



Resveratrol Prevents Endothelial Cells Injury in High-Dose Interleukin-2 Therapy against Melanoma

Hongbing Guan, Narendra P. Singh, Udai P. Singh, Prakash S. Nagarkatti, Mitzi Nagarkatti

Abstract

Immunotherapy with high-dose interleukin-2 (HDIL-2) is an effective treatment for patients with metastatic melanoma but is often accompanied by severe toxicity involving endothelial cell injury and induction of vascular leak syndrome (VLS). In this study, the polyphenol resveratrol, with anti-inflammatory and anti-cancer properties, was able to prevent the endothelial cell injury and inhibit the efficacy of HDIL-2 therapy in the killing of metastasized melanoma. Specifically, C57BL/6 mice were injected with B16 melanoma cells the next day and continued treatment with resveratrol once a day. On day 9, mice received HDIL-2. On day 12, mice were sacrificed. We found that resveratrol significantly inhibited the development of VLS in lung and liver by protecting endothelial cells from undergoing apoptosis. The metastasis and growth of the tumor in lung were significantly inhibited by HDIL-2 and HDIL-2 plus resveratrol co-treatment was more effective in inhibiting tumor metastasis and growth than HDIL-2 treatment alone. We found that resveratrol inhibited the function of Gr-1⁺CD11b⁺ myeloid-derived suppressor cells (MDSC) and FoxP3⁺CD4⁺ regulatory T cells (Treg). We found that resveratrol also found that resveratrol enhanced the susceptibility of melanoma to the cytotoxicity of IL-2-activated killer cells, and suppressed the expression of the suppressor gene FoxO1. Our results suggested the potential use of resveratrol in HDIL-2 treatment against melanoma; that MDSC is the dominant suppressor cell than regulatory T cell in the development of VLS.

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Introduction

High-dose interleukin-2 (HDIL-2) therapy which produces overall response rates of 15% to 23% remains an effective treatment for renal cell carcinoma and melanoma [1], [2]. However, it is associated with significant systemic toxicity, mainly, vascular leak, pulmonary edema, and decreased microcirculatory perfusion that causes extensive fluid retention in multiple organs [3], [4], [5]. Although it is dose-dependent and reversible with therapy discontinuation, there is no specific and effective treatment for the toxicity. Vascular leakage and damage is the major feature of the vascular pathology. Direct effects of IL-2 on endothelial cells [6], [7], or through increased TNF- α , IL-1 and IFN- γ [3], have been previously reported. Otherwise, the cytotoxic effects by lymphokine-activated killer cell injury [8], [9], [10], [11].

Immunoregulation associated with the development of IL-2-induced VLS is not known. Our lab has reported that T regulatory cells suppress the cytolytic killing of endothelial cells by LAK cells in the *in vitro* experiments, thereby suppress the development of HDIL-2-induced VLS [12]. Lately, functional importance of myeloid-derived suppressor cells has been appreciated. MDSC are a heterogeneous population of cells consisting of myeloid progenitor cells and immature myeloid cells. They co-express the myeloid lineage differentiation molecule Gr1 and CD11b. These cells markedly expand systemically in various infectious diseases and some autoimmune diseases [13], [14]. Accumulating evidence demonstrates that their negative regulation of immune responses including adaptive and innate immunity, such as suppressing various T-cell functions [15], [16], [17], [18]. However, the role of MDSC in HDIL-2-induced inflammation and the development of VLS have not been studied.

Resveratrol, a naturally occurring polyphenol found in grapes and red wine, is widely used in animal models and possesses various biological effects including anti-infective, anti-inflammatory, and antioxidant properties. These interesting properties confer the capacity to protect endothelial function on resveratrol [19], [20]. In cancer patients, resveratrol exhibits anticancer properties, such as induction of tumor cell apoptosis, increase in chemosensitization of tumor cells, and exerts chemopreventive effects [21]. Resveratrol suppresses tumor growth by inducing apoptosis in tumor cells through aryl hydrocarbon receptor (AhR) and by reciprocal regulation of the PI3K/Akt pathway [22]. For melanoma, experiments showed that resveratrol can enhance chemical cytotoxicity to the tumor, and suppress tumor growth, cell proliferation, and induce apoptosis [24], [25]. Nevertheless, effects of resveratrol on the development of VLS in HDIL-2 therapy have not been studied.

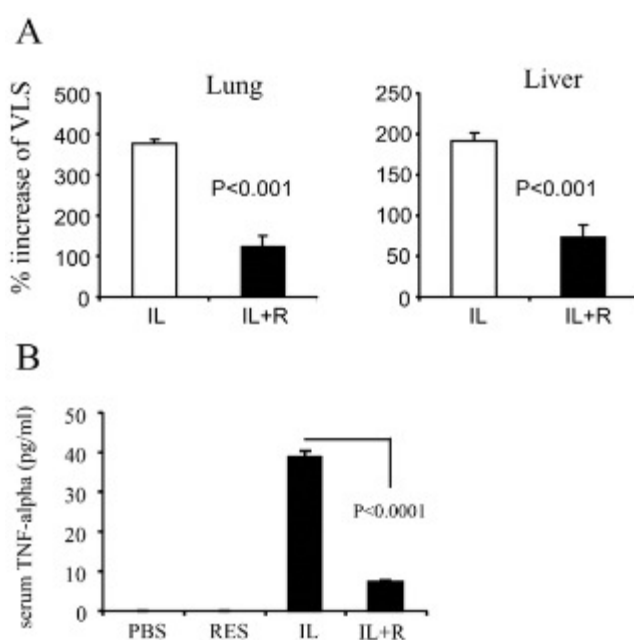


Figure 1. Decreased VLS in resveratrol-treated non-tumor mice.

Non-tumor bearing mice were given HDIL-2 and/or resveratrol. The vascular leak in the lungs and liver as well as TNF- α in lung. B. VLS in liver. C. The TNF- α level in the serum was measured by sandwich ELISA.

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In this report, we studied the role of resveratrol in the development of VLS in B16F10 melanoma-bearing mice and reversal and suppression of metastasis. We also discovered a novel functional characteristic of resveratrol in induction of suppressor cells and inhibition of tumor growth. We found that resveratrol significantly suppressed the development of VLS and the growth and metastasis of B16F10 melanoma.

Materials and Methods

Ethics statement, mice and recombinant IL-2

Female C57BL/6 (6–8 wk of age) mice were purchased from NIH. All animals were housed in University of South Carolina. All procedures were performed according to NIH guidelines under protocols approved by the Institutional Animal Care and Use Committee. Recombinant IL-2 was provided by the NCI Biological Resources Branch (Rockville, MD). All antibodies were purchased from MP biomedical. Resveratrol was purchased from Sigma or Supelco (Bellefonte, PA).

