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**In vitro antitumor activity of progesterone in human adrenocortical carcinoma.**

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*Original Citation:*

*Availability:*

This version is available <http://hdl.handle.net/2318/1700245> since 2019-04-29T10:18:40Z

*Published version:*

DOI:10.1007/s12020-018-1795-x

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(Article begins on next page)

# Endocrine

## IN VITRO ANTITUMOR ACTIVITY OF PROGESTERONE IN HUMAN ADRENOCORTICAL CARCINOMA

--Manuscript Draft--

<b>Manuscript Number:</b>	ENDO-D-18-00620R1	
<b>Full Title:</b>	IN VITRO ANTITUMOR ACTIVITY OF PROGESTERONE IN HUMAN ADRENOCORTICAL CARCINOMA	
<b>Article Type:</b>	Original Article	
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	Fondazione Camillo Golgi (not applicable)	Prof. Alfredo Berruti
	Private Donations (not applicable)	Prof. Alfredo Berruti
<b>Abstract:</b>	<p><b>Purpose.</b> The management of patients with adrenocortical carcinoma (ACC) is challenging. As mitotane and chemotherapy show limited efficacy, there is an urgent need to develop therapeutic approaches. The aim of this study was to investigate the antitumor activity of progesterone and explore the molecular mechanisms underlying its cytotoxic effects in the NCI-H295R cell line and primary cell cultures derived from ACC patients.</p> <p><b>Methods.</b> Cell viability, cell cycle and apoptosis were analyzed in untreated and progesterone-treated ACC cells. The ability of progesterone to affect the Wnt/<math>\beta</math>-catenin pathway in NCI-H295R cells was investigated by immunofluorescence. Progesterone and mitotane combination experiments were also performed to evaluate their interaction on NCI-H295R cell viability.</p> <p><b>Results.</b> We demonstrated that progesterone exerted a concentration-dependent inhibition of ACC cell viability. Apoptosis was the main mechanism, as demonstrated by a significant increase of apoptosis and cleaved-Caspase-3 levels. Reduction of <math>\beta</math>-catenin nuclear translocation may contribute to the progesterone cytotoxic effect. The progesterone antineoplastic activity was synergically increased when mitotane was added to the cell culture medium.</p> <p><b>Conclusions.</b> Our results show that progesterone has antineoplastic activity in ACC cells. The synergistic cytotoxic activity of progesterone with mitotane provides the rationale for testing this combination in a clinical study.</p>	
<b>Response to Reviewers:</b>	<p>Reviewer #1:</p> <p>1) Introduction: is there any information on whether mifepristone also blocks the membranous progesterone receptors? Mifepristone is generally identified as a "classical" progesterone receptor (PR) antagonist because it forms complexes with PR and its hormonal regulatory elements within DNA (J Biol Chem 271:1209-1217, 1996). Its mechanism as a glucocorticoid and progesterone receptor antagonist was discovered about 40 years ago, and then found to be an androgen receptor antagonist as well (Expert Opin Pharmacother 11:481-488, 2010). However, when targeting cells outside the reproductive tract, the progesterone antagonistic activity of mifepristone is less clear (Hum Reprod 24:1968-1975, 2009). The role of mifepristone in modulating the effect of progesterone has become even more complex with the identification of progesterone membrane receptors (mPRs). This "class" of receptors is still being studied, and its different components, roles and agonist and antagonist drugs are still being identified. Indeed, non-genomic effects of mifepristone, as agonist/antagonist of progesterone, were observed in different cell lines (Anticancer Res 30:4835-4840, 2010; Anticancer Res 29:1047-1052, 2009; Hum Reprod 24:1968-1975, 2009), included cells from the Central Nervous System, such as Cerebellar Purkinje cells, where it has been demonstrated that both PRs (genomic effects) and mPRs (PGRMC1 included) (non-genomic effects) are involved in the regulation of neurosteroidogenesis, through the action of both progesterone and mifepristone, this latter acting as agonist of mPRs in mature cerebellar Purkinje cells (Cell. Mol. Life Sci 71:1723-1740, 2014). Despite these intriguing findings, the mechanism of actions of these non-genomic effects is not yet completely understood because mifepristone seems to display no binding affinity for mPRs (Endocrinology 148: 705-718, 2007).</p> <p>2) Page 9: P values need to be provided for all results of apoptosis assays - was % of apoptotic cells at each time point significantly different to controls? According to the Reviewer observation, P values are now reported in the revised Ms (page 9-10, lines 215-223). Exposure of NCI-H295R cells to 25 <math>\mu</math>M progesterone for 2, 4 and 6 days, significantly increased the number of apoptotic cells: P &lt; 0.05; P &lt; 0.001 and P &lt; 0.001, respectively.</p> <p>3) Page 9: Have the authors tried progesterone treatment on the non-steroidogenic ACC cell line SW13? We agree to the Reviewer's point and we explored the effect of progesterone exposure in the SW13 cells: SW13 cells expressed mPRs and PRGCM1, while were devoid of PgRs. Exposure of increasing concentrations of progesterone induced a non concentration-dependent decrease of SW13 cell viability, suggesting a role of membrane progesterone receptors in mediating this effect. Results are now reported in</p>	

Supplemental Figure 4, and commented at page 12, lines 274-284. This is an intriguing result, that deserves to be deepened with further experiments, in order to establish the exact contribution of the different progesterone receptor components in inducing reduction of cell viability.

The progesterone mechanism of action thus becomes very complex, also in light of the evidence showing a different effect of progesterone, depending on many variables, such as the type of cells, the genomic and/or non genomic effects linked to the progesterone receptor expression and the concentration of hormone present (reviewed in Expert Rev Endocrinol Metab. 12(3):187-197, 2017). Accordingly, the non steroidogenic SW13 cell line represents a different cell phenotype compared to NCI-H295R cells, as it has been established from a grade IV primary small cell carcinoma in the adrenal cortex, with their exact histopathologic characteristics still under investigation (Mol Cell Endocrinol. 351(1):58-65, 2012).

Although these preliminary results are of interest, they are outside the main topic of this Ms and, indeed, they will be the subject of experiments currently underway in the laboratory. This point is now underlined in the Ms: page 13, lines 295-308).

4) Page 10: The numerical result, including p value, should be quoted for the reported increase in cells in sub-G0 phase

According to the Reviewer suggestion, the numerical result of cells in sub-G0 phase, and P value, are now reported in the revised Ms (page 10, line 230-231).

5) Page 10: Were any other of the kinases that are reported as targets of mPgR tested?

In the present Ms, experiments measuring Erk and phospho-Erk was conducted only to investigate whether the mPRs expressed by NCI-H295R cells were functionally active after stimulation with progesterone itself; therefore we measured the expression of only one of the kinases that are part of the non-genomic progesterone effects. We are aware that there are numerous intracellular pathways involved, as demonstrated in several works and well revised in the paper of Segars and coworkers (Trends Endocrinol. Metab. 28: 656-668, 2017); however, as above pointed out, the characterization of the contribution of the different progesterone receptor components in mediating its cytotoxic effect in ACC cells is beyond the scope of this work. Accordingly, these observations deserve an experimental investigation that is currently underway in the laboratory.

6) Has progesterone been measured in the plasma of the 5 ACC patients whose tumours were used for the primary culture work?

We did not measure the progesterone levels in patients.

7) Clinical studies employing steroid profiling (e.g. Arlt et al, JCEM 2011; Kerkhofs et al, Horm Cancer 2015) have revealed that most steroid-producing ACCs are associated with excessive secretion of progesterone, yet most epidemiological studies also suggest that steroidogenic ACCs have a more aggressive clinical course than their non-secreting counterparts. How do the authors reconcile their findings with these clinical observations?

