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Arctigenin upregulates apoptosis through the AKT/MTOR pathway, inhibiting the proliferation of glioma

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ABSTRACT:

Arctigenin (ARG) is a natural lignan compound extracted from arctium lappa and has displayed anticancer functions and effective treatments in a variety of cancers. Studies had shown that Arctigenin(ARG) inhibits tumors through the AKT/MTOR pathway and mediates autophagy. However, the role in glioma cells has not still fully understood. This study was designed to investigate whether Arctigenin(ARG) can mediate AKT/mTOR pathway in glioma to regulate autophagy, and affected glioma cells growth and survival. We found that the dose-dependent downregulation of Arctigenin(ARG), reducing cell proliferation, migration and invasion in two human glioblastoma cell lines (U87, T98G), These phenomena were reversed after the administration of the AKT agonist (SC79). Arctigenin(ARG) also affected other autophagy markers such as p62, LC3B. In addition, the apoptotic molecules cleaved-PARP, caspase-9, and cleaved-caspase3 were also dose-dependently altered.

KEYWORDS: Arctigenin(ARG), AKT/MTOR, autophagy, apoptosis, glioma

1. *Arctigenin upregulates apoptosis through the AKT/MTOR pathway, inhibiting the proliferation of glioma*

2. Jiang yongan^{1*}, Liu jiayu^{2*}, Hong wangwang¹, Fei xiaowei³ and Liu Ru'en²

3. *Abstract:*

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13. markers such as p62, LC3B. In addition, the apoptotic molecules cleaved-PARP, caspase-9, and
14. cleaved-caspase3 were also dose-dependently altered.

15. **KEYWORDS:** Arctigenin(ARG), AKT/MTOR, autophagy, apoptosis, glioma

16. **INTRODUCTION:**

17. Glioma is the most common central nervous system tumor, and about 50% is
18. glioblastoma, Surgery, radiation therapy, and drug therapy (temozolomide) are routine ways to
19. treat Glioblastoma, But the effect of treatment is not optimistic, The overall survival rate is 12-18
20. months[1]. Therefore, there is an urgent need to discover new targets or novel drugs for the
21. treatment of glioma. Arctigenin(ARG) is a bioactive lignan extracted from Arctium lappa. and has
22. various biological activities such as anti-cancer[2,3], neuroprotection[4], anti-oxidation
23. effects[5,6], anti-proliferation[7,8], anti-viral[9], and exerting a certain therapeutic effect on the
24. treatment of colorectal cancer, liver cancer, retinoblastoma, prostate cancer, It has been reported that
25. Arctigenin(ARG) can treat colorectal cancer by inducing autophagy[10]. It is also reported that
26. Arctigenin(ARG) inhibited Epithelial mesenchymal transition of Hepatocellular Carcinoma and
27. by suppressing GSK3 β -Dependent Wnt/ β -Catenin signaling pathway[11]. In addition, it has been
28. reported in the literature that Arctigenin(ARG) can inhibit the proliferation of retinoblastoma Y79
29. and also promote apoptosis[12]. Although there have been previous articles stating that
30. Arctigenin(ARG) has an inhibitory effect on glioma[13,14], thus deeper mechanisms remains to be
31. discovered. While Autophagy is the process of transporting damaged, denatured or aged proteins
32. and organelles to lysosomes for digestion and degradation, which circulates and degrades
33. intracellular components in response to a lack of nutrients or growth factors to maintain
34. homeostasis. Autophagy has two mechanisms: protective mechanism and death mechanism. The
35. former protects cells from apoptosis by eliminating unfolded proteins, reducing protein load and
36. eliminating damaged organelles (mainly mitochondria), and regulating the activity of caspase8 to
37. regulate cells. Apoptosis, it has been found in the literature that ATG inhibitors can greatly
38. increase caspase8 to cause hepatocyte apoptosis induced by LPS and GalN. The latter is thought to
39. be caused by complete degradation of cellular components due to excessive autophagy, manifested
40. by caspase-8 activation and the formation of apoptotic intracellular death-inducing signaling
41. complex (iDISC), such as knockdown of ATG5, which inhibits ATG7 The initial phase of

42. phagocytosis to reduce the production of caspase-8 and the occurrence of apoptosis,there are also
43. articles that the degradation of caspase-8 can protect U87 glioma cells from H₂O₂
44. injury.However,the AKT/mTOR pathway plays an important role in a variety of cancers,except
45. that it is involved in the differentiation of bone marrow mesenchymal stem cells and various
46. osteoblasts,mainly mediated by autophagy.In this study, we have investigated the effects of
47. Arctigenin(ARG) on the cycle and apoptosis of glioma cells (U87, T98) and further explored
48. whether these effects are due to the AKT/mTOR pathway.In addition,we further determined the
49. important role played by autophagy.

