

Research article

Open Access

## Expression of inwardly rectifying potassium channels (GIRKs) and beta-adrenergic regulation of breast cancer cell lines

Howard K Plummer III\*<sup>1</sup>, Qiang Yu<sup>1</sup>, Yavuz Cakir<sup>2,3</sup> and Hildegard M Schuller<sup>2</sup>

Address: <sup>1</sup>Molecular Cancer Analysis Laboratory, Department of Pathobiology, College of Veterinary Medicine, University of Tennessee, Knoxville, TN 37996-4542, USA, <sup>2</sup>Experimental Oncology Laboratory, Department of Pathobiology, College of Veterinary Medicine, University of Tennessee, Knoxville, TN 37996-4542, USA and <sup>3</sup>Current address: Department of Pathology, University of Alabama at Birmingham, Birmingham, AL 35294-0019, USA

Email: Howard K Plummer\* - hplummer@utk.edu; Qiang Yu - yuqiang@hotmail.com; Yavuz Cakir - yavcakir@uab.edu; Hildegard M Schuller - hmsch@utk.edu

\* Corresponding author

Published: 16 December 2004

Received: 21 September 2004

BMC Cancer 2004, 4:93 doi:10.1186/1471-2407-4-93

Accepted: 16 December 2004

This article is available from: <http://www.biomedcentral.com/1471-2407/4/93>

© 2004 Plummer et al; licensee BioMed Central Ltd.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### Abstract

**Background:** Previous research has indicated that at various organ sites there is a subset of adenocarcinomas that is regulated by beta-adrenergic and arachidonic acid-mediated signal transduction pathways. We wished to determine if this regulation exists in breast adenocarcinomas. Expression of mRNA that encodes a G-protein coupled inwardly rectifying potassium channel (GIRK1) has been shown in tissue samples from approximately 40% of primary human breast cancers. Previously, GIRK channels have been associated with beta-adrenergic signaling.

**Methods:** Breast cancer cell lines were screened for GIRK channels by RT-PCR. Cell cultures of breast cancer cells were treated with beta-adrenergic agonists and antagonists, and changes in gene expression were determined by both relative competitive and real time PCR. Potassium flux was determined by flow cytometry and cell signaling was determined by western blotting.

**Results:** Breast cancer cell lines MCF-7, MDA-MB-361 MDA-MB 453, and ZR-75-1 expressed mRNA for the GIRK1 channel, while MDA-MB-468 and MDA-MB-435S did not. GIRK4 was expressed in all six breast cancer cell lines, and GIRK2 was expressed in all but ZR-75-1 and MDA-MB-435. Exposure of MDA-MB-453 cells for 6 days to the beta-blocker propranolol (1  $\mu$ M) increased the GIRK1 mRNA levels and decreased beta<sub>2</sub>-adrenergic mRNA levels, while treatment for 30 minutes daily for 7 days had no effect. Exposure to a beta-adrenergic agonist and antagonist for 24 hours had no effect on gene expression. The beta adrenergic agonist, formoterol hemifumarate, led to increases in K<sup>+</sup> flux into MDA-MB-453 cells, and this increase was inhibited by the GIRK channel inhibitor clozapine. The tobacco carcinogen 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK), a high affinity agonist for beta-adrenergic receptors stimulated activation of Erk 1/2 in MDA-MB-453 cells.

**Conclusions:** Our data suggests  $\beta$ -adrenergic receptors and GIRK channels may play a role in breast cancer.

## Background

Breast cancer is the leading cancer in women [1] and estrogen receptor (ER)(-) breast cancers have a poorer prognosis than ER(+) cancers [2,3]. Smoking is a controversial risk factor for the development of these malignancies [4-7]. However, increases in pulmonary metastatic disease and lung cancer have been seen in smokers with breast cancer [8,9]. The tobacco-specific nitrosamine 4-(methyl-nitrosamino)-1-(3-pyridyl)-1-butanone (NNK) causes cancer of the oral cavity, esophagus, respiratory tract and pancreas, but no breast cancer in laboratory animals [10] and has not been implicated in breast carcinogenesis to date.

Recent studies in human cancer cell lines or in animal models have shown that the growth of adenocarcinomas of the lungs, pancreas and colon are under  $\beta$ -adrenergic control [11-15]. Studies in a cohort of 2442 men found an inverse association between risk of incident adenocarcinomas of the prostate and use of antihypertensive medication, including beta-blockers [16]. The tobacco-specific carcinogenic nitrosamine NNK has recently been identified as a high affinity  $\beta$ -adrenergic agonist that stimulated the growth of pulmonary and pancreatic adenocarcinomas in vitro and in animal models [11,13,15]. The expression of  $\beta$ -adrenergic receptors has been correlated with the over-expression of the arachidonic acid-metabolizing enzymes cyclooxygenase-2 (COX-2) and lipoxygenases (LOX) in adenocarcinomas of lungs [17], colon [18], prostate [19], and pancreas [15]. Inhibitors of these enzymes have been identified as cancer preventive agents in animal models of these cancers [13,20-22]. Collectively, these findings suggest that among the superfamily of adenocarcinomas at various organ sites, there is a subset of malignancies that is regulated by  $\beta$ -adrenergic and arachidonic acid-mediated signal transduction pathways.

The majority of breast cancers are also adenocarcinomas and many of them over express COX-2 and/or LOX [23]. This raises the possibility that comparable to findings in adenocarcinomas of the lungs, pancreas, colon and prostate, a subset of breast cancers may also be under beta-adrenergic control. In support of this hypothesis, studies have demonstrated that three estrogen-responsive and three non-estrogen responsive human cell lines derived from breast adenocarcinomas demonstrated a significant reduction in DNA synthesis in response to beta-blockers or inhibitors of the arachidonic acid-metabolizing enzymes COX-2 and 5-LOX [24]. In addition, analysis by reverse transcription polymerase chain reaction (RT-PCR) revealed expression of  $\beta_2$ -adrenergic receptors in all six breast cancer cell lines tested (MDA-MB-361, ZR-75-1, MCF-7, MDA-MB-453, MDA-MB-468, MDA-MB-435S), whereas  $\beta_1$  receptors were not found in two estrogen non-

responsive cell lines (MDA-MB-435S, MDA-MB-453) [24].

Expression of mRNA that encodes a G-protein coupled inwardly rectifying potassium channel (GIRK1) has been shown in tissue samples from approximately 40% of primary human breast cancers tested [25], and this expression of GIRK1 was associated with a more aggressive clinical behavior. Increases in GIRK currents by beta-adrenergic stimulation have been reported in adult rat cardiomyocytes and in *Xenopus laevis* oocytes coexpressing  $\beta_2$ -adrenergic receptors and GIRK1/GIRK4 subunits [26]. In addition, in rat atrial myocytes transiently transfected with  $\beta_1$  or  $\beta_2$  adrenergic receptors, the beta-adrenergic agonist isoproterenol stimulated GIRK currents, whereas this stimulation was not seen in non-transfected cells [27]. The current investigations test the hypothesis that GIRK1 channels in human breast cancers are correlated with beta-adrenergic control.

