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Research Article

Sensitization of Cervical Cancer Cells to Cisplatin by Genistein: The Role of NFκB and Akt/mTOR Signaling Pathways

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Cervical cancer is among the top causes of death from cancer in women. Cisplatin-based chemotherapy has been shown to improve survival; however, cisplatin treatment is associated with toxicity to healthy cells. Genistein has been used as an adjunct to chemotherapy to enhance the activity of chemotherapeutic agents without causing increased toxicity. The present study was designed to investigate the effect of genistein (25 μM) on antitumor activity of cisplatin (250 nM) on HeLa cervical cancer cells. We have examined the alterations in expression of NFκB, p-mTOR, p-p70S6K1, p-4E-BP1, and p-Akt protein levels in response to treatment. The combination of 25 μM genistein with 250 nM cisplatin resulted in significantly greater growth inhibition (P < 0.01).

Genistein enhanced the antitumor activity of cisplatin and reduced the expression of NFκB, p-mTOR, p-p70S6K1, p-4E-BP1, and p-Akt. The results in the present study suggest that genistein could enhance the activity of cisplatin via inhibition of NFκB and Akt/mTOR pathways. Genistein is a promising nontoxic nutritional agent that may enhance treatment outcome in cervical cancer patients when given concomitantly with cisplatin. Clinical trials of genistein and cisplatin combination are warranted to test this hypothesis.

1. Introduction

As of 2008, cervical cancer is the third most common cause of cancer and the fourth most frequent cause of deaths from cancer in women and more than 500,000 new cervical cancer cases and 275,000 deaths were reported worldwide [1]. Although the high incidence rate is disappointing, survival rates of these patients continue to improve with the recent developments in the treatment of this particular cancer type [1, 2]. As the number of studies investigating the application of chemotherapeutic agents as a concomitant treatment method increases, chemoradiotherapy including cisplatin is becoming the recommended method instead of radiotherapy alone [2].

Cisplatin (cis-diamminedichloroplatinum II, CDDP), is an effective agent in the treatment of cervical cancer [3]. However, its usage is limited by its toxicity and acquired chemoresistance throughout the course of treatment [4–6]. To this end, targeted therapies that can differentiate between tumor cells and healthy cells are being developed. A naturally occurring soybean isoflavone, genistein, could inhibit tumor growth and induce apoptosis of tumor cells without damaging the normal cells [7–9].

Genistein (4′,5,7-trihydroxyisoflavone) has a heterocyclic diphenolic structure that is similar to estrogen, but it has a more potent biological activity [10, 11]. Genistein can inhibit tyrosine kinase and inhibit cancer cell proliferation in vivo and in vitro without causing toxicity to healthy cells [12]. Studies suggest that genistein can also regulate several signaling pathways in cancer cells and promote cancer cell death. Inhibition of Nuclear Factor-kappa B (NF-kB) and attenuation of Akt pathways by genistein have been shown in various cancer types [13–16]. NF-kB not only controls the expression of genes involved in survival and proliferation,
but also plays a key role in apoptosis [17]. Moreover, NF-
xB inhibition in tumor cells may result in increased activity
topoisomerase II inhibitors and, hence, this inhibition can
be used in anticancer therapy [18].
Phosphatidylinositol 3-kinase (PI3K)/Akt pathway is one
of the major growth-factor-induced pathways in tumorige-
ness and malignant transformation [19, 20]. Akt pathway
activates many downstream signaling pathways responsible
for both cell survival and apoptosis [21]. Mammalian target
of rapamycin (mTOR) is one of the downstream serine/thre-
onine kinases of PI3K/Akt pathway and regulates cell growth
and survival and, thus, is considered as a valid target for
anticancer treatments [22]. mTOR can be either directly
phosphorylation-activated by Akt or indirectly activated by
Akt through the inhibition of tuberous sclerosis complex 1
and 2 (TSC1/2) and activation of Ras homologue-enriched
in brain (Rheb) [23]. mTOR exists as TORC1 and TORC2
complexes. In TORC1 complex, it initiates translation by
eukaryotic translation initiation factor (eIF4E) binding proteins
(4EBP1) and by ribosomal p70S6 kinase (p70S6K). When
mTOR protein phosphorylates 4E-BP1, it dissociates from
eIF4E. Once eIF4E is freed from 4e-BP1, it can form
complex structures with several other proteins, including
eIF4G or eIF4F. When mTOR phosphorylates p70S6K, this
kinase phosphorylates S6 ribosomal protein in return [24,
25]. S6 kinase can catalyze phosphorylation and inhibition of
insulin receptor substrate (IRS) proteins; then IRS proteins
can no longer activate PI3K pathway and this results in
an indirect inhibitory effect on Akt [26, 27]. mTOR can
also phosphorylate Akt through a possible positive feedback
mechanism [28].
In this study, we hypothesized that cisplatin treatment
administered together with genistein could potentiate cervi-
cal cancer growth inhibition in vitro through downregulation
of mTOR pathway. To test our hypothesis, we evaluated
the effects of genistein and cisplatin on cell growth and
apoptosis-related gene expression in HeLa human cervical
cancer cell line.

