ability of PKB to phosphorylate and inhibit the function of the transcription factor [5] (**fig. 7**). Deacetylation of FoxOs by SIRT1 enhances DNA binding [403, 471, 496-500], thus

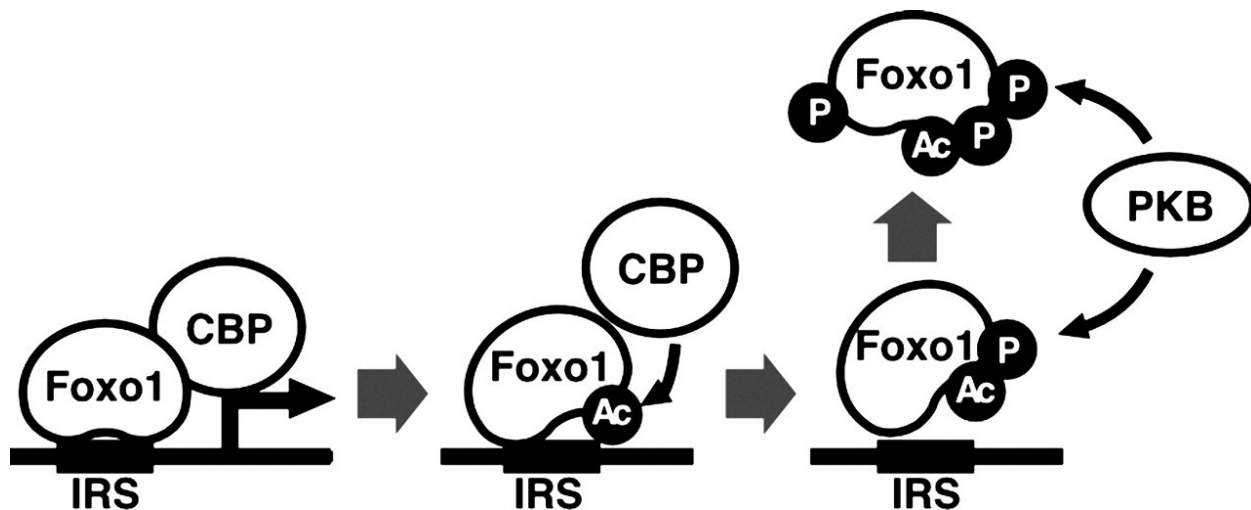


Figure 7: Effect of acetylation on DNA binding and phosphorylation by PKB. CBP is required to stimulate gene expression through histone acetylation. It acetylates FoxO which induces its release from DNA. Once FoxO-DNA interaction is compromised, PKB is able to phosphorylate and inhibit its function [5].

blocking PKB phosphorylation [5], and promotes antioxidant and cell cycle arrest gene transcription [1, 403, 471, 498, 499]. The effect of SIRT1 on FoxO proteins is conserved in *C. elegans* where 14-3-3 bridges Sir-2.1 to DAF16 in response to stress. This leads to increased longevity and expression of oxidative stress genes [501-505].

There exist other less well studied PTMs. One of them is ubiquitination. Poly-ubiquitination targets FoxO proteins to proteasomal degradation. There are two such E3 ubiquitin ligases that have

been defined so far: murine double mutant 2 (MDM2) and SCF^{skp2} (composed of Skp1, Cul1 and Skp2 [506]) . S-phase kinase-associated protein 2 (Skp2) acts on PKB-phosphorylated FoxOs [5, 350]. Moreover, phosphorylation by PKB stabilizes Skp2 proteins themselves [371, 506]. MDM2 also poly-ubiquitinates PKB-phosphorylated FoxO1 and FoxO3a [351, 507, 508]. However, MDM2 can act as a mono-ubiquitinase. It mono-ubiquitinates FoxO4 at residues Lys199 and Lys211 under oxidative stress, which increases its activity [509, 510], overriding all other inhibitory PTMs [510]. The deubiquitinase USP7/HAUSP is able to remove these ubiquitines from the lysine residues, which can also be acetylated [510]. It therefore seems to play an important role in regulating FoxO function.

Methylation of FoxOs is another way to prevent nuclear export. Protein arginine N-methyltransferase 1 (PRMT1) methylates FoxO1 at Arg248 and Arg259 in response to oxidative stress thus blocking phosphorylation by PKB at Ser253 [511]. Interestingly, FoxOs are also modified by the addition of O-linked β -N-acetylglucosamine (O-GlcNAc) via O-linked N-acetylglucosamine transferase (OGT) [512] in response to glucose [513] resulting in transcriptional activation of target genes implicated in gluconeogenesis and ROS detoxification – a pathway conserved in *C. elegans*, where it is important in *dauer* formation [514]. This process is dependent on binding of the FoxO cofactor PPAR-gamma coactivators -1 alpha (PGC1 α), which directs the activity of OGT towards FoxO transcription factors [512]. PGC1 α binding to FoxO1 stimulates the expression of gluconeogenic genes in the liver [487]. FoxOs also bind beta-catenin through disulfide bridge formation under conditions of oxidative stress to stimulate FoxO activity while inhibiting the proliferation-stimulating TCF- β -catenin complex formation [515, 516]. Again, this pathway is conserved in *C. elegans* and other mammals [515]. FoxOs also interact with other transcription factors. FoxO and RUNX3 bind together to the promoter of BIM to cooperatively up-regulate its expression [517]. Similarly, the close positioning of SMAD3/SMAD4 and FoxO at the regulatory regions of p21^{cip1} and other common genes results in the formation of a complex between the transcription factors and stimulation of gene expression [356, 518]. Conversely, FoxO4 was shown to

interact with myocardin – a transcriptional coactivator important in smooth muscle gene expression – thus inhibiting its activity and preventing smooth muscle differentiation [519].

In conclusion, as hinted earlier, many regulatory pathways can converge on FoxO proteins to create a PTM code [1] in order to fine-tune the activity of these important transcription factors (**fig. 5**).

PROJECT PROPOSAL

The anticancer properties of VD in the digestive tract were previously described. In this lab, studies have shown the anti-proliferative effects 1,25-(OH)₂D₃ on SCC25 cells [520, 521]. My project aimed at extending these findings in two directions.

(1) Based on the microarray analysis performed by Wang *et al*, 1,25D was found to regulate FoxO target genes [522]. Genes selected for further analysis were four: *CCNG2*, *CCND2*, *BNIP3* and *MMP3*. Two sub-aims were considered. (1-i) Investigate whether FoxO transcription factors are activated by 1,25D and determine the mechanism through which that activation takes place. This could be achieved through assessment of the post-translational modifications of these transcription factors and determination of the enzymes responsible. Based on the literature, a candidate enzyme for deacetylation was found to be SIRT1 and for dephosphorylation - PP1 and PP2A. (1-ii) Determine the importance of FoxOs for 1,25D-regulated gene expression of *CCND2*, *CCNG2*, *BNIP3* and *MMP3*.

(2) Select new genes, regulated by 1,25D and related to cell proliferation, differentiation, apoptosis and cancer. In order to accomplish this, a gene expression profiling of SCC25 cells treated with 1,25D or vehicle for 24h hours in the absence of CHX had to be performed. It also had to be demonstrated that 1,25D is generally involved in cell cycle regulation and proliferation pathways in SCC25 cells.

The experiments described below were designed in an effort to elucidate the anti-cancer effects of VD in SCC25 cells following the directions outlined above.

MATERIALS AND METHODS

Cell Culture

SCC25 cells were cultured in 10cm tissue culture dishes (BD Biosciences) or 6-welled plates (BD Biosciences). The medium used was DMEM/F12 (Wisent) containing 10% heat-inactivated FBS (Wisent), 1% Penicillin/Streptomycin (Wisent) and 0.2% Normocin (Invitrogen). Cells were split when around 80% confluent and treated 24h after splitting. Cells were treated with 10^{-7} M $1,25\text{-(OH)}_2\text{D}_3$ (Calbiochem), 1mM AICAR (Toronto Research Chemicals), 2.5 μ M CC (EMD Chemicals), or DMSO (Sigma-Aldrich). Treatments were done for the time indicated. When co-treatments were performed, the compounds were introduced into the medium at the same time, unless specified otherwise.

Co-Immunoprecipitation Assays

CoIPs were performed as described in [523]. Briefly, A/G plus agarose beads (Santa Cruz Biotechnology) were washed 3 times and used to pre-clear the protein samples by incubation for 1h. The supernatant was then incubated with new beads and the appropriate antibody overnight at 4°C, after which the beads were washed three times at 4°C and then boiled in 70 μ l of 3x Laemmli buffer for 7min. The supernatant was used for WB and the beads were discarded. VDR was immunoprecipitated using a rabbit polyclonal VDR antibody (Santa Cruz Biotechnology) and WB was done using mouse monoclonal antibodies (Santa Cruz Biotechnology). SIRT1 was immunoprecipitated with a polyclonal rabbit antibody (Cell Signaling) and immunoblot was performed using monoclonal mouse antibody (Sigma-Aldrich).

FACS Analysis

Cells were trypsinized for 5min using 1x Trypsin/EDTA [0.05% Trypsin/0.53mM EDTA(Wisent)] followed by 2 washes with PBS. Fixation using 70% ethanol was performed by adding it drop-by-drop to

the cell while gently vortexing. Cells were then left in a -20°C freezer for at least 30min. Just before cells were subjected to analysis using flow cytometry, they were washed with PBS and stained using 1ml of PI staining solution. The PI staining solution is made fresh and consists of 0.25g Sodium citrate, 0.75ml Triton X 100, 0.025g PI and distilled water for a total volume of 250ml. Once the PI solution is added, cells are kept in the dark at 37°C for 15min and brought to the FACScan where cell cycle analysis was performed.

Microarray Analysis

The raw data obtained from the Affymetrix Human Exon 1.0ST Array was processed using a software package for statistical analysis and visualization of microarray expression data called FlexArray. The statistical test used was Wright and Simon's implementation of the Empirical Bayes method. No threshold was selected. The results obtained were imported into a Microsoft Excel spreadsheet. The expression values were based on probes for regions located in various exons. In this context, several expression values were present for each gene. The average of these values was taken as the final expression for each gene. This final value was then used to filter the genes for 1.6 or higher fold change of 1,25D-treated, relative to control group.

This gene list was uploaded into IPA and a core analysis was performed.

PCR

RNA was extracted from cells using TRIZOL reagent (Invitrogen) and cDNA was generated. qPCR was performed using a kit, SsoFast Eva Green Supermix (Bio-Rad) and the Eco Real-Time PCR System instrument (Illumina). Primers for each gene were designed using Primer3 at <http://frodo.wi.mit.edu/primer3/> and are represented bellow:

Gene Symbol	Left Primer	Right primer
<i>MMP3</i>	GCAGTTTGCTCAGCCTATCG	GAGTGTCGGAGTCCAGCTTC
<i>BNIP3</i>	GTCAAGTCGGCCGGAAAATA	TTCATGACGCTCGTGTTCT
<i>CCNG2</i>	TCCTGAGCTGCCAACGATAC	ACTGGGAGGAGAGCTGCTGA
<i>CCND2</i>	GTGATGCCCTGACTGAGCTG	CGATATCCCGCACGTCTGTA
<i>FOXO3A</i>	ATATGGCAGGCACCATGAAT	CTGGCGTAGGGAGTTCAGAG
<i>CYP24A1</i>	CCCAACTTCATGCGGAAAAT	TCTCTGGAAAGGGGTCTCA
<i>FOXO4</i>	TCGAGTTCTTCCATCCTGCT	TGTAACAGGTCCTCGGAAGG
<i>NOD2</i>	CTCCATGGCTAAGCTCCTTG	CACACTGCCAATGTTGTTCC
<i>ALOX5</i>	AGTCGGCGAAGTCATTCC	TCCTACACGGTCACCGTGG
<i>AREG</i>	TCCACTCGCTCTTCCAACAC	CATTGAGGTCCAATCCAGCA
<i>TRPV6</i>	GATCGACTCCTCAGGGGATG	AGGCTCACCAGCTCCTTCAC
<i>G6PD</i>	GAGGCCGTGTACACCAAGAT	AGCAGTGGGGTGAAAATACG
<i>OLR1</i>	GTGCTGGGCATGCAATTATC	GGCTGAGATCTGTCCCTCCA
<i>MACC1</i>	GGCTGGAGGGAACTAGCTGA	TCTGTCCAAAGCTGACTGAAGG
<i>BIRC3</i>	CACATCAGACAGCCCAGGAG	CGGCAGCATTAAATCACAGGA
<i>POLE2</i>	ACTGCGTCCGTTTTCTAGC	CCCAATACACTGGGCAGACA
<i>PCNA</i>	TGAGGGCTTCGACACCTACC	GCCAAGGTATCCGCGTTATC
<i>CCNB1</i>	CCAGAACCTGAGCCAGAACC	TGGGCTTGGAGAGGCAGTAT
<i>CCNA2</i>	CGGTACTGAAGTCCGGGAAC	CCAAGGAGGAACGGTGACAT
<i>APPL1</i>	GCAGCAACACACCTGACCTC	CATCATCACCTCCCAATGGA
<i>BIRC5</i>	TGTCTTGAAAGTGGCACCAG	GCCTTCTCCTCCCTCACTT
<i>GAPDH</i>	ACCGTCAAGGCTGAGAACG	ACTGTGGTCATGAGTCC

Transfections

Cells were split and plated in antibiotic-free medium containing 10% FBS. 24h later, the transfection was done using Lipofectamine 2000 (Invitrogen) reagent and protocol. The final concentration of the siRNA used for the KDs was 60pM. AllStar negative control, as well as siRNA specific for FOXO3A (5'-CTGAATGATGGGCTGACTGAA-3') was purchased from Quagen. Cells were incubated with transfection solution containing Lipofectamine 2000 with siRNA for 24h, followed by the appropriate treatments.

