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The spliceosome inhibitors isoginkgetin and pladienolide B induce ATF3-dependent cell death in mouse embryonic fibroblasts

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Abstract

The spliceosome assembles on pre-mRNA in a stepwise manner through five successive pre-spliceosome complexes. The spliceosome functions to remove introns from pre-mRNAs to generate mature mRNAs that encode functional proteins. Many small molecule inhibitors of the spliceosome have been identified and they are cytotoxic. However, little is known about the mechanisms leading to cell death. Activating transcription factor 3 (ATF3) is a transcription factor that can stimulate apoptotic cell death in response to a variety of cellular stresses. Here, ATF3 protein levels increased in cultured human and mouse cells in response to cytotoxic levels of the two splicing inhibitors tested: pladienolide B (PB) and isoginkgetin (IGG), that target different pre-spliceosome complexes. Importantly, deletion of ATF3 protected mouse embryonic fibroblasts to these splicing inhibitors. Our results indicate that both splicing inhibitors activate ATF3, and that ATF3 is contributing to the sensitivity of MEFs to these compounds.

Introduction

Most protein-coding genes are transcribed into a precursor RNA (pre-mRNA) that requires significant processing to produce mature mRNA. One of the more complex modifications is the removal of introns and ligation of exons through the process of pre-mRNA splicing. The major spliceosome is responsible for the removal of the vast majority of introns, so it is usually referred to as the spliceosome[1]. The spliceosome is composed of five small nuclear RNAs (snRNAs), U1, U2, U4, U5 and U6, which are each associated with specific proteins yielding their corresponding small nuclear ribonuclear protein complexes (snRNPs). These snRNPs bind sequentially to *cis*-acting elements in pre-mRNA including the 5' and 3' splice

sites, the branch sequence, and polypyrimidine tract, leading to the assembly of a functional

spliceosome through the E, A, B, B* and C pre-spliceosome complexes[2].

A variety of small molecules interfere with the spliceosome at distinct points in assembly.

PB is a spliceosome inhibitor derived from *Streptomyces platensis* that targets the SF3B1

protein. This protein is a component of the U2 snRNP complex so PB prevents the formation of

the A complex[3]. IGG is a natural compound derived from *Ginkgo biloba,* that affects the

spliceosome at a subsequent step, preventing the transition from the A to the B complex by

inhibiting the stable binding of the U4/U5/U6 tri-snRNP complex[4]. These two compounds

affect a different stage of spliceosome formation, however both have been shown to decrease cell

viability through uncharacterized mechanisms [5, 6].

Activating transcription factor 3 (ATF3) is a member of the ATF/CREB transcription

factor family and is activated in response to a variety of stresses including DNA damage,

inflammation, endoplasmic reticulum (ER) stress and oxidative stress [7-10]. ATF3 has been

shown to have a variety of functions, one of which is regulating the expression of proapoptotic

genes, such as GADD153/CHOP[11]. We sought to determine if ATF3 plays a role in sensitivity

to the inhibition of pre-mRNA splicing. Here we report that ATF3 is induced in human and

mouse cells and that deletion of ATF3 in mouse embryonic fibroblasts (MEFs) protects cells

from the lethal effects of spliceosome inhibitors. This work provides important insight into the

mechanisms underlying the cell death induced by spliceosome dysfunction.

Materials and Methods

Cell culture and drug treatment

HCT116 cells were obtained from the American Tissue Type Collection (Cat #: CCL-247,

Manassas, VA) grown in McCoys media (Hyclone, San Angelo) supplemented with 10% Fetal

Calf Serum (FBS) (Gibco, Dun Laoghaire) and 90units/ml penicillin, 90ug/ml streptomycin

(Hyclone). ATF3$^{+/+}$ and ATF3$^{-/-}$ MEFs were obtained from Dr. Jim Dimitroulakos (Ottawa

Hospital Research Institute)(St. Germain *et al.,* 2010) and grown in DMEM High Glucose media

(Hyclone) supplemented with 10% Fetal Calf Serum (FBS) (Gibco) and 90units/ml penicillin,

90ug/ml streptomycin (Hyclone). Cell were seeded at a density of 500,000 cells/ 6cm or 25,000

cells per well of a 96-well plate, 24 hours prior to treatment, depending on the assay. Cells were

treated with up to 30µM IGG (Calbiochem), up to 25nM PB (ChemCruz), 200nM actinomycin

D (AD) (Sigma-Aldrich, St. Louis, MO), an equivalent volume of dimethyl sulfoxide (DMSO)

as the vehicle control for IGG or left untreated.