## Methods

### Cell culture

The ER(+) human breast cancer cell lines MDA-MB-361, ZR-75-1, and MCF-7 and the ER(-) cell lines MDA-MB-453, MDA-MB-468 and MDA-MB-435S were purchased from the American Type Culture Collection (Rockville, MD). Cells were maintained in RPMI 1640 medium supplemented with fetal bovine serum (10%, v/v), L-glutamine (2 mM), 100 U/ml of penicillin and 100  $\mu$ g/ml streptomycin (Invitrogen-Life Technologies, Grand Island, NY) in an environment of 5% CO<sub>2</sub>. Exposure of cells to propranolol, isoproterenol, or clozapine (Sigma, St. Louis, MO), NNK (Chemsyn, Lexena, KS), or formoterol hemifumarate (Tocris, Ballwin, MO) for experiments was as detailed in the Figure Legends.

### RT-PCR

RNA was isolated by Trizol reagent (Invitrogen-Life Technologies) or by an Absolutely RNA kit (Stratagene, La Jolla, CA). RT-PCR was done as previously described [28]. The GIRK1 primers are forward 5'-ctatggctaccgatacatcacag-3' and reverse 5'-ctgttcagttgcatgcttcgc-3' which span exon 1 and 2 [29] and amplifies a 441 bp fragment (bases 631-1072, Genbank Acession # NM\_002239). The GIRK2 primers are forward 5'-atggatcaggacgtcgaaag-3' and reverse 5'-atctgtgatgacccgtagc-3' amplifies a 438 bp fragment (bases 700-1137, Genbank Acession #U52153). The GIRK4 primers are forward 5'-aaccaggacatggagattgg-3' and reverse 5'-gagaacaggaaagcggacac-3' which amplifies a 401 bp fragment (bases 117-517, Genbank Acession # L47208). PCR conditions are 94°C, 30 sec; 55°C, 30 sec; 72°C, 45 sec for 40 cycles. Cyclophylin primers were used as an internal control (Ambion, Austin, TX).

### Relative competitive RT-PCR

Preliminary experiments were done with MDA-MB-453 cells to determine a cycle number of PCR amplification that is within the linear range, which is critical for meaningful results to compare expression levels between samples and to determine the mixture of 18S primers/18S competitors (Ambion-Classical II). The 18S ribosomal RNA primers/competitors are used as an invariant internal control, which allows correction for sample variation. Results indicated this was 31 cycles of PCR and a 1:9 18S primer/competitors ratio. For experimental treatments, as described before [33], cDNA was made and PCR performed except reactions were spiked with 5  $\mu$ Ci [ $\alpha$ - $^{32}$ P]-dCTP (3000 Ci/mmol, Dupont-NEN, Boston, MA). Reactions were run with the following conditions: 1 cycle of 2 min. at 94°C, then 31 cycles of 94°C, 30 sec; 55°C, 30 sec; 72°C, 45 sec. A 10  $\mu$ l sample of each PCR reaction was heated at 95°C for 3 min., then loaded into a 5% TBE-urea Ready Gel (Bio-Rad, Hercules, CA). This underwent electrophoresis at 200 V in TBE buffer until the xylene cyanol dye front reached the bottom of the gel. The gel was transferred to filter paper, dried and exposed to film or imaged on a Molecular Dynamics 445 SI phosphorimager (Sunnyvale, CA). A 100 bp DNA ladder (Invitrogen-Life Technologies) was exchange labeled with T4 polynucleotide kinase and 30  $\mu$ Ci [ $\gamma$ - $^{32}$ P] ATP (3000 Ci/mM, Dupont-NEN).

### Real-time PCR

The GIRK-1 primers for real time PCR are forward 5'-ctctcgacctctcaccac-3' and reverse 5'-gccacggtaggtgagaat-3' (bases 398-477, Genbank Accession # NM002239). and the internal TaqMan probe is 6-FAM-tcaagtggcgtggaacctc-TAMRA (bases 429-449, Sigma-Genosys, The Woodlands, TX), annealing temperature 62°. GIRK2 primers-forward 5'-gacctccaagacacatcag-3' and reverse 5'-cggtagtagcagataggtc-3' (bases 766-886, Genbank Accession # U52153) and the internal TaqMan probe is 6-FAM-gtcaatgtcatcacggaac-TAMRA (bases 837-859), annealing temperature 56°. GIRK4 primers-forward 5'-agcgctacatggagaagagc-3' and reverse 5'-aagttgaagcctctgag-3' (bases 241-358, Genbank Accession # L47208) and the internal TaqMan probe is 6-FAM-accggtacctgagctctca-TAMRA (bases 301-324), annealing temperature 62°. Reactions were run on a Cepheid SmartCycler (Sunnyvale, CA). Reaction conditions are 200  $\mu$ M dNTPs, 0.3  $\mu$ M gene specific primers, 0.2  $\mu$ M TaqMan probe, 4 mM (GIRK1) or 6 mM (GIRK2or4) magnesium acetate, 2  $\mu$ l cDNA and 1.5 U MasterTaq (Eppendorf, Westbury, NY) and MasterTaq buffer in a final volume of 25  $\mu$ l. TaqMan beta-actin detection reagents (Applied Biosystems) were used with the same reaction conditions as above except a 5 mM magnesium concentration was used and this was run at 95° for 120 seconds, followed by 45 cycles of 95°, 15 seconds; 68°, 30 seconds.

### Measurement of potassium flux

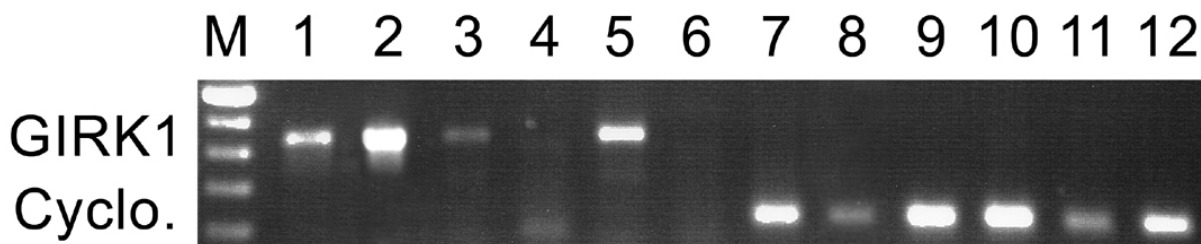
We determined inward potassium flux in these cells by flow cytometry via the method of Krjukova et al. [30]. The negatively charged fluorescent dye bis-(1,3-dibutylbarbituric acid)trimethine oxonol (DiBaC<sub>4</sub>(3)) (Molecular Probes, Eugene, OR) was added to MDA-MB-453 breast cancer cell line suspensions of 1  $\times$  10<sup>6</sup> cells at a final concentration of 150  $\times$  10<sup>-9</sup> M. Fluorescence intensity measurement after treatment of the cells was obtained from a FACS Vantage/SE Cell Sorter (San Jose, CA).

