

MECHANISMS MEDIATING THE ANTIPROLIFERATIVE AND APOPTOTIC EFFECTS OF VITAMIN E IN MAMMARY CANCER CELLS

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1. ABSTRACT

Tocopherols and tocotrienol represent the two subgroups within the vitamin E family of compounds, but only tocotrienols display potent anticancer activity at doses that have little or no effect on normal cell growth or function. Tocotrienols are potent antioxidants, but antitumor activity is independent of antioxidant activity. The exact reason why tocotrienols are more potent than tocopherols is not completely understood, but at least part of the reason is because of greater cellular accumulation. Furthermore, dose-response studies show that growth inhibitory doses of tocotrienols are 5-6 times lower than their corresponding lethal doses, suggesting that the antiproliferative and cytotoxic effects of tocotrienols are mediated through different mechanisms. Recent studies showed that tocotrienol-induced programmed cell death (apoptosis) results from the activation of specific intracellular cysteine proteases (caspases) associated with death receptor activation and signal transduction. Furthermore, combined treatment with specific caspase inhibitors blocked the cytotoxic effects of tocotrienols in malignant mammary epithelial cells. In contrast, tocotrienol inhibition of cell proliferation appears to involve the suppression of multiple hormone- and growth factor-receptor mitogenic signaling pathways. Although additional studies are required to clarify the intracellular mechanisms mediating the anticancer effects of tocotrienols, experimental evidence strongly suggests that dietary supplementation of tocotrienols may provide significant health benefits in lowering the risk of breast cancer in women.

2. INTRODUCTION

Breast cancer is the most prevalent malignancy in women in the world (1). Although major advances have been made in early detection and treatment, breast cancer mortality is similar today as it was fifty years ago (1). More alarming is the fact that the incidence of breast cancer has increased steadily over the past 50 years (1). While specific genes such as BRCA1 and BRCA2 have been identified which predisposes women to breast cancer, these genes are estimated to be directly responsible for only 10-15% of all breast cancers (2). The cause for the remaining 85-90% breast cancers in women is unknown. Therefore, it is evident that advances in the area of breast cancer prevention would be of great benefit in significantly reducing breast cancer risk and mortality. Breast carcinogenesis is a multistage process that is initiated by a single genomic mutation, and subsequent mutations leads to a progression in malignant phenotypic characteristics, including increased anaplastic histological morphology, resistance to anticancer or endocrine therapy, and enhanced invasive and metastatic potential (3-12). Experimental evidence suggests that the dietary supplementation with specific forms of vitamin E can provide significant protection at multiple stages of mammary carcinogenesis (13-18). Since cellular transformation and tumor progression usually occurs prior to tumor detection, understanding the mechanisms mediating the anticancer effects of specific vitamin E compounds would provide essential information necessary for evaluating the potential therapeutic value that may result from dietary supplementation of these compound in reducing breast cancer incidence and mortality.

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Table 1. Vitamin E Levels (mg/L) in Common Dietary Oils

Dietary Oil	Alpha-tocopherol	Alpha-tocotrienol	Gamma-tocotrienol	Delta-tocotrienol	Total Tocotrienol
Palm	152	205	439	94	738
Rice Bran	324	236	349	---	586
Wheat Germ	133	26	---	---	26
Coconut	5	5	1	19	25
Palm Kernel	12	21	---	---	21
Coco Butter	11	2	---	---	2
Corn	112	---	---	---	0
Cottonseed	389	---	---	---	0
Peanut	130	---	---	---	0
Olive	51	---	---	---	0
Safflower	387	---	---	---	0
Soybean	101	---	---	---	0
Sunflower	487	---	---	---	0

Selected information obtained from references (18) and (19).

Dietary intake of vitamin E comes primarily from the consumption of vegetable oils and fats. All vitamin E compounds are potent natural antioxidants that act to prevent the spoilage, maintain flavor and enhance the nutritional value of dietary fat. However, natural antioxidants also provide significant health benefits by preventing the damaging affects of peroxidation reactions and free radical production within the body (19-21). Uncontrolled production of free radicals is associated with damage to cell structures, reduced cellular function, and implicated as a cause of various diseases, such as arteriosclerosis and cancer (19-21). Palm oil is unique compared to other dietary fats in that palm oil contains the highest known concentrations of natural antioxidants, particularly vitamin E (17, 18, 22, 23). Although vitamin E contributes to the maintenance of good health and disease prevention, palm vitamin E is unique as it contains 70-80% tocotrienols (Table 1), a rare form of vitamin E that displays potent anticancer activity. The present review will attempt to summarize the present literature and clarify the intracellular signaling mechanisms involved in mediating the anticancer effects of tocotrienols.

