



The Efficacy of Andrographolide and its Combination with Betulinic Acid in the Treatment of Triple Negative Breast Cancer



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Abstract

Purpose: Breast Cancer is the most prevalent form of cancer in women around the world. Breast cancers that do not express the genes for estrogen receptor, progesterone receptor and human epidermal growth factor receptor 2 (HER2) are referred to as triple-negative breast cancers (TNBC). TNBC has a relatively poorer prognosis than the major breast cancer sub-types with conventional chemotherapy eventually failing due to acquired drug resistance, toxic side effects and the presence of a deregulated immune response. Hence, there is an urgent need for new treatment approaches. New treatments for overcoming these drawbacks include the use of plant extracts.

Study design: In this study, we investigated the efficacy and the underlying molecular mechanism(s) of Andrographolide (Andro), a naturally abundant phytochemical against TNBC MDA-MB-231 and MDA-MB-468 cell lines. The efficacy of the combination of Andro with Betulinic Acid (BetA) was also determined.

Results: Here we report that Andro was able to inhibit the inflammatory response, inhibit angiogenesis and cause cell cycle arrest ultimately causing apoptosis in TNBC cells. Our findings support that the identification of naturally occurring anti-tumour compounds may provide a chemotherapeutic approach for the treatment of TNBC.

Conclusion: Overall, our results provide a molecular basis for the ability of Andro and BetA to mediate apoptosis, suppress inflammation and inhibit angiogenesis in TNBC cell lines.

Keywords: TNBC; Drug Resistance; Toxicity; Phytochemical; Andrographolide; Betulinic Acid

Introduction

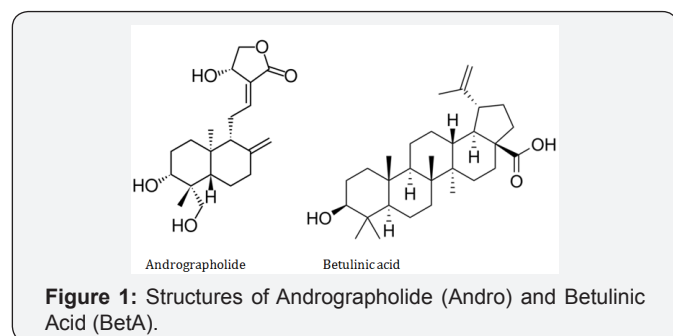
Breast cancer accounts for approximately 30 per cent of all female cancers and is the most common malignancy in women [1]. The causes of breast cancer are multi-factorial and the period of development can span decades and clinical course is highly variable. Triple-negative breast cancer (TNBC) (estrogen receptor negative, progesterone receptor and Her-2-negative) accounts for 10 to 20 per cent of all breast cancers [2]. TNBC are considered to be more aggressive than other types of breast cancer and have poorer prognosis [3]. The cause of death of patients with TNBC is often recurrence and metastasis (30-40% of cases) [4]. Unfortunately, the anticancer efficacy of commonly used chemotherapeutic agents for TNBC, is limited due to the development of acquired drug resistance and toxicities [5]. Therefore the need for new therapeutics in the fight against cancer is clearly warranted.

Extensive evidence has lately emerged indicating that most chronic diseases, including cancer, are caused by a deregulated inflammatory response in addition to genetic alterations [6]. A deregulated inflammatory response is particularly evident in breast cancer [7]. The identification of transcription factors such as NF- κ B, AP-1 and STAT3 and their gene products tumour necrosis factor (TNF), interleukin-1 (IL-1) and interleukin-6 (IL-6) has provided the molecular basis for the role of inflammation in cancer. The activation of these inflammatory pathways has been associated in the transformation, survival, proliferation, invasion, angiogenesis, metastasis and resistance of cancer cells [8].

Herbal medicines and their extracts have been shown to impact cytokines and inflammatory markers offering a great

potential in the fight against cancer. Herbal extracts including andrographolide (Andro) and betulinic acid (BetA) inhibit the process of carcinogenesis, induce cell cycle arrest, and inhibit signal transduction pathways. Andro, a labdanoid diterpenoid, is the main bioactive component of the medicinal plant *Andrographis paniculata*. Andro is traditionally used as a medicine to treat many diseases in India, China and Southeast Asia such as common cold, myocardial ischemia, pharyngotonsillitis and respiratory tract infections [9]. It has also been reported to have anti-cancer, anti-inflammatory and anti-allergic activities [10,11]. BetA, a pentacyclic triterpene discovered in 1995 from the stem bark of the plant *Zizyphus mauritiana*, was initially reported to be a melanoma-specific cytotoxic agent [12]. Since then, BetA was found to exhibit a variety of biological and medicinal properties such as anti-bacterial, anti-malarial, anti-inflammatory and anti-cancer activities in addition to the ability to inhibit the human immunodeficiency virus (HIV) [13].