50. *Methods and Materials*

51. Chemicals,Reagents and Antibodies

52. ARG was purchased from tianjing wanxiang Science and Technology Ltd (Tianjin, China).ARG
53. was dissolved in Dimethyl sulfoxide (DMSO) and diluted to 10 mM with phosphate buffered
54. solution (PBS) and stored at 4°C.Dulbecco's modified Eagle Medium (DMEM) and fetal bovine
55. serum (FBS) were (Cambridge,MA),purchased from Gibco(GrandIsland,USA),Antibodies against
AKT,P-AKT,AMPK,P- AMPK,mTOR,P-mTOR,p62,LC3B was purchased from Abcam.

56. Cell Culture

57. The glioma cell lines(U87,T98) was purchased from Chinese Academy of Medical Sciences
58. (Beijing, China).and cultured in Dulbecco's modified Eagle's medium (DMEM) supplemented
59. with 10% (FBS) and Incubated in an incubator containing 5% CO₂ at 37 °C.

60. Cell Viability Assay

61. 2×10^3 cells were uniformly cultured in 96-well plates for 0h, 12h, 24h, 48h, 60h, 72h, and
62. treated with different concentrations of ARG. Add 10 μ l of CCK8 to each empty and continue to
63. incubate at 37 °C for 30min, The solution was detected by the microplate reader.

64. Cell monoclonal formation assay

65. Approximately 5000 cells were cultured in a 10 cm culture dish,and the cells were treated with
66. ARG at a concentration of 100 μ M.200 μ M.400 μ M for 15 days.After the treatment,the cells were
67. washed 2-3 times with PBS,fixed with 4% paraformaldehyde for 15 min,and fixed with crystal
68. violet.And calculate the number under the microscope.

69. Cell Apoptosis Analysis

70. The mixture was thoroughly mixed in 500 μ l of binding buffer,5 μ l of propidium iodide (PI),and
71. 5 μ l of FITC-conjugated anti-Annexin V antibody,and the results were measured by Accui C6
72. flow cytometer (BD, USA) within one hour.

73. Cell Cycle Analysis

74. 1×10^5 cells (U87, T98) were incubated overnight in 6-well plates, and cells were treated with
75. different concentrations of ARG.The cells were collected, washed with PBS for 2-3 times,
76. resuspended in 70% ethanol for 24 h, and then washed with ethanol in PBS, and added to the
77. mixture with PI/RNase Staining Buffer. Finally,Accui C6 flow cytometer (BD,USA)) was used to
78. measure results.

79. Western Blotting

80. Cell lysates of glioma cells (U87, T98) were used, and proteins were extracted using Pro-prepTM
81. protein extract (Korea iNtRON Biotechnology).Proteins were separated on different
82. concentrations of sulfate-polyacrylamidegel electrophoresis (SDS-PAGE) and transferred to

83. polyvinylidene difluoride (PVDF) membranes (Merck, KGaA, Darmstadt, Germany). The
84. membrane was blocked with 5% bovine serum albumin (BSA) for 1.5 h at room temperature and
85. incubated overnight at 4 °C with the diluted primary antibody. After incubating the secondary
86. antibody conjugated with HRP were incubated for 1 h at room temperature, the results were
87. obtained with electroluminescence (ECL) (Pierce, Rockford, IL, USA).

88. Statistical Analysis

89. The experiment was repeated at least three times and using an independent t test to compare
90. between the two groups. One-way analysis of variance was used to compare analysis between
91. multiple groups on SPSS 20.0 software. $P < 0.05$ was considered statistically significant.

