



**UNIVERSITI PUTRA MALAYSIA**

***INVOLVEMENT OF ENDOPLASMIC RETICULUM STRESS-INDUCED  
APOPTOTIC PATHWAY IN CERVICAL CANCER CELLS TREATED WITH  
CYTOTOXIC AGENTS***

**WAN NOR HAFIZA BINTI WAN ABD GHANI**

**FPSK(M) 2014 57**



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**MASTER OF SCIENCE  
UNIVERSITI PUTRA MALAYSIA**

**2014**



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**By**

**WAN NOR HAFIZA BINTI WAN ABD GHANI**

**Thesis Submitted to the School of Graduate Studies,  
Universiti Putra Malaysia, in Fulfilment of the Requirements for the  
Degree of Master of Science**

**December 2014**

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In the Name of Allah, the Most Gracious, the Most Merciful



**I would like to dedicate this thesis to my husband and parents who spare no effort and face all hardships in supporting me throughout my life.**



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirements for the degree of Master of Science

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**December 2014**

**Chairman : Latifah Binti Saiful Yazan, PhD**

**Faculty : Medicine and Health Sciences**

Cervical cancer is one of the most common cancer in women. Cisplatin is used to treat cervical cancer but it has adverse effects. Therefore, prediction of chemosensitivity or response towards any drug based on certain biomarkers is vital. Glucose regulated protein (GRP58) is predicted to become the potential biomarker or prognostic marker. This study investigated the response of human cervical cancer cells to cisplatin, thymoquinone (TQ), ethyl acetate and dichloromethane extracts of *Dillenia suffruticosa* root (EADS and DCMDS) based on the expression of GRP58 at gene and protein level which was measured by RT-qPCR and Western blot, respectively. The effects of EADS and DCMDS on the growth of HeLa and SiHa cervical cancer cell lines and expression of apoptotic-related genes and proteins were also investigated. Cytotoxicity was determined by MTT assay. The effects on cell cycle progression and mode of cell death of EADS were analyzed by flow cytometry technique. The effects on expression on apoptotic-related genes and proteins were evaluated by RT-qPCR, Western blot and ELISA, respectively. Cisplatin was more cytotoxic towards the cells than TQ in a dose-and time-dependent manner ( $P<0.05$ ). However, cisplatin was more toxic to the normal cell lines 3T3 and Vero than TQ. Significant correlation was only found between cytotoxicity of cisplatin towards the cervical cancer cells and the expression of GRP58 ( $P<0.05$ ). Therefore, the response of cervical cancer cells to cisplatin can be predicted on the basis of GRP58. Meanwhile, EADS and DCMDS were found to significantly ( $P<0.05$ ) inhibit cell growth and proliferation of HeLa and SiHa. DCMDS was more cytotoxic towards the cells than EADS in a dose-and time-dependent manner. DCMDS caused downregulation of the expression of cyclin B<sub>1</sub> that led to G<sub>2</sub>/M arrest in the cells. DCMDS induced apoptosis as evidenced by Annexin-V/FITC assay. DCMDS induced apoptosis in the cervical cancer cells via dysregulation of mitochondrial-mediated and ER stress-induced apoptotic pathways. DCMDS triggered the extrinsic apoptotic pathway via activation of caspase-8. Meanwhile, the intrinsic apoptotic

pathway was triggered upon activation of PARP-1, NF- $\kappa$ B, p53 and JNK. Increased expression of Bax, but decreased expression of Bcl-2 further enhanced the release of cytochrome C and increased in caspase-3 and -9 activities which ultimately led to apoptosis. DCMDS also upregulated ER stress genes chaperones *GRP78* and *CRT*; and ER transcription factors *CHOP/GADD153*, *XBP-1* and *ATF4*. Nevertheless, the level of GRP58 reduced in a dose-dependent manner. The number of apoptotic cells increased as the concentration of DCMDS increases. Thus, GRP58 might play a role in DCMDS-induced ER stress-induced apoptosis since other ER stress proteins were upregulated but only GRP58 level was downregulated. The data suggest the potential application of DCMDS in the treatment of cervical cancer.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Master Sains

**PENGLIBATAN LALUAN APOPTOSIS TERARUH OLEH TEKANAN  
ENDOPLASMIK RETIKULUM DALAM SEL KANSER SERVIKS  
DIRAWAT DENGAN AGEN SITOTOKSIK**

