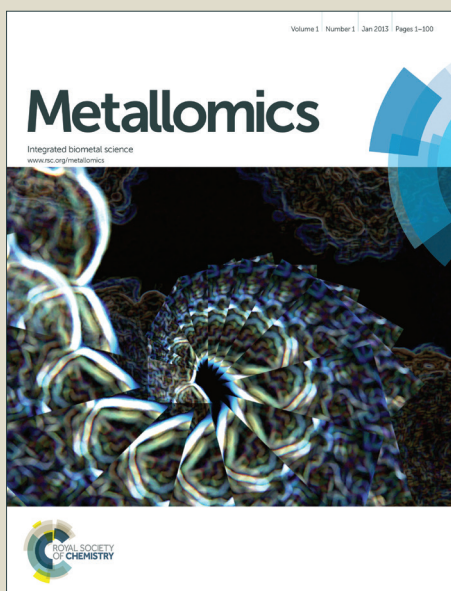


Metallomics

Accepted Manuscript



This is an *Accepted Manuscript*, which has been through the Royal Society of Chemistry peer review process and has been accepted for publication.

Accepted Manuscripts are published online shortly after acceptance, before technical editing, formatting and proof reading. Using this free service, authors can make their results available to the community, in citable form, before we publish the edited article. We will replace this *Accepted Manuscript* with the edited and formatted *Advance Article* as soon as it is available.

You can find more information about *Accepted Manuscripts* in the [Information for Authors](#).

Please note that technical editing may introduce minor changes to the text and/or graphics, which may alter content. The journal's standard [Terms & Conditions](#) and the [Ethical guidelines](#) still apply. In no event shall the Royal Society of Chemistry be held responsible for any errors or omissions in this *Accepted Manuscript* or any consequences arising from the use of any information it contains.

1
2
3
4
5 **Combination of Arsenic and Cryptotanshinone Induces Apoptosis through**
6 **Induction of Endoplasmic Reticulum Stress-Reactive Oxygen Species in Breast**
7 **Cancer Cells**
8
9

10
11 Yan Fang Zhang^{a,b}, Min Zhang^{a,b}, Huang Xu Lei^b, Yu Fu Jie^{a,b}, Yu Han Jiang^c,
12 Ling Ling Bao^{a,b}, Yasen Maimaitiyiming^{a,b}, Guang Ji Zhang^d, Qian Qian Wang^a,
13 Hua Naranmandura^{a,b*}
14
15
16

17
18 ^aDepartment of Toxicology, School of Medicine and Public Health, ^bDepartment of
19 Toxicology and Pharmacology, College of Pharmaceutical Sciences, ^cOcean College,
20 Zhejiang University, Hangzhou 310058, China
21 ^dZhejiang Chinese Medical University, Hangzhou, China
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42

43
44 *To whom correspondence should be addressed:

45 Dr. Hua Naranmandura
46 Department of Toxicology,
47 School of Medicine and Public Health,
48 Zhejiang University,
49 Hangzhou, Zhejiang, 310058, China
50 Fax/Phone: (+86) 571-8820-6736
51 E-mail: narenman@zju.edu.cn
52
53
54
55
56
57
58
59
60

Abstract

Arsenic trioxide has been successfully used for the treatment of patients with acute promyelocytic leukemia (APL) worldwide. Recently, it has also been further developed to treat the solid tumors in clinical trials. However, the therapeutic effects on malignant tumors appeared to be unsatisfactory, as these cells exhibited resistance towards arsenic. In this study, we explored new therapeutic strategies for treatment of human breast cancer MCF-7 cells based on arsenic metabolites. The MCF-7 cells were exposed to the three arsenic species, namely, inorganic arsenite (iAs^{III}) and its intermediate metabolites monomethylarsonous acid (MMA^{III}) and dimethylarsinous acid (DMA^{III}) alone or in combination with cryptotanshinone (CPT) to establish their anticancer effects against MCF-7 cells. Surprisingly, MCF-7 cells showed to be resistant to both iAs^{III} and CPT alone, however, showed to be relative sensitive to treatment when exposed to MMA^{III} and DMA^{III} alone. Conversely, the combination of MMA^{III} with CPT showed significantly enhanced anticancer effects on MCF-7 cells at low doses, but no appreciable effect was observed on exposure to other two arsenic species with CPT. In addition, remarkable redistribution of pro-apoptosis related proteins Bax and Bak were observed in mitochondria, together with activation of Poly (ADP-ribose) polymerase (PARP) and caspase-9 after exposure to combination of MMA^{III} with CPT. Furthermore, we clearly found that induction of apoptosis in MCF-7 cells was predominantly triggered by endoplasmic reticulum (ER) stress after exposure to the combination of MMA^{III} with CPT.

Keywords: arsenic trioxide, dimethylarsinous acid, monomethylarsonous acid, cryptotanshinone, human breast cancer, ER stress

Abbreviations: APL, acute promyelocytic leukemia; As_2O_3 , arsenic trioxide; iAs^{III} , arsenite; CPT, cryptotanshinone

Introduction

Arsenic trioxide (As_2O_3) is widely used for the treatment of patients with acute promyelocytic leukemia (APL) and has showed remarkable clinical success.¹ Thereby, it has also been used to treatment of other forms of tumors and diseases.^{2,3} However, many reports have indicated that As_2O_3 as a single-agent has not been as effective as anticipated against non-promyelocytic leukemia and other malignant tumors in clinical trials.^{4,5}

Generally, arsenic trioxide is commonly hydrolyzed to arsenite (i.e., $\text{As}_2\text{O}_3 \rightarrow \text{iAs}^{\text{III}}$) and then metabolized in liver to trivalent monomethylarsonous acid (MMA^{III}) and dimethylarsinous acid (DMA^{III}) species by arsenic methyltransferase (AS3MT) in the body and is finally excreted into urine as low toxic pentavalent methylated forms.⁶⁻⁸ Moreover, these trivalent intermediate metabolites have shown to be more cytotoxic towards different cell lines as compared to their precursor; iAs^{III} .^{9,10} However, so far there is no information regarding the anticancer effects of arsenic intermediate metabolites (i.e., MMA^{III} and DMA^{III}) in clinic trials. Thus, its arsenic intermediate metabolites may have more strong anticancer effects on malignant cancers than that of inorganic iAs^{III} .

To date, many scientists have tried to develop the single-agent As_2O_3 for treatment of solid tumors in clinic trails, but it has not shown any significant responses against solid cancer including hepatocellular carcinoma (HCC) or multiple myeloma (MM).¹¹ Although, arsenic trioxide has showed potent antiproliferative and proapoptotic effects in pancreatic cancer cells, however, despite of the promising *in vitro* data, As_2O_3 has not demonstrated any satisfactory outcomes in pancreatic cancer patients.⁴ Moreover, Hayashi et al.¹² has found that As_2O_3 around 2~5 μM could induce apoptosis in drug-resistant multiple myeloma cell lines or primary patient cells, but the exposure concentrations is indeed very high. Such reports suggest that the efficacy of As_2O_3 as a single-agent is not significantly acceptable for the treatment of non-APL cancer. As an alternate, efforts may be made to reduce the dose of arsenic trioxide or may be combined with other standard regimen in reversing the chemo resistance.

