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2 **Transient telomerase inhibition alters cell cycle kinetics**
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ABSTRACT

Telomerase is the ribonucleoprotein reverse transcriptase that catalyzes the

synthesis of telomeres at the ends of linear human chromosomes and

contributes to proper chromosomal capping function. Formation of the telomere-

loop (T-loop), an obligate step before cell division can proceed, requires the

generation of a 3'-overhang on the G-rich strand of telomeric DNA via telomerase

or C-strand specific nucleases. Here, we discover telomerase activity is critical

for efficient cell cycle progression using transient chemical inhibition by the

telomerase inhibitor imetelstat. Telomerase inhibition caused changes in cell

cycle kinetics and increased the proportion of cells in G2 phase, suggesting

delayed clearance through this checkpoint. Investigating the possible contribution

of unstructured telomere ends to these cell cycle distribution changes, we

observed that imetelstat treatment induced γH2AX DNA damage foci in a subset

of telomerase-positive cells but not telomerase-negative primary human

fibroblasts. Chromatin-immunoprecipitation with γH2AX antibodies demonstrated

imetelstat treatment-dependent enrichment of this DNA damage marker at

telomeres. Notably, the effects of telomerase inhibition on cell cycle profile

alterations were abrogated by pharmacological inhibition of the DNA-damage-

repair transducer ATM. Additionally, imetelstat potentiation of etoposide, a DNA-

damaging drug that acts preferentially during S/G2 phases of the cell cycle, also

depended on functional ATM signaling. Our results suggest that telomerase

inhibition delays the kinetics of T-loop formation in telomerase-positive cancer

cells, resulting in the engagement of an ATM-dependent DNA-damage signal

71   that prevents cell cycle progression. This demonstrates for the first time that

72   telomerase activity directly modulates the progression of the cell cycle through

73   facilitation of T-loop formation.

SIGNIFICANCE STATEMENT

By forming higher-order capping structures, telomeres protect the ends of

linear chromosomes from inappropriate recognition as DNA damage. An

important component of this process is the formation of a 3'-overhang on the G-

rich strand. This can be accomplished by the action of C-strand-specific

nucleases or via telomere repeat synthesis by the telomere-maintenance enzyme

telomerase. Here, using a chemical telomerase inhibitor, we demonstrate that

telomerase facilitates the kinetics of telomere cap formation and passage through

G2 phase. Inhibition of telomerase activity results in a prolonged ATM-dependent

DNA-damage signal that alters cell cycle kinetics. Our data provide the biological

rationale for exploring clinical telomerase inhibition strategies that leverage

possible telomere-length-independent mechanisms of activity.

INTRODUCTION

Telomeres are nucleoprotein structures present at the ends of eukaryotic

linear chromosomes. Telomeres differentiate the ends of chromosomes from

random DNA breaks through the formation of capping structures called telomere

loops (T-loops). These higher-order capping structures are essential for proper

telomere function and cell cycle progression. In mammals, telomeres are

composed of repeated sequences of $(TTAGGG)_n$ nucleotides, the

complementary DNA strands, and associated proteins (1). Telomeres prevent the

loss of coding DNA sequence by buffering the lagging strand gap left by the

removal of RNA primers, thereby solving the "end replication problem". Telomeric

DNA loss also results from T-loop resolution, an obligatory step to provide

access for DNA replication machinery. Together, these processes contribute to

the loss of 50-100 base pairs of 3' terminal telomeric DNA with each replication

cycle (2). This telomere attrition forms the basis of the Hayflick Limit and restricts

the number of times a cell lineage may proliferate (3).

Telomeres are maintained by the ribonucleoprotein telomerase.

Telomerase has two main components: the catalytic telomerase reverse

transcriptase (TERT) and the template telomerase RNA (TER). TERT catalyzes

the synthesis of the hexanucleotide repeats by reverse transcribing the RNA

template sequences encoded in TER (4-7). This telomerase-mediated telomere

elongation promotes immortal growth by decoupling the cell division limit from

telomere length attrition.

TERT expression is normally repressed or only transiently activated in

somatic human cells, but telomerase activation and over-expression is detected

in 85-90% of human cancers (8,9). These differences make telomerase inhibition

an attractive therapeutic target (1,5-7,11,12,19). One current strategy for

telomerase inhibition is the drug imetelstat (GRN163L), a synthetic, lipid-

conjugated, 13-mer oligonucleotide N3' P5' thiophosphoramidate complementary

to the template of the TER component of telomerase (4,10,12,16-18,20). As a

competitive antagonist, imetelstat blocks the normal association of TER with

chromosomal ends (substrates), efficiently inhibiting *de novo* telomeric repeat

synthesis.

