

Mocetinostat suppresses epidural fibrosis following laminectomy by inhibiting myofibroblast activation and increasing apoptosis

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Abstract. – **OBJECTIVE:** To investigate the effect and mechanism of mocetinostat on diminishing epidural fibrosis. Dysregulated wound repair usually occurs after injury or surgery and is featured by excessive scar tissue contributed by fibrosis. Increasing researches demonstrated that histone acetylation, an epigenetic alteration, plays a crucial role in fibrosis. However, the mechanism of the complicated process remains unclear. In the current study, the effect of histone deacetylase (HDAC) inhibitor mocetinostat in a rat model of epidural fibrosis was detected, and it was discovered that mocetinostat suppressed myofibroblast activation and increased apoptosis by reducing Akt/GSK3b signaling.

PATIENTS AND METHODS: The levels of histone acetylation in the patients' epidural fibroblasts were analyzed. mRNA and proteins obtained from human fibroblasts, TGF- β activation and mocetinostat treatment *in vitro* were used to examine the influence of mocetinostat on the activation and survival of fibroblasts, so as to explore the related mechanism of mocetinostat in the laminectomy model. An established rat model of epidural fibrosis was used to observe the therapeutic effect of mocetinostat on epidural scar tissues.

RESULTS: In this research, it was found that the increase of HDAC1 in human dura scar was accompanied by the aggravation of fibrosis. In addition, cell assay demonstrated that mocetinostat inhibited fibroblast activation and accelerated apoptosis by inhibiting Akt/GSK3b pathway. In the rat model, mocetinostat weakened hyperplasia, collagen deposition and effectively inhibited the process of epidural fibrosis.

CONCLUSIONS: The above results indicate that mocetinostat inhibits HDAC1 expression and increases the conduction of the AKT/GSK3b pathway in fibroblasts, leading to myofibroblast activation and apoptosis elevation. Hence, mocetinostat ameliorates epidural fibrosis.

Key Words:

Mocetinostat, Fibrosis, HDAC, Epidural Scar.

Introduction

Dysregulation of wound repair often leads to excessive scar tissue proliferation caused by fibrosis. Epidural adhesion is the main pathological manifestation of excessive fibrosis following laminectomy, which causes failed back surgery syndrome (FBSS) and seriously affects the outcome of lumbar surgery^{2,3}. However, the formation of epidural scar adhesion is triggered by a variety of factors, including inflammatory response post-surgical trauma, excessive proliferation, and migration of fibroblasts, and a large amount of synthesis of extracellular matrix (ECM)^{4,5}. Histone deacetylases (HDACs) are enzymes that remove acetyl groups from the amino-terminal lysine residues of histones, causing the densification of chromatin, inhibiting transcription, and reducing gene expression^{6,7}. Therefore, HDAC inhibitors (HDACI), as a new class of anti-tumor drugs, have the characteristics of high efficiency and low toxicity, and can inhibit tumor cell proliferation, induce cell cycle arrest, promote cell differentiation or apoptosis after acting on tumor cells^{8,9}. Many reports prove that HDAC expression changes during fibrosis after injury and HDACI inhibits fibrosis and prevents multiple insults and defects of the organs^{10,11}. HDACI can reduce ischemic myocardial infarction in the body and protect myocardial structures from fibrous hyperplasia *in vivo*^{11,12}. In addition, the HDAC inhibitor valproic acid

(VPA) alleviated Ang II-induced cardiac fibrosis and myocardial pericytes by inhibiting HDAC 4-dependent phosphorylation of ERK¹³. Mocetinostat is a novel type of benzamide HDACI with high oral activity, which is used as a single drug or combined with gemcitabine and docetaxel for the treatment of hematologic malignancies and solid tumors^{14,15}. Moreover, mocetinostat attenuates ischemic heart failure and exerts anti-fibrotic effects both *in vitro* and *in vivo*^{16,17}. However, the effects of mocetinostat on epidural fibrosis remain to be elucidated. In the present study, it was discovered that mocetinostat inhibited fibroblasts in epidural scar tissues, reduced collagen deposition, and enhanced apoptosis from epidural fibrosis.

