Targeting JAK1/STAT3 Signaling Suppresses Tumor Progression and Metastasis in a Peritoneal Model of Human Ovarian Cancer

Wei Wen1,2, Wei Liang2, Jun Wu3, Claudia M. Kowolik1, Ralf Buettnner1, Anna Scuto1, Meng-Yin Hsieh3, Hao Hong4,5, Christine E. Brown4,5, Stephen J. Forman4, David Horne1, Robert Morgan6, Mark Wakabayashi2, Thanh H. Dellinger2, Ernest S. Han2, John H. Yim2, and Richard Jove1

Abstract

JAK/STAT3 is one of the major signaling pathways that is aberrantly activated in ovarian cancer and associated with tumor progression and poor prognosis in patients with ovarian cancer. In this study, we evaluated the therapeutic potential of targeting JAK/STAT3 signaling in ovarian cancer using a peritoneal dissemination mouse model. We developed this mouse model by injecting a metastatic human ovarian cancer cell line, SKOV3-M-Luc, into the peritoneal cavity of immunodeficient mice. This model displayed a phenotype similar to late-stage ovarian cancer, including extensive peritoneal metastasis and ascites production. The constitutive activation of STAT3 in human ovarian cancer cells appeared to be mediated by an autocrine cytokine loop involving the IL6 family of cytokines and JAK1 kinase. shRNA-mediated knockdown of JAK1 or STAT3 in ovarian cancer cells led to reduced tumor growth, decreased peritoneal dissemination, and diminished ascites production, suggesting a critical role of STAT3 in ovarian cancer progression. Similar results were obtained when a small-molecule inhibitor (JAKi) of the JAK1 kinase was used to treat ovarian cancer in this model. In addition, we found that the expression level of IL6 was correlated with activation of STAT3 in ovarian cancer cells both in vitro and in vivo, suggesting a potential application of IL6 as a biomarker. Altogether, our results demonstrate that targeting JAK1/STAT3, using shRNA knockdown or a small-molecule inhibitor, effectively suppressed ovarian tumor progression and, therefore, could be a potential novel therapeutic approach for treating advanced ovarian cancer. Mol Cancer Ther; 13(12); 1–12. ©2014 AACR.

Introduction

Ovarian cancer is the most deadly gynecological malignancy in women. Unfortunately, it is often not diagnosed until it has reached an advanced stage (1–3). Unlike other malignancies, ovarian cancer metastasizes less frequently to distant sites; it disseminates within the peritoneal cavity, and is associated with ascites formation (4–6). The extent of peritoneal carcinomatosis and ascites production are important prognostic factors for survival (5, 7, 8). Therefore, identifying approaches that inhibit peritoneal dissemination would be an important advance for treating ovarian cancer.

Standard management for advanced ovarian cancer is combination of cytoreductive surgery and paclitaxel–platinum treatment (3, 9, 10). Maximum cytoreductive surgery is associated with the longest patient survival, especially when combined with intraperitoneal chemotherapy (11). Managing large volumes of ascites requires repeated paracenteses, which only temporarily relieves the symptoms, and so remains a clinical challenge. The initial response rate to standard therapy is over 70%; however, most patients who have advanced tumors will eventually experience a recurrence. In spite of the improvements in surgical methods and chemotherapy, the mortality rates in women with both advanced and recurrent ovarian cancer remain high (1, 12), highlighting the critical need to develop novel strategies for treating advanced and recurrent ovarian cancer.
Identifying the molecular events that regulate ovarian cancer metastasis holds promise for developing more effective therapeutic agents to treat human ovarian cancer (12–16). One of the major signaling pathways that is aberrantly activated and is critical for ovarian tumor growth is the JAK/STAT3 pathway (17–23).

**Materials and Methods**

**Reagent**

JAKi, AZD1480, was kindly provided by AstraZeneca. Antibodies against p-STAT3, STAT3, JAK1, P-JAK2, JAK2, and GAPDH were obtained from Cell Signaling Technology.

