Docosahexaenoic Acid and Butyrate Synergistically Induce Colonocyte Apoptosis by Enhancing Mitochondrial Ca$^{2+}$ Accumulation

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Abstract

We have previously shown that butyrate, a short-chain fatty acid fiber fermentation product, induces colonocyte apoptosis via a nonmitochondrial, Fas-mediated, extrinsic pathway. Interestingly, fermentable fiber when combined with fish oil containing docosahexaenoic acid (DHA, 22:6n-3) exhibits an enhanced ability to induce apoptosis and protect against colon tumorigenesis. To determine the molecular mechanism of action, the effect of DHA and butyrate cotreatment on intracellular Ca$^{2+}$ homeostasis was examined. Mouse colonocytes were treated with 50 μmol/L DHA or linoleic acid (LA) for 72 h ± butyrate (0–10 mmol/L) for the final 24 h. Cytosolic and mitochondrial Ca$^{2+}$ levels were measured using Fluo-4 and Rhod-2. DHA did not alter basal Ca$^{2+}$ or the intracellular Ca$^{2+}$ ratio at 6, 12, and 24 h by 73%, 18%, and 37%, respectively. The accumulation of mitochondrial Ca$^{2+}$ preceded the onset of apoptosis. RU-360, a mitochondrial-unipporter inhibitor, abrogated mitochondrial Ca$^{2+}$ accumulation and partially blocked apoptosis in DHA and butyrate cotreated cells. Collectively, these data show that the combination of DHA and butyrate, compared with butyrate alone, further enhances apoptosis by additionally recruiting a Ca$^{2+}$-mediated intrinsic mitochondrial pathway.

Introduction

There is substantial experimental, epidemiologic, and clinical evidence indicating that fish oil–containing diets rich in n-3 polyunsaturated fatty acids (PUFA), for example, docosahexaenoic acid (DHA, 22:6n-3) and eicosapentaenoic acid (EPA, 20:5n-3) exhibits an important role in DHA and butyrate-induced apoptosis (14). Despite the evidence indicating that the combination of dietary fish oil and fermentable fiber enhance apoptosis and suppress colon cancer, we still lack information regarding the precise molecular mechanisms by which the DHA and butyrate combination protect against colon tumorigenesis.

With respect to molecular triggers for apoptosis, Ca$^{2+}$ is one of the most versatile and universal signaling mediators in cells and is required for the activation of many cellular processes. Increasing evidence indicates that alterations in the finely tuned intracellular homeostasis and compartmentalization of Ca$^{2+}$ can lead to cell death either through apoptosis or necrosis. The Ca$^{2+}$ concentration inside the cell is regulated by the simultaneous interplay of various counteracting mechanisms, which can turn cellular signals "on" and/or "off" (15). Eukaryotic cells can increase their cytosolic Ca$^{2+}$ levels via two mechanisms: release of Ca$^{2+}$ from intracellular stores or influx via plasma membrane channels. Channels located in the plasma membrane, for example, store-operated Ca$^{2+}$ channels (SOC), receptor-operated channels, and voltage-operated channels, regulate the influx of Ca$^{2+}$ into the cell. Currently, there is a good understanding of the organelles that function as Ca$^{2+}$ stores and how Ca$^{2+}$ can be released from stores into the cytosol. Although the importance of the endoplasmic reticulum (ER) as the major storage organelle is indisputable, growing evidence indicates that functional compartmentalization of Ca$^{2+}$ exists within the various cellular organelles. More recent studies have identified the contributions of the nuclear envelope, Golgi apparatus, lysosomes, and mitochondria in maintaining intracellular Ca$^{2+}$ homeostasis and cellular physiologic function (16, 17). In fact, it is now recognized that mitochondria play a key role in both apoptosis and necrosis by regulating energy metabolism, intracellular Ca$^{2+}$

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homeostasis, activation of caspases, and the release of reactive oxygen species (18, 19).