Patients and Methods

Patient Tissue Samples

Human epidural scar tissues were obtained from patients undergoing secondary decompression surgery, and the procedure was approved by the Hospital Ethics Committee of the First Hospital, Shanghai Jiaotong University School of Medicine. The informed consent was obtained from patients or their families before sample collection. A total of 25 patients including 14 males and 11 females aged 38–70 years old, with a mean age of 47 years old donated the epidural scar tissues. Pending tissues were stored in liquid nitrogen for later experiments.

Cell Culture and Drug Treatment

Fresh epidural scar tissues were washed by Dulbecco's Modified Eagle's Medium (DMEM) F-12 medium (MEM; Keygen, China) and fragmented. The dissociation was performed using 0.25% trypsin solution at 37°C for 15 min. Then, the mixture was treated with 0.15% type II collagenase at 37°C overnight, and the cell solution was transferred onto a cell strainer with 100 µm mesh sizes and resuspended in DMEM/F12 (ThermoFisher Scientific, Waltham, MA, USA) containing 10% fetal bovine serum (FBS, Gibco, Rockville, MD, USA). After that, the cells were seeded in 5'5 cm² flask and TGF-β (10 ng/mL, R&D, St. Louis, MO, USA), and fibroblasts were stimulated to evoke differentiation. Then, mocetinostat (20 ng/mL MedChemExpress, Monmouth Junction, NJ, USA) was added to treat cells.

Rats

Eight-week-old Sprague Dawley (SD) rats obtained from the Shanghai Jiaotong University School of Medicine Animal Center, were bred and maintained at the Shanghai Jiaotong University School of Medicine Animal Center. This study was approved by the Animal Ethics Committee of Shanghai Jiaotong University School of Medicine Animal Center, and all experiments were performed in accordance with the Guide for the Care and Use of Laboratory Animals of the Shanghai Jiaotong University School of Medicine.

Laminectomy and Drug Injection

The rats were anesthetized with 10% chloral hydrate (4 mL/kg) to expose skin. After disinfection, a skin incision was made to separate the fascial layer and the muscle layer, and laminectomy was performed at T10. After rinsing by normal saline, the incision was closed and disinfected with iodine. Then, 20 mg/kg was administered once daily for 7 days *via* intraperitoneal injection.

Cell Viability Assay

CCK-8 (Cell Counting Kit-8 (CCK-8) assay was performed to measure fibroblasts viability using CCK-8 Cell Viability/Cytotoxicity Assay Kit (C0009; Beyotime, Shanghai, China) following the manufacturer's protocol. Briefly, fibroblasts were transferred in 96-well plates with the density of 1×10⁴ cells/well. Following the treatment with different concentrations of mocetinostat, the absorbance was then measured using a microtiter plate reader (Labsystems Multiskan, Helsinki, Finland) at 570 nm.

Quantitative Real Time-Polymerase Chain Reaction (qRT-PCR)

The total RNA of fibroblasts or scar tissue were isolated using TRIzol reagent (Invitrogen, Carlsbad, CA, USA) abided by the manufacturer's protocol. The complementary deoxyribose nucleic acid (cDNA) synthesis was conducted using the PrimeScript™ RT Master Mix (Applied Biosystems, Foster City, CA, USA). Then, HDAC 1, collagen I, Akt, GSK3b, caspase 3/8, and glyceraldehyde 3-phosphate dehydrogenase (GAPDH) were detected using the SYBR PremixEx TaqII kit (RR820A, TaKaRa, Otsu, Shiga, Japan). The primers are listed as follows: HDAC 1: Forward, 5'-CGCATGACTCATAAT-3', Reverse, 5'-GCTGTGGTACTTGGTCATCT-3';

Collagen I: Forward, 5'-CATCAAGGTCTTCTGCGACA-3', Reverse, 5'-CTTGGGGTTCTTGCTGATGT-3'; Caspase3: Forward, 5'-GCCATCGTGGCTAACAGGTA-3', Reverse, 5'-GTTGTGTTTCATCCGCTTGC-3'; Caspase8: Forward, 5'-CTGGAAGATGGTCGTACCCTG-3', Reverse, 5'-GGTCTTGCCAGTGAGTGTCT-3'; Akt: Forward, 5'-ACCGTGTGACCATGAACGAG-3', Reverse, 5'-GGTCGTGGGTCTGATGAG-3'; GSK3b: Forward, 5'-ATGGCAGCAAGGTAACCACAG-3', Reverse, 5'-TCTCGTTCCTTAAATCGCTTGTC-3'; Bax-2: Forward, 5'-CTGACAGTTTTCTGACGG-3', Reverse, 5'-TCAGCCACTTCCAGA-3'; Bcl-2: Forward, 5'-GCTACCGTCGTGACTTCGC-3', Reverse, 5'-CCCCACCGAACTCAAAGAAGG-3'; GAPDH: Forward, 5'-GCAAGTTCAACGGCACAG, Reverse, 5'-GCCAGTAGACTCCACGACCAT. The $2^{-\Delta\Delta Ct}$ method was used to calculate the relative mRNA levels.

