

## ALK Inhibitor PF02341066 (Crizotinib) Increases Sensitivity to Radiation in Non–Small Cell Lung Cancer Expressing EML4-ALK

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### Abstract

Crizotinib (PF02341066) is a tyrosine kinase inhibitor of anaplastic lymphoma kinase (ALK) that has been shown to selectively inhibit growth of cancer cells that harbor the EML4-ALK fusion found in a subset of patients with non–small cell lung cancer (NSCLC). While in clinical trials, PF02341066 has shown a significant therapeutic benefit as a single agent; the effectiveness of combining it with other therapeutic modalities including ionizing radiation remains unknown. To further elucidate the role of PF02341066 in tumor inhibition, we examined its effects alone and in combination with radiation on downstream signaling, apoptosis, and radiosensitivity in two NSCLC cell lines *in vitro*: H3122, which harbors the EML4-ALK fusion, and H460, which does not. We also examined the *in vivo* effects of PF02341066 in H3122 mouse xenografts. In the H3122 cell line, PF02341066 inhibited phosphorylation of ALK and its downstream effectors: AKT, ERK, and STAT3. H3122 cells treated with a combination of PF02341066 and radiation showed an increase in cellular apoptosis and were sensitized to radiation therapy (dose enhancement ratio, 1.43;  $P < 0.0001$ ). Moreover, in an H3122 xenograft model, the combined treatment resulted in greater tumor growth inhibition than either treatment alone ( $P < 0.05$ ). None of these effects was observed in the EML4-ALK–negative H460 cells. Our findings indicate that PF02341066 acts as a radiation sensitizer in cells harboring the EML4-ALK fusion, providing a rationale for a clinical trial combining ALK inhibitor with radiation in the NSCLCs expressing ALK. *Mol Cancer Ther*; 12(5); 696–704. ©2013 AACR.

### Introduction

Lung cancer is the leading cause of cancer-related mortality in the United States and the world (1). Despite recent advances in the treatment of this disease, the 5-year overall survival rate in the United States remains only 15%. Therefore, novel therapeutic strategies are urgently needed. Recently, the focus of new drug development has concentrated on target-based therapies as potential alternatives to conventional chemotherapeutic agents. For example, activating mutations in the tyrosine kinase domain of the EGF receptor (EGFR) are associated with tumor responsiveness to EGFR tyro-

sine kinase inhibitors in a subset of individuals with non–small cell lung cancer (NSCLC; refs. 2–4). These findings suggest that molecular targeted therapy may prove to be an effective strategy in other genetically defined subsets of patients with NSCLCs. Treatment of these relatively small subpopulations of patients harboring genetic abnormalities translates into a large number of overall patients treated because of the high prevalence of the disease.

The echinoderm microtubule-associated protein-like 4—anaplastic lymphoma kinase (EML4-ALK) is an oncoprotein found in 4% to 7% of NSCLCs (5–7) that leads to constitutive activation of the ALK tyrosine kinase. Constitutive ALK activation results in the development of tumorigenic activity through activation of downstream signaling targets, including Akt, STAT3, and extracellular signal-regulated kinase (ERK1/2). In NSCLCs, EML4-ALK fusion has been shown to be mutually exclusive with EGFR or Kirsten rat sarcoma (KRAS) mutations (8) but not mutations in human epidermal growth factor receptor 2 (HER2; ref. 9). The EML4-ALK fusion is typically detected in young patients without a significant smoking history (i.e.,  $\leq 10$  pack-years). Moreover, EML4-ALK–positive NSCLC is more commonly classified as adenocarcinoma with signet ring cells, providing methods to possibly preselect patients both clinically and

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histologically for targeted ALK therapy (10). Thus, EML4-ALK is a unique biomarker for diagnosis and treatment of certain NSCLCs.

In a recent retrospective study, patients with EML4-ALK fusion showed similar response rates to platinum-based combination chemotherapy and no difference in overall survival when compared with patients without EML4-ALK (10). ALK inhibitors have been found to suppress the growth and to induce apoptosis in EML4-ALK-positive lung cancer cells, suggesting that ALK inhibition is a potential strategy for the treatment of patients with NSCLCs with this fusion protein (9, 11, 12). A selective inhibitor of the kinase activity of ALK, PF02341066 (crizotinib/Xalkori), is currently undergoing clinical trials and has shown significant clinical efficacy in patients with NSCLCs with the EML4-ALK fusion (13). However, the exact effects of PF02341066 on the downstream signaling pathways that regulate the proliferation or survival of EML4-ALK-positive lung cancer cells remain to be established, and the combination of effects from ALK inhibitors and ionizing radiation has not been addressed. Given the therapeutic potential of the ALK inhibitor PF02341066, we hypothesized that combining this agent with radiation would result in increased tumor inhibition compared with either agent alone. We used the EML4-ALK-positive H3122 human lung cancer cell line *in vitro* and a xenograft model *in vivo* to examine how PF02341066 affects EML4-ALK downstream signaling and its potential as a novel radiosensitizing agent in NSCLCs.

## Materials and Methods

### Cell culture and reagents

The human NSCLC cell line NCI-H460 (H460) was obtained from the American Type Culture Collection (ATCC) and were authenticated by short tandem repeat assay 2 months before experiments. The H3122 and H2288 cell lines were kindly provided by Dr. William Pao at Vanderbilt University (Nashville, TN); these cell lines were not authenticated, but purchased from the ATCC within 6 months of the experiments. The cells were cultured in an environment of 5% CO<sub>2</sub> at 37°C in RPMI-1640 (Invitrogen) supplemented with 10% FBS. PF02341066 (ChemieTek, Inc.) was dissolved in dimethyl sulfoxide (DMSO).

