

Research Article

PGC1- α mRNA expression cross talk with tumor volume growth and total antioxidant capacity in breast cancer model mice: following discontinuous aerobic exercise and vitamin D intake

Ali Jafari¹, Dariush Sheikholeslami-Vatani^{1*}, Neda Khaledi², Farnoosh Khosrobakhsh³

Abstract

The modifications of PGC-1 α induce the change of the carcinogenesis and tumor growth and lead to increased antioxidant enzymes. The present study aimed to determine the cross talk between PGC1- α mRNA expression, tumor volume growth, and total antioxidant capacity in breast cancer model mice, followed by discontinuous aerobic exercise and vitamin D. In the present study, 40 female NMRI mice were randomly assigned into five equal groups (n=8): healthy control group (H.C), cancer control group (Ca.C), cancer with the vitamin D group (U.Ca.VD), cancer exercise training group (Ca. Ex), and cancer exercise training with the vitamin D group (Ca.Ex.VD). As the results indicate, the bodyweight of cancer groups ($p=0.041$, $F=3.61$) and the tumor growth rate significantly reduced compared to the H.C group. The results indicated that the PGC-1 α mRNA expression and TAC ($p=0.013$, $F=5.16$) change significantly different between the study groups. Besides, based on the results, a significant positive correlation was observed between PGC1- α and tumor volume growth among the groups, whereas a negative relationship exists between PGC1- α and TAC and among TAC and tumor volume growth only in the Ca. Ex.VD group. The correlation between the variables confirms using vitamin D treatment with the implementation of discontinuous aerobic exercise, as a synergistic effect, improves the total antioxidant capacity and is effective in controlling tumor growth. We recommend that further studies be done on exercise training along with supplementation intake synergistic.

Key Words: Breast cancer, Discontinuous exercise training, Vitamin D, PGC1- α mRNA, Total antioxidant capacity

1. Department of Physical Education and Sport Sciences, University of Kurdistan, Sanandaj, Iran. 2. Collage of Physical Education and Sport Sciences, University of Kharazmi, Tehran, Iran. 3. Department of Biological Sciences, University of Kurdistan, Sanandaj, Iran.

*Author for correspondence: d.vatani@uok.ac.ir

 A J: 0000-0002-6280-7622; D SH-V: 0000-0002-9771-8806; N KH: 0000-0002-3859-513X; F KH: 0000-0002-7250-4537

Introduction

Peroxisome proliferator-activated receptor γ (PPAR γ) belongs to a nuclear hormone receptor superfamily that regulates the expression of genes involved in cell differentiation, proliferation, the immune/inflammation response, and lipid metabolism (Watkins et al., 2004). Two PPAR γ isoforms are known as PPAR γ 1 and PPAR γ 2 (Fajas et al., 1997; Tontonoz et al., 1994). The PPAR γ coactivator-1 (PGC-1) family is composed of PGC-1 α , PGC-1 β , and PGC-1-related coactivator (PRC). PGC-1 α was initially identified as a transcriptional coactivator involved in mitochondrial function and thermogenesis in brown fat (Puigserver et al., 1998). Also, PGC-1 α was described initially as a PPAR γ interacting protein. Some investigators have recently studied the expression and clinical significance of PGC-1 α in cancer (Jafari et al., 2021; Shiota et al., 2010; Yu et al., 2013). PGC-1 α is one of the different types of PPAR γ that is expressed in mitochondria and its role has been proven in energy metabolism, apoptosis, and stressful conditions of mammalian cells (Guo, 2021).