Recently, a great increase in the public concern and awareness about breast cancer has been observed. Human breast adenocarcinoma cell line MCF-7, an estrogen receptor (ER) positive breast cancer cell line, has been used as a cellular model to study As_2O_3 treatment. However, clinically achievable concentrations of As_2O_3 at 2 μM (i.e., 4 μM iAs^{III}) have shown no effectiveness on breast cancer in clinic trials.^{12,13} Differently from the single-agent treatment, Baumgartner et al., has reported that the combination of As_2O_3 (1 μM) with docosahexaenoic acid (DHA) could remarkably enhance the apoptotic effect in drug-resistant leukemia cells as compared to As_2O_3 treatment alone. Moreover, they observed that the combination

1
2
3 treatment was also effective against other cancer cells that were derived from various
4 hematologic malignancies,¹⁴ indicating that combination of As₂O₃ with other agents
5 as an alternative anticancer treatment strategy. Our previous work have found the
6 combination of iAs^{III} with cryptotanshinone (CPT), isolated from the root of salvia
7 miltiorrhiza, at sub-toxic concentration has significantly increased the anticancer
8 effects of arsenic on human multiple myeloma (MM) cells lines as compared with the
9 arsenic treatment alone, implying the combination of arsenic with other natural
10 chemical compounds could improve the treatment for drug resistant malignant
11 cancers.¹⁵ CPT has been identified to have anti-inflammatory, anti-cancer,
12 antioxidative and anti-angiogenic activities.¹⁶ Especially, recent studies have indicated
13 that CPT exerts potential anticancer activity through targeting STAT3 signaling,
14 inhibiting the signaling pathway of the mammalian target of rapamycin (mTOR) and
15 mTOR-mediated cyclin D1 expression and Rb phosphorylation.
16
17
18
19
20
21

22 Based on arsenic metabolism in body which results in the formation of active
23 arsenic intermediate metabolites, we have tried to develop a novel therapeutic strategy
24 for human breast cancers. Here we have examined the anti-cancer effect of arsenite
25 and its intermediate metabolites (i.e., MMA^{III} and DMA^{III}) alone and in combination
26 with CPT in human breast cancer MCF-7 cell line. We found that the MCF-7 were
27 much more resistant to iAs^{III} as compared to the two methylated arsenic species,
28 however, the combination of 1 μM MMA^{III} with 15 μM CPT at sub-toxic
29 concentrations was found to significantly reduce the cell survival. In addition, we
30 found that combination of MMA^{III} with CPT induced apoptosis in MCF-7 cells
31 predominantly through activation of ER stress, but not by STAT3 pathway. Hence, our
32 findings suggest that combination of arsenic intermediate metabolites with CPT have
33 much potent anticancer activity as compared to iAs^{III}, thereby this approach might be
34 used for the treatment of human breast cancer in the clinical trials in near future.
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Material and Methods

Reagents

All reagents were of analytical grade. Milli-Q water (Millipore) was used throughout the experiment. Trizma® HCl and Trizma® Base were purchased from Sigma (St. Louis, MO, USA). L-cysteine, sodium arsenite (iAs^{III}), sodium arsenate (iAs^V), and dimethylarsinic acid [(CH₃)₂AsO(OH)] (DMA^V) were purchased from Wako Pure Chemical Industries, Ltd. (Osaka, Japan). Monomethylarsonic acid (MMA^V) was obtained from Tri Chemicals (Yamanashi, Japan).

Cell culture

Human breast cancer MCF-7 cells were purchased from Chinese Academy of Sciences in Shanghai. Cells were cultured in logarithmic growth phase using RPMI-1640 medium supplemented with 10% fetal bovine serum (FBS) (Invitrogen, Grand Island, USA), 100U/mL penicillin, and 100 µg/mL streptomycin, at 37°C in 5% CO₂ atmosphere. After twenty-four hours of seeding, the cultures were washed twice with PBS, fresh medium was added, and then the cells were treated with indicated doses of iAs^{III}, MMA^{III}, DMA^{III} alone or combined with CPT for 24h. In the current study, iAs^{III} will represent As₂O₃.

Preparation of Monomethylarsonous Acid (MMA^{III}) and Dimethylarsinous Acid (DMA^{III})

MMA^{III} and DMA^{III} were prepared by reducing MMA^V and DMA^V respectively with 5 molar equivalents of L-cysteine in distilled water at 90 °C for 1h.¹⁰ The trivalent forms were confirmed by comparison of the respective retention times on a GS 220 gel filtration column by HPLC-ICP MS with those prepared from their iodide forms in distilled water under nitrogen atmosphere. Purity of MMA^{III} (98%, with 2% of MMA^V) and DMA^{III} (95%, and with 5% of DMA^V) was confirmed by HPLC-ICP MS and then were used for further experimental purpose.

MTT assay for cell viability

Human breast cancer MCF-7 cells were seeded at a density of 2×10⁴ cells/100 µL/well in 96-well microtiter plates (Promega Corporation). Twenty-four hours post-seeding, the cultures were washed twice with PBS and then exposed to various concentrations of

1
2
3
4
5 iAs^{III}, MMA^{III} and DMA^{III} or CPT for 24h. Then, 20μL of an MTT solution was added
6 to each well (at the final concentration of 0.5mg/mL), and the plates were incubated for
7 an additional 3h at 37°C. Afterward, cell cultures were washed with PBS, and 150 μL of
8 DMSO was added to each well. Cell viability was measured as absorbance at 570 nm
9 with a microplate reader and the results were expressed as percentage of the control
10 level.
11
12
13
14

15 16 17 *Western blot analysis*

18 MCF-7 cells were washed twice with cold D-hanks solution, followed by the whole
19 cells using RIPA lysis buffer containing 50mM Tris-HCl, pH 7.5, 150mM NaCl, 1%
20 NP-40, 0.5% sodium deoxycholate, 0.1% SDS, 0.2 mMPMSF, and a complete mini
21 protease inhibitor tablet. Lysates were incubated on ice for 30 min and centrifuged for
22 30 min at 13,000×g at 4°C to obtain the supernatant. Protein concentrations were
23 determined by Bio-Rad microprotein assay using bovine serum albumin as standard.
24 Twenty-five microgram of each protein sample was resolved by 10 or 12% SDS-PAGE
25 and electro-blotted onto nitrocellulose membranes (Bio-Rad, Mississauga, ON). The
26 membranes were blocked for 1h at room temperature using 5% skim milk plus 0.1%
27 Tween-20 (PBST) and incubated overnight at 4°C with different primary antibodies,
28 followed by incubation with HRP-linked secondary antibodies for 1h at room
29 temperature then after washing the proteins were visualized by enhanced
30 chemiluminescence (ECL).
31
32
33
34
35
36
37
38
39

40 41 *Assessment of cellular apoptosis*

42 Cellular apoptosis was measured by Annexin V-FITC and propidium iodide (PI)
43 staining. MCF-7 cells were treated with 1μM of iAs^{III}, MMA^{III} and DMA^{III} alone or in
44 combination with a 15μM CPT for 24h. Later the cells were washed with PBS and
45 re-suspended (1×10^6 /mL). Cells were then stained with 5μL Annexin V-FITC and were
46 incubated for 15min in dark at 37°C. Afterward, PI (20μg/mL) was added and the
47 samples were immediately analyzed on flow cytometer (Beckmancoulter).
48
49
50
51
52

53 54 *Measurement of intracellular ROS by flow cytometry*

55 The oxidation-sensitive fluorescent probe (DCFH-DA) was used to detect the
56 intracellular ROS level, as described in our previous work.¹⁰ Briefly, MCF-7 cells were
57
58
59
60

1
2
3
4
5 treated with 1 μ M of MMA^{III} alone or in combination with 15 μ M CPT for 12h. After
6 incubation, cells were washed with PBS and then incubated with 10 μ M/L DCFH-DA at
7 37°C for 20 min. Fluorescence was detected by flow cytometer (Beckmancoulter).
8
9

10 11 12 *Immunofluorescence microscopy*

13 MCF-7 cells (1 \times 10⁵) were cultured on Chamber slides and then exposed to 1 μ M of
14 MMA^{III} alone or with CPT for 12h. After washing with PBS twice, the slides were fixed
15 by paraformaldehyde (PFA) for 30min. Cells nuclei were stained with
16 4',6-diamidino-2-phenylindole (DAPI, blue) for 5 min at 4 °C. After washing with
17 PBS, phycoerythrin-conjugated streptavidin was added for 30 min before washing,
18 mounting in Aquamount, and examination under a Zeiss (Göttingen, Germany) 510
19 confocal microscope. Confocal scanning parameters were set up so that the cells in the
20 well without the compounds had no fluorescent signal.
21
22
23
24
25
26
27

28 *Statistical analysis*

29 Each viability value represents the mean \pm S.D. from four determinations, and IC₅₀
30 values were calculated from the log-log plot between the percentages of viable cells.
31 Subsequently, each experiment was performed at least three times. Statistical analysis of
32 data was carried out using a one-way ANOVA followed by Holm-Sidak pairwise
33 multiple comparison test (Sigmaplot, Systat Software Inc), and a probability value of
34 less than 0.05 (**p*<0.05) was accepted as a significant difference.
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Results

Effect of three arsenic species with or without CPT on cell viability of MCF-7 cells

Arsenic trioxide is commonly metabolized in body to mono- and di-methylated arsenic metabolites such as monomethylarsonous acid (MMA^{III}) and dimethylarsinous acid (DMA^{III}), whereas, iAs^{III} represents As_2O_3 in the present study.