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Kanser serviks merupakan salah satu jenis kanser yang paling biasa berlaku di kalangan wanita. Cisplatin digunakan untuk merawat kanser serviks tetapi mempunyai kesan sampingan yang buruk. Oleh itu, ramalan tindakbalas ubat-ubatan berdasarkan penanda bio tertentu adalah amat penting. *Glucose regulated protein* (GRP58) dijangka boleh menjadi potensi penanda bio atas penanda prognostik. Kajian ini menyiasat tindak balas jujukan sel kanser serviks manusia terhadap cisplatin dan timokuinon (TQ) daripada *Nigella sativa* dan ekstrak *ethyl acetate* dan *dichloromethane* daripada akar *Dillenia suffruticosa* (EADS dan DCMDS) berdasarkan ekspresi GRP58 pada peringkat gen dan protein yang diukur menggunakan RT-qPCR dan *Western blot*. Kesan rawatan EADS dan DCMDS ke atas pertumbuhan jujukan sel kanser serviks HeLa dan SiHa dan ekspresi gen dan protein yang berkaitan apoptosis turut disiasat. Sitotoksiti telah ditentukan oleh asai MTT. Kesan ke atas kitaran sel dan kematian sel dianalisis dengan menggunakan teknik aliran sitometri manakala kesan rawatan ekstrak DCMDS terhadap gen dan protein yang berkaitan dengan apoptotik masing-masing telah diukur dengan menggunakan teknik RT-qPCR, *Western blot* dan ELISA. Cisplatin adalah lebih sitotoksik terhadap sel berbanding TQ dan ianya bergantung kepada dos dan masa ( $P < 0.05$ ). Cisplatin lebih toksik terhadap sel-sel normal 3T3 dan Vero berbanding TQ. Korelasi yang signifikan hanya didapati antara sitotoksiti cisplatin terhadap jujukan sel kanser serviks dan aras GRP58 ( $P < 0.05$ ). Oleh itu, tindakbalas jujukan sel kanser serviks terhadap cisplatin boleh diramal berdasarkan GRP58. Sementara itu, EADS dan DCMDS menghalang pertumbuhan dan proliferasi HeLa dan SiHa ( $P < 0.05$ ). DCMDS adalah lebih sitotoksik terhadap sel daripada EADS dan ianya bergantung kepada dos dan masa. DCMDS mengurangkan ekspresi *cyclin B<sub>1</sub>* yang membawa kepada penahanan G<sub>2</sub>/M dalam sel. DCMDS mengaruh apoptosis seperti yang dibuktikan oleh asai *Annexin-V/FITC*. DCMDS mengaruh apoptosis dalam sel kanser serviks adalah melalui ketidakaturan mitokondria dan laluan apoptosis aruhan tekanan ER. DCMDS mengaktifkan laluan apoptosis ekstrinsik melalui caspase-8.



Sementara itu, laluan apoptosis intrinsik diaktifkan oleh molekul PARP-1, NF- $\kappa$ B, p53 and JNK. Peningkatan ekspresi Bax dan penurunan ekspresi Bcl-2 seterusnya meningkatkan pembebasan sitokrom C dan aktiviti *caspase-3* dan *caspase-9* yang membawa kepada apoptosis. DCMDS juga meningkatkan gen tekanan ER iaitu *chaperones* GRP78 dan CRT, dan faktor transkripsi ER *CHOP/GADD153*, *XBP-1* and *ATF4*. Walau bagaimanapun, aras GRP58 menurun apabila dos meningkat. Jumlah sel apoptotik meningkat dengan peningkatan kepekatan DCMDS. Oleh itu, GRP58 berkemungkinan memainkan peranan dalam laluan apoptosis teraruh tekanan ER oleh DCMDS memandangkan aras protein tekanan ER yang lain meningkat tetapi hanya aras GRP58 sahaja yang menurun. Data mencadangkan potensi aplikasi DCMDS dalam rawatan kanser serviks.