**Cell culture**

SKOV3 and MDAH2774 were obtained from the ATCC in 2010; SKOV3-Luc-D3 was obtained from Perkin Elmer in 2011; OVCAR 8 is from National Cancer Institute in 2013; and Kuramochi was from National Institute of Biomedical Innovation JCRB Cell Bank in 2014. No authorization of these cell lines was performed by the authors. SKOV3 and MDAH cells were cultured in DMEM medium containing 10% FBS. OVCAR 8 and Kuramochi cells were cultured in RPMI-1640 medium containing 10% FBS. Primary ovarian cancer cells were isolated from ascites fluid. The ascites was taken from primary serous ovarian cancer debulking case where advanced (stage III/IV) disease was present. As previously described (34), 25-mL ascites fluid was transferred to a culture flask and mixed with equal volume of MCDB105/M199 medium containing 10% FBS. The flask was placed in the incubator undisturbed for 3 to 4 days and then replaced with fresh MCDB105/M199 medium every 2 to 3 days. The human ascites fluid was used under a research protocol approved by the Institutional Review Board.

SKOV3-M-Luc cell line was derived from SKOV3-Luc-D3 cell line by selecting for a peritoneal metastatic phenotype in the mice. SKOV3-Luc-D3 cells were inoculated into peritoneal cavity of immunodeficient mice (athymic nude mice), and mice that produced the most ascites and had extensive peritoneal metastases were used to isolate the tumor cells from the ascites. The isolated tumor cells produced ascites and numerous tumor nodules throughout the peritoneal cavity when inoculated into the peritoneal cavity of immunodeficient mice that were either athymic nude (National Cancer Institute) or NOD/SCID/IL2Rgamma null (NSG) mice. This cell line, named SKOV3-M-Luc, was used throughout this study.

**Preparation of lysates and immunoblotting**

To prepare cell lysates, cells treated with either DMSO or drugs in the complete growth medium were washed in cold PBS and lysed in lysis buffer (Thermo Scientific) containing protease inhibitor and phosphatase inhibitor (Thermo Scientific). To prepare tumor lysates, tumor tissues were homogenized in lysis buffer with a Bullet BlenderTM (Next Advance) following the manufacturer’s instructions. The lysate samples were centrifuged at 13,000 rpm, and the supernatants were transferred to a new tube and protein concentration was determined using bicinchoninic acid (BCA) protein assay reagent (Thermo Scientific). Equal amounts of protein from each lysate were separated by electrophoresis on SDS gels, transferred to polyvinylidene fluoride membranes, and incubated with total and phosphorylated antibodies. Binding of the primary antibody was detected using a horseradish peroxidase–conjugated secondary antibody and chemiluminescent substrate (Thermo Scientific).

**Cell viability assays**

Cells (7,000 per well for MDAH2774, 4,000 per well for other cells,) were plated in 96-well plate in 100-μL growth medium. Cells were treated with DMSO or JAK kinase inhibitor (JAKi) next day at indicated concentration and incubated for additional 3 days. Viable cells were determined either by MTS assay (Promega) or acid phosphatase assay (35). For MTS assay, 25-μL MTS [3-(4,5-dimethylthiazol-2-yl)-5-(3-carboxymethoxyphenyl)-2-(4-sulfophenyl)-2H-tetrazolium] solution was
added directly into each well according to the manufacturer’s instructions. For acid phosphotase assay, all the media were removed and paranitrophenol phosphotase substrate (10 mmol/L; 100 μL) was added into each well and incubated at 37°C for 1 hour. NaOH was added to stop the reaction, and the absorbance was read at 415 nmol/L. IC50 was determined using Calcusyn software (Biosoft).

Transfection with siRNA and shRNA
To knock down STAT3, JAK1, and JAK2 kinase, we transfect SKOV3-M-Luc cells with synthetic siRNA (Santa Cruz Biotechnology) using RNAiMAX (Invitrogen) according to the manufacturer’s instruction. For long-term knockdown of STAT3 and JAK1, lentiviral vectors expressing STAT3, JAK1, or a nontargeting control shRNA were produced as previously described using 293T as packaging cells (36). Subconfluent SKOV3-M-Luc cells were incubated with viral supernatants in the presence of polybrene for 48 hours. The medium was replaced with fresh medium containing puromycin (1 μg/mL) to select transduced cells expressing STAT3 shRNA, or JAK1 shRNA or NT shRNA. The stable cell lines were maintained in media containing puromycin.

Peritoneal tumor formation in mice
All procedures involving animals and their care were approved by the Institutional Animal Care and Use Committee according to the guidelines of the association for Assessment and Accreditation of Laboratory Animal Care.

Human ovarian cancer cells (5 × 10⁶) were inoculated into the peritoneal cavity of either athymic nude (National Cancer Institute) or NSG mice. Six to 12 mice were used for each group. To assess the effect of small-molecule inhibitor on ovarian tumor growth, mice were individually given JAK1 at 20 mg/kg based on previous studies (36–38) or vehicle (30% Solutol HS15) according to the manufacturer’s instruction. For acid phosphotase assay, all samples, was determined with an ELISA-based bead multiplex assay (Luminex Corp) that used a human 30-plex or 5-plex cytokine kit from Invitrogen.