During the DNA-synthesis phase of the cell cycle, the activities of multiple

RecQ helicases, exonucleases, homologous recombination pathway effectors,

and histone methylation enzymes are coordinated to allow DNA polymerase and

telomerase (when expressed) to copy through T-loops and then restore the

heterochromatin state of newly replicated telomeres (8,10-14). Defects in

telomere-associated proteins involved in T-loop formation, such as helicases

(BLM, RTEL1), nucleases (Apollo), or telomere factors (TRF1, TRF2), have been

connected to uncapped telomeres, which can lead to cell cycle arrest and

ultimately, cell senescence or apoptosis (10,12,15-18,22). Additionally, the

correct rebuilding of chromosomal-end structures prior to cell division has been

shown to involve the Ataxia Telangiectasia Mutated (ATM) signal transduction

pathway (5-7,20,21). Activation of ATM and its associated PIKK-family member,

the ATM-related (ATR) kinase, is concurrent with T-loop resolution and the

resulting chromosome termini exposure (8,9,11,12,19).

Specifically, T-loop formation requires the creation of telomeric G-rich

overhangs that invade the double-stranded telomeric DNA region and form

displacement loops (1,10). In primary cells, telomerase is inactive and the

generation of G-rich overhangs and T-loops is dependent upon C-strand-specific

nuclease activity (1,10,12,15-18). In cancer cells, telomerase expression

provides another avenue for the de novo synthesis of G-rich telomeric DNA

repeats, in addition to nuclease activity (1,10,12,15-18). However, this role of

active telomerase in the kinetics of T-loop formation has been inferred from its

ability to synthesize G-rich telomeric repeats but has not been demonstrated

experimentally.

Here, we used imetelstat-induced chemical inhibition of telomerase activity

to explore the role of *de novo* telomeric DNA repeat synthesis in the kinetics of T-

loop formation. Since chemical inhibition is transient, we were able to study the

effects of telomerase activity on structure without significant shortening of

telomere length. Transient chemical inhibition also allows the immediate

observation of treatment effects, thus reducing the impact of compensatory

mechanisms that may confound observations.

RESULTS

Telomerase inhibition increases the proportion of cells in G2/M phases of

the cell cycle

During normal DNA replication, DNA-damage-response (DDR) signaling is

found transiently in late S/G2 phases at unstructured, open chromosome ends.

These signals have been detected in the forms of ATM-MRN and ATR-ATRIP

complexes (5,8,21,25,26). In order for cells to properly divide, DDR signals must

first be cleared by the reformation of T-loops. To understand how telomerase

may affect the kinetics of T-loop formation, we measured the effects of

imetelstat-induced telomerase inhibition on cell cycle progression.

Cells were treated with 10 µM inhibitory doses of imetelstat (5) or its

mismatch oligo control (MM) (27) for 24 h before harvesting and staining with

propidium iodide (PI) for cell cycle profiling using fluorescence-activated cell

sorting (FACS). In telomerase-positive mammary adenocarcinoma (MCF-7 and

MDA-MB 231) and colorectal carcinoma (HT29 and LS180) cells, a significant

increase in cell populations with 4N DNA content following imetelstat but not MM

treatment was observed (Fig. 1 a-d). In contrast, the cell cycle profiles of

telomerase-negative transformed cells (VA-13), which maintain telomeres via the

alternative lengthening of telomere (ALT) mechanism (28), and primary human

foreskin fibroblasts (BJ) were unaltered by both imetelstat and MM (Fig. 1 e-f).

The increased 4N cell population was likely due to a delay in exit from G2

phase rather than a cell cycle arrest, as previous studies have reported normal

cell growth following the removal of imetelstat (5). This suggests that treated cells

can return to normal cycling after the removal of drugs. To confirm the delayed

exit from G2 phase, we further investigated the proliferative capacity of cells after

imetelstat treatment. We used the IncuCyte Zoom live cell imaging system and

red fluorescent NucLight-tagged MDA-MB 231 cells to measure the effects of

continuous imetelstat treatment on cell proliferation over 7 days. Consistent with

a small but accumulative growth disadvantage conferred by delayed clearance

from G2 phase, we observed lower nuclear counts in cells exposed to 10 μM

imetelstat compared to untreated cells (Supplementary Fig. 1 a). A lower dose of

imetelstat (2 μM) resulted in an intermediate growth effect that is in agreement

with reduced inhibition of cellular telomerase activity (Supplementary Fig. 2, left

panel).

In order to measure growth in MCF-7 cells, we used the same treatment

regimen and measured absolute cell counts by Coulter counting. Similar to

before, a subtle growth defect was observed in MCF-7 cells treated with 10 μM

imetelstat (Supplementary Fig. 1 b). In contrast, imetelstat had no apparent effect

on cellular proliferation of telomerase-negative VA-13 cells (Supplementary Fig. 1

c). Telomerase activity in MDA-MB 231, MCF-7, and HT29 cells was effectively

inhibited by imetelstat in a dose-dependent manner, as confirmed by telomeric

repeat amplification protocol (TRAP) assays (Supplementary Fig. 2). These

results are consistent with a subtle imetelstat-induced defect in cell growth that is

revealed under longer-term incubation conditions. Together, our data suggest

that transient telomerase inhibition causes changes in cell cycle kinetics that

result in a growth disadvantage.

