Activin A induction of erythroid differentiation sensitizes K562 chronic myeloid leukemia cells to a subtoxic concentration of imatinib

Yu-Wen Huang,1* Wei-Hwa Lee,2* Yu-Hui Tsai,1,3 and Huei-Mei Huang1

1Graduate Institute of Medical Sciences, College of Medicine, Taipei Medical University, Taipei, Taiwan; 2Department of Pathology, Taipei Medical University-Shuang Ho Hospital, Taipei, Taiwan; and 3Department of Physical Medicine and Rehabilitation, Taipei Medical University Hospital, Taipei, Taiwan

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Huang YW, Lee WH, Tsai YH, Huang HM. Activin A induction of erythroid differentiation sensitizes K562 chronic myeloid leukemia cells to a subtoxic concentration of imatinib. Am J Physiol Cell Physiol 306: C37–C44, 2014. First published October 2, 2013; doi:10.1152/ajpcell.00130.2013.—Chronic myeloid leukemia (CML) is a hematopoietic stem/progenitor cell disorder in which Bcr-Abl oncprotein inhibits cell differentiation. Differentiation induction is considered an alternative strategy for treating CML. Activin A, a member of the transforming growth factor-β superfamily, induces erythroid differentiation of CML cells through the p38 MAPK pathway. In this study, treatment of the K562 CML stem/progenitor cell line with activin A followed by a subtoxic concentration of the Bcr-Abl inhibitor imatinib strongly induced growth inhibition and apoptosis compared with simultaneous treatment with activin A and imatinib. Imatinib-induced growth inhibition and apoptosis following activin A pretreatment were dose- and time-dependent. Imatinib-induced growth inhibition and apoptosis were also dependent on the pretreatment dose of activin A. More than 90% of the activin A-induced increases in glycoporphin A-positive cells were sensitive to imatinib. However, only some of original glycoporphin A-positive cells in the activin A treatment group were sensitive to imatinib. Sequential treatment with activin A and imatinib decreased Bcr-Abl, pro-caspase-3, Mcl-1, and Bcl-xL and also induced cleavage of pro-caspase-3/poly(ADP-ribose)polymerase. The reduction of erythroid differentiation in p38 MAPK dominant-negative mutants or by short hairpin RNA knockdown of p38 MAPK decreased the growth inhibition and apoptosis mediated by sequential treatment with activin A and imatinib. Furthermore, the same inhibition level of multidrug resistance 1 expression was observed in cells treated with activin A alone, treated sequentially with activin A and imatinib, or treated simultaneously with activin A and imatinib. The p38 MAPK inhibitor SB-203580 can restore activin A–inhibited multidrug resistance 1 expression. Taken together, our results suggest that a subtoxic concentration of imatinib could exhibit strong cytotoxicity against erythroid-differentiated K562 CML cells.

Activin A; chronic myeloid leukemia; imatinib; erythroid differentiation; p38 MAPK; K562 chronic myeloid leukemia cells

**MATERIALS AND METHODS**

Reagents. Recombinant human activin A was purchased from R & D Systems (Minneapolis, MN) and 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) from Sigma (St. Louis, MO). Imatinib was kindly provided by Novartis Pharma (Basel, Switzerland). Antibodies for Western blotting, including pro-caspase-3, cleaved caspase-3, poly(ADP-ribose)polymerase (PARP), and Bcl-xL, were obtained from Cell Signaling Technology (Danvers, MA). Antibodies specific for c-Abl, Mcl-1, and β-actin were purchased from Santa Cruz Biotechnology (Santa Cruz, CA). Glycoporphin A (GPA)-FITC and IgG-FITC monoclonal antibodies were obtained from Dako.

Cell culture. The human CML cell line K562 was purchased from the Bioresource Collection and Research Center (Taiwan). Cells were cultured in RPMI 1640 medium supplemented with 10% fetal bovine...
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Results

Cell viability of K562 cells.