MCF-7 cells survival was determined by MTT assay after exposure to iAs^{III} , MMA^{III} , DMA^{III} and CPT alone or in combination at indicated concentration for 24h, as shown in [Figure 1A,B](#). Human breast cancer MCF-7 cells exhibited resistance to both inorganic iAs^{III} and CPT alone, whereas were found to be relatively more sensitive towards MMA^{III} , and less sensitive towards DMA^{III} . However, when the three arsenic species were given, there was no appreciable toxic effect found in MCF-7 cells following exposure to at low dose $1\mu\text{M}$ ([Fig. 1](#)).

Based on these results, we further compared the cytotoxic effect of three arsenic species at $1\mu\text{M}$ with $15\mu\text{M}$ CPT on MCF-7 cells ([Fig. 1C-E](#)). Interestingly, after exposure to MMA^{III} with CPT, the cells viability was significantly reduced to approximately 40% of control ([Fig. 1D](#)), however, about 75~80% of cell survival was observed when MCF-7 cells were exposed to combination of iAs^{III} or DMA^{III} at $1\mu\text{M}$ with $15\mu\text{M}$ CPT ([Fig. 1C,E](#)), suggesting that the combination of MMA^{III} with CPT have much stronger synergistic effect than other two species on the MCF-7 cells. In addition, the induction of apoptosis after exposure to $1\mu\text{M}$ iAs^{III} , MMA^{III} or DMA^{III} with $15\mu\text{M}$ CPT were also determined ([Fig. 2A](#)). As anticipated, combination of MMA^{III} with CPT showed significant induction of cellular apoptosis ([Fig. 2A](#)), and remarkable activation of poly (ADP-ribose) polymerase (PARP), the apoptosis related proteins was observed ([Fig. 2B](#)). However, no appreciable effect was observed after exposure to other two species including iAs^{III} and DMA^{III} with CPT at the same conditions, which was found to be consistent with the results of MCF-7 cell viability ([Fig. 2B, C](#)).

Changes in proapoptotic proteins Bax, Bak and Cyt c in cytoplasm and mitochondria of MCF-7 cells following exposure to three arsenic species with or without CPT

In order to understand the mechanism of synergistic effects for the three arsenic species with CPT were further determined in terms of induction of MCF-7 cell death, changes in proapoptotic proteins including Bax, Bak or cyt c in cytoplasm and mitochondria of MCF-7 cells, as shown in [Figure 3](#). In fact, inorganic iAs^{III} with CPT showed to slightly increase the Bax, and reduce cyt c in mitochondria ([Fig. 3A and a](#)),

1
2
3 while MMA^{III} with CPT remarkably induced the translocation of Bax from cytoplasm
4 to mitochondria, along with increasing Bak and reducing cyt c in mitochondria
5 (Fig.3B and b). However, no related significant changes were observed in MCF-7
6 cells after exposure to DMA^{III} with CPT (Fig.3C and c). These observations were also
7 found to be consistent with the result of cell viability obtained after exposing MCF-7
8 cells to the combination treatment (Fig.1D), suggesting that the MMA^{III} with CPT
9 could enhance the induction of apoptosis and has much stronger effects on MCF-7
10 cells than the other two arsenic species (i.e., iAs^{III} and DMA^{III}).
11
12
13
14
15
16

17 *Determination of ER stress in MCF-7 cells after exposure to combination of MMA^{III}*
18 *with CPT*

19
20 Phosphorylation of signal transducer and activator of transcription 3 (STAT3) can be
21 specifically inhibited by CPT.¹⁶ Thus, we are interested in determining the effects of
22 the arsenic species on the inhibition of STAT3 activity. Interestingly, phosphorylation
23 of STAT3 (p-STAT3) was not observed after exposure to either of the three arsenic
24 species alone, however, a complete inhibition of STAT3 activity was observed after
25 exposure to the sub-toxic concentration of CPT, as shown in Figure4A. In addition,
26 we also found that CPT was able to inhibit p-STAT3 in MCF-7 cells even at low
27 concentration; 2~10 μ M (data not shown), implying that the inhibition of p-STAT3 is
28 not involved in the induction of apoptosis after exposure to the combination of arsenic
29 with CPT. According to the above results, we found that MMA^{III} with CTP have much
30 potent effects on induction of apoptosis as compared to the other two arsenic species.
31 Thus, we predominantly focused on the effect of MMA^{III} with CTP on MCF-7 cells in
32 subsequent experiments.
33
34
35
36
37
38
39
40

41 It has been reported that ER stress and MAPK pathways play essential role in the
42 regulation of cellular response such as cellular apoptosis, survival, proliferation and
43 differentiation.^{17,18} In this study, we opt to find that whether the induction of apoptosis
44 observed in MCF-7 cells after exposure to the combination of MMA^{III} with CPT was
45 through ER stress or not, thereby ER-stress related proteins p-PERK, ATF4 and
46 CHOP or p-ASK1, p-JNK were determined at different time points (0, 1, 3, 6, 9, 12
47 and 24h) after exposure to the indicated combination. Surprisingly, significant
48 induction of p-PERK was observed as early as 1h after exposure to the combination
49 treatment (i.e. MMA^{III} with CPT), followed by the activation of the downstream
50 proteins; ATF4 and CHOP with the increase in the exposure time (Fig.4B). On the
51 other hand, induction of p-ASK1 and p-JNK was also observed (Fig.4.C), suggesting
52
53
54
55
56
57
58
59
60

1
2
3 that the induction of apoptosis by MMA^{III} with CPT mainly occurred through the
4 ER-stress. Conversely, in this study, we were also interested in evaluating the
5 involvement of MAPK pathway, however, we found that the MMA^{III} with CPT
6 induced the p-erk and p-38 activation at very late time, indicating that the MAPK
7 signaling pathway might not be the main pathway involved in the induction of
8 apoptosis in MCF-7 cells after exposure to the combination of MMA^{III} or CPT.
9
10
11
12

13
14 *Effect of p-JNK or caspase inhibitors on induction of apoptosis in MCF-7 cells after*
15 *exposure to combination of MMA^{III} with CPT*

16
17 Although, MMA^{III} or CPT alone could not significantly induce ER-stress in MCF-7
18 cells, however significant induction of the ER-stress was observed in MCF-7 cells
19 after exposure to the combination treatment (Fig.5A). In order to further verify the
20 involvement of ER-stress as a main pathway for the induction of apoptosis in the
21 current study, we used two specific inhibitors to evaluate our results. Interestingly,
22 when the cells were pretreated with p-JNK inhibitor (SP600125), the induction of
23 apoptosis after combination treatment was significantly attenuated (Fig.5B),
24 suggesting that MMA^{III} with CPT induced apoptosis by predominantly triggering
25 ER-stress in MCF-7 cells. Moreover, similar results were observed after the
26 pretreatment of caspase inhibitor (Z-VAD-FMK), as this inhibitor also prevented the
27 induction of apoptosis by the combination treatment, indicating that the MMA^{III} with
28 CPT induced apoptosis in MCF-7 cells was caspase dependent (Fig.5C).
29
30
31
32
33
34
35
36
37