ATM inhibition abolishes the increase in 4N DNA cells caused by imetelstat

treatment

As ATM activation is concurrent with the resolution and rebuilding of telomere

structures, we next examined whether the effects of imetelstat on cell cycle

progression depend upon active ATM signaling. We applied pharmacological

inhibitor order-of-addition treatment regimens using imetelstat (Im) and the

specific ATM inhibitor KU55933 (Ku). The treatment conditions tested include:

single drug treatments of imetelstat (Im|Im) or KU55933 (Ku|Ku) for 48 h;

combinatorial treatment of imetelstat for 24 h then both imetelstat and KU55933

for another 24 h (Im|Im + Ku); and combinational treatment of KU55933 for 24 h

then both imetelstat and KU55933 for another 24 h (Ku|Im + Ku) (Fig. 2 a).

Consistent with Figure 1 a, imetelstat (Im|Im) treatment in MCF-7 cells

increased the population of cells with 4N DNA content relative to the population

distribution in untreated cells (Fig. 2 b). Notably, this effect on cell cycle

progression was abrogated by KU55933 pretreatment (Ku|Im + Ku) but not by

treatment with KU55933 after imetelstat exposure (Im|Im + Ku). Treatment with

ATM inhibitor alone (Ku|Ku) resulted in a reduction in the cell population with 4N

DNA content, but this reduction was not statistically significant in our data

analysis.

Treatment-induced cellular toxicities can also affect cell cycle profiles. To

differentiate this possibility from phase-specific cell cycle regulation, we analyzed

sub-G1 populations by FACS as a functional readout of cell death at the time of

DNA content analysis. The proportions of sub-G1 cell populations were not

significantly affected by single imetelstat (Im|Im) and KU55933 (Ku|Ku)

treatments, or by any treatment combinations, indicating that these changes in

cell cycle profiles were unlikely to be caused by increased rates of cell death

(Fig. 2 c).

Additionally, we assessed whether KU55933 interfered with the efficiency

of imetelstat-induced telomerase inhibition by measuring telomerase activity with

TRAP. Cells pre-treated with KU55933 (Ku|Im + Ku) also showed no telomerase

activity in the presence of imetelstat (Supplementary Fig. 3), confirming that ATM

inhibition did not affect imetelstat's ability to completely inhibit telomerase

actions. Together, these results imply that cell cycle alterations caused by

imetelstat-induced telomerase inhibition are dependent on functional ATM

signaling.

Imetelstat treatment induces telomere-specific DNA damage foci during the

G2 phase of telomerase-positive cells

In the absence of proper T-loop formation, uncapped telomeres are

recognized as DNA damage and accumulate DNA damage foci. The formation of

these damage foci is primarily mediated through the actions of ATM (26). To

confirm telomerase is involved in the normal kinetics of T-loop formation, we

examined the delayed clearance of ATM-induced DDR signals following

imetelstat treatment. Immunocytochemistry and confocal microscopy were used

to visualize the DDR marker γH2AX (Ser139), a standard marker of uncapped or

dysfunctional telomeres (1,20,21,25,26).

Imetelstat treatment over 24 h increased the number of cells with γH2AX

DDR foci in a subset of telomerase-positive MCF-7 and HT29 cells (Fig. 3 a-d)

but not telomerase-negative primary human BJ fibroblasts (Fig. 3 e-f). In parallel,

the mismatch oligo control had no significant effect on γH2AX DDR foci

accumulation. The observed increase in foci was not due to increased non-

specific background labeling in imetelstat-treated cells as illustrated by the

secondary antibody-alone controls (Supplementary Fig. 4).

To confirm the telomeric origin of imetelstat-induced γH2AX DDR foci, we

performed chromatin-immunoprecipitation using anti- γH2AX antibody. In

agreement with our immunocytochemistry observations, we confirmed increased

γH2AX ChIP signals following 24h imetelstat and etoposide treatments, but not

after treatments with the mismatch oligo, or vehicle control (Fig. 3 g-i).

Quantitative PCR measurements of γH2AX ChIP signals showed enrichment of

telomeric sequence following both imetelstat and etoposide treatments (Fig. 3 g).

In contrast, γH2AX signal enrichment at Alu-repeat sequence was only observed

with etoposide treatments (Fig. 3 h). When γH2AX signal enrichment at telomere

was normalized to the signals measured with the Alu-repeat reference, the

imetelstat group significantly different from the other three treatment groups,

suggesting that imetelstat induced the formation of telomere-specific γH2AX loci

(Fig. 3 i). This accumulation of γH2AX DDR foci at telomeres following imetelstat

treatment is consistent with an increase in uncapped telomeres caused by the

absence or inhibition of telomerase activity.

