

Oxaliplatin-resistance in colorectal cancer cells is mediated by NF- κ B/ABCG2 signaling pathway.



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Abstract

Colorectal cancer (CRC) is one of the most commonly diagnosed cancers in both males and females all over the world; however, its incidence is rising in Asian during the past few decades. Oxaliplatin (OXA), a platinum based agent is used as a chemotherapy to treat CRC patients. It inhibits DNA replication and transcription by forming inter- and intra-strand DNA crosslinks. Nevertheless, drug resistance remains a major clinical challenge for cancer treatment. The mechanisms involved in oxaliplatin resistance are still poorly understood. LoVo cells were treated in a gradually increasing concentration of Oxaliplatin to create Oxaliplatin resistant cancer cells. Chemoresistance is one of critical factors that facilitate migration and metastasis, we firstly observed the migration ability is decreased in OXA-R cells compared to parental cells by western blot and by wound-healing assay.

ATP-binding cassette sub-family G member 2 (ABCG2) is important for mediating cellular resistance by effluxing chemotherapeutic drugs from cells. ABCG2 works as a surviving factor in plasma cells under ER stress. We found that the expression of ABCG2 is higher in OXA-R cells than parental LoVo cells by western blot and RT-PCR. Moreover, the expression of ER stress marker was lower than parental LoVo cells. OXA-R cells promote pro-survival capability via EGFR/PI3K/Akt/NF- κ B signaling pathway and increased cell cycle proteins - cyclin D and cyclin B. NF- κ B has been shown to regulate cell survival, migration, metastasis and chemoresistance in cancer cells. To understand whether ABCG2 can determine chemoresistance in OXA-R cells, we estimated the survival rate by treating them with Verapamil (an ABCG2 inhibitor). Compared to parental LoVo cells, the cell viability, cell migration and invasion were decreased in Oxaliplatin Resistant cell. Besides that we found, Lupeol could sensitize Oxaliplatin resistant cell to Oxaliplatin.