We previously reported on the cytotoxic, anti-inflammatory and anti-angiogenic effects of BetA in TNBC cell lines. In the present study, we investigated the cytotoxic effect of Andro on MDA-MB-231 and MDA-MB-468 breast carcinoma cell lines cells. Furthermore, the anti-inflammatory and anti-angiogenic potential of Andro and its combination with BetA were also examined. We hypothesized that Andro and its combination with BetA could induce apoptosis through cell cycle arrest and inhibit the pro-inflammatory response present in the breast carcinoma cell lines and possibly inhibit angiogenesis in human mammary microvascular endothelial cells (HMMEC). The findings of this study suggest that the use of Andro and its combination with BetA may serve as therapeutic approaches targeting inflammatory factors and cell cycle genes to help prevent the progression and metastasis of breast carcinoma cells (Figure 1).



Materials and Methods

Materials

Andro and BetA were obtained from Tianjin Zhongxin Pharmaceutical Group Corporation Limited (China. Purity >98%). Human breast carcinoma cell lines MDA-MB-231 and MDA-MB-468 [14] were obtained from Foleibao Biological Technology Development Co.Ltd. (China). Human mammary microvascular endothelial cells (HMMEC), endothelial cell medium (ECM), fetal bovine serum (FBS), endothelial cell growth supplement (ECGS),

penicillin/streptomycin (PS), for cell culture were purchased from ScienCell research laboratories (USA). Dulbecco's Phosphate-Buffered Saline (DPBS) and L15, F-15 and RPMI 1640 media for cell culture were purchased from Hyclone (USA). 0.25% Trypsin and 0.02% EDTA were purchased from Gibco (China), Matrigel was obtained from BD Biosciences (USA) whereas DMSO and 3-(4,5-Dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide for MTT assay were purchased from Solarbio (China). RNA was extracted using TRIzol reagent and TRIzol plus RNA purification kit purchased from Tiangen (China). 1% agarose gel and RT-PCR kit were obtained from Takara Bio Inc. (China). Fibronectin (FN) was obtained from Sigma (USA).

Cell culture and drug preparation

Human breast carcinoma cell lines MDA-MB-231 and MDA-MB-468 and HMMEC were recovered and cultured according to previously described methods [15]. Andro and BetA were first dissolved in Dimethyl sulfoxide (DMSO) then diluted to the required concentrations with milli-Q (mQ) water and filtered to sterilize. DMSO was used to enhance the solubility of the extracts with a final concentration of 3%.

Drug cytotoxicity

MDA-MB-231, MDA-MB-468, and HMMEC cells were seeded at a density of 5×10^4 cells/mL in flat-bottomed 96-well culture plate in FBS-free F-15 culture medium and incubated for 24h at 37°C in a humidified atmosphere to allow the cells to attach. Treatments with Andro ranged between concentrations of 0.625 µg/mL and 160 µg/mL depending on the cell type with six wells per concentration. The plate was left to incubate under normal growth conditions for 24h. Images of the cells and observations on the morphological changes after drug treatments were conducted using an inverted phase contrast microscope (DC300F, Leica). The inhibition of cell growth and IC₅₀ values was determined using the 3-(4,5-Dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay according to previously described methods [15].

The mRNA expression of inflammatory factors and cell-cycle related genes

RT-PCR was used to determine the expression of inflammatory and cell-cycle related genes in human breast carcinoma cell lines MDA-MB-231 and MDA-MB-468 following treatment with Andro and its combination with BetA. The mRNA expression levels of vascular endothelial growth factor (VEGF) and basic fibroblast growth factor (bFGF) in HMMEC were also determined using RT-PCR to identify their association with tube-like structure formation. The cells were treated in triplicate with Andro at concentrations of 1 µg/mL, 10 µg/mL and 20 µg/mL. After 24h incubation, the cellular RNA was isolated using TRIzol reagent and TRIzol plus RNA purification kit (Tiangen, China). RNA concentration was determined by the measurement of OD with the nucleic acid protein analyzer at 260 nm nucleic acid spectrometer (Beckman, Du530) and $OD_{260}/OD_{280} > 1.8$ ensured

high quality RNA. The degree of RNA degradation was analyzed by electrophoresis. RNA (4.5µL) was mixed with 0.5µL sample buffer and the sample was electrophoresed on 1% Agarose gel. The degree of RNA degradation was determined using Bio Imaging System (SYNGENE). Then the mRNA expressions of inflammatory factors TNF-α, TLR4, NF-κB1, IL-6, STAT3, HIF1A and i-NOS, and cell cycle related genes Cipl/P21, Kipl/p27, CDK2, CDK6, and cyclin D1 with β-actin used as an internal control were determined using RT-PCR using a previously described method [15]. The level of mRNA expression was analyzed using the 2-ΔΔCT method [15,16]. In this study, increased mRNA expression was defined as fold ≥ 2.0, normal expression was a fold ranging from 0.51 to 1.99, and decreased mRNA expression was fold ≤ 0.5 (Tables 1 & 2).

Table 1: Sequence of RT-PCR primers of inflammatory genes.