In order to assess the distribution of γH2AX DDR foci-positive cell

populations and their corresponding cell cycle phase, using

immunohistochemistry, we co-labeled imetelstat-treated MCF-7 and HT29 cells

with DDR and cell cycle phase markers. Since γH2AX DDR foci-positive cells co-

labeled with cytoplasmic cyclin B1, a marker of late S/G2 phases (Fig. 4 a-d), but

not phospho-histone H3 (H3P), an M phase marker in MCF-7 cells (Fig. 4 e-f),

the γH2AX DDR foci-positive cells were concluded to be residing in the S/G2

phases.

Consistent with the immunocytochemistry data, FACS measurements

showed the proportion of MCF-7 cells that were both cyclin B1-positive and

contained 4N DNA content increased with imetelstat treatment, relative to no

drug treatment and/or mismatch oligo controls (Fig. 4 g-h). Considering that the

magnitude of this increase was small, a delayed clearance from, rather than a

complete arrest at, G2 phase was more likely. Overall, our data indicate that

imetelstat-induced telomerase inhibition correlates with an accumulation of DDR

marker γH2AX and a delayed clearance of the telomere checkpoint at G2 phase

of the cell cycle.

Transient telomerase inhibition-induced DDR foci formation depends upon

active ATM signaling

Imetelstat was observed to delay G2 checkpoint clearance in an ATM-

activity dependent manner. To connect the role of ATM in G2 checkpoint

regulation with imetelstat-dependent γH2AX DDR foci formation, we again used

our order-of-addition experimental scheme coupled with immunofluorescent

detection of DDR signals. MCF-7 cells were treated with KU55933 and imetelstat

for 48 h, either alone or in different combinations, and γH2AX DDR foci were

quantified. As in our previous experiments, imetelstat treatment (Im|Im) resulted

in an increase in γH2AX DDR foci relative to the untreated (NT) negative control

(Fig. 5 a-b). Also as expected, we observed that treatment with KU55933 alone

(Ku|Ku) or before imetelstat addition (Ku|Im + Ku) abolished γH2AX DDR foci

formation. Interestingly, treatment with KU55933 after 24 h incubation with

imetelstat (Im|Im + Ku) only showed a slight, but not statistically significant,

reduction in γH2AX DDR foci formation. It is conceivable that blocking the activity

of ATM prevents the phosphorylation and propagation of new γH2AX foci but

does not remove the phosphorylated proteins that have already formed (Fig. 5 a-

b).

To provide further insight into the fate of imetelstat-treated cells that

escape G2-stalling, we labeled cells from different treatment groups for phospho-

histone H3P and quantified the proportion of cells progressing to M phase (Fig. 5

a, c). When no drug treatment was administered, ~5% of MCF-7 cells were H3P-

positive. Treatment with imetelstat alone (Im|Im) decreased the proportion of

cells in M phase, consistent with a stall at the G2 checkpoint due to persistent

DDR signaling. In contrast, cells treated with imetelstat and then KU55933 (Im|Im

+ Ku) showed an increase in the proportion of cells in M phase, suggesting that

continuous ATM signaling is essential for the G2 stall caused by imetelstat-

induced DDR signaling. Blocking ATM signaling following transient telomerase

inhibition likely released MCF-7 cells from the G2 checkpoint and allowed

progression to the next phase of the cell cycle. This release of previously stalled

cells manifested as an increase in cells entering M phase.

Similar to continuous imetelstat treatment, treatment with KU55933 alone

(Ku|Ku) or prior to imetelstat addition (Ku|Im + Ku) reduced the number of M-

phase cells, suggesting that the order of ATM and telomerase inhibition is

important. Consistent with the relative decrease in 4N DNA cell populations

observed in our earlier FACS experiments (Fig. 2 b), ATM inhibition may induce

faster passage through G2/M phases using multiple parallel mechanisms (see

discussion) such that the effects of telomerase inhibition are masked. Our data

demonstrate that ATM inhibition before imetelstat treatment removed the effects

of telomerase-inhibition–induced G2 stalling, confirming that functional ATM

activity is essential for the telomere checkpoint.

Imetelstat potentiation of etoposide cytotoxicity depends upon active ATM

signaling

Previously, we observed that imetelstat potentiated the cytotoxicity of

S/G2-specific DNA-damaging agents, including the topoisomerase inhibitors

etoposide and irinotecan (5). Addition of ATM inhibitor KU55933 following 24 h of

imetelstat treatment (Im|Im + Ku) further increased the cytotoxicity of etoposide.

However, the cytotoxic effects from inhibition of ATM signaling before imetelstat

treatment (Ku|Im + Ku) were not tested in this previous study. To clarify the role

of ATM signaling in imetelstat-induced potentiation of etoposide cytotoxicity, we

again performed order-of-addition treatment experiments using the colony

forming unit assay (5-7,12,16). MCF-7 cells were pre-treated for 24 h with

imetelstat or KU55933 before the addition of etoposide with continued inhibitor

treatment or in combination with both imetelstat and KU55933 for 24 h. After 48 h

of treatment, cells were harvested and set in soft agar medium to recover for 2

weeks (Fig. 6 a).