3. VITAMIN E COMPOUNDS

Vitamin E is a generic term that refers to family of compounds that are further divided into two subgroups called tocopherols and tocotrienols. Tocopherols and tocotrienols have the same basic chemical structure characterized by a long phytol chain attached at the 1-position of a chromane ring structure (figure 1). However, tocopherols have a saturated, while tocotrienols have an unsaturated phytol chain (figure 1). Each subgroup of vitamin E contains several isoforms and individual tocopherols and tocotrienols isoforms differ from each other based on the number of methyl groups bound to their chromane ring. Although very similar in their chemical structure, numerous investigations have clearly demonstrated that individual tocotrienol isoforms display significantly greater anticancer activity than their corresponding tocopherol isoforms (24). These findings are particularly interesting because they are observed using treatment doses that have little or no effect on cell growth or viability (25). Furthermore, dose-response studies also showed that treatment doses that inhibited cell proliferation after 5 days in culture by 50% (IC₅₀) for individual

tocotrienol isoforms were 5-6 times lower than their corresponding cytotoxic doses that induced 50% cell death (LD₅₀) after a 24 hr treatment exposure period (24, 25). These data strongly suggested that the antiproliferative and apoptotic effects of tocotrienols are mediated through different mechanisms. These and other studies investigating the intracellular mechanisms responsible for mediating antiproliferative and cytotoxic effects of tocotrienols have provided strong experimental evidence to suggest that dietary supplementation of tocotrienols may provide significant health benefits in preventing or reducing the risk of breast cancer in women.

4. TOCOTRIENOLS AS ANTICANCER AGENTS

Initially, the anticancer effects of tocotrienols were discovered in studies investigating the effects of high dietary fat intake on mammary tumorigenesis in laboratory animals. Studies clearly demonstrated that consumption of high fat diets significantly stimulates carcinogen-induced mammary tumor development and growth in rats (7, 16). Subsequent studies tried to determine if this phenomenon was due simply to some nonspecific metabolic effect resulting from the consumption high levels of fat calories or specifically associated with the type of fat consumed (16). In general, these studies showed that consumption of high fat diets stimulated murine mammary tumorigenesis regardless whether the diets were formulated with animal or vegetable fats, or composed of varying amounts of saturated versus unsaturated fats (16). A notable exception to this finding was the observation that high dietary intake of palm oil, in contrast to other high fat diets formulated from other types of vegetable oils, suppressed carcinogen-induced mammary tumorigenesis in experimental animals (16). Table 1 shows that palm oil differs from other dietary lipids in that it naturally contains very high levels of a rare form of vitamin E called tocotrienol (17, 18, 22, 23). In addition, studies also showed that consumption of high palm oil diets stripped of tocotrienols, no longer provided a protective effect against mammary tumorigenesis in these animal (26). These data were the first experimental evidence of the anticancer activity of tocotrienols in laboratory animals and suggested that this particular form of vitamin E may have potential use as a chemotherapeutic agent in the prevention and/or treatment of breast cancer in women.

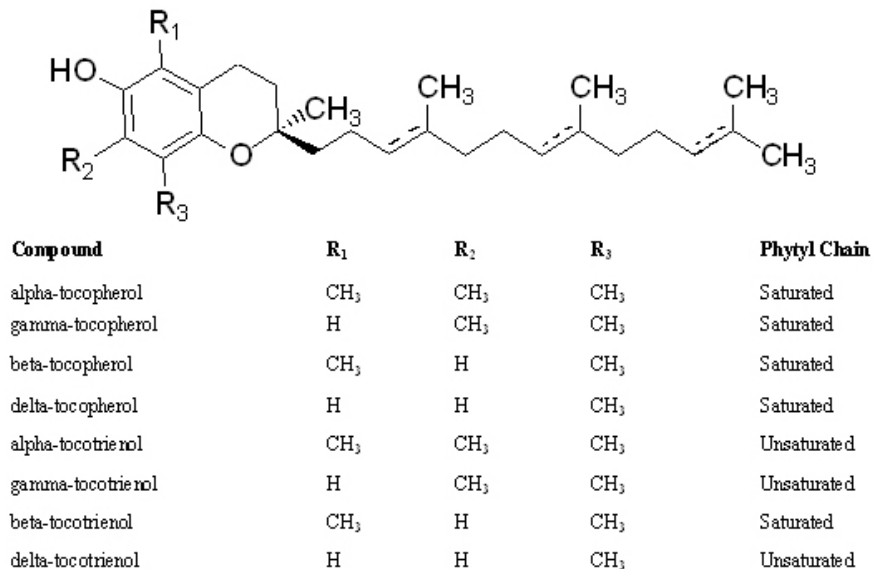


Figure 1. The basic chemical structure of vitamin E compounds. The only difference between tocopherols and tocotrienols, the two subgroups within the vitamin E family of compounds, is that tocopherols have a saturated, whereas tocotrienols have an unsaturated phytyl tail connected at the 1-position of a chromane ring structure. Different isoforms within each subgroup differ from each other based on the degree of chromane ring methylation.