76 **Immunoblotting**

Cell monolayers were rinsed with phosphate buffered saline (PBS) pH 7.6 and collected in 300µl

of 1% SDS in dH$_2$O. Samples were sonicated (QSonic, Newton), and protein was quantified

using the Bio-Rad Protein Assay (Bio-Rad, Philadelphia). Equal amounts of protein were

denatured in NuPAGE^{TM} LDS Sample Buffer and NuPAGE^{TM} Sample Reducing Agent (10X)

(Fisher Scientific, Ottawa), heated for 10 minutes at 70˚C and loaded onto NuPAGE 4-12% Bis-

Tris gels (Fisher Scientific). Protein was then transferred to a nitrocellulose membrane (Bio-

Rad), and transferred proteins were stained using 1mg/ml Ponceau S Red in 1% glacial acetic

acid. Membranes were blocked for 30-60 minutes in 5% Milk in Tris Buffered Saline Tween

(TBST) pH 7.6 (Tris Buffered Saline, 0.1% Tween 20). Membranes were incubated overnight at

4˚C in primary antibody, anti-ATF-3 (sc-188, Santa Cruz, CA) or anti-beta-actin (A2228, Sigma)

in 0.5% Milk in TBST pH 7.6. Membranes were washed 4x5 min in TBST, then incubated in

secondary antibody (HRP-conjugated goat anti-mouse or goat anti-rabbit from Abcam) for 1-2

hours. Membranes were washed 4x5 min in TBST, then incubated for 5 minutes in 600µl of

Clarity^{TM} Western ECL substrate (Bio-Rad), and imaged using the Fusion FX5 gel

documentation system (Vilber Lourmat, France).

Flow cytometry

Floating and adherent cells were collected together by centrifugation following trypsin treatment.

The supernatant was removed, and the cell pellet was washed twice in PBS, fixed in 1ml ice cold

70% ethanol and stored at -20˚C for a minimum of 30 minutes. Cells were centrifuged, ethanol

was then removed, and the pellet was washed twice in PBS and resuspended in 200µl of 20µM

Propidium Iodide (PI) stain (Sigma-Aldrich) with 73µM RNaseA (Fisher Scientific). Red

fluorescence was measured with a BD Accuri C6 flow cytometer and analyzed using the BD

Accuri C6 software.

Cell viability assays

ATF3$^{+/+}$ and ATF3$^{-/-}$ MEFs were seeded in a 96-well plate 24h hours prior to treatment for both

cell viability assays. The CellTiter-Glo® Luminescent Cell Viability Assay (Promega, Madison)

was used according to manufacturer's instructions to determine ATP content, to estimate cell

viability. Briefly, 100µl of media was removed from each well and mixed with an equal volume

of CellTiter-Glo Reagent. After 2 minutes of shaking, the samples were incubated at room

temperature for 10 minutes and read using the Cytation 5 96 well plate reader (BioTek, Vermont)

and Gen5 software (version 2.07.17) at an integration time of 1.0 s per well.

For trypan blue dye exclusion assays, cells were detached using trypsin and 10 ul of trypan blue

(0.4% in PBS) was added to each well of the 96-well plate. After two minutes, an aliquot of cells

was transferred to Dual-Chamber cell counting slides (Bio-Rad, Hercules) and read using the

Biorad TC20 Automated Cell Counter.

Results

Splicing inhibitors induce apoptosis and increase ATF3

Pre-mRNA splicing is essential for viability and pre-mRNA splicing inhibitors are

cytotoxic through an unknown mechanism. To start to address this, HCT116 colon cancer cells

were exposed to either IGG or PB and 48 hours later apoptosis was assessed by flow cytometric

analysis of subdiploid (subG1) DNA content (Figs 1A and B). Exposure to either splicing

inhibitor resulted in an increase in the fraction of cells with sub G_1 DNA content. ATF3 is

important in multiple cell death pathways [7, 11, 12] but its role in response to splicing inhibition

was unknown. Therefore, we measured the expression of ATF3 in response to treatment with

both splicing inhibitors in these cells (Fig 1C). ATF3 levels increased following treatment with

cytotoxic concentrations of both splicing inhibitors but the fold increase in ATF3 appears to be

greater in PB-treated cells.

Fig 1. Increased apoptotic cell population in response to IGG and PB treatment. HCT116

cells were left untreated, exposed to 30μM IGG (A) or 25nM PB (B) for 48 hours (B). Flow

cytometric analysis was performed to determine the proportion of cells with sub G_1 DNA content

(apoptotic). Each point represented the mean, +/- the standard error of the mean (SEM) from

least three independent experiments. (C) protein lysates were collected for HCT116 cells in 1%

SDS following 24h untreated, or treated with DMSO, 30μM IGG or 25nM PB, and analyzed

using immunoblotting with the indicated antibodies. Similar results were obtained in three

independent experiments.

