

## Development of a Novel Class of Tubulin Inhibitors with Promising Anticancer Activities

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### Abstract

We have developed a novel class (2-amino-4-phenyl-4H-chromene-3-carboxylate) of inhibitors of tubulin assembly by modifying HA14-1, which is a Bcl-2 inhibitor discovered by our group. Three of these compounds, mHA1, mHA6, and mHA11, showed *in vitro* cytotoxicities against tumor cells that were more potent and more stable than the backbone compound HA14-1, with nM IC<sub>50</sub> values. In contrast, the cytotoxic effects of these compounds on normal cells were minimal. Computational docking, colchicine-tubulin competitive binding, and tubulin polymerization studies demonstrated that these compounds bind at the colchicine-binding site on tubulin and inhibit the formation of microtubules. Treatment of HL-60/Bcl-2 leukemia and CRL5908 lung cancer cells with these mHA compounds led to pronounced microtubule density decreases, G<sub>2</sub>/M cell cycle arrest, and apoptosis, as determined by immunofluorescence microscopy, flow cytometry, and DNA fragmentation analysis. Combined, these data identify a novel class of compounds that inhibit tubulin assembly and limit cancer cell phenotypes.

**Implications:** This study supports the continued development of novel anti-tubulin assembly inhibitors as potential anticancer agents. *Mol Cancer Res*; 11(8); 856–64. ©2013 AACR.

### Introduction

Microtubules are components of cytoskeleton and are composed of  $\alpha$ - and  $\beta$ -tubulin that form heterodimers (1). Microtubules are involved in many cellular processes, including intracellular transport, maintenance of cell shape, polarity, cell signaling, mitosis, and cytokinesis (2). Their role in mitosis makes them important cellular targets for anticancer drug developments. In the eukaryotic cell cycle, tubulin is polymerized into microtubules, which form the mitotic spindle. The spindle then moves the chromosomes to the opposite sides of the cell, in preparation for cell division into 2 daughter cells. Because of this important role in cell proliferation, microtubules have been recognized as one of the successful and efficacious drug targets for the development of novel anticancer chemotherapeutics (3–7).

Microtubule-inhibiting agents (MIA) currently used in clinic therapies work through the suppression of the micro-

tubule dynamics by misdirecting the formation of a functional mitotic spindle in fast-dividing tumor cells. This arrests the cells in G<sub>2</sub>–M phase, thereby leading to apoptosis of the tumor cells. Based on their mechanism of action, MIAs are classified into 2 broad categories: microtubule stabilizing agents and destabilizing agents. Most MIAs bind to 1 of 3 sites on tubulin, the colchicine site, the vinblastine site, or the paclitaxel site (8). Because of the potent anticancer activity, these apoptotic therapeutic agents that target microtubules are among the most commonly prescribed antitumor agents. However, as with other anticancer drugs, intolerable toxicities and the emergence of drug resistance have limited the clinical use of the drugs targeting microtubules (9–11). Therefore, a need still exists for discovery and development of novel chemotherapeutic agents that target microtubules, but that show lower drug resistance and fewer toxic side effects.

We have been focusing our efforts for many years on the research and development of novel tumor therapeutic agents that target different factors involved in apoptotic pathways. The small compound dubbed HA14-1, identified by our group, was the first reported Bcl-2 inhibitor (12, 13). In subsequent studies, we found that it can also bind tubulin in a manner that is competitive with colchicine, which binds at the interface within  $\alpha/\beta$ -tubulin heterodimers. Colchicine is now a branded drug for treating several clinical diseases, including gout and Familial Mediterranean fever. Although the effectiveness and side effects of colchicine in cancer treatment need to be further characterized, the colchicine-binding site is a potential drug target that has attracted much attention for development of new anticancer agents (14); several such compounds are undergoing clinical trials (8, 15). In this study, we used HA14-1 as the initial template

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compound and developed a new class (2-amino-4-phenyl-4H-chromene-3-carboxylate) of novel microtubule-targeting agents that show promising antitumor activities.

## Materials and Methods

### Chemical synthesis

A general synthetic procedure of mHA1, mHA6, and mHA11 is illustrated in Fig. 1. These compounds were synthesized using a one-pot 3-component reaction of substituted benzaldehyde, phenol analogs, and ethyl cyanoacetate in the presence of piperidine. All of the new compounds described were characterized by  $^1\text{H}$  NMR and mass spectrometry spectra.

### Preparation of mHA1

A mixture of 3-bromo-4,5-dimethoxybenzaldehyde (0.49 g, 0.002 mol), 3-(dimethylamino) phenol (0.27 g, 0.002 mol), ethyl cyanoacetate (0.21 mL, 0.002 mol), and piperidine (0.4 mL, 0.004 mol) was suspended in 15 mL anhydrous ethanol and stirred at room temperature for 4 hours. After diluting with 80 mL  $\text{CH}_2\text{Cl}_2$  and washing with water, the organic layer was dried over  $\text{Na}_2\text{SO}_4$ . The  $\text{Na}_2\text{SO}_4$  was then removed by filtration and the solvent was evaporated. The crude product was purified by column chromatography (hexane/ $\text{CH}_2\text{Cl}_2$ ) to give 0.6 g mHA1 at 63% yield.

### Preparation of mHA6

Starting from 3-bromo-4,5-dimethoxybenzaldehyde, naphthalen-1-ol, and ethyl cyanoacetate, we then followed

the procedure for the synthesis of mHA1, to give 0.45 g (46% yield) of mHA6.