38 *Localization of reactive oxygen species (ROS) in MCF-7 cells after exposure to*
39 *combination of MMA^{III} with CPT*

40
41 We were further interested in determining the ER-stress-induced generation of
42 reactive oxygen species (ROS). Thus, the generation of ROS was determined in
43 MCF-7 cells after exposure to MMA^{III}, CPT alone or MMA^{III} with CPT in the
44 presence or absence of antioxidant N-acetylcysteine (NAC) as shown in Figure6A.
45 Interestingly, ROS generation was not significantly increased in cells exposed either
46 to MMA^{III} (1 μ M) or CPT (15 μ M) alone (data not shown), however, strikingly
47 increased generation of ROS was observed after the exposure to the combination
48 treatment at 12h. Moreover, this ROS generation was completely inhibited in the cells
49 pretreated with NAC, implying that ROS also involved in the induction of apoptosis
50 in MCF-7 cells in current study. In addition, we found that ROS was generated in both
51 ER and mitochondria after exposure to the combination treatment, and no significant
52
53
54
55
56
57
58
59
60

1
2
3 ROS generated in both organelles by exposure to either CPT or MMA^{III} alone
4 (Fig.6B). Additionally, the induction of apoptosis was attenuated by pretreatment with
5 NAC following combination treatment, indicating that the generation of ROS has
6 involved in the apoptosis (Fig.6C).
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Discussion

Arsenic trioxide, a therapeutic agent used from thousands of years in Chinese, Mongolian and Tibetan traditional medicine, has proven to be an effective drug for the treatment of acute promyelocytic leukemia (APL).¹ This successful approach has also encouraged many scientists to use this compound for the treatment of other malignant tumors.²⁻⁶ However, as a single-agent, As₂O₃ has shown limited efficacy against non-APL and solid tumors may be because these cells are highly resistant to As₂O₃.

An early study has reported that high dose of As₂O₃ may increase overall survival rate in multiple myeloma (MM) patients, but most of the patients may not tolerate such high-dose chemotherapy.¹⁹ Moreover, high dose of As₂O₃ can also causes a number of adverse events like cytopenia, deep vein thromboses and infectious complications.²⁰ Thereby, new therapeutic approaches are needed to be developed for the use of arsenicals in clinical treatment against various arsenic-resistant tumors.²¹⁻²⁴

On the other hand, it is well known that inorganic arsenic can be metabolized into mono- and dimethylated arsenic species (e.g., MMA^{III} and DMA^{III}) by arsenic methyltransferase (AS3MT) in human body.^{6,7} Moreover, these two intermediate metabolites have shown to be more toxic than that of their precursor; iAs^{III} in different cells.⁸⁻¹⁰ Thus, as an attempt to develop new therapeutic approach that can help increase the anticancer activity and reduce the toxicity of arsenicals, we have established and compared the synergistic effects of three arsenic species in combination with the natural chemical compounds (CPT) using human cancer breast cancer MCF-7 cells. The MTT assay revealed that MCF-7 cells exhibits great resistance for inorganic iAs^{III} and relative sensitivity towards the two methylated metabolites alone, in particular for MMA^{III} (Fig.1A,B). However, cell viability was significantly reduced with the sub toxic concentration of the MMA^{III} and CPT combination Fig.1D), suggesting that the CTP may probably increase the efficacy of MMA^{III} at low dose against MCF-7 cells.

Activation of mitochondrial-mediated apoptotic pathways is one of the most well characterized mechanisms of action of iAs^{III}. In previous work, we have clearly found that combination of iAs^{III} and CPT could increase the induction of apoptosis through mitochondria-mediated apoptotic pathway in human multiple myeloma U266 cells.¹⁵ However, we could not find appreciable synergic effect of iAs^{III} with CPT in MCF-7 cells as compared to our previous work. Conversely, the combination of MMA^{III} and

1
2
3 CPT has shown to have strong synergistic anticancer effect on MCF-7 cells (Fig.2).
4 The pro-apoptotic protein Bax was markedly recruited in mitochondria followed by
5 its reduction in cytoplasm (Fig.3), which facilitated the release of Cyt c from the
6 mitochondria (Fig.3). As, it is well known that release of cytochrome c into the
7 cytoplasm can lead to the formation of apoptosome (a complex of dATP, cytochrome
8 c, Apaf-1 and procaspase-9) which results in the activation of caspase-9 that may
9 finally induce cellular apoptosis.²⁵⁻²⁷
10

11
12
13
14 Caspase-3 has been shown to play a key role in apoptotic events such as DNA
15 fragmentation and membrane blabbing, moreover the caspase-3 null mice have shown
16 to die perinatally displaying hypercellularity.²⁸ Although it has been reported that
17 MCF-7 cells also lack the caspase-3 proteins, the induction of apoptosis in MCF-7
18 cells was significantly inhibited by pretreatment of z-VAD-fmk (i.e., inhibitor of
19 apoptosis) (Fig.5B). Correspondingly, activation of PARP and caspase9 was also
20 clearly found in MCF-7 cells after the combination treatment, implying the apoptotic
21 effect of MMA^{III} with CPT to be caspase-mediated (Fig.2). We further found that the
22 induction of apoptosis occurred predominantly through the ER-stress instead of
23 MAPK/ERK pathway (Fig.5), as ER-stress related proteins p-perk, ATF4 and CHOP
24 or p-ASK and p-JNK were induced significantly as early as 1~3h of treatment (Fig.4).
25 Additionally, combination treatment induced apoptosis was prevented by pretreatment
26 with eif2 or p-JNK inhibitors (Fig.5), suggesting that the apoptosis was ER-stress
27 mediated.
28

29
30
31
32
33
34
35
36 Notability, although CPT is known to be cable of inhibiting p-STAT3,¹⁶ it seems
37 that the combination of arsenic with CPT did not induce apoptosis through this
38 pathway in MCF-7 cells as observed in the current study. Our previous study has
39 demonstrated mitochondria as a target organelle for methylated induced toxicity,
40 especially we found that MMA^{III} is capable of to inducing ROS generation in the
41 mitochondria through inhibiting the complexes II and IV of electron transport chain
42 (ETC).²⁹ However, their combination treatment was found to be much toxic to ER in
43 the present study. Future studies need to probe the mechanism by which combination
44 of MMA^{III} and CPT induced ROS in ER. Additionally, we also found that oxidative
45 stress was also involved as a toxic event at late time (Fig.6A), and the localization of
46 ROS was found to be in endoplasmic reticulum (ER) as well as in mitochondria
47 (Fig.6B). Inhibition of ROS could attenuate the induction of apoptosis mediated by
48 the combination of MMA^{III} with CPT (Fig.6C), suggesting that the ER-stress resulted
49 in generation of ROS in ER which ultimately also affected the mitochondria.
50
51
52
53
54
55
56
57
58
59
60

1
2
3 Taken together, our data demonstrate that human breast cancer is indeed resistant
4 to the single-agent As₃O₃ treatment, but we found that combination of CPT with
5 arsenic intermediate metabolites (particularly MMA^{III}) could strongly increase the
6 anticancer activity even at low doses. We provided new evidence that arsenic
7 intermediate metabolite; MMA^{III} at low concentration is able to increase the induction
8 of apoptosis in combination with CPT, suggesting that this combination may be a
9 good therapeutic approach for the treatment of human breast cancer.
10
11
12
13
14

