

Research Article

RNA-Seq Analysis Revealed the Suppressor Effects of Silybinin in Gastric and Breast Cancers Through the Downregulation of FGF and Wnt Signaling in Silybinin-Driven Modulation of ADSCs in Tumor Microenvironment

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Abstract:

Adipose-derived mesenchymal stem cells (ADSCs) are key elements of the tumor microenvironment (TME), driving oncogenic advancement through paracrine signaling, epithelial-mesenchymal transition (EMT), and angiogenesis. Silybinin (SB), flavonoid from *Silybum marianum*, illustrated anticancer potential; however, impacts on ADSCs in breast and gastric cancers remain poorly understood.

Human (ADSCs) treated with various SB concentration, and viability was assessed by MTT assay to detect the optimum dose. Gene expression profiling was performed by RNA-sequencing (Illumina HiSeq 4000). Differentially expressed genes (DEGs) were detected using HISAT2 and NOISeq ($\log_2|FC| \geq 1$, $p \leq 0.05$, and $FDR \leq 0.1$), followed by KEGG enrichment analysis and qRT-PCR validation.

1- MTT assay demonstrated low-dose SB (0.005-0.5 μg) increased ADSCs viability ($p < 0.01$), while higher doses (10-50 μg) induced cytotoxicity ($p < 0.05$); 0.5 μg was optimal. 2- SB modulated expression of 324 genes (210 downregulated, 114 upregulated), enriching breast and gastric cancer pathways. Four oncogenic genes, FGF1, FGF5, FGF18, and TCF7 were downregulated, regulators of FGF-FGFR and Wnt/ β -catenin signaling sustaining tumor growth, metastasis, and EMT. 3- qRT-PCR confirmed these findings ($P < 0.05$). Downregulation of FGF1, FGF5, and FGF18 inhibits proliferative and angiogenic signaling, while reduced TCF7 suppresses Wnt-driven stemness, promoting apoptosis.

Silybinin reprograms ADSCs within the TME by downregulating FGF1, FGF5, FGF18, and TCF7, key drivers of FGF-FGFR and Wnt/ β -catenin-mediated tumor progression, reducing ADSC-mediated tumor support, increasing apoptosis, positioning it as a candidate for disrupting ADSC-cancer crosstalk.

Keywords: ADSCs; Silybinin; Gastric cancer; Breast cancer; RNA-sequencing

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1. Introduction

Cancer is one of the most important health issues and second leading cause of deaths worldwide [1, 2]. The tumor microenvironment (TME) as a chemically and mechanically complex niche [3] consists of various cell

types including tumor cells, tumor stromal cells (stromal fibroblasts, endothelial cells mesenchymal stem cells, and immune cells like microglia, macrophages and lymphocytes) and the non-cellular components of extracellular matrix such as collagen, fibronectin, hyaluronan, and laminin [4, 5]. These cellular components of tu-

mor possess pro or anti- tumor effects due to complex interactions through cytokines, exosomes, cell adhesion, co-stimulation and co-inhibition, thus understanding the role of these cells as the non-malignant part of the TME can be an efficient approach to developing new cancer diagnosis and therapies [6].

Mesenchymal stem cells (MSCs) (6) with the ability of self-renewal and multiple differentiation, as an undeniable component in the tumor microenvironment, have been extensively researched in recent years. They are recruited into TME (7) and stimulate tumor or non-tumor cells by releasing endocrine and paracrine signals [7]. According to experimental assays stem cells can increase the migration, invasion, angiogenesis and tumorigenesis of cancer cells. In addition, the increased expression of specific mesenchymal markers leads to endothelial mesenchymal transition (EMT) in tumor cells and promotes a stemness phenotype in some cancer cells such as cervical cancer [8]. Interestingly, a previous study has shown that adipose derived stem cells (ADSCs) stimulate breast cancer cells to secrete TGF β , which promotes tumor migration and EMT in the advanced stages of breast cancer [9]. Therefore, it seems necessary to provide therapeutic methods that can prevent tumor proliferation, angiogenesis, and invasion by affecting the tumor microenvironment cells, especially adipose derived stem cells.

