

DOI: 10.1002/cmdc.200700217

## Sensitive, Selective, and Irreversible Inhibition of Cyclooxygenase-2 Activity by Copper

Seiichi Nagano<sup>[a]</sup> and Ashley I. Bush<sup>\*[a, b]</sup>

Cyclooxygenase (COX) is a proinflammatory enzyme that catalyzes the rate-limiting reaction to produce many important prostaglandins from arachidonic acid.<sup>[1]</sup> COX has two isoforms. COX-1 is the constitutive type, widely expressed in various tissues, that serves the basal production of prostaglandins. COX-2 is the inducible type that is upregulated by inflammatory mediators and growth factors such as interleukin-1 and tumor growth factor  $\beta$ . COX produces prostaglandin H<sub>2</sub> (PGH<sub>2</sub>) by two consecutive catalytic activities. Arachidonic acid is converted to prostaglandin G<sub>2</sub> (PGG<sub>2</sub>) by the authentic "cyclooxygenase" activity at first, and then PGG<sub>2</sub> is reduced to PGH<sub>2</sub> by the peroxidase activity of the enzyme. PGH<sub>2</sub> is further converted to prostaglandin E<sub>2</sub> (PGE<sub>2</sub>), a prostaglandin that has physiological functions such as platelet aggregation.<sup>[1]</sup>

COX has a heme at the active site and the redox state of the heme is crucial for cyclooxygenase and peroxidase activities of the enzyme.<sup>[2]</sup> However, COX is subject to self-inactivation, possibly because of the oxidation of a tyrosine residue at the heme active site of the enzyme.<sup>[3]</sup> Therefore, COX is liable to lose its activity by oxidative modification of the enzyme.

COX-2 expression is reported to increase in inflammatory diseases such as rheumatoid arthritis (RA),<sup>[4,5]</sup> and neurodegenerative diseases such as amyotrophic lateral sclerosis (ALS)<sup>[6]</sup> and Alzheimer disease (AD)<sup>[7]</sup> where the enzyme oxidatively crosslinks with  $\beta$ -amyloid.<sup>[8]</sup> Therefore, nonsteroidal anti-inflammatory drugs (NSAIDs), typical inhibitors of COX-2, may have beneficial effects on these diseases.<sup>[9–11]</sup> There is evidence that aberrant metabolism of Cu<sup>2+</sup>, a redox-active biometal that can cause the oxidation of proteins, may also play a pathogenic role in these conditions.<sup>[12–15]</sup>

Herein, we report that COX-2 is specifically inactivated by the physiological concentration of Cu<sup>2+</sup> ions, and discuss its relevance in a clinical situation.

Table 1 shows the effects of various biometals on the production of PGE<sub>2</sub> by COX-2 activity. We measured PGE<sub>2</sub> production to reflect COX-2 activity, as PGE<sub>2</sub> is the major end-product of the partially-purified enzyme,<sup>[17]</sup> and can be sensitively quantified by EIA. We did not find any production of PGE<sub>2</sub> from the

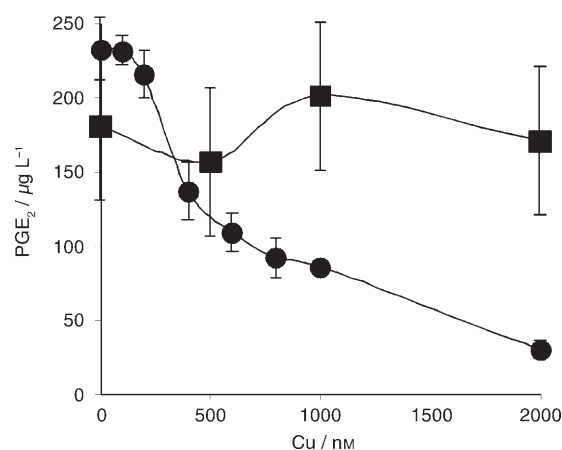
**Table 1.** Inhibition of PGE<sub>2</sub> production by various biometals. <sup>[a]</sup>

