

# **Examination of IKK $\alpha$ inhibitors as novel anti- pancreatic cancer drugs**

By

Ahlam Ismail Ibrahim Al-Obaidi

(Chickpea)

**A thesis submitted in the fulfilment of the requirements for the degree of Doctor  
of Philosophy**

September 2017

**Strathclyde Institute of Pharmacy and Biomedical Sciences (SIPBS) Glasgow,  
UK**

This thesis is the result of the author's original research. It has been composed by the author and has not been previously submitted for examination which has led to the award of a degree.

The copyright of this thesis belongs to the author under the terms of the United Kingdom Copyright Act as qualified by University of Strathclyde Regulation 3.50. Due acknowledgment must always be made to the use of any material contained in, or derived from, this thesis."

Signed:

Date:

## **Dedication**

This Thesis is dedicated to the memory of my father, who passed away before couple of months before the completion of this effort. He was really special person to me, and I thank him for his love and support. No words can heal the pain of losing you. I miss you and always I will

## **Acknowledgements**

First and foremost I would like to thank Allah (God) for giving me the power to believe in myself and pursue my dreams. I could never have done this without the faith I have in you.

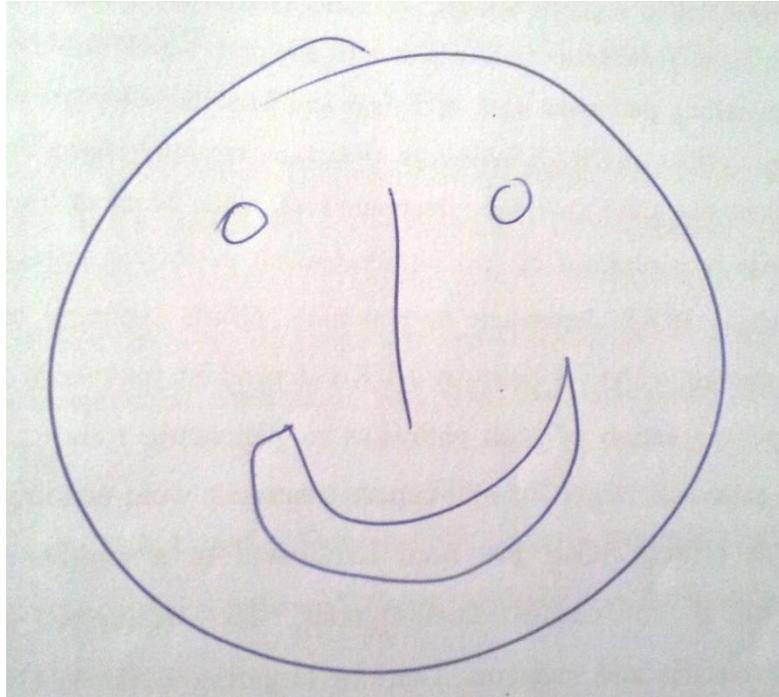
Chickpea, happy, lost, tears, homesick, sad, stress, fun, crazy, excitement, overtime working, joys and why didn't work this time and what I did to myself, were the most words and phrases I had used during my Ph.D. there were many people who give me endless advice and support to make it easier to me. Firstly I would like to express my sincere and profound gratitude to Robin for giving me the opportunity to finish my study at his Lab. Thank you for spending a significant amount of time for discussing and providing feedback on my writing, presentation and poster preparation which has really improved my presentation and writing skills. If there is an Oscar prize for the best supervisor, definitely you will get one. Also, I would like to thank my second supervisor, Andy who always responded to my questions and made things easier for me

Also, I would like to say thanks to everyone from Plevin/Paul and Marie Boyd Lab who helped me in the lab work. Thank you to Gary, Annette, Tony, and Khalid who have given me a lot of advice and sharing ideas with me. Thank you Rachel, my partner in crazy moments in the lab, I will always miss our squeaking in the lab.

Special thanks to my mother, words cannot express how grateful I am to have you in my life, I cannot imagine without her sacrifices, continuous encouragement and support I will be able to achieve my goals. A big thanks to my father who always listen to my whining about work, and always told me your study is the most important thing and encourage me to do my best. My sisters and brothers thank you for your love and support

My acknowledgments also go to the Ministry of Higher Education in Iraq for awarding me the scholarship and providing me with the opportunity to study abroad to undertake my Ph.D. degree in the United Kingdom.

Thank you to everyone who had helped me during my Ph.D. journey.



## **Abstract**

Pancreatic cancer has a very poor prognosis, it is the fourth most common cancer worldwide in terms of mortality, and it is expected to be the second most common within a decade. Most patients with pancreatic cancer are either resistant to chemotherapy or become so, thus surgery is the only choice with a considerable chance of tumour re-growth. Therefore an alternative treatment is urgently sought. The Nuclear Factor Kappa B (NF $\kappa$ B) cascade is comprised of two interdependent pathways, recognized as the classical pathway or canonical NF $\kappa$ B pathway, which is IKK $\beta$  dependent, and IKK $\alpha$ -dependent non-canonical or alternative NF $\kappa$ B pathway. Studies have linked the hyper-activation of both pathways to pancreatic tumorigenesis. IKK $\beta$  inhibitors as a class of potential drugs for anti-cancer treatment have been accompanied by a number of issues regarding toxicity. IKK $\alpha$  has been implicated in a number of biological processes including cancer development, therefore targeting IKK $\alpha$  is a new approach for the development of pancreatic cancer therapies and is examined in this thesis.

In chapter three, both NF $\kappa$ B pathways were characterised using different agonists; LT $\alpha$ 1 $\beta$ 2, TNF $\alpha$  and FCS. LT $\alpha$ 1 $\beta$ 2 stimulated the IKK $\alpha$  -dependent non-canonical pathway, inducing phosphorylation of p100 after 4h stimulation, while the maximum activation of p52 formation was between 24 and 48h. TNF $\alpha$  and FCS were without effect. TNF $\alpha$  and LT $\alpha$ 1 $\beta$ 2 stimulated the canonical NF $\kappa$ B pathway and taken together these studies indicated the presence of a functional non-canonical pathway

In chapter four, a number of novel IKK $\alpha$  inhibitors generated in-house, were also examined against both the non-canonical and canonical NF $\kappa$ B pathways. Three different effects were observed; selective inhibition of IKK $\alpha$  by SU1261, SU1411, SU1349, SU1433, SU1438 and 1434. Inhibition of both IKK $\alpha$  and IKK $\beta$  by (SU1087, SU1432, SU1499 and SU1436) and no inhibition of either pathway (SU1392). The effect of selective IKK $\alpha$  inhibitors on cell cycle and growth were also examined and confirmed that IKK $\alpha$  has a role in proliferation of pancreatic cancer cells.

In chapter five, the expression of  $IKK\alpha$ - dependent target genes was investigated using the agonist that activates the  $IKK\alpha$ -dependent non-canonical  $NF\kappa B$  pathway,  $LT\alpha_1\beta_2$ . The findings confirmed that the expression of genes (BBC3, EZH2, TNFAIP3, VCAM, MAP3K14 and SERPINB6) was likely to be regulated through this pathway. This was confirmed using  $IKK\alpha$  selective inhibitors, which resulted in the expression of all gene subsets were reduced.

Taken together these data indicate that  $IKK\alpha$  plays a key role in the regulation of the non-canonical  $NF\kappa B$  pathway in pancreatic cancer cells and that selective inhibition  $IKK\alpha$  may be a new strategy for developing anti-cancer drugs.

## Poster and oral Presentation

### Oral Presentation

**Al-Obaidi A.**, Andrew Paul and Robin Plevin, **The development of IKK $\alpha$  inhibitors as novel anti- pancreatic cancer drugs.** Cell Biology research day University of. 13<sup>th</sup> November 2014. Glasgow UK

**Al-Obaidi A**, A. McCluskey, A. Sorensen, K. Ho, D. Breen, G. Berretta, A. Alsfook, C. West, N. Anthony, J. Edwards, C. Suckling, M. Boyd, S. MacKay, A. Paul, R. Plevin. **Targeting NF-kB inducing kinase (NIK) for developing anti-cancer drugs.** British Pharmacological Society meeting 13<sup>th</sup>-15<sup>th</sup> /2015, London. UK

### Poster Presentation

**Al-Obaidi A**, Anthony McCluskey, Annette Sorensen, Ka Ho Ho, David Breen, Giacomo Berretta, Aisha Alsfook, Christopher West, Nahoum Anthony, Kathryn McIntosh, Joanne Edwards, Colin Suckling, Marie Boyd, Simon MacKay, Andrew Paul, Robin Plevin. **The development of IKK $\alpha$  inhibitors as novel anti-pancreatic cancer drugs.** British Pharmacological Society meeting 15<sup>th</sup> -17<sup>th</sup> /2016, London. UK.

**Al-Obaidi A**, McCluskey T, Sorensen A, Ho K, Breen D, Berretta G, Anthony N, Edwards J, Boyd M, Suckling C, MacKay S, Paul A, Plevin R. **The development of IKK $\alpha$  inhibitors as novel anti- cancer drugs.** European NF-kappaB Subunit Workshop. 3th-5<sup>th</sup> Oct. 2016. Corfu, Greece

**Al-Obaidi A**, McCluskey T, Sorensen A, Ho K, Breen D, Berretta G, Anthony N, Edwards J, Boyd M, Suckling C, MacKay S, Paul A, Plevin R. **The development of IKK $\alpha$  inhibitors as novel anti- cancer drugs.** Research day University of Strathclyde. 11<sup>th</sup> November 2016. Glasgow UK

## Abbreviations

ADEX	Aberrantly Differentiated Endocrine Exocrine
AIB1	Amplified in breast cancer 1
AJCC	American Joint Committee on Cancer
ANOVA	Analysis of variance
APS	Ammonium Persulphate
BAFF	B cell activation factor
BBC3	BCL2 Binding Component 3
BLC	B lymphocyte chemoattractant
BSA	Bovine Serum Albumin
CGH	Comparative genomic hybridization
c-IAP	Cellular inhibitor of apoptosis protein
DMEM	Dulbecco's Modified Eagle Medium
DN	Dominant Negative
DTT	Dithiothreitol
ECL	Enhanced chemiluminescence
ECM	Extracellular matrix
EGFR	Epidermal growth factor receptor
ERK	Extracellular Signal-regulated Kinase
ESPAC-1	The European Study Group of Pancreatic Cancer 1
EZH2	Enhancer Zeste homolog2
GSK3	Glycogen synthase kinase 3
HLH	Helix-loop-helix
HNPCC	Hereditary non-polyposis colorectal cancer
HRT	Hormone replacement therapy
ICAM-1	Intercellular Adhesion Molecule-1

IGF-1	Insulin–Like Growth Factor 1
IKK	inhibitory kappa kinase B
IL6	Interleukin-6
IL-8	Interleukin-8
KRAS	Kirsten rat sarcoma viral oncogene homolog
KSHV	Kaposi's Sarcoma Herpes Virus
LTβR	Lymphotoxin β receptor
MAP3K	Mitogen-activated protein/FRK kinase 3 family
MAP3K14	Mitogen activated protein kinase kinase kinsae 14
MIP-2	Macrophage inflammatory protein 2
NCBI	National centre for Biotechnology Information
NFAT	Nuclear Factor Activated T-cell
NFκB	Nuclear Factor Kappa B
NIK	NFκB-inducing Kinase
NRF2	Nuclear Factor like-2
PCR	Polymerase chain reaction
PDACs	Pancreatic ductal adenocarcinoma
PI	Propidium Iodide
PI3 Kinase	Phosphoinositide 3-kinase
qRT-PCR	Quantitative Real-Time Polymerase Chain Reaction amplification
RHD	Rel homology domain
SDF1	stromal cell- derived factors-1α
SDS	Sodium Dodecyl Sulphate
SERPINB6	Serpin family B member 6
siRNA	Small interfering RNA

SLC	Secondary lymphoid tissue chemokine
TEMED	N,N,N',N' tetramethendiaamine
TLRs	Toll like Receptors
TNFAIP3	TNF alpha induced protein 3
TNF $\alpha$	Tumour Necrosis Factor-alpha
TRAF2	TNF $\alpha$ receptor-associated factor 2
TRAF3	TNF $\alpha$ receptor-associated factor 3
TSP-1	Thrombospondin type 1
UPA	U-Plasminogen Activator
UV	Ultraviolet Radiation
VCAM-1	Vascular cell adhesion protein 1
VEGF	Vascular endothelial growth factor
I $\kappa$ B	Inhibitory kappa B
$\beta$ -ME	$\beta$ -mercaptoethanol
ES	Estrogen receptor
CDK9	Cyclin-depended kinase 9

## Table of Contents

Dedication .....	III
Acknowledgements .....	IV
Abstract .....	VI
Poster and oral Presentation .....	VIII
Abbreviations .....	IX
List of Figures .....	XVII
List of Tables.....	XX
Chapter One .....	1
1.1 Introduction .....	2
1.1.1 External factors linked to cancers.....	2
1.1.2 Cellular factors related to cancer development .....	4
1.1.3. Genetic mutations related to cancer development.....	5
1.2 Tumorigenesis .....	8
1.3 Cellular modifications related to cancer development.....	10
1.3.1 Sustained proliferative signalling .....	12
1.3.2 The evasion of growth suppressors .....	12
1.3.3 Resistance to cell death processes .....	12
1.3.4. Induction of Angiogenesis.....	13
1.3.6. Activation of invasion and metastasis .....	14
1.3.7 Genome instability and mutation .....	14
1.3.9 Deregulating cellular energetics .....	15
1.3.10 Avoiding the immune system.....	16
1.4. The pancreas and pancreatic cancer .....	16
1.4.1. Risk factors.....	17
1.4.2. Symptoms .....	20
1.4.3. Types of pancreatic cancer cell tumour.....	20
1.4.4. Stages of pancreatic cancer .....	21
1.4.5. Treatment of pancreatic cancer .....	23
1.5. Signalling pathways in pancreatic cancer .....	25
1.5.1 Extracellular signal-regulated kinases ERK.....	26
1.5.2 The Nuclear Factor Activated T-cell (NFAT) pathway .....	28
1.5.3 The Nuclear Factor like-2 Nrf2 pathway.....	29

1.5.4. Wnt signalling pathway .....	30
1.5.5. The Nuclear factor kappa B pathway (NFκB) .....	31
1.6 Genes regulated by NFκB .....	32
1.7 Structure and function of NFκB .....	33
1.7.1. IκB structure .....	34
1.7.2. Regulation of IκBα .....	36
1.7.3. NFκB2 (p100/p52) .....	38
1.7.4. Inhibitory Kappa B kinases .....	38
1.8 Cellular regulation of the canonical pathway.....	39
1.9 The regulation of the non-canonical NFκB pathway.....	42
1.10 Nuclear Factor kappa B pathways in cancer .....	45
1.10.1 Nuclear Factor kappa B pathways in pancreatic cancer .....	47
1.11 development a IKKα inhibitors .....	49
1.12 Aims of study .....	51
Chapter Two.....	52
2.1 Materials.....	53
2.1.1 General reagents.....	53
3.1.2 Antibodies .....	54
SU compounds (University of Strathclyde) .....	56
2.2 Cell Culture .....	56
2.2.2 Panc-1 and Mia-Paca-2 cell lines.....	56
2.2.2 Sub-culturing Panc-1 and Mia-Paca-2 by Trypsinisation .....	57
2.3 Western Blotting .....	57
2.3.1 Preparation of whole cell extracts .....	57
2.3.2 Amidoblack protein assay .....	58
2.3.4 Electrophoretic transfer of proteins to nitrocellulose membrane.....	59
2.3.5 Immunological detection of proteins .....	60
2.3.6 Reprobing and stripping of nitrocellulose membrane.....	61
2.4.1 Preparation of nuclear extracts.....	61
2.4.2. Determination of proteins concentration in the nuclear extracts .....	62
2.5 siRNA transfection of IKKα and IKKβ in pancreatic cancer.....	62
2.6 Cell Cycle Analysis.....	64

2.7 Clonogenic assay.....	64
2.8 Polymerase chain reaction (PCR) amplification .....	65
2.8.1. Harvesting Cell of total RNA preparation.....	65
2.8.2. RNA concentration.....	66
2.8.3 cDNA Synthesis using Reverse Transcription (RT).....	66
2.8.4. Primers for SYBR select Master mix assay .....	67
2.8.5. Quantitative Real-Time Polymerase Chain Reaction amplification .....	68
(qRT-PCR) .....	68
2.8.6. Quantification method (the relative quantification ( $\Delta\Delta Ct$ ) method.....	68
2.8 Data Analysis .....	69
Chapter Three.....	70
3.1 Introduction.....	71
3.2 Characterisation the non-canonical of NF $\kappa$ B pathway .....	72
3.3 Characterisation of the non-canonical of NF $\kappa$ B pathway using LT $\alpha_1\beta_2$ .....	73
3.3.1 Phosphorylation of p100 in pancreatic cancer cell lines .....	73
3.3.2 Characterisation of p100-p52 processing in whole cell extracts.....	75
3.3.3 LT $\alpha_1\beta_2$ induced nuclear translocation of p52 in Panc-1 and MiaPaCa-2 cells .....	79
3.3.4 Characterisation of RelB formation in Panc-1 in whole cells extracts in panc-1 cells.....	85
3.3.5 TRAF2 and TRAF3 degradation in pancreatic cancer cell lines.....	87
3.3.6 NIK expression in Panc-1 cells .....	89
3.3.7 Characterisation of IKK $\alpha$ in Panc-1 cells .....	90
3.4 Characterisation of the non-canonical NF $\kappa$ B pathway using FCS .....	91
3.5 Characterisation the role of TNF $\alpha$ in NF $\kappa$ B pathways activation in pancreatic cancer cells lines .....	93
3.5.1. TNF $\alpha$ activation of the classical NF $\kappa$ B pathway in pancreatic cancer cell lines .....	93
3.5.2 Role of TNF $\alpha$ in activation of the non-canonical of NF $\kappa$ B pathway .....	96
3.7. The effect of LT $\alpha_1\beta_2$ on activation of the canonical NF $\kappa$ B pathway.....	98
3.7 The effect of silencing cellular IKK $\alpha$ expression on the non-canonical NF $\kappa$ B pathway in Panc-1 cells.....	101
3.7.1 siRNA silencing of IKK $\alpha$ and IKK $\beta$ in Panc-1 cells .....	101

3.7.2 The effect of silencing of cellular IKK $\alpha$ expression on the non-canonical NF $\kappa$ B pathway in Panc-1 cells .....	105
3.7.3 Effect of silencing cellular IKK $\beta$ expression on the canonical NF $\kappa$ B pathway in Panc-1 cells .....	108
3.7.7 Effect of the IKK $\beta$ and IKK $\alpha$ silencing on Panc-1 cell cycle progression .....	110
3.7.4 Effect of the IKK $\beta$ and IKK $\alpha$ silencing on Panc-1 cells clonogenicity. ....	113
3.9 Discussion .....	116
Chapter Four .....	123
4.1 Introduction .....	124
4.2 Determining the dissociation constant ( $K_i$ value) of the SU compounds .....	127
4.3 The effect of SU compounds on non-canonical NF $\kappa$ B pathway in Panc-1 cells .....	128
4.3.1 The effects of the IKK $\alpha$ inhibitor SU1087 on p100 expression and p52 formation in Panc-1 cells.....	128
4.3.2 The effects of the IKK $\alpha$ inhibitor SU1261 on p52 and p100 levels.....	129
4.3.3 The effects of the IKK $\alpha$ inhibitor SU1411 on p52 and p100 levels.....	132
4.3.4 The effects of the IKK $\alpha$ inhibitor SU1432 on p52 and p100 levels.....	132
4.3.5 The effects of the IKK $\alpha$ inhibitor SU1434 on p52 and p100 levels.....	132
4.4 Effect of SU compounds on LT $\alpha_1\beta_2$ -induced nuclear translocation of p52 in Panc-1 cells .....	137
4.5 The effect of SU compounds on LT $\alpha_1\beta_2$ -induced phosphorylation of p100 in Panc-1 cells .....	139
4.5.1 Effects of IKK $\alpha$ inhibitors SU1087 and SU1261 on LT $\alpha_1\beta_2$ -induced phosphorylation of p100 in Panc-1 cells .....	139
4.5.2 The effects of the IKK $\alpha$ inhibitor SU1438 on LT $\alpha_1\beta_2$ -induced phosphorylation of p100 in Panc-1 cells .....	142
4.5.3 The effects of the IKK $\alpha$ inhibitors SU1349 and SU1433 on phosphorylation of p100 and p52 formation in Panc-1 cells.....	144
4.6 The effect of SU compounds on the canonical NF $\kappa$ B pathway in Panc-1 cells	147
4.6.1 The effects of SU compounds on TNF $\alpha$ -induced I $\kappa$ B $\alpha$ degradation and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells .....	147
4.6.2 The effects of SU compound on LT $\alpha_1\beta_2$ -induced I $\kappa$ B $\alpha$ degradation and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells .....	152

4.7. IC <sub>50</sub> values for SU compounds against LT $\alpha_1\beta_2$ -induced p52 formation, p100 expression and phosphorylation of p100.....	154
4.8 The effect of SU compounds on cell proliferation.....	158
4.8.1 The effect of SU compounds on cell cycle progression in Panc-1 cells .....	158
4.8.2 Clonogenic survival of Panc-1 following treatment with SU1261, SU1349 and SU1433 .....	164
4.9 Effect of NF $\kappa$ B-inducing kinase (NIK) inhibitors in Panc-1 cell line .....	169
4.9.1 Effect of NIK inhibitors on LT $\alpha_1\beta_2$ -induced phosphorylation of p100 and p100 processing in Panc-1 cells .....	169
4.9.2 Effect of NIK inhibitors on TNF $\alpha$ -induced degradation of I $\kappa$ B $\alpha$ and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells .....	171
4.10 The effect of NIK inhibitors on cell proliferation of Panc-1 cells .....	173
4.10.1 The effect of CW15407 treatment on cell cycle progression in Panc-1 cells .....	173
4.10.2 The effect of CW15407 treatment on clonogenicity cell growth of Panc-1 cells.....	175
4.11 Discussion .....	177
Chapter Five .....	185
5.1 Introduction .....	186
5.2 Characterisation of target genes expressed through activation of the non-canonical NF $\kappa$ B pathway .....	188
5.2.1 LT $\alpha_1\beta_2$ induced expression of BBC3, EZH2, TNFAIP3 and VCAM genes..	190
5.2.3 Characterisation of the role of non-canonical NF $\kappa$ B pathway activation in the expression of MAP3K14 (NIK) and SERPINB6 genes.....	196
5.3 The effect of IKK $\alpha$ inhibitors on expression of target genes .....	199
5.3.1. The effect of SU1349 and SU1433 in the expression of VCAM-1, TNFAIP3 MAP3K14, BBC3 and EZH2 genes .....	201
5.4 Discussion .....	207
Chapter Six.....	213
6.1 General discussion .....	214
Chapter Seven .....	222
References .....	222
Appendixes.....	256

## List of Figures

### Chapter one

Figure 1.1 Three major steps in the carcinogenesis process; initiation, promotion and progression .....	9
Figure 1.2 Hallmarks of cancer .....	11
Figure 1.3 The Major interaction of KRAS pathway.....	28
Figure 1.4 NFκB/IκB subunits. ....	36
Figure 1.5 Structures of IKKα, IKKβ and IKKγ. ....	39
Figure 1.6 The classical NFκB pathway. ....	41
Figure 1.7 The non-canonical NFκB pathway.....	44

### Chapter Three

Figure 3.1 LTα <sub>1</sub> β <sub>2</sub> -induced phosphorylation of p100 in Panc-1 cells.....	74
Figure 3.2 LTα <sub>1</sub> β <sub>2</sub> -induced formation of p52 in Panc-1 cells.....	76
Figure 3.3 Prolonged LTα <sub>1</sub> β <sub>2</sub> -induced formation of p52 in Panc-1 cells. ....	78
Figure 3.4 LTα <sub>1</sub> β <sub>2</sub> -induced nuclear translocation of p52 in Panc-1 cells .....	80
Figure 3.5 LTα <sub>1</sub> β <sub>2</sub> -induced nuclear translocation of p52 in MiaPaCa-2 cells.....	81
Figure 3.6 Prolonged LTα <sub>1</sub> β <sub>2</sub> -induced nuclear translocation of p52 in Panc-1 cells.....	83
Figure 3.7 Prolonged LTα <sub>1</sub> β <sub>2</sub> -induced nuclear translocation of p52 in MiaPaCa-2 cells. ....	84
Figure 3.8 LTα <sub>1</sub> β <sub>2</sub> -induced formation of RelB in Panc-1 cells.....	86
Figure 3.9 TRAF2 and TRAF3 degradation in Panc-1 cells.....	88
Figure 3.10 TRAF2 and TRAF3 degradation in MiaPaC-1 cells .....	88
Figure 3.11 NIK expressions in Panc-1 cells .....	89
Figure 3.12 Effect of LTα <sub>1</sub> β <sub>2</sub> on expression of IKKα and IKKβ in Panc-1 cells.....	90
Figure 3.13 The effect of FCS on non-canonical NFκB signalling in Panc-1 and MiaPaCa-2 cells. ....	92
Figure 3.14 The effect of TNFα on the non-canonical of NFκB pathway in Panc-1 cells. ....	97
Figure 3.15 TNFα-induced degradation of IκBα and phosphorylation of p65 NFκB in Panc-1 cells .....	94
Figure 3.16 TNFα-induced degradation of IκBα and phosphorylation of p65 NFκB in MiaPaCa-2 cells. ....	95

Figure 3.17 $LT\alpha_1\beta_2$ -induced degradation of $I\kappa B\alpha$ and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells .....	100
Figure 3.18 The effect of IKK $\alpha$ siRNA on IKK $\alpha$ expression in Panc-1 cells.....	103
Figure 3.19 The effect of IKK $\beta$ siRNA on IKK $\beta$ expression in Panc-1 cells .....	104
Figure 3.20 The effect of IKK $\alpha$ siRNA on the phosphorylation of p100 in Panc-1 cells .....	106
Figure 3.21 The effect of IKK $\alpha$ siRNA on the p100 expression and formation p52 in Panc-1 cells .....	107
Figure 3.22 The effect of IKK $\beta$ siRNA on the canonical of NF $\kappa$ B pathway in Panc-1 cells .....	109
Figure 3.23 Effect of siRNA IKK $\alpha$ on cell cycle progression in Panc-1 cells .....	111
Figure 3.24 Effect of siRNA IKK $\beta$ on cell cycle progression in Panc-1 cells .....	112

## Chapter Four

Figure 4.1 The effect of SU1087 on $LT\alpha_1\beta_2$ -induced p52 formation in Panc-1 cells .....	130
Figure 4.2 The effect of SU1261 on $LT\alpha_1\beta_2$ -induced of p52 formation in Panc-1 cells .....	131
Figure 4.3 The effect of SU1411 upon $LT\alpha_1\beta_2$ - mediated p100 processing in Panc-1 cells .....	134
Figure 4.4 The effect of SU1432 upon $LT\alpha_1\beta_2$ -mediated p100 processing in Panc-1 cells .....	135
Figure 4.5 The effect of SU1434 upon $LT\alpha_1\beta_2$ -mediated p100 processing in Panc-1 cells .....	136
Figure 4.6 The effect of SU1261 and SU1433 upon $LT\alpha_1\beta_2$ induced translocation p52 in Panc-1 cells .....	138
Figure 4.7 The effect of SU1087 on $LT\alpha_1\beta_2$ -induced phosphorylation of p100 in Panc-1 cells .....	140
Figure 4.8 The effect of SU1261 on $LT\alpha_1\beta_2$ -induced phosphorylation of p100 in Panc-1 cells .....	141
Figure 4.9 The effect of SU1438 on $LT\alpha_1\beta_2$ induced phosphorylation of p100 in Panc-1 cells .....	143
Figure 4.10 The effect of SU1349 on $LT\alpha_1\beta_2$ -induced phosphorylation of p100 and formation of p52 in Panc-1 cells .....	145
Figure 4.11 The effect of SU1433 on $LT\alpha_1\beta_2$ induced phosphorylation of p100 and formation of p52 in Panc-1 cells .....	146
Figure 4.12 Effect of SU1087 on TNF $\alpha$ -mediated $I\kappa B\alpha$ degradation and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells .....	148
Figure 4.13 The effects of SU1436 and SU1432 on TNF $\alpha$ -mediated $I\kappa B\alpha$ degradation and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells .....	150

Figure 4.14 The Effects of SU1261, SU1349 and SU1433 on TNF $\alpha$ -mediated I $\kappa$ B $\alpha$ degradation and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells .....	151
Figure 4.15 The effect of SU1087 and SU1261 on LT $\alpha_1\beta_2$ -mediated I $\kappa$ B $\alpha$ degradation and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells .....	153
Figure 4.16 The IC <sub>50</sub> values of SU compounds against p100 expression and p52 formation following LT $\alpha_1\beta_2$ stimulation of Panc-1 cells .....	156
Figure 4.17 The IC <sub>50</sub> values of SU compounds against phosphorylation of p100 following LT $\alpha_1\beta_2$ stimulation of Panc-1 cells .....	157
Figure 4.18 The Effect of SU1261 on cell cycle progression in Panc-1 cells .....	159
Figure 4.19 The Effect of SU1349 on cell cycle progression in Panc-1 cells .....	162
Figure 4.20 The Effect of SU1433 on cell cycle progression in Panc-1 cells .....	163
Figure 4.21 The effect of SU1261 on Panc-1 cells clonogenicity .....	166
Figure 4.22 The effect of SU1349 on Panc-1 cells clonogenicity .....	167
Figure 4.23 The effect of SU1433 on Panc-1 cells clonogenicity .....	168
Figure 4.24 The effect of CW15407 on LT $\alpha_1\beta_2$ -induced phosphorylation of p100 and formation of p52 in Panc-1 cells .....	170
Figure 4.25 The effect of CW15407 and CW15420 on TNF $\alpha$ -mediated I $\kappa$ B $\alpha$ degradation and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells .....	172
Figure 4.26 The Effect of CW15407 on cell cycle distribution in Panc-1 cells .....	174
Figure 4.27 The effect of CW15407 on Panc-1 cells clonogenicity .....	176

## Chapter Five

Figure 5.1 LT $\alpha_1\beta_2$ - induced phosphorylation of p100 and formation of p52 in Panc-1 cells .....	189
Figure 5.2 LT $\alpha_1\beta_2$ -induced BBC3 mRNA expression in Panc-1 cells .....	192
Figure 5.3 LT $\alpha_1\beta_2$ -induced EZH2 mRNA expression in Panc-1 cells .....	193
Figure 5.4 LT $\alpha_1\beta_2$ -induced TNFAIP3 mRNA expression in Panc-1 cells .....	194
Figure 5.5 LT $\alpha_1\beta_2$ -induced VCAM-1 mRNA expression in Panc-1 cells .....	195
Figure 5.6 LT $\alpha_1\beta_2$ -induced MAP3K14 mRNA expression in Panc-1 cells .....	197
Figure 5.7 LT $\alpha_1\beta_2$ -induced mRNA SERPINB6 expression in Panc-1 cells .....	198
Figure 5.8 The effect of SU1349 and SU1433 on LT $\alpha_1\beta_2$ -induced phosphorylation of p100 and formation p52 in Panc-1 cells .....	200
Figure 5.9 The effect of SU1349 and SU1433 on LT $\alpha_1\beta_2$ -induced expression of VCAM-1 mRNA in Panc-1 cells .....	203
Figure 5.10 The effect of SU1349 and SU1433 on LT $\alpha_1\beta_2$ -induced expression of TNFAIP3mRNA in Panc-1 cells .....	204
Figure 5.11 The effect of SU1349 and SU1433 on LT $\alpha_1\beta_2$ -induced expression of MAP3K14 mRNA in Panc-1 cells .....	205
Figure 5.12 The effect of SU1349 and SU1433 on LT $\alpha_1\beta_2$ -induced expression of BBC2 and EZH2 mRNA in Panc-1 cells .....	206

## List of Tables

### Chapter One

Table 1.1 Common oncogenes and suppresser genes involve of in human cancers....	7
Table 1.2 Stages of pancreatic cancer. ....	22
Table 1.3 Chemotherapy agents that use as treatment of pancreatic cancer .....	25

### Chapter Two

Table 2.1 siRNA transfection agents, target gene, siRNA origin and target sequence .....	64
Table 2.2 Nucleotide sequences of the primers used for the analysis of gene expression by qPCR .....	67

### Chapter Four

Table 4.1 The $K_i$ value for SU compounds .....	127
Table 4.2 $IC_{50}$ values SU compounds against both non-canonical and canonical NF $\kappa$ B pathways intermediates .....	155

# **Chapter One**

## **Introduction**

## **1.1 Introduction**

Cancer is defined as the uncontrolled proliferation of cells which can occur in any organ of the body. In this condition, differentiation is compromised and cell growth takes over resulting in tumour formation, which in turn leads to spread to other organs (metastasis) (Hanahan and Weinberg, 2011). Cancer can spread to different parts of the body by two main pathways, the lymphatic system or the bloodstream. Today cancer is considered to be the biggest health problem globally (Hanahan and Weinberg, 2011) with around 12.8 million people affected by different cancers each year it causes 13% of all deaths worldwide.

### **1.1.1 External factors linked to cancers**

There are about two hundred types of cancer identified. There are many organs in the body which can be affected by cancer and it is hard to determine the causative agent of cancer (Sasco et al., 2004). However, there are many studies which have identified external factors, called carcinogens, associated with certain types of cancer. Classification of these factors have identified three main groups; biological carcinogens, physical carcinogens and chemical carcinogens (Sasco et al., 2004).

There are many infectious agents including parasites, viruses, and bacteria which have potential to promote cancer development. One noted example is Kaposi's Sarcoma which is a skin cancer associated with cutaneous lesions caused by Kaposi's Sarcoma Herpes Virus (KSHV) (Schulz, 2000). Many studies have shown a correlation between some species of bacteria and cancer development, for example, *Chlamydiae pneumoniae* with lung tumours, *Bartonella species* with vascular tumours and *Streptococcus bovis* has been shown to be implicated in colon cancer (Ellmerich et al., 2000, Marshall and Windsor, 2005, Littman et al., 2005, Dehio, 2005).

Physical carcinogens are defined as environmental factors which can help to cause tumour formation, for example, exposure of the foetus to high levels of ionising radiation has been linked to increasing the risk of developing childhood leukaemia (Stewart et al., 1958). Another example is Ultraviolet (UV) radiation, UV is an electromagnetic radiation with a range of wavelengths between 10nm - 400nm and is a component of sunlight and electric products. Studies have shown that 95% of skin cancers (melanomas) are associated with long term exposure to UV (Andrade et al., 2012).

Finally, chemical carcinogens encompass any chemical agent which causes cancer, for instance, water contaminants (arsenic) or tobacco smoke components. There are about four thousand chemicals in tobacco smoke, 93% of all lung tumours have been demonstrated to be related to smoking (Sasco et al., 2004, Villeneuve and Mao, 1994). Another example is an Aflatoxin B toxin, this toxin produced by two specific fungi, called *Aspergillus flavus* and *Aspergillus parasiticus*. This toxin is linked to hepatocellular tumours in Africa (Alpert et al., 1968). Bennett and Klich found increased levels of this toxin induced tumour development in animal models (Bennett and Klich, 2003). Another example is formaldehyde, a chemical used in industry and also found in some types of fruits or other foods. Formaldehyde is associated with a number of human cancers, for example leukaemia and nasopharyngeal cancer, hematopoietic and lung cancers (Rager, et al 2011). Research needs to continue to study chemical carcinogenesis as it likely to have an increasing influence on cancer development.

### **1.1.2 Cellular factors related to cancer development**

Whilst a number of external factors are linked to cancer development the predominant focus is on cellular factors, particularly hormones, growth factors, intracellular pathways and the resultant effect upon cellular proliferation. At this point it should be noted that the risk factors outlined in the paragraphs above results in either direct or indirect genetic mutations within the cell, called somatic mutations that lead to cancer.

A number of studies have suggested the involvement of hormones and growth factors in the development of cancers, as at the cellular level they play a role in the regulation of cell growth, cell proliferation and apoptosis. A number of cancers such as breast, uterine, cervical and prostate cancer, are driven by levels of estrogen, androgen and progesterone (Lukanova and Kaaks, 2005). Furthermore, in the past 30 years, hormones have been considered a risk factor for cancer development through their induction of cell proliferation. Many studies have demonstrated that increasing the level of estrogen and progesterone, such as via hormone replacement therapy (HRT) increases the risk of breast cancer. A study found that more than 160,000 women, who used HRT, were diagnosed with breast cancer and it was linked with duration of HRT intake, the risk increased 2.3% each year of use (Lancet, 1997). Another example is the hormone androgen, Chuu and co-workers reported that approximately 80% of prostate cancer proliferation was due to the hyper production of androgen, therefore, they suggested reducing the production of androgen as a potential therapeutic strategy for treatment of prostate cancer (Chuu et al., 2011).

Insulin-Like Growth Factor 1 (IGF-1) has an anti-apoptotic role in many types of cell (Yu and Rohan, 2000). Excess concentrations of IGF-1 can lead to the reduction of

some pro-apoptotic proteins which have a role in tumour formation in the prostate and breast (Kaaks and Lukanova, 2001). Elevating the concentration of insulin increases binding to IGF-1 receptors and leads to the activation of signalling pathways which enhance cancer development (Moore et al., 1998). In addition, insulin has also been implicated in metabolism and synthesis of some pro-cancerous hormones including the androgens (Fairfield et al., 2002, Kaaks and Lukanova, 2001).

### **1.1.3. Genetic mutations related to cancer development**

A number of cancers can be the result of mutations passed down through generations. Kastrinos and co-workers found a number of germline mismatch repair gene mutations related to colon cancer including: MLH1, MSH1, MSH6 and PMS2 (Kastrinos, et al, 2011). In addition hereditary non-polyposis colorectal cancer (HNPCC) also called Lynch's syndrome, is a genetically heterogeneous disorder responsible for approximately 2-10% of all colorectal cancer cases (Rajender, et al 2010). Some of the same genes, plus others, have been shown to be involved such as:MSH2, MSH6, MLH1, MLH3, PMS2, PMS1 and TGFBR2 (Fishel, et al 1993, Worthley, et al, 2005, Papadopoulos, et al 1994, Miyaki, et al 1997 Nicolaides, et al, 1994, Lu, et al 1998, Ou, et al 2009).

There are a number of hereditary mutations that have been linked to familial pancreatic cancer such as PRSS1 and CLDN. In addition, Whitcomb and co-workers found these mutations to be associated with hereditary disorders of the pancreas (Howes et al., 2004, Whitcomb et al., 1996). A previous study found that around 10% of pancreatic cancers were related to BRCA2 germline mutations as opposed to mutations in BRCA1 (Goldgar, et al, 1995). Both these mutations are associated with

ovarian and breast tumours (Friedman et al., 1994). Other examples include; mutations in KRAS2 and N-RAS genes which are associated with lung, pancreatic and colorectal tumours (Futreal et al., 2004). Furthermore, Chen and co-workers have found mutations within the PTEN gene in 70% of patients with prostate cancer (Chen et al., 2005) and this gene mutation is related to many types of tumours such as uterus, thyroid and breast (Pilarski and Eng, 2004).

In some cases the mutated gene can be both inheritable and the result of somatic mutation due to exposure to risk factors, again the BRCA1 gene is an example. Overall, reduced exposure to both internal and external factors can decrease development of tumours irrespective of whether a person already carries mutation or not.

There are two types of genes which are found in normal cells which influence the potential of development of tumours (see Table 1.1). The first type are proto-oncogenes; these genes express proteins which are responsible for many functions within the cell which are usually critical to growth and proliferation and include *abl*, *K-sam* and *ras* genes (Doolittle et al., 1983). The second type of mutations is linked to tumour suppressor genes that have the ability to regulate cell division and cell death, for example, p53, BRCA1 and BRCA2. Mutations in these genes whether inherited or acquired, lead to tumour development instead of working to regulate cell growth under normal conditions (Todd and Wong, 1999).

**Table 1.1 Common oncogenes and suppresser genes involve of in human cancers.**

From (Weinberg, 1996)

Oncogenes	
KRAS	Involved in ovarian, lung, pancreatic and colon cancer This gene has an intracellular function in ERK-MAP signalling.
MDM2	Involved in sarcoma and other cancer, this gene codes a negative regulator of tumour suppresser protein (p53).
BLC2	Involved in follicular B cell lymphoma, codes for a proteins that prevents cell suicide.
CTNB1	Involved in the liver cancer, codes for beta catenin.
NRAS	Involved in leukaemia, has a role in the regulating of cell division.
EGFR	Involved in breast and brain cancer, encodes the receptor for epidermal growth factor.
PRAD1	Involved in neck, breast and pancreatic cancer. Also named CCNDA, encodes cyclin D1.
L-MYC	Involve in lung cancer, This gene has intracellular function in ERK-MAP signalling. This gene codes for multi nuclear phosphoproteins (De Greve, et al 1988).
Tumour suppressor genes.	
BRCA1 and BRCA2	Involved in breast cancer, have a role in DNA repair damage.
RB1	Involved in bladder, bone, breast, retinoblastoma and small cell lung cancer.
APC	Involved in stomach and colon cancers, encodes APC protein which play a role in many cellular processes.
MTS1	Involved in many cancers, codes for p16 protein that had a role in the cell cycle.
Development signalling pathway	
GLI1 SOX3 CREBBP	Involved in pancreatic cancer, has a role in the hedgehog signalling pathway.
p21 TCF4	Involved in pancreatic cancer, has a role in cell death crosstalk with the NFκB signalling pathway.
MYC WNT9A	Involved in pancreatic cancer, has a role in Wnt signalling pathway.

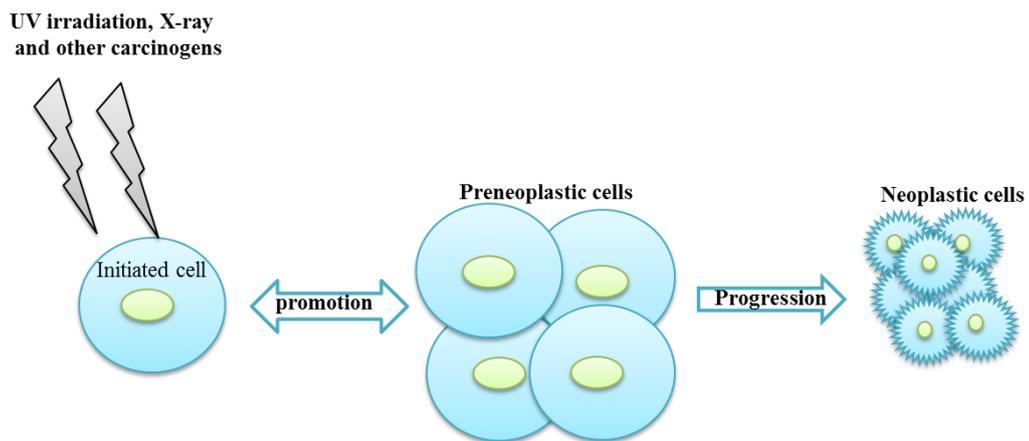
## **1.2 Tumorigenesis**

There are multiple routes that promote the transformation of a normal cell to a cancer cell, depending on the nature of mutation, this process is called tumorigenesis or carcinogenesis. Tumorigenesis includes three stages; initiation, promotion and progression (see Figure 1.1) (Pitot, 1993, Barrett, 1993, Frank, 2007, Lapidot et al., 1994). These stages are in themselves underpinned by an irreversible genetic mutation which occurs in DNA (Barrett, 1993), which leads to the DNA replication error during the synthetic phase of the cell cycle or changes in cellular metabolism, such as the release of free radicals and reactive oxygen species (Chen et al., 2007, Pray, 2008). Some of the environmental factors outlined previously clearly have the potential to initiate mutations in DNA, for example, UV radiation, X-Rays and smoking. Exposure to these factors creates covalent bonds within DNA segments, called DNA adducts, and this process can lead to mutation if not eliminated through the DNA repair system prior to replication. Direct DNA damage is classified into four different groups depending on the error that appears within the DNA; substitution, loss or addition of bases, modification in chemical structure of DNA itself and breaks in the DNA backbone (Pitot, 1993, Barrett, 1993, Frank, 2007).

In the promotion stage, cellular function maybe compromised resulting in an increase in the average rate of cell growth and division that increases the production of daughter cells and errors at the cell cycle checkpoint. At this stage the cancer promoters are not binding directly with DNA as in the initiation phase, but rather are linked to proliferation through activation of cell signalling pathways (Pitot et al., 1981). For example, the enhanced production of growth factors which bind to specific receptors on the target cell membrane can promote gene expression via

activation of cell signalling pathways, or indeed mutation of the intracellular pathways themselves which in turn promotes changes in gene expression without the need for activation a receptor (Pitot et al., 1981, Troll and Wiesner, 1985).

The final stage includes the ability of cells to form neoplastic cells or masses, which includes more spontaneous DNA damage, mutation or epigenetic change. Cells in this stage have a high rate of proliferation with a greater potential to metastasise, through the processes of migration and matrix de-regulation. These three stages can take a long time thus giving the opportunities for interventions to delay or prevent cancer progression (Pitot, 1993, Barrett, 1993, Frank, 2007).



**Figure 1.1 Three major steps in the carcinogenesis process; initiation, promotion and progression**

(Barrett, 1993, Pray, 2008, Surh, 2003).

### **1.3 Cellular modifications related to cancer development**

Under normal conditions cellular functions are tightly regulated, and the rates of cellular division and death are well balanced. At a cellular level there are numerous changes which affect this overall balance and are related to all three stages described above. According to Hanahan and Weinberg (Hanahan and Weinberg, 2011), there are a number biological modifications in cancer that causes transformation of normal cells to tumour cells. These modifications have been expanded to give a comprehensive view of the cancer process and are indicated in Figure 1.2.



**Figure 1. 2 Hallmarks of cancer**

Adapted from (Hanahan, and Weinberg, 2011).

### **1.3.1 Sustained proliferative signalling**

In normal cells the growth process is regulated through signalling by hormones and growth factors however, cancer cells have the ability to produce these signals through a number of different ways. For example, by producing growth factors themselves, called autocrine signalling, or altering intracellular proteins that independently mediate cell growth in the absence of an external signal (Hanahan and Weinberg, 2011). This is encapsulated in the second stage of the carcinogenesis process and is associated with oncogenic mutations leading to enhanced growth factor production, increased growth factor receptor expression and hyperactive intracellular signalling pathways such as Extracellular Signal-regulated Kinase (ERK) and Phosphoinositide 3-kinase (PI3 Kinase) (Hanahan and Weinberg, 2011, Evan and Vousden, 2001).

### **1.3.2 The evasion of growth suppressors**

There are a group of genes called tumour-suppressor genes that regulate cell division by regulating the entry of cells into specific stages of the cell cycle, by ensuring genetic competency (McClatchey and Yap, 2012). Tumour cells undergo mutation in these genes which allow continual unregulated growth. Furthermore, normal cells are able to sense when the available space is filled and contact inhibition occurs stopping proliferation. In cancer these sensors are missing and cells grow and divide continuously over each other (McClatchey and Yap, 2012).

### **1.3.3 Resistance to cell death processes**

Normal cells are programmed to die in cases where the cell becomes infected or damaged. This characteristic is absent in tumour cells, these cells have direct

alterations in the mechanisms that induce apoptosis or undergo changes in signalling pathways or proteins that have a role in the apoptotic process, for example p53, a check point kinase (Elmore, 2007). These and other components also link to replication immortality (Hanahan and Weinberg, 2011). There is a specific segment at the end of chromosomes, called telomeres. These telomeres become shorter each time the cell divides, after a specific numbers of divisions this segment becomes so short that the cell is unable to divide again. However, cancer cells have specific enzymes that make the telomeres length longer, thus allowing continuous cell growth (Hanahan and Weinberg, 2011, Kawai et al., 2007, Hansel et al., 2006).

#### **1.3.4. Induction of Angiogenesis**

There are a number of components that relate to the environment supporting tumour growth and metastatic spread. Angiogenesis, the formation of new blood vessels, is an essential process in embryo development and wound healing where capillary formation provides a source of oxygen and nutrients to the cells nearby. Since tumour cells are in continuous growth they need to develop additional sources of oxygen and nutrients to allow survival (Bergers and Benjamin, 2003). This is when the angiogenic process is activated to support neoplastic growth and expansion. There are a number of mediators released by tumour cells which mediate angiogenesis through binding to specific receptors on the surface of endothelial cells. One of these proteins is vascular endothelial growth factor (VEGF), encoded by the VEGF gene. Overexpression of VEGF by oncogenic transformation or by hypoxia gives cancer cells the ability to promote the growth of new blood vessels. In addition, there are other proteins which alter during the development of cancer to induce

angiogenesis, such as, thrombospondin type 1 (TSP-1) (Ferrara, 2009, Mac Gabhann and Popel, 2008).

### **1.3.6. Activation of invasion and metastasis**

Cancer cells have the ability to make changes in their shape, attach to each other or bind to the extracellular matrix (ECM) (Michel et al., 2010), which helps them to invade local tissue spaces or metastasize to other tissues or organs (Bex and van Roy, 2009). One of the most effective proteins that restricts mesenchymal transition, E-cadherin, is missing in cancer cells. E-cadherin is an adhesion molecule which has a key role in the formation of the junction between adjacent epithelial cells and is thought to help the cells form tissue sheets and retain the cells within the tissue. Many studies have indicated that overexpression of E-cadherin in cells functions to antagonise invasion and metastasis of tumours (Bex and van Roy, 2009, Cavallaro and Christofori, 2004).

### **1.3.7 Genome instability and mutation**

Recently, the molecular genetic analysis of the main types of cancer cell genomes have shown such a wide range of mutations suggesting that genomic instability is enhanced during tumour development. In their study, Korkola and Gray used a genetic analysis method called comparative genomic hybridization (CGH) and they found both increases and decreases in gene copy in cell genomes of a numbers of tumours. In the same study they concluded that there is failure in the control of genomic integrity in cancer cells; this disordering of genomic maintenance reflects defects in DNA repair systems and is thought to be a key component of tumour progress (Korkola and Gray, 2010).

### **1.3.8 Tumour promoting inflammation**

More recent evidence has shown that inflammation has a role in cancer progression; it has been demonstrated that inflammation is active in the earliest stage of cancer development (Qian and Pollard, 2010). Furthermore, Grivennikov and co-workers found that during the inflammation there are several chemical mediators released near the tumor cells, which supports the proliferation of the cells themselves and promotes the invasion of specific immune cells or progenitor cells which aid tumour growth, this can also include endothelial cell progenitors (Grivennikov et al., 2010).

### **1.3.9 Deregulating cellular energetics**

In normal cells there are two ways to produce the energy that is required for cell activity. In the presence of oxygen cells produce energy through conversion of glucose to pyruvate within the cytosol and. Then inside the mitochondria carbon oxide is produced. However, in the absence of oxygen, cells use glycolysis to release the pyruvate. In cancer, cells have ability to use glycolysis process even in in the presence of oxygen which is called aerobic glycolysis (Warburg, 1956a, Warburg, 1956b), thus the tumour cells produce energy that supports their development via this mechanism.

Cancer cell classification depends on the energy generation pathway, the first group uses lactose to produce energy, whilst in the second group, cells use lactose produced by neighboring cells to produce energy (Kennedy and Dewhirst, 2010, Feron, 2009, Semenza, 2008).

### **1.3.10 Avoiding the immune system**

In the normal body, cells and tissues are continuously monitored by the immune system, abnormal cells or early initiated tumor cells are routinely destroyed. Increasingly, tumour cells have the ability to avoid the detection process through one arm of the immune system where expression of cell surface proteins, which the immune system can normally recognise, are altered. There are a number of cancers which can develop following a breakdown in the immune system (immunocompromised individuals) indicating the key regulatory role of this system (Teng et al., 2008, Kim et al., 2007).

### **1.4. The pancreas and pancreatic cancer**

The pancreas is a large gland found in all vertebrates which includes two types of gland cells; endocrine cells which form islets of Langerhans and represent only 2% of the cell mass and the second type is the exocrine cell that forms acini. The pancreas is responsible for production of various hormones such as glucagon, amylin and insulin, and also produces the digestive enzymes: trypsin, lipase and amylase. Cancer can arise from both types of cells, but is commonly exocrine in origin.

Pancreatic cancer (PC) is linked with a poor prognosis and is ranked as the fourth cancer worldwide in terms of death rates (Siegel et al., 2015). Generally, resection is the only effective treatment but only 20% of PC patients are usually suitable for surgery, dependent on the stage of cancer, with an 80% possibility of the tumour returning (Sohn et al., 2000). One of reasons that make PC a fatal cancer is that the diagnosis is usually only made during the later stages because no symptoms or signs are apparent earlier. In addition, there is no clear guidance for checking people who

have a high risk of PC such as those with a family history or pancreas diseases such as diabetes (Sohn et al., 2000, Von Hoff et al., 2013). Only 5% of patients diagnosed with pancreatic cancer survive to 5 years (Jemal et al., 2008, Li et al., 2004), and there are approximately 50,000 new causes of PC annually in the United States (Saluja et al., 2016). During 2010 there were 43,140 people diagnosed with pancreatic cancer and 36,800 deaths, confirming the high mortality rate (Jemal et al., 2010). In a study over three years in Eastern Spain, which included 185 samples from patients diagnosed with pancreatic cancer, the results demonstrated that 6% of these cases involved the tail of the pancreas, 10% in the body and 62% in the head of pancreas whilst the rest of cases were not specified (Porta et al., 2005).

#### **1.4.1. Risk factors**

As with many other cancers, the factors that cause pancreatic cancer remain unknown. However, there are many studies which have identified a number of factors related to the development of pancreatic cancer. One research study, which included a number of different countries from Europe, the United States and others worldwide, showed pancreatic cancer to be more common in men than woman, with the risk being 30% greater in males (Ferlay et al., 2010, Andren-Sandberg et al., 1999). The reason for this difference maybe because of gender differences in lifestyle, for example smoking and alcohol intake is more prevalent in males (Lynch et al., 2009). Furthermore, the risk increases with advancing age in both men and women (Ferlay et al., 2010). In addition, ethnicity is considered a risk factor for PC. Silverman and co-workers found that in the US the highest percentage of pancreatic

cancer is in African Americans followed by white Americans, whilst Asian Americans have the lowest percentage (Silverman et al., 2003).

Furthermore, there are many modifiable factors which have been linked to pancreatic cancer, the most important one is smoking. Many studies suggest smoking to be causative agent in 20-30% of PC cases (Parkin et al., 2011, Parkin, 2011a). The risk increases between 2.5 to 3.6 times in comparison to non-smokers, and increases with the number of cigarettes and exposure time to smoke (Hassan et al., 2007). According to Parkin study found about 29% of pancreatic cancer cases in the UK were thought to be related to tobacco use (Parkin, 2011b).

Another modifiable factor related to PC cancer is vitamin D, and there are three different aspects to consider. Many studies suggest that Vitamin D intake through the diet or synthesis during exposure to the sun, may have a role as a protective factor in PC (Grant, 2007, Mohr et al., 2010, Bao et al., 2010a, Giovannucci, 2009). Indeed, one study has also shown that low levels of vitamin D can increase the risk of PC (Stolzenberg-Solomon et al., 2009). In contrast, another study from the same group suggests that there is no relationship between low levels of vitamin D and PC, but observed that high levels of vitamin D doubled the risk of PC (Stolzenberg-Solomon et al., 2010). Clearly more studies are required to resolve this issue.

There is no clear evidence regarding the role of alcohol intake as a risk factor in PC. One study has showed that consuming about 30g or more a day (Genkinger et al., 2009) or consuming three or more drinks of alcohol increased the risk of pancreatic cancer (Tramacere et al., 2010). However, another study noted that there was no correlation between alcohol and pancreatic cancer even for a person consuming 60g

or more each day (Michaud et al., 2010). These findings suggest the role of alcohol intake in development of pancreatic cancer still requires further investigation.

There are also very limited studies regarding the relationship between other modifiable factors, such as aspirin use and intake of coffee and the development of pancreatic cancer (Streicher et al., 2014, Dong et al., 2011). However, there is much more evidence linking pancreas diseases to the development of cancer. Several studies demonstrate an increase in disease progression if the patient has a history of chronic pancreatitis, diabetes, previous incidence of gastric ulcers, obesity and intestinal cancers (Batty et al., 2009, Landi, 2009, Lowenfels and Maisonneuve, 2006, Genkinger et al., 2009, Bao et al., 2010b, Aune et al., 2012, Shen et al., 2006).

Whilst the majority of pancreatic cancers involve somatic mutations due to external factors, about 5% to 10% of pancreatic cancers are hereditary. The risk increases three times in people who have a family history of pancreatic cancer (first degree relative) and 57 times in cases where there are four or more relatives who have pancreatic cancer (Hidalgo, 2010, Shi et al., 2009). Many studies suggest there are numbers of germ line mutations related to increased risk of pancreatic cancer in families who have history of the disease, for example, BRCA2, STK11, PRSS1 and P16 (and others see section 1.1.3). Nevertheless, these genes are responsible for developing pancreatic cancer in only a small portion of patients with a familial susceptibility, the genetics underpinning pancreatic cancer development remain largely unknown (Shi et al., 2009, Giardiello et al., 2000, Goldstein et al., 1995, Lowenfels et al., 1993, Whitcomb et al., 1996).

Interestingly, one non-modifiable genetic factor linked to pancreatic cancer is blood group. A person who has blood type O has the lowest rate of PC compared with the other three main blood groups A, B and AB (Wolpin et al., 2009, Pelzer et al., 2013). Overall the large number of studies outlined above indicates a complex array of factors which result in the development of pancreatic cancer.

### **1.4.2. Symptoms**

The most common symptoms of pancreatic cancer are; abdominal pain, anorexia non-logical weight loss, back pain, vomiting, diarrhoea, jaundice, and asthenia. Studies demonstrate a correlation between the location and size of tumour within the pancreas and the symptoms. The jaundice, weight loss and steatorrhea were found to be closely related with head tumours, but did not occur with tail tumours (Modolell et al., 1999, Kalser et al., 1985, Bakkevold et al., 1992). Porta and co-workers showed that 60-70 % of tumours are at the head of the pancreas, whilst, 20-25% are localised within the body and tail. In a study involving 185 pancreatic cancer patients, they found that 71% of these patients suffered from epigastric pain and 79% of patients had abdominal pain (Porta et al., 2005). Furthermore, it has been found that PC caused death in approximately 90% of those diagnosed with the disease, 70% of patients died because of spread to other organs, the remaining 30% died with limited metastases at the time of death, however most patients had bulky primary tumours (Iacobuzio-Donahue et al., 2009).

### **1.4.3. Types of pancreatic cancer cell tumour**

Since the pancreas contains two types of secretory cells, there are two types of pancreatic cancer which can develop. Endocrine tumour cells are formed from

endocrine cells (cells producing hormones) and exocrine tumour cells are derived from exocrine cells (cells producing enzymes). Endocrine tumours are also referred to as neuroendocrine tumours, which have the potential to be malignant, and are considered to be the less common type of pancreatic cancer. The second group, which are called exocrine tumours, are further subdivided into two types; adenocarcinomas and mucinous. Tumours of Adenocarcinomas are considered the most prevalent type of exocrine pancreatic tumour and have a poor prognosis with a high level of malignancy. Mucinous tumours have a slightly better prognosis when compared with adenocarcinomas (Goodman et al., 2012).

#### **1.4.4. Stages of pancreatic cancer**

According to the Tumour Node Metastasis system from the American Joint Committee on Cancer (AJCC), pancreatic cancer is staged and the main distinguishing features used for staging the pancreatic cancer is resectability of the tumour and whether or not it has metastasised. There are four main stages of pancreatic cancer with subdivisions; in stage I and II the tumours are classified as resectable, stage III tumours are classified as unresectable and locally advanced tumours, while the tumour in stage IV exhibit distant metastases (Edge and Compton, 2010) (see table 1.2).

**Table 1.2 Stages of pancreatic cancer.**

\*M indicates distant of metastasis, \*\* N for lymph nodes (Bilimoria et al., 2007, Hidalgo, 2010).

Stage	characteristics	Distant metastases *	Nodal status **	Median survival (Months)
I A	Tumour is limited to pancreas and the size of tumour <2cm	M0	N0	24.1
IB	Tumour is limited to pancreas and the size of tumour >2cm	M0	N0	20.6
IIA	Tumour spread beyond the pancreas	M0	N0	15.4
IIB	Different size of tumour	M0	N1	12.7
III	The tumour involves the celiac axis or superior mesenteric artery	M0	N0 or N1	10.6
IV	Distance metastasis with any zise of tumour	M1	N0 or N1	4.5

Over recent years the genetic analysis of pancreatic cancer has been developed by many research groups and has the potential to guide future personalised and more effective treatment. Studies analysing 456 pancreatic cancer patients samples, using integrated genomic analysis, showed 32 gene mutations implicated in ten cellular pathways and related processes including; KRAS, transforming growth factor beta (TGF- $\beta$ ), NOTCH, ROBO/SLIT, WNT signalling, chromatin modification,

SWI/SNF event linked to G<sub>1</sub>/S phase of the cell cycle, DNA repair and RNA processing (Bailey et al., 2016).

Further expression analysis has determined four key subtypes of tumours. Firstly squamous tumours, the most common genes mutations in these tumours, include genes involved in hypoxia response, inflammation and metabolic reprogramming (Hoadley et al., 2014), The second subtype called a pancreatic progenitor tumour, involves upregulate of genes that are involved in early pancreatic cancer development, for example, FOXA2/3, MNXI and PDX1 (Hale et al., 2005). A third subtypes called Aberrantly Differentiated Endocrine Exocrine (ADEX), includes genes involved in KRAS activation, exocrine differentiation and endocrine differentiation (von Figura et al., 2014). An immunogenic tumour is the fourth subtype, featuring upregulation of genes and their downstream products required for suppression of the immune system (Rooney et al., 2015).

#### **1.4.5. Treatment of pancreatic cancer**

As implicated above surgery is considered the main treatment for pancreatic cancer, patients with resectable tumours have an increased probability of recovery (Jones et al., 2008). The surgery used is dependent on the location of the tumour, for a tumour

in the head of the pancreas the typical procedure is a pancreaticoduodenectomy, whilst the common treatment of a resectable tumour in the tail of pancreas is a distal pancreatectomy (Yokoyama et al., 2009). Only stage I and II tumours will be considered amenable for surgery, however even at these early stages survival after five years is only 30%.

Therefore, because of the limitations in using surgery to treat pancreatic cancer other approaches such as chemotherapy are needed (Jones et al., 2008, Li et al., 2004). Chemotherapy is used primarily as an adjuvant after surgery. The European Study Group of Pancreatic Cancer 1 (ESPAC-1) found that there was a relationship between the survival rates of patients who had surgery followed by chemotherapy or radiotherapy treatment. The five year survival rate was 21% in the group who had taken chemotherapy after resection compared with 8% in the group without chemotherapy, the average survival time was 20.1 months in the chemotherapy group compared to 15.5 months without chemotherapy. Interestingly, the study also found that for the group of patients who used a combination of chemo and radiotherapy, in addition, to surgery, their general health became worse (Neoptolemos et al., 2004).

For treatment of the advanced local (III) or metastatic (IV) stages of pancreatic cancer, chemotherapy or radiation is the only option available and is only useful in reducing the symptoms of the disease. Burris and co-workers studied the effect of chemotherapy and survival rate of PC patients, the data suggested that gemcitabine is the optimum option. Gemcitabine reduced the symptoms such as pain in about 23.8% of patients compared with 5% with 5-Fluorouracil. Additionally, the study found that the survival average was increased to 5.7 months compared to 5-Fluorouracil which

was 4.4 months (Burris et al., 1997). However, this study did not compare either of drugs with untreated control patients.

More recent studies have exploited the potential of targeting different cellular pathways for example, using Erlotinib which is an inhibitor of the epidermal growth factor receptor. In a study conducted by the National Cancer Institute of Canada Clinical Trials Group using new targeted therapies such as Erlotinib and other tyrosine kinase inhibitors, they found there was a significant increase in survival rates in stage III patients compared with those using gemcitabine alone (Kelley, et al 2008) (see Table 1.3).

**Table 1.3 Chemotherapy agents that use as treatment of pancreatic cancer**

Drug	pharmacological class	Mechanism of action	Common adverse effect
Erlotinib	Tyrosine kinase effect	Inhibition phosphorylation of numbers tyrosine kinase	Anorexia, vomiting, rash, diarrhoea and fatigue
Gemcitabine	Antimetabolite pyrimidine analogue	There are two action; diphosphate and triphosphate, and inhibit the ribonucleotide reductase that inhibition of DNA synthesis process.	Anemia, nsusea, myelosuppression and vomiting
5-fluorouracil	Antimetabolite pyrimidine analogue	Inhibit the thymidylate synthase, therefore inhibition DNA synthesis	Anemia, nsusea, myelosuppression and vomiting

### **1.5. Signalling pathways in pancreatic cancer**

The studies outlined above demonstrate the limitation of current therapeutic approaches for the treatment of pancreatic cancer. A better understanding of the role of different signalling pathways in the development of pancreatic cancer may allow better targeting of the disease and lead to the development of a new treatment. The

next section outlines a number of signalling pathways linked to pancreatic cancer which include; Nuclear Factor Activated T-cell (NFAT), Nuclear Factor like-2 (NRF2), Wnt, ERK and the Nuclear Factor Kappa B (NFκB) pathway (Martin, 2003). The reader is directed to a number of excellent reviews of this general topic (Arlt et al, 2012, Karanikas, et al., 2016).

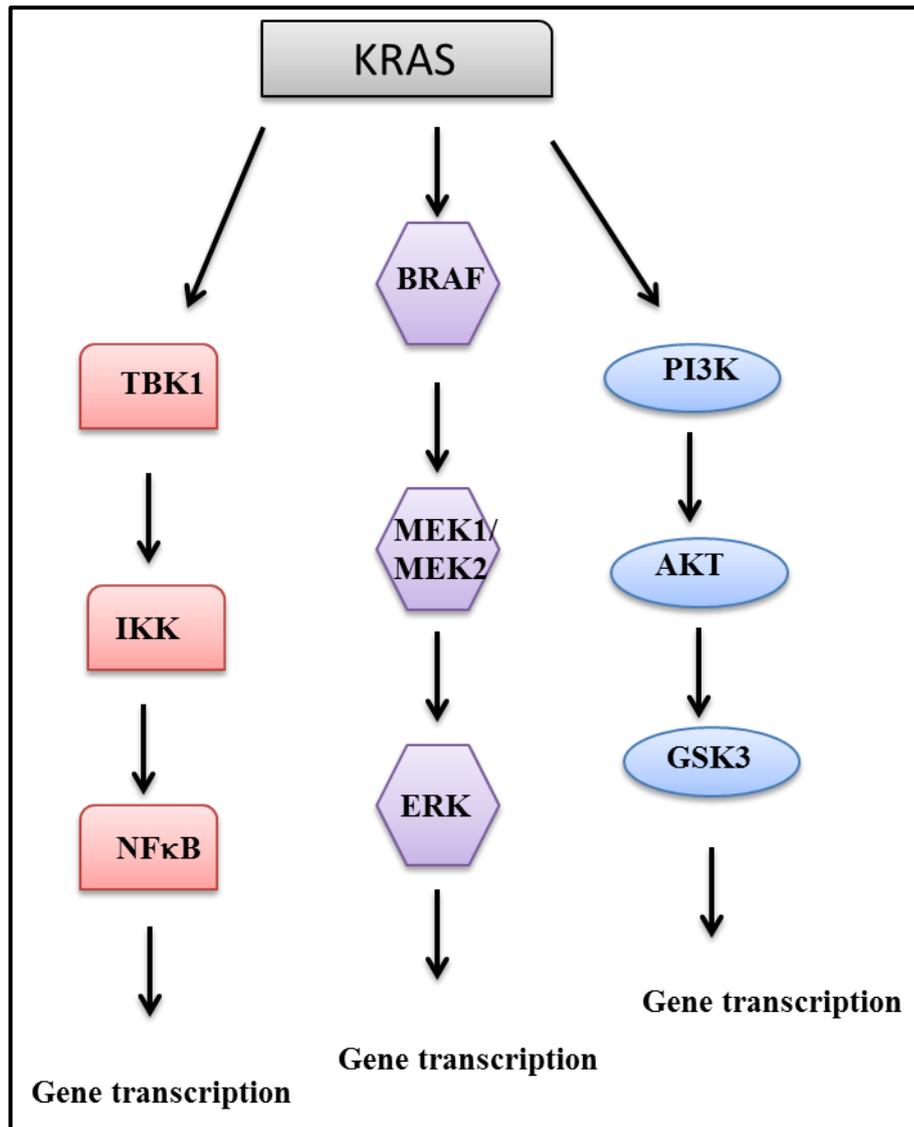
### **1.5.1 Extracellular signal-regulated kinases ERK**

Over 30 years ago, four similar signalling pathways were identified as Mitogen-activated protein kinases (MAPKs) each containing a different cascade of kinase signalling. These are known as the: ERK, the c-Jun amino-terminal kinases (JNK), p38 and ERK5 pathways. Usually, the JNK, p38 and ERK5 pathways are activated by growth factors or stress, whilst the ERK pathway is activated by growth factors through cell surface receptors (Benson et al., 2006). There are two predominant isoforms of ERK, ERK1 (44 kDa) and ERK2 (42kDa) which show a 70% similarity in the amino acid sequence of their chemical structure. Phosphorylation of both threonine and tyrosine residues of ERK leads to its activation (Downward, 2003). One activated, ERK dissociates from MEK and is translocated into the nucleus and through activation of transcription factors regulates a variety of genes. For example, increased expression of cyclin D1 and Myc, which have a role in cell progression, inhibits the pro-apoptotic process by induced overexpression of Bcl2-associated death promoter (BAD) and Bcl2-like protein 11 (Bim). In addition, this increases the expression of Bcl2 and Bcl-x expression which promotes the anti-apoptotic process (Neuzillet et al., 2014). Furthermore, activation of ERK kinases promotes regulation of many biological processes such as, cell survival, proliferation, migration and

angiogenesis through promoting phosphorylation of a number of transcription factor and cytoskeletal proteins (Yoon and Seger, 2006).

Unsurprisingly, activation of ERK kinases are implicated in cancer development through driving a number of signalling pathways and through the regulation of gene expression (Yoon and Seger, 2006). Therefore, targeting ERK has become the aim of many studies. The ERK pathway can be mediated through MEK inhibitors such as PD184352, PD0325901 and AZ6244 which have been developed as potential therapeutic strategy for cancer treatment (Sun et al., 1993, Sebolt-Leopold et al., 1999). Some of these inhibitors are under current examination in pre-clinical and clinical studies (McCubrey et al., 2010, Zhao and Adjei, 2014), whilst some have shown promising result with survival benefits in a clinical setting (Flaherty et al., 2012).

Interestingly, KRAS mutations have been found in 95% of pancreatic cancers (Bryant et al., 2014) and many studies have reported that the KRAS mutation is essential for pancreatic cancer development (Cox et al., 2014, Stephen et al., 2014). However, a recent study concluded that MEK inhibitors are inactive or have limited effect on cancers that have KRAS mutations and this attributed to the loss of feedback inhibition and reactivated ERK pathways through REK compensatory mechanisms (Samatar and Poulikakos, 2014). Therefore, other proteins downstream of KRAS have been investigated in a number of studies as potential therapeutic strategy for cancer treatment (Rachagani et al., 2011, Maier et al., 2013, Ling et al., 2012, Chiao and Ling, 2011, Pak and Miyamoto, 2013) see Figure 1.3.



**Figure 1.3 The Major interaction of KRAS pathway**

Proteins downstream of KRAS signaling which could be promising therapeutic targets for pancreatic cancer treatment in patients with KRAS mutation. Adapted from (de Castro Carpeno and Belda-Iniesta, 2013).

### **1.5.2 The Nuclear Factor Activated T-cell (NFAT) pathway**

The NFAT family consists of a group of calcineurin-responsive transcription factors, which play key role in the regulation of cellular apoptosis and growth, particularly in the context of T lymphocyte activation (Konig et al., 2010, Baumgart et al., 2013).

There are four isoforms; NFATc1 (NFAT2/NFATc), NFATc2 (NFAT1/NFATp),

NFAT3 (NFAT4/NFATx) and NFATc4 (NFAT3) and activation is under control of the  $\text{Ca}^{2+}$  / calcineurin signalling pathway (Mancini and Toker, 2009). At rest NFAT is located within the cytoplasm and is highly phosphorylated on a number of serine residues. Stimulation leads to the dephosphorylation by calcineurin, entry of NFAT2 into the nucleus and subsequent regulation of gene transcription (Nayak et al., 2009)

Many reports have shown that the NFATc1/NFAT2 and NFATc2/NFAT1 pathways play a role in chemo-resistance and carcinogenesis in different stages of pancreatic cancer (Baumgart et al., 2013, Baumgart et al., 2012, Shibasaki et al., 2002). Additionally, others have documented that NFAT plays a role in the regulation of growth and development of pancreatic tumours, however, there is very limited data about the appropriateness of NFAT as a molecular target for therapies (Mancini and Toker, 2009, Medyouf and Ghysdael, 2008).

NF $\kappa$ B and NFAT both belong to the superfamily of transcription factors and have the same DNA binding site (Serfling et al., 2004). Additionally, the regulation of COX-2 expression depends on the balance between both the NF $\kappa$ B and NFAT pathways (Hai et al., 2011, Cai et al., 2011). A role for COX-2 has been demonstrated in the chemo- resistance of pancreatic tumour cells (Jendrossek, 2013, Li et al., 2008) however, how these pathways interact in pancreatic cancer is still not understood.

### **1.5.3 The Nuclear Factor like-2 Nrf2 pathway**

Nrf2 is a transcription factor, also known as nuclear factor (erythroid- derived)-like 2 or NFE2L2, is part of the cap'n' collar basic leucine zipper protein family and plays a key role in cellular defence to oxidation (Moi et al., 1994, Gold et al., 2012, Nguyen et al., 2009, Martin-Montalvo et al., 2011). In normal conditions, Nrf2 is

located within the cytoplasm of cells, anchored to kelch-like ECH-associated protein 1 (Keap1) (Martin-Montalvo et al., 2011, Nguyen et al., 2009). Nrf2 can be activated by many cellular conditions or oxidative stress, and the interaction of both Nrf2 and cysteine residues of Keap1 results in the translocation of Nrf2 into the nucleus (Tian et al., 2012).

DeNicola and co-workers proposed a critical role for Nrf2 in the oncogenesis of pancreatic tumours (DeNicola et al., 2011). Furthermore, another study demonstrated up-regulation of cytoplasmic Nrf2 either in pancreatic cancer cell lines or from patient's samples (Lister et al., 2011). Even in the absence of mutations in mediators which activate this pathway an additional study noted that increasing Nrf2 through cellular stimulation or over expression of Nrf2 gives pancreatic cancer cells resistance against apoptotic stimuli (Hong et al., 2010).

Most of the research which has studied the interaction between the NF $\kappa$ B and NRF2 pathways concentrates on the activation of NRF2 through oxidative stress which enhances NF $\kappa$ B signalling and in turn causes the inhibition of NRF2 through an unknown mechanism (Li et al., 2008). Arlt and co-workers found that NRF2 has the ability to facilitate the release of NF $\kappa$ B from I $\kappa$ B $\alpha$  (Arlt et al., 2009). However, there is a study which demonstrated that the p65 NF $\kappa$ B subunit of NF $\kappa$ B could interact with Keap 1 to modulate the activity of NRF2 (Yu et al., 2011).

#### **1.5.4. Wnt signalling pathway**

The Wnt signalling pathway plays an essential role in growth and differentiation of cells during development and is strongly implicated in cancer. This pathway can be

activated through binding of ligands to the Wnt receptor on the cell membrane and activation of  $\beta$ -catenin. In cells at rest  $\beta$ -Catenin is inactivated through binding to GSK3- $\beta$  kinase. Phosphorylation of this complex triggers the release of  $\beta$ -Catenin, accumulation within the cytosol and translocation into the nucleus where subsequent expression of target genes occurs. (Zeng et al., 2006, Pasca di Magliano et al., 2007).