Western Blot

WBs were performed as described elsewhere [523]. The antibodies for FoxO3a (goat), VDR (rabbit), PP1 (rabbit), Sirt1 (rabbit), and Ccnd2 (rabbit) were from Santa Cruz Biotechnology, antibodies against FoxO4 (rabbit) and p53 acetylated on Lys382 (rabbit) were purchased from Cell Signaling. Anti-Ph-Th32 FoxO3a (rabbit) was obtained from Millipore. Mouse anti-actin antibody (Santa Cruz) was used for loading controls.

RESULTS

A head and neck squamous cell carcinoma (HNSCC) cell line, SCC25, was used for all of the experiments described hereafter. SCC25 cells are derived from the base of the tongue or floor of the mouth tumour origin, are relatively differentiated [524] and appear to behave similarly to non-neoplastic oral cavity epithelial cells. However, the appearance of second primary carcinomas after surgical removal of tumours in patients with head and neck cancer [525] necessitates the discovery of agents effective in chemoprevention or treatment. In the case of SCC25, one such agent is 1,25D, which induces G0/G1 cell cycle arrest [520]. AT84 is the mouse equivalent of SCC25 and is also responsive to growth inhibition by calcitriol, making the two cell lines appropriate not only for investigating the effects of 1,25D at the cellular level, but also allowing the prospective of investigating its effects at the organismal level in a mouse model of HNSCC.

Effects of 1,25D on proliferation of SCC25 cells

In order to assess the responsiveness of SCC25 cells to calcitriol and confirm the findings that 1,25D induces cell cycle arrest [520], cells were treated with 10^{-7} M 1,25D or vehicle for 16, 24 and 48 hours. After staining the DNA with propidium iodide (PI), samples were subjected to cell cycle analysis by fluorescence-activated cell sorting (FACS). Figure 8 shows that there is a time-dependent accumulation of 1,25D-treated cells in the G1 phase of the cell cycle compared to vehicle, as expected.

1,25D regulates genes implicated in cell cycle regulation and apoptosis

The effect of 1,25D on cell proliferation is likely caused by the genomic effects elicited by calcitriol through VDR. Four genes, among others, are known to be regulated by hormonal vitamin D in SCC25 cells. Two of them, *CCNG2* and *CCND2*, are implicated in cell cycle regulation, and the two others, in apoptosis. Previous data from microarray analysis suggests that 1,25D up-regulates the expression of

CCNG2 and down-regulates that of *CCND2* [522]. *CCND2* is essential for G1/S transition of the cell cycle. It binds to the cyclin-dependent kinase 4 [526], 6 [527] and even 2 (11) (CDK4/6/2). *CCND2*/CDK4 or *CCND2*/CDK6 are then able to phosphorylate and inactivate pRB, p107 and p130 (12,13). *CCNG2* is an atypical cyclin. It is localized primarily in the cytoplasm and is associated with G0/G1 cell cycle arrest-induced apoptosis [528, 529]. Apoptosis is also induced by the other two genes that are transcriptionally activated by 1,25D, notably *MMP3* [530, 531] and *BNIP3* [532]. The expression of *CCND2*, *CCNG2*, *MMP3* and *BNIP3* was assessed by real-time quantitative PCR analysis (qPCR) (**fig. 9**). The house-keeping gene *GAPDH* was used as a negative or loading control, since its expression is not altered by 1,25D.

The 1,25D-dependent regulation of the four genes is in agreement with previous observations based on gene expression profiling [522]. In addition, bearing in mind these four genes' properties, one can conclude that these results are consistent with the cancer chemopreventive effects of calcitriol and suggest that the latter could be mediated at the gene level.

1,25D upregulates FoxO activity

Strikingly, the four genes transcriptionally regulated by 1,25D described above are also targets for FoxO transcription factors [461, 531-533]. This suggested that regulation of these genes by ligand-bound VDR could be taking place through FoxO, in particular FoxO3a function activation. In order to test this hypothesis 1,25D-dependent binding of FoxOs to the response elements in the promoters of these genes had to be determined. A post-doctoral fellow in the lab, Dr. Beum-Soo An, performed chromatin immunoprecipitation (ChIP) assays using antibodies against FoxO3a and testing for the enrichment of FHREs from the regulatory regions of *CCND2* (**fig. 10B**) and *BNIP3* (**fig. 10C**). A transient 1,25D-enhanced binding of FoxO3a was observed, peaking at 4h after treatment and dropping at 8h to the level of vehicle-treated cells. The obvious effect of hormonal vitamin D raised questions regarding the extent of involvement of the VDR in the regulation of these two genes. Another ChIP (done by Dr. An) (**fig. 10D**)

showed that VDR can be found at the same DNA regions to which FoxO3a was bound (**fig. 10A**). VDR and FoxO3a, therefore, can be found at the FHRE in the promoter region of *CCND2* and *BNIP3* and binding of both transcription factors increases at 4h after 1,25D treatment.

These results point to the possibility that VDR forms a complex with FoxO3a and activates the latter upon 1,25D binding, inducing its interaction with a FHRE in the promoter of the four target genes. Activation of FoxOs can be achieved by removing phosphates from phosphorylated residues associated with inhibition of transcription factors' function, particularly PKB sites, or by deacetylation of acetylated sites associated with disruption of protein-DNA interactions (**fig. 5**). Phosphatases that are able to remove inhibitory phosphate groups from FoxOs are PP1 and PP2. SIRT1, on the other hand, deacetylates and activates FoxO proteins [5]. In order to test the role of these enzymes in 1,25D-mediated FoxO activation, I performed a series of co-immunoprecipitations (CoIPs). First, I immunoprecipitated VDR, followed by a western blot (WB) for PP1c (the catalytic subunit of PP1) and SIRT1. As shown on figure 11A, SIRT1 interacts with VDR in a partially ligand-dependent manner peaking at 4h after 1,25D treatment, whereas PP1c binding to VDR appears to be ligand-independent (**fig. 11A**). Notably, highest association of SIRT1 with VDR occurs at 4h post treatment, consistent with enhanced FoxO and VDR binding to the FHREs in the promoter regions of *CCND2* and *CCNG2*. Another CoIP experiment, where Sirt1 was immunoprecipitated and WB for FoxO3a was performed, clearly shows 1,25D-dependent association of SIRT1 with FoxO3a (**fig. 11B**). Alternatively, Dr. An demonstrated a ligand-independent association between VDR and transcription factors FoxO3 and FoxO4. These data suggests that activated VDR directs the activities of PP1 and SIRT1 to activate FoxO3a. To test this hypothesis, I assessed the phosphorylation and acetylation status of FoxO3a following time-course 1,25D treatment of SCC25 cells. One of the three residues phosphorylated by PKB in FoxO3a is Thr32. It is also crucial for interaction with 14-3-3 and nuclear export. As, shown on figure 12A, 1,25D induces a decrease in the phosphorylation status at Thr32, which is detectable at 4h and lowest at 8h, but goes

back to control levels at 24h. Since commercial antibodies against any of the acetylated residues of FoxO3a are not available, FoxO3a was immunoprecipitated and subsequently immunoblotted using Acetyl-Lysine antibody. Acetylation is drastically reduced at 4h post-treatment with 1,25D. As a control experiment, the acetylation status of p53, another target for SIRT1, was assayed using anti-acetyl-p53 antibody (**fig. 12B**). This suggests that ligand-bound VDR directs the activity of SIRT1 specifically to FoxO3a. In conclusion, FoxO3a appears to be activated by ligand-bound VDR through deacetylation and dephosphorylation, which could be due to PP1 activity or indirectly the result of SIRT1-mediated deacetylation, which decreases release of DNA-bound FoxO and the subsequent PKB-mediated phosphorylation (**fig. 7**).

1,25D induces cell cycle arrest and apoptosis through the regulation of genes in a FoxO3a-dependent manner

In order to demonstrate the importance of FoxO3a in the regulation of the four target genes implicated in cell cycle arrest and apoptosis, SCC25 cells were transfected with siRNA against FoxO3a (siFOXO3). The levels of FOXO3A mRNA was reduced after KD to about 30% that of scrambled siRNA- (siCtrl) transfected cells (**fig. 13A**), whereas FoxO3a appeared to be completely absent at the protein levels (**fig. 13B**). The expression of the four FoxO target genes – *CCNG2*, *CCND2*, *BNIP3* and *MMP3* – regulated by 1,25D was then assessed by q PCR (**fig. 14**). Ablation of FoxO3a abolished (*CCNG2*) or significantly attenuated (*CCND2*, *BNIP3* and *MMP3*) the regulation of these genes. In addition, FoxO3a KD did not alter gene regulation of *CYP24A1* by 1,25D. The expression of the latter is controlled directly by activated VDR/RXR heterodimers bound to several VDREs in the regulatory region of the *CYP24A1* gene. Knockdown of FoxO4 had no effect on the regulation of these four genes (**fig. 15**) allowing me to focus only on FoxO3a as a potential mediator of the anticancer effects of vitamin D. Moreover, EdU proliferation assay performed by Dr. An (data not shown) [523] in control and FoxO3a or FoxO4

knockdown cells treated with 1,25D or vehicle showed that only FoxO3a ablation attenuated the effect of VD on reduction of cell proliferation [523].

Interestingly, activation of AMPK by the pharmacological agonist AICAR appeared to enhance the 1,25D-mediated transcription of the FoxO3a target gene *CCNG2*, *BNIP3* and *MMP3* (**fig. 16A**). Alternatively, inhibition of AMPK by Compound C (CC) blunts the 1,25D-induced gene regulation (**fig. 16B**). This is consistent with the reports showing enhancement of the transactivation activity of FoxO3a by AMPK-mediated phosphorylation [482] and suggests that part of the 1,25D effects on FoxO3a target gene expression may be mediated by AMPK that is upstream of FoxOs. AMPK inhibition, on the other hand, had no effect on the direct VDR/RXR target gene *CYP24A1* (**fig. 16C**).

Gene Expression Microarray

The 1,25D-regulated FoxO3a target genes *CCNG2*, *CCND2*, *BNIP3* and *MMP3* described above were selected from a gene expression profiling done in the lab using SCC25 cells cultured in cycloheximide (CHX) [522]. In this sense, all the differentially regulated genes in this microarray are considered to be primary vitamin D target genes, as their expression or repression does not require *de novo* protein synthesis. In order to extend the findings of Wang *et al.*, I generated samples for a microarray, where cells were cultured in the absence of CHX and treated with vehicle or 1,25D for 24h, as opposed to 12h [522]. The experiment was set up this way in order to identify biological pathways and cellular functions and networks controlled by calcitriol in SCC25 cells, in which secondary 1,25D target genes that require protein synthesis may also be important. The Affymetrix Human Exon 1.0 ST Array chip contains probes for 22 000 genes. Out of these, 1940 were up- or down-regulated by 1,25D 1.6-fold or more compared to vehicle (**fig. 17**). Comparison with results from the 2005 +CHX microarray revealed that a number of genes re-appeared in the –CHX profiling of calcitriol target genes. Some of these are represented in table 1. The genes up-regulated the most by 1,25D appear in both microarrays

consistent with the ability of ligand-bound VDR to induce transcriptional activation. Conversely, only 255 genes were found to be under-expressed (1.6-fold or more) in cells treated with 1,25D and CHX, compared to CHX and vehicle-treated cells. 155 out of these 255 genes also appeared in my microarray analysis with similar fold-change relative to control.

Validation of positive control genes appearing in the microarray by qPCR

Some of the primary 1,25D target genes (apart from *CYP24A1*) that appeared to be regulated in my microarray in a similar fashion as in that performed by Wang and colleagues in 2005 have previously been shown to be activated VDR/RXR targets [522]. Their transcriptional regulation, as assessed by the microarray, was validated by qPCR (**fig. 18**). In addition, other genes that are known to be ligand-bound VDR targets were also validated, such as *NOD2* [534]. The results on figure 18 show not only that the results from the microarray correspond to those obtained by qPCR, but also demonstrate that they are similar to previously published data and imply that the values obtained from the gene expression profiling represent a valid reference to explore pathways affected by vitamin D ultimately resulting in gene regulation.

Cellular functions and networks affected by 1,25D

Next, I asked the question: what are the cellular functions affected by 1,25D. Ingenuity Pathway Analysis (IPA) software was used for this purpose. Genes that were up- or down-regulated at least 1.6 fold by 1,25D relative to control were uploaded to IPA and a core analysis was performed. As a reference, the available microarray results (1.7-fold change or more) by Wang and colleagues [522] were also analysed separately. One of the sets of results returned as output is the functions which are associated with the uploaded gene lists. I subdivided them into two categories: cellular functions and diseases. Consistent with the growth inhibitory and pro-differentiation effects of calcitriol, the largest

groups of genes were implicated in cellular functions such as cell death, growth and proliferation, cell cycle and DNA replication (**fig. 19A**). Interestingly, the same functional groups were identified by IPA based on the data of Wang and colleagues with fewer genes present in each functional category. This is consistent with the fact that (1) no secondary 1,25D target genes can be expressed in the presence of cycloheximide and (2) data was obtained from cells treated with calcitriol or vehicle for 12h [522] as opposed to 24h. In terms of diseases, the 1,25D-regulated genes from the microarray analysis that I performed are implicated in gastrointestinal disease (the majority of which is various gastrointestinal cancers), cancer, musculo-skeletal disorders, cardiovascular disease and hematological disease (again, mostly disorders associated with hyperproliferation and reduced differentiation). Similar results, but with less genes in each group, are observed for the gene expression profiling performed in the presence of CHX and treatment with vehicle/1,25D for 12h [522] (**fig. 19B**).