### Preparation of mHA11

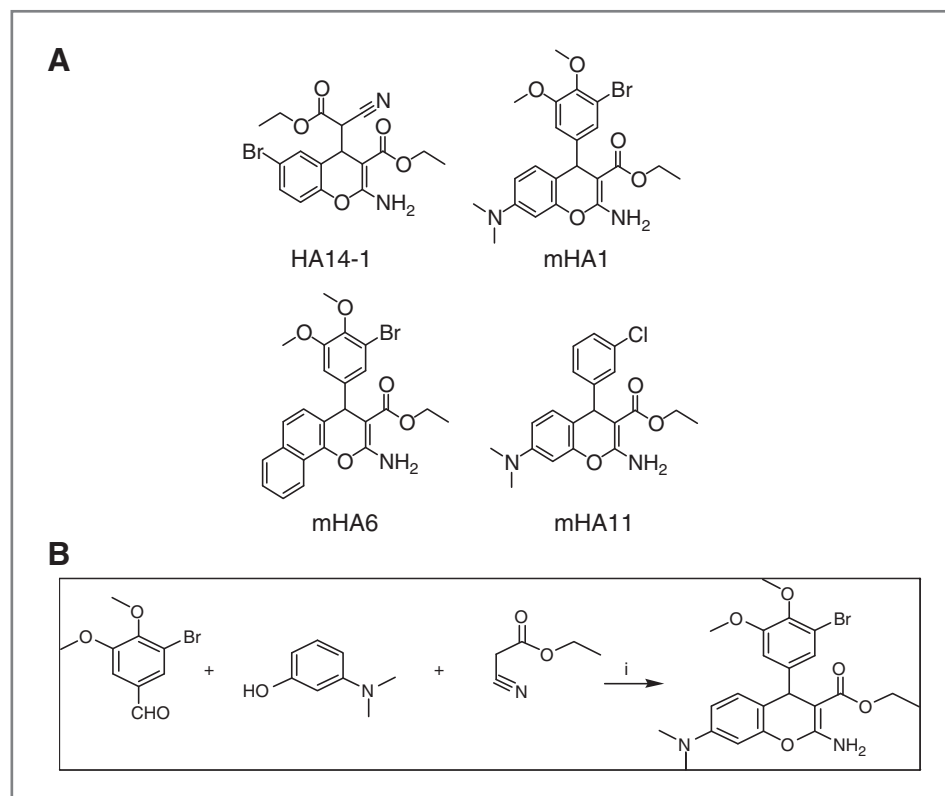
Starting from 3-chlorobenzaldehyde, 3-(dimethylamino) phenol, and ethyl cyanoacetate, we then followed the procedure for the synthesis of mHA1, to give 0.32 g (43% yield) of mHA11.

### Cell culture

The human leukemic HL-60/Bcl-2 cell line was obtained from Dr. Kapil N. Bhalla (University of Miami School of Medicine, Miami, FL; ref. 13), which has been stably transfected with pZip-Bcl-2 plasmid. CRL5908 lung cancer cell line was kindly provided by Dr. Sandra G. Hudson. Cells were cultured in RPMI 1640 medium supplemented with 10% FBS, 2 mmol/L glutamine, 100 U/mL penicillin, 100  $\mu\text{g}/\text{mL}$  streptomycin, and 800  $\mu\text{g}/\text{mL}$  gentamicin (G418; Invitrogen). Cells were maintained in a humidified 5%  $\text{CO}_2$  atmosphere at 37°C.

### Human bone marrow specimen collection

Human bone marrow specimens were obtained from three healthy adult donors. The patients were placed in the lateral decubitus position, with the top leg flexed and the lower leg straight. After sterilizing the chosen area of the posterior iliac crest skin, 10 mL of 1% lidocaine was infiltrated into the skin and subcutaneous tissue to anesthetize an area approximately



**Figure 1.** Structures of HA14-1 and its analogs mHA1, mHA6, and mHA11 (A); and one-pot reaction for the synthesis of mHA1, mHA6, and mHA11 (B).

2 to 3 cm in diameter. An incision was made in the skin with a small surgical blade, through which the bone marrow aspiration needle, with a stylet locked in place, was inserted. Once the needle contacted the bone, it was advanced by slowly rotating clockwise and counterclockwise until the cortical bone was penetrated and the marrow cavity was entered. Once within the marrow cavity, the stylet was removed. Approximately, 1 mL of bone marrow was aspirated using a 10 mL syringe. The sample was then transferred into an anticoagulant-containing (heparin) tube. The marrow needle was removed, and pressure was applied to the aspiration site with gauze until any bleeding had stopped. The bone marrow specimen was then carefully diluted with 4 mL medium and layered over 5 mL Ficoll-Paque PLUS (GE Healthcare) in a tube, without disturbing the interface, and centrifuged at 3,000 rpm for 30 minutes. The interface layer was aspirated to another tube, washed with medium, and incubated with mHA1, mHA6, or mHA11 at different concentrations (as described later) for 72 hours.

#### Measurement of cell viability

The cytotoxic effects of the HA14-1 analogs were measured by plating  $3 \times 10^4$  cells/well in 96-well plates and determining cell survival. Cells were treated with various concentrations of these compounds (0.1–3  $\mu\text{mol/L}$ ). The samples were then incubated at 37°C for 72 hours in a 5% CO<sub>2</sub> and 95% humidity incubator. After incubation, cell viability was measured using a CellTiter-Blue assay kit (Promega) according to the manufacturer's instructions. Briefly, 20  $\mu\text{L}$  of CellTiter-Blue reagent was added to 100  $\mu\text{L}$  of culture media and cells were incubated for 2 to 4 hours at 37°C. Afterward, fluorescence at 540<sub>Ex</sub>/600<sub>Em</sub> was measured using a fluorescence plate reader (BioTek, Synergy 2). Each experimental data point was generated from at least 3 independent experiments.