## ACKNOWLEDGEMENTS

First of all, I would like to express my deepest gratitude to Allah s.w.t for providing me the blessings to complete this research. I would also like to wish my sincere appreciation to my supervisor, Assoc. Prof. Dr. Latifah Saiful Yazan, for her guidance, continuous support, and for the generous gift of her time throughout this project. I am truly and deeply indebted to her ceaseless efforts to educate me as a postgraduate candidate and for her expert advice. I am very grateful to my co-supervisor Dr. Huzwah Khaza'ai for her willingness to lend her intellectual advice, knowledge and encouragement when necessary. The contribution of Datin Dr. Fauziah Kassim who was co-advising me in the cervical cancer part is duly acknowledged. Great thanks for her scientific advice and comments. This work would not have been possible without their assistance.

My countless appreciation go to all staff of the Laboratory of Vaccines and Immunotherapeutics, the Laboratory of Molecular Biomedicine and the Laboratory of Cancer Research UPM-MAKNA, Institute of Bioscience, Universiti Putra Malaysia for their technical expertise, guidance and assistance throughout my research project and kindly allowing me to access to the facilities. I am also very grateful to all my colleagues at IBS, past and present (especially Tor Yin Sim, Foo Jhi Biau, Ng Wei Keat and Armania Nurdin), too many to list, for their technical assistance and made my work in the lab more enjoyable.

The most precious help during my study came from my beloved husband, Dr. Muhamad Hafizi Sulaiman. He had been very supportive and patient especially during my difficult times completing this study. I would not have gotten this far without his help. Last but by no means least; special thanks go to my family, especially my parents, Mr. Wan Abd Ghani Wan Ismail and Mrs. Nik Mah Nik Yusoff for their love, care and continuous encouragement throughout my life.

I certify that a Thesis Examination Committee has met on 23<sup>rd</sup> December 2014 of to conduct the final examination of Wan Nor Hafiza Binti Wan Abd Ghani on her thesis entitled 'Involvement of Endoplasmic Reticulum Stress-Induced Apoptotic Pathway in Cervical Cancer Cells Treated With Cytotoxic Agents' in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Science.

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## TABLE OF CONTENTS

	<b>Page</b>
<b>ABSTRACT</b>	i
<b>ABSTRAK</b>	iii
<b>ACKNOWLEDGEMENTS</b>	v
<b>APPROVAL</b>	vi
<b>DECLARATION</b>	viii
<b>LIST OF TABLES</b>	xiii
<b>LIST OF FIGURES</b>	xiv
<b>LIST OF APPENDICES</b>	xvi
<b>LIST OF ABBREVIATIONS</b>	xvii
<b>CHAPTER</b>	
<b>1 INTRODUCTION</b>	<b>1</b>
1.1 Problem Statement	2
1.2 Objectives	3
1.3 Hypotheses	3
<b>2 LITERATURE REVIEW</b>	<b>5</b>
2.1 Cancer	5
2.2 Cervical Cancer	5
2.2.1 Epidemiology of Cervical Cancer	6
2.2.2 Type of Cervical Cancer	8
2.2.3 Etiology of Cervical Cancer	8
2.2.3.1 Human Papillomavirus Infection	8
2.2.3.2 Smoking	8
2.2.3.3 Genetic Predisposition	9
2.2.3.4 Immunosuppression	9
2.2.3.5 Low Socioeconomic Status	9
2.2.3.6 Co-infection	9
2.2.4 Carcinogenesis of Cervical Cancer	9
2.2.5 Stage of Cervical Cancer	11
2.2.6 Prevention of Cervical Cancer	12
2.2.7 Treatment of Cervical cancer	12
2.2.7.1 Surgery	12
2.2.7.2 Radiotherapy	12
2.2.7.3 Chemotherapy	13
2.2.8 Tumour Marker of Cervical Cancer	14
2.3 Natural Products	19
2.3.1 Thymoquinone	21
2.3.2 <i>Dillenia suffruticosa</i>	24
2.4 Cell Cycle	25
2.5 Apoptosis	27
2.5.1 Extrinsic Pathway	29
2.5.2 Intrinsic Pathway	29
2.5.3 Perforin/Granzyme Pathway	30
2.5.4 Endoplasmic Reticulum Stress-Induced Apoptosis	30