Many studies have linked activity of this pathway to pancreatic cancer development where increased levels of  $\beta$ -Catenin was noted in pancreatic cancer patient samples but not in normal pancreas (Pasca di Magliano et al., 2007, Zeng et al., 2006). Lowy and co-workers found there was a high level of  $\beta$ -Catenin expression only in the early stage of pancreatic cancer (Lowy et al., 2003). In addition, it was demonstrated that blocking the expression of  $\beta$ -Catenin resulted in decreased proliferation of pancreatic cancer cells (Pasca di Magliano et al., 2007). These findings provide strong evidence that the Wnt pathway has an involvement in pancreatic cancer development.

#### **1.5.5. The Nuclear factor kappa B pathway (NF $\kappa$ B)**

In 1986, NF $\kappa$ B was identified as a transcription factor in B cells by Sen and Baltimore (Sen and Baltimore, 1986). Today the NF $\kappa$ B pathway is recognised as a key signalling mechanism found in many types of cell and plays an important role in a diverse range of cellular processes, including: inflammation and immune function, growth and apoptosis, cell division and fetal development (Brand et al., 1997, Brand et al., 1996, Oeckinghaus and Ghosh, 2009).

There are two main NF $\kappa$ B pathways within the cell, the classical or canonical pathway and the non-canonical (described in more detail later in this section). These two pathways comprise of three main components; the NF $\kappa$ B transcription factor, a regulatory inhibitory protein called Inhibitory kappa B (I $\kappa$ B) and thirdly a key regulatory kinase called inhibitory kappa kinase B (IKK). A common mechanism of activation exists where, at rest, the NF $\kappa$ B transcription factor resides within the cytosol bound or partially bound to an I $\kappa$ B. Following cellular activation this complex dissociates due to the activity of the I $\kappa$ B kinase and the transcription factor translocates to the nucleus, where it binds to promotor regions of different genes. Variations exist within each pathway although the molecular structures of each of the components share similar features which are outlined below (Gamble et al., 2012a).

### **1.6 Genes regulated by NF $\kappa$ B**

There are many cellular functions in which NF $\kappa$ B plays a key role, such as apoptosis, growth, survival, development and differentiation. As outlined above this is dependent upon transcriptional regulation of a number of NF $\kappa$ B-dependent genes, following binding of heterodimers or homodimers to specific DNA binding motifs. The core sequence for specific DNA binding has been identified for p65/p50 as 5-GGGRNYYYCC-3' (where R=A or G; Y=C or T; W=T or A; V=A, C or G) (Chen and Ghosh, 1999, Chen et al., 1998). Through this basic binding motif, many genes are regulated, for example, vascular cell adhesion protein 1 (VCAM-1), COX-2 and intercellular adhesion molecule-1 (ICAM-1)(Denk et al., 2001). Additionally, p65/RelA is also responsible for regulation of anti-apoptotic genes such as cellular inhibitor of apoptosis protein (c-IAP) and X-linked inhibitor of apoptosis protein

(XIAP) (Chu et al., 1997, Stehlik et al., 1998). Furthermore, RelA is responsible for the regulation of other genes that influence cell proliferation and survival, called pro-survival factors, for example, BCL-1 and 2 (Catz and Johnson, 2001).

Genes which mediate immune cell trafficking, angiogenesis and lymphoid development are regulated by Rel B. The sequence that Rel B binds to within DNA has also been identified as 5'-GGGRVWTTY-3'; (Britanova et al., 2008). In 2002 it was found that several chemokines, including: B lymphocyte chemoattractant (BLC), secondary lymphoid tissue chemokine (SLC), stromal cell- derived factor-1 $\alpha$  (SDF1 $\alpha$ ) and EBI-1 ligand chemokine factors that are responsible for the regulation of lymphoid organogenesis, were regulated by Rel B subunits (Dejardin et al., 2002). Another study conducted by Wharry and colleagues, investigated pancreatic ductal adenocarcinoma (PDAC), and identified that some genes, for example, cytokine B cell activation factor (BAFF) and chemokine C-X-C motif ligands CXCL12, CXCL13 and C-C motif ligands CCL19 and CCL12 are up-regulated through activation of RelB in this tumour type. The development of lymphoid malignancies and solid tumours are also strongly linked to the expression of several of these genes (Wharry et al., 2009).

## **1.7 Structure and function of NF $\kappa$ B**

In normal cells NF $\kappa$ B proteins are found as heterodimer or homodimer complexes formed from five proteins located in the cytoplasm (Figure 1.4) which include p52/p100, c-Rel, RelB, p65/RelA and p50/p105. p65/RelA is also known as p65 NF $\kappa$ B while p50 is also named NF $\kappa$ B1, the molecular weight of these two proteins are 65 kDa and 50 kDa respectively. NF $\kappa$ B isoforms including p50 and p65 NF $\kappa$ B

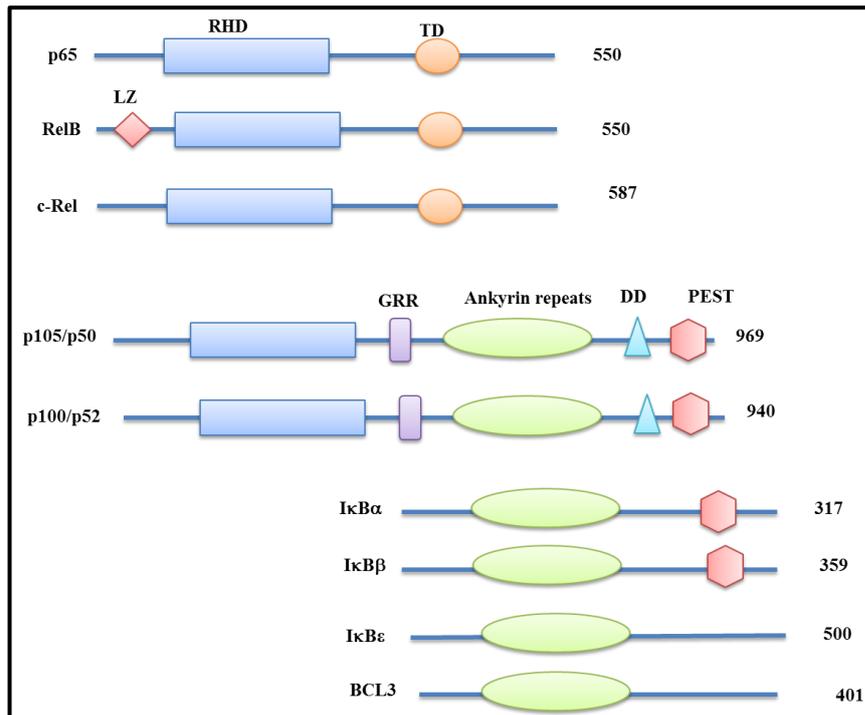
shuttle from the cytoplasm to the nucleus where they bind to the consensus DNA sequence. These sites are called  $\kappa$ B sites and through this binding, transcriptional activity is regulated (Zabel et al., 1991, Kawakami et al., 1988, Ghosh et al., 1990, Sen and Baltimore, 1986).

Structurally, all NF $\kappa$ B subunits have an N-terminal Rel homology domain termed (RHD) which is highly conserved, this site is not only responsible for DNA binding but also nuclear translocation, protein dimerisation and interaction with specific I $\kappa$ B proteins (Hayden and Ghosh, 2004). Furthermore, NF $\kappa$ B is further classified depending on the presence of C- terminal transactivation regions. Class 1 NF $\kappa$ B isoforms do not have a C- terminal transactivation region, these subunits, p50/p105 and p100/p52 instead have a trans-repression domain (Brown et al., 1994, Kang et al., 1992, Lernbecher et al., 1993, Plaksin et al., 1993, Schmitz and Baeuerle, 1991). In contrast, class 2 NF $\kappa$ B subunits have C- terminal transactivation regions and these include RelA, c-Rel and RelB subunits (Dobrzanski et al., 1993).

### **1.7.1. I $\kappa$ B structure**

There are a number of I $\kappa$ B $\alpha$  proteins which regulate NF $\kappa$ B isoforms within the cytosol. The family includes I $\kappa$ B $\alpha$ , I $\kappa$ B $\beta$  (Thompson et al., 1995), I $\kappa$ B $\gamma$  (Inoue et al., 1992) I $\kappa$ B $\epsilon$  (Li and Nabel, 1997), and p100/p105 (Mercurio et al., 1993, Perkins et al., 1992). The first time I $\kappa$ B was identified as an inhibitor for NF $\kappa$ B, by Baeuerle and his co-workers, they demonstrated that binding retained NF $\kappa$ B subunits within the cytoplasm of cells (Baeuerle and Baltimore, 1988).

The binding site for I $\kappa$ B is located in the RHD within the Rel/ NF $\kappa$ B dimer, requires an ankyrin repeat (Cervantes et al., 2009, Henkel et al., 1992) and according to many studies each I $\kappa$ B protein is specific for each Rel/NF $\kappa$ B protein. For example, RelB only binds to p100/p105 (Dobrzanski et al., 1995), whilst I $\kappa$ B $\alpha$  and I $\kappa$ B $\beta$  bind to and strongly inhibit the RelA/p52 dimer (Baeuerle and Baltimore, 1989, Beg et al., 1992, Thompson et al., 1995).



**Figure 1.4 NFκB/IκB subunits.**

The structures of various subunits of NFκB and IκB members, a number of amino acid is display next to each NFκB and IκB members. LZ, leucine zipper; TD, transactivation domain, Rel homology domain, PEST region, polypeptide sequence enriched in proline (P), glutamic acid (E), serine (S) and threonine (T) region, GRR, glycine-rich region, DD, death domain adapted from (Beinke and Ley, 2004).

### 1.7.2. Regulation of IκBα

In 1990 Zabel and Baeuerle discovered that there were two main isoforms of IκB in resting cells that associated with NFκB; these two isoforms are named as IκBβ and IκBα. Several studies indicate that IκBα but not IκBβ has an important role in the canonical NFκB pathway. When cells are at rest and the NFκB pathway is not activated, IκBα works as an inhibitor by binding to NFκB (p65/p50) to prevent

translocation into the nucleus (Jaffray et al., 1995). The affinity of I $\kappa$ B $\alpha$  for each NF $\kappa$ B isoform has enabled classification into three groups; highest affinity when the I $\kappa$ B $\alpha$  binds to the heterodimer (p65/p50), medium affinity for I $\kappa$ B $\alpha$  binding to the p65 NF $\kappa$ B homodimer and the lowest affinity for I $\kappa$ B $\alpha$  binding to the p50 homodimer (Malek et al., 1998). Ganchi and co-workers showed that the site where I $\kappa$ B $\alpha$  binds to p65 NF $\kappa$ B also contains the Nuclear localization sequence (NLS) because when there is a mutation at this site the binding of p65/I $\kappa$ B $\alpha$  is disrupted. There are two sites for I $\kappa$ B $\alpha$  binding within the p65 NF $\kappa$ B homodimer; aa 450-500 and aa 151-312. Mutation within these regions leads to dissociation of the p65/I $\kappa$ B $\alpha$  complex but does not disrupt DNA binding (Ganchi et al., 1992)

Following cellular activation, I $\kappa$ B $\alpha$  is phosphorylated at serine residues 32 and 36 within the N-terminus. This has been shown to occur following stimulation by agents, such as TNF $\alpha$ , ionomycin and phorbol 12-myristate 13-acetate (PMA) (Brockman et al., 1995, Brown et al., 1993). The I $\kappa$ B $\alpha$  phosphorylation functions to initiate ubiquitination and targets the protein for proteasomal degradation which leads to liberation of the NF $\kappa$ B subunits. The ubiquitination of I $\kappa$ B $\alpha$  is considered to be an important and fundamental step before degradation of I $\kappa$ B $\alpha$  (Li et al., 1995). Lysine residues 22 and 21 have been identified to be the primary site for signal-induced ubiquitination of I $\kappa$ B $\alpha$ , when mutations occur in these sites the phosphorylation of I $\kappa$ B $\alpha$  by the IKK complex persists (see below) however, ubiquitination and degradation is inhibited and as a consequence NF $\kappa$ B remains in

the cytoplasm because it cannot be separated from I $\kappa$ B $\alpha$  (Scherer et al., 1995, Chen et al., 1996).

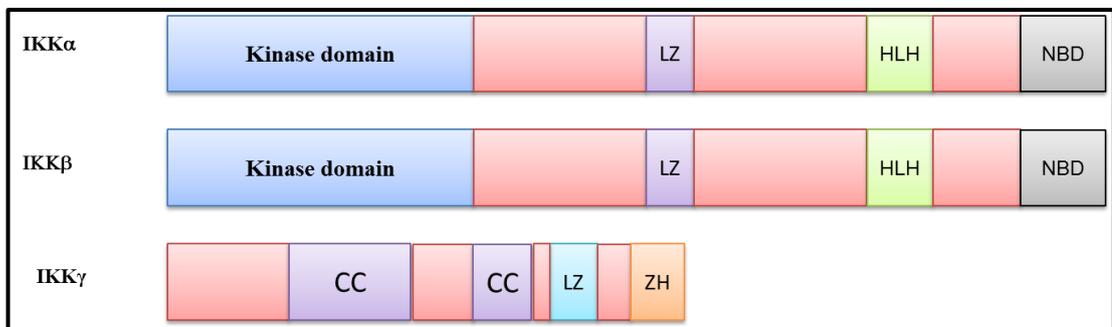
### **1.7.3. NF $\kappa$ B2 (p100/p52)**

NF $\kappa$ B2 (p100/p52) was originally called p98 because the molecular weight of this protein is 98 kDa. The activation of this subunit is unique when compared to the other NF $\kappa$ B subunits but p100 can function as an I $\kappa$ B family member (Mercurio et al., 1992, Mercurio et al., 1993). Both p100 and p105 are similar to I $\kappa$ B $\alpha$  in that these subunits have ankyrin repeats within the C-terminal region, and the C-terminal domains of both p105 and p100 function to retain NF $\kappa$ B in the cytoplasm (Rice et al., 1992, Mercurio et al., 1993). The formation of NF $\kappa$ B is mediated via proteasomal-mediated degradation of the C-terminus of both p105 and p100; in this process both p100 and p105 are split in half forming the two NF $\kappa$ B subunits, p50 and p52 respectively (Fan and Maniatis, 1991, Siebenlist et al., 1994).

### **1.7.4. Inhibitory Kappa B kinases**

As indicated previously an essential step in the activation of NF $\kappa$ B is phosphorylation of I $\kappa$ B $\alpha$ . Chen and co-workers discovered a complex with a molecular weight of approximately 700-900 kDa that was responsible for I $\kappa$ B phosphorylation (Chen et al., 1996), and called it I $\kappa$ B kinase (IKK). The role of the complex was confirmed by studies carried out in HT-29 cells where TNF $\alpha$  was used to stimulate the activation of the IKK complex and this led to I $\kappa$ B $\alpha$  phosphorylation and degradation. Overexpression of IKK also increased NF $\kappa$ B activation (DiDonato et al., 1997).

It is now understood that the IKK complex is comprised of both IKK $\beta$  and IKK $\alpha$  which are catalytically active kinases and IKK $\gamma$  which is inactive. Woronicz *et al* found similarity in protein structure within IKK $\beta$  and IKK $\alpha$ ; both proteins have a C-terminal helix-loop-helix (HLH) domain, leucine-zipper motif and NH<sub>2</sub>-terminal kinase domain (see Figure 1.4) (Woronicz et al., 1997). Significantly, it was found that there was a diversification in the NF $\kappa$ B pathways; IKK $\beta$  regulates the canonical pathway whilst IKK $\alpha$  regulates the non-canonical NF $\kappa$ B pathway (May et al., 2010).



**Figure 1. 5 Structures of IKK $\alpha$ , IKK $\beta$  and IKK $\gamma$ .**

Abbreviations; LZ :leucine zipper motif, HLH: helix-loop-helix domain, NBD: MEMO-binding domain and CC: coiled coli region adapted from (Pham and Tenover, 2010).

## 1.8 Cellular regulation of the canonical pathway

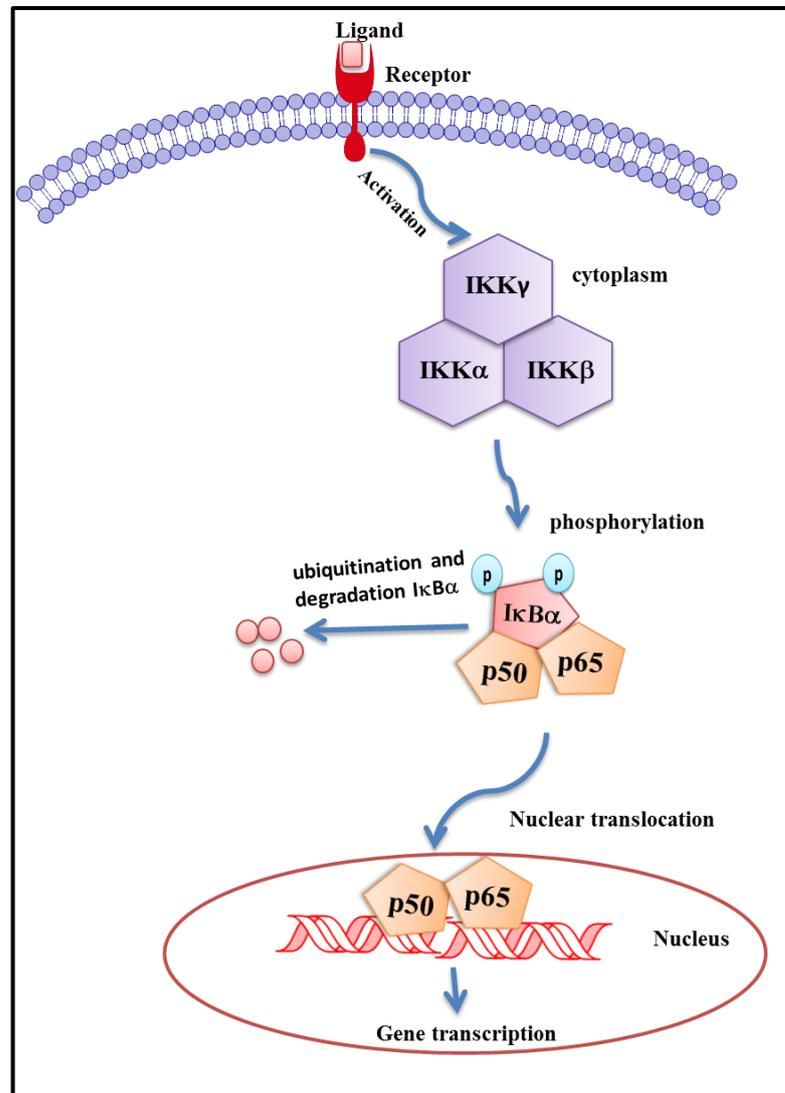
The structural modules described for each NF $\kappa$ B cascade and their control by two distinct molecules implicates distinctiveness at the cellular regulatory level. In terms of physiological responses, the canonical NF $\kappa$ B pathway is activated principally by cytokines, for example, TNF $\alpha$  and IL-1 $\beta$ . However, for this pathway in particular the range of stimuli is quite diverse and includes multiple activators of Toll like

Receptors (TLRs) such as: UV light, reactive oxygen species and neurotransmitters (Hayden and Ghosh, 2008).

Irrespective of the stimuli a key integration point of this pathway is the activation of IKK $\beta$ , which in turn mediates phosphorylation of I $\kappa$ B $\alpha$  promoting ubiquitination and degradation. However there are a number of key intermediates that link the IKK complex to the cognate receptor, for example TNF $\alpha$  stimulates receptor (TNFR1) which via TNF $\alpha$  receptor-associated factor 2 (TRAF2) leads to activation of the pathway (Plotnikov et al., 2011). Another independent study supported the above interaction by showing there was increased p65 NF $\kappa$ B binding to DNA during the over-expression of TRAF2 (Devin et al., 2001). Transforming growth factor  $\beta$  – activated kinase (TAK-1), which is a member of the mitogen-activated protein/FRK kinase 3 family (MAP3K), plays a role in the phosphorylation and activation of the IKK complex. The association between TAK-1 and IKK $\alpha$ , IKK $\beta$  and TRAF2 was induced by TNF $\alpha$  (Takaesu et al., 2003) (see Figure 1.5).

In contrast, activation of the classical NF $\kappa$ B pathway by IL-1 occurs after TRAF6 engagement and not TRAF2. After stimulation by IL-1 (see Figure 1.6), the response to this agent is mediated by the recruitment of TAB2 which functions as an adaptor protein. TAB2 translocates from the plasma membrane to the cytosol, linking to TAK-1 and TRAF6 (Takaesu et al., 2000). Kishida and his co-workers found that TAK-1 facilitated the ubiquitination of TRAF6 during stimulation of cells with IL-1 (Kishida et al., 2005). TAB3 and TAB2 binding to TRAF6 was mediated through the zinc finger (ZnF) domain (Kanayama et al., 2004), where mutations in this domain

made TAB2 and TAB3 unable to bind to TRAF6 and led to the failure of TAK1 activation of the IKK complex (Kanayama et al., 2004).



**Figure 1.6 The classical NFκB pathway.**

A simplified model diagram of the canonical NFκB pathway where, following activation via a membrane receptor, IKKβ induces degradation of IκBα and allow to p65 NFκB phosphorylates then p65 translocation to the nucleus and promoting expression of target genes. Adapted from (da Silva et al., 2013).

## 1.9 The regulation of the non-canonical NF $\kappa$ B pathway

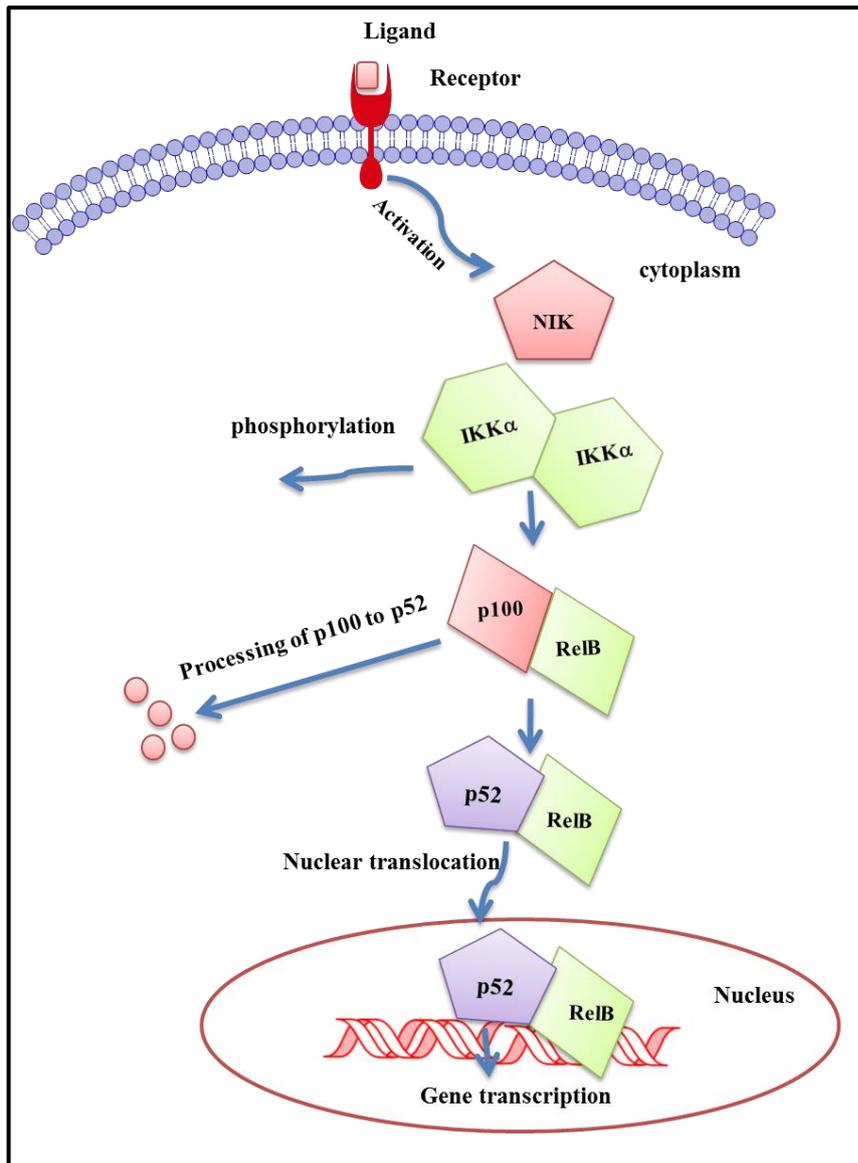
A number of studies have demonstrated that IKK $\alpha$  plays a key role in activation of the non-canonical NF $\kappa$ B pathway, (see Figure 1.7) (Claudio et al., 2002, Dejardin et al., 2002, Liang et al., 2006, Senftleben et al., 2001). Activation of the non-canonical NF $\kappa$ B pathway requires phosphorylation of the p100 subunit which is regulated by IKK $\alpha$ . Phosphorylation and processing of p100 is crucial for formation of the RelB/p52 complex and translocation of p52 into the nucleus to initiate gene transcription (Luftig et al., 2004, Muller and Siebenlist, 2003). There have been studies in mice which conclude that this pathway has an important role in B-lymphocyte function and lymphoid organogenesis (Senftleben et al., 2001, Bonizzi and Karin, 2004), however, the role of this pathway in inflammation remains unclear (Bonizzi and Karin, 2004, Lawrence and Bebiien, 2007).

The *TNFR* superfamily including CD40 (Coope et al., 2002), B cell-activation factor receptor (BAFFR) (Claudio et al., 2002, Kayagaki et al., 2002), receptor activator for nuclear factor  $\kappa$ B ligand (RANKL) (Novack et al., 2003), lymphotoxin  $\beta$  receptor (LT $\beta$ R) (Dejardin et al., 2002) and TNFR2 (Rauert et al., 2010), have all been shown to couple in the non-canonical NF $\kappa$ B pathway. Furthermore, this pathway also can be activated by the cognate ligands for each receptor, for example, stimulation by RANK in osteoclast precursors leads to processing of p100 to p52 (Novack et al., 2003).

Following receptor activation, there are a series of events that occur prior to phosphorylation of p100. Both TRAF3 and TRAF2 are degraded which leads to

elevated expression and activation of NF $\kappa$ B-inducing Kinase (NIK). This in turn activates IKK $\alpha$  which regulates the p100 processing (Xiao et al., 2001a). Ling and co-workers found that phosphorylation of IKK $\alpha$  at residue 176 was under the control of NIK, they confirmed this through mutating residue 176 of IKK $\alpha$  which prevented IKK $\alpha$  phosphorylation.

In addition, the failure of IKK $\alpha$  phosphorylation blocked TNF $\alpha$  and IL-1 activation of the non-canonical NF $\kappa$ B pathway (Ling et al., 1998). Another study showed that NIK has the ability to regulate processing of p100 through a region named NIK responsive domain (NRD), a mutation in NIK led to decreased processing of p52 in alymphoplasia mice (Xiao et al., 2001b). It seems that IKK $\alpha$  and NIK both have an essential role in the activation of the non-canonical NF $\kappa$ B pathway (Razani et al., 2010) and both of them could be potential targets for the inhibition this pathway.



**Figure 1.7 The non-canonical NFκB pathway.**

A model diagram of non-canonical NFκB pathway. This activation leads to the phosphorylation of IKKα which induces procession p100 to p52 and formation RelB/ p52 dimer. The dimer then translocate to the nucleus which promote the transcription of target genes. Adapted from (Beinke and Ley, 2004)

## **1.10 Nuclear Factor kappa B pathways in cancer**

An increasingly large body of evidence suggests that NFκB could contribute to a number of cellular processes related to cancer development such as proliferation and cell survival (Valentine et al., 2010, Gilmore, 1999). In 2010 Tysnes highlighted two cellular processes that linked NFκB activity and tumour development. These were, increased expression of survival genes which made cells resistant to apoptosis and synthesis of cell cycle genes such as cyclin D1 and cyclin D2 (Tysnes, 2010).

Cellular activity of NFκB in cancer has been demonstrated to correlate with clinical outcomes. For example, NFκB has been shown to be active in 95% of cancers such as pancreatic, colorectal and lung cancer (Lu et al., 2004, Lu and Stark, 2004, Senegas et al., 2015). Furthermore, high-levels of NFκB were observed in primary breast cancer tissue and mammary carcinoma cell lines derived from both human and rodents (Cogswell et al., 2000). High levels of NFκB have also been measured in melanoma, the most aggressive type of skin cancer (Kashani-Sabet et al., 2004). Karin and co-workers found a strong link between NFκB activity and the development of melanoma metastasis, as well as leukemia and lymphoma (Karin, 2006). In addition, a high level nuclear p65 NFκB, indicative of activation, was found to be associated with head and neck cancer. This role is thought to be related to a loss in epithelial-mesenchymal transition (Arun et al., 2009).

More recently, studies have sought to examine the role of the IKKs themselves in cancer development (Lee and Hung, 2008). Constitutive activation of the IKK complex has been observed in a number of cancer cell lines such as breast (Romieu-Mourez, 2001), prostate (Gasparian et al., 2002) and colorectal (Charalambous et al.,

2003). However, there is limited evidence regarding somatic or inheritable mutations in IKK genes that may lead to hyperactivity of IKKs; to date only mutations in genes for intermediates of the non-canonical NF $\kappa$ B pathway have been observed, for example in myeloma (Keats et al., 2007). Nevertheless, a reduction in the activity of IKK $\beta$  has been linked with impaired development of myeloma (Yang, 2010). Moreover, pretreatment with PS1145 an IKK $\beta$  inhibitor which blocks the classical NF $\kappa$ B activity resulted in the death of myeloma cancer cells (Castro et al., 2003, Hideshima et al., 2002). Lee and co-workers also demonstrated that hyperactivity of IKK $\beta$  leads to cancer progression and increase of angiogenesis in the breast (Lee et al., 2007), another a study have invrstigated the role of IKK/NF $\kappa$ B signalling pathway in metastasis of breast cancer (Fusella et al., 2017)

Many studies have observed a potential role for IKK $\alpha$  in a number of cancers such as breast, prostate, lung, colorectal and pancreatic cancer through the impact on cell cycle progression and apoptosis (Fernandez-Majada et al., 2007b, Park et al., 2005, Hirata et al., 2006, Luo et al., 2007). Studies show that IKK $\alpha$  can regulate cyclin D1 independently of NF $\kappa$ B activation and can promote oestrogen receptor  $\alpha$  (ER $\alpha$ ) phosphorylation and activation that leads to increased expression of cyclin D1 in breast cancer (Park et al., 2005). Furthermore, it has been demonstrated in Hela cells that silencing of IKK $\alpha$  results in the accumulation of cells in the G<sub>2</sub>/M phase of the cell cycle, produced by the effects upon cyclin D1, PLK1 and phosphorylation of Aurora (Prajapati et al., 2006). Koch and Radtke have indicated a role for non-cannonical NF $\kappa$ B signalling in a prostate cancer mouse metastatic model, through inhibition of the expression of tumour suppressor genes such as Maspin (Koch and

Radtke, 2007). Several other studies have implicated IKK $\alpha$  in the regulation and phosphorylation of a number of proteins which enhance cell proliferation in different cancer models including again cyclin D1, but also Amplified in breast cancer 1 (AIB1),  $\beta$ -catenin and others (Pui, 2009, Zardawi et al., 2010, Qi et al., 2003, Cantarini et al., 2006). These and a host of additional studies strongly implicate a role for NF $\kappa$ B signalling and increases in the non-cannonical cascade in the regulation of multiple processes that lead to cancer development (Lee and Hung, 2008, Fernandez-Majada et al., 2007a, Luo et al., 2007).

Margalef and co-workers investigated the role of both IKK $\alpha$  isoform in patient tissue samples, animal and cell lines from colorectal cancers. They reported that both IKK $\alpha$  isoforms p84 and p54 were located within the cytoplasm of tumour cells as well as normal cells. However, p45 IKK $\alpha$  isoform was overexpressed within both cytoplasmic and nuclear fractions of tumour cells compared with normal cells and they linked the translocation of the p52 isoform to increased cellular the malignancy (Margalef et al., 2012). These results were confirmed in other study by the same research group (Margalef et al., 2015). In considering issues related with siRNA knockdown the potential of the existence of two different isoform of IKK $\alpha$  may be relevant factor.

### **1.10.1 Nuclear Factor kappa B pathways in pancreatic cancer**

There have been a growing number of studies investigating the role of NF $\kappa$ B in pancreatic cancer from both a clinical perspective and from work conducted in cell lines. Groups from the Anderson Cancer Centre were the first to report an increase in

NFκB signalling in the activation phase of pancreatic cancer through testing of 11 human pancreatic cancer cell line samples and 20 pancreatic adenocarcinomas. The results of this study showed that in 9 out of 11 cell lines and 14 out of 20 tumour samples NFκB was activated (Wang et al., 1999). The same group demonstrated suppression of metastasis and tumour malignancy following infection with an IκBα mutant (Fujioka et al., 2003a, Fujioka et al., 2003b). Vimalachandran and co-workers also examined the nuclear distribution of p65 NFκB in pancreatic cancer cells; in 96% of benign duct cells p65/RelA was detected in the cytoplasm and in 26% it was found in the nucleus, whilst in pancreatic cancer cells nuclear p65/RelA was detected in 57% of cells (Vimalachandran et al., 2005). Expression of p65/RelA was studied in 82 samples of pancreatic adenocarcinomas by Weichert and colleagues, they observed high expression of p65/RelA in the nucleus of 37 samples and in the cytoplasm of a further 42 (Weichert et al., 2007). This suggests association between the nuclear translocation of p65/RelA and cancer development.

Pancreatic cancer is similar to other tumour types in that the activation of NFκB is not linked with genetic mutation. However, it is influenced by proinflammatory cytokines operating within paracrine loops between cancer cells and tumour-infiltrating immune cells (Grivennikov et al., 2010). The inflammatory cytokines which most notably affect the tumour environment are IL-1β and IL-1α (Dinarello, 1996, Apte et al., 2006). Niu and co-workers noted that activation of activator protein 1 (AP1) induced autocrine secretion of IL-1α, leads to enhanced activity of NFκB in metastatic pancreatic cancer cells but not in non-metastatic cells (Niu et al., 2004).

Although, evidence supports a role for the classical NF $\kappa$ B pathway in pancreatic cancer, there are very few studies examining the potential contribution of the non-canonical NF $\kappa$ B pathway in pancreatic cancer development. For example, Doppler and co-workers showed that the high level of NF $\kappa$ B activity is underpinned activation by the non-canonical cascade in pancreatic cancer. A high level of the p52/RelB complex was due to the overexpression of NIK in both Panc-1 and MiaPaCa-2 cells (pancreatic cancer cell lines). They found that degradation of TRAF2 led to increased levels of NIK and eventually activation of the non-canonical NF $\kappa$ B pathway, which drives the anchorage-independent growth and proliferation of pancreatic cells (Doppler et al., 2013).

A recent study have showed that treated pancreatic cancer cell lines with the NEMO-binding domain peptide (NBDP) which is a NF $\kappa$ B inhibitor promoted increased PARP and caspase 3 cleavage and suppressed growth of these cells, in addition treated xenograft mouse model with NBDP combined with gemcitabine was resulted in significantly reduced NF $\kappa$ B activity and induced apoptosis pathway (Zhuang et al., 2017). Taken together, NF $\kappa$ B is a promising target for pancreatic cancer treatment.

### **1.11 development a IKK $\alpha$ inhibitors**

As described above, there is body of evidence that supports a role for NF $\kappa$ B pathways in the development and progression of pancreatic cancer as well as other cancers. A number of NF $\kappa$ B inhibitors have been developed and their potential effect as anti-cancer treatment in different cancers including pancreatic cancer investigated.

TPCA-1 (Cataldi et al., 2015), NDRG1 (Hosoi et al., 2009), IMD-0354 (Ochiai et al., 2008) and Apigenin (Wu et al., 2014) are NF $\kappa$ B inhibitors, which have been examined in pancreatic cancer cells lines, however these inhibitors have either a wide range of actions within cells or lose their selectively through inhibition of other kinases. As outlined above, IKK $\alpha$  has a crucial role in the expression of a number of genes that regulate cellular processes linked with cancer development such as, invasion, metastasis, proliferation and resistance to the chemotherapy (Fernandez-Majada et al., 2007a, Hirata et al., 2006, Park et al., 2005, Doppler et al., 2013). Today there are a number IKK $\alpha$ /IKK $\beta$  or selective IKK $\beta$  inhibitors, however, these inhibitors have a number of issues which preclude clinical effectiveness. For example, the reduction in the expression of a number of anti-apoptotic genes in normal cells as well as tumour cells (Chariot, 2009, Li et al., 1999, Gamble et al., 2012b, Shukla et al., 2015). In addition, targeting IKK $\alpha$  resulted in inhibition of the non-canonical pathway which is IKK $\alpha$  dependent, activation of this pathway leads to a slow and maintained NF $\kappa$ B signal in comparison with IKK $\beta$  dependent pathway (canonical NF $\kappa$ B pathway), which is a rapidly generated response. This difference may allow for the generation of selective IKK $\alpha$  inhibitors (Sun, 2012).

## **1.12 Aims of study**

Pancreatic cancer has a very poor prognosis, with surgery currently being the only solution for prolonged survival (maximum 5 years) because most patients are either resistant to chemotherapy or become so over time. Many studies have demonstrated that the NF $\kappa$ B pathway plays a role in the resistance to chemotherapy and found that a better response is achieved when standard treatments are combined with NF $\kappa$ B inhibitors. In addition, recent studies have sought to investigate these pathways as a new strategy for developing new anti-cancer drugs. IKK $\alpha$  has a key role in the activation of the non-canonical NF $\kappa$ B pathway, furthermore it is implicated in the regulation of growth, invasion and metastasis, and therefore, targeting IKK $\alpha$  may be a promising route to the development of new anti-pancreatic cancer drugs.

The aims of this study are to:

- 1- characterise the non-canonical and canonical NF $\kappa$ B pathways in pancreatic cancer cell lines.
- 2- Investigate the pharmacological effect of first-in-class selective IKK $\alpha$  inhibitors through examining their selectivity within both the non-canonical and canonical NF $\kappa$ B pathways and their effect on IKK $\alpha$ -dependent cellular processes.
- 3- Assess the regulation of IKK $\alpha$ -dependent genes in Panc-1 cells and the effect of pharmacological IKK $\alpha$  inhibitors on the expression of these genes.

**Chapter Two**  
**Materials and Methods**

## **2.1 Materials**

### **2.1.1 General reagents**

All reagents and materials used were supplied by Sigma-Aldrich Chemical Company Ltd. (Pool, Dorest UK) or other high-rank companies unless otherwise stated.

#### **Thermo Fisher Scientific UK Ltd (Leicestershire, UK)**

Bovine Serum Albumin (BSA)

L – Glutamine Gibco™ Penicillin-Streptomycin

Gibco™ Fetal Bovine Serum

Dulbecco's Modified Eagle Medium (DMEM)

Cell culture plates and dishes

60mm Nunclon™ Delta Surface plates

#### **Bio-Rad Laboratories (Hertfordshire, UK)**

Bio-Rad DC™ Protein Assay Dye Reagent Concentrate

Pre-stained SDS-PAGE molecular weight markers.

#### **Insight Biotechnology Limited (Wembley, UK)**

Recombinant Human Tumour Necrosis Factor-alpha (TNF- $\alpha$ )

#### **GE Healthcare (Buckinghamshire, UK)**

Amersham Hybond ECL Nitrocellulose Membrane

**Carl Roth GmbH + CO. KG (Karlsruhe, Germany)**

Rotiphorese® Gel 30 (37.5:1) acrylamide

**Whatmann (Kent, UK)**

Nitrocellulose Membrane, 3MM blotting paper

**Corning B.V (Buckinghamshire, UK)**

All tissue culture flasks, dishes, graduated pipettes and multi-well plates.

**Sarstedt AG & Co LTD (Leicester, UK)**

Serological pipette 5ml and Serological pipette 10ml

**Thermo Fisher Scientific Inc (Surrey, UK)**

Multidish 6 wells and Multidish 12 wells

### **3.1.2 Antibodies**

**Santa Cruz Biotechnology Inc (California, USA)**

Rabbit polyclonal anti-NFκB. p65 (C-20)

Rabbit polyclonal anti-NFκB-inducing kinase NIK (H-248)

Rabbit polyclonal anti TRAF2 (H-10)

**Abcam (Cambridge, UK)**

Rabbit polyclonal anti-NFκB-inducing kinase NIK (ab7204)

Rabbit monoclonal anti-IKKβ (ab32135)

**Cell signalling Technology Inc (Hertfordshire, UK)**

Rabbit polyclonal anti-TRAF3 (4729s)

Rabbit polyclonal anti-TRAF2 (4724s)

Rabbit monoclonal anti- p-NF-kappa B2 p100 (4810L)

Rabbit polyclonal anti-p-NF-kappa B2 p65 (3031L)

Rabbit monoclonal anti-I $\kappa$ B $\alpha$  (92424L)

Rabbit monoclonal anti-p-I $\kappa$ B $\alpha$  (SAS)

Rabbit monoclonal anti-p-p105 (5933)

Rabbit monoclonal anti-GAPDH (14C10)

**Millipore (U.K.) Limited (Watford, UK)**

Anti-NF $\kappa$ B p52-(32534)

Mouse monoclonal anti-IKK $\alpha$  (14A231).

**Calbiochem (Nottingham, UK)**

Mouse monoclonal anti-IKK $\alpha$  (14A231)

**Jackson ImmunoResearch Laboratories Inc (PA, USA)**

Horseradish Peroxidase (HRP)-conjugate goat anti-Rabbit IgG (111-035-144)

Horseradish peroxidase (HRP)-conjugated sheep anti-mouse IgG

## **SU compounds (University of Strathclyde)**

SU1261, SU1087, SU1432, SU1434, SU1436, SU1438, SU1411, SU1392, SU1499, SU1433, SU1399, SU1497, SU1489 and SU1394

## **NIK inhibitors**

CW15337, CW15420 and CW15407

## **2.2 Cell Culture**

All cells were cultured in 75 cm<sup>2</sup> flasks and all cell culture work was performed using aseptic techniques in a Class II Safety Flow Hood.

### **2.2.2 Panc-1 and Mia-Paca-2 cell lines**

All pancreatic cancer cell lines were supplied by Prof. Andrew Biankin (Wolfson Wohl Cancer Research Centre, University of Glasgow, Glasgow). MiaPaCa-2 cells are an epithelioid carcinoma cell line, derived from the pancreatic cells of a 65-year-old man, with tumours present the body and the tail of the pancreas. Panc-1 cells are also epithelioid carcinoma in organ but these cells were derived from a 56-year-old male with tumour only in the head of the pancreas. These two pancreatic cancer cell lines were used in this study supplied. The normal medium for these cell lines was DMEM medium supplemented with 10% (v/v) bovine calf serum, 1% (v/v) penicillin/streptomycin and 1% (v/v) L-glutamine. Cells were incubated at 37°C in presence of a mixture of 95% air, 5% CO<sub>2</sub>.

### **2.2.2 Sub-culturing Panc-1 and Mia-Paca-2 by Trypsinisation**

When the cells reached approximately 90%, confluency then they were sub-cultured. Firstly the media was removed and the cells washed with a sterile solution of 0.5% (w/v) trypsin, 0.2% (w/v) EDTA in phosphate buffered saline (PBS). After trypsin was removed, the flask was placed in the incubator at 37 °C, at 5% CO<sub>2</sub> for 2-4 min. Once the cells displayed a round morphology, which indicated they could be detached from the surface of flask, media was used gently to detach the cells completely from the surface of the flask. Removed cells were used for seeding the cells into fresh flasks (75 cm<sup>2</sup>) or multi-well culture plates (12 well or 6 well) as required. The cells were placed in the incubator at 37°C, and the media changed every two days, until the growth reached 90% and then cells were starved for 24 h before any stimulation using free FSC media.

## **2.3 Western Blotting**

### **2.3.1 Preparation of whole cell extracts**

Cells grown on 6 or 12 well plates were exposed to suitable agonists for specific periods of time, plates placed on ice to terminate the reaction, and then the media aspirated. Cells were washed twice with 250 µl cold PBS, and 150-250 µl of Laemmli's sample buffer (63mM Tris-HCl, (pH 6.8), 2mM Na-4P2O7, 5mM EDTA, 10% (v/v) glycerol, 2% (w/v) SDS, 50mM DTT, 0.007% (w/v) bromophenol blue). The cells were scraped and the chromosomal DNA sheared by repeatedly passing through a 21 gauge needle. Cell extracts were transferred into Eppendorf tubes, then boiled for five minutes and stored at -20 °C until use.

### **2.3.2 Amidoblack protein assay**

To assay unknown protein samples a standard curve was prepared using a 1gm/ml stock of BSA (in H<sub>2</sub>O), in a series of 1:1 dilutions in sample buffer. An aliquot (5µl) of each BSA dilution and samples was spotted onto a strip of cellulose acetate and then samples allowed to dry. The strips were bathed in Amido black stain (0.25%Amido black, 45% Methanol, 45% dH<sub>2</sub>O, 10% glacial acid) for 10 min with shaking at room temperature, washed using midoblack de-stain buffer (45% (v/v) Methanol, 45% (v/v) dH<sub>2</sub>O, 10% (v/v) glacial acid) then left to dry at room temperature. An aliquot of each sample was placed in 1.5ml Eppendorfs and incubated in 500µl dissolving solution (80ml formic acid, 10ml glacial acid and 1ml 100% TCA) at 60°C for 30 min. 250µl from each sample was added to 96 well plate and measured at 620nm.

### **2.3.3 SDS-Polyacrylamide Gel Electrophoresis (SDS-PAGE)**

An analytic method was used to measure the change in proteins levels in extracts from both cell lines. Western blot was used the determine the change in the intermediates of the canonical and non-canonical of NFκB pathway following exposure of pancreatic cell lines to specific agonists with or without treatment with IKKα inhibitors (SU compounds) or siRNA transfection.

The gel plates were washed with 70% (v/v) ethanol before assembly. Distilled water was added to the assembled plates for 30 min to check the glass plates were not leaking or flush. The resolving gels were prepared by mixing a suitable value (10%

or 7.5% (v/v)) of acrylamide (acrylamide 30%: N, N'-methylenebis-acrylamide 0.8% (37.5: 1), 0.375M Tris base (pH8.8), 0.1% (w/v), SDS, ammonium persulfate (APS) 10% (w/v) and TEMED added to initiate the polymerisation process. The solution was poured between the two glass plates assembled in vertical slab configuration according to the manufacture's instruction (Bio-Rad) and 180µl of 1% (v/v) SDS was overlaid onto the gel solution. When the gels were polymerised, the layer of SDS was removed, during this time stacking gels were prepared; 10% (v/v) acrylamide 30% (37.5:1), 0.125M Tris base (pH 6.8), 0.1% (w/v) SDS and 10% (w/v) ammonium persulfate (APS) and 0.05% (v/v) TEMED) and directly added above the resolving gel, and wall combs inserted immediately into the stacking gel solution. After the polymerization of the gel, the combs were removed and the gel assembled in a Bio-Red Mini-PROTEAN IITM electrophoresis tank. Aliquots of samples (10- 30 µl) were then loaded into the wells using a microsyringe. A prestained SDS-PAGE molecular weight marker of known molecular weights was run concurrently in order to identify the polypeptides of interest. Samples were electrophoresed at a constant voltage of 130V, until the bromophenol dye had reached the bottom of the gel.

#### **2.3.4 Electrophoretic transfer of proteins to nitrocellulose membrane**

Gels were transferred to the nitrocellulose membrane by the method of Towbin and co-workers (1979). The gels were firmly pressed against a sheet of nitrocellulose and assembled in a transfer cassette sandwiched between two pieces of paper (Whatman 3MM) and two pieces of sponge. The cassette was submersed in transfer buffer (19mM glycine, 25M Tris and 20% (v/v) methanol) in a Bio-Rad mini Trans-Blot™

tank and a constant current of 300mA was applied for 105 min. During this time the tank was cooled by inclusion of an ice reservoir. The presence of SDS in the resolving gel confers a negative charge on the proteins so the cassette was oriented with the nitrocellulose towards the anode.

### **2.3.5 Immunological detection of proteins**

Following the transfer of proteins to nitrocellulose membranes, the membranes were removed and the proteins were blocked by incubation in a solution of 2% or 5% (w/v) BSA in NATT buffer (20 mM Tris, 150 mM NaCl (pH 7.4), 0.2% (v/v) Tween-20) for 2h on a rotary shaker at room temperature. Blocking buffer was then removed and the membranes incubated with specific antibody for the target protein in 0.2% (w/v) BSA in NATT overnight. The following day the membranes were washed in NATT every 10 minutes 3-4 times with gentle shaking. Following this the membranes were incubated for two hours with secondary horseradish peroxidase-conjugated IgG directed against the first immunoglobulin diluted to approximately 1:10000 in NATT buffer containing 0.2% (w/v) BSA. The membrane was then washed in NATT every 10 minutes for 3-4 times and the bands of immune-reactive protein were detected by incubation in enhanced chemiluminescence (ECL) reagents (reagents 1+2) for 3 min with gentle shaking. The membranes were then placed in photographic cassette and covered with cling film, then exposed to X-ray film for the required time under darkroom conditions and developed using a X-OMAT processor (KODAK M35-M X-OMAT).

### **2.3.6 Reprobing and stripping of nitrocellulose membrane**

To reprob the nitrocellulose membrane for additional proteins the membranes were stripped. The nitrocellulose was incubated in 15ml of stripping buffer (0.05M Tris-HCl, 2% (v/v) SDS, and 0.1M of  $\beta$ -mercaptoethanol). This stage included incubation of the membrane at 60°C for 1 h with shaking. The stripping buffer was discarded and the membrane washed 3 times every 15 min in NATT to remove the residual stripping buffer. After the last wash the membrane was incubated with primary antibody overnight with 0.2% (w/v) BSA in NATT. The blots at this stage were then ready for the immunological detection protocol as explained previously.

### **2.4.1 Preparation of nuclear extracts**

To preparing nuclear extracts, cells were grown in 6 well plates, 90% cells confluent were rendered the cells quiescent followed cells were exposed to appropriated agonists over a specific time course. The reaction was terminated by washing on ice with 1ml of cold PBS, the cells scraped into 0.5 ml PBS and transferred into Eppendorf tubes. The tubes were centrifuged at 4°C for 13,000 rpm for 3 min. 400 $\mu$ l of buffer 1 (10mM Hepes pH 7.9, containing 10mM KCl, 0.1mM EDTA, 0.1mM EGTA, 1mM DTT, 0.5mM PMSF, 10 $\mu$ g/ml aprotinin, 10 $\mu$ g/ml leupeptin and 10 $\mu$ g/ml pepstatin) was added to each pellet, and following resuspension incubated for 15 min. Following the addition of 25 $\mu$ l of 10% (w/v) NP-40 the samples were vortexed for 10 sec. at full speed. The nuclear fraction was separated after spinning the samples at 13,000 rpm for 1 min and discarding the supernatant. The pellet was resuspended in 50  $\mu$ l of buffer 2 (20mM Hepes, (pH 7.9), 25% (v/v) glycerol, 0.4M

NaCl, 1mM EGTA, 1mM DTT, 0.5mM PMSF, 10µg/ml aprotinin, 10µg/ml leupeptin and 10µg/ml pepstatin) with shaking for 15 min at 4 °C. The samples were sonicated twice for 30s, and the nuclear extracts collected after centrifugation at 13,000 rpm for 15 min. Supernatants (the soluble nuclear extracts), were stored at -80 °C until further use.

#### **2.4.2. Determination of proteins concentration in the nuclear extracts**

The concentration of protein in nuclear extracts was detection by using the Bio-Rad DC™ protein assay dye reagent by the Bradford assay method. A range of standards were prepared using different concentrations (2-20 µg) of BSA. The dilutions of the standards and the nuclear extracts samples were made up in sterile dH<sub>2</sub>O (790-795 µl) and mixed with 200 µl of dye agent. The samples then were transferred into a cuvette and the colour development quantified at 595nm on an Ultrospec®2000 UV/visible spectrophotometer. The protein concentration of each sample was calculated from the standard curve.

#### **2.5 siRNA transfection of IKKα and IKKβ in pancreatic cancer.**

Small interfering RNA (siRNA) is a molecular biology method that is used to study the functions and role of different proteins in cellular processes in cells. It is a double-stranded of RNA consisting of (20-25 pairs base). siRNAs are complementary nucleotide sequences of target genes that lead to the switching off of expression of these genes (Elbashir et al., 2001). For examination of the knockdown of IKKα and IKKβ in Panc-1 cells, cells were transfected with siRNA against IKKα and IKKβ in comparison to non-target siRNA (NT), the siRNA was purchased from

Thermo Fisher Scientific® (Thermo Fisher Scientific, Surrey, UK), the target sequences are shown in table 2.1.

A 20nM stock of each of siRNAs was prepared through suspension of the siRNA in RNase- free 1X siRNA buffer (Dharmacon, Buckinghamshire, UK). 500µl of 1X siRNA buffer were added to 10nmol of siRNA then mixed by pipetting and the suspension was placed on an orbital mixer at room temperature for 30 min, and then aliquoted and stored at -20°C. Panc-1 cells were seeded in 12 or 6 wells plates and cultured until reached approximately 50-60% confluence prior to transfection. Two Eppendorf tubes were prepared for each well that was transfected with siRNA. Tube A contained the siRNA mixture, value of siRNA was required to prepared the specific concertation of siRNA then completed the value in tube A to 100µl by added Optimem (Life Technologies, Paisley, UK). Tube B was to be content 5µl of Lipofectamine RNAiMAX® ( Invitrogen®, Paisley, UK) and it was diluted into 95µl of Optimem. Tube A was subsequently added to Tube B and mixed gently. Tubes were left for 20-25 minutes to allow complex formation. Full media was removed from the cells and replaced with 800µM of Optimum and transfection mixture was added to the appropriate wells dropwise. Plates were incubated for 6-8h at 37°C at 5% CO<sub>2</sub>, after which the transfection mixture was aspirated off and replaced with full DMEM media. Cells were then incubated for 72h at 37°C at 5% CO<sub>2</sub>. Thereafter whole cells extracts were prepared as outlined in Section 2.3.1. Western Blotting was used to determine levels of expression IKKα and IKKβ or related NFκB pathways markers.

**Table 2.1 siRNA transfection agents, target gene, siRNA origin and target sequence**

Target Gene	On-tatget plus siRNA	Target sequence
IKK $\alpha$ (CHUK)	Human CHUK Cat. NO: J-003473-09	GCGUGAAACUGGAAUAAU
IKK $\beta$ (IKBKB)	Human IKBKB (3551), Cat-No: J-003503-13	GAGCUGUACAGGAGAUAA
Non-target (NT)	Non-target, Cat No: D-001810-01-20	UGGUUUACAUGUCGACUA A

## 2.6 Cell Cycle Analysis

Cells were grown to around 70% confluence for routine experiments. Plates were media aspirated and trypsinized cells, and then the contents transferred to 15 ml tubes and centrifuged at 1500rpm for 10min. Following aspiration of the supernatant, on ice cold, 1ml of 70% (v/v) ethanol was added and stored at -20 °C until analysis. On the day of analysis, samples were centrifuged at 3000 rpm for 10 min, and then supernatant discarded and 250 $\mu$ l of cold PBS was added. Materials were transferred into FACS tube and 5 $\mu$ l of RNase A solution (100 $\mu$ g/ml) was added and incubated 37°C and 5% CO<sub>2</sub> for 30-60 min. 13.5 $\mu$ l of Propidium Iodide (PI) and the cell cycle analysis was carried out using a FACScan (Becton Dickinson Systems, Cowley, UK).

## 2.7 Clonogenic assay

Cells were grown to around 70% confluence, the media was removed and the cells were washed with 2ml trypsin. Cells were detached using 1ml of trypsin (0.05%) then the cells were collected in 15ml tube and 5-10ml of media was added. Cell number was determined using a haemocytometer and the appropriate number of cells (150 cells) seeded onto 60 mm petri dishes in 3mls of media in triplicate for each treatment. After 24 h, cells were treated with different concentrations of compounds

for 24h and the media removed and 5ml of growing media added. Following 7-14 days of incubation, the media was removed and the colonies washed with 3ml of cold BPS and the cells fixed with 100% methanol for 15min. The cells were stained with 3ml of Giemsa for 15 min then washed with tap water and dried. The number of colonies were accounted manually. Plating efficiency (PE) and survival fraction (SF) were calculated from the following equations:

$$PE = \frac{\text{average no. of control colonies formed}}{\text{no. of seeded cells}}$$

$$SF = \frac{\text{average no. of colonies formed after treatment}}{\text{no. of seeded cells (untreated cells) X PE}}$$

## **2.8 Polymerase chain reaction (PCR) amplification**

### **2.8.1. Harvesting Cell of total RNA preparation**

Cells were exposed to suitable agonist or treatment, then cell lysis were prepared through mixed an equal values of both lysis buffer and 70% (v/v) ethanol (RLY supplemented with  $\beta$ -mercaptoethanol ( $\beta$ -ME)).The suspension was transferred to RNeasy Mini spin column (2ml collection tube) and centrifuged, Next the membrane was washed using 350 $\mu$ M of Membrane desalting buffer (MEM). DNase digestion buffer (90 $\mu$ M of DNase RDB, plus 10 $\mu$ M of DNase free water) was added directly to the centre of membrane and incubated for 15mine at room temperature. The membranes were washed three times by wash buffer1 (RW1) and wash buffer2 (RW2). Next, collection tubes was placed into a nuclease-free 1.5 ml tube and 60 $\mu$ l

of RNase free water was added directly onto centre of membrane, total RNA was stored at -80 until use.

### **2.8.2. RNA concentration**

RNA concentration of prepared samples was measured using NanoDrop (ND-2000C, Thermo Scientific) (220-750 nm). 2µl of RNase-free water was used as blank. The sampling platform was then cleaned prior to adding 2µl from each RNA sample to measure the concentration. The NanoDrop is a program displaced s the sample absorption curve, the RNA concentration and the ratios ( $A_{260\text{nm}}/A_{280\text{nm}}$ ;  $A_{260\text{nm}}/A_{230\text{nm}}$ ). The ratio of  $A_{260\text{nm}}/A_{280\text{nm}}$  should be around 2.0 of absorbed was indicated purity RNA whilst  $A_{260\text{nm}}/A_{230\text{nm}}$  around 2.0 indicates for level of salt contamination.

### **2.8.3 cDNA Saynthesis using Reverse Transcription (RT)**

To quantify the mRNA transcripts of genes under investigation, RNA was reverse transcribed to complementary DNA (cDNA) using Tetro cDNA synthesis kit (Bioline, USA), as described in the manufacturer's manual. The volume which contained 1µg mRNA from each sample was added in tube and the volume was adjusted to 12µl by adding RNA-free water followed by 1µl of oligo (dt) as first-strand synthesis primer, 1µl of 10mM dNTP mixture, 4 µl of 5x RT buffer, 1µl of RiboSafe RNase Inhibitor and 1 µl of Tetro Reverse Transcriptase (200u/µl). The reaction where was mixed gently by pipetting, and incubated at 45°C for 30 min and the reaction was terminated by incubating at 85°C for 5 min. Samples then stored at -20 °C until processed for quantitative real-time PCR for gene expression analysis.

#### 2.8.4. Primers for SYBR select Master mix assay

Primers for PCR were designed to bind to selected target genes and to avoid primer dimers and non-specific products in the SYBR® assay, see Table 2.2. Using the gene Runner function as described via the National Centre for Biotechnology Information (NCBI) Genome Browser <https://blast.ncbi.nlm.nih.gov/Blast.cgi> m

**Table 2.2 Nucleotide sequences of the primers used for the analysis of gene expression by qPCR**

Primer name/ gene target	Sequence
IL-6	Forward: 5'-GCCTCTTTGCTGCTTTCACA-3' Reverse: 5'-ACCCAATAAATAGGACTGA-3'
VCAM-1	Forward: 5'-CTCTGGGGGCAACATTGACA-3' Reverse: 5'-CTAGCGTGTACCCCCTTGAC-3'
EZH2	Forward: 5'-CCAAGTCACTGGTCACCGAA-3' Reverse: 5'-GTTGGCGGAAGCGTGTA-3'
GAPDH	Forward: 5'-AAATGAGCCCCAGCCTTCTC-3' Reverse: 5'-GTCAAGGCTGAGAACGGGAA-3'
NCL	Forward: 5'-AAGTGTTCTCGCATCTCGCT-3' Reverse: 5'-AAGCGTTGGA-3'
MAP3K14	Forward: 5'-GACACACAGCATGGCCAAAG-3' Reverse: 5'-CAAAGCTGACAACGTGCTCC-3'
18S	Forward: 5'-CTGCCTTCCTTGGATGTGGT-3' Reverse: 5'-CCATTCGAACGTCTGCCCTA-3'
TNFAIP3	Forward: 5'-CACCTTGGAAGCACCATGT-3' Reverse: 5'-TCTGGTTGGGATGCTGACAC-3'
SERPIN5	Forward: 5'-CGGTCTCTTCGTAGAGCTGA-3' Reverse: 5'-TCCACCTCTCTGCTACTTGC-3'
BBC3	Forward: 5'-CCACAAATCTGGCAGGGGAC-3' Reverse: 5'-AATTTGGCATGGGGTCTGCC-3'

### **2.8.5. Quantitative Real-Time Polymerase Chain Reaction amplification (qRT-PCR)**

The qRT-PCR assay was carried out in triplicate by placing the samples in a sterile PCR Cycle plate (Applied Thermo Fisher). Each 30 $\mu$ l PCR reaction contained; 15 $\mu$ l SYBR select Master mix (Applied Biosystems), 0.3 $\mu$ l of 1 pmol/ $\mu$ l of both reverse and forward primes, 3 $\mu$ l of the cDNA template and 11.4 $\mu$ l of DEPC-treated water, triplicate were generated for each sample. The thermal cycling and detection was carried out on StepOne Plus real-time PCR system. The thermal cycle consisted of an initial uracil-DNA glycosylase activation of 5 min at 50°C. To control PCR product carryover contamination the DNA polymerase activation of 10 min at 95°C, followed by 40 cycles 15 sec at 95 °C, 1min at 60°C.

### **2.8.6. Quantification method (the relative quantification ( $\Delta\Delta$ Ct) method)**

The quantification method selected to confirm the QRT-PCR result was the relative quantification ( $\Delta\Delta$ Ct) method (Livak and Schmittgen, 2001). This method compares Ct values between the target gene and endogenous reference gene to examine the changes in genes expression between untreated and treated samples. To compare expression levels in samples using this method, the following equations were followed:

- 1- Calculating the  $\Delta$ C between the target gene and reference gene for both treated and untreated samples

$$\Delta C = C_{t \text{ target}} - C_{t \text{ reference gene}}$$

- 2- Calculating the  $\Delta\Delta$ C between the target gene and reference gene for both treated and untreated samples

$$\Delta\Delta C = \Delta C \text{ treated sample} - \Delta C \text{ untreated sample}$$

3- Fold change in gene expression in treated sample

$$\text{Fold change} = 2^{-\Delta\Delta C}$$

## **2.8 Data Analysis**

All data shown were expressed as mean  $\pm$  S.E.M and were representative of at least three separate experiments. Statistical analysis was performed using GraphPad Prism version 5.0 (GraphPad Software, California). The statistical significance of differences between mean values from control and treated groups were determined by one-way analysis of variance (ANOVA) with Dunnett's post-test ( $p < 0.05$  was considered significant). For calculating the  $IC_{50}$  for SU compounds, GraphPad Prism version 5.0 (GraphPad Software California) was used. X values were the logarithms of compounds concentrations and Y values were the reading of concentrations. Non-linear regression analysis was used to determine the concentration response curve and calculation of the  $IC_{50}$ .

**Chapter Three**  
**Characterisation of non-Canonical NF $\kappa$ B**  
**pathway in Panc-1 cells**

### 3.1 Introduction

As previously mentioned in Section 1.5.3, NF $\kappa$ B has an important role in several cellular functions such as growth and apoptosis (Brand et al., 1997, Brand et al., 1996, Oeckinghaus and Ghosh, 2009). In addition, NF $\kappa$ B also plays a key role in many processes that leads to tumour progression, for example, proliferation, anti-apoptotic responses, cellular motility, angiogenesis, metastasis and resistance to anticancer drugs (Hoesel and Schmid, 2013). Whilst the vast majority of such studies are linked to the canonical pathway, activation of the alternative or non-canonical pathways is becoming a more prominent feature. Stimulation of the non-canonical NF $\kappa$ B pathway by different stimuli, for example, lymphotoxin  $\beta$  (LT $\alpha_1\beta_2$ ) leads to phosphorylation of IKK $\alpha$  and subsequent phosphorylation of p100, processing to p52 then formation of p52-RelB heterodimers. These dimers translocate into the nucleus and bind to specific sites within DNA to activate the transcription process for a number of genes relevant to cancer (Oeckinghaus and Ghosh, 2009). In particular, IKK $\alpha$  is thought to have an important role in the regulation of a number of genes that are related to angiogenesis, Birbrair and co-workers found that IKK $\alpha$  mediated regulation of gene products such as Matrix Metallo-Proteinases-9 (MMP-9), Interleukin-8 (IL-8) and VEGF (Birbrair et al., 2015). In addition, another study has demonstrated that exposure of fibrosarcoma tumours to lymphotoxin leads to enhanced release of CXC chemokines and macrophage inflammatory protein 2 (MIP-2) in a xenograft model (Hehlgans et al., 2002). Furthermore, it was demonstrated that IKK $\alpha$  activation increased, by over 3 fold, the expression of number of genes such as, Chemokine (C-C motif) ligand 19 (CCL19), CCL21 and

CXCL12 in a pancreatic cancer cell line (BxPC-3 cells) (Wharry et al., 2009). Many studies have implicated NF $\kappa$ B in the pathogenesis of different types of cancers including pancreatic cancer (Fernandez-Majada et al., 2007a, Shiah et al., 2006, Govindarajan et al., 2016). Evidence indicates that NF $\kappa$ B pathways are more active in cell lines and specimens derived from pancreatic cancer patients, compared to normal cell types (Pan et al., 2008, Chandler et al., 2004, Wang et al., 1999). Furthermore, these findings are correlated with increased resistance to chemotherapy in pancreatic cancer patients (Long et al., 2011). However, to date there has been relatively little characterisation of the status of the non-canonical NF $\kappa$ B pathway in a pancreatic cancer setting, or any potential contribution to disease progression. Therefore, the aim of this chapter was to interrogate components of the non-canonical NF $\kappa$ B pathway in pancreatic cancer cell lines and study the role of IKKs in regulation of NF $\kappa$ B pathways in pancreatic cell lines.

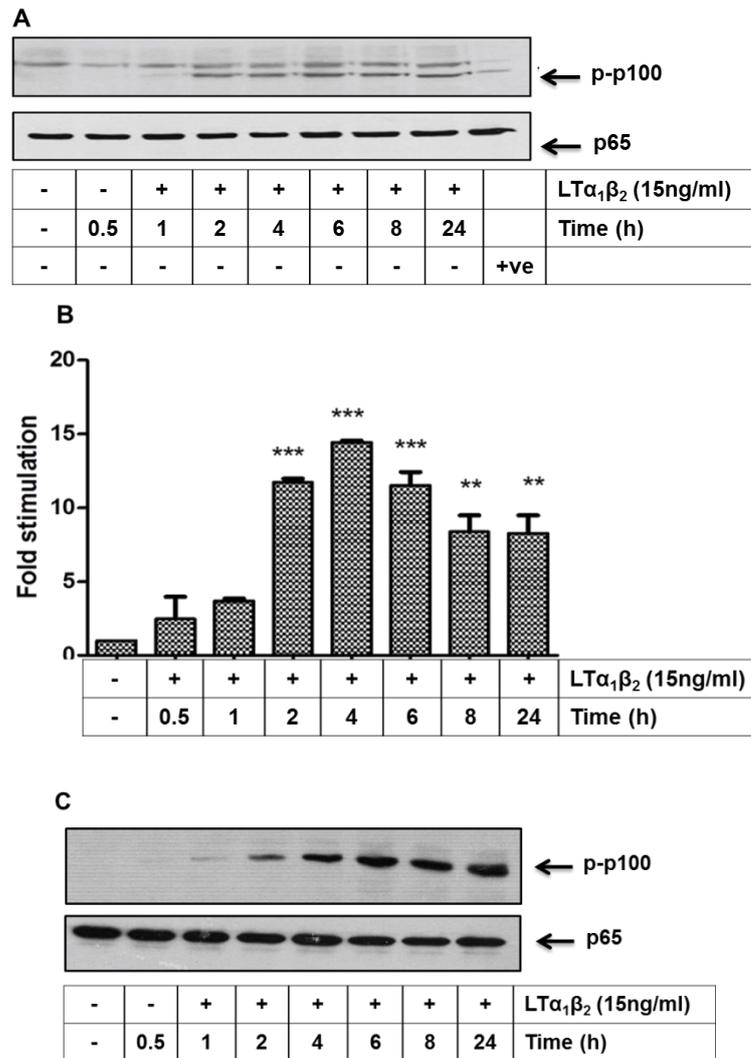
### **3.2 Characterisation the non-canonical of NF $\kappa$ B pathway**

The aim of the initial stage of this study was to examine the kinetics of activation of the non-canonical and canonical NF $\kappa$ B pathways. This was examined using three agonists; FCS, LT $\alpha_1\beta_2$  and additionally TNF $\alpha$  which can activate both canonical and non-canonical NF $\kappa$ B pathways (Oeckinghaus and Ghosh, 2009). In our laboratory, these three agonists have the ability to activate NF $\kappa$ B pathways in other cancer cell lines, for example, U2OS, an osteosarcoma cell line and PC3M and LNCaP cells, both prostate cancer cell lines.

### **3.3 Characterisation of the non-canonical of NFκB pathway using LTα<sub>1</sub>β<sub>2</sub>**

#### **3.3.1 Phosphorylation of p100 in pancreatic cancer cell lines**

As mentioned in Chapter One, the key marker for activation of the non-canonical NFκB pathway is phosphorylation of p100 NFκB2. Panc-1 cells were exposed to LTα<sub>1</sub>β<sub>2</sub> over a 24 h time course, as shown in Figure 3.1. After a delay of 2h phosphorylation of p100 increased, reaching a peak at 4h (fold increase; 14.44 ± 0.12, Figure 3.1B), and remaining elevated for up to 24h at approximately 10 fold of basal values. Whilst not shown here the same outcome was observed in another pancreatic cell line, MiaPaCa-2 (Figure 3.1C). This indicates that LTα<sub>1</sub>β<sub>2</sub> can activate the non-canonical NFκB pathway in pancreatic cell lines.

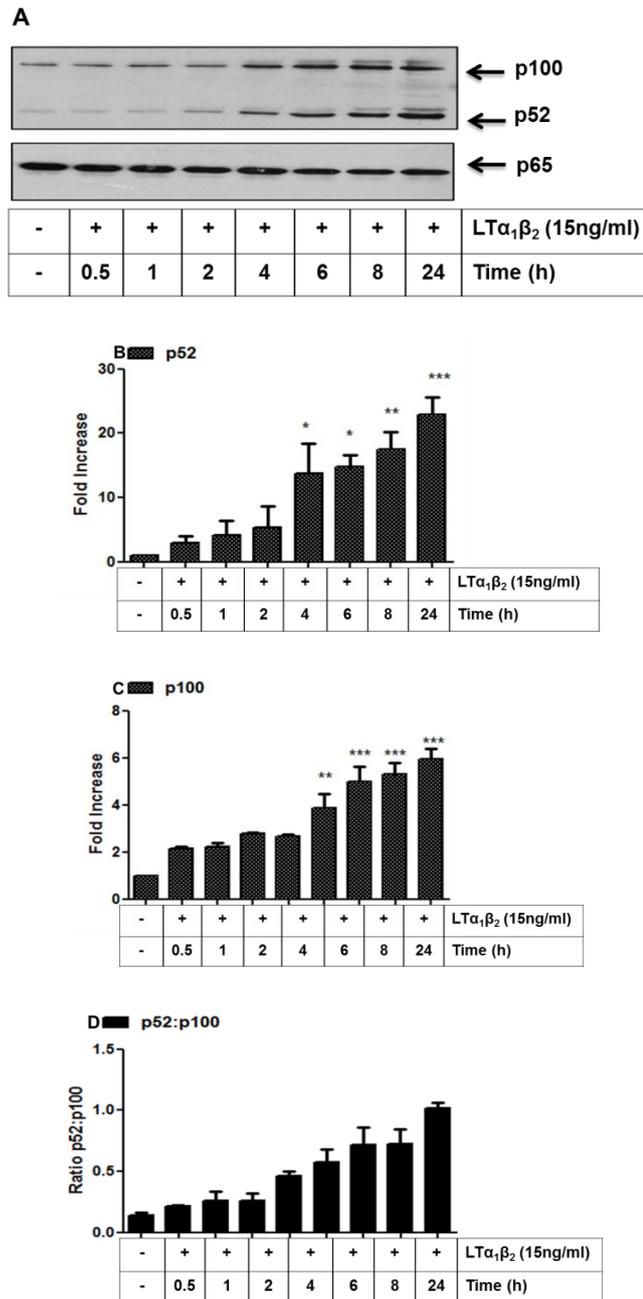


**Figure 3. 1 LT $\alpha_1\beta_2$ -induced phosphorylation of p100 in pancreatic cancer cell lines**

Panc-1 cells were exposed to LT $\alpha_1\beta_2$  (15ng/ml) for the times indicated. Whole cell extracts were prepared and separated by SDS-PAGE and assessed for p-p100 (100kDa) and p65 NF $\kappa$ B (65kDa) which was used as a loading control. In panel B blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control. Each blot is representative three experiments. Each value in panel B represents the mean  $\pm$  SEM of three experiments. \*\*\*P < 0.001, \*\*P < 0.01 compared to control. In panel C MiaPaca-2 cells were exposed to LT $\alpha_1\beta_2$  (15ng/ml) for the times indicated. Whole cell extracts were prepared and separated by SDS-PAGE and assessed for p-p100 (100kDa) and p65 NF $\kappa$ B (65kDa) which was used as a loading control, the blot represents two experiments.

