

Research Article

## Modulation of A375 human melanoma cell proliferation and apoptosis by nitric oxide

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### Article Info

<https://doi.org/10.31018/jans.v14i2.3365>

Received: February 19, 2022

Revised: April 27, 2022

Accepted: May 5, 2022

### How to Cite

Kim, J. H. *et al.* (2022). Modulation of A375 human melanoma cell proliferation and apoptosis by nitric oxide. *Journal of Applied and Natural Science*, 14(2), 320 - 325. <https://doi.org/10.31018/jans.v14i2.3365>

### Abstract

The present study aimed to assess the effect of NO<sup>•</sup> on melanoma A375 cell growth and apoptotic cell death. Trypan blue exclusion assay was employed to detect the cytotoxicity induced by controlled steady-state concentrations (given in  $\mu\text{M} \cdot \text{min}$ ) of NO<sup>•</sup>. The characteristics of the cellular cell cycle and apoptosis in NO<sup>•</sup>-treated A375 cells were also analyzed by Annexin V/PI and DNA fragmentation assays. Western blotting was applied to detect the expression of apoptosis-related proteins (p53, Bax, Fas, DR5, caspase-3 and -9, and PARP). When exposed to preformed 100% NO<sup>•</sup> for 8 h reactor system, a cumulative dose of 3360  $\mu\text{M} \cdot \text{min}$  reduced the viability by 22% 24 h after treatment and promoted apoptosis, 2.9- and 12.2-folds 24 and 48 h after treatment higher than the argon control, respectively. Cell cycle analysis 48 h after treatment revealed S-phase arrest in cells treated with 3360  $\mu\text{M} \cdot \text{min}$  NO<sup>•</sup>. It was also observed that the expression of p53, DR5, caspase 9 and PARP increased significantly upon NO<sup>•</sup> treatment. In addition, the present study assessed the inhibitory effects of endogenous NO<sup>•</sup> on the proliferation of human melanoma cells by employing specific (AMG, 1400W and/or SMTC) and nonspecific (NMA) NO<sup>•</sup> synthase (NOS) inhibitors resulting in melanoma cell growth inhibition; the highest cytotoxic effect was seen when inducible NOS inhibition by 1 mM 1400W treatment. Collectively, the present data suggest that NO<sup>•</sup> is involved in a key mechanism limiting melanoma proliferation and apoptosis, which may play in improving the efficacy of melanoma treatment.

**Keywords:** Apoptosis, Cell proliferation, Human melanoma cells, Nitric oxide

## INTRODUCTION

Human melanoma is a fatal type of skin cancer and causes most skin cancer deaths. Only 20-30% of melanoma patients with visceral metastasis live beyond 5 years, and early detection with excision surgery is the sole reliable treatment of melanoma (Dind *et al.*, 2021; Melo *et al.*, 2021; Baldelli *et al.*, 2020). Inflammation is important for maintaining homeostasis and monitoring stress signals that arise with tissue malfunction (Medzhitov, 2008). Chronic inflammation has been recognized as a driving force for epidermal cell transformation and malignant progression. Increased risk for the development of certain cancers is associated with inflammatory processes. Human melanoma is a type of

tumor strongly related to inflammatory processes due to the high levels of secreted cytokines and the production of reactive oxygen species (ROS) and reactive nitrogen species (RNS). Chronic inflammatory molecules drive skin cancer development by signaling to both tumor cells and immune cells (Tang and Wang, 2016). Many clinical studies support a possible link between chronic inflammation and cancer. Tumours can develop at chronically inflamed tissues, triggered by various factors (Kim *et al.*, 2021).

Nitric oxide (NO<sup>•</sup>) is a major mediator of inflammation derived from endogenous or exogenous sources (Li and Wogan, 2005). An excessive production of NO<sup>•</sup> was related to inflammation, which can lead to increased mutations and altered enzyme and protein

function important to the multistage carcinogenesis process, while Low levels of endogenous or exogenous NO<sup>•</sup> enhance the progression of cancer *in vitro* and *in vivo* (Li and Wogan, 2005; Miranda *et al.*, 2021). Therefore, this is complicated because it would appear to have both tumor promoting and inhibiting effects which are probably dependent on the local concentration of the molecule.