Results

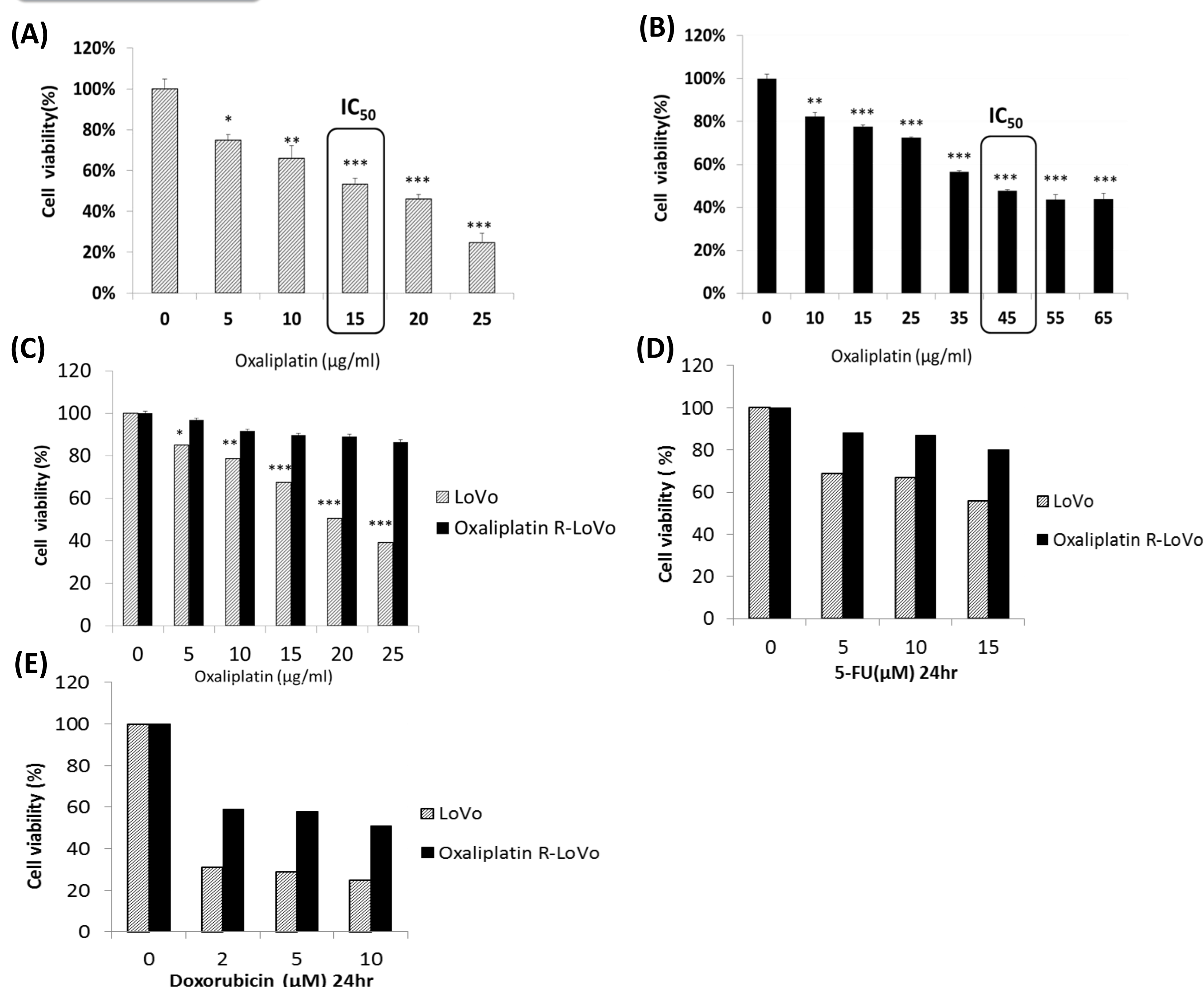


Fig1. Assessment of LoVo colon cancer cell viability using MTT assay. (A) IC_{50} was determined in Oxaliplatin treated LoVo cancer cells in a dose dependent manner. Cells were challenged with Oxaliplatin IC_{50} , the resistance was increased (B). (C) Both WT and Oxaliplatin-R cells were treated with varying concentration of Oxali for 24 h and then analyzed for cell viability. Treat 5-FU (D) and Doxorubicin (E) in 24 hours for detection of multidrug resistance in Oxaliplatin-R cells. *, $p < 0.05$. **, $p < 0.005$. ***, $p < 0.001$.

