Inhibition of Mouse Breast Tumor-Initiating Cells by Calcitriol and Dietary Vitamin D

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Abstract

The anticancer actions of vitamin D and its hormonally active form, calcitriol, have been extensively documented in clinical and preclinical studies. However, the mechanisms underlying these actions have not been completely elucidated. Here, we examined the effect of dietary vitamin D and calcitriol on mouse breast tumor-initiating cells (TICs, also known as cancer stem cells). We focused on MMTV-Wnt1 mammary tumor cells into mice, calcitriol injections or a vitamin D–supplemented diet caused a striking delay in tumor appearance and growth, whereas a vitamin D–deficient diet accelerated tumor appearance and growth. Calcitriol inhibited TIC tumor spheroid formation in a dose-dependent manner in primary cultures and inhibited TIC self-renewal in secondary passages. A combination of calcitriol and ionizing radiation inhibited spheroid formation more than either treatment alone. Further, calcitriol significantly decreased TIC frequency as evaluated by in vivo limiting dilution analyses. Calcitriol inhibition of TIC spheroid formation could be overcome by the overexpression of β-catenin, suggesting that the inhibition of Wnt/β-catenin pathway is an important mechanism mediating the TIC inhibitory activity of calcitriol in this tumor model. Our findings indicate that vitamin D compounds target breast TICs reducing tumor-initiating activity. Our data also suggest that combining vitamin D compounds with standard therapies may enhance anticancer activity and improve therapeutic outcomes. Mol Cancer Ther; 14(8): 5931–61. ©2015 AACR.

Introduction

Breast cancer is the most common cancer and the second most common cause of cancer death in women. Breast tumors are composed of heterogeneous subpopulations of cells and are maintained by tumor-initiating cells [TIC; also called cancer stem cells (CSC)] that can initiate new tumors, which recapitulate the heterogeneity of the original mass (1). TICs can self-renew to generate more TICs or can differentiate into progeny called nontumorigenic cells (NTC), which often make up the bulk of a tumor (2). Because TICs maintain tumors, elimination of TICs is critical for achieving cure. Previous studies have found that cells resembling TICs are relatively resistant to radiotherapy and chemotherapy compared to NTGs (3, 4), suggesting that improved outcomes for breast cancer patients will require direct targeting of TICs or overcoming their resistance mechanisms.

Calcitriol (1,25-dihydroxyvitamin D3), the hormonally active form of vitamin D, is a potent steroid hormone that acts through its cognate nuclear receptor, the vitamin D receptor (VDR), and regulates the expression of target genes in most tissues of the body in a context-specific manner (5). In addition to its classical actions on calcium homeostasis and bone mineralization, calcitriol has multiple nonskeletal actions, and exhibits direct antiproliferative, pro-differentiating and anti-inflammatory activities in multiple cancer cells including breast cancer cells (6–11). A recent study of human pancreatic tumors shows that calcitriol exerts inhibitory and anti-inflammatory activities on the cancer-associated fibroblast-like cells in the tumor stroma that promote the initiation and progression of pancreatic cancer, revealing another important mechanism of the anticancer activity of calcitriol (12). In preclinical mouse studies, calcitriol also inhibits estrogen synthesis as well as estrogen receptor (ER) expression and estrogen signaling, and shows beneficial effects especially in the treatment of ER–positive breast cancer (13). Dietary vitamin D supplementation has been shown to exhibit equivalent anticancer actions to calcitriol in a mouse breast cancer model because of intra-tumoral conversion of circulating 25-hydroxyvitamin D [25(OH)D] to calcitriol (14, 15). However, the mechanisms by which vitamin D and calcitriol inhibit the initiation and progression of breast cancer have not been completely elucidated.

Note: Supplementary data for this article are available at Molecular Cancer Therapeutics Online (http://mct.aacrjournals.org/).

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Recent studies have suggested that calcitriol regulates the self-renewal and differentiation of several types of normal stem cells as well as TIC-like cells found in established cell lines. In one study, calcitriol treatment promoted cell-cycle arrest, senescence, and the differentiation of a cell line model of normal prostate progenitor/stem cells into luminal cell fate through IL1α (16). Previous studies of TIC-like cells found that the vitamin D analog BXL0124 repressed the expression of CD44, a TIC marker, in a breast cancer cell line (17). Silencing of the VDR gene increased the expression of genes related to epithelial–mesenchymal transition (EMT) and mammosphere formation in triple negative and SKBR3 cells (18). Another study reported the repression of markers associated with stem cell-like phenotype as well as pluripotency markers in MCFT10DC1S cell line treated with calcitriol or a vitamin D analog (19). These data suggest that vitamin D may inhibit normal stem cell function and may target TIC-like cells.