92. RESULT

93. *ARG Inhibits The Growth Of Glioblastoma Cells*

94. To investigate whether ARG had an effect on glioma cells, we applied CCK8 assay to detect the
95. cell viability of U87MG and T98G. These Glioma cells were treated with different concentrations
96. of ARG in U87MG and T98G, cell activity decreased from 60% to 40% when the ARG
97. concentration was reduced from 200 μ M to 400 μ M at 48h (Figure, 1a). In the next experiment, we
98. used 100 μ M, 200 μ M, 400 μ M for following experiments. and we functioned the monoclonal
99. formation assay to verify the anchorage-independent growth of Glioblastoma cells (Figure, 1b). In
100. the ARG-treated U87MG, colony formation was reduced by 80% compared with the untreated
101. group. The Edu assay revealed that the ability of ARG to inhibit glioma is concentration
102. dependent. The inhibition rate exceeded 70% at a concentration of 400 μ M (Figure, 1c). To
103. determine the cause and mechanism of ARG inhibition of glioma cell proliferation, we used
104. PI/rNase staining buffer to assess the glioma cell cycle progression after treatment. The toxic
105. effects of ARG on glioma cells (U87MG, T98G) via G1/S phase arrested and induced
106. apoptosis. The results showed that the ratio of G1/S cells of U87MG and T98G treated with ARG
107. increased significantly. And significantly inhibited the proportion of cells in G2/M phase at a
108. concentration of 400 μ M (Figure, 1d); further use PI-FITC-annexin to determine the effect of ARG
109. on apoptosis of glioma cells, as shown in the (figure, 1.e), ARG dose-dependent glioma cells
110. (U87MG, T98G), inducing early apoptosis and late apoptosis. In the Figure, we observed early
111. apoptosis induced by ARG at 100 μ M, and in the transition from 200 μ M to 400 μ M, early apoptosis
112. turned into late apoptosis, increasing from 0.5% to 2.3%. The increase in dead cells is not
113. obvious. We also used Western blotting to determine the expression levels of the relevant
114. CDK4, Cyclin D1, the results (Figure 2b) showed that ARG can inhibit the protein expression of
115. CDK4 and Cyclin D1 to a greater extent. In addition, such as caspase-9, cleaved-caspase-3, bad, bax
116. protein, ARG can significantly affect their expression after treatment of glioma cells (Figure
117. 2b). Therefore, we confirmed that ARG induced cell cycle arrested and apoptosis.

118. **Fig. 1:** Effect of Arctigenin on proliferation, cell cycle and apoptosis in U87MG and T98G.

119. **a.** Cell was seeding in 96-wells plates and were treated with indicated concentrations of PF for
120. hours by CCK-8 assay. **b.** 5000 cells were incubated with 100 μ M, 200 μ M, 400 μ M ARG for 15
121. days, and It was fixed with 4% paraformaldehyde for 15 min and stained with crystal violet for 1
122. h. **c.** Cells were incubated with 200 μ M, 400 μ M ARG for 48 hours, and cell proliferation using Edu
123. assay, The nucleus used DAPI (blue), and the proliferated cells used Azide 488 (green). **d.** Apoptosis
124. was detected by PI-FITC-annexin assay and measured within 1 hours, The Annexin V-FITC axis
125. represents cells that are early apoptotic, and the PI axis represented cells in the mid-late stage of
126. apoptosis. **e.** The cell cycle was determined by PI/rNase staining buffer assay, and the results were

127. measured with an Accui C6 flow cytometer after 15 min. All experiments were repeated three
128. times, * $p < 0.05$; ** $p < 0.01$; *** $P < 0.001$.

129. *ARG regulated AKT/mTOR and levels of autophagy-associated proteins*

130. Many reports that the AKT/mTOR pathway plays an important role in tumors. We therefore
131. considered whether the AKT/mTOR pathway is relevant in the mechanism of ARG treatment of
132. glioblastoma. After treatment with ARG at a concentration of 100 μM , 200 μM , 400 μM for 48
133. h, treated glioma cells (U87MG, T98G) significantly reduced the expression of phosphorylated
134. AKT, mTOR, correspondingly regulated the expression of phosphorylated akt, mTOR. but there
135. were no significant changes in AKT, mTOR, and AMPK of total protein level (Figure 2a). Our
136. study of ARG may inhibit glioma cell proliferation by AKT/mTOR-mediated autophagy
137. pathway. Therefore, we further used Western blotting to reveal the expression of important
138. autophagy-associated marker factors (Figure, 2a). The cells were treated at a concentration of 100
139. μM , 200 μM , and 400 μM for 48 h. It is clear that ARG can significantly increase the expression of
140. LC3B II and P62 expression. Therefore, we believe that the reason ARG affects glioma cell
141. proliferation may be due to AKT/mTOR-mediated autophagy.

142. **Fig. 2.** ARG regulated AKT/mTOR and levels of autophagy-associated proteins **a.** Western blotting
143. was used to show AKT, P-AKT, mTOR, P-mTOR, LC3B, P62 expression levels on ARG-treated
144. U87MG, T98G. **b.** Western blotting was applied to display protein expression levels on
145. ARG-treated U87MG, T98G cell cycle and apoptosis. All experiments were repeated three
146. times, * $p < 0.05$; ** $p < 0.01$; *** $P < 0.001$.