In this regard, developing novel agents to prevent numerous side effects of chemicals or drugs and targeting TME, are quite attractive [10]. Many recent studies have scientifically investigated the use of natural-derived components or micronutrients, and their potent benefits on human health [11]. Flavonoids are a group of plant derived polyphenolic substances with anti-oxidant possessions that can be exploited in cancer therapy [12].

Silybinin (SB, $C_{25}H_{22}O_{10}$) is a flavonoid extracted from silybum marianum flavonolignan (known as milk thistle), with natural anti-inflammatory properties inhibiting oxidative stress [13], anti-lipid peroxidation effect, elimination of free radicals, inhibiting the activity of lipoxigenase, maintaining stability of cell membrane, and antitumor effects in numerous cancers [14].

The purpose of this study was to observe the silybinin's effects in ADSCs, to examine whether silybinin modulates the expression of genes involved in gastric and breast tumors microenvironment.

2. Material and methods

2.1 Cell culture and SB-treatment

hADMSCs were obtained from Stem Cell Technology Research Center and cultured in a low-glucose Dulbecco's Modified Eagle's Medium (DMEM; BioMEDIA) supplied with 10% fetal bovine serum (FBS; Gibco TM), 100 U/mL penicillin and 100 μ g/mL streptomycin, at 37 °C/5% CO₂. The cells were plated into 75 cm² tissue culture flasks and incubated until reaching a confluence between 70 and 80%. The culture medium was changed every 3 days.

Silybinin was purchased from Sigma Chemicals

(Sigma-Aldrich, Shanghai) and 1 mg of silybinin was dissolved in 10 mL of sterile dimethyl sulfoxide (DMSO). Therefore, the concentration of silybinin solution in DMSO will be 100 μ g/mL. The appropriate volume of silybinin solution and the volume of DMEM + 10% FBS culture medium required for each 1200 μ L well, according to the desired dose of silybinin, was calculated by the following formula, and represented in Table 1.

Fourth passage culture of hADMSCs were divided and cultured in control (silybinin 0 μ M) and silybinin groups at above concentrations for 24 h.

Table 1. Calculating appropriate volume of silybinin solution and culture medium required for each well, according to the desired dose of silybinin.

D _{SB} (μ g)	V _{SB} (μ L)	V _w (μ L)
0.05	0.6	1199.4
0.1	1.2	1198.8
0.5	6	1194
0.7	8.4	1191.6
1	12	1188
10	120	1080
20	240	960
50	600	600
100	1200	0

$V_{SB} = 1200 (\mu L) \times D_{SB} (\mu g) / 100 (\mu g/mL)$; $V_w = 1200 (\mu L) - V_{SB}$;
(V_{SB}: Volume of silybinin solution in each well, D_{SB}: Desired dose of silybinin, V_w: Volume of culture medium in each well).

2.2 Cell proliferation assay

Cell proliferation of hADMSCs in control and SB-treated groups was evaluated by The MTT (3-[4,5-dimethylthiazole-2-yl]-2,5-diphenyltetrazolium bromide) assay, 24 hours after treatment. Briefly, a suspension containing 1×10^4 cells/mL from control and SB-treated groups was seeded in triplicates into 96-well plates and incubated at 37 °C in a 5% CO₂ atmosphere. The medium was removed after 24 h of incubation and MTT was dissolved in sterile PBS at a concentration of 5 mg/mL, added to the wells, and incubated for 4 hours. After removing the supernatant, 100 μ L DMSO was added to dissolve the insoluble Formazan product. The results were obtained by measuring the absorbance at 570 nm with an ELISA reader.

2.3 RNA extraction and cDNA library construction

Total RNA was isolated from human adipose derived mesenchymal stem cells in control and SB-treated groups, on day 12 after treatment (D14), using Qiagen RNeasy Mini kit, according to the manufacturer's instructions (QIAGEN, Germany), then samples were quantified using a Nanodrop ND-1000 (Thermo Fisher Scientific) spectrophotometer. RNA concentration and integrity were evaluated using Agarose Gel Electrophoresis and Bioanalyzer 2100 (Agilent Technologies Inc. CA, USA), only samples with an RNA integrity number (RIN) greater than 8 were considered for subsequent analysis.

RNA-seq library construction was performed using a Kapa Hyper Prep Kit (Kapa Biosystems) and subjected to 150 bp for sequencing.

