

# Glioblastoma Stem Cells and Withaferin A, A Review

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## ABSTRACT

Glioblastoma multiforme, a common highly malignant brain tumor is composed of invasive proliferating cancer cells, and a small population of glioblastoma stem cells characterized by relative quiescence, self-renewal, pluripotency, resistance to conventional chemotherapy, immunotherapy, and radiation. These glioblastoma stem cells if not eradicated following current standard of care, lead to tumor recurrence. By expressing a spectrum of phenotypic markers, associated competencies and a variety of growth patterns, tumor recurrence accounts for a lack of survival benefit. To remedy this recurrence issue, it is necessary to eliminate glioblastoma stem cells subsets. This will require a significant change in current therapeutic approach i.e. the application of Withaferin A or a combination of pleiotropic agents as suggested in a previous publication.

## Introduction

Glioblastoma multiforme is characterized by tumor cell heterogeneity, and by recurrent invasive tumors following conventional radiation, cytotoxic drugs, and limited ablative surgery [1-5]. The tumor originates from a stem cell population which exhibits properties of self-renewal and multi-lineage differentiation followed by clonal evolution, hierarchical stem cell development and bidirectional inter-conversion with non-stem cells [6]. These observations indicate that it is necessary to eradicate glioblastoma stem cells in order to abrogate the enhanced risk of tumor recurrence following conventional chemotherapy

surgery, and radiation. The therapeutic focus should initially consist of applying pleiotropic medicinal (supplements, drugs) directed to the multiple molecular pathways promoting tumor stem cell genesis. Based on published pre-clinical research [7], pleiotropic compounds such as withaferin A, [8] and curcumin can be considered appropriate candidate agents [9]. There are several published withaferin A inhibitory interactions with critical molecular pathways in glioblastoma stem cells promoting tumor development (Table 1), There are also pre-clinical studies with withaferin A prohibiting tumor development in other tumors, but unexplored in glioblastoma stem cells (Tables 2 & 3).

**Table 1:** Published withaferin A interactions with glioblastoma stem cells.

Pathway	Proteins	Activity
Hedgehog Signaling	PTCH1, Gli1 and Gli2 [10]	Withaferin A showed strong inhibition of Hh/GLI1-mediated transcriptional activity with IC <sub>50</sub> values of 0.5 mM [11]
Notch signaling	Notch-1, Akt/NF-κB/Bcl-2 [12-15]	Withaferin A inhibits Notch-1 signaling and down-regulates pro-survival pathways, such as Akt/NF-κB/Bcl-2 [16,17]
	GFAP (Glial fibrillary acidic protein) [18,19]	Withaferin A decreases the expression of GFAP [20]
	VEGF (Vascular endothelial growth factor) [21]	Withaferin A binding with VEGF has low binding energy and is a potent anti-VEGF agent [22]
	BDNF (Brain-derived neurotrophic factor) [21]	Withaferin A applied to a hippocampal cell culture model of nutrient deprivation stress results in activation of the pro-survival Akt/PI-3K and MAPK cascades, CREB phosphorylation, BDNF production, and neuronal survival [23]
Gas6/Axl signaling	Gas6 (Growth arrest-specific 6) protein has high affinity for Axl receptor [24]	Withaferin A-mediated down-regulation of the Gas6/Axl signaling pathway mediates the inhibition of cell migration and the induction of apoptosis [25]

**Table 2:** Published Withaferin an interaction with tumor stem cells other than glioblastoma stem cells.

Pathway	Proteins	Activity
Wnt/ $\beta$ -catenin signaling	Wnt [26]	Withaferin A inhibits Wnt/ $\beta$ -catenin signaling through degradation of transcription factor (TCF)/lymphoid enhancer-binding factor (LEF) family members in medulloblastoma [27]
	CD133 (a pentaspan membrane glycoprotein [28])	CD133+ ovarian stem cells are inhibited by withaferin A [29]
	BMI1) B-cell-specific Moloney murine leukemia virus insertion region-1 [30]	Withaferin-A treatment reduced the level of Bmi protein in malignant mammary stem cells [31]
	Nestin [32]	Withaferin A, exhibits anti-nestin activity in pancreatic cancer [33]
	IL-8 [34]	Withaferin A inhibits IL-8 in an in vitro model of cystic fibrosis-related inflammation [35]
	TP53 [36]	TP53 is induced by Withaferin A in cervical cancer [37]

**Table 3:** Unstudied interactions of Withaferin A and factors in glioblastoma stem cells.

	Proteins	Activity
Wnt/ $\beta$ -catenin signaling	PLAGL2 (Pleiomorphic adenoma gene like 2) [38]	Unstudied
	BMPs (Bone morphogenic proteins) [39-42]	
Hypoxia signal transduction pathways [43]	-	
	Nf 1 (neurofibromatosis Type 1) [44]	
	OLIG2 (Oligodendrocyte lineage transcription factor 2) [45]	
	PDGF (Platelet-derived growth factor) [46]	

## Conclusion

Gliomagenesis and tumor stem cell heterogeneity are promoted by genetic alterations (driver mutations) and multiple factors in the surrounding tumor microenvironment [47,48]. An additional mechanism for post-therapeutic reestablishment of an invasive and chemo/ radiation resistance population of differentiated glioblastoma cancer cells into cancer stem-like cells expressing markers associated with pluripotency and stemness such as CD133, SOX2, Oct4, and Nestin has been published [48]. These observations emphasize the importance of preclinical research studies with pleiotropic compounds interacting in a specific manner with tumor stem cells and avoiding interacting with normal stem cells. In the clinical setting, Withaferin A alone, or in combination with other pleiotropic approved drugs or supplements as initial therapy following diagnosis of glioblastoma multiforme [49-53] may prohibit or delay tumor recurrence assuming these agents abrogate the effects of driver mutations, and micro-environmental factors.

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