

Activation of cyclic AMP pathway prevents CD34⁺ cell apoptosis

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(Received 20 January 2006; revised 3 May 2006; accepted 25 May 2006)

Objective. Although cAMP is involved in a number of physiologic functions, its role in hematopoietic cell fate decision remains poorly understood. We have recently demonstrated that in CD34⁺-derived megakaryocytes, cAMP-related agents prevent apoptosis. In this study we addressed the question of whether cAMP also regulates survival of their precursors, CD34⁺ cells.

Methods. Apoptosis was evaluated by fluorescence microscopy, and detection of hypodiploid or annexin V⁺ cells by flow cytometry. Mitochondrial membrane potential and *bcl-xL* or caspase-3 expression were assessed by flow cytometry. Colony-forming units were studied by clonogenic assays in methylcellulose.

Results. We found that two different cAMP analogs such as Dibutiril-cAMP and sp-5,6-DCI-BIMPS (BIMPS) promoted survival of human umbilical cord-derived CD34⁺ cells by suppressing apoptosis induced by either nitric oxide (NO) or serum deprivation. Involvement of PKA and PI3K pathway was demonstrated by the ability of their specific inhibitors Rp-cAMP and Wortmannin or LY294002 respectively to reverse the antiapoptotic effect of BIMPS. Treatment of CD34⁺ cell with BIMPS not only restrained the *bcl-xL* downregulation but also suppressed the loss of mitochondrial membrane potential and caspase-3 activation induced by serum starvation. While thrombopoietin (TPO), granulocyte colony-stimulating factor (G-CSF) or stem cell factor (SCF) were not able to increase cAMP levels, the antiapoptotic activity exerted by these growth factors was blocked by inhibition of the adenylate cyclase and synergized by BIMPS. Cyclic AMP analogs suppressed the decreased colony formation in cells exposed to NO or serum deprivation.

Conclusion. Altogether, our results strongly suggest that cAMP appears to be not only a key pathway controlling CD34⁺ survival, but also a mediator of the TPO-, G-CSF- and SCF-mediated cytoprotection. © 2006 International Society for Experimental Hematology. Published by Elsevier Inc.

Hematopoiesis, a complex process in which hematopoietic stem cells (HSCs) proliferate, differentiate, and generate a large number of lineage-committed blood cells, is closely dependent on stromal cells and their secreted cytokines and chemokines. An adjusted balance between self-renewal and differentiation is necessary to maintain an adequate number of hematopoietic progenitors and mature blood cells [1].

Programmed cellular death or apoptosis occurs under physiologic conditions such as embryogenesis, tissue homeostasis, and immune processes. In hematopoiesis, apoptosis has been implicated in the elimination of differentiated terminal cells, including monocytes, neutrophils, and eosinophils [2]. However, apoptosis of hematopoietic cells can also be induced under pathologic conditions such as x-irradiation, infection, or chemotherapy [3]. Hematopoietic cells require appropriate factors for their survival, including interleukin-3 (IL-3), thrombopoietin (TPO), Flt3 ligand, granulocyte colony-stimulating factor

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(G-CSF), stem cell factor (SCF), IL-6, or stromal-derived factor-1 (SDF-1) [4–7]. Otherwise, these cells not only cease proliferation but also undergo a rapid apoptotic death. On the other hand, tumor necrosis factor- α (TNF- α), transforming growth factor β (TGF- β), interferon γ (IFN- γ), and the ligands of Fas/TNF- α family enhance apoptosis [8]. Regarding HSCs, expression of antiapoptotic members of the IAPs and *bcl-2* family, caspase inhibition, and activation of the PI3K axis are some of the signaling pathways that have been shown to participate in the preservation of HSC lifespan [9–11].

In CD34⁺-derived megakaryocytes, we have recently demonstrated that prostacyclin and cAMP-related agents prevent nitric oxide (NO)-induced apoptosis through inhibition of both cGMP raises and caspase-3 activation [12].

Considering that the role of cyclic nucleotides in HSC survival has received little attention, in this study we addressed the question of whether cAMP is also a mediator of CD34⁺ cell survival. Our results show that two different cAMP analogs effectively inhibited human CD34⁺ programmed cellular death by activating PKA and PI3K pathways. Prevention of mitochondrial transmembrane potential dissipation, *bcl-xL* downregulation and caspase-3 activation were downstream signaling pathways involved in cAMP antiapoptotic activity. Moreover, cAMP rescue from apoptosis renders functional CD34⁺ cells and it also appears to be a critical mediator of the cytoprotective action exerted by growth factors such as TPO, G-CSF, and SCF.