The Reviewer is right, hormone hypersecretion as a whole is associated with poorer prognosis in ACC patients, however this negative relationship was observed for cortisol hypersecretion either alone or associated with androgens. We have observed that ACC patients with pure hyperandrogenism have a better prognosis as compared with cortisol secreting or non secreting patients (Berruti et al. Endocr Relat Cancer 2005). To our knowledge no data are available on the prognostic role of progesterone receptor and circulating progesterone levels in ACC.

[Click here to view linked References](#)

1 **IN VITRO ANTITUMOR ACTIVITY OF PROGESTERONE IN HUMAN**  
2 **ADRENOCORTICAL CARCINOMA.**

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57 30 **Conflicts of interest:** Authors have nothing to disclose.

32 **Funding**

1  
2  
33 This work was supported by: AIRC project IG17678 (PI: M.T.); AIRC project IG14411 (PI: A.B.);  
3  
4  
534 Fondazione Camillo Golgi, Brescia; University of Brescia local grants; private donation of “gli  
6  
735 Amici di Andrea” in memory of Andrea Gadeschi; private grant from the amateur dramatics group  
8  
936 “Attori non per caso”, Parish church of Collio Valtrompia (Brescia). M.F. was supported by a grant  
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127 from the Italian Society of Pharmacology.  
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39 **Abstract**

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240 **Purpose.** The management of patients with adrenocortical carcinoma (ACC) is challenging. As  
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41 mitotane and chemotherapy show limited efficacy, there is an urgent need to develop therapeutic  
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742 approaches. The aim of this study was to investigate the antitumor activity of progesterone and  
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43 explore the molecular mechanisms underlying its cytotoxic effects in the NCI-H295R cell line and  
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1244 primary cell cultures derived from ACC patients.

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45 **Methods.** Cell viability, cell cycle and apoptosis were analyzed in untreated and progesterone-treated  
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1746 ACC cells. The ability of progesterone to affect the Wnt/ $\beta$ -catenin pathway in NCI-H295R cells was  
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1947 investigated by immunofluorescence. Progesterone and mitotane combination experiments were also  
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2248 performed to evaluate their interaction on NCI-H295R cell viability.

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249 **Results.** We demonstrated that progesterone exerted a concentration-dependent inhibition of ACC  
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50 cell viability. Apoptosis was the main mechanism, as demonstrated by a significant increase of  
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2951 apoptosis and cleaved-Caspase-3 levels. Reduction of  $\beta$ -catenin nuclear translocation may contribute  
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52 to the progesterone cytotoxic effect. The progesterone antineoplastic activity was synergically  
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3453 increased when mitotane was added to the cell culture medium.

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3654 **Conclusions.** Our results show that progesterone has antineoplastic activity in ACC cells. The  
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3955 synergistic cytotoxic activity of progesterone with mitotane provides the rationale for testing this  
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4156 combination in a clinical study.

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4658 **Abbreviations:** ACC, adrenocortical carcinoma; PgR, progesterone receptor; CI, confidence  
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4959 interval; MTT, 3-(4,5-Dimethyl-2-thiazol)-2,5-diphenyl-2H-tetrazolium bromide; mPR,  
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5160 progesterone membrane receptor; PGRMC1, progesterone receptor membrane component 1.

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5662 **Keywords:** adrenocortical carcinoma, progesterone, progesterone receptor, cell viability.

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64 **Introduction**

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3 65 Adrenocortical carcinoma (ACC) is a rare aggressive endocrine tumor [1] that in approximately 50%  
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5 66 of adults is capable of hormone secretion [2]. Cushing’s syndrome is the most commonly associated  
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7 67 endocrine disorder [3]. The Systemic therapies have a limited efficacy [4-6]; thus, the prognosis of  
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9 68 advanced ACC patients, not amenable to radical extirpation, is poor with a 5 year survival rate of  
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12 69 15% [7]; moreover, histological and molecular diagnostic parameters are not still completely shared  
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15 70 [8]. Mitotane (o, p’-dichlorodiphe nyldichloroethane, o, p’-DDD) is the reference drug; however,  
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17 71 toxicity and narrow therapeutic index limit its efficacy [9]. Therefore, there is an urgent need of new  
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19 72 therapeutic approaches.

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22 73 We have recently observed that abiraterone acetate (abiraterone) has both antisecretive and antitumor  
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24 74 activities in ACC cell lines [10]. The antisecretive effect of abiraterone is mediated by the inhibition  
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27 75 of 17alpha-hydroxylase/17,20-lyase (CYP17A1), a key enzyme for steroid hormone synthesis [11,  
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29 76 12] leading to a rapid inhibition of cortisol secretion [10, 13]. Abiraterone mechanism of action may  
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31 77 involve, at least in part, the Wnt/ $\beta$ -catenin signaling pathway [10] that is constitutively active in  
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34 78 approximately 30% of ACC [14] and is a potential target for new molecular therapies. The cytotoxic  
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36 79 effect of abiraterone remains to be fully elucidated, but evidence strongly indicate that it is directly  
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39 80 associated with the drug-induced increase of progesterone levels, requiring the activation of the  
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41 81 intracellular progesterone receptors (PgRs). Interestingly, in addition to the well known role of PgRs  
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44 82 as nuclear transcription factors, different members of membrane progesterone receptors (mPRs) have  
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46 83 been identified and the term “extranuclear” or “non-genomic” effects of progesterone was suggested  
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49 84 to specifically defined mPR functions [15]. Another putative membrane-specific progesterone  
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51 85 receptor, distinct from known mPRs and nuclear PgR, was isolated from different tissues and called  
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53 86 Progesterone Receptor Membrane Component 1 (PGRMC1) [15, 16]. The extranuclear receptor  
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56 87 activation leads to a rapid signaling, linked to various second messenger cascades, including  
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58 88 extracellular signal-regulated kinases (Erk 1/2, p42/44, p38 MAPKs) [15] and regulation of  
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89 intracellular calcium mobilization [16]. These effects are progesterone-dependent but independent of  
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intracellular calcium mobilization [16]. These effects are progesterone-dependent but independent of PgR transcriptional activity, and are integral part of progesterone cellular effects [17].

In this study, we investigated the cytotoxic effects of progesterone and the molecular mechanisms underlying its antitumor activity in NCI-H295R ACC cell line [18] and in ACC primary cell cultures derived from patients with either cortisol-secreting or non-secreting ACC.

## Materials and Methods

### Cell lines

NCI-H295R ACC cell line was obtained from the American Type Culture Collection (ATCC) and cultured as suggested by the manufacturer. Cells were authenticated by the AmpFISTR Identifier PCR amplification kit (Applied Biosystems, Foster City, CA, USA). Media and supplements were supplied by Sigma Italia (Milan, Italy). SW13 cell line was obtained from ATCC and cultured as suggested by the manufacturer.

### Primary cell cultures

Human ACC primary cells were derived from three patients with cortisol-secreting tumors (ACC01, ACC02 and ACC16) and from two patients with non-secreting tumors (ACC03, ACC08). Clinical and histological features are reported in Table 1. After surgical removal, cells were enzymatically digested with (0.1 mg/mL) collagenase (Sigma Italia, Milan, Italy) and cultured in the same medium of NCI-H295R cells. The project was approved by the local Ethical Committee and written informed consent was obtained from all patients.