15 16 **Conflict of interest**

17 The authors report no conflicts of interest.
18
19

20 21 **Acknowledgements**

22 The authors wish to acknowledge the National Natural Science Foundation of China
23 (Nos.81274138, 81473389) a Key Scientific and Technological Project of Zhejiang
24 Province (No.2012C13017-1), Doctoral Program of Higher Education
25 (No.20123322110001), Zhejiang Provincial Program for the Cultivation of Medical
26 Rookies.
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

References

1. J. Zhu, M. H. Koken, F. Quignon, M. K. Chelbi-Alix, L. Degos, Z.Y. Wang, Z. Chen, H. de Thé, Arsenic-induced PML targeting onto nuclear bodies: implications for the treatment of acute promyelocytic leukemia. *Proc. Natl. Acad. Sci. USA*, 1997, **94**, 3978-3983.
2. P. Bobé, D. Bonardelle, K. Benihoud, P. Opolon, M.K. Chelbi-Alix, Arsenic trioxide: a promising novel therapeutic agent for lymphoproliferative and autoimmune syndromes in MRL/lpr mice. *Blood*, 2006, **108**, 3967–3975.
3. R.W. Ahn, F. Chen, H. Chen, S.T. Stern, J.D. Clogston, A.K. Patri, M.R. Raja, E.P. Swindell, V. Parimi, V.L. Cryns, T.V. O'Halloran, A novel nanoparticulate formulation of arsenic trioxide with enhanced therapeutic efficacy in a murine model of breast cancer. *Clin. Cancer. Res*, 2011, **16**, 3607–3617.
4. H.L. Kindler, M. Aklilu, S. Nattam, E.E. Vokes, Arsenic trioxide in patients with adenocarcinoma of the pancreas refractory to gemcitabine: a phase II trial of the University of Chicago Phase II Consortium. *Am. J. Clin. Oncol.*, 2008, **31**, 553-556.
5. C.C. Lin, C. Hsu, C.H. Hsu, W.L. Hsu, A.L. Cheng, C.H. Yang, Arsenic trioxide in patients with hepatocellular carcinoma: a phase II trial. *Invest. New. Drugs.*, 2007, **25**, 77-84.
6. K. Rehman, H. Naranmandura, Double-edged effects of arsenic compounds: anticancer and carcinogenic effects. *Curr. Drug. Metab.*, 2013, **14**, 1029-1041.
7. T. Watanabe, S. Hirano, Metabolism of arsenic and its toxicological relevance. *Arch. Toxicol.*, 2013, **87**, 969-979.
8. D.J. Thomas, The die is cast: arsenic exposure in early life and disease susceptibility. *Chem. Res. Toxicol.*, 2013, **26**, 1778-1781.
9. V. Charoensuk, W.P. Gati, M. Weinfeld, X.C. Le, Differential cytotoxic effects of arsenic compounds in human acute promyelocytic leukemia cells. *Toxicol. Appl. Pharmacol.*, 2009, **239**, 64-70.
10. K. Rehman, Y.J. Fu, Y.F. Zhang, Q.Q. Wang, B. Wu, Y. Wu, X.Y. Zhou, W.H. Sun, T.F. Sun, H. Naranmandura, Trivalent methylated arsenic metabolites induce apoptosis in human myeloid leukemic HL-60 cells through generation of reactive oxygen species. *Metallomics*, 2014, **6**, 1502-1512.
11. J. Wu, C. Henderson, L. Feun, P. Van Veldhuizen, P. Gold, H. Zheng, T. Ryan, L.S. Blaszkowsky, H. Chen, M. Costa, B. Rosenzweig, M. Nierodzik, H. Hochster, F. Muggia, G. Abbadessa, J. Lewis, A.X. Zhu, Phase II study of darinaparsin in

- 1
2
3 patients with advanced hepatocellular carcinoma. *Invest. New. Drugs.*, 2010, **28**,
4 670-676.
- 5
6
7 12. T. Hayashi, T. Hideshima, M. Akiyama, P. Richardson, R.L. Schlossman, D.
8 Chauhan, N.C. Munshi, S. Waxman, K.C. Anderson, Arsenic trioxide inhibits
9 growth of human multiple myeloma cells in the bone marrow microenvironment.
10 *Mol. Cancer. Ther.*, 2002, **1**, 851-860.
- 11
12 13. N.C. Munshi, Arsenic trioxide: an emerging therapy for multiple myeloma.
13 *Oncologist.*, 2001, **2**, 17-21.
- 14
15 14. M. Baumgartner, S. Sturlan, E. Roth, B. Wessner, T. Bachleitner-Hofmann,
16 Enhancement of arsenic trioxide-mediated apoptosis using docosahexaenoic acid
17 in arsenic trioxide-resistant solid tumor cells. *Int. J. Cancer*, 2004, **112**, 707-712.
- 18
19 15. P. Liu, S. Xu, M. Zhang, W.W. Wang, Y.F. Zhang, K. Rehman, H. Naranmandura,
20 Chen Z. Anticancer activity in human multiple myeloma U266 cells: synergy
21 between cryptotanshinone and arsenic trioxide. *Metalloomics*, 2013, **5**, 871-878.
- 22
23 16. D.S. Shin, H.M. Kim, K.D. Shin, Y.J. Yoon, S.J. Kim, D.C. Han, B.M. Kwon,
24 Cryptotanshinone inhibits constitutive signal transducer and activator of
25 transcription 3 function through blocking the dimerization in DU145 prostate
26 cancer cells. *Cancer Res.*, 2009, **69**, 193-202.
- 27
28 17. H.M. Huang, H. Zhang, H.C. Ou, H.L. Chen, G.E. Gibson,
29 alpha-keto-beta-methyl-n-valeric acid diminishes reactive oxygen species and
30 alters endoplasmic reticulum Ca (2+) stores. *Free. Radic. Biol. Med.*, 2004, **37**,
31 1779-1789.
- 32
33 18. W. Zhang, H.T. Liu, MAPK signal pathways in the regulation of cell proliferation
34 in mammalian cells. *Cell. Res.*, 2002, **12**, 9-18.
- 35
36 19. B. Bruno, M. Rotta, L. Giaccone, M. Massaia, A. Bertola, A. Palumbo, M.
37 Boccadoro, New drugs for treatment of multiple myeloma. *Lancet Oncol.*, 2004,
38 **5**, 430-442.
- 39
40 20. J. Zhou, Y. Zhang, J. Li, X. Li, J. Hou, Y. Zhao, X. Liu, X. Han, L. Hu, S. Wang,
41 Y. Zhao, Y. Zhang, S. Fan, C. Lv, L. Li, L. Zhu, Single-agent arsenic trioxide in
42 the treatment of children with newly diagnosed acute promyelocytic leukemia.
43 *Blood*, 2010, **115**, 1697-1702
- 44
45 21. K.B. Kim, A.Y. Bedikian, L.H. Camacho, N.E. Papadopoulos, C. McCullough, A
46 phase II trial of arsenic trioxide in patients with metastatic melanoma. *Cancer*,
47 2005, **104**, 1687-1692.
- 48
49 22. A.A. Tarhini, J.M. Kirkwood, H. Tawbi, W.E. Gooding, M.F. Islam, S.S.
50
51
52
53
54
55
56
57
58
59
60