I then focused on the pathways that are altered by 1,25D. IPA provides two pathway analyses: canonical pathways and networks. The canonical pathways are well defined signalling pathways, whereas the networks are generated based on at least one published source describing the interaction between a certain proteins and a certain gene, and are more exploratory in nature. As expected, the genes that were found to be up- or down-regulated at least 1.6 fold by a 24h treatment with 1,25D in the absence of CHX were associated with activation of the VDR/RXR, heterodimer (**fig. 20**). Another canonical pathway that was identified to be influenced by 1,25D is cell cycle control of chromosomal replication (**fig. 21**). The effect of 1,25D regarding down-regulating components of this canonical pathway responsible for DNA replication is not surprising given its anti-proliferative effects. Similar conclusions can be drawn from the constructed networks after core analysis of the microarray data using IPA. Two of these networks are designated “DNA Replication, Recombination and Repair, Cell Cycle, Cancer,” based on the functions and diseases they are implicated in. The network represented on figure 22 shows genes involved in cell cycle and some involved in DNA recombination and repair,

whereas the other network with the same name consists predominantly of genes required for chromosomal replication, DNA recombination and repair, and less genes involved in cell cycle regulation are present. Interestingly, there is no overlap of genes used to construct both networks.

Validation of selected genes from the microarray, implicated in cancer

Obvious cancer-related genes were selected from the gene expression profiling I performed (**table 2**). Their expression was validated by qPCR (**fig. 23**). Although gene expression, as assessed by qPCR did not produce the same values as those obtained after analysis of the microarray data, the pattern of expression was the same (**fig. 23**). The role of some of these genes in proliferation and apoptosis is apparent. For example, *BIRC3* (cIAP2) is an inhibitor of apoptosis and its down-regulation results in increased apoptosis following efficient caspase 3/7 activation [535]. PCNA is necessary for DNA replication, whereas CCNB1 – involved in the early events of mitosis [536], and CCNA2 – an E-type cyclin used as a marker of proliferation [537], are associated with increased cell division. *BIRC5* (Survivin) is a member of the inhibitor of apoptosis family, to which *BIRC3* (cIAP2) belongs and whose expression is high during development, but low in the majority of adult tissues. The fact that it is usually re-expressed in cancer have prompted certain researches to call *BIRC5* the “Achilles’ heel of cancer” [538]. The other genes’ association with cancer is not as salient. *OLR1* (oxidized lipid receptor 1) was found to be part of a cancer gene signature [539]. It is implicated in the development of diabetes, hypertension and atherosclerosis, which is consistent with the cellular functions (lipid metabolism) and diseases (cardiovascular disease) (**fig. 19**) associated with 1,25D-regulated genes. In order to assess its expression in cancer cells relative to normal tissues, I used a bioinformatics tool called Oncomine. As shown in table 5, OLR1 was significantly overexpressed in a number of different cancer cells, notably, in head and neck squamous cell carcinomas (**fig. 24A**).

MACC1, metastasis-associated colon cancer 1, is predominantly expressed in various types of colon or colorectal cancer (**fig. 24B**) and is associated with low survival in patients and a more invasive phenotype [540]. Not much is known about the mechanism of action of *MACC1*, but it seems to transcriptionally activate the expression of the receptor tyrosine kinase Met, resulting in increased Met signaling and subsequent gain of cell motility, leading to invasion and metastasis. Interestingly, higher expression of *MACC1* was also observed in ovarian, pancreatic, breast and renal cancers (table 5), emphasizing its importance in tumorigenesis.

Another 1,25D-regulated gene selected from the microarray is DNA polymerase epsilon B-subunit (*POLE2*). *POLE2* is known for its role in DNA replication, specifically in the elongation step of the leading or lagging strand, and is essential for viability of *Saccharomyces cerevisiae* [541]. In this context, *POLE2* appears to be indispensable for cell proliferation and could play a role in neoplasia. Assessment of its expression in cancer relative to normal tissue using Oncomine confirms the role of *POLE2* in tumorigenesis – *POLE2* was found to be overexpressed 2-fold or more in the greatest number of cancers compared to all the other genes from table 3, notably, in esophageal squamous cell carcinoma (**fig. 24C**) [542].

Contrary to *OLR1*, *MACC1* and *POLE2*, Adaptor Protein, Phosphotyrosine Interaction, PH Domain, And Leucine Zipper-Containing Protein 1 (*APPL1*) was not found to be expressed in head and neck or digestive system cancers (**table 3** and **fig. 24D**). However, its function attracts a great deal of interest, especially regarding the PI3K/PKB/FoxO signalling pathway. *APPL1* is able to bridge PI3K and inactive PKB thus enhancing activation of the latter upon mitogenic signalling [543, 544]. Moreover, *APPL1* was shown to be essential for cell proliferation and survival [544, 545], and its ablation leads to increased apoptosis [544].

In conclusion, any or all of the genes from table 3 could be important for SCC25 cells survival, proliferation and evasion of apoptosis. Therefore, 1,25D could mediate its anti-cancer effects via any or all of these genes.

Figures and Tables

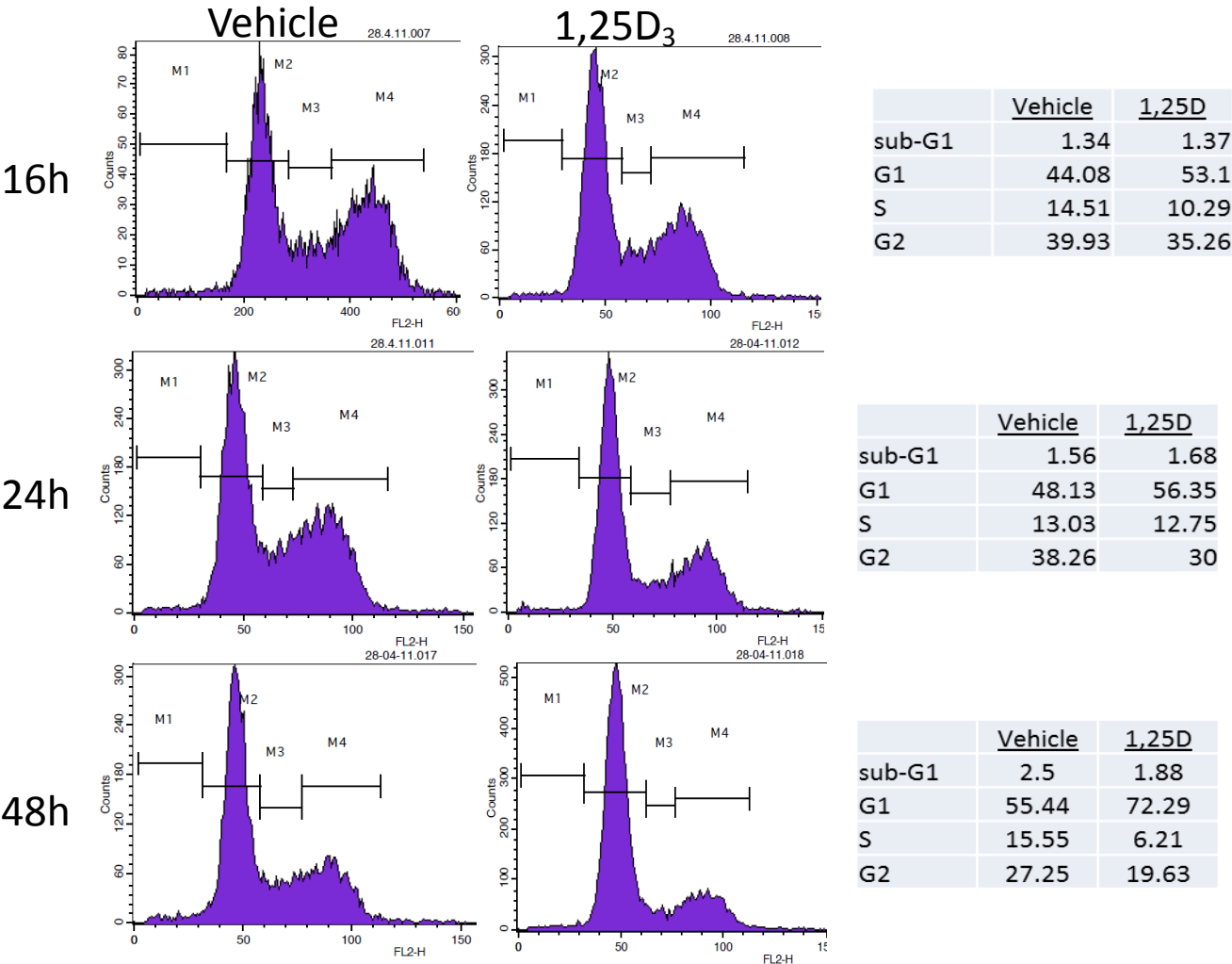


Figure 8: FACS analysis of the effects of 1,25D on the cell cycle of SCC25 cells. SCC25 cells were treated with vehicle or 1,25-(OH)2D3 for 16h (top) 24h (middle) or 48h (bottom) and subjected to FACS analysis after PI staining. The tables on the left indicate the measurements obtained from the graphs (right).

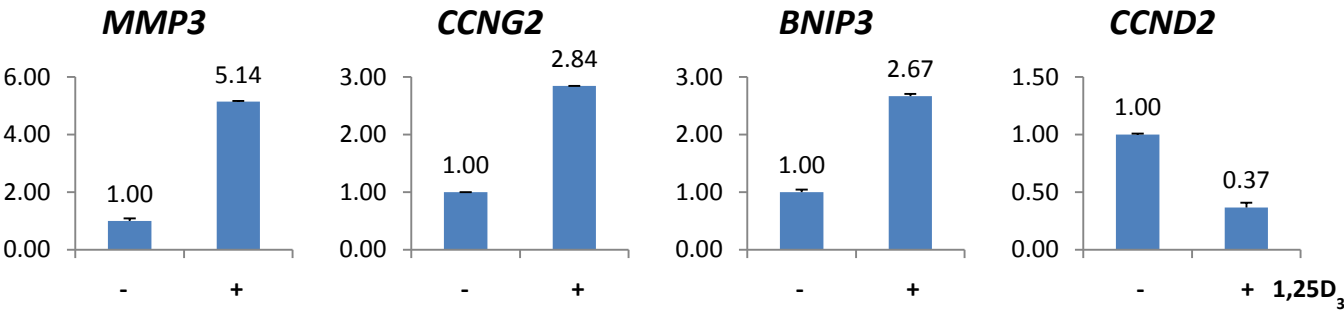


Figure 9: 1,25D₃-regulated expression of genes implicated in cell cycle and apoptosis. MMP3 and BNIP3 induce apoptosis. CCND2 is required for G1/S transition and CCNG2 induces cell cycle arrest. The cells were treated with vehicle (-) or 1,25D₃ (+) for 24h as indicated.

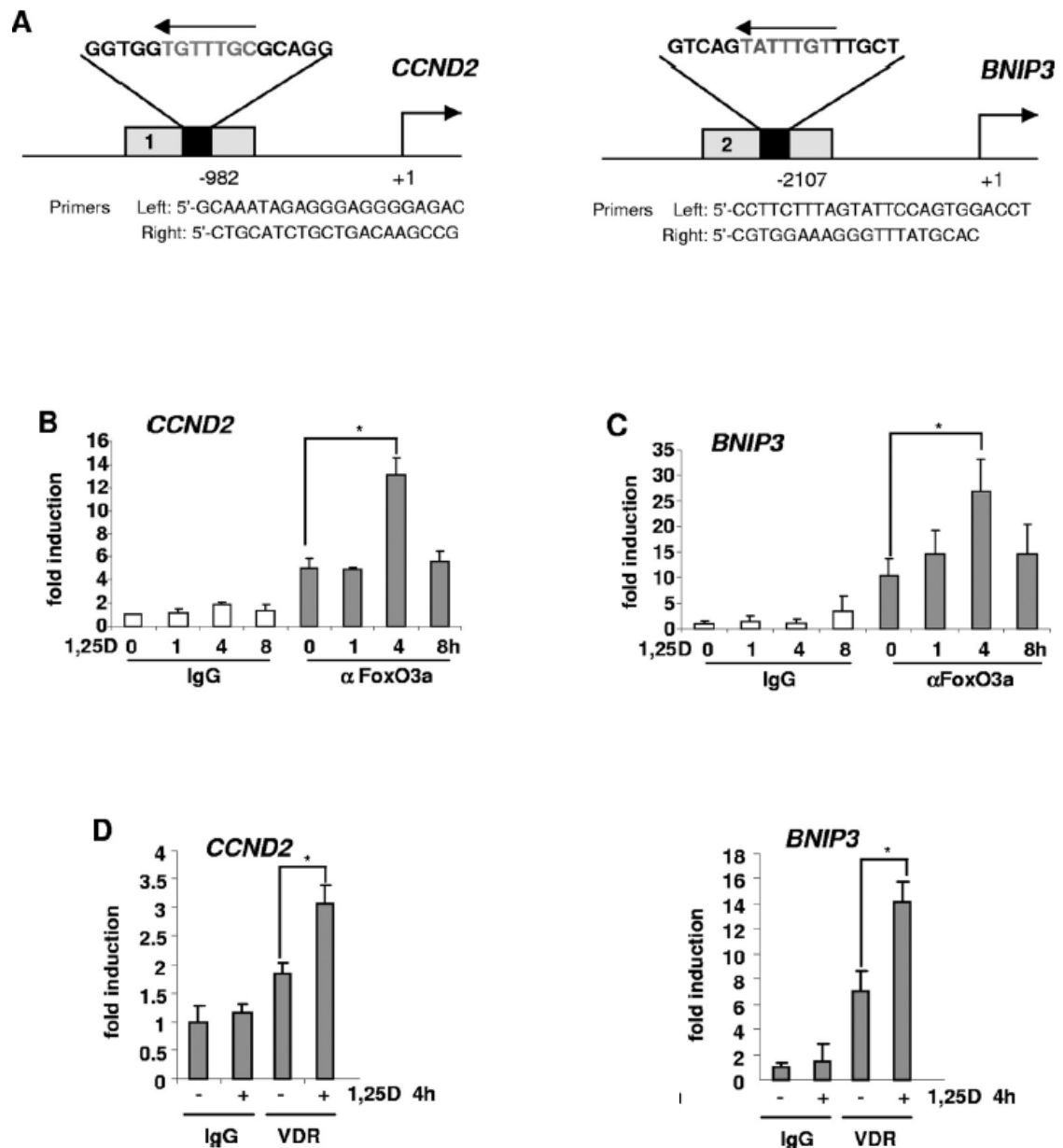


Figure 10: 1,25D₃-dependent binding of FoxO3a and VDR to *CCND2* and *BNIP3* promoters (performed by Dr. An). (A) A schematic representation and the sequence of the FHRE found in the promoter of *CCND2* (left) and *BNIP3* (right). The primers designed to detect these sequences by qPCR are indicated below. (B) ChIP for FoxO3a at the FHRE in the *CCND2* promoter. The numbers at the x-axis indicate the hours during which SCC25 cells were treated with 1,25D₃. (C) ChIP for FoxO3a at FHRE in the *BNIP3* promoter. (D) ChIP for VDR at the FHREs in the promoters of *CCND2* (left) and *BNIP3* (right). + or – indicate treatment with 1,25D or vehicle, respectively for 4h.