Although these findings using TIC-like cells are intriguing, significant uncertainty remains regarding how well these cells approximate TICs from primary tumors. We therefore hypothesized that vitamin D and calcitriol target primary breast cancer TICs and set out to test this hypothesis using TICs from MMTV-Wnt1 tumors, for which markers for isolating TICs have previously been validated (14, 20). We discovered that vitamin D and calcitriol inhibited the growth of MMTV-Wnt1 mammary tumors in mice and calcitriol decreased TIC proliferation and self-renewal, measured both ex vivo and in vivo. Calcitriol treatment inhibited Wnt-target gene expression in the tumors as well as in primary cultures of the TICs. Constitutive activation of the Wnt/β-catenin pathway in the TICs abrogated calcitriol’s inhibitory effect on TIC proliferation ex vivo. Further, a combination of calcitriol and ionizing radiation inhibited TIC proliferation more than either treatment alone. Our findings suggest that vitamin D compounds target breast TICs and therefore have potential therapeutic utility in breast cancer prevention and treatment.

Materials and Methods

Materials
1,25-Dihydroxyvitamin D$_3$ (calcitriol) was a kind gift from Milan Uskokovic (BioXell Company). The rodent diets were measured from Research Diets Inc. [H$^3$]-labeled 17-β estradiol (E$_2$) and [H$^3$]-1,25-dihydroxyvitamin D$_3$ were obtained from Amersham – GE Healthcare Life Sciences. Tissue culture media, supplements, and FBS were obtained from GIBCO BRL and Mediatech Inc. Matrigel (BD Biosciences). Lineage negative, viable, EpCAM$^+$CD49$^+$ cells were sorted for further analysis. A minimum three tumors from different mice were used to generate the tumor spheroid assay results described below and the numbers of replicates are indicated in each figure legend.

Ex vivo tissue slice culture assays

Sections of 300 μm were precision cut from MMTV-Wnt1 tumor orthografts to generate tissue slices. The slices were transferred in a sterile manner to titanium mesh inserts in sterile six-well plates containing culture media mounted on a rotating platform set at a 30° angle in a tissue culture incubator at 37°C with 95% air and 5% CO$_2$, as described before (22, 23). The tumor tissue slices were incubated in phenol-red-free DMEM-F12 media containing 5% charcoal-stripped FBS containing vehicle, calcitriol (100 nmol/L), E$_2$ (10 nmol/L), or a combination of both for 5 hours following which RNA was isolated from the tissue slices for the measurement of estrogen receptor α (Era), progesterone receptor (Pr), 25-hydroxyvitamin D$_3$-24 hydroxylase (Cyp24), 25-hydroxyvitamin D$_3$-1α hydroxylase (Cyp27B1), Vdr, and aromatase (Cyp19) mRNA expression. At least three tumors from different mice were used to generate the tissue slices.

[3H]-Estradiol and [3H]-1,25(OH)$_2$D$_3$ binding assays

The expression of ER and VDR in high salt homogenates of MMTV-Wnt1 tumor tissue was determined by [3H]-estradiol and [3H]-1,25(OH)$_2$D$_3$ binding respectively, as described before (24, 25). Protein concentrations of tissue homogenates were measured by the method of Bradford (26).

Mouse studies

All animal procedures were performed in compliance with the guidelines approved by Stanford University Administrative Panels on Laboratory Animal Care (APLAC). Five- to six-week-old female FVB/N mice were obtained from Harlan Laboratories. Mice were housed in a designated pathogen-free area in a facility at Stanford University School of Medicine accredited by the Association for the Assessment and Accreditation of Laboratory Animal Care.

Dietary manipulations and calcitriol treatment

The mice were randomly assigned to different experimental groups and fed various diets for a period of 12 weeks prior to tumor inoculation. The mice on the standard diet received vehicle or calcitriol injections 8 weeks prior to tumor inoculation. The four experimental groups were as follows: (i) mice fed a standard diet (AIN76, Research Diets Inc., 1000 IU of vitamin D$_3$/kg diet) receiving injections of vehicle, (ii) mice fed standard diet receiving injections of calcitriol (50 ng/mouse three times/week), (iii) mice
fed a vitamin D–supplemented diet (5000 IU of vitamin D₃/kg of
diet), and (iv) mice fed a vitamin D–deficient diet (100 IU of
vitamin D₃/kg of diet). Stock solutions of calcitriol were made in
100% ethanol and stored at −20 °C. Appropriate dilutions were
made in sterile PBS and were administered by i.p. injections three
times a week (on Mondays, Wednesdays, and Fridays). The mice
in the control group received i.p. injections of 0.1% ethanol in PBS
(vehicle). The dosage of calcitriol and the intermittent adminis-
tration regimen were based on our prior work (15, 27).