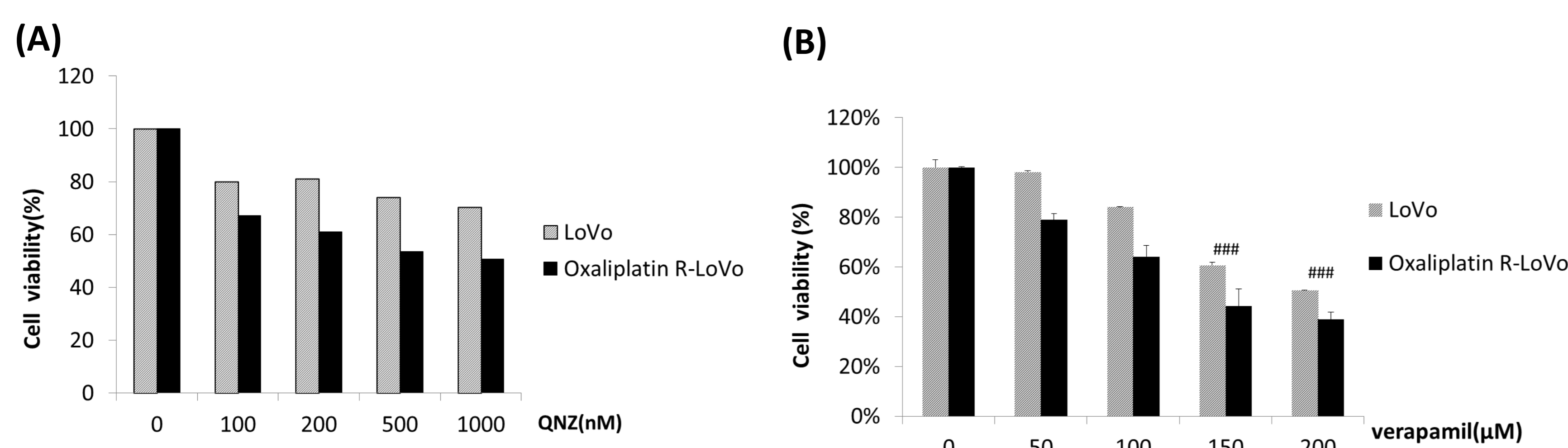


Fig2. NF κ B and ABCG2 may be involved in Oxaliplatin-R cell. Both the WT and resistant cells were treated with QNZ (A) and Verapamil (B) in a dose-dependent manner and then cell viability was analyzed by MTT assay. *, $p < 0.05$. **, $p < 0.005$. ***, $p < 0.001$.

