Adenine Inhibits the Invasive Potential of DLD-1 Human Colorectal Cancer Cell via the AMPK/FAK Axis

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Abstract: Tumor metastasis is a major cause of death of patients with colorectal cancer (CRC). Our previous findings show that adenine has antiproliferation activity against tumor cells. However, whether adenine reduces the invasiveness of DLD-1 and SW480 CRC cells has not been thoroughly explored. In this study, we aimed to explore the effects of adenine on the invasion potential of DLD-1 cells. Our findings showed that adenine at concentrations of ≤200 μM did not influence the cell viability of DLD-1 and SW480 CRC cells. By contrast, adenine reduced the migratory potential of the CRC cells. Moreover, it decreased the invasion capacity of the CRC cells in a dose-dependent manner. We further observed that adenine downregulated the protein levels of tissue plasminogen activator, matrix metalloproteinase-9, Snail, TWIST, and vimentin, but upregulated the tissue inhibitor of metalloproteinase-1 expression in DLD-1 cells. Adenine decreased the integrin αv level and reduced the activation of integrin-associated signaling components, including focal adhesion kinase (FAK), paxillin, and Src in DLD-1 cells. Further observations showed that adenine induced AMP-activated protein kinase (AMPK) activation and inhibited mTOR phosphorylation in DLD-1 cells. The knockdown of AMPK restored the reduced integrin αv level and FAK/paxillin/Src signaling inhibited by adenine in DLD-1 cells. Collectively, these findings reveal that adenine reduces the invasion potential of DLD-1 cells through the AMPK/integrin/FAK axis, suggesting that adenine may have anti-metastatic potential in CRC cells.

Keywords: adenine; colorectal cancer cell; invasion; AMP-activated protein kinase; focal adhesion kinase

1. Introduction

Colorectal cancer (CRC) is a life-threatening malignancy, and the mortality rates of patients with CRC have increased in the past decade [1]. CRC originates from dysplastic adenomatous polyps and gradually transforms into invasive carcinoma after the accumulation of gene mutations that promote proliferation and inhibit epithelial cell apoptosis [2]. Although the combination of chemotherapy and surgery has been widely and successfully applied to patients with colon cancer, the high recurrence rate and metastasis of CRC lead to the poor survival of patients with advanced CRC [3]. In metastasis, CRC cells escape from the original tumor, spread through the circulating system, and develop a new tumor in other organs or tissues of the body. Promoted adhesion, migration, and invasion are
the main characteristics of CRC cells in metastasis [4]. Thus, the suppression of metastasis plays an important role in ameliorating CRC and increasing the survival rates of patients with CRC.

Adenine is a purine base that plays a pivotal role in DNA and RNA synthesis and energy metabolism. It has various biological activities, such as anti-inflammatory and anti-cancer activities via the AMP-activated protein kinase (AMPK) signaling cascade [5,6]. AMPK is an important sensor for cellular energy status in eukaryotes. When the intracellular ATP level is low because of nutrient deprivation and hypoxia, AMPK is activated to promote catabolism for energy generation [7]. In addition, AMPK governs several important cellular physiological activities, including cell proliferation, cell growth, and autophagy [8,9], and AMPK activation can result in antiproliferative effects on different carcinoma cells, such as HepG2 (liver cancer) and SW620 (colorectal cancer) [10,11]. However, whether the activation of AMPK suppresses the invasive potential of CRC cells is unclear.

Focal adhesion kinase (FAK) is a non-receptor tyrosine kinase that plays a pivotal role in integrin-mediated cascades [12]. The integrin/FAK/Src axis is strongly associated with the transformation, progression, and metastasis of tumors [13], and the activation of the FAK/Src cascade by integrin subsequently promotes cell motility and the invasiveness of cancer cells [14]. Although adenine shows antiproliferative activity on hepatocellular carcinoma cells and chronic myelogenous leukemia cells via AMPK-mediated cascade [6,15], whether adenine has anti-invasion activity on CRC has not yet been investigated. In this study, we aimed to explore the inhibitory effects of adenine on the invasiveness of DLD-1 and SW480 cells, which are highly metastatic and tumorigenic CRC cells, and its underlying mechanism. The roles of AMPK, epithelial–mesenchymal transition (EMT) inducers, and the integrin/FAK/Src axis in the attenuated invasiveness of CRC cells in response to adenine were evaluated.

