Evaluation of Human Breast Adenocarcinoma (MCF-7) Cells Proliferation in Co-Culture with Human Adipocytes in Three Dimensional Collagen Gel Matrix: Norepinephrine as a Lipolytic Factor

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ABSTRACT

Background: Norepinephrine plays a trophic role in the control of cell replication and differentiation in target cells that express adrenergic receptors. Methods: In this study, we have tested the influence of infraphysiological, physiological and supraphysiological concentrations (0.0001 nM, 1 nM, 10000 nM) of human norepinephrine on the proliferation of breast cancer cells (human breast adenocarcinoma [MCF-7]) in co-culture with human adipocytes in three-dimensional collagen gel matrix culture. Cell proliferation and lipolysis rate were measured by 3-(4, 5-dimethylthiazolyl)-2, 5-diphenyl-tetrazolium bromide (MTT) and Oil red O colorimetric assay in second, 7th and 14th days of culture experiments. Results: Our results showed a direct correlation between lipolysis rate of adipocytes and proliferation rate of MCF-7 cells. Both physiological and supraphysiological concentrations of human norepinephrine significantly (P<0.05) increased the proliferation of MCF-7 cells synchronously with progress of adipocyte lipolysis. The proliferations of MCF-7 cells were significantly decreased after conversion of adipocytes to fibroblast-like cells by supraphysiological concentration of norepinephrine. There was no statistical difference in lipolysis of adipocytes and proliferation of MCF-7 cells in response to infraphysiological concentration of norepinephrine. Conclusion: These findings indicated that norepinephrine stimulated the proliferation of MCF-7 cells in co-culture with human adipocytes as a lipolytic factor and that norepinephrine effect was suppressed by conversion of adipocytes to fibroblast-like cells, suggesting adipocytes as another target for prevention and therapy of breast cancer. Iran. Biomed. J. 10 (3): 125-131, 2006

Keywords: Human breast adenocarcinoma (MCF-7) cell, Human adipocyte, Norepinephrine, Proliferation, Lipolysis

INTRODUCTION

Breast cancer is the most common malignancy in women and comprises 18% of all cancers [1]. The past few years have provided substantial evidence for the vital role of the local environment of an emerging tumor for various steps of tumor genesis, including proliferation and local invasion. Phenotypic behavior of malignant cells is regulated not only by cell autonomous signals, but also by effects exerted from surrounding stromal cells [2]. In breast tissue, the main stromal cell types are fibroblasts and adipocytes. Fibroblasts are widely accepted as promoters of the invasive growth of breast carcinoma cells [3]. In the adipose tissue of the breast, adipocytes and preadipocytes exist as mature and immature cells, respectively. The former constitutes most of the adipose tissue and has a large lipid droplet in the cytoplasm and the latter is fibroblast-like and has minute lipid droplets [4]. Emerging, although controversial, evidence suggests that exposure to various forms of stressors may
influence vulnerability to breast cancer and affect
length of survival once a particular tumor has
developed [5]. Norepinephrine is a catecholamine
released into the blood stream in response to
stressful situations. Norepinephrine can cause many
reactions in the body; however, one of its main
functions is to increase fat metabolism in adipose
tissue [6]. In addition to its role as a neurotransmitter
and ‘stress’ hormone, norepinephrine plays a trophic
role in the control of cell replication and
differentiation in target cells that express adrenergic
receptors [7].

In mammals, ‘spikes’ of adrenergic activity also
modulate the rate of cell replication and
differentiation and thus control the architectural
modeling of adrenergic target tissues [8]. Many cell
types, including adipocytes [9] and epithelial
cancers, express β-adrenergic receptors [10] which
can once again resume their role in the control of
cell replication and differentiation [11]. Adipocytes
have some hormone receptors which are
metabolically active. Lipogenesis is accelerated by
insulin [8] and lipolysis is stimulated by
norepinephrine, adrenocorticotropic hormone
(ACTH), thyroid-stimulating hormone (TSH) or
gonadotrophic hormone (GH) [12]. During lipolysis,
triglycerides in adipocytes are hydrolyzed to
glycerol and free fatty acids [13]. The effect of
catecholamine on cell proliferation and/or metastatic
capacity of tumors may be direct, acting
on tumoral cells, or indirect, mediated by
other mechanisms including the immunological
system [14].