Statistical analysis
Data are presented as mean ± SD. Comparisons between two groups were determined by the Student t test. Each assay was repeated 2 to 4 times; P < 0.05 was considered statistically significant.

Results
Development of a mouse model for advanced ovarian cancer
To study the role of JAK/STAT3 signaling pathway in ovarian tumor progression, a mouse tumor model that represents late-stage ovarian cancer with peritoneal metastasis and ascites formation was developed by inoculating a highly metastatic human ovarian cancer cell line, SKOV3-M-Luc, into peritoneal cavity of immunodeficient mice. We derived SKOV3-M-Luc cell from SKOV3-Luc cells by selecting for a peritoneal metastatic phenotype in the mice (Materials and Methods). STAT3 is constitutively activated in these cells. Four weeks following i.p. injection of SKOV3-M-Luc cells, we found that hundreds of tumor nodules, together with large primary tumors, had developed and attached themselves to the peritoneal surface, gastrointestinal tract, omentum, and diaphragm throughout the peritoneal cavity in these mice (Fig. 1A). Disseminated tumor nodules were excised from the cavity for analysis, and some weighed up to 2 g in total in an individual mouse. The average weight of large primary tumor was about 0.91 g, and the average volume of ascites was about 6 mL per mouse (Table 1). Our model, therefore, closely resembled late-stage ovarian cancer.

Effect of STAT3 knockdown on peritoneal tumor growth and ascites formation
We next investigated whether blocking STAT3 expression had any effect on cancer progression in this model. We first used a genetic approach to silence STAT3 expression via RNA interference (shRNA). The constitutively activated STAT3 in SKOV3-M-Luc cells was blocked when cells were transduced with a lentiviral vector expressing shRNA against STAT3, but not nontargeting control shRNA (Fig. 1B). There was no significant difference observed in the in vitro proliferation between STAT3 shRNA knockdown cells (shSTAT3) and nontargeted shRNA control cells (shNT), which had active STAT3 (Fig. 1C). However, the ability of these two cell lines to disseminate, form tumors, and produce ascites in the peritoneal cavities of mice was strikingly different. Tumor growth in the peritoneal cavity was monitored weekly by luciferase imaging after inoculation of tumor cells into the peritoneal cavity of immunodeficient mice (NSG). Luciferase activity was significantly
reduced in the mice inoculated with the shSTAT3 cells compared with mice inoculated with shNT cells (Fig. 1D and E). Four weeks after injection, mice inoculated with shNT cells displayed signs of severe ascites, and all mice were euthanized at that time point. Large amounts of ascites fluid (mean volume 2.4 mL) had accumulated, and hundreds of tumor nodules had developed on the peritoneal wall, gastrointestinal tract, diaphragm in the peritoneal cavities of mice inoculated with shNT cells expressing activated STAT3. In contrast, no measurable amount of ascites was produced and there were fewer small tumor nodules found in the peritoneal cavity of mice inoculated with the shSTAT3 cells, in which STAT3 expression was blocked. The total weight of all disseminated small tumor nodules was decreased by approximately 25-fold in mice inoculated with shSTAT3 knockdown cells (0.045 g) compared with the shNT controls (1.12 g). The weight of the large primary tumors was reduced by approximately 60% (0.48 g vs. 0.20 g; Fig. 1F). These results indicate that knocking down the expression of STAT3 in ovarian cancer cells decreased their ability to metastasize and produce ascites.

<table>
<thead>
<tr>
<th>Table 1. Tumor burden and ascites volume in the mice inoculated with human ovarian cancer cells</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ovarian cancer xenograft model (i.p.; SKOV3-M-Luc) Value ($n = 7$)</strong></td>
</tr>
<tr>
<td>Primary tumor (g)</td>
</tr>
<tr>
<td>Disseminated tumor (g)</td>
</tr>
<tr>
<td>Ascites (mL)</td>
</tr>
</tbody>
</table>