5. ANTIOXIDANT POTENCY OF TOCOTRIENOLS

Tocopherols and tocotrienols contain a phenolic hydroxyl group located on the number 6 carbon of the chromane ring, which functions as the reactive site that is responsible for mediating the antioxidant activity of these compounds. Although tocopherols and tocotrienols are both potent antioxidants that inhibit peroxidation reactions and controls free-radical production within the body (19), direct comparisons between specific tocopherol and tocotrienol isoforms have shown large differences in antioxidant activity. Studies showed that alpha-tocotrienol displayed between 40-60 times greater potency in preventing lipid peroxidation in rat liver microsomal membranes and 6-7 times greater activity in preventing cytochrome P-450 oxidative damage as compared to alpha-tocopherol (27-29). The significantly greater antioxidant potency of tocotrienols versus tocopherols results from several factors. First, tocotrienols display a much greater recycling efficiency than tocopherols (27-29). Furthermore, tocotrienols display a uniform distribution within the microsomal membrane lipid bilayer and a more efficient interaction with lipid free radicals, as compared to tocopherols (27-29). Nevertheless, although tocotrienols display significantly more potent antioxidants than tocopherols, the majority of the anticancer effects induced by tocotrienols are not associated with antioxidant activity or potency (13, 20, 21, 26, 30, 31).

6. DIFFERENTIAL TARGET TISSUE UPTAKE OF TOCOPHEROLS AND TOCOTRIENOLS

Individual tocopherols and tocotrienol isomers display great differences in absorption transport in the blood and lymph, and tissue accumulation (32-34). In most

tissues, alpha-tocopherol is found in the highest concentrations due to the presence of a specific binding protein that binds and retains the alpha-isomer in the cell (32-34). Different cell types characteristically contain different levels of alpha-tocopherol binding protein (33, 34). In contrast, no such isoform specific binding protein has been shown to exist for tocotrienols and cellular accumulation of tocotrienols appears to be mediated by nonspecific mechanisms. It is important to note that in order for dietary lipids and fat-soluble vitamins to be absorbed from the gastrointestinal tract, they must first be emulsified by bile and packaged into micelles for transport into the circulation (35-37). Furthermore, bile excretions is stimulated by the amount and type of fat consumed in the diet. Studies have shown that tocotrienol absorption is significantly reduced if taken by fasted individuals as compared to individuals who ingest tocotrienols during or immediately after a full meal (38, 39).

Similarly, all vitamin E compounds are extremely lipophilic and must be transported in the blood by lipoproteins (35-37). Differences in the levels and types of specific apolipoproteins located on the surface of specific lipoproteins significantly influences carrier protein interaction with target tissues and activation of target tissue cell membrane receptors and enzymes (35-37). Tocopherols and tocotrienols are transported in the blood by different classes of lipoproteins that display different target tissue specificity (35-37). Tocopherols are primarily carried in cholesterol-rich low-density (LDL) and high-density (HDL) lipoproteins, whereas tocotrienols are mainly transported in triglyceride-rich chylomicrons (35-37). Target tissue sites for LDL lipoproteins include the liver, kidney, and spleen among others, while chylomicrons primarily transport triglycerides to the adipose tissue.

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Since tocotrienols accumulate in adipose tissue such as the mammary gland fat pad, it is possible that high levels of tocotrienols within the microenvironment of the mammary gland may act to inhibit neoplastic mammary epithelial cells growth and survival. However, it is also well established that tocopherol and tocotrienol plasma and tissue concentrations is limited by the specificity and saturability of specific transfer proteins and transport mechanisms within the body that show significant preference for alpha-tocopherol (32, 38). Consumption of large amounts of alpha-tocopherol in combination with tocotrienols has been shown to competitively inhibit tocotrienol absorption from the diet (32, 38).