Recently, some studies have demonstrated that
adipocytes promoted the growth of breast carcinoma
cells but preadipocytes had the opposite effect,
inhibiting proliferation of breast carcinoma cells
[15-17]. The in vivo studies revealed that
norepinephrine treatment resulted in a significant
suppression of breast tumor growth [18-20],
but in vitro studies showed that norepinephrine
stimulated breast cancer cells proliferation [7, 18, 21]. Based on all the considerations
outlined above, this study was designed to
obtain experimental evidence to determine
whether norepinephrine as a lipolytic factor
had an indirect role in proliferation of
breast carcinoma cells (human breast
adenocarcinoma [MCF-7]) in co-culture with
human adipocytes. For this purpose, we used
an in vitro three dimensional collagen gel
matrix system, a close resemblance to in vivo
environment.

MATERIALS AND METHODS

Cell line and preparation of adipocytes. As
typical breast carcinoma cells, we used MCF-7
(NCBI C135) breast cancer cell line (obtained from
National Cell Bank of Iran, Tehran). Human adipose
tissue was obtained from the abdominal
subcutaneous region (epigastric region of the
abdominal wall) from elective or laparoscopic
abdominal surgery (hernia, gall stone, etc.)
performed at Imam Khomeini Hospital (Tehran,
Iran). Except for obesity and minor metabolic
disturbances, the subjects were healthy and took no
regular medication. Informed consent was obtained
from the subjects before the surgical procedure.
After being removed, adipose tissue samples of 5 to
20 g were immediately transferred under sterile
conditions to the laboratory.

The subcutaneous adipose tissue specimens were
dissected from fibrous material and visible blood
vessels, minced into small pieces, and digested in
phosphate-buffered saline (0.15 M, pH 7.2)
containing 20 mg/ml BSA and 250U/mL
collagenase type I (Sigma, USA) at 37°C for 90
minutes. The completely disaggregated tissue was
centrifuged at 200 × g for 10 minutes. The top layer
of mature adipocytes was collected in a thin, white,
floating layer and filtered through 200 μm and 150
μm nylon meshes to minimize contaminating
preadipocytes or fibroblasts. Adipocyte cell were
stained with Oil red O (Sigma, USA) and counted
using a hemacytometer [4].

Adipocytes growth arrest. Adipocytes used in co-
culture were growth arrested by treatment with 20
μg/ml mitomycin C (Roche Diagnostic, Germany)
for 2 h and then washed three times by DMEM–
Ham’s F-12 medium (vol/vol, 1:1) (Sigma, USA)
[22, 23].

Three-dimensional collagen gel culture system.
MCF-7 breast cancer cells (1 × 10^4) with 1 × 10^5
mitomycin C treated mature adipocytes were co-
cultured in three-dimensional collagen gel matrix.
The results were obtained from cultured material
after 2, 7 and 14 days. The collagen culture system
was prepared as follows: Briefly, 8 volumes of type
I collagen (Sigma, USA) were mixed with 1 volume
of ten-fold concentrated Ham’s F-12 medium and 1
volume of a reconstruction buffer (2.2 g of NaHCO₃
and 4.77 g of HEPES in 100 ml of 0.05 N NaOH).
This collagen gel solution (90 μl) was mixed with
the 1 × 10^5 mitomycin C treated adipocytes and
1 × 10^4 MCF-7 breast cancer cells. This collagen gel solution containing cells was poured into each well of a 24-well cell culture plate (Sigma, USA). The culture plate was immediately warmed to 37°C to allow a gel to form. The gel was further covered with 400 μl per well Ham's F-12 medium supplemented with 15% newborn calf serum (Sigma, USA) and 50 μg/ml gentamicin (Sigma, USA) for 24 h. The gel was washed three times the next day with PBS and then maintained in media in the absence (control) or presence of different concentration of human norepinephrine (0.0001 nM, 1 nM and, 10,000 nM) (Sigma, USA). Medium was changed every two days [15]. The experiment was repeated three times.

Cell proliferation assay. Cell proliferation was measured by 3-(4, 5-dimethylthiazolyl)-2, 5-diphenyl-tetrazolium bromide (MTT) colorimetric assay after 2, 7 and 14 days of culture experiments. Briefly, 50 mg of MTT (Sigma, USA) was dissolved in 10 ml PBS buffer (0.15 M, pH 7.2) to prepare MTT stock solution (5 mg/ml); 500 μl of this solution was added to each well of a 24-well cell culture plate with collagen gel containing cells (adipocytes and MCF-7) and plates were incubated for 7 h at 37°C. Supernatant was removed and 500 μl of 0.04 N HCl in isopropanol was added to each well of a 24-well cell culture plate for 30 minutes. Then, samples were transferred from each plate into a 96-microtiter plate (Sigma, USA) before reading optical density at 580 nm with an ELISA plate reader (Labsystems Multiscan RC). A standard curve was prepared utilizing a known concentration of cells before each experiment. The MTT test assesses cell metabolism based on the ability of the mitochondrial succinate-tetrazolium reductase system to convert the yellow compound MTT to a blue formazan dye. The amount of dye produced is proportional to the number of live metabolically active cells. The proliferation proportion (%P) of MCF-7 breast cancer cell in co-culture was calculated according to the following formula [24]:

\[
\% P_{\text{Experiment}} = \left( \frac{\text{OD}_{\text{Experiment}} - \text{OD}_{\text{control}}}{\text{OD}_{\text{control}}} \right) \times 100
\]

Oil red O staining and measurement. Lipogenesis and lipolysis were evaluated by staining accumulated neutral lipids with Oil red O [25]. Collagen gels contained cultured cells were fixed in 4% formaldehyde, washed in water and stained with a 0.6% (w/v) oil red O solution (60% isopropanol, 40% water) for 1 h at room temperature. For quantification, cells were washed extensively with water to remove unbound dye; then 1 ml of isopropyl alcohol was added to the stained culture dish. After 1 h, the absorbance of the extract was assayed by a spectrophotometer at 510 nm. The lipolysis rate was calculated according to the following formula [26]:

\[
\text{Lipolysis} = \frac{\text{OD}_{\text{control}} - \text{OD}_{\text{Experiment}}}{\text{OD}_{\text{Experiment}}} \times 100
\]

Histologic examination. Collagen gels that contained cultured cells were fixed with 10% formalin solution, embedded in paraffin wax, and routinely processed. The deparaffinized sections were stained with Oil Red O and Mayer’s hematoxylin [15]. The images were obtained using a light microscope (Olympus 1 × 70, Japan) and the Magnifier imaging system.

Statistical analysis. Statistical comparisons were done using one-way analysis of variance (ANOVA), followed by the Tukey- Kramer test for multiple comparisons among the groups.

RESULTS

Cell Proliferation. To study the effect of norepinephrine on human breast carcinoma, we evaluated the proliferation of MCF-7 cell line in co-culture with mitomycin C treated adipocytes incubated in the presence of different concentration
of norepinephrine by colorimetric MTT assay. As can be seen in Figure 1, there was no statistical difference in MCF-7 cell proliferation in response to infraphysiological concentration of norepinephrine (0.0001 nM). The physiological concentration of norepinephrine (1 nM) caused a significant ($P<0.05$) increase in proliferation of MCF-7 cells to about 15.7% and 15% more than control cells at the 2nd and 7th day after cell culture. There was no significant difference in MCF-7 cell proliferation at the 14th day of culture (Fig. 1). The supraphysiological concentration of norepinephrine (10,000 nM) caused a significant ($P<0.05$) increase in proliferation of MCF-7 cells to about 55.5% and 87.5% more than control cells at the 2nd and 7th day after culture, respectively; but at the 14th day of culture it caused a significant ($P<0.05$) decrease in proliferation of MCF-7 cells to about 11.7% less than control cells (Fig. 1).

**Effects of norepinephrine on lipolysis of the human adipocyte.** Oil red O staining and measurement at 2, 7 and 14 days after cell culture showed that the effect of norepinephrine on lipolysis of adipocytes depended on concentration. There was no statistical difference in lipolysis of adipocytes in response to infraphysiological concentration of norepinephrine (0.0001 nM). The physiological concentration of norepinephrine (1 nM) caused a significant ($P<0.05$) increase in lipolysis of adipocytes to about 7.75%, 7.5% and 10.75% more than control cells at the second, 7th and 14th day of culture, respectively. The supraphysiological concentration of norepinephrine (10,000 nM) caused a significant ($P<0.05$) increase in lipolysis of adipocytes to about 39.5%, 96.25% and 98% more than control cells in the second, 7th and 14th days of culture, respectively (Fig. 2).