### Analysis of protein expression by western blots

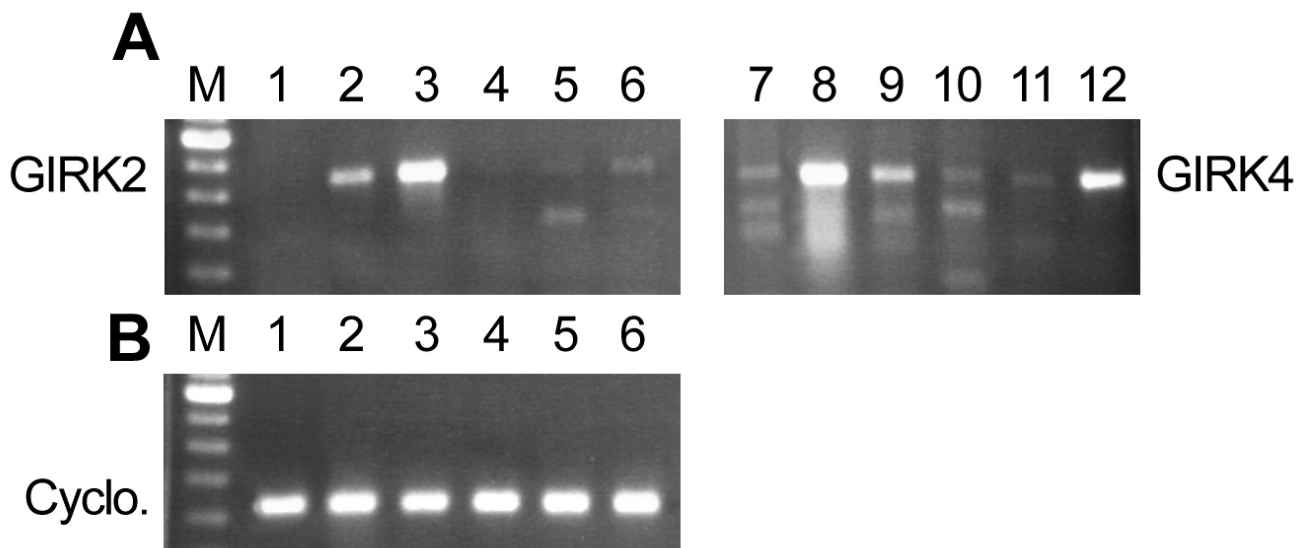
Following incubation with agents as detailed in the Figure legends, cells were washed twice with phosphate buffered saline and lysed with cold RIPA lysis buffer containing protease inhibitors (50 mM Tris pH 7.4, 150 mM NaCl, 1% NP-40, 1% Triton  $\times$  100, 0.1% SDS, 1% sodium deoxycholate, 1 mM EDTA, 50 mM NaF, 10 mM sodium pyrophosphate, 0.5 mM DTT). Cell lysates were collected from culture plates using a rubber policeman, and protein collected by centrifugation. Protein concentrations were determined by BCA protein assay (Pierce, Rockford, IL). Aliquots of 20  $\mu$ g protein were boiled in 2x loading buffer (0.1 M Tris-Cl, pH 6.8, 4% SDS, 0.2% Bromophenyl blue, 20% glycerol) for 4 minutes, then loaded onto 10% Tris-HCl-Polyacrylamide gels (Biorad, Hercules, CA), and transferred electrophoretically to nitrocellulose membranes. Membranes were incubated with primary antibodies (phospho-Erk; Cell Signaling, Beverly, MA) and appropriate secondary antibodies (Cell Signaling or Rockland, Gilbertsville, PA or Molecular Probes, Eugene OR). In all western blots, membranes were additionally probed with an antibody for actin (Sigma) to ensure equal loading of protein between samples. The antibody-protein complexes were detected as previous described [28] or by the LiCor Odyssey infrared imaging system (Lincoln, NE).

### Results

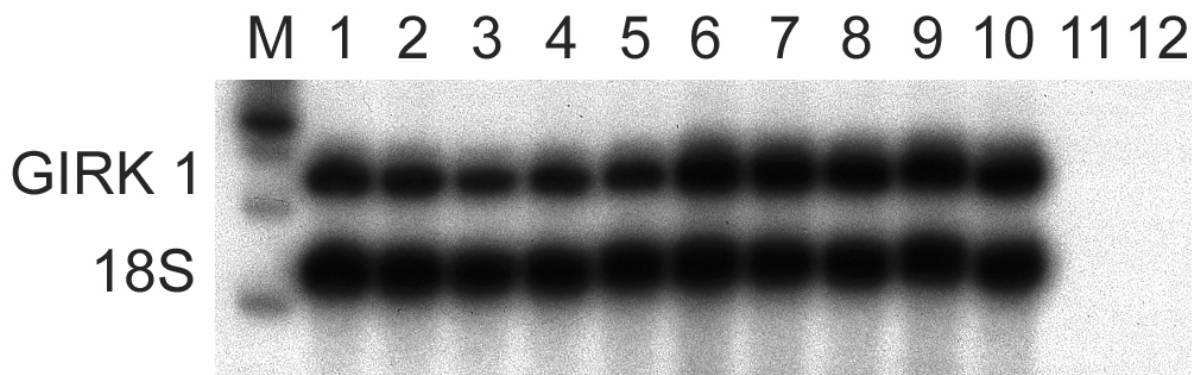
The estrogen-responsive (MCF-7, ZR-75-1, MDA-MB-361) and estrogen non-responsive (MDA-MB-453, MDA-MB-435S, MDA-MB-468) human breast cancer cell lines were screened for the presence of the GIRK1 potassium channel by RT-PCR analysis. The ER(+) cell lines MCF-7, MDA-MB-361 and ZR-75-1 and the ER(-) cell line MDA-MB-453 expressed mRNA for the GIRK1 channel (Figure 1). The ER(-) cell lines MDA-MB-468 and MDA-MB-435S did not express GIRK1 (Figure 1). GIRK1 is also not expressed in the normal breast epithelial cell line MCF 10A (data not shown). The PCR product from the MDA-MB-453 cell line was sequenced to verify the integrity of the PCR process and found to be homologous to the published sequence (data not shown). The PCR primers were designed to span exon 1 and 2 of GIRK1 [29]. In addition PCR amplification of negative control reactions (without the reverse transcriptase enzyme, data not shown) indicated that this



**Figure 1**  
**Agarose gel showing expression of mRNA for GIRK1 in human breast cancer cell lines by RT-PCR.** The GIRK1 primers amplified a 441-bp fragment whereas the cyclophylin primers amplified a 216 bp fragment. For each cell line, a negative control reaction without M-MLV reverse transcriptase was performed and found to be negative. Lanes 1 & 7, ZR-75-1; Lanes 2 & 8, MCF-7; Lanes 3 & 9, MDA-MB-361; Lanes 4 & 10, MDA-MB-435S; Lanes 5 & 11, MDA-MB-453; Lanes 6 & 12, MDA-MB-468, Lane M, a 100 bp marker. PCR reactions resolved on this gel were in the plateau phase of PCR, therefore concentrations of PCR amplified cDNA samples cannot be compared.