### **3.3.2 Characterisation of p100-p52 processing in whole cell extracts**

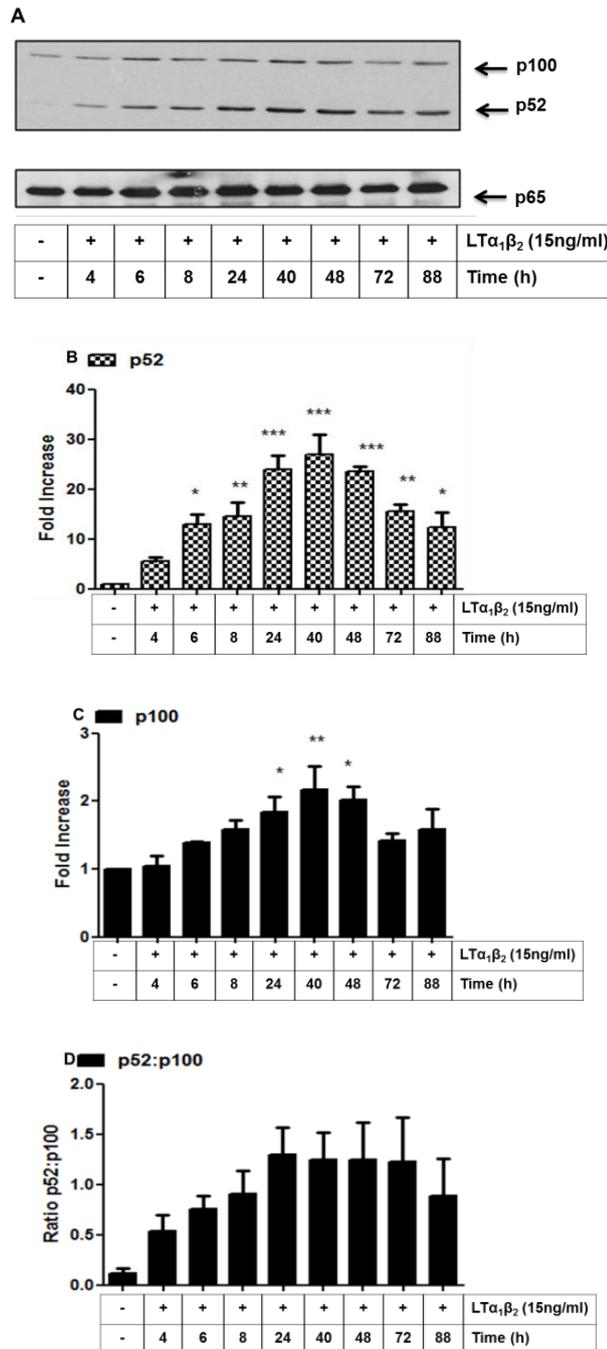
After the optimal time for phosphorylation of p100 in pancreatic cancer cell lines was determined, the next step was to find the optimal time for processing of NF $\kappa$ B2 (p100) to form p52 using the same agonist. Panc-1 cells were incubated with LT $\alpha_1\beta_2$ , over a time course between 30 min to 24h. The results of analysis by Western blot demonstrated a significant increase in the levels of p52 in whole cell extracts, following 4h exposure to LT $\alpha_1\beta_2$ , which continued to rise up to 24h, the longest time point studied ( $43.46 \pm 1.48$  fold), (Figure 3.2B). Furthermore, another effect which was observed following exposure to LT $\alpha_1\beta_2$  was a significant increase in the level of expression of p100, the results show that after 4h of stimulation the level of p100 was significantly increased and again rose further, continually increasing up to the 24h time point ( $5.94 \pm 0.42$  fold, Figure 3.2C). When p52 formation was compared to the increase in p100 expression during exposure to LT $\alpha_1\beta_2$  (Fig 3.2D), this ratio increased over the alltime points suggesting that possibility that p52 and p100 formation are linked. This suggests that LT $\alpha_1\beta_2$  mediates both processing of p100 and its expression in Panc-1 cells.



**Figure 3.2** LTα<sub>1</sub>β<sub>2</sub>-induced formation of p52 in Panc-1 cells.

Panc-1 cells were exposed for LTα<sub>1</sub>β<sub>2</sub> (15 ng/ml) for the times indicated (h), whole cell lysates were prepared and separated by SDS-PAGE, and then blotted for p52 (52 kDa), p65 NFκB (65 kDa) was used as a loading control, Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p52 (panel B), p100 (panel C) and p52:p100 (panel D). Each blot is representative three experiments. Each value represents the mean ± SEM of three independent experiments. \*\*\*P < 0.001, \*\*P < 0.01 and \*P < 0.05 compared to control

In order to investigate the effect of longer-term exposure to  $LT\alpha_1\beta_2$ , Panc-1 cells were exposed to  $LT\alpha_1\beta_2$  for time points between 4h to 88h. The 4h time point was chosen to be the earliest point of degradation of p100 to p52 was first observed (Figure 3.2B). The results in figure 3.3 indicate that a significant increase in the levels of p52 formation was observed after 4h of stimulation and increase over time, reaching its zenith at 40h after  $LT\alpha_1\beta_2$  exposure ( $23.96 \pm 2.8$  fold). After this time point the level of stimulation began to decrease however, p52 levels remained high after 72 and 88h of exposure to  $LT\alpha_1\beta_2$ , (Figure 3.3B). In addition, the levels of p100 expression also increased over time reaching a peak after 40h of stimulation ( $2.16 \pm 0.34$  fold, figure 3.6C). As expected, the ratio between p52 formation and p100 expression increased over the time period (Figure 3.3D).



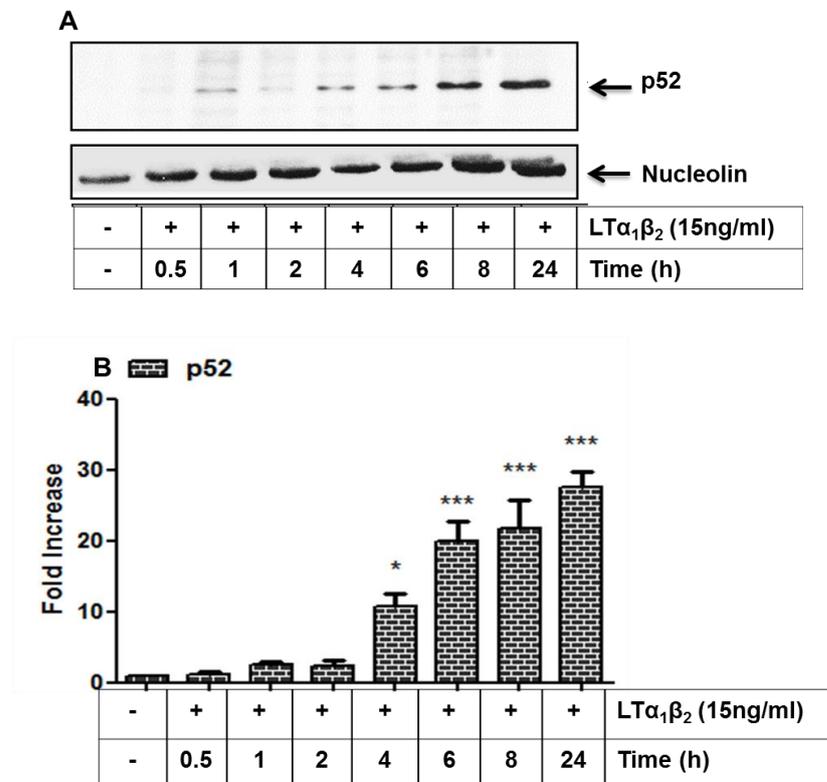
**Figure 3. 3 Prolonged LTα<sub>1</sub>β<sub>2</sub>-induced formation of p52 in Panc-1 cells.**

Cells were exposed to the LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for the times indicated. Whole cell extracts were prepared and separated by SDS-PAGE and assessed for p-p100 (100kDa) and p65 NFκB (65kDa). Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p52 (panel B), p100 (panel C) and ratio p52:p100 panel D, Each value in panels B-D represents the mean ± SEM of three independent experiments. \*\*\*p < 0.001, \*\*P < 0.01 and \*P < 0.05 compared to control.

### **3.3.3 LT $\alpha_1\beta_2$ induced nuclear translocation of p52 in Panc-1 and MiaPaCa-2 cells**

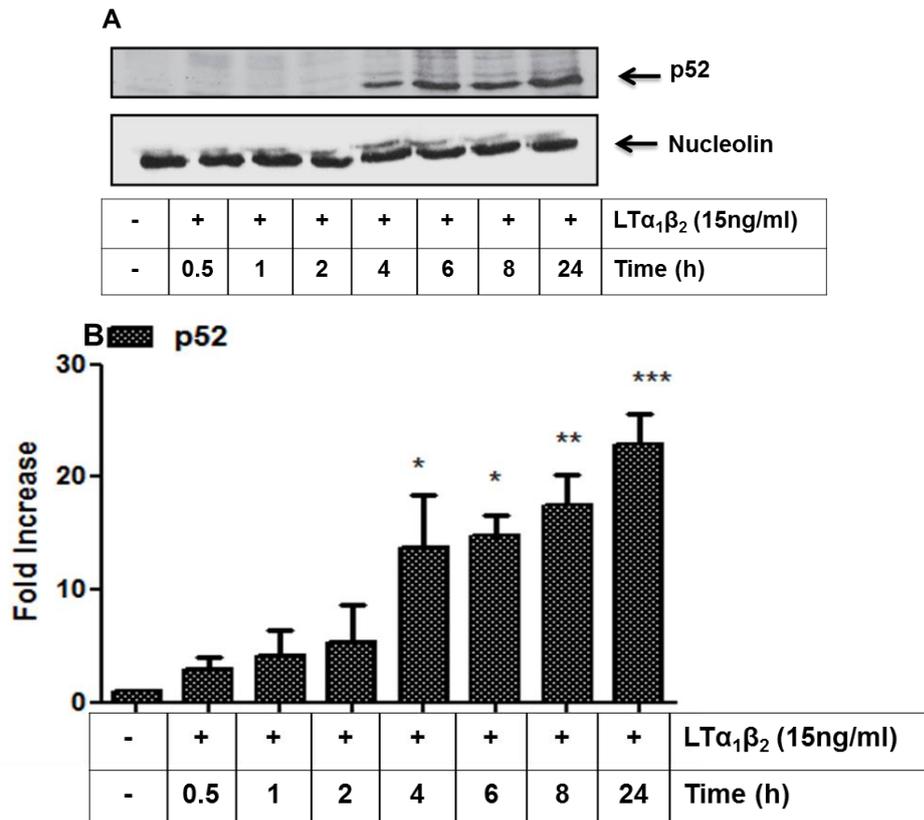
The results obtained in Figure 3.2 and 3.3 demonstrate that exposure to LT $\alpha_1\beta_2$  induced the formation of p52 in whole cell extracts from Panc-1 cells. In order to investigate if the LT $\alpha_1\beta_2$  induced p52 translocated to the nucleus of Panc-1, and also MiaPaC-2 cells as a comparison, nuclear extracts from cells treated with LT $\alpha_1\beta_2$  were prepared as outlined in Section 2.4.1. The results in Figure 3.4 showed that 4h after LT $\alpha_1\beta_2$  stimulation, a significant increase in the level of nuclear p52 was observed. In addition nuclear p52 was increased further at later time points, the highest nuclear accumulation of p52 was observed after 24h of stimulation, the longest time point studied ( $27.5 \pm 2.22$  fold). These results suggest that LT $\alpha_1\beta_2$  can mediate the processing of p-p100 to p52 and translocation to the nucleus.

MiaPaCa-2 cells were compared with Panc-1 cells and the results shown in Figure 3.5 were very similar to Panc-1 cells. Again there was a delay in the response to LT $\alpha_1\beta_2$  before nuclear p52 levels started to rise to a maximum by 24h ( $22.9 \pm 3.7$  fold).



**Figure 3. 4 LT $\alpha_1\beta_2$ -induced nuclear translocation of p52 in Panc-1cells**

Panc-1 cells were exposed to LT $\alpha_1\beta_2$  (15ng/ml) for increasing time periods (h), nuclear lysates prepared, separated by SDS-PAGE, then blotted for p52 (52 kDa). Nucleolin was used as a loading control (100 kDa). In panel B blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p52. Each value represents the mean  $\pm$  SEM of three independent experiments. \*\*\* $p < 0.001$ , and \*\* $p < 0.05$  compared with control.

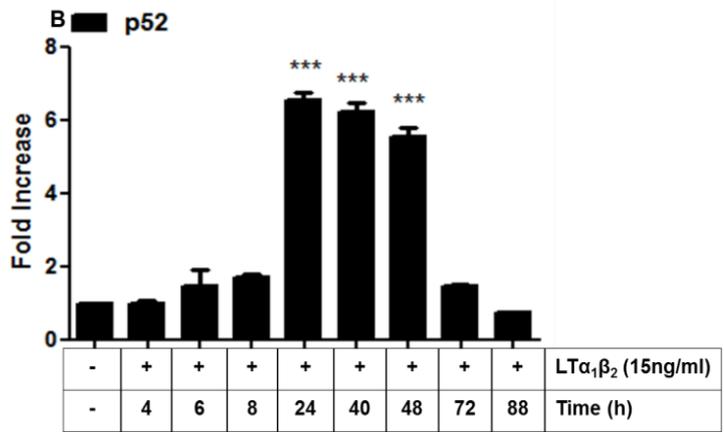
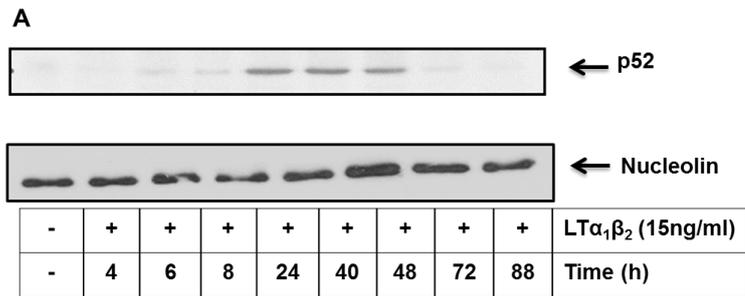


**Figure 3. 5** LTα<sub>1</sub>β<sub>2</sub>-induced nuclear translocation of p52 in MiaPaCa-2 cells

MiaPaCa-2 cells were exposed to LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for increasing time periods (h), nuclear lysates prepared, separated by SDS-PAGE, then blotted for p52 (52 kDa). Nucleolin was used as a loading control (100 kDa). In panel B blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p52. Each value represents the mean ± SEM of three independent experiments. \*\*\*p < 0.001, and \*\*p < 0.05 compared with control.

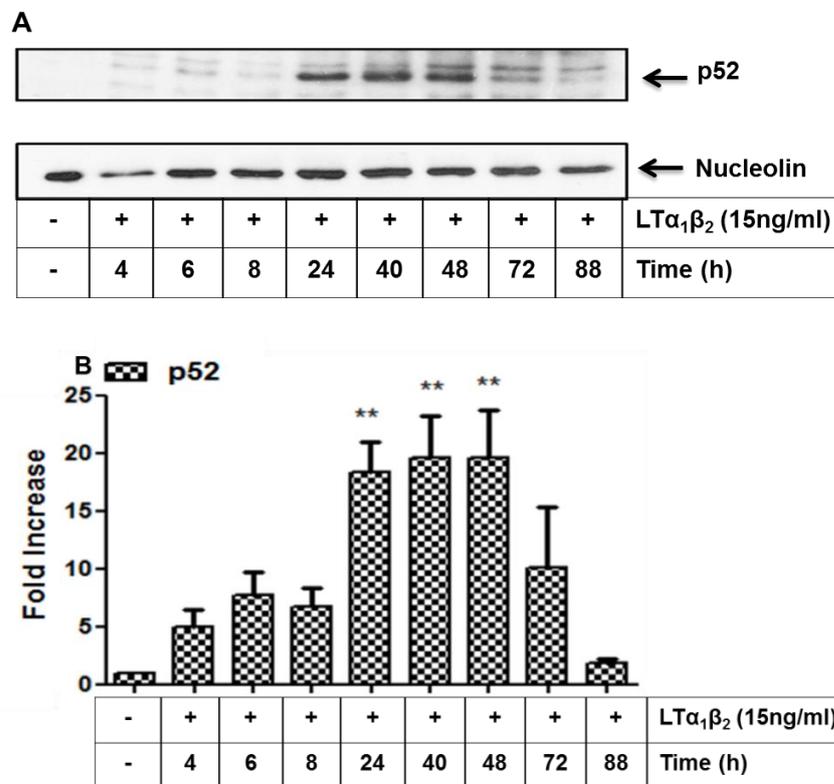
Next, the effect of longer  $LT\alpha_1\beta_2$  stimulation times was assessed; Panc-1 cells were stimulated with  $LT\alpha_1\beta_2$  over 88h starting with the 4h time point. The results, shown in Figure 3.6., demonstrate that increased nuclear p52 levels were observed between 24h and 48h, following stimulation by  $LT\alpha_1\beta$  and the peak of nuclear accumulation of p52 was at 24h (fold stim  $6.54 \pm 0.2$ ), after which p52 levels declined and returned to the basal level after 88h. The fold stimulation observed in these experiments was largely similar to those obtained in previous experiments which examined responses over 24h.

In addition, MiaPaCa-2 cells were also studied; cells were exposed to  $LT\alpha_1\beta_2$  over a similar time course to Panc-1 cells (Figure 3.7). The results showed that as with Panc-1 cells, there was an increase in the accumulation of nuclear p52 starting at 4h and reaching a maximum between 24 h (fold stim  $18.28 \pm 3.67$ ) and 48 h (fold stim  $19.56 \pm 4.29$ ) compared with control, then gradually returning back to the basal level after 88h. The results of previous experiments for both cell lines stimulated with  $LT\alpha_1\beta_2$  showed a similar optimal time for phosphorylation of p100, formation p52 and translocation p52 to the nucleus. These data suggest that activation of the non-canonical of NF $\kappa$ B pathway is a feature of pancreatic cancer cell lines.



**Figure 3.6 Prolonged LTα<sub>1</sub>β<sub>2</sub>-induced nuclear translocation of p52 in Panc-1 cells**

Panc-1 cells were exposed to LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for increasing time periods (h), nuclear lysates prepared, separated by SDS-PAGE, then blotted for p52 (52 kDa). Nucleolin was used as a loading control (100 kDa). In panel B blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p52. Each value represents the mean ± SEM of three independent experiments. \*\*\*p < 0.001 compared with control.

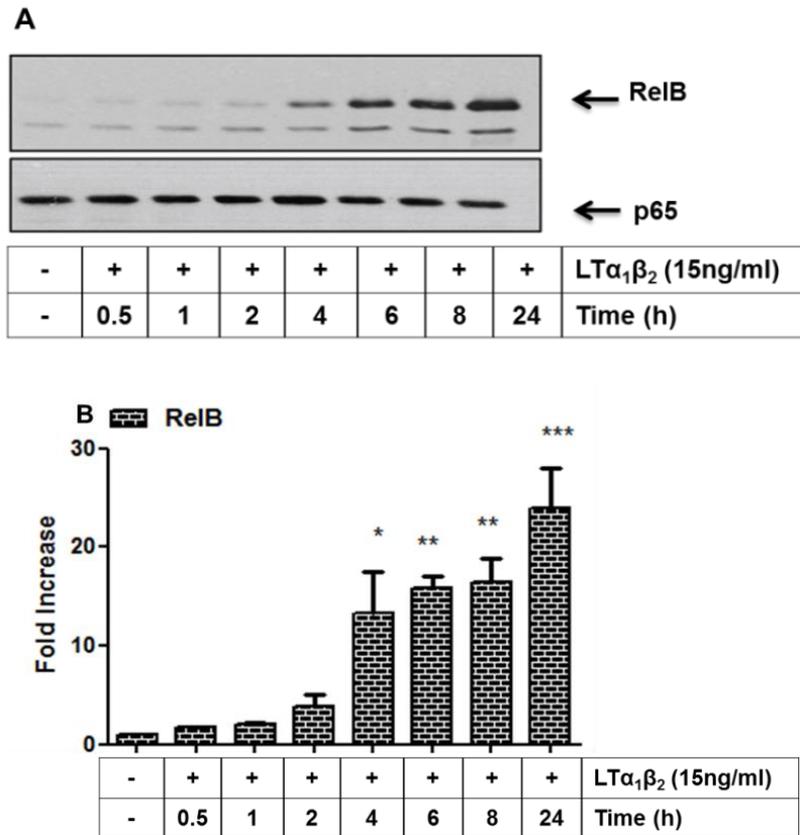


**Figure 3. 7 Prolonged LTα<sub>1</sub>β<sub>2</sub>-induced nuclear translocation of p52 in MiaPaCa-2 cells.**

MiaPaCa-2 cells were exposed to LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for increasing time periods (h), nuclear lysates prepared, separated by SDS-PAGE, then blotted for p52 (52 kDa). Nucleolin was used as a loading control (100 kDa). In panel B blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p52. Each value represents the mean ± SEM of three independent experiments. \*\*\*p < 0.001, and \*\*p < 0.05 compared with control.

### **3.3.4 Characterisation of RelB formation in Panc-1 in whole cells extracts in panc-1 cells**

In order to investigate the role  $LT\alpha_1\beta_2$  in formation of RelB in Panc-1 cells. Panc-1 cells were exposed to  $LT\alpha_1\beta_2$  between 30 min and 24h and RelB formation were assessed by Western blot. Increased formation of RelB was observed at 4 h of stimulation and increased in a time-dependent manner, reaching its peak at 24 h (fold stim  $23.9 \pm 3.9$ ) compared with unstimulated control (Figure 3.8).



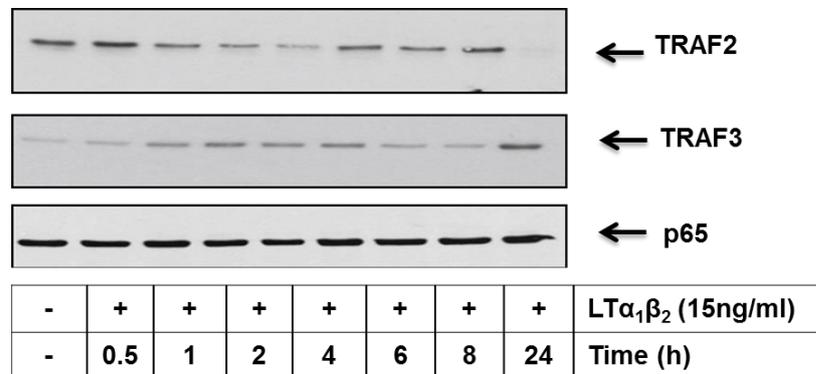
**Figure 3.8** LTα<sub>1</sub>β<sub>2</sub>-induced formation of RelB in Panc-1 cells

Panc-1 cells were exposed for LTα<sub>1</sub>β<sub>2</sub> (15 ng/ml) for time indicated (h), whole cell lysates were prepared and separates by SDS-PAGE, and then blotted for RelB (68 kDa) and p65 NFκB (65 kDa) was used as a loading control. In panel B blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for RelB. Each value represents the mean ± SEM of three independent experiments. \*\*\*p < 0.001, \*\*p < 0.01 and \*p < 0.05 compared with control.

### 3.3.5 TRAF2 and TRAF3 degradation in pancreatic cancer cell lines

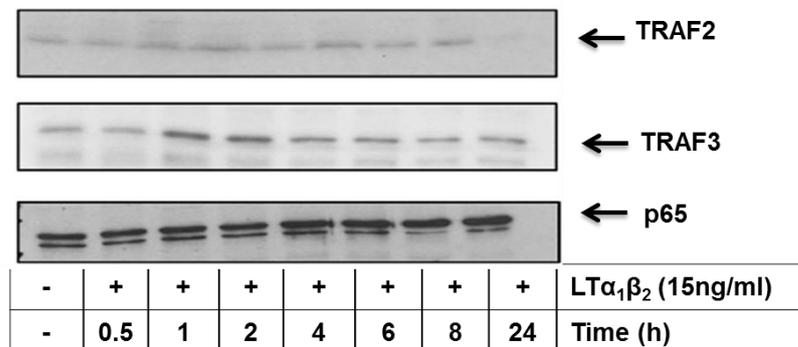
TNF receptor-associated factors (TRAFs) are a family of proteins with multi-functions. These proteins have the ability to bind to the intracellular surface of membrane receptors to form proteins complexes which have a role in activation of a number of signalling pathways such as NF $\kappa$ B pathway (Chung et al., 2002). Studies have reported variable levels of TRAF2 and TRAF3 in pancreatic cancer cell lines, which are degraded following cellular activation (Doppler et al., 2013). Therefore, Panc-1 and Mia-Paca-2 cells were exposed to LT $\alpha_1\beta_2$  (15ng/ml) between 0.5-24 h and then whole cell extracts was prepared.

In Panc-1 cells it was found that there was a partial degradation of TRAF2 which occurred between 2-4 h of exposure to LT $\alpha_1\beta_2$  but this was not complete by the end of the time period, in fact levels recovered between 8-24 h of exposure (Figure 3.9). In contrast, TRAF3 levels increased at 24h of stimulation. However, as shown in Figure 3.10, when MiaPaCa-2 cells were compared with Panc-1 cells, it was found that degradation of TRAF2 only occurred at 24h of stimulation but levels were generally very low. When the blot was re-probed for TRAF3, an increase in the levels of expression was observed at two time points, following exposure to LT $\alpha_1\beta_2$  for 1 and 2 h of stimulation. Levels then returned to basal level over the remainder of time course. This suggests that LT $\alpha_1\beta_2$  does have the potential to regulate the non-canonical NF $\kappa$ B pathway via the degradation of TRAF2 and 3 but the results were inconsistent and in contrast to the closely matched effects upon p100 phosphorylation and other parameters.



**Figure 3. 9 TRAF2 and TRAF3 degradation in Panc-1 cells**

Cells were exposed to LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for the times indicated. Whole cell extracts were prepared, and analysed by Western blot for expression of TRAF2 (53 kDa), TRAF3 (62 kDa) and p65 (65 kDa) which was used as a loading control. Each blot is representative of two independent experiments.

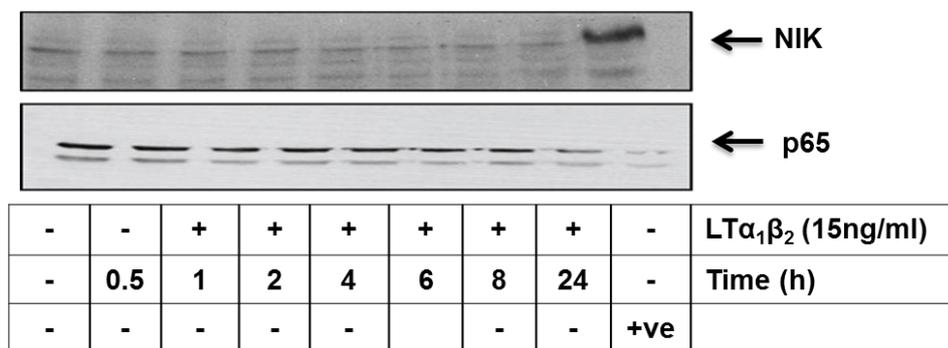


**Figure 3. 10 TRAF2 and TRAF3 degradation in MiaPaC-1 cells**

Cells were exposed to LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for the times indicated. Whole cell extracts were prepared, and analysed by Western blot for expression of TRAF2 (53 kDa), TRAF3 (62 kDa) and p65 NFκB (65kDa) which was used as a loading control. Each blot is representative of two experiments.

### 3.3.6 NIK expression in Panc-1 cells

Many previous studies have demonstrated that following cellular stimulation NIK is induced in Panc-1 cells, as mentioned in Section 1.6.2 chapter one, increased NIK levels lead to subsequent activation of the alternative NF $\kappa$ B pathway (Doppler et al., 2013). Therefore, following stimulation with LT $\alpha_1\beta_2$  (15ng/ml) whole cell extracts were prepared and blotted for NIK. For a positive control, a separate stock of Panc-1 cells were infected with NIK adenovirus (Adv. NIK), resulting in the over-expression of NIK protein. Figure 3.11 shows that endogenous levels of NIK were low in Panc-1 cells, compared with the positive control and not induced by LT $\alpha_1\beta_2$  over the time period studied.

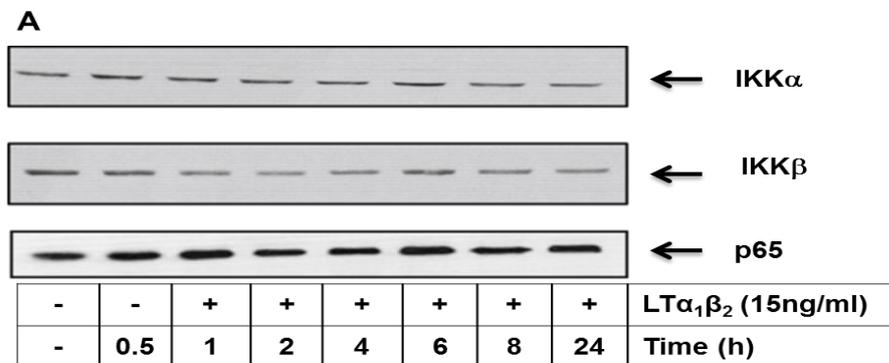


**Figure 3.11 NIK expressions in Panc-1 cells**

Panc-1 cells were exposed to LT $\alpha_1\beta_2$  (15ng/ml) for the times indicated, whole cell extracts were prepared, and analyzed by Western blot for expression of NIK (120 kDa). A sample from Adv. NIK infected Panc-1 cells was used as a positive control, whilst p65 NF $\kappa$ B was included as a loading control. The blot is representative of two independent experiments.

### 3.3.7 Characterisation of IKK $\alpha$ in Panc-1 cells

As levels of p100 increased in response to LT $\alpha_1\beta_2$  stimulation, the levels of cellular IKK $\alpha$  and IKK $\beta$  in Panc-1 cells were investigated. Cells were exposed to LT $\alpha_1\beta_2$  for the same time points used in previous experiments. IKK $\alpha$  and IKK $\beta$  levels were assessed by Western blot. The results showed as hypothesis no change in the levels of both IKK $\alpha$  and IKK $\beta$  over all time points (Figure 3.12A).

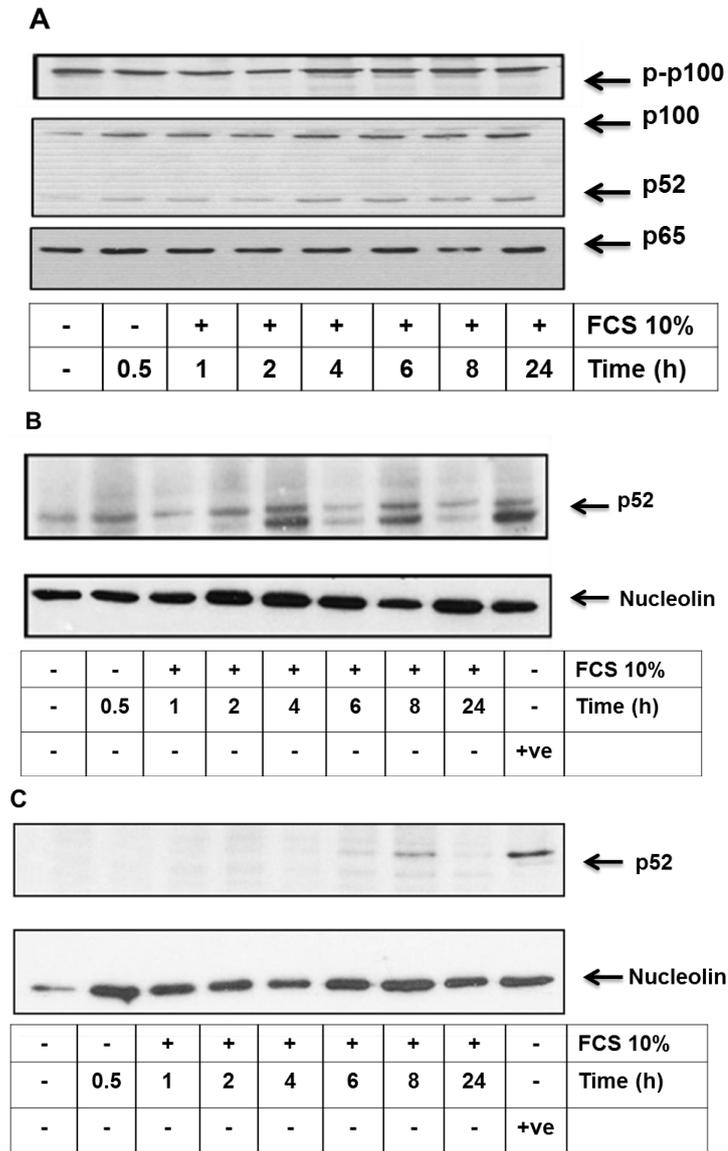


**Figure 3.12 Effect of LT $\alpha_1\beta_2$  on expression of IKK $\alpha$  and IKK $\beta$  in Panc-1 cells**

Panc-1 cells were exposed to LT $\alpha_1\beta_2$  (15ng/ml) for the times indicated, whole cell extracts were prepared and analyzed by Western blot for expression of IKK $\alpha$  (84 kDa), IKK $\beta$ (86 kDa) and then stripped and assessed for p65 NF $\kappa$ B (65kDa) which was used as a loading control. The blot is representative two independent experiments.

### **3.4 Characterisation of the non-canonical NF $\kappa$ B pathway using FCS**

A number of experiments in our lab demonstrated that FCS has the ability to activate the non-canonical of NF $\kappa$ B pathway in many cells line such as U2OS and HUVECs cells. Therefore, the effect of FCS in both Panc-1 and MiaPaC-2 cells were investigated, through measurement of p100 phosphorylation, formation of p52 and translocation of p52 to the nucleus. Panc-1 cells were exposed to FCS 10% (v/v) over time course between 30 min and 24 h and assessed by Western blot. FCS stimulation showed a slight increase in levels of p52 and phosphorylation of p100 between 4 and 24h (Figure 3.13 A). Similarly, FCS stimulated only a marginal increase of p52 in nuclear extracts following 6 h of stimulation compared to untreated cells (Figure 3.13B). Next the effect of FCS in translocated p52 into the nucleus was investigated in MiaPaC-1 cells as a comparison with Panc-1 cells. There was a high level of p52 noted at two-time points, 4h and 8h compared with untreated sample (figure 3.13C) but in general stimulation was weak and inconsistent. This suggests that FCS is unable to mediate the activation of the non-canonical NF $\kappa$ B pathway in pancreatic cancer cell lines. Further preliminary results indicated that FCS was unable to activate the canonical pathway (see section 3.6.2) and was not used in further experiments.



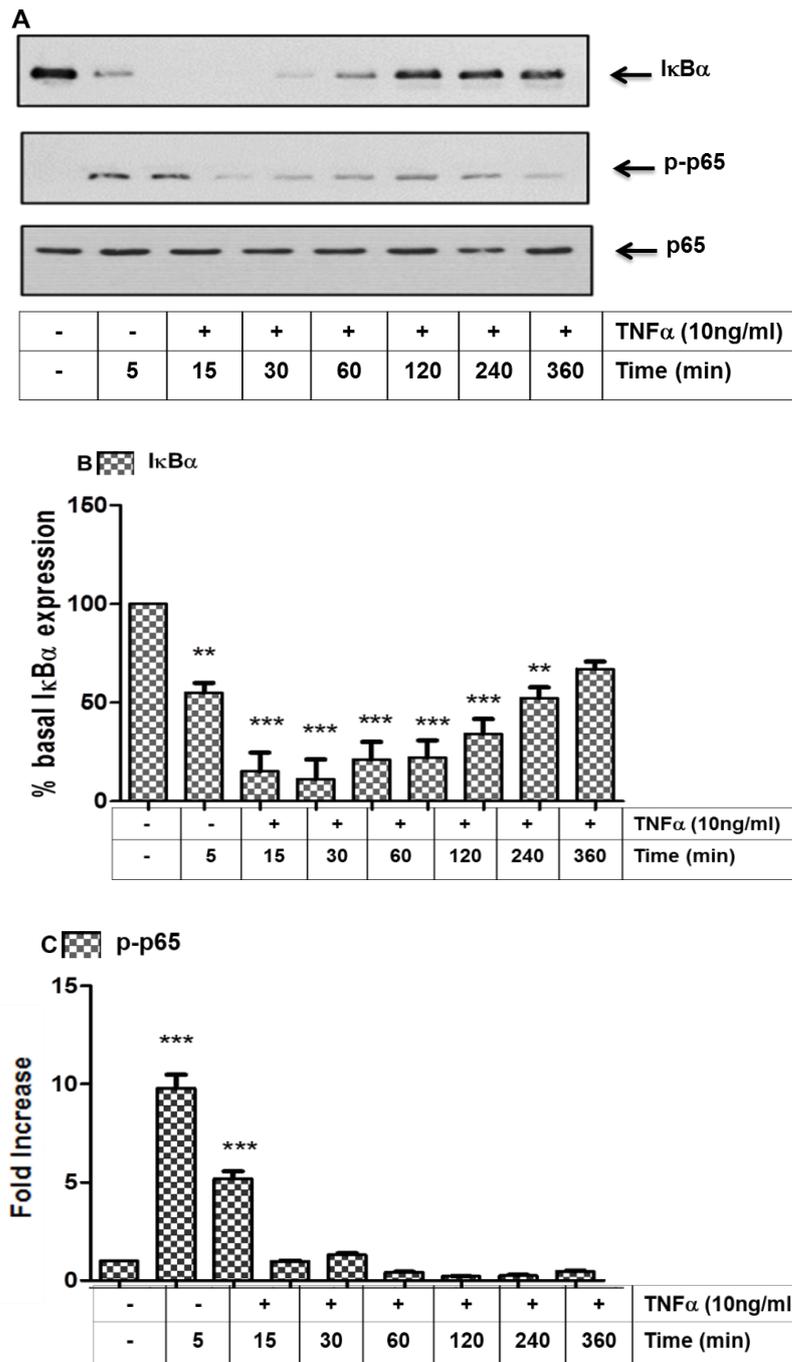
**Figure 3.13 The effect of FCS on non-canonical NF $\kappa$ B signalling in Panc-1 and MiaPaCa-2 cells.**

Panc-1 cells (panel A), cells were exposed to 10% (v/v) FCS for the times indicated (h). Whole cell extracts were prepared and then blotted for p-p100, p52 and p65 NF $\kappa$ B which used as a loading control. In panel B, Panc-1 cells were exposed to 10% (v/v) FCS for the times indicated (h). Nuclear extracts were prepared, and then blotted for p52 (52 kDa) and nucleolin (100 kDa) which used as a loading control. In panel C MiaPaCa-2 cells were stimulated with 10% (v/v) FSC for the times indicated (h), the nuclear extracts were prepared and botted for p52 (p52 kDa) and nucleolin (100kDa) which use as a loading control. One sample was used from the same cell line stimulated for 24 h with LT $\alpha_1$ B $_2$  (15ng/ml) as positive control for p52 in panel B and C. Each blot is representative two experiments in panel A and B and one experiment in penal C.

### **3.5 Characterisation the role of TNF $\alpha$ in NF $\kappa$ B pathways activation in pancreatic cancer cells lines**

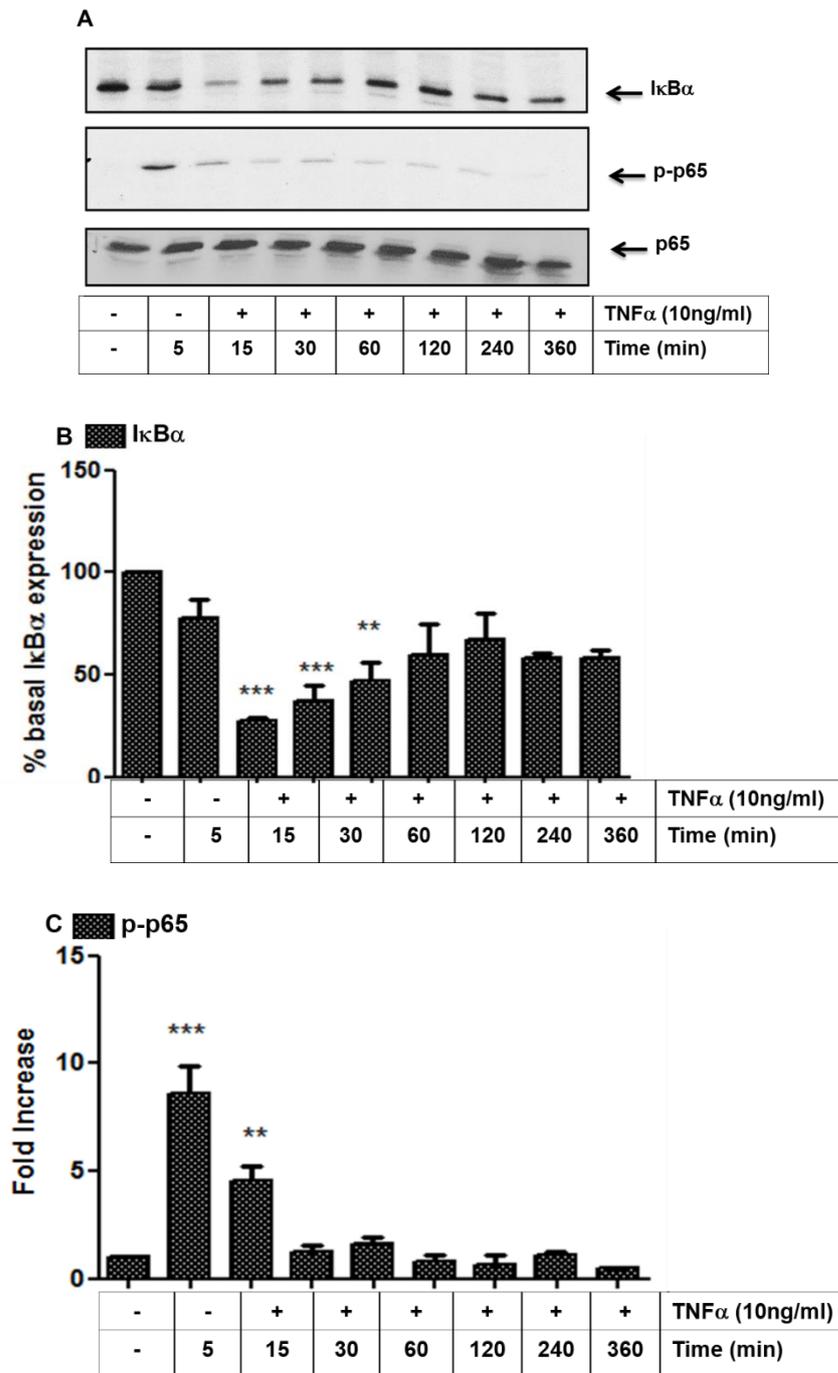
#### **3.5.1. TNF $\alpha$ activation of the classical NF $\kappa$ B pathway in pancreatic cancer cell lines**

The next part of the study examined the activation of the classical NF $\kappa$ B pathway. This was achieved by measuring the degradation of I $\kappa$ B $\alpha$  and phosphorylation of p65 NF $\kappa$ B in both Panc-1 and Mia-Paca-2 cells. In the Plevin laboratory, TNF $\alpha$  has been shown to activate the classical pathway in other cell lines, for example LNCaP, PC3M, HUVECs and U2OS cells. Initially, Panc-1 cell lines were stimulated with TNF $\alpha$  over an 8 h time course and I $\kappa$ B $\alpha$  degradation and phosphorylation of p65 NF $\kappa$ B measured. I $\kappa$ B $\alpha$  degradation was rapid starting between 5 and 15 min and reaching a maximum after 30 min ( $2.29\% \pm 1.92$  of basal expression) compared with untreated sample, before returning gradually to basal levels after 8 h (Figure 3.15B). Furthermore, TNF $\alpha$  stimulated also a rapid increase in p65 phosphorylation in Panc-1 cells which was maximal between 5 min ( $31.2 \pm 2.47$  fold) and 15 min ( $16.38 \pm 1.16$  fold) compared with basal values (figure 3.15C). A similar response was observed in MiaPaC-2 cells (Figure 3.16 A-C).



**Figure 3.14 TNF $\alpha$ -induced degradation of I $\kappa$ B $\alpha$  and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells**

Cells were exposed to TNF $\alpha$  (10ng/ml) as indicated. Whole cell extracts were prepared, assessed for p-p65 (65kDa), and then re-probed for I $\kappa$ B $\alpha$  (37kDa) and also p65 NF $\kappa$ B (65kDa). Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for I $\kappa$ B $\alpha$  (panel B) and p65 NF $\kappa$ B (panel C). Each value represents the mean  $\pm$  SEM of three independent experiments. \*\*\* p<0.001 and \*\* p<0.01 compared with control.

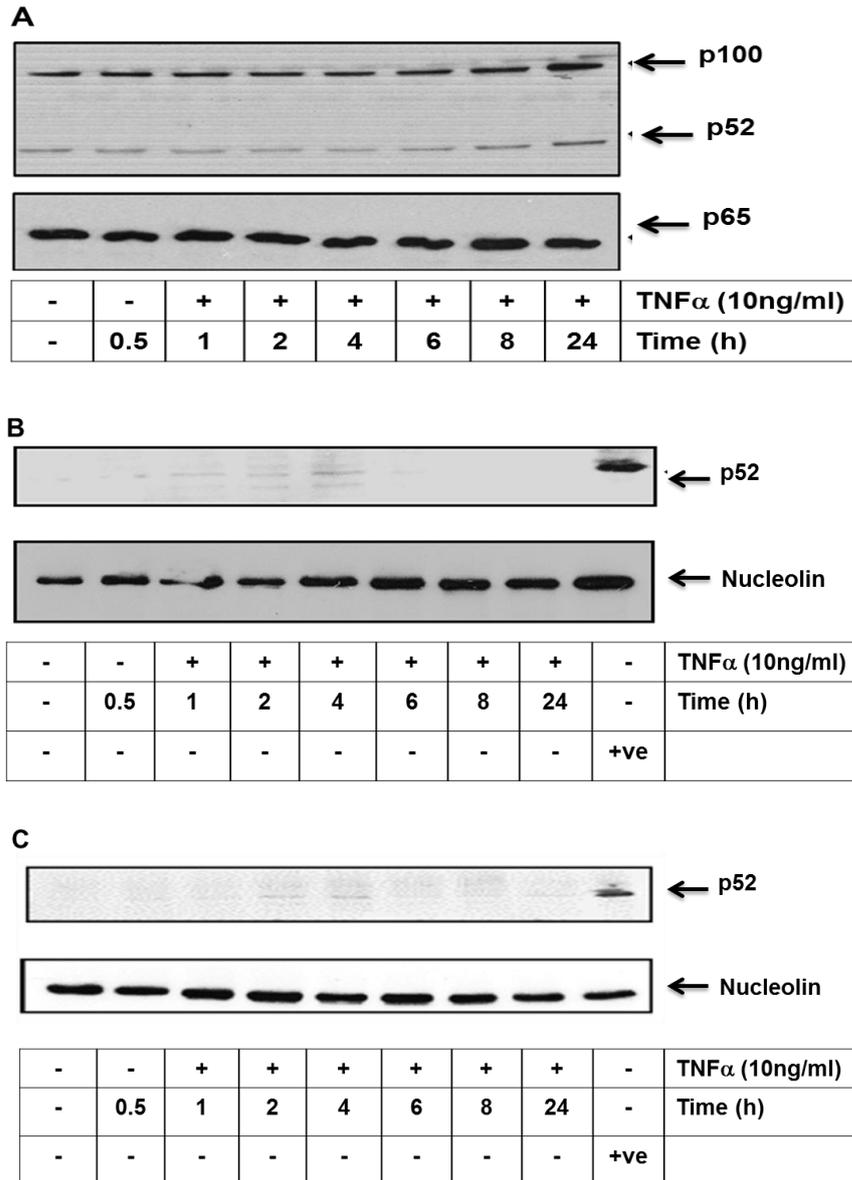


**Figure 3.15** TNF $\alpha$ -induced degradation of I $\kappa$ B $\alpha$  and phosphorylation of p65 NF $\kappa$ B in MiaPaCa-2 cells.

Cells were exposed to TNF $\alpha$  (10ng/ml) as indicated. Whole cell extracts were prepared, then assessed for p-p65 NF $\kappa$ B (65kDa), then reprobbed for I $\kappa$ B $\alpha$  (37kDa) and also p65 NF $\kappa$ B (65kDa) which was used as a loading control. Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for I $\kappa$ B $\alpha$  (panel B) and p65 NF $\kappa$ B (panel C). Each value represents the mean  $\pm$  SEM of three independent experiments. \*\*\* p<0.001 and \*\* p<0.01 compared with control.

### **3.5.2 Role of TNF $\alpha$ in activation of the non-canonical of NF $\kappa$ B pathway**

In the next set of experiments, the effect of TNF $\alpha$  on the activation of non-canonical NF $\kappa$ B pathway was examined. In contrast to LT $\alpha_1\beta_2$ , TNF $\alpha$  was unable to induce an increase in p52 levels in whole Panc-1 cell extracts following 0.5-24 h exposure. A minor increase (not significant) in levels of p52 was observed following 24h stimulation (figure 3.14A). Furthermore, TNF $\alpha$  was unable to induce an increase in the levels of nuclear p52 compared to wells treated with LT $\alpha_1\beta_2$  (Figure 3.14B). A similar result was obtained in MiaPaCa-2 cells (Figure 3.14C). Taken together these experiments show that TNF $\alpha$  was unable to activate the alternative NF $\kappa$ B pathway in pancreatic cancer cell lines in contrast with U2OS and HUVECs cell lines.



**Figure 3.16 The effect of TNF $\alpha$  on the non-canonical of NF $\kappa$ B pathway in Panc-1 cells.**

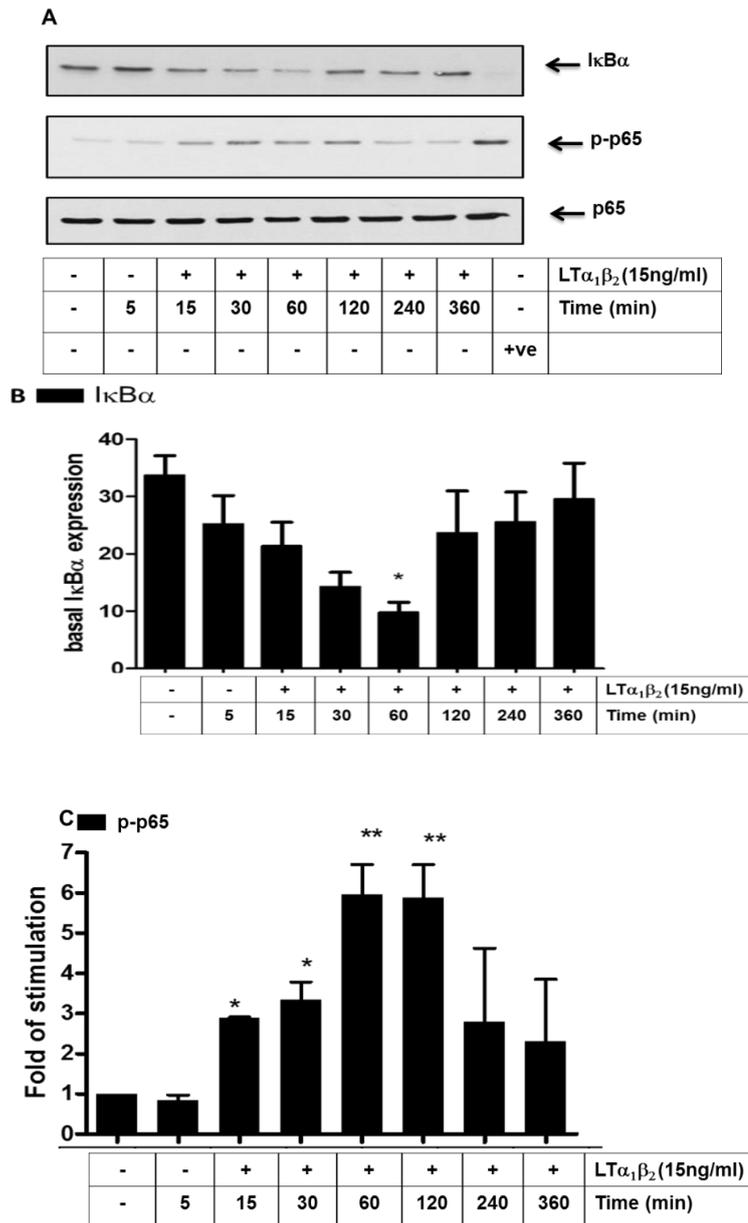
Panels A-C cells were exposed to TNF $\alpha$  (10ng/ml) for the times indicated (h). Whole cell extracts were prepared and then blotted for p52 and p65 NF $\kappa$ B which was used as a loading control. In Panel B Panc-1 cells were exposed to TNF $\alpha$  (10ng/ml). Nuclear extracts were prepared, then blotting for p52 (52 kDa) and nucleolin (100 kDa) was used as a loading control. Panel C, MiaPaCa-2 cells were exposed to TNF $\alpha$  (10ng/ml). Nuclear extracts were prepared, then blotted for p52 (52 kDa) and nucleolin (100 kDa) was used as a loading control. A positive control for p52 was prepared from the same cell line stimulated with LT $\alpha_1\beta_2$  (15ng/ml) for 24 h in panel B and C. Each blot is representative of two experiments in panel A and B, and one experiment in panel C.

### **3.7. The effect of $LT\alpha_1\beta_2$ on activation of the canonical NF $\kappa$ B pathway**

The results in Section 3.3 above demonstrated that  $LT\alpha_1\beta_2$  has the ability to activate the non-canonical NF $\kappa$ B pathway. Therefore, the effect of  $LT\alpha_1\beta_2$  in activation of the canonical of NF $\kappa$ B pathway was investigated in Figure 3.17. Panc-1 cells were exposed to  $LT\alpha_1\beta_2$  between 5 min to 6 h and the activation of classical of NF $\kappa$ B pathway was assessed by degradation of I $\kappa$ B $\alpha$  and phosphorylation of p65 NF $\kappa$ B using Western blotting. Whilst  $LT\alpha_1\beta_2$  activated components of the canonical NF $\kappa$ B pathways there was a distinct profile of activation, the kinetics where substantially relative to TNF $\alpha$ . Degradation of cellular I $\kappa$ B $\alpha$  was first observed 15 min after  $LT\alpha_1\beta_2$  stimulation reaching a maximum 1h after initial exposure. I $\kappa$ B $\alpha$  levels then recovered to the basal level over the rest of the stimulation period (2-6 h) (Figure 3.19B). A significant phosphorylation of p65 NF $\kappa$ B was observed 15 min after  $LT\alpha_1\beta_2$  stimulation reaching a maximum at 2h (fold stimulation;  $46.2 \pm 4.64$ , figure 3.19C) Phosphorylation of p65 NF $\kappa$ B was remained elevated over the remainder of the time course compared with control.

Next the effect of FCS exposure on the activation of the classical of NF $\kappa$ B pathway was examined. Panc-1 cells were exposed to FCS 10% (v/v) for times points between 5 min and 6h. One sample was exposed to TNF $\alpha$  (10ng/ml) for 15 min which was the optimal time for degradation I $\kappa$ B $\alpha$  and phosphorylation p65 NF $\kappa$ B and this served as positive control for classical of NF $\kappa$ B pathway activation. The results show that FCS was unable to induce the degradation I $\kappa$ B $\alpha$  and phosphorylation p65 NF $\kappa$ B in Panc-1 cell (data not shown). Furthermore, MiaPaCa-2 cells were exposed

to  $LT\alpha_1\beta_2$  and FCS and classical markers of canonical NF $\kappa$ B pathways were assessed and showed similar results to the Panc-1 cells results  $LT\alpha_1\beta_2$  showed the ability to activate the canonical of NF $\kappa$ B pathway through inducing the I $\kappa$ B $\alpha$  and phosphorylation of p65 NF $\kappa$ B, whilst FCS did not.



**Figure 3.17** LT $\alpha_1\beta_2$ -induced degradation of I $\kappa$ B $\alpha$  and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells

Cells were exposed to LT $\alpha_1\beta_2$  (15 ng/ml) for the times indicated. Whole cell extracts were prepared, then assessed for I $\kappa$ B $\alpha$  (37kDa), then re-probed for p-p65 (65kDa), and also p65 NF $\kappa$ B (65kDa) which was used as a loading control, one sample from the same cell line stimulated with TNF $\alpha$  (10 ng/ml) for 15min was used as positive control for activation of classical of NF $\kappa$ B pathway. Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for I $\kappa$ B $\alpha$  (panel B) and p65 NF $\kappa$ B (panel C). Each value represents the mean  $\pm$  SEM of three independent experiments. \*\*\*  $p < 0.001$ , \*\*  $p < 0.01$  and \*  $p < 0.05$  compared with control.

### **3.7 The effect of silencing cellular IKK $\alpha$ expression on the non-canonical NF $\kappa$ B pathway in Panc-1 cells**

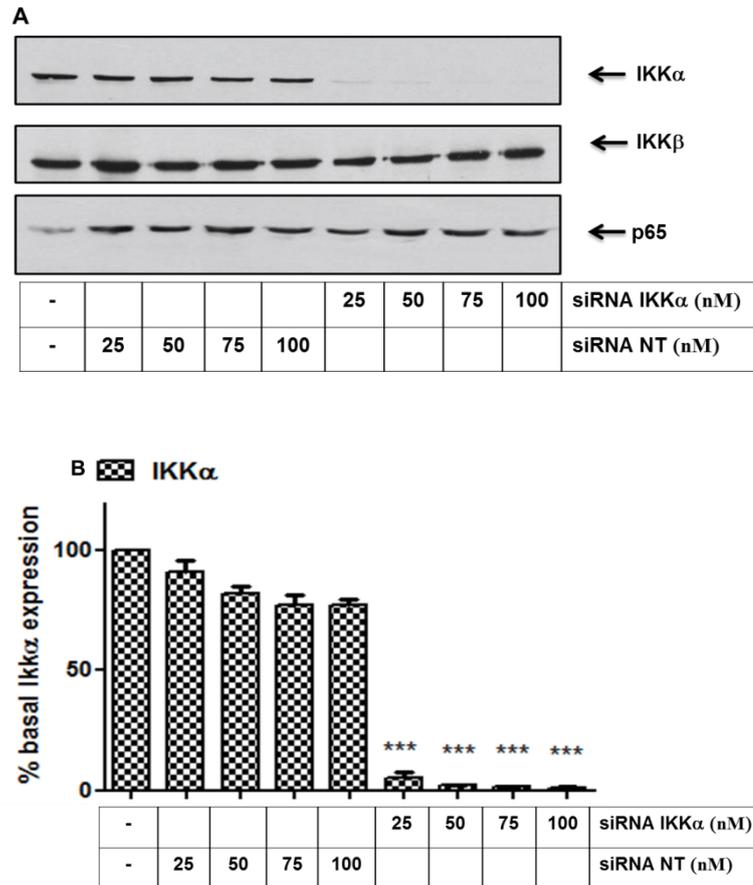
In order to confirm that phosphorylation of p100 and the formation of p52 were the result of IKK $\alpha$  activation, experiments using siRNA induced knockdown were attempted.

#### **3.7.1 siRNA silencing of IKK $\alpha$ and IKK $\beta$ in Panc-1 cells**

To optimise the knockdown of IKK $\alpha$  and IKK $\beta$  with siRNA, Panc-1 cells were transfected with increasing concentrations of IKK $\alpha$  and IKK $\beta$  siRNA (25-100nM), for 72h which in preliminary experiments was found to be the optimal time for silencing. Western blotting was used to evaluate the protein expression level of both IKK $\alpha$  and IKK $\beta$ . Using 50-100nM of non-targeting sequence (NT) resulted in a minimal effect on the of endogenous expression of IKK $\alpha$ , whilst surprisingly, the lowest concentration (25nM) of siRNA of IKK $\alpha$ , effectively reduced the endogenous of IKK $\alpha$  expression by greater than 95% (see Figure 3.18). The level of IKK $\alpha$  expression decreased further as the concentration of siRNA increased. Furthermore, treatment of cells with siRNA IKK $\alpha$  (25–100nM) showed no effect on expression of IKK $\beta$  even with the maximum concentration (100nM).

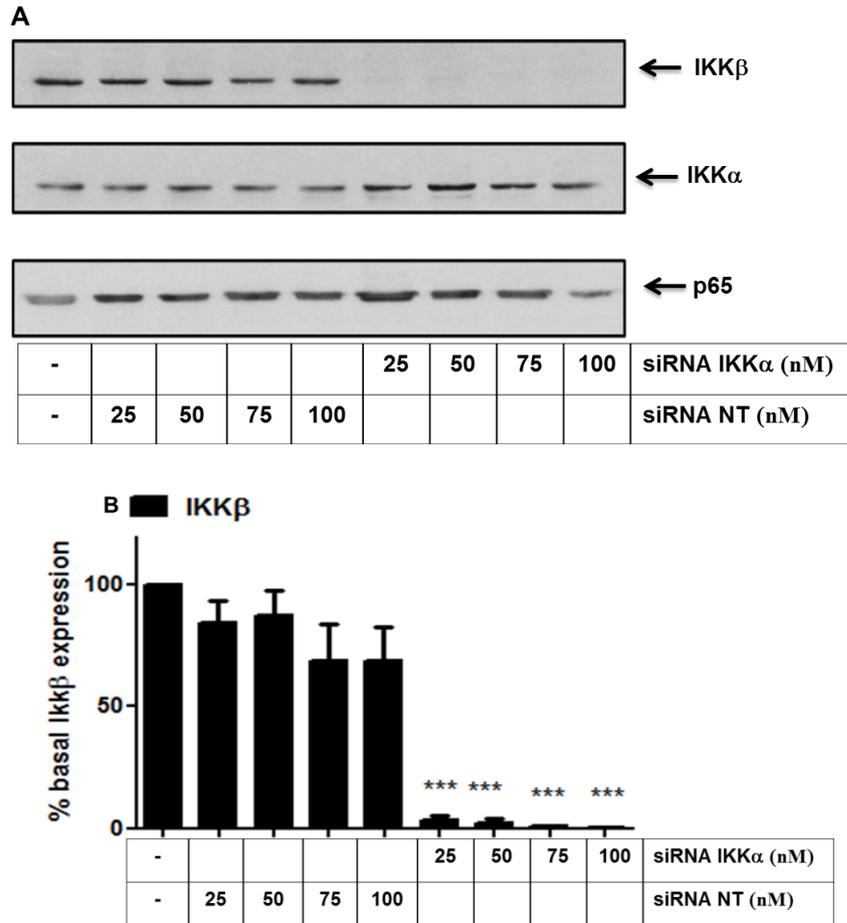
Next, the optimal concentration of siRNA-IKK $\beta$  for knockdown of IKK $\beta$  in Panc-1 cells was investigated. Figure 3.19, shows that there were a sharp decrease in the expression of IKK $\beta$ , the lowest concentration (25nM) caused a substantial and significant reduction in the level of IKK $\beta$  expression, basal expression was reduced to  $3.52 \pm 1.55\%$  compared with control (100%). Moreover, inhibition of IKK $\beta$

expression was increased to more than 99% at the maximum IKK $\beta$  siRNA concentration (100nM) without compromising cellular integrity by examination the morphology and appearance of cells using microscope, this further suggested that IKK $\alpha$  and IKK $\beta$  could be knocked down selectively in Panc-1 cells see Figure 3.19.



**Figure 3.18 The effect of IKKα siRNA on IKKα expression in Panc-1 cells**

Cells were transfected with nontargeting siRNA (NT) and IKKα up to 100nM for 72h. Whole cells extracts were prepared and separated by SDS-PAGE and then assessed for IKKα (84 kDa), IKKβ (86 kDa) and p65 NFκB (65kDa) which was used as a loading control. In panel B blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for IKKα. Each value represents the mean ± S.E.M of three independent experiments, \*\*\* p<0.001 compared with control.



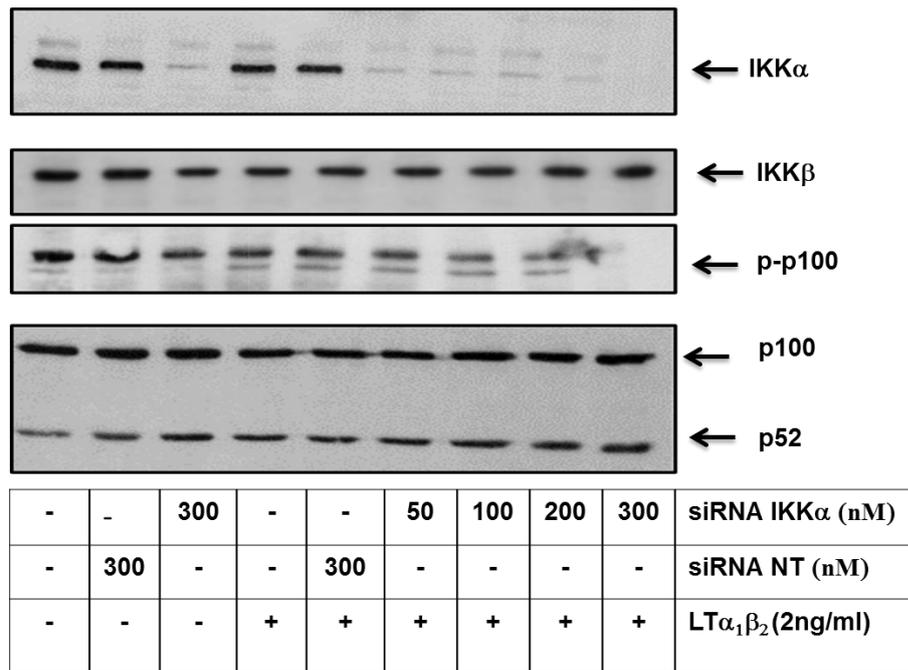
**Figure 3.19 The effect of IKKβ siRNA on IKKβ expression in Panc-1 cells**

Cells were transfected with non-targeting siRNA (NT) and IKKα up to 100nM for 72h. Whole cells extracts were prepared, separated by SDS-PAGE and then assessed for IKKβ (86 kDa), IKKα (84 kDa) and p65 NFκB (65kDa) which was used as a loading control. In panel B blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for IKKβ. Each value represents the mean ± S.E.M of three independent experiments, \*\*\* p<0.001 compared with control.

### **3.7.2 The effect of silencing of cellular IKK $\alpha$ expression on the non-canonical NF $\kappa$ B pathway in Panc-1 cells**

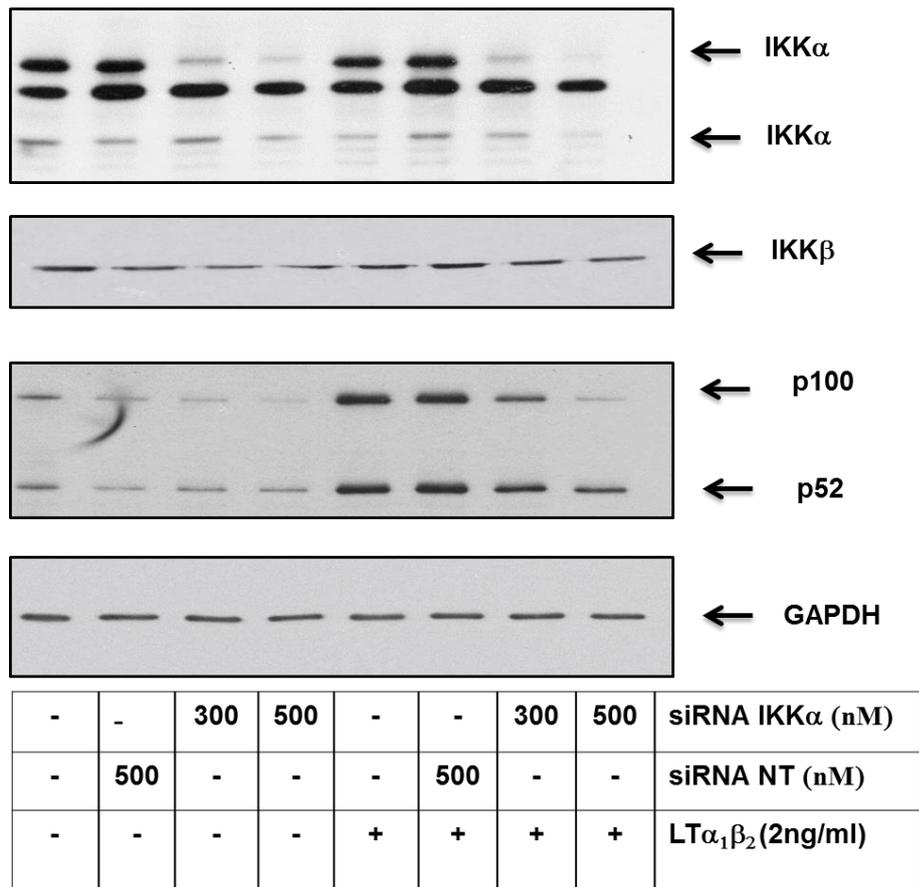
The effect of IKK $\alpha$  knockdown on the alternative NF $\kappa$ B pathway was examined through assessment of three markers, phosphorylation of p100, expression of p100 and formation of p52. Panc-1 cells were treated with siRNA against IKK $\alpha$  (50–300nM) for 72h and then stimulated with LT $\alpha_1\beta_2$  for 4 h which is the optimal time for phosphorylation of p100 in (see Figure 3.1). Figure 3.20 shows a high level of p100 when the cells were exposed to LT $\alpha_1\beta_2$  alone, the levels of phosphorylation was decreased and returned to the basal levels only at the maximum concentration used, 300nM.

Next the effect of silencing of IKK $\alpha$  on formation of p52 in Panc-1 cells was investigated using two higher concentrations of siRNA (300 and 500nM). The cells were transfected with siRNA against of IKK $\alpha$  for 72h and then stimulated with LT $\alpha_1\beta_2$  for 24h, the optimal time for formation of p52 (see Figure 3.2). The results have showed there was an increase in p52 level in response to LT $\alpha_1\beta_2$  alone, the level of both p100 expression and of p52 started to decreased, but not completely following by pre-treatment with of 300 and 500nM of IKK $\alpha$  siRNA (Figure 3.21). In these experiments a new antibody for IKK $\alpha$  was used (Millipore UK) which has the ability to detect both isoforms of IKK $\alpha$ , 84 kDa and 45 kDa, to study the effect of siRNA against IKK $\alpha$  on both IKK $\alpha$  isoforms this antibody was used to investigate the effect on both isoforms.



**Figure 3.20 The effect of IKKα siRNA on the phosphorylation of p100 in Panc-1 cells**

Panc-1 cells were treated with siRNA for 72h and then stimulated with LTα<sub>1</sub>β<sub>2</sub> (2ng/ml). Whole cells extracts were prepared, and analyzed by Western blot for expression of IKKα (84 kDa), IKKβ (86kDa), p-p100 (100 kDa) and p52 (52kDa) which used as a loading control. The blot is representative three independent experiments.

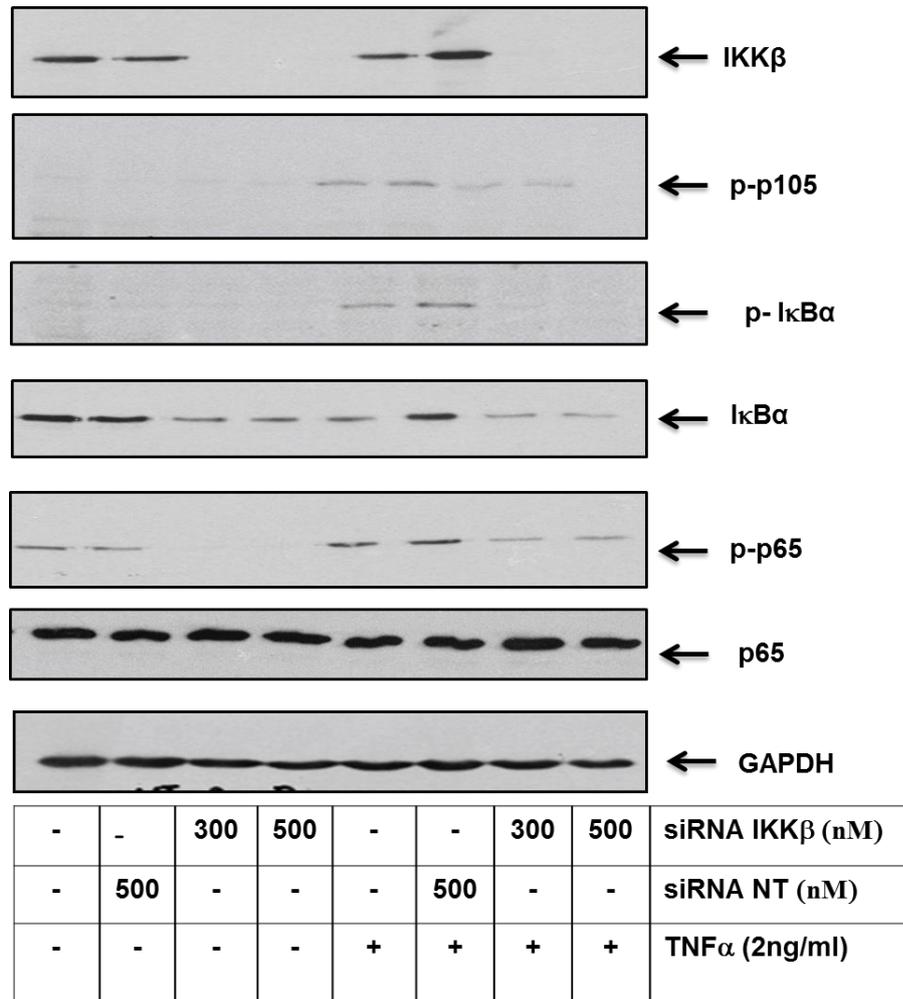


**Figure 3.21 The effect of IKK $\alpha$  siRNA on the p100 expression and formation p52 in Panc-1 cells**

Panc-1 cells were treated with siRNA for 72h and then stimulated with LT $\alpha_1\beta_2$  (2ng/ml). Whole cells extracts were prepared, and analyzed by Western blot for expression of IKK $\alpha$  (84 kDa), IKK $\beta$  (86kDa), p52 (52kDa) and GAPDH (37kDa) which used as a loading control. The blot is representative three independent experiments.

### **3.7.3 Effect of silencing cellular IKK $\beta$ expression on the canonical NF $\kappa$ B pathway in Panc-1 cells**

Having established effective knockdown of IKK $\beta$  by siRNA, the next step was to examine the effect of IKK $\beta$  silencing on the classical NF $\kappa$ B pathway. Panc-1 cells were transfected with 300nM and 500nM siRNA against IKK $\beta$  for 72h and then stimulated with TNF $\alpha$  for 15 min which was the optimal time for degradation of I $\kappa$ B $\alpha$  and phosphorylation of p65 NF $\kappa$ B (see Figure 3.15); knockdown of IKK $\beta$  induced a reduction in the basal levels of degradation of I $\kappa$ B $\alpha$  and phosphorylation of p65 NF $\kappa$ B, however, there was no effect on the basal level of p-I $\kappa$ B $\alpha$  or p-p105. Following exposure to TNF $\alpha$ , partial degradation of I $\kappa$ B $\alpha$  and an increase in phosphorylation of p-p105, I $\kappa$ B $\alpha$  and p65 NF $\kappa$ B was observed, compared with untreated sample. In addition, surprisingly, treatment with non-targeting siRNA followed by stimulation with TNF $\alpha$  induced an increase in the level of I $\kappa$ B $\alpha$  to the same level as that observed in untreated control. Treatment with siRNA against IKK $\beta$  induced a reduction in TNF $\alpha$ -induced increases in the level of p-I $\kappa$ B $\alpha$  and phosphorylation of p105 and p65 NF $\kappa$ B, although there was no effect on the level of I $\kappa$ B $\alpha$  degradation (see Figure 3.22). As expected, the results did confirm that IKK $\beta$  has a role in regulation of the canonical NF $\kappa$ B pathway, but further experimentation is required to optimise conditions.

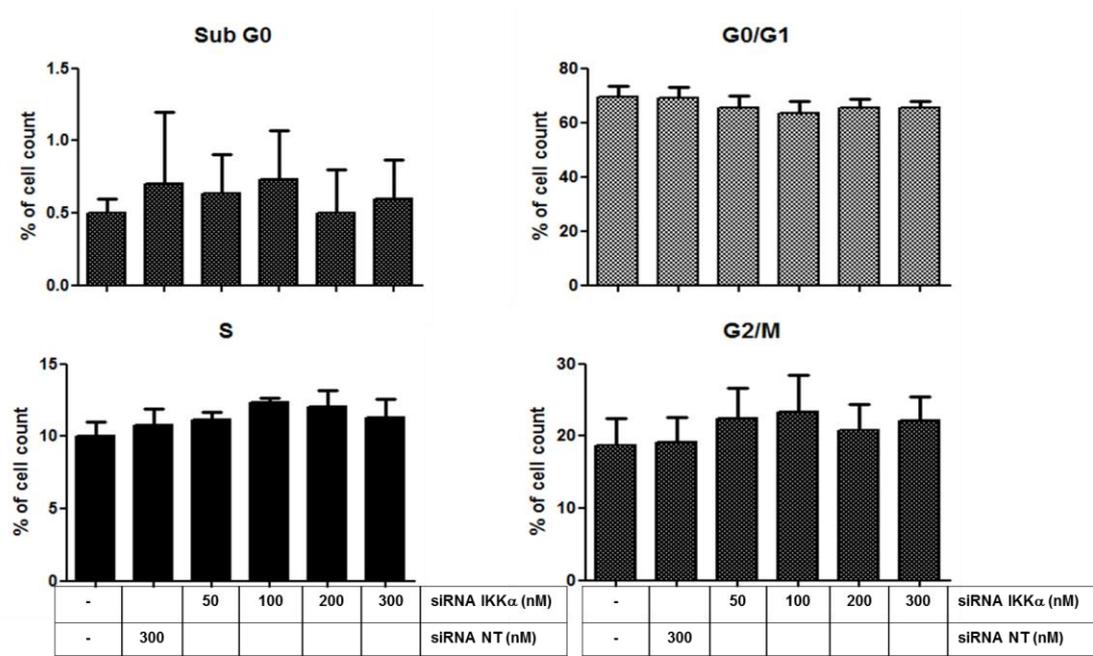


**Figure 3.22** The effect of IKKβ siRNA on the canonical of NFκB pathway in Panc-1 cells

Panc-1 cells were treated with siRNA of IKKβ for 72h and then stimulated with TNFα (2ng/ml). Whole cells extracts were prepared, and analyzed by Western blot for expression of IKKβ (86 kDa), p-p105 (105 kDa) p-IκBα (37kDa), IκBα (37kDa), p-p65 (p65kDa) and p65 NFκB (65kDa) which used as a loading control. The blot is representative two independent experiments.