2. Materials and Methods

2.1. Cell Culture and Reagents. The human cervical cancer
cell line, HeLa cells (American Type Culture Collection,
Manassas, VA) was maintained in RPMI-1640 medium con-
taining 10% heat inactivated fetal bovine serum, 1% L-
glutamine, 100 U/mL penicillin G, and 100 μg/mL strep-
tomycin. Cells were incubated in a humidified, 5% CO 2
atmosphere at 37°C. No growth factors were added to the
cell culture medium at any time. Genistein (Sigma Chemical
Co., St. Louis, MO, USA) was dissolved in 0.1 M Na2CO3 to
make a 10-mM stock solution. Cisplatin (Sigma Chemical
Company, St. Louis, MO) was dissolved in phosphate
buffered saline (PBS) to make a 0.5 mM stock solution.

2.2. Cell Viability Assay. Cell viability was determined by
MTS Assays. HeLa cells were seeded 3000 cells in a 96-
well plate and incubated overnight. Cells (2–5 x 10^4) were
washed and incubated overnight. Cells (2–5 x 10^4) were
treated with genistein (25 μM), cisplatin (250 nM), and
their combination treatment for 24 hours. After 24 hours
of total treatment, the cells were incubated at 37°C with
1 mg/mL MTT reagent (Sigma, St. Louis, MO) for 2 hours.
The formazan crystals were dissolved in isopropanol. Spec-
photometric absorbance of the samples was determined by
the ULTRA Multifunctional Microplate Reader (ELx800-
BIO-TEK) at 490 nm.

2.3. Western Blot Analysis. HeLa cells were treated with gen-is-
tein (25 μM), cisplatin (250 nM), and the combination
treatment for 24 hours. The total proteins from these samples
were extracted. These total proteins were resolved through
sodium dodecyl sulfate polyacrylamide gels and then were
transferred to a nitrocellulose membrane. After blocking
with 5% nonfat dry milk, the membrane was incubated
with anti-NF-κB p65, anti-mTOR, anti-70S6K1, anti-4E-
BP1, and anti-Akt (Abcam, Cambridge, UK). Primary anti-
body was diluted (1 : 1000) in the same buffer containing
0.05% Tween-20. The nitrocellulose membrane was incu-
bated overnight at 4°C with protein antibody. The blots
were washed and incubated with horseradish peroxidase-
conjugated goat anti-mouse IgG (Abcam, Cambridge, UK).
Specific binding was detected using diaminobenzidine and
H2O2 as substrates. Protein loading was controlled using
a monoclonal mouse antibody against β-actin antibody
(A5316; Sigma). Blots were performed at least three times to
confirm data reproducibility. Bands were analyzed densi-
metrically using an image analysis system (Image J; National
Institute of Health, Bethesda, USA).

