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Research Article

Resveratrol Downregulates Interleukin-6-Stimulated Sonic Hedgehog Signaling in Human Acute Myeloid Leukemia

Yu-Chieh Su,^{1,2} Szu-Chin Li,² Yin-Chi Wu,³ Li-Min Wang,³
K. S. Clifford Chao,⁴ and Hui-Fen Liao^{3,5}

¹ Department of Medicine, College of Medicine, Tzu Chi University, Hualien 97004, Taiwan

² Division of Hematology and Oncology, Department of Internal Medicine, Buddhist Dalin Tzu Chi General Hospital, Chiayi 62247, Taiwan

³ Department of Biochemical Science and Technology, National Chiayi University, Chiayi 60004, Taiwan

⁴ Department of Radiation Oncology, Columbia University, New York, NY 10027, USA

⁵ Institute of Traditional Medicine, National Yang-Ming University, Taipei 11221, Taiwan

Correspondence should be addressed to K. S. Clifford Chao; ksc2119@columbia.edu and Hui-Fen Liao; liao.huifen@gmail.com

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IL-6 and sonic hedgehog (Shh) signaling molecules are considered to maintain the growth of cancer stem cells (CSCs). Resveratrol, an important integrant in traditional Chinese medicine, possesses certain antitumor effects. However, the mechanisms on regulating acute myeloid leukemia (AML) are unclear. This study first used human subjects to demonstrate that the plasma levels of IL-6 and IL-1 β in AML patients were higher and lower, respectively, than healthy donors. The expression of Shh preproteins, and C- and N-terminal Shh peptides increased in bone marrow and peripheral blood mononuclear cells isolated from AML patients, and the plasma N-Shh secretion was greater. To further clarify the effect of IL-6 and resveratrol in Shh signaling, human AML HL-60 cells were tested. IL-6 upregulated Shh and Gli-1 expression and was accompanied by an increase of cell viability. Resveratrol significantly decreased CSC-related Shh expression, Gli-1 nuclear translocation, and cell viability in IL-6-treated HL-60 cells and had synergistic effect with Shh inhibitor cyclopamine on inhibiting cell growth. *Conclusions.* IL-6 stimulated the growth of AML cells through Shh signaling, and this effect might be blocked by resveratrol. Further investigations of Shh as a prognostic marker and resveratrol as a therapeutic drug target to CSCs in AML are surely warranted.

1. Introduction

Recent investigation support the existence of cancer stem cells (CSCs) in human cancers, suggesting that CSCs may arise from mutated progenitor cells and then develop the capacity of unregulated self-renewal [1, 2]. Therefore, CSCs are a small number of self-renewing tumor cells that undergo multilineage differentiation and survive in supportive microenvironments [3, 4]. The first study of leukemia stem cells (LSCs) demonstrated that a subpopulation of acute myeloid leukemia (AML) cells, defined as CD34⁺ CD38⁻ and shared similar cell surface marker expression

patterns with normal hematopoietic progenitor cells, may cause the malignancies continue to relapse as a consequence of resistance to chemotherapies [5, 6].

The intercellular signaling mechanisms for CSC maintenance may involve Wnt/ β -catenin, Hedgehog (Hh) pathway, as well as epigenetic, metabolic, and molecular chaperone pathways [7]. Among these, the Hh signaling pathway is a crucial regulator of embryogenesis and development in adult hematopoietic, neural, skin and hair follicle stem cells [8, 9]. The Hh signaling pathway, initiated through the binding of secreted Hh ligands (Sonic, Indian, and Desert) to the membrane receptor patched (PTCH), results

in nuclear translocation and activation of the transcription factors of the Gli family [10]. In leukemia, Hh signaling is also important in the maintenance of neoplastic stem cells in the haematopoietic system, raising the possibility of drug resistance and disease recurrence [11]. The inhibition of sonic hedgehog (Shh) signaling downregulates the expression of the ATP-binding cassette transporter multidrug resistant (MDR) proteins, and thus may be a target for overcoming drug resistance and increasing the likelihood of response to chemotherapy [12]. Our previous study demonstrated that Shh signaling molecules expressed in human chronic myeloid leukemia (CML) cells may regulate Bcr-Abl activation [13]. In addition, a research indicated that thalidomide reduces vascular endothelial growth factor (VEGF) and interleukin (IL)-6 expression in the tumor microenvironment accounts, as well as attenuates Hh signaling activity in advanced prostate cancers [14].

Growth factors and cytokines released in the bone marrow (BM), thymus, and other immune tissue microenvironments provide the paracrine and autocrine effects for long-term hematopoietic regulation of stem cells [15]. Such microenvironment-derived cytokines also play a key role in maintaining the growth of tumors [16]. For example, upregulating IL-8 in the marrow microenvironment and CXCL12/CXCR4 axis may control the pathogenesis of T-cell acute lymphoblastic leukemia [16]. Peroxisome proliferator-activated receptor gamma (PPARgamma) negatively controls multiple myeloma growth, in part through the inhibition of IL-6 production by marrow stromal cells [17]. In CML K562 cells, treatment with BM stromal-derived conditioned medium caused the cells' resistance to the therapeutic drug imatinib mesylate (IM, also named STI571), an effect which correlated with increased IL-6-related phospho-Stat3 expression [15].