2.4 RNA sequencing and data analysis

hADMSCs cultured in the presence and absence of silybinin were subjected to RNA sequencing on an Illumina HiSeq 4000 platform at Beijing Novogene Bioinformatics Technology Co., Ltd (China). FastQC v0.11.5 (<http://www.bioinformatics.babraham.ac.uk/projects/fastqc/>) was conducted for quality control of sequencing reads to remove adapters and low-quality data. After filtering, sequences were aligned to the Homo sapiens (human) genome, GRCh38 (hg38), using HISAT2 aligner v2.1.0. FeatureCounts v1.5.0 was used to count the number of uniquely mapped read pairs with gene annotations. Differential gene expression values were determined using NOISeq v2.22.0 based on an 80% probability threshold. Then differentially expressed genes (DEGs) with a fold change (FC) higher than 2 or less than -2 ($\log_2|FC| \geq 1$), a p -value ≤ 0.05 , and adjusted p -values (FDR) ≤ 0.1 were considered to compare the groups of study.

2.5 Functional enrichment analysis

To achieve practical knowledge about the signaling pathways induced by SB treatment, the Kyoto Encyclopedia of Genes and Genomes (KEGG) database was used for pathway enrichment analysis. Initially, the list of differentially expressed genes (DEGs) was uploaded as input, and statistically significant signaling pathways with p -value ≤ 0.05 were extracted for further analysis.

2.6 Real time PCR

RT-PCR was performed on day 12 after treatment (D14) to confirm selected DE genes involved in cancer signaling pathways, resulted by RNA sequencing. Total RNA was extracted using the Qiagen RNeasy Mini Kit, according to the manufacturer's instructions (QIAGEN, Germany) and 1 μ g of total RNA was transcribed to complementary DNA (cDNA) using the Qiagen QuantiTect Reverse Transcription Kit. The quantitative real-time polymerase chain reaction (qPCR) was performed on a Rotor-Gene 6000 real-time PCR machine (Corbett Research, Qiagen, Germany). Amplification was done at 95 °C (1 min), and then, 40 cycles at 95 °C (15 s), 55 °C (30 s), and 72 °C (30 s) (at 95 °C for 90 s followed by 40 cycles,

each cycle lasting 15 s at 95 °C and 30 s at 55 °C). Real-time PCR was performed in a 15 μ L reaction mixture containing 7.5 μ L of MasterMix SYBR Green PCR (Applied Biosystems), 0.75 μ L of each primer (Table 2), 3 μ L DNase- and RNase-free water, and 3 μ L of cDNA from each sample. The sequences of the forward and reverse primers were shown in Table 2. Quantity of expressed mRNA in each sample was normalized to that of β -actin, as endogenous housekeeping gene, using the $2^{-\Delta\Delta Ct}$ method. Figure 1 illustrates the scheme of analysis.

2.7 Statistical analysis

All experiments were performed with four replicates. Statistical analyses were performed using SPSS (IBM SPSS Statistics, USA) software. p -value < 0.05 was considered statistically significant.

3. Results

3.1 The effect of SB treatment on cell viability

Following 24 h of SB treatment of hADMSCs with different silybinin doses (Table 1), an MTT assay was performed and resulted data revealed a significant increase in MSCs survival for 0.5 μ g silybinin ($V_{SB} = 6 \mu$ L, $V_w = 1194 \mu$ L) compared to the other groups. As shown in Fig. 2 cell proliferation increased significantly (p -value < 0.01) as the concentration of silybinin in the culture medium increased from 0.005 μ g to 0.5 μ g, however, cell viability showed a remarkable decrease (p -value < 0.05) with a further increase in the drug dose, so that higher doses (10 to 50 μ g) revealed cytotoxicity and inhibited cell growth. Therefore, the results of the MTT test demonstrated that the dose of 0.5 μ g is the optimal dose for treating cells with SB.

3.2 Differential gene expression and pathway enrichment analysis

To determine the DEGs in SB-treated cells, RNA-seq analysis was performed using Illumina HiSeq 4000 platform, 12 days after treatment. A total of 47.5 million and 53.1 million reads with a read length of 150 bp were aligned to the Homo sapiens reference genome (GRCh38) in the control and SB-treated groups, respectively, of which 46.1 million (97.18%) and 51.5 (96.87%) million reads were mapped to reference genome for each group. 324 transcript IDs were identified as

Table 2. Primer sequences for RT-PCR.