### Cell viability assay

MTS assays were conducted using tetrazolium-based CellTiter 96 AQueous One Solution Cell Proliferation assay (Promega). H3122, H460, and H2288 cells were seeded in 96-well plates at 3,000 cells per well. Cells were treated with various concentrations of PF02341066 1 day after plating. MTS assay was conducted at 24, 48, and 72 hours after treatment with PF02341066.

### Western blot analysis

Cells were washed twice with ice-cold PBS and then lysed in M-Per mammalian lysis buffer (Thermo Scientif-

ic). The protein concentration of the lysates was determined with the Bradford reagent (Bio-Rad), and equal amounts of protein were subjected to SDS-PAGE of a 10% or 15% gel. Separated proteins were transferred to a nitrocellulose membrane, which was then exposed to 5% nonfat dried milk in TBS containing 0.1% Tween 20 (0.1% TBST) for 1 hour at room temperature and incubated overnight at 4°C with antibodies against caspase-3, phospho-ALK (Tyr1278/1282/1283; p-ALK), total ALK (T-ALK), phospho-AKT (p-AKT), total AKT (T-AKT), phospho-STAT3 (p-STAT3), c-Met, phospho-c-met (phospho-c-Met; p-Met) all from Cell Signaling Technology; phospho-STAT3 (p-STAT3), total STAT3 (T-STAT3), phospho-ERK (p-ERK), total ERK (T-ERK) from Santa Cruz Biotechnology; actin or tubulin (Sigma-Aldrich). The membranes were then washed with 0.1% TBST before incubation with horseradish peroxidase-conjugated goat antibodies to rabbit or mouse (Santa Cruz Biotechnology). Immune complexes were detected with chemiluminescence reagents (Perkin-Elmer).

### Clonogenic survival assay

Exponentially growing cells in a 100-mm dish were trypsinized and counted. Cells were diluted serially to appropriate densities and plated in triplicate in 60-mm dishes containing 5 mL of complete medium, in the presence of 0.4 μmol/L PF02341066 or vehicle (final DMSO concentration of 0.1%); we confirmed that this DMSO concentration did not affect the proliferation of NSCLC cell lines). After incubation for 2 hours, the cells were irradiated using a <sup>137</sup>Cs irradiator (J.L. Shepherd and Associates) at room temperature. The dose rate was 1.8 Gy/min and dose range was 0 to 6 Gy. After irradiation for 48 hours, the cells were washed with PBS, cultured in drug-free medium for 7 to 8 days, fixed with 70% ethanol, and stained with 0.5% crystal violet (Sigma). Colonies containing >50 cells were counted. After correcting for drug toxicity, the dose enhancement ratio (DER) was calculated as the radiation dose that yielded a surviving fraction of 0.3 for vehicle-treated cells divided by that for PF02341066-treated cells.

### Animals and tumor xenograft assay

All animal studies were approved and handled following Institutional Animal Care and Use Committee (IACUC) guidelines (IACUC-approved protocol M/08/095). Female athymic nude mice (5–6 weeks old) were purchased from Harlan Laboratories. Exponentially growing parental H3122 cells were trypsinized and washed with PBS and diluted into 1 × 10<sup>6</sup> cells per 100 μL PBS. The cell suspension was injected subcutaneously into the right flank of mice using a 1-cc syringe with 27<sup>1/2</sup>-gauge needle. Tumors were grown for 6 to 8 days until the average tumor volume reached 0.25 cm<sup>3</sup>. Treatment groups consisted of vehicle control, PF02341066, radiation, and PF02341066 combined with radiation. Each treatment group contained 5 mice. PF02341066 was administered orally at doses of 100 mg/kg for 7

consecutive days. Mice in radiation groups were irradiated 1 hour after PF02341066 treatment with 2 Gy daily over 5 consecutive days. Tumors on the flanks of the mice were irradiated using an X-ray irradiator (Therapax, Agfa NDT, Inc). The nontumor parts of the mice were shielded with lead blocks. Tumors were measured 2 to 3 times weekly in three perpendicular dimensions using a Vernier caliper. Tumor volumes were calculated using the modified ellipse volume formula [volume = (height × width × depth)/2].

### Histological sections, Ki-67, and active caspase-3

Mice were implanted with H3122 lung cancer cells as described above in the tumor volume studies. After 6 to 8 days, mice in the drug treatment group were orally treated with 100 mg/kg PF02341066 daily for 7 days, with or without radiation as described above in the tumor volume studies. After 7 days of daily treatments, all tumors were resected and fixed in paraffin. Staining for Ki67 (a marker

of proliferation) and active caspase-3 was conducted in the Vanderbilt University Pathology Core laboratory using standard protocols. The number of positive cells per ×400 field were scored and graphed by averaging 3 repeated assessments.