2.4. Statistical Analysis. To determine the difference in cell
viability between experimental sets of cervical cancer cell
line, experiments were repeated at least three times and SPSS
was used for statistical analysis. Comparisons of treatment
outcome were tested for statistical difference by the paired t-
test. Statistical significance was assumed at a P value of <0.05.

3. Results

3.1. Genistein Enhances the Inhibitory Effect of Cisplatin on the
Proliferation of HeLa Cells. The effects of genistein, cisplatin,
and their combination on the proliferation of HeLa cells were
evaluated with MTS assay. In MTS assay, cells are treated with
a tetrazolium compound, MTS (3-[4,5-dimethylthiazol-2-
yl]-2,5-diphenyltetrazolium bromide). Since metabolically
active cells can reduce MTS to insoluble purple formazan dye
products, relative cell viability for each treatment compared
to control was measured [29]. Data from this assay showed
that combination treatment of genistein and cisplatin
enhances the inhibition of cellular growth in HeLa cells.
The rationale for choosing 250 nM cisplatin and 25 μM
genistein came from our previous observation that revealed
a marked inhibition of cell growth in human cancer cells [7].
HeLa cells were treated with cisplatin and genistein alone and
in combination of the two for 24 hours. When compared to
controls, combination treatment inhibited the proliferation
of HeLa cells to significantly higher extend than either
treatment alone. Percent of viable cells after the combination
treatment decreased to ~30%, while percent of viable cells
for genistein treatment alone and for cisplatin treatment
alone were ∼50% and ∼70%, respectively (Figure 1). These results suggest that combination of genistein with cisplatin elicited significantly greater growth inhibition in HeLa cells compared to either agent alone. Since we found that genistein could potentiate the inhibition of cancer cell growth, we next tested the expression of possible target proteins which may be involved in the mechanism of genistein and cisplatin.

3.2. Genistein Prevents Cisplatin-Induced Upregulation of NF-κB in HeLa Cells. NF-κB is a transcription factor which plays an important role in apoptosis mechanisms by exerting its regulatory effects on survival genes. Expression level of NF-κB was evaluated at the protein level. By Western Blot analysis, we examined the expression level of NF-κB p65B, a subunit of NF-κB transcription complex, in genistein alone, cisplatin alone, and genistein-plus-cisplatin-treated HeLa cells. Cisplatin alone increased the expression level of NF-κB p65B up to 150%, compared to control, whereas genistein downregulated this subunit to ∼75%. When genistein is added to cisplatin treatment, expression level of NF-κB p65B protein is reduced to ∼80%. These results suggest that genistein can downregulate the increased expression level of NF-κB induced by cisplatin in HeLa cells (Figure 2(a)).

3.3. Genistein Inhibits Cisplatin-Induced Activation of mTOR Pathway in HeLa Cells. In order to evaluate the involvement of mTOR molecular pathway in the antiproliferative effect of cisplatin and genistein, we assessed the expression levels of p-mTOR, p-p70S6K1, p-4E-BP1, and p-Akt in HeLa cells treated with genistein and/or cisplatin. Genistein reduced the level of phosphorylated mTOR, p70S6K1, 4E-BP1, and Akt induced by cisplatin in HeLa cells (Figures 2(b), 2(c), 2(d), and 2(e)). mTOR is known to regulate initiation of translation through two pathways: S6K and 4E-BP1. As a decrease in expression of mTOR would cause a decrease in expression of these two molecules, this hypothesis is supported by our data.