147. *SC79 significantly rescued proliferation, cell cycle arrested, apoptosis induced by ARG in glioma*
148. *cells*

149. It was previously demonstrated that ARG may induce autophagy by AKT/mTOR to inhibit
150. proliferation of glioma cells and affect cell cycle arrested and apoptosis. To further confirm, we
151. used an agonist, SC79, an activator of AKT, to restore the ability of the AKT pathway. We found
152. that glioma cells U87MG, T98G, were incubated in ARG and SC79 for 48 hours. The proliferative
153. capacity was tested by Edu assay, and it was found that the group treated with ARG and SC79 was
154. more significant than the group treated with ARG alone (Figure, 3a). The result indicated ARG
155. significantly restore the proliferation of glioma cells, and we next applied PI/rNase staining
156. buffer, PI-FITC-annexin to determine their cycle and apoptosis. Interestingly, SC79 not only
157. restores their proliferative capacity, but also repairs cycle arrest and increased
158. apoptosis (Figure, 3b). The expression of cell cycle-associated proteins and apoptosis-related
159. proteins was verified by Western blotting (Figure 4b). The results showed that SC79 can reverse
160. the toxic effects of ARG on glioma cells.

161. **Fig. 3:** SC79 regulated glioma cell proliferation inhibition, cycle arrested, and autophagy
162. apoptosis treated with ARG. **a.** After 48 hours of incubation with ARG (400 μM) and
163. SC79 (5 $\mu\text{g}/\mu\text{L}$), nuclei was stained with DAPI. Edu assay was applied to detection and observation
164. was performed using a confocal microscope. **b.** After 48 hours, the treated cells were collected and
165. fixed with 70% ethanol for 12 hours, centrifuged and washed twice with PBS, treated with
166. PI/rNase staining buffer assay, and detected by Accui C6 flow cytometer after 15 minutes. **c.** After
167. 48 hours, the suspended treated cells were collected, and 20,000 cells were counted. After
168. treatment with PI-FITC-annexin assay, the results were measured with a C6 flow cytometer within
169. 1 hours. All experiments were repeated three times, * $p < 0.05$; ** $p < 0.01$; *** $P < 0.001$.

170. *SC79 reversed autophagy of glioma cells induced by ARG through AKT/mTOR pathway*

171. As demonstrated by previous experiments, SC79 can reverse the growth inhibition of glioma
172. caused by ARG and can reverse its effect on cycle and apoptosis. To this end, we further study
173. whether SC79 also causes the above phenomenon through the AKT/mTOR pathway. Western
174. blotting technology is applied to next explorations. As shown in the (figure.4 a), after
175. administrated to the AKT agonist SC79, the proteins associated with the AKT/mTOR pathway
176. are altered, and the phosphorylated proteins of AKT and mTOR are quite different from those of
177. ARG alone, such as down-regulating P-. The expression level of AKT, while total AKT did not
178. change significantly, and phosphorylated mTOR also showed the same result. So far, we have
179. further determined the toxic effects of ARG on glioma cells (U87MG, T98G), and this inhibition is
180. mediated by the AKT/mTOR pathway, and SC79 can reverse this result. Interestingly, SC79 also
181. reversed the reduction of autophagy-associated molecules (LC3B II) in glioma cells caused by
182. ARG and reduced the conversion of LC3B I to LC3B II. Therefore, we suspect that the target of
183. ARG inhibition of glioma may be related to autophagy, and further experimental evidence is
184. needed.

185. **Figure,4:** SC79 regulated autophagy of glioma cells induced by ARG through AKT/mTOR
186. pathway. **a.** Proteins were separated on different concentrations of SDS-PAGE and incubation with
187. the corresponding monoclonal antibody for more than 18 hours, secondary antibody incubation
188. for less than 2 hours, the results were obtained with ECL, was analyzed with the Bio-Rad gel
189. imaging system. **b.** The detection method was the same according to the previous Western blot
190. technique, the corresponding primary antibody was used, and the results were observed with the
191. Bio-Rad gel imaging system. All experiments were repeated three
times, * $p < 0.05$; ** $p < 0.01$; *** $P < 0.001$.