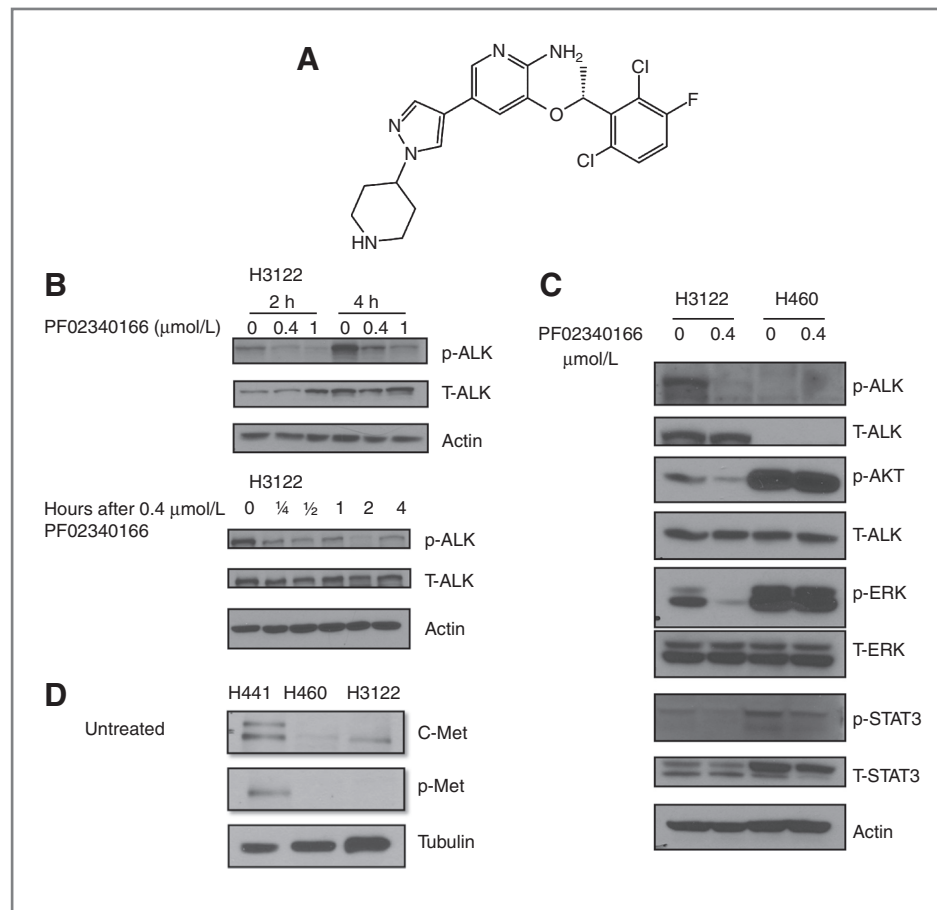
### Statistical analysis

Student *t* test was used to determine the significance between groups. Statistical analysis was conducted with Microsoft Excel. SE in all measured biological parameters is displayed in the appropriate figures. Significance was defined at the level of *P* < 0.05.

### Results

#### PF02341066 inhibits ALK phosphorylation and downstream signaling in H3122 cells

To establish the effects of PF02341066 (structure in Fig. 1A) on downstream signaling of EML4-ALK, H3122 cells (which harbor the EML4-ALK fusion) and H460 cells



**Figure 1.** PF02341066 inhibits ALK signaling in a dose- and time- dependent manner in H3122 cells but not H460 cells. A, the molecular structure of the ALK inhibitor PF02341066 (crizotinib). B, H3122 cells were treated with 0.4 and 1 μmol/L PF02340122. The results of Western blot analyses at 2 and 4 hours using labeled antibodies to phospho- and total ALK are shown. Next, H3122 cells were treated with 0.4 μmol/L PF02340122. Cells were collected at the indicated times. The results of Western blotting using labeled antibodies to phospho- and total ALK are shown. C, H3122 cells and H460 cells were treated with 0.4 μmol/L PF02340122. Cells were collected 2 hours after treatment. Western blots using labeled antibodies to phospho- and total ALK, phospho- and total STAT3, phospho- and total Akt, phospho- and total ERK are shown. Actin was probed to show equal loading. D, PF02341066 causes radiosensitization of H3122 and H460 cells through ALK inhibition. Cell lysates of untreated H441, H460, and H3122 cells were analyzed by Western blotting using labeled antibodies to phospho-Met and c-Met. Tubulin was probed to show equal loading.

(which are EML4-ALK negative; refs. 14–16; and therefore act as a negative control) were treated with PF02341066. Following the treatment, cell lysates from both cell lines were analyzed by Western blotting. In H3122 cells a reduction in ALK autophosphorylation was observed in a dose-dependent manner at 2 and 4 hours following treatment, whereas no ALK protein was detected in H460 cells (data not shown). H3122 cells treated with 0.4  $\mu\text{mol/L}$  PF02341066 exhibited a decrease in phosphorylated ALK as early as 15 minutes following treatment (Fig. 1B). As AKT, ERK, and STAT3 have been reported as downstream effectors of ALK, their levels were also analyzed following treatment with PF02341066. In the H3122 cell line, substantial inhibition of AKT, ERK1/2, and STAT3 phosphorylation was observed compared with control; in contrast, none of these molecules was inhibited by PF02341066 in H460 cells (Fig. 1C).

### Radiosensitization of H3122 cells by PF02341066 is due to ALK inhibition

PF02341066 is an inhibitor of the c-Met proto-oncogene, which encodes the hepatocyte growth factor receptor and can drive invasive growth of cancer cells (17). To investigate whether the radiosensitizing activity of PF02341066 was due to its effects as an ALK inhibitor or as a c-Met inhibitor, cell lysates of untreated H3122 and H460 cells were analyzed by Western blotting. The cell line H441, which shows high expression of c-Met and does not harbor the EML4-ALK fusion, served as the positive control. In both H3122 and H460 cells, there was little expression of c-Met and no expression of p-Met before treatment with PF02341066 (Fig. 1D).