Materials and methods

Materials

N⁶,2'-O-dibutyryladenine-3',5'-cyclic monophosphate sodium salt (Dib-cAMP), Rp-Adenosine-3',5'-cyclic monophosphothioate (Rp-cAMP), 9-(Tetrahydro-2-furyl)adenine (SQ22536), Sp-5,6-dichloro-1- β -D-ribofuranosylbenzimidazole-3',5'-monophosphothioate (BIMPS), Wortmannin, 2-(4-Morpholinyl)-8-phenyl-4H-1-benzopyran-4-one (LY294002), and 2'-amino-3'-methoxyflavone (PD98059) were from Biomol International L.P. (Plymouth Meeting, PA, USA). 1-propanamine,3-(2-hydroxy-2-nitroso-1-propylhydrazino) (PAPA/NO) was from Cayman Chemical (Ann Arbor, MI, USA). TPO was from Peptrotech (Veracruz, Mexico). SCF and G-CSF were purchased from Sigma Chemical Co. (St. Louis, MO, USA). PAPA/NO was dissolved in NaOH (0.01 M) and TPO in Tris (10 mM, pH 8.0).

Stock solutions of Wortmannin, LY294002, and PD98059 were prepared in dimethylsulfoxide (DMSO) and dilutions in Iscove's modified Dulbecco medium (IMDM). The final DMSO concentration never exceeded 0.01% v/v. All other drugs were dissolved in MilliQ water and further dilutions of all reagents were carried out in IMDM.

Isolation of CD34⁺ cells

Umbilical cord blood was collected during normal full-term deliveries with informed consent of the mother and used within 24 hours. After collection, samples were diluted one-third in phosphate-buffered saline (PBS) and centrifuged to remove plate-

lets. Low-density mononuclear cells were prepared by centrifugation of the remaining blood over a Ficoll Hypaque (1.077 g/cm³) gradient. Cells collected from the interface were washed and resuspended in PBS containing EDTA (2 mM) and human albumin (0.5% w/v). CD34⁺ cells were purified using a magnetic cell sorting system (Miltenyi Biotec, Bergisch Gladbach, Germany) in accordance with the manufacturer's recommendations. The purity of the CD34⁺-enriched population was determined by immunolabeling with fluorescein isothiocyanate (FITC)-conjugated monoclonal antibodies against CD34 (Clone 581, Beckman Coulter, Miami, FL, USA) that reacted with an epitope other than the antibody used for separation. After two Mini-MACS column separations, the purity of cell suspension was determined by flow cytometry and ranged typically from 95 to 99% for CD34⁺.

Apoptosis induction

Apoptosis was induced by addition of the NO donor, PAPA/NO, or serum deprivation (SD) and percentage of apoptotic cells was determined 24 or 48 hours later, respectively. Experimental medium was IMDM supplemented with antibiotics and 5% human serum, except in SD assays.

Quantitation of CD34⁺ cell

apoptosis by fluorescence microscopy

Cells (5×10^5 /mL) were labeled with a mixture of the fluorescent DNA-binding dyes acridine orange (100 μ g/mL) to determine the percentage of cells that had undergone apoptosis and ethidium bromide (100 μ g/mL) to differentiate between viable and nonviable cells. With this method, nonapoptotic cell nuclei show "structure" variations in fluorescence intensity that reflect the distribution of euchromatin and heterochromatin. In contrast, apoptotic nuclei exhibit highly condensed chromatin that is uniformly stained by acridine orange. In order to assess the percentage of cells showing morphologic features of apoptosis, at least 300 cells were scored in each experiment.

Detection of hypodiploid CD34⁺ cells

by propidium iodide staining and flow cytometry

CD34⁺ population displaying a hypodiploid DNA peak was determined as previously [12]. Briefly, cells were fixed in 0.5% paraformaldehyde. DNA was then stained by the incubation of the cells for 20 minutes at 4°C with 400 μ L of a solution containing propidium iodide (PI) (5 μ g/mL in 0.1% sodium citrate) and 0.1% Triton X-100 for cell permeabilization. This was followed by RNA digestion. The red fluorescence of PI in individual nuclei was measured using a FACScan flow cytometer (Becton-Dickinson, Franklin Lakes, NJ, USA).

Annexin V binding assay

Phosphatidylserine expression was detected by annexin V binding and PI staining using a commercial kit (Sigma). Briefly, 24 hours after different treatments, HSCs (1.5×10^5) were washed and incubated for 30 minutes with annexin V-FITC at 37°C. Cells were then resuspended in 400 μ L of binding buffer containing PI and immediately analyzed by flow cytometry.

Analysis of caspase-3 activation

and *bcl-xL* expression by flow cytometry

Cells (1×10^6 /mL) were fixed and permeabilized using Fix & Perm kit (Beckman Coulter) following the manufacturer's instructions. After labeling with a polyclonal antibody specific for the

activated form of caspase-3 (Asp175, Cell Signaling Technology, Inc. Beverly, MA, USA) for 2 hours at room temperature, cells were washed and incubated with secondary FITC-conjugated swine anti-rabbit immunoglobulins (Sigma Chemical Co.) for 30 minutes at room temperature. As nonspecific binding control, anti-cleaved caspase-3 antibody was replaced by a similar concentration of rabbit IgG. For *bcl-xL* detection, cells were incubated for 30 minutes with FITC-conjugated anti-human *bcl-xL* monoclonal antibody. Percentage of activated caspase-3- or *bcl-xL*-expressing cells was analyzed by flow cytometry.