Figure 1. Knocking down STAT3 expression using RNA interference suppresses peritoneal metastasis and ascites production in mice. A, representative view of the peritoneal cavity of an athymic nude mouse from 8 mice inoculated with SKOV3-M-Luc cells. Red arrow, large primary tumor; yellow arrows, small tumor nodules. B, STAT3 expression was blocked in SKOV3-M-Luc cells with shRNA targeted against STAT3. Cells were transduced with STAT3 shRNA or nontargeted (NT) shRNA, and expression of total STAT3 and phosphorylated STAT3 was determined by Western blot analysis. Results are representative of three experiments. C, in vitro proliferation assay. Both shNT cells and shSTAT3 cells were plated and counted each day. D and E, luciferase images show cancer progression in mice. STAT3-deficient cells (shSTAT3) and STAT3-active cells (shNT) were inoculated into the peritoneal cavity of NSG mice. Luciferase activities were measured each week after initial cell inoculation (D) and quantified (E). F, effect of STAT3 knockdown on tumor burden and ascites volume. At the end of experiment, mice were euthanized. Large primary tumors and small tumor nodules were excised and weighed. Ascites was collected and the volume was measured. $n = 5–8$, *** $P < 0.0005$ vs. shNT control.
Activation of STAT3 mediated by an autocrine cytokine loop

The constitutive activation of STAT3 in ovarian cancer cells could be mediated by an autocrine cytokine loop through JAK kinases, or by the activation of oncogenes, such as EGFR and Src. To understand the mechanism by which STAT3 is activated in ovarian cancers, we first determined if cytokines secreted into the medium were responsible for activating STAT3. Human ovarian cancer cells, SKOV3 and MDAH2774, were grown in culture medium for two days, and then medium was replaced with fresh medium for 30 minutes. Phosphorylation of STAT3 was lost when the old medium was replaced with fresh medium (Fig. 2A), but could be restored by replacing with old medium (Fig. 2B and C), suggesting cytokines secreted by the cells into the medium might be critical in mediating the phosphorylation of STAT3 (Fig. 2A–C). Furthermore, STAT3 phosphorylation was suppressed by adding a neutralizing antibody against gp130, a coreceptor for the IL6 family of cytokines, suggesting that IL6 family of cytokines was involved in the activation of STAT3 (Fig. 2B and C). To determine what are the IL6 family cytokines that are produced by ovarian cancer cells, we measured protein level of IL6, leukemia inhibitory factor (LIF), IL10, IL27, and oncostatin M (OSM) in the conditioned media using an ELISA-based multiplex assay. As shown in Table 2, the expression level of IL10, IL27, and OSM was very low, out of detection range. However, the expression of IL6 and LIF was high and may contribute to the activation of STAT3. Taken together, these results suggest that autocrine production of cytokines, involving members of IL6 family, mediates STAT3 phosphorylation in ovarian cancer cells.

Effect of JAK1 knockdown on peritoneal tumor growth and ascites formation

To understand the role of the JAK kinases in activating STAT3, we studied the effect of JAKi (36), AZD1480, on cell proliferation and phosphorylation of STAT3 in SKOV3 cells, MDAH2774 cells, and primary human ovarian cancer cells isolated from ascites of patients with ovarian cancer. As shown in Fig. 2D, the effect of JAKi on cell viability was weak, which could be due to the activation and compensation of multiple survival pathways in vitro. However, the inhibitory effect of JAKi on phosphorylation of STAT3 was strong in a dose-dependent manner (Fig. 2E). In contrast, the phosphorylation of STAT3 was not inhibited by other kinase inhibitors, such as EGFR inhibitor (gefitinib), SRC inhibitor (dasatinib), multiple kinase inhibitor (sunitinib), and mTOR inhibitor (RAD001; Fig. 2F). Taken together, these results suggested that JAK kinase is required for the persistent activation of STAT3. To determine whether JAK1, JAK2, or both activate STAT3, we knocked down the expression of each individual JAK kinase with siRNA. Knockdown of JAK1, but not JAK2, blocked the phosphorylation of STAT3 (Fig. 2G), suggesting that JAK1 is the critical kinase that phosphorylates and activates STAT3 in human ovarian cancer cells.