Western Blotting Analysis

Scar tissue or fibroblasts were treated using a Total Protein Extraction Kit (KeyGEN, Nanjing, China) with phosphatase and protease inhibitors. Following violent oscillation and low temperature centrifugation, the protein concentration was measured with the bicinchoninic acid (BCA) protein assay kit (Thermo Fisher Scientific, Waltham, MA, USA) and balanced. Samples were separated in 10% sodium dodecyl sulfate-polyacrylamide gel electrophoresis (SDS-PAGE) gel and transferred to a polyvinylidene difluoride (PVDF) membranes (Millipore, Billerica, MA, USA), the proteins were blocked with a Casein Block Solution (Epitome, China) and incubated overnight at low temperature with primary antibodies (anti-caspase-1 (Abcam, Cambridge, MA, USA, 1:100), anti-Bax-2 (Abcam, Cambridge, MA, USA, 1:100), anti-Bcl-2 (Abcam, Cambridge, MA, USA, 1:100), anti-caspase3/8 (Abcam, Cambridge, MA, USA, 1:1000), anti-collagen I (Millipore, Billerica, MA, USA, 1:100), anti-collagen III (Abcam, Cambridge, MA, USA, 1:1000), anti- α -SMA (Abcam, Cambridge, MA, USA, 1:1000), anti-fibronectin (Abcam, Cambridge, MA, USA, 1:500), and anti-GAPDH (Cell Signaling Technology, Danvers, MA, USA, 1:2000)). Washed by Tris-Buffered Saline (TBS) and incubated with secondary antibody (Abcam, Cambridge, MA, USA, 1:2000) at room temperature, the proteins were visualized and using the enhanced chemiluminescence system.

Flow Cytometry Analysis

Fibroblasts apoptosis degree was measured using Apoptosis Detection Kit (KeyGEN, Nanjing, China). Following the manufacturer's protocol, Annexin V-FITC and propidium iodide (PI) were stained with fibroblasts for 30 min. Then, the cells were sorted and analyzed using fluorescence-activated cell sorting flow cytometry (BD Biosciences, San Jose, CA, USA).

Statistical Analysis

Data were expressed as mean \pm standard deviation. The differences between the two groups were analyzed using the Student's *t*-test. Comparison between multiple groups was done using One-way ANOVA test followed by post-hoc (Least Significant Difference). $p < 0.05$ suggested that the difference was statistically significant.

Results

HDAC was Differentially Expressed in Human Epidural Scar

To determine whether there are differences in the expression of HDAC 1 in the epidural scar tissue and HDAC 1 impacts on the fibrosis process, human epidural scar tissues were used to measure the proteins and RNAs of HDAC and collagen I, the marker of pro-fibrosis. It was found that collagen I protein expression in severe fibrosis tissues was significantly increased compared with those with mild fibrosis, which was accompanied by increased HDAC 1 expression (Figure 1A). RNA analysis consistently revealed marked increases in collagen I and HDAC levels in the severe group compared to the mild group (Figure 1B and 1C). The results indicated that the increase of HDAC 1 expression was accompanied by the exacerbation of progress and degree of fibrosis.

Mocetinostat Increased Fibroblast Apoptosis In Vitro

To investigate the effect of mocetinostat concentration on fibroblast viability, fibroblasts were treated with mocetinostat at different concentrations (5 ng/mL-50 ng/mL), and viability was detected *via* CCK-8 assay, whose results revealed that mocetinostat administration reduced fibroblast viability resulting from increasing concentrations (Figure 2A). There-