Mitochondrial membrane potential ($\Delta\phi_m$)

$\Delta\phi_m$ was examined using Mitochondrial Permeability Detection Kit (MTt-E- ϕ) according to manufacturer instructions (Biomol International LP). Briefly, 2×10^5 cells were stained with MTt-E- ϕ reagent and incubated at 37°C for 15 minutes. After three washings, cells were then suspended in PBS and analyzed immediately. The structure of MTt-E- ϕ allows it to penetrate healthy mitochondria. Once inside, it aggregates and fluoresces red. When the mitochondrial $\Delta\phi_m$ collapses in apoptotic cells, the dye no longer accumulates in the mitochondria and it is distributed throughout the cells. When dispersed in this manner, the reagent assumes a monomeric form which fluoresces green [13]. Fluorescence was detected by flow cytometry and results were expressed as the ratio between the means of red/green fluorescence. At least 10,000 events were collected for sample.

Clonogenic progenitor assays

Clonogenic colony assays were performed as previously described [14]. Briefly, CD34⁺ cells ($5 \times 10^2/100 \mu\text{L}$) in IMDM were exposed to PAPA/NO or serum deprivation for 18 hours in the absence or presence of BIMPS or Dib-cAMP. After confirmation that cell number did not change by any treatment, cells were cultured into 1 mL of MethoCult H4434 supplemented with SCF (50 ng/mL), GM-CSF (10 ng/mL), IL-3 (10 ng/mL), and erythropoietin (3 U/mL) and plated in 35-mm-diameter plates (Stem Cell Technology, Vancouver, BC, Canada). Colony-forming units (CFU) (granulocyte-monocyte CFU [CFU-GM], erythroid burst-forming units [BFU-E], and granulocyte-erythroid-macrophage-megakaryocyte CFU [CFU-GEMM]) were identified by morphology and counted under an inverted microscope at 10 to 12 days postplating.

Statistical analysis

Data are expressed as mean \pm SEM and were analyzed by one-way analysis of variance (ANOVA) followed by the Newman-Keuls procedure to determine significant differences between groups. *p* values lower than 0.05 were considered statistically significant.

Results

Cyclic AMP protects CD34⁺ cell apoptosis

We have previously demonstrated that cAMP protects NO-induced human megakaryocyte apoptosis [12]. In the present study we examined whether a similar effect was exerted on their precursors, CD34⁺ cells. In a first set of experiments, HSCs were subjected to NO or SD in the presence

Table 1. Cyclic AMP prevents NO- and SD-induced apoptosis

NO-induced apoptosis		SD-induced apoptosis	
Treatments	Apoptosis (%)	Treatments	Apoptosis (%)
Control	6 \pm 3	Control	10 \pm 1
NO	18 \pm 2*	SD	46 \pm 5*
NO + Dib-cAMP	10 \pm 1 [#]	SD + Dib-cAMP	22 \pm 2 [#]
NO + BIMPS	8 \pm 1 [#]	SD + BIMPS	19 \pm 2 [#]

CD34⁺ cells deprived of serum were treated with Dib-cAMP (20 μM) or BIMPS (10 μM). In NO-induced apoptosis, both analogs were added 1 minute before PAPA/NO (100 μM). Cell death was evaluated 48 and 24 hours later respectively by fluorescent microscopy. Values are expressed as means \pm standard error of 5 independent experiments. **p* < 0.05 vs control, [#]*p* < 0.05 vs NO or SD.

or absence of Dib-cAMP, a cAMP-permeable analog. After 24 or 48 hours of incubation respectively, apoptosis was revealed by fluorescence microscopy using the fluorescent DNA-binding dyes acridine orange and ethidium bromide. Table 1 shows that Dib-cAMP significantly prevented NO- and SD-mediated apoptosis. As it has been reported that butyrate released from Dib-cAMP molecule may trigger cellular responses that often interfere with second messenger pathways [15], we analyzed the specificity of action of cAMP using another cAMP analog such as BIMPS. Treatment of CD34⁺ cells with BIMPS significantly inhibited NO- and SD-mediated apoptosis (Table 1). Since cellular death triggered by serum withdrawal was more pronounced than that induced by NO, in the rest of experiments we used serum starvation as the apoptotic stimulus. Under this condition, the antiapoptotic effect of Dib-cAMP or BIMPS was concentration dependent with an IC₅₀ = 10 \pm 2 μM and 2.7 \pm 0.5 μM respectively (Fig. 1).