**Morphology of MCF-7 cells.** MCF-7 cells co-cultured with adipocytes adhered to mature adipocytes and organized around spherical adipocytes at day 0 (Fig. 3 A and B). When exposed to supraphysiological concentration of norepinephrine, the single lipid droplet of adipocytes displayed widespread cytoplasm with fine granular lipid droplets at day two (Fig. 3C). At day seven, the morphology of human adipocytes changed to fibroblast-like cells (Fig. 3D). As time progressed, fibroblast-like cells maintained their morphology and MCF-7 cells separated from them completely (Fig. 3E). When exposed to physiological concentration of norepinephrine, the a single lipid droplet of adipocytes displayed widespread cytoplasm with fine granular lipid droplets at day seven; no other events were observed in the remaining culture time (Fig. 3C). We did not observe any morphologic changes in adipocytes and MCF-7 cells by administration of infraphysiological concentration of norepinephrine.

**DISCUSSION**

In this study, we showed that norepinephrine stimulated the proliferation of MCF-7 cells in co-culture with adipocytes as a lipolytic factor and inhibited the proliferation of cells when adipocytes lost their lipid contents and were converted to fibroblast-like cells. There was also a direct correlation between lipolysis rate of adipocytes and proliferation rate of MCF-7 cells. The growth of primary and metastatic carcinomas is not simply the result of autonomous growth of malignant epithelial cells, but it requires the interaction between the various cell types within the tumor, including stromal cells [27]. In the breast, the main stromal cell types are fibroblasts and adipocytes and preadipocytes [3]. Breast tumors are characterized by the accumulation of fibroblasts adjacent to malignant epithelial cells, which is commonly known as the desmoplastic reaction. In fact, the majority of breast cancers have been referred to as "scirrhus" because of their extremely hard...
Fig. 3. MCF-7 cells in co-culture with human adipocytes, treated with verified concentrations of norepinephrine and stained by Oil red O and Hematoxylin. (A) and (B), Human mature adipocytes (arrow) in co-culture with MCF-7 cells at day 0. Mature adipocytes were spherical with large lipid droplet. MCF-7 cells adhered to mature adipocytes and organized on the surface of adipocytes. (C), Human mature adipocytes underwent lipolysis when treated with norepinephrine. Unilocular human mature adipocytes converted to multilocular adipocytes (arrow) in this condition. (D) and (E), Mature human adipocytes converted into fibroblast-like cells (arrow) after treatment with supraphysiological concentration of norepinephrine. MCF-7 cells did not adhere to fibroblast-like cells.

consistency provided by large numbers of fibroblasts dispersed between malignant epithelial cells, as well as within the immediate periphery of tumors. Evidence from several laboratories indicates that these are fibroblast-like cells originate from adipose tissue and most likely represent potential preadipocytes [28].

Previous studies have demonstrated that adipocytes promoted the growth of breast carcinoma cells, but preadipocytes had the opposite effect and inhibited proliferation of breast carcinoma cells [15-17]. Numerous studies have provided evidence that norepinephrine has a stimulatory effect on the proliferation of the breast cancer cells [7, 18, 21, 29]. In contrast, some researchers have reported that norepinephrine has an inhibitory effect on the growth of breast carcinoma [18, 20, 30, 31]. When the current and previous results are put together, it is
apparent that our results support the hypothesis that during carcinogenesis, the cancer epithelial cells invade the surrounding stromal tissue while the number of mature adipocytes progressively decreases and fibroblast-like cells progressively increase [32].

The mechanism by which norepinephrine promotes the growth of MCF-7 breast cancer cell line in co-culture with adipocytes is unclear from our study. It has recently been shown that norepinephrine induces lipolysis through three subtypes of β-adrenoceptors expressed in the adipocytes. During lipolysis, triglycerides in adipocytes are hydrolyzed to glycerol and free fatty acids [13]. Increased fatty acids are used to meet the increased energy demands imposed by the breast cancer cells [34].

Another interesting finding of this study is the observation that exposure of adipocytes to norepinephrine in co-culture with MCF-7 cells increases the degradation of fatty acids, reducing their availability to synthesize triglycerides. These results are in agreement with findings from the recent literature. Human adipocytes may play a role in the metabolic alterations observed during stress reactions and in certain forms of cachexia [34, 35]. Cachexia is a progressive wasting syndrome characterized by extensive loss of adipose tissue. It occurs in about half of all cancer patients. One candidate for this effect is a tumor lipid mobilizing factor, which stimulates lipolysis directly through a cyclic AMP-mediated process via interaction with a beta3-adrenergic receptor [35].

These findings indicate that norepinephrine stimulated the proliferation of MCF-7 cells in co-culture with human adipocytes as a lipolytic factor, and that norepinephrine effect was suppressed by conversion of adipocytes to fibroblast-like cells. This suggests that prevention and therapy of breast cancer may be targeted not only to cancer cells, but also to adipocytes themselves.

REFERENCES