7. RELATIVE ANTICANCER POTENCY OF INDIVIDUAL TOCOPHEROLS AND TOCOTRIENOLS

The anticancer effects of tocotrienols are well established *in vitro* using the tocotrienol-rich-fraction (TRF) of palm oils (24, 40-43). TRF is obtained from the extraction of all forms of vitamin E from palm oil. The composition of TRF is approximately 20.2% alpha-tocopherol, 16.8% alpha-tocotrienol, 44.9% gamma-tocotrienol, 14.8% delta-tocotrienol, and 3.2% of a non-vitamin E lipid soluble contaminant (24, 40-43). Initial studies showed that supplementation of culture media with 0-120 microM TRF significantly inhibited mammary tumor cell proliferation and induced cell death in a dose-responsive manner (24). Since TRF contains a mixture of alpha-tocopherol and alpha-, gamma-, and delta-tocotrienol, it was unclear if the anticancer effects of TRF were mediated one or all of these vitamin E isoforms. Direct comparisons between individual tocopherol and tocotrienol isoforms showed that tocotrienols were significantly more potent than tocopherols (24, 25). Furthermore, the relative antiproliferative and apoptotic biopotency of specific isoforms displays a consistent relationship corresponding to delta-tocotrienol \geq gamma-tocotrienol $>$ alpha-tocotrienol $>$ delta-tocopherol \gg gamma- and delta-tocopherol (24, 25, 40). Furthermore, cells with the greatest degree of malignancy also displayed the greatest sensitivity to the antiproliferative and apoptotic actions of tocotrienols, as compared to normal mammary epithelial cells (24, 25). One reason explaining the greater biopotency of tocotrienols is the finding that tocotrienols are more easily accumulated or taken up into normal and neoplastic mammary epithelial cells than tocopherols (24, 25). It is believed that the unsaturated phytyl chain produces a less planar molecular conformation that facilitates less restricted transmembrane passage of tocotrienols into the cell (24, 25). Since there is greater uptake, there are higher concentrations of tocotrienols at intracellular sites of action and are thereby able to induce a greater biological response. However, treatments that produce comparable intracellular levels of tocopherols did not elicit the same antiproliferative and apoptotic effects as tocotrienols (24, 25). These findings demonstrate that tocotrienols are inherently more potent than tocopherols in antiproliferative and apoptotic activity. Some studies have shown that treatment with very high doses of alpha-tocopherol in the millimolar range was also found to inhibit

cell growth and induce apoptosis in various cell types (18, 34). However, the physiological significance of these studies is not clearly evident.

8. TOCOTRIENOL EFFECTS ON EGF-RECEPTOR MITOGENIC SIGNALING

Initial studies demonstrated that moderate treatment doses of tocotrienols significantly inhibited EGF-dependent normal, preneoplastic, and neoplastic mammary epithelial cell proliferation in a dose-dependent manner *in vitro* (24, 25). The mitogenic actions of EGF are mediated through specific membrane-bound EGF-receptors that contain a cytoplasmic tyrosine kinase domain (44). EGF stimulation of the EGF-receptor activates receptor tyrosine kinase activity and induces EGF-receptor autophosphorylation (44). EGF-receptor autophosphorylation sites are required for substrate interaction and tyrosine phosphorylation (44). However, tocopherol and tocotrienol suppression of EGF-dependent mitogenesis was not found to be associated with a reduction in EGF-receptor levels or tyrosine kinase activity function in these cells (40, 41). These findings indicate that the antiproliferative effects of specific tocopherol and tocotrienol isoforms do not result from suppression in EGF-receptor mitogenic responsiveness. Instead, the antiproliferative effects of tocotrienol on EGF-dependent cell growth occur downstream from the EGF-receptor.

9. TOCOTRIENOL INHIBITION OF PROTEIN KINASE C ACTIVITY

It is well established that EGF stimulation of the EGF-receptor initiates multiple signal transduction pathways associated with cell proliferation, including PKC activation (45-47). Treatment with phorbol ester has been shown to enhance phospholipid-dependent PKC activation and potentiate EGF-dependent mammary epithelial cell growth, whereas treatment with PKC inhibitors induces the opposite results (45-47,b). PKC consist of a large family of structurally homologous serine/threonine kinases, which display a wide range of tissue and cellular distribution and have distinct sensitivities to lipid activation and regulation (47)). Previous studies have shown that PKC α is present in the highest concentrations in normal mammary epithelial cells and the relative levels of this PKC isoform increases throughout the period of log phase growth (47)). Studies showed that growth inhibitory doses of specific tocopherol and tocotrienol isoforms were found to have little or no effect on total intracellular levels of PKC α in normal mammary epithelial cells grown in primary culture (40). However, these same treatments were observed to inhibit EGF-induced PKC α translocation from the cytosolic to membrane fraction. In contrast, treatment with relatively high doses (250 microM) of alpha- or gamma-tocopherol had no effect on EGF-dependent mammary epithelial cell proliferation or PKC α translocation (40). Previous investigations in vascular smooth muscle cells have shown that alpha-tocopherol, but not beta-tocopherol, indirectly attenuates PKC α activation by stimulating protein phosphatases

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that act to dephosphorylate and diminish PKC α enzymatic activity (48, 49). These data suggest that tocotrienol-induced inhibition of EGF-dependent normal mammary cell proliferation is due, at least in part, to a reduction in PKC α activation and translocation from the cytosolic to membrane fraction.