2. Results

2.1. Adenine Does Not Significantly Affect the Cell Viability of DLD-1 and SW480 Cells but Attenuates Their Transmigration and Invasion

The effects of adenine on the cell viability of human CRC DLD-1 and SW480 cells were investigated. As shown in Figure 1, adenine treatments at 50–200 µM did not influence the cell viability of DLD-1 and SW480 cells compared with the control (Ctrl). The effects of adenine on the migratory and invasive potentials of CRC cells were next explored. Our results showed that adenine treatments dose-dependently reduced the transmigration of DLD-1 and SW480 cells to up to 22.3% ± 4.6% and 20.6% ± 3.2% of the control, respectively (Figure 2A, p < 0.05 compared to the control). Similarly, adenine treatments dose-dependently reduced the invasion capacities of both cell types to up to 25.3% ± 3.8% and 21.6% ± 4.2% of the control, respectively (Figure 2B, p < 0.05 compared with the control).

![Figure 1](image-url). Effects of adenine on the cell viability of CRC cells. Human CRC DLD-1 and SW480 cells were treated with serial concentrations (0–200 µM) of adenine for 24 h, then cell viability was assessed with the SRB assay. Data are presented as mean ± SD. Three independent experiments were performed for statistical analysis: n.s., not significant compared with the control.
Figure 1. Effects of adenine on the cell viability of CRC cells. Human CRC DLD-1 and SW480 cells were treated with serial concentrations (0–200 µM) of adenine for 24 h, then cell viability was assessed with the SRB assay. Data are presented as mean ± SD. Three independent experiments were performed for statistical analysis: n.s., not significant compared with the control.

Figure 2. Adenine inhibited the transmigration and invasion of CRC cells. Cells were treated with serial concentrations (0–200 µM) of adenine for 24 h, and then the (A) transmigration and (B) invasion were determined by using the transmigration assay and the invasion assay, respectively. The number of migrated and invaded cells is expressed as a percentage of control. * and **, p < 0.05 and p < 0.01 compared with the control (0 µM), respectively. Scale bar: 100 µm.

2.2. Adenine Downregulated the Expression of Tissue Plasminogen Activator, Matrix Metalloproteinase-9, and Epithelial–Mesenchymal Transition Inducers and Upregulated Tissue Inhibitor of Metalloproteinase-1 in DLD-1 Cell

Tissue plasminogen activator (tPA) and MMP9 are highly associated with CRC metastasis [16]. Therefore, the effects of adenine on tPA and MMP9 were explored. As shown in Figure 3A, adenine dose-dependently downregulated the protein expression of tPA and MMP9 to 20.3% ± 3.1% and 35.1% ± 9.2% of the control, respectively (p < 0.01 compared with the control). In addition, the proteolytic activity of MMP9 produced by DLD-1 cells was reduced to 63.5% ± 9.2% of the control (p < 0.01 compared with the control). By contrast, adenine upregulated the expression of the tissue inhibitor of metalloproteinase-1 (TIMP-1), a metalloproteinase inhibitor, to up to 149.2% ± 9.5% of the control (p < 0.05 as compared with the control).
Adenine reduced tPA, MMP9, and EMT markers but increased TIMP-1 in DLD-1 cells. Cells were treated with adenine at concentrations of 50, 100, and 200 M for 24 h, and then the cells were collected and lysed for the immunodetection of (A) tPA, MMP-9, and TIMP-1 and (B) Snail, Twist, and Vimentin through Western blot analysis. MMP activity was demonstrated using the zymography assay. Approximate molecular weights were indicated. β-actin was used as the internal control. Quantitative data were acquired through densitometric analysis and are presented as percentage of control (0 μM). * and **, p < 0.05 and 0.01 compared with the control, respectively.

In addition to MMPs, EMT is highly associated with the invasiveness of cancer cells [17]. Thus, the effect of adenine on the expression of EMT markers was investigated. As shown in Figure 3B, adenine decreased the protein expression of the EMT inducers Snail and Twist to up to 34.7% ± 4.5% and 42.7% ± 8.8% of the control, respectively (200 μM, p < 0.05 compared with the control (0 μM)) in DLD-1 cells. The expression level of the mesenchymal marker vimentin decreased to 22.5% ± 6.8% of the control (p < 0.05 compared with the control (0 μM)) in DLD-1 cells exposed to adenine (200 μM).