Prime	Sequence	Product
β-actin	Forward primer: AGAGCTACGAGCTGCCTGAC Reverse primer: AGCACTGTGTTGGCGTACAG	184bp
TNF-α	Forward primer: CCTGTGAGGAGGACGAACAT Reverse primer: AGGCCCCAGTTTGAATTCTT	240bp
TLR4	Forward primer: CCATAAAAGCCGAAAGGTGA Reverse primer: CTGAGCAGGGTCTTCTCCAC	159bp
NF-κB1	Forward primer: TCGTTTCCGTTATGTATGT Reverse primer: CCTTGGGTCAGCAGTTA	227bp
IL-6	Forward primer: AGGAGACTTGCTGGTGAAA Reverse primer: CAGGGGTGGTTATTGCATCT	180bp
STAT3	Forward primer: TGTGCGTATGGGAACACCTA Reverse primer: AGAAGGTCGTCTCCCCCTTA	170bp
HIF1A	Forward primer: GAAAACCTGGCAACCTTGA Reverse primer: ATCTCCGTCCCTCAACTCT	194bp

i-NOS	Forward primer: CTCTATGTTTGGGGGATGT Reverse primer: TTCTTCGCCTCGTAAGGAAA	179bp
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Table 2: Sequence of RT-PCR primers of cell-cycle related genes.

Prime	Sequence	product
β-actin	Forward primer: AGAGCTACGAGCTGCCTGAC Reverse primer: AGCACTGTGTTGGCGTACAG	184bp
p21	Forward primer: TTAGCAGCGGAACAAGGAGT Reverse primer: GCCGAGAGAAAACAGTCCAG	225bp
P27	Forward primer: CGCTTTGTTTGTTCGGTTT Reverse primer: TCTCTGCAGTGCTTCTCCAA	221bp
CDK2	Forward primer: GCCCTAATCTCACCTCTCC Reverse primer: AAGGGTGGTGGAGGCTAACT	211bp
CDK6	Forward primer: AGCCCAAGATGACCAACATC Reverse primer: AGGTCAAGTTGGGAGTGGTG	181bp
Cyclin D1	Forward primer: GAGGAAGAGGAGGAGGAGGA Reverse primer: AGAGATGGAAGGGGAAAAGA	231bp

Cell cycle kinetics

MDA-MB-231 and MDA-MB-468 breast carcinoma cell lines were seeded at a density of 1×10⁴ cells/well in flat-bottomed 12-well culture plate in the FBS-free L-15 culture medium. Cells were treated with Andro and its combination with BetA in triplicates. Following 48h incubation, the cells were processed according to the previously described method [15]. The progression of cells through the cell cycle was examined by propidium iodide staining (100µg/mL) with 1×10⁴ events/treatment analysed using flow cytometry.

Tube formation assay

HMMEC, breast carcinoma cell lines and stromal cells were re-suspended in ECM made from 5% FBS, 1% P/S and 1% ECGS,

and transferred into the coated flasks at 7.5×10^3 cells/cm². The morphology and number of tube-like formations of HMMEC were assessed using an inverted phase contrast microscope (DC300F, Leica) coupled to a digital camera. Three groups were set based on the cells tested; HMMEC alone, HMMEC in co-cultivation with breast carcinoma cell lines and HMMEC in co-cultivation with stromal cells. The cells were cultured according to previously described method [15]. Andro and its combination with BetA at concentrations of 1 µg/mL were added to triplicate wells. Preliminary experiments using concentrations of 1, 5 and 10 µg/mL showed that 5 and 10 µg/mL induced great cell death (results not shown). The number of tube-like structures formed was observed after 6, 12, 24 and 36h.

Statistical Analysis

Each experiment was repeated at least three times and presented as mean ± s.d. Statistical comparisons were carried out by ANOVA using SPSS13.0 software. P < 0.05 was considered statistically significant.

Results

The effect of Andro on the morphology of MDA-MB-231 and MDA-MB-468 TNBC cell lines

To determine the anti-proliferative activity of Andro, structure shown in figure 1, MDA-MB-231 and MDA-MB-468 breast carcinoma cell lines and HMMEC were treated with increasing concentrations of Andro for 24h. Microscopic examination of the three cell lines using an inverted phase contrast microscope revealed that the HMMEC was more sensitive to lower concentrations of Andro compared to the two TNBC cell lines with MDA-MB-468 showing the least sensitivity. MDA-MB-231 appeared to be more susceptible to Andro treatment with cell kill occurring at much lower concentrations compared to MDA-MB-468 cell lines. At higher concentrations, Andro caused marked degree of cell kill and produced significant reduction in cell numbers in addition to significant morphological changes. Compared to the control, cells treated with these concentrations appeared to lose their characteristic spindle shape and necrotic cells, with cell debris also observed (Figure 2).