To investigate the effect of suppressing JAK1 expression on the progression of ovarian cancer in mice, we knocked down expression of JAK1 in SKOV3-M-luc cells with a lentiviral vector expressing shRNA against JAK1 (shJAK1). STAT3 activation was only suppressed in cells stably expressing the JAK1 shRNA, but not in cells expressing the control shRNA (shNT). Total STAT3 appeared to be reduced in cells expressing shJAK1 (Fig. 3A and B). We inoculated the cells into immunodeficient mice to determine if JAK1 knockdown cells (shJAK1) could metastasize and produce ascites in the peritoneal cavity. Consistent with the results in mice inoculated with STAT3 knockdown cells (shSTAT3), peritoneal disseminated tumor nodules were reduced by approximately 7-fold (0.18 g) in mice inoculated with shJAK1 cells, compared with 1.25 g in mice inoculated with the shNT tumor cells (Fig. 3C–E). The weight of large primary tumors was reduced only by approximately 30% in mice bearing shJAK1 cells compared with mice bearing shNT cells. The ascites volume was decreased by approximately 12-fold (0.475 mL) in the mice bearing shJAK1 cells, compared with 5.55 mL in mice bearing STAT3 active cells (shNT; Fig. 3E). Western blot analysis showed that phosphorylation of STAT3 was inhibited in the tumor lysates of both shSTAT3 and shJAK1 tumors (Fig. 3F and G). Altogether, the results indicate that targeting the JAK1/STAT3 pathway effectively inhibited peritoneal metastasis and ascites production by ovarian cancer cells.

Effect of suppressing the JAK1/STAT3 signaling pathway with small-molecule inhibitor on peritoneal tumor growth and ascites formation

We next investigated if targeting JAK1/STAT3 signaling with a small-molecule inhibitor also suppressed ovarian cancer growth and progression. We used a small-molecule inhibitor of JAKi (36–38), AZD1480, to block STAT3 activation both in vitro and in vivo. We showed that JAKi blocked STAT3 phosphorylation but not cell proliferation in human ovarian cancer cells in vitro (Fig. 2D and E). To determine antitumor activity of JAKi in vivo, nude mice were inoculated with SKOV3-M-Luc cells, allowed to grow for seven days, and then treated with JAKi at a daily dose of 20 mg/kg (36–38). The weight of the small tumor nodules in the peritoneal cavity was significantly reduced (5-fold) in treated mice (0.4 g), compared with the control mice (2.0 g). The weight of large primary tumors was reduced by 40%, 0.58 g compared with 0.98 g. The ascites volume decreased 10-fold, 0.67 mL in JAKi-treated mice compared with 6.4 mL in mice treated with vehicle (Fig. 4A and B). To determine if the antitumor activity of JAKi in mice was due to reduced phosphorylation of STAT3, whole tumor lysates were prepared and analyzed by
Figure 2. Suppressing the STAT3 pathway by inhibiting JAK1 kinase activity. A, SKOV3 and MDAH2774 cells were first grown in regular culture medium for two days, then the medium was replaced with fresh medium for 30 minutes. Cells, both before and after replacing the medium, were harvested and analyzed for STAT3 phosphorylation. B, old medium was added back to the SKOV3 cells, which had been in the fresh medium for 30 minutes, either in the presence or absence of antibodies against the gp130 protein, and incubated for an additional 30 minutes. Cells were harvested and analyzed for the phosphorylation of STAT3. C, relative levels of p-STAT3 and STAT3 were determined by measuring the density of each band and normalized to that of GAPDH. Densitometry data were relative changes in protein expression and were mean ± SD of 2 to 3 preparations. *P < 0.05 vs. control without anti-gp130 in old medium. D, effect of JAKi on cell viability of human ovarian cancer cells. Cells were plated and treated with various concentrations of JAKi, and cell viability was determined 72 hours later. E, dose-dependent inhibition of STAT3 phosphorylation in SKOV3, MDAH2774, and primary human ovarian cancer cells by the JAKi AZD1480. Cells were treated with JAKi at various concentrations for 24 hours, and the phosphorylation of STAT3 and JAK2 was analyzed on Western blots. F, effect of other kinase inhibitors on phosphorylation of STAT3. SKOV3 cells were treated with EGFRi (gefitinib), SRC inhibitor (dasatinib), multiple kinase inhibitor (sunitinib), and mTOR inhibitor (RAD001) for 24 hours. Phosphorylation of STAT3 was determined by Western Blot. G, STAT3 phosphorylation is inhibited by treating with an siRNA against JAK1. SKOV3-M-Luc cells were transfected with siRNA against STAT3, JAK1, or JAK2. Cells were analyzed for the expression levels of JAK1, JAK2 or the phosphorylation of STAT3 by Western blot.
Western blot. The phosphorylation of STAT3 was decreased in the tumors from mice treated with JAKi, but not in the tumors from vehicle-treated mice (Fig. 4C and D). The results indicate that targeting JAK1 with a small-molecule inhibitor was able to effectively inhibit ovarian tumor progression and ascites production, providing the basis for a new therapeutic approach for the treatment of patients with advanced human ovarian cancer.

