Arsenic trioxide (As$_2$O$_3$), a component of traditional Chinese medicine, is successfully used in the management of acute promyelocytic leukemia (APL). It is an effective therapeutic agent even in patients resistant to retinoic acid and chemotherapy. Various cell types have been reported to be sensitive to As$_2$O$_3$-induced apoptosis. As$_2$O$_3$ has been reported to be cytotoxic to APL cells and other malignant cells, including myeloma cells, chronic lymphocytic leukemia cells, and a variety of solid tumor cells$^{1,2,3,4}$. Intravenous administration of As$_2$O$_3$ to patients with APL leads to a peak plasma level of 5 to 7 $\mu$M, with a steady-state concentration of 1 to 2 $\mu$M$^5$. The 2 main mechanisms involved in the therapeutic effects of As$_2$O$_3$ are differentiation and apoptosis. In malignant cells, As$_2$O$_3$ induces cell differentiation at low concentrations ($\leq 1 \mu$M) and promotes apoptosis at high drug levels ($\geq 2 \mu$M)$^6,7$. Recently, As$_2$O$_3$ was found to protect animals from developing human lupus-like syndrome. MRL/lpr mice have been widely used to investigate the etiology and treatment of systemic lupus erythematosus. A study involving an MRL/lpr mouse demonstrated that As$_2$O$_3$ treatment significantly prolonged survival. As$_2$O$_3$ is therefore considered a novel potential agent for autoimmune diseases$^8$.

Rheumatoid arthritis (RA) is a common human autoimmune disease characterized by chronic inflammation and hyperplasia of the synovial joints and subsequent progressive destruction of articular structures$^9$. Although various cell populations may participate in the pathogenesis of RA, fibroblast-like synoviocytes (FLS) are considered crucial in both the initiation and progression of arthritis$^{10}$. Mechanisms of synovial hyperplasia are not fully understood. Recent evidence supports the hypothesis that resistance to apoptosis contributes to the expansion of RA FLS. Apoptosis induction of RA FLS is therefore suggested as a potential therapeutic approach for RA$^{11,12}$.
We investigated whether As$_2$O$_3$ had a therapeutic effect on RA. Considering the critical role of FLS in the development of RA, we investigated the possible effect of As$_2$O$_3$ on human RA FLS as well as an experimental model of collagen-induced arthritis (CIA) in rats and further explored the molecular mechanisms involved in As$_2$O$_3$ treatment.

**MATERIALS AND METHODS**

**Cell culture and reagents.** RA FLS derived from inflamed synovial tissues of patients with RA were obtained from Cell Applications (San Diego, CA, USA). Cells were incubated in synoviocty growth medium (Cell Applications) at 37°C in 5% CO$_2$. FLS passages 3 to 7 were used for all experiments.

Tumor necrosis factor-α (TNF-α), bovine type II collagen, and Freund’s incomplete adjuvant all came from Sigma-Aldrich (St. Louis, MO, USA). As$_2$O$_3$ was purchased from Yida pharmaceutical factory (Harbin, Hei Longjiang, China). A stock solution of 1 mM As$_2$O$_3$ was obtained by dissolving the drug in phosphate-buffered saline (PBS) and storing at 4°C in the dark. The solution was diluted to working concentration before use.

**Apoptosis analysis.** Apoptosis was detected by flow cytometry, terminal deoxynucleotidyl transferase-mediated dUTP nick end-labeling (TUNEL) assay staining, and transmission electron microscopy (TEM).

For the flow cytometric analysis, RA FLS were treated with As$_2$O$_3$ for 24 h and then harvested and washed twice in PBS. Cells (1 x 10$^6$) were resuspended in 100 µl annexin V binding buffer, followed by double-staining with FITC-annexin V and propidium iodide using a FITC Annexin V Apoptosis Detection Kit (BD Biosciences, San Jose, CA, USA). Samples were analyzed by flow cytometry (BD Biosciences).