Metal ion	PGE <sub>2</sub> production [ $\mu\text{g L}^{-1}$ ]
(–)	215.9 $\pm$ 16.7
Cu <sup>2+</sup>	119.0 $\pm$ 8.9 <sup>[b]</sup>
Fe <sup>3+</sup>	202.4 $\pm$ 26.5
Zn <sup>2+</sup>	198.2 $\pm$ 16.8
Co <sup>2+</sup>	182.0 $\pm$ 24.9
Ni <sup>2+</sup>	236.5 $\pm$ 3.2
Mg <sup>2+</sup>	182.4 $\pm$ 47.4

<sup>[a]</sup> Ovine COX-2 (140 nM) was incubated with a metal (500 nM) for 1 h at 37 °C. The data indicate the average  $\pm$  SD of triplicate results. <sup>[b]</sup> Significantly decreased compared to COX-2 alone sample ( $P < 0.01$ , t test).

sample without COX-2 (data not shown). At 500 nM, only Cu<sup>2+</sup> inhibited PGE<sub>2</sub> production significantly ( $P < 0.01$ , t test) by  $\approx$  50%. The ligand for Cu<sup>2+</sup> (3  $\mu\text{M}$  glycine) itself caused no inhibitory effect on the enzyme (data not shown). The background levels of Cu<sup>2+</sup> in our buffers is routinely measured at less than 20 nM,<sup>[18]</sup> which was considered negligible compared with the concentration of Cu<sup>2+</sup> added in this study.

Cu<sup>2+</sup> inhibited COX-2 activity in a concentration-dependent manner (Figure 1). The IC<sub>50</sub> for Cu<sup>2+</sup> was  $\approx$  500 nM, which is a stoichiometric ratio of 3.5:1 (Cu<sup>2+</sup>:enzyme). On the other hand, in the presence of 10  $\mu\text{M}$  EDTA, the inhibitory effect of Cu<sup>2+</sup> at concentrations up to 2000 nM was abolished (Figure 1). The amount of PGE<sub>2</sub> produced in the presence of EDTA without Cu<sup>2+</sup> was less than that in the sample lacking EDTA. This might be explained by EDTA chelating some Fe on the heme from the active site of COX-2, so decreasing the activity of the enzyme.

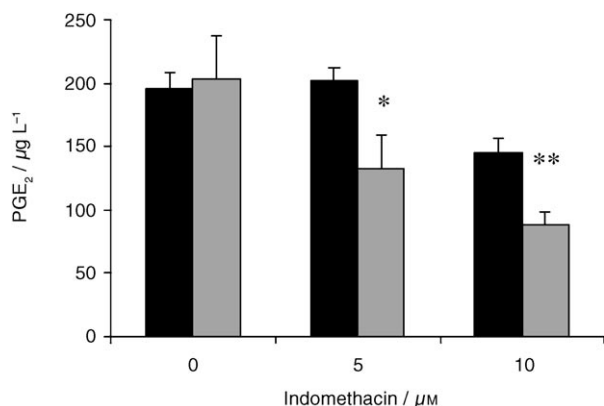


**Figure 1.** Cu inhibition of COX-2 activity is concentration-dependent. Ovine COX-2 (140 nM) was incubated with various concentrations of Cu with (squares) or without (circles) 10  $\mu\text{M}$  EDTA for 1 h at 37 °C. The data indicate the average  $\pm$  SD of triplicate results.

<sup>[a]</sup> Dr. S. Nagano, Prof. A. I. Bush  
Laboratory for Oxidation Biology  
Genetics and Aging Research Unit and  
Department of Psychiatry  
Harvard Medical School  
Massachusetts General Hospital East  
Bldg 114 16th Street, Charlestown, MA 02129 (USA)  
Fax: (+61) 393-875-061  
E-mail: bush@helix.mgh.harvard.edu

<sup>[b]</sup> Prof. A. I. Bush  
Mental Health Research Institute of Victoria and Department of Pathology  
The University of Melbourne  
Parkville, Victoria 3052 (Australia)

We next examined the effect of  $\text{Cu}^{2+}$  on the inhibition of COX-2 activity by indomethacin, a nonspecific inhibitor of COX (Figure 2). At 100 nM,  $\text{Cu}^{2+}$  itself did not inhibit  $\text{PGE}_2$  production, consistent with our results in Figure 1. However, the same concentration of  $\text{Cu}^{2+}$  (100 nM) significantly potentiated the inhibition of  $\text{PGE}_2$  production by low concentrations of indomethacin (5–10 nM,  $P < 0.05$ , t test).