#### Cell morphological change

Cells were treated with mHAs at 1  $\mu\text{mol/L}$  of mHAs for 24 hours and then examined for morphological changes by inverted fluorescence microscopy and photography.

#### Cell-cycle analysis

HL-60/Bcl-2 cells ( $1 \times 10^6$ ) were treated with 1, 3, and 5  $\mu\text{mol/L}$  of mHA1, mHA6, mHA11, respectively, for 24 hours at 37°C. Cells were harvested at 1,100 rpm and washed twice with PBS, then resuspended in 100  $\mu\text{L}$  of PBS and 1 mL of 75% cold ethanol and stored at –20°C overnight. After centrifugation at 1,100 rpm for 5 minutes, the supernatant was removed. A 500  $\mu\text{L}$  PI staining buffer containing 80  $\mu\text{g/mL}$  of propidium iodide, 100  $\mu\text{g/mL}$  of RNase A, and 1% Triton was added to the samples. The cells were incubated for at least half an hour and then analyzed by flow cytometry with a FACScalibur system (LSRII; Becton Dickinson) using FlowJo7.5 analysis software.

#### DNA fragmentation analysis

HL-60/Bcl-2 cells were resuspended in fresh medium and added to 24-well plate wells at a density of  $1 \times 10^6$  cells/well,

in a final volume of 1 mL. Vehicle control (DMSO), positive control (colchicine at 0.1 and 1  $\mu\text{mol/L}$ ), and mHA1, mHA6, or mHA11 (at 1 and 5  $\mu\text{mol/L}$ ) compounds were then added to the appropriate wells. The plate was incubated for 24 hours, and total DNA was extracted from the cells in each well using an apoptotic DNA-ladder kit following the manufacturer's instructions (Qiagen). The DNA samples were subjected to 2% agarose gel electrophoresis and visualized with ethidium bromide staining.

#### Tubulin polymerization assay

Tubulin polymerization assays were conducted using the polymerization assay kit following the manufacturer's instructions (Cytoskeleton, Inc.). Briefly, 50  $\mu\text{L}$  of 3 mg/mL tubulin (>99% pure) proteins in G-PEM buffer (80 mmol/L PIPES, pH 6.9, 2 mmol/L MgCl<sub>2</sub>, 0.5 mmol/L EGTA, 1 mmol/L GTP, and 15% glycerol) was placed in 96-well microtiter plates in the presence of test agents. Polymerization was measured at every 60 seconds intervals for 1 hour using a Synergy 2 microplate reader (BioTek; excitation at 360 nm and emission at 420 nm) at 37°C. Tubulin levels were normalized to a value of 100 for the vehicle control.

#### [<sup>3</sup>H]Colchicine–tubulin binding assay

One micromolar radiolabeled colchicine [ring C, Methoxy-<sup>3</sup>H] (Perkin-Elmer; 1 mCi/mL), 1% DMSO and various concentrations of test compounds in 50  $\mu\text{L}$  G-PEM buffer containing 80 mmol/L PIPES (pH 6.8), 1 mmol/L EGTA, 1 mmol/L MgCl<sub>2</sub> and 1 mmol/L GTP, and 5% glycerol were incubated with 1  $\mu\text{mol/L}$  tubulin (>99% pure; Cytoskeleton, Inc.; 0.2 mg/mL) at 37°C for 60 minutes. The binding solutions were filtered through a stack of 2 DEAE-cellulose filters and washed twice. The radioactivity in the filtrates was determined by liquid scintillation spectrometry (Perkin-Elmer Wallac). Nonlinear regression was used to analyze the data using GraphPad Prism.

#### Immunofluorescence staining

After treatment with 1  $\mu\text{mol/L}$  of mHA1, mHA6, and mHA11 for 24 hours, the densities of microtubule and actin in adherent CRL5908 lung cancer cells were evaluated using immunobiochemistry. CRL 5908 cells at  $5 \times 10^4$  per well were cultured as described previously. One day after seeding, 1  $\mu\text{mol/L}$  mHA1, mHA6, or mHA11 were added to the cells and cultured at 37°C for 24 hours. Thereafter, cells were fixed for 30 minutes at 4°C in 4% paraformaldehyde and incubated with 0.1% Triton X-100 permeabilizing buffer for 15 minutes at room temperature. After washing with PBS and blocking with 2% BSA in PBS for 30 minutes at room temperature, cells were incubated for 1 hour protected from light at room temperature in 1:2,000 anti- $\alpha$ -tubulin monoclonal antibody (Sigma) and 7:1,000 Rhodamine–Phalloidin-labeled anti-actin antibody (Cytoskeleton) in PBS. Cells were then washed with PBS and incubated for 30 minutes protected from light at room temperature with 1:200 fluorescein isothiocyanate-labeled antimouse IgG antibody (Sigma) in PBS. Subsequently, all cells were stained with 1  $\mu\text{g/mL}$  4',6-diamidino-2-phenyl-indole (Sigma). Samples

were examined under a fluorescence microscope (Eclipse TE2000-U; Nikon) and photographed using a digital camera equipped with a fluorescein figure analysis system (NIS-Elements F3.0; Nikon).

