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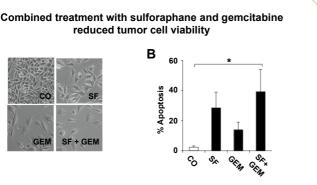


Sulforaphane potentiates gemcitabine mediated cytotoxicity towards pancreatic cancer stem-like cells

Sabrina Labsch^{1,2*}, Georgios Kallifatidis^{1,2*}, Vanessa Rausch^{1,2}, Juergen Mattern^{1,2}, Jury Gladkich^{1,2}, Gerhard Moldenhauer³, Markus W. Buechler², Alexei V. Salnikov^{1,3}, Ingrid Herr^{1,2}

1 Molecular OncoSurgery, University of Heidelberg and German Cancer Research Center, Heidelberg, Germany 2 Department of General Surgery, University of Heidelberg, Heidelberg, Germany 3 Institute of Physiological Chemistry, University of Ulm, Ulm, Germany

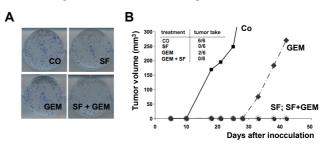
Introduction: Despite intense efforts to develop high effective treatments against pancreatic cancer, agents that cure this disease are still not available. Cancer stem cells may be responsible for high resistance and early metastasis of pancreatic cancer. Considerable attention has focused on broccoli compound sulforaphane, which is suggested for combination therapy targeting pancreatic cancer stem cells. Since increasing evidence suggests that chemotherapeutic treatment alone results in an enrichment of cancer stem cells, we investigated whether the natural compound sulforaphane can increase drug-mediated cytotoxicity in the pancreatic cancer cell line MIA-PaCa2, which is highly enriched in cancer stem cell characteristics (CSC^{high} cell line). **Methods:** The effect of single and combined treatment was examined by MIT-test , Annexin V staining and colony formation assay. To investigate cytotoxicity towards CSCs we performed spheroid formation assays and evaluated ALDH activity and protein expression in CSC^{high} MIA-PaCa2 cells. Moreover we studied tumor growth following single or combined treatment in nude mice.



A: CSChigh MIA-PaCa2 pancreatic cancer cells were left untreated (CO), or were treated with sulforaphane (SF) or gemcitabine (GEM) alone or in a combination (SF+GEM) for 72 h and representative pictures were shown. B: CSC^{high} MIA-PaCa2 cells were seeded in 6-well tissue culture plates and treated as indicated. Seventy-two hours later apoptosis induction was evaluated by annexin V staining and flow cytometry and is presented as percentage of annexin-V positive cells

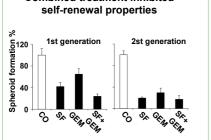
Decreased cell viability and high levels of apoptosis induction after combined treatment adverts increased cytotoxic effe

Sulforaphane and gemcitabine together strongly inhibited long term survival and tumor growth in vivo



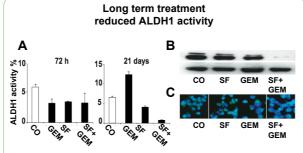
A: Long term effects of combined treatment were assessed by colony forming assays. Following 72 h treatment with SF and GEM alone or in combination (SF+GEM), CSC^{high} MIA--PaCa2 cells were reseeded and cultured in absence of treatment. The quantification of colonies revealed that SF alone and in combination with GEM strongly inhibited colony formation

B: CSChigh MIA-PaCa2 cells were treated for 72 hours with SF. GEM and SF +GEM. Biological with the readed certain were injected subcutaneously into nuclemice. Tumor growth was measured and tumor take was evaluated. Treatment with GEM delayed the tumor growth whereas SF and combination therapy abrogated tumor growth.



Combined treatment inhibited

Spheroid assays were performed to investigate whether treatment affects self-renewal of CSCs MIA-PaCa2 cells were treated with SF, GEM or SF+ GEM for 24 h. Afterwards cells were seeded at clonal density in low adhesion plates. Spheroid formation was evaluated in the first and second generation. Combination treatment shows strong inhibition of selfrenewal in CSChigh pancreatic cancer cells.



A: Following long term (21 d) or short term treatment (72 h), ALDH1 activity was analyzed by flow cytometry and the percentage of ALDH1-positive cells is presented. B: After long term treatment (21 d), expression of ALDH1 protein was analyzed by Western blot. Expression of β -actin served as loading control. **C:** Following long term treatment (21 d) cells were subjected to immunofluorescence for ALDH1.

The reduction of the stem cell marker ALDH1 suggest that combined treatment reduced the number of CSCs within the population.

Combined treatment targeted pathways involved in resistance and self renewal

SF+ CO SF GEM GEM	SF+ CO SF GEM GEM
Notch-1	c-Rel
β -actin	β -actin

To investigate the SF mediated re-sensitivation of cells Notch-1 and NF-kappa B expression were studied. CSC^{high} pancreatic cancer cells were left untreated (CO), or were treated with SF or GEM alone or in a combination (SF+GEM) for 48 h. Protein expression of Notch-1 and NF-kappa B was analyzed by Western blot. Results indicate a down regulation of CSC related proteins following combination treatment.

Conclusion: In this study we demonstrate that SF potentiates cytotoxicity of GEM towards pancreatic CSCs in vitro and in vivo. Moreover, combined treatment with SF and GEM targeted CSC characteristics such as clonogenic potential, self renewal and ALDH1 activity. CSC sensitizing mechanism of SF might be a down regulation of proteins which are involved in resistance and self renewal. SF has no side effects on normal cells and combination treatment with GEM might be a promising therapeutic strategy in patients.