

Cross-talk of Aryl Hydrocarbon Receptor (AHR)- and Vitamin D Receptor (VDR)-signaling in Human Keratinocytes

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Abstract. *Background/Aim:* Vitamin D receptor (VDR), activated upon binding of 1,25(OH)₂D₃, was described as a tumor suppressor in the skin. New biological functions of non-classical vitamin D derivatives were recently identified, that are mediated via binding to alternate receptors, including the aryl hydrocarbon receptor (AHR) and that indicate functional interaction between AHR and VDR signaling in various human tissues. We aimed to gain further insights into the cross-talk of VDR and AHR signaling in skin photo-carcinogenesis. *Materials and Methods:* Using real-time quantitative PCR, we analyzed in vitro effects of the complete carcinogen UVB and of 1,25(OH)₂D₃ on the expression of members of the AHR and VDR pathways in human keratinocytes revealing characteristics of different stages of skin photo-carcinogenesis. *Results:* In precancerous HaCaT keratinocytes, induction of a target gene of AHR-mediated transcription (CYP1A1) was markedly stronger after treatment with UVB, as compared to treatment with 1,25(OH)₂D₃. In contrast, in SCL-1 cells (that reveal the complete phenotype of malignant transformation), expression of

CYP1A1 was higher after treatment with 1,25(OH)₂D₃ as compared to treatment with UVB. The classical VDR target CYP24A1 was up-regulated by 1,25(OH)₂D₃, but not by UVB, in both cell lines. However, the combined treatment with UVB strongly enhanced the 1,25(OH)₂D₃-mediated up-regulation of CYP24A1 exclusively in SCL-1, but not in HaCaT cells. *Conclusion:* There is a differential regulation of VDR and AHR target genes by UVB and 1,25(OH)₂D₃ in HaCaT and SCL-1 cells, that points to a complex and highly orchestrated network of vitamin D derivatives (and other photoproducts) and its relevance for photo-carcinogenesis.

As the frontier of the human body to the environment, the human skin represents an important defense line against many different hazards, including infections, intoxications, and exposure to UV- and other types of radiation. It is well known that ultraviolet B radiation (UVB; wavelength range: 290-320 nm), found in solar radiation, is a potentially toxic and carcinogenic environmental factor. Whereas acute effects of skin exposure to UVB radiation are dose-dependent and include sunburns or immune modulation (1), long-term exposure is known to be a main risk factor for developing non-melanoma skin cancer including cutaneous squamous cell carcinoma (cSCC) (2, 3) and its precancerous skin lesion actinic keratosis (AK) (4, 5). The UVB-induced stress response in the human skin is called UV response (6-8). An important mechanism involved in this process is the activation of the Aryl hydrocarbon receptor (AHR) (9). This ligand-dependent receptor belongs to the basic helix-loop-helix/Per-Arnt-Sim (bHLH/PAS) family (10) and is located in the cell cytoplasm, bound to a chaperone complex (Hsp90/XAP2/p23) (11, 12). It is known for its role in the detoxification of harmful substances like 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) (12), polycyclic aromatic hydrocarbons (PAHs) (13-16), and natural flavonoids (17, 18) and is highly expressed in barrier organs like the skin (19, 20). The AHR activation caused by UVB activates two signaling pathways, one located in the nucleus and one in the membrane

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of the cell. In the nuclear pathway, UVB radiation triggers *AHR* translocation into the nucleus and causes induction of cytochrome P450 1A1 (*CYP1A1*) gene expression in a ligand-dependent manner (9). The xenobiotic metabolizing enzyme *CYP1A1* is one of the most widely studied *AHR* target genes (14, 21) and is linked to various cutaneous immunologic processes (19), chemical carcinogenesis (22-24), and the development of non-melanoma skin cancer (25-27). Moreover, the DNA is able to absorb UVB, which results in formation of DNA photoproducts (28-32). In the cell membrane pathway, *AHR* activation causes internalization of the EGFR and activation of its downstream target MAP kinases ERK1 and ERK2. As a result, cyclooxygenase-2 (*COX2*) mRNA expression is up-regulated (9), which is linked with photo-carcinogenesis and skin inflammation (33-39).

The hormonally active form of vitamin D₃ [1,25(OH)₂D₃; calcitriol] is produced in keratinocytes of the epidermis in a UVB-dependent, 3-step process (40). It modulates important physiological and pharmacological processes like immunomodulation and bone metabolism (41, 42). In the skin specifically, it plays a vital role in the epidermal proliferation and differentiation (43, 44), apoptosis (45, 46), and barrier function (47-49). It also exhibits a protective effect against inflammatory skin diseases including psoriasis (50) and atopic dermatitis (51) and inhibits the growth of skin cancer such as melanoma (52, 53), basal cell carcinoma (BCC) (54, 55), and squamous cell carcinoma (SCC) (56). 1,25(OH)₂D₃ unfolds its biological function through binding to the vitamin D receptor (*VDR*; *NR1H3*) (57), a member of the nuclear receptor superfamily of transcription factors highly expressed in keratinocytes (58, 59). The *VDR* regulates gene expression by forming a heterodimeric complex with retinoid X receptors (RXRs), translocating to the nucleus and interacting with vitamin D responsive elements (VDREs) in the promoter of target genes (57, 60, 61). A major target gene of the *VDR* is cytochrome P450 24A1 (*CYP24A1*) (62, 63), which encodes for the 25-hydroxyvitamin D₃ 24-hydroxylase. By this enzyme, inactivation of 1,25(OH)₂D₃ through hydroxylation and termination of its biological activity is induced (64, 65). In some forms of cancer, it has been suggested to represent an oncogene (66).

Recent scientific findings indicate a functional interaction between *AHR* and *VDR* signaling in various human tissues. In this regard, new biological functions of non-classical vitamin D derivatives have recently been identified, that are at least in part mediated *via* binding to alternate receptors, including the *AHR*. In human naïve CD4⁺ T-cells, a suppressive effect of 1,25(OH)₂D₃ on *AHR* expression was found (67). In human oral keratinocytes (OKF6/TERT-2 cells) however, 1,25(OH)₂D₃ increased LPS-induced *AHR* and *CYP1A1* expression (68). In human epidermal keratinocytes (HEKn and HaCaT cells), *AHR* was the major receptor target for vitamin D derivative 20,23(OH)₂D₃, (with *VDR* being the second signaling pathway identified) whereas

weaker *AHR* activation was observed by 1,25(OH)₂D₃, 20(OH)D₃ and 17,20,23(OH)₂D₃ (69). Matsunawa *et al.* (70, 71) demonstrated that combined activation of *AHR* and *VDR* enhanced *CYP1A1* and *CYP24A1* expression in breast cancer (MCF-7) and macrophage-derived (THP-1) cells. In the present study, we aimed to gain further insights into the cross-talk of 1,25(OH)₂D₃-induced *VDR* and UVB-induced *AHR* signaling in skin photo-carcinogenesis. We here found a differential regulation of *VDR* and *AHR* target genes by UVB and 1,25(OH)₂D₃ in precancerous HaCaT and malignant SCL-1 cells, which points to a complex and highly orchestrated network of vitamin D derivatives (and other photoproducts) and its relevance for photo-carcinogenesis.

Materials and Methods

Cell culture. Spontaneous immortalized human HaCaT (Human adult low Calcium, high Temperature) keratinocytes were purchased from CLS Cell Lines Service GmbH (Eppelheim, Germany) and cultivated in Dulbecco's modified eagle's medium (DMEM) (Gibco, Thermo Fisher Scientific, Dreieich, Germany). They exhibit a p53 mutation (p53mut) and represent initiated keratinocytes that express elements of early stage non-melanoma skin carcinogenesis (72, 73). *In vivo* animal studies have shown that HaCaT cells exhibit characteristic features of precancerous skin lesions (*e.g.*, AK), including development of a stratified epithelium with dysplastic morphologic properties but no tendency to invasive or metastatic growth (74). SCC cell lines (SCL-1) were maintained in RPMI 1640 medium (Gibco). They represent malignant human keratinocytes that lack expression of the p53 protein (p53null) (75-79) and exhibit characteristic features of the non-melanoma skin cancer phenotype, including invasive and metastatic growth tendency (80). Both cell lines were supplemented with 1% L-glutamine (Thermo Fisher Scientific) and 10% fetal calf serum (Gibco). They were seeded in culture dishes (10 cm in diameter) and grown in a humidified atmosphere of 5% CO₂ at 37°C. Cell culture medium was changed twice a week.