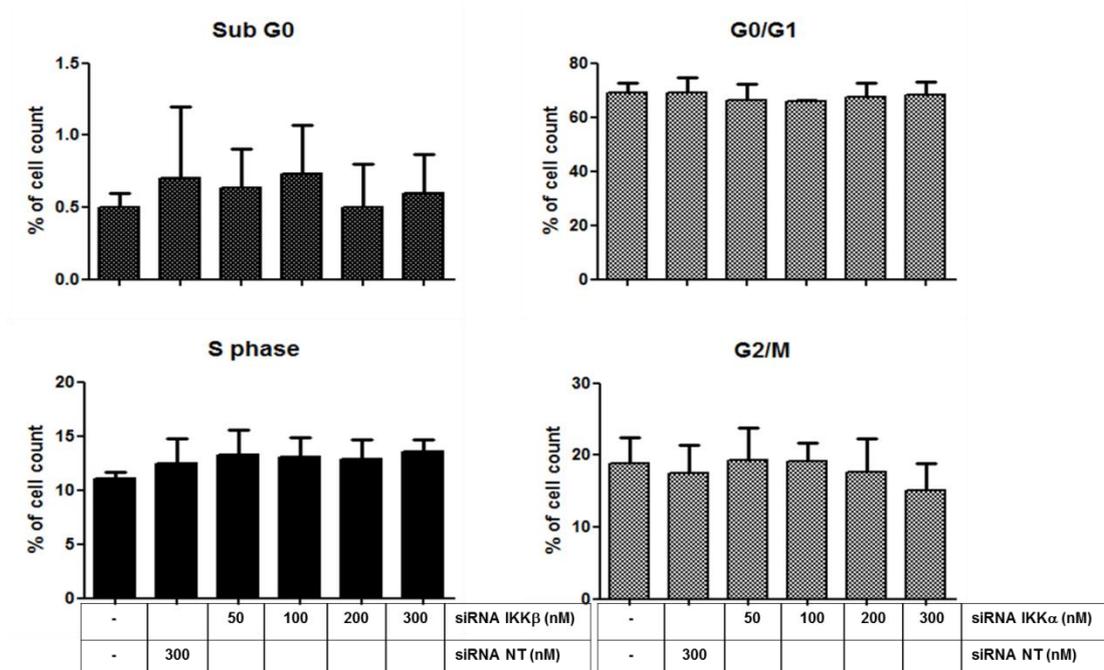
### **3.7.7 Effect of the IKK $\beta$ and IKK $\alpha$ silencing on Panc-1 cell cycle progression**

In order to investigate the role of both IKK $\alpha$  and IKK $\beta$  in cell cycle distribution in Panc-1 cells, the cell cycle population was evaluated using flow cytometry and propidium (PI) staining as outlined in Section 2.7. After 48h of transfection of cells with concentrations of siRNA between 50 and 300nM, Figure 3.23 and 3.24. indicated that no change in distribution of cells in all cell cycle phases, all concentrations of siRNA against IKK $\alpha$  and IKK $\beta$  used. Next experiments were designed for cell cycle using different time of transfection with siRNA for both IKK $\alpha$  and IKK $\beta$ , cells were transfected for 72 h which was the optimal time for transfection in preliminary experiments in Section 3.7.1. Again the results there was no alteration in percentage of cells in each cell cycle phase (data not shown). Further investigate the regulatory role of IKKs of cell cycle are required using different time points or different methods.



**Figure 3.23 Effect of siRNA IKK $\alpha$  on cell cycle progression in Panc-1 cells**

Cells were transfected either 300nM of non-targeting (NT), or increasing concentration of siRNA IKK $\alpha$  (50nM-300nM) for 48h, then assessed by flow cytometry using propidium iodide (PI) for determination of total DNA content. The charts demonstrate the distribution of cells in the different phases of the cell cycle following treatment. Data shown are expressed as % of cell count. Each value represents the mean  $\pm$  E.S.M of three independent experiments.

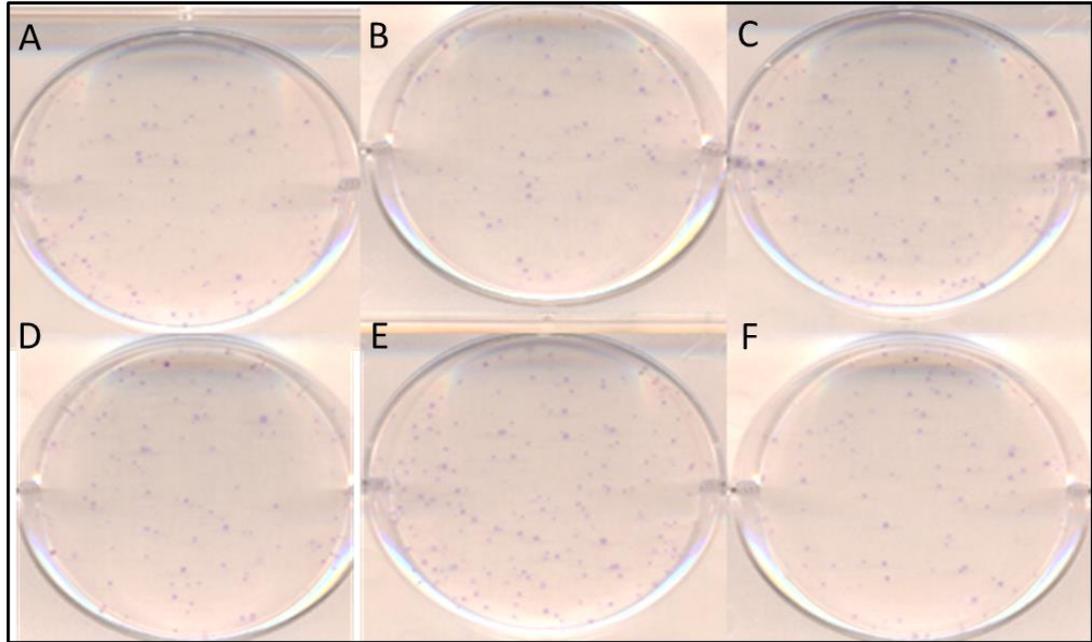


**Figure 3.24 Effect of siRNA IKK $\beta$  on cell cycle progression in Panc-1 cells**

Cells were transfected either 300nM of non-targeting (NT), increasing concentration of siRNA IKK $\beta$  (50nM-300nM) for 48h, then assessed by flow cytometry using propidium iodide (PI) for determination of total DNA content. The charts demonstrate the distribution of cells in the different phases of the cell cycle following treatment. Data shown are expressed as % of cell count. Each value represents the mean  $\pm$  E.S.M of three independent experiments.

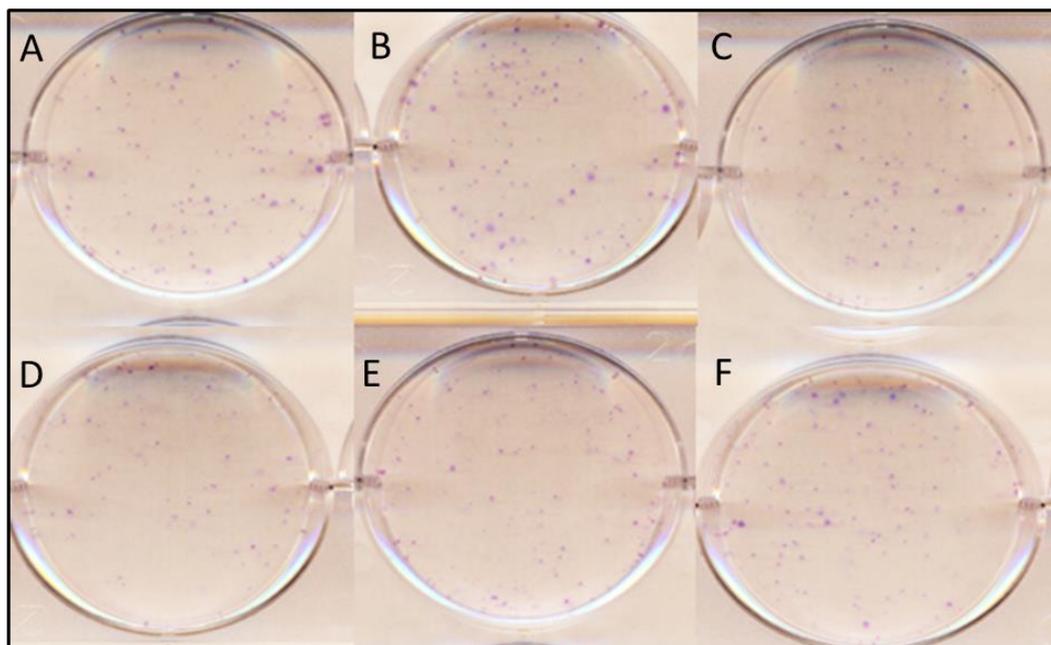
### **3.7.4 Effect of the IKK $\beta$ and IKK $\alpha$ silencing on Panc-1 cells clonogenicity.**

Further examined whether the rundown of IKK $\alpha$  and IKK $\beta$  using siRNA have effect on Panc-1 cells survival, cells were transfected with siRNA against IKK $\alpha$  as well as IKK $\beta$  with (50-300nM), then cells were re-plated and incubated for 7 days, to investigate the effect in term of cells division and colony formation. In figure 2.25, rundown IKK $\alpha$  through siRNA against IKK $\alpha$  shown the number of colonies was slightly decreased not significant along the all concentrations that used in this experiment. Furthermore knockdown IKK $\beta$  in Panc-1 cells have showed there was no significant different between all the concentrations of siRNA against IKK $\beta$  that the cells treated with and untreated see figure 3.26, silencing both IKK $\alpha$  and IKK $\beta$  in panc-1 cells have no effect on cell division and colony formation, future experiment using different techniques are require for investigating the effect of knockdown of IKK $\alpha$  and IKK $\beta$  in cell proliferation of Panc-1 cells.



**Figure 3.25 Effect of siRNA IKK $\alpha$  transfection on Panc-1 cells clonogenic survival.**

Cells untreated (A) cells were transfected with non-targeting (NT 300nM) (B), IKK $\alpha$  50nM (C), IKK $\alpha$  100nM (D), IKK $\alpha$  200nM (E) and IKK $\alpha$  3000nM (F) for 48h, and then clonogenic survival assay were performed for each treatment group. The figure is representative three independent experiments



**Figure 3.26 Effect of siRNA IKK $\beta$  transfection on Panc-1 cells clonogenic survival.**

Untreated cell (A), cells were transfected with non-targeting (NT 300nM) (B), IKK $\beta$  50nM (C), IKK $\beta$  100nM (D), IKK $\beta$  200nM (E) and IKK $\beta$  3000nM (F) for 48h and then clonogenic survival assay were performed for each treatment group, the figure is representative three independent experiments

### 3.9 Discussion

As has been discussed previously, NF $\kappa$ B plays an important role in many cellular processes that lead to cancer progression (Baud and Karin, 2009, Hoesel and Schmid, 2013). Pancreatic cancer is different from many other cancers because of its very poor prognosis, the chance of survival after five years or more is less than 2 % (Jemal et al., 2008, Li et al., 2004). Recent evidence linked elevated NF $\kappa$ B signalling with pancreatic cancer but very few studies have investigated the involvement of the non-canonical NF $\kappa$ B pathway. In this chapter the activation of this pathway was examined in selected pancreatic cancer cell lines.

Two pancreatic cancer cell lines, Panc-1 and MiaPaCa-2, were chosen for this study, each cell line was derived from a different cancer, initiated in a different area of the human pancreas. Panc-1 cells were isolated from the head of the pancreas (Liber et al., 1975), whilst Mia-Paca-2 cells were obtained from the body and tail of the pancreas (Yunis et al., 1977). Panc-1 cells have previously exhibited metastatic growth *in vivo*, whilst according to Deer and co-workers, MiaPaCa-2 cells lack this ability (Deer et al., 2010). Both cell lines have many types of mutation, for example KRAS (encoding KRAS gene), TP53 (encoding the p53 protein) and CDKN2A/p16 (encoding tumour suppressor gene p16) (Moore et al., 2001).

Previous studies have shown that the LT $\alpha_1\beta_2$  could activate the non-canonical NF $\kappa$ B pathway (Madge et al., 2008, Ganef et al., 2011). This study confirmed that LT $\alpha_1\beta_2$  could induce both phosphorylation of p100 and the formation of the p52 subunit and its translocation into the nucleus of Panc-1 and MiaPaC-2 cells. This suggests that

irrespective of the status of the cells in terms of mutations the pathways can be strongly activated in pancreatic cancer cells. Other studies have also shown the phosphorylation and degradation of p100 in other cell types including HEK 923, and HeLa cells (Ganeff et al., 2011). However, to date, no equivalent studies have been performed in pancreatic cancer cell lines and this study is the first to investigate p100 processing in this disease model.

There were however a number of interesting features of activation. At 4h phosphorylation and loss of p100 correlated with p52 formation, whilst over longer periods of time formation of p52 was associated with an increase in p100 formation. Whilst phosphorylation of p100 was still observed at these later times it is possible that p52 formation may be partly a result of constitutive p100 degradation. This is similar to that observed in other cells types such as HUVECs mediated by such as TNF $\alpha$  (Ka Ho Ho, PhD, thesis). Interestingly whilst TNF $\alpha$  stimulated a strong activation of the classical NF $\kappa$ B pathway in Panc-1 suggesting good receptor engagement there was no activation of the non-canonical NF $\kappa$ B pathway. This finding is in contrast to studies in RIP-/- MEFs cells which, demonstrated stimulation of non-canonical NF $\kappa$ B signalling following exposure to TNF $\alpha$  (Kim et al., 2011). Additionally, Lotzer and co-workers demonstrated that TNF $\alpha$  could stimulate the phosphorylation of p100 in aorta smooth muscle cells (Lotzer et al., 2010). This suggests differences in the coupling of the TNF receptor to intermediates of the non-canonical NF $\kappa$ B pathway in pancreatic cancer cell lines relative to others.

The findings above may also suggest that the non-canonical NF $\kappa$ B pathway in different cell types is constructed differently. This is further supported by studies with FCS which induced a minor stimulation of p100 phosphorylation and processing of p100 in both cells lines. This is in contrast to other studies in Plevin laboratory, which demonstrate strongly activation of p100 phosphorylation and degradation p100 to p52 in U2OS cells (personal communication).

As expected TNF $\alpha$  administration resulted in activation of the classical NF $\kappa$ B pathway in Panc-1 cells, by inducing the degradation of I $\kappa$ B $\alpha$  and phosphorylation of p65 NF $\kappa$ B. This finding is consistent with many other studies which have demonstrated TNF $\alpha$  activation of the classical NF $\kappa$ B pathway in many types of cell line, such as hypopharyngeal cancer cells (Yu et al., 2014), MLE cells (Schwingshackl et al., 2013) and ASME cells (Seidel et al., 2009). Interestingly, LT $\alpha_1\beta_2$  activates the classical NF $\kappa$ B pathway in Panc-1 and MiaPaCa-2 cells, many studies found that activation of the LT $\beta$  receptor couples to the canonical NF $\kappa$ B pathway (Drayton et al., 2006, Muller and Siebenlist, 2003, Haybaeck et al., 2009, Madge et al., 2008). A key feature was the relative delay in degradation of I $\kappa$ B $\alpha$ , which was maximal at 60 minutes in contrast to stimulation with TNF $\alpha$  which virtually peaked at 5 minutes. This again alludes to differences in coupling specificity and the overlap in stimulation of both arms of the pathway by a given agonist.

The differences in the characteristics of activation may be related to upstream modulation of the pathways by NIK and TRAF 2 and 3. Previous studies in Panc-1 cell lines have shown high levels of NIK and low levels of TRAF2 (Doppler et al., 2013), overexpression of NIK could induce activation of the alternative NF $\kappa$ B pathway through inducing phosphorylation of IKK $\alpha$ . This suggests that in pancreas the non-canonical NF $\kappa$ B pathway is normally hyper-active, in contrast with other cancers cell lines, for example colon cancer cells (Mladenova et al., 2013) and LNCaP cells (Parrondo et al., 2010).

Attempts to recapitulate this finding were not successful; NIK levels were low in Panc-1 and MiaPaCa-2 cells, relative to a virally infected control. One issue may be the quality of the antibodies used in the study, non-specific binding was substantial and it was difficult to demonstrate clear binding to endogenous NIK. Attempts to immunoprecipitate endogenous NIK were also not successful. Similarly, we found no changes in TRAF2 and 3; the data was not good enough to make a clear conclusion regarding the activation of the pathway. However, it should be noted that basal activation of the non-canonical pathway in Panc-1 was low with good stimulation by LT $\alpha_1\beta_2$  and if the basic model of IKK $\alpha$  activation is consistent for Panc-1 an increase in NIK expression and changes in TRAF may have been expected. Trauzold and co-workers (2005), have previously demonstrated that TRAF2 was overexpressed in Panc-1 cell lines but NIK was not present (Trauzold et al., 2005) and our findings would be more in keeping with this position.

As mentioned in Chapter One  $IKK\alpha$  and  $IKK\beta$  have been identified as the main activators for the classical and non-canonical  $NF\kappa B$  pathways, in order to confirm that in particular  $IKK\alpha$  mediated the activation of the non-canonical  $NF\kappa B$  pathway we used siRNA (RNA interference). Overall the results were disappointing; whilst there was a significant inhibition of both  $IKK\alpha$  and  $IKK\beta$  of almost 90% (the results was assessed by Western blot) over a range of concentrations between (50-100nM) (see Figure 3.18 and Figure 3.19) there was no inhibition of either  $NF\kappa B$  pathway. There was a possibility that the Western blotting technique underestimated the level of knockdown, therefore, it was decided to use higher concentrations of siRNA was inhibition of the pathway possible. This concentration of siRNA is very high and it as unclear why the lower concentration of siRNA could effectively rundown the endogenous of  $IKK\alpha$  without effect on activation of  $NF\kappa B$  pathways. This result agreed with another study in the Boyd laboratory, the results showed that 25-100nM siRNA for both  $IKK\alpha$  and  $IKK\beta$  effectively knockdown of IKKs without impact on activation of  $NF\kappa B$  pathways in PC3M cell line (Khalid personal communication). There are very few studies examine the effect of  $IKK\alpha$  siRNA on the non-canonical  $NF\kappa B$  pathway. Li and co-workers demonstrated there was a reduce level of p52 formation during knockdown of  $IKK\alpha$  in both HeLa cells and macrophage cells (Li et al., 2010). At present it is unclear if there is some experimental design problem or alternately IKKs are not essential to drive the non-canonical  $NF\kappa B$  pathway. Given the vast range in characteristics outlined above, particularly at late stage in the pathway, there may be potential for an  $IKK\alpha$  independent regulation.

There are a number of genes which regulated by IKK $\beta$  via the classical NF $\kappa$ B pathway activation such as, c-MYC, JUNB, cyclin D1 cyclin D2 (Lee and Hung, 2008). However the results in this study showed there were no significant changes in accumulation of cells in each phase following transfection with IKK $\beta$  siRNA. Similarly, Yemelyanov and co-workers found that inhibition of IKK $\beta$  using PS-1145 inhibitor had no effect on cell cycle progression in DU145 cells (prostate cancer cell line) (Yemelyanov et al., 2006).

Furthermore, IKK $\alpha$  is also thought to be involved in the regulation of a number of cell cycle genes such as cyclin D1 and Aurora-A (Cao, et al, 2001, Demicco, et al, 2005, Prajapati, et al, 2006). Again this study identified that IKK $\alpha$  silencing had no effect on cell cycle progression in Panc-1 cells. Other studies have found that knockdown of IKK $\alpha$  did not change the cell cycle stages in different cancer cell lines such as breast and prostate cancer cells (Mahato et al., 2011, Merkhofer et al., 2010). In contrast, other studies have demonstrated that inhibition of the activity of IKK $\alpha$  leads to alterations in cell cycle distribution in pancreatic, prostate and breast cancer cell lines (Schneider et al., 2006, Tu et al., 2006, Shukla et al., 2015). This suggests that the role of IKKs in regulation of the cell cycle is dependent on tumour and cell type, further examination using different techniques to inhibit the activity of IKKs are required.

The effect of IKKs on cell growth was also examined using a clonogenic assay. The results indicated that there was no significant change in survival fraction compared

with agonist treated control. As Panc-1 cells are differentiated from many other cancer cell lines such as PC3M and U2OS cells, Panc-1 cells usually grown as double layer, it is possible that not all the cells were transfected with siRNA during the experiment preparation.

## **Chapter Four**

### **Characterisation of the inhibitory effect of IKK $\alpha$ selective inhibitors (SU compounds) on Non-Canonical and Canonical NF $\kappa$ B pathways**

## 4.1 Introduction

The transcription factor NF $\kappa$ B has been implicated as a tumour promoter in a numbers of cancers (Pahl, 1999, Hanahan and Weinberg, 2011). Increased levels of NF $\kappa$ B proteins have been demonstrated in breast cancer (Chua et al., 2007), lung cancer (Tew et al., 2008), leukaemia (Vilimas et al., 2007), lymphoma (Zou et al., 2007) and in pancreatic cancer cell lines (Doppler et al., 2013). Furthermore, many studies have linked NF $\kappa$ B activation and resistance to chemotherapy in cancer cell lines (Chuang et al., 2002). In addition, inhibition of NF $\kappa$ B pathways, or knockout of NF $\kappa$ B subunits resulted in impaired tumour cell growth (Li et al., 2005, Meylan et al., 2009, Baldwin, 2001, Yamamoto and Gaynor, 2001).

A regulatory protein considered central to NF $\kappa$ B activation is IKK $\alpha$ . It has a critical role in activation of both NF $\kappa$ B pathways, but particularly in the non-canonical NF $\kappa$ B pathway. Phosphorylation of IKK $\alpha$  through cell stimulation with specific agonists leads to phosphorylation and processing of p100 and as a consequence the regulation of a number of genes (Liang et al., 2006, Luftig et al., 2004, Muller and Siebenlist, 2003). Furthermore, IKK $\alpha$  has a role in the phosphorylation of p65 NF $\kappa$ B which is essential for activation of the canonical NF $\kappa$ B pathway (Solt et al., 2009). Many studies suggest that IKK $\alpha$  may act as a tumour suppressor, Park and co-workers found that a reduction in the expression of IKK $\alpha$  promoted the development of squamous cell carcinomas (Park et al., 2007). Another study found that IKK $\alpha$  has a role in the prevention of skin cancer through maintainance of skin homeostasis (Liu et al., 2008). Several additional studies have implicated IKK $\alpha$  in cancer

development, for example, increased levels of IKK $\alpha$  are associated with the development of non-melanoma (Alameda et al., 2011), squamous carcinomas (Moreno-Maldonado et al., 2008), colorectal cancer (Fernandez-Majada et al., 2007b) and cancers of the pancreas (Shiah et al., 2006), prostate (Jain et al., 2012) and liver (Jiang et al., 2010).

Recently, many studies have examined the effect of IKK $\beta$  inhibitors in pancreatic cancer cell lines. For example, treatment of pancreatic cells with TPCA-1, an IKK $\beta$  inhibitor, reduced proliferation and resistance to chemotherapy (Cataldi et al., 2015). The same effect has been observed with Apigenin (Wu et al., 2014). Additionally, Ochiai *et al* demonstrated that another IKK $\beta$  inhibitor, IMD-0354, suppressed the proliferation of pancreatic cell lines (Ochiai et al., 2008). However, to date, no IKK $\alpha$  selective inhibitors have been examined in similar studies due to the lack of available compounds.

A number of first class IKK $\alpha$  selective inhibitors have been produced, by the medicinal chemistry group at the University of Strathclyde, Glasgow. Therefore, the aims of chapter four were to determine the potency and selectivity of these novel SU compounds as IKK $\alpha$  inhibitors in pancreatic cancer cell lines. This was achieved through the assessment of the major markers of the non-canonical NF $\kappa$ B pathway; the phosphorylation of p100, the processing of p100 and the formation of p52 and subsequent translocation to the nucleus. Furthermore, selectivity was tested using the degradation of I $\kappa$ B $\alpha$  and phosphorylation of p65 NF $\kappa$ B as markers of the canonical NF $\kappa$ B pathway. Experiments in chapter three demonstrated that the non-

canonical NF $\kappa$ B pathway could be activated using LT $\alpha_1\beta_2$ , whilst TNF $\alpha$  have the ability to active the canonical NF $\kappa$ B pathway. The hypothesis of this chapter was that if SU compounds could be revealed as selective IKK $\alpha$  inhibitors then their actions as inhibitors of cell proliferation could also be examined.

## 4.2 Determining the dissociation constant ( $K_i$ value) of the SU compounds

The effects of a number of prototypic IKK $\alpha$  inhibitor compounds on IKK $\alpha$ / $\beta$  kinase activities were examined in-house by Mrs. Louise Young using an *in vitro* kinase assay using purified IKK $\alpha$  and IKK $\beta$  derived from commercial sources. The kinase reaction utilised a biotinylated peptide substrate containing the serine 32 residue of I $\kappa$ B- $\alpha$ . The extent of phosphorylation was assessed by dissociation-enhanced lanthanide fluorescent immunoassay (DELFI $\alpha$ ).

**Table 4.1 The  $K_i$  value for SU compounds**

SU compound	$K_i$ Value IKK $\alpha$ /IKK $\beta$ (nM)
SU1087	3/5
SU1261	10/680
SU1349	21/2445
SU1392	24/7190
SU1399	11.1/1205
SU1411	54/838
SU1432	23/3100
SU1433	11/2295
SU1434	81/5029
SU1436	35/130
SU1438	4.5/135
SU1489	3.5/45.7
SU1497	3.6/36
SU1499	0.9/65

### **4.3 The effect of SU compounds on non-canonical NFκB pathway in Panc-1 cells**

#### **4.3.1 The effects of the IKKα inhibitor SU1087 on p100 expression and p52 formation in Panc-1 cells**

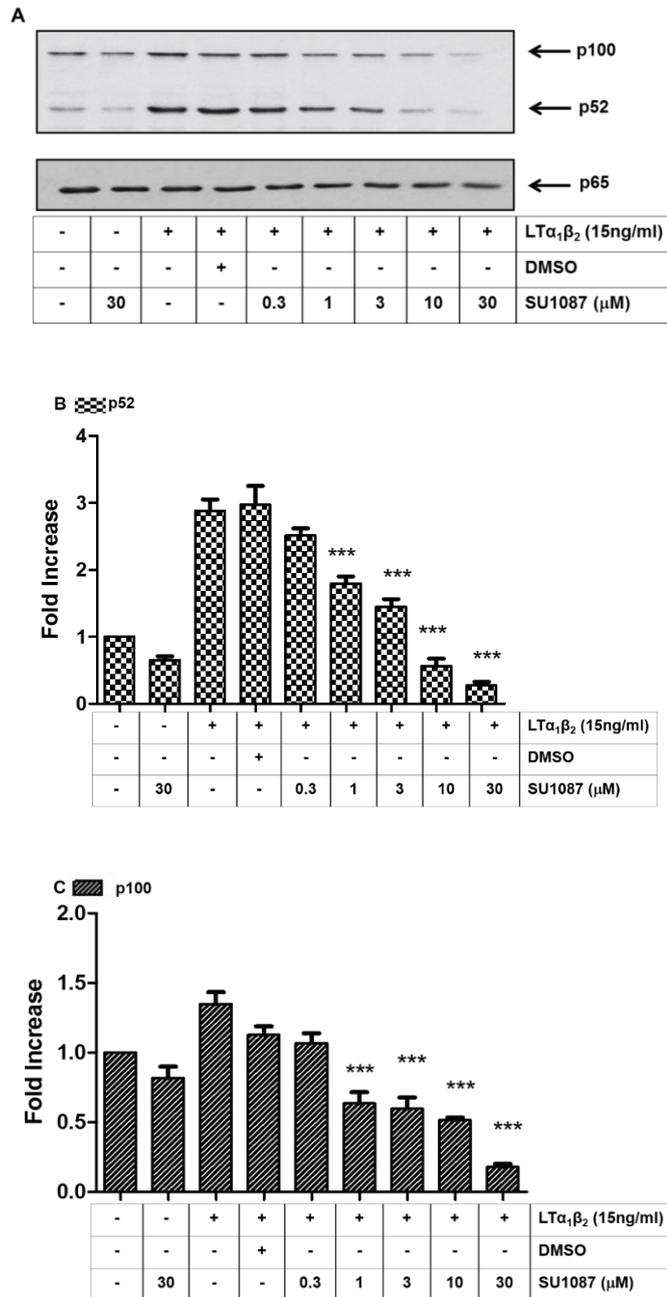
The effects of SU compounds on the IKKα-dependent non-canonical NFκB pathway were investigated; initially the effects of these compounds on LTα<sub>1</sub>β<sub>2</sub> induced formation of p52 in Panc-1 cells were examined. Results in Figures 3.2 and 3.4 showed that LTα<sub>1</sub>β<sub>2</sub> induced a significant increase in level of p52 formation after 24h of stimulation. It was therefore decided to use this time point to examine the effect of SU compounds. In general compounds were selected as they became available although compounds represented different scaffold structures.

Figure 4.1 shows pre-treatment of Panc-1 cells with SU1087 (K<sub>i</sub> 3/5nM) and effects upon p52 formation. The compound had a small effect on the basal level of p52 which was not significant compared with untreated sample (Fold stimulation relative to control;  $0.65 \pm 0.06$ , n=3). Furthermore, LTα<sub>1</sub>β<sub>2</sub> stimulated a significant increase in p52 formation as expected, this response was not affected by the presence of DMSO, (fold stimulation: LTα<sub>1</sub>β<sub>2</sub> =  $2.88 \pm 0.16$ , LTα<sub>1</sub>β<sub>2</sub> plus DMSO =  $2.80 \pm 0.28$ , n=3). However, following incubation with increasing concentrations of SU1087, a significant concentration-dependent decrease in p52 formation was observed between 1-30μM (% maximum response at 30μM =  $0.27 \pm 0.05$ , n=3 (figure 4.1B). Furthermore, a reduction in p100 expression was also observed following treatment with SU1087, there was an approximate 80% reduction in levels at 30μM ( $0.17 \pm 0.023$ , relative to control) (Figure 4.1C). Treatment with SU1087 had no effect on

cellular levels of p65 NF $\kappa$ B, confirming that the compound had no general effect on cellular integrity.

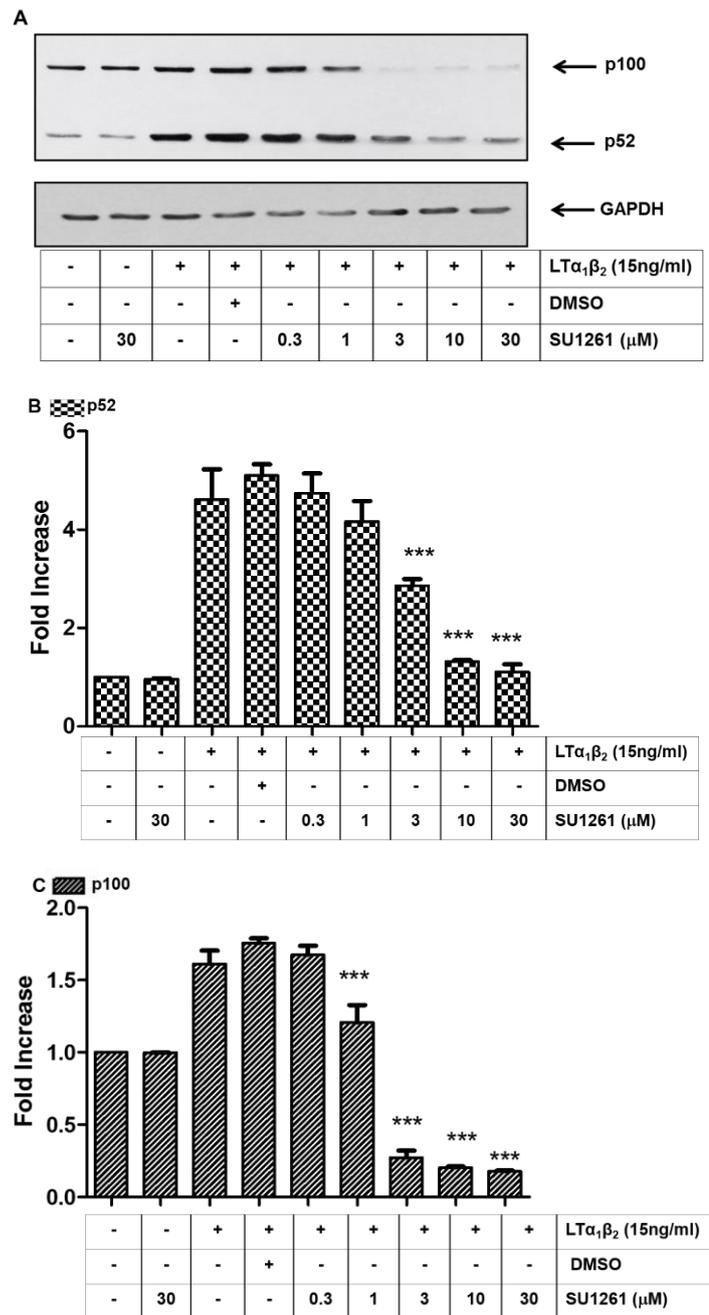
#### **4.3.2 The effects of the IKK $\alpha$ inhibitor SU1261 on p52 and p100 levels**

Another compound, SU1261 identified to be more selective for IKK $\alpha$  ( $K_i$  10/680nM) compared with SU1087, was also tested as shown in Figure 4.2. Again LT $\alpha_1\beta_2$  stimulated a significant increase ( $4.6 \pm 0.09$  fold) this was decreased significantly and in a concentration-dependent manner by SU1261 over the low micromolar range (3-30 $\mu$ M) (Figure 4.2A). Likewise, over the same concentration range SU1261, also significantly reduced p100 levels reaching maximum inhibition at 30 $\mu$ M ( $0.23 \pm 0.02$  relative to control) (Figure 4.2C). Treatment of cells with SU1261 alone exhibited no change in the basal levels of either p52 or p100.



**Figure 4.1** The effect of SU1087 on LT $\alpha_1\beta_2$ -induced p52 formation in Panc-1 cells

Panc-1 cells were pre-treated with increasing concentrations of SU1087 or 0.15% DMSO for 1h prior to stimulation with LT $\alpha_1\beta_2$  (15ng/ml) for 24h. Whole cell extracts were prepared and proteins were analysis by Western blotting and assessed for p100 (100 kDa), p52 (52 kDa) and p65 NF $\kappa$ B (65 kDa) which was used as a loading control (A). Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p52 (panel B), p100 (panel C). Each value represents the mean  $\pm$  S.E.M of three independent experiments, \*\*\*  $p < 0.001$  compared with agonist-stimulated control.



**Figure 4.2 The effect of SU1261 on LTα<sub>1</sub>β<sub>2</sub>-induced of p52 formation in Panc-1 cells**

Panc-1 cells were pre-treated with increasing concentrations of SU1261 or 0.15% DMSO for 1h prior to stimulation with LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for 24h. Whole cell extracts were prepared and proteins were analysis by Western blotting and assessed for p100 (100 kDa), p52 (52 kDa) and GAPDH (37 kDa) which was used as a loading control panel A. Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p52: (panel B), p100 (panel C). Each value represents the mean ± S.E.M of three independent experiments, \*\*\* p<0.001 compared with agonist-stimulated control.

#### **4.3.3 The effects of the IKK $\alpha$ inhibitor SU1411 on p52 and p100 levels**

Another compound SU1411 ( $K_i$  54/838nM), which was approximately 5 fold less potent than SU1261 in the kinase assay, was also tested as shown in Figure 4.3A. Pre-treatment of Panc-1 cells with 30 $\mu$ M of SU1411 alone had little effect on unstimulated levels of both p52 and p100 (Figure 4.3A). Following LT $\alpha_1\beta_2$  stimulation, the formation of p52 was significantly decreased by exposure to SU1411, but this effect was only observed following treatment with the highest concentrations, 10 $\mu$ M and 30 $\mu$ M (Figure 4.3, panel B). In addition, expression of p100 was decreased to  $0.49 \pm 0.37$  and  $0.39 \pm 0.04$  following treatment with 10 $\mu$ M and 30 $\mu$ M respectively, compared with agonist-stimulated control (fold stim  $1.05 \pm 0.045$ ) ( see Figure 4.3, panel C).

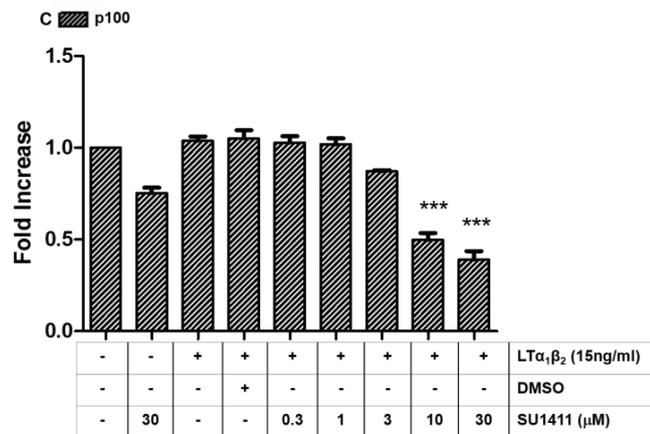
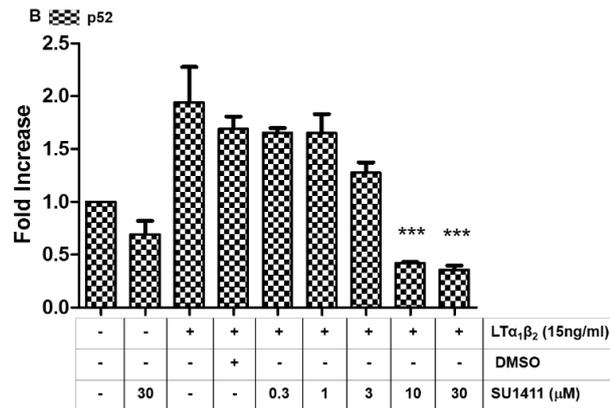
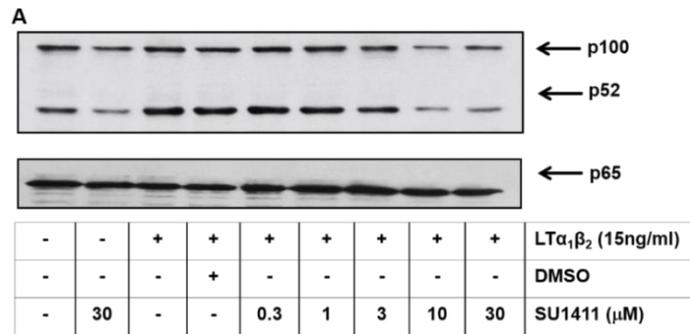
#### **4.3.4 The effects of the IKK $\alpha$ inhibitor SU1432 on p52 and p100 levels**

Another compound SU1432 ( $K_i$  23/31000nM) was examined to study the effect of IKK $\alpha$  inhibitor on the p52 formation. The results has been showed there were inhibition of formation of p52 and expression of p100 and it was observed the highest concentration (10 and 30 $\mu$ M), as shown in Figure 4.4 (panels B and C).

#### **4.3.5 The effects of the IKK $\alpha$ inhibitor SU1434 on p52 and p100 levels**

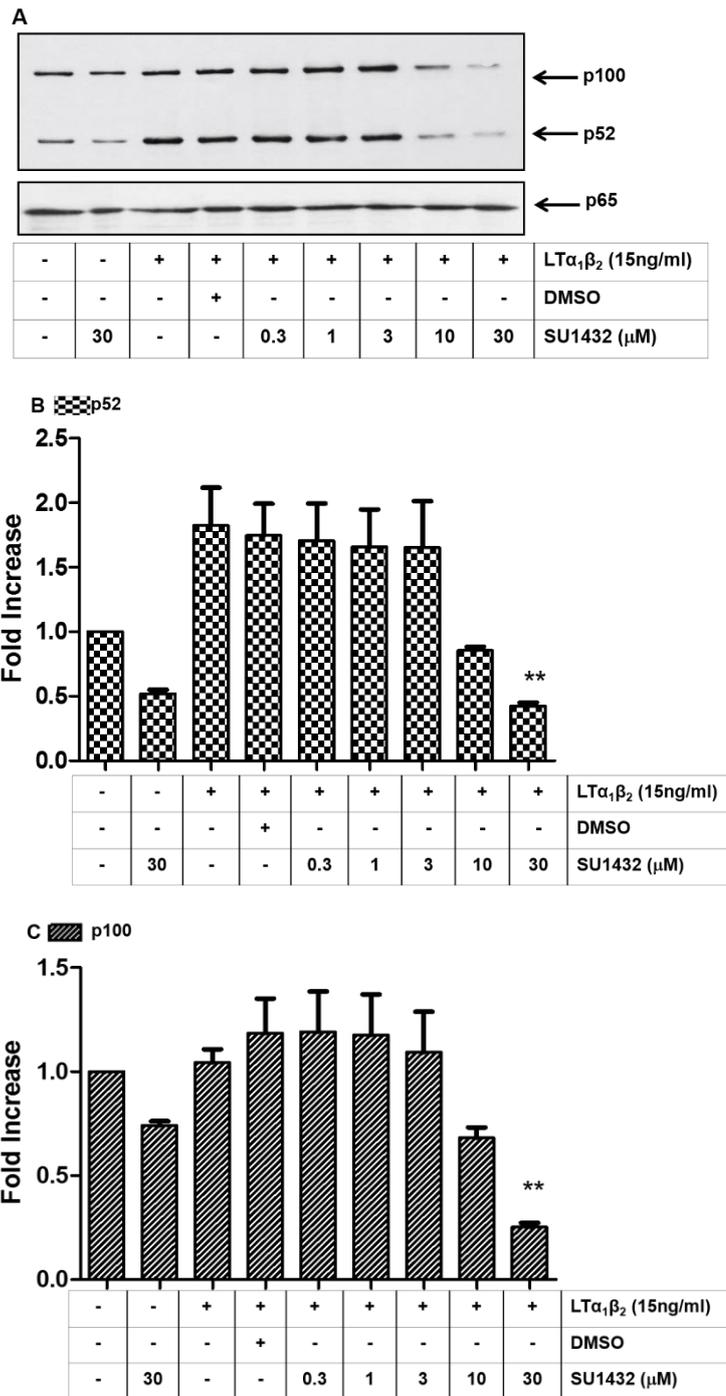
Unlike the effects of SU compounds previously reported, SU1434 ( $K_i$  81/5029nM) induced a significant decrease in the levels of p52 in unstimulated cells, compared to untreated controls. Furthermore, reduction in the expression of p100 was observed, p52 and p100 levels were significantly decreased following exposure to 10 $\mu$ M and 30 $\mu$ M SU1434 (Figure 4.5, panels B and C). Taken together, these experiments

showed a consistent pattern of results, IKK $\alpha$  inhibitors have the ability to block p100 expression and p52 formation in Panc-1 cells as well as MiaPaCa-2 cells (data not shown).



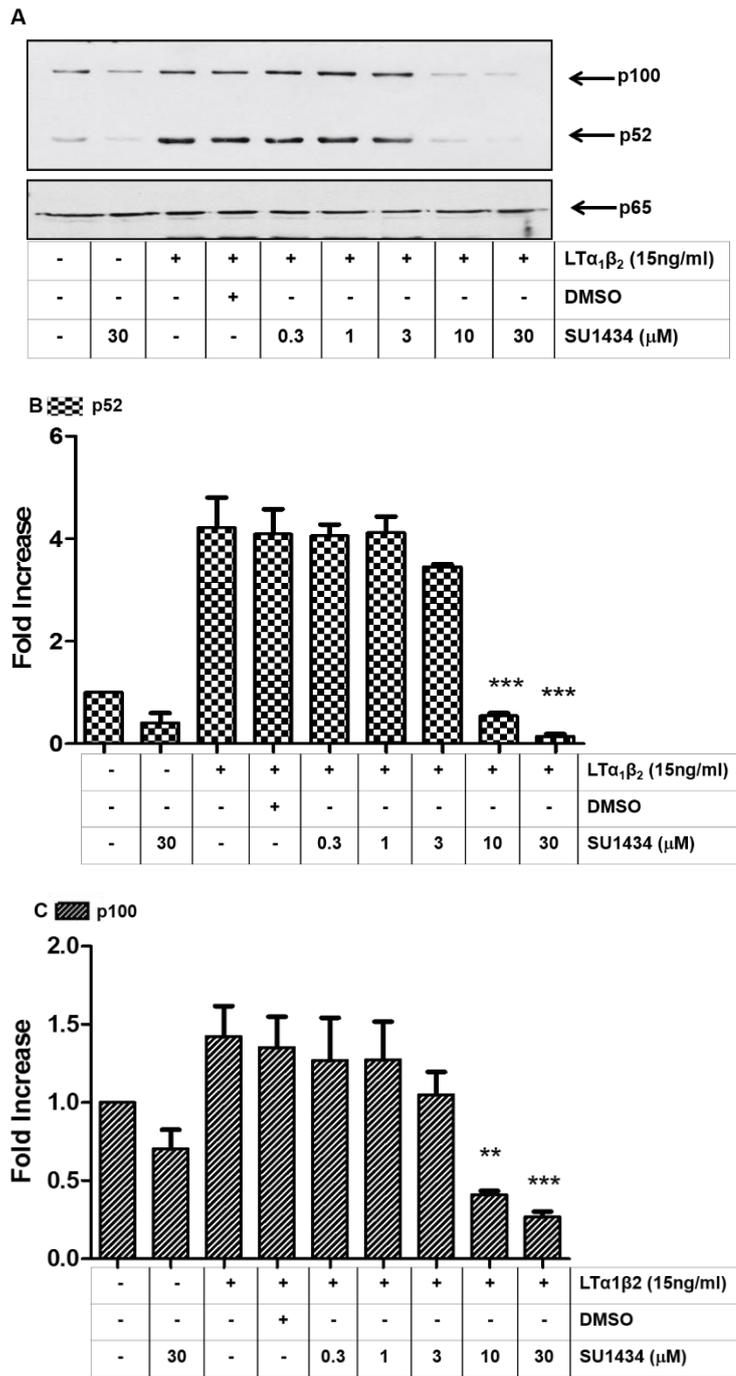
**Figure 4.3 The effect of SU1411 upon LT $\alpha_1\beta_2$ - mediated p100 processing in Panc-1 cells**

Panc-1 cells were pre-treated with treated with increasing concentrations of SU1411 or 0.15% DMSO for 1h prior to stimulated with LT $\alpha_1\beta_2$  (15ng/ml) for 24h. Whole cell extracts were prepared and then separated by SDS-PAGE and assessed for p100 (100 kDa), p52 (52 kDa) and p65 NF $\kappa$ B (65 kDa) which was used as a loading control panel A. Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p52 (panel B), p100 (panel C). Each value represents the mean  $\pm$  S.E.M of three independent experiments, \*\*\* p<0.001 compared with agonist-stimulated control.



**Figure 4.4** The effect of SU1432 upon LTα<sub>1</sub>β<sub>2</sub>-mediated p100 processing in Panc-1 cells

Panc-1 cells were pre-treated with treated with increasing concentrations of SU1432 or 0.15% DMSO for 1h prior to stimulated with LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for 24h. Whole cell extracts were prepared and then separated by SDS-PAGE and assessed for p100 (100 kDa), p52 (52 kDa) and p65 NFκB (65 kDa) which was used as a loading control panel A. Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p52 (panel B), p100 (panel C). Each value represents the mean ± S.E.M of three independent experiments, \*\*\* p<0.001 compared with agonist-stimulated control.

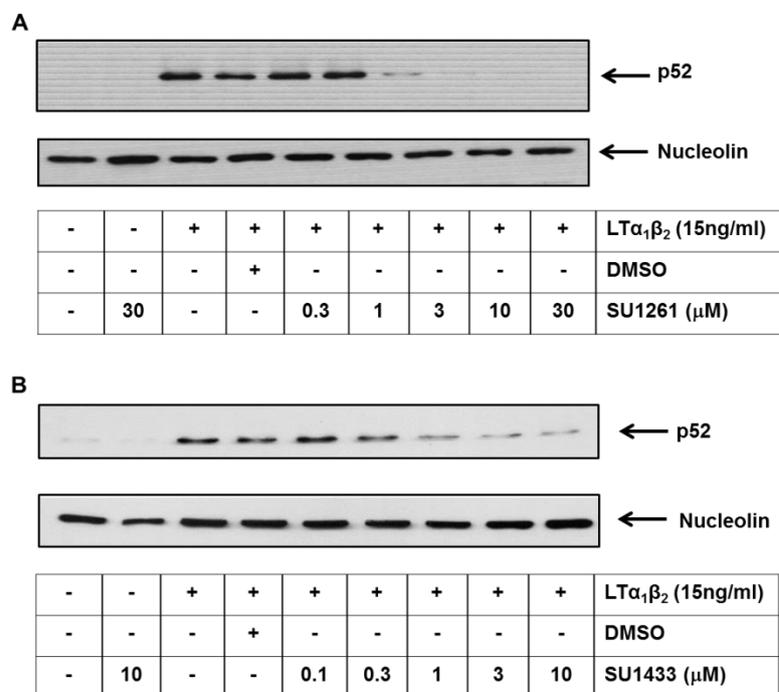


**Figure 4.5** The effect of SU1434 upon LT $\alpha_1\beta_2$ -mediated p100 processing in Panc-1 cells

Panc-1 cells were pre-treated with treated with increasing concentrations of SU1434 or 0.15% DMSO for 1h prior to stimulated with LT $\alpha_1\beta_2$  (15ng/ml) for 24h. Whole cell extracts were prepared and then separated by SDS-PAGE and assessed for p100 (100 kDa), p52 (52 kDa) and p65 NF $\kappa$ B (65 kDa) which was used as a loading control panel A. Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p52 (panel B), p100 (panel C). Each value represents the mean  $\pm$  S.E.M of three independent experiments, \*\*\* p<0.001 compared with agonist-stimulated control.

#### **4.4 Effect of SU compounds on $LT\alpha_1\beta_2$ -induced nuclear translocation of p52 in Panc-1 cells**

The results shown in Figure 4.1 to 4.5 demonstrated that SU compounds could inhibit the formation of p52 in whole cell extracts. However this does not necessarily indicate the effect of exposure to SU compounds on p52 mediated gene expression, thus nuclear translocation of p52 was assessed to determine whether the nuclear form of p52 would be also inhibited. SU1261 and SU1433 were used as a representative compound. The results in Figure 4.6 demonstrated that translocation of p52 into the nucleus was substantially increased following  $LT\alpha_1\beta_2$  stimulation for 24 h. This response was substantially reduced following exposure to 3 $\mu$ M, 10 $\mu$ M and 30 $\mu$ M of SU1261 and 1 $\mu$ M, 3 $\mu$ M and 10 $\mu$ M SU1433.



**Figure 4.6** The effect of SU1261 and SU1433 upon LT $\alpha_1\beta_2$  induced translocation p52 in Panc-1 cells

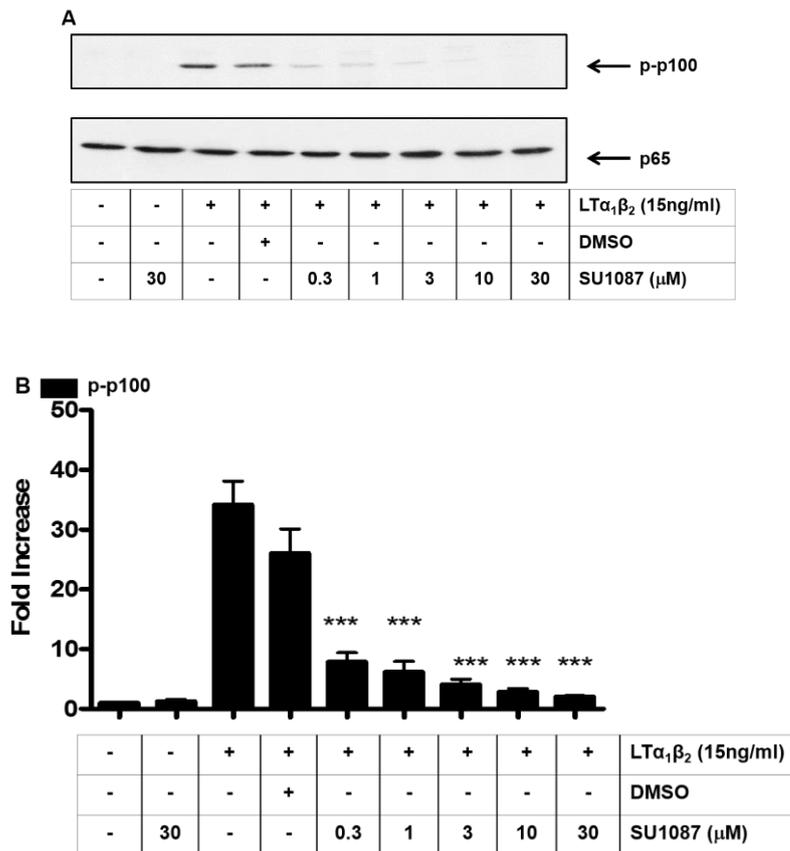
Panc-1 cells were pre-treated with SU1261 or 0.15% DMSO panel A or SU1433 or 0.05% DMSO panel B for 1h prior to stimulated with LT $\alpha_1\beta_2$  (15ng/ml) for 24h. Nuclear extracts were prepared as outlined in section 2.4. The samples were separated by SDS-PAGE and assessed for p52 (52 kDa) and nucleolin (100 kDa) which was used as loading. The results are representative two independent experiments.

## **4.5 The effect of SU compounds on $LT\alpha_1\beta_2$ -induced phosphorylation of p100 in Panc-1 cells**

As previously discussed in Chapter Three,  $LT\alpha_1\beta_2$  can also induce the phosphorylation of p100 in Panc-1 cells (Figure 3.1.). The results in Figures 4.1 to 4.6 demonstrated that SU compounds could inhibit the formation of p52 and nuclear translocation of p52 in Panc-1 cells. Therefore, the effects of exposure to SU compounds on the phosphorylation of p100 were also tested below using a 4h stimulation period, previously shown to be the maximal response to  $LT\alpha_1\beta_2$ .

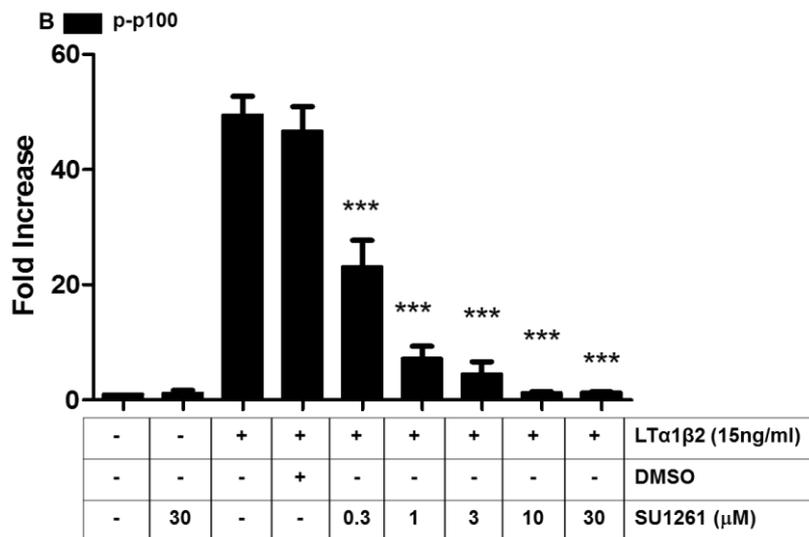
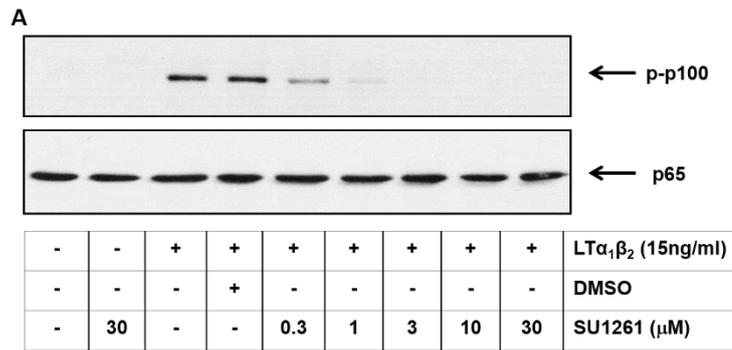
### **4.5.1 Effects of IKK $\alpha$ inhibitors SU1087 and SU1261 on $LT\alpha_1\beta_2$ -induced phosphorylation of p100 in Panc-1 cells**

The results in Figure 4.7 and 4.8 show the effect of both SU1087 and SU1261 on the phosphorylation of p100.  $LT\alpha_1\beta_2$  stimulated a marked increase in p-p100 levels ( $35.47 \pm 2.6$  fold stim, n=3), which was reduced by approximately 25% following pre-treatment with DMSO ( $28.45 \pm 2.78$ ). Nevertheless, SU1087 was found to be a potent inhibitor of phosphorylation p100, as little as  $0.3\mu\text{M}$  reduced phosphorylation levels from  $28.45 \pm 2.78$  to  $9.4 \pm 1.78$  fold whilst at  $30\mu\text{M}$  stimulation was reduced further to  $1.7 \pm 0.51$  fold, approximately equivalent to 95% inhibition (Figure 4.7). Likewise, pre-treatment with SU1261 also resulted in a significant inhibition of p100 phosphorylation which was observed at the lowest concentration used,  $0.3\mu\text{M}$ . Over 85% inhibition was achieved at  $1\mu\text{M}$  of SU1261 ( $7.23 \pm 2.08$  fold) (see Figure 4.8).



**Figure 4.7** The effect of SU1087 on LTα<sub>1</sub>β<sub>2</sub>-induced phosphorylation of p100 in Panc-1 cells

Panc-1 cells were pre-treated with increasing concentrations of SU1087 or 0.15% DMSO for 1h prior to stimulation with LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by SDS-PAGE and assessed for p-p100 (100 kDa) and p65 NFκB (65 kDa) which was used as a loading control panel A. In panel B blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p- p100. Each value represents the mean ± S.E.M of three independent experiments, \*\*\* p<0.001 compared with agonist-stimulated control.

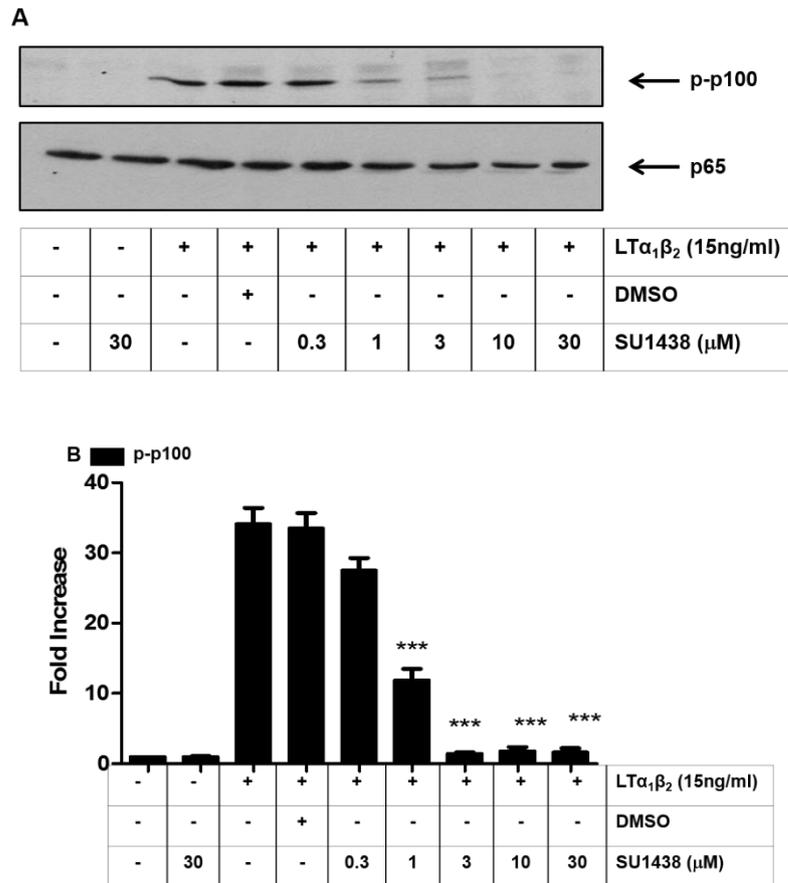


**Figure 4.8 The effect of SU1261 on LTα<sub>1</sub>β<sub>2</sub>-induced phosphorylation of p100 in Panc-1 cells**

Panc-1 cells were pre-treated with increasing concentration of SU1261 or 0.15% DMSO for 1h prior to stimulation with LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by SDS-PAGE and assessed for p-p100 (100 kDa) and p65 NFκB (65 kDa) which was used as a loading control panel A. in panel B blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p- p100. Each value represents the mean ± S.E.M of three independent experiments, \*\*\* p<0.001 compared with agonist-stimulated control.

#### **4.5.2 The effects of the IKK $\alpha$ inhibitor SU1438 on LT $\alpha_1\beta_2$ -induced phosphorylation of p100 in Panc-1 cells**

Furthermore, in LT $\alpha_1\beta_2$ -stimulated Panc-1 cells, SU1438 ( $K_i$  4.5/135nM) exposure (Figure 4.9) induced significant inhibition of p100 phosphorylation from 1-30  $\mu$ M in a concentration-dependent manner, the maximum inhibition observed at 30 $\mu$ M (1.64  $\pm$  0.53 fold) compared to 33.52  $\pm$  2.15 in agonist-stimulated control.

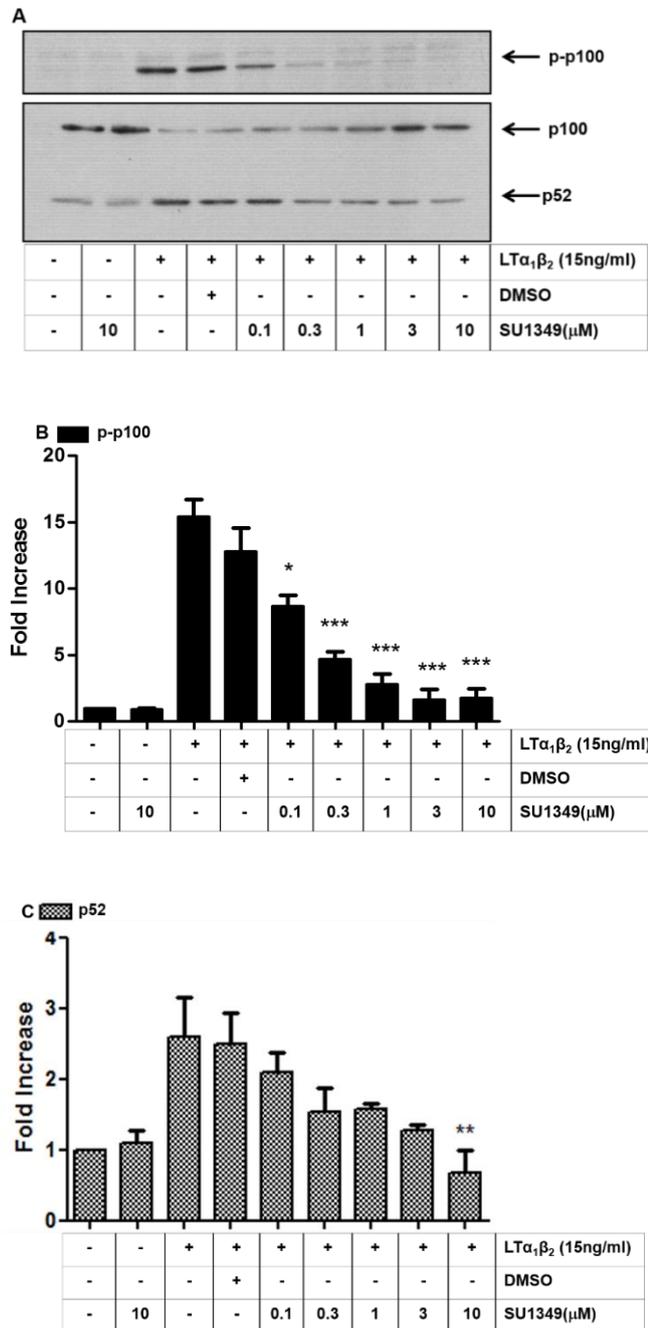


**Figure 4.9** The effect of SU1438 on LTα<sub>1</sub>β<sub>2</sub> induced phosphorylation of p100 in Panc-1 cells

Panc-1 cells were pre-treated with increasing concentrations of SU1438 or 0.15% DMSO for 1h prior to stimulation with LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by SDS-PAGE and assessed for p-p100 (100 kDa) and p65 NFκB (65 kDa) which was used as a loading control (A). In panel B blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p-p100. Each value represents the mean ± S.E.M of three independent experiments, \*\*\* p<0.001 compared with agonist-stimulated control.

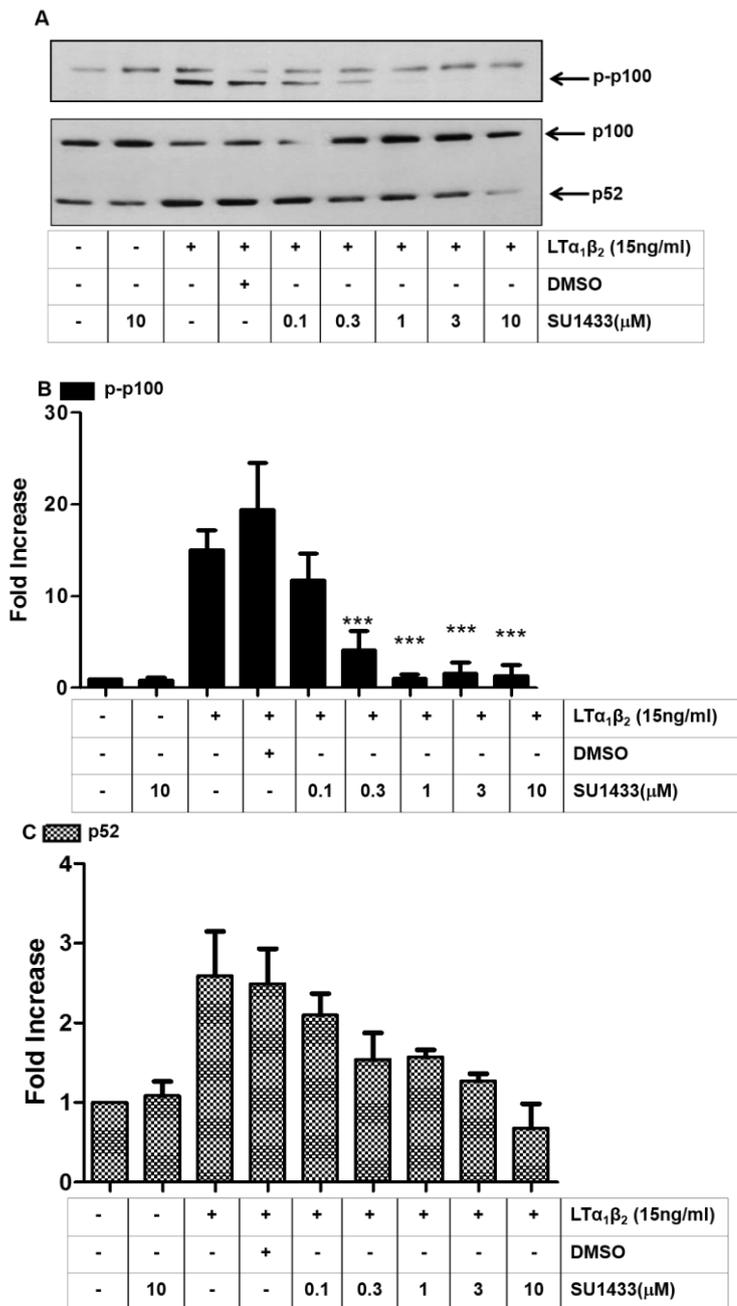
### **4.5.3 The effects of the IKK $\alpha$ inhibitors SU1349 and SU1433 on phosphorylation of p100 and p52 formation in Panc-1 cells**

The results in Figure 4.7 to 4.9 showed there was a significant reduction in level of phosphorylation of p100 from the lowest concentration used (0.3 $\mu$ M). It was decided to develop a fuller concentrations curve and to re-assess the effects upon p52 formation and p100 levels at the 4h time point. This was exemplified using SU1349 and SU1433 compounds that were readily available. Both Figures 4.10 and 4.11 show that whilst in response to LT $\alpha_1\beta_2$  shorter time stimulation at 4 h, there was increased levels of p-p100 as expected, interestingly there was an increase in p52 formation which was accompanied by a loss in p100 expression. Figure 4.10 demonstrates that increasing concentrations of SU1349 (0.1-10 $\mu$ M) significantly reduced the level of p100 over all concentrations that were used in the experiment (see Figure 4.10 panel B). Furthermore, formation of p52 was also significantly inhibited by SU1349 and the loss of p100 also reversed. A very similar result was observed for SU1433 (see Figure 4.11).



**Figure 4.10 The effect of SU1349 on LT $\alpha_1\beta_2$ -induced phosphorylation of p100 and formation of p52 in Panc-1 cells**

Panc-1 cells were pre-treated with increasing concentrations of SU1349 or 0.05% DMSO for 1h prior to stimulation with LT $\alpha_1\beta_2$  (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by SDS-PAGE and assessed for p-p100 (100 kDa) and p52 (52 kDa) panel A. Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p-p100 (panel B) and p52 (panel C). Each value represents the mean  $\pm$  S.E.M of three independent experiments, \*\*\*  $p < 0.001$  compared with agonist-stimulated control.



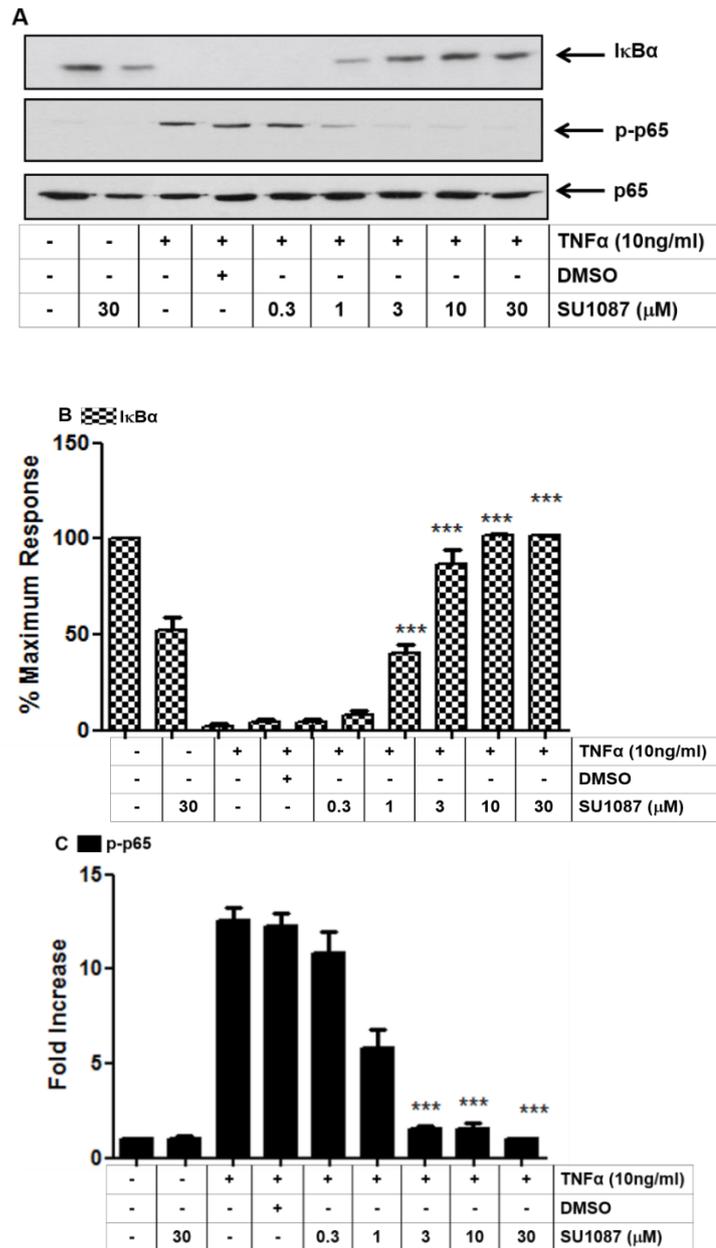
**Figure 4.11 The effect of SU1433 on LTα<sub>1</sub>β<sub>2</sub> induced phosphorylation of p100 and formation of p52 in Panc-1 cells**

Panc-1 cells were pre-treated with increasing concentration of SU1433 or 0.05% DMSO for 1h prior to stimulation with LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by SDS-PAGE and assessed for p-p100 (100 kDa) and p52 (52 kDa) (panel A). Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p-p100 (panel B) and p52 (panel C). Each value represents the mean ± S.E.M of three independent experiments, \*\*\* p<0.001 compared with agonist-stimulated control.

## **4.6 The effect of SU compounds on the canonical NFκB pathway in Panc-1 cells**

### **4.6.1 The effects of SU compounds on TNFα-induced IκBα degradation and phosphorylation of p65 NFκB in Panc-1 cells**

In order to determine whether the SU compounds were selective for IKKα their effects were assessed against TNFα-stimulated the IκBα degradation and phosphorylation of p65 NFκB as markers of the canonical NFκB pathway. SU1087 inhibited both TNFα-stimulated IκBα degradation and p65 phosphorylation in a concentration-dependent manner (Figure 4.12). The levels of IκBα degradation returned to basal levels with increasing concentrations of SU1087 (40.58 % ± 4.3%, 87.08 ± 7.2%, 100 ± 1.14% and 101 ± 0.54%, following exposure to 1μM, 3μM, 10μM and 30μM respectively, compared with agonist-stimulated control and the phosphorylation of p65 NFκB was also inhibited (fold stim was 4.84 ± 0.043, 1.75 ± 0.046, 1.89 ± 0.56 and 0.99 ± 0.018 following exposure to 1μM, 3μM, 10μM and 30μM respectively, compared to TNFα-stimulated control (14.93 ± 0.03). These observations suggest that SU1087 could inhibit both the canonical and non-canonical NFκB pathway and are consistent with the lack of selectivity at the level of kinase activity.