	2.5.4.1	Endoplasmic Reticulum Stress Apoptotic Proteins	31
	2.5.4.2	Endoplasmic Reticulum Stress and Mitochondria-Mediated Apoptosis	32
2.6		Principles of Quantitative Real-Time Polymerase Chain Reaction, Annexin-V/FITC Assay and Western Blotting	32
	2.6.1	Real-Time Quantitative Polymerase Chain Reaction	32
	2.6.2	Annexin-V/FITC Assay	32
	2.6.3	Western Blotting	33
<b>3</b>		<b>PREDICTION OF THE RESPONSE OF CERVICAL CANCER CELL LINES TOWARDS CISPLATIN AND THYMOQUINONE BASED ON THE EXPRESSION LEVEL OF GLUCOSE-REGULATED PROTEIN 58</b>	<b>34</b>
	3.1	Introduction	34
	3.2	Materials and Methods	35
	3.2.1	Cell Culture	35
	3.2.2	Determination of Cytotoxicity of Cisplatin and Thymoquinone	35
	3.2.3	Determination of <i>GRP58</i> Gene Expression	36
	3.2.4	Determination of <i>GRP58</i> Protein Expression	38
	3.2.5	Statistical Analysis	39
	3.3	Results and Discussion	39
	3.4	Conclusion	49
<b>4</b>		<b>INDUCTION OF APOPTOSIS THROUGH MITOCHONDRIAL DYSREGULATION AND THE INVOLVEMENT OF THE ENDOPLASMIC RETICULUM STRESS-INDUCED APOPTOTIC PATHWAY IN CERVICAL CANCER CELLS TREATED BY <i>Dillenia suffruticosa</i> EXTRACTS</b>	<b>50</b>
	4.1	Introduction	50
	4.2	Materials and Methods	51
	4.2.1	Chemicals and Reagents	51
	4.2.2	Preparation of EADS and DCMDS	51
	4.2.3	Cell Culture	51
	4.2.4	Determination of Cytotoxicity of EADS and DCMDS	51
	4.2.5	Morphological Analysis	51
	4.2.6	Cell Cycle Analysis	51
	4.2.7	Determination of Mode of Cell Death	52
	4.2.8	Determination of Apoptotic-Related Genes Expression ( <i>GRP78</i> , <i>CHOP</i> , <i>XBP-1</i> , <i>ATF4</i> , <i>GRP58</i> , <i>PARP-1</i> , <i>NF-κB</i> , <i>JNK</i> , <i>CRT</i> and <i>cytochrome C</i> )	52



4.2.9	Determination of Apoptotic-Related Proteins Expression (PARP-1, NF- $\kappa$ B, Bax, GRP58, Cyclin B <sub>1</sub> )	54
4.2.10	Determination of Apoptotic-Related Proteins Expression (p53, Bcl-2, Caspase-3, -7, -8 and -12)	55
4.2.11	Statistical Analysis	55
4.3	Results and Discussion	55
4.4	Conclusion	73
<b>5</b>	<b>GENERAL DISCUSSION</b>	<b>74</b>
<b>6</b>	<b>SUMMARY, CONCLUSION AND RECOMMENDATIONS FOR FUTURE RESEARCH</b>	<b>76</b>
6.1	Summary	76
6.2	Conclusion	76
6.3	Recommendations For Future Research	76
	<b>REFERENCES</b>	<b>77</b>
	<b>APPENDICES</b>	<b>127</b>
	<b>BIODATA OF STUDENT</b>	<b>140</b>
	<b>LIST OF PUBLICATIONS</b>	<b>141</b>

## LIST OF TABLES

Table		Page
2.1	Staging of carcinoma of the uterine cervix	11
2.2	Involvement of GRP58 in numerous signaling pathways	18
2.3	Example of drugs derived from natural sources	20
2.4	Therapeutics properties of thymoquinone	22
2.5	Therapeutic properties of <i>Dillenia</i> species	24
3.1	Primers for amplification of <i>GRP58</i> , <i>HPRT</i> and $\beta$ - <i>actin</i>	36
3.2	Reagents for a single reaction of RT-qPCR	37
3.3	RT-qPCR protocol for <i>GRP58</i> , <i>HPRT</i> and $\beta$ - <i>actin</i>	37
3.4	Cytotoxicity of cisplatin and thymoquinone towards various cell lines represented as $IC_{50}$ value determined by MTT assay	41
4.1	Primers for amplification of selected genes	53
4.2	Reagents for a single reaction of RT-qPCR	53
4.3	RT-qPCR protocol for selected genes	54
4.4	Cytotoxicity of EADS and DCMDS towards various cell lines represented as $IC_{50}$ value determined by MTT assay	56