Mitochondria are localized in close proximity to inositol 1,4,5-trisphosphate (IP₃)-gated channels situated on the ER. Ca²⁺-uniporters, which are low-affinity and high-capacity active pumps located in the mitochondrial outer membrane, rapidly take up Ca²⁺, that is released from the ER stores and recirculate it back into the cytosol via exchangers such as the Na⁺/Ca²⁺ exchanger (20, 21). Therefore, mitochondria can be regarded as critical checkpoints in Ca²⁺ signaling, acting as membrane-bound Ca²⁺ buffers. Under normal conditions, mitochondrial Ca²⁺ uptake serves as a signal to increase cellular metabolism (20). However, in certain situations, mitochondrial Ca²⁺ accumulation is a trigger for cytochrome c release and the induction of apoptosis (22).

Given the central role of mitochondria in the commitment to apoptosis, we hypothesized that n-3 PUFA and butyrate can promote apoptosis by triggering changes in mitochondrial Ca²⁺ levels that contribute to caspase activation and colonoocyte cell death. We used an immortalized mouse colonocyte (YAMC) cell line to determine whether chemoprotective nutrients modulate intracellular calcium compartmentalization and SOC entry to induce colonocyte apoptosis. The results confirm and extend our previous observations and show that DHA and butyrate combination synergistically alter intracellular Ca²⁺ compartmentalization by enhancing mitochondrial Ca²⁺ accumulation through an SOC-mediated mechanism. These outcomes provide clear evidence that an increase in mitochondrial Ca²⁺ stores contributes to the induction of apoptosis by DHA and butyrate cotreatment.

**Materials and Methods**

**Materials.** RPMI 1640 and HBSS were purchased from Mediatech. Fetal bovine serum was from Hyclone. Insulin, transferrin, and selenium without linoleic acid (LA), were purchased from Collaborative Biomedical Products. Glutamax, recombinant mouse IFN-ɣ, and Leibovitz medium were from Life Technologies. Fatty acids were obtained from NucChek. Fluo-4 AM, Rhod-2 AM, and Calcium Calibration buffer kit 2 were purchased from Molecular Probes. RU-360 and SKF-96365 were purchased from Calbiochem. Cell death detection ELISA kit was obtained from Roche Applied Science. Two-well Lab-Tek Chambered Coverglass slides were purchased from Nunc, Inc. Thapsigargin, staurosporine, EGTA, sodium butyrate, and all other reagents were obtained from Sigma. Stock solutions of 1.0 mmol/L Fluo-4, 3.0 mol/L, and 4.0 mmol/L Rhod-2 were prepared in DMSO and diluted with medium to 3.0 and 2.0 μmol/L, respectively (final concentration of the vehicle DMSO was maintained at 0.1–0.3% in culture). Thapsigargin stock (5.0 mmol/L) was prepared in DMSO and used at a concentration of 5.0 μmol/L (0.1% DMSO). RU-360 (1 mmol/L) stock was prepared in degassed water and diluted to a final concentration of 10 μmol/L for cell treatment. A (1 μmol/L) stock solution of staurosporine was prepared in DMSO and diluted to a final concentration of 1 μmol/L for cell treatment.

**Cell culture.** Conditionally immortalized YAMC cells were originally obtained from R.H. Whitehead (Ludwig Cancer Institute, Melbourne, Australia). Cells were cultured under permissive (33°C with IFN-γ) or nonpermissive conditions (39°C) as previously described (14, 23). For all fluorescence measurements, cells (passages 12–18) were seeded onto borosilicate two-chambered cover glass slides at a density of 5 × 10⁴ to 7 × 10⁴ to achieve a 50% to 70% confluence. For apoptosis assays, cells were seeded onto 35-mm cell culture dishes or six-well plates at a density of 35 × 10⁴. Bovine serum albumin (BSA)–complexed fatty acids were added to cultures 24 h after cell plating as previously described (23). Select cultures were treated with BSA-complexed DHA (22:6, n-3) LA (18:2, n-6; 0–200 μmol/L) for 72 h. Cells were coincubated with sodium butyrate (0–10 mmol/L) in RPMI 1640 for the final 6, 12, 24, or 48 h of fatty acid pretreatment.