Resveratrol (3,5,4'-trans-trihydroxystilbene) is a phytochemical that widely found in plants (such as grape skin, red wine, cranberries, blueberries, and peanuts) and in traditional Chinese medicines (TCMs, such as *Rheum officinale* Baill. and *Polygonum cuspidatum*) [18, 19]. Resveratrol possesses cytotoxic and apoptotic controlling on various types of cancer and normal cells [20]. Our previous study reported that resveratrol regulates the apoptosis induction and erythrocytic differentiation through the modulation of nuclear factor-kappaB in human leukemia cells [21]. In CML, resveratrol acts as a Bcr-Abl inhibitor and suppresses Shh signaling in both IM-sensitive and IM-resistant cells [13]. Resveratrol also reverses doxorubicin-mediated resistance in AML cells via the downregulation of multidrug resistant protein (MRP)-1 expression [22]. However, little is known of resveratrol on regulation of CSCs in AML.

Cancer cells secrete various cytokines to maintain their microenvironment, stimulate certain signal pathways in CSCs, thereby increase their survival rate and resistance to chemotherapy [23]. However, the regulatory effects of cytokines on Hh-related molecules in the setting of AML are unclear. In this study, we first brought in human subjects, including control donors and patients with AML, to examine the expression of Shh signaling molecules and cytokines in BM cells and peripheral blood. We subsequently performed

an *in vitro* assay to clarify the effect of IL-6 on regulating Shh signaling and assess the possibility of resveratrol used as a potent Shh inhibitor in AML.

2. Materials and Methods

2.1. Subjects and Isolation of Mononuclear Cells (MNCs) from Bone Marrow (BM) and Peripheral Blood (PB). Twenty-six healthy volunteers (six for BM and twenty for PB collection) and twenty-six patients with AML (M3 type excluded, six for BM and twenty for PB collection) with ages ranging from 21–88 years were recruited. All patients had either newly diagnosed or recently relapsed AML before anticancer chemotherapeutic treatment. Characteristics of AML patients were listed in Table 2. Our study design was approved by the Institutional Review Board (IRB) of Buddhist Dalin Tzu Chi General Hospital, Taiwan (No. B09703022). All control donors and patients provided written informed consent prior to any testing. Patients' information was not revealed in this study, and the data were analyzed anonymously. Mononuclear cells (MNCs) were separated from BM or PB on a density gradient (Histopaque, 1.077 g/mL, Sigma, St. Louis, MO) followed by centrifugation at 2,000 rpm for 15 min. The plasma samples isolated from PB were collected for cytokine detection and Shh expression.

2.2. Measurement of Cytokine Levels in Plasma. Plasma levels of cytokines, including GM-CSF, IL-1 β , TNF- α , and IL-6 from the control donors and AML patients, were assayed using a BioSource Multiplex Bead Immunoassay kit (BioSource International, Inc., Camarillo, CA) with the Luminex xMAP (Luminex Corp., Austin, TX) instrument and software program for data analysis. The assay method was performed according to the manufacturer's protocol.

2.3. Western Blot Analysis. To measure Shh expression, total proteins isolated from BM cells, PB-MNCs, and plasma from human subjects, as well as human leukemia HL-60 cell line. The concentrations of the collected proteins were quantified using a bicinchoninic acid (BCA) protein assay kit (Bio-Rad). The same amount of protein (100 μ g per well) was disrupted with 2x concentrated electrophoresis sample buffer (1 M Tris, pH 6.8, 5% SDS, 40% glycerol, 0.005% bromophenol blue, 8% β -mercaptoethanol) and subjected to 10% SDS-polyacrylamide gel electrophoresis. The protein gel was transferred to a PVDF membrane, blotted with primary antibodies, including anti-Shh (1:200, Santa Cruz), anti-Smo (1:200, Santa Cruz), anti-Gli-1 (1:200, Santa Cruz), anti- β -actin (1:1000, Santa Cruz), and anti-glyceraldehyde-3-phosphate dehydrogenase (GAPDH, 1:1000, Santa Cruz), and then incubated at 4°C for overnight. The membrane was further hybridized with horseradish peroxidase (HRP)-conjugated secondary antibody (1:1000, Santa Cruz) for 1.5 h followed by exposing with enhanced chemiluminescence (Perkin Elmer, Waltham, MA). Relative protein levels were determined by densitometry using ImageJ software (Version 1.36b, NIH, Bethesda, MD). Relative values were normalized to the internal control.

2.4. AML Cell Line and Cell Culture. To clarify the possible roles of IL-6 and Shh signaling in AML, a human AML HL-60 cell line was used for *in vitro* assay. HL-60 cells were obtained from American Type Culture Collection (ATCC, Manassas, VA) and maintained in RPMI 1640 medium (Gibco Products, Carlsbad, CA) containing 10% (v/v) fetal bovine serum (FBS) (Gibco) and 2 mM L-glutamine (Sigma) in a 37°C incubator. For the *in vitro* assay, cells (2×10^5 cells/mL) were treated with recombinant human IL-6 (0–10 ng/mL; Cytolab Ltd., Rehovot, Israel), cyclopamine (2 μ M, Sigma), humanized anti-human IL-6 receptor antibody (MRA, 100 nM, Chugai Pharmaceutical Co., Ltd.), and/or various concentrations of resveratrol (0–50 μ M, Sigma) for 24 h. For the analysis of Shh/Gli-1 expression, total RNA and proteins were extracted from the cells and then adjusted for reverse transcription-polymerase chain reaction (RT-PCR) and Western blot analysis. Viable cells were counted using a trypan blue dye exclusion test. The translocation of Gli-1 was also assayed using immunofluorescence staining and Western blotting of the nucleic and cytosolic Gli-1 levels.