10. TOCOTRIENOL INHIBITION OF G-PROTEIN MITOGENIC SIGNALING

It is well established that activation of the EGF-receptor can initiate multiple cAMP-dependent mitogenic signaling pathways. EGF activation of the G-protein coupled EGF-receptor stimulates adenylyl cyclase, thereby elevating intracellular cAMP levels (45, 50-52). Increased cAMP production will activate guanine nucleotide exchange factors (cAMP-GEFs), such as Rap-Ras proteins that then activate Raf proteins, and subsequently lead to the activation of the MAPK mitogenic signaling cascade (44, 52). The EGF-receptor stimulation of cAMP-GEFs and/or direct tyrosine phosphorylation of phosphoinositide 3-kinase (PI3K) can also lead to the activation PI3K-dependent kinase (PDK), which phosphorylates and activates Akt (52). Activation of Akt subsequently leads to the phosphorylation and regulation of various targets involved in mitogenic signaling and cell survival, including transcription factors such as forkhead and Daf 12 (52-54). Studies showed that treatment of preneoplastic mammary epithelial cells with growth inhibitory doses of tocotrienols resulted in a reduction in both MAPK and Akt activation (41). Furthermore, that combined treatment with pharmacological agents that either enhance G protein function (cholera and pertussis toxin) or increase intracellular cAMP levels (forskolin and 8-Br-cAMP) completely reversed the growth inhibitory effects of tocotrienols on preneoplastic mammary epithelial cells (41). These findings strongly suggest that tocotrienols indirectly attenuate EGF-dependent MAPK and PI3K/Akt mitogenic signaling by inhibiting early post-EGF-receptor upstream events involved in cAMP production in preneoplastic mammary epithelial cells *in vitro*.

11. TOCOTRIENOL INHIBITION OF PI3K/PDK/AKT MITOGENIC SIGNALING

Recent studies in highly malignant mammary epithelial cells also showed that the antiproliferative effects of gamma-tocotrienol are associated with a decrease in the phosphorylation and activation of PDK1 and Akt (55). These studies also showed that tocotrienol-induced reductions in PDK1 and Akt occurred independently of changes in PTEN or PP2A phosphatase activity. These studies also showed that tocotrienol treatment decreased NF κ B transcriptional activity. NF κ B proteins constitute an inducible family of transcription factors that have been implicated in the regulation of cell proliferation, cell survival, tumor development as well as malignant transformation (56-59). EGF-induced activation of the PI-3K/PDK-1/Akt mitogenic pathway has been shown to enhance NF κ B transcriptional activity (57, 58). NF κ B exists as a heterodimer composed of the p65 and p50 subunits, and it is the p65 subunit that contains the

transcriptional activation domain required for initiating gene transcription (56). The I κ B inhibitory proteins bind to NF κ B and suppress transcriptional activity by preventing its translocation for the cytoplasm to the nucleus (56). EGF-dependent activation of PI3K and Akt has been shown to stimulate the activation of I κ B kinase (IKK), an enzyme that phosphorylates I κ B, which promotes I κ B degradation and subsequently NF κ B activation (56, 58, 60). Experimental evidence suggests that the inhibitory effects of tocotrienol on NF κ B activation, appear to result from a reduction in IKK- α and enhanced I κ B binding and suppression of NF κ B transcriptional activity. Since Akt and NF κ B play a critical role in development and progression of mammary tumorigenesis, and overexpression of activated Akt and NF κ B is associated with the development of resistance to chemotherapy in a majority of breast cancer cases (56, 58-60), these findings suggest that tocotrienols may have potential value as a chemotherapeutic agent against multidrug resistant forms of breast cancer.