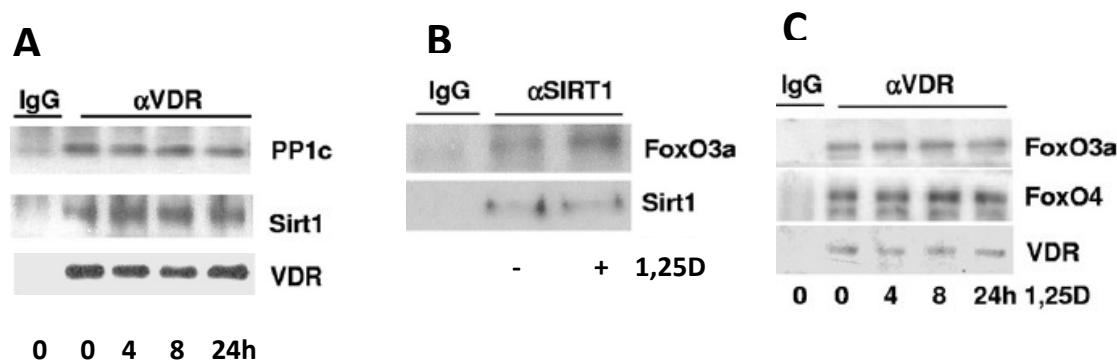


Figure 11: VDR interacts with PP1c, SIRT1, FoxO3a and FoxO4. (A) Immunoprecipitation of VDR and immunoblot for PP1c, SIRT1 and VDR. Cells treatment was done as indicated at the x-axis. (B) Immunoprecipitation of SIRT1 and WB for FoxO3a and SIRT1. The + and – sign indicates treatment with 1,25D or vehicle, respectively, for 4h. (C) This experiment was done by Dr. An. Immunoprecipitation of VDR and WB for FoxO3a, FoxO4 and VDR. Normal non-specific IgG antibodies were used as a negative control in order to demonstrate the specificities of the antibodies used for the immune-precipitations.

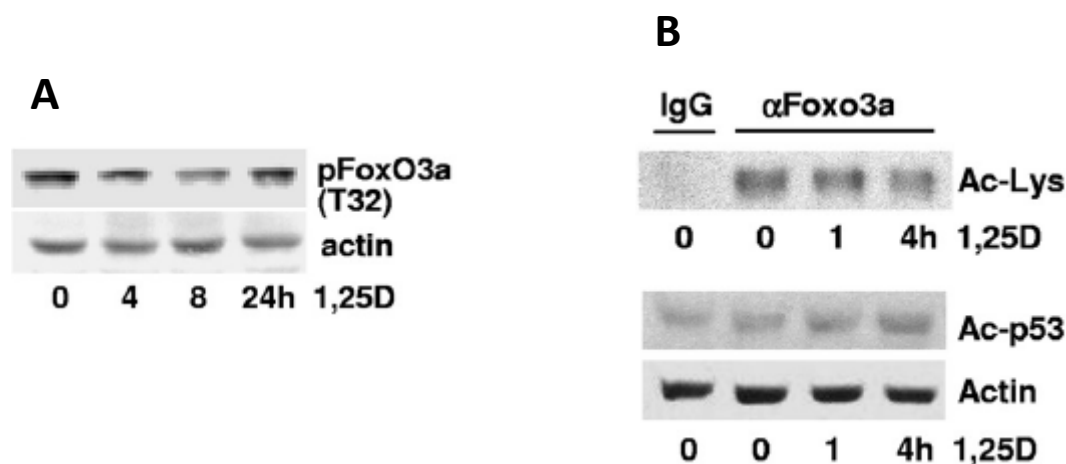


Figure 12: Reduction in the phosphorylation and acetylation status of FoxO3a. (A) Phosphorylation at Thr32 is reduced at 4 and even more at 8h, but not after 24h of 1,25D₃ treatment, as assessed by immunoblotting with phospho-Thr32 specific antibody. (B) Immunoprecipitation of FoxO3a followed by WB with anti-acetyl-lysine (Ac-Lys) antibody. As a negative control, acetylation using anti-acetyl-p53 antibody was performed. Actin was included as a loading control.

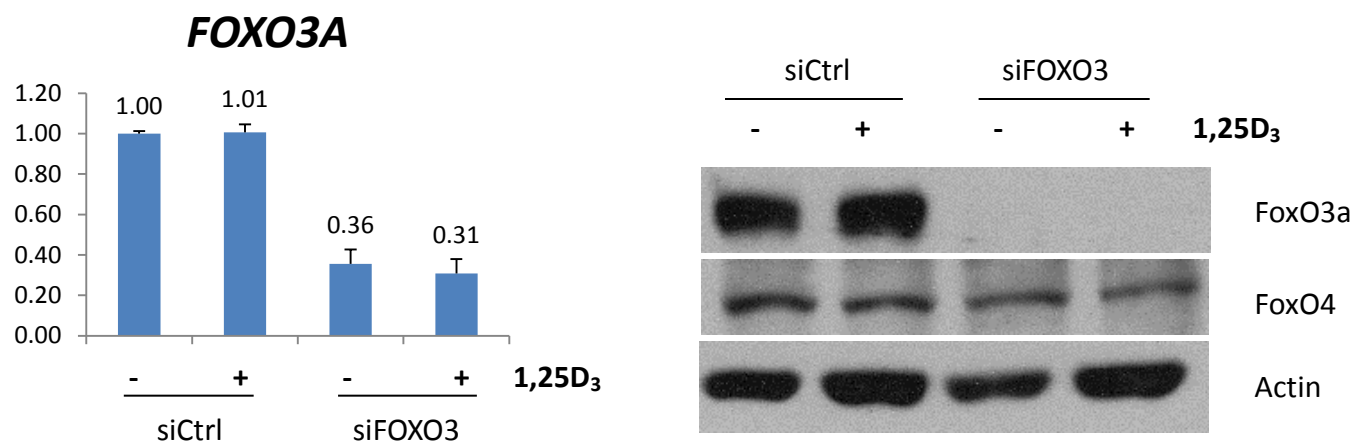


Figure 13: Knockdown of FoxO3a. KD efficiency of FoxO3a as assessed by qPCR (A) and by WB (B). siCtrl refers to scrambled control siRNA, whereas siFOXO3 is siRNA directed against *FOXO3A*. Treatment with 1,25D₃ (+) or vehicle (-) was done for 24h. FoxO4 protein levels were also assessed (B) as a control for the specificity of siFOXO3. Actin was used as a loading control.

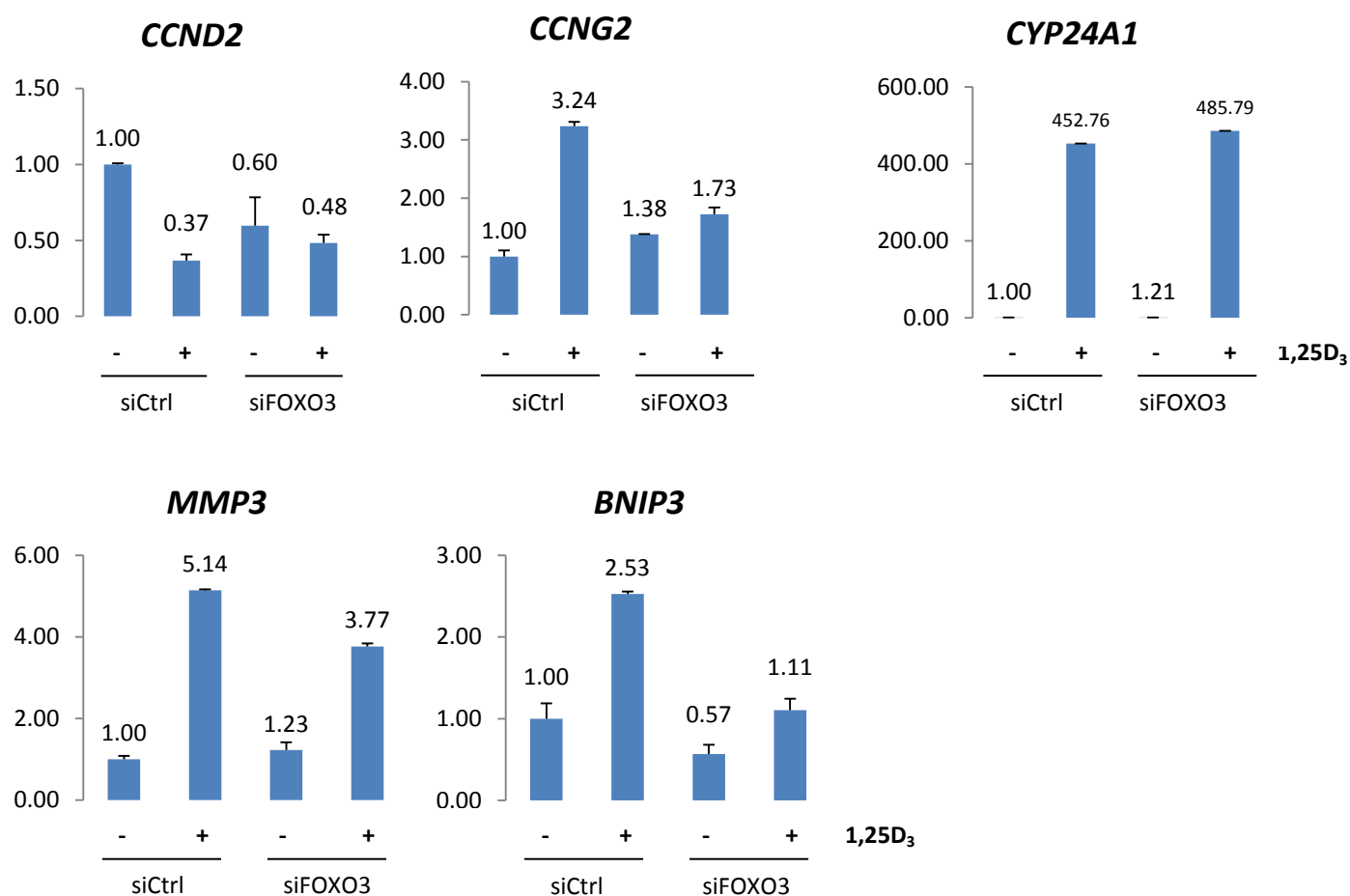


Figure 14: FoxO3a ablation attenuates the 1,25D₃-dependent regulation of FoxO target genes (*CCND2*, *CCNG2*, *BNIP3* and *MMP3*), but not of VDR/RXR target gene *CYP24A1*. Cells were treated with 1,25D₃ (+) or vehicle (-) for 24h after being transfected with siRNA against *FOXO3A* (siFOXO3) or a scrambled non-specific siRNA (siCtrl).