NO<sup>•</sup> is present in various types of skin cells, including keratinocytes, melanocytes, Langerhans cells, fibroblasts and endothelial cells. Previously unknown roles for nitric oxide in dermatology continue to be uncovered. NO<sup>•</sup> may also be pivotal during skin cancer therapy by way of mediating treatment resistance to cisplatin treatment in melanoma cells *in vitro* (Chen *et al.*, 2021; Drača *et al.*, 2021; Mazurek and Rola, 2021). Strong clinical and experimental evidence shows a correlation between the production of NO<sup>•</sup> by tumor cells and reduced survival of patients with advanced melanoma (Dind *et al.*, 2021; Li *et al.*, 2022, Obrador *et al.*, 2021) as well as poor response to chemotherapy and radiation therapy (Skudalski *et al.*, 2022; Hanly *et al.*, 2022). However, the molecular mechanisms through which NO<sup>•</sup> induces apoptosis in human melanoma cells or protects tumors have not been fully defined.

The purpose of the present study was to extend the above findings to determine how NO<sup>•</sup> dose administered continuously over substantial periods affects human melanoma cell growth and apoptotic cell death. The systems used to introduce NO<sup>•</sup> in these experiments were designed to approximate conditions of exposure physiologically relevant to chronic inflammation states.

## MATERIALS AND METHODS

### Cell cultures and chemicals

The human melanoma A375 cell line was selected in this study because existing evidence suggests the possible involvement of NO<sup>•</sup> in the etiology of melanoma (Ekmekcioglu *et al.*, 2006). A375 cells were maintained in culture media composed of DMEM with 10% FBS, 2 mM L-glutamine, 100 U/mL penicillin, 100 µg/mL streptomycin. This cell line was maintained at 37 °C in humidified 5% CO<sub>2</sub> atmosphere. Reagents were purchased from the following sources: cell culture materials, Lonza (Walkersville, MD); 1400W dihydrochloride, S-Methyl-L-thiocitrulline (SMTc), aminoguanidine (AMG) and GenElute™ mammalian genomic DNA miniprep kit, Sigma (St. Louis, MO); N<sup>G</sup>-Monomethyl-L-arginine, Monoacetate Salt (NMA), CalBiochem (Salt Lake City, UT); NO<sup>•</sup> assay kit, R&D Systems (Minneapolis, MN); Apoptosis detection kit, Clontech Laboratories (Palo Alto, CA); ECL™ western blotting detection reagents, GE Healthcare Bio-Sciences (Piscataway, NJ); RIPA lysis buffer and secondary goat

anti-rabbit or anti-mouse IgG conjugated to horseradish peroxidase, Santa Cruz Biotechnology (Santa Cruz, CA); anti-Bax and anti-caspase 3 antibodies, Cell Signaling Technology (Beverly, MA); anti-Fas and anti-DR5 antibodies, StressGen Biotechnologies Corp (Victoria, BC, Canada); anti-caspase 9 and PARP antibodies, BD PharMingen (San Diego, CA); and anti-p53 and anti-actin antibodies, Oncogene (Cambridge, MA). Other reagents were obtained as follows: gases from Air Gas (Edison, NJ); Silastic™ tubing (0.058 in. i.d., 0.077 in. o.d.) from Dow Corning (Midland, MI).

### NO<sup>•</sup> exposure

One day prior to treatment, A375 cells cultured at a density of 70-80% confluence were plated in 60 mm tissue culture plates to allow the cells to adhere, after which they were exposed to NO<sup>•</sup> by diffusion through permeable Silastic™ tubing utilizing specially designed reactors, with which NO<sup>•</sup> dose and dose-rate can be tightly controlled at steady-state concentrations described elsewhere (Kim and Kim, 2016; Kim, 2017; Kim *et al.*, 2012; Tripathi *et al.*, 2013). In this experiment, 100% NO<sup>•</sup> was used at a steady-state concentration of 11 µM. The total NO<sup>•</sup> dose delivered into the medium was controlled by varying the exposure time and expressed in units of µM • min: 630 µM • min (90 min); 1260 µM • min (180 min); 2520 µM • min (360 min); and 3360 µM • min (480 min). Cells exposed to argon gas under the same conditions served as negative controls.

### Determination of cell viability and NO<sup>•</sup> levels

Cell viability 24 h after treatment was determined by trypan blue exclusion. Total NO<sup>•</sup> [nitrate (NO<sub>3</sub><sup>-</sup>) plus NO<sub>2</sub><sup>-</sup>] and NO<sub>2</sub><sup>-</sup> production were measured with a NO<sup>•</sup> assay kit (R&D Systems) according to manufacturer's instructions.