- 1
2
3 Agarwala, Safety and efficacy of arsenic trioxide for patients with advanced
4 metastatic melanoma. *Cancer*, 2008, **112**, 1131-1138.
- 5
6 23. B. Ardalan, P.R. Subbarayan, Y. Ramos, M. Gonzalez, A. Fernandez, D.
7 Mezentsev, I. Reis, R. Duncan, L. Podolsky, K. Lee, M. Lima, P. Ganjei-Azar, A
8 phase I study of 5-fluorouracil/leucovorin and arsenic trioxide for patients with
9 refractory/relapsed colorectal carcinoma. *Clin. Cancer Res.*, 2010, **16**, 3019-3027.
- 10
11 24. L. Podolsky, M. Oh, P.R. Subbarayan, D. Francheschi, A. Livingstone, B. Ardalan,
12 5-Fluorouracil/Leucovorin and arsenic trioxide for patients with
13 refractory/relapsed colorectal carcinoma: a clinical experience. *Acta. Oncol.*,
14 2011, **50**, 602-605.
- 15
16 25. J.C. Yang, G.A. Cortopassi, Induction of the mitochondrial permeability
17 transition causes release of the apoptogenic factor cytochrome c. *Free. Radic.*
18 *Biol. Med.*, 1998, **24**, 624-631.
- 19
20 26. X. Jiang, X. Wang, Cytochrome c promotes caspase-9 activation by inducing
21 nucleotide binding to Apaf-1. *J. Biol. Chem.*, 2000, **275**, 31199-31203.
- 22
23 27. M. Narita, S. Shimizu, T. Ito, T. Chittenden, R.J. Lutz, H. Matsuda, Y. Tsujimoto,
24 Bax interacts with the permeability transition pore to induce permeability
25 transition and cytochrome c release in isolated mitochondria. *Proc. Natl. Acad.*
26 *Sci. USA*. 1998, **95**, 14681-14686.
- 27
28 28. M. Woo, R. Hakem, M.S. Soengas, G.S. Duncan, A. Shahinian, D.H. Kagi, A.
29 Hakem, M. McCurrach, W. Khoo, S.A. Kaufman, G. Senaldi, T. Howard, S.W.
30 Lowe, T.W. Mak, Essential contribution of caspase 3/ CPP32 to apoptosis and its
31 associated nuclear changes. *Genes Dev.*, 1998, **12**, 806–819.
- 32
33 29. H. Naranmandura, X. Chen, M. Tanaka, W. Wang, K. Rehman, S. Xu, Z. Chen,
34 S.Q. Chen, N. Suzuki, Release of apoptotic cytochrome C from mitochondria by
35 dimethylarsinous acid occurs through interaction with voltage-dependent anion
36 channel in vitro. *Toxicol. Sci.*, 2012, **128**, 137-146.
- 37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Legends to Figures

Figure1. Effect of three arsenic species with or without CPT on the viability of MCF-7 cells. Human breast cancer MCF-7 cells were exposed to indicate concentrations of iAs^{III} , MMA^{III} , DMA^{III} (A), cryptotanshinone (B) for 24h. Additionally, cells were also exposed to combination of $1\mu M$ iAs^{III} (C), MMA^{III} (D), DMA^{III} (E) with $15\mu M$ CPT for 24h. Cell viability was determined by MTT assay as described in Materials and Methods. Data are expressed as mean values \pm S.D. Asterisks (*) indicate a significant difference from the CPT and arsenic species treated groups at $P < 0.05$.

Figure2. Determination of apoptosis in MCF-7 cells after exposure to combination of arsenicals with CPT. MCF-7 cells were exposed to $1\mu M$ concentration of iAs^{III} , MMA^{III} and DMA^{III} alone or with $15\mu M$ CPT for 24h. Induction apoptosis was determined by flow cytometry (A). Poly (ADP-ribose) polymerase (PARP) (B) and Caspase-9 (C) were determined by western blot. Proteins ($25\mu g$) extracted from whole cell were separated by electrophoresis on a 12 % SDS-polyacrylamide gel as described in "Materials and methods." Actin was used as a loading control. Asterisks (*) indicate a significant difference from the CPT and MMA^{III} treated groups at $P < 0.05$

Figure3. Changes in proapoptotic proteins in cytoplasm and mitochondria following exposure to combination of arsenic with CPT. MCF-7 cells were exposed to $1\mu M$ concentration of iAs^{III} (A and a), MMA^{III} (B and b) and DMA^{III} (C and c) along or with $15\mu M$ CPT for 24h. The proapoptotic proteins Bak and Bax or Cyt c in cytoplasm (A, B and C) and mitochondria (a, b and c) were determined by immunoblotting.

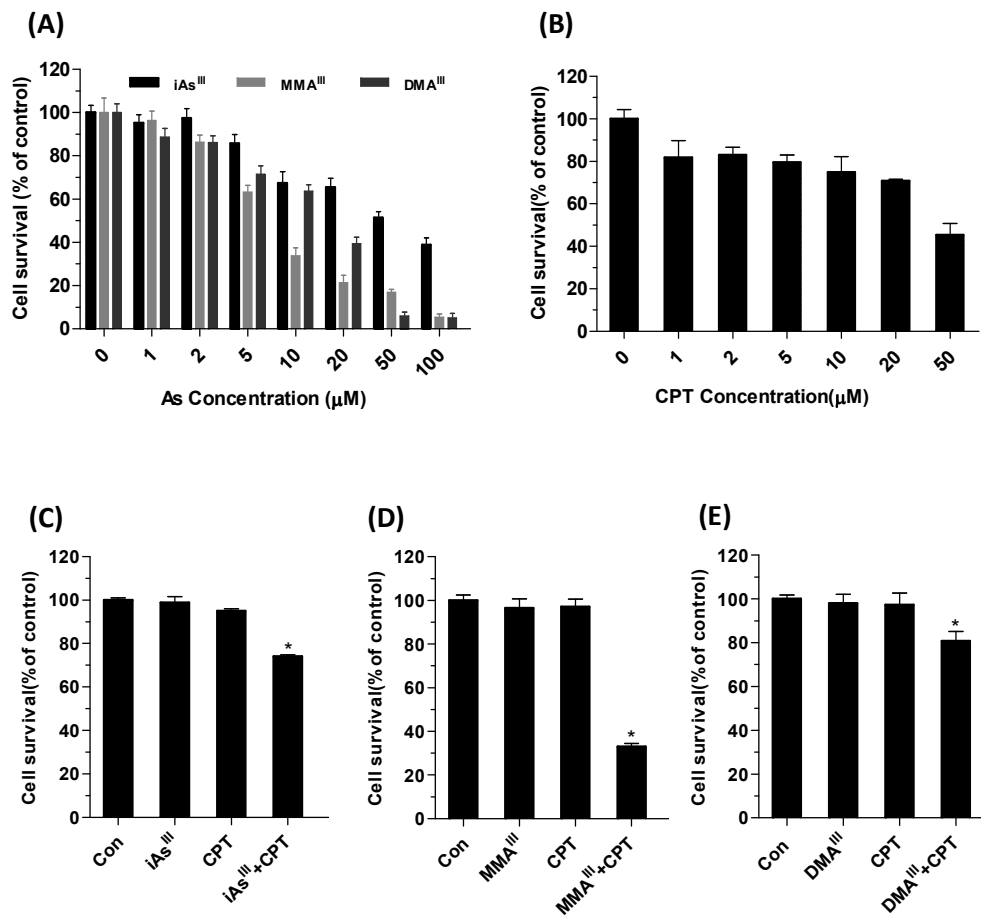
Figure4. Combination of MMA^{III} and CPT induces ER-stress in human breast cancer MCF-7 cells. MCF-7 cells were exposed to $1\mu M$ concentration of each arsenic species alone or with $15\mu M$ CPT for 24h and determined the changes in phosphor-STAT3 (Try) protein expression (A). Cells were exposed to $1\mu M$ MMA^{III} with $15\mu M$ CPT for the indicated time points to determine the changes in p-Perk, ATF4 and Chop (B) or p-ASK1 and p-JNK (C) as well as p-erk and p-p38 (D) proteins expressions by immunoblotting.

