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Natural Compound Verrucarin A Potentiates the Anticancer Effect of Etoposide in NET Cell Lines

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BACKGROUND: First line chemotherapy treatment options for advanced neuroendocrine tumors (NETs) are limited and etoposide remains the standard NET regimen for over 40 years. Etoposide acts by stabilizing a normally transient DNA-topoisomerase II complex, thus increasing the concentration of double-stranded DNA breaks and triggering mutagenic and cell death pathways. Drug resistance, low bioavailability, and systemic toxicity of etoposide are the major obstacles in NET treatment. To improve responsiveness to etoposide we propose to combine this drug with a highly potent natural compound - verrucarin A (VC-A), which inhibits NET prosurvival pathway Akt/NF- κ B/mTOR.

METHODS: NET cell lines (BON, pancreatic NET and H727, pulmonary NET) were treated with VC-A or etoposide for 72 hours and an MTT assay was used to determine IC₅₀ values. Flow cytometric analysis of bromodeoxyuridine and 7-AAD staining were used to determine the effects on cell cycle of VC-A, etoposide, and combination treatments. Western blot analysis was performed to determine the effects on phospho-AKT and phospho-mTOR signaling.

RESULTS: BON and H727 cell lines demonstrated high sensitivity to VC-A. Pulmonary fibroblasts (WI-38) and normal thyroid cells (NThyori) with doubling times shorter or comparable to BON and H727 cells demonstrated a decreased sensitivity to VC-A. Etoposide reduced the number of cells in S-phase and increased the percentage of cells in the G₂/M phase of the cell cycle. Co-treatment with VC-A decreased the number of cells in active cell cycle in a dose-dependent manner compared to etoposide alone. Moreover, a synergistic effect was observed between etoposide and VC-A. Western blot analysis showed a

decrease in AKT/mTOR phosphorylation.

CONCLUSION: Verrucarin A and etoposide synergistically inhibit the growth of NET cell lines. Moreover, the combined therapies could avoid the possible drug resistance developed by a single agent. Specifically targeting NETs with VC-A and etoposide within exosomes could improve patient outcomes while limiting toxicities.

ABSTRACT ID: 181