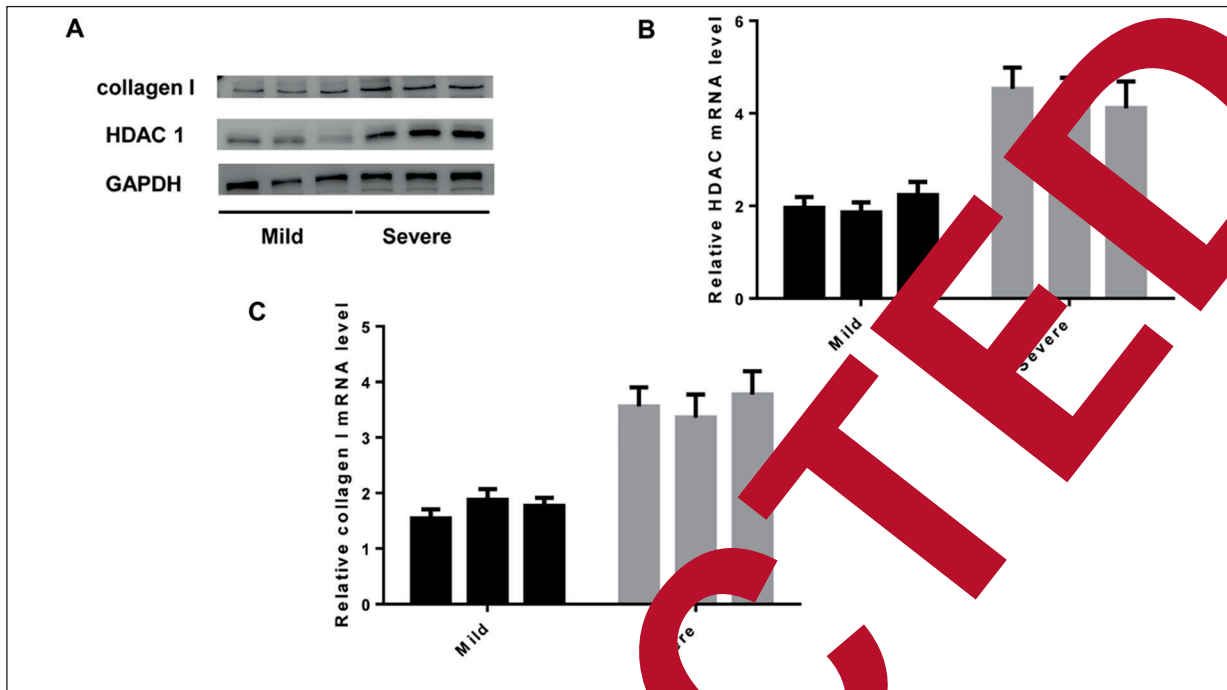


Figure 1. HDAC is differentially expressed in human epidural scar. **A**, Representative Western blotting of collagen I and HDAC in the Mild group and the Severe group. **B**, Representative mRNA level of HDAC in the Mild group and the Severe group. **C**, Representative mRNA level of HDAC in the Mild group and Severe group.

fore, 20 ng/mL was selected as the treatment concentration of cells under the condition of maintaining most cell viability. In addition, cell cytometry manifested that apoptosis level of fibroblasts in mocetinostat treatment was significantly increased compared with that in the control group and TGF- β group (Figure 2B). Meanwhile, the RNA expression levels of apoptosis-related Caspase3/8 were remarkably increased (Figure 2C and 2D). Therefore, it can be concluded that mocetinostat could increase Caspase3/8 expression to induce fibroblast apoptosis.

Inhibition of HDAC Reduces Fibroblast Activation In Vitro

To determine whether the inhibition of HDAC had an impact on the activation of TGF- β receptor in fibroblasts was explored. Following 12 h of mocetinostat treatment, fibroblasts were harvested to extract proteins and RNAs. ECM was measured using Western blotting. It was found that after TGF- β activation fibroblasts, the protein levels of collagen I, collagen III, fibronectin, and α -SMA were significantly increased compared with the control group. However, collagen I, collagen III,

and fibronectin were all remarkably downregulated via mocetinostat administration (Figure 3A). Besides, it was discovered that the RNA and protein levels of HDAC were decreased after mocetinostat treatment, and the expressions of Akt and GSK3b were also evidently inhibited (Figure 3B). The above results indicate that mocetinostat reduces the Akt/GSK3b signaling pathway by inhibiting HDAC 1 expression, leading to decreased activation of fibroblasts.