2.5. RT-PCR Assay of Shh and Gli-1 Expression. AML HL-60 cells were treated with IL-6 (0–10 ng/mL) in the addition with or without MRA (100 nM) for 24 h; then, total RNAs were isolated from the cells using TRIzol reagent (Life Technologies, Gaithersburg, MD) and reverse transcribed to cDNA by reaction in a PCR thermal cycler (Bio-Rad, Hercules, CA) for 10 min at 25°C, 70 min at 37°C, 10 min at 72°C and stored at 4°C. Shh, Gli-1, and GAPDH genes were amplified by PCR using specific primers (Mission Biotech., Taipei, Taiwan) and PCR thermal cycle profiles as listed in Table 1. PCR products were assayed by electrophoresis in a 1% agarose gel in Tris-acetate/EDTA buffer and visualized by ethidium bromide (0.01%) staining. GAPDH was used for internal control.

2.6. Preparation of Nuclear and Cytosolic Extracts from Cells. To prepare the cytosolic and nucleic proteins, the cell nuclei were first separated from the cytosol using the nuclear extraction buffer (500 mM NaCl, 1.5 mM MgCl₂, 0.2 mM EDTA, 1 mM DTT, 20% Glycerol, 0.1% Triton X-100, and 20 mM HEPES, pH 7.4). Then, the nuclei were resuspended in lysis buffer (150 mM NaCl, 0.1% SDS, 1% Triton X-100, and 100 mM Tris, pH 8.0) and centrifuged at 400 g for 10 min. The nuclear proteins were collected and stored at –80°C. The protein concentrations were determined using a BCA protein assay kit (Bio-Rad), and the levels of cytosolic and nucleic Gli-1 were assayed by Western blotting.

2.7. Immunofluorescence Staining of Gli-1. The treated cells were collected and reacted with anti-Gli-1 primary antibody (1:200, Santa Cruz Biotechnology, Inc., Heidelberg, Germany) and immunofluorescence PE-conjugated anti-IgG-TR antibody (1:500, Santa Cruz) in order to determine the distribution of Gli-1 expression in cells. Hoechst 33342 fluorescence dye was also used to stain the location of the nucleus. The cells were then photographed under a fluorescence microscope at a magnification of 400x.

2.8. Statistical Analysis. Data were obtained from at least three independent experiments and expressed as the mean \pm standard error (SE). Student's *t*-test or analysis of variance was applied to compare the results for the AML patients and control donors, as well as the results from the *in vitro* studies. Differences were considered significant at $P < 0.05$. All statistical analyses were carried out using SigmaStat and SigmaPlot software (Jandel Scientific, San Rafael, CA).

3. Results

3.1. Plasma Cytokine Production in Control Donors and AML Patients. Characteristics of AML patients were listed in Table 2. Among the AML patients, 9 patients died from cancer within 3 months of blood sample collection. There was no significant difference in age and gender between living AML patients and those who died from cancer. In Figure 1, peripheral blood collected from the AML patients showed that the AML patient group ($n = 20$) had a markedly decreased plasma IL-1 β level (10.0-fold) and an increased plasma IL-6 level (72.6-fold) as compared to the healthy volunteers ($n = 20$). The plasma levels of GM-CSF and TNF- α were not different between the control and AML patients. Moreover, 9 of the 20 patients with AML, who showed poor prognosis (such as poor quality of life, resistant to chemotherapy, and higher risk of life threat) and died from cancer, had higher levels of IL-6 and N-Shh than the patients who were alive at the same time point (Table 2). The average age and IL-6 value of normal control were 45.5 ± 8.5 yr old and 0.8 ± 0.1 pg/mL, respectively.

3.2. Effect of Shh Expression in BM Cells, PB-MNCs, and Plasma between Control Volunteers and AML Patients. In Figure 2(a), the expressions of Shh preproteins (Pre-Shh, 45 kDa), C-terminal (C-Shh, 25 kDa), and N-terminal (N-Shh, 20 kDa) peptides were all markedly increased in the BM cells of the AML patients. There was a similar result in the PB-MNCs from the AML patients, showing greater expression of Pre-Shh (1.5-fold), C-Shh (1.6-fold), and N-Shh (1.4-fold) than the cells from the control donors (Figure 2(b)). However, the expression of smoothed (Smo) did not significantly differ among these two groups. Western blot analysis (Figure 2(c)) showed that the soluble Shh secreted into plasma was significantly increased, along with the active N-Shh levels, in the AML patient group. Additionally, 9 of 20 patients with AML showed poor prognosis and died from cancer within 3 months of the blood collection, and they had higher plasma IL-6 levels and N-Shh expression on testing than the AML patients who were alive at that point (Table 2).

3.3. Effect of IL-6 on Shh Signaling in Human AML HL-60 Cells. To clarify the possible regulation of IL-6 and Shh signaling in AML, a human AML HL-60 cell line was used for further assay. The mRNA expression of Shh and Gli-1 was estimated with RT-PCR assay (for primers, see Table 1). Treatment with IL-6 at 5 and 10 ng/mL significantly increased the mRNA expression of both Shh and Gli-1 in HL-60 cells (Figure 3(a)). The stimulatory effect of IL-6 was also

TABLE 1: Primer sequences used for RT-PCR analysis.

Genes	Sequences	Annealing temp. ^a	Products (bp)
Shh:		33.8	477
Forward	5'-CGCACGGGGACAGCTCGGAAGT-3'		
Reverse	5'-CTGCGCGGCCCTCGTAGTGC-3'		
Gli-1:		49	185
Forward	5'-TTCCTACCAGAGTCCCAAGT-3'		
Reverse	5'-CCCTATGTGAAGCCCTATTT-3'		
GAPDH:		55	574
Forward	5'-CCACCCATGGCAAATTCATGGCT-3'		
Reverse	5'-TCTAGACGGCAGGTCAGGTCCACC-3'		

^aThe PCR thermal cycle profile consisted of 1 cycle of denaturation for 5 min at 95°C; 30 cycles of denaturation for 30 sec at 95°C, annealing of primers for 45 sec at different temperatures as shown in this Table, and extension for 50 sec at 72°C; and 1 cycle of a final extension step at 72°C for 10 min.