Primer name	Forward sequence	Reverse sequence
FGF1	ATGGCACAGTGGATGGGACAAG	TAAAAGCCCGTCGGTGTCCATG
FGF5	CCCGGATGGCAAAGTCAATGG	TTCAGGGCAACATACCACTCCCCG
FGF18	TGCTTCCAGGTACAGGTGCT	GCTGCTTACGGCTCACATCG
TCF7	CTGACCTCTCTGGCTTCTACTC	CAGAACCTAGCATCAAGGATGGG
β -Actin	CACCATTTGGCAATGAGCGGTTC	AGGTCTTTGCGGATGTCCACGT

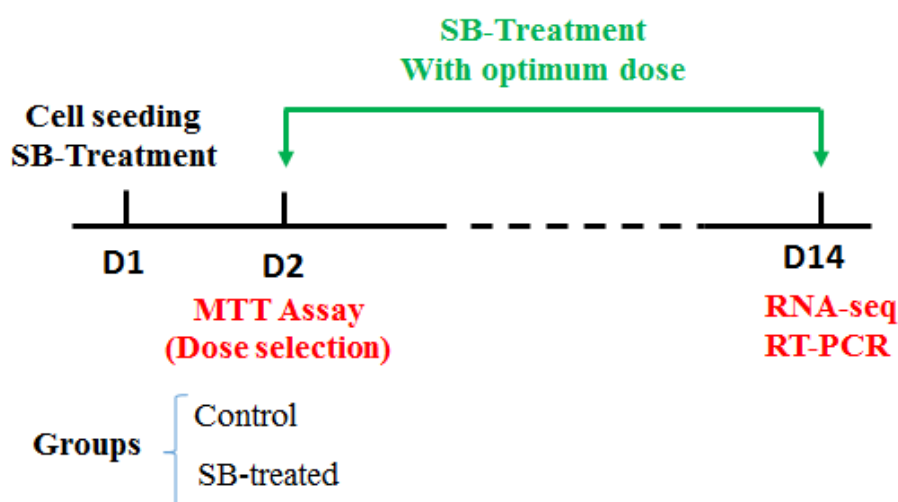


Figure 1. The time frame of our experimental design. Following the seeding of human adipose-derived mesenchymal stem cells, SB treatment with different silybinin concentrations was performed and MTT assay was conducted after 24 h (D2) for selecting the optimum dose. To explore the effect of silybinin on the cells, RNA-seq, and RT-PCR were subsequently conducted after 12 days of treatment (D14).

differentially expressed genes with a probability threshold of $\geq 80\%$, of which 210 genes showed significant down-regulation, while 114 genes have considerable up-regulation. Among these DE genes, the top ten that revealed the greatest increase or decrease in expression compared to the control group were shown in Table 3.

According to pathway enrichment analysis, 2 cancerous pathways including gastric cancer, and breast cancer were induced by SB treatment (Table 4).

Among them, 4 DEGs were common in these cancers and showed significant up/down-regulation, as shown in Table 4.

3.3 Confirmation of DEGs by RT PCR

In order to investigate the gene expression changes generated by RNA-seq analysis, the expression of four DEGs including FGF1, FGF5, FGF18, and TCF7 was examined using qRT-PCR on day 12 after treatment (D14) in both groups. Since these genes are common in both cancers signaling pathways and play an important role in cancer growth and development, as well as EMT, they have been selected. As shown in Tables 5, RNA-seq results were confirmed by qRT-PCR and these 4 genes were significantly down-regulated ($p < 0.05$) in line with our RNA-seq data (Fig. 3; Table 5).