Induction and quantification of VLS

VLS was induced by IL-2 according to the established method from our lab [12], [26], [27], [28]. On day 0, groups of 75,000 units of IL-2 or PBS as a control, 3 times a day for 3 consecutive days. On day 4, the mice received one injection with 0.1 ml of 1% Evan's blue in PBS. After 2 h, the mice were exsanguinated under anesthesia, and the hearts and livers were blanching. The lungs and livers were harvested and placed in formalin at 37°C overnight. The Evan's blue was quantified by measuring the absorbance of the supernatants at 650 nm with a spectrophotometer. For administration of resveratrol, mice were given 100 mg/kg (0.1 ml of 1% Evan's blue in PBS, 0.1 ml of 1% Evan's blue in PBS, 0.1 ml of 1% Evan's blue in PBS) on day -1 by gavage, and thereafter once a day 1 h before the first IL-2 injection during day 0 to day 4. The VLS was calculated as percentage of increase in extravasation of Evan's blue when compared with that of the PBS-treated controls and with IL-2-treated mice $[(\text{OD}_{650} \text{ in the organs of IL-2-treated mice}) - (\text{OD}_{650} \text{ in the organs of PBS-treated controls})] / (\text{OD}_{650} \text{ in the organs of PBS-treated controls}) \times 100$ as vascular leak, and data from 4–5 mice were expressed as mean \pm SEM.

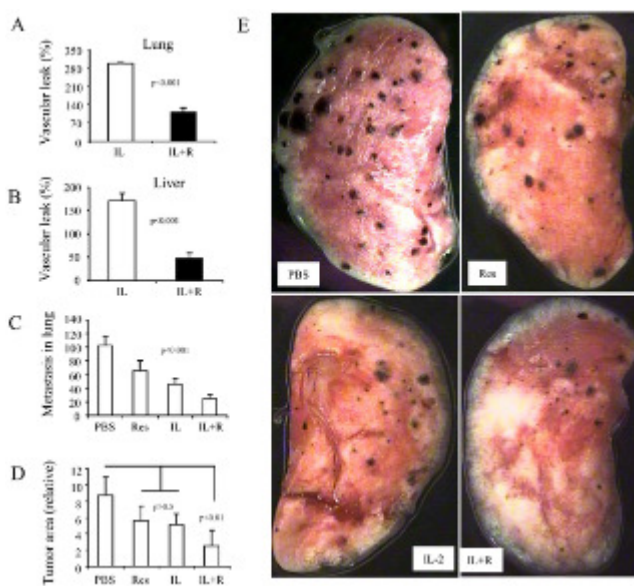


Figure 2. Decreased VLS and increased tumor regression in resveratrol-treated melanoma-bearing mice. C57BL/6 mice were injected *i.v.* with B16F10 melanoma cells (5×10^5 cells/mouse) and administered resveratrol as treated with IL-2 as in Fig. 1. The mice were sacrificed for evaluation of VLS on day 12. The numbers of black melanoma cells were counted under a microdissecting microscope. The area of each nodule was measured with software Image Pro. Tumor area was measured on the surface of one lobe. A. VLS in lung. B. VLS in liver. C. Enumeration of lung metastatic nodules. D. Area measurement of lung metastatic nodules on the surface of one lobe. doi:10.1371/journal.pone.0035650.g002

Tumor cell implantation, HDIL-2 and resveratrol treatment

Mice were injected with 5×10^5 B16F10 cells intravenously or implanted with 2×10^5 B16F10 cells subcutaneously on day

purchased from American Type Culture Collection (Manassas, VA) and maintained as recommended by the supplier [2] on day 1 and induce VLS with HDIL-2 on day 9 as described above. On day 12, mice were sacrificed to evaluate VLS were counted under a dissecting microscope on the surface of the lung specimens. These nodules exhibited character melanomas (data not shown). The area of each nodule was measured with software Image Pro. The area of each no same lobe and multiplied by 1000. The average area of the normalized measurement was present. For the primary tu weighed, and then used for the total RNA extraction.

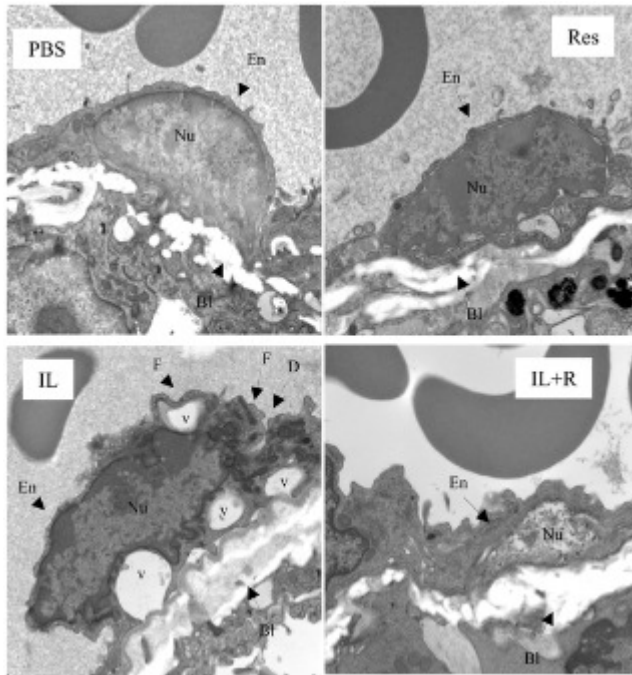


Figure 3. Resveratrol protects endothelial integrity.

The ultrastructural studies showed resveratrol protects endothelial cells. *Panels 1 and 2* show PBS- or resveratrol cell (En) lining the blood vessel is firmly anchored to the basal lamina (BL) with good integrity, thereby showing nor nucleus (Nu) and is closely opposed to the intact basal lamina. Three RBCs lie within the blood vessel lumen. *Panel 3* shows damage to the endothelial cells. Cell membrane is folding (F) and discontinuous (D). Vacuolation (V) is found under cytoplasm. In addition, some endothelial cells have lost the normal morphology, with only extended cell membrane former endothelial cells can be found in the blood vessel lumen. An RBC fills the lumen. *Panel 4* shows IL-2+resve cell morphology. The cell membrane and cytoplasmic contents are well defined and closely adhere to the basal lan to the intact basal lamina Three RBC fill the lumen. Original magnification, $\times 20,000$.

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Flow cytometry studies of MDSC and Treg

For flow cytometry analysis, splenocytes were prepared. Red blood cells were lysed using red blood cell lysing buffer inflammatory cells were isolated using Percoll gradient centrifugation (detailed below). Cells were re-suspended in sta 2% fetal bovine serum) and pre-incubated for 10 min at room temperature with purified anti-CD16/32 antibody to bloc receptors. For analysis of MDSC, cells were then incubated with FITC-conjugated anti-mouse CD11b and PE-conjuga buffer for 30 min at 4°C. For analysis of Treg, cells were incubated with FITC-conjugated anti-mouse CD4 mAb in the permeabilized with FoxP3 fix/perm buffer at room temperature in the dark for 20 min. The cells were washed once in l FoxP3 perm buffer at room temperature for 15 min. Cells were spun down and re-suspended in 100 μ l fresh FoxP3 pr PE-conjugated anti-mouse FoxP3 mAb at room temperature in the dark for 30 min. After incubation with the mAbs, ce and re-suspended in the staining buffer. The staining was analyzed with a CXP500 flow cytometer with post-acquisitio (Beckman Coulter). All antibodies were purchased from Biolegend.