### PF02341066 inhibits H3122 growth in a dose-dependent manner

To determine the cellular response to PF02341066, a cell viability MTS assay was conducted on H3122 and H460 cells previously treated with increasing concentrations of PF02341066. The viability of H3122 cells decreased significantly in a dose-dependent manner at 24, 48, and 72 hours following treatment ( $P < 0.05$ ). At 72 hours, cell viabilities of H3122 cells treated with 0.4, 2, and 10  $\mu\text{mol/L}$  PF02341066 were 64.4%, 44.7%, and 30.9%, respectively (Fig. 2A). At 72 hours, H460 cells had a 90% viability at 0.4 and 2  $\mu\text{mol/L}$  PF02341066 and showed a significant decrease in cell viability at 58%, the highest concentration of PF02341066 ( $P < 0.01$ ; Fig. 2B).

### PF02341066 and radiation induce apoptosis in H3122 cells

We next examined the effects of radiation on ALK downstream effectors and on apoptosis marker caspase-3. Following treatment with 6-Gy radiation, lysates from H3122 cells were probed with antibodies to the active p-ALK, p-AKT, p-STAT3, and p-ERK. In the presence of PF02341066, following radiation treatment, we found that ALK was no longer activated, and the activation of AKT and ERK was attenuated (Fig. 3B). Following

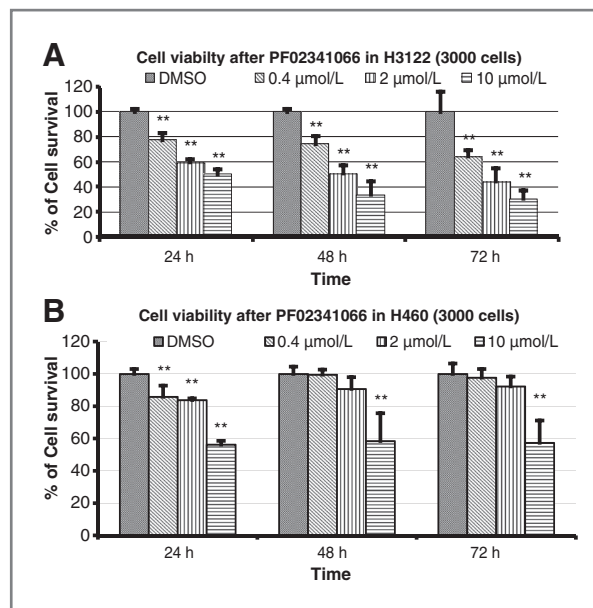


Figure 2. PF02341066 inhibits H3122 growth in a dose-dependent manner and it inhibits H460 growth to a lesser extent. H3122 (A) and H460 (B) lung cancer cells were seeded at 3,000 per well in 96-well plate and allowed to attach overnight in triplicate. Cells were then exposed to various concentrations of PF02341066. MTS assay was conducted after 24, 48, and 72 hours. Bar graphs of mean survival fractions (with respective confidence intervals) of each treatment group relative to control are shown. \*\*,  $P < 0.01$  compared with control.

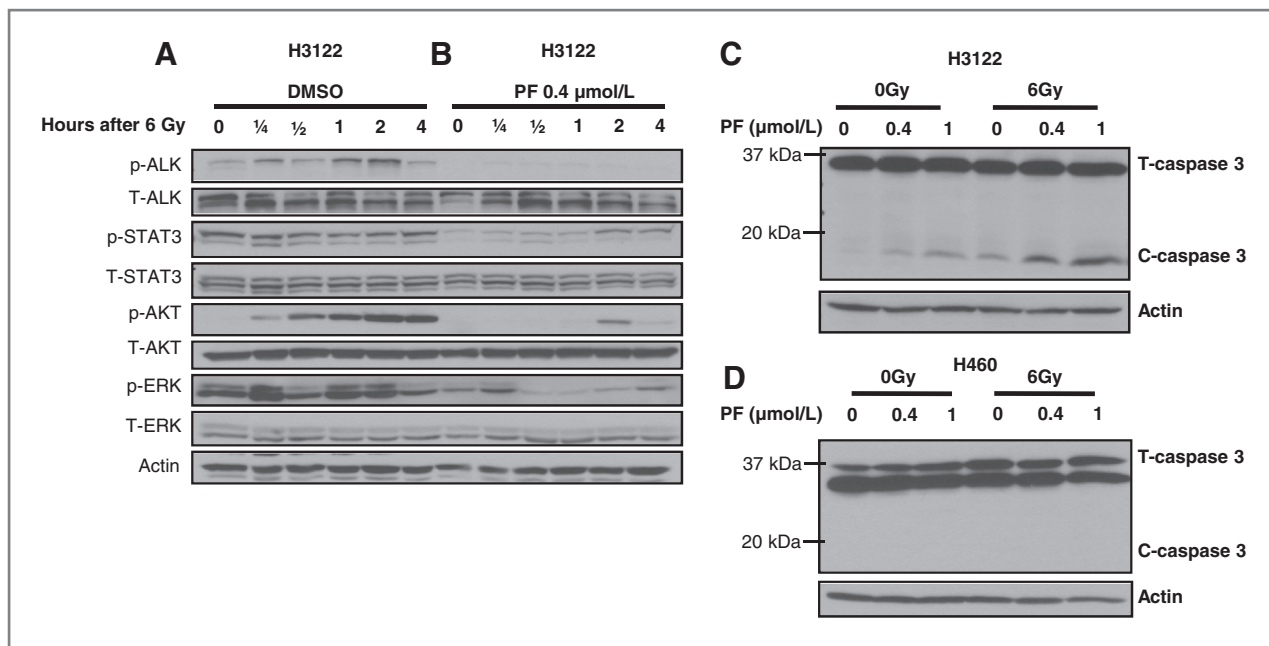
radiation, H3122 cells treated with PF02341066 showed increased levels of cleaved caspase-3 compared with cells that were not treated with PF02341066, indicating a combined induction of apoptosis in these cells (Fig. 3C). In H460 cells, no cleaved caspase-3 was detected when treated with PF02341066 alone or in combination with radiation (Fig. 3D).