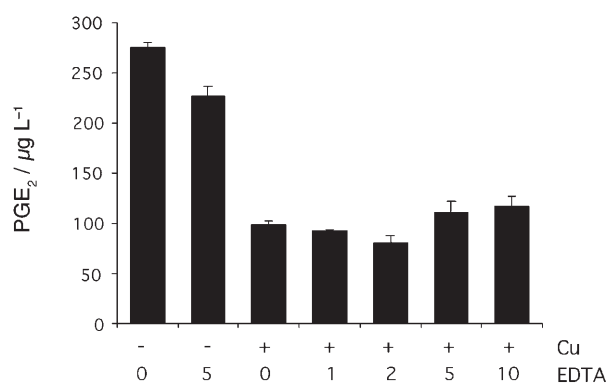


**Figure 2.** Synergistic effect of Cu on the inhibition of COX-2 activity by indomethacin. Ovine COX-2 (140 nM) was incubated with (gray bars) or without (black bars) 100 nM Cu at various concentrations of indomethacin for 1 h at 37 °C. The data indicate the average  $\pm$  SD from triplicate results. \*  $P < 0.05$ , \*\*  $P < 0.01$ , t test.

To determine whether the inactivation of COX-2 by  $\text{Cu}^{2+}$  is a reversible process, we investigated the effect of EDTA on COX-2 activity after the inactivation by Cu (Figure 3).  $\text{Cu}^{2+}$  (1  $\mu\text{M}$ ) inhibited COX-2 activity compared to the samples without Cu ( $P < 0.001$ , t test), consistent with the earlier data (Figure 1). Whereas the inhibition is prevented by co-incubation with EDTA (10  $\mu\text{M}$ ) (Figure 1), when EDTA (1–10  $\mu\text{M}$ ) was added after the incubation with Cu, it did not restore the inhibition of COX-2 activity, indicating that  $\text{Cu}^{2+}$ -mediated inhibition was irreversible.

We have shown that  $\text{Cu}^{2+}$  inhibits COX-2 activity specifically among biometals. This inhibition may be relevant to the regulation of COX-2 activity in vivo, because the concentrations of Cu necessary to inactivate COX-2 ( $\text{IC}_{50} \approx 500$  nM) are much lower than in human serum (15–30  $\mu\text{M}$ )<sup>[19]</sup> and the human brain (40–90  $\mu\text{M}$ ).<sup>[20]</sup> By way of comparison,  $\text{Cu}^{2+}$  also inhibits the activity of SOD1 (20 nM) with an  $\text{IC}_{50}$  of 2.35  $\mu\text{M}$ .<sup>[21]</sup> Although there is almost no free  $\text{Cu}^{2+}$  in the cell,<sup>[22]</sup> the total levels of Cu rise with age<sup>[23,24]</sup> and may exist in a pool that could exchange with COX-2.

Although the mechanism by which  $\text{Cu}^{2+}$  inactivates COX-2 is unclear, the irreversible change of the activity (Figure 3) implies that  $\text{Cu}^{2+}$  causes the oxidative modification at the active site of the enzyme possibly by hydrogen peroxide or hydroxyl radicals. As dopamine is present, it is possible that the  $\text{Cu}^{2+}$  is reduced to  $\text{Cu}^+$ , which may be the species responsible for the chemical attack. Oxidative modification of a tyrosine residue in COX is associated with the self-inactivation of the enzyme.<sup>[3]</sup> It is not likely that the inhibitory effects of  $\text{Cu}^{2+}$  on COX-2 activi-