Figure5. Effect of p-JNK or caspase inhibitors on induction of apoptosis in MCF-7 cells after exposure to combination of MMA^{III} with CPT. MCF-7 cells were exposed to $1\mu M$ MMA^{III} and $15\mu M$ CPT alone or combination of the two compounds for 24h to determine the induction of ER-stress (A). The effects of

1
2
3 pretreatment of p-JNK inhibitor (SP600125) (B) or caspase inhibitor (Z-VAD-FMK)
4 (C) on induction of apoptosis in MCF-7 cells by combination of 1 μ M MMA^{III} and
5 15 μ M CPT. Cleaved caspase-3, -9 and poly (ADP-ribose) polymerase (PARP) were
6 determined by immunoblotting using specific antibodies. Beta-actin was used as a
7 loading control.
8
9

10
11 **Figure6. Determination of Generation of ROS and localization in MCF-7 cells**
12 **following exposure to combination of MMA^{III} with CPT.** MCF-7 cells were
13 exposed to 1 μ M concentration of MMA^{III} and 15 μ M CPT alone or combination of
14 MMA^{III} and CPT for 6h to determine generation of ROS by flow cytometry (A).
15 MCF-7 cells were seeded on a 6-well culture plates with cover glasses, and then
16 cultured for 24h. Cells were pre-treated with 2 μ M CM-H2DCFDA (green) and
17 ER-tracker Red (red) or Mito-tracker (red) for 30 min. After washing with PBS, cells
18 were exposed to mentioned concentration as indicate above for 3h, (B). Following
19 exposure, cells were fixed with 10% formalin, and then ROS generation was
20 determined using a confocal laser scanning microscope. (C) Changes in apoptosis
21 related proteins caspase-9 and PARP in MCF-7 cell after exposure to combination of
22 MMA^{III} with CPT in the presence of N-acetylcysteine (NAC) for 24h. Cleaved
23 caspase-3, -9 and poly (ADP-ribose) polymerase (PARP) were determined by
24 immunoblotting using specific antibodies.
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Figure 1



Metallomics Accepted Manuscript

Figure 2

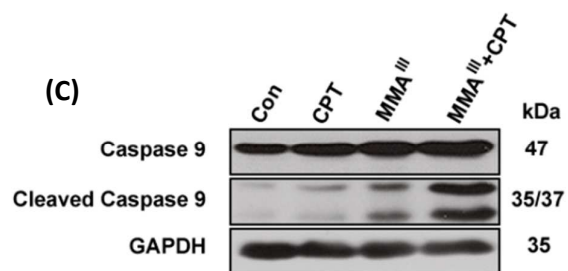
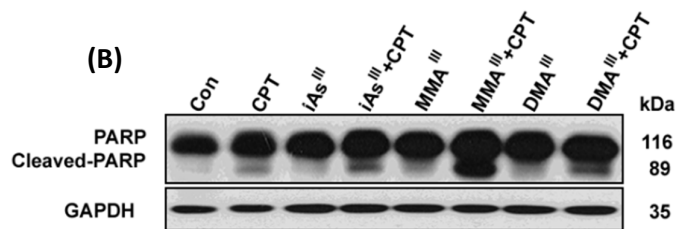
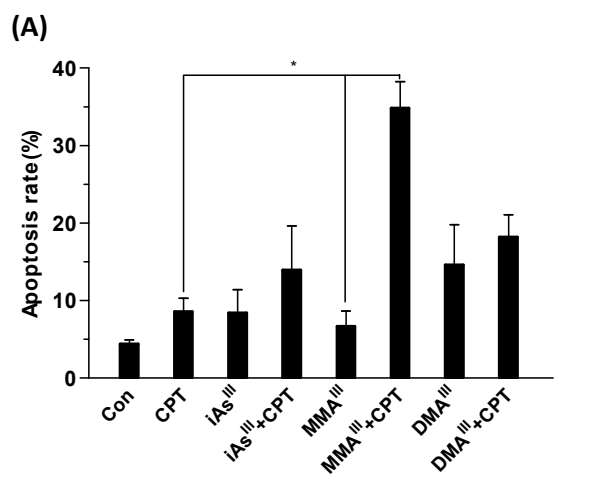