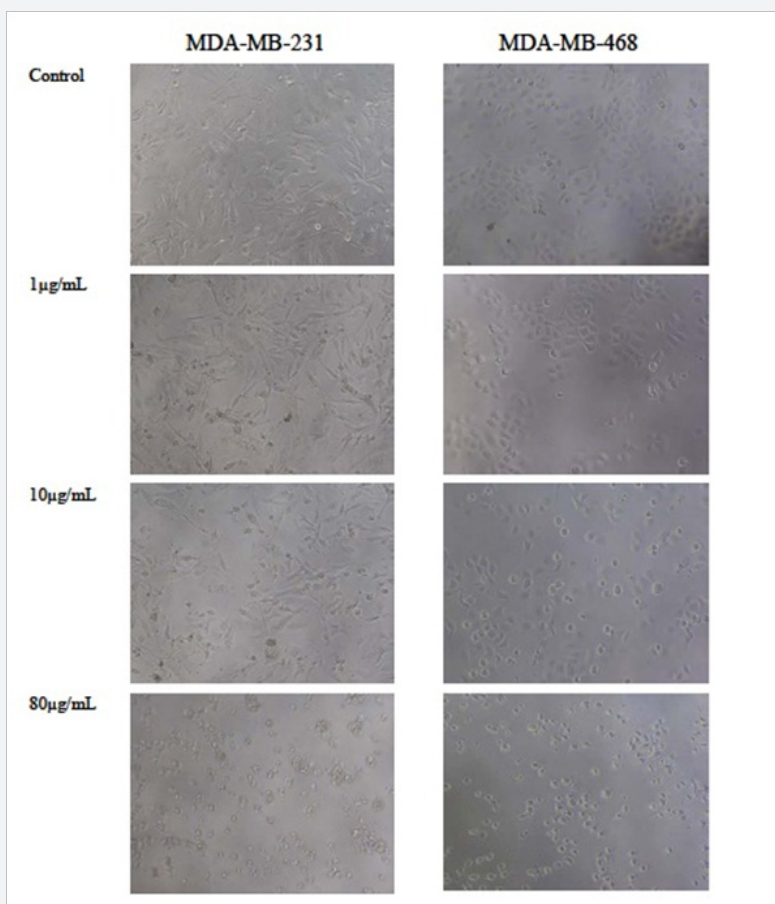


Figure 2: The effect of increasing concentrations of Andro on the cellular morphology of breast carcinoma cell lines MDA-MB-231 and MDA-MB-468. Images were taken using an inverted phase contrast microscope set at $\times 40$ magnification.

The cytotoxicity of Andro

The cytotoxic effect of increasing concentrations of Andro in HMMEC and the two breast carcinoma cell lines MDA-MB-231

and MDA-MB-468 is shown in Figure 3. Table 3 gives the IC₅₀ values of Andro against the three cell lines i.e. the concentration of Andro required to kill 50% of the cells. HMMEC, found earlier

to be more sensitive to Andro, had a much lower IC50 (7.1µg/mL) compared to MDA-MB-231 and MDA-MB-468 cell lines. The activity of Andro was greater against MDA-MB-231 with an IC50

value of 39.6µg/mL compared to an IC50 of 77.6µg/mL in MDA-MB-468 cell line.

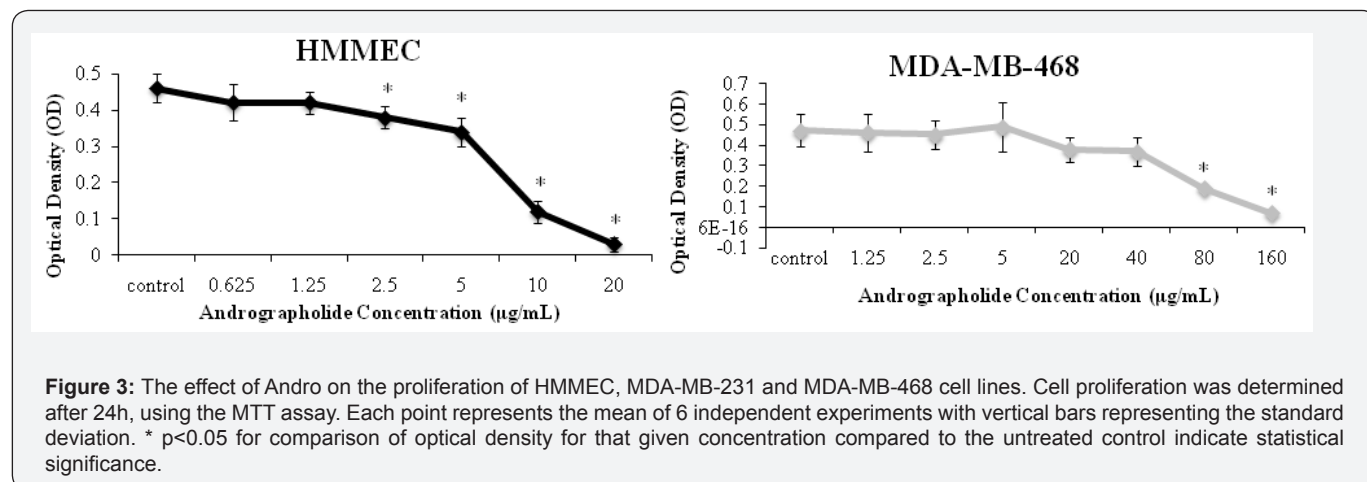


Figure 3: The effect of Andro on the proliferation of HMMEC, MDA-MB-231 and MDA-MB-468 cell lines. Cell proliferation was determined after 24h, using the MTT assay. Each point represents the mean of 6 independent experiments with vertical bars representing the standard deviation. * p<0.05 for comparison of optical density for that given concentration compared to the untreated control indicate statistical significance.