TUNEL assay was carried out following the manufacturer’s instructions (Roche Diagnostics, Mannheim, Germany). Air-dried cell samples were fixed with freshly prepared fixation solution (4% paraformaldehyde in PBS, pH 7.4) for 1 h at room temperature. Slides were then washed in PBS, and permeabilized with Triton X-100 (0.1% Triton X-100 in 0.1% sodium citrate) for 2 min at 4°C. Next, samples were rinsed with PBS and incubated with TUNEL reaction mixture in a humidified chamber at 37°C for 60 min. After washing 3 times with PBS, samples were analyzed under a fluorescence microscope (Eclipse E800, Nikon, Tokyo, Japan). The apoptosis index was defined as the percentage of positive cells in 1000 RA FLS.

Apoptosis of RA FLS was also determined under TEM directly through observations of morphological changes at the subcellular level. Cells were cultured in the presence or absence of As$_2$O$_3$. After 72 h incubation, RA FLS were harvested by centrifugation and fixed with 2.5% cold glutaraldehyde. Fixed samples were dehydrated with a graded series of ethanol and embedded. Ultrathin sections were subsequently stained with uranyl acetate and lead citrate. Ultrastructural features of cells were examined under a TEM (JEM-120, JEOL, Tokyo, Japan).

DNA-binding activity of NF-κBp65. Specific binding of NF-κBp65 subunit was measured using a TransAM NF-κBp65 kit (Active Motif, Carlsbad, CA, USA) according to the manufacturer’s instructions. After treatment with As$_2$O$_3$ and/or TNF-α, cells were collected by scraping and centrifugation. Cell nuclear extracts were then added into a 96-well plate immobilized with oligonucleotide containing the NF-κB consensus site (5’-GGG ACT TTC C-3’). Using a primary antibody directed against the NF-κBp65 subunit and a second antibody conjugated to horseradish peroxidase, the optical density was qualified by spectrophotometry using the SpectraMax M5 ( Molecular Devices, Sunnyvale, CA, USA).

**RESULTS**

**As$_2$O$_3$-induced RA FLS apoptosis.** After RA FLS were cultured in the presence or absence of As$_2$O$_3$, apoptosis was first determined using flow cytometry. On the basis of annexin V and propidium iodide binding, we found that As$_2$O$_3$ treatment induced an apoptotic process in RA FLS. A lower percentage of binding (1.6% ± 0.3%) was detected in the untreated cells group. Enhanced apoptotic rate of RA FLS was found with the treatment of 2 µM As$_2$O$_3$, and even higher when 8 µM As$_2$O$_3$ was applied (10.6% ± 2.1%). Thus, As$_2$O$_3$ induced RA FLS apoptosis in a dose-dependent manner (Figure 1A).

As$_2$O$_3$-associated apoptotic effects were further con-
firmed by TUNEL staining. Apoptosis index in the 0.5 µM As2O3-treated group showed no difference compared with that of the untreated cells (1.5% ± 0.6%). As illustrated in Figure 1B, quantitative analysis showed a predominant increase of cell death following treatment with 2 µM or 8 µM As2O3, with apoptotic indexes of 7.4% ± 1.6% and 9.3% ± 2.6%, respectively (p < 0.05 vs control).

Ultrastructural changes of cells were observed under TEM. Untreated RA FLS displayed normal shape with developed rough endoplasmic reticulum. Cells treated with 2 µM As2O3 did not display altered morphology. However, early characteristics of apoptosis were observed, including chromatin condensation and marginalization. After a treatment with 8 µM As2O3, irregular contour of cells was noted and other typical characteristics of apoptosis appeared including vacuolar formation, mitochondrial swelling, pyknosis and condensation, and fragmentation of nuclear chromatin (Figure 1C). These observations further demonstrated As2O3-induced apoptosis of RA FLS.

Effects of As2O3 on NF-κB messenger RNA (mRNA) expression and DNA-binding activity. We then studied the possible mechanisms involved in the apoptotic effect of As2O3. Inhibition of NF-κB was shown to play an important role in As2O3-induced tumor cell apoptosis. We assessed NF-κB mRNA expression and DNA-binding activity of the p65 subunit in cultured RA FLS. The mRNA level of NF-κB was predominantly upregulated with TNF-α stimulation. This action was efficiently suppressed through the addition of As2O3. As2O3 treatment downregulated NF-κB mRNA expression in a dose-dependent manner (Figure 2A). Indeed, the mRNA level was diminished to control level when treated with 8 µM As2O3.