PGC-1 α is highly expressed in the mitochondria and tissues in response to the high demand for energy-related to energy metabolism, mitochondrial biogenesis, homeostasis, and other biological pathways (Jones et al., 2012; Patti et al., 2003; Puigserver et al., 1998). Recent studies have clarified the expression levels of PGC-1 α related to cancer progression, proliferation, invasion, and metabolic pathways via modulation of mitochondrial function in diverse cancers (LeBleu et al., 2014; Weikum et al., 2018; Zhang et al., 2007). Literature works supporting the tumor-promoting functions of PGC-1 α have increased (Andrzejewski et al., 2017; Lee et al., 2011). Shiota et al. (2010) showed that PGC-1 α promotes cell growth through the activation of androgen receptors in prostate cancer cells by observing cell growth inhibition with PGC-1 α knockdown experiments. Besides, PGC-1 α increased in tumor samples from arsenic-induced skin cancer patients and was associated

with increased cell proliferation and enhanced mitochondrial biogenesis (Lee et al., 2011). Bhalla et al. (2011) showed that PGC-1 α promotes carcinogenesis and tumor growth through the induction of lipogenic enzymes (acetyl-CoA carboxylase and fatty acid synthase) using genetically modified PGC-1 α mice. Other study demonstrated that PGC-1 α knockout mice had decreased chemically induced liver and colon carcinogenesis, suggesting that PGC-1 α stimulates carcinogenesis. Similarly, Shin et al. (2015) first demonstrated that overexpression of PGC-1 α enhances cell proliferation and tumorigenesis via the upregulation of Sp1 and acyl-CoA binding protein. It was also reported that PGC-1 α overexpression leads to increased antioxidant enzymes (catalase, superoxide dismutase) and decreased ROS-induced apoptosis (Shin et al., 2015). Similarly, PGC-1 α knockdown significantly decreased the T cell number and induced apoptosis in PGC-1 α -positive melanoma cell lines, suggesting that PGC-1 α is crucial in the survival of PGC-1 α -positive melanoma cells (Vazquez et al., 2013). Moreover, superoxide dismutase 2 protein levels were decreased in PGC-1 α depleted melanoma cells. In addition, ectopic expression of PGC-1 α in melanoma cells increased the expression of ROS detoxifying genes. These data support the hypothesis that PGC-1 α plays an important role in activating the ROS detoxification gene program to maintain melanoma cell survival (Vazquez et al., 2013). Now, all strategies related to the incidence of cancer, including prevention, treatment of interventions face development challenges. Today, exercise training and dietary supplements are considered prevention and treatment approach.

Observational studies have shown that increased activity levels are associated with a lower risk of different types of cancer (McGuirk et al., 2013; Tennakoon et al., 2014). Both pre-and post-diagnosis physical activity is further associated with reduced cancer-specific and overall mortality in patients suffering from colorectal-, breast-, and prostate cancer (Haq et al., 2013; Lee et al., 2009; Taguchi et al., 2014). Besides maintenance or improvements in physical capacity, exercise interventions have been proven to reduce the frequently observed side effects of cancer and their medical treatments such as fatigue, polyneuropathies, depressions, lymphedema (Fisher et al., 2011; LeBleu et al., 2014; Lee et al., 2009). Malicka et al. (2015) demonstrated that moderate-intensity training reduced the number of induced tumors in rats. Other studies showed that in animals physically active at puberty (rodent treadmill, tunnels, and ladders), the risk of developing the disease decreases, the possible tumor development is delayed and smaller-sized tumors are observed (Alvarado et al., 2016; Faustino-Rocha et al., 2016; Steiner et al., 2013; Sturgeon rezi et al., 2017; Wang et al., 2009;

Westerlind et al., 2003). Currently, a longer survival time is observed in individuals after cancer treatment who regularly exercises (Demarzo et al., 2008; Fairey et al., 2005; Hutnick et al., 2005; Jones et al., 2009; Schlotter et al., 2008; Singh et al., 2005). It should also be noted that Demarzo and Garcia (2004) demonstrated an increase in breast tumor incidence in rats after intense exercise compared with untrained rats. Experiments on rats are a recognized model of experimental breast cancer research. Consequently, a vast body of literature suggests that exercise interventions during and after medical treatment improve the quality of life in patients with cancer.