2.3. Adenine Reduced the Integrin αV Expression and Inhibited the Activation of FAK, Src, and Paxillin in DLD-1 Cells

The integrin/FAK-mediated cascade is an important regulatory pathway for cell adhesion and migration and is implicated in tumor metastasis [18,19]. Thus, whether adenine influences the integrin/FAK cascade in DLD-1 cells was explored. As shown in Figure 4, adenine downregulated the protein expression of integrin αV to up to 42.5% ± 2.8% of the control (200 μM, p < 0.01 compared with the control (0 μM)), and reduced the phosphorylation of FAK (Y397), FAK (Y925), Src (Y416), and paxillin (Y118) to 27.2% ± 5.3%, 32.3% ± 3.7%, 21.5% ± 5.8%, and 30.5% ± 2.1% of the control, respectively (p < 0.01 compared with the control (0 μM)) but did not affect the protein expression of FAK, Src, and paxillin.
Figure 4. Adenine reduced the expression of integrin αV and the phosphorylation of FAK, paxillin, and Src in the DLD-1 cells. Cells were treated with adenine at a concentration of 0–200 μM for 24 h, then the cells were collected and lysed for the immunodetection of indicated proteins and phosphorylated proteins through Western blot analysis. Approximate molecular weights are indicated. β-actin was used as the internal control. Quantitative data were acquired from densitometric analysis and are presented as percentage of control (0 μM). a, b, and c, p < 0.05, 0.01, and 0.005 compared with the control, respectively.

2.4. Involvement of AMPK in the Adenine-Inhibited Integrin/FAK Signaling in DLD-1 Cells

Our previous studies indicated that AMPK plays an important role in the anticancer activity of adenine [6,15]. Thus, the involvement of AMPK in the adenine-inhibited integrin/FAK cascade was investigated. As shown in Figure 5A, adenine treatment induced the phosphorylation of AMPK at T172 to up to 1.38 ± 0.9-fold of the control (p < 0.01 compared with the control (0 μM)) but did not influence the protein expression of AMPK. In addition, adenine treatment reduced the S2446 phosphorylation of mTOR, a downstream inhibitory target of AMPK, to up to 34.5% ± 8.6% of the control in DLD-1 cells (p < 0.01 compared with the control (0 μM)). To confirm the involvement of AMPK in integrin/FAK signaling, we knocked down the expression of AMPKα with specific siRNAs. As shown in Figure 5B, adenine treatment (200 μM) significantly reduced integrin αV and inhibited the phosphorylation of mTOR (S2446), FAK (Y397), FAK (Y925), paxillin (Y118), and Src (Y416) to 88.1% ± 6.3%, 85.3% ± 4.2%, 93.1% ± 5.3%, 94.2% ± 6.2%, 98.2% ± 8.5%, and 66.4% ± 5.3% of the control, respectively (p < 0.01 compared with the siControl).
Figure 5. Involvement of AMPK signaling in the adenine-reduced expression of integrin αV and phosphorylation of FAK, paxillin, and Src in the DLD-1 cells. (A) DLD-1 cells were treated with adenine at concentrations of 0–200 μM for 24 h, then the cells were collected and lysed for the immunodetection of indicated proteins and phosphorylated proteins through Western blot analysis. Approximate molecular weights are indicated. β-actin was used as the internal control. Quantitative data were acquired from densitometric analysis and are presented as percentage of control (0 μM). a and b, \( p < 0.05 \) and \( p < 0.01 \) compared with the control, respectively. c, \( p < 0.05 \) compared with siControl.

2.5. Involvement of AMPK in the Adenine-Inhibited Transmigration and Invasion of CRC Cells

Given that AMPK was involved in the inhibition of the FAK/Src/paxillin cascade by adenine, the involvement of AMPK in the adenine-diminished transmigration and invasion of CRC cells was further investigated. As shown in Figure 6A, adenine treatment (200 μM) reduced the transmigration of DLD-1 and SW480 cells transfected with control siRNA (siControl) to 32.6% ± 5.2% and 31.3% ± 3.6% of the control, respectively (\( p < 0.01 \) compared with the control). By contrast, the transmigration of DLD-1 and SW480 cells transfected with AMPKα siRNA (siAMPKα) was significantly restored to 82.2% ± 4.3% and 76.7% ± 5.2% of the control, respectively (\( p < 0.01 \) compared with the siControl). Similar phenomena were observed in the invasion of DLD-1 and SW480 cells with the exposure to adenine (Figure 6B). Adenine treatment reduced the invasion of DLD-1 and SW480 cells transfected with control siRNA (siControl) to 27.8% ± 3.5% and 26.2% ± 3.1%
of the control, respectively ($p < 0.005$ compared with the control). By contrast, the invasion of DLD-1 and SW480 cells transfected with AMPKα siRNA (siAMPKα) was significantly restored to $74.8\% \pm 5.3\%$ and $72.5\% \pm 6.2\%$ of the control, respectively ($p < 0.01$ compared to siControl).