In agreement with previous results, imetelstat (Im|Im) or KU55933 (Ku|Ku)

treatment alone significantly potentiated etoposide cytotoxicity in MCF-7 cells

(Fig. 6 b-c) (5,10-14,29). ATM inhibition consistently resulted in greater

potentiation of etoposide cytotoxicity than imetelstat-induced telomerase

inhibition alone. This observation was attributed to the broader role of ATM in

signal transduction regulation of cellular responses to double-strand DNA

damage (30), in addition to its role in telomere maintenance and structural

homeostasis.

Consistent with our previous data, an additive effect on etoposide

cytotoxicity was observed when the cells were treated with both inhibitors in

combination following imetelstat pre-treatment (Im|Im + Ku). In contrast, the

additive effect was lost when cells were pre-treated with KU55933 before

imetelstat and KU55933 addition (Ku|Im +Ku). These observations suggest that

functional ATM-dependent DDR signaling is required for the potentiation of

etoposide cytotoxicity by telomerase inhibition.

Notably, the rank order of treatment conditions leading to increased

sensitivities towards etoposide mirrors the rank order of treatment conditions

leading to increased DDR foci accumulation observed in our previous FACS

experiments. The most cytotoxic treatment condition (Im|Im + Ku) was also

observed to increase the proportion of cells in M phase in our previous ICC

experiments. Based on these observations, we reasoned that the increased

cytotoxicity might be linked to increased mitotic errors caused by the premature

release of chromosomes with unstructured telomeres from the G2 checkpoint.

Consistent with improperly capped telomeres proceeding to mitosis, following

treatment (Im|Im + Ku), we observed an increase in micronuclei formation that

indicated mitotic defects and increased genomic instability (Fig. 6 d-e). This

increase in the number of cells with mitotic defects acts as an additional cytotoxic

mechanism in etoposide-treated MCF-7 cells.

DISCUSSION

TERT addiction manifests as a kinetic advantage in cell cycle progression

The role of telomerase in telomeric chromatin formation is inferred through

its *de novo* telomere synthesis function but has never been directly

demonstrated. Our data suggest that telomerase improves the kinetics of G-rich

overhang formation and thus, facilitates efficient higher-order telomeric chromatin

formation and clearance from the G2 checkpoint.

In telomerase-positive cells, imetelstat blocks the access of reverse

transcriptase to its telomeric DNA substrate, thereby preventing *de novo*

synthesis of G-rich telomere repeats (10,12,15-18,20,31). Consequently, ATM-

mediated DDR signals at unstructured telomeres take longer to resolve. This

results in delayed passage through cell cycle checkpoints and a temporary

accumulation of cells in G2 phase.

The lack of telomerase action stalls but does not entirely arrest cells at G2

phase because G-rich overhangs for T-loop formation can still be produced,

albeit with reduced efficiency, through the actions of multiple nucleases

(11,12,16,19,32). In the absence of G-strand synthesis, Exo1 provides more

substantial resection for T-loop formation. However, nuclease recruitment and

processing may have slower kinetics than telomere repeat synthesis (10,15).

Therefore, the inhibition of telomerase will delay, but not stop, the progression of

the cell cycle.

The observation that telomerase improves the kinetics of T-loop formation

is consistent with previous work from our laboratory showing that overexpression

of telomerase in telomerase-negative ALT cells conferred a growth advantage

and faster passage through S/G2 phases of the cell cycle (20,21,30,33). This

selective growth advantage may cause cancer cells to become "addicted" to

telomerase activity and explain the preponderance of telomerase overexpression

(>85%) for telomere maintenance over the alternate lengthening of telomere

mechanism in surveyed cancers (28).

As telomerase-negative cells reform T-loops using C-strand-specific

nucleases, their cell cycle progression is predicted to be unaltered by imetelstat

treatment (5,7,8,15,21,25,26). This prediction is supported by the lack of

significant decreases in cell growth in imetelstat-treated telomerase-negative cell

lines (Supplementary Fig. 1 c). Therefore, somatic tissues with low telomerase

expression are also predicted to have tolerable clinical toxicity profiles for

telomerase inhibition by imetelstat (1,5-7,20).

ATM signaling is necessary for telomerase actions at the T-loop

Functional ATM is required for normal elongation of telomeres by

telomerase in human cells (5,10-14,23,24,34). ATM inhibition prior to imetelstat

treatment abolishes the delay in cell cycle progression induced by telomerase

inhibition. This observation may be due to the inhibition of telomerase recruitment

to the telomere in the absence of ATM activity (22) or the inhibition of a

telomerase-independent ATM function that leads to changes in G2 checkpoint

engagement (35).