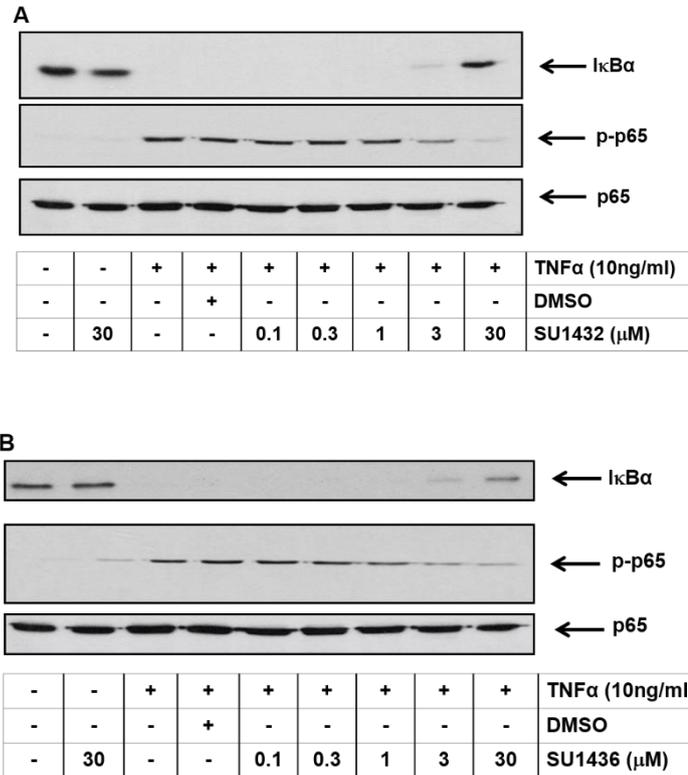


**Figure 4.12 Effect of SU1087 on TNF $\alpha$ -mediated I $\kappa$ B $\alpha$  degradation and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells**

Cells were pre-treated with SU1087 and 0.15% DMSO for 1h before stimulation with TNF $\alpha$  for 15 min. Whole cells extracts were prepared, and then blotted for I $\kappa$ B $\alpha$  (37 kDa) (B), p-p65 NF $\kappa$ B (65 kDa) (C) and p65 NF $\kappa$ B (65 kDa) which was used as a loading control. Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for I $\kappa$ B $\alpha$  (panel B) and p-p65 NF $\kappa$ B (panel C). Each value represents the mean  $\pm$  S.E.M of three independent experiments, \*\*\* p<0.001 compared with agonist-stimulated control.

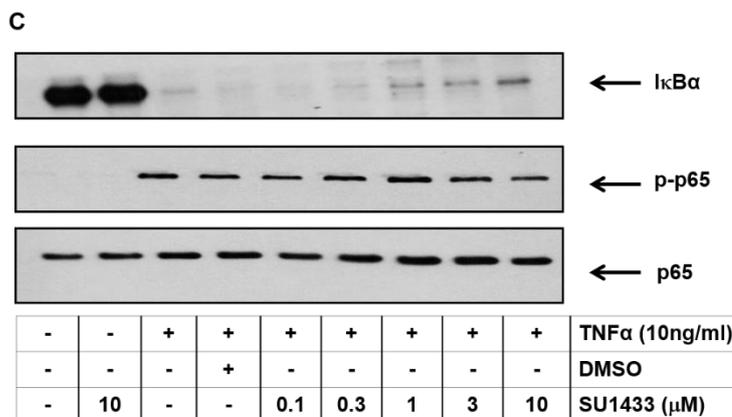
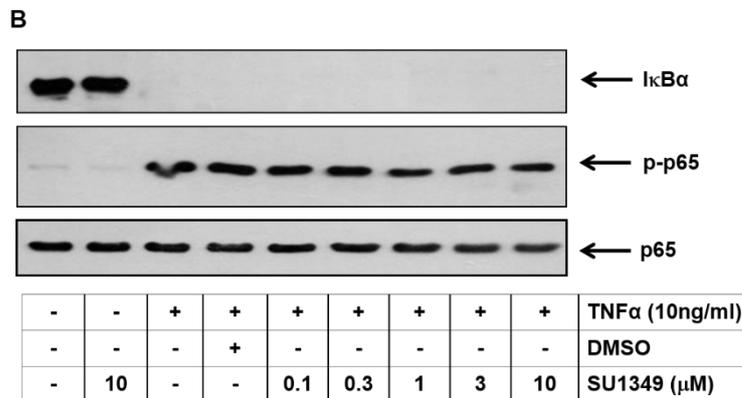
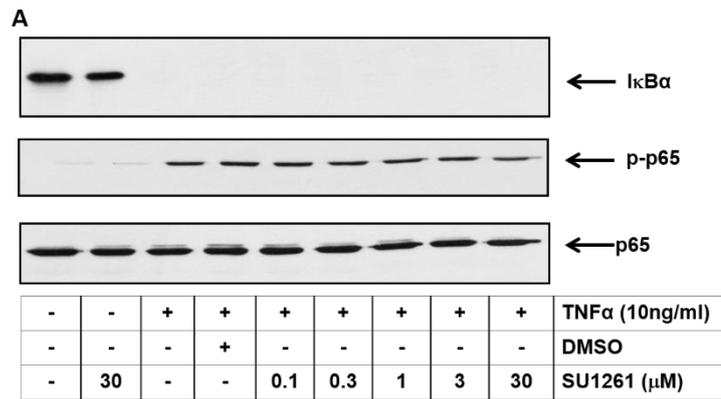
A number of other SU compounds were examined. Exposure of Panc-1 cells to SU1432 (Figure 4.13A) and SU1436 (Figure 4.13B) induced partial inhibition of phosphorylation of p65 NF $\kappa$ B and I $\kappa$ B $\alpha$  degradation however, these responses were only observed following pre-treatment with the highest concentrations of compound, 10  $\mu$ M and 30  $\mu$ M.

The results shown in Figures 4.14 demonstrate that of the SU compounds investigated, namely SU1349, SU1261, SU1433 had no effect on either I $\kappa$ B $\alpha$  loss or phosphorylation of p65 NF $\kappa$ B confirming their selectivity as IKK $\alpha$  inhibitors at this level.



**Figure 4.13 The effects of SU1436 and SU1432 on TNF $\alpha$ -mediated I $\kappa$ B $\alpha$  degradation and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells**

Cells were pre-treated with SU1432 (panel A) and SU1436 (panel B) or 0.15% DMSO for 1h before stimulation with TNF $\alpha$  for 15 min. Whole cells extracts were prepared, and then blotted for I $\kappa$ B $\alpha$  (37 kDa), p-p65 NF $\kappa$ B (65 kDa) and p65 NF $\kappa$ B (65 kDa) which was used as a loading control. Each blot is representative of three experiments.

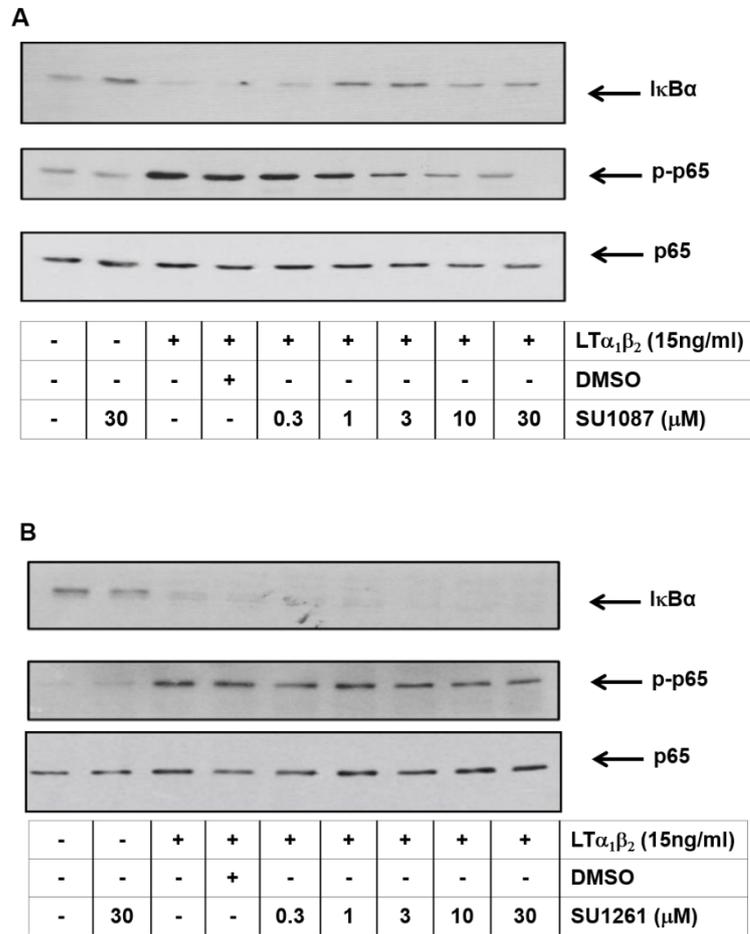


**Figure 4.14 The Effects of SU1261, SU1349 and SU1433 on TNF $\alpha$ -mediated I $\kappa$ B $\alpha$  degradation and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells**

Cells were pre-treated with SU1261 or 0.15% DMSO (panel A), SU1349 or 0.05% DMSO (Panel B) and SU1433 or 0.5% DMSO (panel C) for 1h before stimulation with TNF $\alpha$  for 15 min. Whole cells extracts were prepared, and then blotted for I $\kappa$ B $\alpha$  (37 kDa), p-p65 NF $\kappa$ B (65 kDa) and p65 NF $\kappa$ B (65 kDa) which was used as a loading control. Each blot is representative of three experiments.

#### **4.6.2 The effects of SU compound on $LT\alpha_1\beta_2$ -induced $I\kappa B\alpha$ degradation and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells**

Chapter Three demonstrated that  $LT\alpha_1\beta_2$  could activate both canonical and non-canonical NF $\kappa$ B pathways. In order to confirm selectivity further the effects of two SU compounds, SU1087 and SU1261, on  $LT\alpha_1\beta_2$ -induced  $I\kappa B\alpha$  degradation and phosphorylation of p65 NF $\kappa$ B were examined (Figure 4.15A). The results showed that following SU1087 exposure there was a concentration-dependent inhibition of p65 phosphorylation and reversal of  $I\kappa B\alpha$  degradation. However, following treatment with either SU1261, no effect on degradation of  $I\kappa B\alpha$  or phosphorylation of p65 NF $\kappa$ B was observed in Panc-1 cells (Figures 4.15B). This further confirmed the selectivity profile of SU1261 against  $LT\alpha_1\beta_2$ .



**Figure 4.15 The effect of SU1087 and SU1261 on LT $\alpha_1\beta_2$ -mediated I $\kappa$ B $\alpha$  degradation and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells**

Cells were pre-treated with SU1087 (panel A), SU1261 (panel B) or 0.15 %DMSO for 1h before stimulation with LT $\alpha_1\beta_2$  for 1h. Whole cells extracts were prepared, and then blotted for I $\kappa$ B $\alpha$  (37 kDa), p-p65 NF $\kappa$ B (65 kDa) and p65 NF $\kappa$ B (65 kDa) which was used as a loading control. Each blot is representative two experiments.

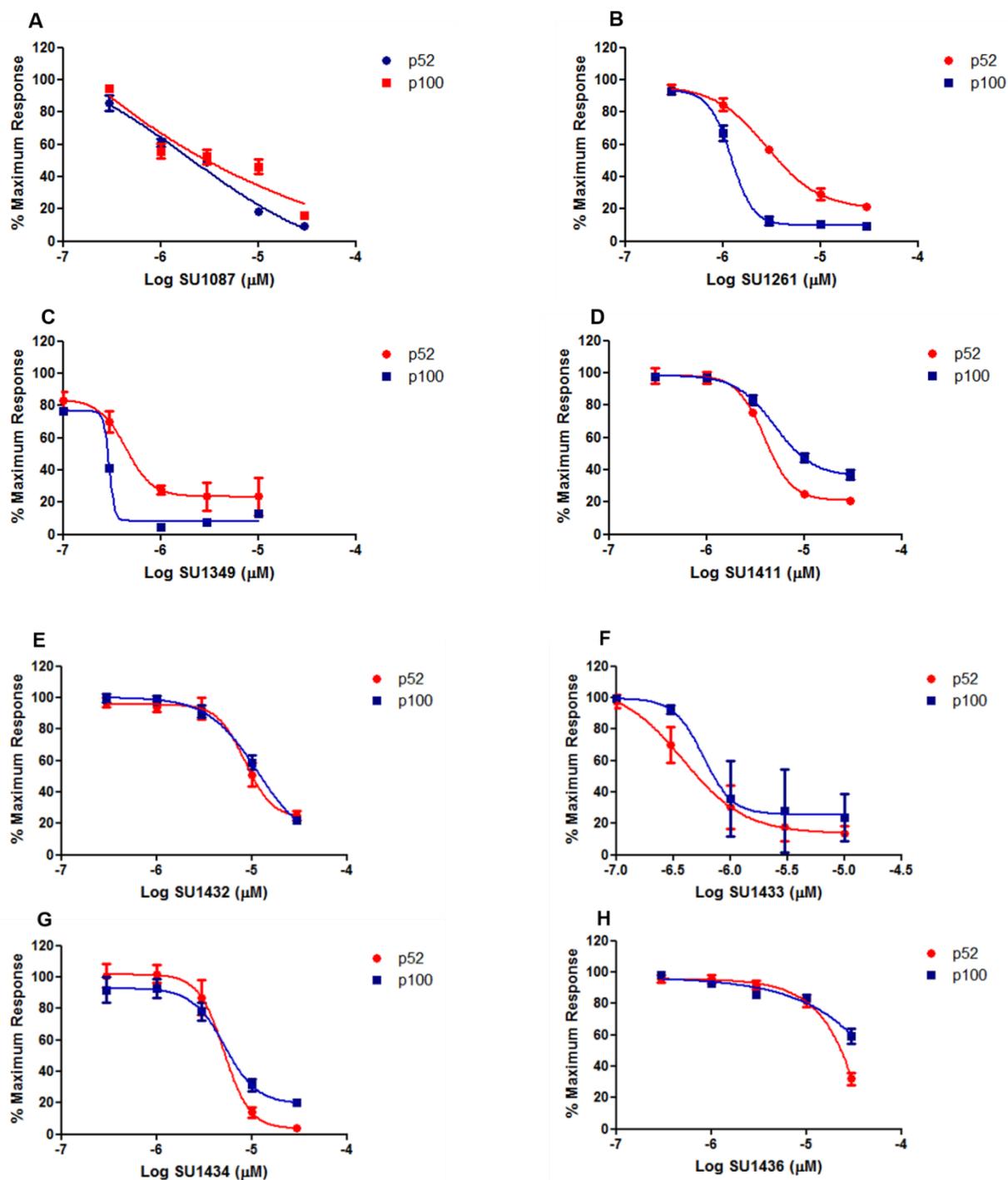
#### **4.7. IC<sub>50</sub> values for SU compounds against LT $\alpha_1\beta_2$ -induced p52 formation, p100 expression and phosphorylation of p100**

Next, IC<sub>50</sub> values for the SU compounds were calculated and directly compared, through analysis of the Western blotting data and fitting to a sigmoidal concentration response curve using GraphPad Prism software (version 5), see Table 4.2. The IC<sub>50</sub> values for p52 formation and p100 expression were determined after stimulation with LT $\alpha_1\beta_2$  (15ng/ml) for 24 h (Figure 4.16). There are some caveats, on occasions there were not enough points in the dynamic part of the curve and the range of compound tested was not always optimal. Nevertheless, there were two SU compounds that showed IC<sub>50</sub> for both p52 and p100 less than 1 $\mu$ M; SU1433 and SU1349. All the other compounds were less potent with between values 1 and 10 $\mu$ M. In addition, for 2 compounds (SU1349 and in particular SU1261) there seemed to be some dissociation between inhibition of p100 and p52, see Figure 4.16.

The IC<sub>50</sub> values for the inhibition of the phosphorylation of p100 were also calculated as outlined previously (Figure 4.17). Again the curve fitting procedure was not optimal there were not enough points to cover the full curve and these can only be estimations. However what can be ascertained is that in general the IC<sub>50</sub> values for p-p100 at 4 h were of an order of magnitude less than the IC<sub>50</sub> values estimated for the inhibition of p52 formation at 4 h. The IC<sub>50</sub> of SU1349 and SU1433 for p52 formation at 4 h stimulation, p100 expression and phosphorylation of p100 were less than 1 $\mu$ M in comparison with other SU compounds that suggest these compounds are most significant compared with other SU compounds.

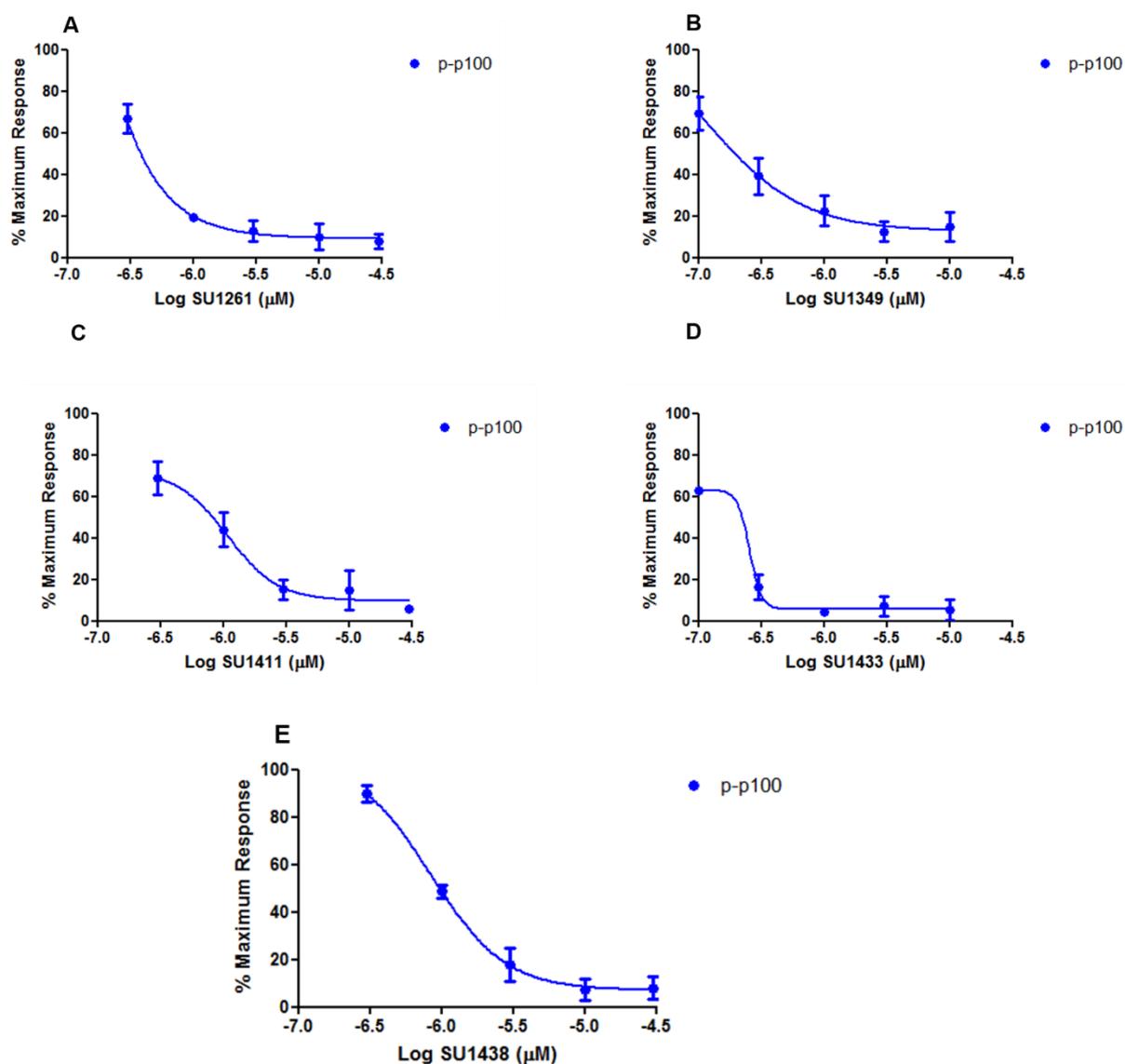
**Table 4.2 IC<sub>50</sub> values SU compounds against both non-canonical and canonical NFκB pathways intermediates**

SU compounds	p100 (at 24 h)	p52 (at 24 h)	p-p100 (at 4 h)	p-p65 NFκB (at 30 min)	Reversal of IκBα (at 30 min)
SU1087	5.47 ± 2.31 μM	p52 2.08 ± 0.22 μM	> 0.3 μM	0.83 ± 0.03 μM	0.83 ± 0.03 μM
SU1261	1.22 ± 0.11 μM)	3.08 ± 0.25 μM)	0.75 ± 0.25μM	> 30 μM	> 30 μM
SU1349	0.29 ± 0.06μM	0.48 ± 0.15μM	0.24 ± 0.01μM	> 10 μM	> 10 μM
SU1399	Between 3-10 μM (N=1)	Between 3- 10 μM (N=1)	Between 3-10 μM N=3	Between 3- 10 μM (N=2)	Between 3-10 μM (N=2)
SU1411	5.09 ±0.09μM)	3.88 ± 0.27 μM	0.85 ± 0.16μM	> 30 μM	> 30 μM
SU1432	9.8 ± 1.13 μM	10.67 ± 1.01 μM	Between 3-10 μM N=2	Between 10-30 μM (N=3)	Between 10-30 μM (N=3)
SU1433	0.65 ± 0.15μM)	0.45 ± 0.11μM	0.39 ± 0.08μM	> 10 μM (N=3)	> 10 μM (N=3)
SU1434	5.66 ± 1.28 μM	5.19 ± 0.51 μM	Between 0.3-1.0 μM (N=1)	> 10 μM (N=3)	> 10 μM (N=3)
SU1436	58.25 ± 15.25	14.25 ± 2.75 μM		7.1 ± 0.3 μM (N=3)	> 10 μM (N=3)
SU1438	Between 0.3- 1 μM (N=1)	Between 0.3-1 μM (N=1)	0.94 ± 0.01μM)	> 10 μM (N=1)	> 10 μM (N=1)
SU1497	Between 3- 10μM	Between 3- 10μM	Between 3-10 μM (N=1)	Between 3- 10 μM (N=1)	Between 3-10 μM (N=1)
SU1499	Between 1-3 μM (N=3)	Between 1- 3 μM (N=3)	Between 0.3-1 μM (N=3)	Between 0.3-3 μM (N=3)	Between 0.3-3 μM (N=3)



**Figure 4.16 The IC<sub>50</sub> values of SU compounds against p100 expression and p52 formation following LT $\alpha_1\beta_2$  stimulation of Panc-1 cells**

The data obtained from Western blotting of SU compounds. Results of IC<sub>50</sub> of p100 expression and p52 formation were semi-quantified by densitometric analysis then data was fitted to a sigmoidal dose response curve. Each value represented the mean  $\pm$  SEM of three independent experiments for (A) SU1087, (B) SU1261, (C) SU1349, (D) SU1411, (E) SU1432, (F) SU1433, (G) SU1434 and (H) SU1436.



**Figure 4.17 The IC<sub>50</sub> values of SU compounds against phosphorylation of p100 following LTα<sub>1</sub>β<sub>2</sub> stimulation of Panc-1 cells**

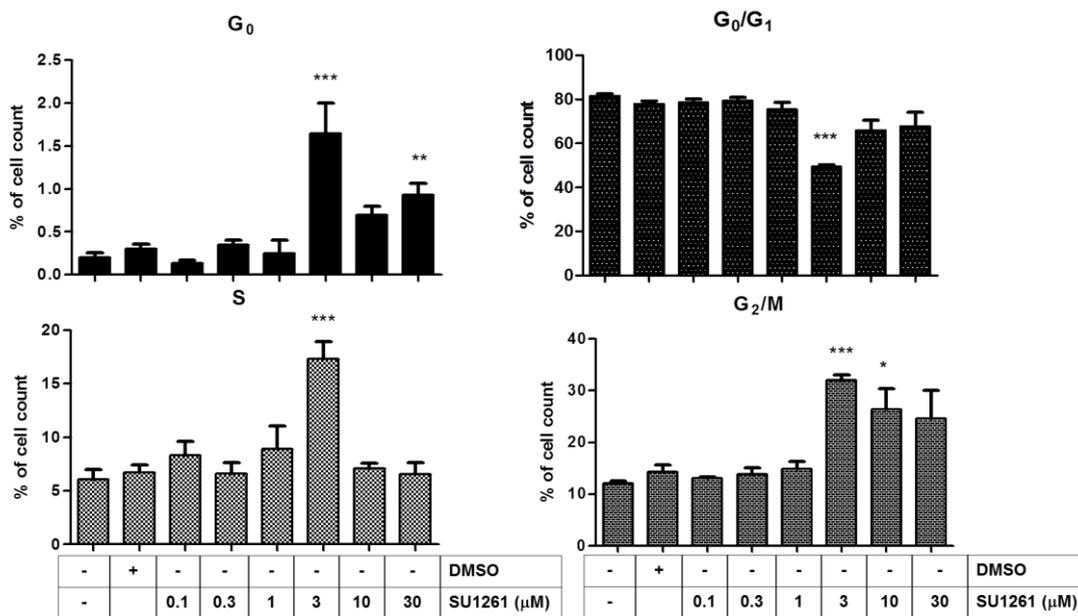
The data obtained from Western blotting of SU compounds. Results of IC<sub>50</sub> of p-p100 were semi-quantified by densitometric analysis then data was fitted to a sigmoidal dose response curve. Each value represented the mean ± SEM of three independent experiments for (A) SU1261, (B) SU1349, (C) SU1411, (D) SU1433 and SU1438.

## **4.8 The effect of SU compounds on cell proliferation**

### **4.8.1 The effect of SU compounds on cell cycle progression in Panc-1 cells**

Following the assessment of the effect of SU compounds on the non-canonical and canonical NF $\kappa$ B pathways, the SU compounds that act as selective IKK $\alpha$  inhibitors (SU1261, SU1349 and SU1433) were chosen to investigate whether these compounds have effects on cell cycle progression in Panc-1 cells. This was examined through assessing the spread of cells within cell cycle stages using flow cytometry following propidium iodide (PI) staining. Panc-1 cells were treated with various concentrations (0.1- 30 $\mu$ M) of SU1261, SU1349 and SU1433 separately for 48 h and cell cycle analysis carried out using FACS (Becton Dickinson System, Cowely, UK). Three independent experiments were carried out and results presented a percentage of cells in each cell cycle stage (mean  $\pm$  SEM).

As shown in Figure 4.18 following incubation of Panc-1 cells with increasing concentrations (0.1- 30 $\mu$ M) of SU1261 for 48h, cells were arrested in G<sub>2</sub>/M (were cells prepared cells for mitosis) most markedly after treatment with 3 and 10 $\mu$ M of compound. The percentage of cells increased to (32  $\pm$  1.02% and 26.36  $\pm$  4.04%) respectively compared with cells treated with 0.15% DMSO (24.26  $\pm$  1.33%). However, this arrest was consistent with a change in the percentage of cells in other stages such as G<sub>0</sub>/G<sub>1</sub> (growth phase) and S (replication of DNA phase). Cells were treated with 30 $\mu$ M of SU1261 showed only change in G<sub>0</sub> (post-mitotic phase). This suggests that treatment cells with of high concentration of SU1261 caused cell damage.



**Figure 4.18 The Effect of SU1261 on cell cycle progression in Panc-1 cells**

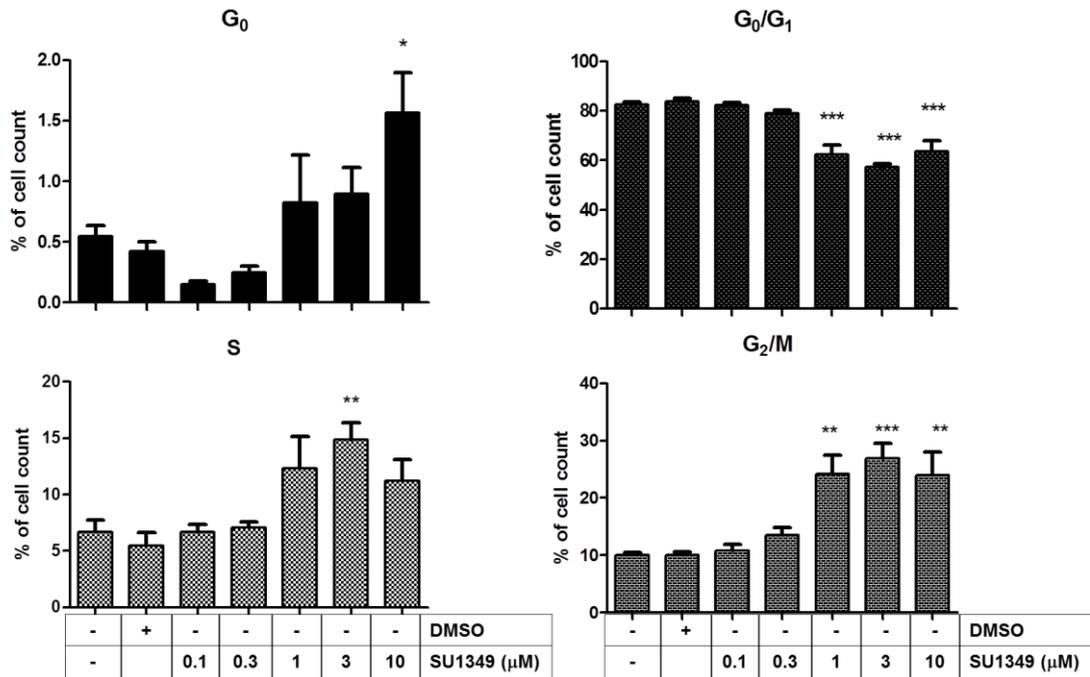
Cells were treated with increasing concentrations of SU1261 or 0.15% DMSO for 48 h, and assessed flow cytometry using propidium iodide (PI) for determination of total of DNA content. The four charts demonstrated the distribution of cells in different phases of cell cycle following treatment with SU1261. Statistical analysis was carried out using a one-way ANOVA with Dunnett post-test. Each value represents the means  $\pm$  SEM of three independent experiments. \*\*\* $p < 0.001$  compared with control.

Next, another IKK $\alpha$  inhibitor which showed more selectivity compared to SU1261 was examined. Cells were treated with SU1349 at various concentrations (0.1 - 10 $\mu$ M) for 48 h. (see Figure 4.19). Analysis found that cells pre-treatment with SU1349 were clearly arrested in over the 1-10 $\mu$ M concentrations range in G<sub>2</sub>/M phase. Accumulation of cells in this phase were increased ( $24.2 \pm 3.33\%$ ,  $26.92 \pm 2.57\%$  and  $24.02 \pm 3.97\%$  n=3) respectively compared with control group ( $10.01 \pm 0.55\%$ ). In addition there were fewer cells in G<sub>0</sub>/G<sub>1</sub> phase over the same range of concentrations. The percentage of cells significantly decreased to  $62.42 \pm 3.68\%$ ,  $57.25 \pm 1.32\%$  and  $63.52 \pm 4.48\%$  at 1, 3 and 10 $\mu$ M respectively compared with control group  $83.82 \pm 1.37\%$ . The highest concentration (10 $\mu$ M) also caused increasing cells number in the G<sub>0</sub> phase, again the higher concentration showed toxic effects in Panc-1 cells.

Similar to SU1261 and SU1349, SU1433 also caused alterations in the cell cycle distribution in Panc-1 cells. The results in Figure 4.20 showed there was accumulation of cells in G<sub>2</sub>/M phase following pre-treatment of cells with 3 and 10 $\mu$ M of SU1433. The maximum increase was at 3 $\mu$ M, the percentage of cells was increased to ( $29.7 \pm 3.89\%$ ) compared with control group ( $10.47 \pm 0.69\%$ ). This was related to a significant decreased in percentage of cells in the G<sub>0</sub>/G<sub>1</sub> phase, and there was no significant change in S phase. With the selective IKK $\alpha$  inhibitors examined above, pre-treatment of Panc-1 cells with higher concentrations were implicated with significant increases in G<sub>0</sub> phase.

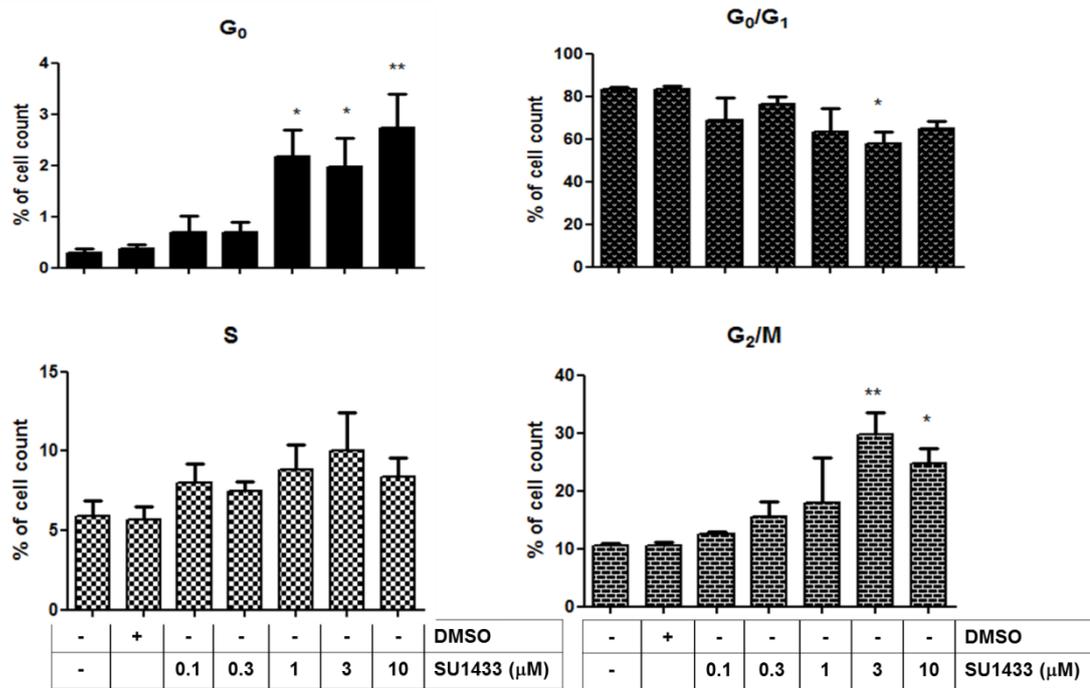
In conclusion, treatment of cells with selective IKK $\alpha$  inhibitors (SU1261, SU1349 and SU1433), resulted delayed in cell cycle through a significant arrest cells in G<sub>2</sub>/M

phase of the cell cycle compared with control group and this increase was also accompanied by changes in percentage of cells in other cell cycle phases. That confirmed the role of IKK $\alpha$  in cell cycle distribution in Panc-1 cells.



**Figure 4.19 The Effect of SU1349 on cell cycle progression in Panc-1 cells**

Cells were treated with increasing concentration of SU1349 or 0.05% DMSO for 48h, and samples were assessed by flow cytometry using propidium iodide (PI) for determination of total of DNA content. The four charts demonstrated the distribution of cells in different phases of cell cycle following treatment with SU1349. Statistical analysis was carried out using a one-way ANOVA with Dunnett post-test. Each value represents the means  $\pm$  SEM of three independent experiments. \*\*\*p<0.001 compared with control.



**Figure 4.20 The Effect of SU1433 on cell cycle progression in Panc-1 cells**

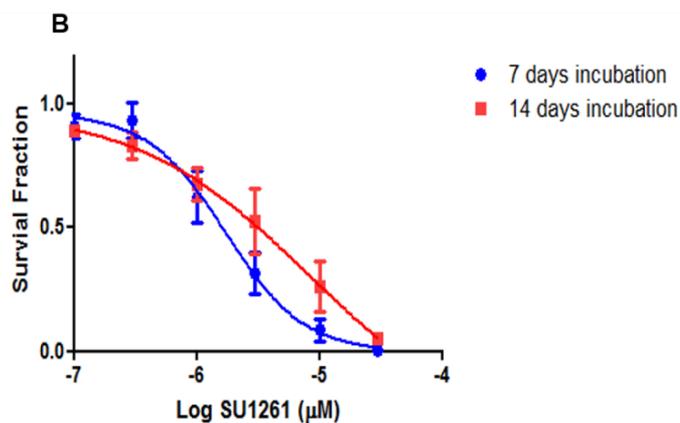
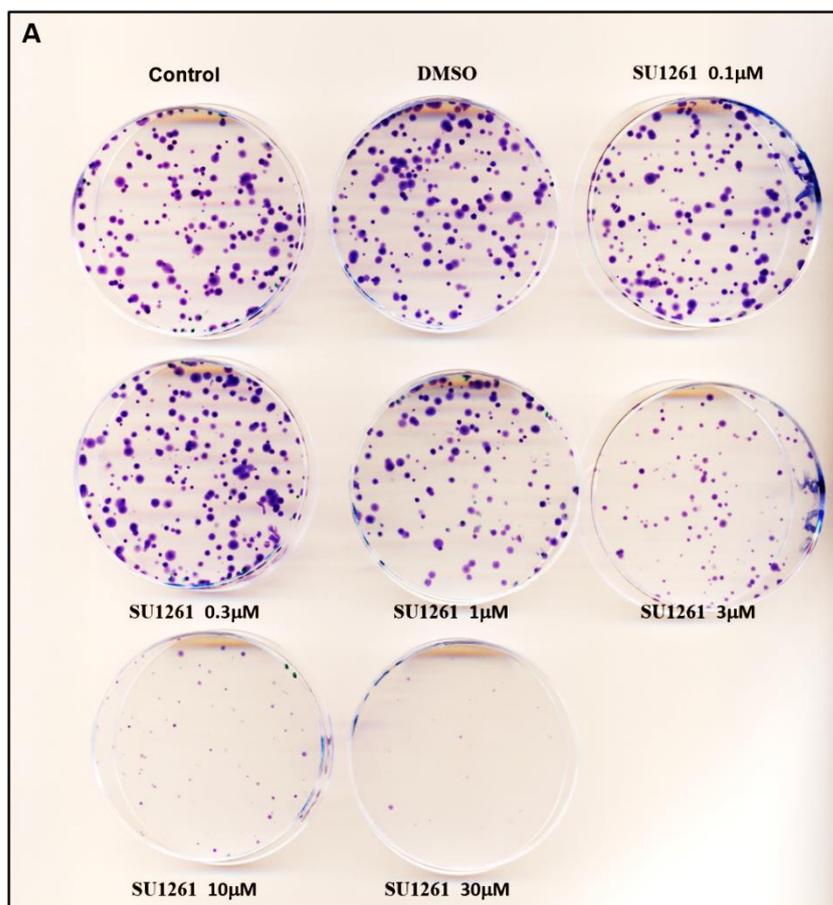
Cells were treated with increasing concentrations of SU1433 for 48 h or 0.05% DMSO, and samples assessed by flow cytometry using propidium iodide (PI) for determination of total of DNA content. The four charts demonstrated the distribution of cells in different phases of cell cycle following treatment with SU1433. Statistical analysis was carried out using a one-way ANOVA with Dunnett post-test. Each value represents the means  $\pm$  SEM of three independent experiments. \*\*\* $p < 0.001$  compared with control.

#### **4.8.2 Clonogenic survival of Panc-1 following treatment with SU1261, SU1349 and SU1433**

The results above showed that selective IKK $\alpha$  inhibitors could cause change in the accumulation of cells in the different stages of the cell cycle. Next, the effect of the same compounds (SU1261, SU1349 and SU1433) on clonogenic survival was investigated by using the same concentrations that were used in the previous experiments. Exposure of cells to agents could affect their division and ability to form colonies. Panc-1 cells were treated with SU compound (0.1- 30 $\mu$ M) for 24 h and their ability to produce colonies was then assessed by accounting the number of colonies that formed after 7 and 14 days of incubation. Results were presented as concentration response curves as the mean of survival fraction (SF)  $\pm$  SEM on Y-axis, and logarithmic concentrations of compounds on X-axis for three independent experiments. As shown in Figure 4.21, it was observed that 0.1 and 0.3 $\mu$ M of SU1261 showed no significant inhibition of SF, however, it was noted a significant decreased within higher concentration (1-30 $\mu$ M) of SU1261 either by incubation for 7 day or 14 day period compared with control (cells treated with 0.05% DMSO). Then the IC<sub>50</sub> values were calculated for both incubation periods; the IC<sub>50</sub> for the 7 days of incubation was  $2.69 \pm 1.31\mu$ M while the IC<sub>50</sub> for 14 days of incubation was more than double compared with first period of incubation, the value of the IC<sub>50</sub> was  $6.42 \pm 2.54\mu$ M.

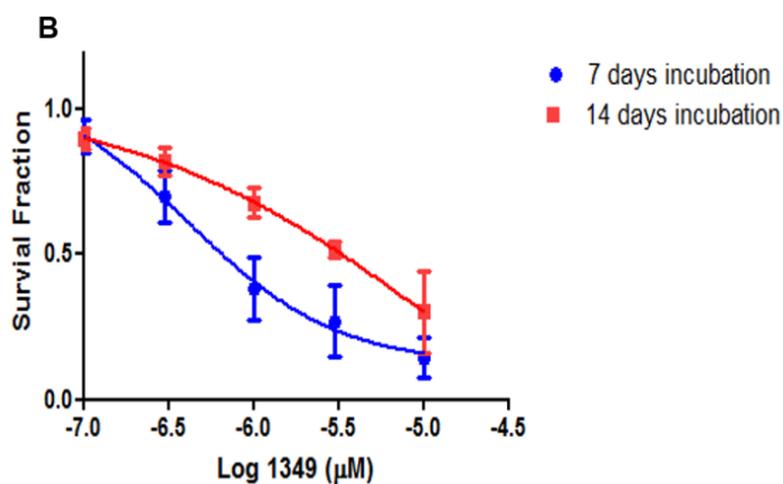
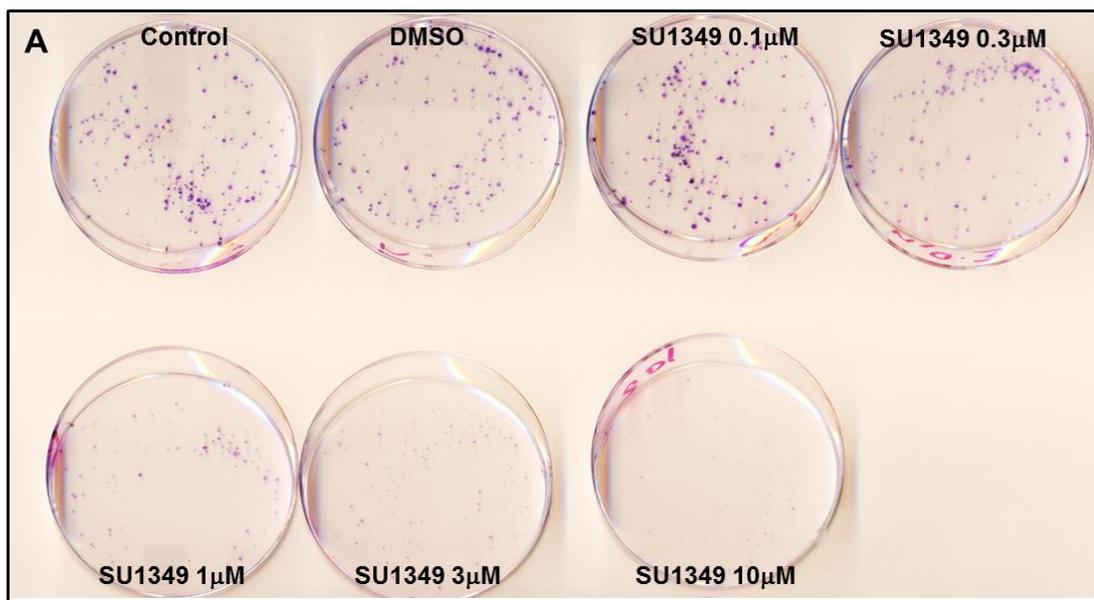
Moreover, Panc-1 cells treated with different concentrations of SU1349 (0.1-10 $\mu$ M) also showed a significant inhibition of SF between (1-10 $\mu$ M) during 7 days or 14 days of incubation. The survival fraction was significantly decreased reaching a

maximum at 10 $\mu$ M ( $0.3 \pm 0.14$ ) compared with control sample, see Figure 4.22. The IC<sub>50</sub> for the two periods of incubation were  $0.62 \pm 0.23 \mu$ M (7 days of incubation) respectively,  $3.12 \pm 1.17\mu$ M (14 days of incubation). In contrast, for SU1433 there was only a slight difference in the SF two-period of incubation. For example, the SF at 1 $\mu$ M was  $0.2 \pm 0.16$  at 7 days of incubation vs  $0.3 \pm 0.09$  at 14 days of incubation, Figure 4.22. In addition, there was a slight different in IC<sub>50</sub> value between 7 and 14 days incubation;  $0.63 \pm 0.23\mu$ M vs  $0.81 \pm 0.25\mu$ M respectively. The finding of this chapter demonstrated that there are a number of SU compounds which act as selective IKK $\alpha$  inhibitors, and these inhibitors confirmed the role of IKK $\alpha$  in regulation of Panc-1 cell cycle progression and cell growth.



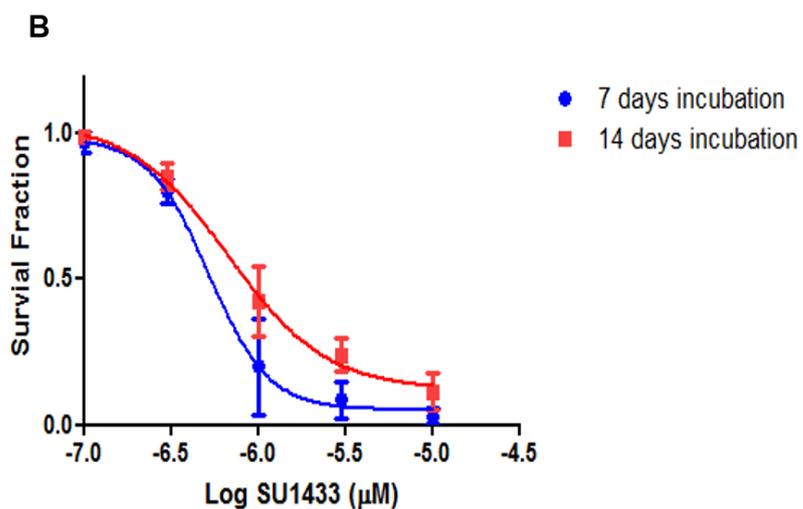
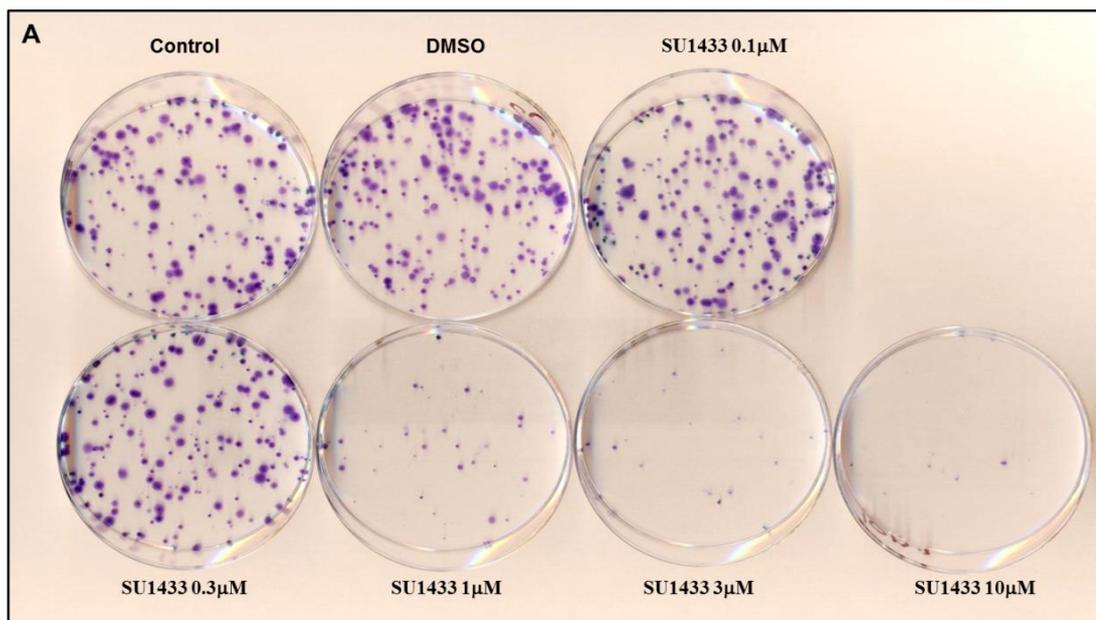
**Figure 4.21 The effect of SU1261 on Panc-1 cells clonogenicity**

Panc-1 cells were treated with increasing concentrations of SU1261 (0.1-30 $\mu\text{M}$ ) or 0.15% DMSO for 24 h and then clonogenic survival assay was performed using two incubation periods 7 day and 14 days. Panel A cells that incubated for 14 days. Data was fitted as outlined in Section 2.11 (Panel B), results were expressed as the average of survival fraction (SF) compared with control group (cells that treated with 0.15% DMSO). Data was fitted to a sigmoidal dose response curve. Each value represented the mean  $\pm$  SEM of three independent experiments.



**Figure 4.22 The effect of SU1349 on Panc-1 cells clonogenicity**

Panc-1 cells were treated with increasing concentrations of SU1349 (0.1-10µM) or 0.05% DMSO for 24h and then clonogenic survival assay was performed using two incubation periods 7 day and 14 days. Panel A cells that incubated for 7 days. Data was fitted as outlined in Section 2.11 (Panel B), results were expressed as the average of survival fraction (SF) compared with control group (cells that treated with 0.05µM DMSO). Data was fitted to a sigmoidal dose response curve. Each value represented the mean  $\pm$  SEM of three independent experiments.



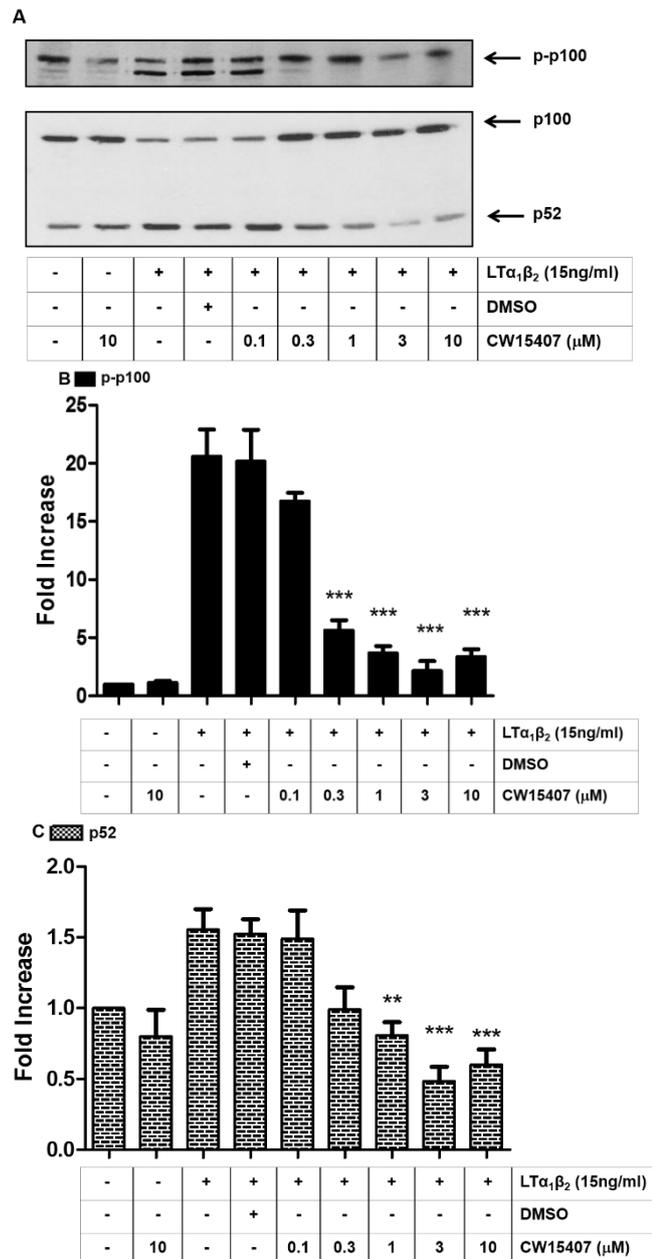
**Figure 4.23 The effect of SU1433 on Panc-1 cells clonogenicity**

Panc-1 cells were treated with increasing concentrations of SU1433 (0.1 -10µM) or 0.05% DMSO for 24h and then clonogenic survival assay was performed using two incubation periods 7 day and 14 days. Panel A indicates cells that were incubated for 14 days. Data was fitted as outlined in section 2.11 (Panel B), results were expressed as the average of survival fraction (SF) compared with control group (cells that treated with 0.05% DMSO). Data was fitted to a sigmoidal dose response curve. Each value represented the mean  $\pm$  SEM of three independent experiments.

## **4.9 Effect of NFκB-inducing kinase (NIK) inhibitors in Panc-1 cell line**

### **4.9.1 Effect of NIK inhibitors on LTα<sub>1</sub>β<sub>2</sub>-induced phosphorylation of p100 and p100 processing in Panc-1 cells**

In order to further determine if the cellular effect of the IKKα inhibitors were due to *bonafide* effects upon the non-canonical NFκB pathway, we utilised two novel NIK inhibitors, CW15407 (K<sub>i</sub> 15nM) and SU15420 (K<sub>i</sub> 80nM) which were recently synthesised in-house. Figure 4.24 shows that CW15407 caused a concentration dependent decrease in the phosphorylation of p100 stimulated in response to LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) at 4 h. This effect was observed in the high nanomolar range, inhibition was substantial at 1μM. Again, a similar effect was observed for the formation of p52 and the reversal in p100 loss, again consistent with what was observed for the SU compounds.

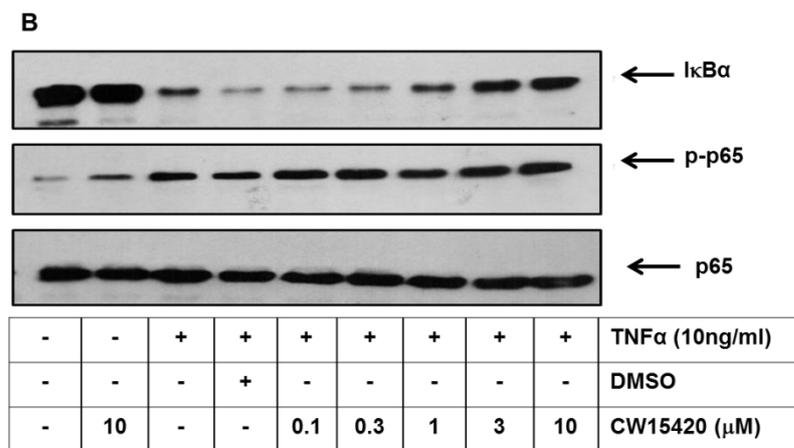
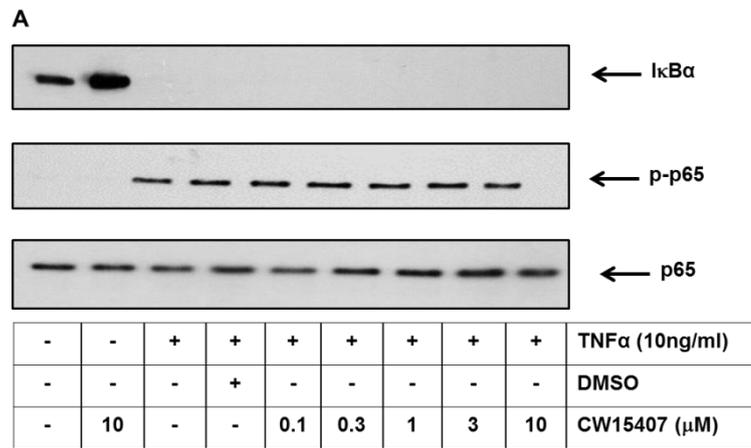


**Figure 4.24** The effect of CW15407 on LTα<sub>1</sub>β<sub>2</sub>-induced phosphorylation of p100 and formation of p52 in Panc-1 cells

Panc-1 cells were pre-treated with CW15407 or 0.05% DMSO for 1h prior to stimulation with LTα<sub>1</sub>β<sub>2</sub> (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by SDS-PAGE and assessed for p-p100 (100 kDa) and p52 (52 kDa) (panel A). Blots were assessed by semi-quantitative densitometry and results expressed as fold stimulation relative to control for p-p100 (panel B) and p52 (panel C). Each value represents the mean ± S.E.M. The results are representative 3 independent experiments. \*\*\*p < 0.001 compared with agonist-stimulated control.

#### **4.9.2 Effect of NIK inhibitors on TNF $\alpha$ -induced degradation of I $\kappa$ B $\alpha$ and phosphorylation of p65 NF $\kappa$ B in Panc-1 cells**

Again to confirm the selectivity of the compounds within the non-canonical NF $\kappa$ B pathway the effects upon canonical NF $\kappa$ B pathway markers were examined. As shown in Figure 4.25A, TNF $\alpha$  stimulated I $\kappa$ B $\alpha$  degradation and phosphorylation of p65 NF $\kappa$ B did not change with following pre-treatment with increasing concentrations of CW15407. However, in cells treated with different concentrations of CW15420 prior to stimulation with TNF $\alpha$ , the levels of I $\kappa$ B $\alpha$  degradation returned to the basal expression with increasing concentrations range (1-10 $\mu$ M), without inhibition of phosphorylation of p65 NF $\kappa$ B, see Figure 4.25B.



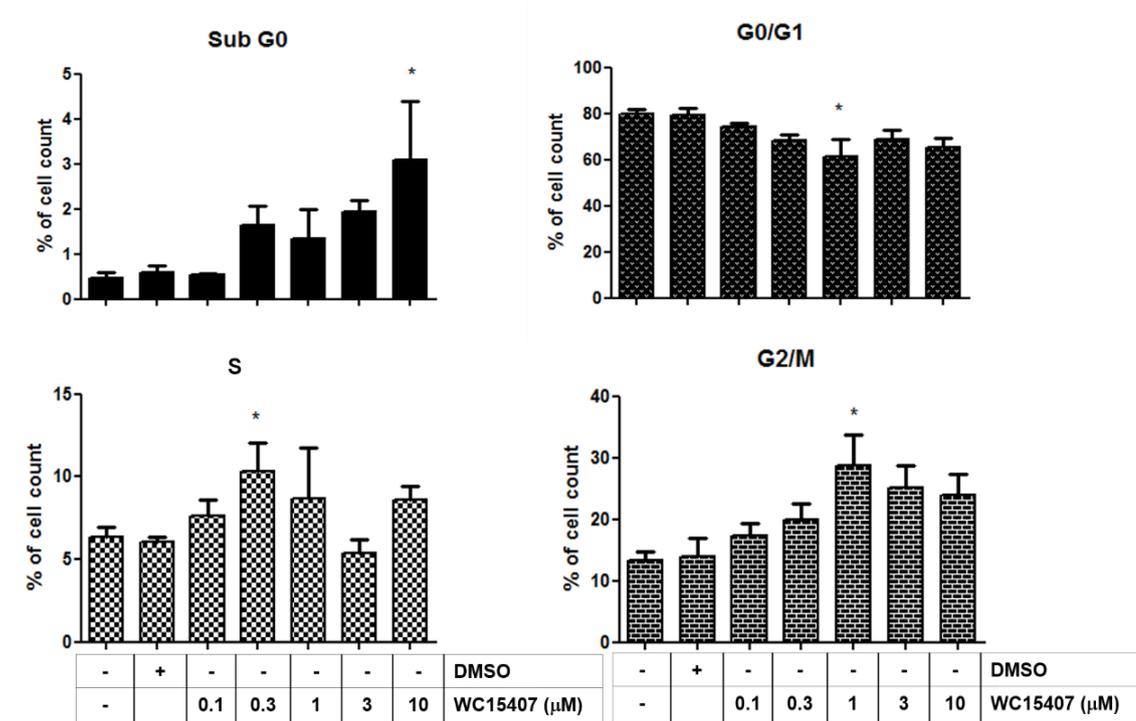
**Figure 4.25** The effect of CW15407 and CW15420 on TNFα-mediated IκBα degradation and phosphorylation of p65 NFκB in Panc-1 cells

Cells were pre-treated with CW15407 (panel A), and CW15420 (panel C) or 0.05% DMSO for 1h before stimulation with TNFα for 15 min. Whole cells extracts were prepared, and then blotted for IκBα (37 kDa), p-p65 NFκB (65 kDa) and p65 NFκB (65 kDa) which was used as a loading control. Each blot is representative three experiments.

## **4.10 The effect of NIK inhibitors on cell proliferation of Panc-1 cells**

### **4.10.1 The effect of CW15407 treatment on cell cycle progression in Panc-1 cells**

In order to investigate the potential effect of CW15407 on cell cycle distribution of Panc-1 cells, cells were treated with various concentrations of CW15407 for 48h and the data examined to identify whether CW15407 could affect cell cycle distribution in Panc-1 cells. The results in Figure 4.26 represented the effect of CW15407 on the cell cycle; there were significant accumulation of cells in G<sub>2</sub>/M phase following treatment with 1 $\mu$ M CW15407, the percentage of cells were increased to 28.0  $\pm$  4.88% in comparison cells treated with 0.05% DMSO only; 13.96  $\pm$  2.9%. Furthermore, there was no change in percentage of cells in cell cycle stages between the untreated cells and cell that treated with DMSO.

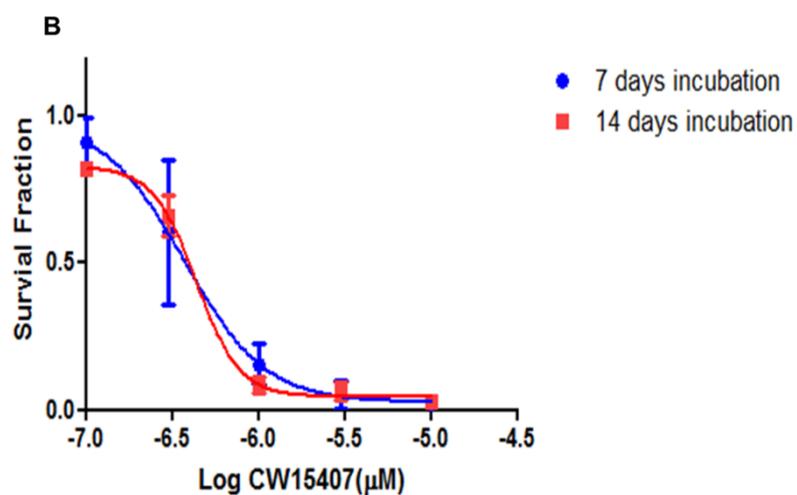
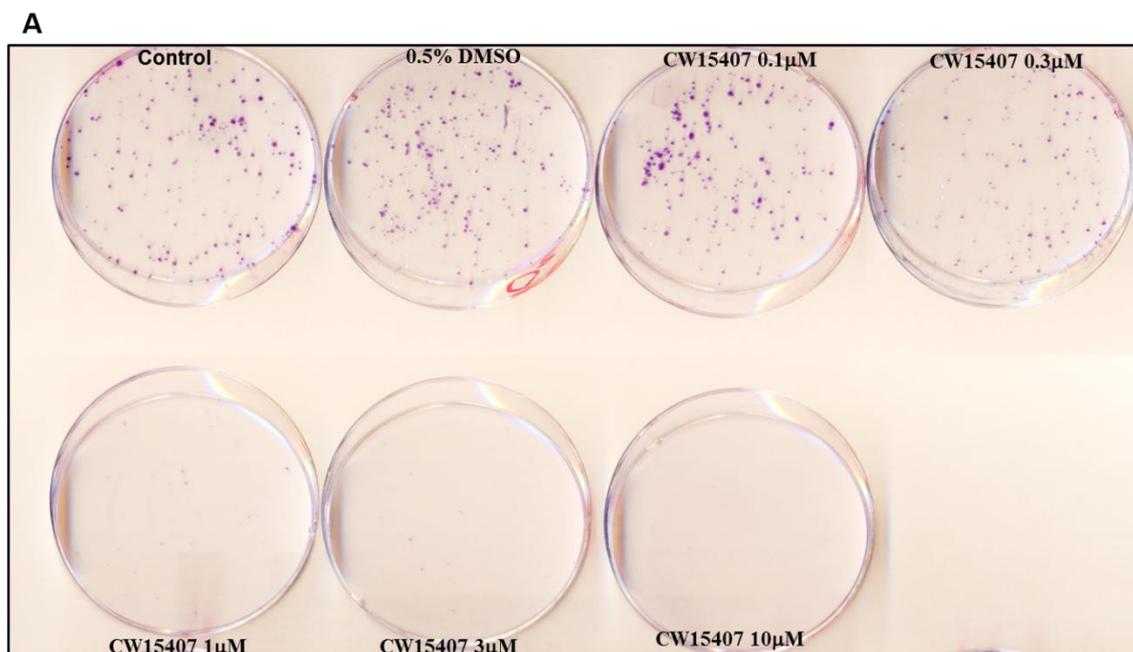


**Figure 4.26 The Effect of CW15407 on cell cycle distribution in Panc-1 cells**

Cells were treated with increasing concentrations of CW15407 for 48h, then the cell cycle assessed by flow cytometry using propidium iodide (PI) for determination of total of DNA content. The four charts demonstrated the distribution of cells in different phases of cell cycle following treatment with SU15407. Statistical analysis was carried out using a one-way ANOVA with Dunnett post-test to compare to control. Each value represents the means  $\pm$  SEM of three independent experiments. \*\*\*p<0.001 compared with control.

#### **4.10.2 The effect of CW15407 treatment on clonogenic cell growth of Panc-1 cells**

Next, the effect of CW15407 on cell survival was examined by using clonogenic assay as explained in Chapter Two Sections 2.10. Cells were treated with various concentrations of CW15407 for 24h then incubated for 7 and 14 days. As shown in Figure 4.27, the survival fraction (SF) of cells was significantly reduced following treatment with 0.3 $\mu$ M of CW15407 and it increased with increasing concentration of CW15407. The IC<sub>50</sub> for CW15407 was 0.39  $\pm$  0.25 $\mu$ M (7 days incubation) vs 1.72 $\pm$  1.05 $\mu$ M (14 days incubation). Data in Figures 4.24 to 4.27 suggest that NIK has a role in the regulation of the non-canonical NF $\kappa$ B pathway, could be inhibited using a NIK inhibitor and is linked to cell cycle progression and clonogenicity in Panc-1 cells.



**Figure 4.27 The effect of CW15407 on Panc-1 cells clonogenicity**

Panc-1 cells were treated with increasing concentrations of CW15407 (0.1 -10µM) for 24h and then clonogenic survival assay was performed using two incubation periods 7 day and 14 days. In panel A cells were that incubated for 7 days. Data shown in Panel B were expressed as the average of survival fraction (SF) compared with control group (cells that treated with 0.05% DMSO). Data was fitted to a sigmoidal dose response curve. Each value represented the mean  $\pm$  SEM of three independent experiments.

## 4.11 Discussion

Pancreatic cancer is difficult to treat, in part due to the high incidence of recurrence following surgery (Thota et al., 2014). Furthermore, the majority of patients receive little or no benefit from chemotherapy, due to the presence of chemo-resistant tumours cells or the emergence of a therapy-resistant phenotype (Whatcott et al., 2013). Recently many studies have investigated the therapeutic potential of agents which selectively inhibit the kinase activity of IKKs and which have been demonstrated to suppress the growth of tumour cells. Therefore, developing IKKs inhibitors that block the activity of NF $\kappa$ B pathways has become an interesting area for a number of studies in the cancer field. For example, Yang *et al.*, showed that treatment of melanoma tumours with IKK inhibitors such as BMS-345541 led to the suppression of tumours cell growth (Yang et al., 2012). Many IKK $\beta$  inhibitors have been developed, such as ML120B (Catley et al., 2006), PS-1145 (Castro et al., 2003) and TPCA-1 (Birrell et al., 2005). However, for these and other IKKs inhibitors their potential effect as anti-cancer drug was limited because their non-selectivity against IKK $\alpha$  and IKK $\beta$  lead to some harmful effect to normal cells. Furthermore, compounds which are selectively inhibitors of IKK $\alpha$  are less common. For example, peptidyl glucosamine has been shown to inhibit IKK $\alpha$  nuclear translocation in human chondrocytes (Scotto d'Abusco et al., 2010) and Asamitsu *et al* found that noraristeromycin selectively inhibited IKK $\alpha$  in HEK293 (Asamitsu et al., 2008). Furthermore, it has been shown that knockdown of IKK $\alpha$  in HeLa cells led to the reduced the metastatic potential of these cells (Prajapati et al., 2006). However, to

date, no selective IKK $\alpha$  inhibitor has been developed or interrogated in pancreatic cancer.

As discussed in Chapter one, the non-canonical NF $\kappa$ B pathway is dependent on IKK $\alpha$  activity. In addition, knockdown of IKK $\alpha$  by siRNA confirmed this, through inhibition phosphorylation of p100 and p100 processing in Panc-1 cells. The initial objective in this chapter was to examine the effects of exposure to SU compounds on IKK $\alpha$ -dependent NF $\kappa$ B signalling through inhibition of p52 formation. The results demonstrate that all SU compounds with the exception SU1392 showed the ability to impair the formation of p52 in Panc-1 cells and phosphorylation of p100.

Interestingly, while SU compounds such as SU1261, SU1434, SU1433, SU1349 and SU1411 have been shown to inhibit the expression of p100 in Panc-1 cells, these results could be explained by three different hypotheses. The first involves regulation of the expression of p100 by IKK $\alpha$ . This hypothesis is supported by IKK $\alpha$  knockdown by siRNA, which also resulted in a decrease in p100 expression. Senftleben *et al* has demonstrated that IKK $\alpha$  can regulate the p100 subunit (Senftleben et al., 2001). However, the regulation of p100 could also be due to IKK $\beta$  activation through regulation of the p65 NF $\kappa$ B subunit, (Ishimaru et al. 2006; Basak et al. 2007), in a study by Basak and co-workers study, overexpression of RelA using rotavirus transgene was resulted in increased levels of p100, p65 NF $\kappa$ B and p50 (Basak et al., 2007), and, as the agonist used in this study (LT $\alpha_1\beta_2$ ) has the ability to activate both NF $\kappa$ B pathways (Chapter Three), this hypothesis cannot be discounted. The medicinal chemistry group has reported that some of these compounds have

activity against cyclin-dependent kinase 9 (CDK9). CDK9 plays an important role in the regulation of transcription, cell cycle progression and DNA repair (Storch and Cordes, 2015). CDK9 inhibitors work by disruption of S-phase during the cell cycle, and, additionally, inhibit mRNA synthesis (Shan et al., 2005, Krystof et al., 2006). This suggests that the ability number of SU compounds to inhibit CDK9 linked to the inhibition of p100 expression.

Another IKK $\alpha$ - dependent marker was examined, namely phosphorylation of p100. As shown in Figure 4.6-4.10; there were significant concentration-dependent decreases in p100 phosphorylation. It was noted that the IC<sub>50</sub> values for p-p100 were less than p52 formation following treatment of Panc-1 cells with same compounds. For example, the IC<sub>50</sub> value of SU1261 for p52 formation was  $3.08 \pm 0.25 \mu\text{M}$ , whilst the IC<sub>50</sub> for p-p100 was  $0.75 \pm 0.25 \mu\text{M}$ , only SU1432 showed IC<sub>50</sub> values were nearly the same for both p52 formation and p-p100. That suggests these compounds are more important during a short time of treatment. Since the stimulation time for p-p100 was 4h compared with 24h for p52 formation, this was encouraging to reduce the chance for out of target but also multiple signalling pathways have a role in forming p52, in addition, LT $\alpha_1\beta_2$  has the ability to activate other pathways. In Chapter Three Figure 3.18 confirmed that the canonical NF $\kappa$ B pathway could be activated through LT $\alpha_1\beta_2$  stimulation, and in addition a number of other signalling pathways could be activated during binding to the lymphotoxin  $\beta$  receptor such as, activation of the JNK pathway and the MAPK pathway (Mikami et al., 2014, Baud et al., 1999).

Since  $IKK\alpha$  has no role in the  $IKK\beta$ -dependent  $NF\kappa B$  pathway (Dejardin et al., 2002, Claudio et al., 2002) the effects of the SU compounds on inhibition of degradation of  $I\kappa B\alpha$  and phosphorylation of p65  $NF\kappa B$  were investigated, to determine if these compounds were, indeed, selective  $IKK\alpha$  inhibitors or could also inhibit  $IKK\beta$ -dependent processing. The results discussed in this chapter demonstrated that six of the SU compounds (SU1261, SU1411, SU1433, SU1349, SU1438 and SU1434) were selective  $IKK\alpha$  inhibitors, whereas other SU compounds induced inhibition of both the canonical and non-canonical  $NF\kappa B$  pathways. One compound, SU1392, had no effect on either  $NF\kappa B$  pathways.

In chapter three, it was demonstrated that  $LT\alpha_1\beta_2$  could also activate the canonical  $NF\kappa B$  pathway, therefore the effect of SU compounds on  $LT\alpha_1\beta_2$  activation of  $IKK\beta$ -dependent  $NF\kappa B$  induction was also examined. The results shown in this chapter confirm that SU1261 was an  $IKK\alpha$  selective inhibitor, SU1087 was a dual  $IKK\alpha/IKK\beta$  inhibitor, and SU1392 had no inhibitory function in either pathway (data not shown).

Three different effects were observed; inhibition of  $IKK\alpha$  (by SU1261, SU1411, SU1433, SU1349, SU1438 and 1434), inhibition of both  $IKK\alpha$  and  $IKK\beta$  (by SU1087, SU1432, SU1499 and SU1436) and no inhibition of either pathway (by SU1392). Moreover, some SU compounds were examined using MiaPaC-2 cells such as SU1261, SU1411, SU1087, SU1349 and SU1433 and similar results were noted in MiaPaCa-2 cells (data not shown).

Next, the potential effect of selective IKK $\alpha$  inhibitors; (SU1349, SU1261 and SU1433) upon cell proliferation were also investigated through examining the effect of these inhibitors on cell cycle and cell growth. The three IKK $\alpha$  inhibitors indicated as significant change in cell cycle stages (Figure 4.21 -4.23). These results suggest these compounds could arrest of Panc-1 cell cycle. Another study in the Boyd lab (SIPBS), found that treatment of PC3M cells (prostate cancer cell line) with various concentration of SU1261 (0. 1-30 $\mu$ M), induced no change in the various phase of cell cycle, only the higher concentration (10 $\mu$ M) lead to change the percentage of cells in G<sub>0</sub> without effect other cell cycle phases. Many studies have demonstrated IKK $\alpha$  has a role in regulation a number of cell cycle protein, for instance, Aurora-A and Cyclin D1 (Cao, et al, 2001, Demicco, et al,2005, Prajapati, et al, 2006), and the results in this study are in agreement with finding of Schneider et al. They found that knockdown of IKK $\alpha$  using siRNA in MiaPaCa-2 cells lead to a significant arrest G<sub>0</sub>/G<sub>1</sub> (Schneider et al, 2006). In addition, another study by Shukla et al found that rundown IKK $\alpha$  in prostate cancer cell line; PC3M and 22Rv1, cells have alterations in cell cycle distribution through accumulation of cells in G<sub>0</sub>/G<sub>1</sub> phase (Shukla, et al, 2015). Furthermore, the cells were arrested in S phase after knockdown of IKK $\alpha$  in breast cancer using siRNA (Tu, et al, 2006). In contrast, our results disagree with other studies such as Mahato and co-workers finding that silencing of IKK $\alpha$  in PC3M and DU145 did not affect the cell cycle progression (Mahato, et al, 2011). Moreover, the accumulation of cells in various cell cycle phases did not change followed silencing of IKK $\alpha$  in breast cancer cell lines. It seems to be that the function of IKK $\alpha$  in regulating the cell cycle is dependent on tumour and cell type.