192. *DISCUSSION*

193. As the main source of therapeutic drugs, plant extracts are increasingly showing that extracts from
194. plants can greatly prolong the survival of patients and are potential medical treasures in the future.
195. As an extract of *Arctium lappa*, Arctigenin (ARG) has important potential for anti-cancer, and there
196. are reports that it also has therapeutic effects in the treatment of cancer [10,15,16,6]. However, in
197. our current study, we further determined that Arctigenin (ARG) mediates autophagy via the
198. AKT/mTOR pathway to inhibit glioma proliferation, cell cycle arrested, and apoptosis. Our aim
199. was to investigate the treatment of ARG in Glioblastoma. However, ARG also inhibits the survival
200. of hepatocellular carcinoma, inhibits cell proliferation induced by ROS-mediated
201. mitogen-activated protein kinases [17,18], and inhibits epithelial-mesenchymal transition in
202. peritoneal mesenchymal cells [19]. ARG-enhanced cisplatin has also been reported, increasing
203. sensitivity to drug resistance in colorectal cancer cells [10]. Therefore, in order to study the
204. mechanism of ARG treatment of glioma, further to determine its potential therapeutic targets. In the
205. present study, ARG dose-dependently inhibited the proliferation of glioma cells, and the
206. monoclonal ability of glioma cells was also inhibited by ARG. Abnormal changes in the activity of
207. the cell cycle and apoptosis-related proteins will result in the proliferation of the cells
208. themselves. Cell cycle regulators are therefore also considered to be very attractive targets for the
209. treatment of tumors. In our study, we revealed that ARG can block cell cycle arrest caused by G1/S
210. arrested. We also detected dose-dependent expression of cytosin CDK4 and Cyclin D1 in
211. U87MG, T98G after treatment with ARG. However, there are articles pointing out that ARG blocks
212. glioma cell cycle in G0 phase [13]. At the same time, apoptosis is also considered to be
213. the mechanism of programmed cell death and is considered to be an important and essential

214. therapeutic and selective target for the treatment of tumors. ARG has been confirmed by various
215. studies to play a role in inducing apoptosis in different cancers. For example, in hepatocellular
216. carcinoma, colorectal cancer, retinoblastoma [20,12], lymphoma [21,22]. ARG can be triggered by
217. intracellular signals by different pathways, such as apoptosis, such as genotoxic stress, or by
218. external signals, such as binding of ligands to cell surface death receptors [23-25]. Our research
219. shows that ARG was applied to induce the apoptosis of glioma (U87MG, T98G). And a
220. concentration-dependent transition of early apoptosis to late apoptosis, further depressed expression
221. levels of related apoptosis proteins caspase-9, cleaved-caspase-3 were increased. After we used the
222. AKT activator SC79, the cell cycle arrested and Apoptosis was removed. Autophagy, another
223. mechanism of death, has the basic function of degrading cellular proteins and organelle fragments
224. to recover new nutrients, maintaining cellular homeostasis of normal physiological functions. It
225. has been previously reported in the literature that ARG activation posture enhances the sensitivity
226. of cisplatin to drug-resistant colorectal cancer. The microtubule-associated protein LC3 is an
227. important autophagic regulator, and the conversion of LC3B I to LC3B II is considered to be the
228. mechanism of autophagy. It has cytoprotective and cytotoxic effects. In our study, we determined
229. by Western blotting that ARG dose-dependent increases the expression of LC3B II and P62 in
230. glioma cells. This is a classic manifestation of autophagy. Therefore, ARG is considered as an
231. important regulator of the treatment of glioma and induction of autophagy. However, mTOR is
232. considered as a key protein regulating autophagy, and it has been reported in the literature that
233. autophagy regulates the progression of gastric cancer [20,26], pancreatic cancer [27-29], and
234. esophageal cancer [30,31]. The role of AKT in the proliferation of tumors cannot be ignored, by
235. activating mTOR phosphorylation to the occurrence of autophagy. It acts as an intermediate
236. medium between upstream protein kinase B (Akt) and downstream p70S6K and 4EBP1. We used
237. Western blotting to detect AKT, mTOR and phosphorylated forms. ARG alone reduced the level of
238. phosphorylated protein in a dose-dependent manner, whereas after co-treatment with AKT agonist
239. SC79, the phosphorylated form of AKT, mTOR, P70S6K increased. Our studies indicate that ARG
240. leads to activation of autophagy via the AKT/mTOR pathway. This indicates that ARG inhibits
241. glioma cell proliferation by activating autophagy by AKT/mTOR. Although we have perfected the
242. in vitro experiments, we have not been able to determine the role of ARG in the body because we
243. have not performed in vivo experiments, so further proof is needed. In summary, Arctigenin (ARG)
244. inhibits proliferation of glioblastoma, inhibits cell cycle, and increases apoptosis. This mechanism
245. involves AKT/mTOR signaling. Our studies also confirm that Arctigenin (ARG) can be used as a
246. potential promising treatment for glioblastoma.