Quantification of cytosolic Ca²⁺ in mouse colonocytes. Following fatty acid and butyrate treatment, cells were washed with Leibovitz medium, free of serum and phenol red. Cells were loaded with 3 μmol/L Fluo-4, AM, at 33°C to determine the levels of cytosolic Ca²⁺. Fluo-4 is a visible wavelength nonratiometric cytosolic Ca²⁺ indicator that exhibits a 40-fold increase in fluorescence intensity with Ca²⁺ binding (24, 25). Following a 1-h incubation with the probe, cells were washed with Leibovitz medium and imaged. Images were acquired from groups of 10 to 20 cells, 10 to 12 areas per well, and 4 to 8 wells per treatment using a Stallion Digital Imaging workstation equipped with 300 W xenon fluorescent light source. Fluorescence light was rapidly (<2 ms) switched between excitation wavelengths. Images were captured using a ×20 objective 0.75 numerical aperture and a ROPER CoolSnap HQ camera. For image acquisition, imaging variables were adjusted for maximum detection of fluorescence with minimal cellular photobleaching. Cells were excited at 488 nm, and fluorescence emission from individual cells was collected at 530 nm. Image acquisition frequency was set to one image every 10 s. Fluorescence intensities were recorded for 300 s. A minimum of two experiments done on different days were analyzed. Basal intracellular Ca²⁺ was measured before the addition of thapsigargin. Thapsigargin is an irreversible sarcoplasmic/ER Ca²⁺ ATPase (SERCA) pump inhibitor that was used to empty the intracellular Ca²⁺ stores from the ER (25). Fluorescence intensities after thapsigargin stimulation were normalized to basal Ca²⁺ levels.

To determine the contribution of IP₃ Ca²⁺ pools, extracellular Ca²⁺ was chelated using 2 mmol/L EGTA followed by cell stimulation with thapsigargin. Chelation of extracellular Ca²⁺ facilitates quantification of IP₃ Ca²⁺ released from the ER after thapsigargin addition (26, 27). Ca²⁺ was then added back into the medium and the contribution of the SOC pool was evaluated (25). To further evaluate the association between PUFA and butyrate cotreatment and SOC, cultures were preincubated with 10 μmol/L SKF-96365, a pharmacologic inhibitor of SOC, for 5 min before image acquisition. Calibration of intracellular Ca²⁺ was done using the Calcium Calibration Buffer kit 2 from Molecular Probes as previously described (28).

**Analysis of mitochondrial Ca²⁺.** Cells treated with fatty acid and butyrate were washed with Leibovitz medium and loaded with 3 μmol/L Fluo-4 and 2 μmol/L Rhod-2 for 1 h at 33°C. Cells were then washed twice with Leibovitz medium, and the mitochondrial-to-cytosolic Ca²⁺ ratio was measured. For quantification of Fluo-4 and Rhod-2 fluorescence, excitation light was provided at 488 and 550 nm and fluorescence emissions were collected at 530 and 580 nm, respectively. The ratio of the cytosolic-to-mitochondrial Ca²⁺ level was subsequently calculated. Although accumulation of Rhod-2 dye in the nucleoli was noticed, MitoTracker was used to confirm that dye loading was predominantly localized within the mitochondria as previously described (29). In other experiments, cells were incubated with RU-360 (10 μmol/L), an inhibitor of the mitochondrial uniporter, for 30 min before butyrate cotreatment (30). Cells were then washed and coloaded with fatty acid and butyrate for the final 6, 12, or 24 h after which the mitochondrial-to-cytosolic Ca²⁺ ratio was determined. Nucleoli were not included in the analysis of mitochondrial Ca²⁺.