### PF02341066 sensitizes H3122 cells to radiation treatment

To determine whether the inhibition of ALK signaling sensitizes cells to radiation, a clonogenic assay was used to investigate the combined effects of PF02341066 and radiation on H3122 and H460 cells. H3122 cells exposed to 0.4  $\mu\text{mol/L}$  PF02341066 were more sensitive to radiation (DER 1.43;  $P < 0.0001$ ; Fig. 4A). H460 cells treated with PF02341066 did not exhibit radiation sensitization (DER = 1.11;  $P > 0.05$ ; Fig. 4B). H2228 cells, which are also positive for EML4-ALK (17), were exposed to 0.4  $\mu\text{mol/L}$  PF02341066 and were more sensitive to radiation (DER 1.23;  $P < 0.008$ ; Fig. 4C). This suggests that ALK signaling blockade leads to sensitization to radiation treatment in EML4-ALK mutant cell lines.

### Combination of PF02341066 and radiation inhibits growth of H3122 xenograft tumors

To test whether the radiosensitizing effects of PF02341066 on lung cancer cells *in vitro* are translated *in vivo*, tumor growth was assessed in a mouse xenograft



**Figure 3.** Combined treatment of PF02341066 and radiation induces more apoptosis in H3122 cells than either agent alone. H3122 and H460 cells were treated with 6-Gy radiation. Western blots at 0, 0.25, 0.5, 1, 2, and 4 hours after radiation treatment using labeled antibodies to phospho- and total ALK, phospho- and total STAT3, phospho- and total Akt, phospho- and total ERK are shown for H3122 cells in DMSO (A) and in 0.4  $\mu\text{mol/L}$  PF02341066 (B). H3122 (C) and H460 (D) cells were treated with 0, 0.4, and 1  $\mu\text{mol/L}$  PF02341066 for 2 hours followed by radiation treatment with 0 or 6 Gy. Expression of total caspase-3 and cleaved caspase-3 was determined by immunoblotting 48 hours postirradiation treatment. For all experiments, actin was probed to show equal loading.

model. Mice receiving combination therapy with PF02341066 and radiation showed significant tumor growth inhibition compared with mice receiving radiation alone. Mice treated with PF02341066 alone also exhibited a significant inhibition in tumor growth when compared with no treatment (Fig. 5); specifically, the major difference for xenograft tumor growth occurred at day 25. Mice body weights were monitored to assess the tolerability of systemic PF02341066 therapy. Body weight changes over the course of the experiment were minimal in all treatment groups, suggesting that PF02341066 is well tolerated (Supplementary Fig. S1).

#### **PF02341066 reduces tumor proliferation and increases apoptosis in irradiated lung cancer mouse xenografts**

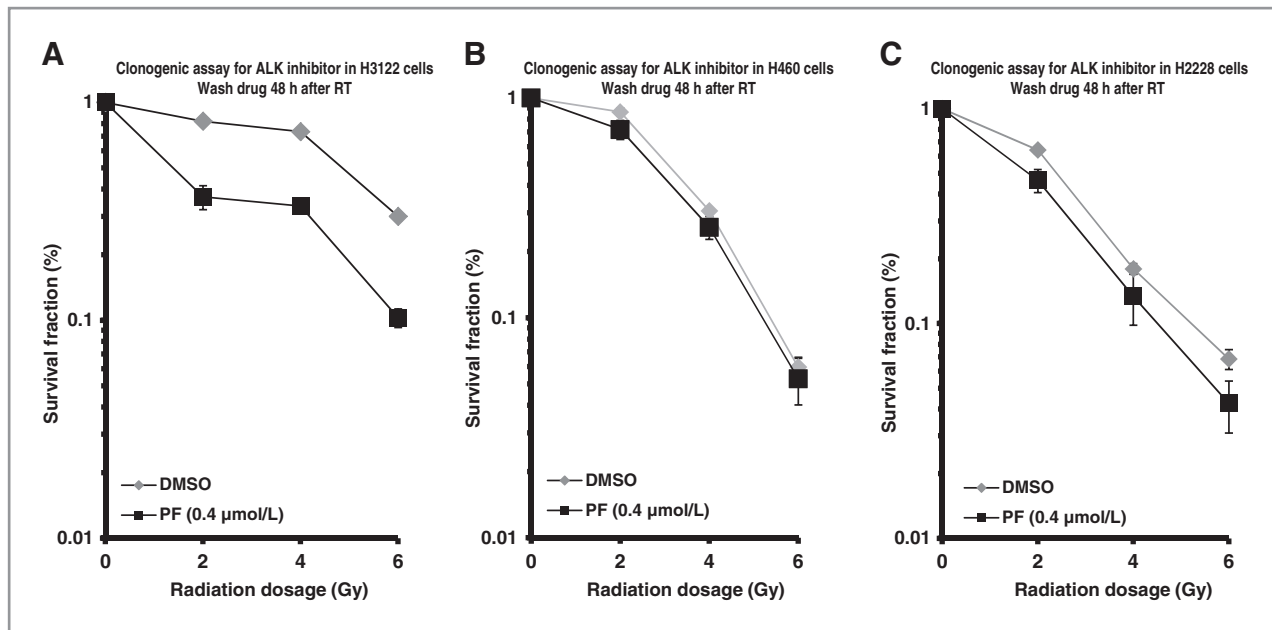
To determine the mechanism that contributes to tumor growth inhibition after combined modality treatment with radiation and PF02341066 *in vivo*, the Ki-67 proliferation index was used to quantify cellular proliferation in fixed tumor sections. Combined PF02341066 and radiation treatment resulted in an approximately 34.7% reduction of proliferating cells as compared with the untreated control (66 vs. 101 cells,  $P < 0.05$ ) and a 34.1% reduction compared with radiation alone (66 vs. 85 cells,  $P < 0.05$ ; Fig. 6A). Apoptosis was assessed using active caspase-3 staining. Given that lymphocytes expressing caspase-3 can infiltrate tumor tissue, we cannot exclude a subpopulation of caspase-3-expressing lymphocytes, although we