Mocetinostat Attenuated Epidural Fibrosis in Rats After Laminectomy

Rat epidural scar in laminectomy group and mocetinostat group at a week and post laminectomy was detected, and collagen deposition and the expression of apoptosis-related factors were measured. The results demonstrated that mocetinostat administration notably decreased the generation of collagen I, fibronectin, and α -SMA in epidural scar following laminectomy (Figure 4A), and the expressions of Bax-2 and Caspase 3/8 were increased, while the expression of Bcl-2 was decreased at one week after laminectomy (Figure 4B and 4C). Besides, the expression levels of HDAC 1 and Akt/GSK3b was examined at a

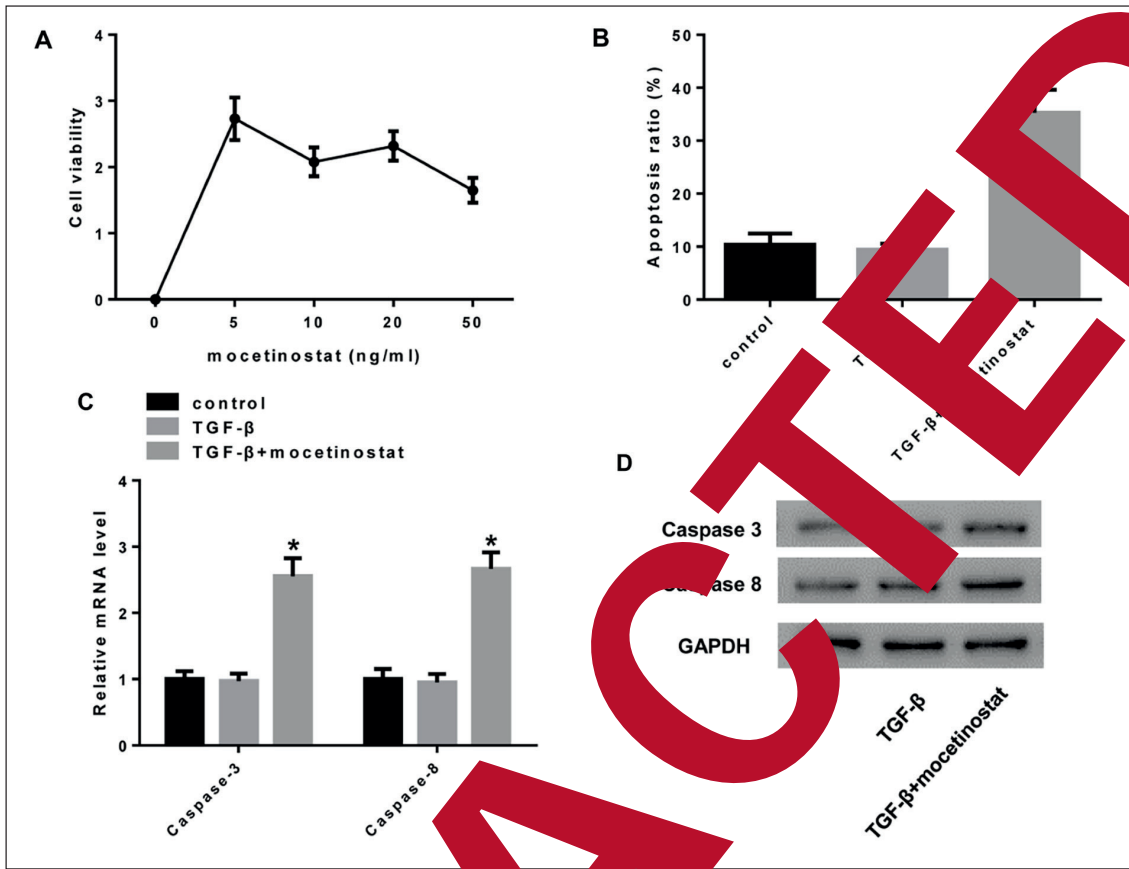


Figure 2. Mocetinostat increases fibroblasts apoptosis *in vitro*. **A**, Cell viability alteration in 5 ng/mL, 10 ng/mL, 20 ng/mL and 50 ng/mL mocetinostat, respectively. **B**, Cell apoptosis ratio in the control, TGF-β, and TGF-β+mocetinostat group. **C**, Representative RNA levels of Caspase-3 and Caspase-8 in the control, TGF-β, and TGF-β+mocetinostat group. **D**, Representative Western blotting of Caspase-3 and Caspase-8 in control, TGF-β, and TGF-β+mocetinostat group.