UVB irradiation. After the culture medium has been aspirated from the cell culture dishes, cells were washed with phosphate-buffered saline (PBS) and irradiated with UVB (50 J/cm², midrange wavelength 302 nm) using Crosslinker CL-1000M (Ultra-violet products Ltd, purchased by Analytik Jena, Jena, Germany). Following irradiation, cells were provided with fresh medium and treatment substances.

Cell treatment. Cells were treated with 1,25(OH)₂D₃ (Sigma, Taufkirchen, Germany) in a final concentration of 10⁻⁷ M [5 µl of the 1,25(OH)₂D₃ of (10⁻⁴ M) stock solution solved in ethanol (EtOH) were added per 5 ml medium per culture dish]. Bovine serum albumin (BSA, 1%) was added to the medium when treating cells with 1,25(OH)₂D₃ to reduce unspecific binding of 1,25(OH)₂D₃ to the culture dish. Control samples were treated with EtOH (5 µl EtOH per 5 ml medium per culture dish) and BSA (1%, Sigma). In preliminary experiments, we first demonstrated that EtOH had no effect on gene expression, because cells treated with BSA alone showed similar results as compared to cells treated with BSA and EtOH. Cells were treated with AHR-Antagonist CH223191 (stock solution 10⁻⁴ M, solved in EtOH; final concentration 10⁻⁷ M, Sigma)

and partly VDR-Inhibitor 25-Hydroxyvitamin D₃ (25(OH)₂D₃, stock solution 10⁻⁴ M, solved in EtOH; final concentration 10⁻⁷ M, Sigma). Previous studies (81-83) confirmed that CH223191 and 25(OH)₂D₃ in a final concentration of 10⁻⁷ M effectively block their corresponding receptors, *AHR* and *VDR*, respectively.

Cell harvesting. HaCaT-keratinocytes and SCL-1 cells were harvested (6 h intervals over 24 h) after irradiation and/or substance treatment.

RNA isolation. RNA isolation was performed with RNeasy Kit and QIA shredder (Qiagen, Hilden, Germany) according to the manufacturers' manual.

Reverse transcription. Reverse transcription was performed with Omniscript RT Kit (Qiagen) according to the manufacturers' instructions. Oligo-dT-primers, RNase inhibitors, and 1 µg mRNA were used in every reaction as templates.

Quantitative real-time PCR (RTqPCR) and analysis. Expression of the target genes *AHR*, *CYP1A1*, *COX2*, *VDR*, *CYP24A1* was examined in 96-well plates using RTqPCR (120 cycles in StepOnePlus Real-Time PCR System, Thermo Fisher Scientific). The level of expression of each target gene was normalized against the mean of *GAPDH* and β -actin gene expression and shown as mean \pm standard deviation. Each sample was analyzed in duplicate. All gene-specific primers were purchased from Qiagen (Table I). The relative quantification method ($RQ=2^{-\Delta\Delta Ct}$) was used in order to calculate the relative fold gene expression of the target genes (84). First, the relative amount of the target gene to each reference gene was determined for each sample (ΔCt). Then, the target/reference ratio of the treated sample was divided by the target/reference ratio of the control sample ($\Delta\Delta Ct$). To find out the N-fold target gene expression in treated samples relative to the control sample (final values), we calculated 2 to the power of the negative $\Delta\Delta Ct$ ($2^{-\Delta\Delta Ct}$).

Statistical analysis. All data are represented as a mean \pm standard deviation (SD) of three experiments per cell line. The two-tailed, unpaired Student's *t*-test was used to assess statistical significance and performed with the Microsoft Excel software (Microsoft Corporation, Redmond, WA, USA). Mean differences were considered to be significant when $p \leq 0.05$ (*), decisive (very significant) when $p < 0.005$ (**) and conclusive (extremely significant) when $p < 0.0005$ (***).

Results

Gene expression of *AHR* and *CYP1A1* is elevated in untreated HaCaT and of *COX2*, *VDR* and *CYP24A1* in SCL-1 cells. In untreated spontaneously immortalized HaCaT keratinocytes we observed higher *AHR* ($p < 0.0005$) and *CYP1A1* mRNA levels as compared to those in untreated SCL-1 cells (Figure 1A-D). In contrast, in untreated cancerous SCL-1 cells, mRNA expression of *COX2*, *VDR*, and *CYP24A1* was higher than HaCaT (Figure 1E-J).

1,25(OH)₂D₃ and UVB radiation exert differential effects on the expression of key elements of the AHR signaling pathway

Table I. Gene-specific primers used in RTqPCR.

Primer	Sequence	Source
AHR	QuantiTect Primer Assay (QT00031437)	Qiagen
CYP1A1	QuantiTect Primer Assay (QT00012341)	Qiagen
PTGS2 (COX2)	QuantiTect Primer Assay (QT00040586)	Qiagen
VDR	QuantiTect Primer Assay (QT01010170)	Qiagen
CYP24A1	QuantiTect Primer Assay (QT00015428)	Qiagen
GAPDH	QuantiTect Primer Assay (QT00079247)	Qiagen
β -Actin	QuantiTect Primer Assay (QT00095431)	Qiagen

in HaCaT-keratinocytes and SCL-1 cells. In non-malignant HaCaT keratinocytes, UVB radiation induced a strong increase in *CYP1A1* mRNA (7.7-fold increase), that was markedly stronger as compared to treatment with 1,25(OH)₂D₃ (2.8-fold increase) (Figure 2C). Combined treatment increased *CYP1A1* mRNA stronger than treatment with 1,25(OH)₂D₃ alone (3.7-fold increase, $p \leq 0.05$). In contrast, in malignant SCL-1 cells, expression of *CYP1A1* was markedly higher after treatment with 1,25(OH)₂D₃ (6.9-fold increase, $p < 0.0005$) as compared to treatment with UVB (2.4-fold increase, $p < 0.005$) (Figure 2D). Combined treatment showed a synergistic effect, by conclusively up-regulating *CYP1A1* mRNA to the highest extent (9.8-fold increase) (Figure 2D). UVB radiation up-regulated *AHR* mRNA in both cell lines (HaCaT: 2.2-fold increase; SCL-1: 1.6-fold increase). In contrast, lower levels of *AHR* expression were observed after treatment with 1,25(OH)₂D₃ (HaCaT: 17% decrease; SCL-1: 26% decrease). Combined treatment did not show any regulatory effect as compared to untreated controls (Figure 2A and B).

Induction of *CYP1A1* mRNA expression by 1,25(OH)₂D₃ depends on *AHR*. Treatment with AHR-antagonist CH223191 alone or in combination with 1,25(OH)₂D₃ strongly suppressed expression of *CYP1A1* mRNA in HaCaT and SCL-1 cells (HaCaT after 6 h: CH223191: 94% decrease, $p < 0.0005$, CH223191+1,25(OH)₂D₃: 84% decrease, $p < 0.0005$; HaCaT after 24 h: CH223191: 95% decrease, $p < 0.0005$, CH223191+1,25(OH)₂D₃: 85% decrease, $p < 0.0005$; SCL-1 after 6h: CH223191: 82% decrease, $p < 0.0005$, CH223191+1,25(OH)₂D₃: 62% decrease, $p < 0.0005$; SCL-1 after 24 h: CH223191: 88% decrease, $p < 0.0005$, CH223191+1,25(OH)₂D₃: 74% decrease, $p < 0.0005$) (Figure 3). In 25(OH)₂D₃-treated cells, *CYP1A1* expression was reduced (HaCaT after 6 h: 56% decrease, $p < 0.0005$; HaCaT after 24 h: 19% decrease; SCL-1 after 6 h: 65% decrease, $p < 0.0005$; SCL-1 after 24 h: 36% decrease, $p < 0.05$). However, combined treatment with 1,25(OH)₂D₃ and 25(OH)₂D₃ had a stronger induction in *CYP1A1* mRNA compared to 1,25(OH)₂D₃ alone (except in SCL-1 after 24 h)