Vitamin D is one of the key controllers of systemic inflammation, oxidative stress, and mitochondrial respiratory function which reduces cell proliferation and enhances cell differentiation-key anti-cancer effects of vitamin D (Watanabe et al., 2015; Wimalawansa, 2019). Studies have demonstrated alterations of gene expression levels linked to tumorigenesis that are influenced by the vitamin D status (Wu et al., 2013). In addition, vitamin D markedly influences the regulation of cell replication (O'Malley et al., 2014; Ramnath et al., 2014). Besides, gene activation following the interaction of 1, 25(OH) 2D with VDR is important for mitochondrial integrity and respiration, and many other physiological activities. Moreover, the vitamin D signaling pathway plays a central role in protecting cells from elevated mitochondrial respiration and associated damage and overproduction of reactive oxygen species (ROS) (Ricca et al., 2018). Peroxisome proliferator-activated receptor-coactivator 1 α (PGC-1 α) is bound to mitochondrial deacetylase (SIRT3). PGC-1 α directly couples to the oxidative stress cycle (Chen et al., 2011) and interacts with Nrf2. This complex regulates the expression of SIRT3; vitamin D metabolites influences this process (Song et al., 2017). Besides, the activation of the mitochondrial PGC-1 α -SIRT3/Nrf2 path is dependent on intracellular calcitriol concentration (Wimalawansa, 2019). Along this way, this study analyzed the cross talk between PGC1- α mRNA expression, tumor volume growth, and total antioxidant capacity in breast cancer model mice, followed by discontinuous aerobic exercise and vitamin D.

Materials and Methods

Animals and Experimental Design

In our study, sixty female NMRI mice weighing 24 \pm 2 gr, aged 4 to 5 weeks were purchased from Razi Vaccine and Serum Research Institute, Iran. Mice were housed at the Kharazmi University animal laboratory on Polycarbonate cages under controlled environmental conditions (12/12 h light/dark cycle, TM;

23°C, HM; 42°) with free access to food and water. First, cell culture was done as much as the injectable dose. Then, to delay the metastasis stage 4, mice were piloted to determine the best dose to induce the 4T1 mouse breast cancer cell line to tumorigenesis for two weeks which is described below. After two weeks of determining the appropriate dosage and familiarization with the environment and cell culture, 8 mice were randomly isolated as healthy control (H.C) and kept in the same conditions as the other animals until the end of the study period without any treatment. After the pilot stage (n=4) and induction of 4T1 cell line (n=48), no clear breast cancer tumors were observed in 12 animals and they were excluded from the study design. Then, 36 animals with breast cancer (along with 8 mice in the untrained healthy control group) were randomly divided into the 5 groups: (I) untrained healthy control (U.H.C), (II) untrained cancer control (U.Ca.C), (III) cancer with vitamin D supplementation (Ca.VD), (IV) Cancer with exercise training (Ca.Ex), and (V) Cancer with exercise training and vitamin D supplementation (Ca.Ex.VD). It should be noted that two mice from the Ca.Ex.VD group (six mice remained) and one of the Ca.Ex group (seven mice remained) died during the treatment. 48 hours after the last exercise training bout, the animals were sacrificed by intraperitoneal administration of 20-30 mg/kg ketamine 10% and 2-3 mg/kg xylazine 2%. Body weight was recorded weekly during the study. The present study was conducted according to the biosafety guidelines of the World Health Organization regarding laboratory animals and approved by the university's biosafety committee (Approval ID: IR.UOK.REC.1397. 026).

Cell Culture and Induction of Mouse Model Breast Cancer

The mouse breast cancer cell (4T1; NCBI No: C604) was obtained from the cell bank of Pasteur Institute of Iran. Cell lines were initially cultured according to the instructions. Mice in cancer groups were subcutaneously injected with 1×10^5 4T1 cells into the right flanks, and sterilized distilled water with the same volume was injected subcutaneously into a healthy control group (Yu et al., 2013).