12. TOCOTRIENOL-INDUCED APOPTOSIS

Previous studies have shown that treatment with high doses of tocotrienols induced apoptosis in normal, preneoplastic and neoplastic mammary epithelial cells (24,25). Apoptosis is an important aspect of normal mammary gland growth and remodeling, as well as a mechanism for eliminating neoplastic cells from the breast (61). Apoptosis is characterized by distinct morphological and biochemical features, such as nuclear and cytoplasmic condensation, DNA fragmentation, dilation of the endoplasmic reticulum, alterations in the cell membrane composition, and formation of membrane-enclosed apoptotic bodies (62). Initiation of apoptosis involves the activation of cysteine-dependent aspartyl proteases known as caspases (63-66). Caspases are constitutively present in cells in an inactive precursor form that must then be cleaved and processed for activation (63-66). Initiator caspases (caspases-8, and -9) activate effector caspases (caspases-3, -6 and -7), which then cleave structural and regulatory proteins such as DNA fragmentation factor-45 (DF45), poly (ADP-ribose) polymerase (PARP), lamins, and cytokeratins, and ultimately result in the organized destruction of the cell (63-66).

There are at least two general mechanisms involved in initiating caspase activation. The first mechanism involves receptor-mediated caspase activation. Activation of "death receptors", such as Fas, tumor necrosis factor (TNF), or TNF-related apoptosis-inducing ligand (TRAIL) receptors by their specific ligands results in receptor trimerization, recruitment of adapter proteins such as Fas-associated death domain (FADD), and inactive initiator caspases (procaspase-2 or -8), to form what is called a death inducing signaling complex or DISC (67). The initiator caspase within the DISC is then activated and released. Activated initiator caspases then activate effector caspases, such as caspase-3, which then mediate the various cytoplasmic and nuclear events associated with apoptosis (67). However, Initiator caspase activation can also occur

in the absence of death receptor activation. Studies have shown that stimulation of the PI3K/PDK/Akt mitogenic signaling pathway results in the increased intracellular expression of FLICE-inhibitory protein (FLIP), a cytoplasmic protein that prevents procaspase-8 activation (68-70). Treatments that inhibit PI3K/PDK/Akt mitogenic signaling can cause a reduction in intracellular FLIP levels, and a corresponding increase in caspase-8 activation and apoptosis (68-70).

In contrast, mitochondrial stress-induced caspase activation can be initiated by numerous cellular signals that cause perturbations in mitochondria resulting in the loss of mitochondrial membrane potential and release of proapoptotic molecules such as apoptosis inducing factor (AIF) and cytochrome c from the intermembrane space into the cytoplasm (71, 72). Cytochrome c then interacts with apoptosis protease activation factor-1 (Apaf-1), dATP/ATP and procaspase-9 to form a complex (apoptosome) that induces the activation of initiator caspase-9, and finally leads to the activation of effector caspase-3 and apoptosis (71, 72). Cytochrome c release from the mitochondria is required for apoptosome formation and is tightly controlled by the Bcl-2 family of proteins that function to inhibit (Bcl-2, Bcl-x_L, Bcl-w, Mcl-1 and A1) or promote (Bax, Bak, Bok, Bik, Hrk, Bim, Bid and Bad) apoptosis through the regulation of cytochrome c release (72-76). It has also been shown that cross talk between the receptor-mediated and mitochondrial stress pathway can occur in some apoptotic models. Activation of caspase-8 or downstream effector caspases can also directly lead to the release of cytochrome c from the mitochondria and caspase-9 activation in some cells (72-76).

13. TOCOTRIENOL-INDUCED CASPASE ACTIVATION

Studies showed that tocotrienol-induced apoptosis in highly malignant mammary epithelial cells was mediated by specific intracellular signaling mechanisms that increased intracellular caspase-8 and caspase-3 levels and activity (43, 55). Furthermore, it was also shown that tocotrienol-induced apoptosis is blocked by combined treatment with specific caspase-8 or caspase-3 inhibitors (43). Results also showed that tocotrienol-induced programmed cell death occurs independently of caspase-9 activation in malignant +SA mammary epithelial cells (43). Treatment with cytotoxic doses of TRF or gamma-tocotrienol had no inhibitor did not block tocotrienol-induced apoptosis in these cells (43). Since caspase-9 activation is primarily associated with mitochondrial stress-mediated apoptosis (72-76), these findings suggested that tocotrienol-induced apoptosis in malignant mammary epithelial cells is independent of mitochondrial stress-mediated signaling mechanisms. Furthermore, since caspase-8 processing and activation is associated with "death receptor" mediated apoptotic signaling (68-70), experimental evidence strongly indicated that tocotrienol-induced apoptosis is mediated by receptor-induced caspase activation. However, the specific death receptor(s) and ligand(s) that mediate tocotrienol-induced caspase activation and apoptosis have not yet been determined in these studies (42, 43, 77).