4. Discussion

There is a need to develop more efficient treatment strategies to increase the efficacy of existing therapies while not compromising the normal cells. Cisplatin is one of the most effective anticancer agents in the treatment of cervical cancer; however, it is associated with severe toxicity and acquired drug resistance after therapy. Severe renal, neurologic, and gastrointestinal side effects and acquired chemoresistance are the major reasons of cisplatin treatment failure. To overcome the limitations of cisplatin treatment, combination with targeted therapy using naturally occurring compounds was suggested [30–32]. Many natural compounds with known anticancer activity have been used including sulforaphane [33, 34] and genistein [35]. In the light of these previous studies we chose genistein as a nontoxic nutritional agent to augment the efficacy of cisplatin treatment in HeLa cells.

In this study, we observed the superiority of genistein plus cisplatin combination compared to cisplatin alone in inhibition of the growth of HeLa cervical cancer cells in vitro. The effect of genistein on cisplatin’s anticancer activity has been previously reported for ovarian cancer [36] and pancreatic cancer [35]. We investigated the therapeutic effect of genistein and cisplatin in the HeLa cells and found a statistically significant inhibition of cell growth when cells were treated with a combination of genistein and cisplatin, compared to either agent alone. Growth inhibition of HeLa by cisplatin was augmented by genistein, thereby obviating the need to further increase the concentration of cisplatin. The effect of genistein-mediated enhanced efficacy of cisplatin in cervical cancer cells was demonstrated for the first time in this study.

Activation of mTOR signaling pathway is associated with cell survival in cervical cancer cells [37]. We have found increased mTOR expression after cisplatin treatment which could be prevented by the addition of genistein, a mechanism first shown in the present study. The combination of cisplatin and genistein could be a promising strategy in the treatment of cervical cancer. mTOR activity can be monitored by phosphorylation of S6K, 4E-PB1 proteins [38]; we also observed increased expression of these proteins with cisplatin treatment which could be abrogated by genistein. When HeLa cells were treated with cisplatin alone, the expression levels of phosphorylated mTOR, p70S6K1, and 4E-BP1 increased up to 140%, 170%, and 150%, respectively. However, addition of genistein downregulated these cisplatin-induced proteins by 70%. These results suggest that cisplatin upregulates mTOR pathway and genistein prevents this upregulation by downregulating phosphorylated p70S6K1 and 4E-BP1 proteins. We also observed that this activity is associated with downregulation of phosphorylated Akt, which suggests that decrease in the expression of mTOR pathway is probably mediated via Akt or a decrease in this pathway negatively regulates and inactivates Akt.

In this study, we also investigated the effects of genistein and cisplatin on NF-κB, which is known to be upregulated upon cisplatin treatment [36]. Similar to previous observations, genistein decreased the expression of cisplatin-induced NF-κB in HeLa cells. These results suggest a molecular mechanism involving both NF-κB and mTOR pathways induced by cisplatin and inhibited by genistein.

![Figure 1: Growth inhibition of human cervical cancer cell lines HeLa treated with genistein, cisplatin, and the combination treatments were evaluated by the MTT assay.](image-url)
Figure 2: The intensity of the bands was quantified by the densitometric analysis. The expression of (a) NF-κB, (b) p-mTOR, (c) p-p70S6K1, (d) p-4E-BP1, and (e) p-Akt in HeLa cells. Cells untreated or treated with 25 μM genistein, 250 nM cisplatin (Cis), and the combination (genistein + cisplatin). β-actin antibodies were used as internal controls for equal loading of proteins. Data are percent of the control. *P < 0.05; **P < 0.01.

5. Conclusion

In conclusion, cisplatin treatment is potentiated with genistein in HeLa cells by regulating NF-κB, Akt, and mTOR pathways which are critical for cell survival and apoptosis. Our findings suggest that cisplatin and genistein combination could be used to improve the treatment outcome in cervical cancer. This combination is a less toxic option in the treatment of cervical cancer, especially in the presence of chemoresistance to cisplatin. Future clinical trials are warranted to investigate the combination of cisplatin and genistein in patients with cervical cancer.
Conflict of Interests

The authors have declared no conflict of interests.

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