ATF3 contributes to cell sensitivity

We used a genetic approach to determine if ATF3 contributed to cell death following

spliceosome inhibition in isogenic MEF strains that either expressed or did not express ATF3

(ATF3$^{+/+}$ and ATF3$^{-/-}$ MEFs, respectively). As detected in HCT116 cells, ATF3 levels increased

in the ATF3$^{+/+}$ MEFs in response to IGG and PB exposure (Fig 2A). As expected, ATF3 was not

detected in the ATF3$^{-/-}$ MEFs. We assessed sensitivity to apoptosis by one parameter flow

cytometric analysis of sub G_1 DNA content in both cell lines following exposure to IGG and PB

(Fig. 2B). Cells deleted of ATF3 were significantly protected against the lethal affects of both

drugs. Therefore, PB and IGG appear to induce ATF3-dependent apoptosis in MEFs.

Fig 2. ATF3 is activated in response to IGG and PB treatment in MEFs. ATF3$^{+/+}$ and ATF3$^{-/-}$

MEFs were left untreated, or exposed to DMSO, 30μM IGG or 25nM PB for 24 hours. Protein

lysates were collected in 1% SDS and analyzed using immunoblot with the indicated antibodies

(A). MagicMark^{TM} Western Protein Standard was used, the 30kDa and 40kDa marker are visible

on ATF3 and actin westerns, respectively. Similar results were obtained across three independent

experiments. Flow cytometric analysis of sub G_1 content was completed as described previously

for both ATF3$^{+/+}$ and ATF3$^{-/-}$ cells (B). A two-way ANOVA was completed comparing cell lines

and treatments, both having $p < 0.001$.

The sensitivity of MEFs to spliceosome inhibition was further evaluated with two

additional independent assays. First, ATF3$^{+/+}$ and ATF3$^{-/-}$ MEFs were exposed to either IGG or

PB for 24h and cell viability was assessed by trypan blue dye exclusion (Fig 3A). Trypan blue is

unable to penetrate viable cells with intact cell membranes, whereas non-viable cells that have

lost membrane integrity take up the dye. Both splicing inhibitors (PB and IGG) decreased cell

viability in ATF3$^{+/+}$ MEFs. The surviving fractions of ATF3$^{-/-}$ MEFs was significantly higher

than parental controls following exposure to both drugs. In fact, there was no detectable decrease

in viability in the ATF3$^{-/-}$ MEFs with this assay.

Fig 3. The absence of ATF3 increases cell viability following PB and IGG treatment.

ATF3$^{+/+}$ MEFs (white) and ATF3$^{-/-}$ MEFs (grey) were incubated with 30μM IGG, 25nM PB and

200nM act D for 48h (A) or 24h (B). A trypan blue exclusion assay was used to assess

membrane integrity, as an indictor of cell viability (A). The CellTiter-Glo® Luminescent Cell

Viability Assay was used to estimate metabolic activity as an indicator of cell viability (B). Each

bar represents the mean of 3 independent experiments, +/- SEM. Statistical significance between

cell lines for each treatment was completed using a two-way ANOVA, with the comparison of

cell lines and treatments having $p < 0.0001$.

Second, a CellTiter-Glo® Luminescent Cell Viability Assay was used to quantify ATP

levels in treated and untreated cells. A decrease in ATP in treated compared to untreated cells is

indicative of a decrease in the number of metabolically active cells (Fig 3B). ATP levels

decreased in both ATF3$^{+/+}$ and ATF3$^{-/-}$ MEFs following treatment with IGG and PB, consistent

with previous literature showing that both IGG and PB decreased cell viability [5, 6].

Importantly, the surviving fraction of treated ATF3$^{-/-}$ MEFs was significantly greater than the

surviving fraction of control MEFs suggesting that ATF3$^{-/-}$ MEFs were again protected from the

cytotoxic effects of both PB and IGG. Taken together, ATF3 expressing MEFs are more

sensitive to splicing inhibitors than their ATF3$^{-/-}$ counterparts, as assed by DNA fragmentation,

membrane integrity and ATP content.

Discussion

The production of functional mRNAs requires the synthesis of pre-mRNA that is

coordinated with co-transcriptional mRNA processing steps including pre-mRNA splicing [13-

15]. The inhibition of pre-mRNA splicing delays or prevents the production of functional

mRNAs and indirectly the encoded proteins. How splicing abnormalities are sensed and

transmitted to cell death pathways remains unclear. In the present work, we measured cellular

responses to two spliceosome inhibitors, IGG and PB. We found that both drugs led to an

increase in ATF3 expression in human colon cancer cells and MEFs. Parental MEFs, expressing

ATF3, were sensitive to both inhibitors leading to a large decrease in the viable cell population.