Notably, ATM inhibition was previously shown to accelerate passage

through G2 phase by the removal of inhibitory phosphorylation of C-strand-

specific Exo1 nuclease (31). Increased Exo1 activity leads to faster G-rich

overhang formation and thus, increases the kinetics of T-loop formation in the

absence of telomerase actions. Accordingly, accelerated G2/M progression is

consistent with the observed trend of reduced populations of cells with 4N DNA

content following KU55933 treatment (Fig. 2 b).

Interestingly, reversal of the order of inhibitor addition, with the addition of

imetelstat before ATM inhibition, resulted in increases in M-phase cell

populations. This suggests that the ATM-dependent telomere checkpoint was

quickly engaged following telomerase inhibition. Subsequent ATM inhibition

released previously stalled cells from G2 phase to M phase, confirming that

continuous ATM signaling is crucial for the maintenance of this checkpoint (36).

In M phase, uncapped chromosome ends resulted in abnormal cell division

and/or mitotic catastrophe (Fig. 6 d-e). The higher levels of micronuclei formation

indicate possible mitotic defects and chromosomal instability due to errors in

telomere processing.

Therapeutic implications of short-term telomerase inhibition

Previous work in our laboratory demonstrated that combining telomerase

inhibition by imetelstat with genotoxic agents potentiated the cytotoxic effects of

G2-specific DNA-damaging agents such as topoisomerase inhibitors (5,11,12).

Data from our current study indicate that this potentiating effect is likely due to an

ATM-dependent DNA-damage signal induced by telomerase inhibition. The

sustained DDR signal at unstructured chromosome ends may act in an additive

manner with G2-specific DNA-damaging agents such that a greater proportion of

cells pass the apoptotic threshold. Our hypothesis is supported by previous

observations that telomerase depletion in yeast caused chronic replication stress

and stalled replication forks (32). In this context, topoisomerase inhibitors and

other drugs that cause replicative stress may synergize particularly well with

imetelstat.

The potentiation of topoisomerase inhibitors by imetelstat may also be due

to pharmacodynamic interactions between telomerase inhibition and

topoisomerase inhibition. As previously observed, proper T-loop formation may

involve topoisomerase activity (7). The loss of telomerase activity in combination

with the absence of topology relief may further damage telomere structures and

result in cytotoxicity responses, thus providing another mechanism by which

imetelstat can potentiate topoisomerase inhibitor cytotoxicity.

In order for telomeres to shorten significantly, multiple rounds of cellular

replication are required. The long lag time associated with telomere shortening

has been a major theoretical barrier to the utilization of telomerase inhibitors for

anti-cancer chemotherapy (1). Recent clinical trials of imetelstat in myelofibrosis

and thrombocythemia have cast doubt on this premise. Telomere length did not

change in response to therapy and baseline telomere length was not predictive of

a positive therapeutic response (8,23,37). In this context, our data provide an

alternate explanation for the observed clinical effects of imetelstat: telomerase

inhibition in these hematopoietic cell types may induce distortions in cell cycle

kinetics without parallel observable effects on telomere-length regulation.

Telomeric-DNA-replication stress due to telomerase inhibition may be

partially relieved by an increase in the dNTP (purine) pool, as suggested in

previous studies (6,7,32). However, hematopoietic cancers frequently display

dysregulated dNTP metabolism (10,11,13,14,38). Therefore, this model predicts

that existing therapeutic agents targeting the available dNTP pools, such as

mycophenolic acids, will have synergistic effects with imetelstat treatments in

vulnerable hematopoietic cell types.

We observed that transient telomerase inhibition by imetelstat altered the

kinetics of T-loop formation through the engagement of the G2 checkpoint.

Imetelstat also sensitized telomerase-positive cells to G2-specific DNA-damaging

agents through delayed resolution of an ATM-dependent DNA-damage signal.

These observations allude to a separate mechanism by which telomerase

inhibition could affect telomere-maintenance kinetics and homeostasis. Our data

is relevant for understanding the role of telomerase in the formation of higher-

order telomeric-chromatin structures and cell cycle progression, thereby

presenting new testable hypotheses and possibilities for combination drug

regimens.

MATERIALS AND METHODS

Cell lines and reagents

MCF-7, MDA-MB 231, HT29, LS180, BJ fibroblasts, and WI-38 VA-13

were obtained from the American Type Culture Collection (ATCC). MDA-MB 231

(NucLight Red) cells were obtained from Essen Bioscience. Cell culture media,

antibiotics, and other cell culture reagents were purchased from Invitrogen/Life

Technologies unless otherwise noted. Cells were maintained under standard

culture conditions of 37°C and 5% CO_2 with penicillin and streptomycin antibiotics

(100 U each) and in the presence of appropriate fetal bovine serum (FBS)

concentrations (5-15%), as indicated by the ATCC.