**Figure 2**  
**Agarose gel showing expression of mRNA for GIRK2 and GIRK4 in human breast cancer cell lines by RT-PCR.** The GIRK2 and 4 primers amplified 438 & 401-bp fragments respectively, whereas the cyclophylin primers amplified a 216 bp fragment. Cyclophylin was used as a positive control for both GIRK2 and 4. For each cell line, a negative control reaction without M-MLV reverse transcriptase was performed and found to be negative. Lanes 1 & 7, ZR-75-1; Lanes 2 & 8, MCF-7; Lanes 3 & 9, MDA-MB-361; Lanes 4 & 10, MDA-MB-435S; Lanes 5 & 11, MDA-MB-453; Lanes 6 & 12, MDA-MB-468, Lane M, a 100 bp marker. PCR reactions resolved on this gel were in the plateau phase of PCR, therefore concentrations of PCR amplified cDNA samples cannot be compared.

**Figure 3**

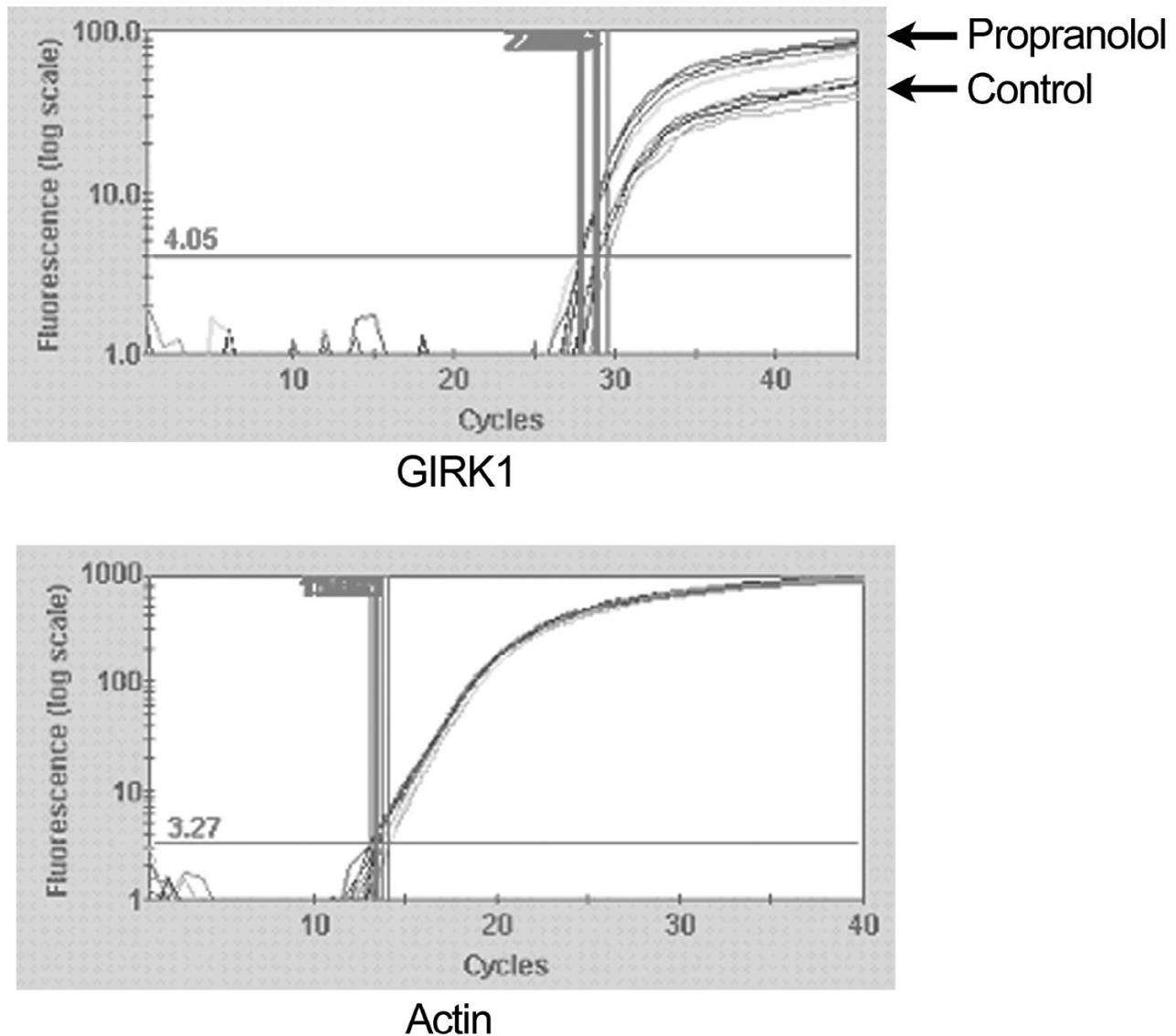
**Comparison of GIRK1 mRNA expression levels by relative competitive RT-PCR in MDA-MB-453 cells treated with propranolol constantly for 6 days.** Propranolol (1  $\mu$ M) was added daily for six days. cDNA was amplified by PCR using GIRK1 primers and 18S primers/competimers. Lanes 1–5) untreated control; Lanes 6–10) propranolol treated cells; Lane 11) untreated control, RT reaction without MMLV; Lane 12, MDA-MB453 treated with propranolol, RT reaction without MMLV. Densitometry values were determined using the phosphoimager. Densitometry values of the bands for GirK 1 were normalized by the densitometry values of the bands for the 18S primers/competimers. Normalized values for control were  $0.5494 \pm 0.0285$  (SD); and normalized values for propranolol treated were  $0.9028 \pm 0.0348$  (SD),  $p < 0.0001$ . The bands were consistent with the expected sizes, 441 bp for the GIRK 1 primers and 324 bp for the 18S primers/competimers.

was actually representative of mRNA expression and there was no contaminating genomic DNA. Since the GIRK1 potassium channels work as heterotetramers, we needed to determine which other GIRK channels were expressed in these breast cancer cell lines. As determined by RT-PCR, GIRK4 was expressed in all six breast cancer cell lines (Figure 2), and GIRK2 was expressed in four of the six cell lines. GIRK2 was not expressed in ZR-75-1 or MDA-MB-435S cell lines (Figure 2).

To determine if GIRK channels are functionally linked with  $\beta$ -adrenergic receptors in breast cancer cells expressing this ion channel, we decided to investigate the ER(-) cell line MDA-MB-453. This ER (-) cell line, which was the only ER(-) cell line tested that expressed GIRK1, was used for further experiments due to the fact that ER(-) breast cancers have a poorer prognosis than ER(+) cancers [2,3]. In addition, previous research in our laboratories indicated that this cell line expressed the  $\beta_2$  adrenergic receptor but not the  $\beta_1$  receptor [24]. MDA-MB-453 were continuously exposed to the beta-blocker propranolol (1  $\mu$ M) for 6 days. Previous results from our laboratories indicated that maximal inhibition of breast cancer cell proliferation was at 1  $\mu$ M propranolol [24]. Using relative RT-PCR, we saw a significant increase in GIRK1 channel mRNA expression (1.6 fold, Figure 3) after 6 days of con-

tinuous exposure to propranolol ( $p < 0.0001$  by t-test). In these experiments, propranolol was added fresh each day. We also saw a significant decrease (1.5 fold) in  $\beta_2$ -adrenergic receptor mRNA ( $p < 0.0079$  by t-test) (data not shown).