Induction of erythroid differentiation by activin A sensitized K562 cells to a subtoxic concentration of imatinib. K562 cells can be induced to differentiate toward an erythroid lineage after exposure to the differentiation inducers (3, 7, 9, 10, 25). To investigate whether activin A-induced differentiation can increase the sensitivity of K562 cells to imatinib, cells were treated under the following conditions: 1) sequential treatment with activin A and imatinib, 2) cotreatment with activin A and imatinib, 3) treatment with activin A alone, and 4) treatment with imatinib alone (Fig. 1A). In activin A-treated cells, the percentage of benzidine-positive cells increased significantly (25–30% positive cells at 72 h) for all the following experiments (data not shown) (10, 25). Treatment with imatinib (200 nM) or activin A (50 ng/ml) slightly inhibited cell viability (Fig. 1B). Imatinib alone slightly induced apoptosis, but activin A alone did not (Fig. 2, C and D). Simultaneous treatment with 50 ng/ml activin A and 200 nM imatinib reduced cell viability (72 ± 6.8%; Fig. 1B) and increased cell apoptosis.

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Cytometry. Values are means ± SE from 4 experiments. *P < 0.05, **P < 0.01, ***P < 0.005 vs. (untreated) control. ###P < 0.005 vs. (untreated) control. 

Fig. 2. Sequential treatment with activin A and imatinib strongly induced apoptosis of K562 cells. A: cells (1.25 × 10⁶ cells/ml) were seeded in a 6-well plate (3 ml per well) and treated as described in Fig. 1A. Apoptotic cells were stained with annexin V-FITC and propidium iodide (PI) and analyzed by flow cytometry. Values are means ± SE from 4 experiments. *P < 0.05, **P < 0.01, ***P < 0.005 vs. (untreated) control. ###P < 0.005 vs. (untreated) control. B: flow cytometry data showing representative results from 1 of 4 independent experiments.

Sequential treatment with activin A and imatinib decreased Bcr-Abl, procaspase-3, Mcl-1, and Bcl-XL and induced cleavage of procaspase-3/PARP. To resolve the mechanism for apoptosis induction by sequential treatment of K562 cells with activin A and imatinib, we analyzed the level of Bcr-Abl protein by Western blotting. No significant reduction in the protein level of Bcr-Abl was observed following treatment with activin A alone or imatinib alone compared with untreated control cells (Fig. 6A). In contrast, simultaneous treatment with 50 ng/ml activin A and 200 nM imatinib produced a mild

Fig. 3. Activin A pretreatment increased sensitivity of K562 cells to imatinib effects in a dose- and time-dependent manner. A: cells were treated as described in Fig. 1A with 0–1000 nM imatinib to determine dose dependence. Values are means ± SE from 4 experiments. *P < 0.05, **P < 0.01, ***P < 0.005 vs. IM. #P < 0.05, ##P < 0.01. B: cells were treated for 1–3 days with imatinib as described in Fig. 1A to determine time dependence. Cells were stained with annexin V-FITC and PI and analyzed by flow cytometry. Values are means ± SE from 4 experiments. ***P < 0.005 vs. (untreated) control.
response, and sequential treatment with activin A and imatinib resulted in a striking decrease in the protein level of Bcr-Abl. These sequential treatment events were accompanied by a marked decrease in the precursor form of caspase-3 (pro-caspase-3) and an increase in caspase-3 cleavage and PARP degradation (Fig. 6A). Although caspase-3 cleavage and PARP degradation were slightly affected by imatinib alone, they were mildly increased by simultaneous administration of activin A and imatinib. Since sequential treatment with activin A and imatinib significantly increased apoptosis and caspase-3 cleavage, we analyzed levels of the antipapoptotic proteins Mcl-1 and Bcl-xL in K562 cells. Sequential treatment with activin A and imatinib induced a small decrease in levels of the antipapoptotic proteins Mcl-1 and Bcl-xL, whereas sequential treatment with activin A and imatinib resulted in a further decrease in Mcl-1 and Bcl-xL levels (Fig. 6B). These results demonstrate that pretreatment of K562 cells with activin A followed by a subtoxic concentration of imatinib results in a marked decrease in the levels of Bcr-Abl and antipapoptotic proteins and an increase in the processing of caspase-3.