believe that it would be small to negligible. Combined PF02341066 and radiation treatment resulted in 41 apoptotic cells per microscopic high-power field, compared with 20 in radiation alone ( $P < 0.05$ ) and 5.7 in control tumors ( $P < 0.05$ ; Fig. 6B). Representative photographs for fixed tumor sections stained for cellular proliferation (Ki-67) and apoptosis (active caspase-3) are presented in Supplementary Figs. S2 and S3.

#### **Discussion**

In the present study, we examined the effects of PF02341066 on ALK signaling and tumor growth used either alone and in combination with ionizing radiation in the H3122 lung cancer cell line expressing the EML4-ALK fusion protein and in H460 cells, which have no detectable EML4-ALK. To our knowledge, this is the first study investigating the combined effects of radiation and PF02341066. In addition to inhibition of ALK autophosphorylation, PF02341066 inhibited phosphorylation of AKT, STAT3, and ERK1/2 (Fig. 1). In a previous study (9), a similar effect was observed with the ALK inhibitor TAE684. These results are consistent with previous evidence and suggest that overexpression of oncogenic EML4-ALK tyrosine kinase in NIH3T3 cells activates ERK and STAT3 signaling pathways; contrarily, knockdown of oncogenic EML4-ALK by siRNA abrogates ERK and STAT3 signaling pathways (18).

On a functional level, inhibition of EML4-ALK signaling by PF02341066 led to a decrease in cell survival in



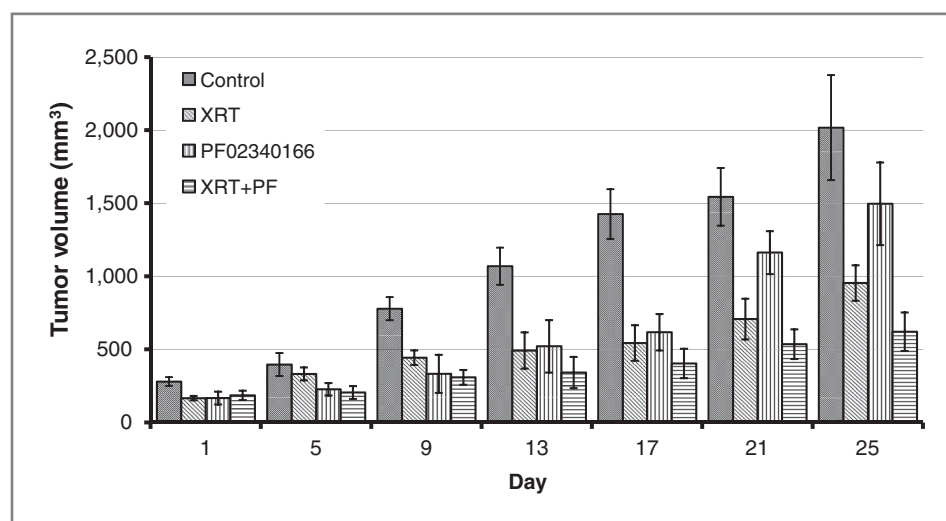
**Figure 4.** Radiosensitization of H3122, H460, and H2228 lung cancer cells by PF02341066. H3122 (A), H460 (B), and H2228 (C) cells were treated with 0.4  $\mu\text{mol/L}$  PF02341066 or DMSO for 2 hours followed by irradiation with the indicated doses. Forty-eight hours after radiation, drug-containing media were replaced with fresh media. After 8 days, surviving colonies were stained and scored. Shown are survival curves containing the mean  $\pm$  SD of 3 separate, repeated experiments.