Effect of suppressing JAK1/STAT3 signaling on the expression of IL6

Increased IL6 levels in serum, ascites, and tumor are associated with poor prognosis (29–33). High levels of phosphorylated STAT3 (p-STAT3) are also linked to poor prognosis (30, 32, 33). However, it remains to be determined if IL6 levels are directly correlated with STAT3 activation in human ovarian cancer cells. To address this question, we investigated if the activation of STAT3 had any effect on IL6 expression in ovarian cancer cells. We found that IL6 levels were dramatically reduced in the supernatant of ovarian STAT3 knockdown cancer cells as compared with control cells (Fig. 5A), suggesting the STAT3 pathway could mediate the production of IL6. To determine if IL6 level was associated with STAT3 activation in tumor, we measured the expression level of IL6 in tumor lysates and found that IL6 level was higher in the tumor with active STAT3 (shNT) than in the tumor with inactive STAT3 (shSTAT3 and shJAK1; Fig. 5B). To further understand whether circulating IL6 level was also associated with STAT3 activation in tumor, ascites and plasma were collected from mice inoculated with STAT3 knockdown cells and control cells, and the level of IL6 was measured using a multiplex assay. We found that IL6 levels in the plasma were very low in the nude mice without tumor (None), but they were remarkably elevated 34-fold in mice inoculated with tumor cells expressing activated STAT3 (shNT). However, IL6 levels were almost as low as in the mice without tumor when mice were inoculated with STAT3 shRNA-expressing cancer cells (Fig. 5C). To investigate whether activation of STAT3 also increased expression of other cytokines, we measured the levels of IL2 and IFNγ, two cytokines that are distinct from the IL6 family, in the same samples. In contrast to IL6, circulating IFNγ levels, although 5-fold higher compared with levels in normal noninoculated mice, were similar in both the shSTAT3 mice and shNT mice. The circulating IL2 levels were similar in all mice irrespective of their inoculation or tumor status (Fig. 5C). Overall, the results suggest that circulating IL6 levels were correlated with the levels of activated STAT3 in the tumors. Consistent with these results, the IL6 levels in ascites were also correlated with the levels of activated STAT3 in the tumors. IL6 level was decreased by 67% in shSTAT3 mice and by 85% in shJAK1 mice. The expression of IFNγ and IL2 was similar in both STAT3 active tumor mice and shSTAT3 mice (Fig. 5D). We further investigated if there was a similar correlation between IL6 levels when JAKi was used to block STAT3 activation. We found that IL6 levels were significantly lower in plasma and ascites of mice treated with JAKi (Fig. 5E and F).

To determine whether the expression of other members of IL6 family of cytokine was also correlated with activation of STAT3 in tumor, we measured expression level of LIF, OSM, IL10, and IL27 in ascites and plasma. Although the expression level of IL10, IL27, and OSM was too low to be detected, the expression of LIF was high. However, the LIF level was similar in mice bearing either STAT3 active tumor or STAT3 inactive tumor (Fig. 5D and E). Although it has been well documented that expression of IL6 is regulated by the STAT3 pathway, it remained to be investigated whether the expression of other members of IL6 family of cytokines can be regulated by STAT3.

Altogether, our results indicate that the JAK1/STAT3 pathway plays a critical role in the autocrine production of IL6 by human ovarian cancer, and there is a direct link between IL6 levels and activated STAT3 both in vitro and in vivo. We propose that IL6 could be a useful marker for monitoring STAT3 activation during ovarian cancer development and treatment.

Discussion

Unlike other solid tumors, human ovarian cancer infrequently spreads to distant sites. Peritoneal dissemination is the most common pathway for human ovarian cancer to metastasize (6, 39). Although the role of STAT3 in promoting metastasis through the blood stream to remote sites has been reported for other solid tumors, including melanoma and breast cancer, the role of STAT3 in ovarian cancer peritoneal metastasis and ascites production was unknown (38, 40–43). We show here that by targeting JAK1/STAT3 signaling using genetic or pharmacologic methods, we could significantly inhibit peritoneal metastasis, ascites production, and autocrine production of IL6 family cytokine in our peritoneal human ovarian cancer model.
Although most solid tumors are often surrounded by stroma, human ovarian cancer is surrounded by ascites, a very unique tumor-friendly microenvironment (8). Ascites is an abnormal accumulation of fluid in the peritoneal cavity due to lymphatic obstruction and increased vessel permeability (44). Ascites is enriched with chemokines, cytokines, and growth factors, which promote inflammation, tumor growth, and chemoresistance (32). Increased production of ascites is often associated with poor prognosis and poor quality of life. Managing ascites has remained a clinical challenge, given its limited and short-lived treatment options. Here, we show that suppressing STAT3 phosphorylation inhibited the production of ascites, suggesting a novel strategy for controlling ascites production.