### Molecular modeling

The crystal structure of  $\alpha/\beta$ -tubulin heterodimers in a complex with DAMA-colchicine (PDB reference: 1SA0; ref. 16) was used to predict the binding models of tubulin bind with designed compounds. The binding modes of designed ligands 1, 6, 11 with tubulin were predicted by using the Autodock4 program. In preparation of receptor grid files, a  $60 \times 55 \times 60$  grid with a grid spacing of  $0.375 \text{ \AA}$  was defined to cover the interface of  $\alpha/\beta$ -tubulin heterodimer. Grid maps were then generated by Autogrid4 for docking simulations. Lamarckian genetic algorithm was adopted in Autodock4 calculation, and 100 runs were conducted for each ligand. The whole receptor structure was set to be rigid during the simulations. All other parameters for Autogrid and Autodock calculations were set to default values in AutoDockTools-1.5.2. For each ligand, the 100 conformations resulted from Autodock simulations were clustered and the representative binding mode to tubulin with lowest predicted binding free energy.

### Statistical analysis

Average values were expressed as mean  $\pm$  SD. *P*-values were calculated by one-way ANOVA (PSIPLLOT).

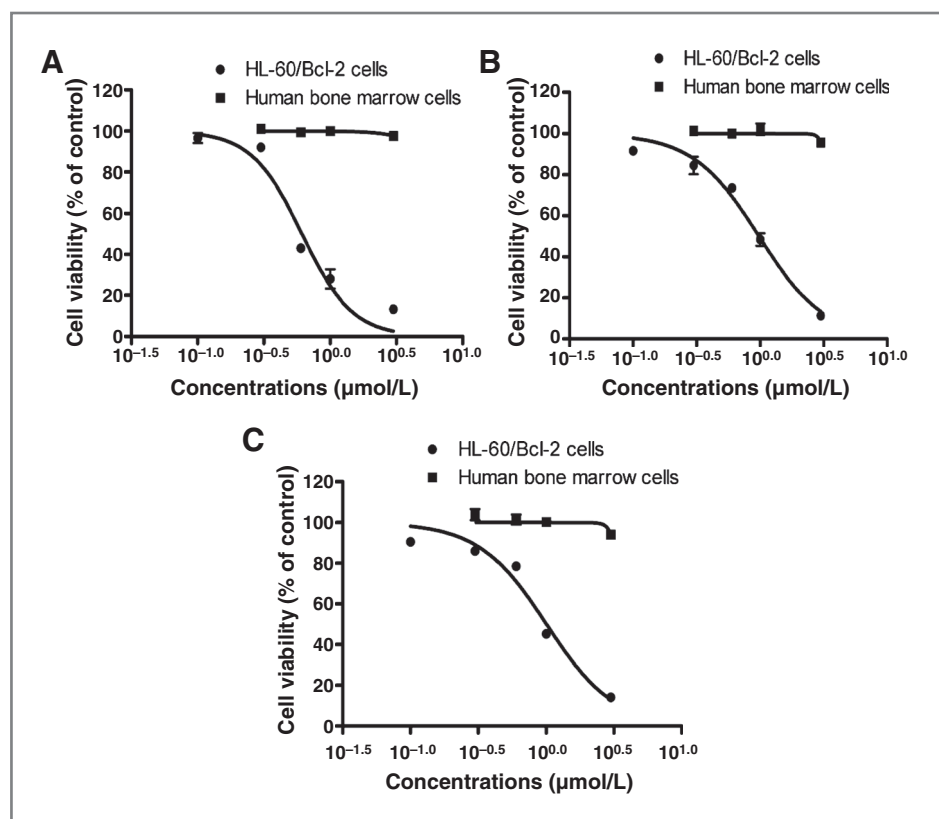
## Results

### Cytotoxicity of new mHA agents toward leukemic HL-60/Bcl-2 cells and normal human bone marrow cells

Of the series of HA14-1 analogs synthesized, mHA1, mHA6, and mHA11, showed the best antitumor activity. Human leukemia HL-60/Bcl-2 cells were treated with different concentrations of mHA1, mHA6, and mHA11 ( $0.1\text{--}3 \mu\text{mol/L}$ ) for 72 hours. Cell viability, assessed by the CellTiter-Blue Cell Viability Assay, showed that the effects of mHA1, mHA6, and mHA11 were dose dependent, with  $IC_{50}$  values of  $0.932 \pm 0.128$ ,  $0.958 \pm 0.045$ , and  $0.648 \pm 0.049 \mu\text{mol/L}$ , respectively (Fig. 2A–C), whereas  $IC_{50}$  of the parent compound, HA14-1, was  $9.394 \pm 0.18 \mu\text{mol/L}$  (data not shown). Overall, these HA14-1 analogs were much more potent than the parent HA14-1 compound.