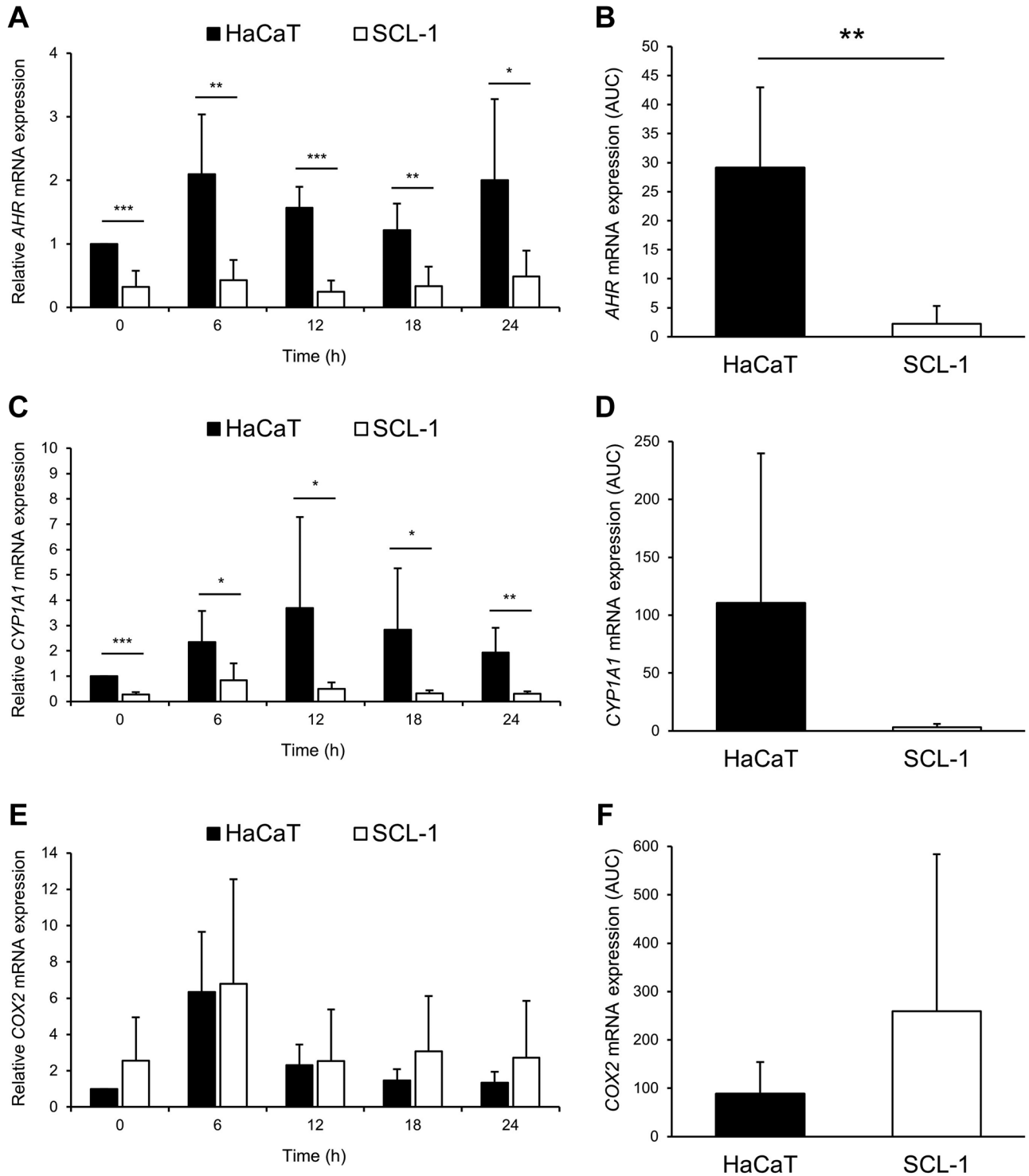


Figure 1. Continued

(HaCaT after 6 h: 1,25(OH)₂D₃+25(OH)D₃: 2.6-fold increase, $p<0.005$, 1,25(OH)₂D₃: 2.1-fold increase, $p<0.0005$; HaCaT after 24 h: 1,25(OH)₂D₃+25(OH)D₃: 1.23-

fold increase, 1,25(OH)₂D₃: 1.17-fold increase; SCL-1 after 6 h: 1,25(OH)₂D₃+25(OH)D₃: 2.5-fold increase, $p<0.0005$, 1,25(OH)₂D₃: 2.4-fold increase, $p<0.0005$).

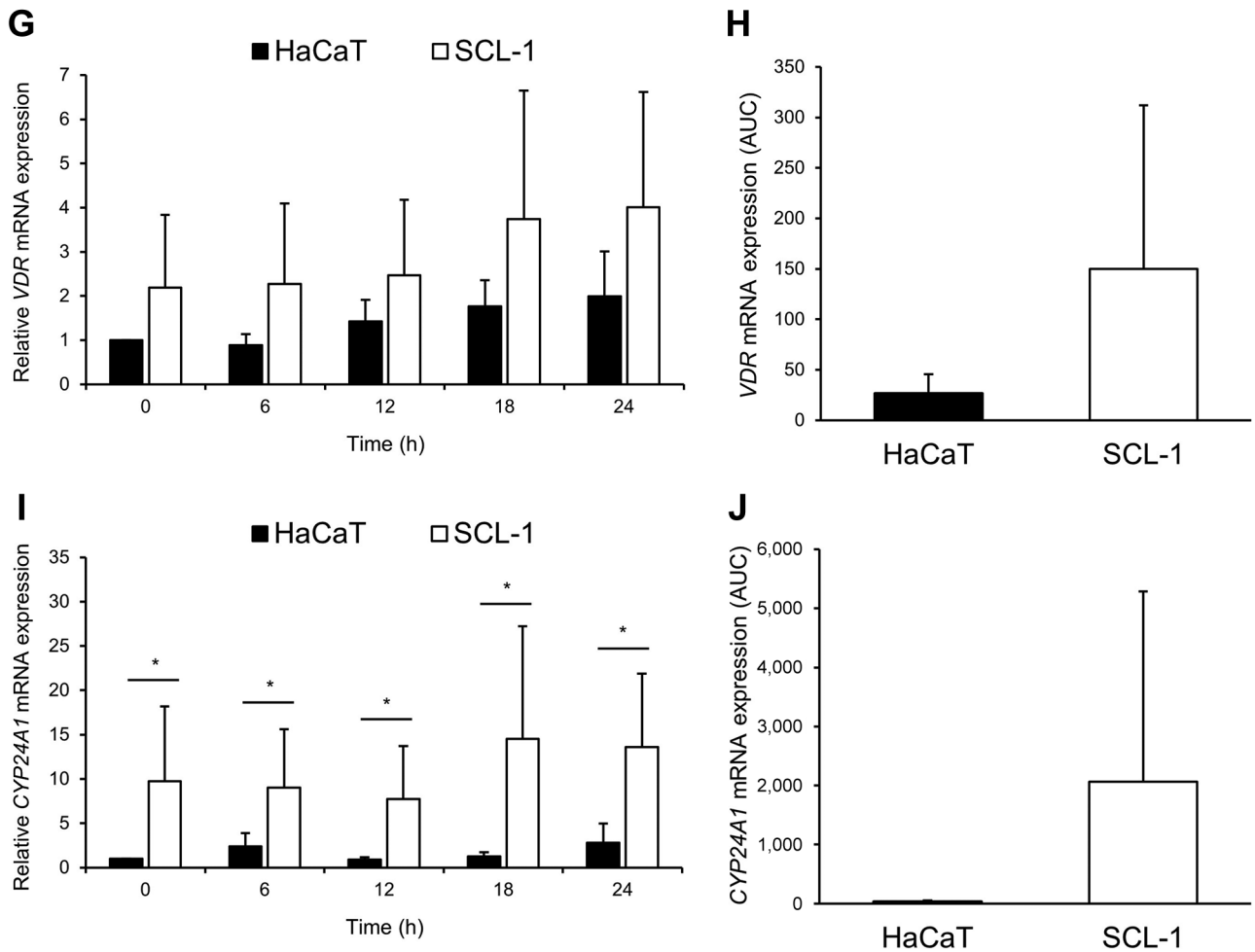


Figure 1. Relative mRNA expression (A, C, E, G, I) and AUC (B, D, F, H, J) of AHR, CYP1A1, COX2, VDR, and CYP24A1 relative to the mean of GAPDH and β -actin in untreated HaCaT and SCL-1 cells (mean $2^{-\Delta\Delta C_t}$). Cells were treated only with culture medium and harvested in 6 h intervals over 24 h. The mRNA expression was measured with RTqPCR and the relative fold gene expression was calculated with the $2^{-\Delta\Delta C_t}$ method. HaCaT-cells harvested after 0 h were used as the internal control sample in the bar graphs (A, C, E, G, I). The “area under the curve” was calculated for each cell line from the respective time curve (data not shown). The values represent the means \pm SD of duplicate assays. The experiments were repeated thrice with similar results. * $p \leq 0.05$; ** $p < 0.005$; *** $p < 0.0005$.