### Immunohistochemistry

Immunohistochemistry for PgR was performed on 2 µm sections from formalin fixed-paraffin embedded ACC tissues. Ventana BenchMark Ultra platform was used according to the manufacturer's recommended settings. Ultra Cell Conditioning 1 (CC1) solution was used for heat-induced epitope retrieval (95°C for 64 min). Slides were incubated (36°C for 16 min) with the ready-to-use anti-PgR antibody (monoclonal rabbit anti-human PR clone 1E2, Roche) [19] and followed by UltraView

115 Universal DAB Detection Kit. Positive and negative controls from breast cancer tissue microarrays  
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116 were included in the same slides.  
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### 4 117 **Cell treatments**

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118 NCI-H295R cells and ACC primary cultures were seeded in 24-well plates and cultured in complete  
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119 medium. Before treatment, culture medium was switched into charcoal-dextran-treated Nu-Serum  
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120 (cNS)-medium with increasing concentrations of progesterone (0.1 - 160  $\mu$ M) and/or mitotane (25  
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121 nM - 40  $\mu$ M) for 4 days. Both progesterone and mitotane were dissolved in DMSO. NCI-H295R cells  
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122 were also exposed to mifepristone (0.1 nM – 500 nM) in combination with progesterone (25  $\mu$ M) for  
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123 4 days. Mifepristone and mitotane were supplied by Selleckchem Chemicals (DBA Italia, Milan,  
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124 Italy) and progesterone was purchased from Sigma Italia (Milan, Italy). SW13 cells were seeded in  
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22 24-well plates and cultured in complete medium. Before treatment, culture medium was switched  
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26 into charcoal-dextran-treated FBS-medium with increasing concentrations of progesterone (0.1 - 100  
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29  $\mu$ M) for 3 days. Cell exposure to DMSO alone did not modify cell viability in any of the cell cultures  
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32 used.  
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### 34 35 **Cell viability assay**

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37 Cell viability was evaluated by 3-(4,5-Dimethyl-2-thiazol)-2,5-diphenyl-2H-tetrazolium bromide  
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39 (MTT) dye reduction assay according to the manufacturer's protocol (Sigma Italia, Milan, Italy).  
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41 Absorbance was measured by a spectrophotometer at 540/620 nm (GDV, Rome, Italy).  
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### 43 44 **Drug combination experiments**

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46 Progesterone and mitotane combination experiments were performed to evaluate their interaction on  
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48 NCI-H295R cell viability, according to the Chou and Talalay method [20]. Cells were treated for 4  
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50 days with progesterone (0.1 - 160  $\mu$ M) and mitotane alone (25 nM - 40  $\mu$ M) or with progesterone in  
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52 combination with mitotane at a fixed ratio (progesterone : mitotane = 4:1), as recommended for the  
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54 most efficient data analysis [21, 22]. Cells were analyzed for cell viability using MTT. Data were  
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56 then converted to Fraction affected (Fa, range from 0 to 1 where Fa = 0 indicating 100% of cell  
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58 viability and Fa = 1 indicating 0% of cell viability) and analyzed using the CompuSyn software  
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141 (ComboSyn inc. Paramus, NJ, USA) to calculate the Combination Index (CI), being the CI value <  
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142 0.9 an indication of synergism, a CI = 0.9-1.1 an indication of additive effect and CI > 1.1 and  
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143 indication of antagonism.  
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#### 144 **Quantitative RT-PCR (qRT-PCR)** 8

145 Gene expression was evaluated by qRT-PCR (ViiA7 Real-Time PCR System, ThermoFisher  
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146 Scientific, Milan, Italy), using SYBR Green as fluorochrome, as described elsewhere [23]. The  
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147 sequences of sense and antisense oligonucleotide primers are listed in Supplemental Table 1.  
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148 Differences in the threshold cycle Ct values between the beta-actin housekeeping gene and the  
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149 studied genes ( $\Delta C_t$ ) were then calculated as an indicator of the amount of mRNA expressed.  
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#### 21 **Western Blot** 22

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245 1 Whole cell lysates were prepared in ice-cold buffer with protease and phosphatase inhibitor cocktails  
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26 252 (Roche, Milan, Italy) [24]. Equal amounts of protein were separated by electrophoresis on a 4-12%  
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28 NuPAGE Bis-Tris Gel System (Life Technologies, Milan, Italy) and electroblotted to a nitrocellulose  
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30 membrane. Rabbit monoclonal antibody against human Caspase-3 (Cell Signaling Technology,  
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32 Milan, Italy) [25] were used, both at final concentration 0.1  $\mu\text{g}/\text{mL}$ . The Erk protein was detected  
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345 5 The Erk protein was detected  
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365 6 using anti-total Erk and anti-phospho-Erk antibodies (Santa Cruz Biotechnologies, Heidelberg,  
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38 Germany) [26] at final concentration 0.7  $\mu\text{g}/\text{mL}$ . Primary antibodies anti-mPR (0.5  $\mu\text{g}/\text{mL}$  final  
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40 concentration) and anti-PRGMC1 (1  $\mu\text{g}/\text{mL}$  final concentration) were purchased from Abcam  
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42 (Cambridge, UK) [27] and Santa Cruz Biotechnologies (Heidelberg, Germany) [28]. A mouse  
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445 9 monoclonal antibody directed against the N-terminal region of human  $\alpha$ -Tubulin (Sigma Italia, Milan,  
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460 0 monoclonal antibody directed against the N-terminal region of human  $\alpha$ -Tubulin (Sigma Italia, Milan,  
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48 Italy) was used to normalize the values. Secondary HRP-labelled anti-rabbit and anti-mouse  
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50 antibodies (Santa Cruz Biotechnologies, Heidelberg, Germany) were used and the specific signal was  
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52 visualized by the ECL-LiteAblo Extend Long (Euroclone, Milan, Italy). Densitometric analysis of  
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54 the immunoblots was performed using the GelPro-Analyzer v 6.0 (MediaCybernetics, Bethesda, MD,  
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564 4 USA).  
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585 5 USA).

#### 60 **Double staining AO/EtBr** 61

167 NCI-H295R cells were treated with progesterone (25  $\mu$ M) for 4 days. A double staining with acridine  
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168 orange (AO) and ethidium bromide (EtBr) was performed to visualize and quantify the number of  
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169 viable, apoptotic and necrotic cells, as previously described [10]. Cells were examined by a Zeiss  
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170 LSM 510 META confocal laser-scanning microscope (Carl Zeiss AG, Germany). Several fields,  
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171 randomly chosen, were digitalized and scored by using the NIH Image J software.  
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## 172 **Cell cycle analyses**

173 Flow cytometric cell cycle analysis was performed as described, with minor modifications [29].  
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174 Briefly, untreated and progesterone-treated NCI-H295R cells were fixed, treated with RNase A (12.5  
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## 478 **Immunofluorescence**

479 Cells were grown onto 12 mm poly-L-lysine coated coverslips and treated with IC<sub>50</sub> value of  
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## 579 **Statistical Analysis**

191 Statistical analysis was carried out using GraphPad Prism software (version 5.02, GraphPad Software,  
1 La Jolla, CA, USA). One-way ANOVA with Bonferroni's correction was used for multiple  
192 comparisons. Unless otherwise specified, data are expressed as mean  $\pm$  S.E.M. of at least three  
193 experiments run in triplicate. *P* values  $< 0.05$  were considered statistically significant.  
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## Results

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### Progesterone effects on NCI-H295R cell viability

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The predominant expression of the intracellular full length PgR B isoforms was previously described in NCI-H295R cells [10]. The exposure of NCI-H295R cells to increasing concentrations of progesterone (0.1 - 160  $\mu$ M) for 4 days led to a reduction in NCI-H295R cell viability in a concentration-dependent manner (Fig. 1a). Sigmoidal concentration-response function was applied to calculate the  $IC_{50}$  value of progesterone in NCI-H295R cells, which was 25.5  $\mu$ M (95% confidence interval [CI], 19.9 to 32.9). Time course experiments in NCI-H295R cells treated with progesterone at the  $IC_{50}$  value demonstrated that the reduction of cell viability reached its maximum at 4 days, with no significant change up to 6 days ( $IC_{50}$  value of 29.6  $\mu$ M; 95% CI 23.6 to 37.0) (data not shown). Pretreatment of NCI-H295R cells with increasing concentration of the PgR antagonist mifepristone (0.1 -500 nM) antagonized the cytotoxic effect elicited by progesterone at its  $IC_{50}$  for 4 days (Fig. 1b). This provides evidence that the antineoplastic activity of progesterone requires the stimulation of the PgRs. Mifepristone alone (0.1 – 500 nM; 4 days) did not affect NCI-H295R cells viability (data not shown).