DNA-binding activity of the NF-κBp65 subunit was evaluated using a sensitive multiwell colorimetric assay. Cells were pretreated with 4 µM As2O3 for 6 h, followed by a 2-h incubation with TNF-α (20 ng/ml). Pretreatment with TNF-α resulted in 2.5-fold-enhanced DNA-binding capacity of the p65 subunit. Cells treated with As2O3 itself showed weaker NF-κBp65 activity and no statistical significance was detected. With TNF-α stimulation, NF-κB activation in RA FLS was markedly decreased (Figure 2B). These observations indicate that the NF-κB pathway plays an essential role in the As2O3-induced apoptotic process.

As2O3-induced RA FLS apoptosis involves activation of caspases. It has been reported that NF-κB protects cells from apoptosis by restraining the upstream caspase cascade. Moreover, As2O3-induced apoptosis could be effectively blocked by the inhibitors of caspase-8 and caspase-3. To further clarify the apoptotic signaling pathway underlying As2O3 toxicity, we investigated the effect of As2O3 on the activation of the caspase cascade in RA FLS. Caspase-8 and caspase-3 activities were examined using the luminescent caspase activity assay with luminogenic substrates. Enzymatic activities of caspase-8 and caspase-3 were measured by detecting the luminescent signals of the caspases and results were expressed as relative light units compared...
with the untreated group. Our data demonstrate that As$_2$O$_3$ treatment significantly increased the activities of caspase-8 and caspase-3 (2.2-fold and 1.9-fold, respectively; Figure 3). These results indicate that caspase activation plays a potent role in the process of As$_2$O$_3$-induced RA FLS apoptosis.

**Effect of As$_2$O$_3$ on CIA rats.** CIA rats displayed limited activity compared with normal rats during the experiment. Joint swelling subsided in As$_2$O$_3$-treated rats, and they exhibited no behavioral abnormalities compared with normal controls. Absolute increments in body weight were measured on the first, seventh, and fifteenth days after As$_2$O$_3$ treatment, and no significant differences were observed between groups.

With H&E staining and morphology detection of the animal joints, no synovial hyperplasia or pannus formation was observed in the control rats. Arthritis developed in the CIA model, characterized by synovial hyperplasia, pannus formation, erosion of bone and cartilage, inflammatory cell infiltration, and arthrodial cartilage degradation (Figure 4). Animals treated with As$_2$O$_3$ revealed less evidence of inflammation or destruction in the joint, and this particularly applied to CIA rats treated with 4.0 mg/kg and 6.0 mg/kg As$_2$O$_3$. Indeed, histology of the synovial membrane in these groups was similar to normal synovium, and synovial hyperplasia and inflammation were effectively suppressed by As$_2$O$_3$.

**DISCUSSION**

Proliferation of RA synovial cells is considered to be as fierce as that of tumor cells. The hypertrophied synovium invades and erodes the cartilage and adjacent bone, resulting in progressive destruction of the joint. Although the pathogenesis of RA is only partially understood, it has been demonstrated that FLS are important in arthritis and are involved in the initiation and perpetuation of RA. RA FLS are therefore considered important targets for novel approaches in the management of RA. Synovial hyperplasia appeared to be mediated at least in part by defective apoptosis of RA FLS. Previous studies suggested that induction of apoptosis is a promising therapeutic strategy to eliminate RA synovial pannus. In our study, apoptosis of RA FLS was proved by both direct and indirect observations. Our results indicate that As$_2$O$_3$ can effectively induce the programmed cell death in RA FLS in a dose-dependent manner.