247. *Conflict of interest:* The authors report no conflicts of interest in this work.

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250. *Ethical approval:* This research does not include any studies with human participants or animals
251. by any author.

252. *Informed consent:* This work received consent from all individuals involved in the research.

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Figures

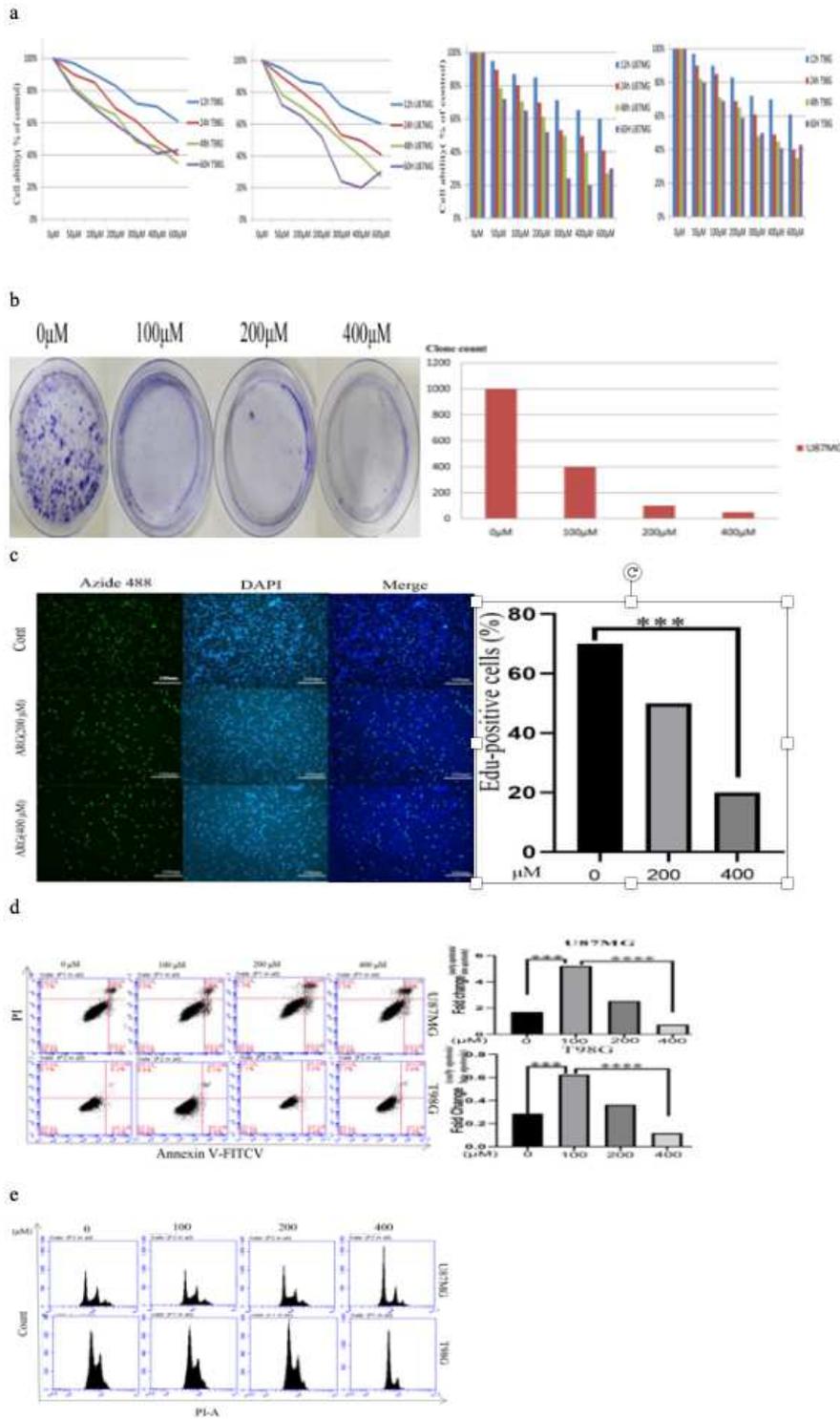


Figure 1