### Progesterone induces NCI-H295R cells apoptosis, without inducing changes in the cell cycle distribution

To provide explanation on the mechanism underlying the progesterone-induced NCI-H295R cell toxicity, cells were treated with progesterone (25  $\mu$ M; 4 days) and stained with AO/EtBr. Progesterone deeply increased the number of apoptotic cells  $39 \pm 2\%$ ; while necrotic and living cells were  $2 \pm 2\%$  and  $59 \pm 3\%$  respectively (apoptotic cells: untreated vs treated cells:  $P < 0.001$  Fig.2a).

217 Time-course experiments were conducted and our results demonstrated that after 2 days of treatment,  
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218 the effect is as follow:  $93 \pm 1\%$  living cells,  $7 \pm 1\%$  apoptotic cells and no necrotic cells (apoptotic  
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219 cells: untreated vs treated cells:  $P < 0.05$ ; Supplemental Fig.1a). Progesterone-induced apoptotic  
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220 cytotoxicity reached its maximum after 4 days of treatment, as above indicated, and it was not  
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221 modified if cells were exposed to progesterone up to 6 days:  $47 \pm 1\%$  living cells,  $43 \pm 3\%$  apoptotic  
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222 cells,  $10 \pm 1\%$  necrotic cells (apoptotic cells: untreated vs treated cells:  $P < 0.001$ ; Supplemental  
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223 Fig.1b). We next examined the expression of total Caspase-3 and the cleaved-Caspase-3, that play a  
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224 central role in the execution phase of cell apoptosis [30], in progesterone-treated NCI-H295R cells in  
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225 comparison to untreated cells (Fig.2b). Progesterone exposure for 48 hrs significantly increased the  
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226 expression of cleaved-Caspase-3 (% of increase:  $23.9 \pm 1.6$ ) while total Caspase-3 levels were not  
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227 affected. The analyses of the cell cycle progression by flow cytometry in untreated and progesterone-  
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228 treated NCI-H295R cells did not show significant differences in cell distribution up to 4 days of  
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229 treatment (Fig.2c). However, we observed that treatment with progesterone for 4 days increased the  
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230 proportion of cells in the sub-G0 phase:  $29.7 \pm 4.6\%$  untreated cells,  $50.3 \pm 5.1\%$  progesterone-treated  
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231 cells ( $P < 0.05$ ), suggestive of DNA fragmentation. Taken together these observations suggest that  
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232 apoptosis is the main mechanism mediating the progesterone cytotoxicity.  
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### 233 **Effect of progesterone on $\beta$ -catenin nuclear translocation in NCI-H295R cells**

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234 NCI-H295R cells were treated with progesterone and analyzed for  $\beta$ -catenin localization using  
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235 immunofluorescence analyses. At baseline,  $\beta$ -catenin was highly expressed in the nucleus (Fig.3a),  
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236 whereas the cell exposure to progesterone at its  $IC_{50}$  reduced  $\beta$ -catenin nuclear localization and  
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237 increased its retention into cytoplasm (Fig.3b). The effect of progesterone in sequestering  $\beta$ -catenin  
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238 in cytoplasm was counteracted by 100 nM mifepristone (Fig.3c). Immunofluorescence quantification  
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239 using ImageJ software, reported in Table 2, demonstrated that progesterone significantly reduced  $\beta$ -  
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240 catenin nuclear localization. The progesterone-induced reduction of nuclear  $\beta$ -catenin induced the  
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241 decrease of mRNA expression of some of its target genes, namely MYC and survivin, while the  
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242 mRNA expression level of another gene, CCND1, resulted unchanged by progesterone treatment  
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243 (Supplemental Fig.2).

### 244 **mPR and PGRMC1**

245 As underlined in the Introduction, accumulating evidence suggests that rapid progesterone responses  
246 are mediated by activation of mPRs [31]. In order to evaluate whether or these receptors could  
247 contribute to the observed progesterone cytotoxic effect on NCI-H295R, we firstly evaluated their  
248 expression. As shown in Supplemental Fig.3a, NCI-H295R expressed mPRs. These receptors were  
249 functionally active, as, when cells were treated with the IC<sub>50</sub> value of progesterone, we observed a  
250 reduction of phospho-Erk protein level (% of decrease: 30.39 ± 1.14) at very early time, namely 15'  
251 after progesterone exposure (Supplemental Fig.3b). Finally, we demonstrated that NCI-H295R  
252 expressed as well the PGRMC1 (Supplemental Fig.3a).

### 253 **Progesterone enhanced NCI-H295R cytotoxicity induced by mitotane in drug-combination** 254 **treatments**

255 To evaluate whether progesterone treatment of NCI-H295R cells could enhance the cytotoxicity of  
256 mitotane, the combination index (CI) was calculated according to the Chou-Talalay method [21].  
257 NCI-H295R cells were firstly exposed to increasing concentrations of mitotane (25 nM - 40 μM) for  
258 4 days and analyzed for cell viability by MTT assay. Sigmoidal concentration-response function was  
259 used to calculate the IC<sub>50</sub> value, which was 3 μM (95% CI, 2.08 to 4.34) (Fig.4a). The cytotoxic effect  
260 of progesterone in combination with mitotane was evaluated at the 1:4 fixed molar ratio for 4 days  
261 (Fig.4b). We found that in NCI-H295R cells, the combination had a synergistic cytotoxic effect as  
262 compared to each single compound at a Fa = 0.09 - 0.86 with range of CI: 0.08 to 0.88 (Fig.4c).

### 263 **Progesterone exerted cytotoxic effect in primary human ACC cells**

264 Primary cultures derived from ACC patients were treated with increasing concentrations of  
265 progesterone for 4 days and analyzed for cell viability by MTT assay. In cortisol-secreting ACC cells  
266 (ACC01, ACC02 and ACC16), progesterone exerted a concentration-dependent inhibition of cell  
267 viability with IC<sub>50</sub> values of 18 μM (95% CI 11.4 to 31.7), 32.9 μM (95% CI 26.5 to 40.9) and 39.2

268  $\mu\text{M}$  (95% CI 31.8 to 48.4) respectively. Immunohistochemical analyses of PgR expression in ACC01,  
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269 ACC02 and ACC16 tumors showed that at least 40% of neoplastic cells were positive for PgR (Table  
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270 1). By contrast, a lesser cytotoxic effect of progesterone was observed in the non-secreting human  
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271 ACC cells, ACC03 and ACC08, with  $\text{IC}_{50}$  values of 73.4  $\mu\text{M}$  (95% CI 46.1 to 116.8) and 80.8  $\mu\text{M}$   
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272 (95% CI 50.5 to 129.5) respectively (Fig.5). PgR expression in these cells was detected in less than  
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273 5% of ACC cells (Table 1).

#### 274 **Progesterone effect on SW13 cell line.**

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275 Finally, as an internal control, we tested the effect of progesterone in the non steroidogenic SW13  
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276 cell line, that belongs from a small cell carcinoma of adrenal and which exact histopathological  
277 features are still under investigation [32]. We firstly analyzed the mRNA expression of PgRs and  
278 results indicated that SW13 cells were devoid of PgR: indeed, q-RT-PCR analysis revealed a not  
279 detectable PgR mRNA expression in this cell line compared to the  $\Delta\text{Ct}$  of  $9.01 \pm 0.25$  in NCI-H295R  
280 cells, used as positive control. The western blot analysis of mPR and PGRMC1 expression in SW13  
281 cell line indicated that these receptor proteins were expressed in this cell line (Supplemental Figure  
282 4a). When exposed to increasing concentrations of progesterone within the same range of  
283 concentrations used for NCI-H295R cells, a cytotoxic effect could be observed, although it was non  
284 concentration-dependent (Supplemental Fig.4b).