During the course of apoptosis, phosphatidylserine, a negatively charged phospholipid, becomes exposed at

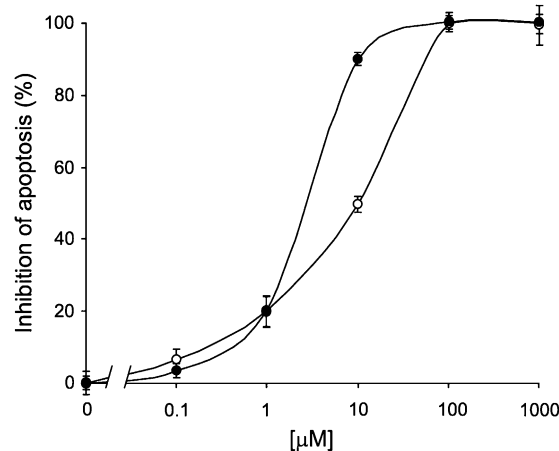


Figure 1. Concentration response curve of cAMP antiapoptotic activity. Cells were treated with BIMPS (solid circles) or Dib-cAMP (open circles) and apoptosis was evaluated 48 hours later by fluorescence microscopy (*n* = 4, in duplicate).

the cell surface [16]. The ability of cAMP to prevent apoptosis was then analyzed by flow cytometry using FITC-labeled annexin V, which specifically binds to phosphatidylserine. In agreement with the results obtained by fluorescence microscopy (Fig. 2A), we found that while SD increase the number of apoptotic cells (percentage of annexin V⁺/PI⁻ cells), cells pretreated with BIMPS showed a marked decrease in the percentage of apoptotic cells ($C = 4.1\% \pm 0.9\%$; $SD = 27.7\% \pm 2.1\%^*$; $SD+BIMPS = 6.9\% \pm 1.0\%^{\#}$ of annexin V⁺/PI⁻ cells, $n=4$, $*p < 0.05$ vs C, $\#p < 0.05$ vs SD) (Fig. 2B). BIMPS protection was also observed when apoptosis was analyzed by detection of hypodiploid nuclei in permeabilized cells stained with PI ($C = 12\% \pm 3\%$; $SD = 50\% \pm 4\%^*$; $SD+BIMPS = 21\% \pm 3\%^{\#}$ of apoptosis, $n=4$, $*p < 0.05$ vs C, $\#p < 0.05$ vs SD) (Fig. 2C).

Role of PKA on cAMP-mediated cytoprotection

PKA constitutes an ubiquitous enzyme present in all eukaryotic cells responsible for the mediation of most bio-

logical effects of cAMP [17]. To distinguish the role of this kinase, Rp-cAMP (a potent inhibitor of PKA) was applied to block PKA activity in CD34⁺ cells. Preincubation with Rp-cAMP (50 μ M) almost completely suppressed the anti-apoptotic effect mediated by BIMPS (5 μ M) ($C = 11\% \pm 2\%$; $SD = 43\% \pm 0.5\%^*$; $SD+Rp-cAMP = 42\% \pm 1\%$, $SD+BIMPS = 28\% \pm 2\%^{\#}$, and $SD+Rp-cAMP+BIMPS = 41\% \pm 2\%^{\&}$ of apoptosis, $n=4$, $*p < 0.05$ vs C, $\#p < 0.05$ vs SD, $\&p < 0.05$ vs BIMPS) (Fig. 3).

Cyclic AMP antiapoptotic

action is mediated by PI3K-dependent signaling pathway

Activation of both the PI3K/PKB and MAPK pathways plays an important role in proliferation and survival of many cell types including hematopoietic cells [18,19]. We investigated whether cAMP could prevent CD34⁺ cell apoptosis through these signaling pathways by using Wortmannin or LY294002 and PD098059 as PI3K- and MAPK-specific inhibitors respectively. Figure 4 shows that none of these drugs were able to modify cell survival per se at