Using the same cDNA samples, we performed a real-time RT-PCR assay using GIRK1 primers designed for real-time PCR and a TaqMan probe. We also saw a significant increase of GIRK1 mRNA using this method (Figure 4) and no change in the control, beta-actin values. Threshold values ( $C_T$ ) were calculated for each sample, which will be lower for samples with more mRNA expression.  $C_T$  values for GIRK 1 expression were significantly ( $p < 0.001$  by t-test) lower for propranolol treated cells ( $27.808 \pm 0.107$ ) (SD) as compared to control MDA-MB-453 cells ( $28.964 \pm 0.338$ ) (SD). Actin  $C_T$  values were unchanged between control ( $13.666 \pm 0.286$ ) (SD) and propranolol treated cells ( $13.404 \pm 0.427$ ) (SD). The exposure to propranolol caused a slight decrease in GIRK2 mRNA expression ( $p < 0.04$  by t-test) in the treated cells, opposite the result we found for GIRK1. Control ( $C_T$  cycle values- $31.35 \pm 0.73$ ) and propranolol ( $C_T$  cycle values- $32.24 \pm 0.38$ ). GIRK4 expression levels were unchanged between control and propranolol treated cells, indicated by real time PCR. Control ( $C_T$  cycle values- $33.0 \pm 2.3$ ) and propranolol

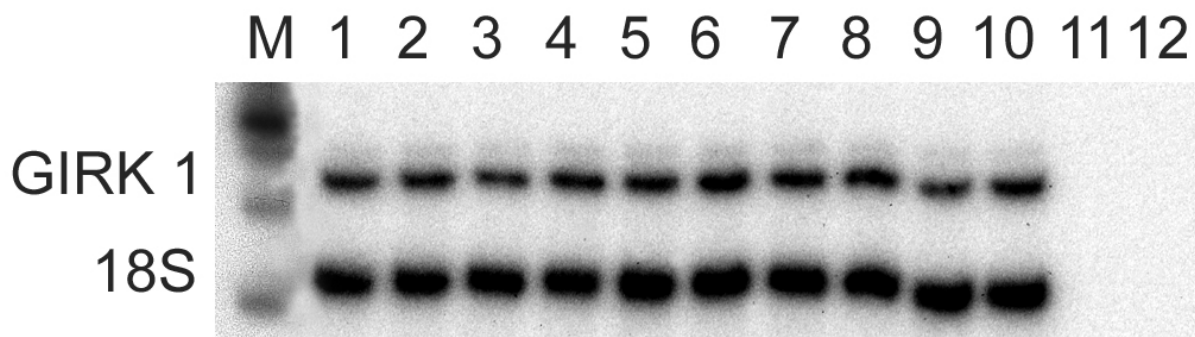


**Figure 4**  
**Comparison of GIRK1 mRNA expression levels by real time RT-PCR in MDA-MB-453 cells treated with propranolol constantly for 6 days.** Propranolol (1  $\mu$ M) was added daily for six days. Real time RT-PCR graphs of mRNA expression levels of GIRK1 and beta-actin. The graphs are from a Cepheid Smart Cycler using the same cDNA samples as used in Figure 2. N = 5 for each.

treated ( $C_T$  cycle values- $31.7 \pm 0.38$ ). By contrast, MDA-MB-453 cells treated for 30 minutes daily for 7 days with 1  $\mu$ M propranolol did not show changes in GIRK1 mRNA expression levels (Figure 5). No significant differences in GIRK1 mRNA expression were seen when MDA-MB-453 cells were exposed to 1  $\mu$ M of either propranolol or the

broad spectrum  $\beta$ -adrenergic agonist isoproterenol for 24 hours (data not shown).

Although the gene expression studies showed no effects at shorter time periods or when it was not in the media constantly, we wished to determine if other cellular func-



**Figure 5**

**Comparison of GIRK1 mRNA expression levels by relative competitive RT-PCR in MDA-MB-453 cells treated with propranolol for 30 minutes daily for 7 days.** Propranolol (1  $\mu$ M) was added daily for seven days and then removed after 30 minutes. cDNA was amplified by PCR using GIRK1 primers and 18S primers/competimers. Lanes 1–5) untreated control; Lanes 6–10) propranolol treated cells; Lane 11) untreated control, RT reaction without MMLV; Lane 12, MDA-MB453 treated with propranolol, RT reaction without MMLV. Densitometry values were determined using the phosphoimager. Densitometry GirK 1/ Densitometry 18S-control-0.6055  $\pm$  0.0685 (SD); propranolol treated 0.5636  $\pm$  0.0611 (SD). The bands were consistent with the expected sizes, 441 bp for the GIRK 1 primers and 324 bp for the 18S primers/competimers.

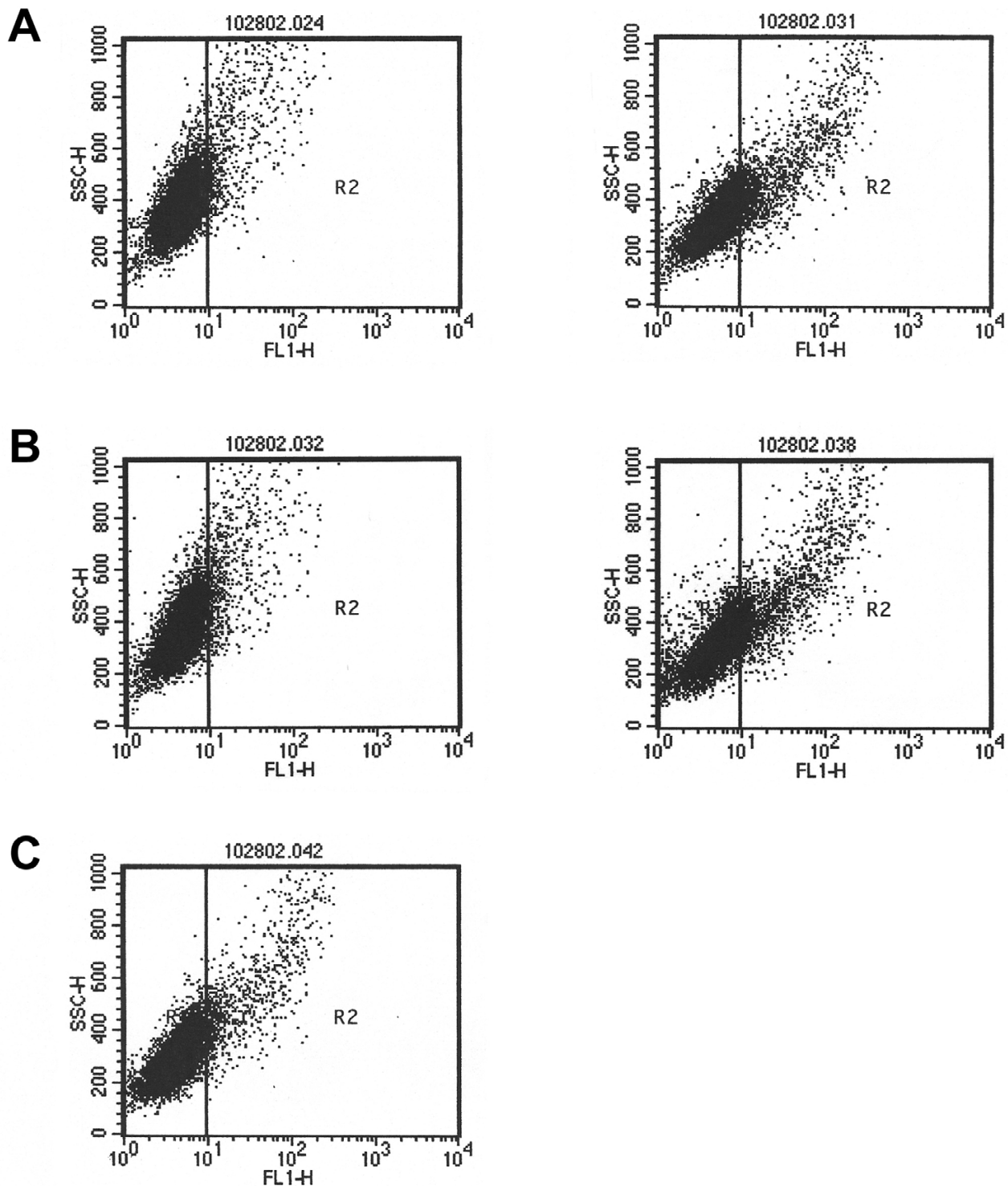
tion are affected at shorter time periods in MDA-MB-453 cells. Potassium flux into cells would be an important part of any cellular response involving GIRK channels. We determined inward potassium flux in MDA-MB-453 cells by flow cytometry. The negatively charged fluorescent dye bis-(1,3-dibutylbarbituric acid)trimethine oxonol (DiBaC<sub>4</sub>(3)) was added to MDA-MB-453 breast cancer cell line suspensions of  $1 \times 10^6$  cells at a final concentration of  $150 \times 10^{-9}$  M. Fluorescence intensity measurement after treatment of the cells was obtained from a FACS Vantage/SE Cell Sorter. An increase of dye fluorescence corresponds to membrane potential depolarization and K<sup>+</sup> flux. The  $\beta_2$  selective agonist, formoterol hemifumarate (1  $\mu$ M), added to MDA-MB-453 cell suspensions at the same time as the fluorescent dye lead to a 2X increase of fluorescence inside the cells, indicating inward potassium movement (Figure 6A & 6B). Dye alone added to cells had no effect (data not shown). The GIRK inhibitor clozapine [31] (50  $\mu$ M) added just prior to dye and formoterol addition completely blocked the effect of the beta-adrenergic agonist formoterol, (Figure 6C) indicating that blockage of the GIRK channel inhibited potassium flux, and that effects of beta-adrenergic agents on this breast cancer cell line are indeed mediated by GIRK channels.