Establishment and growth of MMTV-Wnt1 orthotopic tumors
Tumors were established in FVB/NJ female mice by injecting
MMTV-Wnt1 tumor cell suspensions (~150,000 cells suspended
in 100 μL of a 1:1 mixture of the culture medium and Matrigel).
Orthotopic implantation was done using a midline abdominal
skin incision to visualize the fourth mammary fat pads (inguinal
glands) and cell suspensions were injected directly into the
mammary fat pad on the left side. For tumor cell implantation,
mice were manipulated in surgical aseptic conditions under
isoflurane anesthesia and received carprofen (5 mg/kg) for anal-
gesia. The experimental diets and calcitriol injections were con-
ducted out the experiment. Body weights and tumor sizes were
measured weekly after tumor inoculation and continued through-
out the experiment. Tumor volumes were calculated from two
tumor diameter measurements using a Vernier caliper and using
the formula: tumor volume = (length × width²)/2 (15, 27). At the
end of the study, 14 days after the final calcitriol injections, mice
were euthanized according to APLAC guidelines using CO₂. Blood
samples were collected by cardiac puncture while under CO₂
anesthesia causing exsanguinations and serum samples were
prepared and frozen. Tumors were harvested, measured, weighed,
and snap frozen in liquid nitrogen for subsequent analysis.

Tumor spheroid culture assay
FACS-sorted MMTV-Wnt1 tumor cells were cultured in the
presence of vehicle or calcitriol in DMEM/F12 medium with
2% B27, 20 ng/mL mouse EGF, 20 ng/mL human FGF (BD,
#354060), and 1% antibiotics, and plated on top of solidified
Matrigel (28) for 10 to 14 days. Spherical colonies (>50 μm in
diameter) were counted using Clono-counter or manually. For
the secondary colony formation assay, spheroids were dissociated
with 1 mg/mL dispase (Invitrogen, #17105-041) for 30 minutes,
digested with trypsin/0.05% EDTA for 5 minutes, and passed
through a 27-G needle five times to dissociate into single cells
(29). After centrifugation, cells were resuspended and cultured as
described above. For radiosensitization experiments, sorted TICs
were irradiated by 2 Gy and cultured in media containing vehicle
or calcitriol for 10 to 14 days.

Transplantation and limiting dilution analysis
Dissociated spheroids cells were resuspended in culture medi-
un with 25% Matrigel and injected subcutaneously into mice in
the vicinity of the mammary fat pads. After injections, mice were
examined weekly for up to 4 to 5 months for tumor formation.
TIC frequencies were calculated using L-Calc (http://www.stem-
cell.com).

Statistical analysis
Statistical analyses were performed in GraphPad Prism using a
Student t-test for single comparisons and ANOVA for multiple
comparisons, with Bonferroni correction for post hoc analyses.
The limiting dilution analysis experiments were analyzed using L-
Calc (http://www.stemcell.com). Data are presented as mean ±
SEM using at least three independent experiments. P < 0.05 was
considered significant. Detailed methods are available in Supple-
mental Materials and Methods.

Results

Estrogen- and calcitriol-mediated bio–responses in MMTV-
Wnt1 tumors
To explore the effect of vitamin D or calcitriol treatment on
breast TICs, we focused on MMTV-Wnt1 mammary tumors,
because they have well-characterized TIC subpopulation
(14, 20, 30). In initial experiments, we used tissue slice cultures
that provide realistic preclinical models of diverse tissues and
organs. The use of tissue slice cultures to investigate hormone
dependence and cancer-specific responses has been validated in
studies of benign and malignant human prostate tissue (23). [³H]-
labeled ligand binding assays in ex vivo cultures of MMTV-Wnt1
mammary tumors demonstrated that these tumors expressed
functional ER and VDR proteins (Fig. 1A). Calcitriol treatment
of tissue slices induced Cyp24 mRNA expression (Fig. 1B) and
repressed that of Cyp27B1 (Fig. 1C), whereas Vdr mRNA showed
no changes (Fig. 1D). Calcitriol also repressed the expression of
Era (Fig. 1E) and aromatase (Cyp19) mRNA (Fig. 1F). Estradiol
(E2) treatment of tissue slice cultures caused a significant induc-
tion of Pr mRNA expression, confirming ER function (Fig. 1G) and
treatment with calcitriol attenuated PR induction by E2 (Fig. 1G).
These data demonstrate calcitriol inhibition of estrogen
synthesis and signaling as previously described in a different
breast cancer model (13). These data also demonstrate the pres-
ence of both ER and VDR in MMTV-Wnt1 tumor cells and their
functional responses to hormone.