The usefulness of a potential anticancer compound depends not only on its cytotoxicity in malignant cells, but also on its relative lack of toxicity toward normal tissues. We therefore evaluated the effects of the HA14-1 analogs on normal human bone marrow cells (HBMC). These cells were obtained from 3 normal adult donors, as previously described. After exposure to mHA1, mHA6, or mHA11 at different concentrations ( $0.1\text{--}3 \mu\text{mol/L}$ ) for 72 hours, cell viability was assessed by the CellTiter-Blue Cell Viability Assay. As shown in Fig. 2A–C, these compounds had almost no effects on normal HBMCs below  $3 \mu\text{mol/L}$  concentration, whereas  $3 \mu\text{mol/L}$  mHAs were able to kill almost all of the malignant HL-60/Bcl-2 cells ( $P < 0.01$ ). In contrast,

**Figure 2.** A–C, cytotoxicity of mHA toward HL-60/Bcl-2 cell lines and normal HBMCs. Cells were treated with different concentrations of mHA (A, mHA1; B, mHA6; C, mHA11) for 72 hours, as described in the text. Cell viability was then evaluated with a CellTiter-Blue assay. Viability at each concentration was expressed as a percentage of the viability compared to the vehicle (DMSO) control. The experiments were done three times and data were analyzed in Microsoft Excel and plotted in Prism 5.



treatment with colchicine, used here as the control colchicine site drug, resulted in the death of 30% of normal HBMCs at 25 nmol/L (data not shown), even though its  $IC_{50}$  was only  $33.5 \pm 3.5$  nmol/L on HL-60/Bcl-2 cells. The high toxicity of colchicine against normal cells limited its therapeutic value on cancer.

### Cell morphology changes in response to mHAs

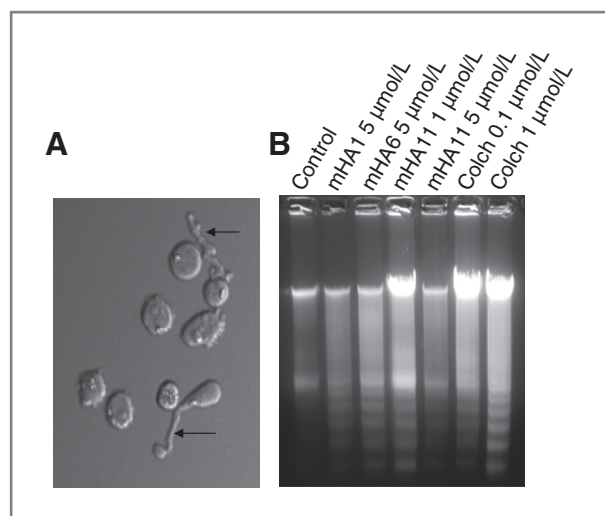
HL-60/Bcl-2 cells are suspension cells and typically have a spherical shape. After treatment with 1  $\mu$ mol/L of mHAs for 24 hours, morphological changes including cell elongation, asymmetry, and formation of long pseudopodia were observed by fluorescence microscope (Fig. 3A).

### DNA fragmentation analysis

To confirm that these compounds could induce apoptosis in HL-60/Bcl-2 cells, we conducted DNA fragmentation analysis, which is a key feature of apoptosis (17). A clear DNA ladder was observed after 24-hour treatment with 1 or 5  $\mu$ mol/L mHA1, mHA6, or mHA11 and 0.1 or 1  $\mu$ mol/L of colchicine, indicating that colchicine, and mHA1, mHA6, and mHA11 could induce apoptotic cell death in HL-60/Bcl-2 cells (Fig. 3B).

### G<sub>2</sub>-M cell-cycle arrest caused by mHAs

To determine whether the inhibition of growth due to HA14-1 analogs is associated with cell-cycle perturbation, the distribution of cells in different phases of the cell cycle was determined by flow cytometry, and analyzed using FlowJo7.5



**Figure 3.** A, morphological changes of HL-60/Bcl-2 cells in response to treatment with mHA1, mHA6, and mHA11. Cells were treated with 1  $\mu$ mol/L mHAs for 24 hours and then examined using a fluorescence microscope. Most of the cells lost their normal spherical shape and morphological changes including cell elongation, asymmetry, and formation of long pseudopodia could be observed (A). Magnification is 200 $\times$ . The result was representative of three independent experiments. B, induction of DNA fragmentation. HL-60/Bcl-2 cells were treated for 24 hours with mHA1, mHA6, mHA11 (1 or 5  $\mu$ mol/L), or colchicine (Colch, 0.1 or 1  $\mu$ mol/L). The DNA ladder was detected as described in "Materials and Methods."

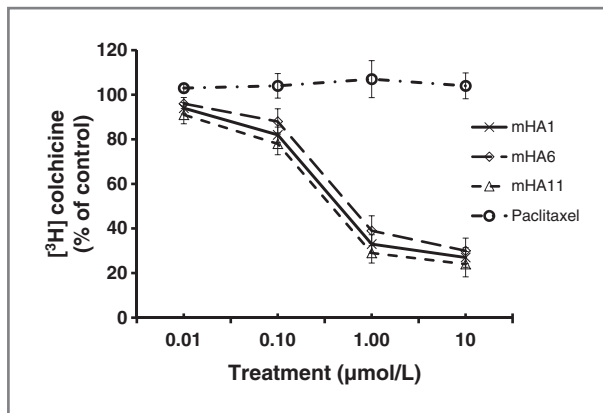
**Table 1.** Summary of the distribution of cells in different phases of the cell cycle