14. TOCOTRIENOL EFFECTS ON DEATH RECEPTOR APOPTOTIC SIGNALING

It is well established that Fas ligand (FasL) activation of the death receptor, Fas, stimulates procaspase-8 activation to caspase-8 (67, 78), and Fas activation has been shown to play an important role in normal mammary gland remodeling and involution, as well as, the removal of neoplastic mammary epithelial cells during the early stages of tumorigenesis (61). In addition, treatment with the succinate derivative of RRR-alpha-tocopherol, RRR-alpha-tocopheryl succinate, has been shown to induce DNA synthesis arrest and apoptosis in breast cancer cells, and these effects are associated with Fas apoptotic signaling (79, 80). However, tocotrienol treatment was found to induce apoptosis in neoplastic mammary epithelial cells that contained nonfunctional death receptors, and tocotrienol-induced caspase-8 and -3 activation occurs independently of Fas activation and apoptotic signaling (55). Treatment with high doses of Fas activation antibody or FasL alone did not induce apoptosis in these cells and had not effect on intracellular Fas, FasL and FADD levels (55). Other studies have shown that RRR-alpha-tocopheryl succinate restores Fas sensitivity and apoptotic signaling in Fas insensitive human breast cancer cells (80). However, similar treatments with tocotrienols does not restore apoptotic signaling in Fas insensitive malignant mammary epithelial cells, as indicated by the absence of FasL and FADD translocation from the cytosolic to membrane fraction (55). Likewise, treatment with high doses of with other death receptor ligands, such as TNFalpha or TRAIL, was also not found to have any adverse effect on these neoplastic mammary epithelial cells viability, suggesting that tocotrienol-induced caspase activation in these cells occurs independently of TNF-R and TRAIL-R apoptotic signaling (55).

Resistance to death receptor induced apoptosis is associated with enhanced tumorigenesis, multi-drug resistance, and enhanced survival in a number of tumor cell types (80-82). Furthermore, resistance to apoptotic stimuli can be acquired through up-regulation and enhanced activity of various mitogen-dependent signaling pathways, particularly the PI3K/PDK/Akt mitogenic signaling pathway (68-70, 83-90). Studies have shown that stimulation of PI3K/PDK/Akt mitogenic pathway enhances the expression of the anti-apoptotic protein, FLIP, which inhibits procaspase-8 cleavage and activation (68-70, 85-90). Previous investigations have also shown that over expression of FLIP is associated with tumor cell resistance to death receptor activation and apoptotic signaling, and that the ratio between caspase-8 and FLIP levels is critical in determining tumor cell sensitivity to apoptotic stimuli (91-96). Additional studies showed that tocotrienol-induced apoptosis in neoplastic mammary epithelial cells containing nonfunctional death receptors was associated with a large and prolonged decrease in intracellular FLIP levels, and a corresponding increase in intracellular cleaved (active) caspase-8 levels (55). These studies also showed that tocotrienol-induced reductions in FLIP were also associated with a large decrease in phospho-PDK-1 (active form), phospho-Akt (active form), a reduction in Akt

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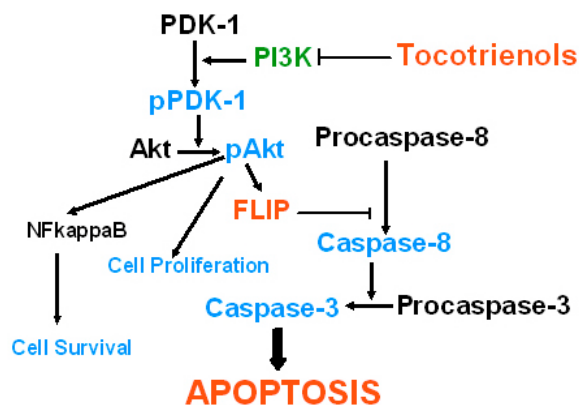


Figure 2. Intracellular target sites of action that appear to mediate the antiproliferative and apoptotic effects of tocotrienols. Tocotrienol-dependent caspase-8 activation and apoptosis in neoplastic mammary epithelial cells containing nonfunctional death receptors appears to result from tocotrienol-induced suppression of PI3K/PDK/Akt signaling pathways and subsequent FLIP expression, an intracellular protein that prevents caspase-8 activation. Tocotrienol-induced inhibition of the PI3K/PDK/Akt mitogenic signaling pathways and NFkappaB activity also appears to be involved in suppressing cell proliferation and cellular survival.

kinase activity (55). At present, it is not known whether gamma-tocotrienol directly inhibits PDK-1 activity or acts at some upstream site to inhibit PDK-1 activation, possibly by suppression of the activity of PI3K. In summary, these studies showed that tocotrienol-induced caspase-8 activation and apoptosis occurs independently of death receptor signaling in malignant mammary epithelial cells, and appears to result from the suppression of PI3K/PDK-1/Akt mitogenic signaling and a corresponding decrease in intracellular FLIP expression, an endogenous inhibitor of caspase-8 activation. These effects of tocotrienol on mitogenic and apoptotic pathways are summarized in figure 2.

