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journal homepage: www.elsevier.com/locate/phyomed

Sinapine reverses multi-drug resistance in MCF-7/dox cancer cells by downregulating FGFR4/FRS2 α -ERK1/2 pathway-mediated NF- κ B activation

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ARTICLE INFO

Article history:

Received 25 June 2015

Revised 10 December 2015

Accepted 28 December 2015

Available online xxx

Keywords:

Sinapine

Doxorubicin

MCF-7/dox

P-glycoprotein

NF- κ B

FGFR4

ABSTRACT

Sinapine, an alkaloid derived from seeds of the cruciferous species, shows favorable biological properties, such as antioxidant and radio-protective activities. The inhibitory effect of sinapine on acquired chemoresistance in tumor cells and the underlying molecular mechanisms remain unknown.

We examined the effect of sinapine on reversal of chemoresistance in Michigan Cancer Foundation 7 (MCF-7)/dox breast cancer cells.

Combination treatment with sinapine and doxorubicin synergistically increased the cytotoxicity of doxorubicin in MCF-7/dox cells, as shown using a cell apoptosis assay. An accumulation assay demonstrated that sinapine increased the intracellular concentration of doxorubicin in a dose-dependent manner. Immunoblotting and real time polymerase chain reaction (RT-PCR) analysis showed that sinapine downregulated multi-drug resistance 1 (MDR1) expression. A significant correlation was observed between the expression of MDR1, phospho-factor receptor substrate (FRS), phospho-extracellular signal regulated kinase (ERK)1/2, and nuclear factor kappa B (NF- κ B). Chromatin immunoprecipitation (ChIP) assay indicated that sinapine inhibited binding of the transcription factor NF- κ B to the MDR1 promoter.

Our findings indicated that sinapine played an important role in the downregulation of MDR1 expression through suppression of fibroblast growth factor receptor (FGFR)4/FRS2 α -ERK1/2 mediated NF- κ B activation in MCF-7/dox cancer cells.

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1 Introduction

2 Drug resistance is a significant factor that limits the effective-
3 ness of chemotherapeutic drugs. Tumors may be intrinsically res-
4 sistant to chemotherapy prior to treatment, or drug resistance can
5 be induced by the chemotherapeutic drug during treatment. Thus,
6 tumors that are initially sensitive will frequently become resistant
7 to chemotherapy (Longley and Johnston 2005). Several tumor drug
8 resistance mechanisms have been described – such as p53 activa-
9 tion, deletion or inactivation of the pro-apoptotic gene caspase-3,
10 increase in BCL-2 protooncogene expression, blockade of
11 apoptosis pathway, increased protein expression of ATP transport

box, etc., – which promote resistance of tumor cells to chemother-
apeutic drugs (Hipfner et al. 1999; Ozvegy et al. 2001; Roy et al.
2007; Sparrebbpm et al. 2003; Sanchez et al. 2009).

Resistance of cancer cells to structurally diverse and mechan-
ically unrelated anticancer drugs, a phenomenon termed mul-
tidrug resistance (MDR), is a major obstacle to successful cancer
chemotherapy. Overexpression of P-glycoprotein (P-gp) is the most
frequent cause of MDR. Expression of multidrug resistance-1 gene
(MDR1) has been studied in certain cancer cells, including hu-
man breast cancer Michigan Cancer Foundation 7 (MCF-7) cells and
its multidrug resistant subline MCF-7/dox (Xiang and Gao 2010).
Molecularly, P-gp/MDR1 expression is regulated by the transcrip-
tion factor nuclear factor kappa B (NF- κ B) (Zhao and Sun 2013).

Sinapine, a small molecular alkaloid, is an extract from seeds
of the cruciferous plants species. Bai Jie Zi (BJZ) is a traditional
Chinese medicine (TCM) that is widely used in clinical practice in
China (Liu et al. 2006; Zhang et al. 2013). Previous studies showed
that sinapine has various pharmacological effects, such as anti-
inflammatory (Bhinu et al. 2009), antioxidant (Dubie et al. 2013),

Abbreviations: FGFR, fibroblast growth factor receptor; FRS2 α , FGFR substrate protein-2 α ; GAPDH, glyceraldehyde 3-phosphate dehydrogenase; NF- κ B, nuclear factor kappa-light-chain-enhancer of activated B cells; P-gp, P-glycoprotein; MDR, multidrug resistance; ChIP, Chromatin immunoprecipitation.