**Apoptosis assays.** Apoptosis was measured using cellular fragmentation ELISA (Roche) and caspase-3 activity assay (Molecular Probes) as previously described (23). To determine the association between mitochondrial Ca²⁺ and apoptosis, select cultures were preincubated with RU-360 (10 μmol/L) for 30 min before butyrate exposure. Cells were washed and treated with 5 mmol/L butyrate and apoptosis was measured after a 6-, 12-, or 24-h incubation period.

**Statistical analysis.** The effect of independent variables (treatment effects) was assessed using SuperANOVA. Differences among means were determined using t/F–type tests of contrast. P values <0.05 were considered to be statistically significant.

**Results**

DHA and butyrate combination decreases cytosolic Ca²⁺. Cytosolic Ca²⁺ levels were initially examined after stimulation with thapsigargin, an irreversible SERCA pump inhibitor used to empty ER Ca²⁺ stores. Figure 1A shows representative traces of...
thapsigargin-induced Ca\textsuperscript{2+} response measured over 300 s. The arrow indicates the time point of thapsigargin addition. Butyrate treatment (5 mmol/L) over a period of 6 to 24 h increased (\(P < 0.05\)) cytosolic Ca\textsuperscript{2+} in cells preincubated with LA (50 \(\mu\)mol/L, a control n-6 fatty acid) by up to 45% compared with untreated control (Fig. 1B–D). In contrast, cells preincubated with DHA consistently exhibited a lower cytosolic Ca\textsuperscript{2+} level compared with LA and butyrate cotreatment. Control cultures containing either DHA or LA alone, in the absence of butyrate, exhibited a modest increase in cytosolic Ca\textsuperscript{2+} levels, 8% to 12%, compared with untreated control (Fig. 1C and D, inset). In contrast, cultures treated with LA and butyrate exhibited a 45% increase compared with untreated control at both time points. Changes in Ca\textsuperscript{2+} levels were detected as early as 6 h after butyrate and fatty acid cotreatment.

**SOC involvement in maintaining intracellular Ca\textsuperscript{2+} homeostasis.** To examine the role of SOC entry, the increase in plasma membrane influx associated with ER Ca\textsuperscript{2+} emptying was characterized using a Ca\textsuperscript{2+} add-back protocol. This standard procedure uses extracellular Ca\textsuperscript{2+} chelation with EGTA followed by utilization of thapsigargin to induce an initial emptying of the ER Ca\textsuperscript{2+} pool, followed by repletion of the bathing solution with Ca\textsuperscript{2+} (26, 27). Consistent with previous experiments (Fig. 1) after incubation with 5 \(\mu\)mol/L thapsigargin, butyrate (24 h)–treated cells preincubated with DHA in the presence of extracellular Ca\textsuperscript{2+} exhibited a 40% decrease in cytosolic Ca\textsuperscript{2+} compared with LA-primed cells (\(P < 0.05\); Fig. 2). Subsequently, extracellular Ca\textsuperscript{2+} was chelated by addition of 2 mmol/L EGTA, which allows for indirect quantification of the ER Ca\textsuperscript{2+} pool. In these experiments, butyrate-treated cells primed with DHA or LA showed no difference in cytosolic Ca\textsuperscript{2+} levels (\(P > 0.05\); Fig. 2). Following replacement of the medium with CaCl\textsubscript{2} (10 mmol/L), the phenotype was reestablished, implicating the involvement of plasma membrane channels in the propagation of fatty acid–induced Ca\textsuperscript{2+} signaling.

To identify the plasma membrane channels involved in eliciting a rise in calcium influx after ER Ca\textsuperscript{2+} depletion in colonocytes, cultures were incubated with SKF-96365, an inhibitor of non-voltage-gated, SOC channels (31, 32). Typically, butyrate-treated cells primed with DHA or LA were preincubated with 10 \(\mu\)mol/L SKF for 5 min before basal recording. SKF abrogated the fatty acid–induced effect on cytosolic Ca\textsuperscript{2+} levels after 12 h butyrate cotreatment (Supplementary Fig. S1A). Similar effects were observed after prolonged butyrate treatment (24 h; Supplementary Fig. S1B).