Although suppression of the STAT3 pathway remarkably reduced the tumor burden and accumulation of ascites fluid, the suppression of STAT3

Figure 3. Knocking down JAK1 expression using RNA interference suppresses peritoneal dissemination and ascites formation in nude mice. A, SKOV3-M-Luc cells were infected with shRNA against JAK1, STAT3, and control nontargeted shRNA (NT). The expression of JAK1, STAT3, as well as p-STAT3 was detected on Western blots. B, relative levels of p-STAT3, STAT3, and JAK1 were determined by measuring the density of each band and normalized to that of GAPDH. Densitometry data were relative changes in protein expression and were mean ± SD of 2 to 3 preparations. *P < 0.05; **P < 0.005; ***P < 0.0005 vs. shNT control. C, representative photographs of the peritoneal cavities of athymic nude mice 30 days after peritoneal inoculation of STAT3-active cells (shNT) or STAT3-inactive cells (shSTAT3 or shJAK1). Red arrow, large tumor; yellow arrows, small tumor nodules. D, representative photographs of disseminated peritoneal tumors. E, tumor burden and ascites production 30 days after tumor inoculation into the peritoneal cavity of athymic nude mice. Small tumor nodules, as well as the large primary tumor, were excised and weighed. Ascites was collected and the volume was measured. n = 4–8, *P < 0.05; ***P < 0.0005 vs. shNT control. F, expression of STAT3 in xenograft tumors. Protein extracts were isolated from xenograft tumors and analyzed for the expression of p-STAT3, STAT3, p-JAK2, JAK2, and JAK1 on Western blots. G, relative levels of JAK1, p-STAT3, and STAT3 were determined by measuring the density of each band and normalized to that of GAPDH. Densitometry data were relative changes in protein expression and were mean ± SD of 2 to 3 preparations. *P < 0.05 vs. shNT control.
phosphorylation by shRNA knockdown or JAKi had no striking effect on cell viability in vitro. One possible explanation for this is that multiple survival pathways are activated in ovarian cancer cells, and therefore, suppressing a single pathway may not be sufficient to suppress cell growth in vitro due to compensation by other survival pathways. It is also possible that STAT3 signal is redundant in the presence of the multiple growth factors in serum in cell culture, but it becomes essential under physiologic conditions where cells are not bathed 24/7 in growth factors and IL6/JAK1/STAT3 becomes a key driver. More studies are needed to address whether other pathways are involved in ovarian cancer cell proliferation and survival, and whether antitumor activity of inhibiting STAT3 can be enhanced when other survival pathways are blocked simultaneously either in the presence of inhibitors or in the absence of growth factors under serum-free culture conditions. The inhibitory effect of targeting the STAT3 pathway on tumor growth and progression in vivo could also be mediated by regulating the tumor microenvironment in human ovarian cancer. The tumor microenvironment is complex; it is composed of a number of cell types, many of which are critical for tumor growth and progression (25, 45). For example, myeloid-derived suppressor cells (MDSC) are one of the most important cell populations in tumor microenvironment. Specific targeting of STAT3 in MDSC cells decreases tumor growth and metastasis (25). Endothelial cells are another important cell type in the microenvironment. Angiogenesis, a process by which new blood vessels form, is critical for tumors to grow and progress (46). It has been reported that activated STAT3 upregulates VEGF levels in human cancer cells (19). Further studies are under way to address whether the critical role played by the JAK1/STAT3 pathway in promoting peritoneal metastasis and ascites production is mediated by regulating the ovarian tumor microenvironment.