NF-κB is widely expressed in almost all animal cell types. This ubiquitous transcription factor is involved in the activation of a multitude of cellular and viral genes and plays a pivotal role in cell death and survival pathways. NF-κB is known to be activated in RA. Activation of NF-κB by inflammation protects synovial cells from apoptosis. Data from studies using experimental animals and human joints have shown obvious increases in the DNA-binding activity of NF-κB in both the CIA model and patients with RA. Prior studies suggested that inhibition of NF-κB activity essentially contributes to the cytotoxic action of arsenic. Cells transfected with NF-κBp65 expression structures are resistant to arsenic-mediated induction of apoptosis. We therefore hypothesize that NF-κB plays a role in RA FLS apoptosis induced by As$_2$O$_3$. Our data demonstrate for the first time that As$_2$O$_3$ has the ability to block TNF-α-induced activation of NF-κB in RA FLS. DNA-binding activity and the mRNA level were both effectively suppressed during As$_2$O$_3$ incubation. A variety of drugs (e.g., sulfasalazine, gold compounds, and corticosteroids) have been reported to exhibit their therapeutic properties, at least in part, through the NF-κB pathway. Besides classical agents, gene therapy and novel agents containing small-molecule inhibitors of NF-κB have exhibited efficacy in animal arthritis models. Thus, blockade of...
the NF-κB signaling pathway has a precise therapeutic effect on RA. In addition, activation of NF-κB enabled the activation of multiple inflammatory molecules. TNF-α, interleukin 1β, matrix metalloprotease, and various proinflammatory factors are considered to be under the control of NF-κB transcription factors. As$_2$O$_3$ may consequently exhibit antiinflammatory effects, which are of great benefit in the control of the disease. In short, the definite inhibitory action against the NF-κB pathway makes it possible to use As$_2$O$_3$ as a novel agent for RA. It is also important to note that the drug concentrations we used correlate closely with clinical concentrations and can closely mimic the in vivo status.

Previous studies have demonstrated that specific inhibition of NF-κB activity potentiates TNF-α and FasL-related apoptosis. Caspase-8 is known to be the apical caspase that participates in the TNF-α and FasL pathway. Studies on the HT1080 fibrosarcoma cell line validated that NF-κB suppressed the initiation of the caspase cascade through caspase-8 blockade. In our study, As$_2$O$_3$ treatment effectively enhanced the activity of caspase-8, suggesting that NF-κB inhibition by As$_2$O$_3$ led to the activation of the upstream

Figure 4. Effect of arsenic trioxide (As$_2$O$_3$) treatment on collagen-induced arthritis (CIA) rats. Morphological changes in joints of the 6 groups were evaluated under a light microscope (H&E stain). A. Smooth articular facets were seen in the control group. B. Arrows indicate excessive proliferation of synovium and angiogenesis in the positive control (CIA). These observations diminished gradually with increase of As$_2$O$_3$ concentration (C, 1 mg/kg; D, 2 mg/kg; E, 4 mg/kg; F, 6 mg/kg).
As₂O₃-induced apoptosis of RA FLS. These findings show As₂O₃ to be a novel and economic therapeutic agent for RA treatment. Further studies are required to evaluate the possibility of As₂O₃ through intraarticular administration.

Notable progress has been made in the treatment of RA, especially for the application of biological agents that specifically suppress the actions of TNF-α or interleukin 1. However, not all patients with RA benefit from those drugs. A certain number of patients exhibit poor responses to the treatment, the possible toxicity of As₂O₃ should be noted. Thus, the comparative efficacy of different delivery methods (e.g., venous, articular cavity, or intraperitoneal injections) is worth studying in future research. Considering the direct interactions of As₂O₃ with RA FLS, it will be of great interest to investigate the feasibility and effect of As₂O₃ through intraarticular administration.

A recent case report recorded a relapse of RA in a patient with APL who received combination therapy with all-transretinoic acid and As₂O₃. This seems to conflict with our findings. However, the patient in that report received both all-transretinoic acid and As₂O₃ treatment, while our patient received a treatment with only As₂O₃. In addition, a modified method, known as continuously slow As₂O₃ intravenous infusion, was used in our patient, in accordance with a prior study. This delivery method kept the drug in stable concentrations in blood circulation and effectively decreased the side effects. Thus, the rational method for the use of As₂O₃ should be noted.

Our study demonstrates that As₂O₃ can restrain the proliferation of RA FLS and consequently alter the histomorphological changes in RA synovium. The NF-κB signaling pathway and caspase activation participate in As₂O₃-induced apoptosis of RA FLS. These findings show As₂O₃ to be a novel and economic therapeutic agent for RA treatment. Further studies are required to evaluate the possible toxicity of As₂O₃.

REFERENCES