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31 and anti-angiogenic properties (He 2008). However, the effect of
32 sinapine on reversal of acquired chemoresistance has not yet been
33 examined (Guo et al. 2014). In this study, we investigated the anti-
34 tumor activity of sinapine and the reversal of doxorubicin resis-
35 tance mechanism.

36 Materials and methods

37 Reagents

38 Sinapine (Fig. 1A) was purchased from Preferred Biotech-
39 nology Co. (Lot: 121122, Chengdu, China). Doxorubicin and 3-
40 (4,5-dimethylthiazol-2-yl)-2, 5-diphenyltetrazolium bromide (MTT)
41 were purchased from Sigma-Aldrich Chemical Co. (St. Louis, MO,
42 USA). TNF- α was obtained from Genscript (Hangzhou, China), and
43 FGF19 was obtained from Sino Biological (Beijing, China). The
44 following primary antibodies were used: NF- κ B p65 (chromatin
45 immunoprecipitation (ChIP) grade, #ab7970) was obtained from
46 Abcam (Cambridge, MA, USA). MDR1 (#sc-8313) was obtained
47 from Santa Cruz Biotechnology (Dallas, TX, USA). phospho-p44/42
48 mitogen-activated protein kinase (MAPK) (phospho-extracellular
49 signal regulated kinase (ERK)1/2, p44/42 MAPK (ERK1/2) (#9102S),
50 and inhibitor of kappa B kinase (IKK) α/β (#2697) were from Cell
51 Signaling (Beverly, MA, USA). Protein A/G PLUS-agarose immuno-
52 precipitation reagent (#sc-2003) was from Santa Cruz Biotechnol-
53 ogy. Roswell Park Memorial Institute (RPMI) 1640 medium was
54 purchased from Gibco (Rockville, MD, USA).

55 Cell culture

56 The drug-sensitive human breast cancer cell line MCF-7 cell and
57 its derivative multi-drug resistant variant, MCF-7/dox cells, were
58 obtained from the Cell Bank of Shanghai, Institute of Biochemistry
59 and Cell Biology, Chinese Academy of Sciences (Shanghai, China).
60 They were maintained in RPMI 1640 medium supplemented with
61 10% (v/v) heat-inactivated fetal bovine serum (Hyclone, Logan, UT,
62 USA) at 37 °C under humidified atmosphere containing 5% CO₂.

Measurement of cell viability

64 The MCF-7/dox cells were cultured in 96-well plates, and
65 cell viability was determined by the MTT assay. After incubation
66 with different doses of sinapine, doxorubicin, or both for 24 h,
67 the medium was discarded. Cells were treated with MTT solu-
68 tion (500 μ g/ml) for 4 h. The dark blue formazan crystals formed
69 were solubilized with dimethyl sulfoxide, and the absorbance
70 was measured at 490 nm in a microplate reader (Bio-rad, Carls-
71 bad, CA, USA). Evaluation of drug combination was conducted
72 by the Q index with the following formula (Jin 1980): $Q = E_{AB} /$
73 $(E_A + E_B - E_A E_B)$. E_{AB} is the inhibitory rate of drug combination, and
74 E_A and E_B represent the inhibitory rate of a single drug treatment.

Cell apoptosis

76 The MCF-7/dox cells (1×10^5 cells/ml) were seeded into 6-
77 well plates. When cells reach 80% confluence, cells were incubated
78 with 1.2 μ M doxorubicin alone or together with sinapine at con-
79 centrations of 10, 50, 100, 150, and 200 μ M for 24 h. The apop-
80 totic cells were then washed twice and resuspended in ice-cold
81 phosphate buffered saline (PBS) and detected using the Annexin
82 V-fluorescein isothiocyanate (FITC)/propidium iodide (PI) double
83 staining method. Cells were incubated with Annexin V-FITC stain-
84 ing solution for 15 min away from light. Then, the cells were incu-
85 bated with PI for 15 min away from light. The apoptotic cell death
86 rate was analyzed using flow cytometry (FACSsort; Becton Dickinson
87 Co., Franklin Lakes, NJ, USA).