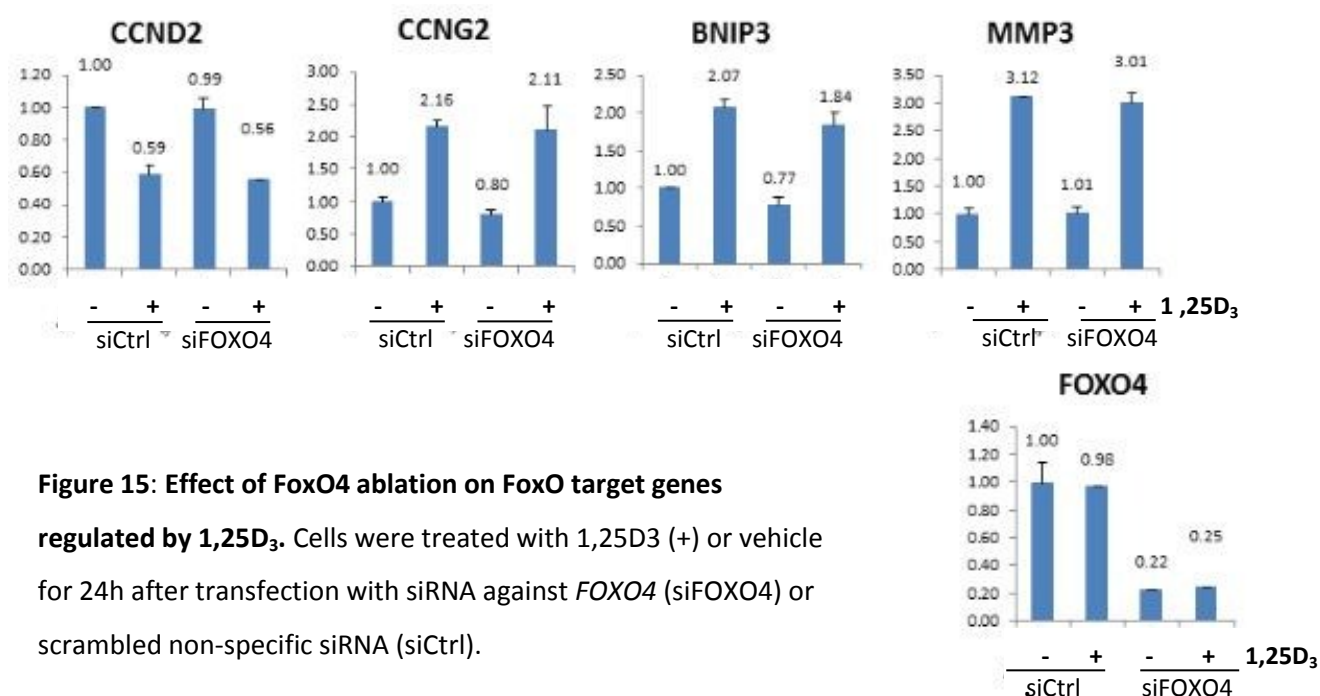


Figure 15: Effect of FoxO4 ablation on FoxO target genes

regulated by 1,25D₃. Cells were treated with 1,25D₃ (+) or vehicle (-) for 24h after transfection with siRNA against *FOXO4* (siFOXO4) or scrambled non-specific siRNA (siCtrl).

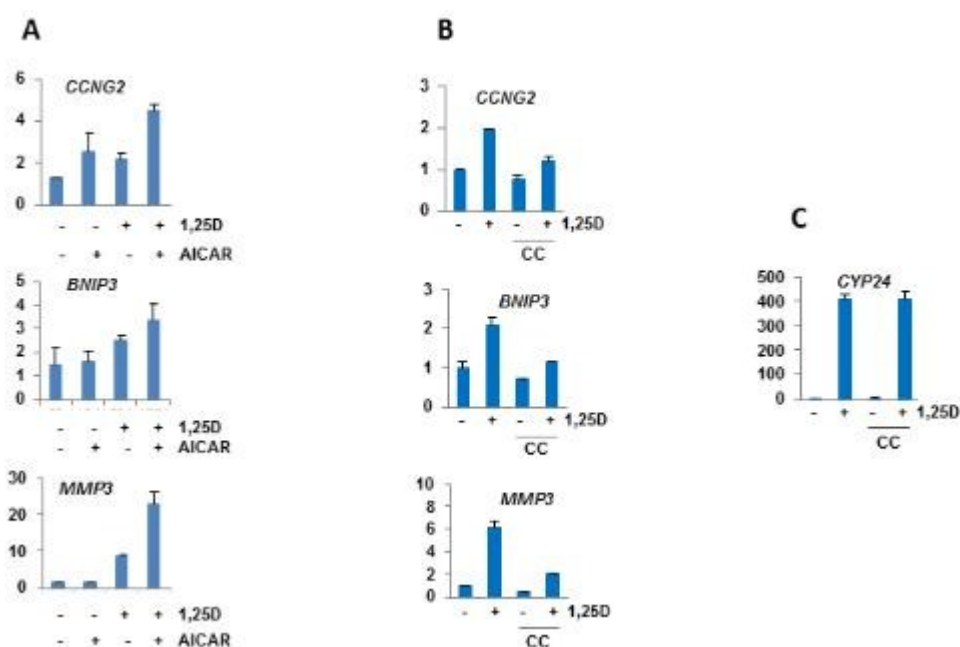


Figure 16: AMPK activation enhances the effect of 1,25D on the regulation of FoxO3a target genes. (A) Cells treated with vehicle, AICAR, 1,25D or both AICAR and 1,25D were tested for *CCNG2*, *BNIP3* or *MMP3* gene expression by qPCR. (B) Cells were treated with vehicle, CC, 1,25D, or both CC and 1,25D for 24h and gene expression for *CCNG2*, *BNIP3* and *MMP3* was assessed by qPCR. (C) Expression of *CYP24A1* after treatment with vehicle, CC, 1,25D or both CC and 1,25D for 24h and gene expression of *CCNG2*, *BNIP3* and *MMP3* was assayed by qPCR.

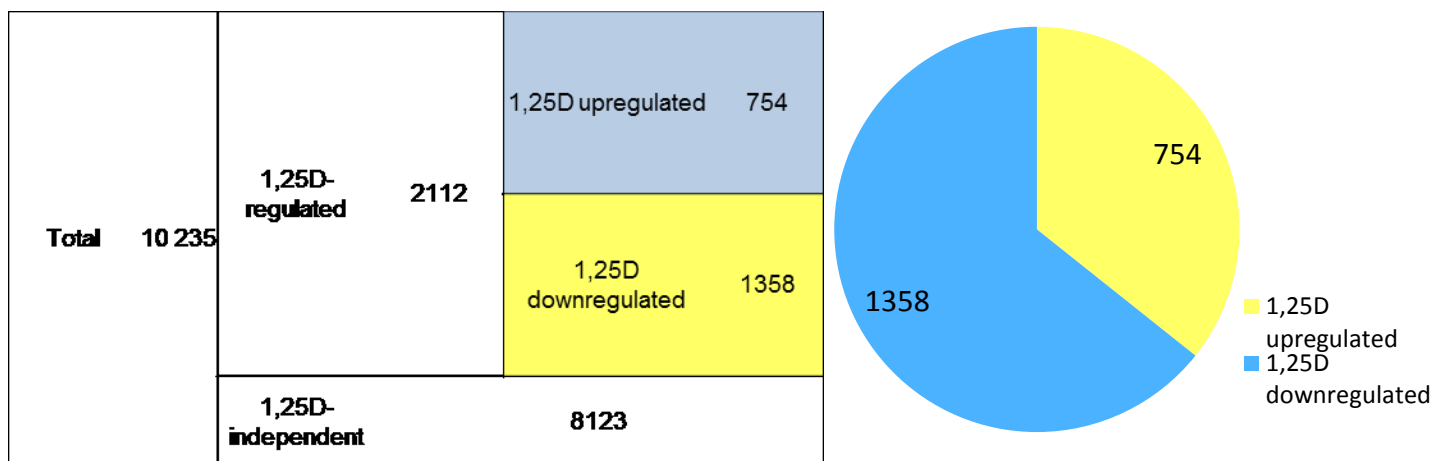


Figure 17: Gene expression profiling in cell treated with 1,25D₃ or vehicle for 24h in the absence of CHX. The yellow colour represents up-regulated, whereas the blue colour, down-regulated genes. The threshold fold-change was taken to be at least 1.6.

Gene Symbol	Fold-Change (+CHX)	Fold-Change (-CHX)
<i>CYP24A1</i>	18.514	20.382
<i>IL1RL1</i>	12.264	11.482
<i>ALOX5</i>	10.868	9.393
<i>SLCO1A2</i>	9.323	9.721
<i>COLEC12</i>	2.263	7.414
<i>HSD17B2</i>	3.141	5.695
<i>CYP3A5</i>	4.042	5.073
<i>SEMA3B</i>	6.540	4.516
<i>DNER</i>	4.597	3.356
<i>IGFBP3</i>	1.748	2.715
<i>COL13A1</i>	2.568	2.584
<i>KLK6</i>	6.763	2.564
<i>TRPV6</i>	1.938	2.529
<i>KLK13</i>	4.481	2.421
<i>G6PD</i>	4.423	2.296
<i>AREG</i>	3.225	2.285

Table 1: Comparison of results from +CHX and –CHX gene expression profiling of 1,25D-regulated genes. +CHX refers to the microarray analysis performed by Wang and colleagues, whereas the –CHX column represents results from my microarray.

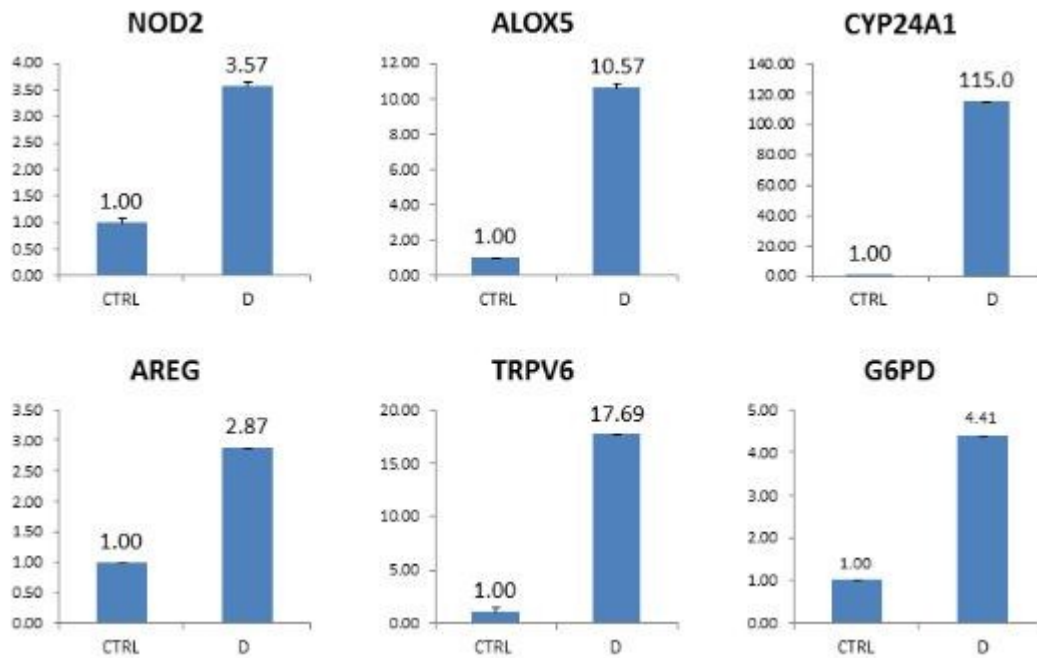


Figure 18: qPCR validation of 1,25D₃ target genes. Selected genes (positive controls) regulated by 1,25D₃ in both microarrays (+CHX or -CHX) were validated using samples from SCC25 cells treated with vehicle (CTRL) or 1,25D₃ (D) for 24h.

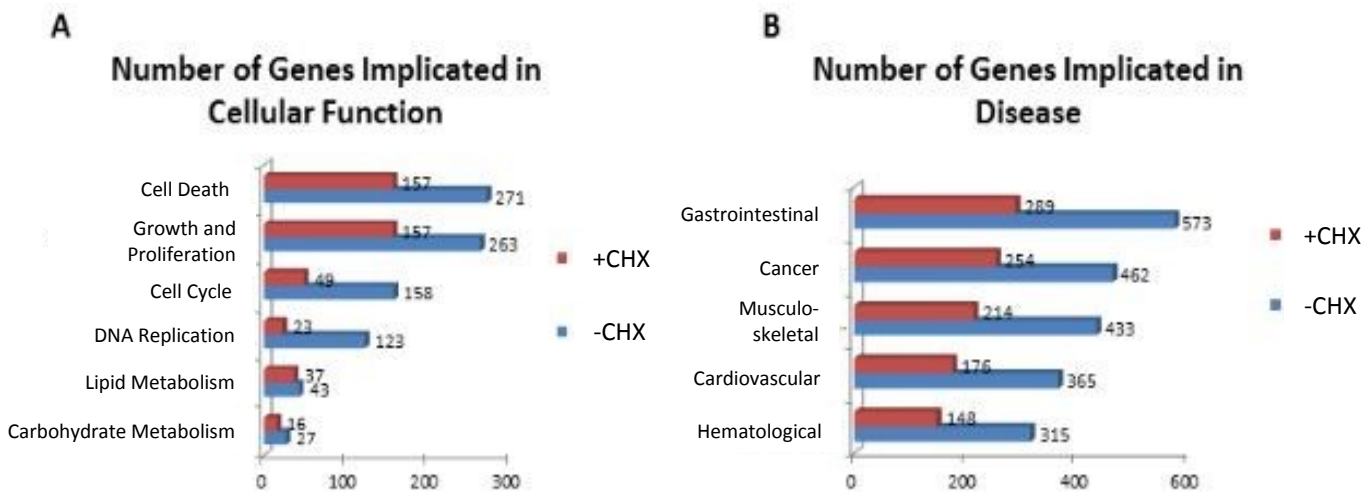


Figure 19: Cellular functions and diseases associated with 1,25D₃-regulated genes. Both primary (regulated in the presence of CHX, red), obtained from microarray analysis by Wang et al, and primary and secondary (regulated in the absence of CHX, blue) genes from that the gene expression profiling that I performed, were analyzed using IPA for the associated cellular functions (A) and diseases (B).