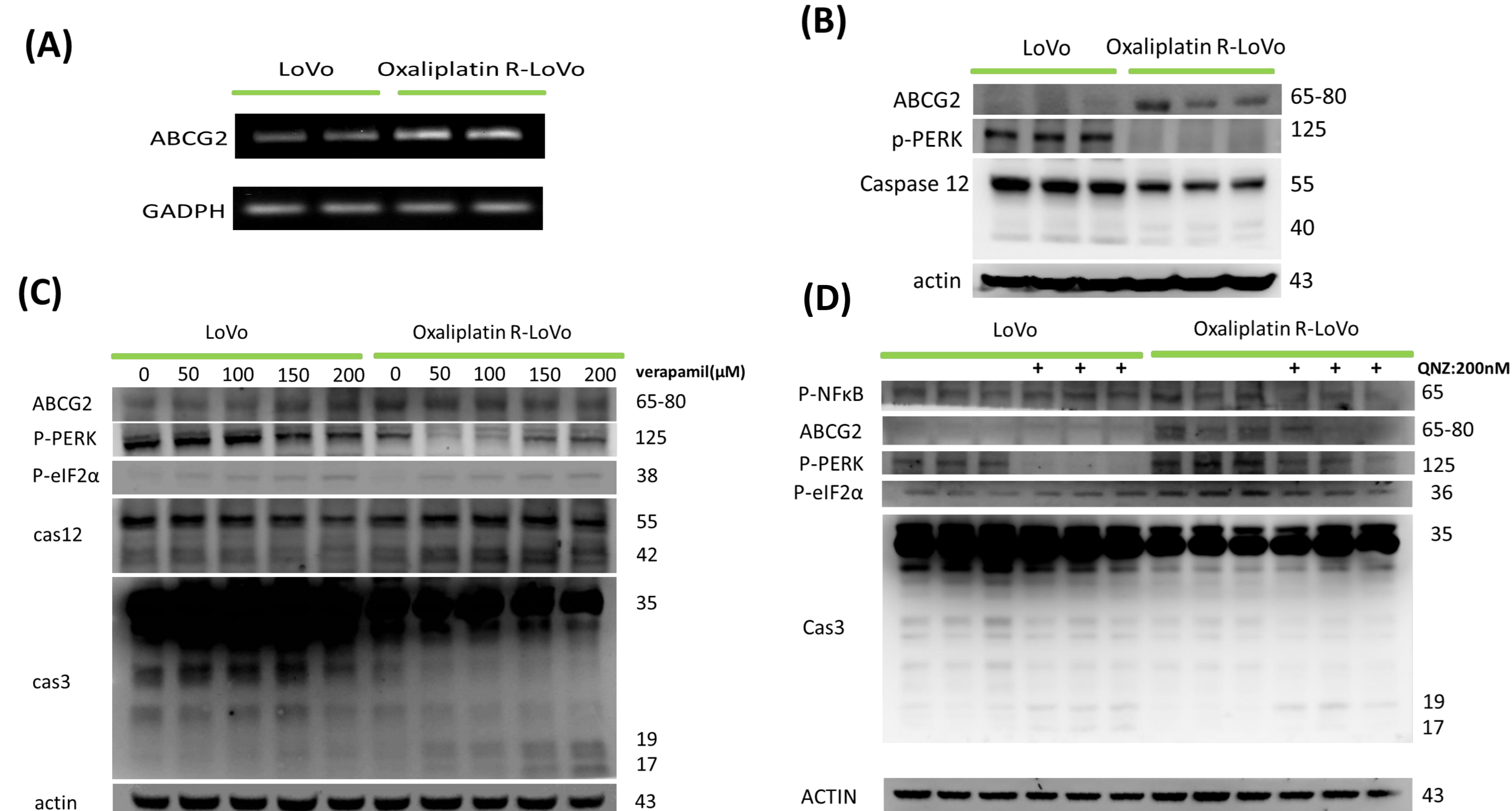


Fig3. Resistance to Oxaliplatin is mediated by NF κ B/ABCG2 pathway. (A) ABCG2 mRNA expression was analyzed in both in WT and Oxaliplatin Resistant cells (B) Protein level of ABCG2, p-ERK and Caspase 12 was analyzed by western blotting. (C) Cells were treated with various concentrations of (C) Verapamil and (D) QNZ and analyzed for ABCG2, p-NF- κ B, p-ERK, p-eIF2 α , caspase-12, 3 expression.