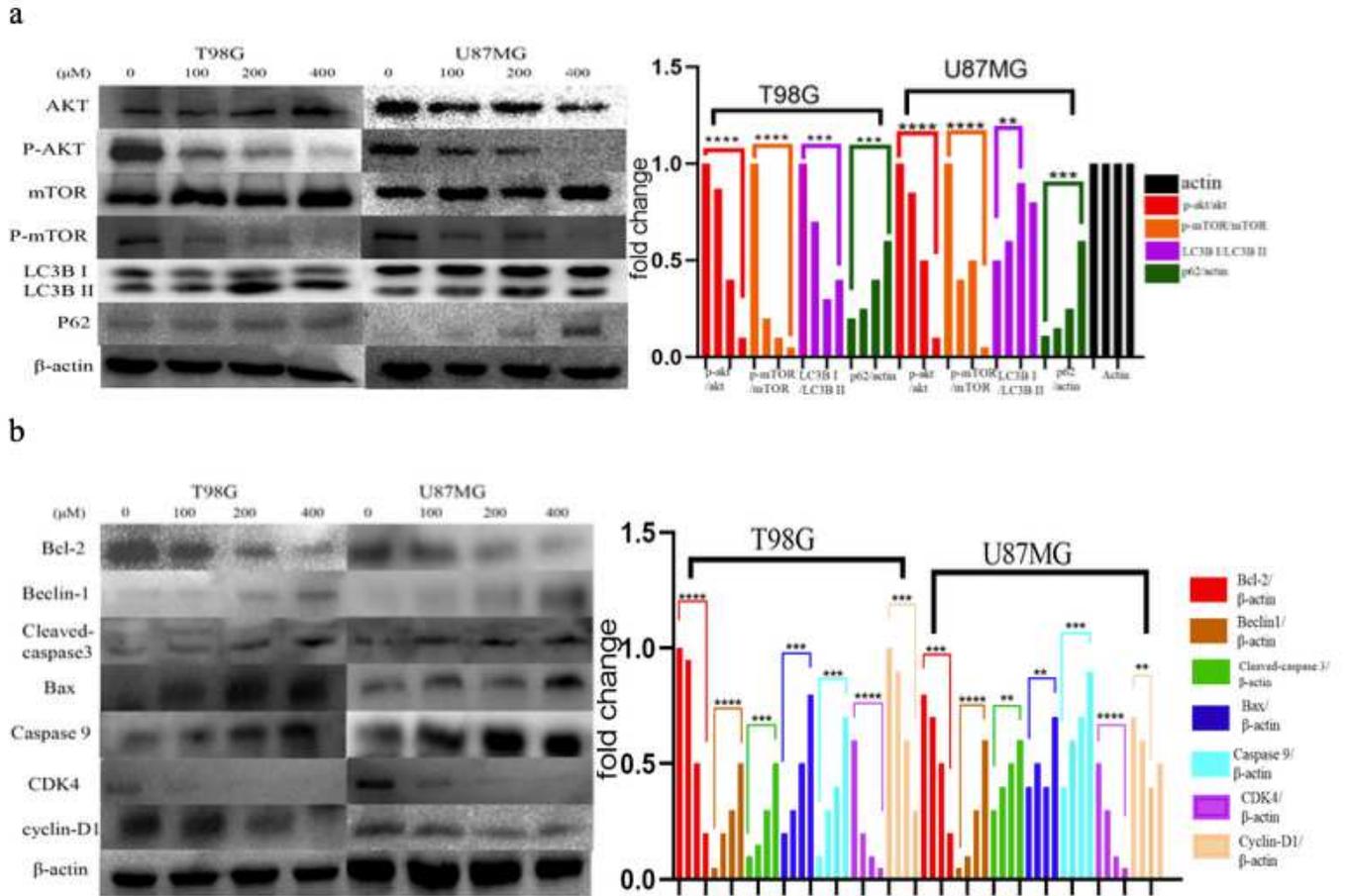


Figure 2

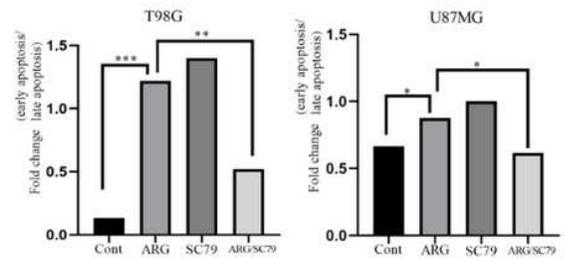
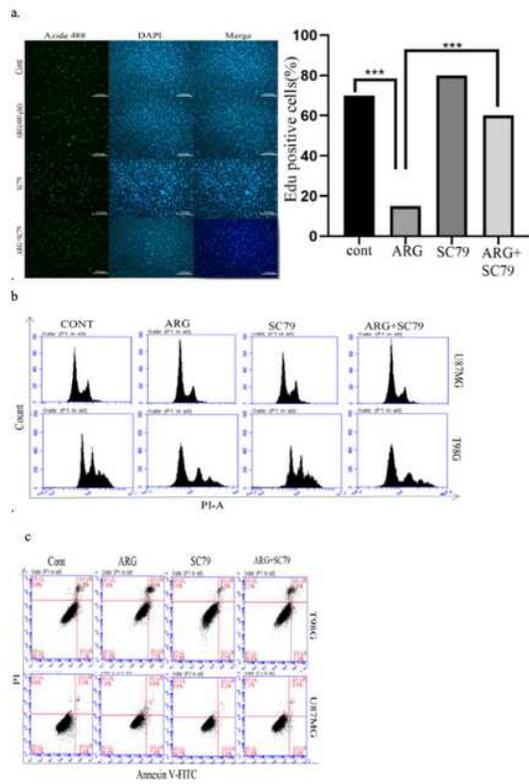


Figure 3

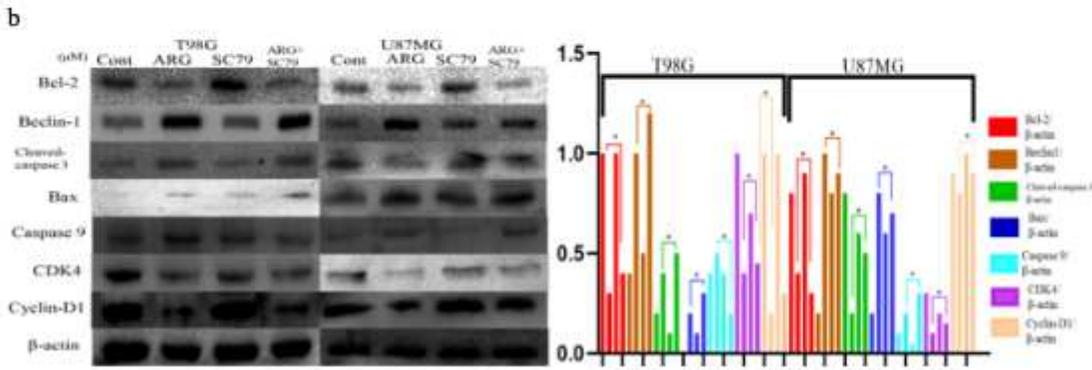
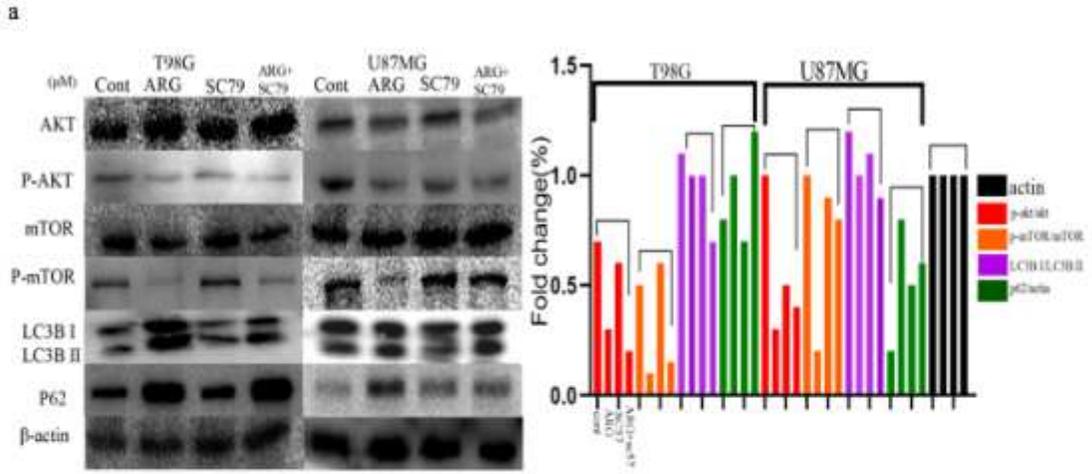


Figure 4