**Figure 3.** Inhibition of COX-2 activity by Cu is irreversible. Ovine COX-2 (140 nM) was incubated with or without 1  $\mu\text{M}$  Cu for 1 h at 37 °C. After that incubation, various concentrations of EDTA ( $\mu\text{M}$ ) were added to the sample and incubated for 30 min at 37 °C. The data indicate the average  $\pm$  SD from triplicate results.

ty is merely caused by direct dopamine oxidation, as  $\text{Fe}^{3+}$ , an even more potent means of oxidizing dopamine,<sup>[25]</sup> did not affect COX-2 activity (Table 1). Also, when EDTA is added after one hour to COX-2 that has been incubated with  $\text{Cu}^{2+}$  the enzyme maintains considerable activity (Figure 3); at this point all the  $\text{Cu}^{2+}$  has been chelated by the excess EDTA, so the residual activity indicates that the dopamine substrate has not been exhausted through being oxidized by  $\text{Cu}^{2+}$ .

We also observed a synergistic effect of  $\text{Cu}^{2+}$  on the inhibition of COX-2 activity by indomethacin (Figure 2).  $\text{Cu}^{2+}$  at a subtoxic concentration might make the enzyme liable to inactivation by indomethacin, or  $\text{Cu}^{2+}$  might directly bind to indomethacin and reinforce the pharmacological effect of the agent.  $\text{Cu}^{2+}$  is known to form a complex with NSAIDs including indomethacin<sup>[26]</sup> and to potentiate their anti-inflammatory activities.<sup>[27–30]</sup> The structural basis for this awaits determination but the possibility that the pharmacological action of NSAIDs is potentiated by tissue  $\text{Cu}^{2+}$  may be important in treatment strategies of inflammatory conditions.

The inhibition of COX-2 activity by Cu may be a basis for the physiological and pathological roles of Cu in aging, RA, and AD. COX-2 activity is known to increase by aging in the rat brain.<sup>[31]</sup> Cu content also increases with age, especially in the brain.<sup>[21,23,24,32]</sup> This could serve a protective function to suppress the unwarranted COX-2 activity. On the other hand, Cu levels are decreased in erythrocytes and mononuclear cells in patients with RA,<sup>[12,13]</sup> and in the hippocampus of AD brains,<sup>[14,15]</sup> although COX-2 expression is induced in affected regions of these diseases.<sup>[4,5,7]</sup> Therefore, an imbalance between intracellular  $\text{Cu}^{2+}$  level and COX-2 expression may occur in these diseases. In fact, intramuscular administration of  $\text{Cu}^{2+}$  complexes has been reported to induce symptom remission in RA patients.<sup>[33]</sup>  $\text{Cu}^{2+}$ -thiocyanates also have been described to have anti-inflammatory and anti-arthritis effects in rats<sup>[34]</sup> and “copper bracelets” have been described to be of therapeutic value in arthritis sufferers.<sup>[35]</sup> Our current studies demonstrate that small (nanomolar) elevations of  $\text{Cu}^{2+}$  could serve to inhibit COX-2 activity. These data may help illuminate the com-

plex interplay between Cu<sup>2+</sup> and COX-2 activity in conditions such as RA, AD, and ALS.

## Experimental Section

Standard metal solutions were obtained from the National Institute of Standards and Technology for Cu<sup>2+</sup>, Zn<sup>2+</sup>, and Fe<sup>3+</sup> (10 mg mL<sup>-1</sup> in 10% HNO<sub>3</sub>), and from Plasma Chemical Corporation for the other metals (1 mg mL<sup>-1</sup> in 2% HNO<sub>3</sub>). Stock solutions of metal ions were prepared at 10 mM with 60 mM ligand (histidine for Zn<sup>2+</sup>, citrate for Fe<sup>3+</sup>, and glycine for the other metals, all from Sigma, St. Louis, MO) in Dulbecco's phosphate buffered saline without calcium and magnesium (PBS, Sigma). pH was adjusted to 7.4 with 1 N sodium hydroxide. Indomethacin (Sigma) was dissolved in ethanol at the concentration of 10 mM. Every reagent was diluted with PBS from stock solutions.