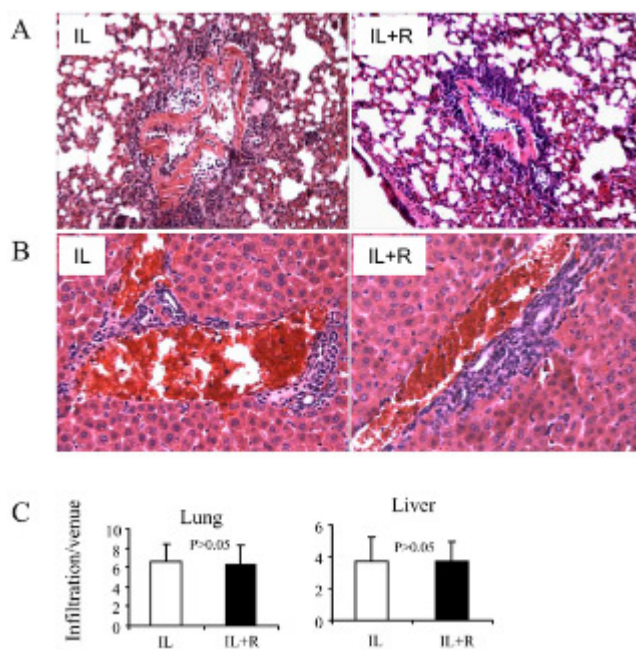


Figure 4. Histological studies of the lung and the liver for inflammatory cell infiltration.

Lungs and livers from VLS mice were harvested and preserved in 10% formalin solution. Sections were stained with hematoxylin and eosin (H&E). The level of perivascular infiltration was determined by counting the number of cells infiltrating around a venule. The data depict individual mice. A. The level of perivascular infiltration in lungs. B. The level of perivascular infiltration in livers. C. Statistical analysis showed $p > 0.05$ between IL-2 and IL-2+Resveratrol groups. Original magnification, $\times 200$.
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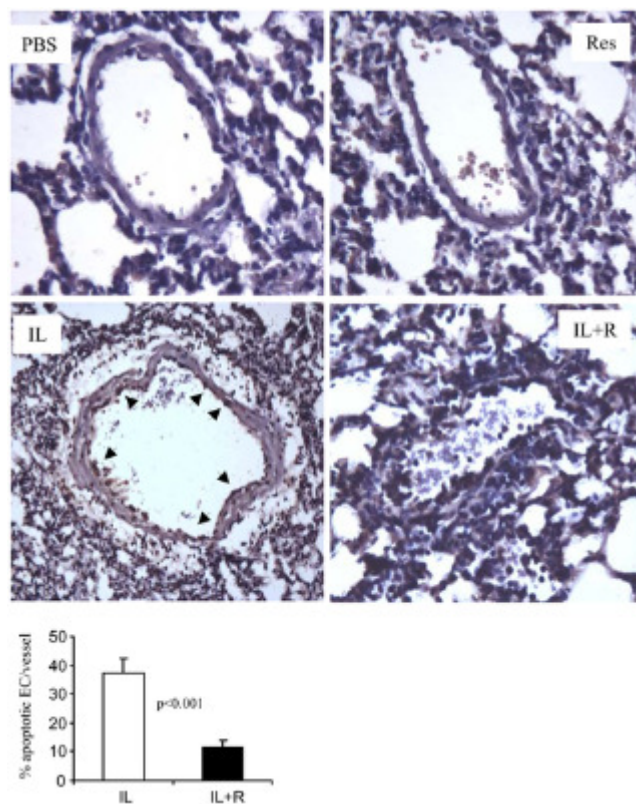
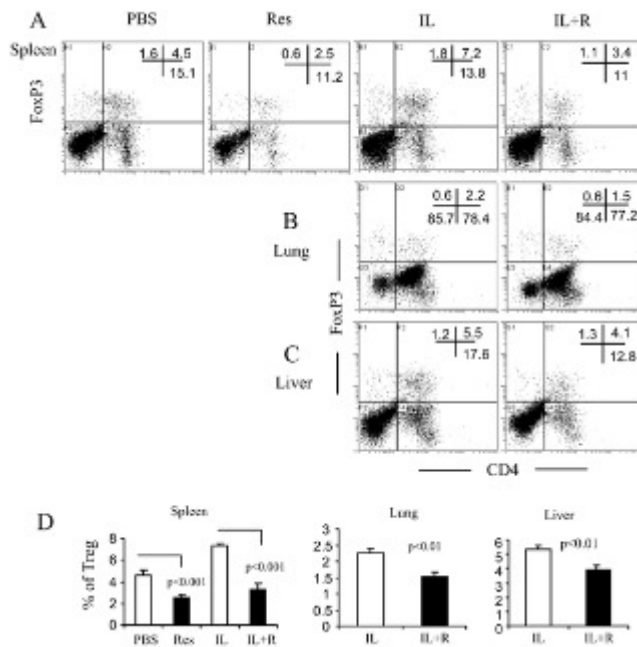


Figure 5. Resveratrol protects endothelial cells from apoptosis.

Lungs from PBS, resveratrol, IL-2 or IL-2+resveratrol-treated mice were examined for apoptosis with TUNEL assay. Apoptotic cells are depicted by brown stained nuclei (arrow). The histogram shows the quantification of apoptotic cells. doi:10.1371/journal.pone.0035650.g005

**Figure 6. Resveratrol inhibits IL-2-induced expansion of Treg.**

Splenocytes and infiltrating cells were stained with FITC-conjugated anti-CD4 mAb, fixed and permeabilized and in mAb as described in Materials and Methods. The stained cells were analyzed by flow cytometry. The representative liver (C) and the statistical analysis of the percentage mean \pm SEM of Treg (D) are shown. doi:10.1371/journal.pone.0035650.g006

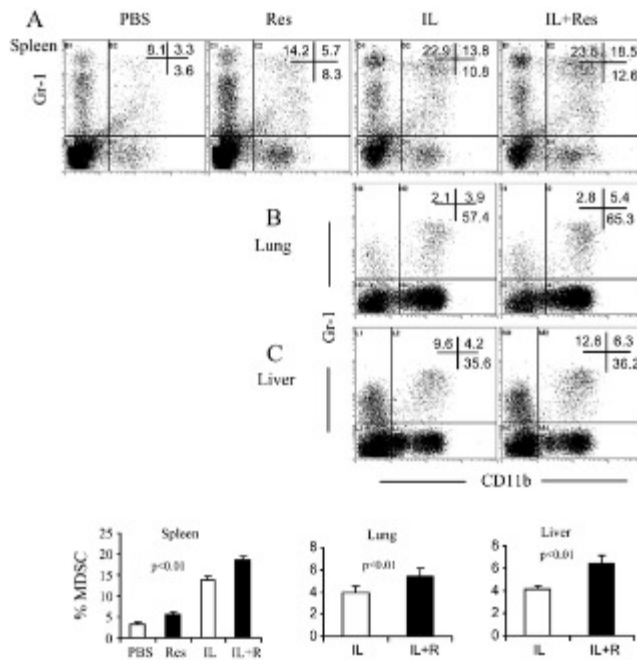


Figure 7. Expansion of MDSC by IL-2 and/or resveratrol treatment.

