ANTITUMOR EFFECT OF SCLEROSTIN AGAINST OSTEOSARCOMA

Okamoto M¹, Yoshida K¹, Sasaki J¹, Aoki K¹, Kito M¹, Yoshimura Y¹, Suzuki S¹, Takazawa A¹, Saito N², Kato H¹

¹Department of Orthopaedic Surgery, Shinshu University School of Medicine, Matsumoto, Japan. ² Institute for Biomedical Sciences, Shinshu University, Matsumoto, Japan.

Introduction

Osteosarcoma

• Ten-year survival rate by combination chemotherapy with MTX, DXR, CDDP, and IFM: over 70%

However,

- Cases wherein preoperative chemotherapy is ineffective: 10-20%
- Five-year survival rate of cases that showed progression at first presentation: 15-24%
- Early recurrences result in poor prognosis. Three-year survival rate: 0%
- There are no therapeutic drugs beyond the aforementioned four-drug combination chemotherapy

The development of new therapeutic drugs remains imperative

Wnt signaling



- Signaling pathway that regulates a wide range of biological events such as development, growth, stem cell maintenance/ differentiation, and homeostatic maintenance
- There are canonical (β -catenin) and noncanonical pathways
- The canonical pathway promotes oncogenesis and metastasis of various cancers

Hypothesis



Suppression of proliferation/differentiation of c

Inhibition of growth and metastasis of os

Methods & Res

alamarBlue Assay



Sclerostin sup proliferative ca human osteos

■sclerostin 100 ng/ml *:p<0.01



- Sclerostin is mainly secreted by osteocytes
- Binds to LRP 5/6 and suppresses the canonical Wnt pathway





Sclerostin suppresses the proliferative a capacity of the human osteosarcoma ce

Presenting author: Okamoto Masanori, Department of Orthopaedic Surgery, Shinshu University School of Medicine, 3-1-1 Asahi, Matsumoto, Nagano 390-8621, Japan. E-Mail: ryouyuma@shinshu-u.ac.jp

Sclerostin & its antibody

	Methods & Results	
metastasis	Migration Assay	 Enhancement of c the prognosis of or
	Sclerostin suppresses the migratory capacity of the human osteosarcoma cell line	Antitumor effect of against osteosarco
rcoma cell		An antitumor e ag
osteosarcoma cells steosarcoma	Mouse model Mouse model for mouse osteosarcoma Mouse model Mouse osteosarcoma cell line Mouse osteosarcoma cell line Mouse osteosarcoma cell line Human osteosarcoma cell line Mass a strain with highly Human osteosarcoma cell line	 It is highly proba an antitumor effe Verification of the Specificity of sclere
sults	Four-week-old C3H/HeSlc Four-week-old BALB/cSlc- mice of same strain (Japan nu/nu nude mice (Japan SLC, SLC, Inc.) 1 × 10^6 cells were implanted subcutaneously	 On the safety of so Mice with over
	Changes in Tumor Size due to Sclerostin Administration	There are no re overexpression
presses the apacity of the arcoma cell line	Tumor Volume, One Week After ImplantationDosage : 80 ng/g body weight Dose interval : once per day for seven days Route of administration : Intraperitoneal administrationImplementation	 No serious of on mic Pharmacokinet is unknown An evaluation of for future reseate Anticipation for specificity to both the second seco
	Sclerostin suppresses tumor growth of osteosarcoma	
	Changes in Survival Time due to Sclerostin Administration	 We examin sclerostin,
L □control Sclerostin 100 ng/ml *:p<0.05	Overall Survival	 Sciencistin, specificity Both in vitra confirmed Since scient an investig use with exact such as do for future r
ell line	Sclerostin extends the survival time of osteosarcoma mice models	

This work was supported by KAKENHI, Grant-in Aid for Young Scientist, 18K16651.





Discussion

canonical Wnt signaling exacerbates steosarcoma

Hoang BH. Int J Cancer. 2004

f Wnt inhibitor (Dkk-3, WIF-1, SFRP, etc.) oma was reported

Lin CH. Sarcoma 2013 Kansara M. J Clin Invest, 2009 SHI Y. Acta Pharmacol Sin 2007

effect of sclerostin was observed ainst osteosarcoma able that sclerostin also exerts ect by inhibiting the Wnt pathway ne actual mechanism is needed

rostin to bone

van Bezooijen RL. J Exp Med. 2004. Moester MJ. Calcif Tissue Int. 2010. Weivoda MM. Curr Osteoporos Rep. 2014.

clerostin administration expressed sclerostin became osteoporotic Winkler DG. EMBO J, 2003

reports on the systemic effects of on or sclerostin administration

complications were observed e models with sclerostin tics during sclerostin administration

of complications is necessary arch, including osteoporosis its advantages in terms of safety due to one

Conclusion

ned the antitumor effect of a Wnt inhibitor with high to bone, on osteosarcoma o and in vivo examinations significant antitumor effects rostin is not a cytocidal agent, pation on its combined clinical xisting anticancer agents oxorubicin is necessary research