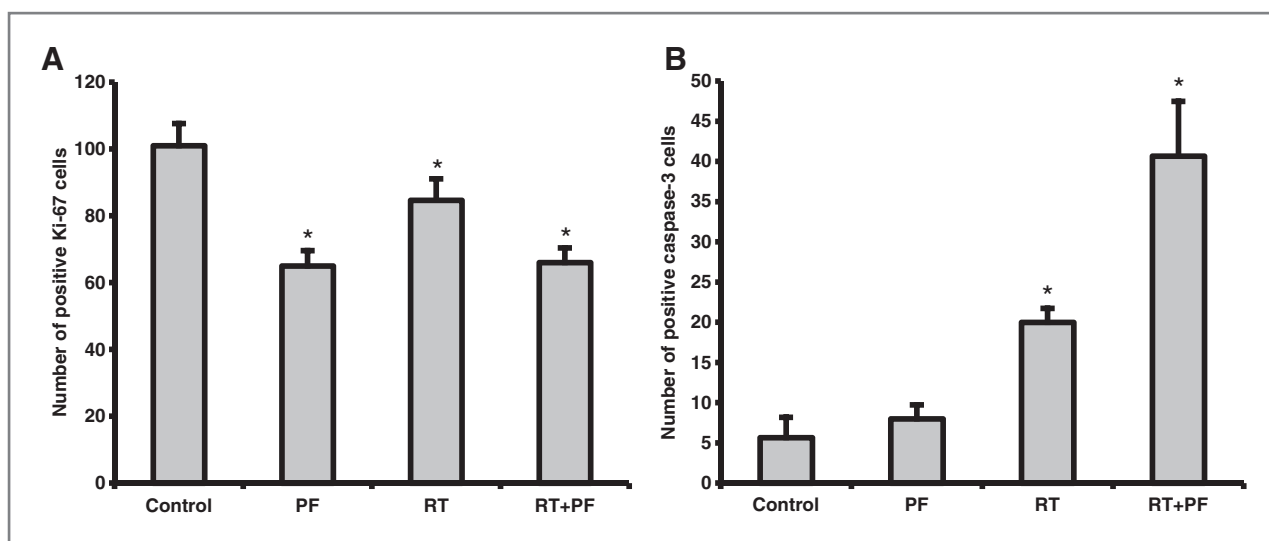
treated H3122 cells (Fig. 2). While H3122 cells exhibited a significant decrease in viability at all concentrations of PF02341066, cell viability of H460 cells only decreased at the highest concentration of PF02341066 examined (10  $\mu\text{mol/L}$ ). H3122 cells in DMSO were irradiated, the levels of p-ALK and p-AKT increased gradually over hours, suggesting that radiation treatment activates ALK, AKT, and STAT-3. In the presence of PF02341066, following radiation treatment, we found that ALK was no longer activated, and the activation of AKT and ERK was attenuated. This suggests that other signaling activation following radiation may also be involved.

Nonetheless, as all 3 pathways appeared were attenuated by PF02341066 in H3122 cells and as there was no activation of downstream ALK effectors in the H460 cells (Fig. 1C), we believe that the EML4-ALK fusion protein is indeed a selective target of PF02341066, whereas cells that do not express the fusion protein are likely not sensitive to PF02341066 treatment.

As PF02341066 inhibits both c-Met and ALK, we also investigated whether the effects seen in PF02341066-treated H3122 and H460 cells were due to either c-Met inhibition or ALK inhibition. From Western blot analysis, H3122 and H460 cells showed very little c-Met expression

**Figure 5.** Combination of PF02341066 and radiation inhibits tumor growth in lung cancer xenograft model. H3122 lung cancer cells ( $1 \times 10^6$  cells in 100  $\mu\text{L}$  PBS) were injected subcutaneously into athymic nude mice. After 6 to 8 days, mice were treated with vehicle control, PF02341066 (100 mg/kg twice a day for 7 consecutive days), radiotherapy, or combined PF02341066 and radiotherapy. Mice were irradiated 1 hour after PF02341066 treatment with 2 Gy daily for 5 consecutive days. Tumors were measured regularly and were graphed by the days.





**Figure 6.** PF02341066 with radiation reduces Ki-67 proliferative marker and increases apoptosis in H3122 lung tumor xenograft model. Histologic sections were obtained from the tumors of the mice in each treatment group from the tumor volume study. Staining for Ki-67 was conducted to assess cell proliferation and the number of positive cells was scored and graphed by averaging 3 repeated experiments (A). Staining for active caspase-3 was conducted to measure apoptosis, and the number of positive cells was scored and graphed by averaging 3 repeated experiments (B). \*,  $P < 0.05$  compared with control.

and no p-Met expression compared with H441 cells, which had a high level of C-Met expression. Because of the low levels of c-Met expression in H3122 and H460, these 2 cell lines are good candidates for studying the EML4-ALK gene and the effects of PF02341066. The effects of PF02341066 on H3122 and H460 were due to inhibition of EML4-ALK and not c-Met.

We have previously reported that radiation activates ERK and AKT signaling pathways in H460 cells (19). In the current study, we observed similar activation of these signaling pathways together with the STAT3 pathway in irradiated H3122 cells. Interestingly, we observed that the active basal levels of all 3 pathways (p-STAT3, p-ERK, and p-AKT) were higher in H460 cells than in H3122 cells (Fig. 1C). Because of a higher basal activation of these pathways, one would expect the H460 cells to have a higher resistance to radiation; instead, H460 cells are more sensitive to radiation. Further experimentation will be necessary to elucidate the biologic mechanisms responsible for cell signaling in these cell lines.