2.5. Involvement of AMPK in the Adenine-Inhibited Transmigration and Invasion of CRC Cells

Given that AMPK was involved in the inhibition of the FAK/Src/paxillin cascade by adenine, the involvement of AMPK in the adenine-diminished transmigration and invasion of CRC cells was further investigated. As shown in Figure 6A, adenine treatment (200 $\mu$M) reduced the transmigration of DLD-1 and SW480 cells transfected with control siRNA (siControl) to $32.6\% \pm 5.2\%$ and $31.3\% \pm 3.6\%$ of the control, respectively ($p < 0.01$ compared with the control). By contrast, the transmigration of DLD-1 and SW480 cells transfected with AMPKα siRNA (siAMPKα) was significantly restored to $82.2\% \pm 4.3\%$ and $76.7\% \pm 5.2\%$ of the control, respectively ($p < 0.01$ compared with the siControl). Similar phenomena were observed in the invasion of DLD-1 and SW480 cells with the exposure to adenine (Figure 6B). Adenine treatment reduced the invasion of DLD-1 and SW480 cells transfected with control siRNA (siControl) to $27.8\% \pm 3.5\%$ and $26.2\% \pm 3.1\%$ of the control, respectively ($p < 0.005$ compared with the control). By contrast, the invasion of DLD-1 and SW480 cells transfected with AMPKα siRNA (siAMPKα) was significantly restored to $74.8\% \pm 5.3\%$ and $72.5\% \pm 6.2\%$ of the control, respectively ($p < 0.01$ compared to siControl).

Figure 6. Involvement of AMPK in the adenine-inhibited transmigration and invasion of CRC cells. Cells were transfected with control siRNA (siControl) and siRNA against AMPKα (siAMPKα) and treated with 200 $\mu$M of adenine for 24 h. (A) transmigration and (B) invasion were assessed using transmigration and invasion assays, respectively. The transmigrated and invaded cells are presented as the percentage of control (0 $\mu$M). ## and ###, $p < 0.05$ and $p < 0.01$ compared with the control, respectively. ** and ***, $p < 0.01$ and $p < 0.005$ compared with siControl, respectively.

3. Discussion

In this study, our findings reveal that adenine reduces the transmigration and invasion of DLD-1 and SW480 cells; downregulates the protein expression of metalloproteinase tPA and MMP9, EMT inducers Snail and Twist, mesenchymal marker vimentin, and integrin αV; and reduces the activation of FAK, paxillin, and Src in DLD-1 cells. In addition, the involvement of AMPK in the adenine-reduced integrin/FAK/paxillin/Src axis in DLD-1 cells was demonstrated after the knockdown of AMPKα. Overall, these findings provide
evidence that adenine inhibits the invasiveness of DLD-1 and SW480 cells attributed to the AMPK-mediated integrin/FAK axis.

Although our results indicate that adenine can inhibit the invasiveness of DLD-1 and SW480 cells, which have been used as an in vitro model in the exploration of important cellular processes required for apoptosis and metastasis, the in vivo anti-metastatic effect of adenine on CRC cells still needs further investigation. The tumorigenesis of CRC is complicated, involving many environmental and genetic factors, such as dietary habits, ulcerative colitis, and inherited gene mutations [20]. Thus, whether adenine exerts effective anti-invasion activity on the other types of CRC cells remains controversial. Adenine is a molecule used and produced in nucleic acid metabolism, and low-dose adenine can be considered nontoxic. However, the high-dose administration of adenine induced chronic kidney disease associated with anemia in a rodent model [21]. Our findings demonstrate that low-dose adenine (≤200 µM) does not significantly affect the cell viability of DLD-1 and SW480 cells and that it has an anti-invasion effect on CRC cells, suggesting that a combination of adenine and an anticancer drug, such as 5-fluorouracil, may have a therapeutic effect on CRC patients.