TABLE 2: Characteristics of AML patients (M3 excluded) collected in this study.

Patient number	BM or PB collection	Alive or died	New diagnose or relapse	Type	Gender	Age (yr)	Average values ^a
1	BM	Alive	New diagnose	M1	F	58	
2	BM	Alive	New diagnose	M2	M	30	
3	BM	Alive	New diagnose	M0	M	53	Age: 46.8 ± 6.5 yr old
4	BM	Alive	New diagnose	M2	M	36	
5	BM	Alive	New diagnose	M2	F	34	
6	BM	Alive	New diagnose	M1	M	70	
7	PB	Alive	New diagnose	M2	M	30	
8	PB	Alive	New diagnose	M1	M	52	Age: 55.5 ± 7.6 yr old IL-6: 10.1 ± 6.3 pg/mL N-Shh: 1.7 ± 0.2 fold
9	PB	Alive	New diagnose	M4	F	84	
10	PB	Alive	New diagnose	M1	M	75	
11	PB	Alive	New diagnose	M2	M	88	
12	PB	Alive	New diagnose	M1	F	60	
13	PB	Alive	New diagnose	M2	M	84	
14	PB	Alive	New diagnose	M2	M	59	
15	PB	Alive	Relapse	M1	F	29	
16	PB	Alive	Relapse	M2	M	21	
17	PB	Alive	Relapse	M2	M	29	
18	PB	Died	New diagnose	M2	M	51	Age: 69.6 ± 2.8 yr old IL-6: 116.6 ± 54.9 pg/mL* N-Shh: 2.4 ± 0.2 fold*
19	PB	Died	New diagnose	M1	M	80	
20	PB	Died	New diagnose	M0	M	71	
21	PB	Died	New diagnose	M1	F	69	
22	PB	Died	New diagnose	M2	M	78	
23	PB	Died	New diagnose	M2	F	75	
24	PB	Died	Relapse	M4	M	66	
25	PB	Died	Relapse	M2	F	68	
26	PB	Died	Relapse	M1	F	68	

^aThe average age and IL-6 value of normal control were 45.5 ± 8.5 yr old and 0.8 ± 0.1 pg/mL, respectively. The relative fold of N-Shh in AML was normalized to the normal control, and the data were expressed as mean ± SE.

* $P < 0.05$ as compared to the living AML patients. The results were calculated from at least three independent experiments and expressed as mean ± standard error (SE).

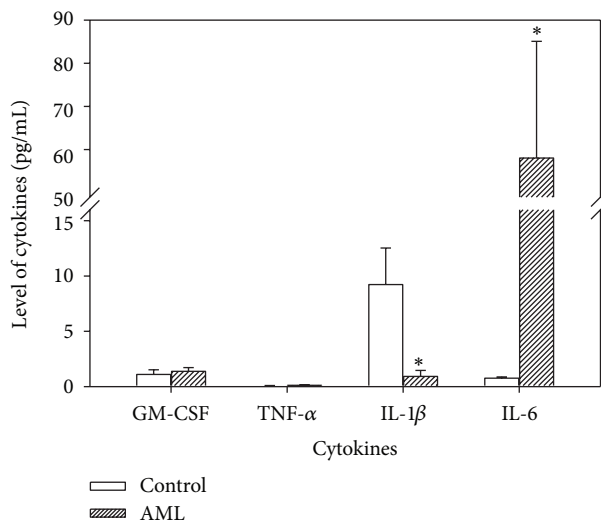


FIGURE 1: Plasma levels of GM-CSF, TNF- α , IL-1 β , and IL-6 in donors of normal control ($n = 20$) and AML patients ($n = 20$) that analyzed by using a BioSource Multiplex Bead Immunoassay kit. * $P < 0.05$ as compared to the control group. The results were calculated from three independent experiments and expressed as mean \pm standard error (SE).

accompanied with the increased expression of Shh proteins, including Pre-Shh, C-Shh, and N-Shh (Figure 3(b)). Such stimulatory effect of IL-6 would be blocked in the addition of MRA (100 nM) in IL-6-treated HL-60 cells (Figure 3(b)). Moreover, resveratrol effectively decreased the expression of Pre-Shh, C-Shh, and N-Shh in IL-6-treated HL-60 cells (Figure 3(c)).

3.4. Viability of Resveratrol and Cyclopamine in IL-6-Induced HL-60 Cells. In Figure 4(a), IL-6 (10 ng/mL) significantly increased the viability of HL-60 cells. Resveratrol inhibited the IL-6-induced cell viability in a dose-dependent manner. To clarify the roles of IL-6 and Shh signaling in AML, HL-60 cells were treated with IL-6, Shh inhibitor cyclopamine, and/or resveratrol for cell viability assay. In Figure 4(b), cyclopamine significantly decrease the cell viability, as well as the viability that had been augmented by IL-6. Additionally, resveratrol enhanced the activity of cyclopamine in HL-60 cells with and without IL-6 treatment (Figure 4(b)). As summarized in Figures 3 and 4, IL-6 might stimulate downstream Shh/Gli-1 signaling that cause the growth of AML HL-60 cells. Resveratrol has the potential to block this effect and also has synergistic effect to enhance the inhibitory effects that induced by cyclopamine.