Etoposide (Sigma/Aldrich) was administered in dose-response treatments

in 2-fold serial dilution and a maximum dose of 10uM. ATM inhibitor KU55933

(Calbiochem) was administered as 10 µM in DMSO, a concentration previously

determined to efficiently inhibit ATM function (5,21,25). Imetelstat and its

mismatch oligo control (MM) were obtained from Geron, resuspended in PBS,

and stored at -20°C. Stock concentrations were determined before each

experiment using UV-spectrophotometer absorbance. Imetelstat and MM were

administered at 10 μM, a dose previously determined to inhibit telomerase

activity by >100 fold in multiple cancer cell types (5).

Colony forming unit assay (CFU)

The assay was performed as previously described (1,5). Cells were seeded and

allowed to grow into individual colonies at 37°C under 5% CO_2 for 2 weeks.

Colonies were counted as positive if colony sizes exceeded 50 μm. Dose-

response analysis was performed using GraphPad Prism (v6.0b).

Immunocytochemistry (ICC)

Labeling was conducted as previously described (5,23,24). Primary antibodies

were sourced and diluted as follows: anti-phospho-histone H2AX (Ser139) 1:500

(JBW301 EMD Millipore), phospho-H3 1:500 (06-570 EMD Millipore), and cyclin

B1 1:100 (Santa Cruz H-433). Images were collected using a Zeiss LSM 700

confocal microscope and Zen 2012 (Zeiss) software. To quantify DNA-damage

response foci, the collected images were blinded and scored with >400 cells

analyzed for each condition. Nuclear abnormality scoring was conducted as

previously described (39).

Fluorescence-activated cell sorting (FACS)

Cells were plated and allowed to settle before treatment for 24 to 48 h with the

described drug regimens. The treated cells were harvested by trypsinization and

fixed with ethanol. FITC-Anti-Cyclin B1 (BD Biosciences) immunolabeling and

propidium iodide nucleic acid labeling were conducted according to the

manufacturer's protocol (Becton Dickinson). RNAse treatment was used to

remove non-specific signals. Labeled cells were sorted using a BD LSRII flow

cytometer (UBC Life Sciences Institute). For each cell sample, a minimum of

10,000 events were recorded. Flow Jo (Tree Star Inc) software and standard

gating procedures were used to quantify the sub-G1 population and the number

of cells with 2N and 4N DNA content.

Chromatin-immunoprecipitation (ChIP)

Cells were plated in 10 cm plates and allowed to settle before treatment for 24 h

with the described drug regimens. The treated cells were PBS-washed and

cross-linked in 1% formaldehyde. Cross-linked samples were collected by

scraping in ChIP lysis buffer (20 mM Tris-HCl pH 8.0, 140 mM NaCl, 1 mM EDTA

pH 8.0, 1% Triton X-100, 0.1% SDS, 1X protease inhibitor cocktail) and

sonicated with a Covaris m220 ultrasonicator. The sonicated fractions were then

precleared with Protein G sepharose beads (GE Healthcare, #17-0618) and then

subjected to immunoprecipitation (IP) with 3 µg of anti-phospho-Histone H2A.X

(Millipore 05-636). IP with 30 µL of BSA-preblocked protein G beads (without

primary antibody) was used as control. Chromatin immunoprecipitates were

washed sequentially in ChIP Wash Buffer A (0.1% SDS, 1% Triton X-100, 2 mM

EDTA, 20 mM Tris-HCl pH 8.0, 150 mM NaCl), ChIP Wash Buffer B (0.1% SDS,

1% Triton X-100, 2 mM EDTA, 20 mM Tris-HCl pH 8.0, 500 mM NaCl), ChIP

Wash Buffer C (0.25 M LiCl, 1% NP-40, 1% Sodium Deoxycholate, 1 mM EDTA,

10 mM Tris-HCl pH 8.0), and lastly TE buffer. The ChIP samples were reversed

cross-linked overnight in 65°C, and extracted DNA was purified with a DNA

cleanup kit (BioBasic). Quantitative PCR was performed using a Tel1b (telomere

sequence) primer set (Forward:

CGGTTTGTTTGGGTTTGGGTTTGGGTTTGGGTTTGGGTT, Reverse:

GGCTTGCCTTACCCTTACCCTTACCCTTACCCTTACCCT) and an Alu repeat

reference primer set (Forward: GACCATCCCGGCTAAAACG, Reverse:

CGGGTTCACGCCATTCTC) (40).

Data analysis

GraphPad Prism version 6 (GraphPad Software Inc, San Diego, CA) was used

for statistical analysis and data presentation. Student's *t*-tests or, where

appropriate, ANOVA followed by Fisher's LSD test were used to generate P-

values. $P < 0.05$ was considered statistically significant.

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 FIGURES

Figure 1. Telomerase inhibition increases the proportion of telomerase-positive cells with 4N DNA content. Cells were treated for 24 h with 10 µM imetelstat (Im) or its mismatch oligo control (MM). DNA content was analyzed using FACS and gating single cells by propidium iodide (PI) staining. Representative cell cycle profiles are shown for the indicated treatments and cell lines. (a-d) Imetelstat-induced telomerase inhibition increased the ratio of 4N to 2N cells in MCF-7, HT29, LS180, and MDA-MB 231 cell lines. (e-f) No change in ratio was observed in telomerase-negative VA-13 and BJ cell lines. ANOVA and Fisher's LSD test were used to generate P-values (* = P ≤0.05, ** = P ≤ 0.01, *** = P ≤ 0.001). Error bars represent SD.