Dietary vitamin D₃ status and calcitriol effect on tumor
appearance and growth
We next investigated the in vivo effects of diets supplemented
with vitamin D₃ and calcitriol injections on the growth of MMTV-
Wnt1 mammary tumors. Mice in the various experimental groups
were monitored for the appearance of palpable tumors. As shown
in Fig. 2A, within a week of tumor cell implantation (experimental
week 13), palpable tumors appeared in 20% of the mice fed
the control group receiving the standard diet (5.5 weeks after
tumor inoculation). In contrast, the time to appearance of tumors
in 50% of mice in the vitamin D–deficient diet whereas no tumors were noted in
the mice in other experimental groups. Palpable tumors appeared in
20% of the mice fed the standard diet 4 weeks after tumor
inoculation (experimental week 16) at which time point approxi-
mately 66% of the mice on the vitamin D–deficient diet exhibited
tumors. However, in calcitriol-treated mice and in mice fed the
vitamin D–supplemented diet, tumor appearance was first noted
at 5 and 6 weeks after tumor inoculation (experimental weeks 17
and 18), respectively (Fig. 2A). The time to appearance of tumors
in 50% of mice in the vitamin D–deficient group (3.5 weeks after
tumor inoculation) was significantly shorter (P < 0.05) than in
the control group receiving the standard diet (5.5 weeks after
inoculation). In contrast, the time to appearance of tumors
in 50% of mice in the vitamin D–supplemented group (7 weeks
after tumor inoculation) was significantly delayed (P = 0.016)
compared to the group fed the standard diet. There were no
significant differences between the standard diet group and the
calcitriol-treated group in the time taken for the appearance of

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tumors in 50% of the mice but calcitriol treatment reduced the total number of tumors that appeared. At the end of the study, 20% of the mice were tumor-free in the vitamin D–deficient and the standard diet groups, whereas 40% of the mice were tumor-free in the calcitriol and vitamin D–supplemented groups.

We further observed that the mean tumor volume in mice receiving calcitriol injections or fed the vitamin D3-supplemented diet was significantly decreased compared to mice on the standard or vitamin D–deficient diet at the endpoint of the study (experimental week 19; Fig. 2B). In the group that received the standard diet, the tumors achieved a mean volume of approximately 1,150 mm³, whereas in mice receiving either calcitriol injections or the vitamin D3-supplemented diet mean endpoint tumor volumes were approximately 66% and 67% lower (P < 0.05 to P < 0.01). Although a significant acceleration in the time of appearance of tumors was seen in mice fed the vitamin D–deficient diet, the mean endpoint tumor volume in these mice was similar to that seen in the mice fed the standard diet. Thus, vitamin D deficiency accelerated tumor appearance and dietary vitamin D supplementation and calcitriol treatment inhibited both tumor appearance and the growth of tumors.