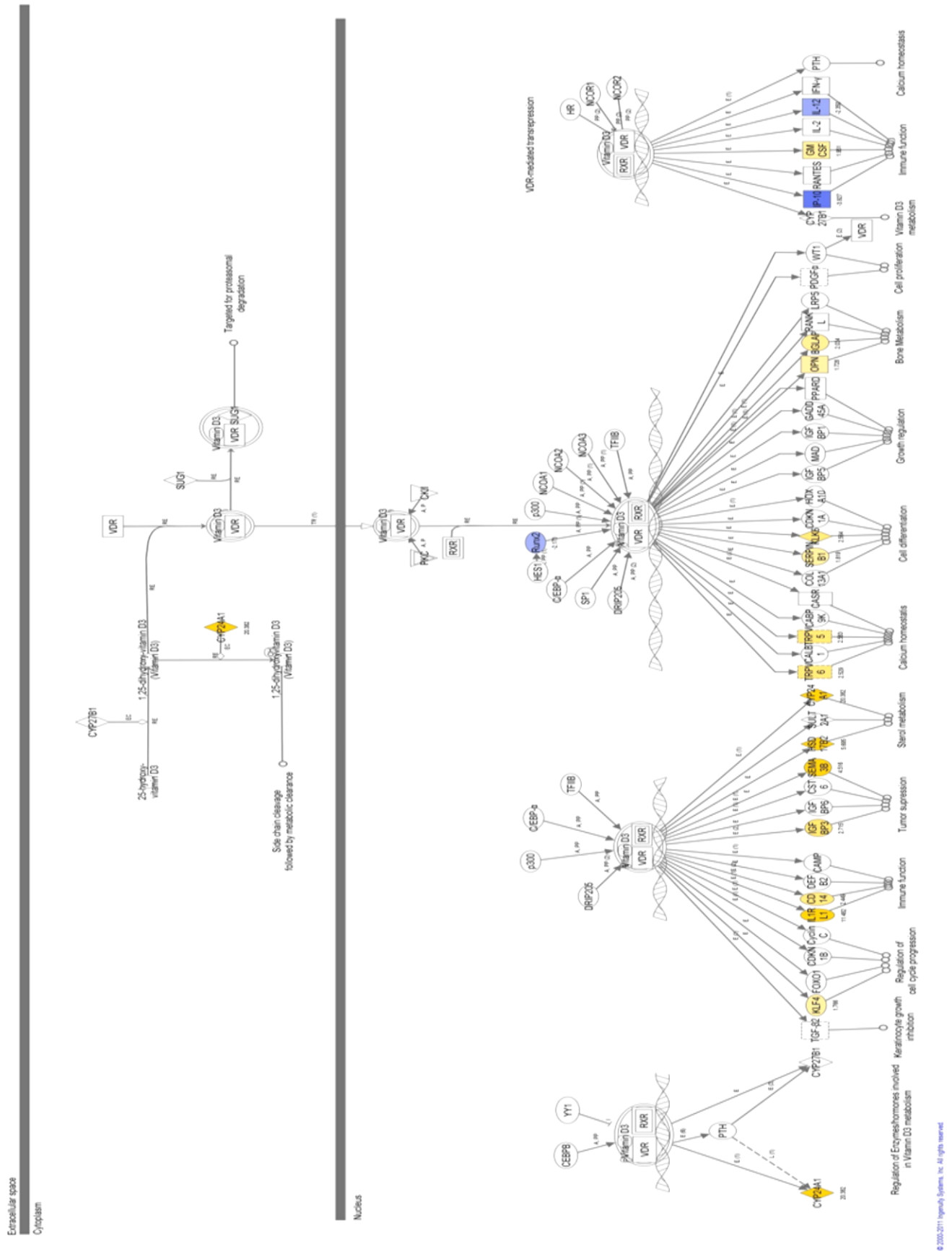
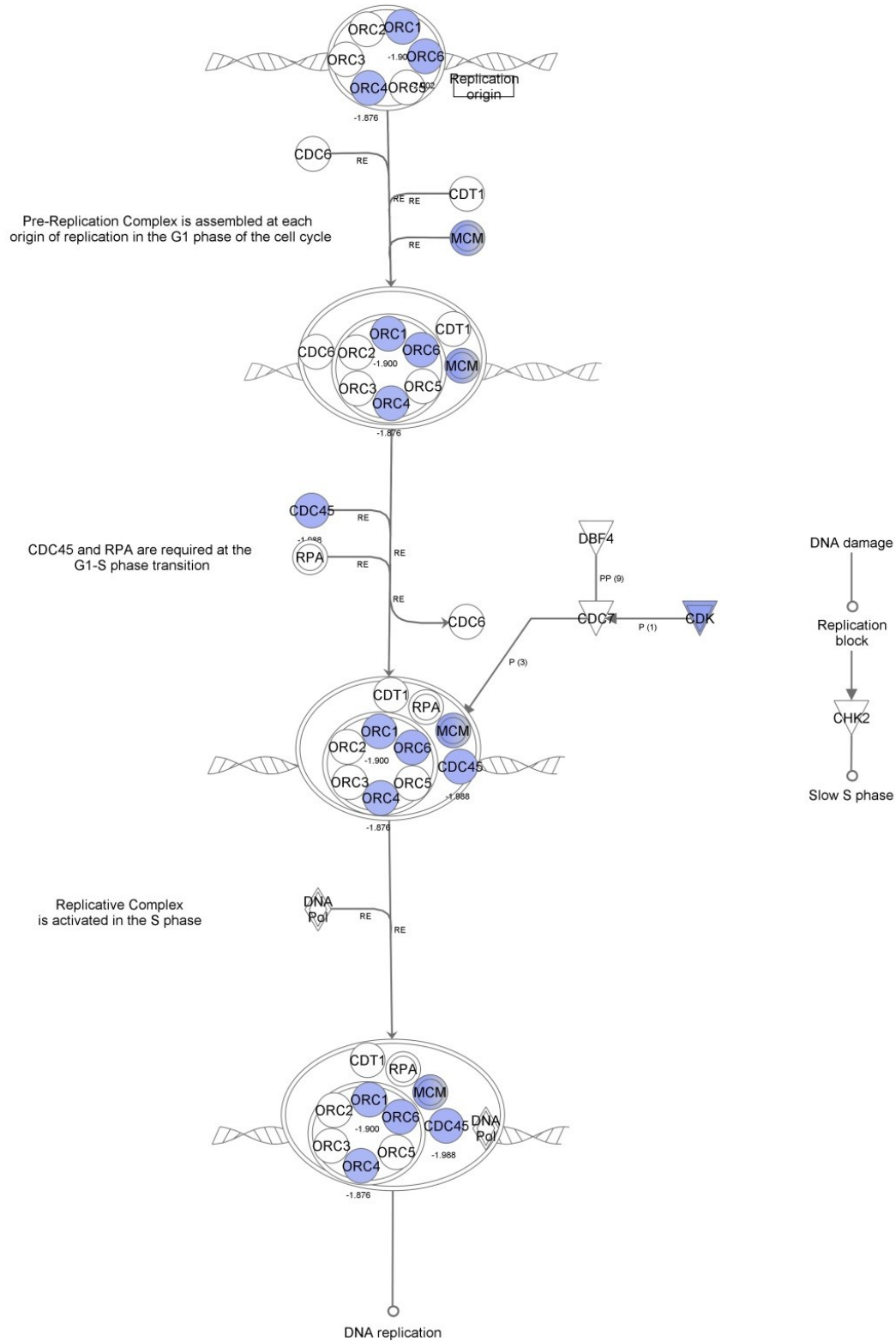
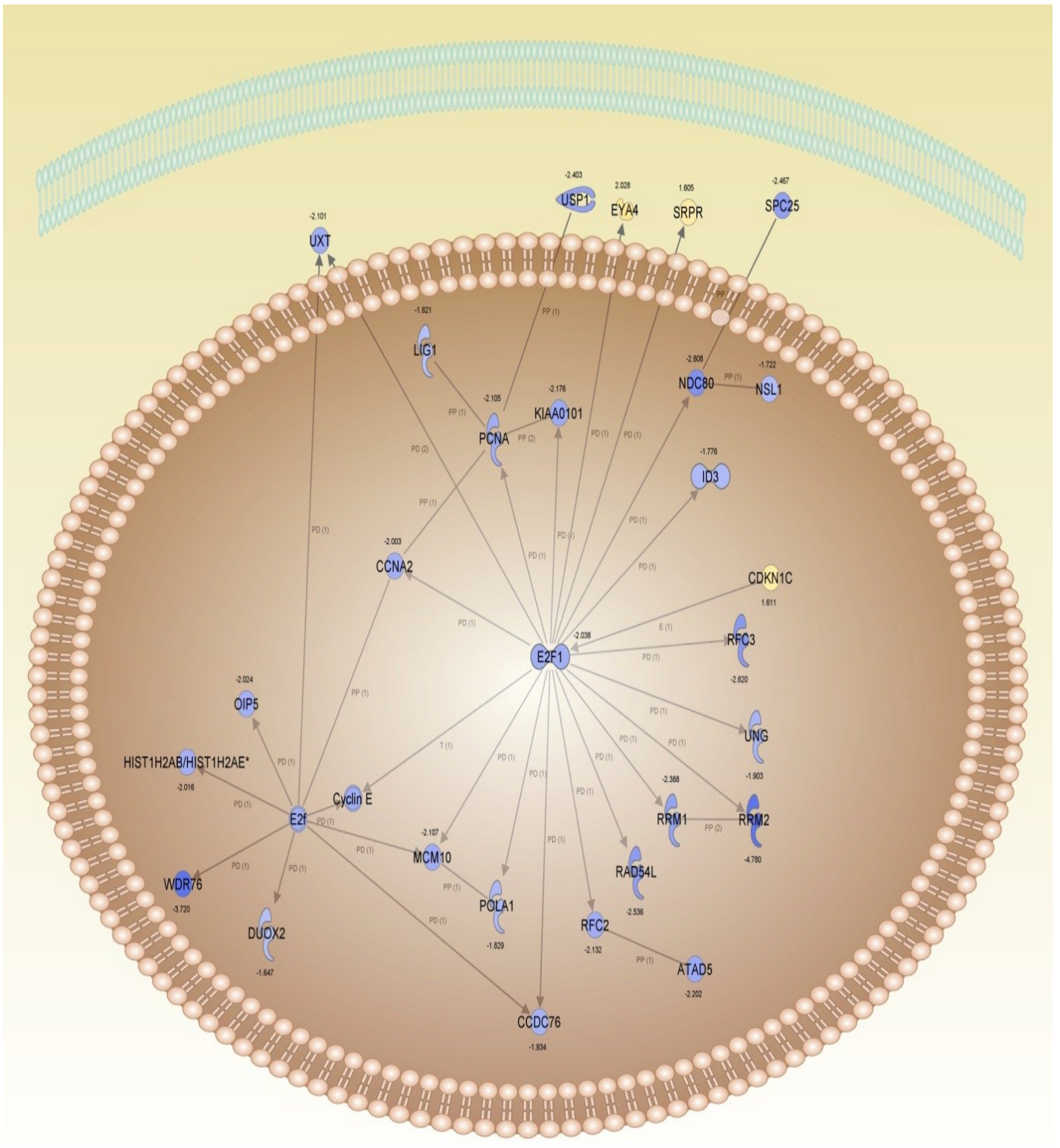


Figure 20: Canonical pathways: VDR/RXR activation. This canonical pathway shows genes that are regulated as the result of VDR/RXR activation. Down-regulate are blue and up-regulated, yellow.



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Figure 21: Canonical pathways: Cell Cycle Control of Chromosomal Replication. Some of the genes regulated directly or indirectly by 1,25D₃ are implicated in cell cycle-dependent control of chromosomal replication. Note that all these genes appear to be downregulated (blue).



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Figure 22: Network: DNA Replication, Recombination and Repair, Cell Cycle, Cancer. Published interactions represented in this diagram are shown for genes from the microarray analysis in the absence of CHX - both down-regulated (blue) or up-regulated (yellow) by 1,25D₃.

Gene Name	Fold-Change	RefSeq.
<i>OLR1</i>	-3.565	NM_002543
<i>MACC1</i>	-2.633	NM_182762
<i>BIRC3</i>	-2.393	NM_001165
<i>POLE2</i>	-2.296	NM_002692
<i>PCNA</i>	-2.105	NM_002592
<i>CCNB1</i>	-2.027	NM_031966
<i>CCNA2</i>	-2.003	NM_001237
<i>APPL1</i>	-1.973	NM_012096
<i>BIRC5</i>	-1.837	NM_001168

Table 2: Cancer related genes. 1,25D₃-regulated genes were selected from the microarray (-CHX) that are related to cancer and expression fold-change after the microarray analysis is indicated for each gene.