The inhibition assay of COX-2 activity was performed according to the method of Mattammal et al., 1995.<sup>[16]</sup> Purified ovine COX-2 (Cayman Chemical, Ann Arbor, MI) was incubated at 140 nM with metals, EDTA, or indomethacin in a total volume of 100 μL for 1 h at 37 °C, in the presence of 100 μM dopamine (Sigma) as a reducing co-substrate. To examine the effect of EDTA after the inactivation of COX-2, EDTA was added after 1 h incubation of COX-2 with Cu<sup>2+</sup> and incubated for 30 min. After this incubation, the enzymatic reaction was initiated by adding 5 μL of 20 μM hematin (Sigma) and 5 μL of 2 mM arachidonic acid (Acros Organics, Geel, Belgium), and reacted for 3 min at 37 °C. The reaction was stopped by adding 100 μL cold ethanol. The production of PGE<sub>2</sub> was quantified by STAT-Prostaglandin E<sub>2</sub> EIA Kit (Cayman Chemical) according to the manufacturer's instructions.

Data were expressed as mean ± SD. Statistical differences were determined by t test. *P* < 0.05 was considered to be significant.

## Acknowledgements

This work was supported by NIH R01-AG12686, the Alzheimer's Association, the Australian Research Council Federation Fellowship, and the National Health & Medical Research Council (to A.I.B.). S.N. is a recipient of Uehara Memorial Foundation Post-doctoral Fellowship.

**Keywords:** copper · cyclooxygenase-2 · indomethacin · inflammation · prostaglandin

- [1] W. L. Smith, D. L. DeWitt, R. M. Garavito, *Annu. Rev. Biochem.* **2000**, *69*, 145–182.
- [2] A. Tsai, R. J. Kulmacz, *Prostaglandins Other Lipid Mediators* **2000**, *62*, 231–254.
- [3] G. Wu, C. Wei, R. J. Kulmacz, Y. Osawa, A. L. Tsai, *J. Biol. Chem.* **1999**, *274*, 9231–9237.
- [4] R. Y. Kang, J. Freire-Moar, E. Sigal, C. Q. Chu, *Br. J. Rheumatol.* **1996**, *35*, 711–718.
- [5] I. Siegle, T. Klein, J. T. Backman, J. G. Saal, R. M. Nusing, P. Fritz, *Arthritis Rheum.* **1998**, *41*, 122–129.