**Effects of dietary D3 and calcitriol on body weight and serum calcium and vitamin D metabolites**

Blood samples were drawn at the time of sacrifice 14 hours after the final calcitriol injections for the measurement of serum calcium and vitamin D metabolites. As expected, administration of the vitamin D–supplemented diet caused a significant elevation (~72% increase, P < 0.001) and the vitamin D–deficient diet caused a significant decrease (~63% decrease, P < 0.001) in the mean serum levels of 25(OH)D, in comparison to the mice fed the standard diet (Table 1). In the mice receiving calcitriol, the mean serum 25(OH)D level was significantly decreased (Table 1) as expected after calcitriol treatment because of the induction of CYP24 and degradation of 25(OH)D (5). Also, in the mice receiving calcitriol injections, the mean serum 1,25(OH)2D level showed an expected decrease because of induction of CYP24 (Table 1). It is important to note that the blood samples were drawn 14 hours after the final calcitriol injections and the data from mice receiving calcitriol therefore represent the nadir values of serum 1,25(OH)2D concentrations that peak between 1 and 3 hours after injections (31). The mice receiving the vitamin D–deficient diet also registered a significant decrease in the mean serum 1,25(OH)2D level. Interestingly, mice ingesting the vitamin D–supplemented diet displayed a substantial and statistically significant elevation in the mean serum 1,25(OH)2D level, a phenomenon we previously described in tumor-bearing mice in other mouse models of breast and prostate cancers and is thought to be because of intra-tumoral synthesis of 1,25(OH)2D and its release into the circulation (15). Although the mean serum calcium level in the calcitriol-treated group was slightly higher than the mean serum calcium in the group receiving the standard diet, this increase was not statistically significant (Table 1).
were no statistically significant differences in mean serum calcium levels between the other experimental groups (Table 1). There were no significant differences in body weights of the mice in the various experimental groups (Table 1).

Changes in gene expression due to dietary vitamin D3 and calcitriol in MMTV-Wnt1 tumors

We next examined the effect of dietary vitamin D supplementation and calcitriol administration on gene expression in...

Table 1. Body weights and serum measurements

<table>
<thead>
<tr>
<th>Groups</th>
<th>Body weight (g)</th>
<th>Serum 25-hydroxy-vitamin D (ng/mL)</th>
<th>Serum vitamin D (pg/mL)</th>
<th>Serum 1,25-dihydroxy-vitamin D (ng/dL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Std</td>
<td>23 ± 0.8</td>
<td>47 ± 3</td>
<td>91 ± 10</td>
<td>10.5 ± 2</td>
</tr>
<tr>
<td>Cal</td>
<td>21 ± 0.8</td>
<td>35 ± 11</td>
<td>66 ± 8</td>
<td>11.2 ± 3</td>
</tr>
<tr>
<td>Hi-D</td>
<td>22 ± 0.7</td>
<td>74 ± 5*</td>
<td>197 ± 33*</td>
<td>10.5 ± 1</td>
</tr>
<tr>
<td>Lo-D</td>
<td>24 ± 0.6</td>
<td>10 ± 4*</td>
<td>43 ± 3*</td>
<td>9.5 ± 3</td>
</tr>
</tbody>
</table>

Abbreviations: Cal, standard diet + calcitriol; Hi-D, high vitamin D diet; Lo-D, vitamin D-deficient diet; Std, standard diet.

*P < 0.05.

**P < 0.01 when compared with Std diet. Values are represented as mean ± SEM of 5 to 8 determinations for each group.
orthotopic MMTV-Wnt1 tumors as a measure of their abilities to inhibit estrogen synthesis (Aromatase) and signaling (Era) as well as to exert anti-inflammatory (Cox-2) and antiproliferative (p21) activities. As shown in Fig. 2C, MMTV-Wnt1 tumors expressed Vdr and CYP27B1 mRNA at levels that were not altered by calcitriol or dietary vitamin D except for the increase seen in CYP27B1 mRNA in mice receiving the vitamin D–supplemented diet, a phenomenon we have described previously in other mouse models of breast cancer (15). Calcitriol and dietary vitamin D administration resulted in significantly decreased tumor mRNA expression of Era, aromatase (Cyp19) and Cox-2 compared to mice fed the standard diet, whereas the mRNA levels of the cell-cycle inhibitor p21 was increased by calcitriol and dietary vitamin D supplementation (Fig. 2C). Dietary vitamin D deficiency had the opposite effects causing increased expression of Era, aromatase and Cox-2 mRNA and decreased p21 mRNA in the tumors. Thus, the dietary content of vitamin D and the dose of calcitriol that we used were sufficient to lead to vitamin D signaling-related gene expression changes in the tumors, whereas the vitamin D deficient diet caused a reversal of these expression patterns.

**Calcitriol targets TICs**

Given the ability of dietary vitamin D and calcitriol to inhibit tumor growth and previous observations of effects of vitamin D compounds on normal stem cells and TIC-like cells from cell lines (16–19), we hypothesized that these agents target TICs in MMTV-Wnt1 mammary tumors. To functionally test this hypothesis, first we sorted the CD49fhighEpCamlow population of cells, that has been shown to be significantly enriched for TICs (14, 20), from freshly dissociated tumors (Fig. 3A) and treated them with calcitriol in vitro overnight. Although calcitriol treatment did not change Vdr gene expression, it decreased the expression of Cyp27b1 mRNA and increased the expression of Cyp24a1 mRNA, demonstrating that TICs in MMTV-Wnt1 mammary tumors express VDR, which is functionally responsive to calcitriol (Fig. 3B–D).