Activin A sensitized K562 cells to imatinib through the p38 MAPK pathway. Our previous studies showed that activin A induced erythroid differentiation through p38α and p38β (27). K562/p38α(AF)1 and K562/p38β(AF)1 clones stably expressing dominant-negative p38α and p38β, respectively, which we previously established and characterized (27), were used for our next study. To examine whether inhibition of the p38 MAPK pathway could rescue K562 cells from activin A-mediated sensitization to a subtoxic concentration of imatinib, K562/p38α(AF)1 and K562/p38β(AF)1 cells were subjected to activin A-mediated differentiation followed by imatinib treatment. Growth inhibition (Fig. 7A) and apoptosis induction (Fig. 7, B and C) were reduced in K562/p38α(AF)1 and K562/p38β(AF)1 cells sequentially treated with activin A and imatinib compared with K562/mock cells. Moreover, p38α or p38β knockdown was performed in K562 cells using shRNA plasmids. After transfection with shRNA plasmids for 3 days, the shRNAs successfully decreased p38α and p38β mRNA levels by ~40–50% (Fig. 8A). Knockdown of p38α or p38β reduced activin A-induced erythroid differentiation compared with control shRNA cells (Fig. 8B). The shRNA-mediated knockdown of p38α and p38β significantly reduced growth inhibition (Fig. 8C) and apoptosis (Fig. 8D) induced by sequential treatment with activin A and imatinib. These results suggest that activin A/p38 MAPK pathway-mediated erythroid

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Fig. 4. K562 cell sensitivity to imatinib was dependent on pretreatment dose of activin A. A: cells were grown in the absence or presence of 0–100 ng/ml activin A and stained with benzidine to determine hemoglobin synthesis at 72 h. Values are means ± SE from 4 experiments. **P < 0.01, ***P < 0.005 vs. (0 ng/ml) control. B: cells were treated with 0–100 ng/ml activin A as described in Fig. 1A, stained with annexin V-FITC and PI, and analyzed by flow cytometry. Values are means ± SE from 4 experiments. *P < 0.05, ***P < 0.005 vs. ActA.

Fig. 5. Purified glycoporphin A (GPA)-positive cells from activin A-treated group were sensitive to imatinib. A: K562 cells were treated without (control) or with activin A (50 ng/ml) for 72 h, stained with FITC-conjugated IgG isotype control antibody (solid line) or FITC-conjugated anti-GPA antibody (dashed line), and analyzed by flow cytometry. B: original GPA-positive cells were isolated from untreated control (original GPA+/control). Original GPA-positive cells (original GPA+/activin A) and GPA intensity-increased cells (GPA+/activin A) were isolated from the activin A-treated group. Cells were then treated with 200 nM imatinib for 72 h. Apoptotic cells were stained with annexin V-FITC and PI and analyzed by flow cytometry. Values are means ± SE from 3 experiments. *P < 0.05 vs. control. #P < 0.05. C: flow cytometry data showing representative results from 1 of 3 independent experiments.
differentiation is required for efficient sensitization of K562 cells to imatinib. Previous studies revealed P-glycoprotein (MDR1) overexpression in imatinib-resistant K562 cells, suggesting the involvement of MDR1 in the development of resistance to imatinib (6, 43). We further explore whether activin A reduces MDR1 expression, resulting in sensitivity of K562 cells to imatinib. Our RT-PCR and real-time PCR results show that activin A alone can decrease the mRNA level of MDR1 compared with an untreated control (Fig. 9A). In addition, the level of MDR1 expression also decreased similarly in K562 cells treated sequentially or simultaneously with activin A and imatinib (Fig. 9A). The p38 MAPK inhibitor SB-203580 eliminated activin A-decreased MDR1 mRNA expression (Fig. 9B). These results suggest that activin A inhibited MDR1 expression through the p38 MAPK pathway, which may be partially involved in the sensitivity of K562 cells to imatinib.