We also determined signaling events in MDA-MB-453 cells that are affected by beta-adrenergic agents. Increased

activation of Erk 1/2 was seen in MDA-MB-453 cells after treatment with 100 pM NNK at times ranging from 15–150 minutes (Figure 7). The concentration of NNK used by us is within the range of systemic NNK concentrations found in smokers. In addition, an experiment in Patas monkeys [32] has shown blood levels of 1.6 pg/ml ( $7.72 \times 10^{-12}$  M) after exposure to a dose of tritiated NNK equivalent to the amount of NNK found in two packs of cigarettes. Stimulation of Erk 1/2 was also seen using 1  $\mu$ M of the beta-adrenergic agonist formoterol, but only at 150 minutes (data not shown).

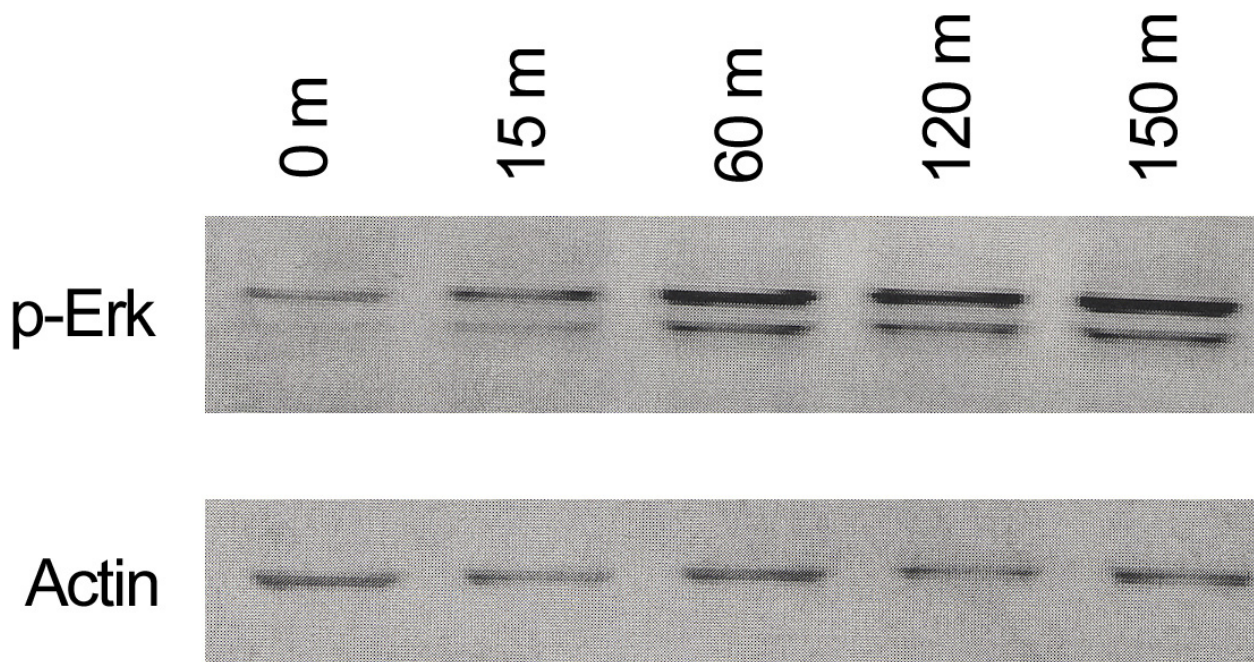
## Discussion

Our data demonstrate expression of the G-protein inwardly rectifying potassium channel 1 (GIRK1) in 67% of the breast cancer cell lines tested, with higher levels in ER(+) cell lines. Approximately 40% of primary human breast cancers were found to express GIRK1 and expression of GIRK1 was not found to be correlated with ER status [25]. These differences in our studies may be due to the subset of breast cancer cell lines tested. We also found that the normal breast epithelial cell line MCF 10A lacked GIRK1 expression (data not shown). GIRK1 cannot form functional channels by itself, other GIRK channels are needed [33]. All six breast cancer cell lines tested express either GIRK2 or GIRK4 indicating that functional GIRK



**Figure 6**  
**Flow cytometry graphs showing potassium flux in MDA-MB-453 cells by the  $\beta_2$  agonist formoterol hemifumarate.** A) Fluorescence in R2 (inside the cell) increased from 9.37% to 18.82% after 1  $\mu$ M formoterol treatment. B) Fluorescence in R2 increased from 8.96% to 21.14% after formoterol treatment C) Fluorescence levels in R2 remained at control levels at 10.63% after addition of 50  $\mu$ M clozapine along with formoterol.