To further examine whether vitamin D compounds functionally target TICs, we plated TICs from MMTV-Wnt1 mammary tumors in a previously described three-dimensional tumor spheroid culture assay (14). Treatment with calcitriol decreased TIC spheroid formation in a dose-dependent manner (Fig. 4A) and calcitriol-treated TICs formed fewer spheroids than vehicle-treated TICs in secondary passage without further calcitriol addition, suggesting that calcitriol inhibits both TIC-initiated spheroid formation and the ability of TICs to self-renew (Fig. 4B).

Previous studies from several labs, including ours, have shown that TICs are more resistant to ionizing radiation and chemotherapy than nontumorigenic cancer cells (3, 4). Because calcitriol was able to target TICs and inhibit their proliferation, we tested whether calcitriol could also enhance the inhibitory effect of ionizing radiation on TICs. As shown in Fig. 4C, calcitriol in combination with a clinically relevant dose of ionizing irradiation (2 Gy) showed an additive effect in inhibiting TIC spheroid formation.

To demonstrate that calcitriol treatment inhibits not only the proliferation of TICs but also their tumor initiating activity, we tested whether calcitriol could suppress in vivo tumor forming ability of TICs. Purified CD49fhighEpcamlow TIC-enriched cells were treated with vehicle (ethanol) or calcitriol, dissociated into single cell suspensions, and orthotopically implanted into syngeneic mice in limiting dilution fashion. As shown in Table 2, calcitriol treatment decreased the frequency of TICs by greater than three-fold [control group: 1/98 (1/66–1/147), calcitriol-treated group: 1/320 (1/207–1/495), P < 0.0046]. In addition, the appearance of palpable tumors was significantly delayed by calcitriol pretreatment (Fig. 5). Taken together, these data demonstrate that calcitriol targets TICs and inhibits their tumor initiating ability.

**Inhibition of Wnt/β-catenin signaling pathway contributes to the anti-TIC effect of calcitriol and vitamin D**

Wnt/β-catenin signaling plays an important role in normal and cancer stem cell function (32, 33). It is activated in triple negative breast cancers, and has been shown to be associated with poor survival in these patients (34, 35). We therefore hypothesized that calcitriol inhibits the Wnt/β-catenin pathway in TICs from MMTV-Wnt1 tumors. We first examined the effect of calcitriol in vivo on the expression of the Wnt target genes (Lef1, Axin2, Cadh1, Ccd1, and Tcf4) in MMTV-Wnt1 tumors. As shown in Fig. 6A, calcitriol administration to mice significantly reduced expression of the Wnt target genes in MMTV-Wnt1 orthotopic tumors compared to the mice on the standard diet. Consistently, in vitro treatment of TIC cultures with calcitriol for 16 hours also...
Calcitriol inhibits the self-renewal of breast cancer TICs. A, representative images and bar graphs showing that calcitriol treatment (vehicle or 0.1, 1, 10, and 100 nmol/L) decreased the spheroid-forming abilities of TICs in a dose-dependent manner (n = 3; ***, P < 0.01; ****, P < 0.001 as compared to the control). B, calcitriol treatment (at 1 nmol/L) in primary culture reduced the spheroid formation in secondary culture (n = 3; ***, P < 0.001 as compared to white bar; +, P < 0.001 as compared to dotted bar). C, analysis of combined treatment of TICs with calcitriol (10 nmol/L) and 2 Gy of ionizing radiation (n = 3, **, P < 0.01). Values represent mean ± SEM.

decreased the expression of these Wnt target genes (Fig. 6B). However, Wnt1 gene expression was not significantly affected by calcitriol treatment (Supplementary Fig. S1), showing that calcitriol inhibits Wnt/β-catenin pathway without inhibiting expression of Wnt1.

Finally, to examine the role of the repression of Wnt signaling in calcitriol’s inhibitory effect on TICs, we tested whether the constitutive expression of β-catenin could overcome calcitriol’s inhibitory effect on TIC spheroid formation. A constitutively active β-catenin expression plasmid was introduced into CD49fhi Epcamlow TIC-enriched cells using lentiviral transduction (36). As shown in Fig. 6C, the overexpression of β-catenin completely abrogated the inhibitory effect of calcitriol on TIC spheroid formation. These data indicate that inhibition of the Wnt/β-catenin signaling pathway is essential for calcitriol regulation of TICs.