DISCUSSION

In this report, we demonstrate that erythroid-differentiated K562 cells induced by activin A become more sensitive to a subtoxic concentration of imatinib, resulting in growth inhibition and apoptosis. These effects are associated with the decrease of Bcr-Abl, Mcl-1, and Bcl-xL and the induction of caspase-3 cleavage and PARP degradation.

In cancer, activin A inhibits cell proliferation and tumorigenicity and induces apoptosis in various human tumor cell types (8, 12). In addition, it has been reported that activin A blocks angiogenesis in neuroblastoma (37) and gastric cancer (20). In the present study, we showed that activin A induction of erythroid differentiation sensitized K562 cells to imatinib in sequential treatment. These results suggest that activin A is a potential anticancer agent for therapeutic intervention in these cancer cells via growth inhibition, apoptosis, and differentiation.

The primitive CML cells have been found to be drug-insensitive, and imatinib fails to eliminate these CML stem/progenitor cells (21). Cancer differentiation therapy provides an alternative treatment for these cells. Here, the CML cell line K562 was used as a model to evaluate the differentiation induction treatment scheme. It has been reported that K562 CML cells are not responsive to apoptosis induced by tumor necrosis factor-related apoptosis-inducing ligand (TRAIL) (18), but once the erythroid differentiation is induced, cells become sensitive to TRAIL-induced apoptosis (22). In addition, astro-

![Fig. 6.](image)

![Fig. 7.](image)
Cytotoxic differentiation sensitizes C6 glioblastoma cells to interferon-γ or taxol-induced apoptosis in sequential treatment (14). Neuronal differentiation sensitizes SH-SY5Y neuroblastoma cells to flavonoids to increase the amount of apoptosis (15). The finding of the present study was similar to findings of the above-mentioned studies. Taken together, these results suggest that differentiation induction has the potential to sensitize cancer stem/progenitor cells to anticancer agents.

In this study we demonstrated that sequential treatment with activin A and 200 nM imatinib induced cell death equal to that in K562 cells treated with 1,000 nM imatinib alone (Fig. 3A). It has been shown that 1,000 nM imatinib seems to be clinically relevant, and 1,000 nM imatinib has been previously shown to induce the growth inhibition and apoptosis of Bcr-Abl-positive cells (20). Thus imatinib concentrations could be reduced fivefold when cells are pretreated with activin A.

K562 cells are erythroid precursors that can be stained with the erythroid precursor marker GPA. We found that treatment with imatinib strongly increased apoptosis by 56% and 93% in 58% of original GPA-positive cells (original GPA+/activin A) and 23% of GPA intensity-increased cells (GPA+/activin A). These results show that sequential treatment with activin A and imatinib induced apoptosis in 32.48% (58 ± 56%) of original GPA+/activin A cells and 21.39% (23 ± 93%) of GPA+/activin A cells. This could explain why the percentage of apoptotic cells induced by sequential treatment with activin A and imatinib was higher than the percentage of benzidine-positive cells stimulated by activin A pretreatment.