Name	Concentration ( $\mu$ mol/L)	Cell cycle			
		Sub-G <sub>1</sub>	G <sub>1</sub>	S	G <sub>2</sub> -M
Control		0.3	39.3	44.5	14.5
mHA1	1	5	5.9	6.9	70.9
	3	12	6	10.2	62.9
	5	13.3	8.6	17.3	56.1
mHA6	1	13.9	10	15	55.8
	3	16.4	11.8	21.2	45.3
	5	20.3	13.2	27.3	37.7
mHA11	1	16.7	10.7	14.8	54.4
	3	18.4	7.3	12.7	57.8
	5	28.3	13.7	22.3	33.7

analysis software. The HL-60/Bcl-2 control cell population profile is shown in Table 1 and indicates that most of the cells were in the G<sub>1</sub>- and S-phase. The HA14-1 analogs all caused a statistically significant increase in the G<sub>2</sub>-M cell population. For example, increased from 14.5% to 70.9%, 55.8%, and 54.7% were observed for mHA1, mHA6, and mHA11 treatments, respectively, when administered at 1  $\mu$ mol/L for 24 hours. A concomitant decrease in G<sub>1</sub> and S cell population was observed. The distribution of cells in different phases of the cell cycle is summarized in Table 1. After exposure, HL-60/Bcl-2 leukemia cells to 1, 3, and 5  $\mu$ mol/L of mHA1, mHA6, and mHA11, a subdiploid peak was observed (Table 1). An increase in the sub-G<sub>0</sub>/G<sub>1</sub> cell population from 5% to 13.3%, 13.9% to 20.3%, and 16.7% to 28.3% was occurred when cells were treated with 1 to 5  $\mu$ mol/L mHA1, mHA6, and mHA11, respectively, for 24 hours.

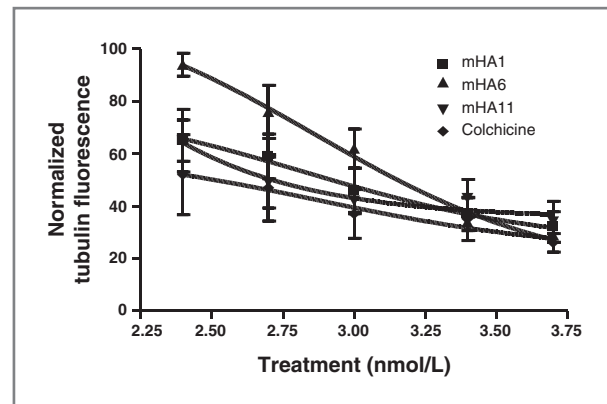
### All mHAs bind to colchicine-binding site and inhibit tubulin polymerization

In the crystal structure of  $\alpha/\beta$ -tubulin heterodimers complex with DAMA-colchicine, colchicine binds at the interface of  $\alpha/\beta$ -tubulin heterodimer and inhibits the assembly of tubulin by preventing curved tubulin from adopting a straight structure. The result of our docking study shows that mHA1, mHA6, and mHA11 could bind at the same site of colchicine on the tubulin protein. Radioligand binding assay confirms dose-dependent inhibition of tubulin polymerization by competing with the [<sup>3</sup>H]colchicine binding to tubulin for these 3 mHAs (Fig. 4). To investigate the inhibitory effects of mHA1, mHA6, and mHA11 on tubulin polymerization, >99% pure tubulin was treated with each of these compounds at 0.25 to 5  $\mu$ mol/L for 1-hour at 37 $^{\circ}$ C (Fig. 5). The contents of polymerized microtubules were measured every 60 seconds for 1 hour using 360 nm excitation and 420 nm emission filters. Results showed that mHA1, mHA6, and mHA11 exhibited strong inhibition of the microtubule formation comparable to the known microtubule polymerization inhibitor colchicine ( $IC_{50}$  = 25 nmol/L), with  $IC_{50}$  values of 669, 730, and 755 nmol/L, respectively.



**Figure 4.** Effect of mHA1, mHA6, and mHA11 on tubulin binding of [ $^3\text{H}$ ]colchicine. Tubulin (>99% pure) was incubated with tritiated tubulin binders in the presence of mHA1 ( $\times$ ), mHA6 ( $\diamond$ ), mHA11 ( $\Delta$ ), or Paclitaxel ( $\circ$ ) at indicated concentrations for 1 hour at 37°C. Each point represents the mean of three independent experiments, and error bars indicate the standard error.

To further determine whether the quantity and distribution of microtubule changes after treatment with these compounds, we conducted an immunofluorescent staining study. Under normal culture condition, CRL 5908 cells were grown in spindle morphology and microtubules were arrayed along the long axes in the cytoplasm (Fig. 6). However, 24 hours after treatment with mHA11 (similar results were obtained after treatment with mHA1 or mHA6), the 5,908 cells had shrunk, and the cell shape was changed from spindle to round, irregular, or multi-angular. The long microtubule structure in cytoplasm was disrupted and the microtubule fluorescence intensity was significantly reduced, suggesting the decrease in contents of microtubule.