Table 3: IC50 values (µg/mL) of Andro against HMMEC and MDA-MB-231 and MDA-MB-468 breast carcinoma cell lines.

Cell line	Andro IC50
HMMEC	7.1
MDA-MB-231	39.6
MDA-MB-468	77.6

The effect of Andro and its combination with BetA on the mRNA expression of inflammatory factors in TNBC cell lines

The involvement of inflammatory factors in cancer and the anti-inflammatory properties of the investigation of the inflammatory response to Andro in the breast carcinoma cell lines. The effect of 1, 10 and 20µg/mL Andro on the mRNA expression of TNF-α, TLR4, NF-κB1, HIF1A, IL-6, STAT3 and i-NOS was determined in MDA-MB-231 and MDA-MB-468 breast carcinoma cell lines cultured alone or co-cultured with breast stromal

cells. The treatment of MDA-MB-231 cells with 20µg/mL Andro enhanced the expression of TNF-α and lowered the expression of all inflammatory factors except for the expression of NF-κB1. The expression levels of TNF-α, STAT3 and i-NOS remained normal following treatment of MDA-MB-231 co-cultured with breast stromal cells with 5µg/mL Andro, whereas the expression levels of TLR4, NF-κB1, HIF1A and IL-6 were lowered. Although changes in the expression levels of the inflammatory factors of MDA-MB-468 cell line generally remained normal, TNF-α, NF-κB1 and HIF1A were lowered following treatment with 5 and 10 µg/mL Andro. Similarly, Andro treatment of MDA-MB-468 co-cultured with breast stromal cells lowered the expression of TNF-α only. The results indicate that Andro was more effective in blocking inflammation in MDA-MB-231 cell line by down regulating the expression of inflammatory factors. The combination of Andro and BetA lowered the expression of TLR4, NF-κB1 and IL-6 in MDA-MB-231 whereas only TNF-α was lowered in MDA-MB-468 cell line (Tables 4 & 5).

Table 4: The effect of Andro on mRNA expression levels of inflammatory factors in breast cancer cell lines MDA-MB-231 and MDA-MB-468 and their co-culture with breast stromal cells*.

Cell line	Andro Concentration	TNF-α	TLR4	NF-κB1	HIF1A	IL-6	STAT3	i-NOS
MDA-MB-231	1µg/mL	1.50	0.72	0.75	0.65	3.86	0.47	0.45
	10µg/mL	0.40	0.25	0.96	0.83	0.05	1.15	0.74
	20µg/mL	5.01	0.03	0.60	0.42	0.00	0.30	0.24
	5µg/mL†	0.63	0.13	0.35	0.48	0.11	0.85	0.95
MDA-MB-468	5µg/mL	0.29	1.46	0.36	0.40	0.73	1.08	1.46
	10µg/mL	0.33	1.34	0.42	0.34	0.74	0.57	0.90
	20µg/mL	0.53	2.03	1.57	2.17	1.19	2.05	1.53
	5µg/mL†	0.16	1.12	1.47	1.05	2.13	1.52	0.77
	10µg/mL†	0.08	0.93	0.71	0.90	1.07	2.62	1.18

The values represent fold change in expression of the target gene relative to the internal control gene (β-actin) and untreated control cells. † Breast carcinoma cell line co-cultured with breast stromal cells.

Table 5: The effect of combining Andro and BetA on the mRNA expression levels of inflammatory factors in MDA-MB-231 and MDA-MB-468 co-cultured with breast stromal cells*.

Cells	Andro+BetA Concentration	TNF-α	TLR4	NF-κB1	HIF1A	IL-6	STAT3	i-NOS
MDA-MB-231	5+5µg/mL	0.54	0.15	0.26	0.78	0.09	1.05	0.56
MDA-MB-468	5+5µg/mL	0.14	0.98	0.95	1.20	1.20	1.35	1.72
	10+10µg/mL	0.24	1.22	1.03	0.85	1.52	4.67	3.09

*The values represent fold change in expression of the target gene relative to the internal control gene (β-actin) and untreated control cells.

The effect of Andro and its combination with BetA on the cell cycle in TNBC cell lines

To examine the possible molecular mechanisms by which Andro and its combination with BetA induce cell cycle arrest in MDA-MB-231 and MDA-MB-468 breast carcinoma cell lines, treated cells were analysed for their DNA content by propidium iodide staining followed by flow cytometric analysis. Flow cytometric analysis of MDA-MB-231 cells co-cultured with stromal cells detected an increase in G1 DNA content in comparison with the control group whereas the percentage

of cells in the S phase decreased following Andro treatment. The results suggest that Andro treatment of MDA-MB-231 cell line could lead to the inhibition of DNA synthesis causing the arrest of cells in the G1 phase, restraining the proliferation of cells. However, the treatment of MDA-MB-468 cell line with low concentrations of Andro, a slight increase in the percentage of cells in the S phase was observed. To elucidate the exact mechanism by which Andro causes cell cycle arrest in MDA-MB-468 cell line, further experiments with higher concentrations of Andro may be conducted (Table 6).