1,25(OH) $_2$ D $_3$ induces COX2 mRNA in HaCaT but not in SCL-1 cells. Treatment with $1,25(\text{OH})_2\text{D}_3$ strongly increased COX2 mRNA expression in HaCaT cells (16.2-fold increase, $p \leq 0.05$), but barely altered it in SCL-1 cells (1.8-fold increase, $p \leq 0.05$) (Figure 2E and 2F). In both cell lines however, after treatment with $1,25(\text{OH})_2\text{D}_3$ and $25(\text{OH})\text{D}_3$, up-regulation of COX2 gene expression was even stronger as compared to treatment with $1,25(\text{OH})_2\text{D}_3$ alone (HaCaT after 6 h: $1,25(\text{OH})_2\text{D}_3 + 25(\text{OH})\text{D}_3$: 4.2-fold increase, $p < 0.0005$, $1,25(\text{OH})_2\text{D}_3$: 2.8-fold increase, $p < 0.0005$; HaCaT after 24 h: $1,25(\text{OH})_2\text{D}_3 + 25(\text{OH})\text{D}_3$: 2.4-fold increase, $p < 0.0005$, $1,25(\text{OH})_2\text{D}_3$: 2.3-fold increase, $p < 0.005$; SCL-1 after 6 h: $1,25(\text{OH})_2\text{D}_3 + 25(\text{OH})\text{D}_3$: 1.4-fold increase, $p < 0.0005$, $1,25(\text{OH})_2\text{D}_3$: 1.1-fold increase; SCL-1 after 24 h: $1,25(\text{OH})_2\text{D}_3 + 25(\text{OH})\text{D}_3$: 2.1-fold increase, $p < 0.0005$,

$1,25(\text{OH})_2\text{D}_3$: 1.4-fold increase, $p < 0.0005$) (Figure 4). Treatment with UVB up-regulated COX2 gene expression in both cell lines to a similar degree (HaCaT: 5.4-fold increase; SCL-1: 3.9-fold increase, $p \leq 0.05$). Combination treatment with UVB and $1,25(\text{OH})_2\text{D}_3$ exerted a synergistic effect only in HaCaT (38.3-fold increase, $p < 0.05$) and not in SCL-1 cells (4.2-fold increase, $p \leq 0.05$) (Figure 2E and F).

1,25(OH) $_2$ D $_3$, but not UVB, induces CYP24A1 mRNA in HaCaT and SCL-1 cells. CYP24A1 mRNA expression was increased in HaCaT and SCL-1 cells, after treatment with $1,25(\text{OH})_2\text{D}_3$, but not after treatment with UVB (Figure 2I and J). Co-treatment with $1,25(\text{OH})_2\text{D}_3$ and $25(\text{OH})\text{D}_3$ induced CYP24A1 mRNA in SCL-1 cells even stronger than

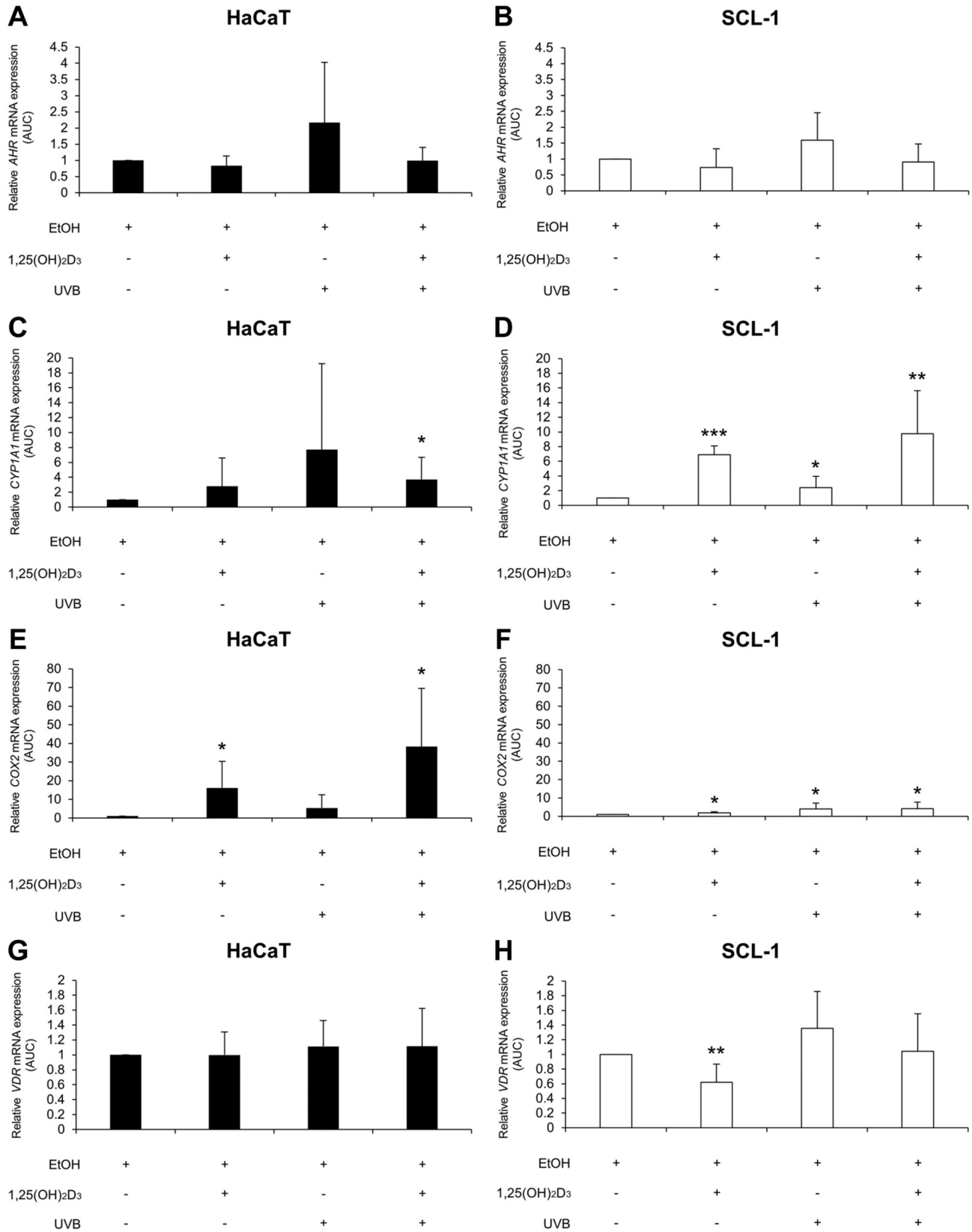


Figure 2. Continued

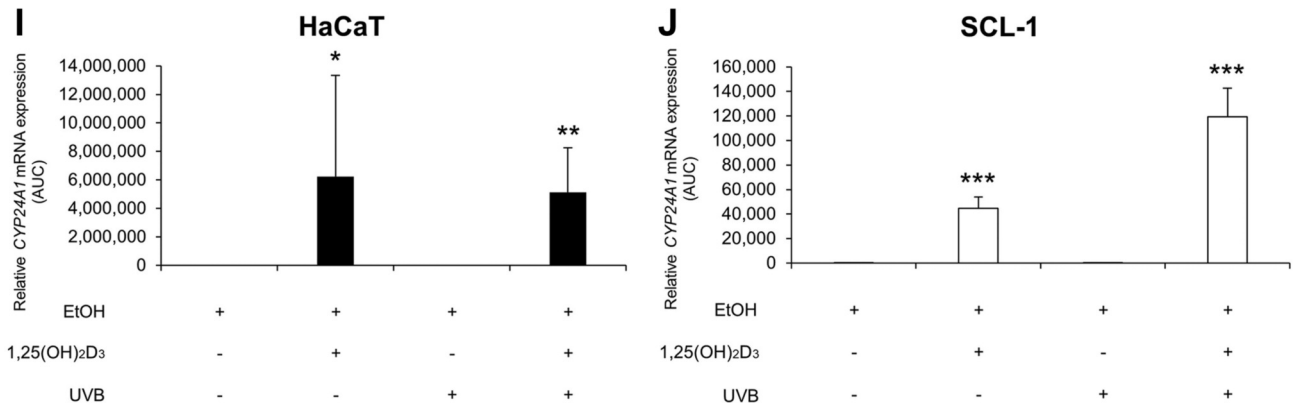


Figure 2. Relative mRNA expression (AUC) of AHR (A, B), CYP1A1 (C, D), COX2 (E, F), VDR (G, H), and CYP24A1 (I, J) relative to the mean of GAPDH and β -actin in treated HaCaT and SCL-1 cells (mean $2^{-\Delta\Delta Ct}$). After treatment, cells were harvested in 6 h intervals over 24 h. The mRNA expression was measured with RTqPCR and the relative fold gene expression was calculated with the $2^{-\Delta\Delta Ct}$ method. Cells harvested after 0 h were used as the internal control sample for each time curve (data not shown). The “area under the curve” of every treatment condition was measured and set relative to the “area under the curve” of the EtOH-treated cells (vehicle). The values represent the means \pm SD of duplicate assays. The experiments were repeated thrice with similar results. All *p*-values are relative to cells treated with EtOH alone. **p*<0.05; ***p*<0.005; ****p*<0.0005.