As PF02341066 inhibits these prosurvival signaling pathways in H3122 cells, we wanted to investigate whether combined treatment with PF02341066 and ionizing radiation would result in combined inhibition of H3122 tumor cell growth (Fig. 4). Administration of PF02341066 and radiation yielded greater inhibition of growth in H3122 cells relative to radiation alone. In addition, we detected increased levels of cleaved caspase-3 in treated H3122 cells, indicating higher levels of apoptosis (Fig. 3C and D). These findings indicate that PF02341066 acts as a radiation sensitizer *in vitro* in cells harboring EML4-ALK via inhibition of prosurvival signaling pathways and, consequently, induces cell death. Moreover, because H3122 and H460 have such low levels of c-Met expression

(Fig. 1D), the radiosensitizing effect of PF02341066 is likely due to EML4-ALK inhibition, rather than c-Met inhibition. Given that some of the aforementioned ALK effectors have been implicated in resistance to chemotherapy, it would be interesting to examine whether the combined effect of PF02341066 and radiation would also be observed with platinum-based chemotherapy.

To test whether the combined effects of PF02341066 and radiation observed *in vitro* would translate to an *in vivo* model, we examined effects of PF02341066 and radiation in H3122 mouse xenografts. In our *in vivo* model, PF02341066 alone inhibited tumor growth compared with control, but PF02341066 alone was not as potent as radiation alone in inhibiting tumor growth. Combination of PF02341066 and radiation yielded greater inhibition of tumor growth than either agent did alone; moreover, the major difference for tumor growth occurred at day 25 (Fig. 5). These results suggest that PF02341066 is an *in vivo* radiation sensitizer and provides a rationale for combined PF02341066 and radiation therapy as a strategy to inhibit tumor growth *in vivo*.

To elucidate the potential mechanisms by which combined PF02341066 and radiation inhibit tumor growth *in vivo*, we examined tumor sections for markers of cell proliferation and apoptosis (Fig. 6). Consistent with our *in vitro* results, tumors treated with combined PF02341066 and radiation exhibited lower cell proliferation indices and increased levels of apoptosis.

As combined PF02341066 and radiation resulted in increased apoptosis, it would be interesting to examine the effect of PF02341066 on proteins directly controlling cell viability. Tanizaki and colleagues reported that PF02341066 upregulated the expression of Bim, a proapoptotic member of the Bcl-2 family, and downregulated

expression of survivin, a member of the inhibitor of apoptosis protein family, in H3122 cells with *MET* amplification (18). Notably, PF02341066 was initially designed to target c-Met and was later found to have a dual role in inhibiting m-met/ALK. It would be interesting to see whether the addition of radiation to PF02341066 would modulate these proteins in the apoptotic pathway.

The treatment of lung cancer continues to pose a challenge to physicians because the majority of cases are diagnosed as advanced, noncurable disease; furthermore, certain early-stage patients relapse after local therapy. Although combinations of surgery, radiation, and chemotherapy are successful for certain patients, it is not always clear which patient subsets benefit most from them. Thus, novel personalized therapies that are tailored to the tumor-specific molecular characteristics are urgently needed. Clinical trials have shown a survival benefit of PF02341066 treatment in patients with NSCLCs with the EML4-ALK fusion. The *in vitro* and *in vivo* data from the present study supports the radiosensitizing role of PF02341066 in certain NSCLCs and provides rationale for the clinical trial in ALK-expressing NSCLCs combining PF02341066 with radiation therapy. Further experiments in different cell lines are necessary to investigate if ALK inhibition is a radiosensitizing approach for other ALK-amplified tumors. In addition, it is necessary to further elucidate the mechanisms of how EML4-ALK may be suppressing DNA damage-induced apoptosis (20).

In conclusion, our study shows that PF02341066-mediated EML4-ALK inhibition combined with radiation suppress *in vitro* and *in vivo* growth of certain tumor cells expressing the EML4-ALK fusion protein. These data

support the use of combined treatment with PF02341066 and radiation to selectively target a subset of NSCLCs expressing the EML4-ALK fusion and suggests that the combined treatment may prove effective in future clinical trials in patients with NSCLCs.

#### Disclosure of Potential Conflicts of Interest

No potential conflicts of interest were disclosed.

#### Authors' Contributions

**Conception and design:** Y. Sun, M.A. Wasik, B. Lu

**Development of methodology:** Y. Sun, N.J. Giacalone, A.P. Dicker

**Acquisition of data (provided animals, acquired and managed patients, provided facilities, etc.):** Y. Sun, N.G. Zaorsky, C.-L. C. Winchester, K. Dalal, N.J. Giacalone, N. Liu, A.P. Dicker

**Analysis and interpretation of data (e.g., statistical analysis, biostatistics, computational analysis):** Y. Sun, N.G. Zaorsky, K. Dalal, N.J. Giacalone, A.P. Dicker

**Writing, review, and/or revision of the manuscript:** Y. Sun, K.A. Nowak, N.G. Zaorsky, C.-L. C. Winchester, K. Dalal, N.J. Giacalone, M. Werner-Wasik, A.P. Dicker, B. Lu

**Administrative, technical, or material support (i.e., reporting or organizing data, constructing databases):** Y. Sun, N.G. Zaorsky, C.-L. C. Winchester, A.P. Dicker, B. Lu

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# Molecular Cancer Therapeutics

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