Table 6: The effect of Andro on the cell cycle of breast carcinoma cell lines MDA-MB-231 and MDA-MB-468 co-cultured with breast stromal cells.

	Andro Concentration	%G ₁	%G ₂	%S
MDA-MB-231	Control	37.20±3.54	11.15±0.50	51.70±4.10
	5µg/ml	45.50±5.94	10.28±0.88	44.25±6.86
MDA-MB-468	Control	70.27±4.31	23.39±1.32	8.76±0.42
	5µg/ml	66.10±0.62	21.65±0.91	12.85±1.12
	10µg/ml	66.45±0.13	20.82±2.84	11.25±0.59

Table 7: The effect of combining Andro and BetA on the cell cycle of breast carcinoma cell lines MDA-MB-231 and MDA-MB-468 co-cultured with breast stromal cells.

	Andro + BetA Concentration	%G ₁	%G ₂	%S
MDA-MB-231	Control	37.20±3.54	11.15±0.50	51.70±4.10
	5+5µg/mL	40.75±5.16	28.55±4.03	24.95±7.00*
MDA-MB-468	Control	70.27±4.31	23.39±1.32	8.76±0.42
	5+5µg/mL	64.34±0.10	21.25±2.02	11.32±2.26
	10+10µg/mL	70.60±3.13	22.41±0.06	8.80±0.62

The combination of Andro and BetA was found to significantly reduce the percentage of cells in the S phase in MDA-MB-231 cell line (Table 7). The treatment of MDA-MB-231 cell line with BetA was previously reported to cause cell cycle arrest in the G2 phase [15]. The combination of the two drugs is found to increase the percentage of cells in G1 and G2 with greater percentage of cells in G2 phase suggesting that BetA, having higher activity, may be the driver of the G2 arrest rather than Andro at the concentrations tested. Unlike the slight increase in the percentage of cells in the S phase following treatment of MDA-MB-468 cells with Andro, the combination Andro and BetA at 10 µg/mL lead to the restoration of the percentage of cells in the S phase to levels relative to the control.

The effect of Andro and its combination with BetA on the mRNA expression levels of cell-cycle related genes in TNBC cell lines

To further determine the effect of Andro on the cell cycle progression, the mRNA expression patterns of cell cycle genes of MDA-MB-231 and MDA-MB-468 TNBC cells were examined (Tables 8 & 9) (Figure 4). In MDA-MB-231 cell line, Andro was found to lower the expression of G1 phase inhibitor P27 at all concentrations tested (Table 8). The expression levels of cell cycle genes in MDA-MB-468 following Andro treatment did not indicate inhibition of the cell cycle. Interestingly, in MDA-MB-231, CDK6 was lowered with concentrations of 5 and 20 µg/ml. Although the combination of Andro and BetA were not found

to alter the expression of the cell cycle genes tested in MDA-MB-468 cell line, the combination lowered the expression of P21 and P27 in the MDA-MB-231 cell line. The exact mechanism by

which Andro and its combination with BetA cause changes in the regulation of cell cycle genes remains unclear.

Table 8: The effect of Andro on the mRNA expression levels of cell cycle genes in breast cancer cell lines MDA-MB-231 and MDA-MB-468 and their co-culture with breast stromal cells*.

	Andro Concentration	p21	P27	CDK2	CDK6	Cyclin D1
MDA-MB-231	5µg/ml	0.51	0.22	0.59	0.22	0.72
	10µg/ml	0.84	0.45	0.72	0.56	0.64
	20µg/ml	0.47	0.05	0.54	0.09	1.38
MDA-MB-468	5µg/ml†	0.06	0.30	0.84	0.82	0.34
	5µg/ml	0.55	3.33	0.62	0.52	0.92
	10µg/ml	1.14	0.69	0.63	0.87	1.88
	20µg/ml	1.65	3.33	1.41	1.23	2.98
	5µg/ml†	0.58	0.65	2.16	1.01	1.20
	10µg/ml†	0.66	1.89	1.34	1.40	1.00

*The values represent fold change in expression of the target gene relative to the internal control gene (β-actin) and untreated control cells. † Breast carcinoma cell line co cultured with breast stromal cells.

Table 9: The effect of combining Andro and BetA on the mRNA expression levels of cell cycle genes in breast cancer cell lines MDA-MB-231 and MDA-MB-468 co-cultured with stromal cells*.

	Andro + BetA Concentration	p21	P27	CDK2	CDK6	Cyclin D1
MDA-MB-231	5+5µg/ml	0.09	0.44	0.75	1.06	0.56
MDA-MB-468	5+5µg/ml	0.87	1.45	1.64	1.74	2.91
	10+5µg/ml	0.52	2.39	1.26	1.18	0.72

*The values represent fold change in expression of the target gene relative to the internal control gene (β-actin) and untreated control cells.