Splenocytes and the infiltrating cells were stained with FITC-conjugated anti-CD11b and PE-conjugated anti-Gr-1 r flow cytometry. The representative dot plots from spleen (A), lung (B), and liver (C) and the statistical analysis of t were shown.

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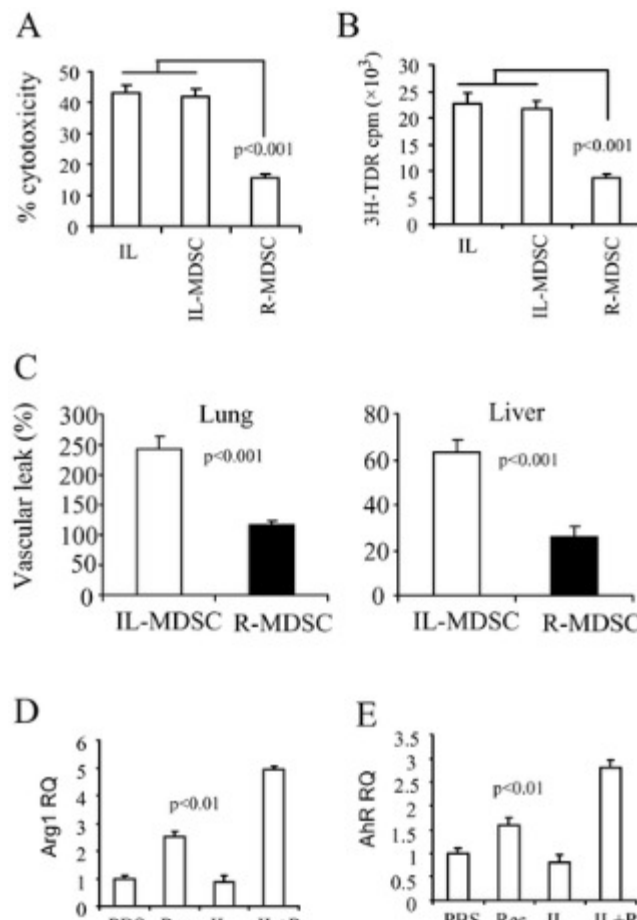




Figure 8. Analysis of the functional characteristics of MDSC.

Panel A: MDSC were isolated from IL-2 and IL-2+resveratrol treatment (labeled as IL-MDSC and R-MDSC respectively) and were isolated and incubated with MDSC for 2 h, and then used as effectors in the cytotoxicity assay against EC cells. *Panel B:* MDSC were isolated and incubated with MDSC for 2 h, and then used as effectors in the cytotoxicity assay against EC cells. *Panel C:* 1×10^6 MDSC were intravenously injected into the recipient mice. *Panel D & E:* Total RNA was extracted from the MDSC with the respective primers. The relative expression of FoxO1 (D) and 18S (E) were detected by QPCR. The relative expression was normalized to the endogenous 18S. doi:10.1371/journal.pone.0035650.g008

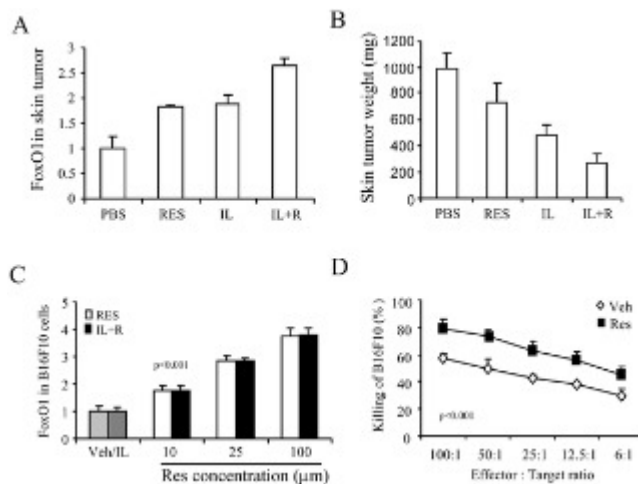


Figure 9. Resveratrol enhances the expression of FoxO1 and the cytolytic susceptibility of melanoma.

Panel A and B: C57BL/6 mice were implanted s.c. with B16F10 melanoma cells (2×10^5 cells/mouse) and orally administered resveratrol (100 mg/kg) or vehicle (Veh) as described in Fig. 1. The mice were sacrificed for evaluation of VLS on day 12. The primary tumor was weighed. Total RNA was extracted. Expression of FoxO1 was detected by QPCR (A). The relative expression was normalized to the endogenous 18S. *Panel C:* B16F10 cells were cultured with vehicle (Veh), IL-2 (IL) (1000 units/ml) for 24 h. Total RNA was extracted. Expression of FoxO1 was detected by QPCR. *Panel D:* LAK cells were generated with IL-2 (1000 units/ml) for 48 h. B16F10 cells were incubated with resveratrol (25 μ M) for 2 h and labeled with ^{51}Cr . After 4 h, the release of ^{51}Cr was measured and percent cytotoxicity was calculated. Statistical significance was determined by Student's t-test. $p < 0.001$. doi:10.1371/journal.pone.0035650.g009

MDSC sorting and adoptive transfer

MDSC were sorted by two steps. First, MDSC cells were enriched from splenocytes of VLS mice by depletion of other cells (NK1.1⁺, F4/80⁺, CD11c⁺, CD117⁺) with magnetic beads, and then, CD11b⁺Gr-1⁺ double positive cells were sorted by FACS. Cells at a density of 1×10^8 cells/ml in the staining buffer were pre-incubated for 10 min with purified anti-CD16/32 antibody to block Fc receptors, and then incubated with biotin-conjugated anti-mouse CD4, CD8, CD90.2, B220, NK1.1, F4/80, CD11c, and CD117 at 4°C for 30 min. Cells were washed once with and re-suspended in the staining buffer at the same cell density. Cells were incubated with EasySep magnetic particles (Stemcell) at room temperature for 15 min followed by incubation with EasySep magnetic particles (Stemcell) at room

cells were collected, and further incubated with FITC-conjugated anti-mouse CD11b and PE-conjugated anti-mouse Gr-1 washed twice with and re-suspended in the staining buffer. CD11b and Gr-1 double positive cells were then sorted by adoptive transfer, 1×10^6 cells were transferred per recipient mouse intravenously.