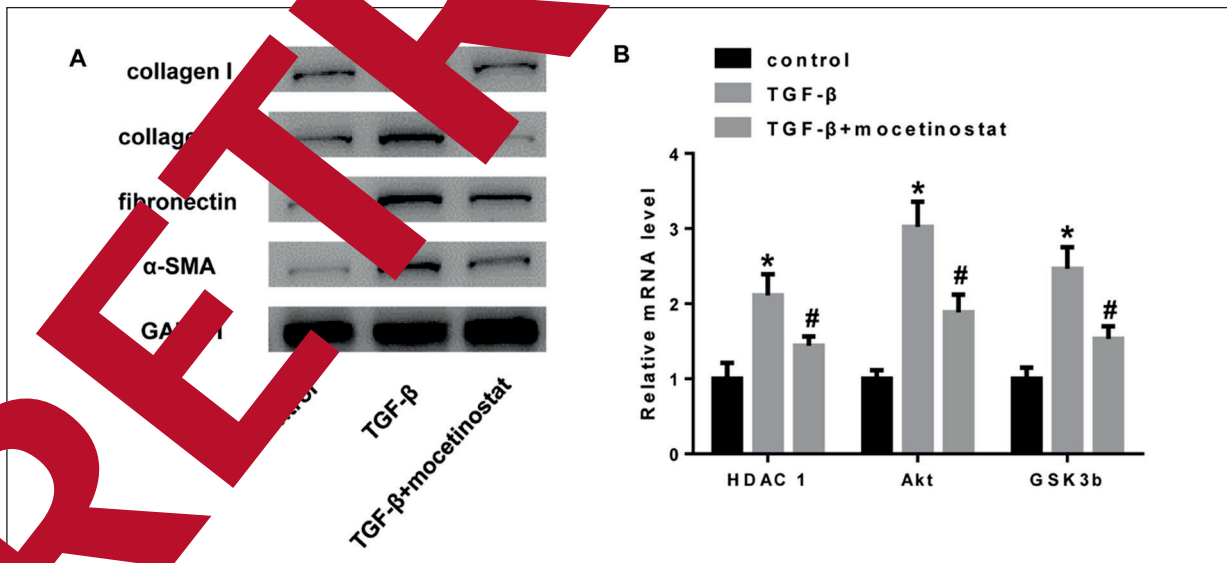


Figure 3. Inhibition of HDAC reduces fibroblast activation *in vitro*. **A**, Representative Western blotting of collagen I, collagen II, fibronectin, and α-SMA in control, TGF-β, and TGF-β+mocetinostat group. **B**, Representative RNA levels of HDAC, Akt, and GSK3b in control, TGF-β, and TGF-β+mocetinostat group.