Thus, the activation of SOCs, leading to rapid entry of Ca\textsuperscript{2+} through the plasma membrane, is likely to contribute to the observed fatty acid and butyrate-induced perturbation in colonocyte Ca\textsuperscript{2+} homeostasis.

**Effect of DHA and butyrate cotreatment on mitochondrial Ca\textsuperscript{2+} levels.** Because the efflux of Ca\textsuperscript{2+} from the ER can lead to coupled increases in mitochondrial Ca\textsuperscript{2+} levels, we assessed the effects of fatty acid and butyrate cotreatment on mitochondrial

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**Figure 1.** Effects of fatty acid and butyrate on thapsigargin-induced Ca\textsuperscript{2+} response. YAMC cells were treated with fatty acid alone (50 \(\mu\)mol/L) for 72 h with butyrate (5 mmol/L) for the final 6 h (B), 12 h (C), or 24 h (D). Cells were subsequently incubated with Fluo-4 (3 \(\mu\)mol/L), a fluorescent cytosolic Ca\textsuperscript{2+} indicator for 1 h at 33 \(^\circ\)C, and basal Ca\textsuperscript{2+} was measured. Representative traces (15–20 cells/trace) are shown in (A). Arrow, point of thapsigargin (5 \(\mu\)mol/L) addition. Normalized intensity is the average intensity at any point in time, \(t\) divided by intensity at time 0. Cytosolic Ca\textsuperscript{2+} was quantified at the single-cell level by choosing at random three to four fields with 10 to 12 cells per field. Representative data are from a single experiment, average of 80 to 120 cells per treatment, \(n = 4\) to 6 independent experiments. Columns, mean; bars, SE. Data not sharing common letters are significantly different, \(P < 0.05\). C, control—no fatty acid or butyrate; B, butyrate only; L, LA only; D, DHA only; LB, LA and butyrate; DB, DHA and butyrate. DHA compared with LA-pretreated cells showed a significant decrease in cytosolic Ca\textsuperscript{2+} levels with 12 and 24 h of butyrate cotreatment. Inset, cytosolic Ca\textsuperscript{2+} levels measured in untreated, butyrate only, fatty acid only, and LA and butyrate combination cells at 12 and 24 h (inset in C and D, respectively). Representative data are from a single experiment, average of 80 to 120 cells per treatment, \(n = 2\) to 4 independent experiments. Columns, mean; bars, SE. Data not sharing common letters are significantly different, \(P < 0.05\). DHA-treated cells exhibited no significant difference in cytosolic Ca\textsuperscript{2+} levels when compared with LA-pretreated cells.
Ca\textsuperscript{2+} uptake. Butyrate cotreatment for 6 h increased (\(P < 0.0001\)) the mitochondrial-to-cytosolic Ca\textsuperscript{2+} ratio in cells treated with DHA by 73% in comparison with untreated cells (Fig. 3A). In addition, at 12 and 24 h, DHA and butyrate selectively increased (\(P < 0.0001\)) mitochondrial Ca\textsuperscript{2+} by 18% and 37%, respectively (Fig. 3B and C). In contrast to DHA-treated cultures, cells incubated in the presence of LA showed a small response or no change in the mitochondrial-to-cytosolic Ca\textsuperscript{2+} ratio compared with untreated cells. With respect to the fatty acid–only controls, LA treatment had no effect on the mitochondrial-to-cytosolic Ca\textsuperscript{2+} ratio. DHA treatment tended to increase the mitochondrial-to-cytosolic Ca\textsuperscript{2+} ratio at all time points (Fig. 3B and C, inset). However, in all cases, cultures pretreated with DHA and coincubated with butyrate showed the largest increase in mitochondrial Ca\textsuperscript{2+} levels (Fig. 3). Representative photomicrographs of untreated cells and cultures coincubated with butyrate (5 mmol/L for 24 h) and DHA or LA (50 \(\mu\)mol/L) are shown in Fig. 3 (D–F).