#### 286 **Discussion**

287 In the present study, we demonstrated that progesterone, through its receptors, exerted a  
288 concentration-dependent and time-dependent inhibition of ACC cell viability, and this effect was, at  
289 least in part, counteracted by the PgR antagonist mifepristone. The role of PgR is further supported  
290 by data published by our group, where the PgR silencing induces the almost complete disappearance  
291 of the effect of abiraterone on cell viability [10]. The cytotoxic effect of progesterone was observed  
292 in the NCI-H295R cells, an ACC cell line that mainly express the full length PgR B isoform [10, 33]  
293 and confirmed in primary cell cultures derived from cortisol-secreting ACC that are characterized by



294 a marked expression of the PgR. Indeed, the cytotoxic effect of progesterone was less evident in non-  
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295 secreting ACC tumors in which PgR expression was low. Intriguingly, we demonstrated that NCI-  
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296 H295R cells expressed also the mPR and PGRMC1 component, suggesting that the progesterone  
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297 effects that we observed in ACC cells, both in cell line and primary cultures, could be a result of a  
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298 multifactorial process involving both genomic and non-genomic actions, dependent on both  
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299 membrane and intracellular progesterone receptor arrangement expressed by each ACC tumor. The  
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300 scenario is even more complex than expected, in light of the evidence showing that the different effect  
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301 of progesterone depends on many variables, such as the type of cells, the genomic and/or non genomic  
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302 effects linked to the progesterone receptor expression and the concentration of hormone present [34].  
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303 As a matter of fact , we observed that the non steroidogenic SW13 cell line, established from a small  
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304 cell carcinoma of the adrenal [35], was responsive to the cytotoxic effect of progesterone (although  
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305 without displaying a concentration-dependent curve ) despite they expressed only mPR and  
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306 PGRMC1. On the basis of these preliminary results the characterization of expression and function  
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307 of all receptor components of progesterone pathway in our experimental models is now undergoing  
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308 in our lab.  
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309 The present results confirm and extend our previous study [10] showing that the *in vitro*  
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310 antineoplastic activity of abiraterone is mediated by the drug-induced increase in progesterone levels.  
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311 PgRs, therefore, could represent a novel promising target in the management of ACC.  
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312 In PgR-positive breast cancer cell lines, progestins can induce a growth arrest due to decreased  
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313 expression and activity of cyclin-dependent kinase (cdk) complexes [36]. In the present study, we  
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314 showed that the progesterone-induced cytotoxicity of NCI-H295R ACC cells was not cell cycle  
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315 mediated, but apoptosis represented the main molecular events, with a significant increase of the  
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316 proapoptotic cleaved-Caspase-3 levels in the initial phase of the treatment. The ability of progesterone  
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317 in modulating apoptotic events, both *in vitro* and *in vivo*, was previously demonstrated in several  
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318 tumor cells [37-41]. On the light of these results, we therefore explored the possible molecular  
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319 mechanism regulating the progesterone-induced apoptosis in ACC.  
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320 The Wnt/ $\beta$ -catenin pathway is frequently altered in ACC, which is characterized by CTNNB1  
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321 mutations leading to  $\beta$ -catenin accumulation in the nucleus, where it binds with the T cell factor (Tcf)  
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322 and enhances its transcriptional activity. In the NCI-H295R cell line, harboring the activating  
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323 CTNNB1 p.S45P mutation, we found that progesterone treatment partially inhibited the  $\beta$ -catenin  
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324 translocation into the nucleus, thus suggesting the involvement of this pathway in the progesterone  
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325 antineoplastic activity. These data are in line with our previous *in vitro* experiments showing that the  
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326 increased levels of progesterone in NCI-H295R cell culture microenvironment, induced by the block  
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327 of the CYP17A1 by abiraterone, significantly inhibited the  $\beta$ -catenin migration into the nucleus.  
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328 Further evidence comes from studies showing that progesterone is able to inhibit the Wnt/ $\beta$ -catenin  
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329 pathway in endometrial carcinoma [42]. The functional effect of the  $\beta$ -catenin modification of  
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330 traslocation is the down-regulation of the expression of some  $\beta$ -catenin target genes, namely MYC  
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331 and survivin, while CCND1 was not modified.  
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332 Taken together these data are suggestive for an involvement of  $\beta$ -catenin inhibition in the  
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333 progesterone induced apoptosis of ACC cells. These data, however, are not exhaustive and the full  
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334 evidence of the inhibitory effect would require the demonstration of a modulation of the expression  
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335 of other specific  $\beta$ -catenin target genes in NCI-H295R cells by progesterone treatment. These further  
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336 experiments are outside the scope of the present paper and will be a matter of a future study.  
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337 Finally, the *in vitro* demonstration of the synergistic cytotoxic effect of the combination mitotane +  
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338 progesterone could be of considerable interest for its possible clinical application, as progesterone  
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339 and its derivatives are already part of the supportive approach in cancer patients . These preclinical  
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340 data provides the rationale for a new trial testing the efficacy of progesterone n association with  
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341 current systemic therapies in the management of ACC patients.  
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342 In conclusion, the present study shows that progesterone exerts a cytotoxic activity in ACC cells, by  
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343 inducing apoptosis via activation of the progesterone receptors. Both the genomic and non-genomic  
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344 effects of progesterone seemed to mediate the cytotoxicity, although this point is still under  
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345 investigation. The synergistic cytotoxic activity of progesterone with mitotane provides the rationale  
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346 for testing this combination in a prospective clinical study.  
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479 **Figure Legends**