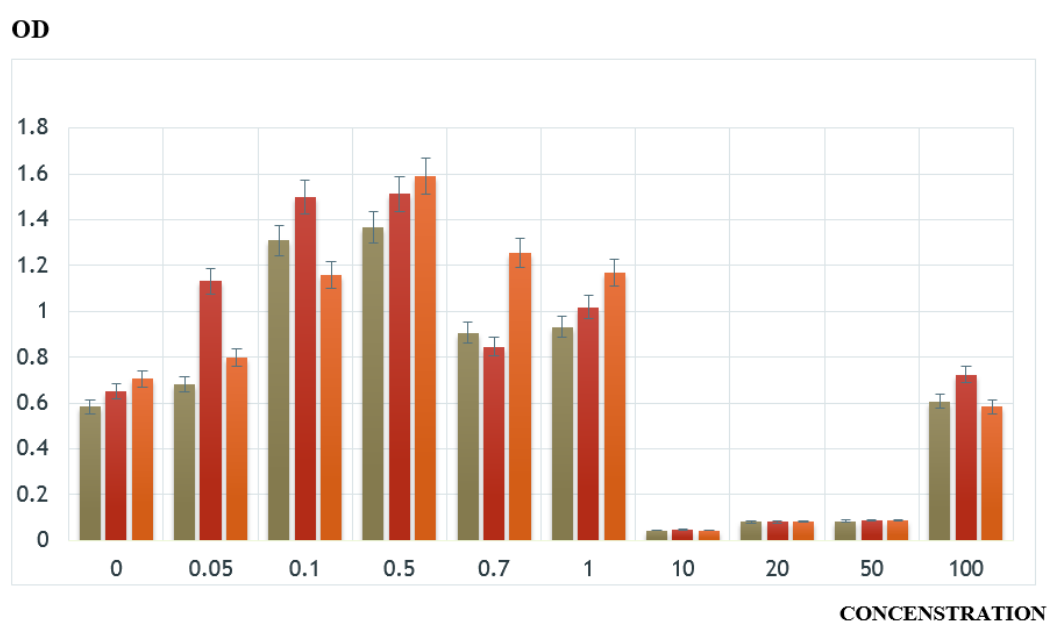


Figure 2. MTT assay shows a significant increase in cell viability for 0.005 μg to 0.5 μg SB concentration, and a significant decrease for 0.5 μg to 50 μg SB concentration (** p-value < 0.01), (*p-value < 0.05). The values are expressed as means ($\pm$ SEM; $n = 3$).

Table 3. Top ten DEGs based on RNA-seq results.

Gene symbol	Gene name	Fold change (RNA-seq)
ARHGDIB	Rho GDP dissociation inhibitor beta	-14.66
CD36	CD36 molecule	-8.6
PKP3	plakophilin 3	-7.20
FSIP1	fibrous sheath interacting protein 1	-7.0
CRABP2	cellular retinoic acid binding protein 2	-5.4
TRABD2B	TraB domain containing 2B	10.5
PENK	proenkephalin	10.0
ABCA10	ATP binding cassette subfamily A member 10	5.16
RAB27B	member RAS oncogene family	4.0
ETNK2	ethanolamine kinase 2	3.45

Table 4. Induced signaling pathways by SB-treatment.

Gene Set	Description	Size	P Value
hsa05224	Breast cancer	147	0.044497
hsa05226	Gastric cancer	149	0.046372

4. Discussion

ADSCs (adipose tissue-derived stem cells) as multipotent mesenchymal stem cells, are the abundant and available subset of cells [15] in adipose tissues, as well as tumor microenvironment (TME). They exhibit mechanical and biochemical interactions with tumor cells [16]. Moreover, they possess crucial role in tumor growth and progression [17]. ADSCs can be attracted to solid tumors and affect other cells in the TME through secreting paracrine cytokines and growth factors [18]. They can promote the inflammatory microenvironment [19, 20], increase tumor vascularity [21], make tumor cells aggressive [22] and differentiate into cancer-associated fibroblasts CAFs [23]. Therefore, they serve as an considerable promoter for tumor survival, proliferation, migration [24, 25, 26], invasion [27, 28] and chemo-resistance [29].

According to this role of ADSCs in TME, targeting these cells as a therapeutic approach can be an effective treatment for controlling the various types of cancers. In this study, the effect of SB on ADSCs in regard to regulating the gene expression in mRNA level has been evaluated using RNA-seq. According to signaling pathway analysis induced by SB treatment, the Gastric and Breast Cancer pathways were revealed with regulating the expression of FGF1, 5, 18 and TCF7 genes. Fibroblast growth factors (FGFs) are comprising 22 secretion proteins, secreted by cancer cells or surrounding stromal cells, so that dysregulation of the FGF signaling pathway plays an important role in the tumor microenvironment [30]. Moreover, fibroblast growth factor receptors (FGFRs) are highly conserved transmembrane tyrosine kinase receptors (TKRs) which FGF-FGFR pathway contribute