1,25(OH)₂D₃ alone (after 6 h: 1,25(OH)₂D₃+25(OH)D₃: 133.1-fold increase, *p*<0.0005, 1,25(OH)₂D₃: 82.7-fold increase, *p*<0.0005; after 24 h: 1,25(OH)₂D₃+25(OH)D₃: 123.5-fold increase, *p*<0.0005, 1,25(OH)₂D₃: 94.9-fold increase, *p*<0.0005) (Figure 5). In contrast, expression of VDR was only altered in SCL-1 cells treated with 1,25(OH)₂D₃ (38% decrease, *p*<0.005), while other treatments with 1,25(OH)₂D₃ and/or UVB had only marginal effects in HaCaT or SCL-1 (Figure 2G and H). Combined treatment with UVB further enhanced the 1,25(OH)₂D₃-induced increase in CYP24A1 mRNA exclusively in SCL-1 [1,25(OH)₂D₃: 44,703.5-fold increase, *p*<0.0005, 1,25(OH)₂D₃+UVB: 119,233.4-fold increase, *p*<0.0005], but not in HaCaT cells [1,25(OH)₂D₃: 6,233,471-fold increase, *p*<0.05, 1,25(OH)₂D₃+UVB: 5,127,778.3-fold increase, *p*<0.005].

Discussion

During the last decades, a continuously growing body of evidence has convincingly shown an important role of vitamin D in carcinogenesis and the progression of many malignancies (85-87). It can be speculated that during the next years, these new scientific findings in the vitamin D field, which include the identification of AHR, RORs, and LXR as alternative receptors for vitamin D compounds (69, 88, 89), will have a great impact on the prevention and therapy of cancer. It was the aim of this study to understand the role of the vitamin D endocrine system in the multistep process of skin photo-carcinogenesis (90), that shows characteristic early (*e.g.*, initiated cells) and late (*e.g.*, cells that express the complete malignant phenotype) stages (72-79). In particular, we investigated the molecular interaction

of two different nuclear receptor pathways for vitamin D, which are activated either by binding of the classical biologically active vitamin D metabolite, 1,25(OH)₂D₃, to the VDR, or by binding of non-classical vitamin D hydroxyderivatives [*e.g.*, 20,23(OH)₂D₃] to the AHR.

By analyzing the expression of AHR, CYP1A1, and COX2 as well as of VDR and CYP24A1, we showed that the expression of genes encoding for key elements of both VDR and AHR pathways are differentially expressed and regulated during different stages of skin carcinogenesis. For example, expression of AHR and CYP1A1 was much stronger in untreated HaCaT as compared to untreated SCL-1 cells, while in contrast, expression of VDR, CYP24A1, and COX2 was stronger in untreated SCL-1 as compared to HaCaT cells. It remains to be investigated in future studies, whether stage-dependent differences in the expression of key elements of these different nuclear signaling pathways for vitamin D compounds contribute to the carcinogenesis of non-melanoma skin cancer. It may be speculated that these findings are caused by functional changes associated to the p53 status in HaCaT (p53 mutation, p53mut) and SCL-1 (no p53 protein present, p53null) cells, as previous studies have reported a p53-mediated tissue-dependent regulation of AHR (91-93) and VDR (94, 95) signaling. Moreover, it can be speculated whether low basal levels of AHR and CYP1A1 in SCL-1, and of VDR, CYP24A1, and COX2 in HaCaT cells may point at a functional defect of AHR signaling in SCL-1 and of VDR signaling in HaCaT cells.

To further investigate the interaction between AHR and VDR signaling, we treated cells with UVB, and/or the VDR-ligand 1,25(OH)₂D₃, its precursor 25(OH)D₃ [that has been described as a partial VDR-antagonist (83)], and the AHR-

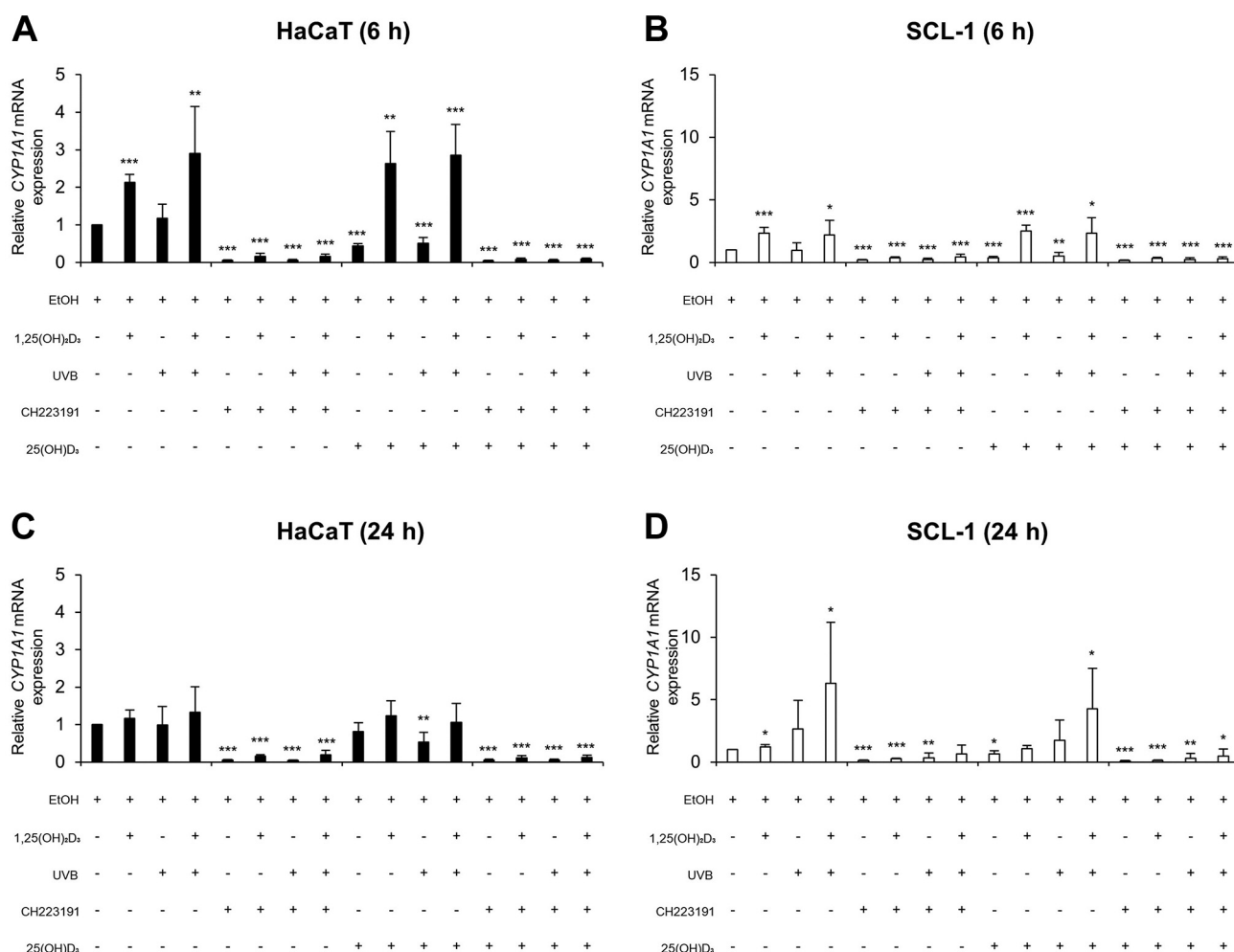


Figure 3. Relative mRNA expression of *CYP1A1* in HaCaT and SCL-1 cells 6 h (A, B) and 24 h (C, D) after treatment relative to the mean of *GAPDH* and β -actin (mean $2^{-\Delta\Delta C_t}$). Cells were harvested 6 and 24 h after treatment. The mRNA expression was measured with RTqPCR and the relative fold gene expression was calculated with the $2^{-\Delta\Delta C_t}$ method. Cells treated with solvent vehicle alone (EtOH) were used as the internal control. The values represent the means \pm SD of duplicate assays. The experiments were repeated thrice with similar results. All *p*-values are relative to cells treated with EtOH alone. **p* \leq 0.05; ***p* \leq 0.005; ****p* \leq 0.0005.

antagonist CH223191 (81, 82). It has to be noted that we did not succeed in obtaining the non-classical hydroxyderivatives [e.g., 20,23(OH)₂D₃] of vitamin D that were recently described as AHR-ligands.