### Detection of apoptosis

For determination of the rate of apoptosis, cells were cultured as described above and exposed to 3360 µM • min NO<sup>•</sup>, followed by 24, 48 and 72 h incubation in a humidified incubator with 5% CO<sub>2</sub>. Cells were harvested by trypsinization centrifugation and measured by a Becton Dickinson FACScan (excitation at 488 nm) equipped with CellQuest software following annexin V-FITC and propidium iodide staining modification of a previously described protocol (Kim *et al.*, 2009).

### DNA fragmentation

A375 cells were treated as above in the NO<sup>•</sup> delivery system. For analysis of DNA fragmentation by agarose gel electrophoresis, total DNA was isolated at times 6, 12, 24 and 48 h posttreatment, using a GenElute™ mammalian genomic DNA miniprep kit as described (Kim *et al.*, 2009). DNA fragments were separated on a 1.8% (w/v) agarose gel (50 V for 2 h) and photographic

documentation was performed after staining with 0.5 ng/mL ethidium bromide.

### Immunoblotting

Cells were collected from time points 12, 24 and 45 h after treatment and were lysed and the lysates were prepared using RIPA buffer with a protease inhibitor cocktail. The protein content was measured by the Bradford assay and 60 µg of total protein were separated by SDS-PAGE and transferred to polyvinylidene difluoride (PVDF) membranes (Bio-Rad). Membranes were blocked for 1-3 h in 5% w/v dried nonfat milk in TBS with 0.1% Tween-20 and incubated with primary antibodies in the blocking buffer overnight at 4 °C: anti-p53 (diluted 1:1000), anti-Bax (diluted 1:1000), anti-DR5 (diluted 1:1000), anti-Fas(CD95) (diluted 1:2000), anti-caspase 9 (diluted 1:1000), anti-caspase 3 (diluted 1:1000), anti-PARP (diluted 1:1000), and anti-actin (diluted 1:8000). The secondary reaction was performed using HRP-conjugated anti-mouse or anti-goat IgG diluted 1:8000 in the blocking buffer. As directed by the manufacturer, the immunoblots were detected using ECL. Finally, protein blots were visualized by chemiluminescence using the ChemiDoc imaging system (Bio-Rad).

### Statistical analysis

Results were expressed as mean  $\pm$  standard deviation (SD) of triplicate values. They were analyzed with SPSS version 12.0 (SPSS Inc. Chicago, IL, USA) using two-tailed Student's *t*-test. Significant difference was considered at  $p < 0.05$  and  $p < 0.01$ .

## RESULTS AND DISCUSSION

### Effect of NO<sup>•</sup> on cell viability

The role of NO<sup>•</sup> in tumor progression remains unclear. NO<sup>•</sup> has been demonstrated to promote apoptosis of cancer cells (Skudalski *et al.*, 2022; Shi *et al.*, 2022). Whereas NO<sup>•</sup> has been demonstrated to inhibit apoptosis in a number of cell types (Özenvera and Efferth, 2020; D'Este1 *et al.*, 2020). Here the present study hypothesized that NO<sup>•</sup> might participate in regulating melanoma survival and apoptotic death. Importantly, in

this present study, continuous NO<sup>•</sup> and O<sub>2</sub> were transferred into culture media in a stirred chamber by diffusion through gas-permeable tubing, the rates of replenishment balancing the respective rates of consumption. A model to calculate NO<sup>•</sup> and O<sub>2</sub> concentrations as a function of tubing lengths and delivery-gas composition have been described and reported previously (Kim *et al.*, 2012). This system has been used to quantify NO<sup>•</sup>-induced cytotoxicity and mutagenesis.

A375 cells were exposed to increasing NO<sup>•</sup> cumulative doses from 0 to 3360 µM • min. This dose escalation was achieved by exposing cells in a reactor to a steady-state concentration of 11 µM NO<sup>•</sup> for increasing lengths of time from 0 to 280 min. Twenty-four hours postexposure, cells showed decreased cell viability, compared with argon controls, ranging from 12% to 78% after exposure to cumulative doses of NO<sup>•</sup> from 1260 µM • min (180 min) to 3360 µM • min (480 min), respectively (Fig. 1). Control cells with argon treatment had no effect on cell viability.