## LIST OF FIGURES

Figure		Page
2.1	Anatomy of the uterine cervix.	5
2.2	Lymph nodes involvement in invasive cervical cancer.	6
2.3	Global prevalence of cervical cancer.	7
2.4	Frequent cancer in females in Peninsular Malaysia in 2007.	7
2.5	Development of squamous cell carcinoma.	10
2.6	Structure of cisplatin.	13
2.7	Mode of action of cisplatin.	14
2.8	Gene location and protein structure of GRP58.	16
2.9	Chemical structure of thymoquinone.	21
2.10	<i>Dillenia suffruticosa</i> .	25
2.11	Cell cycle regulation in mammalian cells.	26
2.12	Apoptotic pathways.	28
3.1	Dose–response curves of HeLa following treatment with cisplatin and thymoquinone at various time points.	39
3.2	Dose–response curves of SiHa following treatment with cisplatin and thymoquinone at various time points.	40
3.3	Dose–response curves of 3T3 following treatment with cisplatin and thymoquinone at various time points.	40
3.4	Dose–response curves of Vero following treatment with cisplatin and thymoquinone at various time points.	41
3.5	mRNA Level of <i>GRP58</i> in HeLa and SiHa following treatment with cisplatin and thymoquinone for 48 hours as measured by RT-qPCR.	44
3.6	GRP58 expression in HeLa and SiHa following treatment with cisplatin and thymoquinone as determined by Western blot analysis.	45

<b>Figure</b>	<b>Page</b>
3.7 GRP58 level in HeLa and SiHa following treatment with cisplatin (A) and thymoquinone (B).	46
3.8 Correlation between the IC <sub>50</sub> values and the density values of ratio of GRP58 to $\beta$ -actin in HeLa and SiHa following treatment with cisplatin (A) and thymoquinone (B) treatment.	47
4.1 Changes in HeLa population following treatment with DCMDS at 24, 48 and 72 hours.	57
4.2 Changes in SiHa population following treatment with DCMDS at 24, 48 and 72 hours.	58
4.3 Changes in HeLa (A) and SiHa (B) morphology following treatment with DCMDS after 72 hours.	59
4.4 Effects of DCMDS on HeLa and SiHa cell cycle by flow cytometric analysis.	60
4.5 Flow cytometric analysis of HeLa (A) and SiHa (B) mode of cell death induced by DCMDS using Annexin V/FITC assay.	62
4.6 Effect of DCMDS on the activity of caspase-3, -8, -9 (A) and -12 (B).	64
4.7 Level of mRNA expression of selected genes in HeLa (A) and SiHa (B) determined by RT-qPCR analysis.	66
4.8 Expression level of apoptotic-related proteins in HeLa and SiHa following treatment with DMCDS as determined by Western blot analysis.	67
4.9 Level of p53 (A) and Bcl-2 (B) in HeLa following treatment with DCMDS.	69
4.10 Level of p53 (A) and Bcl-2 (B) in SiHa following treatment with DCMDS.	70
4.11 Proposed mechanisms of induction of apoptosis by DCMDS in HeLa and SiHa.	73

## LIST OF APPENDICES

Appendix		Page
A	Cytotoxicity Test (MTT assay)	127
B1	Dose–response curves of HeLa (A) and SiHa (B) following treatment with EADS and DCMDS at various time points as measured by MTT assay.	128
B2	Dose–response curves of Vero (A) and 3T3 (B) following treatment with EADS and DCMDS at various time points as measured by MTT assay.	129
C	RNA Integrity and Quality	130
D	Agarose Gel Electrophoresis	131
E1-E5	Standard curves of genes derived from qRT-PCR amplification of total DNA from cells with specific primers using the Bio-Rad CFX Manager Software and melt peak with the custom data view.	132
F	Primer Specificity	138
G	Protein Quantification: Bradford assay	139