**Effects of a mitochondrial uniporter inhibitor on mitochondrial Ca\textsuperscript{2+} uptake after DHA and butyrate cotreatment.** To investigate the role of the mitochondrial uniporter in Ca\textsuperscript{2+} uptake, cells were treated with RU-360, a mitochondrial Ca\textsuperscript{2+} uniporter inhibitor (33). RU-360 (10 \(\mu\)mol/L) partially inhibited (\(P < 0.001\)) the butyrate-induced increase in mitochondrial Ca\textsuperscript{2+} in DHA-primed cells upon addition 30 min before butyrate cotreatment at 6 or 12 h (Fig. 4). In comparison, RU-360 had no effect on mitochondrial Ca\textsuperscript{2+} levels in LA-treated cells.

**Induction of colonocyte apoptosis by fatty acid and butyrate combination.** Using the nucleosomal fragmentation assay, DHA significantly (\(P < 0.0001\)) enhanced butyrate-induced apoptosis compared with cells treated with LA plus butyrate or butyrate alone (control) at 12 and 24 h (Supplementary Fig. S2). In contrast, fatty acid treatment alone had no effect on apoptosis (Supplementary Figs. S2C, inset, S3A and B). To further corroborate these observations, complimentary methodology (caspase-3 activity) was also used. Similar results were obtained (Supplementary Fig. S2D). For comparative purposes, staurosporine, a broad-spectrum protein kinase inhibitor, which induces apoptosis in normal and malignant cells, was used as a positive control (34). As expected,
cultures preincubated with 1 μmol/L staurosporine for 4 h exhibited an 8-fold increase in apoptotic cells compared with untreated or fatty acid–treated cells (P < 0.0001; Supplementary Fig. S2C, inset). The mitochondrial Ca2+ uniporter inhibitor, RU-360, suppresses induction of apoptosis after DHA and butyrate cotreatment. To investigate the relationship between mitochondrial Ca2+ uptake and cellular apoptosis, we compared the levels of apoptosis observed in DHA plus butyrate–treated cells in the absence or presence of the mitochondrial Ca2+ uniporter inhibitor RU-360. Results obtained in experiments with butyrate at 12 and 24 h after DHA or LA cotreatment are shown in Fig. 5. RU-360 significantly (P < 0.05) reduced apoptosis by ~45% after 12-h butyrate cotreatment. Similar results were observed in DHA primed cells after 24-h butyrate cotreatment. In contrast, inhibition of the uniporter had no effect on cells treated with LA plus butyrate or butyrate alone at 12 and 24 h. Collectively, these results show that mitochondrial Ca2+ uptake is required for the enhanced apoptosis associated with DHA and butyrate cotreatment.

Kinetics of DHA and butyrate induction of mitochondrial Ca2+ and apoptosis. To probe the functional proximity of mitochondrial Ca2+ uptake in relation to the induction of apoptosis, we analyzed the effects of treatment over time (6, 12, and 24 h). As shown in Supplementary Fig. S4, cells treated with butyrate and DHA exhibited a significantly (P < 0.0001) higher level of mitochondrial Ca2+ compared with all other treatments as early as 6 h. In contrast, the induction of apoptosis was not observed until 12 h. These results indicate that the increase in mitochondrial Ca2+ preceded the onset of apoptosis and therefore plays an important role in triggering programmed cell death in colonic mucosal cells.