Discontinuous aerobic exercise (DAE) was performed for 6 weeks, three sessions per week, on a rodent treadmill (Danesh Salar of Iranian Co, IRI) in the evening (from 5:00 PM to 7:00 PM). Training intensity (running speed on the treadmill) and duration gradually increased every two weeks for the training groups. Due to the running speed and treadmill slope (zero degree), the intensity of training in the present protocol was equal to 50-75 percent of maximal oxygen consumption (VO_{2max}) in mice (Atoum et al., 2017). The rest period between exercise bouts was considered 1:4 (Wolin et al., 2012).

Previous studies have confirmed the anti-cancer effects of vitam-

-in D, (Jones et al., 2010). In the current study, vitamin D (Sun Vit®, Iran Hormone) was purchased in the form of ampoules and mixed with sesame oil (5 µg vitamin D+150 µl sesame oil) to be injected subcutaneously into the target groups (Ca.VD and Ca.Ex.VD) once every two days. Other groups (Ca.C and Ca.Ex) except the healthy control group (H.C) were treated with the same volume of sesame oil as a placebo.

Tumor Volume Measurement and Tissue and Blood Sampling

Tumor volume was measured in two dimensions. The largest dimension of the tumor was considered as the length of the tumor (L), and the other dimension (at 90°) was considered as the width of the tumor (W). At the end of each week, the length and width of the cancerous tumor were measured by a digital caliper (EKO; TURBO, NO: EDC-20), and the tumor volume was calculated according to the following formula [$V=1/2 (L^2 \times W)$] (Atoum et al., 2017).

To blood sampling and tissue procurement, the animals were first anesthetized by subcutaneous injection of ketamine-xylazine. Blood samples were then taken directly from the animal's heart (1.5 ml). The blood was then placed into tubes containing EDTA and centrifuged at 3000 g for 10 minutes, and after serum separation, it was kept at -20°C until the final assay. Immediately following blood sampling, the heart was completely removed and after weighing it was fixed in buffered formalin (10%) for 24 hours. Cardiac tissue was eventually stored at -80°C for further evaluation.

Total RNA Extraction and Real-time PCR Analysis

Total RNA was extracted from cardiac tissue using the RNX-PLUS reagent method (SINACLON, Cat. No: EX6101). In brief, after the myocardial tissue has reached 0°C from a frozen state, about 30 to 50 mg of the cardiac tissue is homogenized using a hand mixer (NS-16010) by adding liquid nitrogen. The homogeneous tissue was then incubated for 5 minutes at room temperature. Then, all stages, extraction RNA, a PCR thermal cycler (BIORAD T100), the real-time thermal cycling system (Corbett 5Plex Rotor-gene 6000; Qiagen), were done according to the instructions. Primer pairs for target genes were obtained from metabion (© 184 metabion international AG, Germany).

Table 1. Primer sequence (5'→3')

		(5'→3')
<i>PGC-1α</i>	Forward	TGAACTAAGGGATGGCGACT
	Revers	AAGAAGGGCAGACATCGAAC
<i>Gapdh</i>	Forward	AAATGGTGAAGGTCGGTGTG
	Revers	GAATTTGCCGTGAGTGGAGT

All primers were checked for specificity to the genes of 185 interests by Blast analysis (Table 1).

Statistical analysis

After determining data normality, the Pearson correlation was used to determine the correlation between PGC-1 α gene expression, tumor volume growth and total antioxidant capacity (TAC). Eventually, the obtained data were analyzed by the SPSS software, version 22. All data were presented as means \pm SD and $p \leq 0.05$ was considered statistically significant in all tests.

Results

As the results indicate, the bodyweight of cancer groups significantly reduced compared to the U.H.C group after six weeks ($p=0.041$, $F=3.61$) (Table 2).

Tumor volume measurement was performed in six weeks of implementation (Figure 1).