Many studies have demonstrated that NIK has a role in the regulation of the non-canonical NFκB pathway or both NFκB pathways and this is dependent on tumour cell types (Xiao et al., 2001b). The results in Figures 4.24 and 4.25A showed the selective effect of NIK inhibitor (CW15407) on non-canonical NFκB pathway this suggest that NIK have a role in activation this pathway and the finding of this study was agreed with other studies found that NIK have a role in regulation the non-canonical NFκB pathway (Nishina, et al, 2009, Xiao, et al, 2001b). In contrast, the results of the second NIK inhibitor was used in this study (CW1420) showed that the effect of TNFα-inducing IκBα degradation was blocked using CW15420 (Figure 4.25B) and same inhibitor was blocked LTα<sub>1</sub>β<sub>2</sub>-inducing phosphorylation of p100 (data not shown), that suggest that NIK have a role in both NFκB pathways, and this results agreed with other studies that reported NIK is involved in activation of both NFκB pathways in breast cancer (Yamaguchi, et al, 2009) or lung cancer cells (Saitoh, et al, 2008).

To date there is no successful NIK inhibitors because a number of issues, for example selectivity in cell lines or not active *in vivo* (Nishina et al., 2009, Doppler et al., 2013), for example, Pyrazolo 4,3c isoquinoline is a NIK inhibitor but not selective since it could be inhibited both NFκB pathways (Storz, 2013). The results in this chapter was the first study reported a selective NIK inhibitor through inhibition non-canonical NFκB pathway without any effect on canonical NFκB pathway, investigate the effect on other signalling pathways and *in vivo* study are required to confirmed the selectivity of NIK inhibitor.

One of the mechanisms that leads to cancer development is anti-apoptosis, through overexpression of number of survival proteins such as BCL2, survivin and cIAP1 and these proteins could be regulated through NIK overexpression or activation of the non-canonical NF $\kappa$ B pathway (Baldwin, 2001). Down-regulation of these proteins have been linked to impaired cancer cells survival or growth (Grossman et al., 2001, Hilmi et al., 2008, Lecis et al., 2010). Yin and co-workers have reported that NIK deficient melanoma tumour cells linked to down-regulation of the non-canonical NF $\kappa$ B pathway, is related to tumour cells growth and regulation of survival proteins and indirectly associated with activity of the non-canonical NF $\kappa$ B pathway and not related to the canonical NF $\kappa$ B pathway (Yin et al., 2001). Furthermore, Baldwin has investigated the role of NIK in regulation of the proteins mentioned above in melanoma cells and the results showed that the expression of these genes were significantly decreased during blockade of the activity of NIK (Baldwin, 2001), however, NIK too has NF $\kappa$ B-independent function like IKK $\beta$  and IKK $\alpha$  (Chariot, 2009).

Many studies have reported that NIK plays a role in the regulation of cell proliferation in different cancer types such as. Myeloma, lymphoma and leukaemia (Annunziata et al., 2007 Conze et al., 2010 Demchenko et al., 2010). CW15407 has confirmed that NIK has a role in cell proliferation, it showed there was arrest in the cell cycle and inhibited cell growth. These data agreed with the finding of Doppler and co-workers, that documented that of blockade NIK expression, using shRNA NIK, resulted in decreased cell proliferation in Panc-1 and MiaPaCa-2 cells (Doppler et al., 2013). Another study found that inhibiting the activity of NIK, by siRNA, lead

to reduce processing of p100 and cell growth and proliferation in pancreatic cancer (Nishina et al., 2009).

The results in Chapter Four clearly indicated that both IKK $\alpha$  and NIK are involved in regulation the non-canonical NF $\kappa$ B pathway activity and associated with cell proliferation, therefore, represent targets for cancer treatment.

## **Chapter Five**

### **Characterisation of the inhibitory effect of IKK $\alpha$ selective inhibitors (SU compounds) on Non- Canonical NF $\kappa$ B pathway target genes**

## 5.1 Introduction

In response to cellular activation, the NFκB complexes, RelA/p65 or RelB/p52, are translocated to the nucleus and bind to the promoter regions of a substantial number of genes. Studies suggest that the expression of as many as 150 genes are regulated, the proteins encoded by NFκB include chemokines and growth factors, cell adhesion molecules and cytokines (Birbach et al., 2002). The majority of these proteins are involved in the host immune response, as many as 27 different cytokines and chemokines and receptors are required for this process (Pahl, 1999).

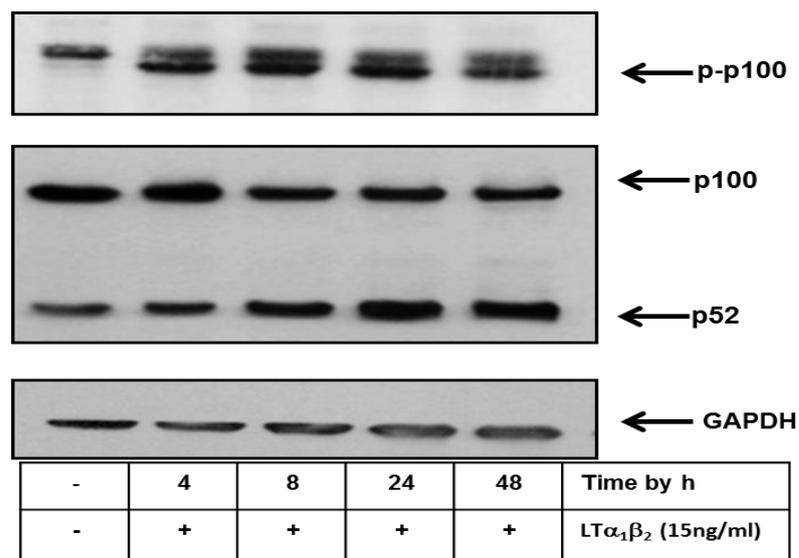
A number of studies have shown that NFκB has a critical role in development of cancers (Lu et al., 2004, Lu and Stark, 2004, Senegas et al., 2015). However whilst activation of NFκB during cancer development is not related to a specific mutation resulting in alteration in any of the NFκB components, exaggerated production of a number of pro-inflammatory cytokines such as IL-6, IL8 and CXCL is consistently observed (DiDonato et al., 2012). NFκB activation also leads to upregulation of genes involved in cell survival which increases resistance to apoptosis and cell cycle genes such as cyclin D1 and cyclin D2 (Tysnes, 2010). Santos and co-workers found that constitutive activation of the non-canonical NFκB pathway and increased nuclear translocation of the RelB complex is linked to the development of resistance of leukemic cells to radiation therapy (dos Santos et al., 2008).

In pancreatic cancer, several studies have reported that increased NFκB plays a role in resistance to apoptosis, proliferation, chemo-resistance and metastasis (Wharry et al., 2009, Chandler et al., 2004). Other groups have established a link between elevated levels of NIK and upregulation of proliferation genes (Wharry et al., 2009,

Nishina et al., 2009, Schneider et al., 2006), in addition to a number of pro-inflammatory markers such as CXCL12, CXCL13, BAFF, CCL19 and CCL21 (Wharry et al., 2009). Taken together these studies suggest that the growth of pancreatic cancer may be underpinned by the activation of the non-canonical NF $\kappa$ B pathway. In this chapter the consequence of activating the IKK $\alpha$ -dependent, non-canonical NF $\kappa$ B pathway on expression of NF $\kappa$ B target genes was examined. In addition, the effect of IKK $\alpha$  inhibitors upon expression of these genes was tested. The hypothesis of this chapter is that selective pharmacological inhibition of the IKK $\alpha$ -dependent NF $\kappa$ B pathways leads to down regulation of a specific subset of IKK $\alpha$ -dependent target genes.

## **5.2 Characterisation of target genes expressed through activation of the non-canonical NF $\kappa$ B pathway**

In order to study the induction of target genes in pancreatic cancer cells, Panc-1 cells were stimulated with LT $\alpha_1\beta_2$  (15ng/ml) between 4 to 48h and total RNA was extracted for quantitative real-time polymerase chain reaction (qPCR) analysis. Three independent experiments were carried out for genes initially identified as changing significantly in a selected gene array through another study in our group; Interleukin-6 (IL-6), BCL2, Binding Component 3 (BBC3), The Enhancer Zeste homolog2 (EZH2), Mitogen activated protein kinase 14 (MAP3K14), serpin family B member 6 (SERPINB6), TNF alpha induced protein 3 (TNFAIP3) and (VCAM-1). An additional control experiment was run parallel to the qPCR; whole cell extracts were prepared for Western blot analysis to confirm that LT $\alpha_1\beta_2$  stimulated the non-canonical NF $\kappa$ B pathway through the phosphorylation of p100 and formation p52 (see Figure 5.1).



**Figure 5.1** LT $\alpha_1\beta_2$ - induced phosphorylation of p100 and formation of p52 in Panc-1 cells

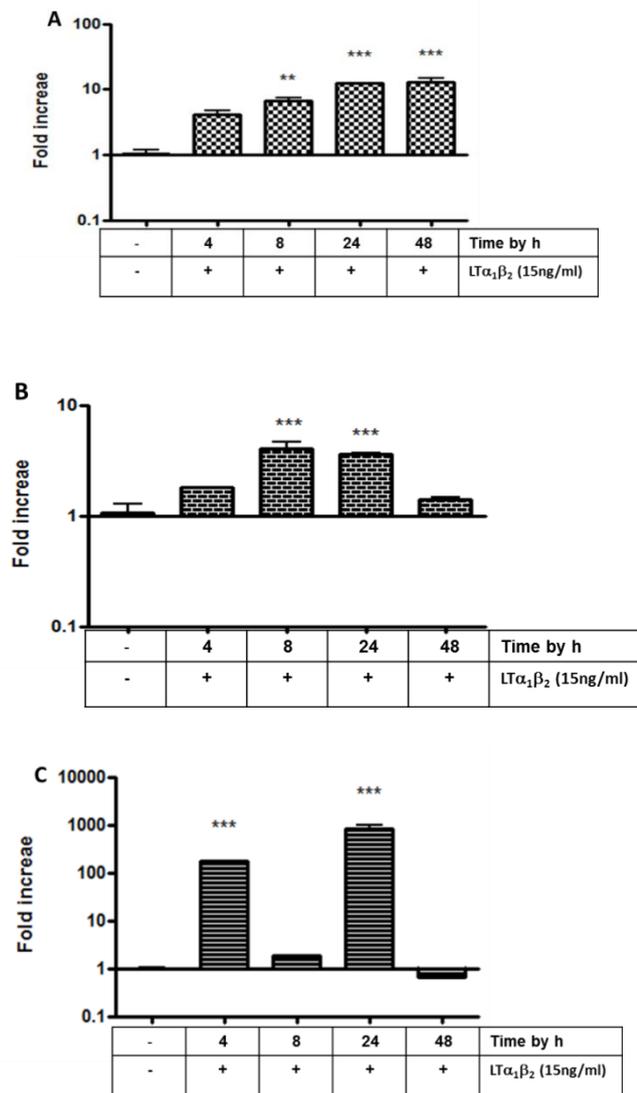
Cells were stimulated with LT $\alpha_1\beta_2$  over the times indicated and whole cells lysates prepared as outlined in the Section 2.3.1. Cell extracts were separated by SDS- PAGE and blotted for p-p100 then reprobred for p100/p52 and GAPDH, which was used as a loading control. The blot is representative of three independent experiments.

### **5.2.1 $LT\alpha_1\beta_2$ induced expression of BBC3, EZH2, TNFAIP3 and VCAM genes**

For each of the genes studied three independent experiments were performed. The results were inconsistent with a big different in fold increase in gene expression in each experiment, and each experiment was run in triplicate. For this reason it was decided to deal with each experiment individually and do statistical analysis for each experiment. There were four genes which shared the same results profile; BBC3 (apoptosis), EZH2 (cell adhesion and inflammation), VCAM (cell adhesion molecule) and TNFAIP3 (anti-apoptosis). The first experiment was showed there was increasing expression which was time-dependent. In the second experiment, the expression of genes was increased over three time points; 4, 8 and 24h followed by a decrease at 48h. In the third experiment, the expression of genes was increased only at 4h and 24h of stimulation (in third experiment the expression of housekeeping genes were increased at 8h and 48h of stimulation compared with unstimulated cells).

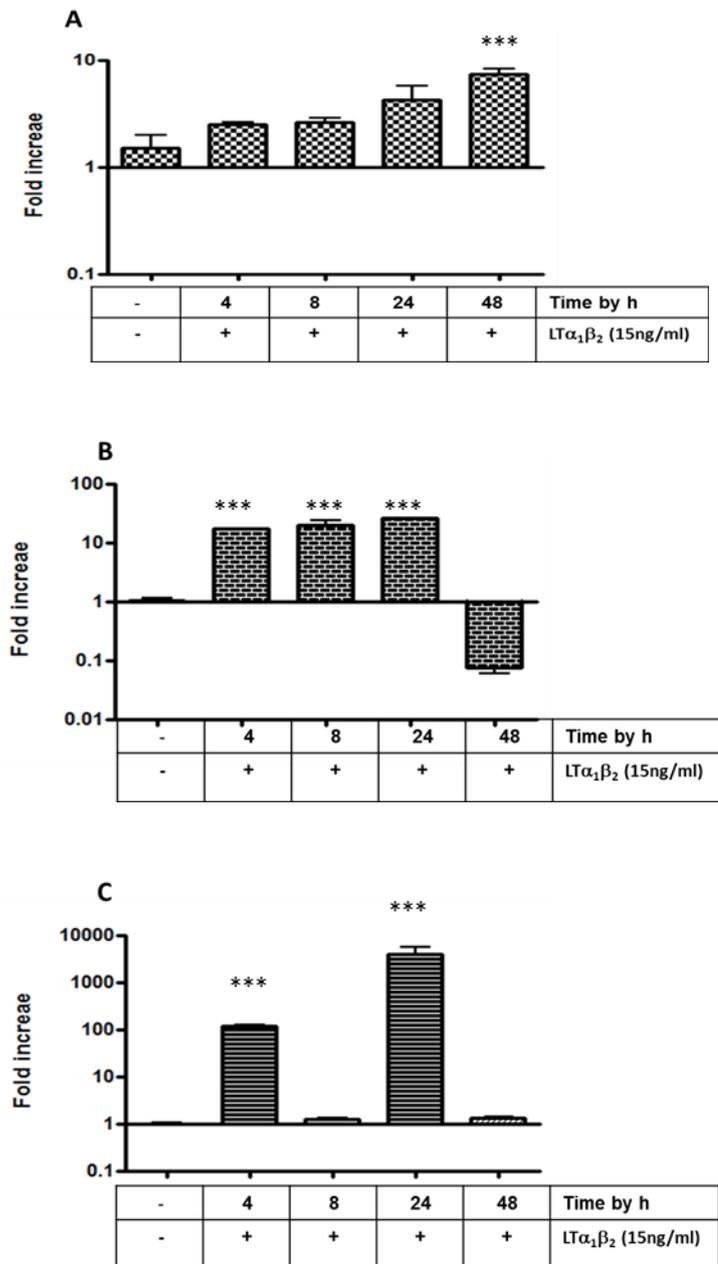
For example, as shown in Figure 5.2A, in the first experiment, expression of BBC3 increased after 4h stimulation with  $LT\alpha_1\beta_2$  continued to and thereafter reached a maximum at 48h ( $13.04 \pm 1.73$  fold), compared with untreated cells. However, the results of the second experiment also showed increased expression of BBC3 at 4h of stimulation reaching a maximum by 8h ( $4.03 \pm 0.62$  fold) then gradually decreasing before returning to basal level at 48h (see Figure 5.2B). The expression of BBC3 in the third experiment (Figure 5.2C) was increased up to  $177 \pm 1.46$  fold at 4h of stimulation then rapidly returned to basal level at the next time point 8h followed by a sharp increase at 24h of stimulation ( $808.22 \pm 177.32$  fold) before decreasing again

to lower than basal level by 48h. Taken together these results do suggest, despite the obvious variability, that the non-canonical NFκB pathway may play a role in the upregulation of these genes.



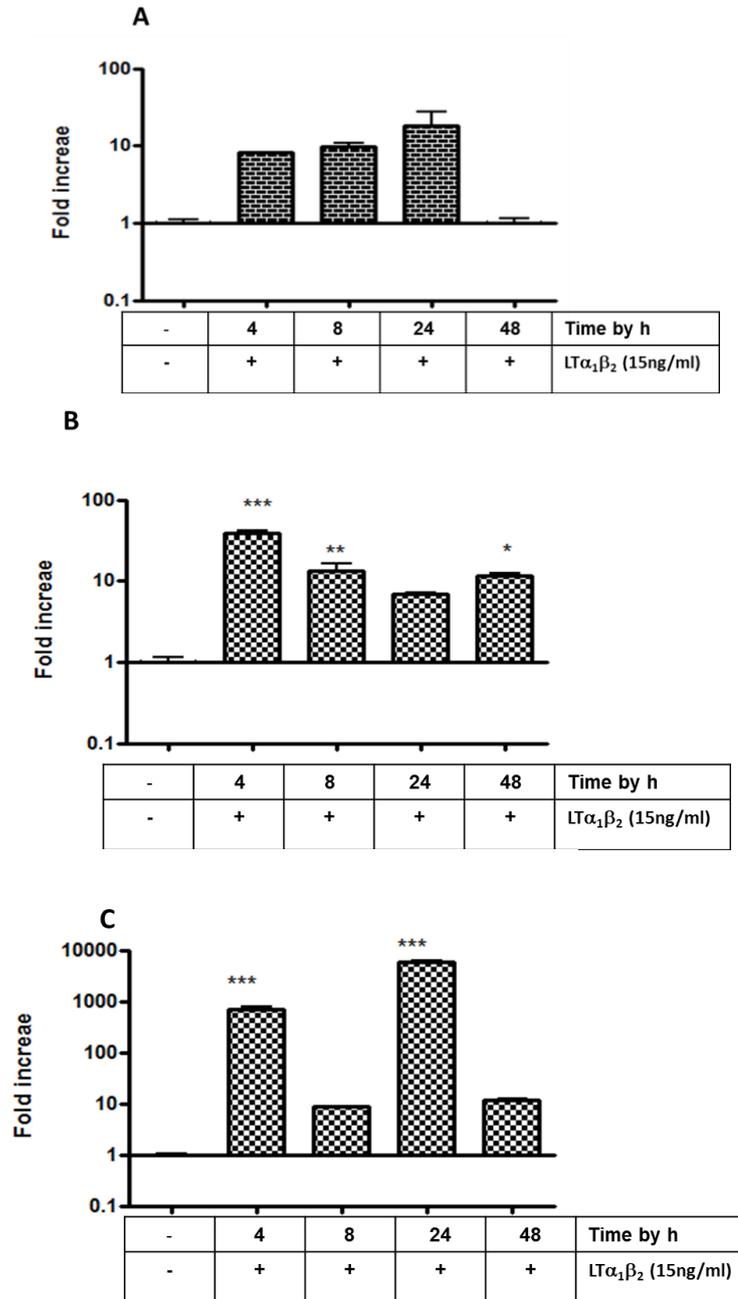
**Figure 5.2** LT $\alpha_1\beta_2$ -induced BBC3 mRNA expression in Panc-1 cells

Cells were treated with LT $\alpha_1\beta_2$  (15ng/ml) for the times indicated, total RNA was extracted as outlined in Section 2.9.1. QPCR analysis was performed on the cDNA using primers designed to detect BBC3 as described in Methods Section 2.9.4. Relative expression levels of BBC3 mRNA transcripts were normalised to reference genes GAPDH, NCL and 18s using delta-delta Ct method (Livak and Schmittgen, 2001). Error bars represent the mean  $\pm$  SEM of triplicate determinations from a single experiment. \*\*\*P < 0.001, \*\*P < 0.01 compared with untreated cells.



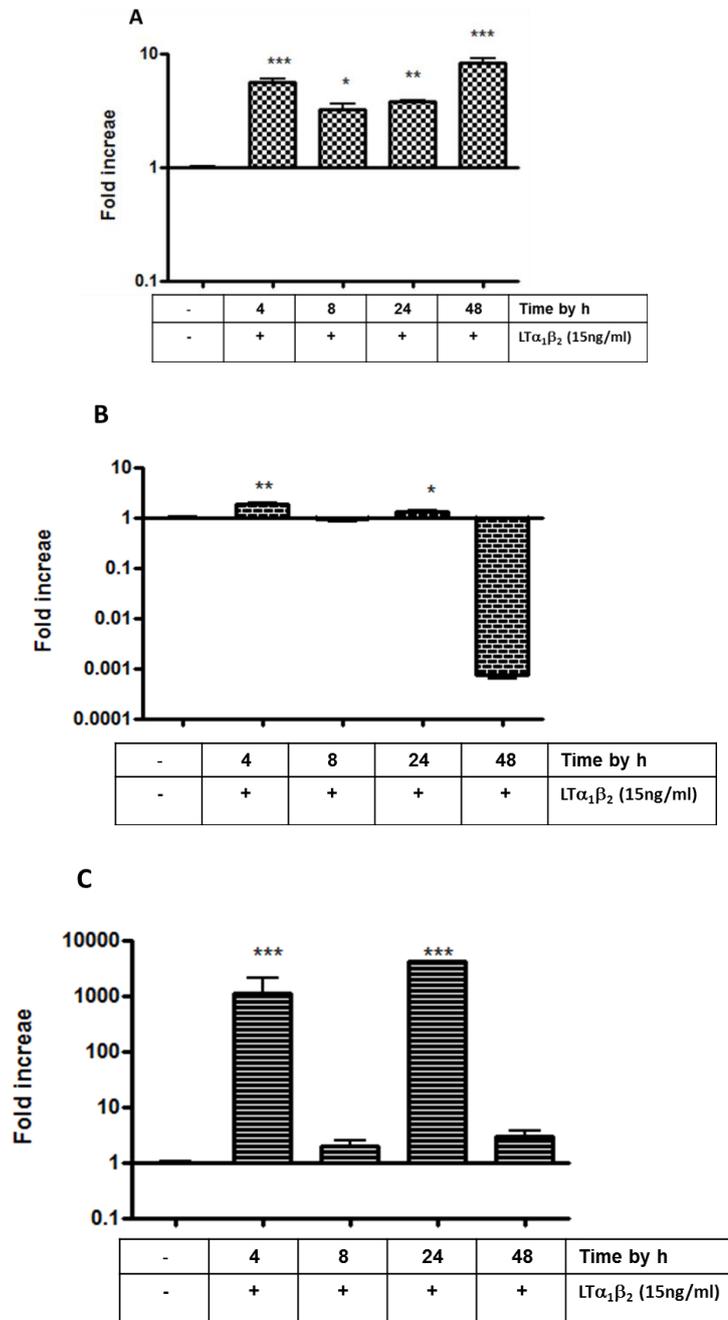
**Figure 5.3** LT $\alpha_1\beta_2$ -induced EZH2 mRNA expression in Panc-1 cells

Cells were treated with LT $\alpha_1\beta_2$  (15ng/ml) for the times indicated, total RNA was extracted as outlined in Section 2.9.1. QPCR analysis was performed on the cDNA using primers designed to detect BBC3 as described in Methods Section 2.9.4. Relative expression levels of EZH2 mRNA transcripts were normalised to reference genes GAPDH, NCL and 18s using the delta-delta Ct method (Livak and Schmittgen, 2001). Error bars represent the mean  $\pm$  SEM of triplicate determinations from a single experiment. \*\*\*P< 0.001, \*\*P< 0.01 compared with untreated cells.



**Figure 5.4** LT $\alpha_1\beta_2$ -induced TNFAIP3 mRNA expression in Panc-1 cells

Cells were treated with LT $\alpha_1\beta_2$  (15ng/ml) for the times indicated, total RNA was extracted as outlined in Section 2.9.1. QPCR analysis was performed on the cDNA using primers designed to detect TNFAIP3 as described in Methods Section 2.9.4. Relative expression levels of TNFAIP3 mRNA transcripts were normalized to reference genes GAPDH, NCL and 18s using delta-delta Ct method (Livak and Schmittgen, 2001). Error bars represent the mean  $\pm$  SEM of triplicate determinations from a single experiment. \*\*\*P< 0.001, \*\*P< 0.01 compared with untreated cells.



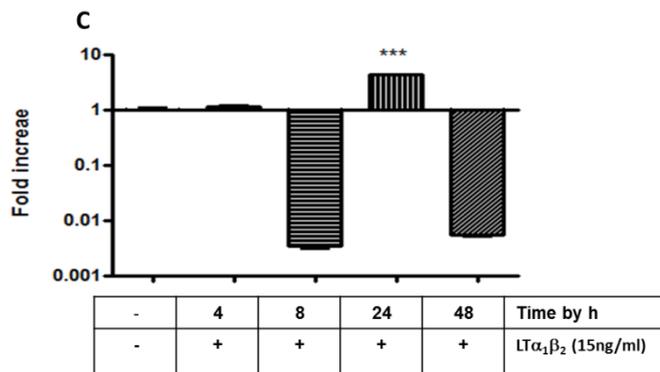
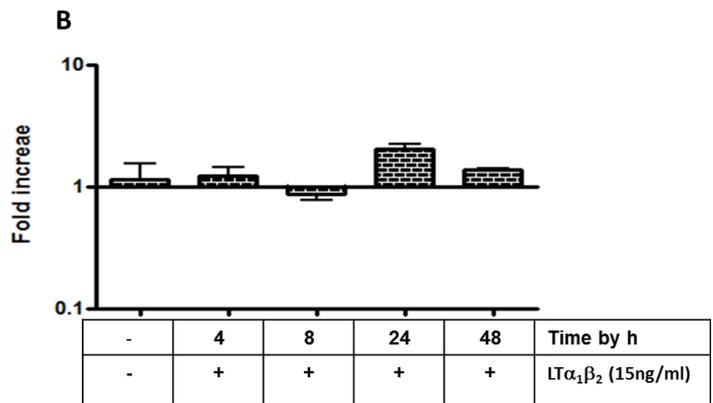
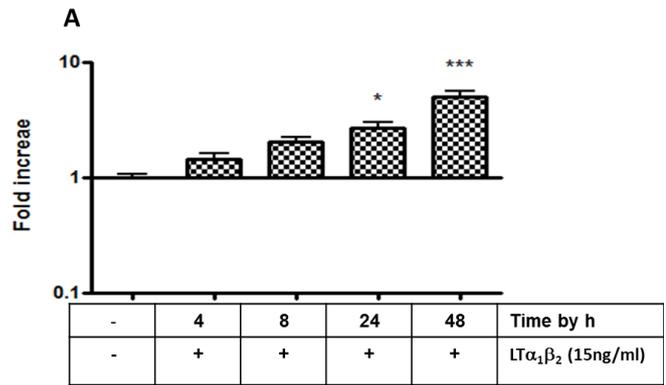
**Figure 5.5** LT $\alpha_1\beta_2$ -induced VCAM-1 mRNA expression in Panc-1 cells

Cells were treated with LT $\alpha_1\beta_2$  (15ng/ml) for the times indicated, total RNA was extracted as outlined in section 2.9.1. QPCR analysis was performed on the cDNA using primers designed to detect BBC3 as described in Methods Section 2.9.4. Relative expression levels of VCAM-1 mRNA transcripts were normalized to reference genes GAPDH, NCL and 18s using delta-delta Ct method (Livak and Schmittgen, 2001). Error bars represent the mean  $\pm$  SEM of triplicate determinations from a single experiment. \*\*\*P < 0.001, \*\*P < 0.01 compared with untreated cells.

### **5.2.3 Characterisation of the role of non-canonical NF $\kappa$ B pathway activation in the expression of MAP3K14 (NIK) and SERPINB6 genes**

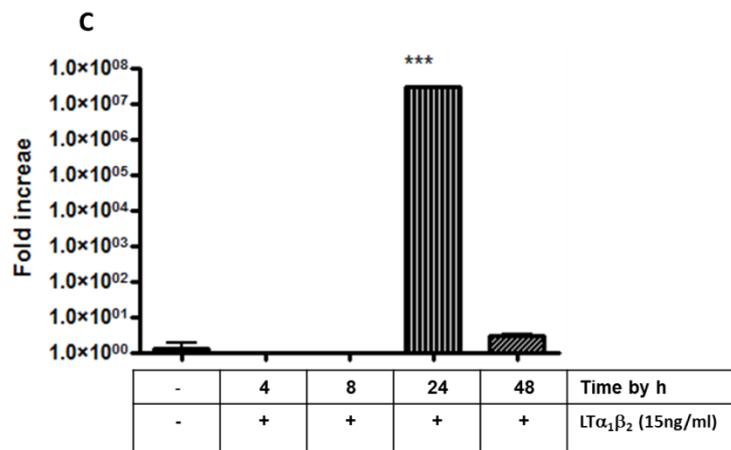
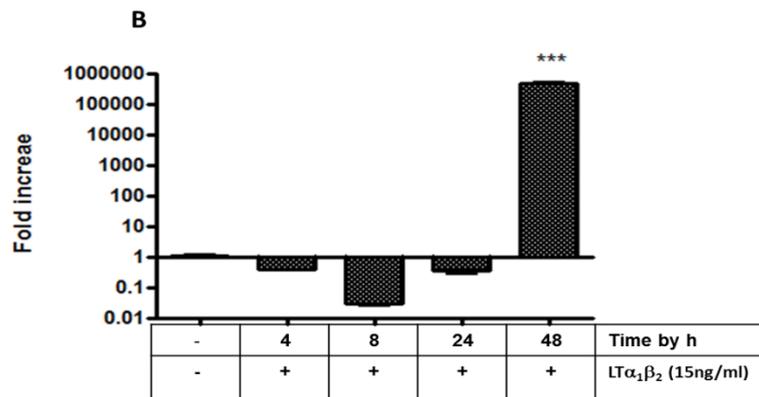
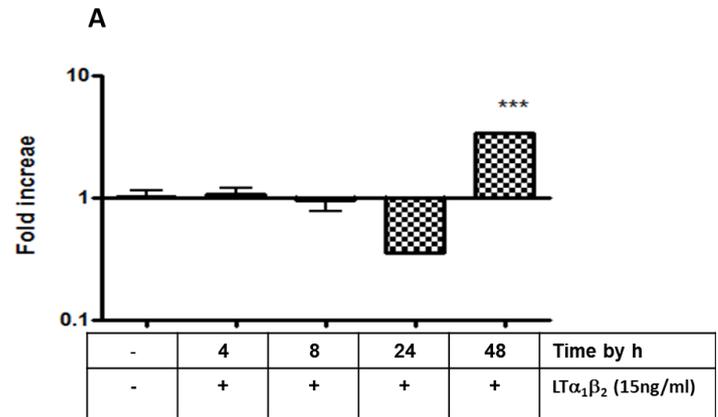
As described in chapter one NIK plays a critical role in the activation of IKK $\alpha$  and the non-canonical NF $\kappa$ B pathway (Nishina, et al, 2009). Interestingly the gene responsible for encoding NIK protein was also enhanced in the gene array and therefore examined here. In the first experiment (Figure 5.4A), the expression of MAP3K14 was significantly increased at 24 and 48h of stimulation, in the second (Figure 5.4B), the expression of MAP3K14 was increased only at 24h of stimulation (not significantly), whilst, the third experiment results shows a significant increase in MAP3K14 at 24h of stimulation ( $4.22 \pm 0.07$  fold increase) Figure 5.4C.

Expression of another gene, SERPINB6 was examined, this gene encode protein called maspin which have an important role in prevention number of processes that implicate in cancer development, for example, invasion, resistance to apoptosis and metastasis (Jiang et al., 2002, Sheng et al., 1996, Zhang et al., 2000). in the first two experiments, there was a delay in response of LT $\alpha_1\beta_2$  stimulation, and the level of SERPINB6 mRNA expression was significantly increased after 48h of stimulation in both experiments compared with untreated cells, see Figure 5.5A and B. In contrast, the third experiment showed there was a significant increase in expression of SERPINB6 mRNA after 24h of stimulation (Figure 5.5C).



**Figure 5.6 LT $\alpha_1\beta_2$ -induced MAP3K14 mRNA expression in Panc-1 cells**

Cells were treated with LT $\alpha_1\beta_2$  (15ng/ml) for times indicated, total RNA was extracted as outlined in section 2.9.1. QPCR analysis was performed on the cDNA using primers designed to detect MAP3K14 as described in Methods Section 2.9.4. Relative expression levels of MAP3K14 mRNA transcripts were normalized to reference genes GAPDH, NCL and 18s using delta-delta Ct method (Livak and Schmittgen, 2001). Error bars represent the mean  $\pm$  SEM of triplicate determinations from a single experiment. \*\*\*P< 0.001, \*P< 0.05 compared with untreated cells.

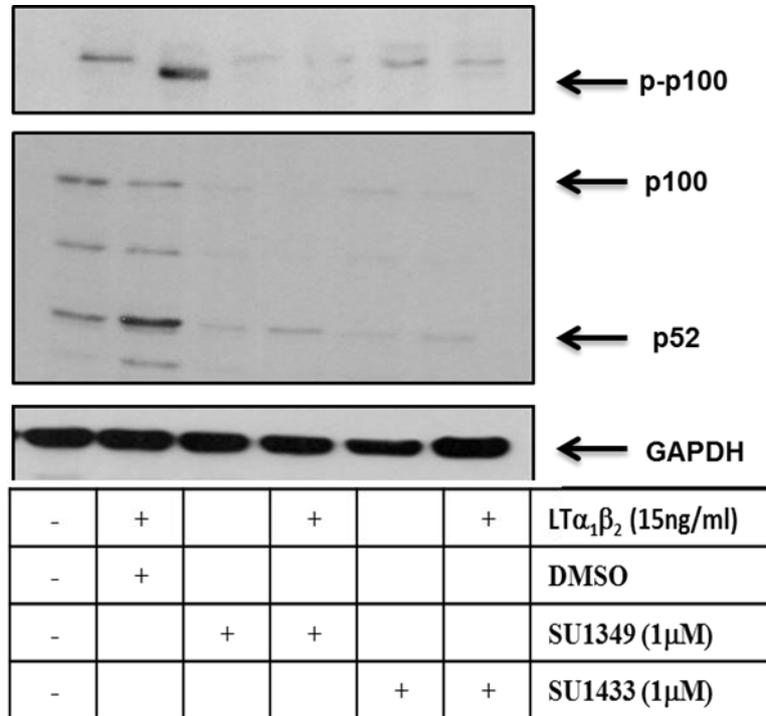


**Figure 5.7** LT $\alpha_1\beta_2$ -induced mRNA SERPINB6 expression in Panc-1 cells

Cells were treated with LT $\alpha_1\beta_2$  (15ng/ml) for time indicated, total of RNA were extracted as outlined in section 2.9.1. QPCR analysis was performed on the cDNA using primers designed to detect SERPINB6 as described in Methods Section 2.9.4 Relative expression levels of SERPINB6 mRNA transcripts were normalized to reference genes GAPDH, NCL and 18s using delta-delta Ct method (Livak and Schmittgen, 2001). Error bars represent the mean  $\pm$  SEM of triplicate determinations from a single experiment. \*\*\*P< 0.001, compared with untreated cells.

### **5.3 The effect of IKK $\alpha$ inhibitors on expression of target genes**

In order to investigate the effects of IKK $\alpha$  inhibitors on the regulation of the expression of genes identified from LT $\alpha_1\beta_2$  time course experiments, SU1349 and SU1433 were utilised in expression experiments. As both compounds showed good functional selectivity as IKK $\alpha$  inhibitors in Panc-1 cells, it was decided to use these to examine the role of IKK $\alpha$  in the regulation of these genes. Figures 5.2-5.7 indicated that the expression of most of target genes mRNA were increased after 24h of stimulation with LT $\alpha_1\beta_2$  (15ng/ml), therefore this time point was chosen. Two experiments were conducted in parallel. Panc-1 cells were pre-treated separately with 1 $\mu$ M of either SU1349 and SU1433 for 1h then stimulated with LT $\alpha_1\beta_2$  (15ng/ml) for 24h. A first set of samples were prepared for qPCR, whilst a second set were blotted for p52 and p-p100. These control experiments demonstrated a consistent and significant inhibition in the phosphorylation of p100 and p52 formation in Panc-1 cells indicating that SU1349 and SU1433 treatment had been effective in targeting IKK $\alpha$  and the non-canonical NF $\kappa$ B pathway (see Figure 5.8.).



**Figure 5.8** The effect of SU1349 and SU1433 on LT $\alpha_1\beta_2$ -induced phosphorylation of p100 and formation p52 in Panc-1 cells

Cells were pre-treated with 0.005% DMSO or 1 $\mu$ M of SU1349 or SU1433 or 0.005% DMSO for 1h and then exposed to LT $\alpha_1\beta_2$  for 24 h. Whole cells lysates were prepared as outlined in Methods Section 2.3.1. Cell extracts were separated by SDS-PAGE blotted for p-p100 then stripped for p100/p52 and GAPDH, which was used as a loading control. The blot is representative of three independent experiments.

### **5.3.1. The effect of SU1349 and SU1433 in the expression of VCAM-1, TNFAIP3 MAP3K14, BBC3 and EZH2 genes**

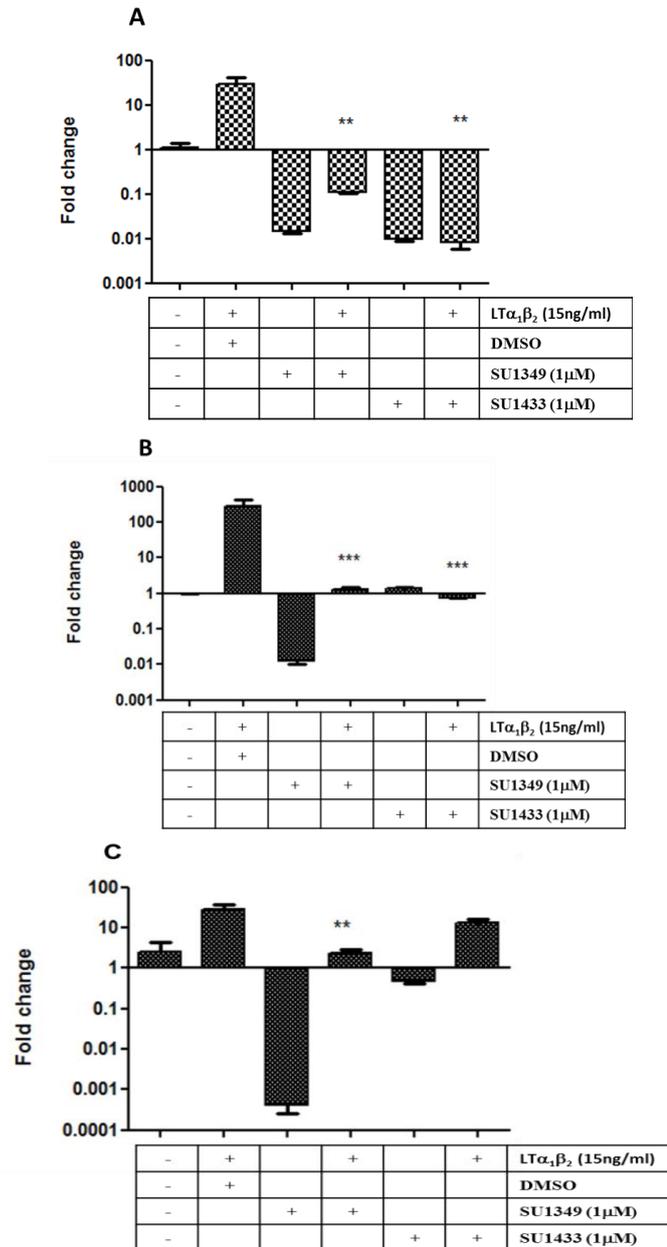
As shown in Figure 5.9  $LT\alpha_1\beta_2$  stimulated a significant increase in the expression of the VCAM-1 gene compared to untreated cells ( $29.96 \pm 12.17$  fold increase), however, pre-treating the cells with  $1\mu\text{M}$  of either selective inhibitor prior to  $LT\alpha_1\beta_2$  significantly inhibited the expression of VCAM-1 ( $0.11 \pm 0.007$  or  $0.01 \pm 0.002$  fold). Interestingly, SU1349 alone mediated a consistent and substantial inhibition of basal gene expression ( $0.03 \pm 0.003$  fold).

A similar result was noted for TNFAIP3 as shown in Figure 5.10. The  $IKK\alpha$  inhibitors used in the study also significantly inhibited  $LT\alpha_1\beta_2$ -induced mRNA expression of TNFAIP3 in Panc-1 cells (fold stim  $1.5 \pm 0.21$ ,  $4.5 \pm 0.85$ ) compared with stimulated control ( $144.04 \pm 2.31$  fold). In addition, treatment of cells with SU1349 or SU1433 alone increased the basal level of TNFAIP3 in two experiments, in contrast in the third experiment the  $IKK\alpha$  inhibitors significantly decreased expression ( $SU10.004 \pm 0.0003$ ,  $0.02 \pm 0.02$  fold) vs untreated cells ( $1.2 \pm 0.49$  fold increase) similar results were reported in the second and third experiments.

In Figure 5.11,  $LT\alpha_1\beta_2$  stimulated a substantial increase in the expression of MAP3K14 ( $265.41 \pm 32.71$  fold) compared with untreated cells ( $1.0 \pm 0.01$  fold). However, both SU1349 and SU1433 caused a significant decrease in expression of MAP3K14, in comparison to agonist-stimulated control. Furthermore, treatment of cells with SU1349 and SU1433 alone resulted in a decrease in the expression of MAP3K14 in two independent experiments, compared with controls (see Figures 5.10A and C).

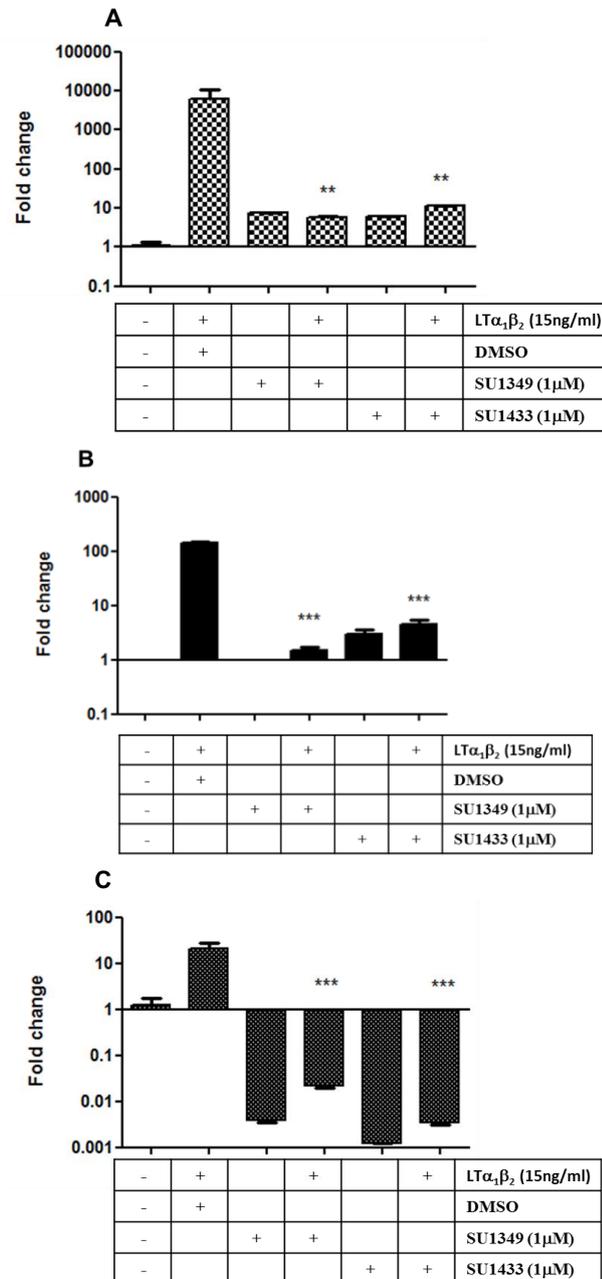
The expression of another target gene, BBC3, was also examined as shown in Figure 5.11A.  $LT\alpha_1\beta_2$  induced a significant increase in the mRNA expression of BBC3 ( $5039.79 \pm 1929$  fold) compared with untreated cells ( $1.08 \pm 0.13$  fold). Pre-treatment with SU1433 and SU1349 reduced the response to  $LT\alpha_1\beta_2$  by over 95% in each case to (fold stimulation =  $1.57 \pm 0.1$ ,  $0.2 \pm 0.002$ ,  $n=3$   $p<0.005$ ) respectively compared with agonist-stimulated control. When Panc-1 cells were treated with inhibitors alone, only SU1433 decrease the expression of BBC3 (fold stim  $0.18 \pm 0.02$  fold) compared with untreated sample, SU1349 was without effect.

Similarly, cells stimulated with  $LT\alpha_1\beta_2$  prompted a significant increase in EZH2 mRNA expression ( $5.74 \pm 0.78$  fold  $n=1$   $P<0.001$ ) in comparison with untreated sample ( $1 \pm 0.16$  fold). The ability of  $LT\alpha_1\beta_2$  induce the expression of EZH2 was significantly inhibited following pre-treatment of cells with SU1439 and SU1433 ( $0.14 \pm 0.01$ ,  $1.04 \pm 0.01$  fold) respectively, compared with agonist-stimulated control. In contrast with the results obtained for BBC3, cells pre-treated with SU1439 alone resulted in a significant decrease in the basal level of EZH2 mRNA compared with untreated cells. As with some of the other genes above (Figure 5.10B, Figure 5.11A and 5.11B), SU1433 alone caused a small increase in expression ( $1.73 \pm 0.51$  fold) compared with untreated cells (see Figure 5.11B).



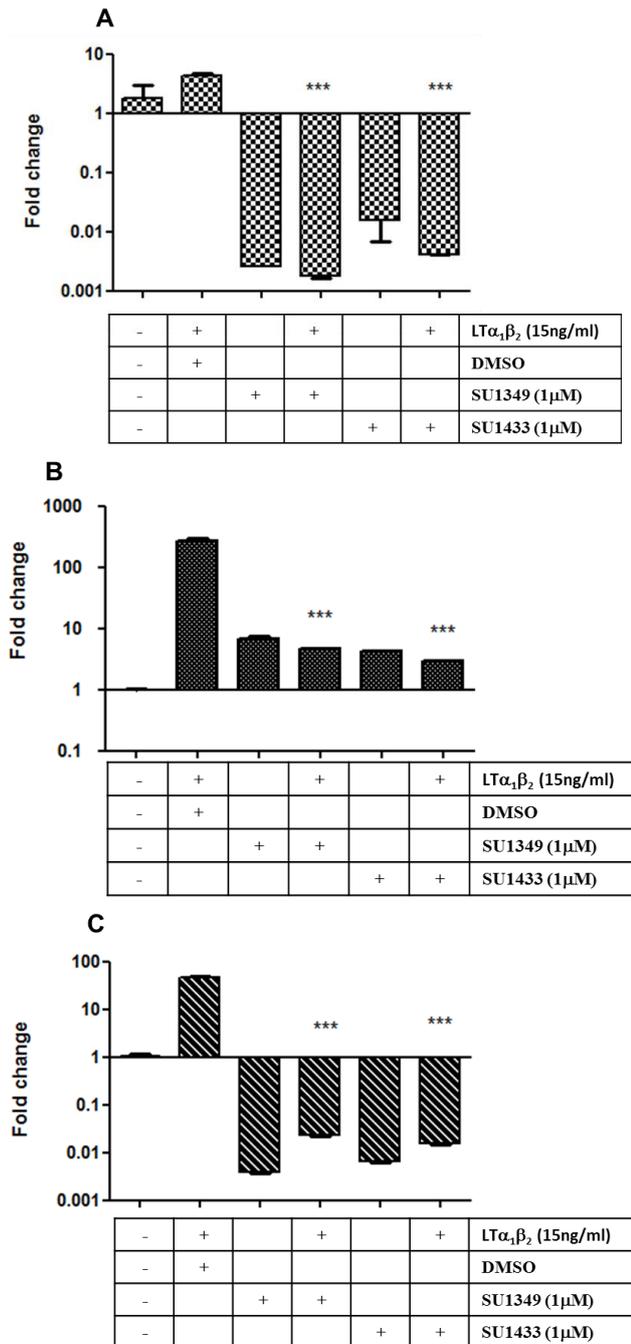
**Figure 5.9 The effect of SU1349 and SU1433 on LT $\alpha_1\beta_2$ -induced expression of VCAM-1 mRNA in Panc-1 cells**

Cells were treated with SU1349 and SU1433 or 0.005% DMSO for 1h and then stimulated with LT $\alpha_1\beta_2$  (15ng/ml) for 24h. Total RNA was extracted as outlined in Section 2.9.1. QPCR analysis was performed on the cDNA using primers designed to detect VCAM-1 as described in Methods Section 2.9.4. Relative expression levels of VCAM mRNA transcripts were normalized to reference genes GAPDH, NCL and 18s using Delta-Delta Ct method (Livak and Schmittgen, 2001). Error bars represent the mean  $\pm$  SEM of triplicate determinations from a single experiment. \*\*\*P < 0.001, \*\*P < 0.01 compared with stimulated control.



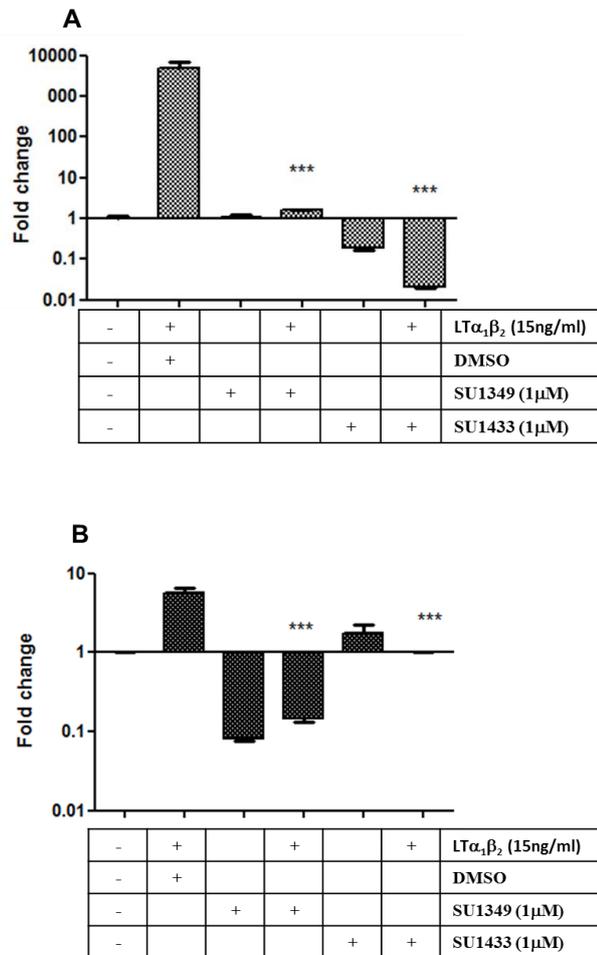
**Figure 5.10 The effect of SU1349 and SU1433 on LT $\alpha_1\beta_2$ -induced expression of TNFAIP3mRNA in Panc-1 cells**

Cells were treated with SU1349 and SU1433 or 0.005% DMSO for 1h and then stimulated with LT $\alpha_1\beta_2$  (15ng/ml) for 24h, total RNA was extracted as outlined in Section 2.9.1. QPCR analysis was performed on the cDNA using primers designed to detect TNFAIP3 as described in Methods Section 2.9.4. Relative expression levels of TNFAIP3 mRNA transcripts were normalized to reference genes GAPDH, NCL and 18s using Delta-Delta Ct method (Livak and Schmittgen, 2001). Error bars represent the mean  $\pm$  SEM of triplicate determinations from a single experiment. \*\*\*P < 0.001, \*\*P < 0.01 compared with stimulated control.



**Figure 5.11 The effect of SU1349 and SU1433 on LT $\alpha_1\beta_2$ -induced expression of MAP3K14 mRNA in Panc-1 cells**

Cells were treated with SU1349 and SU1433 or 0.005% DMSO for 1h and then stimulated with LT $\alpha_1\beta_2$  (15ng/ml) for 24h, total RNA was extracted as outlined in Section 2.9.1. QPCR analysis was performed on the cDNA using primers designed to detect MAP3K14 as described in Methods Section 2.9.4. Relative expression levels of VCAM mRNA transcripts were normalized to reference genes GAPDH, NCL and 18s using Delta-Delta Ct method (Livak and Schmittgen, 2001). Error bars represent the mean  $\pm$  SEM of triplicate determinations from a single experiment. \*\*\*P < 0.001 compared with stimulated control.



**Figure 5.12 The effect of SU1349 and SU1433 on LT $\alpha_1\beta_2$ -induced expression of BBC2 and EZH2 mRNA in Panc-1 cells**

Cells were treated with SU1349, SU1433 or 0.005% DMSO 1h and then stimulated with LT $\alpha_1\beta_2$  (15ng/ml) for 24h. Total RNA was extracted as outlined in Section 2.9.1. QPCR analysis performed on the cDNA using primers designed to detect BBC3 panel A and EZH2 panel B as described in Methods Section 2.9.4. Relative expression levels of BBC3 and EZH2 mRNA transcripts were normalized to reference genes GAPDH, NCL and 18s using Delta-Delta Ct method (Livak and Schmittgen, 2001). Error bars represent the mean  $\pm$  SEM of triplicate determinations from a single experiment. \*\*\*P < 0.001 compared with stimulated control.

## 5.4 Discussion

Emerging literature has established an important role for the non-canonical NF $\kappa$ B pathway in the regulation of a number of genes including CCL19, CXCL13, CCL21, CXCL12, BAFF and COX-2. These genes play key roles in a number of biological processes, as well as cellular events implicated in tumour development such as resistance to both chemotherapy and apoptosis (Wharry et al., 2009). Wharry and co-workers have identified overexpression of these genes in both Panc-1 and MiaPaCa-2 cells due to constitutive activation of the non-canonical NF $\kappa$ B pathway (Wharry et al., 2009). In this chapter a number of IKK $\alpha$ -dependent genes were examined by; firstly, assessing which genes were upregulated by the activation of the non-canonical pathway, and secondly, pharmacological regulation of their expression. This builds on a rather limited literature assessing their regulation.

This chapter has demonstrated that a number of genes are regulated by the non-canonical NF $\kappa$ B pathway. We initially investigated IL-6 as this cytokine has been strongly implicated in pancreatic cancer development and would be an attractive target for regulation. For example, studies have shown that IL6 have a role in the initiation of pancreatic cancer development (Lesina et al., 2011, Fukuda et al., 2011, Corcoran et al., 2011). Another study reported that IL6 is essential for regulation of the inflammatory microenvironment through each stage of pancreatic cancer progression (Zhang et al., 2013).

The promoter region of IL6 does contain a binding site for p65 NF $\kappa$ B but no other studies have identified sites for any other isoforms (Ray et al., 1988, Deng et al., 2002). Indeed, Yoon and co-workers confirmed that in their study, treatment of HeLa

cells with NF $\kappa$ B inhibitors (JSH-23) or shRNA for p65 NF $\kappa$ B under starvation conditions inhibited classical NF $\kappa$ B activity and reduced IL6 mRNA expression (Yoon et al., 2012). These and other studies (Chou et al., 2005, McFarland et al., 2013) implicate the classical NF $\kappa$ B activation in IL6 expression; the results in this chapter demonstrate that activation the non-canonical of NF $\kappa$ B pathway using LT $\alpha_1\beta_2$  was unable to promote an increase in IL6 expression.

A number of further variations apply for other genes and give clues to the mode of regulation. For example EZH2, a protein which modulates many cellular events in cancer development, including, cell adhesion and inflammation (Dreger et al., 2012). In this chapter it was found that LT $\alpha_1\beta_2$  stimulated a strong and significant increase in EZH2 expression which was abolished by IKK $\alpha$  inhibition clearly implicating a role for IKK $\alpha$ . However, there are very limited studies to confirm these findings, one study has shown that there is a correlation between activation of the non-canonical NF $\kappa$ B pathway and EZH2 expression in a breast cancer cell lines such as MDA-MB 231 (Lee et al., 2011), whilst in SLK and BOEC cells, inhibition the classical NF $\kappa$ B pathways using BAY-11 led to a 80% reduction in expression of EZH2 (He et al., 2012). A further study demonstrated a negative correlation between EZH2 and the IKK $\alpha$  gene; decreased expression of EZH2 in nasopharyngeal tumour cell lines such as CNE2 cells was accompanied by a high level of IKK $\alpha$  mRNA, whilst knock-down of IKK $\alpha$  using siRNA resulted in the opposite outcome (Yan et al., 2014). Furthermore, EZH2 can also regulate the binding of RelB and p52 heterodimers to gene promoters enhancing the expression NF $\kappa$ B target genes, an

effect dependent on ER status (Lee et al., 2011). This makes interpretation of the role of IKK $\alpha$  in the regulation of EZH2 expression and function difficult.

Despite these issues the results in this chapter still suggests that targeting of EZH2 via pharmacological inhibition of IKK $\alpha$  may be beneficial. Many studies have found that resistance to cisplatin, a chemotherapy for ovarian cancer, is related to an increase in EZH2 expression (Lee et al., 2011). Similarly, progression of bladder (Yun et al., 2011), lung, gastric (Srimongkolpithak et al., 2014) and renal cancers have been linked with elevated expression of EZH2. It is likely that in some of these cancers the non-canonical NF $\kappa$ B pathway is also over active making targeting of EZH2 a more effective strategy.

One gene which seems to be regulated by both canonical and non-canonical NF $\kappa$ B pathways is VCAM-1. The VCAM-1 promoter has a number of binding sites for different signalling pathways such as GATA, AP-1 and NF $\kappa$ B, (Cybulsky et al., 1991, Neish et al., 1992). Indeed many studies have reported a role for the classical NF $\kappa$ B pathway in VCAM-1 expression (Chen et al., 1998, Chen and Ghosh, 1999, Shu et al., 1993). In this chapter it was found LT $\alpha_1\beta_2$  which strongly activates the non-canonical NF $\kappa$ B pathway, has the ability to induce the expression of VCAM-1 in Panc-1 cells. Furthermore, selective inhibition of IKK $\alpha$  resulted in a marked reduction in mRNA expression suggesting a key role for this pathway. However, it is noted that LT $\alpha_1\beta_2$  stimulated a delayed activation of the canonical NF $\kappa$ B pathway (Chapter 3) and therefore this activation may also be required to increase VCAM-1 expression in these cells. This possibility could have been tested, if time allowed,

using siRNA or IKK $\beta$  selective compounds. Further studies are required to fully characterise the role of IKK $\alpha$  in VCAM-1 expression including the use of more selective agonists, siRNA and the use of KO mouse models.

Other genes examined in this chapter gave a similar interpretation. For example, whilst in this study IKK $\alpha$  was strongly implicated in Maspin expression, in other studies both pathway seems to be implicated (Guo et al., 2011). Guo and co-workers have reported that PC-3 cells stimulated with TNF $\alpha$  led to increase the level of both NF $\kappa$ B pathway proteins such as, RelA, RelB, p100 and p52 this was accompanied by a decrease in the expression of Maspin. From the results in this chapter LT $\alpha_1\beta_2$  was found to induce Maspin expression in Panc-1 cells but this was after 48 hours, rather than 24h as shown in the Guo study, and lack of strong IKK $\beta$ -canonical mediated NF $\kappa$ B activation may slow expression down. A similar interpretation is also noted for BBC3, the induction of which has again been demonstrated to involve both pathways (Kanduri et al., 2011). Again the results may suggest a sufficient level of activation of both NF $\kappa$ B pathways in Panc-1 by LT $\alpha_1\beta_2$  is required to drive maximal expression. For each gene a role in pancreatic cancer is implicated (Maass et al., 2001, Chen et al., 2012) thus inhibition of each gene through potentially achievable blockage of IKK $\alpha$  may be worthwhile.

An additional finding of interest involved TNFAIP3, or A20. TNFAIP3 functions as inhibitor of classical NF $\kappa$ B signalling pathways (Pujari et al., 2013, Shembade and Harhaj, 2012). However, it has also been found that overexpression of TNFAIP3 in HEK293T cells using retrovirus mediated gene transfer resulted in increased NIK

and p52 formation, similar results were also obtained in MDA-AB-231 cells (breast cancer cells) (Yamaguchi et al., 2013). Similarly it was reported that overexpression of TNFAIP3 reduced the activity of NF $\kappa$ B pathways in 293T cells (Sakakibara et al., 2013). Taken together, these results suggest that TNFAIP3 has a role in the negative regulation of the canonical NF $\kappa$ B pathway, whilst enhancing the activation of the non-canonical NF $\kappa$ B cascade. The finding that A20 expression can be increased through LT $\alpha_1\beta_2$  stimulation suggests the potential of a negative feedback loop; activation of the non-canonical NF $\kappa$ B pathway over the longer term could prevent the activation of the classical NF $\kappa$ B pathway. This has the potential to temper the potential of supra-maximal activation of the canonical pathway which is more strongly implicated in inflammation. Future studies could involve treatment of cells with LT $\alpha_1\beta_2$  followed by activation of the canonical NF $\kappa$ B pathway to determine if this form of regulation applied to Panc-1 cells.

Another interesting finding involved the expression of NIK. NIK is essential for the activation of the non-canonical NF $\kappa$ B pathway, blocking the expression NIK in Panc-1 using siRNA inhibited processing of p100 to p52 whilst proliferation was reduced (Nishina et al., 2009). However, a number of studies have demonstrated that NIK is normally constitutively expressed and that activation involves rapidly accumulation of the NIK protein through inhibition of proteosomal degradation (Doppler et al., 2013, Pan et al., 2008a). In this chapter, it was found that the NIK gene, MAP3K14 was significantly increased by activation of the non-canonical NF $\kappa$ B pathway via LT $\alpha_1\beta_2$  stimulation, results confirmed using the selective IKK $\alpha$  inhibitors, and suggesting increased expression of NIK as a route to pathway

activation. However, in additional Western blot studies it was found that NIK expression was low and not significantly increased by long term  $LT\alpha_1\beta_2$  treatment (Chapter 3). These Western blots results did not agree with other studies which show very high levels of NIK expression in Panc-1 cell lines and patients samples, associated with increased activation of non-canonical NF $\kappa$ B signalling (Doppler et al., 2013). Taken together it does suggest that increased NIK expression mediated by IKK $\alpha$  signalling may lead to sustained or hyper-activation of the non-canonical NF $\kappa$ B pathway itself and thus may be relevant in cancer.

In conclusion this chapter demonstrated the potential for IKK $\alpha$  via the non-canonical NF $\kappa$ B pathway to play a significant role in the regulation of a number of genes implicated in pancreatic cancer development. Further studies looking at protein expression levels and subsequent effects upon the relevant pathways or functional outcomes are required to confirm these findings.

# **Chapter Six**

## **General Discussion**

## 6.1 General discussion

Pancreatic cancer is one with a high mortality; it is currently the fourth most common cancer and is expected to be the second within a decade (Bailey et al., 2016, Waddell et al., 2015). There are a number of significant issues with this cancer, for example, it is hard to diagnosis in early stages, it is a very aggressive cancer, survival rates are very low and there are very limited options for treatment (Prabhu et al., 2014, Wang et al., 2013). Success in the development of new treatments is essential to combat the negative outcomes of such a cancer. In this thesis I examined the potential use of IKK $\alpha$  inhibitors in the treatment of pancreatic cancer by, in the first instance, analysing a number of selective IKK inhibitors against a number of parameters linked to proliferation outputs including cell cycle progression and cell growth.

In actual fact most cases of pancreatic cancer display a high frequency of mutations in a number of genes, in particular the Kirsten rat sarcoma viral oncogene homolog (KRAS). This mutation leads to modification and activation of a number of signalling pathways which participate in the development of resistance to treatment (Prabhu et al., 2014). The oncogenic potential of KRAS is linked to the regulation growth factor mediated signalling. Mutations of KRAS are detected in 90% of early grade pancreatic cancer (pancreatic intraepithelia neoplasia lesions) (Kanda et al., 2012). The KRAS protein and its variants activate a number of signalling pathways implicated in pancreatic cancer development, for example, ERK, Glycogen synthase kinase-3 (GSK3) and NF $\kappa$ B itself. A number of studies have demonstrated that KRAS mutations may be involved in constitutive activation of both NF $\kappa$ B pathways

in pancreatic cancer (Rachagani et al., 2011, Maier et al., 2013, Ling et al., 2012, Chiao and Ling, 2011, Pak and Miyamoto, 2013).

These data suggest that targeting KRAS is good strategy for the development of pancreatic cancer treatments, however, to date there are no successful therapies developed as a result (Oliveira-Cunha et al., 2011, Collins and Pasca di Magliano, 2013). Recently, alternative approaches targeting kinases downstream of RAS have become a topic of interest for many research groups, including ERK, MEK-1 and RAF-1 (Collins and Pasca di Magliano, 2013). Whilst some progress has been made there has been no discovery of significant clinical impact and new targets are required.

The studies examining the role of the ERK signalling pathway in pancreatic cancer nevertheless provide an exemplar for this thesis which examines the role of IKK $\alpha$ . As long ago as 1999, NF $\kappa$ B was found to be constitutively active in most cases of pancreatic cancer (Wang et al., 1999, Prabhu et al., 2014), and a large body of evidence has demonstrated that both NF $\kappa$ B pathways play an important role in the development and progression of pancreatic cancer and other cancers (Aggarwal and Shishodia, 2006, Lu et al., 2004, Lu and Stark, 2004, Cogswell et al., 2000, Prabhu et al., 2014). In addition, NF $\kappa$ B activation is a significant factor in the development chemo-resistance and eventual metastasis (Oeckinghaus and Ghosh, 2009, Ling et al., 2012).

The majority of studies have focussed on targeting IKK $\beta$ , the key upstream activator of the canonical NF $\kappa$ B pathway as an anti-cancer treatment strategy. There are

several IKK $\beta$  inhibitors such as PS-1145, ML120B and TPCA-1, currently in use in experimental setting. Experimentally, these inhibitors have been investigated in different cancer cell lines and *in vivo* cancer models, and found to be effective however, there are a number of serious side effects and toxicities in normal cells reported when using these inhibitors clinically (Nomura et al., 2016, Castro et al., 2003, Chariot, 2009, Gamble et al., 2012b). Initial findings in chapter 3 (Figures 3.4-3.8) confirmed activation of the non-canonical NF $\kappa$ B pathway could be prolonged in both Panc-1 and MiaPaCa-2 cells. Therefore, reducing the activity of the non-canonical NF $\kappa$ B pathway via IKK $\alpha$  inhibition could be a good approach for the treatment of pancreatic cancer.

There are a number of issues to be considered in the development of selective IKK $\alpha$  inhibitors. Firstly IKK $\alpha$  and IKK $\beta$  share more than 50% sequence homology within N-terminal kinase domains, thus generating selective ATP binding site inhibitors is a big challenge (Israel, 2010, DiDonato et al., 1997, Gamble et al., 2012b). Secondly, at the time of writing this project the crystal structure of IKK $\alpha$  has not been resolved, but a recent study has found the structural basis for activation of IKK $\alpha$  (Polley et al., 2016), thus new compounds have had to be developed by standard determination of structure activity relationships (SAR). Thirdly, all new compounds need to have appropriate physiochemical properties including solubility and resistance to degradation and clearance. The small molecule drug discovery group at the University of Strathclyde provided a series of chemical compounds for assessment in Panc-1 cells.

The results in this study demonstrated for the first time that these compounds were selective inhibitors of IKK $\alpha$  dependent non-canonical NF $\kappa$ B pathway signalling in Panc-1 cells as measured by reduction in phosphorylation of p100 and formation and nuclear translocation of p52 NF $\kappa$ B. In addition, it was demonstrated that these inhibitors could arrest cell cycle progression, inhibit cell growth and colony formation. To confirm and extend these findings a number of other cellular parameters could be tested including effects upon apoptosis, inflammatory gene expression, key components of the tumour environment, and initial cellular events associated with angiogenesis such as cell migration and VEGF formation.

Despite this breakthrough there is clearly further optimisation and testing required. For example, there is the potential of off-target effects, commercial kinase profiling of compounds showed the inhibition of a number of others kinases (personal Communication, A. Paul). Off targets effects may for example explain why IC<sub>50</sub> values are much lower for some compounds following a shorter stimulation time compared with 24 h incubation (Chapter 4). Effects upon the expression of p100 itself could be a factor or the potential of regulation by another pathway as yet uncharacterised. In this regard it was significant that siRNA, whilst abrogating the expression of IKK $\alpha$  really effectively had no inhibitory effect on p52 formation.

How could the findings in this thesis be extended to other aspects of the cancer drug discovery process? It is now accepted that combining different anti-cancer drugs is more effective than using them separately, through increasing the efficacy against cancer cells whilst simultaneously reducing the chance of developing drug resistance (Komarova and Boland, 2013). A number of studies have shown that blocking the

activity of NF $\kappa$ B in combination with chemotherapy or irradiation induces a more favourable outcome (Baldwin, 2001, Yamamoto and Gaynor, 2001, Nakanishi and Toi, 2005). For example, targeting the EGFR using the HER/EGFR tyrosine kinase inhibitor, Erlotinib, in combination with gemcitabine improved survival rates of pancreatic cancer patients; one year survival was increase to 23% in patients using combination treatment compared with 17% who used gemcitabine alone (Moore et al., 2007). A preliminary study in the Boyd laboratory (SIPBS) reported an additive effect using a combination of SU1261 and radition therapy, the results showed a significant difference in survival fraction (SF) during combined treatment compared with cells treated with irradiation alone, (Khalid personal communication). Therefore investigating the effect of combination therapy using selective IKK $\alpha$  inhibitors and irradiation could be an attractive approach in pancreatic cancer treatment.

This approach could be further developed when considering different sensitivities of pancreatic cancer cell to chemotherapy. Pan and co-worker have identified two groups of pancreatic cancer cell lines depending on their response to gemciatabine-induced apoptosis; sensitive (BxPC-3, I3.6pl and CFPAC-1) and resistance (Panc-1, MiaPaCa-2 and Mpanc96) (Pan et al., 2008b). In same study they examined the effect of p65 NF $\kappa$ B knockdown combined with gemciatabine treatment on both cells types, they reported enhanced gemciatabine-induced apoptosis following NF $\kappa$ B inhibition in the sensitive cell group compared with the resitant group (Pan et al., 2008b). In this thesis both Panc-1 and MiaPaCa-2 cells were used, both are in the resistance group, therefore using selective IKK $\alpha$  inhibitors combined with

gemcitabine treatment could be a good strategy to reduce the resistance of these cells to single drug challenge.

An important strategy to investigate the potential effect of IKK $\alpha$  inhibitors is the use of *in vivo* cancer models. Today there are 17 human pancreatic cancer cell lines; these model systems have many advantages, for example, easy manipulation of signalling pathways using pharmacological inhibitors and molecular tools such as siRNA. Despite this, there is a risk that some of these models lose features which mirror human disease as a result of long-term *in vitro* culture conditions (Lee et al., 2006). Therefore, using animal models would be a good strategy for confirming the potential clinical efficacy of IKK $\alpha$  inhibitors in particular, genetically engineered mouse models (GEMM) and primary xenografts.

For pancreatic cancer there are a number of GEMMs. For example, LSL-Keas<sup>G12D</sup>, Pdx-1<sup>Cre</sup>, Kras-p53<sup>Cre</sup> and p48<sup>Cre</sup>. These GEMMs have been used to evaluate the ability of new drugs to prevent the pancreatic cancer development, some of these models are applicable for testing NF $\kappa$ B inhibitors (Mohammed et al., 2015). These models could be used investigate the effect of IKK $\alpha$  inhibitors *in vivo* in further studies, either alone or combined with other pancreatic anti-cancer treatments. Primary xenografts or patients-derived xenografts have been examined in some instances utilising Panc-1 and MiaPaCa-2 tumours (Dey et al., 2016, Suenaga et al., 2016).

While the results in Chapter 5 link the IKK $\alpha$  pathway, for the first time, to the expression of a number of genes in Panc-1 cells, this work could be extended in a

number of ways. For example, one of the challenges is in identifying target engagement *in vivo* beyond just showing inhibition of tumour development *per se*. There have been few published studies, using tissues sections, which are able to examine the outcomes of IKK $\alpha$  inhibition *ex vivo*. One study used Western blotting following protein extraction of tissues samples (Jin et al., 2012). Direct inhibition of IKK $\alpha$  phosphorylation and p52 formation may not be easy to measure and quantify using such an approach. One strategy maybe to utilise surrogate markers particularly genes that have identified as being sensitive to pharmacological inhibition of IKK $\alpha$  for example, TNFAIP3, EZH2 and BBC3. In utilising the *in vivo* pancreatic cancer models, it would be important to ensure that the expression of these genes was abrogated in tissue sections from inhibitor treated mice. Preliminary results from the Boyd laboratory have shown regression of prostate cancer xenografts using SU1261, examining the effect of selective IKK $\alpha$  inhibitors in animal models of both prostate and pancreatic cancer must be accompanied by examination of surrogate IKK $\alpha$ -dependent gene marker.

In the last two years, novel biomarkers have been identified for early diagnosis of pancreatic cancer, such as Carbohydrate antigen 19-9 (CA19-9) and Carcinoembryonic antigen (CEA), CA19-9, and these biomarkers are not produced in all pancreatic tumours or tumour recurrence after surgery. To date there is no molecular targets which could be used in the clinic as a routine biomarker (Herrerias-Villanueva and Bujanda, 2016), therefore assessing IKK $\alpha$  expression or IKK $\alpha$  dependent- target genes using siRNA or IKK $\alpha$  inhibitors in xenografts could be an initial step the generation of a panel of selective biomarkers for pancreatic cancer.

The four subtypes of pancreatic tumours encompass differences in the molecular changes during pancreatic cancer development and as such may enable selective therapies. For example, targeting KRAS signalling for the third tumour subtype may give rise to better clinical outcomes than observed previously (Collins and Pasca di Magliano, 2013). Recently, targeting the downstream-mediators of KRAS signalling has been considered as an alternative approach to the development of new pancreatic cancer treatments. One of these downstream-mediators is NF $\kappa$ B; therefore, a future strategy may be to investigate the role of the non-canonical NF $\kappa$ B pathway and the effect of IKK $\alpha$  inhibitors in the third tumour subtype. This might include again a combination/adjunct therapy approach depending of the sensitivity of the third tumour type to standard or targeted chemotherapy. As KRAS mutations increase non- canonical NF $\kappa$ B signalling the third tumour type might be initially tested.

In conclusion, this thesis has shown for the first time the development and utility of first-in-class selective IKK $\alpha$  inhibitors for use in pancreatic cancer cells, to prevent proliferation. However, considerably more studies include animal testing *in vivo* and clinical studies in humans are required to ensure a new medicine can be developed from this work.