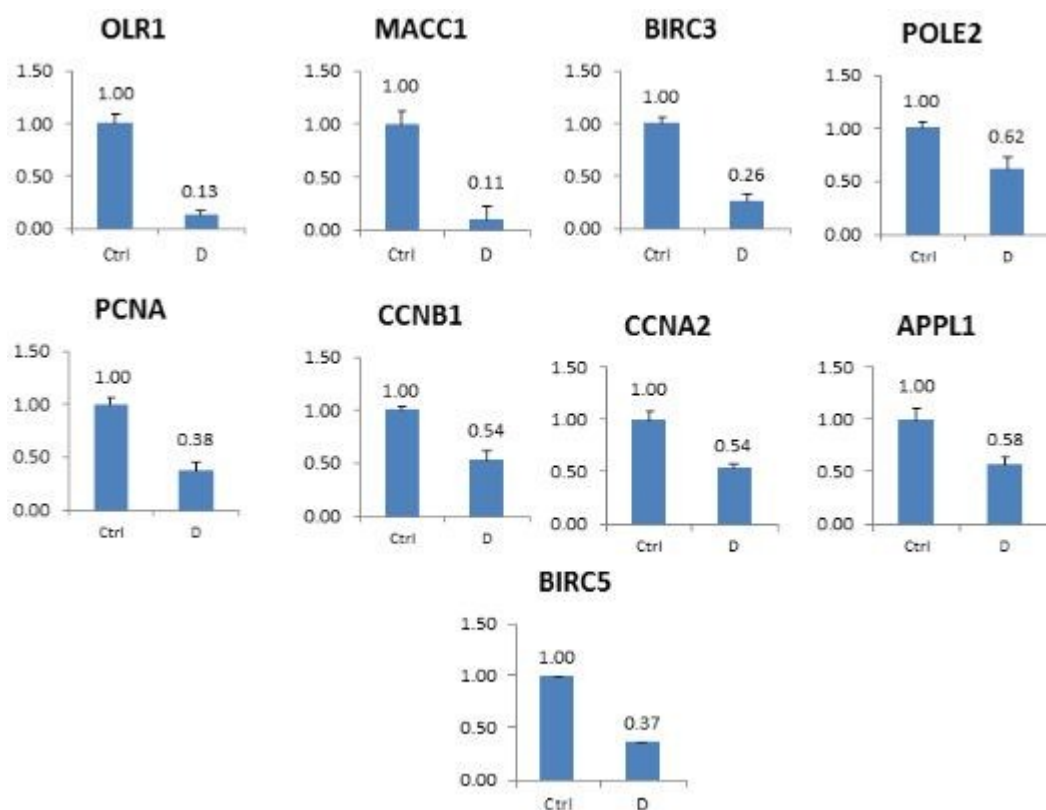
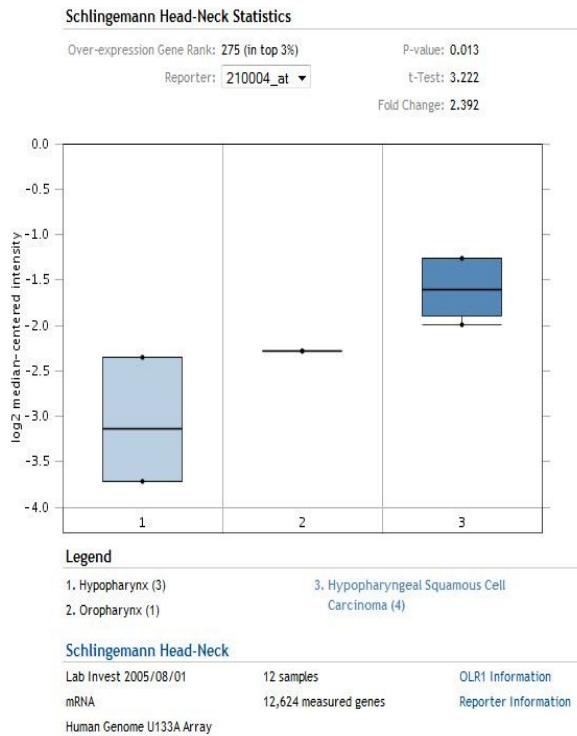
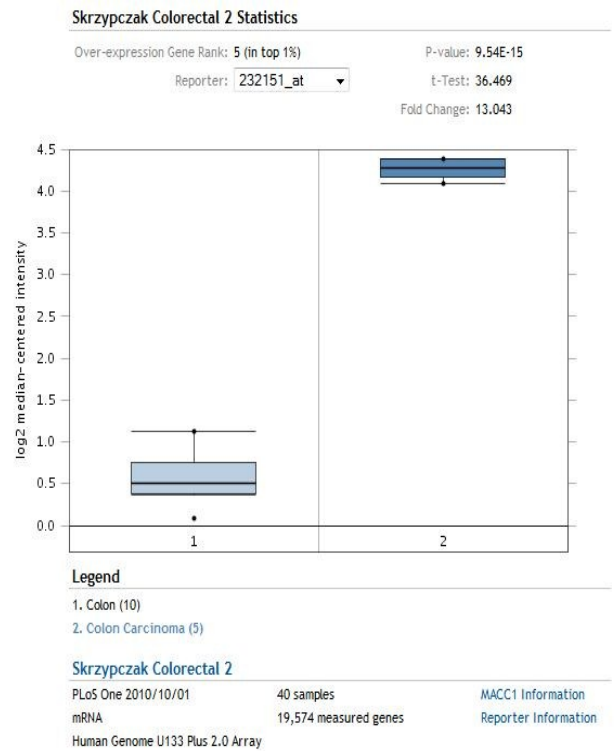


Figure 23: Validation of genes from table 2 by qPCR. Ctrl refers to vehicle- and D, to 1,25D₃-treated SCC25 cells for 24h.

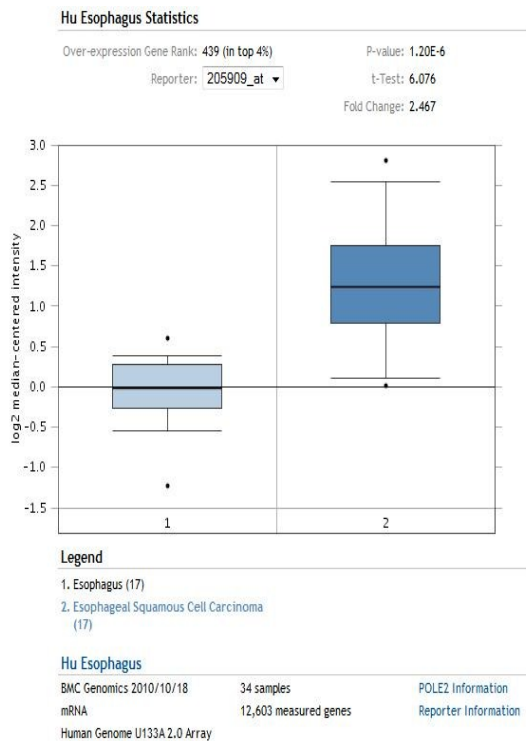
A



B



C



D

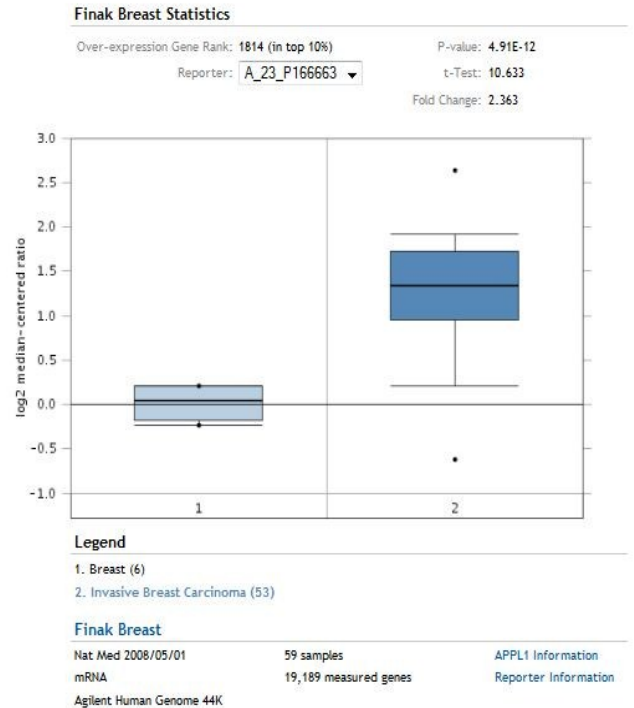


Figure 24: Overexpression of *OLR1*, *MACC1*, *POLE2* and *APPL1* in cancer. Oncomine was used to compare the expression levels of *OLR1* (A), *MACC1* (B), *POLE2* (C) and *APPL1* (D) in various cancers relative to normal tissue.

Organ	Cancer Type	Fold-Change	P-value	Reference
OLR1				
Pancreas	Pancreatic Ductal Adenocarcinoma	8.295	2.50E-16	[546]
	Pancreatic Adenocarcinoma	4.263	0.003	[547]
Breast	Invasive Lobular Breast Carcinoma	4.698 to 5.733	3.00E-19 to 0.009	TCGA, [548]
	Invasive Breast Carcinoma	5.271 to 6.700	9.95E-29 to 0.006	TCGA, [548]
	Intraductal Cribriform Breast Adenocarcinoma	6.464	5.93E-6	TCGA
	Invasive Ductal Breast Carcinoma	2.812 to 11.112	9.81E-31 to 0.013	TCGA, [548], [549]
	Mucinous Breast Carcinoma	5.555	0.002	TCGA
	Lobular Breast Carcinoma	3.644	0.004	[550]
	Ductal Breast Carcinoma	2.503-3.670	7.50E-4 to 0.028	[548], [550], [551], [552]
Bladder	Infiltrating Bladder Urothelial Carcinoma	2.877	1.26E-4	[553]
Colon	Colon Adenocarcinoma	2.047 to 3.148	3.93E-15 to 1.31E-11	TCGA, [554]
	Cecum Adenocarcinoma	4.233	1.70E-6	[554]
	Colon Mucinous Adenocarcinoma	2.951 to 6.404	6.14E-13 to 5.91E-5	TCGA, [554]
Head-Neck	Hypopharyngeal Squamous Cell Carcinoma	2.392	0.013	[555]
	Head and Neck Squamous Cell Carcinoma	2.042	6.03E-7	[556]
Brain	Glioblastoma	10.017	8,29E-6	[557]
Cervix	Cervical Squamous Cell Carcinoma	2.700	2.51E-8	[558]
Kidney	Papillary Renal Cell Carcinoma	6.941	6.03E-7	[559]
	Clear Cell Renal Cell Carcinoma	2.042	3.50E-4	[560]
MACC1				
Colon	Colon Carcinoma	13.043	9.54E-15	[561]
	Colon Carcinoma Epithelia	8.712	4.74E-12	[561]
	Colon Adenoma Epithelia	2.760	2.66E-7	[561]
	Colon Adenoma	2.288 to 2.860	6.55E-14 to 8.30E-7	[561], [562]
	Colorectal Carcinoma	2.446 to 3.733	6.62E-15 to 1.57E-15	[561], [563]
	Cecum Adenocarcinoma	2.724 to 8.712	1.20E-8 to 7.02E-8	TCGA, [554]
	Rectosigmoid Adenocarcinoma	6.693	9.96E-7	[554]
	Colon Adenocarcinoma	3.369	1.22E-9	[554]
	Rectal Mucinous Adenocarcinoma	22.820	1.28E-4	[554]
	Colon Mucinous Adenocarcinoma	2.467 to 5.751	2.83E-7 to 3.41E-6	TCGA, [554]

	Rectal Adenoma	3.554	1.83E-6	[562]
	Rectal Adenocarcinoma	3.390	7.92E-12	TCGA
Ovary	Ovarian Serous Adenocarcinoma	2.543	2.86E-7	[564]
	Ovarian Mucinous Adenocarcinoma	2.817	0.006	[564]
Brain	Oligoastrocytoma	3.356	0.007	[565]
	Diffuse Astrocytoma	2.707	2.09E-4	[566]
Pancreas	Pancreatic Carcinoma	3.372	3.72E-7	[567]
Breast	Invasive Lobular Breast Carcinoma	4.558	0.031	[548]
Kidney	Papillary Renal Cell Carcinoma	2.872	0.003	[559]
APPL1				
Myeloma	Smoldering Myeloma	2.167	1.01E-7	[568]
Sarcoma	Dedifferentiated Liposarcoma	2.049	0.0014	[569]
Breast	Invasive Lobular Breast Carcinoma	2.285	0.035	[570]
	Invasive Breast Carcinoma Stroma	2.363	4.9E-12	[571]

Table 3: Expression of selected genes in cancer relative to normal tissues. TCGA= The cancer Genome Atlas: <http://tcga-data.nci.nih.gov/tcga/>.

DISCUSSION

Based on the results presented here (**fig. 8** and **fig. 9**), one can firmly conclude that 1,25D₃ has an inhibitory effect on proliferation of SCC25 cells. It is not clear, however, whether these effects are due to cell cycle arrest and entry into a quiescent state, apoptosis or both. It is likely that, based on the calcitriol-dependent transcriptional activation of pro-apoptotic genes such as *BNIP3* and *MMP3*, along with the regulation of cell cycle genes *CCND2* and *CCNG2*, both mechanisms contribute to a decrease in cell numbers, which can be properly quantified using viability and apoptosis assays. Moreover, the role of FoxO3a – traditionally associated with both the induction of programmed cell death and cell cycle arrest – in the regulation of these genes also supports this possibility. It has to be explained here why the focus is on FoxO3a. Firstly, comparing the effect of FoxO3a (**fig. 14**) or FoxO4 (**fig. 15**) ablation on 1,25D₃-dependent gene regulation, it becomes apparent that FoxO4 is far less important. Secondly, proliferation assays performed by Dr. An demonstrated that FoxO3a ablation negatively affects the 1,25D-induced block of insulin-stimulated cell proliferation, whereas the effect of FoxO4 is much less pronounced [523]. This is the reason why ChIPs at the promoters of *CCND2* and *BNIP3* were only performed for FoxO3a (**fig. 10**). The results from these ChIPs are very interesting: 1,25D-enhanced binding of FoxO3a is highest at 4h and back to control levels at 8h. Dephosphorylation, on the other hand, is detectable at 4h, but is highest at 8h, after which it returns to control levels at 24h. This is consistent with the model proposed by Matsuzaki [5]: 1,25D induces quick deacetylation of FoxO3a (**fig. 12B**) at 4h, resulting in increased binding of FoxO3a to the promoter region of *BNIP3*; gene induction by FoxO3a is usually associated with the recruitment of CBP/p300 and histone acetylation, potentially resulting in FoxO3a acetylation by the coactivators and release from DNA (**fig. 10C – 8h**); once released from the DNA, FoxO3a can be phosphorylated by PKB, which is still low at 8h, but reaches control levels at 24h (**fig. 12A**). The deacetylation of FoxO3a following VD treatment is not striking. However, it should be noted that the totality of acetylated lysine residues of FoxO3a were detected and the latter could be

acetylated at several sites. In this context, VD may stimulate the removal of the acetyl group only from a specific lysine residue leaving the others intact or even stimulating their acetylation.