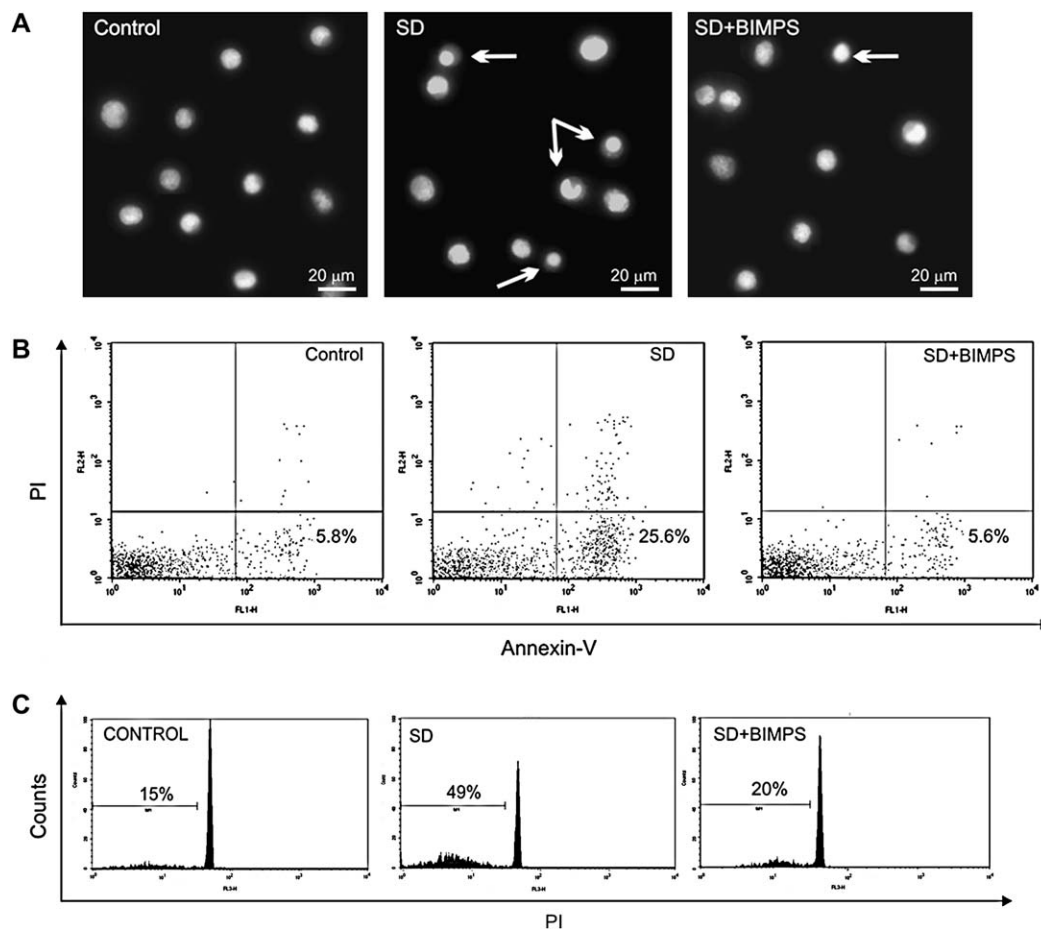


Figure 2. Cyclic AMP suppresses HSC apoptosis induced by SD. (A) CD34⁺ cells were treated with BIMPS (10 μ M) and apoptosis was evaluated by fluorescence microscopy 48 hours later. Arrows indicate apoptotic cells (original magnification 400 \times). (B) Cells were treated with BIMPS (10 μ M) and 24 hours later the percentage of annexin V⁺ cells was determined by flow cytometry. (C) Cells were treated with BIMPS (10 μ M) and apoptosis was measured by PI staining and flow cytometry. The percentage of hypodiploid cells is indicated on each panel. One representative experiment is shown for each assay ($n = 5$).

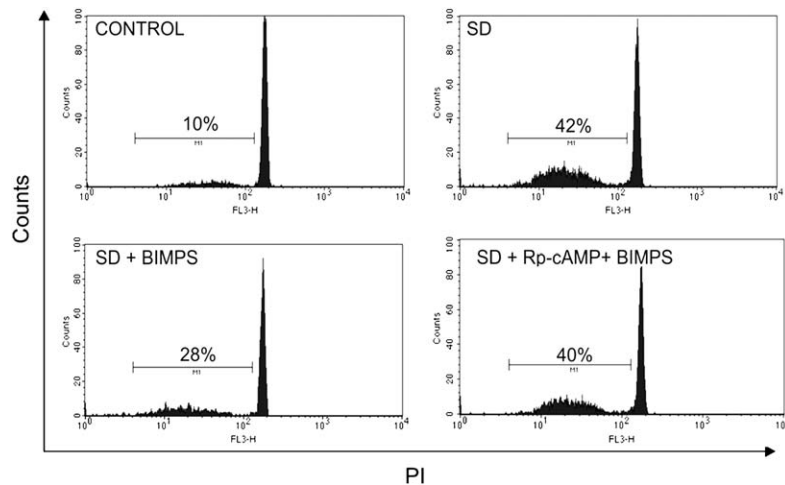


Figure 3. Role of PKA in cAMP-mediated cytoprotection. CD34⁺ cells were preincubated for 30 minutes with Rp-cAMP (50 μ M) before BIMPS (5 μ M) addition. After 48 hours, apoptosis was evaluated by detection of hypodiploid nuclei by flow cytometry. One representative experiment from 4 independent experiments performed in duplicate is shown.

the concentrations employed. While both PI3K inhibitors completely suppressed BIMPS-mediated cytoprotective action, the MAPK inhibitor had no effect. The activity of PD098059 was confirmed by the observation that it significantly reduced TPO-induced CD34⁺ proliferation (data not shown).

bcl-xL, a mediator of cAMP survival pathway

Most primitive CD34⁺ cells express *bcl-xL*, which appears to be essential for the survival of the HSC population [20]. Thus, we next examined *bcl-xL* expression and its regulation by cAMP using flow cytometry. Fluorescence histograms showed that serum-starved cells exhibited a marked reduction in *bcl-xL* expression (C=90% \pm 1%,

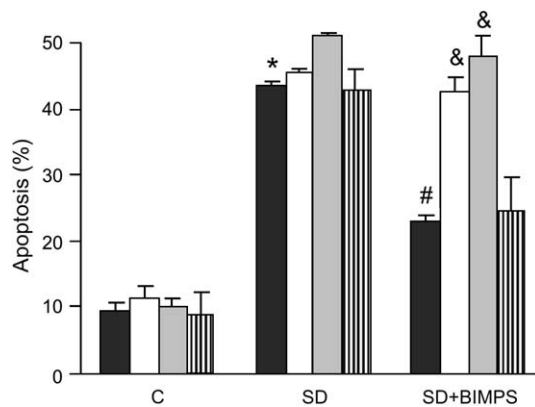


Figure 4. Role of PI3K in cAMP antiapoptotic activity. Cells were preincubated for 30 minutes in the absence (black bars) or presence of Wortmannin (100 ng/mL) (white bars), LY294002 (10 μ M) (grey bars), or PD098059 (50 μ M) (striped bars) before BIMPS (5 μ M) addition. Apoptosis was evaluated by detection of hypodiploid nuclei by flow cytometry (n = 4 in duplicate). * p < 0.05 vs control, # p < 0.05 vs SD, & p < 0.05 vs BIMPS alone.