### Cell cycle distribution

By FACS analysis of cell DNA content, there was an accumulation of subploid cells, sub-G1 peak (apoptotic cells), in A375 cells after treatment with NO<sup>•</sup> (0 to 3360 µM • min) following twenty-four hours of exposure when compared with Ar-treated control group (Table 1). Exposure of NO<sup>•</sup> resulted in a progressive and sustained accumulation of cells in the S phase, while those in the G1 and G2/M phases decreased after treatment with NO<sup>•</sup> (Table 1). Treatment with argon, the carrier for NO<sup>•</sup>, did not affect cell survival, apoptosis, or cell cycle.

### Apoptosis of A375 cells identified by flow cytometric analysis and internucleosomal DNA fragmentation

Further, annexin V staining showed that 3360 µM • min NO<sup>•</sup> led to increased apoptosis in A375 cells (Fig. 2). Apoptosis was sharply increased 24 and 48 h after treatment; approximately 37 and 68% of cells were apoptotic 24 and 48 h after treatment with NO<sup>•</sup> (3- and 5.5-fold over Ar control level), respectively. All increases were statistically significant ( $p < 0.01$ ) (Fig. 2A). One of the biochemical features of apoptosis is the frag-

**Table 1.** Effect of steady-state NO<sup>•</sup> on cell cycle distribution in A375 cells

Total NO <sup>•</sup> dose (µM • min)	Apoptotic cells (%)		Non-apoptotic cells (%)	
	(sub-G1)	S	G2/M	
Ar	1.6 $\pm$ 0.71	12.9 $\pm$ 0.39	59.6 $\pm$ 2.19	
1260	9.4 $\pm$ 2.71**	13.9 $\pm$ 2.41	55.6 $\pm$ 4.35	
2520	12.2 $\pm$ 3.02**	12.9 $\pm$ 3.76	49.2 $\pm$ 3.65	
3360	24.3 $\pm$ 3.12**	21.7 $\pm$ 0.89**	41.4 $\pm$ 1.03	

Cellular distribution (as percentage) in different phases of the cell cycle (sub-G1, G0/G1, S and G2/M) 48 h after treatment with cumulative total dose of NO<sup>•</sup> is represented. Results are presented as mean  $\pm$  SD of three assays. \* $p < 0.05$  and \*\* $p < 0.01$  compared to Ar control by Student *t*-test.

**Table 2.** Cell viability, total NO<sup>+</sup> and NO<sub>2</sub><sup>-</sup> concentration by NOS inhibitors in A375 cells

Treatment	Viability (% control)	NO <sub>3</sub> <sup>-</sup> + NO <sub>2</sub> <sup>-</sup> (μM)	NO <sub>2</sub> <sup>-</sup> (μM)
Untreated	100	21.4 ± 3.58	8.8 ± 1.24
2 mM NMA	103.2 ± 5.67	20.7 ± 1.63	8.1 ± 0.48
4 mM AMG	117.1 ± 9.70	19.0 ± 4.19	8.6 ± 2.71
1 mM 1400W	12.5 ± 1.44**	10.9 ± 0.13*	5.7 ± 0.61*
1 mM SMTC	77.5 ± 7.60*	13.1 ± 3.01*	7.9 ± 1.25
1 mM 1400W + 1 mM SMTC	23.9 ± 5.25**	11.3 ± 1.50*	6.4 ± 0.82

A375 cells were treated with NOS inhibitors for 48 h. Results are presented as mean ± SD of three assays. \**p* < 0.05 and \*\**p* < 0.01 compared to untreated control by Student *t*-test.

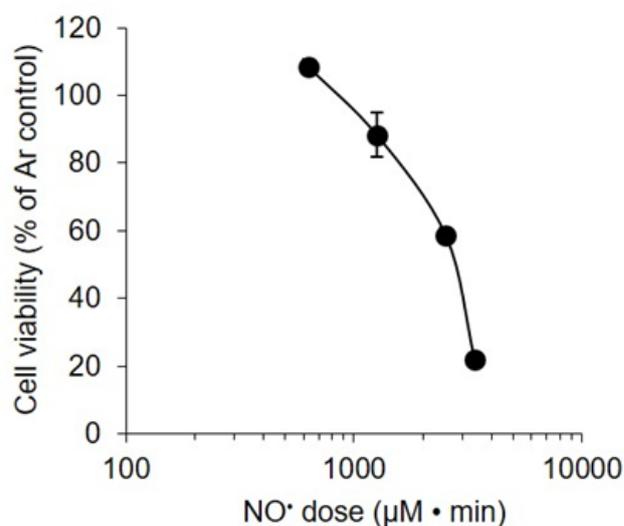
mentation of the genomic DNA. Therefore, we isolated the genomic DNA after treating the cells with 3360 μM • min NO<sup>+</sup> for 6-48 h postexposure. NO<sup>+</sup> induced a DNA ladder formation, which confirmed death by apoptosis of the melanoma treated (Fig. 2B).