Another interesting point is the association of the VDR with FoxO3a and the FHRE in gene promoters (of *BNIP3* and *CCND2*), to which FoxO3a binds in a ligand-independent and ligand-dependent manner, respectively. This raises the possibility that VDR is tethered to these FHREs by FoxO3a. In order to test this possibility, ChIPs for VDR at these sites must be performed for up to two 8h post 1,25D treatment, similar to FoxO3a. Similar 1,25D-dependent pattern of VDR association with FHREs as FoxO3a could mean regulation of binding of these two transcriptional factors by the same pathway. In addition, ChIP-re-ChIP experiments can definitively demonstrate association of VDR with FoxO3a at the FHREs in the regulatory regions of *BNIP3* and *CCND2*. Irrespective of the mechanism, however, FoxO3a is important for mediating the effects of 1,25D on the expression of certain genes. It is curious that the 1,25D-induced expression of *CYP24A1* is unaffected by the ablation of FoxO3a. *CYP24A1* contains multiple VDREs, to which ligand-bound VDR can associate directly. In this context, FoxO3a may be required for the regulation of a subset of vitamin D target genes implicated in tumorigenesis, but the extent of this list is currently unknown. *CYP24A1* regulation by calcitriol is also unaffected by the inhibition of a FoxO activator, AMPK. Activation of the latter appears to synergize with 1,25D in stimulating or inhibiting the expression of FoxO target genes, whereas its inhibition attenuates the effect of hormonal vitamin D (**fig. 16**). It therefore seems plausible that 1,25D induces AMPK activation. This is not surprising, given the fact that AMPK increases SIRT1 activity [572], which results in activation of FoxO3a through deacetylation and inhibition of phosphorylation by PKB.

FoxO3a could also be directly dephosphorylated by the phosphatase PP1, which was found to be bound to VDR in a ligand-independent manner (**fig. 11A**). GST pull-down experiment can extend the findings from the CoIP for VDR and show whether this interaction is direct or not. The same can be applied for SIRT1's and FoxO3a's association with VDR.

Apart from the four FoxO target genes, 1,25D is potentially capable of regulating others that are important in controlling cell proliferation. *Wang et al.* and I investigated this possibility by performing gene expression profiling. Consistent with the role of ligand-bound VDR in transcriptional activation rather than repression, the vast majority of 1,25D-regulated genes were up-regulated after 12h of treatment in the presence of CHX. The microarray that I performed, however, shows that more than half of the calcitriol-regulated genes are down-regulated. The fact that cells were incubated with vehicle or 1,25D for 24h in the absence of cycloheximide implies that secondary 1,25D target genes that require *de novo* protein synthesis will be detected. This also allows for the detection of pathways and cellular functions dependent on vitamin D signalling. Similar functions and disease were identified by IPA software in both 24h treatment –CHX and 12h treatment +CHX microarrays, except for, naturally, higher number of genes involved in these for the 24h –CHX gene expression profiling (**fig. 19**). With respect to the diseases identified, the data is consistent with already published studies, as discussed in the literature review section. Strikingly, some of the gene functions of the 1,25D-regulated genes were associated with metabolism – carbohydrate and lipid – that could be relevant to cancer (e.g. *OLR1*) [539]. This is supported by the effect of AMPK – normally associated with changes in cellular metabolism – on the regulation of 1,25D-regulated FoxO target genes (**fig. 16**).

In terms of the pathways affected by 1,25D, the obvious is VDR/RXR activation (**fig. 20**). This serves as a control for the responsiveness of SCC25 cells to calcitriol and for the effectiveness of IPA to identify relevant pathways. The genes that are known to be induced by activated VDR/RXR (e.g. *CYP24A*) are up-regulated in this diagram, based on their microarray expression values. Alternatively, genes such as *RUNX2*, whose expression was shown to be inhibited by 1,25D [136], as well as IP-10 and IL-12 appear as down-regulated in figure 20. Interestingly, the canonical pathway predicts that VDR/RXR activation will result in the regulation of certain genes implicated in cell growth (*IGFBP5*, *MAD*, *IGFBP1*, *GADD45A* and *PPARD*) and proliferation (*PDGF* and *WT1*) which was not the case in SCC25 cells based on the

microarray results. This is not surprising considering that the inhibitory effects of calcitriol on proliferation and growth are mediated by different mechanism in different cellular contexts. Supporting this statement is the observation that other 1,25D-regulated genes playing a role in cell growth and proliferation were discovered. Some of them are indicated on figure 21 depicting another canonical pathway detected by IPA called Cell Cycle Control of Chromosomal Replication. Here, genes that code for proteins involved in the pre-replication and replicative complex in G1 and S phase, respectively, are inhibited by 1,25D, which is in agreement with the anti-proliferative effects of vitamin D (**fig. 21**). Block in the replicative capacity of the cell is also suggested by the more exploratory network analysis. As mentioned earlier, two networks were identified to be implicated in DNA replication, recombination and repair, cell cycle and cancer. The network depicted on figure 22 contains elements related to cell cycle progression (e.g. CCNA2, Cyclin E, E2F1), chromosomal segregation (e.g. NDC80, SPC25, NSL1) and DNA replication (e.g. RFC3, RRM1/2, POLA1, MCM10, LIG1). Whether proteins related to chromosomal segregation comes as a cause of 1,25D-induced proliferation inhibition or as a result is not clear. It seems more probable, however, that this down-regulation of genes involved in chromosomal segregation comes as a result of cell cycle arrest. This claim is reinforced by the other network identified with the same designation, DNA replication, recombination and repair, cell cycle and cancer (not shown). Many of the genes present in this network are required for DNA repair and are down-regulated by 1,25D. This likely comes as a consequence of decreased DNA replication resulting from inhibition of the cell cycle. It should be noted here that there are mouse genes (Cyclin E and E2f) that are represented on figure 22. These genes are human homologues, which are regulated by 1,25D. The reason they appear as mouse genes is that their interaction with other genes has only been experimentally demonstrated in mice. In general, the canonical pathways and networks associated with 1,25D-regulated genes solidify the idea that calcitriol has anti-cancer properties and induces cell cycle arrest.

The genes selected from the microarray also support this hypothesis. The values obtained from their validation by qPCR do not exactly correspond to those from the microarray. This can be explained by the way the gene expression profiling results were analyzed. First of all, the samples were run on the Affymetrix Exon 1.0 ST Array chip. The main idea behind the development of this chip is the ability to make inferences about alternative splicing events. In this sense, an average of 22 probes per gene are designed in order to detect expression of different exons. The results from different probes were averaged to obtain the final fold-change displayed in table 1. It should be noted here that averaging the expression levels of individual probes may not be representative of the gene expression, specifically if there are splice variants. Nevertheless, the qPCR results seem to roughly agree with these obtained from the gene expression profiling analysis. Another interesting fact about these genes is that they are all transcriptionally inhibited by 1,25D, which is not in agreement with its conventional role of gene activation. This could be due to two reasons. First, some genes can be regulated by tethering the ligand-bound VDR through a DNA response element by another transcription factor, such as FoxO3a. Such genes could be *OLR1* and *BIRC3* which also appear to possess predicted FHREs in their promoters, as assessed by Genomatix. Their expression is similarly down-regulated by 1,25D after 12h of treatment and in the presence of CHX [136, 522]. Another possibility is the sequestration of transcription factors required for gene expression or the active repression, which could take place even in the absence of VDRE as is the case with *CYP27B1* and *VDIR* [307, 308]. Alternatively, some genes can simply be secondary 1,25D target genes that require *de novo* protein synthesis and lie downstream of a primary VDR/RXR targets. The lack of regulation by calcitriol of *MACC1*, *POLE2*, *PCNA*, *CCNB1*, *CCNA2*, *APPL1* and *BIRC3* in the presence of CHX is compatible with the latter description. In order to dissect the mechanism through which the genes from table 1 are regulated, several experimental approaches can be adopted. Since there is no published data about their regulation by 1,25D₃, *in silico* screen for potential VDREs can be performed, followed by ChIP assays to determine primary hormonal vitamin D

target genes. If these genes do not contain VDREs, it is possible that ligand-bound VDR still contributes to their regulation through binding to other transcription factors, such as FoxOs or VDIR. This possibility could be explored, again, through ChIP experiments designed to detect binding of VDR to the promoter region in general. This could be done by designing primers for every 500 bp of the promoters and combining them together to test the DNA fragments immunoprecipitated using anti-VDR antibodies.

Whether they are VD primary targets or not, the genes from table 1 are clearly down-regulated by 1,25D₃ and play a role in cell growth and division, and DNA replication. In order to test their importance in vitamin D-mediated cell cycle arrest and apoptosis, a conditionally-induced transgene can be stably integrated into the SCC25 cell chromatin. If the anti-proliferative effects of 1,25D are attenuated when the transgene is induced, the gene in question is an important mediator of the effects of calcitriol in SCC25 cells. APPL1 appears to be very interesting as its down-regulation may be able to disrupt PI3K/PKB signalling. In this context, PKB activation can be tested using anti-phospho-Thr308 or anti-phospho-Ser473 antibodies, phosphorylation of Thr308 and Ser473 being indicative of PKB activation.

Finally, various vitamin D analogues can also be tested for the effect on these genes. These analogues are designed to produce specific effects by binding to VDR or MARRS, which stimulates non-genomic or genomic effects and the recruitment of a different cohort of co-regulators resulting in the regulation of different sets of genes. This information can be used to further investigate the cellular pathways affecting by vitamin D responsible for its anti-cancer properties.

CONCLUSION

The results presented above are a clear indication of the fact that 1,25D regulates processes related to the cell cycle (fig. 19A and fig. 22), DNA replication (fig. 21), proliferation and ultimately cancer (fig. 19B), in line with its known cancer chemopreventive effects. However, these findings have to be extended in several directions in order to better define the cellular pathways leading to and the associated phenotypes resulting from the 1,25D-mediated cell cycle arrest.

First, the role of PP1 and SIRT1 as inducers of 1,25D-dependent FoxO3a activation can be better defined by ablation of these two enzymes using RNAi and assessment of proliferation or cell death of SCC25 cells. Techniques such as FACS and Click-iT® EdU Alexa Fluor® 488 HCS Assay (cat. # C10350, Life Technologies) could be employed to assess cell proliferation. EdU is thymidine analogue and is incorporated into the replicating DNA of dividing cells. Its subsequent detection, therefore, provides a measure of the proliferative status of the cells. Regarding cell death, the ELISA-based QIA20 Cell Death Detection (Nuclear Matrix Protein) kit from Calbiochem (cat. # QIA20-1EA) provides an easy way of assessing apoptosis. The principle behind this assay is that the nuclear matrix protein NuMa is released from the nucleus of apoptotic cells to be subsequently detected by a specific antibody. The result will determine the importance of SIRT1 and PP1c in (1) the anti-proliferative effects of VD and (2) regulation of FoxO function. The latter could be tested using several strategies such as nuclear localization, target gene transcription regulation, including binding to FHREs, and phosphorylation and acetylation status. There are other PTMs, however that are known to regulate FoxO3a function, such as ubiquitination and methylation. Unfortunately, antibodies available for ubiquitinated or methylated FoxOs are not available rendering the detection of these modification more difficult, but still feasible via immunoprecipitation of the transcription factors, followed by WB using anti-methyl-lysing or anti-ubiquitin antibodies.

FoxO3a ablation was shown to limit 1,25D-mediated gene suppression (*CCND2*) and gene activation (*CCNG2*, *BNIP3* and *MMP3*), and its capacity to inhibit cell proliferation [523]. The importance

of repressed (*CCND2* and genes from table 1) or activated (*BNIP3*, *CCNG2* and *MMP3*) genes in this latter process can be determined through constitutively expressed transgenes or siRNA-mediated KDs, respectively, and assessment of cell proliferation in the presence and absence of FoxO3a in SCC25 cells treated with vehicle or 1,25-(OH)₂D₃.

All of the genes that appear to be regulated by VD in the microarray I did, can be scanned using bio-informatics approaches for the presence of FHREs. Alternatively, a ChIP-Seq technique can be employed to determine all the genes regulated by FoxO3a in a VD-dependent fashion. This, combined with the results from the gene expression profiling, could be used to test the hypothesis that many of the cancer-chemopreventive effects of vitamin D are mediated through FoxO-dependent gene expression. It should be noted here that FoxO1 activity after vitamin D stimulation was not determined and its implication in the anti-proliferative effects of VD has to be assessed using the same approach as for FoxO3a.

The results discussed here only apply to SCC25 cells. In order to generate a model for the cancer chemopreventive actions of VD, however, other cell lines have to be tested. Interestingly, two other HNSCC cell lines exist that are partially responsive (SCC9) or unresponsive (SCC4) to VD. The partial conservation (SCC9) or the absence (SCC4) of regulation of the pathways controlled by VD in these cells will determine which one(s) of them are relevant to VD-induced cell cycle arrest and/or apoptosis in HNSCC. Their conservation in other cancer cell types may contribute to finding a universal mechanism through which VD exerts its anti-cancer effects, which could be used in the development of new therapeutics.

Overall, the results provided in this work demonstrate that VD down-regulates genes implicated in cell-cycle progression, proliferation and DNA replication and underline the importance of FoxO3a in stimulation (*CCNG2*, *BNIP3* and *MMP3*) or repression (*CCND2*) of another set of genes involved in cell cycle arrest and apoptosis, and G1/S phase transition, respectively.

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