15. TOCOTRIENOL EFFECTS ON MITOCHONDRIAL STRESS APOPTOTIC SIGNALING

Although the experimental evidence described above strongly suggests that the cytotoxic effects of tocotrienols result from death receptor activation, the specific effects of tocotrienols on mitochondrial stress apoptotic signaling was not directly investigated in these studies. Subsequent studies determined the effects of tocotrienols on the relative levels of specific anti- and pro-apoptotic mitochondrial proteins, as well as mitochondrial membrane integrity and cytochrome c release in neoplastic mammary epithelial cells grown in culture (97). Results from these studies clearly demonstrate that tocotrienol-induced programmed cell death occurs independently of mitochondrial stress apoptotic signaling in these cells. Tocotrienol-induced apoptosis was not associated with a disruption or loss of mitochondrial membrane potential or the release of cytochrome c from the mitochondria into the cytoplasm in these cells (97). Furthermore, neoplastic mammary epithelial cells undergoing tocotrienol-induced

apoptosis displayed a paradoxical decrease in mitochondrial levels of pro-apoptotic proteins Bid, Bax and Bad, and a corresponding increase in mitochondrial levels of anti-apoptotic proteins, Bcl-2 and Bcl-x_L (97). These findings suggest that mitochondrial membrane stability and integrity might actually be enhanced for a limited period of time following acute tocotrienol exposure, thereby acting to inhibit mitochondrial cytochrome c release into the cytoplasm and prevent mitochondrial stress mediated apoptotic signaling in these cells. In summary, these findings clearly demonstrate that tocotrienol-induced apoptosis occurs independently of mitochondrial stress apoptotic signaling in neoplastic mammary epithelial cells.

16. CONCLUSIONS

Breast cancer is a serious problem and it is clearly evident that advances in the area of breast cancer prevention would be of great benefit in significantly reducing breast cancer risk and mortality in women. Dietary supplementation with antioxidants, particularly vitamin E is associated with providing protection against free-radical cellular damage that can lead to cellular dysfunction and death. However, it has become increasingly clear that many of the biological effects of vitamin E are mediated independently of its antioxidant activity. Furthermore, individual members within the different vitamin E subgroups display a wide variation in their antioxidant and anticancer activity. Specifically, tocotrienols display significantly greater antiproliferative and apoptotic activity than tocopherols in a variety of experimental cancer models, suggesting that dietary supplementation of tocotrienols may prevent or lower the risk of breast cancer in women. However, studies in animals and humans have produced conflicting and inconsistent results. Since alpha-tocopherol is preferentially taken up and distributed over tocotrienols in the mammalian body, it has been difficult to optimize dosage levels and absorption in the diet. More extensive research is needed in the areas related to tocotrienol pharmacokinetics and pharmacokinetics in order to optimize tocotrienol formulation, dosage and delivery. Important information obtained from pharmacokinetics studies could then be used to conduct meaningful and highly controlled long-term intervention studies in humans. Furthermore, additional studies are needed to understand the exact intracellular mechanism involved in mediating the antiproliferative and apoptotic effects of tocotrienols. Additional studies using modern techniques such as microarray expression profiling will provide important new information regarding the transcriptional response of breast tissue to tocotrienol treatment, and provide a solid scientific basis for highly controlled chemoprevention studies in humans.

17. ACKNOWLEDGEMENTS

This work was performed at the School of Pharmacy, University of Louisiana at Monroe, Monroe, LA 71209-0470 and supported by a grant from the NIH (Grant CA86833). All research and submission of this manuscript for review was approved by the appropriate authorities at the University of Louisiana at Monroe where the work was

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carried out. The authors would also like to thank the Malaysian Palm Oil Board for their support, particularly Dr. Abdul Gapor for generously providing TRF and purified tocotrienol isoforms for use in this work.

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Key Words: vitamin E, Tocotrienols, Mammary Cancer, Apoptosis, Death Receptors, Mitochondrial Stress, Caspase, PI3K, Akt, and Nf-kappaB, Review

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