**Figure 7**  
**Levels of ERK activation in MDA-MB-453 cells as assessed by western blot analysis.** Activation was determined after indicated times after exposure to 100 pM NNK using a phospho-specific antibody.

potassium channels are possible in these breast cancer cell lines.

The majority of experiments in the present study were done with the ER(-) cell line MDA-MB-453 since it was the only ER(-) cell line tested that expressed GIRK1, and because ER(-) breast cancers have a poorer prognosis than ER(+) cancers [2,3]. We saw a significant increase in GIRK1 channel mRNA expression after 6 days of continuous exposure to propranolol in MDA-MB-453 cells. It is clear that at least six days of continuous exposure to the beta-blocker propranolol is necessary to effect gene expression. Gene expression of  $\beta_2$ -adrenergic mRNA was decreased by the same treatment (data not shown). Addition of propranolol for 7 days for only 30 minutes daily had no effect on GIRK1 gene expression. Treatment for a shorter period of time (24 hours) also had no effect on GIRK1 gene expression in our studies. The 6 day continuous exposure to propranolol caused a barely detectable decrease in GIRK2 mRNA expression and no change in GIRK4 mRNA expression levels. Longer treatment times may be necessary for gene expression changes in GIRK2 or GIRK4 similar to gene expression changes that are seen in GIRK1.

Although there were no short-term effects of beta-adrenergic agents on GIRK gene expression, we detected other cellular effects. The beta-adrenergic agonist formoterol hemifumarate stimulated potassium influx in MDA-MB-453 cells, and this influx was prevented by the GIRK channel inhibitor clozapine. NNK, a high affinity agonist for beta-adrenergic receptors [11] increased activation of Erk 1/2 in MDA-MB-453 breast cancer cells. Formoterol also increased activation of Erk 1/2, but to a lesser degree (data not shown). Previous studies indicated that the beta-adrenergic agonist isoproterenol stimulates growth [24]. GIRK currents have been shown to be increased in cells stimulated with the beta-adrenergic agonist isoproterenol in rat atrial myocytes transfected with  $\beta_1$  or  $\beta_2$  receptors [27]. Heterologous facilitation of GIRK currents by  $\beta$ -adrenergic stimulation was also seen in rat cardiomyocytes [26]. Two polymorphisms in the  $\beta_2$  and  $\beta_3$  adrenergic receptors were found to be correlated with a decreased risk for breast cancer [34], suggesting an important role of this receptor family in the genesis of breast cancer. In previous work, we demonstrated mRNA expression by RT-PCR of the  $\beta_2$  adrenergic receptor in the six breast cancer cell lines used in this study, but expression of  $\beta_1$  in all the estrogen responsive cell lines but not

in two ER(-) cell lines (MDA-MB-435S and MDA-MB-453) [24]. Further studies are needed to determine how GIRK1(+) and ER(-) breast cancers are regulated and if GIRK channel agonists and antagonists have effect on proliferation in breast cancer. It also remains to be determined if this same regulation is present in GIRK1(+) and ER(+) breast cancer malignancies. This is of particular importance since a recent report indicated that 17- $\beta$ -estradiol can modulate GIRK channel activation in the brain [35]. Future studies are also needed to determine if GIRK3 is involved in breast cancer. However, we think this unlikely because one of the functions of GIRK3 is to inhibit plasma membrane expression of other GIRK subunits [36].

## Conclusions

All six breast cancer cell lines tested express either GIRK2 or GIRK4 indicating that functional GIRK potassium channels are possible in these breast cancer cell lines. This is the first report that implicates  $\beta$ -adrenergic receptors and G-protein inwardly rectifying potassium channels 1 (GIRK1) in the regulation of human breast cancer cells and suggests a potential role of the tobacco nitrosamine NNK in breast cancers expressing these regulatory pathways. Beta-adrenergic antagonists have both long term effects on gene expression and beta-adrenergic agonists have short term effect on potassium flux and cellular signaling pathways.

## Competing interests

The author(s) declare they have no competing interests.

## Authors' contributions

HP carried out the majority of experiments and participated in the design of the study, and helped draft the manuscript. QY carried out the western blots. YC was involved in relative competitive RT-PCR studies. HS conceived of the study and helped draft the manuscript.

## Acknowledgments

We gratefully acknowledge Dr. Neil Quigley (University of Tennessee Sequencing Laboratory) for his assistance with the sequencing and Kindra Walker for her assistance with cell culture, and we also acknowledge Nancy Neilsen for operation of the FACS. We also thank Alysyn Wallace-Gardner for helpful comments on the manuscript and Tommy Jordan for help with the final figures. Supported by the State of Tennessee Center of Excellence Program.