# **Chapter Seven**

## **References**

- ALPERT, J. J., HEAGARTY, M. C., ROBERTSON, L., KOSA, J. & HAGGERTY, R. J. 1968. Effective use of comprehensive pediatric care. Utilization of health resources. *Am J Dis Child*, 116, 529-33.
- ALTONSY, M. O., SASSE, S. K., PHANG, T. L. & GERBER, A. N. 2014. Context-dependent cooperation between nuclear factor kappaB (NF-kappaB) and the glucocorticoid receptor at a TNFAIP3 intronic enhancer: a mechanism to maintain negative feedback control of inflammation. *J Biol Chem*, 289, 8231-9.
- ANDRADE, P., BRITES, M. M., VIEIRA, R., MARIANO, A., REIS, J. P., TELLECHEA, O. & FIGUEIREDO, A. 2012. Epidemiology of basal cell carcinomas and squamous cell carcinomas in a Department of Dermatology: a 5 year review. *An Bras Dermatol*, 87, 212-9.
- ANDRADE, P., BRITES, M. M., VIEIRA, R., MARIANO, A., REIS, J. P., TELLECHEA, O. & FIGUEIREDO, A. 2012. Epidemiology of basal cell carcinomas and squamous cell carcinomas in a Department of Dermatology: a 5 year review. *An Bras Dermatol*, 87, 212-9.
- ANDREN-SANDBERG, A., HOEM, D. & BACKMAN, P. L. 1999. Other risk factors for pancreatic cancer: hormonal aspects. *Ann Oncol*, 10 Suppl 4, 131-5.
- APTE, R. N., DOTAN, S., ELKABETS, M., WHITE, M. R., REICH, E., CARMY, Y., SONG, X., DVOZKIN, T., KRELIN, Y. & VORONOV, E. 2006. The involvement of IL-1 in tumorigenesis, tumor invasiveness, metastasis and tumor-host interactions. *Cancer Metastasis Rev*, 25, 387-408.
- ARUN, P., BROWN, M. S., EHSANIAN, R., CHEN, Z. & VAN WAES, C. 2009. Nuclear NF-kappaB p65 phosphorylation at serine 276 by protein kinase A contributes to the malignant phenotype of head and neck cancer. *Clin Cancer Res*, 15, 5974-84.
- ASAMITSU, K., YAMAGUCHI, T., NAKATA, K., HIBI, Y., VICTORIANO, A. F., IMAI, K., ONOZAKI, K., KITADE, Y. & OKAMOTO, T. 2008. Inhibition of human immunodeficiency virus type 1 replication by blocking I kappa B kinase with noraristeromycin. *J Biochem*, 144, 581-9.
- AUNE, D., GREENWOOD, D. C., CHAN, D. S., VIEIRA, R., VIEIRA, A. R., NAVARRO ROSENBLATT, D. A., CADE, J. E., BURLEY, V. J. & NORAT, T. 2012. Body mass index, abdominal fatness and pancreatic cancer risk: a systematic review and non-linear dose-response meta-analysis of prospective studies. *Ann Oncol*, 23, 843-52.
- BAEUERLE, P. A. & BALTIMORE, D. 1988. I kappa B: a specific inhibitor of the NF-kappa B transcription factor. *Science*, 242, 540-6.
- BAEUERLE, P. A. & BALTIMORE, D. 1989. A 65-kappaD subunit of active NF-kappaB is required for inhibition of NF-kappaB by I kappaB. *Genes Dev*, 3, 1689-98.
- BAILEY, P., CHANG, D. K., NONES, K., JOHNS, A. L., PATCH, A. M.,

- GINGRAS, M. C., MILLER, D. K., CHRIST, A. N., BRUXNER, T. J., QUINN, M. C., NOURSE, C., MURTAUGH, L. C., HARLIWONG, I., IDRISOGLU, S., MANNING, S., NOURBAKHSH, E., WANI, S., FINK, L., HOLMES, O., CHIN, V., ANDERSON, M. J., KAZAKOFF, S., LEONARD, C., NEWELL, F., WADDELL, N., WOOD, S., XU, Q., WILSON, P. J., CLOONAN, N., KASSAHN, K. S., TAYLOR, D., QUEK, K., ROBERTSON, A., PANTANO, L., MINCARELLI, L., SANCHEZ, L. N., EVERS, L., WU, J., PINESE, M., COWLEY, M. J., JONES, M. D., COLVIN, E. K., NAGRIAL, A. M., HUMPHREY, E. S., CHANTRILL, L. A., MAWSON, A., HUMPHRIS, J., CHOU, A., PAJIC, M., SCARLETT, C. J., PINHO, A. V., GIRY-LATERRIERE, M., ROOMAN, I., SAMRA, J. S., KENCH, J. G., LOVELL, J. A., MERRETT, N. D., TOON, C. W., EPARI, K., NGUYEN, N. Q., BARBOUR, A., ZEPE, N., MORAN-JONES, K., JAMIESON, N. B., GRAHAM, J. S., DUTHIE, F., OIEN, K., HAIR, J., GRUTZMANN, R., MAITRA, A., IACOBUZIO-DONAHUE, C. A., WOLFGANG, C. L., MORGAN, R. A., LAWLOR, R. T., CORBO, V., BASSI, C., RUSEV, B., CAPELLI, P., SALVIA, R., TORTORA, G., MUKHOPADHYAY, D., PETERSEN, G. M., MUNZY, D. M., FISHER, W. E., KARIM, S. A., ESHLEMAN, J. R., HRUBAN, R. H., PILARSKY, C., MORTON, J. P., SANSOM, O. J., SCARPA, A., MUSGROVE, E. A., BAILEY, U. M., HOFMANN, O., SUTHERLAND, R. L., WHEELER, D. A., GILL, A. J., GIBBS, R. A., PEARSON, J. V., WADDELL, N., et al. 2016. Genomic analyses identify molecular subtypes of pancreatic cancer. *Nature*, 531, 47-52.
- BAKKEVOLD, K. E., ARNESJO, B. & KAMBESTAD, B. 1992. Carcinoma of the pancreas and papilla of Vater: presenting symptoms, signs, and diagnosis related to stage and tumour site. A prospective multicentre trial in 472 patients. Norwegian Pancreatic Cancer Trial. *Scand J Gastroenterol*, 27, 317-25.
- BALDWIN, A. S. 2001. Control of oncogenesis and cancer therapy resistance by the transcription factor NF-kappaB. *J Clin Invest*, 107, 241-6.
- BAO, Y., NG, K., WOLPIN, B. M., MICHAUD, D. S., GIOVANNUCCI, E. & FUCHS, C. S. 2010. Predicted vitamin D status and pancreatic cancer risk in two prospective cohort studies. *Br J Cancer*, 102, 1422-7.
- BAO, Y., SPIEGELMAN, D., LI, R., GIOVANNUCCI, E., FUCHS, C. S. & MICHAUD, D. S. 2010. History of peptic ulcer disease and pancreatic cancer risk in men. *Gastroenterology*, 138, 541-9.
- BARRETT, J. C. 1993. Mechanisms of multistep carcinogenesis and carcinogen risk assessment. *Environ Health Perspect*, 100, 9-20.
- BARTON, C. M., HALL, P. A., HUGHES, C. M., GULLICK, W. J. & LEMOINE, N. R. 1991. Transforming growth factor alpha and epidermal growth factor in human pancreatic cancer. *J Pathol*, 163, 111-6.
- BASAK, S., KIM, H., KEARNS, J. D., TERGAONKAR, V., O'DEA, E., WERNER, S. L., BENEDICT, C. A., WARE, C. F., GHOSH, G., VERMA, I. M. & HOFFMANN, A. 2007. A fourth IkappaB protein within the NF-kappaB signaling module. *Cell*, 128, 369-81.
- BASSÈRES, D. S., EBBS, A., COGSWELL, P. C. & BALDWIN, A. S. 2014. IKK

- is a therapeutic target in KRAS-Induced lung cancer with disrupted p53 activity. *Genes Cancer*, 5, 41-55.
- BATTY, G. D., KIVIMAKI, M., MORRISON, D., HUXLEY, R., SMITH, G. D., CLARKE, R., MARMOT, M. G. & SHIPLEY, M. J. 2009. Risk factors for pancreatic cancer mortality: extended follow-up of the original Whitehall Study. *Cancer Epidemiol Biomarkers Prev*, 18, 673-5.
- BAUD, V. & KARIN, M. 2009. Is NF-kappaB a good target for cancer therapy? Hopes and pitfalls. *Nat Rev Drug Discov*, 8, 33-40.
- BAUMGART, S., ELLENRIEDER, V. & FERNANDEZ-ZAPICO, M. E. 2013. Oncogenic transcription factors: cornerstones of inflammation-linked pancreatic carcinogenesis. *Gut*, 62, 310-6.
- BAUMGART, S., GLESEL, E., SINGH, G., CHEN, N. M., REUTLINGER, K., ZHANG, J., BILLADEAU, D. D., FERNANDEZ-ZAPICO, M. E., GRESS, T. M., SINGH, S. K. & ELLENRIEDER, V. 2012. Restricted heterochromatin formation links NFATc2 repressor activity with growth promotion in pancreatic cancer. *Gastroenterology*, 142, 388-98 e1-7.
- BEG, A. A., RUBEN, S. M., SCHEINMAN, R. I., HASKILL, S., ROSEN, C. A. & BALDWIN, A. S., JR. 1992. I kappa B interacts with the nuclear localization sequences of the subunits of NF-kappa B: a mechanism for cytoplasmic retention. *Genes Dev*, 6, 1899-913.
- BEHRENS, D., WALTHER, W. & FICHTNER, I. 2017. Pancreatic cancer models for translational research. *Pharmacol Ther*, 173, 146-158.
- BEINKE, S. & LEY, S. C. 2004. Functions of NF-kappaB1 and NF-kappaB2 in immune cell biology. *Biochem J*, 382, 393-409.
- BENNETT, J. W. & KLICH, M. 2003. Mycotoxins. *Clin Microbiol Rev*, 16, 497-516.
- BENSON, J. D., CHEN, Y. N., CORNELL-KENNON, S. A., DORSCH, M., KIM, S., LESZCZYNIECKA, M., SELLERS, W. R. & LENGAUER, C. 2006. Validating cancer drug targets. *Nature*, 441, 451-6.
- BERGERS, G. & BENJAMIN, L. E. 2003. Tumorigenesis and the angiogenic switch. *Nat Rev Cancer*, 3, 401-10.
- BERX, G. & VAN ROY, F. 2009. Involvement of members of the cadherin superfamily in cancer. *Cold Spring Harb Perspect Biol*, 1, a003129.
- BILIMORIA, K. Y., BENTREM, D. J., KO, C. Y., RITCHEY, J., STEWART, A. K., WINCHESTER, D. P. & TALAMONTI, M. S. 2007. Validation of the 6th edition AJCC Pancreatic Cancer Staging System: report from the National Cancer Database. *Cancer*, 110, 738-44.
- BIRBACH, A., GOLD, P., BINDER, B. R., HOFER, E., DE MARTIN, R. & SCHMID, J. A. 2002. Signaling molecules of the NF-kappa B pathway shuttle constitutively between cytoplasm and nucleus. *J Biol Chem*, 277, 10842-51.
- BIRBRAIR, A., ZHANG, T., WANG, Z. M., MESSI, M. L., MINTZ, A. & DELBONO, O. 2015. Pericytes at the intersection between tissue regeneration and pathology. *Clin Sci (Lond)*, 128, 81-93.
- BIRRELL, M. A., HARDAKER, E., WONG, S., MCCLUSKIE, K., CATLEY, M., DE ALBA, J., NEWTON, R., HAJ-YAHIA, S., PUN, K. T., WATTS, C. J., SHAW, R. J., SAVAGE, T. J. & BELVISI, M. G. 2005. Ikappa-B kinase-2

- inhibitor blocks inflammation in human airway smooth muscle and a rat model of asthma. *Am J Respir Crit Care Med*, 172, 962-71.
- BOLD, R. J., CHARNSANGAVEJ, C., CLEARY, K. R., JENNINGS, M., MADRAY, A., LEACH, S. D., ABBRUZZESE, J. L., PISTERS, P. W., LEE, J. E. & EVANS, D. B. 1999. Major vascular resection as part of pancreaticoduodenectomy for cancer: radiologic, intraoperative, and pathologic analysis. *J Gastrointest Surg*, 3, 233-43.
- BONIZZI, G. & KARIN, M. 2004. The two NF-kappaB activation pathways and their role in innate and adaptive immunity. *Trends Immunol*, 25, 280-8.
- BRAND, K., EISELE, T., KREUSEL, U., PAGE, M., PAGE, S., HAAS, M., GERLING, A., KALTSCHMIDT, C., NEUMANN, F. J., MACKMAN, N., BAEURELE, P. A., WALLI, A. K. & NEUMEIER, D. 1997. Dysregulation of monocytic nuclear factor-kappa B by oxidized low-density lipoprotein. *Arterioscler Thromb Vasc Biol*, 17, 1901-9.
- BRAND, K., PAGE, S., ROGLER, G., BARTSCH, A., BRANDL, R., KNUECHEL, R., PAGE, M., KALTSCHMIDT, C., BAEUERLE, P. A. & NEUMEIER, D. 1996. Activated transcription factor nuclear factor-kappa B is present in the atherosclerotic lesion. *J Clin Invest*, 97, 1715-22.
- BRANTLEY, D. M., CHEN, C. L., MURAOKA, R. S., BUSHDID, P. B., BRADBERRY, J. L., KITTRELL, F., MEDINA, D., MATRISIAN, L. M., KERR, L. D. & YULL, F. E. 2001. Nuclear factor-kappaB (NF-kappaB) regulates proliferation and branching in mouse mammary epithelium. *Mol Biol Cell*, 12, 1445-55.
- BRITANOVA, L. V., MAKEEV, V. J. & KUPRASH, D. V. 2008. In vitro selection of optimal RelB/p52 DNA-binding motifs. *Biochem Biophys Res Commun*, 365, 583-8.
- BROCKMAN, J. A., SCHERER, D. C., MCKINSEY, T. A., HALL, S. M., QI, X., LEE, W. Y. & BALLARD, D. W. 1995. Coupling of a signal response domain in I kappa B alpha to multiple pathways for NF-kappa B activation. *Mol Cell Biol*, 15, 2809-18.
- BROWN, A. M., LINHOFF, M. W., STEIN, B., WRIGHT, K. L., BALDWIN, A. S., JR., BASTA, P. V. & TING, J. P. 1994. Function of NF-kappa B/Rel binding sites in the major histocompatibility complex class II invariant chain promoter is dependent on cell-specific binding of different NF-kappa B/Rel subunits. *Mol Cell Biol*, 14, 2926-35.
- BROWN, K., PARK, S., KANNO, T., FRANZOSO, G. & SIEBENLIST, U. 1993. Mutual regulation of the transcriptional activator NF-kappa B and its inhibitor, I kappa B-alpha. *Proc Natl Acad Sci U S A*, 90, 2532-6.
- BRYANT, K. L., MANCIAS, J. D., KIMMELMAN, A. C. & DER, C. J. 2014. KRAS: feeding pancreatic cancer proliferation. *Trends Biochem Sci*, 39, 91-100.
- BURRIS, H. A., 3RD, MOORE, M. J., ANDERSEN, J., GREEN, M. R., ROTHENBERG, M. L., MODIANO, M. R., CRIPPS, M. C., PORTENOY, R. K., STORNILO, A. M., TARASSOFF, P., NELSON, R., DORR, F. A., STEPHENS, C. D. & VON HOFF, D. D. 1997. Improvements in survival and clinical benefit with gemcitabine as first-line therapy for patients with advanced pancreas cancer: a randomized trial. *J Clin Oncol*, 15, 2403-13.

- CANTARINI, M. C., DE LA MONTE, S. M., PANG, M., TONG, M., D'ERRICO, A., TREVISANI, F. & WANDS, J. R. 2006. Aspartyl-asparagyl beta hydroxylase over-expression in human hepatoma is linked to activation of insulin-like growth factor and notch signaling mechanisms. *Hepatology*, 44, 446-57.
- CASTRO, A. C., DANG, L. C., SOUCY, F., GRENIER, L., MAZDIYASNI, H., HOTTELET, M., PARENT, L., PIEN, C., PALOMBELLA, V. & ADAMS, J. 2003. Novel IKK inhibitors: beta-carbolines. *Bioorg Med Chem Lett*, 13, 2419-22.
- CATALDI, M., SHAH, N. R., FELT, S. A. & GRDZELISHVILI, V. Z. 2015. Breaking resistance of pancreatic cancer cells to an attenuated vesicular stomatitis virus through a novel activity of IKK inhibitor TPCA-1. *Virology*, 485, 340-54.
- CATLEY, M. C., SUKKAR, M. B., CHUNG, K. F., JAFFEE, B., LIAO, S. M., COYLE, A. J., HADDAD EL, B., BARNES, P. J. & NEWTON, R. 2006. Validation of the anti-inflammatory properties of small-molecule IkappaB Kinase (IKK)-2 inhibitors by comparison with adenoviral-mediated delivery of dominant-negative IKK1 and IKK2 in human airways smooth muscle. *Mol Pharmacol*, 70, 697-705.
- CATZ, S. D. & JOHNSON, J. L. 2001. Transcriptional regulation of bcl-2 by nuclear factor kappa B and its significance in prostate cancer. *Oncogene*, 20, 7342-51.
- CAVALLARO, U. & CHRISTOFORI, G. 2004. Cell adhesion and signalling by cadherins and Ig-CAMs in cancer. *Nat Rev Cancer*, 4, 118-32.
- CERVANTES, C. F., MARKWICK, P. R., SUE, S. C., MCCAMMON, J. A., DYSON, H. J. & KOMIVES, E. A. 2009. Functional dynamics of the folded ankyrin repeats of I kappa B alpha revealed by nuclear magnetic resonance. *Biochemistry*, 48, 8023-31.
- CEUPPENS, J. L., BAROJA, M. L., LORRE, K., VAN DAMME, J. & BILLIAU, A. 1988. Human T cell activation with phytohemagglutinin. The function of IL-6 as an accessory signal. *J Immunol*, 141, 3868-74.
- CHANDLER, N. M., CANETE, J. J. & CALLERY, M. P. 2004. Increased expression of NF-kappa B subunits in human pancreatic cancer cells. *J Surg Res*, 118, 9-14.
- CHARALAMBOUS, M. P., MAIHOFNER, C., BHAMBRA, U., LIGHTFOOT, T. & GOODERHAM, N. J. 2003. Upregulation of cyclooxygenase-2 is accompanied by increased expression of nuclear factor-kappa B and I kappa B kinase-alpha in human colorectal cancer epithelial cells. *Br J Cancer*, 88, 1598-604.
- CHARIOT, A. 2009. The NF-kappaB-independent functions of IKK subunits in immunity and cancer. *Trends Cell Biol*, 19, 404-13.
- CHEN, D., NIU, M., JIAO, X., ZHANG, K., LIANG, J. & ZHANG, D. 2012. Inhibition of AKT2 enhances sensitivity to gemcitabine via regulating PUMA and NF-kappaB signaling pathway in human pancreatic ductal adenocarcinoma. *Int J Mol Sci*, 13, 1186-208.
- CHEN, F. E. & GHOSH, G. 1999. Regulation of DNA binding by Rel/NF-kappaB transcription factors: structural views. *Oncogene*, 18, 6845-52.

- CHEN, F. E., HUANG, D. B., CHEN, Y. Q. & GHOSH, G. 1998. Crystal structure of p50/p65 heterodimer of transcription factor NF-kappaB bound to DNA. *Nature*, 391, 410-3.
- CHEN, J. H., HALES, C. N. & OZANNE, S. E. 2007. DNA damage, cellular senescence and organismal ageing: causal or correlative? *Nucleic Acids Res*, 35, 7417-28.
- CHEN, Z., TROTMAN, L. C., SHAFFER, D., LIN, H. K., DOTAN, Z. A., NIKI, M., KOUTCHER, J. A., SCHER, H. I., LUDWIG, T., GERALD, W., CORDON-CARDO, C. & PANDOLFI, P. P. 2005. Crucial role of p53-dependent cellular senescence in suppression of Pten-deficient tumorigenesis. *Nature*, 436, 725-30.
- CHEN, Z. J., PARENT, L. & MANIATIS, T. 1996. Site-specific phosphorylation of I kappa B alpha by a novel ubiquitination-dependent protein kinase activity. *Cell*, 84, 853-62.
- CHIAO, P. J. & LING, J. 2011. Kras, Pten, NF-kappaB, and inflammation: dangerous liaisons. *Cancer Discov*, 1, 103-5.
- CHIU, C. P. & LEE, F. 1989. IL-6 is a differentiation factor for M1 and WEHI-3B myeloid leukemic cells. *J Immunol*, 142, 1909-15.
- CHOU, C. H., WEI, L. H., KUO, M. L., HUANG, Y. J., LAI, K. P., CHEN, C. A. & HSIEH, C. Y. 2005. Up-regulation of interleukin-6 in human ovarian cancer cell via a Gi/PI3K-Akt/NF-kappaB pathway by lysophosphatidic acid, an ovarian cancer-activating factor. *Carcinogenesis*, 26, 45-52.
- CHU, Z. L., MCKINSEY, T. A., LIU, L., GENTRY, J. J., MALIM, M. H. & BALLARD, D. W. 1997. Suppression of tumor necrosis factor-induced cell death by inhibitor of apoptosis c-IAP2 is under NF-kappaB control. *Proc Natl Acad Sci U S A*, 94, 10057-62.
- CHUA, H. L., BHAT-NAKSHATRI, P., CLARE, S. E., MORIMIYA, A., BADVE, S. & NAKSHATRI, H. 2007. NF-kappaB represses E-cadherin expression and enhances epithelial to mesenchymal transition of mammary epithelial cells: potential involvement of ZEB-1 and ZEB-2. *Oncogene*, 26, 711-24.
- CHUANG, S. E., YE, P. Y., LU, Y. S., LAI, G. M., LIAO, C. M., GAO, M. & CHENG, A. L. 2002. Basal levels and patterns of anticancer drug-induced activation of nuclear factor-kappaB (NF-kappaB), and its attenuation by tamoxifen, dexamethasone, and curcumin in carcinoma cells. *Biochem Pharmacol*, 63, 1709-16.
- CHUU, C. P., KOKONTIS, J. M., HIIPAKKA, R. A., FUKUCHI, J., LIN, H. P., LIN, C. Y., HUO, C. & SU, L. C. 2011. Androgens as therapy for androgen receptor-positive castration-resistant prostate cancer. *J Biomed Sci*, 18, 63.
- CLAUDIO, E., BROWN, K., PARK, S., WANG, H. & SIEBENLIST, U. 2002. BAFF-induced NEMO-independent processing of NF-kappa B2 in maturing B cells. *Nat Immunol*, 3, 958-65.
- COGSWELL, P. C., GUTTRIDGE, D. C., FUNKHOUSER, W. K. & BALDWIN, A. S., JR. 2000. Selective activation of NF-kappa B subunits in human breast cancer: potential roles for NF-kappa B2/p52 and for Bcl-3. *Oncogene*, 19, 1123-31.
- COLLINS, M. A. & PASCA DI MAGLIANO, M. 2013. Kras as a key oncogene and therapeutic target in pancreatic cancer. *Front Physiol*, 4, 407.

- COOPE, H. J., ATKINSON, P. G., HUHSE, B., BELICH, M., JANZEN, J., HOLMAN, M. J., KLAUS, G. G., JOHNSTON, L. H. & LEY, S. C. 2002. CD40 regulates the processing of NF-kappaB2 p100 to p52. *EMBO J*, 21, 5375-85.
- CORCORAN, R. B., CONTINO, G., DESHPANDE, V., TZATSOS, A., CONRAD, C., BENES, C. H., LEVY, D. E., SETTLEMAN, J., ENGELMAN, J. A. & BARDEESY, N. 2011. STAT3 plays a critical role in KRAS-induced pancreatic tumorigenesis. *Cancer Res*, 71, 5020-9.
- COX, A. D., FESIK, S. W., KIMMELMAN, A. C., LUO, J. & DER, C. J. 2014. Drugging the undruggable RAS: Mission possible? *Nat Rev Drug Discov*, 13, 828-51.
- DA SILVA, H. B., AMARAL, E. P., NOLASCO, E. L., DE VICTO, N. C., ATIQUÉ, R., JANK, C. C., ANSCHAU, V., ZERBINI, L. F. & CORREA, R. G. 2013. Dissecting Major Signaling Pathways throughout the Development of Prostate Cancer. *Prostate Cancer*, 2013, 920612.
- DAI, H., CHEN, H., LIU, W., YOU, Y., TAN, J., YANG, A., LAI, X. & BIE, P. 2016. Effects of Raf kinase inhibitor protein expression on pancreatic cancer cell growth and motility: an in vivo and in vitro study. *J Cancer Res Clin Oncol*, 142, 2107-17.
- DANIAL, N. N. & KORSMEYER, S. J. 2004. Cell death: critical control points. *Cell*, 116, 205-19.
- DE CASTRO CARPENÓ, J. & BELDA-INIESTA, C. 2013. KRAS mutant NSCLC, a new opportunity for the synthetic lethality therapeutic approach. *Transl Lung Cancer Res*, 2, 142-51.
- DE DONATIS, G. M., PAPE, E. L., PIERRON, A., CHELI, Y., HOFMAN, V., HOFMAN, P., ALLEGRA, M., ZAHAF, K., BAHADORAN, P., ROCCHI, S., BERTOLOTTI, C., BALLOTTI, R. & PASSERON, T. 2016. NF-kB2 induces senescence bypass in melanoma via a direct transcriptional activation of EZH2. *Oncogene*, 35, 2735-45.
- DEHIO, C. 2005. Bartonella-host-cell interactions and vascular tumour formation. *Nat Rev Microbiol*, 3, 621-31.
- DEJARDIN, E., DROIN, N. M., DELHASE, M., HAAS, E., CAO, Y., MAKRIS, C., LI, Z. W., KARIN, M., WARE, C. F. & GREEN, D. R. 2002. The lymphotoxin-beta receptor induces different patterns of gene expression via two NF-kappaB pathways. *Immunity*, 17, 525-35.
- DENG, H., CHU, J. T., RETTIG, M. B., MARTINEZ-MAZA, O. & SUN, R. 2002. Rta of the human herpesvirus 8/Kaposi sarcoma-associated herpesvirus up-regulates human interleukin-6 gene expression. *Blood*, 100, 1919-21.
- DENICOLA, G. M., KARRETH, F. A., HUMPTON, T. J., GOPINATHAN, A., WEI, C., FRESE, K., MANGAL, D., YU, K. H., YEO, C. J., CALHOUN, E. S., SCRIMIERY, F., WINTER, J. M., HRUBAN, R. H., IACOBUZIO-DONAHUE, C., KERN, S. E., BLAIR, I. A. & TUVESON, D. A. 2011. Oncogene-induced Nrf2 transcription promotes ROS detoxification and tumorigenesis. *Nature*, 475, 106-9.
- DENK, A., GOEBELER, M., SCHMID, S., BERBERICH, I., RITZ, O., LINDEMANN, D., LUDWIG, S. & WIRTH, T. 2001. Activation of NF-kappa B via the Ikappa B kinase complex is both essential and sufficient for

- proinflammatory gene expression in primary endothelial cells. *J Biol Chem*, 276, 28451-8.
- DEVARY, Y., ROSETTE, C., DIDONATO, J. A. & KARIN, M. 1993. NF-kappa B activation by ultraviolet light not dependent on a nuclear signal. *Science*, 261, 1442-5.
- DEVIN, A., LIN, Y., YAMAOKA, S., LI, Z., KARIN, M. & LIU, Z. 2001. The alpha and beta subunits of IkappaB kinase (IKK) mediate TRAF2-dependent IKK recruitment to tumor necrosis factor (TNF) receptor 1 in response to TNF. *Mol Cell Biol*, 21, 3986-94.
- DEY, J., KERWIN, W. S., GRENLEY, M. O., CASALINI, J. R., TRETAK, I., DITZLER, S. H., THIRSTRUP, D. J., FRAZIER, J. P., PIERCE, D. W., CARLETON, M. & KLINGHOFFER, R. A. 2016. A Platform for Rapid, Quantitative Assessment of Multiple Drug Combinations Simultaneously in Solid Tumors In Vivo. *PLoS One*, 11, e0158617.
- DIDONATO, J. A., HAYAKAWA, M., ROTHWARF, D. M., ZANDI, E. & KARIN, M. 1997. A cytokine-responsive IkappaB kinase that activates the transcription factor NF-kappaB. *Nature*, 388, 548-54.
- DIDONATO, J. A., MERCURIO, F. & KARIN, M. 2012. NF-kappaB and the link between inflammation and cancer. *Immunol Rev*, 246, 379-400.
- DINARELLO, C. A. 1996. Biologic basis for interleukin-1 in disease. *Blood*, 87, 2095-147.
- DOBRZANSKI, P., RYSECK, R. P. & BRAVO, R. 1993. Both N- and C-terminal domains of RelB are required for full transactivation: role of the N-terminal leucine zipper-like motif. *Mol Cell Biol*, 13, 1572-82.
- DOBRZANSKI, P., RYSECK, R. P. & BRAVO, R. 1995. Specific inhibition of RelB/p52 transcriptional activity by the C-terminal domain of p100. *Oncogene*, 10, 1003-7.
- DONG, J., ZOU, J. & YU, X. F. 2011. Coffee drinking and pancreatic cancer risk: A meta-analysis of cohort studies. *World J Gastroenterol*, 17, 1204-10.
- DOOLITTLE, R. F., HUNKAPILLER, M. W., HOOD, L. E., DEVARE, S. G., ROBBINS, K. C., AARONSON, S. A. & ANTONIADES, H. N. 1983. Simian sarcoma virus onc gene, v-sis, is derived from the gene (or genes) encoding a platelet-derived growth factor. *Science*, 221, 275-7.
- DOPPLER, H., LIOU, G. Y. & STORZ, P. 2013. Downregulation of TRAF2 mediates NIK-induced pancreatic cancer cell proliferation and tumorigenicity. *PLoS One*, 8, e53676.
- DOS SANTOS, N. R., WILLIAME, M., GACHET, S., CORMIER, F., JANIN, A., WEIH, D., WEIH, F. & GHYSDAEL, J. 2008. RelB-dependent stromal cells promote T-cell leukemogenesis. *PLoS One*, 3, e2555.
- DOWNWARD, J. 2003. Targeting RAS signalling pathways in cancer therapy. *Nat Rev Cancer*, 3, 11-22.
- DRAYTON, D. L., LIAO, S., MOUNZER, R. H. & RUDDLE, N. H. 2006. Lymphoid organ development: from ontogeny to neogenesis. *Nat Immunol*, 7, 344-53.
- EDGE, S. B. & COMPTON, C. C. 2010. The American Joint Committee on Cancer: the 7th edition of the AJCC cancer staging manual and the future of TNM. *Ann Surg Oncol*, 17, 1471-4.

- EDGE SB, B. D., COMPTON CC, ET AL 2010. *Exocrine and endocrine pancreas*. In, New York, NY, eds. *AJCC Cancer Staging Manual*.
- ELLMERICH, S., SCHOLLER, M., DURANTON, B., GOSSE, F., GALLUSER, M., KLEIN, J. P. & RAUL, F. 2000. Promotion of intestinal carcinogenesis by *Streptococcus bovis*. *Carcinogenesis*, 21, 753-6.
- ELMORE, S. 2007. Apoptosis: a review of programmed cell death. *Toxicol Pathol*, 35, 495-516.
- EVAN, G. I. & VOUSDEN, K. H. 2001. Proliferation, cell cycle and apoptosis in cancer. *Nature*, 411, 342-8.
- FAIRFIELD, K. M., WILLETT, W. C., ROSNER, B. A., MANSON, J. E., SPEIZER, F. E. & HANKINSON, S. E. 2002. Obesity, weight gain, and ovarian cancer. *Obstet Gynecol*, 100, 288-96.
- FAN, C. M. & MANIATIS, T. 1991. Generation of p50 subunit of NF-kappa B by processing of p105 through an ATP-dependent pathway. *Nature*, 354, 395-8.
- FERLAY, J., SHIN, H. R., BRAY, F., FORMAN, D., MATHERS, C. & PARKIN, D. M. 2010. Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. *Int J Cancer*, 127, 2893-917.
- FERNANDEZ-MAJADA, V., AGUILERA, C., VILLANUEVA, A., VILARDELL, F., ROBERT-MORENO, A., AYLES, A., REAL, F. X., CAPELLA, G., MAYO, M. W., ESPINOSA, L. & BIGAS, A. 2007. Nuclear IKK activity leads to dysregulated notch-dependent gene expression in colorectal cancer. *Proc Natl Acad Sci U S A*, 104, 276-81.
- FERON, O. 2009. Pyruvate into lactate and back: from the Warburg effect to symbiotic energy fuel exchange in cancer cells. *Radiother Oncol*, 92, 329-33.
- FERRARA, N. 2009. Vascular endothelial growth factor. *Arterioscler Thromb Vasc Biol*, 29, 789-91.
- FLAHERTY, K. T., INFANTE, J. R., DAUD, A., GONZALEZ, R., KEFFORD, R. F., SOSMAN, J., HAMID, O., SCHUCHTER, L., CEBON, J., IBRAHIM, N., KUDCHADKAR, R., BURRIS, H. A., 3RD, FALCHOOK, G., ALGAZI, A., LEWIS, K., LONG, G. V., PUZANOV, I., LEBOWITZ, P., SINGH, A., LITTLE, S., SUN, P., ALLRED, A., OUELLET, D., KIM, K. B., PATEL, K. & WEBER, J. 2012. Combined BRAF and MEK inhibition in melanoma with BRAF V600 mutations. *N Engl J Med*, 367, 1694-703.
- FLANAGAN, S. P. 1966. 'Nude', a new hairless gene with pleiotropic effects in the mouse. *Genet Res*, 8, 295-309.
- FOLMER, F., JASPARS, M., DICATO, M. & DIEDERICH, M. 2008. Marine natural products as targeted modulators of the transcription factor NF-kappaB. *Biochem Pharmacol*, 75, 603-17.
- FRANK, S. A. 2007. *Dynamics of Cancer: Incidence, Inheritance, and Evolution*. Princeton (NJ): Princeton University Press
- Steven A Frank.
- FRIEDMAN, L. S., OSTERMEYER, E. A., SZABO, C. I., DOWD, P., LYNCH, E. D., ROWELL, S. E. & KING, M. C. 1994. Confirmation of BRCA1 by analysis of germline mutations linked to breast and ovarian cancer in ten families. *Nat Genet*, 8, 399-404.
- FUJIOKA, S., SCLABAS, G. M., SCHMIDT, C., FREDERICK, W. A., DONG, Q. G., ABBRUZZESE, J. L., EVANS, D. B., BAKER, C. & CHIAO, P. J. 2003.

- Function of nuclear factor kappaB in pancreatic cancer metastasis. *Clin Cancer Res*, 9, 346-54.
- FUJIOKA, S., SCLABAS, G. M., SCHMIDT, C., NIU, J., FREDERICK, W. A., DONG, Q. G., ABBRUZZESE, J. L., EVANS, D. B., BAKER, C. & CHIAO, P. J. 2003. Inhibition of constitutive NF-kappa B activity by I kappa B alpha M suppresses tumorigenesis. *Oncogene*, 22, 1365-70.
- FUKUDA, A., WANG, S. C., MORRIS, J. P. T., FOLIAS, A. E., LIOU, A., KIM, G. E., AKIRA, S., BOUCHER, K. M., FIRPO, M. A., MULVIHILL, S. J. & HEBROK, M. 2011. Stat3 and MMP7 contribute to pancreatic ductal adenocarcinoma initiation and progression. *Cancer Cell*, 19, 441-55.
- FUTREAL, P. A., COIN, L., MARSHALL, M., DOWN, T., HUBBARD, T., WOOSTER, R., RAHMAN, N. & STRATTON, M. R. 2004. A census of human cancer genes. *Nat Rev Cancer*, 4, 177-83.
- FUSELLA, F., SECLI, L., BUSSO, E., KREPELOVA, A., MOISO, E., ROCCA, S., CONTI, L., ANNARATONE, L., RUBINETTO, C., MELLO-GRAND, M., SINGH, V., CHIORINO, G., SILENGO, L., ALTRUDA, F., TURCO, E., MOROTTI, A., OLIVIERO, S., CASTELLANO, I., CAVALLO, F., PROVERO, P., TARONE, G. & BRANCACCIO, M. 2017. The IKK/NF-kappaB signaling pathway requires Morgana to drive breast cancer metastasis. *Nat Commun*, 8, 1636
- GAMBLE, C., MCINTOSH, K., SCOTT, R., HO, K. H., PLEVIN, R. & PAUL, A. 2012. Inhibitory kappa B kinases as targets for pharmacological regulation. *British Journal of Pharmacology*, 165, 802-819.
- GANCHI, P. A., SUN, S. C., GREENE, W. C. & BALLARD, D. W. 1992. I kappa B/MAD-3 masks the nuclear localization signal of NF-kappa B p65 and requires the transactivation domain to inhibit NF-kappa B p65 DNA binding. *Mol Biol Cell*, 3, 1339-52.
- GASPARIAN, A. V., YAO, Y. J., KOWALCZYK, D., LYAKH, L. A., KARSELADZE, A., SLAGA, T. J. & BUDUNOVA, I. V. 2002. The role of IKK in constitutive activation of NF-kappaB transcription factor in prostate carcinoma cells. *J Cell Sci*, 115, 141-51.
- GENKINGER, J. M., SPIEGELMAN, D., ANDERSON, K. E., BERGKVIST, L., BERNSTEIN, L., VAN DEN BRANDT, P. A., ENGLISH, D. R., FREUDENHEIM, J. L., FUCHS, C. S., GILES, G. G., GIOVANNUCCI, E., HANKINSON, S. E., HORN-ROSS, P. L., LEITZMANN, M., MANNISTO, S., MARSHALL, J. R., MCCULLOUGH, M. L., MILLER, A. B., REDING, D. J., ROBIEN, K., ROHAN, T. E., SCHATZKIN, A., STEVENS, V. L., STOLZENBERG-SOLOMON, R. Z., VERHAGE, B. A., WOLK, A., ZIEGLER, R. G. & SMITH-WARNER, S. A. 2009. Alcohol intake and pancreatic cancer risk: a pooled analysis of fourteen cohort studies. *Cancer Epidemiol Biomarkers Prev*, 18, 765-76.
- GHOSH, S., GIFFORD, A. M., RIVIERE, L. R., TEMPST, P., NOLAN, G. P. & BALTIMORE, D. 1990. Cloning of the p50 DNA binding subunit of NF-kappa B: homology to rel and dorsal. *Cell*, 62, 1019-29.
- GIARDIELLO, F. M., BRENSINGER, J. D., TERSMETTE, A. C., GOODMAN, S. N., PETERSEN, G. M., BOOKER, S. V., CRUZ-CORREA, M. & OFFERHAUS, J. A. 2000. Very high risk of cancer in familial Peutz-Jeghers

- syndrome. *Gastroenterology*, 119, 1447-53.
- GILMORE, T. D. 1999. Multiple mutations contribute to the oncogenicity of the retroviral oncoprotein v-Rel. *Oncogene*, 18, 6925-37.
- GIOVANNUCCI, E. 2009. Vitamin D and cancer incidence in the Harvard cohorts. *Ann Epidemiol*, 19, 84-8.
- GOLD, R., KAPPOS, L., ARNOLD, D. L., BAR-OR, A., GIOVANNONI, G., SELMAJ, K., TORNATORE, C., SWEETSER, M. T., YANG, M., SHEIKH, S. I. & DAWSON, K. T. 2012. Placebo-controlled phase 3 study of oral BG-12 for relapsing multiple sclerosis. *N Engl J Med*, 367, 1098-107.
- GOLDSTEIN, A. M., FRASER, M. C., STRUEWING, J. P., HUSSUSSIAN, C. J., RANADE, K., ZAMETKIN, D. P., FONTAINE, L. S., ORGANIC, S. M., DRACOPOLI, N. C., CLARK, W. H., JR. & ET AL. 1995. Increased risk of pancreatic cancer in melanoma-prone kindreds with p16INK4 mutations. *N Engl J Med*, 333, 970-4.
- GOODMAN, M., WILLMANN, J. K. & JEFFREY, R. B. 2012. Incidentally discovered solid pancreatic masses: imaging and clinical observations. *Abdom Imaging*, 37, 91-7.
- GOVINDARAJAN, G. V., BHANUMURTHY, L., BALASUBRAMANIAN, A. & RAMANATHAN, A. 2016. A Novel Mutation in the DNA Binding Domain of NFkB is Associated with Speckled Leukoplakia. *Asian Pac J Cancer Prev*, 17, 3627-9.
- GRANT, W. B. 2007. An ecologic study of cancer mortality rates in Spain with respect to indices of solar UVB irradiance and smoking. *Int J Cancer*, 120, 1123-8.
- GRIVENNIKOV, S., KARIN, E., TERZIC, J., MUCIDA, D., YU, G. Y., VALLABHAPURAPU, S., SCHELLER, J., ROSE-JOHN, S., CHEROUTRE, H., ECKMANN, L. & KARIN, M. 2009. IL-6 and Stat3 are required for survival of intestinal epithelial cells and development of colitis-associated cancer. *Cancer Cell*, 15, 103-13.
- GRIVENNIKOV, S. I., GRETEN, F. R. & KARIN, M. 2010. Immunity, inflammation, and cancer. *Cell*, 140, 883-99.
- GUO, F., KANG, S., ZHOU, P., GUO, L., MA, L. & HOU, J. 2011. Maspin expression is regulated by the non-canonical NF-kappaB subunit in androgen-insensitive prostate cancer cell lines. *Mol Immunol*, 49, 8-17.
- HALE, M. A., KAGAMI, H., SHI, L., HOLLAND, A. M., ELSASSER, H. P., HAMMER, R. E. & MACDONALD, R. J. 2005. The homeodomain protein PDX1 is required at mid-pancreatic development for the formation of the exocrine pancreas. *Dev Biol*, 286, 225-37.
- HANAHA, D. & WEINBERG, R. A. 2011. Hallmarks of cancer: the next generation. *Cell*, 144, 646-74.
- HANSEL, D. E., MEEKER, A. K., HICKS, J., DE MARZO, A. M., LILLEMOR, K. D., SCHULICK, R., HRUBAN, R. H., MAITRA, A. & ARGANI, P. 2006. Telomere length variation in biliary tract metaplasia, dysplasia, and carcinoma. *Mod Pathol*, 19, 772-9.
- HARIHARAN, D., SAIED, A. & KOCHER, H. M. 2008. Analysis of mortality rates for pancreatic cancer across the world. *HPB (Oxford)*, 10, 58-62.
- HARRIS, R. C., CHUNG, E. & COFFEY, R. J. 2003. EGF receptor ligands. *Exp*

*Cell Res*, 284, 2-13.

- HASSAN, M. M., BONDY, M. L., WOLFF, R. A., ABBRUZZESE, J. L., VAUTHEY, J. N., PISTERS, P. W., EVANS, D. B., KHAN, R., CHOU, T. H., LENZI, R., JIAO, L. & LI, D. 2007. Risk factors for pancreatic cancer: case-control study. *Am J Gastroenterol*, 102, 2696-707.
- HATADA, E. N., NIETERS, A., WULCZYN, F. G., NAUMANN, M., MEYER, R., NUCIFORA, G., MCKEITHAN, T. W. & SCHEIDEREIT, C. 1992. The ankyrin repeat domains of the NF-kappa B precursor p105 and the protooncogene bcl-3 act as specific inhibitors of NF-kappa B DNA binding. *Proc Natl Acad Sci U S A*, 89, 2489-93.
- HAYBAECK, J., ZELLER, N., WOLF, M. J., WEBER, A., WAGNER, U., KURRER, M. O., BREMER, J., IEZZI, G., GRAF, R., CLAVIEN, P. A., THIMME, R., BLUM, H., NEDOSPASOV, S. A., ZATLOUKAL, K., RAMZAN, M., CIESEK, S., PIETSCHMANN, T., MARCHE, P. N., KARIN, M., KOPF, M., BROWNING, J. L., AGUZZI, A. & HEIKENWALDER, M. 2009. A lymphotoxin-driven pathway to hepatocellular carcinoma. *Cancer Cell*, 16, 295-308.
- HAYDEN, M. S. & GHOSH, S. 2004. Signaling to NF-kappaB. *Genes Dev*, 18, 2195-224.
- HAYDEN, M. S. & GHOSH, S. 2008. Shared principles in NF-kappaB signaling. *Cell*, 132, 344-62.
- HE, M., ZHANG, W., BAKKEN, T., SCHUTTEN, M., TOTH, Z., JUNG, J. U., GILL, P., CANNON, M. & GAO, S. J. 2012. Cancer angiogenesis induced by Kaposi's sarcoma-associated herpesvirus is mediated by EZH2. *Cancer Res*, 72, 3582-92.
- HEHLGANS, T., STOELCKER, B., STOPFER, P., MULLER, P., CERNAIANU, G., GUBA, M., STEINBAUER, M., NEDOSPASOV, S. A., PFEFFER, K. & MANNEL, D. N. 2002. Lymphotoxin-beta receptor immune interaction promotes tumor growth by inducing angiogenesis. *Cancer Res*, 62, 4034-40.
- HENKEL, T., ZABEL, U., VAN ZEE, K., MULLER, J. M., FANNING, E. & BAEUERLE, P. A. 1992. Intramolecular masking of the nuclear location signal and dimerization domain in the precursor for the p50 NF-kappa B subunit. *Cell*, 68, 1121-33.
- HERREROS-VILLANUEVA, M. & BUJANDA, L. 2016. Non-invasive biomarkers in pancreatic cancer diagnosis: what we need versus what we have. *Ann Transl Med*, 4, 134.
- HIDALGO, M. 2010. Pancreatic cancer. *N Engl J Med*, 362, 1605-17.
- HIDESHIMA, T., CHAUHAN, D., RICHARDSON, P., MITSIADES, C., MITSIADES, N., HAYASHI, T., MUNSHI, N., DANG, L., CASTRO, A., PALOMBELLA, V., ADAMS, J. & ANDERSON, K. C. 2002. NF-kappa B as a therapeutic target in multiple myeloma. *J Biol Chem*, 277, 16639-47.
- HIRANO, T., YASUKAWA, K., HARADA, H., TAGA, T., WATANABE, Y., MATSUDA, T., KASHIWAMURA, S., NAKAJIMA, K., KOYAMA, K., IWAMATSU, A. & ET AL. 1986. Complementary DNA for a novel human interleukin (BSF-2) that induces B lymphocytes to produce immunoglobulin. *Nature*, 324, 73-6.
- HIRATA, Y., MAEDA, S., OHMAE, T., SHIBATA, W., YANAI, A., OGURA, K.,

- YOSHIDA, H., KAWABE, T. & OMATA, M. 2006. Helicobacter pylori induces IkappaB kinase alpha nuclear translocation and chemokine production in gastric epithelial cells. *Infect Immun*, 74, 1452-61.
- HOADLEY, K. A., YAU, C., WOLF, D. M., CHERNIACK, A. D., TAMBORERO, D., NG, S., LEISERSON, M. D., NIU, B., MCLELLAN, M. D., UZUNANGELOV, V., ZHANG, J., KANDOTH, C., AKBANI, R., SHEN, H., OMBERG, L., CHU, A., MARGOLIN, A. A., VAN'T VEER, L. J., LOPEZ-BIGAS, N., LAIRD, P. W., RAPHAEL, B. J., DING, L., ROBERTSON, A. G., BYERS, L. A., MILLS, G. B., WEINSTEIN, J. N., VAN WAES, C., CHEN, Z., COLLISSON, E. A., BENZ, C. C., PEROU, C. M. & STUART, J. M. 2014. Multiplatform analysis of 12 cancer types reveals molecular classification within and across tissues of origin. *Cell*, 158, 929-44.
- HONG, Y. B., KANG, H. J., KWON, S. Y., KIM, H. J., KWON, K. Y., CHO, C. H., LEE, J. M., KALLAKURY, B. V. & BAE, I. 2010. Nuclear factor (erythroid-derived 2)-like 2 regulates drug resistance in pancreatic cancer cells. *Pancreas*, 39, 463-72.
- HOSOI, F., IZUMI, H., KAWAHARA, A., MURAKAMI, Y., KINOSHITA, H., KAGE, M., NISHIO, K., KOHNO, K., KUWANO, M. & ONO, M. 2009. N-myc downstream regulated gene 1/Cap43 suppresses tumor growth and angiogenesis of pancreatic cancer through attenuation of inhibitor of kappaB kinase beta expression. *Cancer Res*, 69, 4983-91.
- HOWES, N., LERCH, M. M., GREENHALF, W., STOCKEN, D. D., ELLIS, I., SIMON, P., TRUNINGER, K., AMMANN, R., CAVALLINI, G., CHARNLEY, R. M., UOMO, G., DELHAYE, M., SPICAK, J., DRUMM, B., JANSEN, J., MOUNTFORD, R., WHITCOMB, D. C. & NEOPTOLEMOS, J. P. 2004. Clinical and genetic characteristics of hereditary pancreatitis in Europe. *Clin Gastroenterol Hepatol*, 2, 252-61.
- HOWLETT, M., GIRAUD, A. S., LESCESEN, H., JACKSON, C. B., KALANTZIS, A., VAN DRIEL, I. R., ROBB, L., VAN DER HOEK, M., ERNST, M., MINAMOTO, T., BOUSSIOUTAS, A., OSHIMA, H., OSHIMA, M. & JUDD, L. M. 2009. The interleukin-6 family cytokine interleukin-11 regulates homeostatic epithelial cell turnover and promotes gastric tumor development. *Gastroenterology*, 136, 967-77.
- HUXFORD, T. & GHOSH, G. 2009. A structural guide to proteins of the NF-kappaB signaling module. *Cold Spring Harb Perspect Biol*, 1, a000075.
- IACOBUZIO-DONAHUE, C. A., FU, B., YACHIDA, S., LUO, M., ABE, H., HENDERSON, C. M., VILARDELL, F., WANG, Z., KELLER, J. W., BANERJEE, P., HERMAN, J. M., CAMERON, J. L., YEO, C. J., HALUSHKA, M. K., ESHLEMAN, J. R., RABEN, M., KLEIN, A. P., HRUBAN, R. H., HIDALGO, M. & LAHERU, D. 2009. DPC4 gene status of the primary carcinoma correlates with patterns of failure in patients with pancreatic cancer. *J Clin Oncol*, 27, 1806-13.
- INOUE, J., KERR, L. D., KAKIZUKA, A. & VERMA, I. M. 1992. I kappa B gamma, a 70 kd protein identical to the C-terminal half of p110 NF-kappa B: a new member of the I kappa B family. *Cell*, 68, 1109-20.
- ISHIMARU, N., KISHIMOTO, H., HAYASHI, Y. & SPRENT, J. 2006. Regulation

- of naive T cell function by the NF-kappaB2 pathway. *Nat Immunol*, 7, 763-72.
- ISRAEL, A. 2010. The IKK complex, a central regulator of NF-kappaB activation. *Cold Spring Harb Perspect Biol*, 2, a000158.
- JACOBS, E. J., CHANOCK, S. J., FUCHS, C. S., LACROIX, A., MCWILLIAMS, R. R., STEPLOWSKI, E., STOLZENBERG-SOLOMON, R. Z., ARSLAN, A. A., BUENO-DE-MESQUITA, H. B., GROSS, M., HELZLSOUER, K., PETERSEN, G., ZHENG, W., AGALLIU, I., ALLEN, N. E., AMUNDADOTTIR, L., BOUTRON-RUAULT, M. C., BURING, J. E., CANZIAN, F., CLIPP, S., DORRONSORO, M., GAZIANO, J. M., GIOVANNUCCI, E. L., HANKINSON, S. E., HARTGE, P., HOOVER, R. N., HUNTER, D. J., JACOBS, K. B., JENAB, M., KRAFT, P., KOOPERBERG, C., LYNCH, S. M., SUND, M., MENDELSON, J. B., MOUW, T., NEWTON, C. C., OVERVAD, K., PALLI, D., PEETERS, P. H., RAJKOVIC, A., SHU, X. O., THOMAS, G., TOBIAS, G. S., TRICHOPOULOS, D., VIRTAMO, J., WACTAWSKI-WENDE, J., WOLPIN, B. M., YU, K. & ZELENIUCH-JACQUOTTE, A. 2010. Family history of cancer and risk of pancreatic cancer: a pooled analysis from the Pancreatic Cancer Cohort Consortium (PanScan). *Int J Cancer*, 127, 1421-8.
- JAFFRAY, E., WOOD, K. M. & HAY, R. T. 1995. Domain organization of I kappa B alpha and sites of interaction with NF-kappa B p65. *Mol Cell Biol*, 15, 2166-72.
- JEMAL, A., SIEGEL, R., WARD, E., HAO, Y., XU, J., MURRAY, T. & THUN, M. J. 2008. Cancer statistics, 2008. *CA Cancer J Clin*, 58, 71-96.
- JEMAL, A., SIEGEL, R., XU, J. & WARD, E. 2010. Cancer statistics, 2010. *CA Cancer J Clin*, 60, 277-300.
- JIN, H., MA, Y., YAN, Z., PRABHAKAR, B. S. & HE, B. 2012. Activation of NF-kappaB in CD8+ dendritic cells Ex Vivo by the gamma134.5 null mutant correlates with immunity against herpes simplex virus 1. *J Virol*, 86, 1059-68.
- JOHNSON, G. L. & LAPADAT, R. 2002. Mitogen-activated protein kinase pathways mediated by ERK, JNK, and p38 protein kinases. *Science*, 298, 1911-2.
- JONES, S., ZHANG, X., PARSONS, D. W., LIN, J. C., LEARY, R. J., ANGENENDT, P., MANKOO, P., CARTER, H., KAMIYAMA, H., JIMENO, A., HONG, S. M., FU, B., LIN, M. T., CALHOUN, E. S., KAMIYAMA, M., WALTER, K., NIKOLSKAYA, T., NIKOLSKY, Y., HARTIGAN, J., SMITH, D. R., HIDALGO, M., LEACH, S. D., KLEIN, A. P., JAFFEE, E. M., GOGGINS, M., MAITRA, A., IACOBUZIO-DONAHUE, C., ESHLEMAN, J. R., KERN, S. E., HRUBAN, R. H., KARCHIN, R., PAPADOPOULOS, N., PARMIGIANI, G., VOGELSTEIN, B., VELCULESCU, V. E. & KINZLER, K. W. 2008. Core signaling pathways in human pancreatic cancers revealed by global genomic analyses. *Science*, 321, 1801-6.
- KAACKS, R. & LUKANOVA, A. 2001. Energy balance and cancer: the role of insulin and insulin-like growth factor-I. *Proc Nutr Soc*, 60, 91-106.
- KALSER, M. H., BARKIN, J. & MACINTYRE, J. M. 1985. Pancreatic cancer. Assessment of prognosis by clinical presentation. *Cancer*, 56, 397-402.

- KANAYAMA, A., SETH, R. B., SUN, L., EA, C. K., HONG, M., SHAITO, A., CHIU, Y. H., DENG, L. & CHEN, Z. J. 2004. TAB2 and TAB3 activate the NF-kappaB pathway through binding to polyubiquitin chains. *Mol Cell*, 15, 535-48.
- KANDURI, M., TOBIN, G., ÅLESKOG, A., NILSSON, K. & ROSENQUIST, R. 2011. The novel NF-κB inhibitor IMD-0354 induces apoptosis in chronic lymphocytic leukemia. *Blood Cancer J*, 1, e12-.
- KANG, S. M., TRAN, A. C., GRILLI, M. & LENARDO, M. J. 1992. NF-kappa B subunit regulation in nontransformed CD4+ T lymphocytes. *Science*, 256, 1452-6.
- KARIN, M. 2006. Nuclear factor-kappaB in cancer development and progression. *Nature*, 441, 431-6.
- KARIN, M. & GRETEN, F. R. 2005. NF-kappaB: linking inflammation and immunity to cancer development and progression. *Nat Rev Immunol*, 5, 749-59.
- KASHANI-SABET, M., SHAIKH, L., MILLER, J. R., 3RD, NOSRATI, M., FERREIRA, C. M., DEBS, R. J. & SAGEBIEL, R. W. 2004. NF-kappa B in the vascular progression of melanoma. *J Clin Oncol*, 22, 617-23.
- KAWAI, T., HIROI, S., NAKANISHI, K. & MEEKER, A. K. 2007. Telomere length and telomerase expression in atypical adenomatous hyperplasia and small bronchioloalveolar carcinoma of the lung. *Am J Clin Pathol*, 127, 254-62.
- KAWAKAMI, K., SCHEIDEREIT, C. & ROEDER, R. G. 1988. Identification and purification of a human immunoglobulin-enhancer-binding protein (NF-kappa B) that activates transcription from a human immunodeficiency virus type 1 promoter in vitro. *Proc Natl Acad Sci U S A*, 85, 4700-4.
- KAYAGAKI, N., YAN, M., SESHASAYEE, D., WANG, H., LEE, W., FRENCH, D. M., GREWAL, I. S., COCHRAN, A. G., GORDON, N. C., YIN, J., STAROVASNIK, M. A. & DIXIT, V. M. 2002. BAFF/BLyS receptor 3 binds the B cell survival factor BAFF ligand through a discrete surface loop and promotes processing of NF-kappaB2. *Immunity*, 17, 515-24.
- KEATS, J. J., FONSECA, R., CHESI, M., SCHOP, R., BAKER, A., CHNG, W. J., VAN WIER, S., TIEDEMANN, R., SHI, C. X., SEBAG, M., BRAGGIO, E., HENRY, T., ZHU, Y. X., FOGLE, H., PRICE-TROSKA, T., AHMANN, G., MANCINI, C., BRENTS, L. A., KUMAR, S., GREIPP, P., DISPENZIERI, A., BRYANT, B., MULLIGAN, G., BRUHN, L., BARRETT, M., VALDEZ, R., TRENT, J., STEWART, A. K., CARPTEN, J. & BERGSAGEL, P. L. 2007. Promiscuous mutations activate the noncanonical NF-kappaB pathway in multiple myeloma. *Cancer Cell*, 12, 131-44.
- KENNEDY, K. M. & DEWHIRST, M. W. 2010. Tumor metabolism of lactate: the influence and therapeutic potential for MCT and CD147 regulation. *Future Oncol*, 6, 127-48.
- KIM, H. J., HAWKE, N. & BALDWIN, A. S. 2006. NF-kappaB and IKK as therapeutic targets in cancer. *Cell Death Differ*, 13, 738-47.
- KIM, M. P., EVANS, D. B., WANG, H., ABBRUZZESE, J. L., FLEMING, J. B. & GALLICK, G. E. 2009. Generation of orthotopic and heterotopic human pancreatic cancer xenografts in immunodeficient mice. *Nat Protoc*, 4, 1670-

- KISHIDA, S., SANJO, H., AKIRA, S., MATSUMOTO, K. & NINOMIYA-TSUJI, J. 2005. TAK1-binding protein 2 facilitates ubiquitination of TRAF6 and assembly of TRAF6 with IKK in the IL-1 signaling pathway. *Genes Cells*, 10, 447-54.
- KOCH, U. & RADTKE, F. 2007. Notch and cancer: a double-edged sword. *Cell Mol Life Sci*, 64, 2746-62.
- KOMAROVA, N. L. & BOLAND, C. R. 2013. Cancer: calculated treatment. *Nature*, 499, 291-2.
- KONIG, A., FERNANDEZ-ZAPICO, M. E. & ELLENRIEDER, V. 2010. Primers on molecular pathways--the NFAT transcription pathway in pancreatic cancer. *Pancreatology*, 10, 416-22.
- KORKOLA, J. & GRAY, J. W. 2010. Breast cancer genomes--form and function. *Curr Opin Genet Dev*, 20, 4-14.
- KRYSTOF, V., CANKAR, P., FRYSOVA, I., SLOUKA, J., KONTOPIDIS, G., DZUBAK, P., HAJDUCH, M., SROVNAL, J., DE AZEVEDO, W. F., JR., ORSAG, M., PAPERKAROVA, M., ROLCIK, J., LATR, A., FISCHER, P. M. & STRNAD, M. 2006. 4-arylazo-3,5-diamino-1H-pyrazole CDK inhibitors: SAR study, crystal structure in complex with CDK2, selectivity, and cellular effects. *J Med Chem*, 49, 6500-9.
- LANDI, S. 2009. Genetic predisposition and environmental risk factors to pancreatic cancer: A review of the literature. *Mutat Res*, 681, 299-307.
- LAPIDOT, T., SIRARD, C., VORMOOR, J., MURDOCH, B., HOANG, T., CACERES-CORTES, J., MINDEN, M., PATERSON, B., CALIGIURI, M. A. & DICK, J. E. 1994. A cell initiating human acute myeloid leukaemia after transplantation into SCID mice. *Nature*, 367, 645-8.
- LATCHMAN, D. S. 1995. Cell stress genes and neuronal protection. *Neuropathol Appl Neurobiol*, 21, 475-7.
- LAWRENCE, T. & BEBIEN, M. 2007. IKKalpha in the regulation of inflammation and adaptive immunity. *Biochem Soc Trans*, 35, 270-2.
- LEE, D. F. & HUNG, M. C. 2008. Advances in Targeting IKK and IKK-Related Kinases for Cancer Therapy. *Clin Cancer Res*, 14, 5656-62.
- LEE, D. F., KUO, H. P., CHEN, C. T., HSU, J. M., CHOU, C. K., WEI, Y., SUN, H. L., LI, L. Y., PING, B., HUANG, W. C., HE, X., HUNG, J. Y., LAI, C. C., DING, Q., SU, J. L., YANG, J. Y., SAHIN, A. A., HORTOBAGYI, G. N., TSAI, F. J., TSAI, C. H. & HUNG, M. C. 2007. IKK beta suppression of TSC1 links inflammation and tumor angiogenesis via the mTOR pathway. *Cell*, 130, 440-55.
- LEE, J., KOTLIAROVA, S., KOTLIAROV, Y., LI, A., SU, Q., DONIN, N. M., PASTORINO, S., PUROW, B. W., CHRISTOPHER, N., ZHANG, W., PARK, J. K. & FINE, H. A. 2006. Tumor stem cells derived from glioblastomas cultured in bFGF and EGF more closely mirror the phenotype and genotype of primary tumors than do serum-cultured cell lines. *Cancer Cell*, 9, 391-403.
- LEE, S. T., LI, Z., WU, Z., AAU, M., GUAN, P., KARUTURI, R. K., LIOU, Y. C. & YU, Q. 2011. Context-specific regulation of NF-kappaB target gene expression by EZH2 in breast cancers. *Mol Cell*, 43, 798-810.

- LERNBECHER, T., MULLER, U. & WIRTH, T. 1993. Distinct NF-kappa B/Rel transcription factors are responsible for tissue-specific and inducible gene activation. *Nature*, 365, 767-70.
- LESINA, M., KURKOWSKI, M. U., LUDES, K., ROSE-JOHN, S., TREIBER, M., KLOPPPEL, G., YOSHIMURA, A., REINDL, W., SIPOS, B., AKIRA, S., SCHMID, R. M. & ALGUL, H. 2011. Stat3/Socs3 activation by IL-6 transsignaling promotes progression of pancreatic intraepithelial neoplasia and development of pancreatic cancer. *Cancer Cell*, 19, 456-69.
- LESSARD, L., BEGIN, L. R., GLEAVE, M. E., MES-MASSON, A. M. & SAAD, F. 2005. Nuclear localisation of nuclear factor-kappaB transcription factors in prostate cancer: an immunohistochemical study. *Br J Cancer*, 93, 1019-23.
- LI, C. C., DAI, R. M. & LONGO, D. L. 1995. Inactivation of NF-kappa B inhibitor I kappa B alpha: ubiquitin-dependent proteolysis and its degradation product. *Biochem Biophys Res Commun*, 215, 292-301.
- LI, D., XIE, K., WOLFF, R. & ABBRUZZESE, J. L. 2004. Pancreatic cancer. *Lancet*, 363, 1049-57.
- LI, F. & SETHI, G. 2010. Targeting transcription factor NF-kappaB to overcome chemoresistance and radioresistance in cancer therapy. *Biochim Biophys Acta*, 1805, 167-80.
- LI, T., MORGAN, M. J., CHOKSI, S., ZHANG, Y., KIM, Y. S. & LIU, Z. G. 2010. MicroRNAs modulate the noncanonical transcription factor NF-kappaB pathway by regulating expression of the kinase IKKalpha during macrophage differentiation. *Nat Immunol*, 11, 799-805.
- LI, Z. & NABEL, G. J. 1997. A new member of the I kappaB protein family, I kappaB epsilon, inhibits RelA (p65)-mediated NF-kappaB transcription. *Mol Cell Biol*, 17, 6184-90.
- LI, Z., NIU, J., UWAGAWA, T., PENG, B. & CHIAO, P. J. 2005. Function of polo-like kinase 3 in NF-kappaB-mediated proapoptotic response. *J Biol Chem*, 280, 16843-50.
- LI, Z. W., CHU, W., HU, Y., DELHASE, M., DEERINCK, T., ELLISMAN, M., JOHNSON, R. & KARIN, M. 1999. The IKKbeta subunit of IkappaB kinase (IKK) is essential for nuclear factor kappaB activation and prevention of apoptosis. *J Exp Med*, 189, 1839-45.
- LIANG, C., ZHANG, M. & SUN, S. C. 2006. beta-TrCP binding and processing of NF-kappaB2/p100 involve its phosphorylation at serines 866 and 870. *Cell Signal*, 18, 1309-17.
- LIN, X., MU, Y., CUNNINGHAM, E. T., JR., MARCU, K. B., GELEZIUNAS, R. & GREENE, W. C. 1998. Molecular determinants of NF-kappaB-inducing kinase action. *Mol Cell Biol*, 18, 5899-907.
- LING, J., KANG, Y., ZHAO, R., XIA, Q., LEE, D. F., CHANG, Z., LI, J., PENG, B., FLEMING, J. B., WANG, H., LIU, J., LEMISCHKA, I. R., HUNG, M. C. & CHIAO, P. J. 2012. KrasG12D-induced IKK2/beta/NF-kappaB activation by IL-1alpha and p62 feedforward loops is required for development of pancreatic ductal adenocarcinoma. *Cancer Cell*, 21, 105-20.
- LING, L., CAO, Z. & GOEDDEL, D. V. 1998. NF-kappaB-inducing kinase activates IKK-alpha by phosphorylation of Ser-176. *Proc Natl Acad Sci U S A*, 95, 3792-7.

- LISTER, A., NEDJADI, T., KITTERINGHAM, N. R., CAMPBELL, F., COSTELLO, E., LLOYD, B., COPPLE, I. M., WILLIAMS, S., OWEN, A., NEOPTOLEMOS, J. P., GOLDRING, C. E. & PARK, B. K. 2011. Nrf2 is overexpressed in pancreatic cancer: implications for cell proliferation and therapy. *Mol Cancer*, 10, 37.
- LITTMAN, A. J., JACKSON, L. A. & VAUGHAN, T. L. 2005. Chlamydia pneumoniae and lung cancer: epidemiologic evidence. *Cancer Epidemiol Biomarkers Prev*, 14, 773-8.
- LIVAK, K. J. & SCHMITTGEN, T. D. 2001. Analysis of relative gene expression data using real-time quantitative PCR and the 2<sup>(-Delta Delta C(T))</sup> Method. *Methods*, 25, 402-8.
- LONG, J., ZHANG, Y., YU, X., YANG, J., LEBRUN, D., CHEN, C., YAO, Q. & LI, M. 2011. Overcoming Drug Resistance in Pancreatic Cancer. *Expert opinion on therapeutic targets*, 15, 817-828.
- LOWENFELS, A. B. & MAISONNEUVE, P. 2006. Epidemiology and risk factors for pancreatic cancer. *Best Pract Res Clin Gastroenterol*, 20, 197-209.
- LOWENFELS, A. B., MAISONNEUVE, P., CAVALLINI, G., AMMANN, R. W., LANKISCH, P. G., ANDERSEN, J. R., DIMAGNO, E. P., ANDRENSANDBERG, A. & DOMELLOF, L. 1993. Pancreatitis and the risk of pancreatic cancer. International Pancreatitis Study Group. *N Engl J Med*, 328, 1433-7.
- LOWY, A. M., FENOGLIO-PREISER, C., KIM, O. J., KORDICH, J., GOMEZ, A., KNIGHT, J., JAMES, L. & GRODEN, J. 2003. Dysregulation of beta-catenin expression correlates with tumor differentiation in pancreatic duct adenocarcinoma. *Ann Surg Oncol*, 10, 284-90.
- LU, T., SATHE, S. S., SWIATKOWSKI, S. M., HAMPOLE, C. V. & STARK, G. R. 2004. Secretion of cytokines and growth factors as a general cause of constitutive NFkappaB activation in cancer. *Oncogene*, 23, 2138-45.
- LU, T. & STARK, G. R. 2004. Cytokine overexpression and constitutive NFkappaB in cancer. *Cell Cycle*, 3, 1114-7.
- LUKANOVA, A. & KAAKS, R. 2005. Endogenous hormones and ovarian cancer: epidemiology and current hypotheses. *Cancer Epidemiol Biomarkers Prev*, 14, 98-107.
- LUO, J. L., TAN, W., RICONO, J. M., KORCHYNSKYI, O., ZHANG, M., GONIAS, S. L., CHERESH, D. A. & KARIN, M. 2007. Nuclear cytokine-activated IKKalpha controls prostate cancer metastasis by repressing Maspin. *Nature*, 446, 690-4.
- LYNCH, S. M., VRIELING, A., LUBIN, J. H., KRAFT, P., MENDELSON, J. B., HARTGE, P., CANZIAN, F., STEPLOWSKI, E., ARSLAN, A. A., GROSS, M., HELZLSOUER, K., JACOBS, E. J., LACROIX, A., PETERSEN, G., ZHENG, W., ALBANES, D., AMUNDADOTTIR, L., BINGHAM, S. A., BOFFETTA, P., BOUTRON-RUAULT, M. C., CHANOCK, S. J., CLIPP, S., HOOVER, R. N., JACOBS, K., JOHNSON, K. C., KOOPERBERG, C., LUO, J., MESSINA, C., PALLI, D., PATEL, A. V., RIBOLI, E., SHU, X. O., RODRIGUEZ SUAREZ, L., THOMAS, G., TJONNELAND, A., TOBIAS, G. S., TONG, E., TRICHOPOULOS, D., VIRTAMO, J., YE, W., YU, K., ZELENIUCH-JACQUETTE, A., BUENO-DE-MESQUITA, H. B. &

- STOLZENBERG-SOLOMON, R. Z. 2009. Cigarette smoking and pancreatic cancer: a pooled analysis from the pancreatic cancer cohort consortium. *Am J Epidemiol*, 170, 403-13.
- MAASS, N., HOJO, T., UEDING, M., LUTTGES, J., KLOPPEL, G., JONAT, W. & NAGASAKI, K. 2001. Expression of the tumor suppressor gene Maspin in human pancreatic cancers. *Clin Cancer Res*, 7, 812-7.
- MAC GABHANN, F. & POPEL, A. S. 2008. Systems biology of vascular endothelial growth factors. *Microcirculation*, 15, 715-38.
- MADGE, L. A., KLUGER, M. S., ORANGE, J. S. & MAY, M. J. 2008. Lymphotoxin- $\alpha$ 1 $\beta$ 2 and LIGHT Induce Classical and Noncanonical NF- $\kappa$ B-Dependent Proinflammatory Gene Expression in Vascular Endothelial Cells. *J Immunol*, 180, 3467-77.
- MAHATO, R., QIN, B. & CHENG, K. 2011. Blocking IKKalpha expression inhibits prostate cancer invasiveness. *Pharm Res*, 28, 1357-69.
- MAIER, H. J., WAGNER, M., SCHIPS, T. G., SALEM, H. H., BAUMANN, B. & WIRTH, T. 2013. Requirement of NEMO/IKKgamma for effective expansion of KRAS-induced precancerous lesions in the pancreas. *Oncogene*, 32, 2690-5.
- MALEK, S., HUXFORD, T. & GHOSH, G. 1998. Ikappa Balpha functions through direct contacts with the nuclear localization signals and the DNA binding sequences of NF-kappaB. *J Biol Chem*, 273, 25427-35.
- MALININ, N. L., BOLDIN, M. P., KOVALENKO, A. V. & WALLACH, D. 1997. MAP3K-related kinase involved in NF-kappaB induction by TNF, CD95 and IL-1. *Nature*, 385, 540-4.
- MANCINI, M. & TOKER, A. 2009. NFAT proteins: emerging roles in cancer progression. *Nat Rev Cancer*, 9, 810-20.
- MARGALEF, P., COLOMER, C., VILLANUEVA, A., MONTAGUT, C., IGLESIAS, M., BELLOSILLO, B., SALAZAR, R., MARTINEZ-INIESTA, M., BIGAS, A. & ESPINOSA, L. 2015. BRAF-induced tumorigenesis is IKKalpha-dependent but NF-kappaB-independent. *Sci Signal*, 8, ra38.
- MARGALEF, P., FERNANDEZ-MAJADA, V., VILLANUEVA, A., GARCIA-CARBONELL, R., IGLESIAS, M., LOPEZ, L., MARTINEZ-INIESTA, M., VILLA-FREIXA, J., MULERO, M. C., ANDREU, M., TORRES, F., MAYO, M. W., BIGAS, A. & ESPINOSA, L. 2012. A truncated form of IKKalpha is responsible for specific nuclear IKK activity in colorectal cancer. *Cell Rep*, 2, 840-54.
- MARSHALL, B. J. & WINDSOR, H. M. 2005. The relation of Helicobacter pylori to gastric adenocarcinoma and lymphoma: pathophysiology, epidemiology, screening, clinical presentation, treatment, and prevention. *Med Clin North Am*, 89, 313-44, viii.
- MARTIN-MONTALVO, A., VILLALBA, J. M., NAVAS, P. & DE CABO, R. 2011. NRF2, cancer and calorie restriction. *Oncogene*, 30, 505-20.
- MAY, M. J., WIDMANN, K., SORCE, C., PARK, H. S. & SCHNEIDER, M. 2010. Uncertainty analysis technique for OMEGA Dante measurements. *Rev Sci Instrum*, 81, 10E505.
- MAZUR, P. K. & SIVEKE, J. T. 2012. Genetically engineered mouse models of pancreatic cancer: unravelling tumour biology and progressing translational

- oncology. *Gut*, 61, 1488-500.
- MCCLATCHEY, A. I. & YAP, A. S. 2012. Contact inhibition (of proliferation) redux. *Curr Opin Cell Biol*, 24, 685-94.
- MCCUBREY, J. A., STEELMAN, L. S., ABRAMS, S. L., CHAPPELL, W. H., RUSSO, S., OVE, R., MILELLA, M., TAFURI, A., LUNGHI, P., BONATI, A., STIVALA, F., NICOLETTI, F., LIBRA, M., MARTELLI, A. M., MONTALTO, G. & CERVELLO, M. 2010. Emerging MEK inhibitors. *Expert Opin Emerg Drugs*, 15, 203-23.
- MCDONALD, P. P., BALD, A. & CASSATELLA, M. A. 1997. Activation of the NF-kappaB pathway by inflammatory stimuli in human neutrophils. *Blood*, 89, 3421-33.
- MCFARLAND, B. C., HONG, S. W., RAJBHANDARI, R., TWITTY, G. B., JR., GRAY, G. K., YU, H., BENVENISTE, E. N. & NOZELL, S. E. 2013. NF-kappaB-induced IL-6 ensures STAT3 activation and tumor aggressiveness in glioblastoma. *PLoS One*, 8, e78728.
- MEDYOUF, H. & GHYSDAEL, J. 2008. The calcineurin/NFAT signaling pathway: a novel therapeutic target in leukemia and solid tumors. *Cell Cycle*, 7, 297-303.
- MELISI, D., NIU, J., CHANG, Z., XIA, Q., PENG, B., ISHIYAMA, S., EVANS, D. B. & CHIAO, P. J. 2009. Secreted interleukin-1alpha induces a metastatic phenotype in pancreatic cancer by sustaining a constitutive activation of nuclear factor-kappaB. *Mol Cancer Res*, 7, 624-33.
- MERCURIO, F., DIDONATO, J., ROSETTE, C. & KARIN, M. 1992. Molecular cloning and characterization of a novel Rel/NF-kappa B family member displaying structural and functional homology to NF-kappa B p50/p105. *DNA Cell Biol*, 11, 523-37.
- MERCURIO, F., DIDONATO, J. A., ROSETTE, C. & KARIN, M. 1993. p105 and p98 precursor proteins play an active role in NF-kappa B-mediated signal transduction. *Genes Dev*, 7, 705-18.
- MERKHOFFER, E. C., COGSWELL, P. & BALDWIN, A. S. 2010. Her2 activates NF-kappaB and induces invasion through the canonical pathway involving IKKalpha. *Oncogene*, 29, 1238-48.
- MEYLAN, E., DOOLEY, A. L., FELDSER, D. M., SHEN, L., TURK, E., OUYANG, C. & JACKS, T. 2009. Requirement for NF-kappaB signalling in a mouse model of lung adenocarcinoma. *Nature*, 462, 104-7.
- MICHAUD, D. S., VRIELING, A., JIAO, L., MENDELSON, J. B., STEPLOWSKI, E., LYNCH, S. M., WACTAWSKI-WENDE, J., ARSLAN, A. A., BAS BUENO-DE-MESQUITA, H., FUCHS, C. S., GROSS, M., HELZLSOUER, K., JACOBS, E. J., LACROIX, A., PETERSEN, G., ZHENG, W., ALLEN, N., AMMUNDADOTTIR, L., BERGMANN, M. M., BOFFETTA, P., BURING, J. E., CANZIAN, F., CHANOCK, S. J., CLAVEL-CHAPELON, F., CLIPP, S., FREIBERG, M. S., MICHAEL GAZIANO, J., GIOVANNUCCI, E. L., HANKINSON, S., HARTGE, P., HOOVER, R. N., ALLAN HUBBELL, F., HUNTER, D. J., HUTCHINSON, A., JACOBS, K., KOOPERBERG, C., KRAFT, P., MANJER, J., NAVARRO, C., PEETERS, P. H., SHU, X. O., STEVENS, V., THOMAS, G., TJONNELAND, A., TOBIAS, G. S., TRICHOPOULOS, D., TUMINO,

- R., VINEIS, P., VIRTAMO, J., WALLACE, R., WOLPIN, B. M., YU, K., ZELENIUCH-JACQUOTTE, A. & STOLZENBERG-SOLOMON, R. Z. 2010. Alcohol intake and pancreatic cancer: a pooled analysis from the pancreatic cancer cohort consortium (PanScan). *Cancer Causes Control*, 21, 1213-25.
- MICHEL, G., TONON, T., SCORNET, D., COCK, J. M. & KLOAREG, B. 2010. The cell wall polysaccharide metabolism of the brown alga *Ectocarpus siliculosus*. Insights into the evolution of extracellular matrix polysaccharides in Eukaryotes. *New Phytol*, 188, 82-97.
- MIKAMI, Y., MATSUZAKI, H., HORIE, M., NOGUCHI, S., JO, T., NARUMOTO, O., KOHYAMA, T., TAKIZAWA, H., NAGASE, T. & YAMAUCHI, Y. 2014. Lymphotoxin beta receptor signaling induces IL-8 production in human bronchial epithelial cells. *PLoS One*, 9, e114791.
- MIYAURA, C., ONOZAKI, K., AKIYAMA, Y., TANIYAMA, T., HIRANO, T., KISHIMOTO, T. & SUDA, T. 1988. Recombinant human interleukin 6 (B-cell stimulatory factor 2) is a potent inducer of differentiation of mouse myeloid leukemia cells (M1). *FEBS Lett*, 234, 17-21.
- MODOLELL, I., GUARNER, L. & MALAGELADA, J. R. 1999. Vagaries of clinical presentation of pancreatic and biliary tract cancer. *Ann Oncol*, 10 Suppl 4, 82-4.
- MOHAMMED, A., JANAKIRAM, N. B., PANT, S. & RAO, C. V. 2015. Molecular Targeted Intervention for Pancreatic Cancer. *Cancers (Basel)*, 7, 1499-542.
- MOHR, S. B., GARLAND, C. F., GORHAM, E. D., GRANT, W. B. & GARLAND, F. C. 2010. Ultraviolet B irradiance and vitamin D status are inversely associated with incidence rates of pancreatic cancer worldwide. *Pancreas*, 39, 669-74.
- MOI, P., CHAN, K., ASUNIS, I., CAO, A. & KAN, Y. W. 1994. Isolation of NF-E2-related factor 2 (Nrf2), a NF-E2-like basic leucine zipper transcriptional activator that binds to the tandem NF-E2/AP1 repeat of the beta-globin locus control region. *Proc Natl Acad Sci U S A*, 91, 9926-30.
- MOORE, M. A., PARK, C. B. & TSUDA, H. 1998. Implications of the hyperinsulinaemia-diabetes-cancer link for preventive efforts. *Eur J Cancer Prev*, 7, 89-107.
- MOORE, M. J., GOLDSTEIN, D., HAMM, J., FIGER, A., HECHT, J. R., GALLINGER, S., AU, H. J., MURAWA, P., WALDE, D., WOLFF, R. A., CAMPOS, D., LIM, R., DING, K., CLARK, G., VOSKOGLOU-NOMIKOS, T., PTASYNSKI, M. & PARULEKAR, W. 2007. Erlotinib plus gemcitabine compared with gemcitabine alone in patients with advanced pancreatic cancer: a phase III trial of the National Cancer Institute of Canada Clinical Trials Group. *J Clin Oncol*, 25, 1960-6.
- MULLER, J. R. & SIEBENLIST, U. 2003. Lymphotoxin beta receptor induces sequential activation of distinct NF-kappa B factors via separate signaling pathways. *J Biol Chem*, 278, 12006-12.
- NAKANISHI, C. & TOI, M. 2005. Nuclear factor-kappaB inhibitors as sensitizers to anticancer drugs. *Nat Rev Cancer*, 5, 297-309.
- NAUGLER, W. E. & KARIN, M. 2008. The wolf in sheep's clothing: the role of interleukin-6 in immunity, inflammation and cancer. *Trends Mol Med*, 14,

109-19.