3.5. Effect of Resveratrol on IL-6-Mediated Gli-1 Nuclear Translocation in HL-60 Cells. In Figure 5(a), Western blot analysis of the nucleic and cytosolic Gli-1 expression demonstrated that IL-6 significantly increased the nucleic Gli-1 expression in the HL-60 cells. Cyclopamine and resveratrol significantly prohibited the nucleic translocation of Gli-1 in IL-6-stimulated HL-60 cells (Figure 5(a)). Moreover,

immunofluorescence staining of these treated cells also showed that IL-6 markedly induced Gli-1 expression in nucleus of HL-60 cells, while cyclopamine and resveratrol obviously decreased both the Gli-1 level and Gli translocation to nuclei (Figure 5(b)). Therefore, it was suggested that resveratrol, like cyclopamine, has potential effect on inhibition of IL-6-mediated Shh signaling and Gli-1 nuclear translocation in AML HL-60 cells.

4. Discussion

Leukemia is a common cancer worldwide. Developments of potential drugs targeted to CSC inhibition that enhance efficacy and prevent drug resistance are currently the most principal treatment of leukemia [24]. In CML, IM is designed to treat patients with Bcr/Abl-containing leukemic cells [14]. Our previous study reported that Shh signaling might upregulate Bcr-Abl overexpression and caused the cells more resistant to IM treatment, while resveratrol acted as a Shh inhibitor and reversed such resistant effect [13]. In AML, the present study also demonstrated that the level of IL-6 and Shh were higher in AML patients than normal donors, and even higher IL-6 and Shh levels in patients who showed poor prognosis (such as poor quality of life, resistant to chemotherapy, and higher risk on life threat) and died from cancer. This study excluded AML-M3 patient, because of a notable difference between M3 and other AMLs involved the common occurrence of life-threatening consumptive coagulopathies in M3 patients that dramatically affected patient outcomes [25].

Both IL-6 and Shh are important in the maintenance of CSCs in the neoplastic microenvironment, limiting the access of therapeutics to the tumor, alter drug metabolism, and contribute to the development of drug resistance and disease recurrence [11, 14, 26]. Kobune et al. indicated that aberrant Hh pathway activation is a feature of some CD34⁺ myeloid leukemic cells, and Hh inhibitors may have a therapeutic role in the treatment of AML [27]. Here, we studied the correlation between Shh signaling and IL-6 regulation in myeloid leukemia. AML HL-60 cells were treated with IL-6 and subsequently assayed for the expression of Shh and Gli-1 genes. IL-6 significantly increased the expression of both Shh and Gli-1, as well as cell viability, demonstrating that upstream regulation of IL-6 may initiate cellular Shh/Gli-1 signaling pathways and cause growth in the AML cells. Such effect was confirmed by the treatment of MRA, a humanized anti-human IL-6 receptor antibody, with blocking activity on IL-6-mediated Shh signaling. In addition, the Shh inhibitor cyclopamine significantly decreased the viability and Gli-1 translocation of IL-6-treated HL-60 cells, hinting that blocking the Shh pathway may be a potential strategy for AML treatment. An article reported that up to 40% of hepatocellular carcinomas are potentially arising from stem cells and increased activation of multiple pathways including IL-6/STAT3, WNT, CDK4, and the Hh signaling pathway [28]. In gastric cancer patients, chronic *Helicobacter pylori* infection elevated IL-1 β , IL-6, IL-8, TNF- α , and IFN- γ in the gastric mucosa, as well as activating the stem