Figure 3

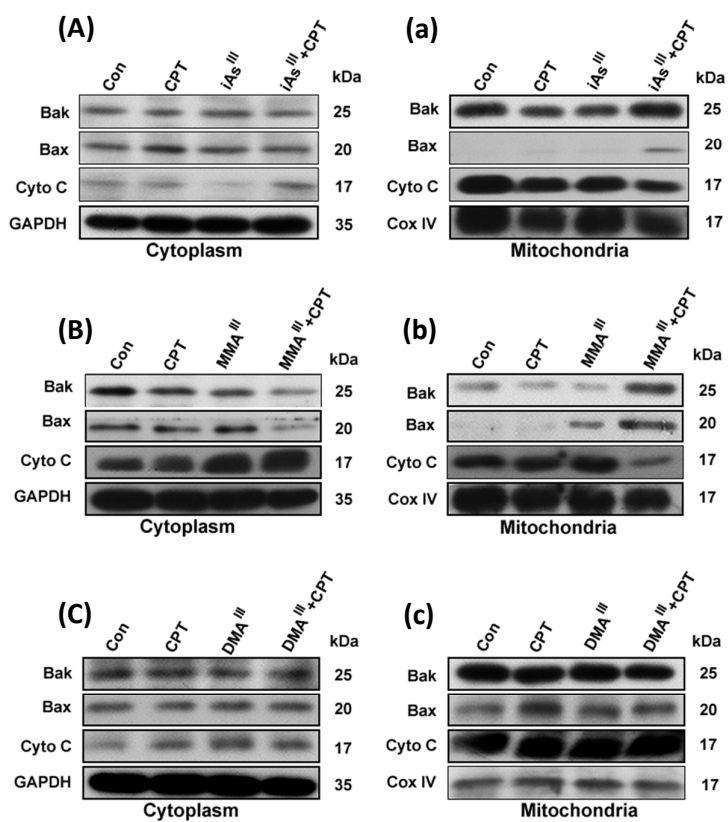


Figure 4

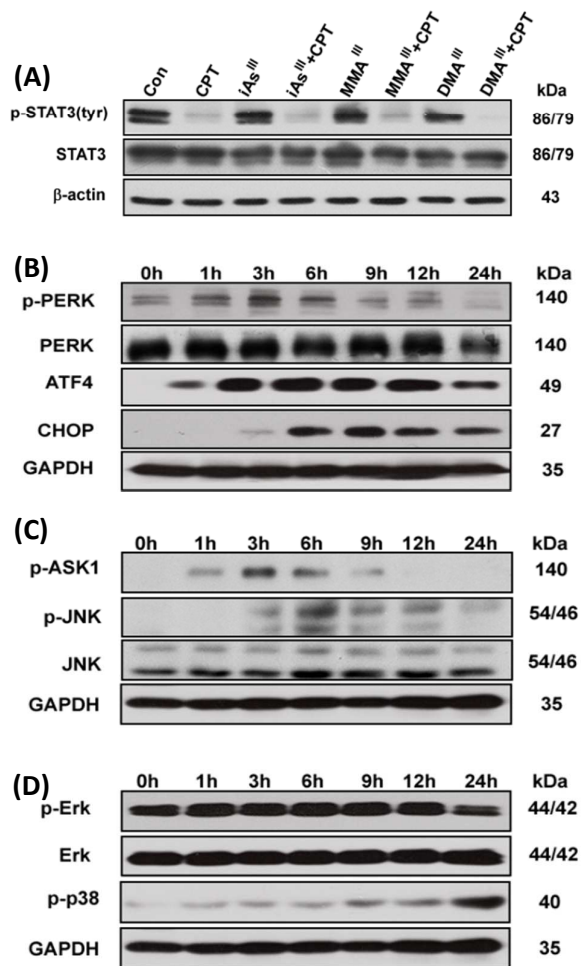


Figure 5

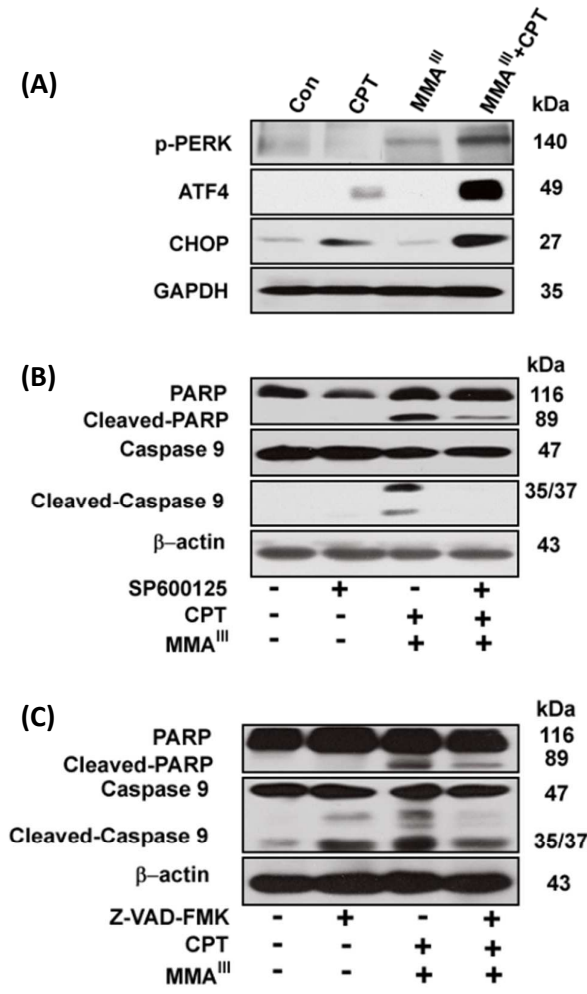
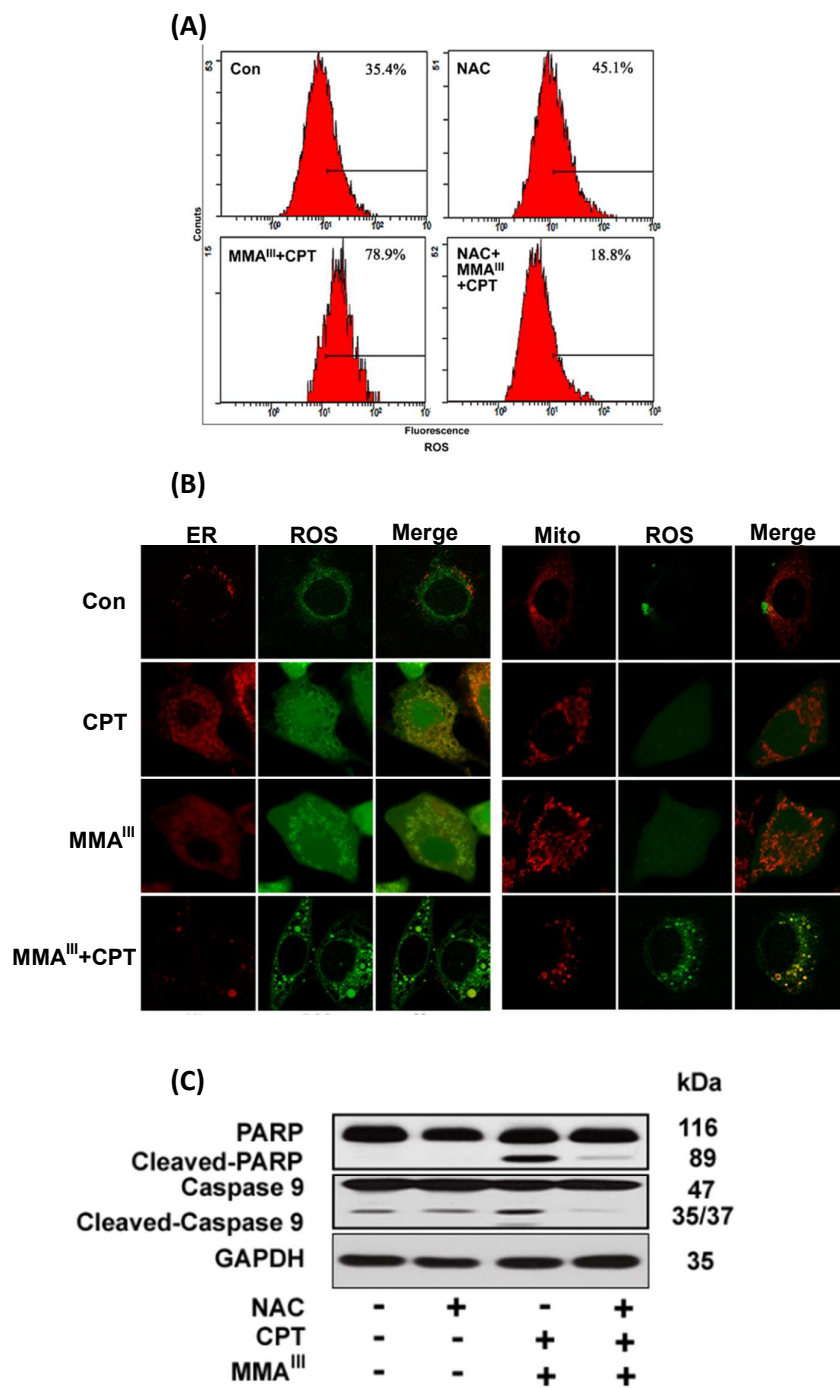
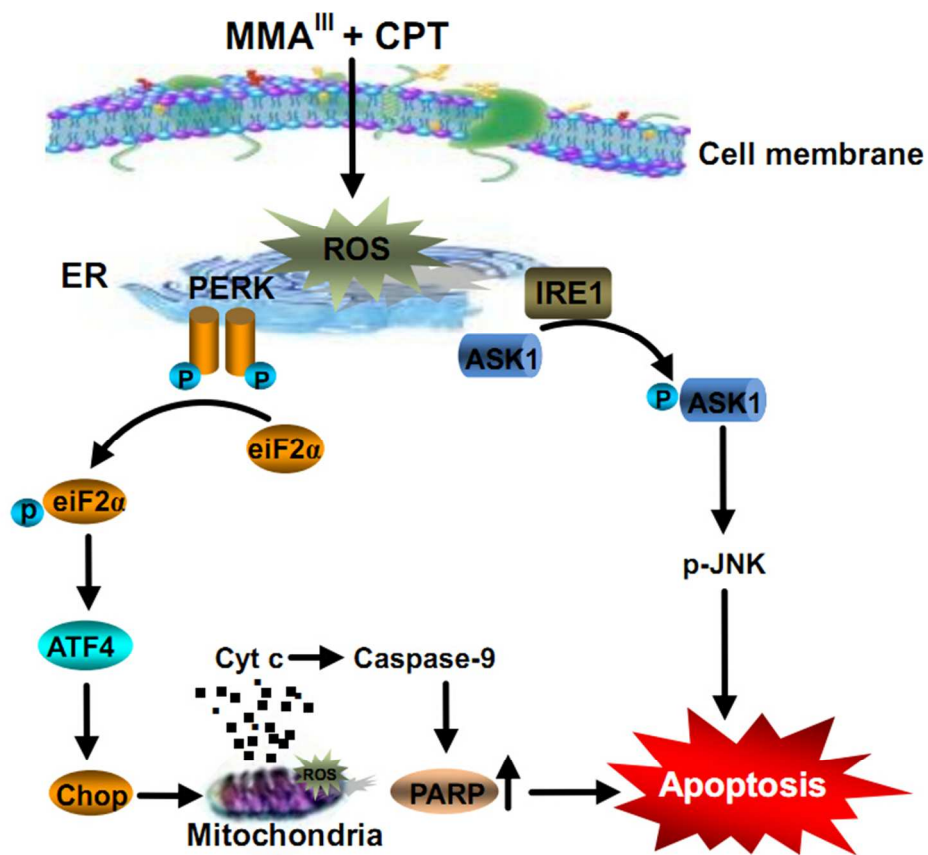


Figure 6





213x182mm (96 x 96 DPI)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60