Generation of LAK cells and ^{51}Cr release assay

LAK cells were prepared as previously described [12], [26], [27], [28]. For generation of LAK cells *in vitro*, splenocytes were cultured in RPMI 1640 medium containing 10% fetal bovine serum, 10 mM HEPES, 1 mM sodium pyruvate, 2 mM L-glutamine, 100 units/ml penicillin, 100 μg streptomycin, and 50 μM β -mercaptoethanol. Viable cells were purified by density gradient centrifugation (Ficoll-Paque, Amersham Pharmacia Biotech, Burlington, NC). Such cells will be referred to as LAK cells. For generation of LAK cells *in vivo*, mice were treated with IL-2. Splenocytes were prepared and viable cells were purified using NycoPrep and referred to as LAK cells. Cytotoxicity of LAK cells against TME endothelial cells using 4 h ^{51}Cr -release assay. Briefly, 1×10^6 target cells were labeled with 100 μCi of $^{51}\text{NaCr}$ three times in RPMI 1640 culture medium, and adjusted to 1×10^5 cells/ml. In brief, 1×10^4 target cells were plated into 96-well plates depending on the respective E:T cell ratios. In these experiments, the LAK cells were defined as the effector cells. $^{51}\text{NaCrO}_4$ -labeled endothelial cells or tumor cells, which were defined as the target cells (T). In some groups, target cells were incubated for 2 h at 37°C before they were added into the plates. For analysis of MDSC suppression, LAK cells were incubated in 96-well plates. Spontaneous release of $^{51}\text{NaCrO}_4$ was determined by culturing the target cells alone, and the maximum release was determined by incubating the target cells with 1% SDS. The supernatants were harvested after 4 h culture, and the radioactivity was measured by a gamma counter. Percentage of killing efficiency of LAK cells was calculated as percent cytotoxicity = $[(\text{sample cpm} - \text{spontaneous release cpm}) / (\text{maximum release cpm} - \text{spontaneous release cpm})] \times 100$. The data were represented as mean \pm SEM. Each group had four wells.

Isolation of T cells and infiltrating inflammatory cells

To isolate T cells from spleen, splenocytes were stained with anti-CD3 Abs, followed by magnetic beads isolation. For isolation of macrophages (MNCs) from lung or liver, mice were perfused. Lung or liver was minced and passed through 100 μm filter. Single-cell suspensions were obtained by centrifugation (70%/30%) centrifugation.

TUNEL assay of cell apoptosis

Cell apoptosis was evaluated with conventional TUNEL assay using DeadEnd Colorimetric TUNEL System from Promega. Numbers of TUNEL-positive stained endothelial cells were counted in 5 vessels of each slide and the data were expressed as mean \pm SEM per vessel.

Histological Analysis of cell infiltration and measurement of serum TNF- α

The lungs and livers were fixed in 10% formalin solution. The organs were embedded in paraffin, sectioned, and stained with hematoxylin and eosin. Cell infiltration was scaled by counting the number of lymphocytes infiltrating around the vessel and averaging the minimum and maximum values. Samples per mouse were analyzed, and a minimum of four mice were included. Sera were prepared for detection of TNF- α by ELISA kit (Biolegend).

Electron microscopic studies of vascular injury

Tissue samples were fixed in 5% glutaraldehyde/4.4% formaldehyde/2.75% picric acid in 0.05 M sodium cacodylate buffer, postfixed in osmium tetroxide, embedded in Polybed 812 resin (Polysciences, Warrington, PA) and studied with electron microscope.

$[^3\text{H}]$ -thymidine incorporation assay

LAK cells generated from IL-2 treated mice were cultured in complete RPMI 1640 medium in a 96-well round bottom plate. In some groups, LAK cells were incubated with MDSC at 10:1 ratio (LAK:MDSC) for 2 h before adding $[^3\text{H}]$ -thymidine. After a cell harvester and the radioactivity incorporated in the cells was measured in a beta counter (Microbeta counter).

Quantitative real-time PCR (QPCR)

Total RNAs were prepared and reversely transcribed to cDNA using miRNeasy Mini Kit and miScript Reverse Transcription kit. Aryl hydrocarbon receptor (AhR), and 18S RNA (18S) were amplified using miScript SYBR Green PCR kit (Qiagen) in which relative gene expression level was normalized to the endogenous control 18S. The primer sequences were listed below: AGT TTA; FoxO1 R: GGT GAA AGC AAA GGG CTC CAA TGT; Arg1 F: ACG GCA GTG GCT TTA ATT GGC; Arg1 NOS2 F: TGC CAC CAA CAA TGG CAA CAT C; AhR R: TTG AAG TCA ACC TCA CCA GCA GC; 18S F: AAA GGA TAA GAA CGG CCA TGC ACC AC.

Statistical analysis

Data were presented as mean \pm SEM and analyzed for significance using non-paired Student's t-test. In case of multiple comparisons, Newman-Keuls Multiple Comparison Test was applied using Graphpad Prism 5 software. Comparisons were considered significant when $p < 0.05$.

Results

Resveratrol prevents VLS while maintaining the effectiveness of HDIL-2 treatment

HDIL-2 has been shown to have significant efficacy against advanced stages of melanoma. However, HDIL-2 treatment including VLS which limits its therapeutic efficacy [1], [2], [3], [4], [5]. In the current study, we first evaluated whether HDIL-2-induced VLS. For this purpose, we induced VLS in normal mice with HDIL-2. Resveratrol was given to mice orally daily during the treatment until the day of sacrifice of mice. Four sets of experiments were established: IL-2 treatment, resveratrol treatment, IL-2 + resveratrol co-treatment (IL+R), and PBS treatment (PBS). The results showed that the vascular leak was dramatically reduced in resveratrol treatment group (Fig. 1). These results demonstrated that resveratrol could prevent VLS induced by HDIL-2.

Next, we tested whether resveratrol exerts a similar effect in melanoma-bearing mice. To this end, C57BL/6 mice were used (5 \times 10⁵ cells/mouse). On day 9, mice were treated with IL-2 or resveratrol as described above. The mice were euthanized and the lungs and liver were harvested. The results showed that resveratrol significantly inhibited VLS in tumor-bearing mice both in the lungs and liver to a similar level as non-tumor-bearing mice (Fig. 2A and 2B). The metastasis and tumor growth in lungs (seen as black nodules) were significantly reduced in IL-2 + resveratrol co-treatment. Moreover, IL2+resveratrol co-treatment was more effective in inhibiting tumor metastasis than IL-2 treatment alone. These results indicated that resveratrol can ameliorate IL-2 toxicity while promoting the effectiveness of IL-2 in metastatic melanoma.

Resveratrol does not affect infiltration of inflammatory cells but protects endothelial cells from undergoing apoptosis

We previously found that HDIL-2-therapy caused endothelial cell (EC) damage by activating LAK cells [26], [28], [29]. The suppression of VLS resulted from its protective effect on ECs by pursuing ultrastructural studies of the lungs. The resveratrol group showed normal morphological features. In contrast, ECs from IL-2-treatment group revealed extensive cell break and vacuolation of cytoplasmic particles. Some of the endothelial cells were severely damaged, with only external cell membrane remaining. Cellular debris from ECs was found in the blood capillary lumen [26]. Interestingly, IL2+resveratrol treatment exhibited normal endothelial cells, whereas we only found minor damage in few endothelial cells.