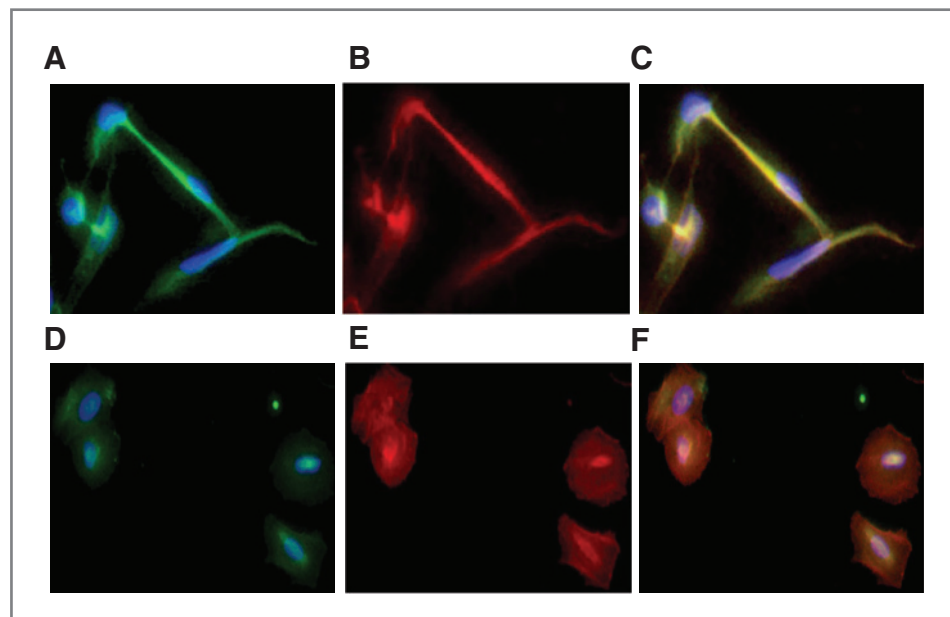


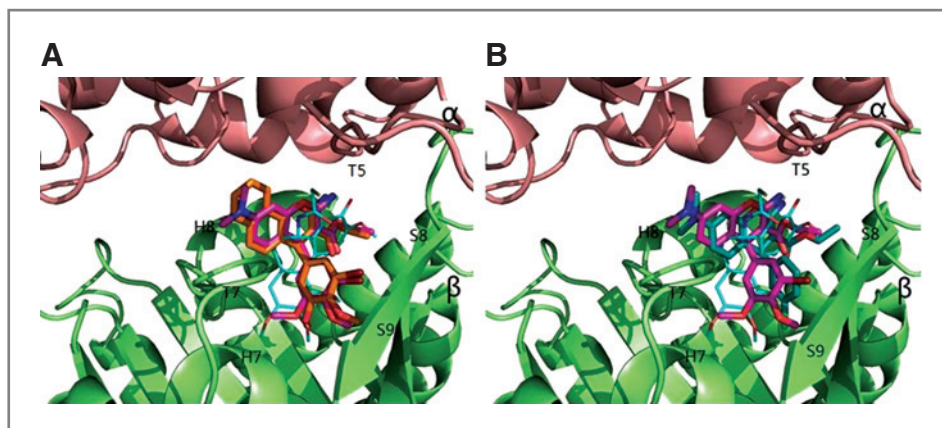
**Figure 5.** Inhibition of *in vitro* polymerization of tubulin using mHA1, mHA6, or mHA11. The steady-state tubulin assembly level in the absence of an inhibitor was set 100%.  $\text{IC}_{50}$  values were determined by using the sigmoidal fitting method for plotting the steady-state levels of tubulin assembly (at 30 minutes after initiating the polymerization dynamic assay; excitation at 360 nm and emission at 420 nm) against drug concentrations and represent the concentrations of mHA1 ( $\blacksquare$ ), mHA6 ( $\blacktriangle$ ), mHA11 ( $\blacktriangledown$ ), and colchicine ( $\blacklozenge$ ) for inhibition of the maximum tubulin polymerization level. Each point represents the mean value of 3 independent experiments.

#### Docking study of HA14-1 analogs

The crystal structure of  $\alpha/\beta$ -tubulin heterodimers in a complex with DAMA-colchicine reveals that colchicine binds at the interface of the  $\alpha/\beta$ -tubulin heterodimer and inhibits the assembly of microtubules by preventing curved tubulin from adopting a straight structure. The results of our docking study show that mHA1, mHA6, and mHA11 could bind at the same site as colchicine on the tubulin protein. mHA1 and mHA6 adopt a similar binding mode, which is slightly different from that adopted by mHA11 (Fig. 7).

**Figure 6.** Effects of mHAs on cellular microtubules. Top, expression of microtubules (A), actin (B), and both microtubules and actin (C, merged image) in nontreated CRL 5908 lung cancer cells. Bottom, expression of microtubules (D), actin (E), and both microtubules and actin (F, merged image) in CRL 5908 cells 24 hours after treatment with 1  $\mu\text{mol/L}$  mHAs. The result was representative of 3 independent experiments.





**Figure 7.** Comparison of the predicted binding models of mHA1, mHA6, and mHA11 to the tubulin protein with that of DAMA-colchicine in the crystal structure. A, mHA1 and mHA6 bind to the colchicine-binding site in the same manner. B, the binding modes of mHA1 and mHA11 differ slightly. Carbon atoms in mHA1, mHA6, and mHA11 are shown as sticks; and DAMA-colchicine as lines. The carbon atoms are colored in magenta for mHA1, in orange for mHA6, in deep teal for mHA11, and in cyan for DAMA-colchicine. Nitrogen and oxygen atoms are colored in blue and red, respectively. These figures were rendered using Pymol.