#### Expression of apoptotic pathway-regulating proteins

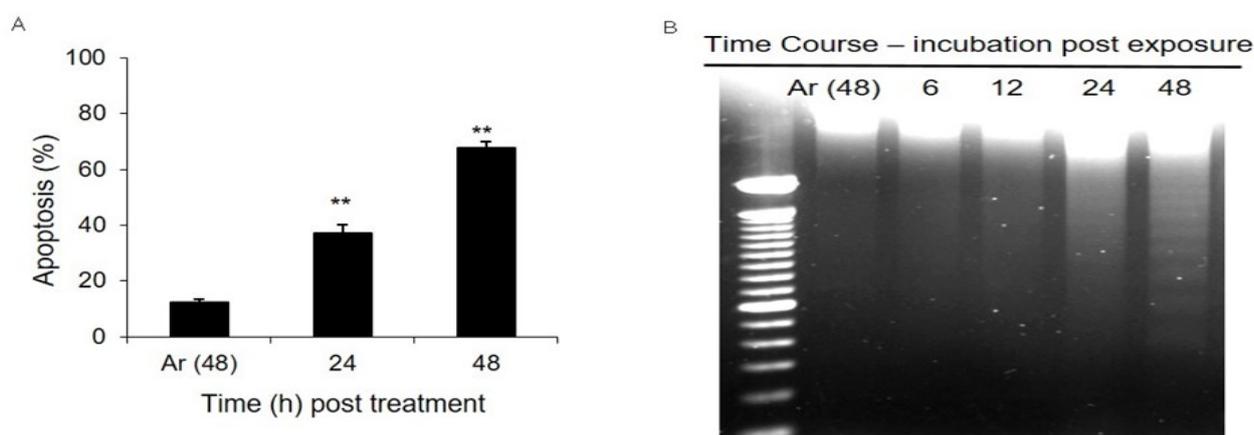
As a next step, we investigated the mechanisms underlying NO<sup>+</sup> induced cell death, focusing on apoptosis regulating proteins. For this purpose, the levels of p53, Bax, Fas, DR5, caspase 9, caspase 3 and PARP protein expression were analyzed by western blotting. Substantial increases in cellular p53, DR5, caspase 9 and PARP levels were observed 12-48 h after exposure, whereas levels of the Bax, Fas proteins were unaffected (Fig. 3). Caspase 3 protein levels were decreased 12 and 24 h after treatment, returning to control levels by 48 h (Fig. 3).

#### Effect of NOS inhibitors on cell proliferation

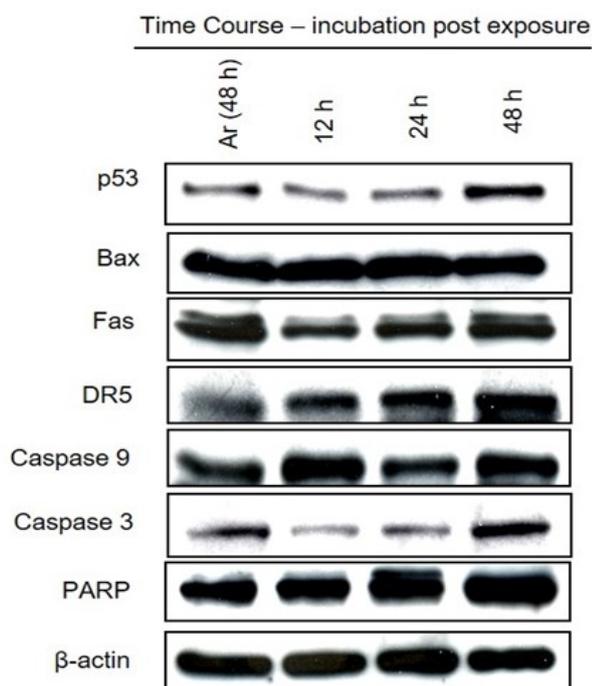
If NO<sup>+</sup> acts as a proliferative factor in growing A375 cells, the inhibition of NO<sup>+</sup> synthase (NOS) should de-



**Fig. 1.** Dose-response of loss of viability following exposure of A375 cells to cumulative dose (630-3360 μM • min) of NO<sup>+</sup>. Survival was determined by a trypan blue assay 24 h after NO<sup>+</sup> treatment. Cells treated with Argon acted as negative controls. The data are represented as mean ± SD.