The findings demonstrated that the tumor growth rate of the Ca. Ex.VD group was less than the other groups. The results of fold changes in the expression level of the PGC-1 α mRNA indicated that these changes were significantly different between the study groups (Figure 2).

Furthermore, the results of the TAC assay revealed that there was a significant elevate in serum total antioxidant capacity in the cancer groups under treatment: U.Ca.VD, Ca. Ex, and Ca. Ex.VD ($p=0.013$, $F=5.16$) (Figure 3).

Additionally, the results reveal a significant positive correlation between PGC1- α and tumor volume growth and TAC among the groups, whereas a negative relationship between PGC1- α and TAC in the Ca. Ex.VD group. Also, the results presented a negative correlation between TAC and tumor volume growth in the Ca. Ex.VD group. Results demonstrated a decrease of 11.68% of tumor growth in this group. The results of the correlation are represented in Table 3.

Discussion

The results of the current study indicated that discontinuous aerobic exercise and vitamin D induce changes among variables

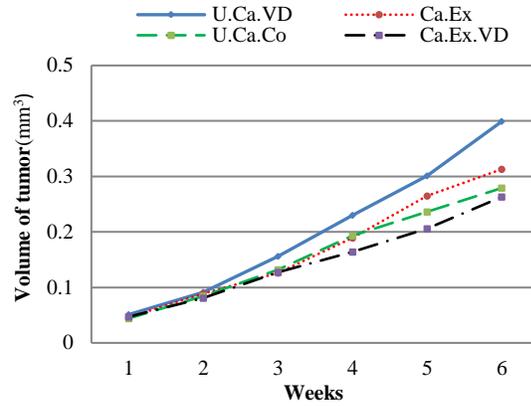


Figure 1. Average tumor volume is plotted relative to the number of weeks during six weeks of discontinuous exercise training (DET) and vitamin D supplement intervention in four cancer groups. U.Ca.C= Untrained Cancer Control Group, U.Ca.VD= Untrained Cancer with Injection of Vitamin D Group, Ca.Ex= Cancer Exercise Training Group, Ca.Ex.VD= Cancer Exercise Training with Injection of Vitamin D Group. Data are presented as Mean \pm SD. *Significance level ($P \leq 0.05$).

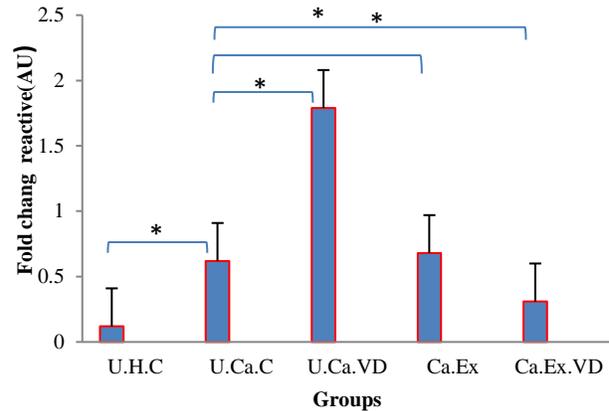


Figure 2. The effect of 6 weeks of discontinuous exercise training (DET) and vitamin D supplement on PGC-1 α mRNA expression in five experimental groups. U.H.C= Untrained Healthy Control Group, U.Ca.C= Untrained Cancer Control Group, U.Ca.VD= Untrained Cancer with Injection of Vitamin D Group, Ca.Ex= Cancer Exercise Training Group, Ca.Ex.VD= Cancer Exercise Training with Injection of Vitamin D Group. Data are presented as Mean \pm SD. *Significance level ($P \leq 0.05$).

Table 2. Weight of animals in different groups (means \pm SE).