## LIST OF ABBREVIATIONS

5-FU	5-fluorouracil
AGC	Atypical glandular cells
AIF	Apoptosis-inducing factor
AIS	Adenocarcinoma <i>in situ</i>
ASC-H	Atypical squamous cell of undetermined significance-cannot exclude HSIL
ASC-US	Atypical squamous cell of undetermined significance
ASK1	Apoptosis signal regulating kinase 1
ATF6	Activating transcription factor-6
ATM	Ataxia-telangiectasia mutated
ATR	Ataxia telangiectasia mutated and Rad3 related
Bad	Bcl-2 antagonist of cell death
Bak	Bcl-2 homologous killer
Bax	Bcl-2 associated X
Bcl-2	B-cell lymphoma 2
BIM	Bcl-2 interacting protein
Bim	BH3-only protein
CA125	Carbohydrate antigen 125
CAD	Caspase-activated deoxyribonuclease
Caspase	Cysteinylnyl aspartic acid-protease
cdk	Cyclin dependent kinase
CEA	Carcinoembryonic antigen
CHOP	CCAAT-enhancer binding protein (C/EBP) homologous protein transcription factor
CKI	Cyclin-dependent kinase inhibitor
CNX	Calnexin
CRT	Calreticulin
CTLs	Cytotoxic T lymphocytes
DISC	Death-inducing signaling complex
DRG	Drug response gene
Elf2	Initiation factor 2 alpha
ER	Endoplasmic reticulum
FADD	Fas-associated death domain protein
FasL	Fatty acid synthetase receptor
GADD153	Growth-arrest and DNA-damage-inducible gene 153
GRP58	Glucose-regulated protein 58-kDa
GRP78	Glucose-regulated protein 78-kDa
HPV	Human papilloma virus
HSIL	High grade squamous intraepithelial lesion
HSV-2	Herpes simplex virus-2
IRE1	Inositol-requiring protein-1
JAK	Janus-activated kinase
JIK	c-Jun NH2-terminal inhibitory kinase
JNK	c-Jun N-terminal protein kinase
LBC	Liquid-based cytology
LEEP	Loop electrosurgical excision procedure
LLETZ	Large loop excision of the transformation zone
LSIL	Low grade squamous intraepithelial lesion

MAPK	Mitogen-activated protein kinase
MHC1	Major histocompatibility complex 1
MOMP	Mitochondrial outer membrane permeabilization
mTOR1	Mammalian target of rapamycin 1
NF-kB	Necrosis factor-kB
Oligo-dT	Oligodeoxythymidylic acid
P13K/Akt	Phosphatidylinositol-3-kinase/Akt (protein kinase B)
PAR	Poly(ADP-ribose)
PARP-1	Poly(ADP-ribose) polymerase 1
PCNA	Proliferating cell nuclear antigen
PDIA3	Protein disulfide isomerase associated 3
PERK	Protein kinase RNA (PKR)-like ER kinase
PKC	Protein kinase C
PKR	Protein kinase R
PLK-1	Polo-like kinase 1
PMSF	Phenylmethanesulfonylfluoride
PUMA	p53 up-regulated modulator of apoptosis
RIP	Receptor-interacting protein
ROS	Reactive oxygen species
SCC	Squamous cell carcinoma
SCC-Ag	Squamous cell carcinoma antigen
sIL-2R	Interleukin-2 receptor
STAT3	Signal transducer and activator of transcription 3
TATI	Tumor-associated trypsin inhibitor
TF	Transcription factor
TNF	Tumor necrosis factor receptor
TRADD	NF receptor-associated death domain protein
TRAF	TNF receptor-associated factor 2
Tu M2-PK	Pyruvate kinase isoenzyme tumor
VEGF	Vascular endothelial growth factor
VIA	Visual inspection with acetic acid
VLPS	Virus-like particles
XBP-1	X-box-binding protein 1

## CHAPTER 1

### INTRODUCTION

Carcinoma of the cervix is the second most common gynecological cancer after breast cancer (Ferlay *et al.*, 2013). In Malaysia, cervical cancer was the third most common cancer among women after breast and colorectal cancer. Current clinical scenario in the management of cervical cancer would significantly improve by discovering appropriate biomarkers that can predict the cancer formation and progression. It is also vital for the evaluation of prognosis in cervical cancer patients especially on the choice of treatment or drugs. At present, *cis-diamminedichloroplatinum II* (cisplatin) is the single active chemotherapeutic agent used to treat patients that have been diagnosed with cervical cancer (Rose *et al.*, 2012). Despite the effectiveness, there are serious side effects associated with cisplatin, notably nausea and vomiting, emesis, renal toxicity, bone marrow suppression, neurotoxicity and hearing loss (Kong *et al.*, 2012; Rose *et al.*, 2012; Long *et al.*, 2005). Prediction of chemosensitivity before decision on the treatment should be given to certain individual, who is most likely to benefit from this drug is particularly challenging and vital to avoid or minimize any harmful effects.