The early aggressive metastasis of CRC is a major cause of death. The enhanced migration and invasion potential and the high expression of MMPs, EMT, and other characteristics are closely related to the progression and metastasis of CRC [13]. MMPs are mainly synthesized by neoplastic and stromal cells, and they not only play a pivotal role in ECM remodeling, but they are also strongly associated with the progression of tumor stages [22]. Among the identified matrix metalloproteinases (MMPs), MMP9 is involved in the progression and metastasis of cervical cancer [23] and ovarian cancer [24], and can be associated with the prognosis and clinicopathological features of CRC [25]. In addition to the MMP family, plasminogen activators, such as urokinase-type plasminogen activators (uPA) and tPA, activate MMPs and are linked to CRC progression [16]. Therefore, the upregulation of uPA and tPA is recognized as a potential metastatic marker of CRC [26]. TIMP-1 belongs to the tissue inhibitor of the metalloproteinase family, which includes four identified members, namely, TIMP-1, TIMP-2, TIMP-3, and TIMP-4. TIMP-1 may suppress most of the known MMPs and regulate extracellular matrix (ECM) degradation [27], which is considered essential for tumor invasion and the development of metastasis [28]. TIMP-1, a proteinase inhibitor, was implicated in the tumorigenesis and metastasis of CRC [29]. Our findings reveal that adenine reduces the protein levels of tPA and MMP9 but increases the protein level of TIMP-1, suggesting that adenine may inhibit ECM degradation through the downregulation of MMP and PA proteins (such as tPA and MMP9) and the upregulation of proteinase inhibitors (such as TIMP-1) and, thereby, attenuate the metastatic potential of CRC cells.

EMT is a paradigmatic pathological step that transforms original tumor cells into invasive malignant cancer cells and leads to the distal metastasis of tumors [30]. Therefore, robust EMT inducers, such as Snail and Twist, are strongly associated with tumor progression [31,32]. In addition, Snail can control cell–matrix adhesion by regulating the expression of integrins and basement membrane proteins [33]. The FAK/Src axis is the main downstream signal transduction pathway of integrins and is involved in EMT in cervical cancer cells [34]. Moreover, the clustering of integrin α1 and the binding of FAK to the integrin α1 subunit are essential for the activation of intracellular responses [30] and lead to the enhanced integrin-dependent phosphorylation of FAK [31]. Subsequently, integrin/Src signaling enhances MMP expression and secretion and promotes cell invasion [32]. Similarly, our findings reveal that adenine decreases the expression of the EMT inducers Snail and Twist, inhibits the FAK/Src/paxillin cascade, and downregulates the MMP9 expression in DLD-1 cells, indicating that adenine may exert its antimetastatic activity by downregulating integrin and inhibiting the FAK/Src/paxillin axis, thereby suppressing EMT and MMP9 expression in CRC cells.

AMPK is an anticancer target, and its activation inhibits tumor proliferation and leads to the apoptosis of cancer cells. These features indicate the potential application of AMPK
activators in cancer treatments [35,36]. Recently, the role of AMPK in the anticancer process has been demonstrated using several lines. Dai et al. revealed that AMPK activation promotes the inhibition of phosphoinositide-specific phospholipase C (PLC)γ1-induced autophagy and that FAK/PLCγ1 is a potential downstream effector of AMPK activation in HCT116 and HepG2 cells [37]. Some studies showed that AMPK activation enhances the cytotoxicity of anti-EGFR antibodies to CRC cells with KRAS mutation, such as DLD-1 and SW480 [38], supporting the potential use of adenine as an adjuvant in the treatment of CRC. By contrast, Gutierrez-Salmeron et al. observed that the glucose-induced activation of AMPK plays alternative roles in normal and tumor tissues, suggesting that AMPK may shift from tumor suppressor to activator during tumor progression [39]. Interestingly, it was also reported that AMPK activation by 5-aminoimidazole-4-carboxamide ribonucleotide (AICAR) or serum starvation can reduce the phosphorylation of FAK at Y397 in normal human skeletal muscle [40]. These controversies may have resulted from the different cascades that activate AMPK. The mechanism of differential cellular processes driven by AMPK needs further investigation.

