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Selenoesters and selenoanhydrides as novel multidrug resistance reversing agents: a confirmation study in a colon cancer MDR cell line

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ABSTRACT

Taking into account that multidrug resistance (MDR) is the main cause for chemotherapeutic failure in cancer treatment and as a continuation of our efforts to overcome this problem we report the evaluation of one cyclic selenoanhydride (**1**) and ten selenoesters (**2-11**) in MDR human colon adenocarcinoma Colo 320 cell line. The most potent derivatives (**1**, **9-11**) inhibited the ABCB1 efflux pump much stronger than the reference compound verapamil. Particularly, the best one (**9**) was 4-fold more potent than verapamil at a 10-fold lower concentration. Furthermore, the evaluated derivatives exerted a potent and selective cytotoxic activity. In addition, they were strong apoptotic inducers as the four derivatives triggered apoptotic events in a 64-72% of the examined MDR Colo 320 human adenocarcinoma cells.

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Different organic and inorganic selenocompounds have been reported as anticancer agents¹⁻², and many of them have interesting applications in human health³. Sodium selenite⁴⁻⁷, sodium selenide⁸ and elemental Se-nanoparticles⁹⁻¹¹ can be cited as examples of inorganic selenium-containing compounds with anticancer and/or apoptotic and/or antibacterial activity. Alternatively, among the active organic selenium derivatives, methylseleninic acid¹²⁻¹⁴, selenocyanates¹⁵⁻¹⁷, selenoureas^{18,19} and selenoesters²⁰⁻²¹ can be highlighted. The reported mechanisms of action for these compounds vary greatly: reduction of oxidative stress²², induction of mutations²³, angiogenesis inhibition^{16,24}, apoptosis induction²⁵ and reversal of multidrug resistance (MDR)²⁵. Interestingly, selenium and Se-containing compounds are like a double-edged sword²⁶: they can exert an antioxidant action that prevents cancer in normal cells^{1-3,22,26}, whereas they can act in cancer cells as pro-oxidants that generate reactive oxygen species (ROS). These Se-induced ROS can then trigger apoptotic processes^{25,26} and can induce mutations in DNA, as well as DNA breaks^{23,26}.

The multidrug resistance of cancers and bacterial infections is an increasing and troublesome problem nowadays, due to the appearance of resistant cancers and resistant bacterial strains²⁷⁻²⁸. It has been observed that one of the most common mechanisms of cancer MDR is the over-expression of the efflux pumps²⁹, which are membrane proteins that can recognise and extrude out of the cells toxic agents such as the anticancer drugs^{29,30}. In this

context, different studies^{6,7,14-16,31-33} pointed out that selenocompounds can enhance the activity of the drugs used in cancer chemotherapy in a synergic way if they are applied together. Some examples of studies that have shown this synergistic enhancement of the chemotherapy drugs action are: (i) sodium selenite potentiates the cytotoxicity of imatinib in HCT116 colorectal cancer cells⁶; (ii) sodium selenite enhances the cytotoxicity of cisplatin in MCF-7 breast carcinoma cells⁷; (iii) the cytotoxicity of paclitaxel is augmented in presence of methylseleninic acid in MDA-MB-231 breast adenocarcinoma cells¹⁴; (iv) the combined treatment of mice with diphenylmethyl selenocyanate and cisplatin decreases the size of induced tumours¹⁵; (v) a complex organoselenocyanate inhibited the angiogenesis and enhanced the therapeutic efficacy of cyclophosphamide in tumour bearing Swiss albino mice¹⁶; (vi) selenocystine can potentiate the capacity of auranafin to induce apoptosis in A549 lung cancer cell line³¹; (vii) selenocystine also enhances the therapeutic effect of doxorubicin in liver carcinoma HepG2 cell line³²; and (viii) Se-methylselenocysteine increases the antitumour activity of different chemotherapeutic agents *in vivo* (cisplatin, cyclophosphamide, oxaliplatin and irinotecan) in mice³³.

Taking in mind the aforesaid antecedents, and seeking to determine the influence of selenocompounds on multidrug resistance, we evaluated the capacity of a cyclic selenoanhydride and ten selenoesters^{20,21} to inhibit a MDR efflux pump such as the

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