SD=66% \pm 3%* of positive cells, n=3) that was completely inhibited by BIMPS pretreatment (BIMPS+SD=94% \pm 2%#, * p < 0.05 vs C, # p < 0.05 vs SD, n=3) (Fig. 5).

Caspase-3 inhibition is involved in cAMP antiapoptotic activity

Members of the caspase family are considered the executor proteins of programmed cellular death. Since caspase-3 is activated when CD34⁺ cells are deprived of growth factors [9], we evaluated its expression in our experimental model. Figure 5 shows that expression of caspase-3, in freshly isolated CD34⁺ cells (C=12% \pm 1% of positive cells), was increased up to 36% \pm 3% (p < 0.05, n=3) after 5 hours of serum starvation. Addition of BIMPS significantly reduced caspase-3 expression levels to 20% \pm 2% (p < 0.05 vs SD, n=3).

Cyclic AMP inhibited SD-induced $\Delta\phi_m$ reduction

Cytochrome-c release is associated with opening of permeability transition pore (PTP) of mitochondrial membrane [21]. Once cytochrome-c is released, it triggers caspase activation and cell apoptosis. Reduction of $\Delta\phi_m$ could be an indicator of PTP opening [22]. While apoptotic CD34⁺ cells showed a sharp decrease in $\Delta\phi_m$, reflected by a lower red/green fluorescence ratio, BIMPS pretreatment abrogated this effect (Fig. 6).

Role of cAMP in CD34⁺ cell survival mediated by TPO, G-CSF, and SCF

It is well known that some growth factors such as TPO, SCF, and G-CSF not only promote cell proliferation but also have antiapoptotic activity [4,5]. Having demonstrated that cAMP is a survival pathway in HSCs, we next examined whether this second messenger was involved in the antiapoptotic activity of different cytokines. In agreement

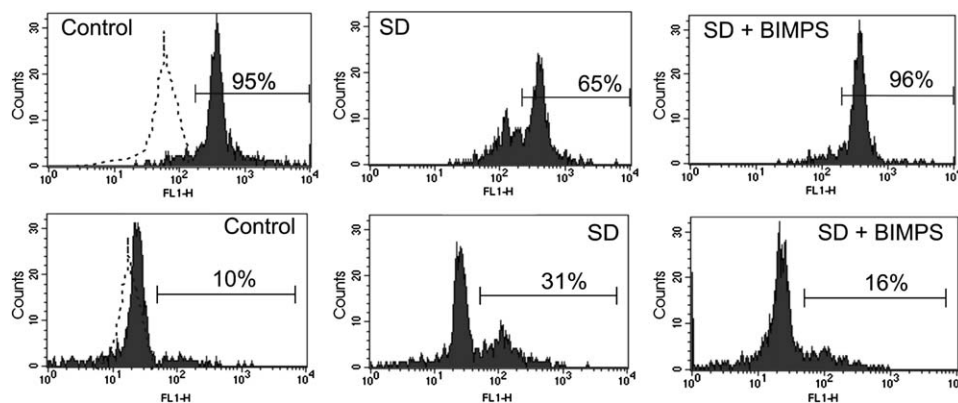


Figure 5. Cyclic AMP suppresses SD-induced *bcl*-xL downregulation and caspase-3 activation. CD34⁺ cells were treated with BIMPS (10 μ M). *bcl*-xL expression (upper picture) and caspase-3 activation (lower picture) were evaluated by flow cytometry 48 and 5 hours later respectively. One representative experiment is shown for each assay (n = 3 in duplicate).

with previous data [4,5], TPO, G-CSF, and SCF decreased the number of apoptotic cells induced by serum withdrawal (Fig. 7). Pretreatment of CD34⁺ cells with SQ22536, an adenylate cyclase inhibitor, markedly decreased the cytokine-mediated effects (Fig. 7). In addition, when cells were treated simultaneously with threshold TPO, G-CSF, or SCF concentrations and BIMPS, they synergistically prevented SD-induced cell death (Table 2). Interestingly, TPO, G-CSF, and SCF failed to increase cAMP levels (data not shown).

