Title

The expression of cannabinoid-related genes in different cellular models of disease

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Abstract

The endocannabinoid system comprises a series of ligands and receptors that have

putative roles in regulating physiological and cognitive processes such as pre- and post-

natal development, appetite, pain sensation, mood, and memory. Besides the

endocannabinoids, these endogenous receptors are also capable of mediating the

pharmacological effects of phytocannabinoids, which are derived from the cannabis plant.

We sought to interrogate a panel of cell lines, representative of multiple human diseases,

to characterize their cannabinoid-mediating gene expression. We found all lines

expressed one or more gene product that rendered the cell potentially responsive to

cannabinoids. Moreover, the expression profiles differed between normal and cancerous

cells, as well as between cells derived from the brain, pancreas, and skin. Taken together,

given the presence of one or more of these mediating gene products, our findings suggest

a potential therapeutic role for phytocannabinoids.

Introduction

The cannabis plant (*Cannabis sativa* L.) contains a large number of pharmacologically

active compounds called phytocannabinoids. The most abundant of these compounds

are Δ9-tetrahydrocannabinol (THC) and cannabidiol (CBD), although the amounts and

proportions of the various phytocannabinoids in each plant vary by strain and can be

adjusted by breeding.

Many cannabinoids, including CBD, have been shown to be non-toxic and to possess

anti-tumor activity in multiple cancer types (1). Numerous mechanisms have been

proposed to explain these anti-tumor effects, including the production of reactive oxygen

species (2, 3), promotion of apoptosis (4), a reduction in inflammation (5), activation of

receptors that may inhibit drug transport (6) and tumorigenesis (7), and potentiating the

activity of multiple types of chemotherapy (8).

In spite of its wide spectrum of pharmacological activities, little is known about the

molecular mechanism of cannabinoid action. Several gene products, however, have been

implicated in mediating the effects of cannabinoids. Activation of the endogenous

cannabinoid type 1 (CB1) and type 2 (CB2) receptors has been shown to lead to the

inhibition of tumor progression (9). CBD does not interact efficiently with CB1R and CB2R,

but cannabigerol (CBG), another non-psychotropic cannabinoid that interacts with

specific targets involved in carcinogenesis, is a weak partial agonist of both CB1R and

CB2R (10). Cannabinoids also target transient receptor potential (TRP) channels (11),

including TRPV1 (12) and TRPV2 (13), the cyclooxygenase (COX)-1 and COX-2 (also

known as prostaglandin-endoperoxide synthase 2, or PTGS2) enzymes (14), the fatty

acid amide hydrolase (FAAH) enzyme (11); the 5-hydroxytryptamine receptor 1A (5-

HT1A) and α2-adrenergic receptor (10); the nuclear receptor peroxisome proliferator-

activated receptor-gamma (PPAR-γ) (15); and the orphan G-protein-coupled receptor 55

(GPR55) (16).

CB1R and CB2R. Many of the effects produced by Δ9-tetrahydrocannabinol (Δ9-THC)

and its synthetic cousins depend on their ability to target cannabinoid receptors (17-19),

which include the GPCRs CB1R (20) and CB2R (21).

CB1Rs are located primarily in central and peripheral neurons; CB2Rs, predominantly in

immune cells. CB1Rs are also expressed by some non-neuronal cells, including immune

cells, and CB2Rs by some neurons both within and outside the brain (reviewed in (22)).

CBD has very low affinity for either CB1R or CB2R (23). However, there is evidence that

despite this low affinity for CB1R and CB2R, CBD can interact with these receptors at

reasonably low concentrations (22), yielding such varied effects as GPR55 antagonism

(24, 25), activation of TRPV1 (26), and decreased cancer cell proliferation and increased

neuroprotection (18, 27).

FAAH. FAAH is an intracellular enzyme that catalyzes the hydrolysis of the endogenous

cannabinoid ligand anandamide (arachidonoylethanolamide, AEA) (28, 29). CBD has

been reported to inhibit both FAAH-mediated degradation of the endogenous cannabinoid

ligand anandamide (30) and anandamide transporter activity (31). These findings suggest

that some of the pharmacological actions of CBD might be due to inhibition of AEA

degradation.

GPR55. GPR55 is an orphan G protein-coupled receptor (GPCR), meaning it has no

known ligand. The *GPR55* gene is expressed in several brain areas including the

hippocampus, hypothalamus, frontal cortex, and cerebellum (16). The function of GPR55

in the periphery is varied: vasodilatation, cellular proliferation and migration, bone

dynamics, energy balance, gastrointestinal processes, and inflammation and pain

(reviewed in (16)). In the central nervous system, studies suggest GPR55 could modulate

procedural memory, motor coordination, anxiety, and hippocampal release of glutamate

(reviewed in (16)).