This study also examined whether effects of UVB on expression of AHR target genes may be mediated via the UVB-induced cutaneous synthesis of 1,25(OH)₂D₃ or 25(OH)D₃, indicating that oral supplementation with vitamin D could compensate for the effects of UVB both on AHR and VDR signaling pathways. Until now, only a few studies have analyzed the effects of 1,25(OH)₂D₃ on the expression of AHR target genes; however, studies in cutaneous SCC cells are lacking (68, 69). We here show that the complete carcinogen UVB and the anti-carcinogenic agent 1,25(OH)₂D₃ exert different effects on

the expression of key elements of the VDR and AHR pathways. Although the results of our investigation do not allow definite conclusions, these findings do not support the assumption that effects of UVB on *CYP1A1* expression are mediated via UVB-induced cutaneous production of 1,25(OH)₂D₃.

We showed that the expression of genes encoding for proteins that contribute to AHR signaling is regulated differentially by UVB in HaCaT and SCL-1 cells, representing keratinocytes that reveal phenotype characteristics for early and late stages of skin carcinogenesis, respectively. *CYP1A1* mRNA was regulated differentially by 1,25(OH)₂D₃ and UVB in HaCaT and SCL-1 cells. In SCL-1, induction of *CYP1A1* mRNA was stronger after treatment with 1,25(OH)₂D₃ (6.9-fold induction compared to control) as compared to treatment

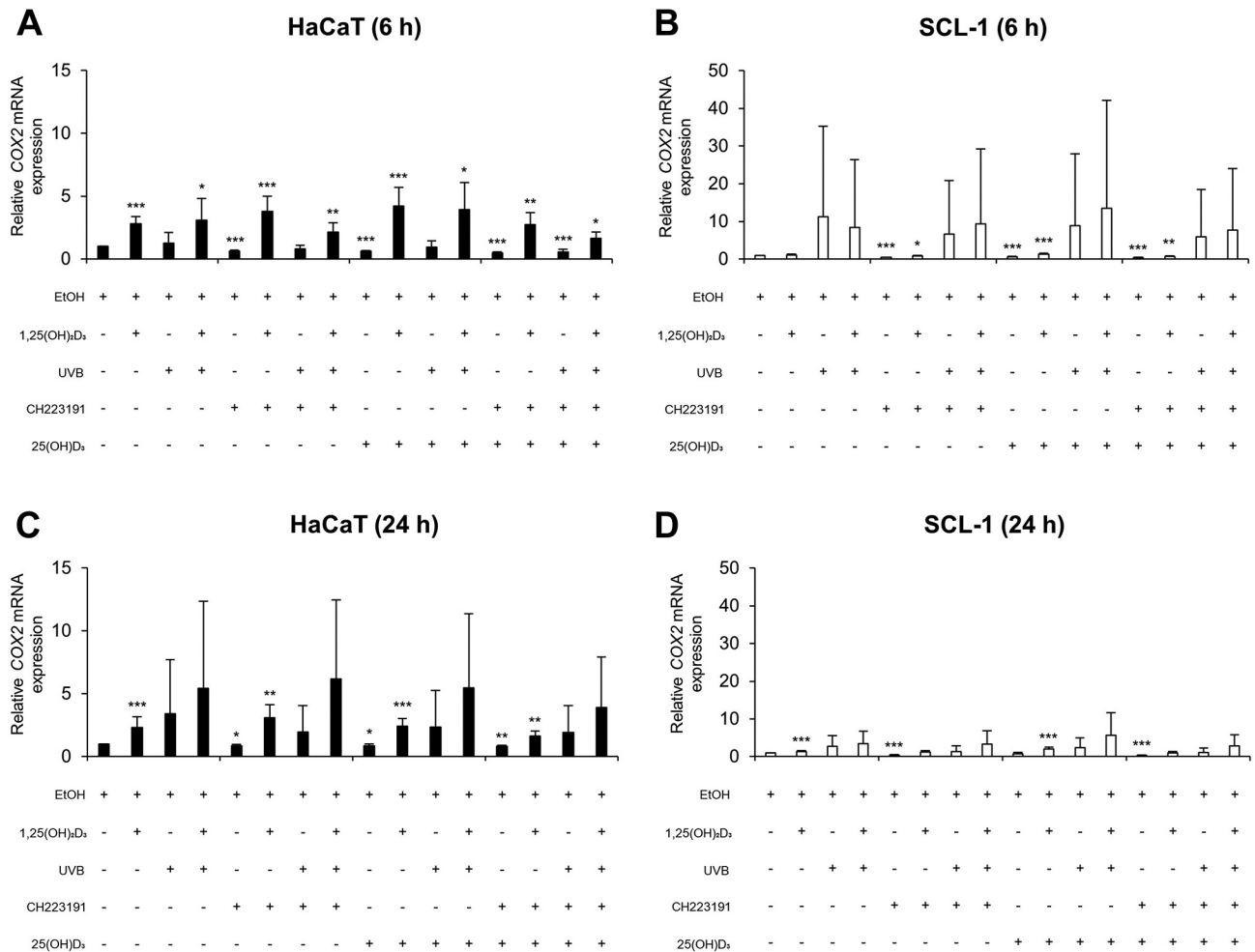


Figure 4. Relative mRNA expression of COX2 in HaCaT and SCL-1 cells 6 h (A, B) and 24 h (C, D) after treatment relative to the mean of GAPDH and β -actin (mean $2^{-\Delta\Delta C_t}$). Cells were harvested 6 and 24 h after treatment. The mRNA expression was measured with RTqPCR and the relative fold gene expression was calculated with the $2^{-\Delta\Delta C_t}$ method. Cells treated with solvent vehicle alone (EtOH) were used as the internal control. The values represent the means \pm SD of duplicate assays. The experiments were repeated thrice with similar results. All p-values are relative to cells treated with EtOH alone. * $p \leq 0.05$; ** $p < 0.005$; *** $p < 0.0005$.

with UVB (2.4-fold induction compared to control); however, opposite effects were seen in HaCaT cells. In these cells, induction of *CYP1A1* mRNA was stronger after treatment with UVB (7.7-fold induction compared to control) as compared to that after treatment with 1,25(OH)₂D₃ (2.8-fold induction compared to control).

It has been reported that *CYP1A1* induction can be mediated *via* several independent mechanisms that include elevation of intracellular calcium and subsequent cell differentiation (96-98), or involve other nuclear receptors (NR). It is well established that 1,25(OH)₂D₃ plays a crucial role in calcium homeostasis (99-101) and promotes differentiation in cultured skin cells (102) and cancer cells like human colon cancer, CAFs, and CSCs (103). Thus,

1,25(OH)₂D₃ could regulate the *CYP1A1* mRNA activity through its pro-differentiating effect. Interestingly, combination treatment with 1,25(OH)₂D₃ and UVB increased *CYP1A1* mRNA activity even further. *In vivo* studies report, that even minimal UVB radiation levels of 18 mJ/cm² are enough to activate 1,25(OH)₂D₃ synthesis in the skin (104). An enhancing effect of UVB radiation on 1,25(OH)₂D₃-induced *CYP1A1* mRNA expression through additional endogenous 1,25(OH)₂D₃ production could therefore be considered. However, our results do not exclude the possibility that induction of *CYP1A1* may be induced *AHR* independently *via* other mechanisms that may include the activation and involvement of other NR pathways. The Pregnane X receptor (PXR), a member of the nuclear