Discussion

Dietary DHA (22:6n-3) has been extensively studied over the last decade in relation to its role as a bioactive chemopreventive agent. Past results from our laboratory have shown that DHA, when combined with either a fermentable fiber source or butyrate, enhances reactive oxygen species and LOOH production and causes a change in mitochondrial permeability transition in colonocytes (12–14, 35). Here, we report that DHA and butyrate cotreatment also synergistically enhance apoptosis by up to 43% in colonocyte cultures compared with butyrate alone (Supplementary Fig. S2). In contrast, colonocytes treated with either DHA or LA alone showed no significant increase in the level of apoptosis compared with untreated cells (Supplementary Fig. S3). From a biological relevance perspective, these data are consonant with
animal carcinogen studies showing that the bioactive components of fermentable fiber (butyrate) and fish oil (DHA) coordinate protect against colon tumorigenesis, primarily by increasing apoptosis (3, 10, 11, 36). Further, our studies reveal that the combination of DHA and butyrate, compared with butyrate alone, further enhances apoptosis by additionally recruiting a Ca²⁺-mediated intrinsic mitochondrial pathway. Based on our findings, we propose a pathway for the induction of apoptosis in colonic epithelium that involves the synergistic action of DHA and butyrate on enhanced mitochondrial Ca²⁺ accumulation (Fig. 6).

Over the last decade, extensive progress has been made in establishing the effects of long-chain PUFA on various ions and ion channels, including Ca²⁺ (37–39). With respect to a molecular mechanism of action, agents that increase mitochondrial reactive oxygen species/LOOH generation have been linked to a proapoptotic cycle involving Ca²⁺ release from intracellular stores and mitochondrial loading (40). These data suggest that a change in mitochondrial Ca²⁺ homeostasis may mediate the proapoptotic effect of butyrate and DHA in colonocytes. The current experiments support this hypothesis because the combination of DHA and butyrate produced the highest mitochondrial Ca²⁺ accumulation (Fig. 3) while simultaneously decreasing free cytosolic Ca²⁺ levels (Fig. 1C and D). These data are consistent with our previous finding that DHA primes the cell for butyrate-induced lipid oxidation (14).

The role of mitochondria in the regulation of intracellular Ca²⁺ homeostasis and apoptotic signaling is well established (16–18). Recent work has shown that mitochondria are closely juxtaposed with the ER to effectively take up Ca²⁺ that is released from the ER. There is also evidence of clustering of IP₃ receptors on the ER membrane facing the mitochondria (41, 42). Besides close physical association of the ER and mitochondria, IP₃ receptor–dependent Ca²⁺ signals are associated with an increase in mitochondrial Ca²⁺, which is capable of triggering apoptosis (22, 43). Consistent with these observations, DHA-treated cultures exhibited a significant accumulation of mitochondrial Ca²⁺ within 6 h of butyrate cotreatment (Fig. 3A), preceding the onset of apoptosis that was not increased until 12 h after butyrate cotreatment (Supplementary Figs. S2B and 4).

To explore the connection between the accumulation of mitochondrial Ca²⁺ and apoptosis, we examined the effect of a mitochondrial Ca²⁺ uniporter inhibitor (RU-360). RU-360 significantly blocked mitochondrial Ca²⁺ uptake after DHA and butyrate cotreatment (Fig. 4) and partially blocked the induction of apoptosis (Fig. 5). These outcomes provide evidence that an increase in mitochondrial Ca²⁺ levels contribute directly to the induction of apoptosis by DHA and butyrate cotreatment and the change in intracellular Ca²⁺ homeostasis is not an epiphenomenon.

Despite the difficulties inherent to measuring mitochondrial Ca²⁺ levels, both imaging and uniporter inhibitor data indicate that Rhod-2 loads primarily into the mitochondria. With respect to how mitochondria translate/interpret Ca²⁺ signals that ultimately trigger apoptosis, it has been shown that multifactorial cross-talk among Ca²⁺, ATP, and oxidative stress enhance cytochrome c dislocation from the inner mitochondrial membrane and activate Ca²⁺-dependent endonucleases, which are responsible for the induction of the DNA fragmentation and apoptosis (44). There is also evidence that mitochondrial Ca²⁺ sequestration (via the mitochondrial uniporter) results in the opening of the mitochondrial permeability transition pore, which can induce the release of proapoptotic molecules (i.e., Bax, Bak, cytochrome c), resulting in mitochondrial-mediated (intrinsic) apoptosis (42, 45). This scenario correlates well with our finding of a decrease in colonic mitochondrial membrane potential in fish oil– but not corn oil– fed rats (12, 13).