Role of cAMP in colony-forming activity of CD34⁺ cells

To evaluate the effects of cAMP on a functional activity of HSCs, clonogenic progenitor assays were performed in the presence or absence of BIMPS or Dib-cAMP. We found that the total number of colonies formed by CD34⁺ cells subjected to NO or SD was almost twofold and fivefold lower respectively than control samples (Fig. 8). Although

BIMPS or Dib-cAMP failed to modify colony-forming activity of CD34⁺ cells compared to control samples, both analogs significantly inhibited the decrease in colony formation by HSC exposed to NO or SD (Fig. 8). In all experiments, no changes were observed either in the percentage of different types (Fig. 8) or in the size of the colonies formed (data not shown).

Discussion

Our results show that cAMP is a survival pathway in CD34⁺ cells. The inhibitory effect of cAMP toward CD34⁺ cell apoptosis was observed in both NO- and SD-induced cellular death. This observation makes a specific interaction of cAMP with any of these transduction

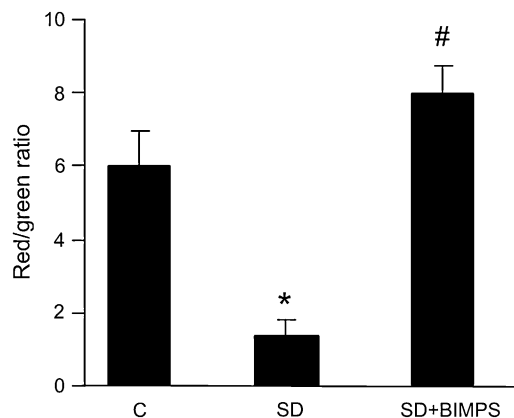


Figure 6. Cyclic AMP inhibited SD-induced $\Delta\phi_m$ reduction. CD34⁺ cells were treated with BIMPS (10 μ M) for 18 hours. After labeling with MTt-E- ϕ reagent for 15 minutes, cells were analyzed by flow cytometry. Results are expressed as the ratio between the means of red/green fluorescence intensity (n = 4 in duplicate). **p* < 0.05 vs control, #*p* < 0.05 vs SD.

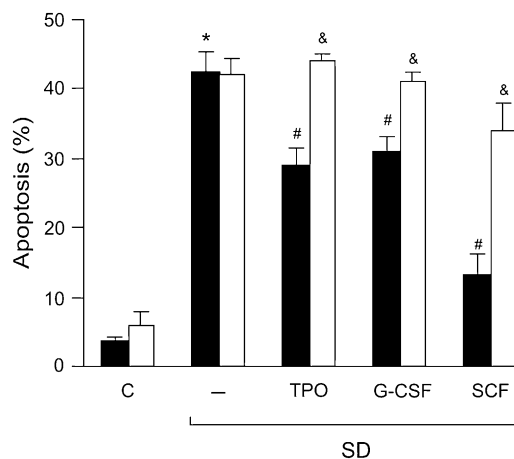


Figure 7. Role of cAMP in TPO-, G-CSF-, or SCF-mediated cytoprotection. Cells were incubated for 5 minutes without (black bars) or with (white bars) SQ22536 (0.5 mM) before TPO (20 ng/mL), G-CSF (20 ng/mL), or SCF (20 ng/mL) addition. Apoptosis was evaluated by fluorescence microscopy 48 hours later (n = 5 in duplicate). **p* < 0.05 vs control, #*p* < 0.05 vs SD, &*p* < 0.05 vs cytokines without SQ22536.

Table 2. Cyclic AMP potentiates the TPO, G-CSF, and SCF antiapoptotic effect

Treatments	Apoptosis (%)	
	– BIMPS	+ BIMPS
Control	3 ± 1	2 ± 1
SD	47 ± 3*	38 ± 3
TPO + SD	40 ± 1	25 ± 2 [§]
G-CSF + SD	38 ± 2	22 ± 2 [§]
SCF + SD	35 ± 6	18 ± 3 [§]

CD34⁺ cells were incubated with TPO (2 ng/mL), G-CSF (2 ng/mL), or SCF (1 ng/mL) in the absence or presence of BIMPS (2 μM). Apoptosis was determined 48 hours later by detection of hypodiploid cells. Values are expressed as means ± standard error of 3 independent experiments performed in duplicate. **p* < 0.05 vs control, [§]*p* < 0.05 vs BIMPS, TPO, G-CSF, or SCF alone.

pathways unlikely, and rather supports a general inhibitory effect of cAMP toward CD34⁺ cell apoptotic pathways.

In our experiments, inhibition of PKA completely suppressed the effect of cAMP, pointing out that this kinase is a *downstream* effector of the cAMP pathway. In addition, the participation of the PI3K axis in the cAMP rescue of CD34⁺ from apoptosis was confirmed by observing that two specific inhibitors of PI3K completely suppressed the cAMP antiapoptotic effect. In contrast, failure of PD098059 to inhibit the cAMP effect suggests that MAPK do not appear to be involved. These results are in agreement with previous studies on TPO antiapoptotic pathways [7,23].