One of the protein molecules that may be used as a potential marker in predicting the response of cervical cancer cells towards cisplatin is thiol-disulfide oxidoreductase, glucose-regulated protein 58 kDa (GRP58/ Erp57/ ER60/ PDIA3/ ERp60/ ERp61/ P58/ Q2/ HIP-70). Studies reported that GRP58 modulated invasiveness of cervical cancer (Liao *et al.*, 2011). Downregulation of GRP58 was associated with poor prognosis in early stage of cervical cancer (Chung *et al.*, 2013). Knock-down of GRP58 in HeLa cells led to decreased tumour invasiveness and inhibition of lung metastasis in a xenograft mouse model (Liao *et al.*, 2011). In addition, knock-down of GRP58 was also associated with inhibition of proliferation of breast cancer cells (Lwin *et al.*, 2012) and melanoma cells (Corazzari *et al.*, 2007). There was evidence showing that cisplatin exerted antitumor activity in cancer cells via nucleus-independent activation of caspase-12 and upregulation of the hallmark of ER stress molecule, GRP78 (Mandic *et al.*, 2003). Therefore, it is speculated that cytotoxicity of cisplatin is influenced by the level of GRP58 expression.

Although there is a potential for further reducing the occurrence of cervical cancer with approved vaccination programs by Gardasil and Cervarix against the human papillomavirus (HPV), the vaccines do not confer full protection against all HPV infections and HPV-related cancers; specifically that cause cervical cancer (Nayereh and Khadem, 2012; Tovar *et al.*, 2008). Even though cervical cancer screening by Pap smear tests either conventional or liquid-based cytology (LBC) method have been shown to successfully reduce the incidence in Western countries (Denny *et al.*, 2006; Gustafsson *et al.*, 1997), the incidence and mortality rate of cervical cancer in the second and third world countries are still high due to inefficient screening program (Ferlay *et al.*, 2013). This warrants the need to search for a better anticancer agent to treat cervical cancer.

Currently, the use of natural products to treat cervical cancer has been in demand. Many research focusing on herbal extracts that are believed to have less side effects. In fact, approximately 60% of anticancer drugs originated either from natural



products or natural products derived (Cragg and Newman, 2005). A few drugs that have been approved as the anticancer agents are doxorubicin from bacteria *Streptomyces peucetius* var. *Caesius* (Lomovskaya *et al.*, 1999), paclitaxel from plant *Taxus brevifolia* (Witherup *et al.*, 1990) and topotecan from plant *Camptotheca acuminata* (Newman and Cragg, 2012; Kusariet *al.*, 2009).

Previous reports have shown that the active constituent of *Nigella sativa* i.e thymoquinone (TQ), has anticancer properties. TQ inhibited the proliferation of lung cancer, breast cancer, colon cancer, melanoma (Attoub *et al.*, 2013; Woo *et al.*, 2011), liver cancer (Raghunandhakumar *et al.*, 2013), neuroblastoma (Paramasivam *et al.*, 2012), oral cancer (Abdelfadil *et al.*, 2013) and cervical cancer cells with minimal toxicity towards the normal cells (Latifah *et al.*, 2009; Ng *et al.*, 2011). Based on that, TQ was selected in this study.

*Dillenia suffruticosa* (Griffith ex Hook. F. & Thomson) Martelli (*Wormia suffruticosa*/ *Borneensis* ridl/ *Wormia burbridgei*/ *Wormia subsessilis*) was another potential candidate used in this study. This plant has been traditionally used to treat the growth of cancer (Armania *et al.*, 2013a; Armania *et al.*, 2013b; Ahmad and Holdsworth, 1995). Dichloromethane (DCMDS) and ethyl acetate (EADS) extract of the root of *D. suffruticosa* were found to be cytotoxic towards HeLa, MCF-7, MDA-MB- 231, A549 and HT29 human cancer cell lines. The toxicity may be due to the presence of saponins, triterpenes, sterols and polyphenolic compounds in the extract. DCMDS induced cell cycle arrest and apoptosis in cervical cancer and breast cancer cells (Tor *et al.*, 2014; Armania *et al.*, 2013a; Armania *et al.*, 2013b).