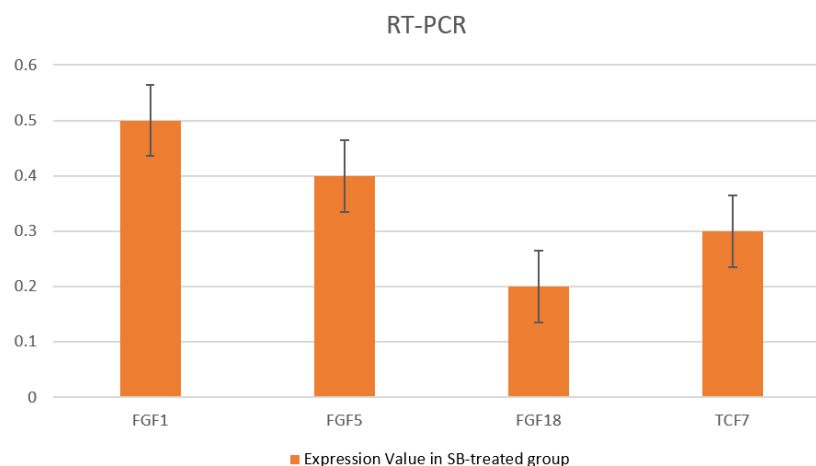


Figure 3. The expression levels for the candidate genes relative to β -actin as control (see Table 3). The values are expressed as means ($\pm$ SEM; $n = 3$), (** $p < 0.001$); (* $p < 0.05$).

Table 5. Selected DEGs based on RNA-seq data which was confirmed by qPCR.

Gene symbol	Fold change (RT-PCR)	Fold change (RNA-seq)
FGF1	0.5	-8.9
FGF5	0.4	-4.0
FGF18	0.2	-5.6
TCF7	0.3	-6.7

to a broad range of biological events, including tissue development, angiogenesis, regeneration, tumorigenesis, and cancer cells invasiveness [31].

Fibroblast growth factor 18 (FGF18), a glycosylated secretory protein, whose overexpression has been identified as a potential prognostic biomarker in several neoplasms including hepatocellular cancers, gastric cancer, colorectal cancer, and ovarian cancer [32, 33, 34, 35]. According to a study by Yang et al. [36], overexpression of FGF18 leads to increased expression of E-cadherin and decreased expression of N-cadherin and Vimentin in clear cell renal cell carcinoma (ccRCC), showed the inhibition of EMT in ccRCC cells. Since EMT has a close relationship with the PI3K/Akt pathway [37], they suggest that FGF18 is a potential molecular target for ccRCC treatment and that overexpression of FGF18 inhibited EMT via the PI3K/Akt pathway in ccRCC. Additionally, the role of up-regulated FGF18 as a downstream target of β -catenin was observed in colorectal cancers (CRC) [33]. Therefore, the activation of FGF18 inhibits carcinogenesis by regulating EMT, which is a novel prognostic biomarker and therapeutic target for clinical intervention of cancers [36]. Zhang et al. investigated the expression and regulatory mechanisms of FGF18 in gastric cancer. They found that the overexpression of FGF18 was observed in genomically stable and chromosomal instability subtypes of gastric cancer (GC) and associated with poor survival. Moreover, inhibited tumor formation abilities, induced G1 phase cell cycle arrest and enhanced anti-cancer drug sensitivity were obtained by knocking FGF18 down. As shown by microarray gene expression profiling, treating GC cells with human recombinant FGF18 or FGF18-conditioned medium accelerated tumor growth through activation of ERK-MAPK signaling [38]. According to our RNA-seq and RT-PCR results, FGF18 showed a remarkable decreased expression in SB treated cells compared to control, which demonstrates the potential therapeutic capability of this flavonoid. Furthermore, the decrease in the expression level of fibroblast growth factor 1 (FGF1) was identified in our study based on RNA-seq and RT-PCR assays. FGF1 has been involved in a wide variety of several malignant diseases and takes part in the tumorigenesis of CRC. It is elevated in CRC tissues and linked with poor prognosis, so that high level FGF1 expression was associated with markedly shorter survival [39]. In another study by Liu et al. the higher FGF1 expression rate in gastric adenocarcinoma compared to adjacent