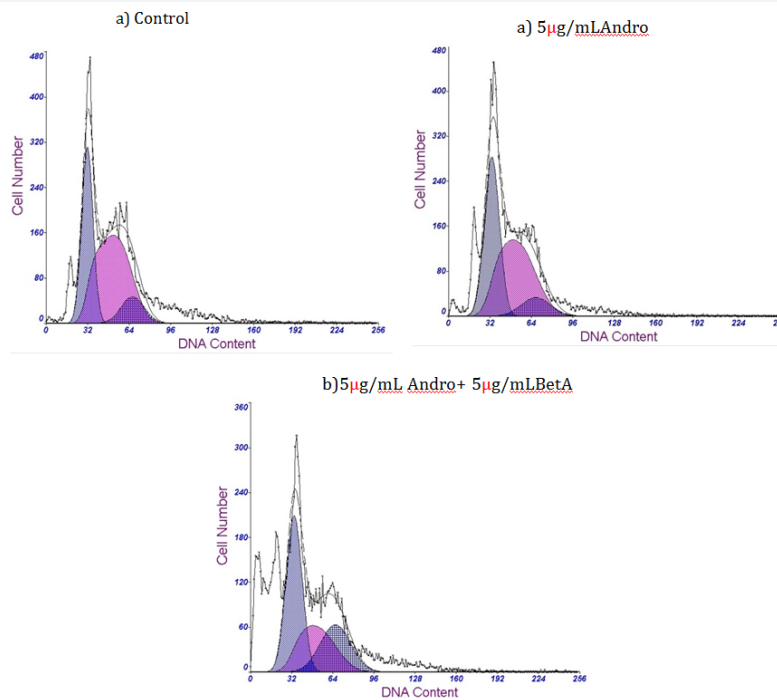


Figure 4: The effect of Andro on cell-cycle progression in MDA-MB-231 breast carcinoma cell lines co-cultured with breast stromal cells analysed using flow cytometry. Figure a) cell cycle of untreated cells, b) cell cycle is altered after the treatment of MDA-MB-231 with 5µg/mL Andro, and c) cell cycle of MDA-MB-231 is significantly altered following treatment with the combination of 5µg/mL Andro and 5µg/mL BetA.

The effect of Andro and its combination with BetA on angiogenesis and the mRNA expression levels of VEGF and bFGF

HMMEC alone and its co-culture with the TNBC cells or breast stromal cells underwent rapid reorganization and formed tube-like structures when plated on Matrigel. The treatment of HMMEC alone with 1µg/mL Andro had no significant inhibitory effect on the Matrigel-induced network formations over the course of treatment. When HMMEC co-cultured with the breast carcinoma cell lines were treated with 1µg/mL Andro, inhibition of networks were observed after 36h of incubation (only images of HMMEC co-cultured with MBA-MD-231 cells are shown in Figure 4). The treatment of HMMEC co-cultured with breast stromal cells using 1µg/mL Andro and the combination of 1µg/mL Andro with 1µg/mL BetA caused significant inhibition of networks formed following 6, 12, 24 and 36h incubation.

To further determine the mechanism behind the anti-angiogenic activity of Andro and its combination with BetA in HMMEC, the mRNA expression levels of VEGF and bFGF were determined using RT-PCR. The mRNA expression levels of VEGF and bFGF following 1µg/mL Andro treatment were lowered to 13.03% and 26.31% respectively, relative to the control. On the other hand, the combination of 1µg/mL Andro with 1µg/mL BetA lowered the mRNA expression level of only bFGF to 11.84% (mRNA expression of VEGF remained unchanged). This is in line with our previous finding of BetA downregulating bFGF but not VEGF [15]. These findings further confirm that relatively low concentrations of Andro and its combination with BetA can modify HMMEC suggesting that the treatments may indeed prevent the process of angiogenesis.

Discussion

Herbal medicine is one of the most commonly used complementary therapies by people with cancer. Some studies have shown that as many as 6 out of every 10 people with cancer (60%) use herbal remedies alongside conventional cancer treatments [17]. Chinese practitioners proposed that cancer therapy involves the interplay between the induction of cell-cycle arrest, inhibition of angiogenesis, overcoming multidrug resistance (MDR), and boosting the immune system [18]. In this study, the efficacy of Andro and its combination with BetA in the treatment of triple negative breast carcinoma cell lines MDA-MB-231 and MDA-MB-468 was investigated. The rationale behind this idea is that plant products have been used for the treatment of human diseases including cancer for thousands of years due to their wide range of biological properties.

Andro is known to exhibit potent anti-inflammatory and anti-cancer activities [19-21]. It has been found to exert growth inhibitory effects on colorectal, hepatoma, leukaemia and prostate cancer cells [20-24]. The results of this study show that Andro is also active against HMMEC and TNBC MDA-MB-231 and MDA-MB-468 cell lines, with increasing concentrations found

to induce cell kill in all cell lines in a concentration dependent manner.