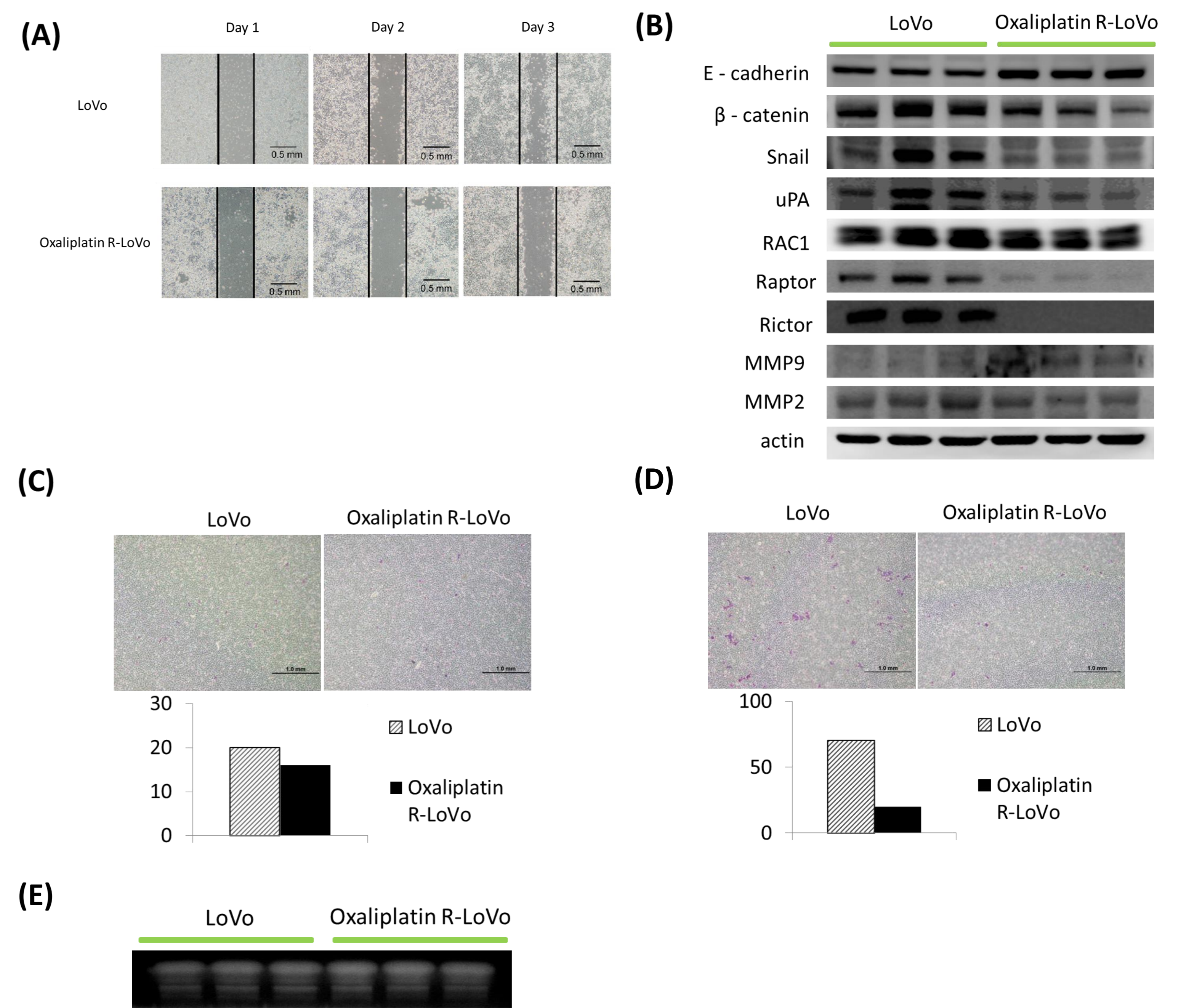


Fig4. Oxaliplatin decreased cell migration and invasion in Oxaliplatin Resistant cell. (A) Wound healing assay showed that the migration ability was lower in parental cells. (B) Migration markers were decreased in oxaliplatin resistant cells, except for E-cadherin. (C) & (D) Transwell assay showed that invasion ability was decreased in Oxaliplatin resistant cells. (E) MMP2 and MMP9 expression was analyzed by Zymography.

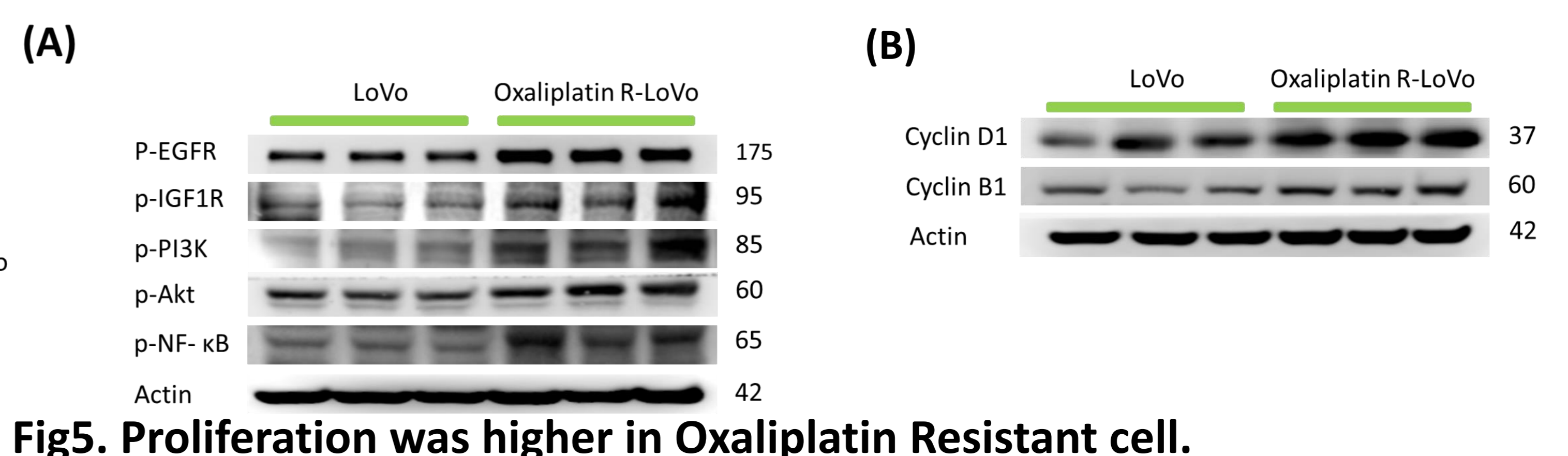


Fig5. Proliferation was higher in Oxaliplatin Resistant cell. (A) Expression of proliferation markers was activated in Oxaliplatin resistant cells. (B) Oxaliplatin resistant cells showed higher Cyclin D1 and Cyclin B1 expression than WT cells. β -actin was used as a loading control.