		U.H.C (n=8)	U.Ca.C (n=8)	U.Ca.VD (n=8)	Ca.Ex (n=7)	Ca.Ex.VD (n=6)
Weight (gram)	First week	31.25 \pm 1.58	29.13 \pm 2.64	30.88 \pm 1.36	31.00 \pm 2.00	30.67 \pm 3.08
	Last week	35.75 \pm 2.12	28.38 \pm 7.9*	31.63 \pm 1.6*	31.29 \pm 1.98*	31.87 \pm 2.40*

* $P \leq 0.05$

so that a significant positive correlation existed between PGC1- α and tumor volume growth and TAC between groups, except in the Ca. Ex.VD group; thus, there is a significant positive relationship between PGC1- α mRNA and tumor volume growth, whereas a negative correlation was observed between PGC1- α mRNA and TAC in this group. According to previous studies, long-term exercise training implementation leads to PGC1- α overexpression and increased antioxidant enzymes subsequently (catalase, superoxide dismutase) and decreased ROS-induced apoptosis (Faustino-Rocha et al., 2016). The role of PGC-1 α has been proven in energy metabolism, apoptosis, and stressful conditions (Guo, 2021) and biological pathway (Jones et al., 2012; Patti et al., 2003; Puigserver et al., 1998). Alternatively, Bhalla et al. (2011) showed that PGC-1 α promotes carcinogenesis and tumor growth through the induction of lipogenic enzymes.

In the current study, exercise training along with vitamin D interventions not only diminished PGC-1 α mRNA and tumorigenesis but also promoted the total antioxidant capacity. While there was a completely reverse results in other groups. Studies showed that exercise training in mice modeling of breast cancer, the possible tumor development is delayed and smaller-sized tumors are observed (Alvarado et al., 2016; Faustino-Rocha et al., 2016, 2017; Steiner et al., 2013; Sturgeon et al., 2017; Wang et al., 2009; Westerlind et al., 2003). Although, the intensity and duration of exercise are important variables, which can interfere with oxidative stress and antioxidant status (Jeon et al., 2018; Moysés-Oliveira et al., 2019; Ramez et al., 2020). The

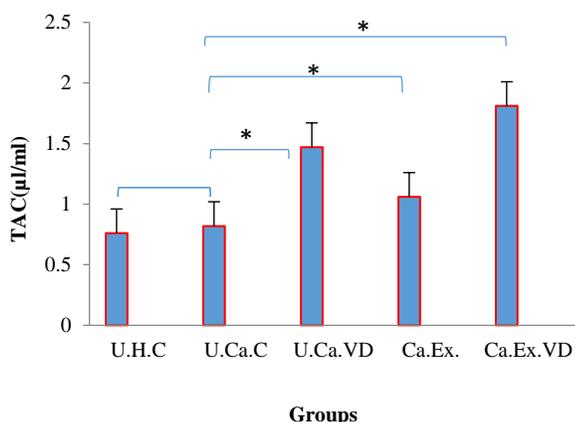


Figure 3. Average total antioxidant capacity is plotted relative to the number of weeks during six weeks of discontinuous exercise training (DET) and vitamin D supplement intervention in five groups. U.H.C= Untrained Health Control Group, U.Ca.C= Untrained Cancer Control Group, U. Ca.VD= Untrained Cancer with Injection of Vitamin D Group, Ca.Ex= Cancer Exercise Training Group, Ca.Ex.VD= Cancer Exercise Training with Injection of Vitamin D Group. * P \leq 0.05

Table 3. Correlation between PGC1- α , tumor volume and TAC.