GPR55 can be activated by endocannabinoids, though the extent to which the receptor

can be fully activated is still unknown (25). Despite poor sequence homology, many

studies have reported significant functional interaction between GPR55 and CB1R/CB2R

(32-34). As such, GPR55 is being considered as the cannabinoid receptor type 3 (CB3R)

by the International Union of Basic and Clinical Pharmacology Committee on Receptor

Nomenclature and Drug Classification (32, 35). Given its role in motor coordination,

modulation of GPR55 activity has been proposed as a therapeutic target for epilepsy.

CBD was recently approved by the US FDA as a treatment for certain childhood forms of

epilepsy (Epidiolex®, GW Pharmaceuticals), leading to the hypothesis that one

mechanism of action of CBD is GPR55 inhibition (25).

Id-1. CBD has been shown to reduce the expression of the inhibitor of differentiation and

DNA binding 1 (Id-1). Id family members negatively regulate the activity of basic helix–

loop–helix proteins, which are critical components of developmental processes such as

sex determination and neurogenesis (36). Constitutive expression of Id proteins can

inhibit the differentiation of various tissues (37, 38). Perhaps most relevant, the Id proteins

have been shown to be involved in the pathogenesis of human cancers (39, 40).

The level of expression of the *ID1* gene has been shown to be strongly correlated to the

invasive and metastatic behavior of breast cancer (41, 42) and glioblastoma (GBM) (36)

cells. Higher levels of *ID1* have been documented for a variety of aggressive tumor types

including melanoma and cancers of the head and neck (squamous cell carcinoma [SCC]),

esophagus (SCC), oral cavity (SCC), liver, colon, pancreas, thyroid, ovary, cervix,

endometrium, and prostate (reviewed in (39)), especially when compared to normal cells

of the same tissue origin (39, 40).

PTGS2. The *PTGS2* gene encodes the COX-2 enzyme, which is one of two

cyclooxygenases in humans. It is involved in the conversion of arachidonic acid to

prostaglandin H2, an important precursor of prostacyclin, which is expressed in

inflammation. PTGS2 is not expressed in most cells under normal conditions, but elevated

levels are found during inflammation. Non-steroidal anti-inflammatory drugs (NSAIDs)

inhibit prostaglandin production by both PTGS1 (COX-1) and PTGS2.

The expression of *PTGS2* is upregulated in many cancers. Inhibiting *PTGS2* expression

may therefore be beneficial in preventing and treating certain types of cancer (43).

COX-2 plays a significant role in intraneuronal CB1R signal transduction and modulation

of *PTGS2* and *CNR1* gene expression (44). CBD and Δ9-THC have been found to

increase expression and activity of PTGS2, with *PTGS2* being one of the 25 most up-

regulated genes upon treatment with either cannabinoid in T98G (but not U-87 MG) cells

(45).

TRPV1 and TRPV2. TRP channels are pore-forming transmembrane proteins that allow

ions and xenobiotics to permeate biological membranes (46). It has been suggested that

TRP channel-expressing cancer cells may allow entry of charged molecules (47-50) and

certain anti-proliferative and cytotoxic molecules (47) by permeation.

CBD has been found to be a full, though weak, agonist of human TRPV1 (26). The TRPV2

channel is triggered by agonists such as Δ9-THC and CBD (51, 52).

Given the importance of each of these genes to normal and pathological processes, we

sought to assess the level of each across a panel of human cell lines.

Methods

Cell lines

The GBM lines A-172, T98G, and U-87 MG; pancreatic cancer lines MIA PaCa-2 and

PANC-1; actinic keratosis line HT 297.T; melanoma lines A-375 and A101D; and normal

skin fibroblasts BJ and Detroit 551 were all obtained from the American Tissue Culture

Collection (ATCC) and grown according to the manufacturer's recommendations. All

assays were performed using cells that had been passaged fewer than 20 times upon

arrival.

The SCC (skin) line HSC-5 (53) was obtained from the Japanese Collection of Research

Biosources Cell Bank (JCRB) and Sekisui XenoTech.

RNA extraction

RNA from cell samples was generated using the RNeasy Mini Kit (Qiagen) according to

the manufacturer's instructions.

Generation of complementary DNA (cDNA)

RNA was converted to cDNA using the RT^2 First Strand Kit (Qiagen) according to the

manufacturer's instructions.

Quantitative PCR (qPCR)

The expression of *ACTB* (β-actin), *CNR1* (CB1R), *CNR2* (CB2R), *FAAH*, *GAPDH*,

GPR55, *ID1* (Id-1), *PTGS2*, *TRPV1*, *TRPV2*, was measured by qPCR using validated

human primer sets (RT^2 qPCR Primer Assays, Qiagen) and the RT^2 SYBR Green qPCR

Mastermix (Qiagen). Values for gene expression were determined using the ΔCt method,

where the cycle number threshold (Ct) of either glyceraldehyde 3-phosphate

dehydrogenase (GAPDH) or β-actin (as housekeeping genes) is subtracted from the Ct

value of each gene. Expression levels for the housekeeping gene transcripts were

normalized to one million copies.