Cellular doxorubicin accumulation assay

89 The MCF-7/dox cells were seeded into 10-cm culture dishes for
90 24 h. Then, the cells were incubated with 1.2 μ M doxorubicin alone
91 or co-incubated in serial concentrations of sinapine (0, 10, 50, 150,
92 and 200 μ M) for 24 h. Cells were washed twice with cold PBS and
93 then measured by flow cytometry (FACSsort) at 488 nm.

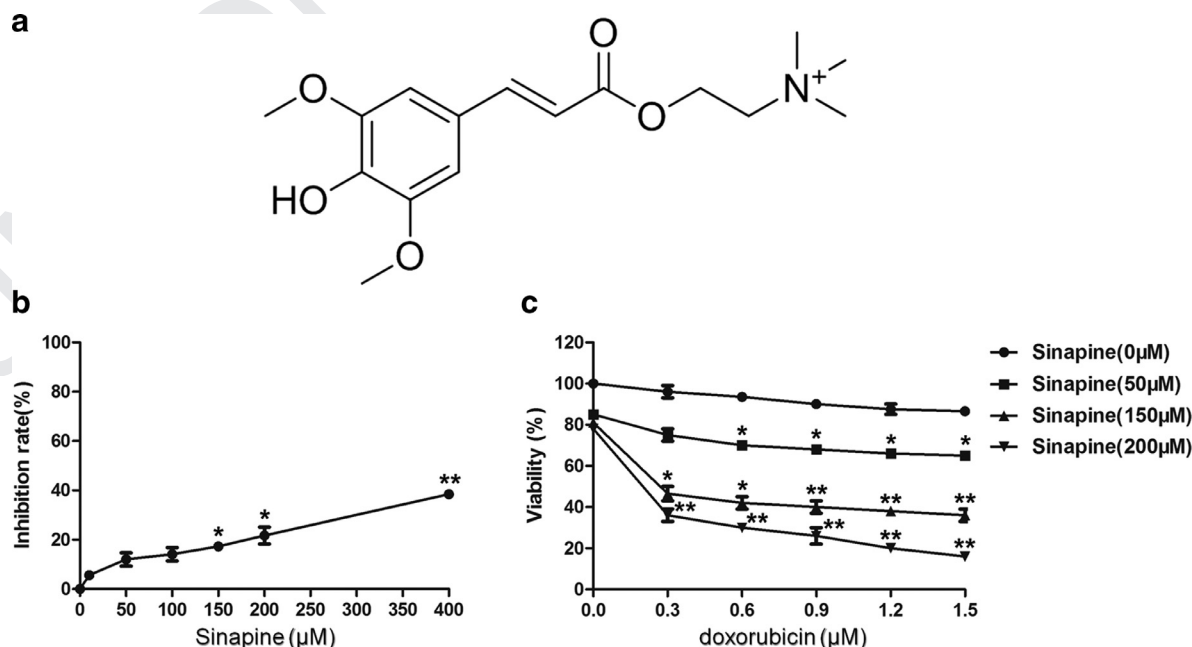


Fig. 1. Effect of sinapine on cell viability. (A) Structure of sinapine. (B) After treatment with different concentrations of sinapine in MCF-7/dox cells for 24 h, cell growth inhibition rate was assayed by MTT assay. (C) After treating with 0, 0.3, 0.6, 0.9, 1.2, or 1.5 μ M doxorubicin together with 0, 50, 150, or 200 μ M sinapine respectively for 24 h, the viability of MCF-7/dox cells was assayed by MTT assay. Data are presented as mean \pm SD, $n = 3$. * $p < 0.05$ vs. control, ** $p < 0.01$ vs. control.

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