We wondered whether suppression of IL-2 induced VLS by resveratrol resulted from inability of inflammatory cells to infiltrate. Inflammatory cell extravasation was examined under microscope. The results showed that the IL-2 treatment induced VLS in lungs and liver. Notably, IL-2 + resveratrol co-treatment also exhibited similar levels of perivascular infiltration as the IL-2 treatment group. The results were measured by counting the layers of cell infiltration around each vessel and averaging the numbers for each group (Fig. 3). The suppression of VLS seen in IL-2 + resveratrol treated-mice was not due to the inability of infiltration of inflammatory cells.

We previously reported that apoptosis could be one of the mechanisms of EC damage [26]. Hence, we applied TUNEL assay to detect EC apoptosis. Our results showed that IL-2-treated mice exhibited a large number of ECs that had undergone apoptosis, which was significantly reduced in IL-2 + resveratrol co-treatment group.

contrast, IL-2+resveratrol treated-mice did not show TUNEL-positive cells (Fig. 5). These data suggested that resveratrol could prevent ultrastructural damage and apoptosis.

Resveratrol induced expansion and suppressive functionality of myeloid-derived suppressor cells

To explore the underneath mechanisms that contribute to the suppressive function of MDSC on VLS, we studied the inhibition of VLS by resveratrol. To this end, we focused on studies of Treg and MDSC. Our previous study showed that CD4⁺FoxP3⁺ Treg; these Treg can suppress the cytolytic killing of ECs by LAK cells *in vitro* [12]. In the current study, spleen, lung and liver. On day 12, the splenocytes and the infiltrating-mononuclear cells from lung and liver were prepared. We showed that IL-2 caused an expansion of Treg in spleen, lung and liver. However, resveratrol treatment did not induce expansion to some extent (Fig. 6). Simultaneously, we stained cells for Gr-1 and CD11b expression. The results show the expansion of MDSC. Moreover, combination of IL-2+resveratrol caused a further induction of MDSC (Fig. 7). These data rather than Treg probably contributed to the suppression of VLS in resveratrol treatment.

To address this further, we examined the suppressive ability of MDSC on LAK cytotoxicity and proliferation. To this end, we isolated, and then incubated with MDSC at 10:1 ratio (LAK: MDSC) for 2 h at 37°C. For the cytotoxicity assay, the mixture of EC target (TME cell line) at 50:1 ratio (E:T) followed by 4 h ⁵¹Cr-release assay. For the proliferation assay, the mixture of ³H-thymidine and continued culture for 16 h and then the ³H-thymidine incorporation was measured. To our surprise, the IL-2+resveratrol group (named as R-MDSC) significantly inhibited LAK cytotoxicity and proliferation; however, MDSC alone showed any suppressive effects on either LAK cytotoxicity or proliferation (Fig. 8A & 8B).

To further evaluate whether these MDSCs play a suppressive role in the development of VLS *in vivo*, we transferred the IL-2 induced VLS in the recipient mice on the same day of the cell transfer. The results showed that R-MDSC caused markedly inhibit VLS at all (Fig. 8C). Correspondently, we found that resveratrol induced the expression of Arg1 in MDSC but IL-2 alone did not. IL-2 co-treatment induced the most expression of Arg1 (Fig. 8D). This could be because resveratrol is more effective in activating Arg1. We also found that R-MDSC and IL-MDSC have different expression level of AhR, which is the main receptor for resveratrol. Resveratrol increased the expression of AhR in MDSC but IL-2 did not. Similar to the expression of Arg1, IL-2 and resveratrol co-treatment induced the expression of AhR (Fig. 8E). All together, our results indicated that resveratrol can elicit or enhance the suppressive function of MDSC on the suppression of VLS.

Resveratrol induced expression of FoxO1 in tumor cells

Thus far, we demonstrated that resveratrol can ameliorate IL-2 toxicity while promoting the effectiveness of IL-2 in melanoma. We found that resveratrol-treated MDSC could contribute to the suppression of the cytolytic activity of LAK cells on ECs. However, MDSC might help evasion of tumor by suppressing the host immunity in situ of the tumor. Our results raised the possibility that resveratrol might be a factor that can overcome the suppressive effect of MDSC to the tumor. To explore the possible mechanisms, we studied whether the expression of the tumor suppressor genes by analysis of FoxO1 gene expression. To this end, we resected the primary tumor transcripts of FoxO1 by QPCR. The results showed that either resveratrol or IL-2 treatment can induce the expression of FoxO1. Resveratrol co-treatment induced the highest expression of FoxO1 (Fig. 9A). Correspondently, the growth of the tumor was inhibited, which was demonstrated by the decreased tumor weight while IL-2 and resveratrol co-treatment can exert the maximum inhibition (Fig. 9B).

We also cultured B16F10 cells with IL-2 and/or different dose of resveratrol. We found that resveratrol could induce the expression of FoxO1 in a dose-dependent manner. However, IL-2 alone did not induce the expression of FoxO1. This concentration of IL-2 is effective in LAK cells. In the co-treatment, the expression levels of FoxO1 were not different from the resveratrol treatment alone (Fig. 9C), which was consistent with the expression of FoxO1 in B16F10 tumor cells. However, in the *in vivo* experiment, HDIL-2 administration did induce the expression of FoxO1 (Fig. 9A). These results indicate that the release of other factors from the HDIL-2-induced inflammation could trigger the expression of FoxO1. These factors work together with resveratrol co-treatment to further enhance the expression of FoxO1.

Resveratrol makes melanoma more susceptible to the cytotoxicity of LAK cells by inducing the expression of FoxO1 in tumor cells

It has been shown that resveratrol can suppress melanoma growth by inducing the cell-cycle interruption and apoptosis.

enhance the chemical cytotoxicity to the tumor by the chemotherapeutic agents [24], [25]. In this study, we studied the cytotoxicity to the tumor. To this end, LAK cells were used as the effectors and generated *in vitro* from splenocytes of *Methods*. B16F10 cells were used as the targets. We pre-incubated the targets with resveratrol at 25 μ M for 2 h at 37°C. The results showed that the pre-treatment of resveratrol significantly increased the number of the killed targets by LAK cells.

The above results suggested that resveratrol can directly induce the expression of the tumor suppressor gene FoxO1, inhibit tumor growth and cell death by triggering autophagy [31], [32]. IL-2 can facilitate such effects by the unknown factors. Meanwhile, resveratrol directly enhances the susceptibility of B16F10 tumor cells to the LAK cytotoxicity. Together, the suppressive activity of MDSC against the immunity of the host that eventually leads to the tumor regression.

Discussion

Our results support a potential use of resveratrol in HDIL-2 treatment against melanoma and revealed some mechanisms that inhibited the development of VLS that is the most severe side-effect from HDIL-2 therapy. Meanwhile, the co-treatment enhanced the efficacy of the tumor therapy arisen from either resveratrol or HDIL-2 treatment. Resveratrol played a differential role in the development of tumor. On the one hand, resveratrol prevented ECs from the ultrastructural damage and apoptosis; on the other hand, it enhanced the susceptibility of the tumor to the cytotoxicity killer cells.