### Discussion

Intriguing but inconsistent epidemiological data have generally supported the hypothesis that vitamin D may improve breast cancer risk and prognosis (7, 37). Consistent and compelling data from cultured cell experiments have demonstrated a substantial inhibitory effect of calcitriol on breast cancer cell growth, suggesting the epidemiologic benefits result from a direct causative effect of vitamin D signaling on breast cancer (7, 10, 11). In vivo experiments using a variety of mouse tumor models have likewise shown tumor regression in response to calcitriol and vitamin D (6–11). In addition, Vdr-null mice show increased susceptibility to carcinogen-induced breast cancer (11). At a mechanistic level, many genes relevant to cancer progression are regulated by calcitriol and a number of molecular pathways appear to be involved in the anticancer effects of calcitriol (5–7). However, the essential molecular and cellular mechanisms underlying the effects of vitamin D signaling on breast cancer remain incompletely understood.

New insight into cancer biology has identified a subpopulation of cells in certain tumors, including breast cancer, as competent to regenerate entire tumors and therefore targeting these cells is critical for curing patients. Identification of existing and novel agents that target breast TICs promises to reduce breast cancer incidence and improve disease outcomes. If calcitriol inhibited breast TIC activity as a part of its effect on breast cancer, its potential for breast cancer prevention and treatment would be more promising. Recently, vitamin D and calcitriol were shown to regulate a cell line model of prostate progenitor/stem cells and mesenchymal stem cells (16, 38, 39), suggesting the possibility that vitamin D could also inhibit breast TICs. Furthermore, treatment of breast cancer cell lines with calcitriol or an analogue suppressed CD44 expression (17) and repressed pluripotency markers and markers associated with stem cell–like phenotypes (19), whereas VDR silencing enhanced mammosphere formation and expression of genes involved in EMT (18). However, these studies focused on TIC-like cells in long-term cultured breast cancer cell lines whose...
both from these experiments alone. We therefore purified TICs, non-TICs, or both TICs and non-TICs and it is not possible to conclude whether the calcitriol responsiveness was because of TICs, non-TICs, or both from these experiments alone. We therefore purified TICs from tumor orthografts in order to specifically analyze effects of calcitriol on this subpopulation. We demonstrated that calcitriol treatment not only suppressed TIC-initiated tumor spheroid formation in primary culture but also decreased spheroid formation in the secondary passage, even without further calcitriol treatment of cells in the secondary passage. Furthermore, we corroborated these findings by limiting dilution analysis in mice. These results suggest that calcitriol targets the ability of breast cancer TICs to self-renew. In addition, we found that the combination of calcitriol and a clinically relevant dose of ionizing radiation eliminated more TICs than either treatment alone.

Finally, we provide evidence that the mechanism of action is at least partly because of inhibition of the Wnt pathway and that constitutive Wnt pathway activation can overcome the TIC inhibitory effect of calcitriol. Combinations of vitamin D compounds and anticancer drugs have been evaluated in experimental models of a variety of cancers as well as in a few clinical trials (7, 40). The rationale behind these studies is that the combination approach could reduce toxicity by allowing the use of lower doses of the individual agents to still elicit significant anticancer activity. Combinations of calcitriol and cytotoxic chemotherapy or aromatase inhibitors have been shown to elicit enhanced antiproliferative and apoptotic effects in breast cancer cell lines (41, 42) and enhanced antitumor effects in mouse models (27, 43, 44). However, a phase II clinical trial evaluating the combination of a high dose of calcitriol with docetaxel in advanced prostate cancer patients yielded negative findings (45). These results have been criticized as having been impacted by trial design issues and the advanced stage of cancer in the individual patients (46). These results suggest that calcitriol targets the ability of breast cancer TICs to self-renew.