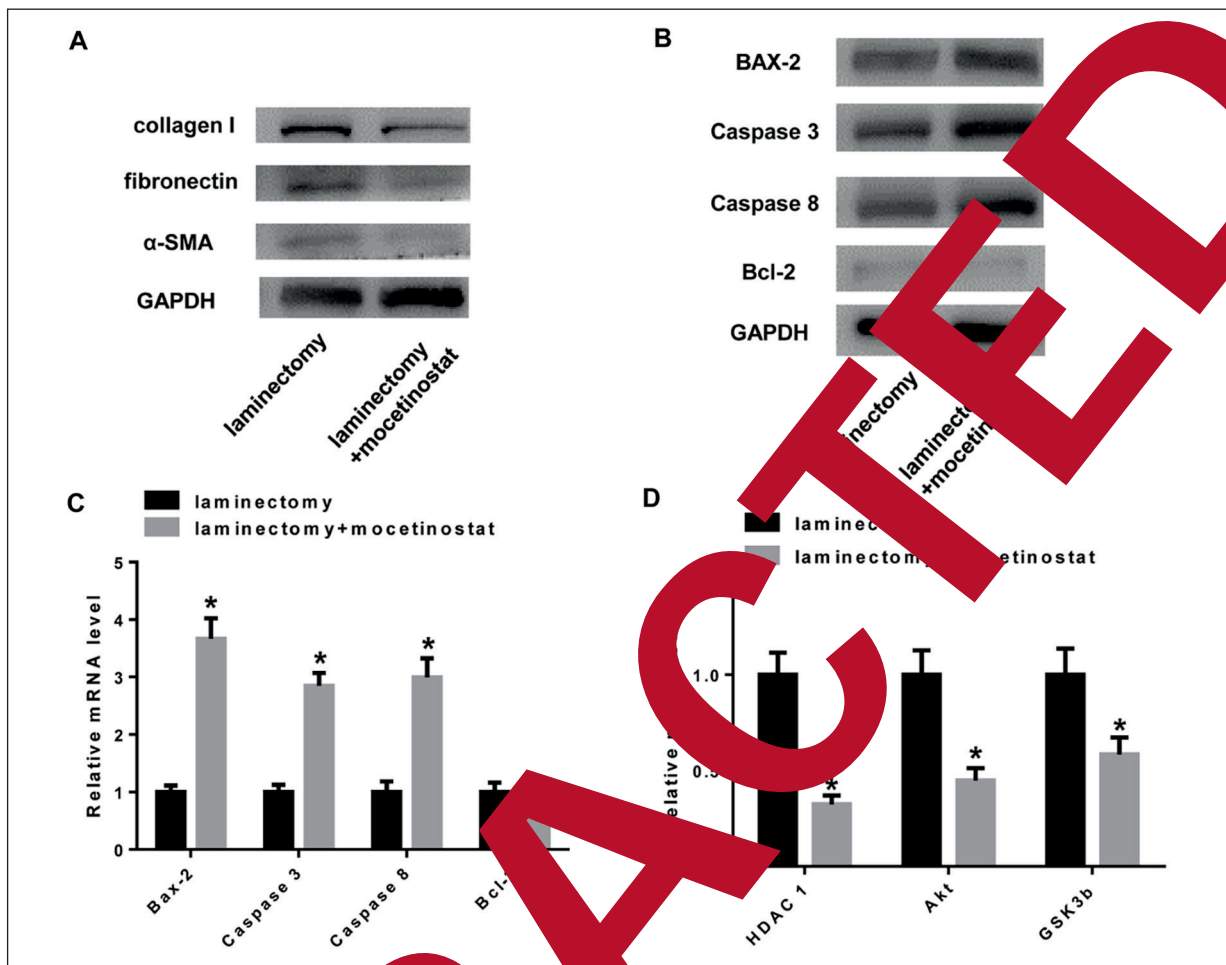


Figure 4. Mocetinostat attenuates epidural fibrosis in rats following laminectomy. **A**, Representative Western blotting of collagen I, fibronectin, and α -SMA in the laminectomy and laminectomy+mocetinostat group at one week following surgery. **B**, Representative Western blotting of Bax-2, Caspase-3, Caspase-8, and Bcl-2 in laminectomy and laminectomy+mocetinostat group at one week following surgery. **C**, Relative mRNA levels of Bax-2, Caspase-3, Caspase-8, and Bcl-2 in laminectomy and laminectomy+mocetinostat group at one week following surgery. **D**, Representative mRNAs of HDAC, Akt, and GSK3b in laminectomy and laminectomy+mocetinostat group at one week following surgery.

week after laminectomy, indicating that mocetinostat significantly downregulates the expression levels of HDAC 1 and Akt/GSK3b (Figure 4D), which further demonstrated that mocetinostat ameliorated epidural fibrosis by inhibiting the Akt/GSK3b pathway.

Discussion

Epithelial hyperplasia usually occurs in wound healing, but excessive fiber activation triggers a large amount of collagen deposition, leading to excessive scar tissue, and affecting healing^{18,19}. Fibroblast plays an important role in the secre-

tion of extracellular matrix and the regulation of the stability of fibrosis scar²⁰. Epidural fibrosis is associated with changes in fibroblasts, including activation and differentiation of fibroblasts, proliferation, and apoptosis, as well as accumulation of extracellular matrix. Severe epidural fibrosis can cause compression of the spinal cord and nerve root tissue, resulting in severe neurological dysfunction and disorder. For the complicated mechanism of epidural fibrosis, ECM increase and cell proliferation are widely accepted as the specific features during its process.