4. Materials and Methods

4.1. Cell Viability Assay

Cell viability was determined using the sulforhodamine B (SRB) assay as previously described [41]. Briefly, 2 × 10^4 cells were seeded in a 24-well plate, cultured with a complete medium for 24 h, and treated with adenine at concentrations of 50, 100, and 200 µM for 24 h. After the treatments, the cells were fixed with 10% trichloroacetic acid, stained with SRB for 30 min, and washed with 1% acetic acid. The protein-bound dye was dissolved in a 10 mM Tris base solution, and the absorbance at 510 nm of the solution was measured using a spectrophotometer (Molecular Devices, Sunnyvale, CA, USA). Data are presented as the percentage of control (DMSO treatment).

4.2. Transmigration and Invasion Assay

The transmigration and invasion assays were performed as previously described [42]. Cells were pretreated with adenine at concentrations of 50, 100, and 200 µM for 24 h, collected by incubation with trypsin-EDTA, and seeded on to 24-well cell culture inserts (10^4 cells/100 µL, 8 µm pore size, Millipore, Bedford, MA, USA). FBS (20%), as a chemoattractant, was added to the lower compartment of the plate. After 12 h of incubation, the cells on the lower surface of the insert were fixed with paraformaldehyde and then stained with Giemsa reagent (Sigma-Aldrich, St. Louis, MO, USA). The stained cells were photographed, and the total cell number from five random fields was counted using a light microscope. For the invasion assay, 100 µL of Matrigel (20-fold dilution in PBS) was added to the culture inserts and then air-dried before cell seeding, as described above. The data of the migrated and invaded cells are presented as the percentage of control (DMSO treatment).

4.3. Western Blot Analysis

Cells were lysed in RIPA buffer containing a protease and phosphatase inhibitor cocktail (Sigma-Aldrich) at 4 °C for 30 min. The resulting lysates were centrifuged at 20,000 × g at 4 °C for 10 min for the removal of insoluble debris, and then the supernatant was used for the protein assay using the Bradford method (Bio-Rad Laboratories, Hercules, CA, USA), and for electrophoresis using an SDS-polyacrylamide gel. The electrophoresed proteins were transferred to a polyvinylidene difluoride membrane (Immobilon-P, Millipore) and the membrane was blocked with 2% (w/v) skimmed milk in PBS. The blocked membrane was incubated with primary antibodies (1000-fold dilution) for 2 h, washed with PBS containing 0.5% Tween-20, and incubated with secondary antibodies (2000-fold dilution) for 2 h. The bound antibodies were detected using an ECL chemiluminescence reagent (SuperSignal West Dura HRP Detection Kit; Pierce Biotechnology, Rockford, IL, USA), and chemiluminescence signals were acquired and semi-quantitated with an image analysis
system (Fujifilm, Tokyo, Japan). The results of the semi-quantitative analysis are presented as percentage of control (DMSO treatment).

4.4. Gelatin Zymography

After treatment with adenine at concentrations of 50, 100, and 200 µM for 24 h, the cultured media (CM) were collected, and then subjected to 0.15% gelatin-8% SDS-PAGE to determine the matrix metalloproteinase-9 (MMP9) proteolytic activity. After electrophoresis, gels were incubated in 2.5% Triton X-100 at room temperature for 2 h, and subsequently at 37 °C overnight in the activating buffer (50 mM Tris, pH 7.5, 10 mM CaCl2, 0.15 M NaCl). After incubation, the gels were stained with Coomassie blue R-250 for the detection of proteinase activity.

4.5. Knockdown of AMPKα by Small Inhibitory RNAs

The knockdown of AMPKα expression was conducted using specific small inhibitory RNAs (siRNAs) acquired from Sigma-Aldrich, as previously described [43]. Briefly, cells were transfected with 0.1 µM siRNA against AMPKα1 (5′-AGU GAA GGU UGG CAA ACA U-3′) and AMPKα2 (5′-GGA AGG UAG UGA AUG CAU A-3′) using Lipofectamine RNAiMax (Invitrogen, Carlsbad, CA, USA) at 37 °C and 5% CO2 for 72 h.

4.6. Statistical Analysis

Quantitative data are expressed as means ± standards deviations (SDs) from three independent experiments. Statistical significance analysis was conducted using one-way ANOVA followed by Dunnett’s test for multiple comparisons with the control. Results with a p-value of less than 0.05 were considered statistically significant.

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