**Discussion**

Calcitriol inhibits Wnt signaling in TICs. A, changes in the expression of Wnt target genes in MMTV-Wnt1 mammary tumors harvested from mice on the standard diet (Std) and those receiving calcitriol (Cal). Relative mRNA expression of each gene is shown with the expression in tumors from mice on the standard diet (Std) normalized to 1 (n = 6–10; *, P < 0.05; **, P < 0.01). B, changes in the expression of Wnt target genes in CD49fhiEpCAMhi TIC-enriched cells treated with ethanol or calcitriol (1 nmol/L) for 16 hours. Relative mRNA expression of each gene is shown (n = 3; *, P < 0.05; **, P < 0.01). C, effect of constitutively active β-catenin on calcitriol sensitivity of TICs. Spheroid formation by CD49fhiEpCAMhi cells was assayed after treatment with vehicle (ethanol) or calcitriol (1 nmol/L) following transduction with control or constitutively active β-catenin expressing lentiviruses (n = 5–6; ***, P < 0.001). Values represent mean ± SEM.
Vitamin D Inhibits Breast Cancer Tumor-Initiating Cells

study population (40). Importantly, our observation that vitamin D compounds target TICs suggests that future clinical studies should incorporate analysis of TICs as endpoints since therapeutic effects on TICs could be missed if only tumor size-based response metrics are considered.

Our study also provides evidence that the addition of calcitriol may be a useful strategy for enhancing anti-TIC effects of ionizing radiation. We, and others, have previously shown that TICs are relatively resistant to radiotherapy and chemotherapy compared to NTCs (3, 46) and this likely contributes to treatment failure. Our data revealed that calcitriol in combination with irradiation demonstrated an additive effect on the suppression of TIC-initiated spheroid formation, suggesting that these therapies likely target different pathways and provide a rationale for considering combining the two agents in clinical trials. Our findings are in agreement with previous reports documenting a sensitizing or additive effect of calcitriol with ionizing radiation (47–49). It will be interesting to further explore the molecular effects of combined treatment with calcitriol and radiation and whether calcitriol can also enhance the anti-TIC effects of chemotherapy.

Recent studies show that vitamin D compounds exert inhibitory effects on TIC signaling pathways such as Notch, Hedgehog, Wnt and TG-F-β. Our data indicate that the mechanism of the inhibition of TICs from MMTV-Wnt1 tumors by calcitriol is at least in part mediated by the inhibition of the Wnt/β-catenin signaling pathway. Wnt/β-catenin signaling has previously been implicated in various cancers, including colorectal cancer, hepatocellular carcinoma, acute myeloid leukemia, and breast cancer and plays an important role in TIC self-renewal and maintenance of TICs in breast and colorectal cancers (4, 32, 50, 51). β-Catenin signaling has been shown to promote EMT (52) and is implicated in stem/progenitor cell survival (2, 53). Furthermore, recent studies have provided evidence for the activation of β-catenin signaling in triple negative breast cancers and shown that β-catenin activation portends poor survival (34, 35). Similar to our findings in breast TICs, studies in colon cancer cells have shown that calcitriol represses the Wnt/β-catenin signaling pathway (9). Vdr-null colon cancers show higher expression of Wnt/β-catenin target genes and enhanced nuclear translocation of β-catenin (54). Calcitriol has also been shown to induce the expression of the Wnt antagonist Dickkopf-1 (55). In our experiments, calcitriol decreased the expression of Wnt target genes in breast TICs both in vitro and in vivo while not affecting the expression of Wnt1 itself. Importantly, constitutive activation of β-catenin counteracted calcitriol’s TIC inhibitory effect, indicating that vitamin D compounds can inhibit TICs by suppressing Wnt/β-catenin. Further studies are needed to elucidate the mechanisms underlying calcitriol inhibition of Wnt/β-catenin signaling in TICs. Future studies also should evaluate if this mechanism is active in other breast cancer models as well as patient-derived xenografts and whether measurement of baseline Wnt/β-catenin activity may allow selection of patients who will be most likely to benefit from calcitriol treatment.

In conclusion, we have demonstrated that vitamin D compounds, both vitamin D dietary supplements and calcitriol, inhibit MMTV-Wnt1 tumor growth and that vitamin D deficiency accelerates tumor growth. In mechanistic studies, we showed that calcitriol targets breast cancer TICs by suppressing the Wnt/β-catenin signaling pathway. Developing a deeper understanding of vitamin D signaling in TICs will likely elucidate additional pathways that may be important in self-renewal and survival of these cells and could thus lead to new strategies for their elimination. Furthermore, our findings suggest that vitamin D compounds represent potential therapeutic agents for targeting breast cancer TICs and that avoidance of vitamin D deficiency might improve breast cancer risk and prognosis. Future clinical trials employing vitamin D compounds in breast cancer will likely benefit from combining these agents with other therapies and incorporating translational endpoints focused on quantifying TICs.

Disclosure of Potential Conflicts of Interest
R.L. Horst has ownership interest in Heartland Assays, LLC. No potential conflicts of interest were disclosed by the other authors.

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