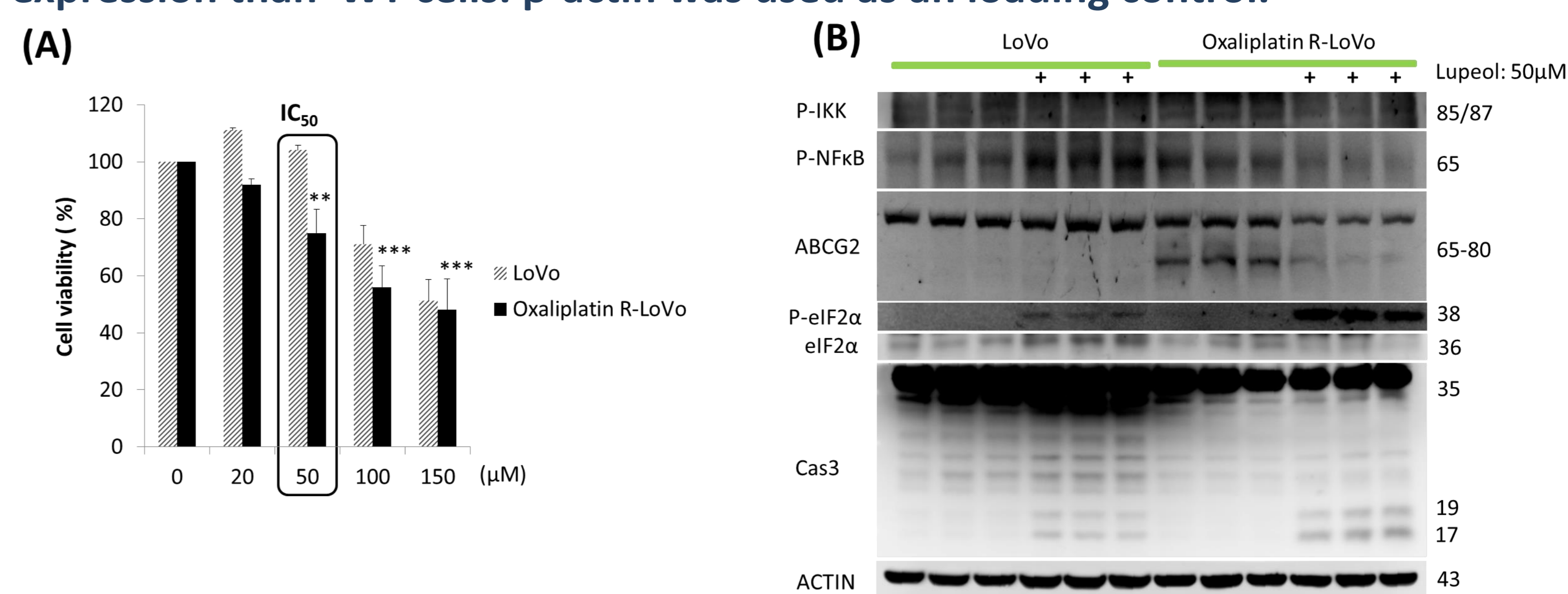


Fig6. Lupeol sensitizes Oxaliplatin resistant cell to chemotherapy through NF κ B/ABCG2 signaling pathway. (A) Cell viability was significantly decreased after treatment of Lupeol in a dose-dependent manner in Oxaliplatin Resistant cells. (B) After treatment of Lupeol, phosphorylation of IKK/NF κ B and expression of ABCG2 were decreased, which led to eIF2 α phosphorylation to activate caspase-3.

Conclusion

From this study, it was found that Oxaliplatin resistance in LoVo colon cancer cells is mediated by elevation of ABCG2/NF- κ B signaling pathway. However, treatment with Lupeol sensitizes Oxaliplatin resistant cells.