Results

Glioblastoma

We compared the level of expression of the set of cannabinoid-related genes across three

different GBM lines, A-172, T98G, and U-87 MG. A-172 cells were the only cells of those

assessed that had measurable expression of all genes tested. Two of the GBM lines

tested, A-172 and U-87 MG, exhibited the highest expression of *ID1* among all the genes

analyzed (**Figure 1A** and **Figure 1C**, respectively), as well as having fairly robust

expression of *TRPV1*. T98G cells had the highest expression of *GPR55*, followed by *ID1*

(**Figure 1B**). A-172 and U-87 MG cells also exhibited robust expression of *PTGS2*, while

only U-87 MG cells had robust expression of *TRPV2*.

Figure 1. Expression of cannabinoid-related genes in glioblastoma cells. Expression

levels in (**A**) A-172 cells, (**B**) T98G cells, and (**C**) U-87 MG cells were normalized to one

million copies of either GAPDH (**A**) or β-actin (**B**, **C**).

Pancreatic cancer

The pancreatic cancer line MIA PaCa-2 had observable and robust expression of all

cannabinoid-related genes except *TRPV2* (**Figure 2A**). PANC-1 cells, on the other hand,

were fairly low expressers of all genes except *FAAH*, *ID1*, and *TRPV1* (**Figure 2B**).

Figure 2. Expression of cannabinoid-related genes in pancreatic cancer cells.

Expression levels in (**A**) MIA PaCa-2 cells and (**B**) PANC-1 cells were normalized to one

million copies of β-actin.

Skin

The malignant melanoma line A-375 had observable expression of all cannabinoid-

related genes except *TRPV2* (**Figure 3A**). The genes with the highest levels of

expression were *CNR1*, *GPR55*, *ID1*, and *TRPV1*. Another melanoma line, A101D, had

observable expression of all genes (**Figure 3B**). It, too, had *ID1* as the highest-expressing

gene.

Figure 3. Expression of cannabinoid-related genes in melanoma cells. Expression

levels in (**A**) A-375 cells and (**B**) A101D cells were normalized to one million copies of β-

actin.

The SCC line HSC-5 (**Figure 4**) and actinic keratosis line HT 297.T (**Figure 5**) both had

observable expression of *FAAH*, *ID1*, *PTGS2*, and *TRPV1;* HSC-5 cells also expressed

CNR1. Similar to other lines, ID1 expression was the highest of all genes tested.

Figure 4. Expression of cannabinoid-related genes in HSC-5 cells, a squamous cell

carcinoma line derived from skin. Expression levels were normalized to one million

copies of β-actin.

Figure 5. Expression of cannabinoid-related genes in HT 297.T cells, an actinic

keratosis line. Expression levels were normalized to one million copies of β-actin.

We also examined gene expression in normal skin fibroblasts. The two lines studied, BJ

and Detroit 551, exhibited different patterns of expression. BJ cells had high levels of

PTGS2 and *TRPV2* expression (**Figure 6A**), while Detroit 551 cells had high levels of *ID1*

and *PTGS2* (**Figure 6B**). interestingly, BJ cells had completely undetectable levels of *ID1*.

Figure 6. Expression of cannabinoid-related genes in normal skin fibroblasts.

Expression levels in (**A**) BJ cells and (**B**) Detroit 551 cells were normalized to one million

copies of β-actin.

A summary of the expression levels of the cannabinoid-related genes can be found in

Table 1. A heatmap visualization of the same data can be found in **Figure 7**.

Table 1. Expression of cannabinoid-related genes across multiple cell lines.

Cell line	CNR1	CNR2	FAAH	GPR55	ID1	PTGS2	TRPV1	TRPV2
Glioblastoma								
A-172	+	+	+	+	++	+	+	+
T98G	+	+	+	++	+	ND	+	+
U-87 MG	ND	+	+	ND	++	++	+	+
Pancreatic cancer								
MIA PaCa-2	++	++	++	++	++	++	++	ND
PANC-1	+	ND	+	ND	++	ND	+	ND
Skin – Squamous cell carcinoma								
HSC-5	+	ND	++	ND	++	+++	+	ND
Skin – Actinic keratosis								
HT 297.T	ND	ND	+	ND	++	+	+	ND
Skin – Melanoma								
A-375	++	+	+	++	+++	+	++	ND
A101D	+	+	+	+	++	++	+	++
Skin – Normal								
BJ	+	+	+	+	ND	++	+	++
Detroit 551	+	+	+	ND	++	++	+	+

Expression levels: +++, < 1 log difference of β-actin expression
++, > 1 and < 3 logs difference of β-actin expression
+, > 3 logs difference of β-actin expression
ND, not detected

Figure 7. Heatmap depicting the expression of cannabinoid-related genes across

multiple cell lines. The colors indicate levels of gene expression and range from white

(nadir of expression) to dark green (zenith of expression).