- [6] K. Yasojima, W. W. Tourtellotte, E. G. McGeer, P. L. McGeer, *Neurology* **2001**, *57*, 952–956.
- [7] L. Ho, D. Purohit, V. Haroutunian, J. D. Luteran, F. Willis, J. Naslund, J. D. Buxbaum, R. C. Mohs, P. S. Aisen, G. M. Pasinetti, *Arch. Neurol.* **2001**, *58*, 487–492.
- [8] S. Nagano, X. Huang, R. D. Moir, S. M. Payton, R. E. Tanzi, A. I. Bush, *J. Biol. Chem.* **2004**, *279*, 14673–14678.
- [9] M. E. Turini, R. N. DuBois, *Annu. Rev. Med.* **2002**, *53*, 35–57.
- [10] B. A. in t'Veld, A. Ruitenber, A. Hofman, L. J. Launer, C. M. van Duijn, T. Stijnen, M. M. Breteler, B. H. Stricker, *N. Engl. J. Med.* **2001**, *345*, 1515–1521.
- [11] P. N. Pompl, L. Ho, M. Bianchi, T. McManus, W. Qin, G. M. Pasinetti, *FASEB J.* **2003**, *17*, 725–727.
- [12] S. Tuncer, A. Kamanli, E. Akcil, G. O. Kavas, B. Seckin, M. B. Atay, *Biol. Trace Elem. Res.* **1999**, *68*, 137–142.
- [13] A. Wanchu, A. Sud, P. Bamberg, R. Prasad, V. Kumar, *Ann. Rheum. Dis.* **2002**, *61*, 88.
- [14] L. O. Plantin, U. Lying-Tunell, K. Kristensson, *Biol. Trace Elem. Res.* **1987**, *13*, 69–75.
- [15] M. A. Deibel, W. D. Ehmann, W. R. Markesbery, *J. Neurol. Sci.* **1996**, *143*, 137–142.
- [16] M. B. Mattammal, R. Strong, V. M. Lakshmi, H. D. Chung, A. H. Stephenson, *J. Neurochem.* **1995**, *64*, 1645–1654.
- [17] M. Yu, D. Ives, C. S. Ramesha, *J. Biol. Chem.* **1997**, *272*, 21181–21186.
- [18] M. F. Jobling, X. Huang, L. R. Stewart, K. J. Barnham, C. Curtain, I. Volitakis, M. Perugini, A. R. White, R. A. Cherny, C. L. Masters, C. J. Barrow, S. J. Collins, A. I. Bush, R. Cappai, *Biochemistry* **2001**, *40*, 8073–8084.
- [19] M. Araya, M. Olivares, F. Pizarro, M. A. Mendez, M. Gonzalez, R. Uauy, *J. Nutr.* **2005**, *135*, 2367–2371.
- [20] R. Rahil-Khazen, B. J. Bolann, A. Myking, R. J. Ulvik, *J. Trace Elem. Med. Biol.* **2002**, *16*, 15–25.
- [21] H. R. Massie, V. R. Aiello, A. A. Iodice, *Mech. Ageing Dev.* **1979**, *10*, 93–99.
- [22] T. D. Rae, P. J. Schmidt, R. A. Pufahl, V. C. Culotta, T. V. O'Halloran, *Science* **1999**, *284*, 805–808.
- [23] C. J. Maynard, R. Cappai, I. Volitakis, R. A. Cherny, A. R. White, K. Beyreuther, C. L. Masters, A. I. Bush, Q. X. Li, *J. Biol. Chem.* **2002**, *277*, 44670–44676.
- [24] C. J. Maynard, R. Cappai, I. Volitakis, R. A. Cherny, C. L. Masters, Q. X. Li, A. I. Bush, *J. Inorg. Biochem.* **2006**, *100*, 952–962.
- [25] A. Hermida-Ameijeiras, E. Mendez-Alvarez, S. Sanchez-Iglesias, C. Sanmartin-Suarez, R. Soto-Otero, *Neurochem. Int.* **2004**, *45*, 103–116.
- [26] S. Ramadan, T. W. Hambley, B. J. Kennedy, P. A. Lay, *Inorg. Chem.* **2004**, *43*, 2943–2946.
- [27] J. R. Sorenson, *J. Med. Chem.* **1976**, *19*, 135–148.
- [28] M. Roch-Arveiller, D. P. Huy, L. Maman, J. P. Giroud, J. R. Sorenson, *Biochem. Pharmacol.* **1990**, *39*, 569–574.
- [29] M. Roch-Arveiller, V. Revelant, D. Pham Huy, L. Maman, J. Fontagne, J. R. Sorenson, J. P. Giroud, *Agents Actions* **1990**, *31*, 65–71.
- [30] M. Lecomte, O. Laneuville, C. Ji, D. L. DeWitt, W. L. Smith, *J. Biol. Chem.* **1994**, *269*, 13207–13215.
- [31] B. S. Baek, J. W. Kim, J. H. Lee, H. J. Kwon, N. D. Kim, H. S. Kang, M. A. Yoo, B. P. Yu, H. Y. Chung, *J. Gerontol. Ser. A* **2001**, *56*, B426–431.
- [32] A. Morita, M. Kimura, Y. Itokawa, *Biol. Trace Elem. Res.* **1994**, *42*, 165–177.
- [33] J. Aaseth, M. Haugen, O. Forre, *Analyst* **1998**, *123*, 3–6.
- [34] M. W. Whitehouse, W. R. Walker, *Agents Actions* **1978**, *8*, 85–90.
- [35] W. R. Walker, D. M. Keats, *Agents Actions* **1976**, *6*, 454–459.

Received: August 21, 2007

Revised: October 23, 2007

Published online on November 14, 2007