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Figure 2. KU55933 and imetelstat affects cell cycle population distribution.
(a) MCF-7 cells were treated with the indicated inhibitors (first 24 h | second 24 h)
for 48 h. FACS analysis with propidium iodide staining was used to determine the
4N to 2N ratio. (b) Imetelstat (Im|Im) and imetelstat in combination with KU55933
(Im|Im + K) increased 4N DNA cell populations compared to no treatment (NT).
Treatment with KU55933 in the first 24 h decreased 4N DNA cell populations
compared to the respective treatment regimens using imetelstat in the first 24 h.
(c) No difference in sub-G1 populations, a readout of apoptosis and cell death,
was observed among cell lines undergoing different treatment regimens. ANOVA
and Fisher's LSD test were used to generate P-values (* = P ≤0.05). Error bars
represent SD.

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Figure 3. Telomerase inhibition induces DNA damage foci in telomerase-
positive but not telomerase-negative cells. (a-d) Immunocytochemistry
showed increased γH2AX DNA damage foci in a subset of telomerase-positive
MCF-7 and HT29 cells treated for 24 h with imetelstat (10 μM). The mismatch
control oligo (10 μM) did not induce this effect. Etoposide (1.4 μM) was used as a
positive control. (e-f) Imetelstat did not induce DNA damage foci in telomerase-
negative BJ primary human fibroblasts. Histograms show accumulation of cells
with ≥10 foci, normalized to the numbers obtained from no treatment controls.
Error bars represent SD. (g-i) γH2AX-ChIP-qPCR of (g) telomeric region and (h)
Alu repeat region in MCF-7 cells. Enrichment values were normalized to beads
only controls. (i) The ratio of ChIP enrichment of telomeric region over the Alu
reference regions was indicative of telomere-specific enrichment of γH2AX
signals (i). Error bars represent SEM. Student's *t*-test was used to generate P-
values (* = P ≤0.05, ** = P ≤ 0.01, n ≥ 3).
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Figure 4. Imetelstat increases the population of cells in late S/G2 phases.
(a-c) Following 24 h treatment with imetelstat (10 μM), MCF-7 and HT29 cells
were labeled for γH2AX in combination with cytoplasmic cyclin B1, a marker of
late S/G2 phases, or phospho-histone H3 (H3P), a marker of M phase. (d-f) DNA
damage foci-positive cells (≥10 foci) co-labeled with cyclin B1 or H3P were
quantified, with >400 cells analyzed for each condition. (g-h) MCF-7 cells were
treated with imetelstat (Im), the mismatch oligo (MM) or no drug (NT) for 24 h
then labeled with FITC-conjugated anti-cyclin B1 and propidium iodide (PI).
ANOVA and Fisher's LSD test were used to generate P-values (* = P ≤0.05, ** =
P ≤ 0.01). Error bars represent SD.

Figure 5. Functional ATM signaling is required for imetelstat-induced DNA damage foci formation and the G2/M checkpoint stall. (a) MCF-7 cells were treated with the indicated inhibitor(s) for 48 h using the same scheme as Fig. 2 before γH2AX and phospho-histone H3 (H3P) labeling. (b-c) Images were scored blindly to quantify co-labeling, with >400 cells scored per condition. ANOVA and Fisher's LSD test were used to generate P-values (* = P ≤0.05, ** = P ≤ 0.01, *** = P ≤ 0.001). Error bars represent SD.

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Figure 6. Imetelstat potentiation of etoposide cytotoxicity requires functional ATM signaling. (a) MCF-7 cells were treated with imetelstat (10 µM) or KU55933 (10 µM) for 24 h prior to addition of serial dilutions of etoposide (12.8 – 0.0125 µM) in combination with the previously used inhibitor or in combination with both inhibitors (Im + Ku). After 24 h incubation with etoposide, cells were counted and seeded in soft agar using the colony formation assay (CFU). Colonies were scored after 14 days. (b) Dose-response curves of MCF-7 cells given the indicated inhibitors (first 24 h | second 24 h in combination with etoposide) or no treatment (NT) before etoposide addition. (c) LD_{50}s obtained from dose-response curves. Error bars represent SEM. (d) Representative images of DAPI nuclear staining for treatments examined. Arrows indicate micronuclei. (e) Nuclear abnormalities were quantified from the same sets of images as in Fig. 5. Error bars represent SD. ANOVA and Fisher's LSD test were used to generate P-values (* = P ≤0.05, ** = P ≤ 0.01, *** = P ≤ 0.001, **** = P ≤ 0.0001).