Currently, there are 18 human HDAC subtypes. Based on the sequence homology with

yeast, the 18 HDACs were divided into four classes (I, II, III and IV). A total of 11 HDACs in class I, II, and IV are Zn²⁺-dependent protein but 7 subtypes in class III belong to Sirt 1-7 family. Class I including HDAC1, 2, 3, and 8, showing highly homologous to yeast RPD3 protein, distributes within the nucleus, and mainly takes inhibited function of gene transcription. Class II HDACs (HDAC4, 5, 6, 7, 9, and 10), homologous to yeast Hda1 protein, distributes in cytoplasm, while shuttling between the nucleus and cytoplasm. However, class III HDACs are NAD⁺-dependent protein deacetylases regulating various cellular processes, such as survival, aging, stress reaction, and metabolism with ADP ribose transferase jointly. Only HDAC 11 is listed in Class IV, characterized as the sequence homology with class I and II enzyme catalytic core region but less similarity²¹⁻²⁶. HDAC dysfunction is linked to a variety of diseases, including cancer, diabetes, and cardiac hypertrophy²⁷. HDACIs are molecules binding to HDAC to interfere with/block its function. HDACIs regulate gene expression and apoptosis through acetylation of histone. A total of six HDACIs have been approved by the Food and Drug Administration (FDA) for the treatment of multiple hematologic tumors and a few solid tumors. HDACIs are divided into three main categories: (1) isohydroxamic acids; (2) benzamides; (3) cyclic amides. Lyu et al²⁸ have demonstrated that HDACIs are deemed as antifibrotic drugs in cardiac and pulmonary fibrosis. So, it was suggested that inhibition of activity of HDACs may be a novel therapeutic signaling loops directly. Moreover, the effect of fibroblast apoptosis was explored by HDACI. Mocetinostat, a HDAC class I inhibitor, is effective in the treatment of malignant tumors, and it is found to attenuate angiotensin II-induced cardiac fibroblast migration and proliferation by differentially regulating MMP9, IL-18, and CCK expressions.

Due to the result of the different levels of HDAC in both Mild and Severe group, it is evidently that epidural scar samples with much more fibrosis have higher HDAC expression and lower caspase 3 expression. Regarding the fibroblast cells culture, CCK-8 assay was applied to determine the optimized concentration of stimulation of the mocetinostat. The results indicated that mocetinostat had an ability to promote the apoptosis of fibroblasts with an optimized concentration. TGF-β has been

widely used to mimic the pathophysiology of fibroblast activation *in vitro*. Therefore, a fibrosis model was constructed to test several targets corresponding to the fibrosis and cell apoptosis. It was exhibited that the levels of fibrosis markers, such as collagen I, collagen III, fibronectin, and α-SMA, specifically increased with the TGF-β stimulation compared with the control one. However, it came to a reversion after the administration of mocetinostat. As expected, the anti-fibrosis effect of mocetinostat on the epidural fibrosis depended on the inhibition of ECM generation and proliferation of fibroblasts. Recent evidence has shown that Akt/GSK3b is a central pro-fibrosis pathway in the progression of fibrosis activation, and mocetinostat is an efficient inhibitor of it. In this study, it was observed that Akt/GSK3b pathway exerted pro-fibrosis function and mocetinostat treatment could induce Akt/GSK3b pathway inhibition to alleviate fibrosis process.

Moreover, fibroblast proliferation is another factor in epidural fibrosis. Thus, promoting the apoptosis of fibroblasts may be a potential way to alleviate epidural fibrosis. At the origination of this research, it was observed that mocetinostat could influence fibroblast viability. In order to analyze whether mocetinostat has the capacity to enhance cell apoptosis, Caspase 3 and Caspase 8, two key factors in the regulation of apoptosis, were analyzed. Previous studies have shown that Caspase 3 and Caspase 8 can participate in apoptosis by regulating oxidative stress and inflammatory response. The findings of this research also strongly supported that Caspase 3 and Caspase 8 are activated by the decreased expression of HDAC. Therefore, mocetinostat is a promising inhibitor that suppresses the influence of Caspase 3/8 to increase the fibroblasts apoptosis in epidural fibrosis.

Conclusions

In summary, it is of great significant to seek a molecule that functions by inhibiting ECM accumulation and elevating cell apoptosis *via* inhibition of HDAC to attenuate epidural fibrosis. The role of mocetinostat treatment on the fibrosis model established by the fibroblasts was systematically evaluated. In a word, the above results reveal that mocetinostat may be a useful method to treat the epidural fibrosis.

Conflict of Interest

The Authors declare that they have no conflict of interests.

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