To elucidate the relative contribution of ER Ca²⁺ store emptying versus SOC Ca²⁺ entry in maintaining intracellular Ca²⁺ homeostasis, thapsigargin-evoked Ca²⁺ responses were measured in a Ca²⁺-free environment using EGTA. The removal of extracellular Ca²⁺ effectively abolished the DHA and butyrate-induced decrease
in cytosolic Ca\textsuperscript{2+} levels (Fig. 2). Following replenishment of extracellular Ca\textsuperscript{2+}, the difference in cytosolic Ca\textsuperscript{2+} between DHA and butyrate versus control (LA and butyrate) treatment groups was reestablished. These data suggest that Ca\textsuperscript{2+} influx through SOC partly mediates the DHA and butyrate perturbation of intracellular Ca\textsuperscript{2+}. To corroborate the involvement of plasma membrane non-voltage-gated Ca\textsuperscript{2+} channels, SOC-dependent influx was also antagonized using SKF-96365. SKF pretreatment eliminated the difference in thapsigargin-evoked cytosolic Ca\textsuperscript{2+} levels between LA plus butyrate and DHA plus butyrate treatment groups. These data are consistent with previous observations in which DHA was found to regulate intracellular signaling by modulating plasma membrane Ca\textsuperscript{2+} entry (46), suggesting that the combination of DHA and butyrate alters colonocyte-free cytosolic Ca\textsuperscript{2+} levels in part by modulating SOC entry. Along these lines, growing evidence suggests that the mitochondrial permeability transition pore is modulating SOC entry. Further studies are needed to determine if these effects extend to other members of the n-3 PUFA family, because a number of studies have shown that EPA and DHA have similar effects on biological membranes (1, 12, 13).

We have previously shown that butyrate induces colonocyte apoptosis via a Fas receptor–mediated extrinsic pathway (23). In an extension of our findings, we show for the first time that the combination of DHA and butyrate, compared with butyrate alone, further enhances apoptosis by additionally recruiting a Ca\textsuperscript{2+}-dependent, mitochondrial-intrinsic pathway. Notably, DHA-enriched mitochondria were sensitized to rapidly sequester Ca\textsuperscript{2+}, which served to trigger apoptosis in the presence of butyrate. This could, in part, explain why the combination of dietary fish oil (containing DHA) and pectin (which generates butyrate in the lumen of the colon) seems to reduce tumor formation in the colon by promoting apoptosis (3, 10, 13, and 35). Although previous studies have examined the effects of PUFA to mobilize intracellular Ca\textsuperscript{2+} (46, 49), it is apparent that DHA and butyrate work coordinately in the colon to initiate a proapoptotic cycle involving the activation of SOC, leading to rapid entry of Ca\textsuperscript{2+} through the plasma membrane and mitochondrial Ca\textsuperscript{2+} loading (Fig. 6). With regard to putative upstream mediators, we have shown that a DHA-butyrate combination dissipates mitochondrial membrane potential, an effect that was reversed by coinubcation with permeability transition pore inhibitors (14). This is consistent with the fact that mitochondrial Ca\textsuperscript{2+} interacts with cyclophilin D, which can trigger opening of the permeability pore (50). Although the precise chronology of these events have not been elucidated, it is likely that permeability transition pore opening, mitochondrial lipid oxidation, mitochondrial Ca\textsuperscript{2+} accumulation, and the induction of apoptosis are all intimately linked.

In summary, recent data indicate that chemotherapeutic agents that restore normal apoptotic pathways have the potential for effectively treating cancers that depend on aberrations of the apoptotic pathway to develop. Hence, it is of interest that DHA and butyrate work coordinately in the colon to trigger a previously unrecognized proapoptotic cycle involving mitochondrial Ca\textsuperscript{2+} loading. This may explain why a diet containing highly fermentable fiber is only protective when fish oil is the lipid source.

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References


"Nutritional Combination Enhances Apoptosis"