Many studies have shown that IL6 is one of the critical regulators that mediates crosstalk between tumor cells and their microenvironment (47). The importance...
of IL6 autocrine production in tumor growth and progression has been demonstrated in many tumors (47–49). Activated STAT3 has been implicated in modulating the production of cytokines, including IL6. Here, we show that suppressing the STAT3 pathway reduced IL6 expression both in vitro and in vivo, suggesting that the STAT3 pathway mediates the autocrine production of IL6 in ovarian tumor cells. The increased IL6 levels could activate STAT3 in surrounding cells, which would increase production of IL6 and of IL6 autocrine production in tumor growth and progression has been demonstrated in many tumors (47–49). Activated STAT3 has been implicated in modulating the production of cytokines, including IL6. Here, we show that suppressing the STAT3 pathway reduced IL6 expression both in vitro and in vivo, suggesting that the STAT3 pathway mediates the autocrine production of IL6 in ovarian tumor cells. The increased IL6 levels could activate STAT3 in surrounding cells, which would increase production of IL6 and
other cytokines by these cells. This, in turn, would activate tumor cells to produce even more IL6, promoting an inflammatory tumor environment that supports tumor growth and metastasis (25, 47). Suppressing STAT3 phosphorylation may put a break on this feed-forward loop by blocking STAT3 activation and IL6 production, and thus blocking ovarian tumor growth and metastasis.

Following inhibition of JAK1/STAT3 signaling in ovarian cancer cells, we saw decreased levels of IL6 in the ascites and tumor cells. Consistent with these results, we showed that circulating IL6 was significantly decreased in the plasma of mice inoculated with shSTAT3 tumor cells, and IL6 levels were comparable with noninoculated mice. Circulating IL6 levels were also reduced in the plasma of mice treated with the JAK inhibitor. These results indicate that IL6 levels are closely correlated with the activation of STAT3 in the tumor cells, suggesting that IL6 is a potential biomarker that could be used to optimize patient selection and to guide treatment.

Overall, our results indicate that targeting the JAK1/STAT3 pathway is an effective method for inhibiting peritoneal metastasis and ascites production in ovarian cancer in our mouse model, and may provide a new therapeutic avenue for treating these events in patients with human ovarian cancer.

Disclosure of Potential Conflicts of Interest
No potential conflicts of interest were disclosed.

References

Authors’ Contributions
Conception and design: W. Wen, R. Morgan, J.H. Yim, R. Jove
Development of methodology: W. Wen, R. Buettnner, R. Morgan, J.H. Yim
Acquisition of data (provided animals, acquired and managed patients, provided facilities, etc.): W. Wen, A. Scuto, M.-Y. Hisieh, H. Hong, C.E. Brown, D. Horne, R. Morgan, T.H. Dellinger, J.H. Yim.
Analysis and interpretation of data (e.g., statistical analysis, biostatistics, computational analysis): W. Wen, J.H. Yim, R. Jove
Writing, review, and/or revision of the manuscript: W. Wen, C.M. Kowollik, R. Buettnner, H. Hong, S.J. Forman, M. Wakabayashi, T.H. Dellinger, E.S. Han, J.H. Yim, R. Jove
Administrative, technical, or material support (i.e., reporting or organizing data, constructing databases): W. Wen, W. Liang, J. Wu, C.M. Kowollik, R. Buettnner, A. Scuto, M.-Y. Hisieh, R. Morgan, J.H. Yim
Study supervision: D. Horne, J.H. Yim

Acknowledgments
The authors thank our lab members for their valuable suggestions and discussions, Dr. Dennis Huszar at AstraZeneca for providing AZD1480, Dr. Paul Lin for human ascites, Yan Wang for her assistance in the animal studies, and Dr. Margaret Morgan for critical reading of this article. They also thank Dr. Mi Shu and Clinical Immunobiology Correlative Studies laboratory Core, and Animal Facility for their technical assistance.

Grant Support
This work was supported by NIH grant R01 CA 115674-05 (to R. Jove). The core facilities used in this study were supported by NCI p30 CA033572.

The costs of publication of this article were defrayed in part by the payment of page charges. This article must therefore be hereby marked advertisement in accordance with 18 U.S.C. Section 1734 solely to indicate this fact.

Received January 28, 2014; revised September 18, 2014; accepted September 30, 2014; published OnlineFirst October 15, 2014.


Molecular Cancer Therapeutics

Targeting JAK1/STAT3 Signaling Suppresses Tumor Progression and Metastasis in a Peritoneal Model of Human Ovarian Cancer

Wei Wen, Wei Liang, Jun Wu, et al.

Mol Cancer Ther  Published OnlineFirst October 15, 2014.

Updated version  Access the most recent version of this article at: doi:10.1158/1535-7163.MCT-14-0077

E-mail alerts  Sign up to receive free email-alerts related to this article or journal.

Reprints and Subscriptions  To order reprints of this article or to subscribe to the journal, contact the AACR Publications Department at pubs@aacr.org.

Permissions  To request permission to re-use all or part of this article, contact the AACR Publications Department at permissions@aacr.org.