	PGC1- α	Tumor volume	TAC
U.H.C	PGC1- α	-	r= 0.72
	Tumor volume	-	p=0.031
U.Ca.C	PGC1- α	r= 0.68	r= 0.71
	Tumor volume	p=0.021	p=0.032
U.Ca.VD	PGC1- α	r= 0.87	r= 0.83
	Tumor volume	p=0.018	p=0.035
Ca.Ex	PGC1- α	r= 0.70	r= 0.75
	Tumor volume	p=0.036	p=0.017
Ca.Ex.VD	PGC1- α	r= 0.87	r= - 0.89
	Tumor volume	p=0.028	p=0.011

research revealed that exercise, especially long and intense exercise can increase ROS, oxidative stress, and lipid peroxides enhancing the activity of catecholamines, prostanoids, NADP (H) oxidase, the activity of macrophages (Clarkson et al., 2000). Moreover, the increase in PGC-1 α and antioxidant defense following exercise training can remove active oxygen species produced by the exercise training and confer resistance against oxidative stress that is a therapeutic strategy for treating some tumors and cancer.

Accumulating studies suggest that the protective role of exercise training in cardiac diseases involves the activation of PGC-1 α expression. It has been demonstrated that aerobic interval training suppresses pathological remodeling via the promotion of nuclear PGC-1 α expression, thus inhibiting mitochondrial dysfunction following MI in rats (Watkins et al., 2004; Yu et al., 2013). These results confirm that exercise training reduces mitochondrial dysfunction in the heart via upregulation of PGC-1 α signaling pathways, which provides an emerging approach for treating cardiac diseases. In contrast, silencing of PGC-1 α in cancer cells suspended their invasive potential and attenuated metastasis without affecting proliferation, primary tumor growth, or epithelial-to-mesenchymal (EMT) program (Vazquez et al., 2013).

Furthermore, research has reported that hormone, 1, 25(OH)₂D modulates cell proliferation through direct and indirect pathways. For example, vitamin D inhibits pathways related to transcription factor NF-KB (Wimalawansa, 2019). People with chronic non-communicable diseases, such as cardiovascular disease, type 2 diabetes, autoimmune diseases, arthritis, and osteoporosis have chronically elevated NF-KB (Ramnath et al., 2014; Watanabe et al., 2015). NF-KB enhances oxidative stress and cellular responses to inflammation and injury, including the following head injury (Wimalawansa, 2019). Whereas, 1,25(OH)₂D (calcitriol) suppresses NF-KB and thereby reducing chronic diffuse somatic inflammation (Watanabe et al., 2015; Wimalawansa, 2019). In addition, the activation of the mitochondrial Nrf2/PGC-1 α -SIRT3 path depends on intracellular calcitriol concentration (Wimalawansa, 2019). This research did not find the synergistic effects of exercise training and vitamin D implementation. Therefore, different training protocols and possible mechanisms should be investigated to clarify this effect and related mechanisms.

Conclusion

Considering the cross talk between the variables, these data suggest that taking vitamin D supplementation along with the implementation of discontinuous aerobic exercise, as a synergistic effect, improves the total antioxidant capacity and is effective in controlling tumor growth. It is recommended that further studies be conducted on exercise training along with supplementation intake synergistic.

What is already known on this subject?

PGC-1 α promotes breast cancer metastasis and confers bioenergetics flexibility against metabolic drugs but with the intervention of exercise training and vitamin D, a different issue is raised for which a definite answer has not been given yet.

What this study adds?

We know that taking vitamin D supplementation along with implementation of discontinuous aerobic exercise as a synergistic effect improves the total antioxidant capacity and is effective in controlling tumor growth.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical approval The project was found to be in agreement with the ethical platform and the national norms and standards for conducting medical research in Iran (Approval ID: IR.UOK.REC.1397.026).

Informed consent Animal study.

Author contributions

Conceptualization: A.J., D.Sh-V.; Methodology: N.Kh., F.Kh.; Software: A.J., D.Sh-V.; Validation: N.Kh., F.Kh.; Formal analysis: A.J., D.Sh-V.; Investigation: N.Kh., F.Kh.; Resources: D.Sh-V.; Data curation: A.J.; Writing - original draft: N.Kh., F.Kh.; Writing - review & editing: A.J.; Visualization: N.Kh.; Supervision: D.Sh-V.; Project administration: F.Kh.; Funding acquisition: D.Sh-V.

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