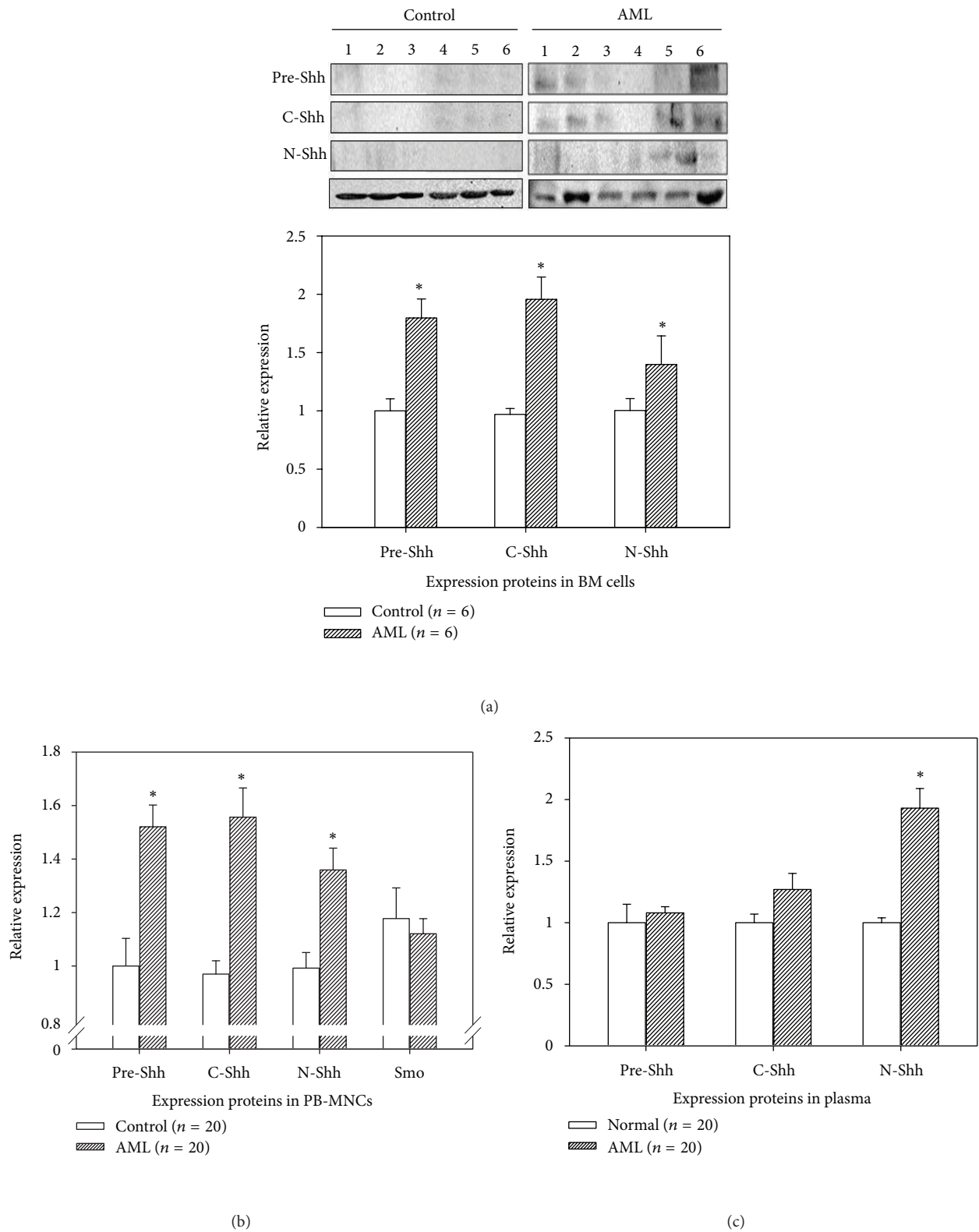


FIGURE 2: Expression of Shh preproprotein (pre-Shh), C-terminal (C-Shh), and N-terminal (N-Shh) in (a) bone marrow (BM) cells, (b) peripheral blood mononuclear cells (PB-MNCs), and (c) plasma collected from the normal control donors and the AML patients using a Western blot analysis. The relative values were normalized to the internal control β -actin, and the data were expressed as mean \pm SE. * $P < 0.05$ as compared to the control group.