To understand how resveratrol played the suppressive role in the development of VLS, we focused on the study of Treg and MDSC immune suppressors. We found that resveratrol induced the expansion of MDSCs that can suppress the cytolytic killing of Treg. The number of Treg decreased at the same time. Previous studies from our lab and the others also showed that resveratrol induced the expansion of Treg in the tumor-bearing mice while it induced the expansion of MDSCs that suppressed the development of Treg. This demonstrates that MDSC is the predominant suppressor cells than Treg in the development of VLS. It could be true since MDSCs induce the tumor escape than Treg [35]. This conclusion could be corroborated by the fact that HDIL-2 treatment was not able to prevent the development of VLS [12].

There are conflicting reports on whether MDSC are involved in the induction of Treg [13]. It was also reported that both MDSC and Treg were increased in tumor-bearing mice, and that the expansion of the two populations were not related [36]. Here, we showed that IL-2 treatment induced the expansion of Treg. However, resveratrol treatment only induced MDSC expansion while it inhibited Treg expansion. Therefore, our current results suggest that resveratrol has a differential effect on Treg and MDSC.

The expansion of MDSC in HDIL-2 immunotherapy was found in patients with renal cell carcinoma (RCC) therapy. In this study, MDSC in the patients' blood was also detected [37], [38]. However, the role of MDSC in the development of HDIL-2-induced VLS was not clear before. In the current report, we found that HDIL-2-induced MDSCs from spleen were not suppressive. This is not surprising since naïve mice or tumor-bearing mice do not possess the suppressive function; but they become suppressive after culture *in vitro*. This is corroborated by the fact that MDSC from tumor tissue rather than spleen possess the suppressive characteristics. In this study, the loss of suppressive function was because these MDSC differentiated into suppressive macrophages (F4/80⁺) [39]. IL-2 administration recovered their suppressive functionalities including the expression of Arg1, the suppression of the proliferation of Treg, and the suppression of the development of VLS after the adoptive transfer (Fig. 8A–8D).

Whether resveratrol can induce the differentiation of the suppressive macrophages or how resveratrol recovers the suppressive function was examined. We examined the interaction between resveratrol and MDSC. AhR functions as one of the main receptors for resveratrol [23]. It could induce the expression of AhR in the MDSC while IL-2 could not. Interestingly, IL-2 and resveratrol co-treatment enhanced the suppressive function of MDSC. This could be because resveratrol is more effective in activated cells than unactivated cells [30]. We noted that the expression level of Arg1 and suppressive functionality of MDSC. IL-MDSC showed the lowest level of AhR whereas F4/80⁺ MDSC showed the highest level. We assume that the signals from AhR may be critical for MDSCs to recover their function. The signals from AhR-resveratrol interaction could be the derived signals that induce the suppressive function of MDSCs. Further studies are needed to clarify this hypothesis.

Resveratrol has been shown to possess chemopreventive activities such as suppression of tumor cell proliferation, inhibition of tumor growth, and enhancement of chemosensitization of tumor cells [21], [22], [24], [25]. It is known that resveratrol can directly induce apoptosis in chemoresistant B16 melanoma that leads to tumor regression; meanwhile, resveratrol makes melanomas more susceptible to LAK cytotoxicity. Our results showed: (1) resveratrol significantly enhanced the expression of FoxO1 gene of melanoma (Fig. 9A–9C). (2) resveratrol enhanced the susceptibility of melanoma to LAK cytotoxicity (Fig. 9D). It is known that FoxO1 controls the tumor growth; the expression of FoxO1 controls the tumor growth; the expression of FoxO1 controls the tumor growth.

triggers the ultimate death of tumor [31], [32]. We propose that the above two effects of resveratrol might compensate the tumor infiltrating T lymphocytes so as to promote anti-tumor immunity.

The response to immunotherapy with HDIL-2 in patients with metastatic RCC and melanoma is about 15% to 23%. The treatment, such as induction of Tregs, could be part of the reason why HDIL-2 remains less effective [1], [2], [3], [4]. Induction of MDSC is also an important factor in affecting the results of the treatment. The functional status of immune responsiveness of the therapy in patients. The clinical evidence is needed to further elucidate such an issue. Resveratrol HDIL-2 therapy by suppressing endothelial damage while enhancing sensitivity of tumor killing. In our previous studies, we can show differential susceptibility to LAK lysis based on the expression of CD44 variant isoforms [27]. Therefore, resveratrol of CD44 variants in melanoma cells, ECs, LAK, Treg, and MDSCs that contributes to the differential role of resveratrol. Further studies are necessary to address the role of resveratrol in modulating CD44 isoform expression.

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Author Contributions

Conceived and designed the experiments: HG. Performed the experiments: HG NPS UPS. Analyzed the data: HG PSI. Wrote the paper: PSN MN. Wrote the paper: HG PSN MN.

References

1. Dutcher J (2002) Current status of interleukin-2 therapy for metastatic renal cell carcinoma and metastatic melanoma. *Find this article online*
2. Schwartz RN, Stover L, Dutcher J (2002) Managing toxicities of high-dose interleukin-2. *Oncology (Williston Park)* 16: 100–105.
3. Baluna R, Vitetta ES (1997) Vascular leak syndrome: a side effect of immunotherapy. *Immunopharmacology* 3: 1–10.
4. McDermott DF (2009) Immunotherapy of metastatic renal cell carcinoma. *Cancer* 115: 2298–2305. *Find this article online*
5. Rosenberg SA, Mule JJ, Spiess PJ, Reichert CM, Schwarz SL (1985) Regression of established pulmonary metastases by the systemic administration of high-dose recombinant interleukin 2. *J Exp Med* 161: 1169–1188. *Find this article online*
6. Cotran RS, Pober JS, Gimbrone MA Jr, Springer TA, Wiebke EA, et al. (1988) Endothelial activation during interleukin-2 therapy: a mechanism for the vascular leak syndrome. *J Immunol* 140: 1883–1888. *Find this article online*
7. Baluna R, Rizo J, Gordon BE, Ghetie V, Vitetta ES (1999) Evidence for a structural motif in toxins and interleukin-2 that initiates endothelial cells and initiating vascular leak syndrome. *Proc Natl Acad Sci U S A* 96: 3957–3962. *Find this article online*
8. Assier E, Jullien V, Lefort J, Moreau JL, Di Santo JP, et al. (2004) NK cells and polymorphonuclear neutrophils mediate the vascular leak syndrome. *J Immunol* 172: 7661–7668. *Find this article online*
9. Damle NK, Doyle LV (1989) IL-2-activated human killer lymphocytes but not their secreted products mediate injury to endothelial monolayers. Implications for vascular leak syndrome. *J Immunol* 142: 2660–2669. *Find this article online*
10. Rosenstein M, Ettinghausen SE, Rosenberg SA (1986) Extravasation of intravascular fluid mediated by the systemic administration of interleukin 2. *J Immunol* 137: 1735–1742. *Find this article online*
11. Lentsch AB, Miller FN, Edwards MJ (1999) Mechanisms of leukocyte-mediated tissue injury induced by interleukin-2. *J Immunol* 163: 243–248. *Find this article online*
12. Melencio L, McKallip RJ, Guan H, Ramakrishnan R, Jain R, et al. (2006) Role of CD4(+)CD25(+) T regulatory cells in the development of a murine model of vascular leak syndrome. *J Immunol* 176: 1461–1471. *Find this article online*
13. Gabrilovich DI, Nagaraj S (2009) Myeloid-derived suppressor cells as regulators of the immune system. *Nat Rev Immunol* 9: 142–154.
14. Greten TF, Manns MP, Korangy F (2011) Myeloid derived suppressor cells in human diseases. *Int Immunopharmacol* 11: 1–10.
15. Hoechst B, Voigtlaender T, Ormandy L, Gamrekashvili J, Zhao F, et al. (2009) Myeloid derived suppressor cells inhibit anti-hepatocellular carcinoma activity of T cells via the NKp30 receptor. *Hepatology* 50: 799–807. *Find this article online*
16. Li H, Han Y, Guo Q, Zhang M, Cao X (2009) Cancer-expanded myeloid-derived suppressor cells induce anergic T cells. *J Immunol* 183: 100–108.