Furthermore, Andro has been reported to suppress inflammation and modulate the immune response by interfering with inflammatory mediators such as NF-κB, TNF-α, IL-6, MIP-2, iNOS and COX-2[25]. Li et al. reported that Andro was effective in blocking inflammation by down regulating production of NO, TNF-α and IL-6 in macrophages[26]. In addition, Andro was found to inhibit TNF-α in in vitro and in vivo models of asthma [27]. Treatment of Andro to mice bearing castration-resistant DU145 human prostate tumors that express constitutive IL-6 autocrine loop significantly suppressed tumor growth [20]. Indeed, Andro was found to suppress the inflammation of MDA-MB-231 and MDA-MB-468 cell lines. It appears that the highest concentration of Andro (20 µg/mL) was the most effective at lowering the expression of the inflammatory factors in MDA-MB-231 cell line. At that concentration, Andro blocked inflammation through down regulating the expression of IL-6, HIF1A, STAT3, i-NOS and TLR4. Furthermore, Andro was found to lower the expression of TNF-α, NF-κB and HIF1A in MDA-MB-468 cell line when low (5 and 10µg/mL). When Andro was combined with BetA, the expression of TNF-α, TLR4, NF-κB1 and IL-6 were altered. The results indicate the ability of Andro to inhibit the expression of inflammatory genes.

Besides blocking the inflammatory response in these cell lines, the mechanism of Andro-induced cell cycle arrest was investigated. Andro inhibits cell-cycle progression by modulating the expression of cell cycle related proteins. The induction of cell-cycle arrest occurs at G1 phase and is mainly due to the induction of cell-cycle inhibitory proteins p16, p21, p27 associated with decreased expression of cyclin A, cyclin D, CDK4 and CDK2, required for G1 to S transition [10,22,28]. Andro was found to lower the percentage of S-phase cells, increase the percentage of G1 phase cells thus causing G1 phase cell cycle arrest in MDA-MB-231 cell line co-cultured with breast stromal cells. On the other hand, flow cytometric analysis did not show arrest of the cell cycle in MDA-MB-468 cell line at the concentrations tested, in fact the percentage of cells in the S phase increased. This may be partly due to the use of concentrations that are lower than the IC50 of Andro against this cell line, thus higher concentrations may be necessary to provide a better understanding of the mechanism of Andro-induced cell cycle arrest in MDA-MB-468 cell line. Although the mRNA expression levels of cell cycle genes in Andro treated MDA-MB-231 and MDA-MB-468 cell lines were determined, the results were inconclusive. In addition to the induction of cell cycle arrest, Andro causes apoptosis through altering the interplay between pro- and anti-apoptotic proteins. Cheung et al. reported that Andro employed an intrinsic mitochondria-dependent pathway of apoptosis by regulating the expression of some pro-apoptotic markers in HL-60. Apoptosis was associated with disappearance of mitochondrial cytochrome c and increased expression of Bax,

but decreased expression of Bcl-2 proteins [24]. Another study showed that Andro induced activation of mitogen-activated protein kinases (MAPKs) including p38 kinase, c-Jun N-terminal kinase (JNK) and extracellular signal-related kinases (ERK1/2), but had no significant effect on caspase-3, Bcl-xL and Bcl-2, which are apoptosis-related proteins. Moreover, inhibition of JNK activation partially rescued the toxic effect of Andro on Hep3B cells [23].

The anti-tumour activity of Andro is multifactorial, with possible anti-angiogenic properties [29,30]. While in this study Andro had no significant anti-angiogenic effect on HMMEC cultured alone, it inhibited angiogenesis in HMMEC co-cultured with breast carcinoma cell lines MDA-MB-231 and MDA-MB-468 and caused significant inhibition in HMMEC co-cultured with breast stromal cells. Two factors associated with angiogenesis are basic fibroblast growth factor (bFGF) and vascular endothelial growth factor (VEGF) [31,32]. Interestingly, the mRNA expression levels of VEGF and bFGF in this study indicated that Andro inhibited angiogenesis through the inhibition of both bFGF and VEGF. The expression levels of bFGF and VEGF were lowered to 26.31% and 13.03% in comparison to the control respectively. It was previously found that BetA inhibited angiogenesis through the down regulation of bFGF rather than VEGF (article in print). The results indicate that the anti-angiogenic activity of Andro may be mediated via the inhibition of VEGF and bFGF, whereas BetA is an inhibitor of angiogenesis by lowering the expression of bFGF when in combination with Andro. Finally, the selective cytotoxicity of Andro against tumour cells and its chemo-protective potential towards normal cells makes it an ideal candidate for combination therapies [33].

In summary, Andro proved to be a potent anti-proliferative, anti-inflammatory, and anti-angiogenic agent against MDA-MB-231 and MDA-MB-468 breast carcinoma cell lines. Given the fact that Andro and its combination with BetA are shown to be effective in vitro against TNBC, further studies are clearly warranted to determine its in vivo effect. The effectiveness of Andro and its combination with BetA indicate that they may be highly effective and have great potential in inhibiting cancer proliferation, inflammation and angiogenesis.

Conflict Of Interest

The Authors declare that they have no financial interest and personal relationships with other people or organizations that could inappropriately influence (bias) their work.

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