An effective strategy to reduce Bcr-Abl activity may be inhibition of the Bcr-Abl expression level (5, 11, 38). Our studies have demonstrated that sequential treatment with activin A and imatinib decreases the protein level of Bcr-Abl and induces apoptosis. These findings imply that a decrease in Bcr-Abl may be involved in the inhibitory effect of sequential treatment with activin A and imatinib in K562 cells. In addition to decreasing Bcr-Abl, sequential treatment with activin A and imatinib effectively decreased Mcl-1 and Bcl-xL levels in K562 cells. Mcl-1 and Bcl-xL are antiapoptotic members of the Bcl-2 family. Mcl-1 has been identified as a Bcr-Abl-dependent survival factor in CML cells (2, 32), and its upregulation has been shown to play an important role in resistance to apoptosis (4). Other studies reported that downregulation of Bcl-xL is induced in apoptosis of K562 cells (41). Thus cytotoxicity of K562 cells induced by sequential treatment with activin A and imatinib is associated with the decrease of...
Ber-Abl, Mcl-1, and Bcl-xL. Moreover, the decrease of procaspase-3 and the cleavage of procaspase-3/PARP indicated that caspase-3 processing during apoptosis induced by sequential treatment with activin A and imatinib in K562 cells.

Previous studies demonstrated that the p38 MAPK signal pathway is important for the induction of erythroid differentiation in CML cells (10, 25, 27). Our previous results showed that inhibition of the p38 MAPK isoforms p38α and p38β by overexpression of p38α and p38β dominant-negative mutants significantly inhibited activin A–induced erythroid differentiation (27). The studies presented here further clarify the role of p38α or p38β in K562 cell sensitivity to imatinib. We inhibited p38α or p38β kinase activity (data not shown) using dominant-negative mutants and knocked down p38α or p38β expression with shRNAs to decrease activin A–mediated erythroid differentiation and found a reduction of sequential treatment-mediated growth inhibition and apoptosis induction in K562 cells. The results suggest that the loss of differentiation may be reduced to sensitization of K562 cells to imatinib effects. Erythroid differentiation mediated by each of the p38 MAPK isoforms, p38α or p338β, contributed to the cytotoxicity mediated by sequential treatment with activin A and imatinib, but each isoform had only a partial effect. Previous studies revealed high levels of MDR1 in imatinib-resistant K562 cells (6, 43). It might be that the sensitivity of K562 cells to imatinib is linked to the lower level of MDR1. Comparison between treatment with activin A alone, sequential treatment with activin A and imatinib, and simultaneous treatment with activin A and imatinib showed the same inhibition of the MDR1 expression. However, sequential treatment with activin A and imatinib induced a higher percentage of apoptotic cells than simultaneous treatment with activin A and imatinib. The implication is that the MDR1 expression inhibited by activin A is associated with the sensitivity to imatinib in K562 cells treated simultaneously with activin A and imatinib but is only partially effective in cells treated sequentially with activin A and imatinib. In addition, activin A inhibited MDR1 expression and induced erythroid differentiation through the same pathway, p38 MAPK. Thus further study is needed to determine whether other genes induced by activin A/p38 MAPK during erythroid differentiation can enhance the sensitivity of K562 cells to imatinib.

Clinical treatment has focused on differentiation therapy for the treatment of acute promyelocytic leukemia. Treatment with all-trans-retinoic acid (a differentiation-inducing agent) and arsenic trioxide (an antitumour drug) can effectively induce the differentiation and apoptosis of leukemic stem/progenitor cells and reduce disease recurrence in acute promyelocytic leukemia patients (39). Moreover, bryostatin 1 induced the differentiation of chronic lymphocytic leukemia cells, which were then treated with the purine analog 2-chlorodeoxyadenosine, resulting in cell apoptosis and disease remission in a chronic lymphocytic leukemia patient (1). The successful clinical application of differentiation therapy implies that sequential treatment with activin A and imatinib can be used in CML. The present study suggests that this sequential treatment might be used as a research tool and in clinical application to eradicate the pool of CML stem cells in human patients.

In conclusion, activin A induction of erythroid differentiation sensitizes K562 CML cells to imatinib. Our results point to a potential route of action by which differentiation induction might have an impact on increasing a subtoxic concentration of imatinib sensitivity for treatment of CML cells using differentiation therapy approaches.

REFERENCES