tissue was reported. Moreover, this increased expression is significantly associated with lymph node invasion, distant metastasis, and differentiation [40]. The action of FGFs, particularly FGF1 and FGF2, has been correlated with chemoresistance in many types of cancer. In this regard, Szymczyk et al. [41] showed that FGF1 prevents drug-induced apoptosis. Based on recent studies FGF1 induces the invasion and metastasis of tumor cells and promotes the proliferation and migration ability of tumor cells [42, 43, 44, 45]. Cancer-associated fibroblasts (CAFs) are one of the most abundant cellular components of the stroma in various epithelial tumors, including breast carcinoma. Among all growth factors/cytokines secreted by CAFs, FGFs emerged as the most powerful mediators of breast cancer progression, function of steroid hormone receptors and resistance to endocrine therapies. Fibroblast growth factor-5 (FGF5) belongs to the FGF family that plays vital roles in the transduction of signals, embryonic development, tissue maintenance, and wound healing. Researchers have found that breast cancer patients with low FGF5 expression have better clinical outcomes, suggesting the importance of FGF5 in breast cancer progression [46]. Another study by Lua et al. [47] investigated the inhibitory effect of miR-873 targeting FGF5 on EMT of GC cells in vitro. In addition, FGF5 was observed to be overexpressed in gastric cancer tissues and has better diagnostic efficacy in GC [47]. Since EMT has a vital role in growth and survival of tumor cells [48], FGF5 controls the EMT of the stomach and small intestine by regulating cell division [49]. According to our experimental results, FGF5 showed a remarkable decreased expression in SB treated cells compared to control, which revealed inhibitory effect in growth and survival of tumor cells. As the last gene in our selected list of DEs, transcription factor 7 (TCF7) plays an essential role in Wnt signaling by interacting with β -catenin and mediating the transcription of target genes [50]. Based on emerging evidence, the up-regulation of TCF7 promotes progression of many types of cancers, such as prostate cancer, adrenocortical tumor, pancreatic cancer, renal cancer, and breast cancer [51, 52, 53, 54]. Xu et al. [55] have shown that the mRNA levels of TCF7 in GC tissues were significantly higher compared to corresponding tumor adjacent tissues. Moreover, TCF7 was significantly associated with low survival rates, positive lymphatic invasion, as well as tumor metastasis [55]. By assessing TCF7 expression in SB-treated cells and control groups, we demonstrated that silybinin can reduce the expression of TCF7 and have a positive role in the control of cancer progression and metastasis.

5. Conclusions

According to this experimental study, it can be concluded that FGF1, 5, 18 and TCF7 as considerable genes contributed to cancer progression and metastasis have shown significant down regulation in SB-treated ADSCs. Since ADSCs are an important part of TME, this treatment has significant therapeutic potential for various cancers, especially in gastric and breast tumors.

Ethical Approval

Regarding the ethical approval for the use of biological samples, specifically human adipose-derived stem cells, we would like to clarify that this research aspect refers to the previously published study titled “Enhanced Chondrogenic Differentiation of Human Bone Marrow Mesenchymal Stem Cells on PCL/PLGA Electrospun with Different Alignment and Composition,” published in the International Journal of Polymeric Materials and Polymeric Biomaterials (DOI: <https://doi.org/10.1080/00914037.2017.1297941>).

For our current study, no new ethical approval was necessary as it builds upon the foundational work and ethical considerations detailed in the aforementioned publication.

RNA-Sequencing approach for exploring the osteogenic potential of silibinin on human adipose-derived mesenchymal stem cells, Stem cell technology research center (STRC), Iran university of medical science (IUMS), Islamic Azad university Central Tehran Branch, 162541195, 1401/03/17). Iranian calendar 06/07/2022 (June7,2022).

Authors contributions

Zahra Derakhshandeh and Keyvan Ansari Shiri carried out the literature search, experiments and data acquisition, participated in the study design, and drafted the manuscript. Soheila Zamanlui Benisi and Saeed Hesami Tackallou collected the data, participated in the study design, and helped draft the manuscript. All authors contributed to the article and approved the submitted version.

Availability of data and materials

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

Conflict of interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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