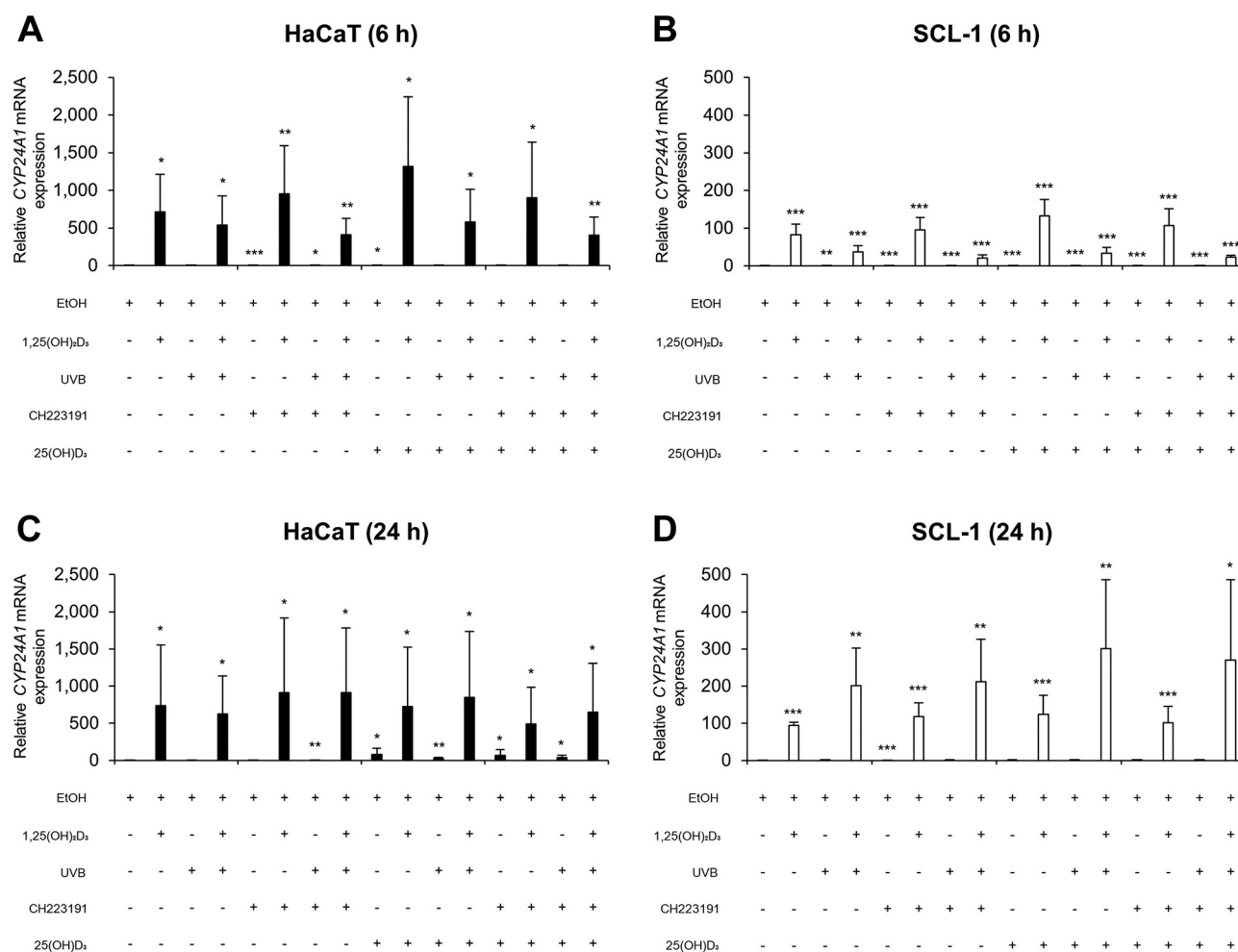


Figure 5. Relative mRNA expression of CYP24A1 in HaCaT and SCL-1 cells 6 h (A, B) and 24 h (C, D) after treatment relative to the mean of GAPDH and β -actin (mean $2^{-\Delta\Delta C_t}$). Cells were harvested 6 and 24 h after treatment. The mRNA expression was measured with RTqPCR and the relative fold gene expression was calculated with the $2^{-\Delta\Delta C_t}$ method. Cells treated with solvent vehicle alone (EtOH) were used as the internal control. The values represent the means \pm SD of duplicate assays. The experiments were repeated thrice with similar results. All p-values are relative to cells treated with EtOH alone. * $p \leq 0.05$; ** $p < 0.005$; *** $p < 0.0005$.

hormone receptor family and regulator of xenobiotic and drug metabolism (105-107), that was linked to the development of SCC (108), was found to have similarities to both the AHR (109, 110) and VDR (111, 112), and was shown to regulate expression of CYP1A1 (113).

Interestingly, Wilkens *et al.* (114) were able to demonstrate that intravenous administration of 1,25(OH)₂D₃ up-regulates the mRNA expression of PXR in sheep renal tissue. Other CYP1A1-regulating NRs (115) including the Glucocorticoid receptor (GR), Estrogen receptor (ER) and Retinoid acid receptor (RAR) have also shown interactions with 1,25(OH)₂D₃ (69, 116, 117).

In agreement with previously published reports (82), exposure of HaCaT cells to a single dose UVB (50 J/cm²)

induced expression of AHR and CYP1A1 mRNA, indicating that UVB-induced regulation of AHR signaling functions correctly in these cells.

1,25(OH)₂D₃ in a dose of 10⁻⁷ M had no conspicuous regulating effect on AHR expression in HaCaT and SCL-1 cells. These findings are in agreement with the results of Slominski *et al.* (69), who reported in epidermal keratinocytes a dose-dependent, 1,25(OH)₂D₃-induced AHR expression, that was detected after treatment with 1,25(OH)₂D₃ at a dose of 10⁻⁶ M, but not at a dose of 10⁻⁷ M.

In SCL-1 cells, UVB (50 J/cm²) induced expression of AHR and CYP1A1. CYP1A1 mRNA induction after treatment with 1,25(OH)₂D₃ was almost 7 times higher than that of the control group and 2.5 times stronger than that after UVB

treatment. Until now, only a few studies have reported an effect of 1,25(OH)₂D₃ on the *AHR* target gene; however, none of them was carried out in cutaneous SCC (68, 69).

To analyze whether the induction of *CYP1A1* mRNA in HaCaT and SCL-1 cells was AHR-dependent, we used CH223191 (AHR-antagonist). Treatment with CH223191 suppressed *CYP1A1* mRNA expression both in HaCaT and SCL-1 cells under all experimental conditions.

It is well established that 1,25(OH)₂D₃ exerts its cancer-inhibiting activity in many cell types through various direct (*e.g.*, regulation of the cell cycle, induction of apoptosis, inhibition of angiogenesis and tumor-invasiveness, -metastasis and -proliferation) and indirect (*e.g.*, regulation of immuno-modulation, effect on tumor microenvironment) mechanisms (95, 118). Although AHR-activated *CYP1A1* is associated with pro-carcinogen transformation and cancer development, some studies documented a contribution to cancer prevention (27). Therefore, key elements of *AHR* signaling may at least in part contribute to 1,25(OH)₂D₃-mediated anti-cancer mechanisms.

Notably, it has been shown that 1,25(OH)₂D₃ modulates the cell cycle through checkpoint regulation (118). Binding to the promoter region of genes encoding p21 and p27 results in cyclin dependent kinase (CDK) inhibition and cell cycle arrest in the G₁ phase *via* decreased cyclin D1 expression (95, 118). Interestingly, ligand-dependent *AHR* activation was also found to increase p21 and p27 expression in addition to *CYP1A1*, resulting in G₁ phase cell cycle arrest (119, 120). Another mechanism that may be involved in 1,25(OH)₂D₃-induced cell cycle regulation is executed through activation of distinct molecular pathways including intracellular kinase pathways (*e.g.*, ERK, PI3K), pathways of transforming growth factor β (TGF-β) and of insulin-like growth factor-binding proteins (IGF-BP), which are found to interact with *AHR* signaling (121-127). Moreover, 1,25(OH)₂D₃ induces protein kinase C (PKC) activation, which plays an important role in the regulation of gene expression, cell differentiation, mobility, and metastasis. The subsequently induced mitogen-activated kinases 1 and 2 (MAPK1 and MAPK2) are regulators of cell growth (95) and of transcription factors as well as co-regulatory and chromatin proteins in malignant melanoma (128). Recent studies demonstrated, that PKC activity is required for classical AHR-mediated signaling in a tissue-dependent manner (129). MAPKs induced by TCDD were also found to be important for the induction of AHR-dependent gene transcription and *CYP1A1* expression (130).

Inhibition of angiogenesis represents another anti-tumor mechanism exerted by 1,25(OH)₂D₃ (95). Through interaction with nuclear factor kappaB (NF-κB), inhibition of Interleukin-8 (IL-8) transcription is achieved. Suppression of growth factors like vascular endothelial growth factor (VEGF) or platelet-derived growth factor (PDGF) and of hypoxia

inducible factor 1 alpha (HIF1α) also seems to be an important part of this process (131). Tight interactions between NF-κB and *AHR* signaling have been studied in various immune cells contributing to xenobiotic metabolism and carcinogenesis. *AHR* has been found to modulate peptidoglycan (PGN)-induced expression of IL-8 in human sebocytes involving the NF-κB pathway (132). Another finding showed that after UVB irradiation, NF-κB preliminary suppressed *CYP1A1* expression, indicating a role of NF-κB in UVB-dependent *AHR* signaling and potentially in a photo-protective cellular response (133).