When visualized in the aggregate, all cell types expressed cannabinoid-related genes,

though to varying degrees (**Figure 8**). The highest total gene-expressing cell line was

MIA PaCa-2, while the highest gene-expressing cell type was melanoma.

Figure 8. Expression of cannabinoid-related genes in all cell lines. The total

expression levels of all cannabinoid-related genes in this study are aggregated for ease

of comparison.

ID1 expression

Because of the special role Id-1 appears to play in tumorigenesis, and the fact that CBD

has been shown to down-regulate *ID1* gene expression and associated glioma cell

invasiveness and self-renewal (36), we paid particular attention to its expression levels in

the cell lines assessed in this study. We found that expression of *ID1* was consistently

high in cancerous cell lines (**Figure 9**). The only other diseased line available, actinic

keratosis, had the lowest levels of *ID1* expression. Two normal skin fibroblast lines, BJ

and Detroit 551, showed different levels of *ID1* expression, with BJ having undetectable

ID1 levels.

Figure 9. ID1 mRNA expression in different cell lines. Expression levels were

normalized to one million copies of β-actin.

Discussion

Cannabinoids, and CBD in particular, have been proposed as therapeutic agents for a

wide variety of diseases. Although the precise mechanism(s) of action by which

cannabinoids exert their effects remain(s) unknown, it has been suggested that the

endogenous expression of enzymes, receptors, signaling molecules, and other mediators

that comprise the endocannabinoid system render the human body capable of functional

responses to this class of compounds. To our knowledge, this study is the first systematic

assessment of cannabinoid-related genes across multiple cell lines that span human

diseases.

Virtually all of the cell lines we tested exhibited robust expression of *ID1*, a gene that has

been implicated in the pathogenesis of human cancers (39, 40). (U-87 MG cells were

previously shown to be negative for *ID1* expression (54).) As CBD has been shown to

reduce the expression of *ID1*, thereby reducing either the likelihood of cellular

transformation or the aggressiveness of existing tumors, these results suggest

therapeutic targeting of these diseases with CBD may improve outcomes.

The expression of *PTGS2* was second only to *ID1* across the cell lines tested. Given its

role in mediating inflammation, it was not surprising to observe fairly high levels in

transformed cell lines (even if some are characterized as "normal"). This observation is

consistent with the finding that *PTGS2* expression is upregulated in many cancers. What

is counter-intuitive, however, is the observation that CBD was found to up-regulate

expression of *PTGS2*, as well as increase the activity of the COX-2 enzyme (45).

Increasing the activity of a pro-inflammatory mediator such as COX-2 contradicts the

narrative that CBD and other cannabinoids are potent anti-inflammatory drugs, exerting

their effects through induction of apoptosis, inhibition of cell proliferation, suppression of

cytokine production, and induction of regulatory T cells (T$_{regs}$) (5). Further investigation

into the effect cannabinoid treatment of these cell lines has on *PTGS2* expression is

warranted.

CBD has very low affinity for either CB1R or CB2R (23). In addition, CBD has been

reported to inhibit both FAAH-mediated degradation of the endogenous cannabinoid

ligand, anandamide (30) and the RBL-2H3 cell anandamide transporter activity (31).

These findings raised the possibility that some of CBD's pharmacological actions might

be due to inhibiting the degradation of anandamide. Anandamide has been identified as

an endogenous CB1R agonist and as a ligand for CB2R (despite low affinity).

Another important site at which anandamide acts is TRPV1 (55), which acts as a

molecular integrator of noxious stimuli and is important for thermal nociception and

inflammatory hyperalgesia (56, 57). CBD has been shown to be a full, although weak,

agonist of human TRPV1 (26). Thus, CBD could activate either cannabinoid receptors

indirectly through anandamide or vanilloid receptors directly or indirectly via anandamide.

In conclusion, the cell types assessed in this study – diseased and normal cell types,

cancer and non-cancerous cell types – all exhibited expression of one or more gene

products that have been shown to mediate the pharmacological effects of cannabinoids.

Moreover, the diversity of these cell types is consistent with the notion that our bodies,

whether healthy or sick, are innately capable of responding to cannabinoids. Our findings

strongly suggest there is a potential therapeutic role for phytocannabinoids in the context

of disease.

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Figure 1

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