**Fig. 2.** Induction of apoptosis by NO<sup>+</sup>. (A) Apoptosis was determined by annexin V versus PI staining and (B) apoptotic DNA fragmentation was detected using agarose gel electrophoresis in A375 cells treated with 3360 μM • min NO<sup>+</sup> at 6, 12 and/or 24 and 48 h postexposure. Data shown are the mean of three independent experiments ± SD. \**p* < 0.05 and \*\**p* < 0.01 compared to Ar control by Student *t*-test.



**Fig. 3.** Representative Western blot showing changes on the levels of p53, Bax, Fas, DR5, caspase 9, caspase 3 and PARP. A375 cells were treated with 3360  $\mu\text{M} \cdot \text{min}$   $\text{NO}^\bullet$  at 12, 24 and 48 h postexposure. Data shown are the mean of three independent experiments  $\pm$  SD.

crease cell proliferation. To assess impacts of endogenous  $\text{NO}^\bullet$  on the physiology of melanoma cells, growth was evaluated in cells cultured in presence of the selective iNOS inhibitor 1400 W, which resulted in marked decrease in viability (1 mM, 12.5%) in A375 cells (Table 2). A strong correlation has been shown between the prevalence of tumor cells expressing iNOS and shortened survival of patients with advanced melanoma (Liu *et al.*, 2022; Gonçalves *et al.*, 2019; Özenvera and Efferth, 2020; Monteiro *et al.*, 2020). Constitutive expression of iNOS has been detected in most metastatic melanomas and melanoma cell lines (Liu *et al.*, 2022; Gonçalves *et al.*, 2019; Özenvera and Efferth, 2020; Monteiro *et al.*, 2020), and it has been suggested that  $\text{NO}^\bullet$  contributes to tumor survival (Gonçalves *et al.*, 2019; Obrador *et al.*, 2021). Similar results were seen in A375 cells for nNOS inhibitor SMTC (1 mM, 77.5%), and the combination with 1400 W was more effective than SMTC alone (Table 2). Under the same experimental conditions, an iNOS inhibitor AMG (4 mM) and a nonselective NOS inhibitor NMA (2 mM) did not alter cell proliferation when compared with the untreated control (Table 2). We subsequently investigated total  $\text{NO}^\bullet$  and nitrite production in culture media following treatment with NOS inhibitors for 48 h. Significant levels of total  $\text{NO}^\bullet$  and nitrite were detected in the culture medium of A375 cells treated with NOS inhibitors (Table 2). Cells treated with 1 mM 1400W and/or 1 mM

SMTC showed 1.5- to 2-fold decreases in total  $\text{NO}^\bullet$  and nitrite levels compared with untreated controls ( $p < 0.05$ ). These data suggest that the depletion of endogenous  $\text{NO}^\bullet$  is a prerequisite for melanoma cell growth inhibition.

## Conclusion

Advances in the present understanding of melanoma would facilitate the development approval of various novel cancer therapies with  $\text{NO}^\bullet$ . The present study showed that  $\text{NO}^\bullet$  induced cell cycle arrest and apoptosis, and the depletion of endogenous  $\text{NO}^\bullet$  inhibited the growth of A375 cells. Therefore, the regulation of  $\text{NO}^\bullet$  expression may be of extreme importance in melanoma resistance to therapy. In these experiments, the systems used to introduce  $\text{NO}^\bullet$  in these experiments were designed to approximate exposure conditions physiologically relevant to chronic inflammation states. Further studies are required to elucidate precise mechanisms underlying these effects and their potential relevance to  $\text{NO}^\bullet$  induced apoptosis *in vivo*.

## ACKNOWLEDGEMENTS

This research was supported by Basic Science Research Program (2020R1F1A1048429 and 2017R1D1A1B03028849) through the National Research Foundation of Korea (NRF) funded by the Ministry of Education, Science and Technology, Republic of Korea.

## Conflict of interest

The authors declare that they have no conflict of interest.

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