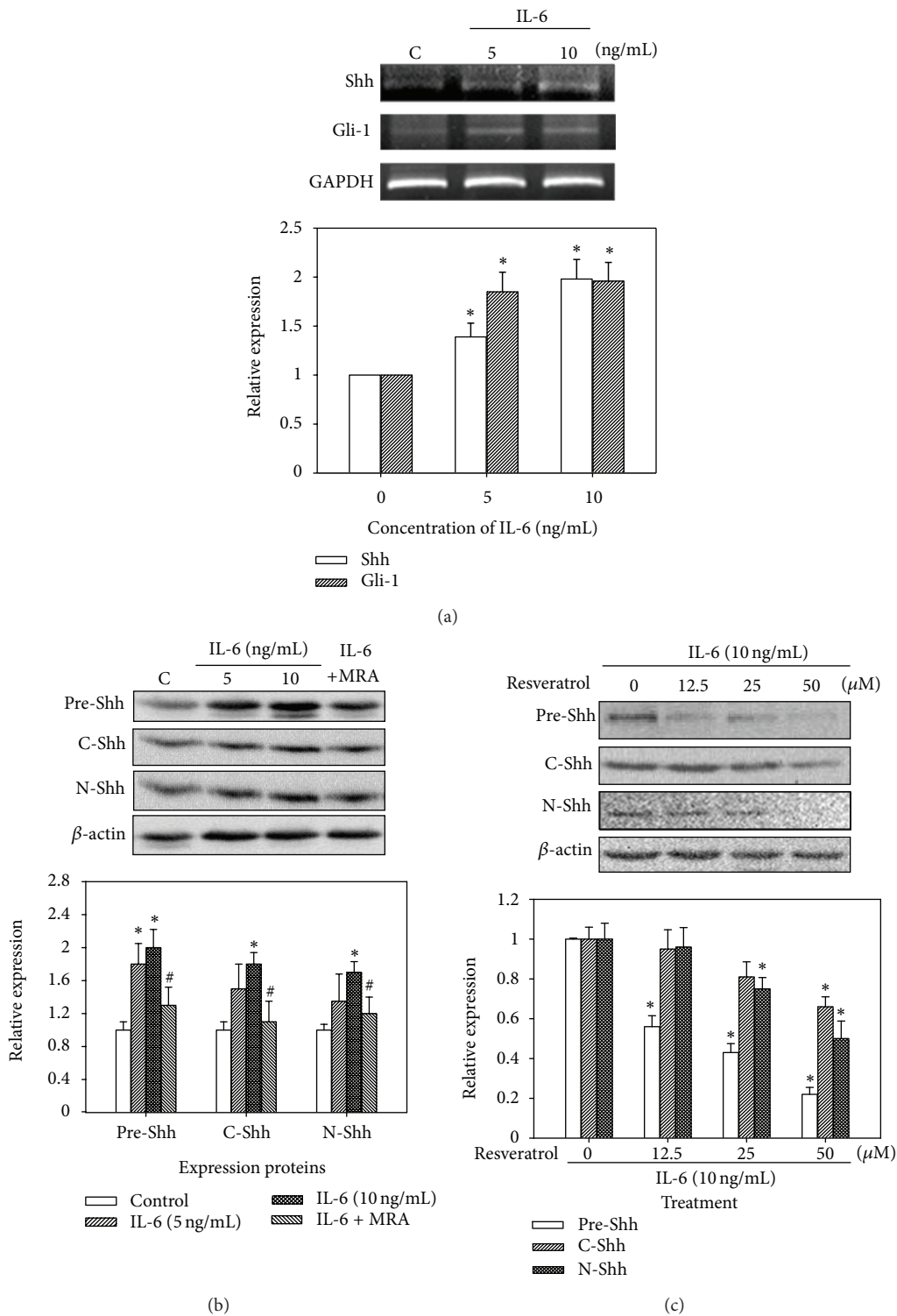


FIGURE 3: Regulation of IL-6 and resveratrol in Shh signaling in AML HL-60 cells. (a) RT-PCR assay of Shh and Gli-1 expressed in HL-60 cells with the treatment of IL-6 (5 and 10 ng/mL) for 24 h. (b) Western blot analysis of Shh preproteins (Pre-Shh, 45 kDa), C-terminal (C-Shh, 25 kDa), and N-terminal (N-Shh, 20 kDa) peptides in IL-6-treated HL-60 cells with or without MRA (100 nM) treatment. (c) Effect of resveratrol on Shh expression in IL-6-treated HL-60 cells. The relative values were normalized to the internal control, were calculated from three independent experiments, and were expressed as mean \pm SE. * $P < 0.05$ as compared to the control group. # $P < 0.05$ as compared to the IL-6 alone group.

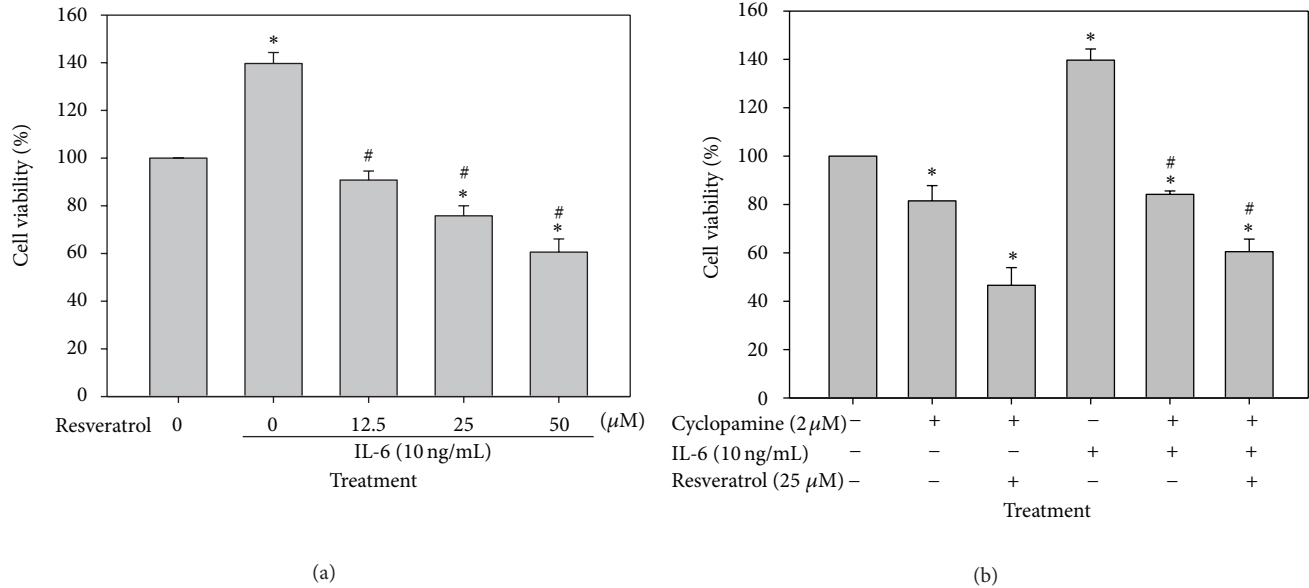


FIGURE 4: Viability of IL-6, cyclopamine, and resveratrol in HL-60 cells that assayed by using a trypan blue dye exclusion test. (a) Viability of resveratrol in IL-6-treated HL-60 cells. (b) Cell viability assay of IL-6 (10 ng/mL), cyclopamine (2 μ M), and resveratrol (25 μ M). The results were calculated from three independent experiments and were expressed as mean \pm SE. * $P < 0.05$ as compared to the control group. # $P < 0.05$ as compared to the IL-6 alone group.

cell signaling network, consisting of the WNT, Notch, FGF, Hh, and BMP signaling pathways [29]. Our study is the first to demonstrate that IL-6 production in AML would stimulate the downstream Shh signaling pathway and induce the growth of leukemia cells. Modulating Shh molecules with their antagonists, such as cyclopamine, may prove to be a strong therapeutic option for AML patients.

More and more chemopreventive natural products (such as soy, genistein, resveratrol, catechin, and curcumin) are suggested for the reversal of adverse epigenetic marks in cancer cells and CSCs to attenuate tumorigenesis progression, prevent metastasis, or sensitize for drug sensitivity [30]. Resveratrol, a natural phytoalexin widely presented in foods and TCMs [18, 19], has multiple biological functions that affect cell growth, anti-inflammation, apoptosis, angiogenesis, and metastasis [31]. Herbal medicines with resveratrol-containing, such as *Rheum officinale* Baill. and *Polygonum cuspidatum*, have been widely used in TCM for eliminating inflammatory response and reducing tumor growth [32, 33]. It was suggested that these TCMs may have certain capacity to regulate tumor microenvironment and inhibit CSC characteristics. An article reported that treatment of resveratrol effectively inhibited the cancer stem-like cell properties and radioresistance of CD133⁺-glioblastoma multiforme (GBM) cells [34]. Resveratrol inhibits pancreatic CSC characteristics in human and Kras(G12D) transgenic mice by inhibiting pluripotency maintaining factors and epithelial-mesenchymal transition [35]. In this study, resveratrol decreased the cell viability that augmented by CSC-related factor IL-6 and decreased the expression of CSC-specific Shh signaling in IL-6-treated HL-60 cells. Like Shh inhibitor cyclopamine, resveratrol significantly prohibited the Gli-1

expression and nucleic translocation in IL-6-stimulated HL-60 cells. Similar researches of resveratrol on CSC effect also reported that resveratrol and several dietary compounds that possess potential effect against CSCs through the regulation of self-renewal pathways, including Wnt/ β -catenin, Hh, and Notch pathways [36, 37]. Therefore, it was suggested that resveratrol might have potential inhibitory properties of CSC-related IL-6 and Shh molecule expression in AML cells.