However, cell viability was significantly higher in ATF3-/-, as assessed in 3 independent assays.

Subtle quantitative differences were detected among the assays that reflect the timing of

individual assays, the timing of changes associated with cell death and the sensitivity of

individual assays. Of note, CellTiter-Glo® Luminescent Cell Viability Assay is not determined

on a single cell basis and it is very sensitive [16] so it isn't entirely surprising that we detected

greater apparent cell death with this assay. Despite these differences, all three assays suggest that

ATF3 as a regulator of mammalian cell sensitivity to these pre-mRNA splicing inhibitors.

The two spliceosome inhibitors tested target distinct pre-spliceosome complexes. PB

interacts with the SF3B1 subunit of the U2 snRNP in the complex A [5] whereas IGG acts

somewhat later preventing the transition from the A to B complex through an unknown target

[4]. Despite the fact that both drugs inhibit pre-mRNA splicing at similar stages and induce

apoptosis through an ATF3-dependent mechanism, a variety of differences in gene expression

and biological effects have been described. For example, we have previously reported that these

two drugs can have pronounced effects on cell cycle distribution [17]. Importantly, these drugs

led to similar but not identical changes in cell cycle distribution [17]. Two parameter flow

cytometric analysis of bromodeoxyuridine-labelled cells indicated that IGG led to multiple cell

cycle alterations but the most prominent was to an S phase arrest [17]. In partial contrast, PB-

treated cells were blocked predominantly in G_1 but also exhibited a more modest S phase arrest

than IGG-treated cells [17]. Meanwhile, both drugs led to decreased M phase assessed by loss of

phospho-H3 immunoreactivity [17]. Therefore, there are similarities and differences in the

effects of these compounds on cell cycle responses.

Other groups have reported recently that IGG has other unique effects on transcription

and protein trafficking. Boswell and coworkers found that IGG decreases transcriptional

elongation, independent of effects on pre-mRNA splicing [18]. Strand-specific RNA-sequencing

(RNA-seq) was performed in IGG-treated and control cells and relative read number increased

within 5 kb of transcription start sites in IGG-treated cells but not in the presence of an SF3B1

inhibitor, meayamycin [19], suggesting that transcription near the 5'end of genes was slow in the

presence of IGG [18]. These authors also detected increased polyA site readthrough in IGG

treated cells further suggesting that a fundamental problem in transcription and co-transcriptional

processing may underlie some of the unique biological effects of IGG [18]. It is noteworthy that

these authors still detected a defect in pre-mRNA splicing using RNA-seq analysis in this and

previous papers [18, 20].

Lastly, IGG also appear to inhibit trafficking of the amyloid precursor protein (APP)

from endoplasmic reticulum (ER) to the Golgi [21] and lysosome-mediated turnover [22]. In the

former, APP levels increased in response to IGG but not the SF3B1 inhibitor spliceostatin [21].

APP was retained in the ER and where the protein was stable and accumulated [21]. In the latter

paper [22], IGG led to increased lysosomal stress, increased TFEB protein expression (a

regulator of lysosomal biogenesis) and the accumulation of polyubiquitinated proteins under

nutrient starving conditions suggesting that IGG may be inhibiting proteasomes and altering

lysosomal function under some conditions [22]. Intriguingly, IGG-induced TFEB activated

ATF3 indirectly through ATF4, however it was unclear if ATF3 contributed to cell death

detected in this manuscript. There is presently no evidence that PB or any other SF3B1 inhibitors

similarly affect protein homeostasis. While these additional functions attributed to IGG may

contribute to differences detected in cell cycle regulation [17] yet they don't appear to grossly

alter the ATF3-dependence of cell death induced by IGG and PB. It is likely that IGG and PB

lead to ATF3 induction through a common mechanism related to spliceosome inhibition.

Conclusions

ATF3 is involved in a variety of stress pathways, and it is likely that a disruption in

spliceosome formation is leading to activation of ATF3, in turn promoting apoptosis. The novel

findings here provide evidence that splicing inhibitors lead to activation of ATF3, and that

ATF3, in turn, is playing a role in determining sensitivity of cells to these compounds. Our future

work will investigate the role ATF3 has on cell sensitivity, and work to determine how each of

these splicing inhibitors specifically led to ATF3 activation.

Acknowledgements

250   We would like to thank Dr. Jim Dimitroulakos (Princess Margaret Research Institute, Toronto,

251   ON) for providing mouse embryonic fibroblasts.

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Figure 1

Figure 2

Figure 3