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14  
481 **Fig. 1: Cytotoxic effect of progesterone in NCI-H295R cells.** a. NCI-H295R cells were treated with  
15  
16 increasing concentration of progesterone (0.1-160  $\mu$ M) for 4 days. Cell viability was analyzed by  
17  
18 MTT assay. Results are expressed as percent of viable cells vs control (ctrl) cells. Data are the mean  
19  
20  $\pm$  S.E.M. of three experiments performed in triplicate. **\*\* $P < 0.001$  vs ctrl.** b. Cells were treated with  
21  
22 progesterone (25  $\mu$ M) for 4 day in the presence of the PgR antagonist mifepristone (0.1 nM – 500  
23  
24 nM). Cell viability was analyzed by MTT assay. Results are expressed as percent of viable cells vs  
25  
26 control (ctrl) cells. Data are the mean  $\pm$  S.E.M. of three experiments performed in triplicate. **\*\* $P <$**   
27  
28 **0.001 vs ctrl.**  
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488  
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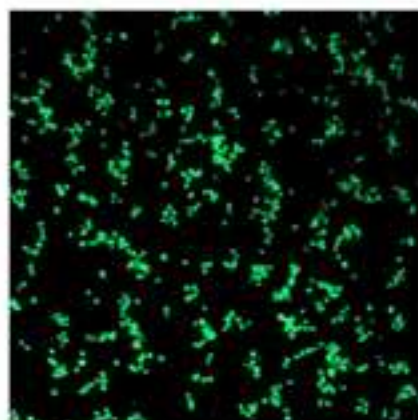
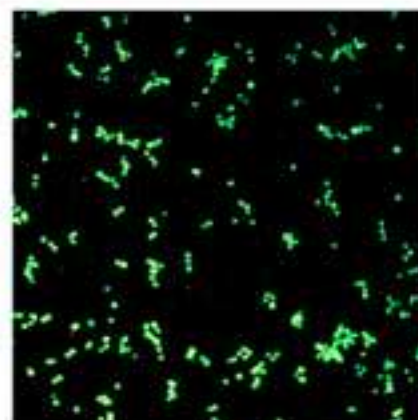
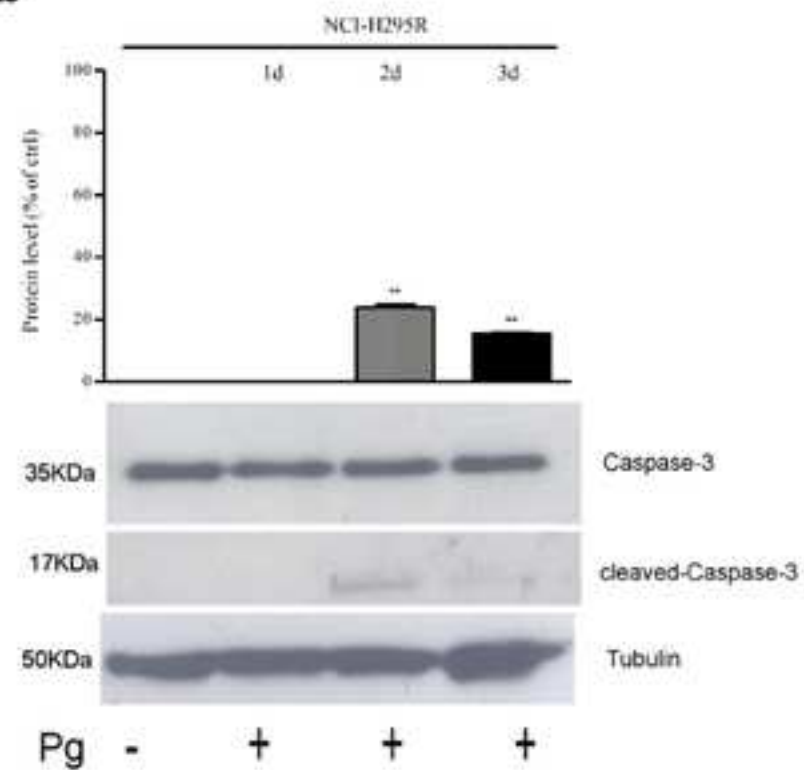
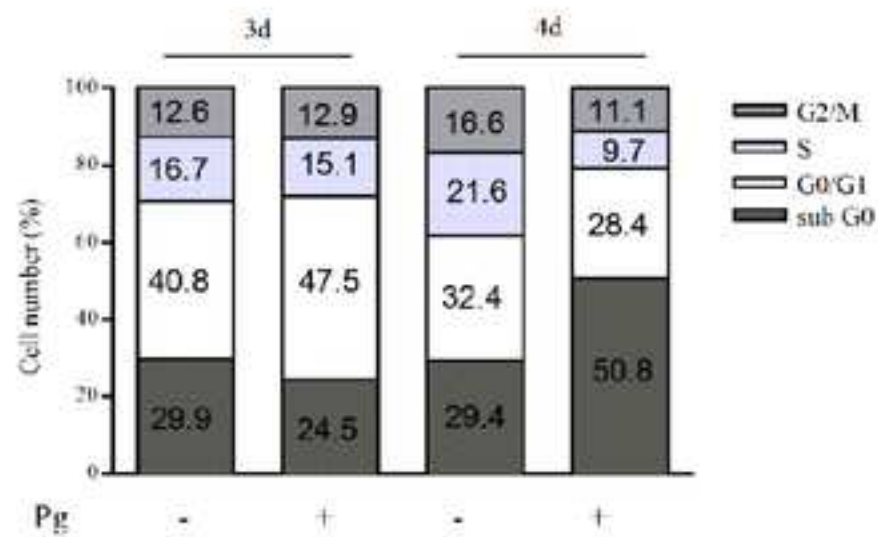
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489 **Fig. 2: Progesterone promotes apoptotic events in NCI-H295R cells, with no influences on cell**  
34  
35 **cycle phases.** a. NCI-H295R cells were treated with progesterone (25  $\mu$ M) for 4 days. Untreated (C)  
36  
37 and progesterone-treated (T) cells were then stained with AO/EtBr. Viable (green), apoptotic (yellow)  
38  
39 and necrotic (red) cells were scored under a confocal laser-scanning microscope. Magnification, 10x.  
40  
41 The images were representative of at least three independents experiments, with superimposable  
42  
43 results. b. Cells were treated with progesterone (25  $\mu$ M) for 1-3 days and analysed for Caspase-3 and  
44  
45 cleaved-Caspase-3 expression using Western Blot (WB). The human  $\alpha$ -Tubulin was used as internal  
46  
47 control. A representative WB is shown. Densitometric analysis of blots (n = 3) with specific levels of  
48  
49 cleaved-Caspase-3 normalized to the corresponding tubulin levels. Bars represent the mean  $\pm$  S.E.M.  
50  
51 **\*\* $P < 0.01$  vs untreated cells.** c. NCI-H295R cells were treated with progesterone (25  $\mu$ M), stained  
52  
53 with propidium iodide and analyzed for DNA content by flow cytometry. Histograms representative  
54  
55 of one out of three experiments were shown in the figure.  
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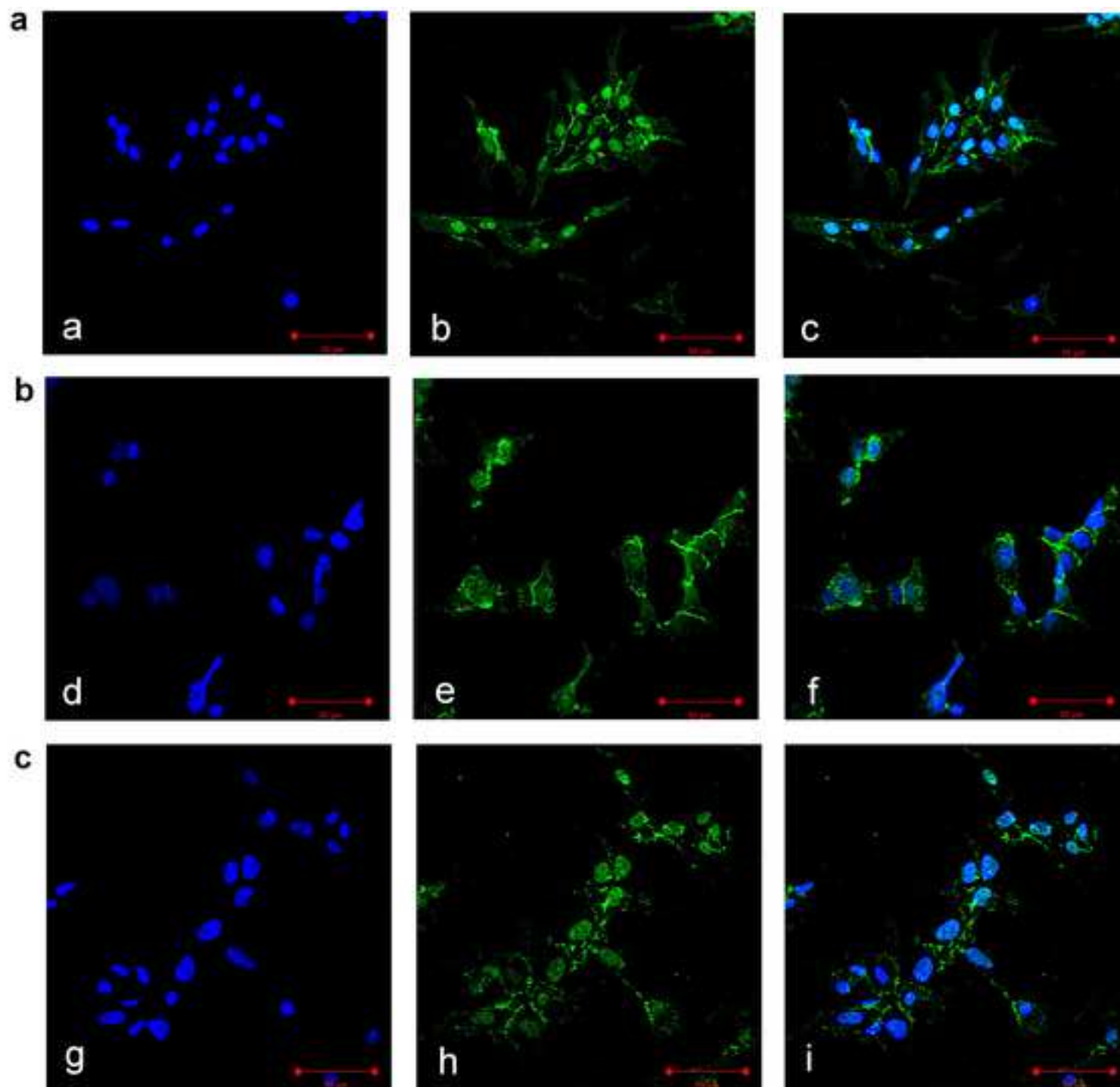