The Hedgehog (Hh) signaling pathway, whose inappropriate activation is associated with cancer stimulation and progression (134, 135), represents another target of the cancer-inhibitory function of 1,25(OH)₂D₃. Different types of human cancer, including skin BCC, have been linked to deregulation of Hh signaling caused by gene mutations or uncontrolled Hh ligand production (135, 136). 1,25(OH)₂D₃ inhibits Hh-induced proliferation and signaling through modulation of Hh target gene *GLI1* (137). Contrary to its previous described cancer-promoting properties, *AHR* signaling was found to inhibit the Hh pathway *in vivo* in medulloblastoma and was identified as a potent tumour suppressor (138). It remains to be clarified how *CYP1A1* is involved in the regulation of Hh signaling and whether it participates in the execution of tumor-suppressive functions.

Indirect anti-cancer effects of 1,25(OH)₂D₃ mainly concern the tumor microenvironment. They include modulation of immune mediators [*e.g.*, DNA methylation of CpG regions, production of Interleukin-1β (IL-1β) and tumor necrosis factor-α (TNF-α)], cancer-associated metabolic cascades (*e.g.*, Inhibition of estrogenic signaling through down-regulation of CYP19A1, suppression of 27-hydroxycholesterol (27HC) and CYP27A1), and homeostatic processes in surrounding tissues (*e.g.*, down-regulation of pyruvate carboxylase, up-regulation of CYP3A4, reduction of AMP hydrolysis and adenosine production) (118). Interestingly, some of these effects may also be related to key players of *AHR* signaling. In human salivary cells, TNF-α significantly induced *AHR* along with *CYP1A1* expression, whereas IL-1β did not affect *AHR* or *CYP1A1* mRNA levels (139). Additionally, *AHR* inhibits ER activity in human breast cancer cells, rodent uterus, and mammary tumors (140). *AHR* activators PAHs and TCDD increased CYP3A4 mRNA expression in HepG2 cells (141). CYP3A4 induction by xenobiotics largely depends on PXR, which tightly regulates CYP3A4 expression (142). As there is ample evidence for an interaction between PXR and *AHR* (143-145), a possible role for *AHR* signaling in the regulation of the *CYP3A4* gene is conceivable.

Additionally, cells were treated with 25(OH)D₃ (partly VDR-inhibitor) to determine whether the *CYP1A1* mRNA induction was VDR-dependent. Co-treatment with 25(OH)D₃ induced and suppressed *CYP1A1* gene expression in

1,25(OH)₂D₃- and in EtOH-treated cells, respectively. In conclusion, these findings indicate that 25(OH)D₃ does not act as a partly *VDR* inhibitor, at least in HaCaT cells. As 25(OH)D₃ is converted in epidermal keratinocytes to 1,25(OH)₂D₃ by the 1- α -hydroxylase (*CYP27B1*) (146-148), it could exert agonist activity and intensify the effect of 1,25(OH)₂D₃ on *CYP1A1*. Moreover, the mechanisms by which 25(OH)D₃ suppresses *CYP1A1* mRNA expression in these cells remain to be elucidated.

We here show that transcriptional activity of *CYP24A1* is significantly up-regulated after 1,25(OH)₂D₃ treatment, while *VDR* mRNA expression is only marginally altered (HaCaT) or even down-regulated (SCL-1) when compared to the control group. It was reported that *CYP24A1*, the major metabolizing enzyme of 1,25(OH)₂D₃, is elevated in many human tumor tissues (149, 150) including non-melanoma skin cancer (151) and is associated with poor prognosis in various cancer types (152). Thus, *CYP24A1* has been considered a possible oncogene (66). Consistent with these findings, our study demonstrated that mRNA expression of *CYP24A1* was stronger in untreated SCL-1 cells, revealing the complete phenotype of malignant transformation, as compared to precancerous HaCaT cells. Increased levels of *CYP24A1* mRNA could lead to rapid inactivation of 1,25(OH)₂D₃, resulting in abolition of its antiproliferative effects against cancer. It would therefore be conceivable, that the high transcriptional level of *CYP24A1* is not due to up-regulation by the physiological 1,25(OH)₂D₃/*VDR* signaling pathway, but rather to over-expression of the gene. Identically to *CYP1A1*, the combination of 1,25(OH)₂D₃ and UVB increased *CYP24A1* transcriptional activity in SCL-1 cells even more.

Notably, 1,25(OH)₂D₃ induced *CYP24A1* expression 100 times stronger in HaCaT as compared to SCL-1 cells. The p53 status of HaCaT (p53mut) and SCL-1 (p53null) keratinocytes and the crosstalk of p53 with *VDR* may contribute to this finding. Under physiological conditions, the p53 protein protects cells from DNA damage by several mechanisms (*e.g.*, apoptosis induction, cell cycle progression halting, cellular aging) (153). In several tumor types, the cancer-associated and mutated p53 (p53mut) has been found to exert new mechanisms that have been termed gain-of-function (GOF), enabling it to act at the molecular level in a similar way to 1,25(OH)₂D₃ (95). It has been shown that p53mut is able to interact with the *VDR*, modulate the expression of *VDR*-regulated genes and enhance the nuclear *VDR* translocation and accumulation (154). As these effects were even more prominent after 1,25(OH)₂D₃ supplementation, a mechanism leading to stronger *VDR* target gene expression in p53 mutated cells might be plausible. Importantly, p53mut reversed the impact of 1,25(OH)₂D₃ on cell death and converted it from a pro-apoptotic to an anti-apoptotic agent. Thus, p53 status may alter the biological function of 1,25(OH)₂D₃ in precancerous

and cancerous skin cells and deregulate the anti-cancer effects of the *VDR* pathway. As p53 also modulates *AHR* target genes like *CYP1A1* (93) and *COX2* (155-157), it could be speculated that the *AHR* pathway may exert a similar effect in cooperation with 1,25(OH)₂D₃. However, this assumption could only be confirmed for *COX2*, as its mRNA expression after 1,25(OH)₂D₃ treatment was 9 times stronger in HaCaT cells than in SCL-1 cells.

In addition to its anti-apoptotic activity also induced by TNF- α , TNF-related apoptosis-inducing ligand (TRAIL) and Fas ligand (FasL), 1,25(OH)₂D₃ has been described to increase cell survival after UV damage and protect some cancer cell lines against cytotoxic drugs (154, 158). However, several other studies have shown contradictory results regarding the association between 1,25(OH)₂D₃ and skin tumorigenesis (95, 118), questioning the exclusivity of the anti-cancer properties of 1,25(OH)₂D₃ in the skin and speculating about possibly harmful and cancer-promoting effects.

In summary, we here show differential regulation of *AHR*- and *VDR*-mediated signaling in HaCaT as compared with SCL-1 cells and after treatment with UVB as compared with 1,25(OH)₂D₃. In conclusion, our data indicate that the complex network of *AHR*- and *VDR*-mediated signaling may contribute to the photo-carcinogenesis of non-melanoma skin cancer. Treatment of keratinocytes with UVB exerts additional biological effects in human skin cells as compared to treatment with 1,25(OH)₂D₃. These findings imply that oral uptake of vitamin D (*e.g.*, by food or supplements) cannot compensate for all effects of UVB on human health, that include effects of non-classical, *AHR*-activating vitamin D derivatives. However, the exact mechanisms behind this are yet not fully understood. Further investigations are required to demonstrate the underlying pathophysiological relevance of our results. Advanced detection and assay methods, other malignant and non-malignant skin cell lines and *CYP1A1*-related signaling pathways, extended examination time points as well as multiple 1,25(OH)₂D₃ concentrations and UVB doses should be considered, in order to eventually open new perspectives regarding the prevention and treatment of skin cancer.

Conflicts of Interest

Prof. Reichrath is member of the Arnold Rikli-Award Jury of the Jörg Wolff Foundation. The Saarland University, together with Prof. Reichrath as one of several responsible group leaders, has received a research grant from the Jörg Wolff Foundation, Stuttgart, Germany.

Authors' Contributions

Christoforos Christofi: Study design, literature search, experimental implementation, data analysis, manuscript preparation; Leandros Lamnis: Study design, literature search, experimental implementation; Alexandra Stark: Experimental implementation,

data analysis; Heike Palm: data analysis; Klaus Römer: data analysis; Thomas Vogt: Study design; Jörg Reichrath: Study design, literature search, manuscript preparation.

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