## Discussion

HA14-1, the first reported Bcl-2 inhibitor identified by our group, can potentially induce apoptosis in a wide variety of human cancers (12, 18–21). At concentrations above 10  $\mu\text{mol/L}$ , it also inhibits tubulin polymerization. We developed a series of HA14-1 analogs and identified a new class of 2-amino-4-phenyl-4*H*-chromene-3-carboxylate analogs: mHA1, mHA6, and mHA11 (Fig. 1). These analogs showed a more stable and more potent anticancer growth activity than did authentic HA14-1, with  $\text{IC}_{50}$  values of less than 1  $\mu\text{mol/L}$  at 72 hours in the HL-60/Bcl-2 cell line; whereas the  $\text{IC}_{50}$  value for HA14-1 was about 10  $\mu\text{mol/L}$ . These new analogs also exhibited a mode of action that is different from that of HA14-1. HA14-1 is a fast-working agent: it induces reactive oxygen species (ROS) generation, cytochrome *c* release, and caspase-9/-3 activation (18, 22) within few hours after administration of treatment, which suggested that these responses are its main mechanism for killing tumor cells. Typical morphological changes associated with apoptotic cells, such as cell shrinkage, nuclear fragmentation, and chromatin condensation, occurred within 6 to 24 hours after treatment with HA14-1. However, these new analogs induced different types of morphological changes, including cell elongation, asymmetry and formation of long pseudopodia (Fig. 3A). All of these changes suggested that these new analogs may target microtubule functions, which is important for maintenance of cell shape and for cell division.

Our docking and protein-based binding studies provided further confirmation that these compounds bind at the same site as colchicine on the tubulin protein, causing disruption of tubulin polymerization (Figs. 4–7). Analysis of DNA content by flow cytometry indicated that cells were blocked in the  $G_2$ -M phase and this was accompanied with a decrease in mitotic cells and an increase in apoptotic cells (Table 1). The inductions of apoptosis in HL-60/Bcl-2 cells caused by these compounds (Fig. 2; Table 1) were confirmed by DNA

fragmentation analyses (Fig. 3B). These novel compounds represent a new class of the emerging group of inhibitors of tubulin assembly that show promising anticancer activities and limited toxicity to normal bone marrow cells (Figs. 2–7).

Microtubules are important molecular targets for anticancer therapy because of their critical role in mitosis. During mitosis, the microtubules of the interphase cytoskeleton depolymerize, and the tubulin repolymerizes to form the mitotic spindle (4). The duplicated chromosomes are then located and attached to the spindle for separation. This procedure requires highly coordinated microtubule dynamics. Therefore, agents such as taxanes, vinca alkaloids, and epothilones, and our newly synthesized HA14-1 analogs that disrupt microtubule dynamics also cause the arrest of cell-cycle progression at mitosis and eventually lead to apoptosis (9, 23). Although many MIAs are actively used in the clinic against a wide variety of solid tumors and hematological malignancies, many limitations of currently approved agents are encountered, including variable sensitivity of different cancers, innate and acquired drug resistance, side effects of peripheral neuropathy and neutropenia, and poor solubility that necessitates their clinical use (4, 9). In addition to the development of overexpression of drug efflux pumps (24), mutations in the genes encoding  $\alpha$ - and  $\beta$ -subunits of tubulin and differential expression of tubulin isoforms that reduce the binding of a drug to tubulin also contribute to MIA resistance (25, 26). Therefore, discovery of new MIAs such as our HA14-1 analogs may be helpful in overcoming these problems and might offer advantages over the current agents used for chemotherapy. In contrast to our mHA agents, which inhibit tubulin polymerization, paclitaxel enhances tubulin polymerization and does not compete with colchicine binding to tubulin (Figs. 4–6). These data provide evidence that our mHA agents exerted their antimicrotubule effects via different mechanisms, including differences in the sites of tubulin binding (Fig. 7). In addition, use of these MIAs in combination with other

existing therapeutics could reduce the required doses of individual drugs, thereby lessening their toxicities and providing another way to overcome the shortcomings of currently used therapeutics (3, 27–29).

Bcl-2 is a proto-oncogene that prevents cells from undergoing apoptosis in response to cytotoxic stimuli. HL-60/Bcl-2 cells have been stably transfected with the pZip-Bcl-2 plasmid and they express higher levels of Bcl-2 protein than HL-60/neo cells do. Many rediscovered drug development strategies aim to affect multiple targets in a parallel fashion because multitarget drugs have a lower prevalence and reduced ranges of side effects than high-affinity, single-target drugs. mHA compounds were derived from HA-14-1, a known Bcl-2 binder and inhibitor. At concentrations lower than 5  $\mu\text{mol/L}$ , mHA compounds predominantly targeted microtubules. However, at concentrations around 5  $\mu\text{mol/L}$ , these mHA agents were also able to bind to Bcl-2 and inhibit Bcl-2 from binding with apoptotic protein-derived probes (our unpublished data). The dual-target effects of these mHAs on both microtubule and Bcl-2, and their biological significance (such as whether this contributes to their lower cytotoxic effects on normal cells; Fig. 2), need to be investigated further.

In summary, we have developed a novel class of anti-microtubule agents that show promising antitumor activity. These new HA14-1 analogs inhibit tubulin polymerization, thereby inducing cell-cycle  $G_2$ -M arrest and apoptosis. The

promising cytotoxic effects on cancer cells with  $IC_{50}$  value at nmol/L ranges, coupled with the minor cytotoxic effects on normal bone marrow cells, indicate that these new analogs have a good therapeutic window and that their further development as therapeutics for human use will be worthwhile.

#### Disclosure of Potential Conflicts of Interest

No potential conflicts of interest were disclosed.

#### Authors' Contributions

**Conception and design:** J. Xi, X. Zhu, G. Luo, R.C. Luo, Z. Huang, J. An

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**Acquisition of data (provided animals, acquired and managed patients, provided facilities, etc.):** J. Xi, N. Huang, G. Wang

**Analysis and interpretation of data (e.g., statistical analysis, biostatistics, computational analysis):** J. Xi, X. Zhu, N. Huang, Y. Mao, X. Han, J. An

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