Apoptosis or programmed cell death is distinguished from necrosis by definite morphological and biochemical features (Kuznetsov *et al.*, 2004; Hickman, 1992). There are two main apoptotic pathways: the extrinsic or death receptor pathway and the intrinsic pathway as well as an additional pathway that involves T-cell mediated cytotoxicity and perforin-granzyme-dependent killing of the cell (Elmore, 2007). The intrinsic signaling pathway is a mitochondrial or/and endoplasmic reticulum (ER)-triggered event. These three pathways converge on an execution pathway. This pathway affects biochemical changes including cleavage of protein and DNA degradation that result in cytomorphological changes such as cell shrinkage, karyopiknosis, cytoplasmic blebbing and formation of apoptotic bodies. Finally, the apoptotic bodies are phagocytosed by phagocytic cells (Savill and Fadok, 2000). Targeting apoptosis is important because cancer is a disease where too little apoptosis occurs, resulting in malignant cells keeping on growing and proliferating (Wong, 2011). Thus, anticancer agents with the ability to induce **apoptosis** are of preference as they can **stop** the continual **growth of cancerous cells**.

### 1.1 Problem Statement

Besides various adverse and side effects, treatment of cervical cancer with cisplatin also leads to a response that is highly heterogeneous (Xiong *et al.*, 2011). Some patients may respond well whereas others with histologically identical disease are resistant to the same treatment. The treatment was often unsuccessful due to development of chemoresistance. Therefore, the analysis of expression of a potential tumour marker (GRP58 in this study) in response to the treatment with any anticancer agents needs to be established. It is hoped that the response towards cisplatin in patients of different stages of cervical cancer can be predicted. On that

note, for those patients who are resistant towards cisplatin, other drugs can be considered to help to minimise the adverse effects of cisplatin.

Thymoquinone and extracts of *D. suffruticosa* could be the potential candidates for management of cervical cancer. In this study, the mechanisms underlying their cytotoxicity towards cervical cancer cells was the major focus.

## 1.2 Objectives

In general, this study was divided into Part I and Part II.

### a) Part I

General objective:

To determine the response of human cervical cancer cells to cisplatin and thymoquinone based on the expression level of GRP58

Specific objective:

1. To determine the expression level of GRP58 in HeLa and SiHa cells upon cisplatin and thymoquinone treatment
2. To analyse the association between the expression level of GRP58 in HeLa and SiHa cells and their respective IC<sub>50</sub>

### b) Part II

General objective:

To determine the cytotoxic effects of ethyl acetate (EADS) and dichloromethane (DCMDS) extract of root of *D. suffruticosa* towards human cervical cancer cell lines, HeLa and SiHa

Specific objectives:

1. To determine and compare the cytotoxicity of EADS and DCMDS towards the human cervical cancer cell lines
2. To determine the mode of cell death induced by EADS and DCMDS in the human cervical cancer cell lines
3. To determine the effects of DCMDS on cell cycle progression in the human cervical cancer cell lines
4. To evaluate the expression of apoptotic-related proteins (GRP58 and other endoplasmic reticulum stress proteins) in the human cervical cancer cell lines following treatment with DCMDS

## 1.3 Hypotheses

### a) Part I

1. The expression level of GRP58 in HeLa and SiHa cells will decrease upon cisplatin and thymoquinone treatment
2. There will be an association between the expression level of GRP58 in HeLa and SiHa cells and their respective IC<sub>50</sub> following cisplatin and thymoquinone treatment

### b) Part II

1. There will be differences between the cytotoxicity of EADS and DCMDS towards the human cervical cancer cell lines

2. EADS/DCMDS will induce apoptosis in the human cervical cancer cell lines
3. EADS/DCMDS will cause cell cycle arrest in the human cervical cancer cell lines
4. EADS/DCMDS will downregulate/upregulate the expression of apoptotic-related proteins (GRP58 and other endoplasmic reticulum stress proteins) in the human cervical cancer cell lines after the treatment



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