5. Conclusions

The present study is the first to discover that AML patients were associated with elevated expression of CSC-related IL-6 and Shh molecules in marrow and/or blood compared with the control donors. We found in subsequent experiments that IL-6 stimulated downstream Shh/Gli-1 signaling and caused an increase in cell viability in AML cells. The TCM component resveratrol, like the Shh inhibitor cyclopamine, effectively prohibited the IL-6-mediated cell growth and Shh signaling in AML. The increased production of IL-6 in patients with AML may stimulate the Shh signaling pathway and increase the risk of unfavorable prognosis, implying that further investigation of new drugs (such as resveratrol) targeted to block Shh may prove to be beneficial for patients with AML.

Conflict of Interests

The authors declare that they have no conflict of interests.

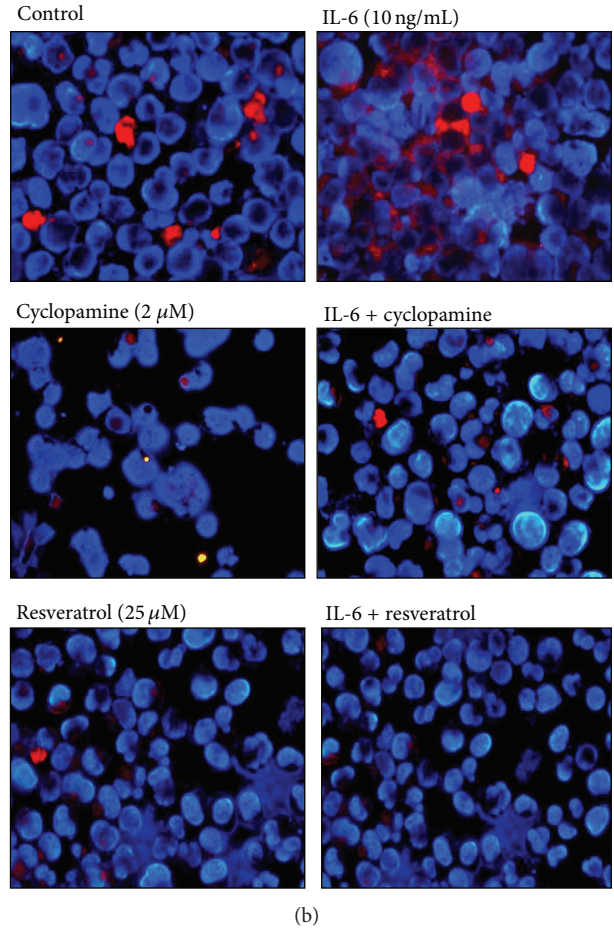
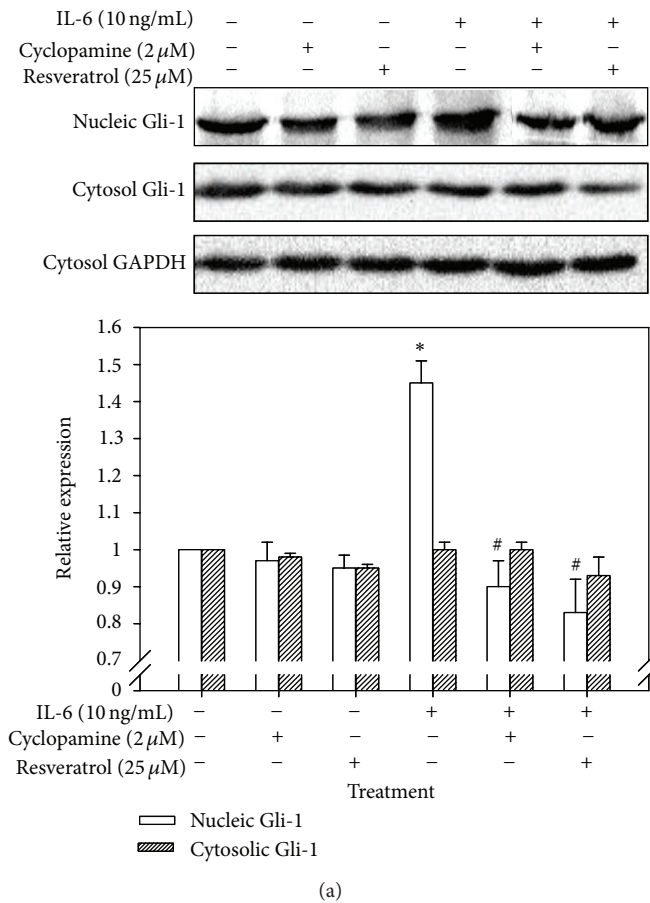


FIGURE 5: Effect of cyclopamine and resveratrol on Gli-1 nuclear translocation in HL-60 cells with or without IL-6 treatment. (a) Expression of nucleic and cytosolic Gli-1 using a Western blot analysis. The relative values were normalized to the internal control, were calculated from three independent experiments, and were expressed as mean ± SE. (b) Immunofluorescence staining of Gli-1. These cells were double stained with PE-conjugated anti-Gli-1 antibody (red) and Hoechst 33342 fluorescence dye (blue, nucleus). * $P < 0.05$ as compared to the control group. # $P < 0.05$ as compared to the IL-6 alone group.

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