TGF-beta 1. *J Immunol* 182: 240–249. Find this article online

17. Kusmartsev S, Nefedova Y, Yoder D, Gabrilovich DI (2004) Antigen-specific inhibition of CD8+ T cell response mediated by reactive oxygen species. *J Immunol* 172: 989–999. Find this article online
18. Nagaraj S, Gupta K, Pisarev V, Kinarsky L, Sherman S, et al. (2007) Altered recognition of antigen is a mechanism. *Med* 13: 828–835. Find this article online
19. Elies J, Cuinas A, Garcia-Morales V, Orallo F, Campos-Toimil M (2011) Trans-resveratrol simultaneously increases release in human endothelial cells. *Mol Nutr Food Res* 55: 1237–1248. Find this article online
20. Wang H, Yang YJ, Qian HY, Zhang Q, Xu H, et al. (2011) Resveratrol in cardiovascular disease: what is known
21. Namasivayam N (2011) Chemoprevention in experimental animals. *Ann N Y Acad Sci* 1215: 60–71. Find this article online
22. Gupta SC, Kannappan R, Reuter S, Kim JH, Aggarwal BB (2011) Chemosensitization of tumors by resveratrol
23. Singh NP, Singh UP, Hegde VL, Guan H, Hofseth L, et al. (2011) Resveratrol (trans-3,5,4'-trihydroxystilbene) suppresses apoptosis involving reciprocal regulation of SIRT1 and NF-kappaB. *Mol Nutr Food Res* 55: 1207–1218. Find this article online
24. Osmond GW, Augustine CK, Zipfel PA, Padussis J, Tyler DS (2012) Enhancing Melanoma Treatment with Resveratrol
25. Gatouillat G, Balasse E, Joseph-Pietras D, Morjani H, Madoulet C (2010) Resveratrol induces cell-cycle disruption in melanoma. *J Cell Biochem* 110: 893–902. Find this article online
26. Guan H, Nagarkatti PS, Nagarkatti M (2007) Blockade of hyaluronan inhibits IL-2-induced vascular leak syndrome: a treatment for metastatic melanoma. *J Immunol* 179: 3715–3723. Find this article online
27. McKallip RJ, Fisher M, Do Y, Szakal AK, Gunthert U, et al. (2003) Targeted deletion of CD44v7 exon leads to cell killing mediated by interleukin-2-activated cytolytic lymphocytes. *J Biol Chem* 278: 43818–43830. Find this article online
28. Mustafa A, McKallip RJ, Fisher M, Duncan R, Nagarkatti PS, et al. (2002) Regulation of interleukin-2-induced vascular leak using hyaluronic acid and anti-CD44 antibodies. *J Immunother* 25: 476–488. Find this article online
29. Rafi AQ, Zeytun A, Bradley MJ, Sponenberg DP, Grayson RL, et al. (1998) Evidence for the involvement of Fc gamma R in vascular leak syndrome. *J Immunol* 161: 3077–3086. Find this article online
30. Singh NP, Hegde VL, Hofseth LJ, Nagarkatti M, Nagarkatti P (2007) Resveratrol (trans-3,5,4'-trihydroxystilbene) suppresses encephalomyelitis, primarily via induction of apoptosis in T cells involving activation of aryl hydrocarbon receptor. *J Biol* 1508–1521. Find this article online
31. Zhao Y, Yang J, Liao W, Liu X, Zhang H, et al. (2010) Cytosolic FoxO1 is essential for the induction of autophagy. *Biol* 12: 665–675. Find this article online
32. Medema RH, Jaattela M (2010) Cytosolic FoxO1: alive and killing. *Nat Cell Biol* 12: 642–643. Find this article online
33. Singh UP, Singh NP, Singh B, Hofseth LJ, Taub DD, et al. (2012) Role of resveratrol-induced CD11b(+) Gr-1(+) T cells and amelioration of chronic colitis in IL-10(-/-) mice. *Brain Behav Immun* 26: 1–10. Find this article online
34. Yang Y, Paik JH, Cho D, Cho JA, Kim CW (2008) Resveratrol induces the suppression of tumor-derived CD4+ T cells. *Immunopharmacol* 8: 542–547. Find this article online
35. Watanabe S, Deguchi K, Zheng R, Tamai H, Wang LX, et al. (2008) Tumor-induced CD11b+Gr-1+ myeloid cells suppress draining lymph nodes. *J Immunol* 181: 3291–3300. Find this article online
36. Movahedi K, Williams M, Van den Bossche J, Van den Bergh R, Gysemans C, et al. (2008) Identification of distinct suppressor cell subpopulations with distinct T cell-suppressive activity. *Blood* 111: 4233–4244. Find this article online
37. Donskov F, Bennedsgaard KM, Hokland M, Marcussen N, Fisker R, et al. (2004) Leukocyte orchestration in biologically based immunotherapy in metastatic renal cell carcinoma. *Cancer Immunol Immunother* 53: 729–739. Find this article online
38. Rodriguez PC, Ernstoff MS, Hernandez C, Atkins M, Zabaleta J, et al. (2009) Arginase I-producing myeloid-derived cells are a subpopulation of activated granulocytes. *Cancer Res* 69: 1553–1560. Find this article online
39. Kusmartsev S, Gabrilovich DI (2005) STAT1 signaling regulates tumor-associated macrophage-mediated T cell suppression. Find this article online
40. Narita Y, Wakita D, Ohkur T, Chamoto K, Nishimura T (2009) Potential differentiation of tumor bearing mouse suppressor macrophages and immunostimulatory dendritic cells. *Biomed Res* 30: 7–15. Find this article online