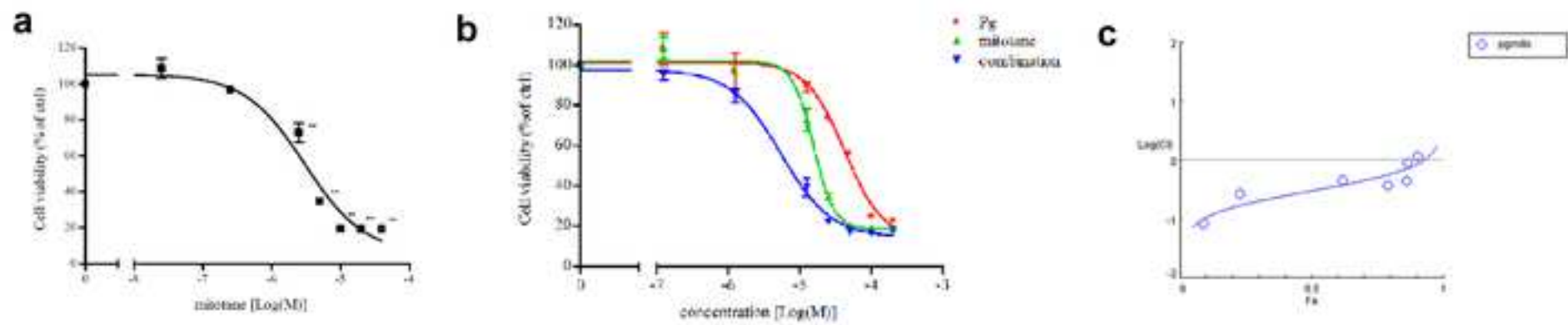
501 **Fig. 3: Progesterone treatment affects the subcellular localization of  $\beta$ -catenin in NCI-H295R**  
1  
502 **cells.** Cells were treated with progesterone (25  $\mu$ M) alone or in combination with mifepristone (100  
3  
503 nM) for 3 days. Untreated (**a**), progesterone-treated (**b**) progesterone-mifepristone-treated (**c**) cells  
6  
504 were analyzed for  $\beta$ -catenin localization following by incubation with Hoechst for nuclear staining.  
8  
505 Panels a, d, g: Hoechst; panel b, e, h:  $\beta$ -catenin; panel c, f, i: merge. The scale bar of 50  $\mu$ m is  
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506 automatically inserted by the software ZEN Black.  
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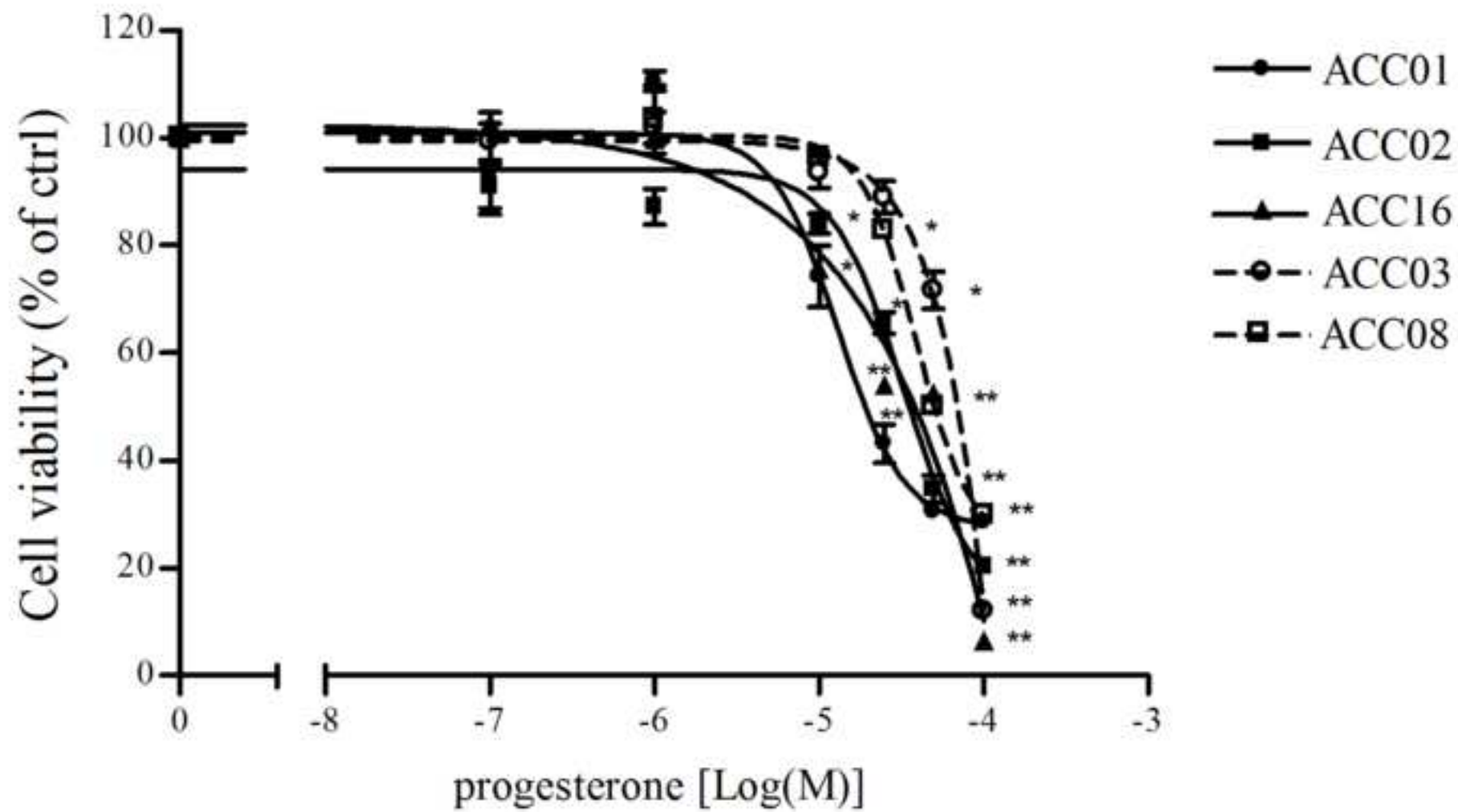
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507 **Fig. 4: Effect of the combination of progesterone with mitotane in NCI-H295R cells. a.** NCI-  
16  
508 H295R cells were treated with increasing concentration of mitotane (25 nM - 40  $\mu$ M) for 4 days. Cell  
18  
509 viability was analyzed by MTT assay. Results are expressed as percent of viable cells vs control (ctrl)  
20  
510 cells. Data are the mean  $\pm$  S.E.M. of three experiments performed in triplicate. **\*\* $P < 0.001$  vs ctrl.**  
23  
511 **b.** NCI-H295R cells exposed to increasing concentrations of progesterone and mitotane alone or in  
25  
512 combination at fixed concentration at 1:4 molar ratio (progesterone: mitotane) for 4 days. Data are  
28  
513 expressed as percent of viable cells vs control (ctrl) cells. Data are the mean  $\pm$  S.E.M. of three  
30  
514 experiments performed in triplicate. **c.** Cell viability from B was converted to Fraction affected (Fa)  
33  
515 values and resulting data were analyzed with CompuSyn software to obtain combination index (CI)  
35  
516 plot. Fa = 0, 100% cell viability; Fa = 1, 0% cell viability; CI value  $< 0.9$ , synergism, CI = 0.9-1.1  
38  
517 additive effect and CI  $> 1.1$  antagonism.  
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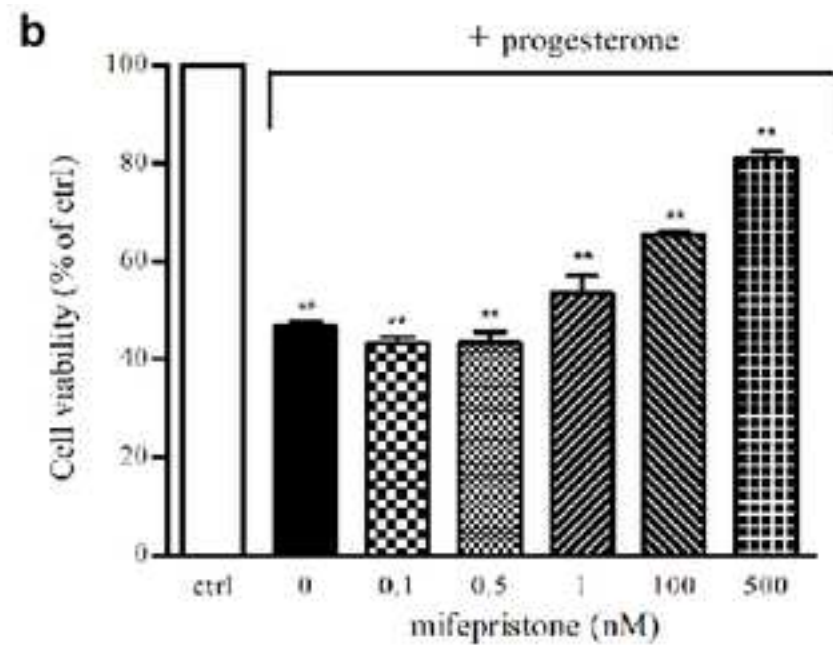
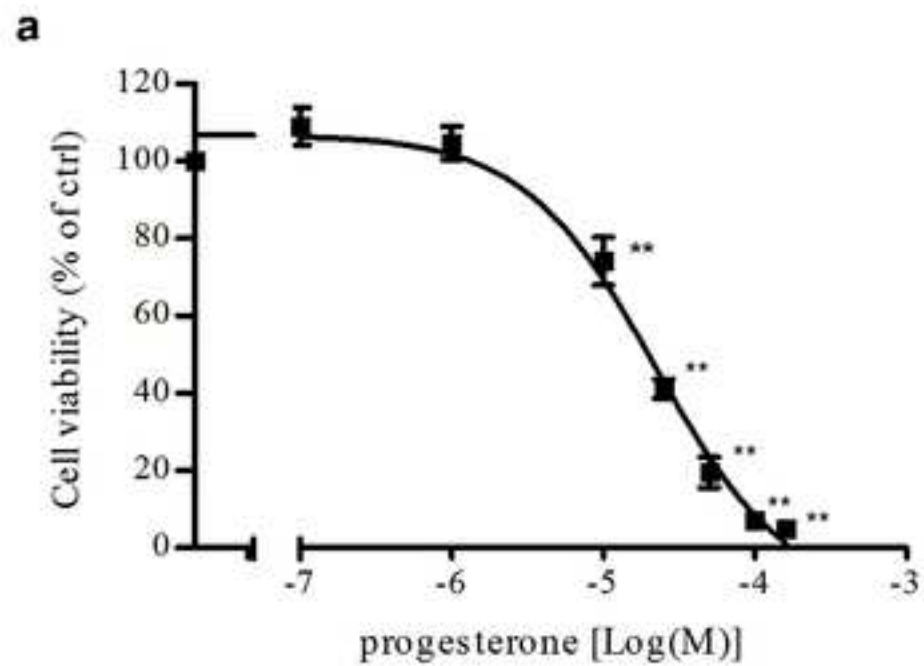
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518 **Fig. 5: Cytotoxic effect of progesterone in human ACC primary cultures.** Cortisol secreting  
43  
519 ACC01 ( $\bullet$ ), ACC02 ( $\blacksquare$ ), ACC16 ( $\blacktriangle$ ) and non secreting ACC03 ( $\circ$ ), ACC08 ( $\square$ ) primary cultures of  
45  
520 human ACC cells were treated with increasing concentrations of progesterone (0.1 – 100  $\mu$ M) for 4  
47  
521 days. Cell viability was evaluated by MTT assay. Results are expressed as percent of viable cells vs  
50  
522 control (ctrl) cells. Data are the mean  $\pm$  S.E.M. of three independent experiments performed in  
53  
523 triplicate. **\* $P < 0.01$  vs ctrl; \*\* $P < 0.001$  vs ctrl.**  
55  
524  
525  
526