Activation of PKA and PKB results in phosphorylation of different proteins that regulate expression of antiapoptotic and proapoptotic members of the *bcl-2* family proteins

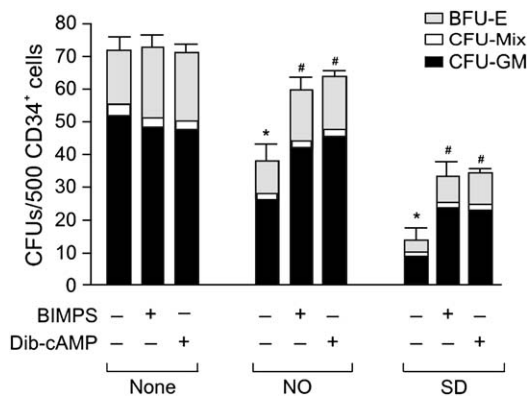


Figure 8. Cyclic AMP inhibits the decrease in colony-forming activity of HSCs induced by NO and SD. CD34⁺ cells ($5 \times 10^2/100 \mu\text{L}$) were deprived of serum or exposed to NO in the absence or presence of Dib-cAMP (20 μM) or BIMPS (10 μM) for 24 hours and then plated into methylcellulose semisolid medium. In NO-induced apoptosis, both analogs were added 1 minute before PAPA/NO (100 μM). After 12 days of culture, total number and types of colonies per dish was determined by light microscopy. Values are expressed as means ± standard error of 3 independent experiments performed in duplicate. **p* < 0.05 vs control, [#]*p* < 0.05 vs NO or SD.

[24–27]. We found that serum starvation induced downregulation of antiapoptotic *bcl-xL* protein. The observation that treatment of cells with a cAMP analog completely reversed the changes of *bcl-xL* levels revealed that expression of this protein is another step of the apoptotic program at which cAMP acts to prevent cellular death. The relative levels and competing dimerization between *bcl-2* family members can indirectly prevent the activation of executioner caspases by controlling cytochrome-c efflux from mitochondria. In particular, Bax interacts with mitochondrial membrane allowing cytochrome-c release, whereas *bcl-2* and *bcl-xL* act in the opposite way, interfering with the activation of Bax [28]. Our results demonstrate that inhibition of both loss of mitochondrial potential membrane and caspase-3 activation triggered during the apoptosis process are also involved in the antiapoptotic cAMP signaling pathway.

Several reports have shown that some growth factors promote not only proliferation, but also cell survival through activation of antiapoptotic signaling pathways [7,29]. Regarding CD34⁺ cells, it has been demonstrated that TPO, IL-3, G-CSF, IL-6, Flt3 ligand, and SCF support cell survival and prevent programmed cellular death [4,5,7]. Our findings, showing that the cytoprotective action of TPO, G-CSF, and SCF was completely suppressed in the presence of an adenylate cyclase inhibitor and increased by a cAMP analog, indicate that cAMP is a key mediator in the antiapoptotic activity of these growth factors. Interestingly, none of these growth factors were capable of increasing intracellular cAMP levels; however, it is still conceivable that TPO, G-CSF, or SCF do need basal cAMP levels to upregulate antiapoptotic genes.

During preparation of this manuscript, Goichberg et al. [30] reported that sustained elevation of cAMP upregulates the expression of the chemokine receptor CXCR4 on human CD34⁺ cells. The functional significance of this enhanced CXCR4 expression was demonstrated by an increased ability of human CD34⁺ cells to transmigrate and adhere to bone marrow stroma and augmented homing potential. They also observed that cAMP elevation and subsequent PKCζ activation had a beneficial effect on CD34⁺ cell survival. Our present data confirms and further extends the findings of Goichberg et al. demonstrating that PKA and PKB as well as regulation of antiapoptotic proteins and caspase activation are involved in the cAMP-mediated prevention of CD34⁺ cell apoptosis. In the study of Goichberg et al. [30] they also observed that sustained elevation of cAMP decreased CD34⁺ proliferation through inhibition of ERK activation. Using colony-forming assays, we observed that although treatment with cAMP did not modify the number or type of colonies formed by CD34⁺ cells, it was capable to abrogate the decrease in colony formation mediated by NO or SD, indicating that cAMP rescue from apoptosis renders functional CD34⁺ cells. Taken together with these observations, it could be speculated that

cAMP may help to maintain the survival and the restrictive proliferative capacity of the quiescent HSC in the bone marrow but allows functional activity of these cells when exposed to appropriate signaling.

Early investigations have shown that activation of the adenylate cyclase plays an important role in hematopoietic progenitor proliferation. There is a general consensus that while cAMP raises inhibit granulocyte [31–34] and B-lymphocyte [35] progenitor proliferation, they enhance erythroid colony growth [33,36], and controversial data exist regarding megakaryoblast proliferation [33,37]. The fact that we did not observe any of these cAMP effects on progenitor proliferation could be related to the different experimental conditions employed in each study (e.g., type and origin of cells, cAMP source, pretreatment time of cells, previous plating, and growth factors).

In conclusion, the results presented in this study identify cAMP as a protective factor for CD34⁺ cells and may promote a future use of cAMP-related drugs in supportive care of CD34⁺ cell transplantation.

Acknowledgments

This work was supported by grants from the National Agency of Scientific and Technological Support (PICT 14353).

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