## References

- Greenlee RT, Hill-Harmon MB, Murray T, Thun M: **Cancer Statistics.** *CA Cancer J Clin* 2001, **51**:15-36.
- Nagai MA, Marques LA, Yamamoto L, Fujiyama CT, Brentani MM: **Estrogen and progesterone receptor mRNA levels in primary breast cancer: association with patient survival and other clinical and tumor features.** *Int J Cancer* 1994, **59**:351-356.
- Lemieux P, Fuqua S: **The role of the estrogen receptor in tumor progression.** *J Steroid Biochem Mol Biol* 1996, **56**:87-91.
- Morabia A: **Smoking (active and passive) and breast cancer: epidemiologic evidence up to June 2001.** *Environ Molec Mutagen* 2002, **39**:89-95.
- Egan KM, Stampfer MJ, Hunter D, Hankinson S, Rosner BA, Holmes M, Willett WC, Colditz GA: **Active and passive smoking in breast cancer: prospective results from the Nurses' Health Study.** *Epidemiology* 2002, **13**:138-143.
- Khuder SA, Mutgi AB, Nugent S: **Smoking and breast cancer: a meta-analysis.** *Rev Environ Health* 2001, **16**:253-261.
- Claus EB, Stowe M, Carter D: **Breast carcinoma in situ: risk factors and screening patterns.** *J Natl Cancer Inst* 2001, **93**:1811-1817.
- Murin S: **Cigarette smoking and the risk of pulmonary metastasis from breast cancer.** *Chest* 2001, **119**:1635-1640.
- Prochazka M, Granath F, Ekblom A, Shields PG, Hall P: **Lung cancer risks in women with previous breast cancer.** *Eur J Cancer* 2002, **38**:1520-1525.
- Hecht SS, Hoffmann D: **N-nitroso compounds and tobacco-induced cancers in man.** *IARC Sci Publ* 1991, **105**:54-61.
- Schuller HM, Tithof PK, Williams M, Plummer HK III: **The tobacco-specific carcinogen 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone is a  $\beta$ -adrenergic agonist and stimulates DNA synthesis in lung adenocarcinoma via  $\beta$ -adrenergic receptor-mediated release of arachidonic acid.** *Cancer Res* 1999, **59**:4510-4515.
- Schuller HM, Plummer HK III, Boschler PN, Dudrick P, Bell JL, Harris RE: **Co-expression of  $\beta$ -adrenergic receptors and cyclooxygenase-2 in pulmonary adenocarcinoma.** *Int J Oncology* 2001, **19**:445-449.
- Schuller HM, Porter B, Riechert A: **Beta-adrenergic modulation of NNK-induced lung carcinogenesis in hamsters.** *J Cancer Res Clin Oncol* 2000, **126**:624-630.
- Masur K, Niggerman B, Zanker KS, Entschladen F: **Norepinephrine-induced migration of SW 480 colon carcinoma cells is inhibited by beta-blockers.** *Cancer Res* 2001, **61**:2866-2869.
- Weddle DL, Tithoff PK, Williams M, Schuller HM: **Beta adrenergic growth regulation of human cancer cell lines derived from pancreatic ductal carcinomas.** *Carcinogenesis* 2001, **22**:473-479.
- Fitzpatrick AL, Daling JR, Furberg CD, Kronmal RA, Weissfeld JL: **Hypertension, heart rate, use of antihypertensives, and incident prostate cancer.** *Ann Epidemiol* 2001, **11**:534-542.
- Hida T, Yatabe Y, Achiwa H, Muramatsu H, Kozaki K, Nakamura S, Ogawa M, Mitsudomi T, Sugiura T, Takahashi T: **Increased expression of cyclooxygenase 2 occurs frequently in human lung cancers, specifically in adenocarcinomas.** *Cancer Res* 1998, **58**:3761-3764.
- Eberhart CE, Coffey RJ, Radhika A, Giardiello FM, Ferrenbach S, Dubois RN: **Up-regulation of cyclooxygenase-2 gene expression in human colorectal adenomas and adenocarcinomas.** *Gastroenterology* 1994, **107**:1183-1188.
- Uotila P, Valve E, Martikainen P, Nevalainen M, Nurmi M, Harkonen P: **Increased expression of cyclooxygenase-2 and nitric oxide synthase-2 in human prostate cancer.** *Urol Res* 2001, **29**:23-28.
- Castonguay A, Rioux N: **Inhibition of lung tumourigenesis by sulindac: comparison of two experimental protocols.** *Carcinogenesis* 1997, **18**:491-496.
- Rioux N, Castonguay A: **Inhibitors of lipoxigenase: a new class of cancer chemopreventive agents.** *Carcinogenesis* 1998, **19**:1393-1400.
- Schuller HM, Zhang L, Weddle DL, Castonguay A, Walker K, Miller MS: **The cyclooxygenase inhibitor ibuprofen and the FLAP inhibitor MK886 inhibit pancreatic carcinogenesis induced in hamsters by transplacental exposure to ethanol and the tobacco carcinogen NNK.** *J Cancer Res Clin Oncol* 2002, **128**:525-532.
- Parrett ML, Harris RE, Joarder FS, Ross MS, Clausen KP, Robertson FM: **Cyclooxygenase-2 gene expression in human breast cancer.** *Int J Oncology* 1997, **10**:503-507.
- Cakir Y, Plummer HK III, Schuller HM: **Beta-adrenergic and arachidonic acid-mediated growth regulation of human breast cancer cell lines.** *Int J Oncology* 2002, **21**:153-157.
- Stringer BK, Cooper AG, Shepard SB: **Overexpression of the G-protein inwardly rectifying potassium channel (GIRK1) in primary breast carcinomas correlates with axillary lymph node metastasis.** *Cancer Res* 2001, **61**:582-588.

26. Mullner C, Vorobiov D, Bera AK, Uezono Y, Yakubovich D, Frohnwieser-Steinecker B, Dascal N, Schreiber W: **Heterologous facilitation of G protein-activated K<sup>+</sup> channels by  $\beta$ -adrenergic stimulation via cAMP-dependent protein kinase.** *J Gen Physiol* 2000, **115**:547-557.
27. Wellner-Kienitz MC, Bender K, Pott L: **Overexpression of  $\beta_1$  and  $\beta_2$  adrenergic receptors in rat atrial myocytes. Differential coupling to G protein inward rectifier K<sup>+</sup> channel via G<sub>s</sub> and G<sub>i/o</sub>.** *J Biol Chem* 2001, **276**:37347-37354.
28. Jull BA, Plummer HK III, Schuller HM: **Nicotinic receptor-mediated activation by the tobacco-specific nitrosamine NNK of a Raf-1/MAP kinase pathway, resulting in phosphorylation of c-myc in human small cell lung carcinoma cells and pulmonary neuroendocrine cells.** *J Cancer Res Clin Oncol* 2001, **127**:707-717.
29. Schoots O, Voskoglou T, Van Tol HM: **Genomic organization and promoter analysis of the human G-protein-coupled K<sup>+</sup> channel Kir 3.1 (KCNJ3/HGIRK1).** *Genomics* 1997, **39**:279-288.
30. Krjukova J, Osna N, Pilmane M: **Investigation of K<sup>+</sup> channel expression in human peripheral lymphocytes of healthy donors by means of flow cytometry.** *Scand J Clin Lab Invest* 2000, **60**:419-428.
31. Kobayashi T, Ikeda K, Kumanishi T: **Effects of clozapine on the  $\delta$ - and  $\kappa$ -opioid receptors and the G-protein-activated K<sup>+</sup> (GIRK) channel expressed in *Xenopus* oocytes.** *Br J Pharmacol* 1998, **123**:421-426.
32. Hecht SS, Trushin N, Reid-Quinn CA, Burak ES, Jones AB, Southers JL, Gombar CT, Carmella SG, Anderson LM, Rice JM: **Metabolism of the tobacco-specific nitrosamine 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone in the patas monkey; Pharmacokinetics and characterization of glucuronide metabolites.** *Carcinogenesis* 1993, **14**:229-236.
33. Mark MD, Herlitz S: **G-protein mediated gating of inward-rectifier K<sup>+</sup> channels.** *Eur J Biochem* 2000, **267**:5830-5836.
34. Haug XE, Hamajima N, Saito T, Matsuo K, Mizutani M, Iwata H, Iwase T, Miura S, Mizuno T, Tokudome S, Tajima K: **Possible association of  $\beta_2$ - and  $\beta_3$ -adrenergic receptor gene polymorphisms with susceptibility to breast cancer.** *Breast Cancer Res* 2001, **3**:264-269.
35. Kelly MJ, Qiu J, Ronnekleiv OK: **Estrogen modulation of G-protein-coupled receptor activation of potassium channels in the central nervous system.** *Ann N Y Acad Sci* 2003, **1007**:6-16.
36. Ma D, Zerangue N, Raab-Graham K, Fried SR, Jan YN, Jan LY: **Diverse trafficking patterns due to multiple traffic motifs in G protein-activated inwardly rectifying potassium channels from brain and heart.** *Neuron* 2002, **33**:715-729.

### Pre-publication history

The pre-publication history for this paper can be accessed here:

<http://www.biomedcentral.com/1471-2407/4/93/prepub>

Publish with **BioMed Central** and every scientist can read your work free of charge

"BioMed Central will be the most significant development for disseminating the results of biomedical research in our lifetime."

Sir Paul Nurse, Cancer Research UK

Your research papers will be:

- available free of charge to the entire biomedical community
- peer reviewed and published immediately upon acceptance
- cited in PubMed and archived on PubMed Central
- yours — you keep the copyright

Submit your manuscript here:  
[http://www.biomedcentral.com/info/publishing\\_adv.asp](http://www.biomedcentral.com/info/publishing_adv.asp)