**a****c****T****b****c**









**Table 1: Clinical characteristics of ACC patients.**

Primary culture identification	Tumor specimen	Histology	Disease stage	Hormone hypersecretion	PgR expression
ACC01 Female 66 yr old	Primary ACC	Weiss score 8  Mitotic index: >50/50 HPF Ki67 70%	Stage IV (hepatic metastases)	Cortisol (severe Cushing's syndrome)	40%
ACC02 Female 63 yr old	Peritoneal metastases	Weiss score not available  Mitotic index: >50/50 HPF Ki67 50%	Stage IV (peritoneal dissemination)	Cortisol (mild clinical signs of hypercortisolism)	70%
ACC16 Male 55 yr old	Primary ACC	Weiss score not available  Mitotic index: 10/50 HPF Ki67 50%	Stage IV (bone and multiple abdominal lymphonodal metastases)	Cortisol (severe Cushing's syndrome)	40%
ACC03 Male 59 yr old	Local relapse of ACC	Weiss score 8  Mitotic index: 25/50 HPF Ki67 20%	Stage IV (left hypochondrium soft tissue relapse and peritoneal dissemination)	No secretion	3-5%
ACC08 Female 50 yr old	Lung metastases	Weiss score 8  Oncocytic features  Mitotic index: 10/50 HPF Ki67 20%	Stage IV (lung and bone metastases)	No secretion	1-2%

**Table 2. Immunofluorescence quantification of  $\beta$ -catenin expression.**

		% mean $\pm$ SEM
Untreated cells	nucleus	51.06 $\pm$ 2.3
	cytoplasm	48.94 $\pm$ 2.3
Progesterone-treated cells	nucleus	29.01 $\pm$ 3.1
	cytoplasm	70.99 $\pm$ 3.9 *
Progesterone –treated cells in the presence of mifepristone	nucleus	54.20 $\pm$ 2.3
	cytoplasm	45.80 $\pm$ 2.6

Cells were treated with progesterone (25  $\mu$ M) alone or in combination with mifepristone (100 nM) for 3 days. Quantification was performed using the ImageJ software. Several cells in different fields, randomly chosen, were quantified. \* $P < 0.001$  vs nuclear localization





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