- NAYAK, A., GLOCKNER-PAGEL, J., VAETH, M., SCHUMANN, J. E., BUTTMANN, M., BOPP, T., SCHMITT, E., SERFLING, E. & BERBERICH-SIEBELT, F. 2009. Sumoylation of the transcription factor NFATc1 leads to its subnuclear relocalization and interleukin-2 repression by histone deacetylase. *J Biol Chem*, 284, 10935-46.
- NEOPTOLEMOS, J. P., STOCKEN, D. D., FRIESS, H., BASSI, C., DUNN, J. A., HICKEY, H., BEGER, H., FERNANDEZ-CRUZ, L., DERVENIS, C., LACAINE, F., FALCONI, M., PEDERZOLI, P., PAP, A., SPOONER, D., KERR, D. J. & BUCHLER, M. W. 2004. A randomized trial of chemoradiotherapy and chemotherapy after resection of pancreatic cancer. *N Engl J Med*, 350, 1200-10.
- NEUZILLET, C., TIJERAS-RABALLAND, A., DE MESTIER, L., CROS, J., FAIVRE, S. & RAYMOND, E. 2014. MEK in cancer and cancer therapy. *Pharmacol Ther*, 141, 160-71.
- NGUYEN, T., NIOI, P. & PICKETT, C. B. 2009. The Nrf2-antioxidant response element signaling pathway and its activation by oxidative stress. *J Biol Chem*, 284, 13291-5.
- NISHINA, T., YAMAGUCHI, N., GOHDA, J., SEMBA, K. & INOUE, J. 2009. NIK is involved in constitutive activation of the alternative NF-kappaB pathway and proliferation of pancreatic cancer cells. *Biochem Biophys Res Commun*, 388, 96-101.
- NIU, J., LI, Z., PENG, B. & CHIAO, P. J. 2004. Identification of an autoregulatory feedback pathway involving interleukin-1alpha in induction of constitutive NF-kappaB activation in pancreatic cancer cells. *J Biol Chem*, 279, 16452-62.
- NOVACK, D. V., YIN, L., HAGEN-STAPLETON, A., SCHREIBER, R. D., GOEDDEL, D. V., ROSS, F. P. & TEITELBAUM, S. L. 2003. The IkappaB function of NF-kappaB2 p100 controls stimulated osteoclastogenesis. *J Exp Med*, 198, 771-81.
- OCHIAI, T., SAITO, Y., SAITOH, T., DEWAN, M. Z., SHIOYA, A., KOBAYASHI, M., KAWACHI, H., MUTO, S., ITAI, A., UOTA, S., EISHI, Y., YAMAMOTO, N., TANAKA, S., ARII, S. & YAMAOKA, S. 2008. Inhibition of IkappaB kinase beta restrains oncogenic proliferation of pancreatic cancer cells. *J Med Dent Sci*, 55, 49-59.
- OECKINGHAUS, A. & GHOSH, S. 2009. The NF-kappaB family of transcription factors and its regulation. *Cold Spring Harb Perspect Biol*, 1, a000034.
- OLIVEIRA-CUNHA, M., NEWMAN, W. G. & SIRIWARDENA, A. K. 2011. Epidermal growth factor receptor in pancreatic cancer. *Cancers (Basel)*, 3, 1513-26.
- OLSEN, L. S., HJARNAA, P. J., LATINI, S., HOLM, P. K., LARSSON, R., BRAMM, E., BINDERUP, L. & MADSEN, M. W. 2004. Anticancer agent CHS 828 suppresses nuclear factor-kappa B activity in cancer cells through downregulation of IKK activity. *Int J Cancer*, 111, 198-205.
- PAHL, H. L. 1999. Activators and target genes of Rel/NF-kappaB transcription factors. *Oncogene*, 18, 6853-66.
- PAK, C. & MIYAMOTO, S. 2013. A new alpha in line between KRAS and NF-kappaB activation? *Cancer Discov*, 3, 613-5.

- PAN, X., ARUMUGAM, T., YAMAMOTO, T., LEVIN, P. A., RAMACHANDRAN, V., JI, B., LOPEZ-BERESTEIN, G., VIVAS-MEJIA, P. E., SOOD, A. K., MCCONKEY, D. J. & LOGSDON, C. D. 2008. Nuclear Factor- $\kappa$ B p65/relA Silencing Induces Apoptosis and Increases Gemcitabine Effectiveness in a Subset of Pancreatic Cancer Cells. *Clin Cancer Res*, 14, 8143-51.
- PARK, K. J., KRISHNAN, V., O'MALLEY, B. W., YAMAMOTO, Y. & GAYNOR, R. B. 2005. Formation of an IKK $\alpha$ -dependent transcription complex is required for estrogen receptor-mediated gene activation. *Mol Cell*, 18, 71-82.
- PARKIN, D. M. 2011. 1. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. *Br J Cancer*, 105 Suppl 2, S2-5.
- PARKIN, D. M. 2011. 2. Tobacco-attributable cancer burden in the UK in 2010. *Br J Cancer*, 105 Suppl 2, S6-S13.
- PARKIN, D. M., BOYD, L. & WALKER, L. C. 2011. 16. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. *Br J Cancer*, 105 Suppl 2, S77-81.
- PASCA DI MAGLIANO, M., BIANKIN, A. V., HEISER, P. W., CANO, D. A., GUTIERREZ, P. J., DERAMAUDT, T., SEGARA, D., DAWSON, A. C., KENCH, J. G., HENSHALL, S. M., SUTHERLAND, R. L., DLUGOSZ, A., RUSTGI, A. K. & HEBROK, M. 2007. Common activation of canonical Wnt signaling in pancreatic adenocarcinoma. *PLoS One*, 2, e1155.
- PELZER, U., KLEIN, F., BAHRA, M., SINN, M., DORKEN, B., NEUHAUS, P., MEYER, O. & RIESS, H. 2013. Blood group determinates incidence for pancreatic cancer in Germany. *Front Physiol*, 4, 118.
- PERKINS, N. D., SCHMID, R. M., DUCKETT, C. S., LEUNG, K., RICE, N. R. & NABEL, G. J. 1992. Distinct combinations of NF- $\kappa$ B subunits determine the specificity of transcriptional activation. *Proc Natl Acad Sci U S A*, 89, 1529-33.
- PERMUTH-WEY, J. & EGAN, K. M. 2009. Family history is a significant risk factor for pancreatic cancer: results from a systematic review and meta-analysis. *Fam Cancer*, 8, 109-17.
- PHAM, A. M. & TENOEVER, B. R. 2010. The IKK Kinases: Operators of Antiviral Signaling. *Viruses*, 2, 55-72.
- PILARSKI, R. & ENG, C. 2004. Will the real Cowden syndrome please stand up (again)? Expanding mutational and clinical spectra of the PTEN hamartoma tumour syndrome. *J Med Genet*, 41, 323-6.
- PITOT, H. C. 1993. Multistage carcinogenesis--genetic and epigenetic mechanisms in relation to cancer prevention. *Cancer Detect Prev*, 17, 567-73.
- PITOT, H. C., GOLDSWORTHY, T. & MORAN, S. 1981. The natural history of carcinogenesis: implications of experimental carcinogenesis in the genesis of human cancer. *J Supramol Struct Cell Biochem*, 17, 133-46.
- PLAKSIN, D., BAEUERLE, P. A. & EISENBACH, L. 1993. KBF1 (p50 NF- $\kappa$ B homodimer) acts as a repressor of H-2Kb gene expression in metastatic tumor cells. *J Exp Med*, 177, 1651-62.
- PLOTNIKOV, A., ZEHORAI, E., PROCACCIA, S. & SEGER, R. 2011. The MAPK cascades: signaling components, nuclear roles and mechanisms of

- nuclear translocation. *Biochim Biophys Acta*, 1813, 1619-33.
- POLLEY, S., HUANG, D. B., HAUENSTEIN, A. V., FUSCO, A. J., ZHONG, X., VU, D., SCHROFELBAUER, B., KIM, Y., HOFFMANN, A., VERMA, I. M., GHOSH, G. & HUXFORD, T. 2013. A structural basis for IkappaB kinase 2 activation via oligomerization-dependent trans auto-phosphorylation. *PLoS Biol*, 11, e1001581.
- POLLEY, S., PASSOS, D. O., HUANG, D. B., MULERO, M. C., MAZUMDER, A., BISWAS, T., VERMA, I. M., LYUMKIS, D. & GHOSH, G. 2016. Structural Basis for the Activation of IKK1/alpha. *Cell Rep*, 17, 1907-1914.
- PORTA, M., FABREGAT, X., MALATS, N., GUARNER, L., CARRATO, A., DE MIGUEL, A., RUIZ, L., JARIOD, M., COSTAFREDA, S., COLL, S., ALGUACIL, J., COROMINAS, J. M., SOLA, R., SALAS, A. & REAL, F. X. 2005. Exocrine pancreatic cancer: symptoms at presentation and their relation to tumour site and stage. *Clin Transl Oncol*, 7, 189-97.
- PRABHU, L., MUNDADE, R., KORC, M., LOEHRER, P. J. & LU, T. 2014. Critical role of NF-kappaB in pancreatic cancer. *Oncotarget*, 5, 10969-75.
- PRAJAPATI, S., TU, Z., YAMAMOTO, Y. & GAYNOR, R. B. 2006. IKKalpha regulates the mitotic phase of the cell cycle by modulating Aurora A phosphorylation. *Cell Cycle*, 5, 2371-80.
- PRAY 2008. DNA replication and causes of mutation. *Nature Education*, 1(1):214.
- PUI, C. H. 2009. T cell acute lymphoblastic leukemia: NOTCHing the way toward a better treatment outcome. *Cancer Cell*, 15, 85-7.
- PUJARI, R., HUNTE, R., KHAN, W. N. & SHEMBADE, N. 2013. A20-mediated negative regulation of canonical NF-kappaB signaling pathway. *Immunol Res*, 57, 166-71.
- QI, R., AN, H., YU, Y., ZHANG, M., LIU, S., XU, H., GUO, Z., CHENG, T. & CAO, X. 2003. Notch1 signaling inhibits growth of human hepatocellular carcinoma through induction of cell cycle arrest and apoptosis. *Cancer Res*, 63, 8323-9.
- QIAN, B. Z. & POLLARD, J. W. 2010. Macrophage diversity enhances tumor progression and metastasis. *Cell*, 141, 39-51.
- RACHAGANI, S., SENAPATI, S., CHAKRABORTY, S., PONNUSAMY, M. P., KUMAR, S., SMITH, L. M., JAIN, M. & BATRA, S. K. 2011. Activated KrasG(1)(2)D is associated with invasion and metastasis of pancreatic cancer cells through inhibition of E-cadherin. *Br J Cancer*, 104, 1038-48.
- RAUERT, H., WICOVSKY, A., MULLER, N., SIEGMUND, D., SPINDLER, V., WASCHKE, J., KNEITZ, C. & WAJANT, H. 2010. Membrane tumor necrosis factor (TNF) induces p100 processing via TNF receptor-2 (TNFR2). *J Biol Chem*, 285, 7394-404.
- RAY, A., TATTER, S. B., MAY, L. T. & SEHGAL, P. B. 1988. Activation of the human "beta 2-interferon/hepatocyte-stimulating factor/interleukin 6" promoter by cytokines, viruses, and second messenger agonists. *Proc Natl Acad Sci U S A*, 85, 6701-5.
- RAZANI, B., ZARNEGAR, B., YTTERBERG, A. J., SHIBA, T., DEMPSEY, P. W., WARE, C. F., LOO, J. A. & CHENG, G. 2010. Negative feedback in noncanonical NF-kappaB signaling modulates NIK stability through IKKalpha-mediated phosphorylation. *Sci Signal*, 3, ra41.

- REED, J. C. 2004. Apoptosis mechanisms: implications for cancer drug discovery. *Oncology (Williston Park)*, 18, 11-20.
- RICE, N. R., MACKICHAN, M. L. & ISRAEL, A. 1992. The precursor of NF-kappa B p50 has I kappa B-like functions. *Cell*, 71, 243-53.
- RISCH, H. A. 1998. Hormonal etiology of epithelial ovarian cancer, with a hypothesis concerning the role of androgens and progesterone. *J Natl Cancer Inst*, 90, 1774-86.
- ROMIEU-MOUREZ, R., LANDESMAN-BOLLAG, E., SELDIN, D. C., TRAISH, A. M., MERCURIO, F. & SONENSHEIN, G. E. 2001. Roles of IKK kinases and protein kinase CK2 in activation of nuclear factor-kappaB in breast cancer. *Cancer Res*, 61, 3810-8.
- ROONEY, M. S., SHUKLA, S. A., WU, C. J., GETZ, G. & HACOEN, N. 2015. Molecular and genetic properties of tumors associated with local immune cytolytic activity. *Cell*, 160, 48-61.
- ROTHER, M., PAN, M. G., HENZEL, W. J., AYRES, T. M. & GOEDDEL, D. V. 1995. The TNFR2-TRAF signaling complex contains two novel proteins related to baculoviral inhibitor of apoptosis proteins. *Cell*, 83, 1243-52.
- SAITOH, Y., YAMAMOTO, N., DEWAN, M. Z., SUGIMOTO, H., MARTINEZ BRUYN, V. J., IWASAKI, Y., MATSUBARA, K., QI, X., SAITOH, T., IMOTO, I., INAZAWA, J., UTSUNOMIYA, A., WATANABE, T., MASUDA, T., YAMAMOTO, N. & YAMAOKA, S. 2008. Overexpressed NF-kappaB-inducing kinase contributes to the tumorigenesis of adult T-cell leukemia and Hodgkin Reed-Sternberg cells. *Blood*, 111, 5118-29.
- SAKAKIBARA, S., ESPIGOL-FRIGOLE, G., GASPERINI, P., ULDRICK, T., YARCHOAN, R. & TOSATO, G. 2013. A20/TNFAIP3 inhibits NF- $\kappa$ B activation induced by the Kaposi's sarcoma-associated herpesvirus vFLIP oncoprotein. *Oncogene*, 32, 1223-32.
- SALUJA, A. K., DUDEJA, V. & BANERJEE, S. 2016. Evolution of novel therapeutic options for pancreatic cancer. *Curr Opin Gastroenterol*.
- SAMATAR, A. A. & POULIKAKOS, P. I. 2014. Targeting RAS-ERK signalling in cancer: promises and challenges. *Nat Rev Drug Discov*, 13, 928-42.
- SASCO, A. J., SECRETAN, M. B. & STRAIF, K. 2004. Tobacco smoking and cancer: a brief review of recent epidemiological evidence. *Lung Cancer*, 45 Suppl 2, S3-9.
- SCHERER, D. C., BROCKMAN, J. A., CHEN, Z., MANIATIS, T. & BALLARD, D. W. 1995. Signal-induced degradation of I kappa B alpha requires site-specific ubiquitination. *Proc Natl Acad Sci U S A*, 92, 11259-63.
- SCHMITZ, M. L. & BAEUERLE, P. A. 1991. The p65 subunit is responsible for the strong transcription activating potential of NF-kappa B. *EMBO J*, 10, 3805-17.
- SCHNEIDER, G., SAUR, D., SIVEKE, J. T., FRITSCH, R., GRETEN, F. R. & SCHMID, R. M. 2006. IKKalpha controls p52/RelB at the *skp2* gene promoter to regulate G1- to S-phase progression. *Embo j*, 25, 3801-12.
- SCHRECK, R., ALBERMANN, K. & BAEUERLE, P. A. 1992. Nuclear factor kappa B: an oxidative stress-responsive transcription factor of eukaryotic cells (a review). *Free Radic Res Commun*, 17, 221-37.
- SCHRECK, R., RIEBER, P. & BAEUERLE, P. A. 1991. Reactive oxygen

- intermediates as apparently widely used messengers in the activation of the NF-kappa B transcription factor and HIV-1. *EMBO J*, 10, 2247-58.
- SCHULZ, T. F. 2000. Kaposi's sarcoma-associated herpesvirus (human herpesvirus 8): epidemiology and pathogenesis. *J Antimicrob Chemother*, 45 Suppl T3, 15-27.
- SCOTTO D'ABUSCO, A., POLITI, L., GIORDANO, C. & SCANDURRA, R. 2010. A peptidyl-glucosamine derivative affects IKKalpha kinase activity in human chondrocytes. *Arthritis Res Ther*, 12, R18.
- SEBOLT-LEOPOLD, J. S., DUDLEY, D. T., HERRERA, R., VAN BECELAERE, K., WILAND, A., GOWAN, R. C., TECLE, H., BARRETT, S. D., BRIDGES, A., PRZYBRANOWSKI, S., LEOPOLD, W. R. & SALTIEL, A. R. 1999. Blockade of the MAP kinase pathway suppresses growth of colon tumors in vivo. *Nat Med*, 5, 810-6.
- SEBOLT-LEOPOLD, J. S. & ENGLISH, J. M. 2006. Mechanisms of drug inhibition of signalling molecules. *Nature*, 441, 457-62.
- SEMENZA, G. L. 2008. Tumor metabolism: cancer cells give and take lactate. *J Clin Invest*, 118, 3835-7.
- SEN, R. & BALTIMORE, D. 1986. Multiple nuclear factors interact with the immunoglobulin enhancer sequences. *Cell*, 46, 705-16.
- SENEGAS, A., GAUTHERON, J., GENTIL DIT MAURIN, A. & COURTOIS, G. 2015. Erratum to: IKK-related genetic diseases: probing NF-kappaB functions in humans and other matters. *Cell Mol Life Sci*, 72, 1289.
- SENFTELEBEN, U., CAO, Y., XIAO, G., GRETEN, F. R., KRAHN, G., BONIZZU, G., CHEN, Y., HU, Y., FONG, A., SUN, S. C. & KARIN, M. 2001. Activation by IKKalpha of a second, evolutionary conserved, NF-kappa B signaling pathway. *Science*, 293, 1495-9.
- SHAN, B., ZHUO, Y., CHIN, D., MORRIS, C. A., MORRIS, G. F. & LASKY, J. A. 2005. Cyclin-dependent kinase 9 is required for tumor necrosis factor-alpha-stimulated matrix metalloproteinase-9 expression in human lung adenocarcinoma cells. *J Biol Chem*, 280, 1103-11.
- SHEMBADE, N. & HARHAJ, E. W. 2012. Regulation of NF-kappaB signaling by the A20 deubiquitinase. *Cell Mol Immunol*, 9, 123-30.
- SHEN, M., BOFFETTA, P., OLSEN, J. H., ANDERSEN, A., HEMMINKI, K., PUKKALA, E., TRACEY, E., BREWSTER, D. H., MCBRIDE, M. L., POMPE-KIRN, V., KLIEWER, E. V., TONITA, J. M., CHIA, K. S., MARTOS, C., JONASSON, J. G., COLIN, D., SCELO, G. & BRENNAN, P. 2006. A pooled analysis of second primary pancreatic cancer. *Am J Epidemiol*, 163, 502-11.
- SHI, C., HRUBAN, R. H. & KLEIN, A. P. 2009. Familial pancreatic cancer. *Arch Pathol Lab Med*, 133, 365-74.
- SHIAH, H. S., GAO, W., BAKER, D. C. & CHENG, Y. C. 2006. Inhibition of cell growth and nuclear factor-kappaB activity in pancreatic cancer cell lines by a tylophorine analogue, DCB-3503. *Mol Cancer Ther*, 5, 2484-93.
- SHIBASAKI, F., HALLIN, U. & UCHINO, H. 2002. Calcineurin as a multifunctional regulator. *J Biochem*, 131, 1-15.
- SHU, H. B., AGRANOFF, A. B., NABEL, E. G., LEUNG, K., DUCKETT, C. S., NEISH, A. S., COLLINS, T. & NABEL, G. J. 1993. Differential regulation

- of vascular cell adhesion molecule 1 gene expression by specific NF-kappa B subunits in endothelial and epithelial cells. *Mol Cell Biol*, 13, 6283-9.
- SHUKLA, S., KANWAL, R., SHANKAR, E., DATT, M., CHANCE, M. R., FU, P., MACLENNAN, G. T. & GUPTA, S. 2015. Apigenin blocks IKKalpha activation and suppresses prostate cancer progression. *Oncotarget*, 6, 31216-32.
- SIAM, J. J., NG, S. L., SEET, L. F., BEUERMAN, R. W. & TONG, L. 2011. The nuclear-factor kappaB pathway is activated in pterygium. *Invest Ophthalmol Vis Sci*, 52, 230-6.
- SIEBENLIST, U., FRANZOSO, G. & BROWN, K. 1994. Structure, regulation and function of NF-kappa B. *Annu Rev Cell Biol*, 10, 405-55.
- SIEGEL, R. L., MILLER, K. D. & JEMAL, A. 2015. Cancer statistics, 2015. *CA Cancer J Clin*, 65, 5-29.
- SILVERMAN, D. T., HOOVER, R. N., BROWN, L. M., SWANSON, G. M., SCHIFFMAN, M., GREENBERG, R. S., HAYES, R. B., LILLEMOR, K. D., SCHOENBERG, J. B., SCHWARTZ, A. G., LIFF, J., POTTERN, L. M. & FRAUMENI, J. F., JR. 2003. Why do Black Americans have a higher risk of pancreatic cancer than White Americans? *Epidemiology*, 14, 45-54.
- SMITH, C., ANDREAKOS, E., CRAWLEY, J. B., BRENNAN, F. M., FELDMANN, M. & FOXWELL, B. M. 2001. NF-kappaB-inducing kinase is dispensable for activation of NF-kappaB in inflammatory settings but essential for lymphotoxin beta receptor activation of NF-kappaB in primary human fibroblasts. *J Immunol*, 167, 5895-903.
- SOHN, T. A., YEO, C. J., CAMERON, J. L., KONIARIS, L., KAUSHAL, S., ABRAMS, R. A., SAUTER, P. K., COLEMAN, J., HRUBAN, R. H. & LILLEMOR, K. D. 2000. Resected adenocarcinoma of the pancreas-616 patients: results, outcomes, and prognostic indicators. *J Gastrointest Surg*, 4, 567-79.
- STEHLIK, C., DE MARTIN, R., KUMABASHIRI, I., SCHMID, J. A., BINDER, B. R. & LIPP, J. 1998. Nuclear factor (NF)-kappaB-regulated X-chromosome-linked iap gene expression protects endothelial cells from tumor necrosis factor alpha-induced apoptosis. *J Exp Med*, 188, 211-6.
- STEPHEN, A. G., ESPOSITO, D., BAGNI, R. K. & MCCORMICK, F. 2014. Dragging ras back in the ring. *Cancer Cell*, 25, 272-81.
- STEWART, A., WEBB, J. & HEWITT, D. 1958. A survey of childhood malignancies. *Br Med J*, 1, 1495-508.
- STOLZENBERG-SOLOMON, R. Z., HAYES, R. B., HORST, R. L., ANDERSON, K. E., HOLLIS, B. W. & SILVERMAN, D. T. 2009. Serum vitamin D and risk of pancreatic cancer in the prostate, lung, colorectal, and ovarian screening trial. *Cancer Res*, 69, 1439-47.
- STOLZENBERG-SOLOMON, R. Z., JACOBS, E. J., ARSLAN, A. A., QI, D., PATEL, A. V., HELZLSouer, K. J., WEINSTEIN, S. J., MCCULLOUGH, M. L., PURDUE, M. P., SHU, X. O., SNYDER, K., VIRTAMO, J., WILKINS, L. R., YU, K., ZELENIUCH-JACQUOTTE, A., ZHENG, W., ALBANES, D., CAI, Q., HARVEY, C., HAYES, R., CLIPP, S., HORST, R. L., IRISH, L., KOENIG, K., LE MARCHAND, L. & KOLONEL, L. N. 2010. Circulating 25-hydroxyvitamin D and risk of pancreatic cancer: Cohort

- Consortium Vitamin D Pooling Project of Rarer Cancers. *Am J Epidemiol*, 172, 81-93.
- STORCH, K. & CORDES, N. 2015. The impact of CDK9 on radiosensitivity, DNA damage repair and cell cycling of HNSCC cancer cells. *Int J Oncol*.
- STORZ, P. 2013. Targeting the alternative NF-kappaB pathway in pancreatic cancer: a new direction for therapy? *Expert Rev Anticancer Ther*, 13, 501-4.
- STREICHER, S. A., YU, H., LU, L., KIDD, M. S. & RISCH, H. A. 2014. Case-control study of aspirin use and risk of pancreatic cancer. *Cancer Epidemiol Biomarkers Prev*, 23, 1254-63.
- SUENAGA, M., YAMADA, S., FUJII, T., TANAKA, C., KANDA, M., NAKAYAMA, G., SUGIMOTO, H., KOIKE, M., FUJIWARA, M. & KODERA, Y. 2016. S-1 plus nab-paclitaxel is a promising regimen for pancreatic cancer in a preclinical model. *J Surg Oncol*, 113, 413-9.
- SUN, H., CHARLES, C. H., LAU, L. F. & TONKS, N. K. 1993. MKP-1 (3CH134), an immediate early gene product, is a dual specificity phosphatase that dephosphorylates MAP kinase in vivo. *Cell*, 75, 487-93.
- SUN, S. C. 2012. The noncanonical NF-kappaB pathway. *Immunol Rev*, 246, 125-40.
- SURH, Y. J. 2003. Cancer chemoprevention with dietary phytochemicals. *Nat Rev Cancer*, 3, 768-80.
- TAKAESU, G., KISHIDA, S., HIYAMA, A., YAMAGUCHI, K., SHIBUYA, H., IRIE, K., NINOMIYA-TSUJI, J. & MATSUMOTO, K. 2000. TAB2, a novel adaptor protein, mediates activation of TAK1 MAPKKK by linking TAK1 to TRAF6 in the IL-1 signal transduction pathway. *Mol Cell*, 5, 649-58.
- TAKAESU, G., SURABHI, R. M., PARK, K. J., NINOMIYA-TSUJI, J., MATSUMOTO, K. & GAYNOR, R. B. 2003. TAK1 is critical for IkappaB kinase-mediated activation of the NF-kappaB pathway. *J Mol Biol*, 326, 105-15.
- TENG, M. W., SWANN, J. B., KOEBEL, C. M., SCHREIBER, R. D. & SMYTH, M. J. 2008. Immune-mediated dormancy: an equilibrium with cancer. *J Leukoc Biol*, 84, 988-93.
- TEW, G. W., LORIMER, E. L., BERG, T. J., ZHI, H., LI, R. & WILLIAMS, C. L. 2008. SmgGDS regulates cell proliferation, migration, and NF-kappaB transcriptional activity in non-small cell lung carcinoma. *J Biol Chem*, 283, 963-76.
- THOMPSON, J. E., PHILLIPS, R. J., ERDJUMENT-BROMAGE, H., TEMPST, P. & GHOSH, S. 1995. I kappa B-beta regulates the persistent response in a biphasic activation of NF-kappa B. *Cell*, 80, 573-82.
- THOTA, R., PAUFF, J. M. & BERLIN, J. D. 2014. Treatment of metastatic pancreatic adenocarcinoma: a review. *Oncology (Williston Park)*, 28, 70-4.
- TIAN, H., ZHANG, B., DI, J., JIANG, G., CHEN, F., LI, H., LI, L., PEI, D. & ZHENG, J. 2012. Keap1: one stone kills three birds Nrf2, IKKbeta and Bcl-2/Bcl-xL. *Cancer Lett*, 325, 26-34.
- TODD, R. & WONG, D. T. 1999. Oncogenes. *Anticancer Res*, 19, 4729-46.
- TRAMACERE, I., SCOTTI, L., JENAB, M., BAGNARDI, V., BELLOCCO, R., ROTA, M., CORRAO, G., BRAVI, F., BOFFETTA, P. & LA VECCHIA, C. 2010. Alcohol drinking and pancreatic cancer risk: a meta-analysis of the

- dose-risk relation. *Int J Cancer*, 126, 1474-86.
- TRINH, D. V., ZHU, N., FARHANG, G., KIM, B. J. & HUXFORD, T. 2008. The nuclear I kappaB protein I kappaB zeta specifically binds NF-kappaB p50 homodimers and forms a ternary complex on kappaB DNA. *J Mol Biol*, 379, 122-35.
- TROLL, W. & WIESNER, R. 1985. The role of oxygen radicals as a possible mechanism of tumor promotion. *Annu Rev Pharmacol Toxicol*, 25, 509-28.
- TU, Z., PRAJAPATI, S., PARK, K. J., KELLY, N. J., YAMAMOTO, Y. & GAYNOR, R. B. 2006. IKK alpha regulates estrogen-induced cell cycle progression by modulating E2F1 expression. *J Biol Chem*, 281, 6699-706.
- TYSNES, B. 2010. Tumor-Initiating and -Propagating Cells: Cells That We Would Like to Identify and Control. *Neoplasia*, 12, 506-15.
- VALENTINE, R., DAWSON, C. W., HU, C., SHAH, K. M., OWEN, T. J., DATE, K. L., MAIA, S. P., SHAO, J., ARRAND, J. R., YOUNG, L. S. & O'NEIL, J. D. 2010. Epstein-Barr virus-encoded EBNA1 inhibits the canonical NF-kappaB pathway in carcinoma cells by inhibiting IKK phosphorylation. *Mol Cancer*, 9, 1.
- VILIMAS, T., MASCARENHAS, J., PALOMERO, T., MANDAL, M., BUONAMICI, S., MENG, F., THOMPSON, B., SPAULDING, C., MACAROUN, S., ALEGRE, M. L., KEE, B. L., FERRANDO, A., MIELE, L. & AIFANTIS, I. 2007. Targeting the NF-kappaB signaling pathway in Notch1-induced T-cell leukemia. *Nat Med*, 13, 70-7.
- VILLENEUVE, P. J. & MAO, Y. 1994. Lifetime probability of developing lung cancer, by smoking status, Canada. *Can J Public Health*, 85, 385-8.
- VIMALACHANDRAN, D., GREENHALF, W., THOMPSON, C., LUTTGES, J., PRIME, W., CAMPBELL, F., DODSON, A., WATSON, R., CRNOGORAC-JURCEVIC, T., LEMOINE, N., NEOPTOLEMOS, J. & COSTELLO, E. 2005. High nuclear S100A6 (Calcyclin) is significantly associated with poor survival in pancreatic cancer patients. *Cancer Res*, 65, 3218-25.
- VON FIGURA, G., MORRIS, J. P. T., WRIGHT, C. V. & HEBROK, M. 2014. Nr5a2 maintains acinar cell differentiation and constrains oncogenic Kras-mediated pancreatic neoplastic initiation. *Gut*, 63, 656-64.
- VON HOFF, D. D., ERVIN, T., ARENA, F. P., CHIOREAN, E. G., INFANTE, J., MOORE, M., SEAY, T., TJULANDIN, S. A., MA, W. W., SALEH, M. N., HARRIS, M., RENI, M., DOWDEN, S., LAHERU, D., BAHARY, N., RAMANATHAN, R. K., TABERNERO, J., HIDALGO, M., GOLDSTEIN, D., VAN CUTSEM, E., WEI, X., IGLESIAS, J. & RENSCHLER, M. F. 2013. Increased survival in pancreatic cancer with nab-paclitaxel plus gemcitabine. *N Engl J Med*, 369, 1691-703.
- WADDELL, N., PAJIC, M., PATCH, A. M., CHANG, D. K., KASSAHN, K. S., BAILEY, P., JOHNS, A. L., MILLER, D., NONES, K., QUEK, K., QUINN, M. C., ROBERTSON, A. J., FADLULLAH, M. Z., BRUXNER, T. J., CHRIST, A. N., HARLIWONG, I., IDRISOGLU, S., MANNING, S., NOURSE, C., NOURBAKHS, E., WANI, S., WILSON, P. J., MARKHAM, E., CLOONAN, N., ANDERSON, M. J., FINK, J. L., HOLMES, O., KAZAKOFF, S. H., LEONARD, C., NEWELL, F., POUDEL,

- B., SONG, S., TAYLOR, D., WADDELL, N., WOOD, S., XU, Q., WU, J., PINESE, M., COWLEY, M. J., LEE, H. C., JONES, M. D., NAGRIAL, A. M., HUMPHRIS, J., CHANTRILL, L. A., CHIN, V., STEINMANN, A. M., MAWSON, A., HUMPHREY, E. S., COLVIN, E. K., CHOU, A., SCARLETT, C. J., PINHO, A. V., GIRY-LATERRIERE, M., ROOMAN, I., SAMRA, J. S., KENCH, J. G., PETTITT, J. A., MERRETT, N. D., TOON, C., EPARI, K., NGUYEN, N. Q., BARBOUR, A., ZEPS, N., JAMIESON, N. B., GRAHAM, J. S., NICLOU, S. P., BJERKVIG, R., GRUTZMANN, R., AUST, D., HRUBAN, R. H., MAITRA, A., IACOBUZIO-DONAHUE, C. A., WOLFGANG, C. L., MORGAN, R. A., LAWLOR, R. T., CORBO, V., BASSI, C., FALCONI, M., ZAMBONI, G., TORTORA, G., TEMPERO, M. A., GILL, A. J., ESHLEMAN, J. R., PILARSKY, C., SCARPA, A., MUSGROVE, E. A., PEARSON, J. V., BIANKIN, A. V. & GRIMMOND, S. M. 2015. Whole genomes redefine the mutational landscape of pancreatic cancer. *Nature*, 518, 495-501.
- WANG, W., ABBRUZZESE, J. L., EVANS, D. B., LARRY, L., CLEARY, K. R. & CHIAO, P. J. 1999. The nuclear factor-kappa B RelA transcription factor is constitutively activated in human pancreatic adenocarcinoma cells. *Clin Cancer Res*, 5, 119-27.
- WANG, Z., ALI, S., BANERJEE, S., BAO, B., LI, Y., AZMI, A. S., KORC, M. & SARKAR, F. H. 2013. Activated K-Ras and INK4a/Arf deficiency promote aggressiveness of pancreatic cancer by induction of EMT consistent with cancer stem cell phenotype. *J Cell Physiol*, 228, 556-62.
- WARBURG, O. 1956. On respiratory impairment in cancer cells. *Science*, 124, 269-70.
- WARBURG, O. 1956. On the origin of cancer cells. *Science*, 123, 309-14.
- WEICHERT, W., BOEHM, M., GEKELER, V., BAHRA, M., LANGREHR, J., NEUHAUS, P., DENKERT, C., IMRE, G., WELLER, C., HOFMANN, H. P., NIESPOREK, S., JACOB, J., DIETEL, M., SCHEIDEREIT, C. & KRISTIANSEN, G. 2007. High expression of RelA/p65 is associated with activation of nuclear factor-kappaB-dependent signaling in pancreatic cancer and marks a patient population with poor prognosis. *Br J Cancer*, 97, 523-30.
- WEINBERG, R. A. 1996. How cancer arises. *Sci Am*, 275, 62-70.
- WHARRY, C. E., HAINES, K. M., CARROLL, R. G. & MAY, M. J. 2009. Constitutive non-canonical NFkappaB signaling in pancreatic cancer cells. *Cancer Biol Ther*, 8, 1567-76.
- WHATCOTT, C., HAN, H., POSNER, R. G. & VON HOFF, D. D. 2013. Tumor-stromal interactions in pancreatic cancer. *Crit Rev Oncog*, 18, 135-51.
- WHITCOMB, D. C., GORRY, M. C., PRESTON, R. A., FUREY, W., SOSSENHEIMER, M. J., ULRICH, C. D., MARTIN, S. P., GATES, L. K., JR., AMANN, S. T., TOSKES, P. P., LIDDLE, R., MCGRATH, K., UOMO, G., POST, J. C. & EHRLICH, G. D. 1996. Hereditary pancreatitis is caused by a mutation in the cationic trypsinogen gene. *Nat Genet*, 14, 141-5.
- WOLPIN, B. M., CHAN, A. T., HARTGE, P., CHANOCK, S. J., KRAFT, P., HUNTER, D. J., GIOVANNUCCI, E. L. & FUCHS, C. S. 2009. ABO blood group and the risk of pancreatic cancer. *J Natl Cancer Inst*, 101, 424-31.
- WORONICZ, J. D., GAO, X., CAO, Z., ROTHE, M. & GOEDDEL, D. V. 1997.

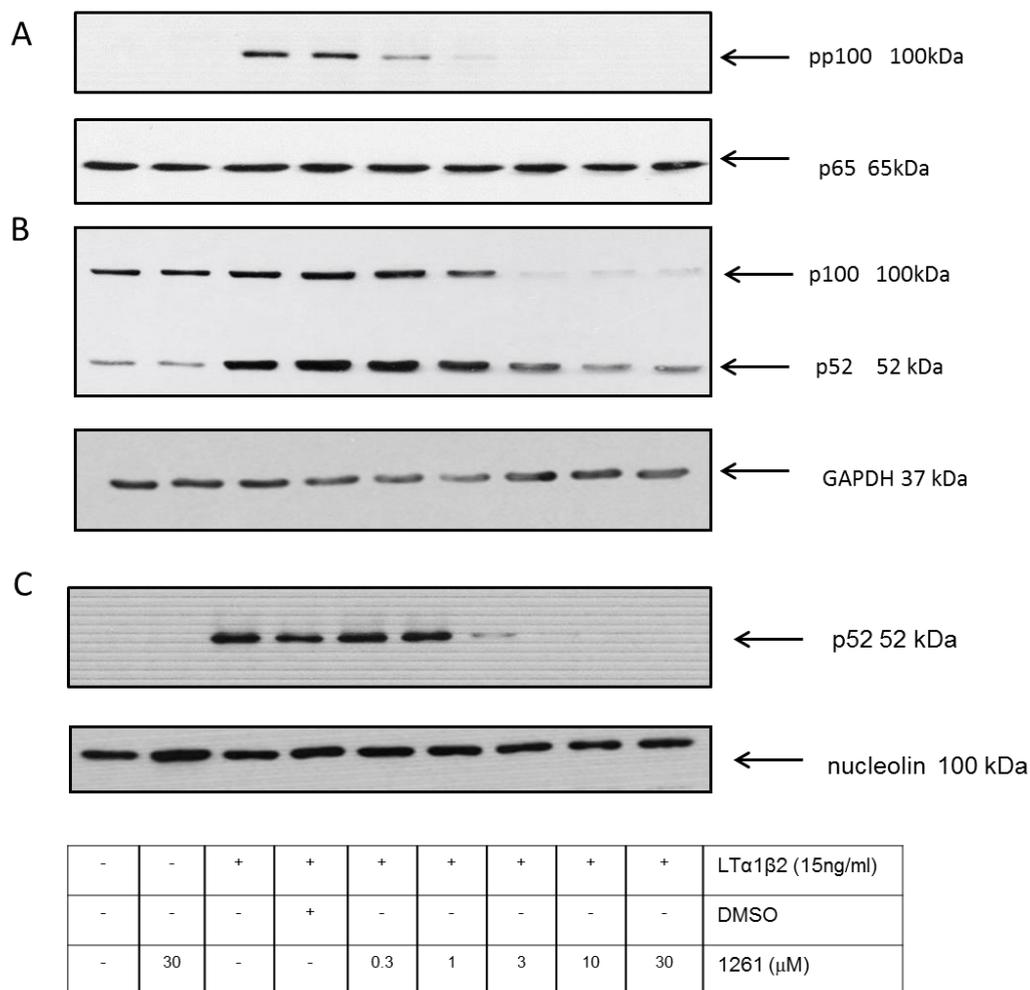
- IkappaB kinase-beta: NF-kappaB activation and complex formation with IkappaB kinase-alpha and NIK. *Science*, 278, 866-9.
- WU, D. G., YU, P., LI, J. W., JIANG, P., SUN, J., WANG, H. Z., ZHANG, L. D., WEN, M. B. & BIE, P. 2014. Apigenin potentiates the growth inhibitory effects by IKK-beta-mediated NF-kappaB activation in pancreatic cancer cells. *Toxicol Lett*, 224, 157-64.
- WU, L., SHAO, L., AN, N., WANG, J., PAZHANISAMY, S., FENG, W., HAUER-JENSEN, M., MIYAMOTO, S. & ZHOU, D. 2011. IKKbeta regulates the repair of DNA double-strand breaks induced by ionizing radiation in MCF-7 breast cancer cells. *PLoS One*, 6, e18447.
- XIAO, G., CVIJIC, M. E., FONG, A., HARHAJ, E. W., UHLIK, M. T., WATERFIELD, M. & SUN, S. C. 2001. Retroviral oncoprotein Tax induces processing of NF-kappaB2/p100 in T cells: evidence for the involvement of IKKalpha. *EMBO J*, 20, 6805-15.
- XIAO, G., HARHAJ, E. W. & SUN, S. C. 2001. NF-kappaB-inducing kinase regulates the processing of NF-kappaB2 p100. *Mol Cell*, 7, 401-9.
- YACHIDA, S. & IACOBUZIO-DONAHUE, C. A. 2009. The pathology and genetics of metastatic pancreatic cancer. *Arch Pathol Lab Med*, 133, 413-22.
- YAMAGUCHI, N., ITO, T., AZUMA, S., ITO, E., HONMA, R., YANAGISAWA, Y., NISHIKAWA, A., KAWAMURA, M., IMAI, J., WATANABE, S., SEMBA, K. & INOUE, J. 2009. Constitutive activation of nuclear factor-kappaB is preferentially involved in the proliferation of basal-like subtype breast cancer cell lines. *Cancer Sci*, 100, 1668-74.
- YAMAGUCHI, N., OYAMA, M., KOZUKA-HATA, H. & INOUE, J. 2013. Involvement of A20 in the molecular switch that activates the non-canonical NF-small ka, CyrillicB pathway. *Sci Rep*, 3, 2568.
- YAMAMOTO, Y. & GAYNOR, R. B. 2001. Therapeutic potential of inhibition of the NF-kappaB pathway in the treatment of inflammation and cancer. *J Clin Invest*, 107, 135-42.
- YAMAZAKI, S., MUTA, T. & TAKESHIGE, K. 2001. A novel IkappaB protein, IkappaB-zeta, induced by proinflammatory stimuli, negatively regulates nuclear factor-kappaB in the nuclei. *J Biol Chem*, 276, 27657-62.
- YAN, M., ZHANG, Y., HE, B., XIANG, J., WANG, Z. F., ZHENG, F. M., XU, J., CHEN, M. Y., ZHU, Y. L., WEN, H. J., WAN, X. B., YUE, C. F., YANG, N., ZHANG, W., ZHANG, J. L., WANG, J., WANG, Y., LI, L. H., ZENG, Y. X., LAM, E. W., HUNG, M. C. & LIU, Q. 2014. IKKalpha restoration via EZH2 suppression induces nasopharyngeal carcinoma differentiation. *Nat Commun*, 5, 3661.
- YANG, J. 2010. Conditional ablation of Ikkb inhibits melanoma tumor development in mice. 120, 2563-74.
- YANG, J., KANTROW, S., SAI, J., HAWKINS, O., BOOTHBY, M., AYERS, G. D., YOUNG, E., DEMICCO, E., LAZAR, A., LEV, D. & RICHMOND, A. 2012. INK4a/ARF inactivation with activation of the NF-kB/IL-6 pathway is sufficient to drive the development and growth of angiosarcoma. *Cancer Res*, 72, 4682-95.
- YANG, J., PAN, W. H., CLAWSON, G. A. & RICHMOND, A. 2007. Systemic Targeting Inhibitor of kappaB Kinase Inhibits Melanoma Tumor Growth. *Cancer*

*Res*, 67, 3127-34.

- YANG, X. H., FENG, Z. E., YAN, M., HANADA, S., ZUO, H., YANG, C. Z., HAN, Z. G., GUO, W., CHEN, W. T. & ZHANG, P. 2012. XIAP is a predictor of cisplatin-based chemotherapy response and prognosis for patients with advanced head and neck cancer. *PLoS One*, 7, e31601.
- YEMELYANOV, A., GASPARIAN, A., LINDHOLM, P., DANG, L., PIERCE, J. W., KISSELJOV, F., KARSELADZE, A. & BUDUNOVA, I. 2006. Effects of IKK inhibitor PS1145 on NF-kappaB function, proliferation, apoptosis and invasion activity in prostate carcinoma cells. *Oncogene*, 25, 387-98.
- YIN, T., ZHANG, Z., CAO, B., DUAN, Q., SHI, P., ZHAO, H., CAMARA, S. N., SHEN, Q. & WANG, C. 2016. Bmi1 inhibition enhances the sensitivity of pancreatic cancer cells to gemcitabine. *Oncotarget*, 7, 37192-37204.
- YOKOYAMA, Y., NIMURA, Y. & NAGINO, M. 2009. Advances in the treatment of pancreatic cancer: limitations of surgery and evaluation of new therapeutic strategies. *Surg Today*, 39, 466-75.
- YOON, S. & SEGER, R. 2006. The extracellular signal-regulated kinase: multiple substrates regulate diverse cellular functions. *Growth Factors*, 24, 21-44.
- YOON, S., WOO, S. U., KANG, J. H., KIM, K., SHIN, H. J., GWAK, H. S., PARK, S. & CHWAE, Y. J. 2012. NF-kappaB and STAT3 cooperatively induce IL6 in starved cancer cells. *Oncogene*, 31, 3467-81.
- YU, H. & ROHAN, T. 2000. Role of the insulin-like growth factor family in cancer development and progression. *J Natl Cancer Inst*, 92, 1472-89.
- ZABEL, U., SCHRECK, R. & BAEUERLE, P. A. 1991. DNA binding of purified transcription factor NF-kappa B. Affinity, specificity, Zn<sup>2+</sup> dependence, and differential half-site recognition. *J Biol Chem*, 266, 252-60.
- ZARDAWI, S. J., ZARDAWI, I., MCNEIL, C. M., MILLAR, E. K., MCLEOD, D., MOREY, A. L., CREA, P., MURPHY, N. C., PINESE, M., LOPEZ-KNOWLES, E., OAKES, S. R., ORMANDY, C. J., QIU, M. R., HAMILTON, A., SPILLANE, A., SOON LEE, C., SUTHERLAND, R. L., MUSGROVE, E. A. & O'TOOLE, S. A. 2010. High Notch1 protein expression is an early event in breast cancer development and is associated with the HER-2 molecular subtype. *Histopathology*, 56, 286-96.
- ZENG, G., GERMINARO, M., MICSENYI, A., MONGA, N. K., BELL, A., SOOD, A., MALHOTRA, V., SOOD, N., MIDDA, V., MONGA, D. K., KOKKINAKIS, D. M. & MONGA, S. P. 2006. Aberrant Wnt/beta-catenin signaling in pancreatic adenocarcinoma. *Neoplasia*, 8, 279-89.
- ZHANG, Y., YAN, W., COLLINS, M. A., BEDNAR, F., RAKSHIT, S., ZETTER, B. R., STANGER, B. Z., CHUNG, I., RHIM, A. D. & DI MAGLIANO, M. P. 2013. Interleukin 6 Is Required for Pancreatic Cancer Progression by Promoting MAPK Signaling Activation and Oxidative Stress Resistance. *Cancer research*, 73, 10.1158/0008-5472.CAN-13-1558-T.
- ZHAO, Y. & ADJEI, A. A. 2014. The clinical development of MEK inhibitors. *Nat Rev Clin Oncol*, 11, 385-400.
- ZHU, H. C., QIU, T., DAN, C., LIU, X. H. & HU, C. H. 2015. Blockage of RelB expression by gene silencing enhances the radiosensitivity of androgenindependent prostate cancer cells. *Mol Med Rep*, 11, 1167-73.

- ZHUANG, Z., LI, H., LEE, H., AGUILAR, M., GOCHO, T., JU, H., IIDA, T., LING, J., FU, J., WU, M., SUN, Y., LU, Y. & CHIAO, P. J. 2017. NEMO peptide inhibits the growth of pancreatic ductal adenocarcinoma by blocking NF-kappaB activation. *Cancer Lett*, 411, 44-56.
- ZOU, P., KAWADA, J., PESNICK, L. & COHEN, J. I. 2007. Bortezomib induces apoptosis of Epstein-Barr virus (EBV)-transformed B cells and prolongs survival of mice inoculated with EBV-transformed B cells. *J Virol*, 81, 10029-36.

# Appendixes



#### Panel A

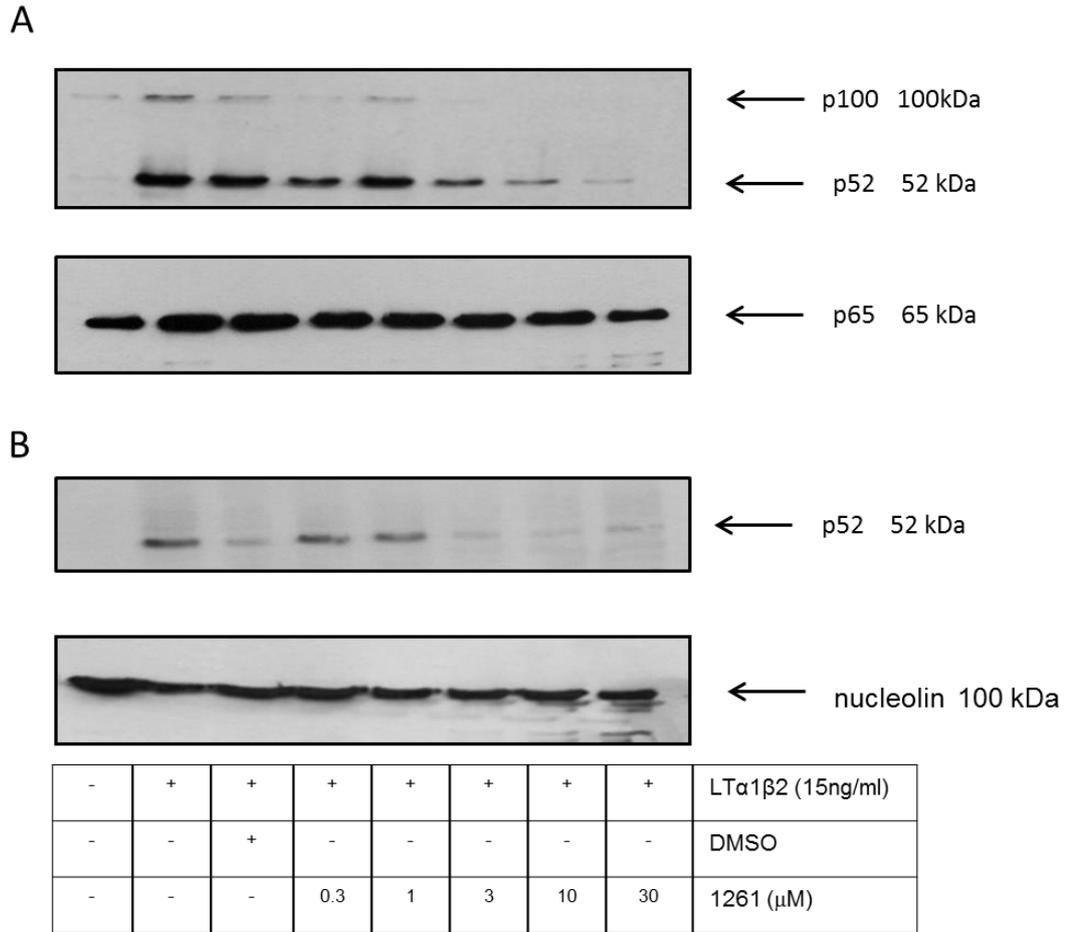
Panc-1 cells were pre-treated with 1261 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p-p100 (100 kDa) and p65 (65 kDa) which was used as loading control

#### Panel B

Panc-1 cells were pre-treated with SU1261 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 24h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p52 (52 kDa) and p65 (65 kDa) which was used as loading control

#### Panel C

Panc-1 cells were pre-treated with SU1261 for 1h prior to stimulated with LTα1β2 (15ng/ml) for 24h. Nuclear extracts were prepared and then separated by SDS-PAGE and assessed for p52 (52 kDa) and nucleolin (100 kDa) which was used as loading. The results are representative two independent experiments

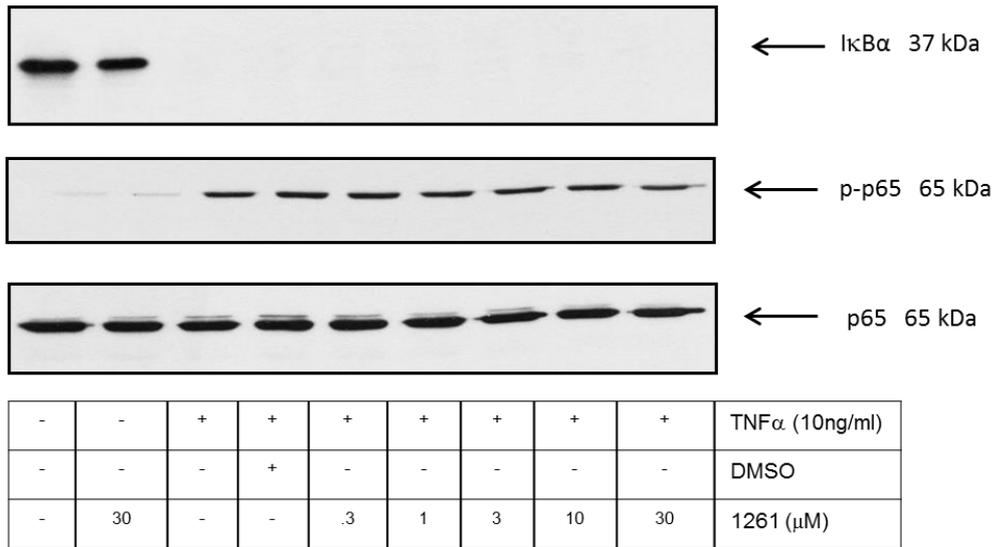


#### Panel A

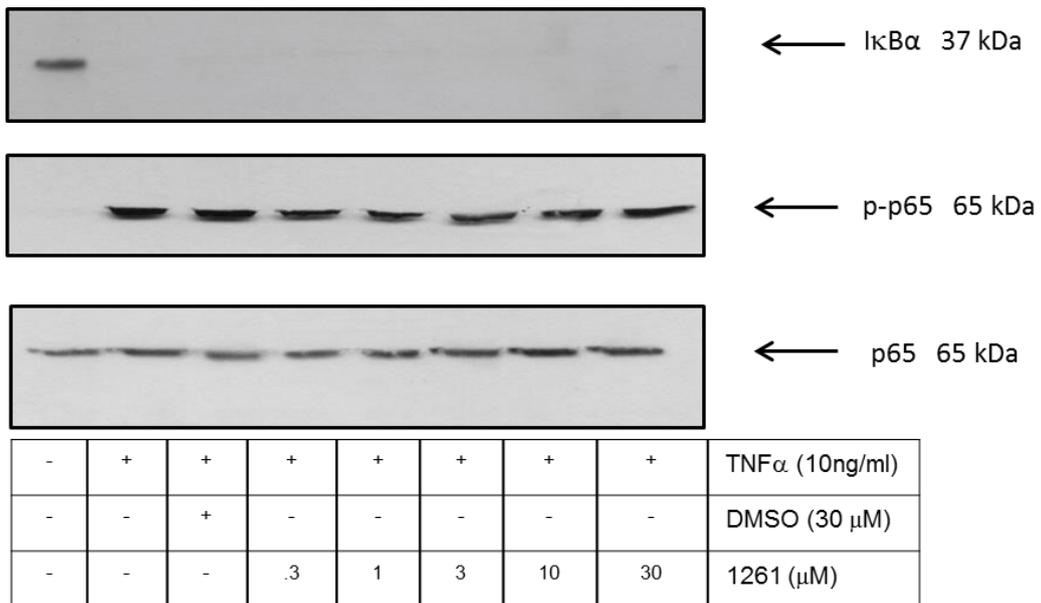
MiaPaca-2 cells were pre-treated with SU1261 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 24h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p52 (52 kDa) and p65 (65 kDa) which was used as loading control

#### Panel B

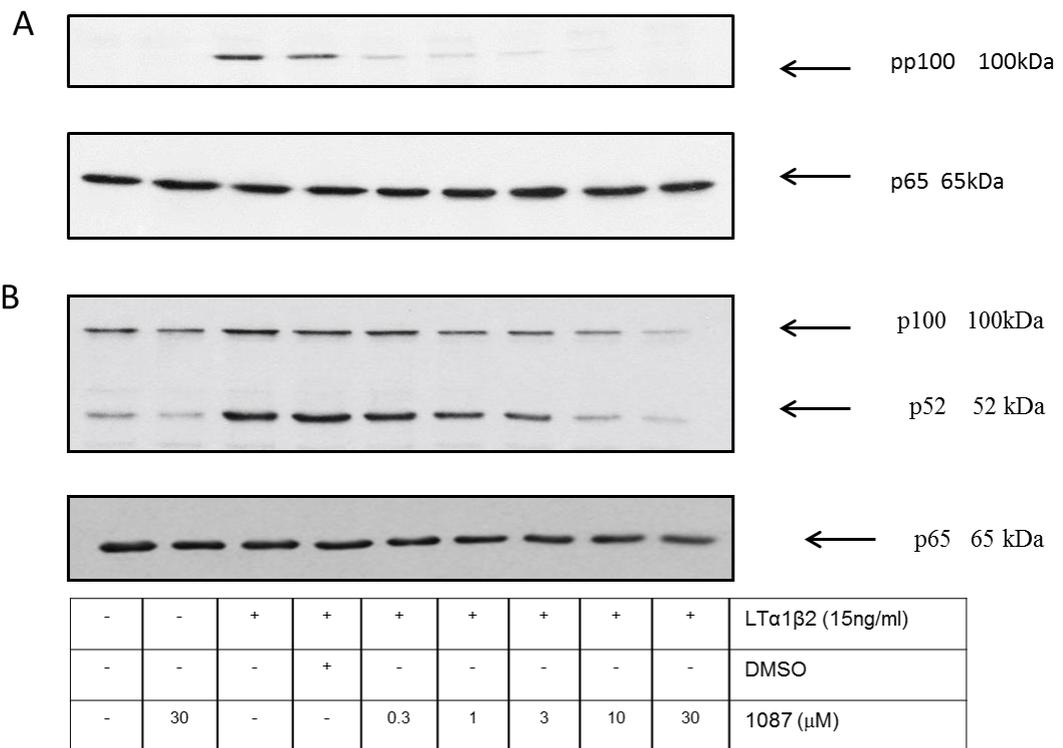
MiaPaca-2 cells were pre-treated with SU1261 for 1h prior to stimulated with LTα1β2 (15ng/ml) for 24h. Nuclear extracts were prepared and then separated by SDS-PAGE and assessed for p52 (52 kDa) and nucleolin (100 kDa) which was used as loading. The results are representative two independent experiments



Panc-1 cells were pre-treated with SU1261 for 1h before stimulation with TNF $\alpha$  for 15 min. Whole cells extracts were prepared, and then blotted for I $\kappa$ B $\alpha$  (37 kDa), p-p65 (65 kDa) and p65 (65 kDa) which was used as loading control



MiaPaca-2 cells were pre-treated with SU1261 for 1h before stimulation with TNF $\alpha$  for 15 min. Whole cells extracts were prepared, and then blotted for I $\kappa$ B $\alpha$  (37 kDa), p-p65 (65 kDa) and p65 (65 kDa) which was used as loading control.

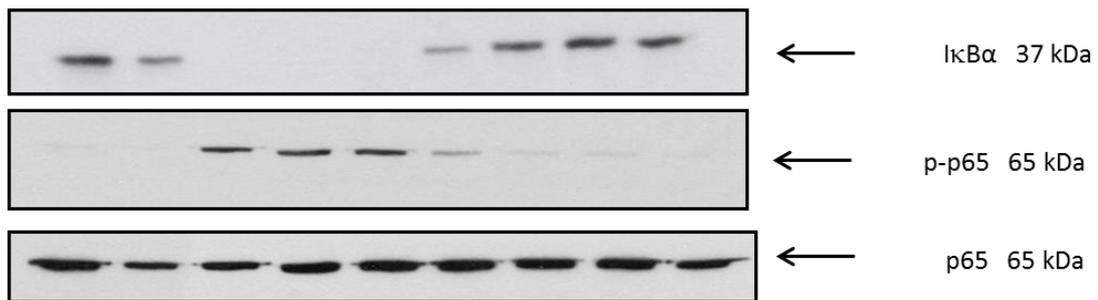


#### Panel A

Panc-1 cells were pre-treated with 1087 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p-p100 (100 kDa) and p65 (65 kDa) which was used as loading control

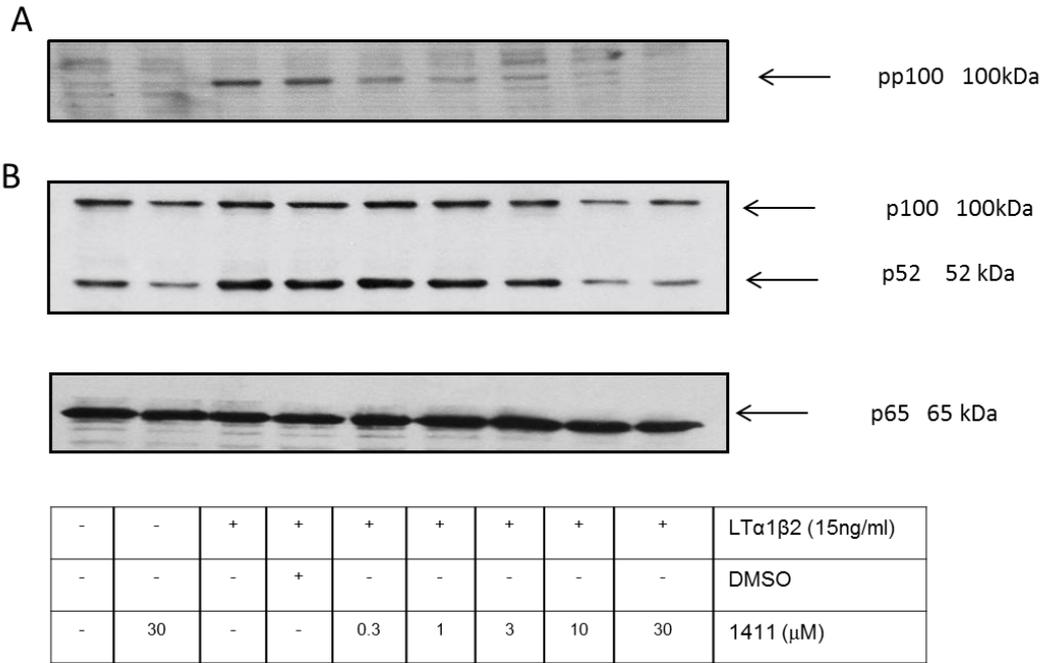
#### Panel B

Panc-1 cells were pre-treated with SU1087 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 24h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p52 (52 kDa) and p65 (65 kDa) which was used as loading control



-	-	+	+	+	+	+	+	+	TNF $\alpha$ (10ng/ml)
-	-	-	+	-	-	-	-	-	DMSO
-	30	-	-	.3	1	3	10	30	1087 ( $\mu$ M)

Panc-1 cells were pre-treated with SU1087 for 1h before stimulation with TNF $\alpha$  for 15 min. Whole cells extracts were prepared, and then blotted for I $\kappa$ B $\alpha$  (37 kDa), p-p65 (65 kDa) and p65 (65 kDa) which was used as loading control.

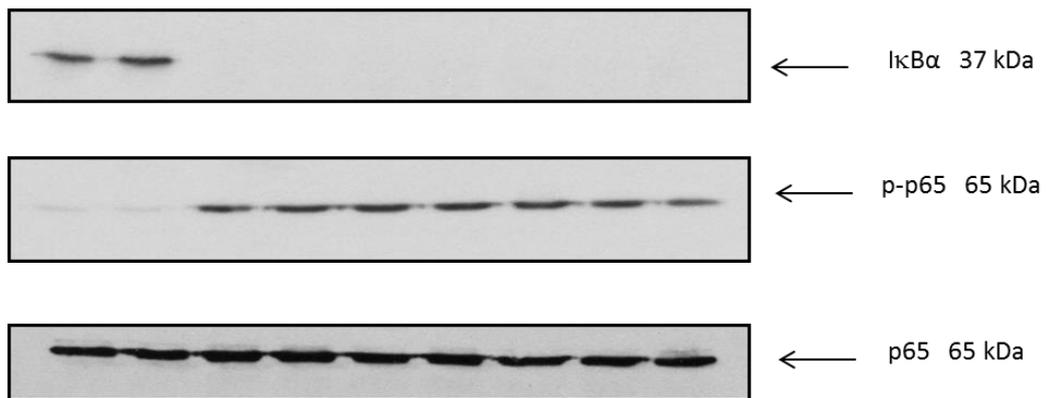


**Panel A**

Panc-1 cells were pre-treated with 1411 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p-p100 (100 kDa)

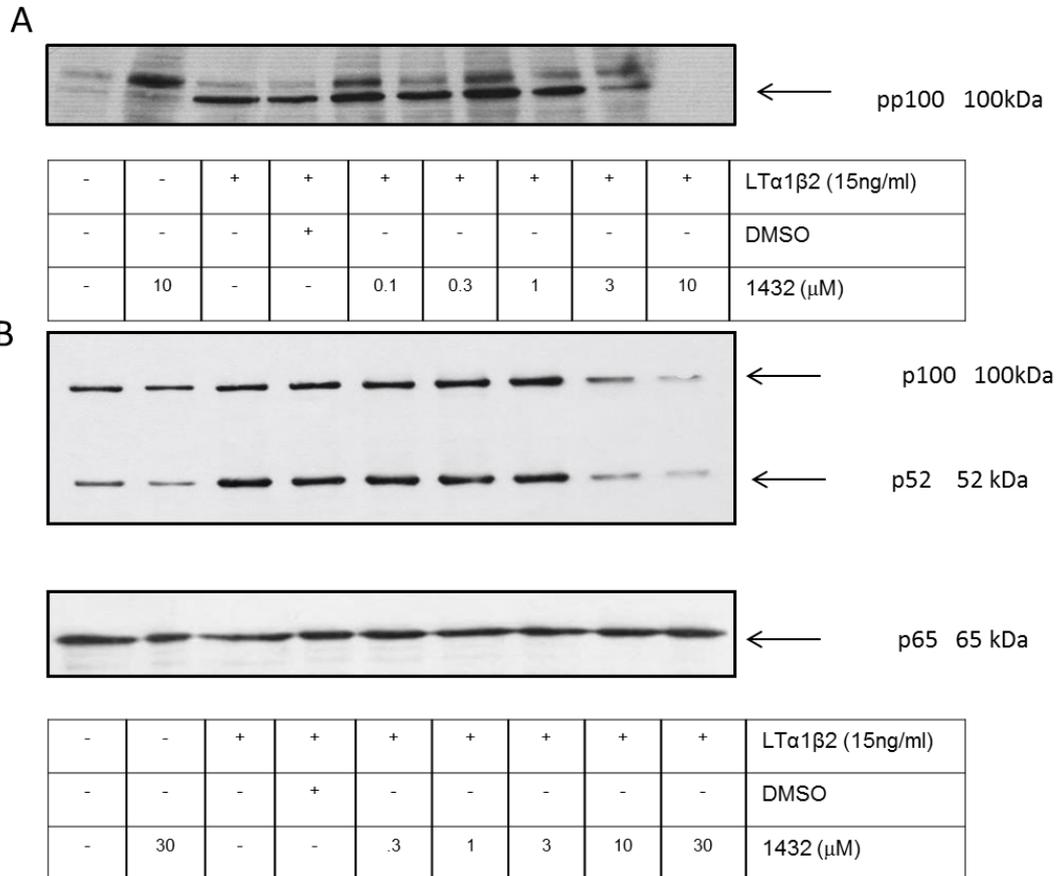
**Panel B**

Panc-1 cells were pre-treated with SU1411 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 24h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p52 (52 kDa) and p65 (65 kDa) which was used as loading control



-	-	+	+	+	+	+	+	+	TNF $\alpha$ (10ng/ml)
-	-	-	+	-	-	-	-	-	DMSO
-	30	-	-	.3	1	3	10	30	1411 ( $\mu$ M)

Panc-1 cells were pre-treated with SU1411 for 1h before stimulation with TNF $\alpha$  for 15 min. Whole cells extracts were prepared, and then blotted for I $\kappa$ B $\alpha$  (37 kDa), p-p65 (65 kDa) and p65 (65 kDa) which was used as loading control.

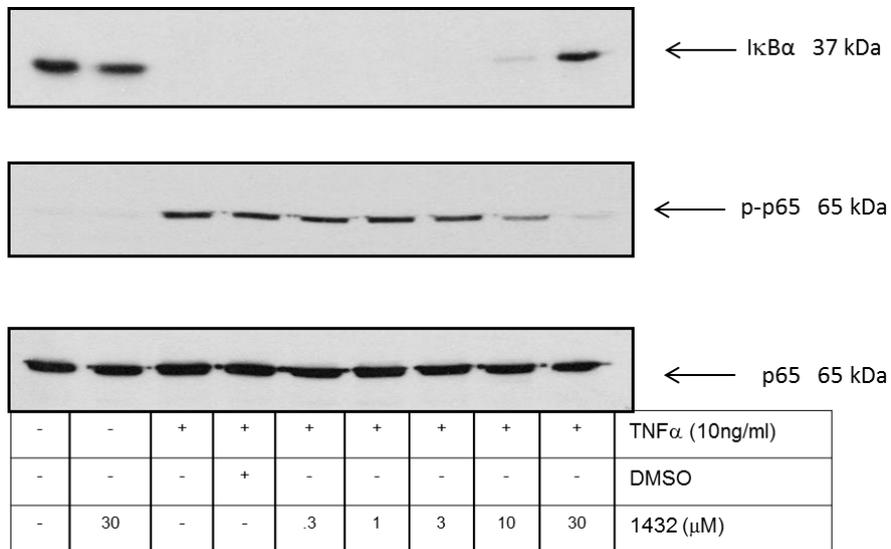


**Panel A**

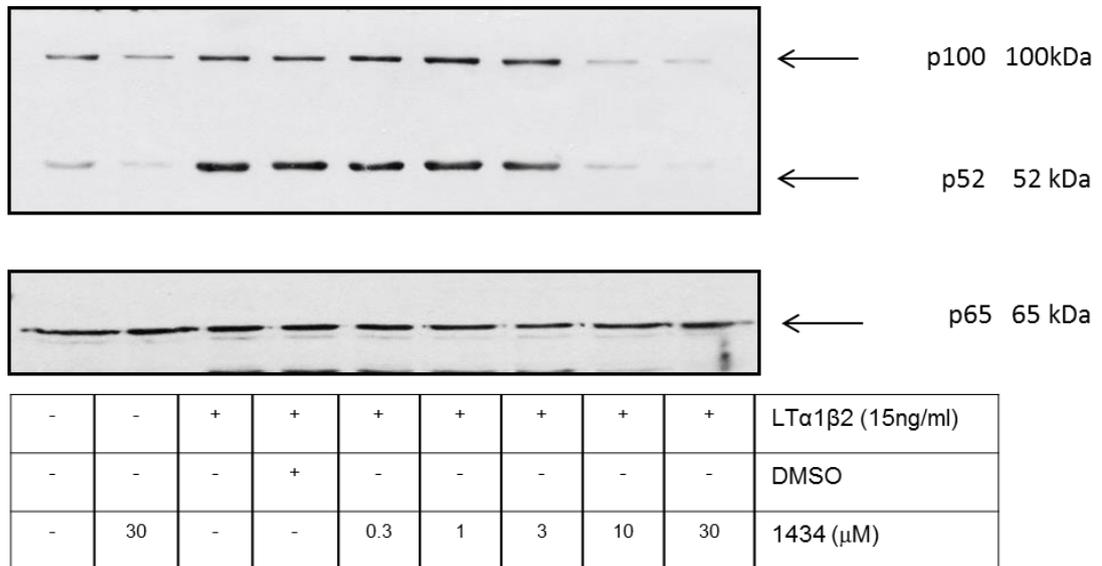
Panc-1 cells were pre-treated with 1432 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p-p100 (100 kDa)

**Panel B**

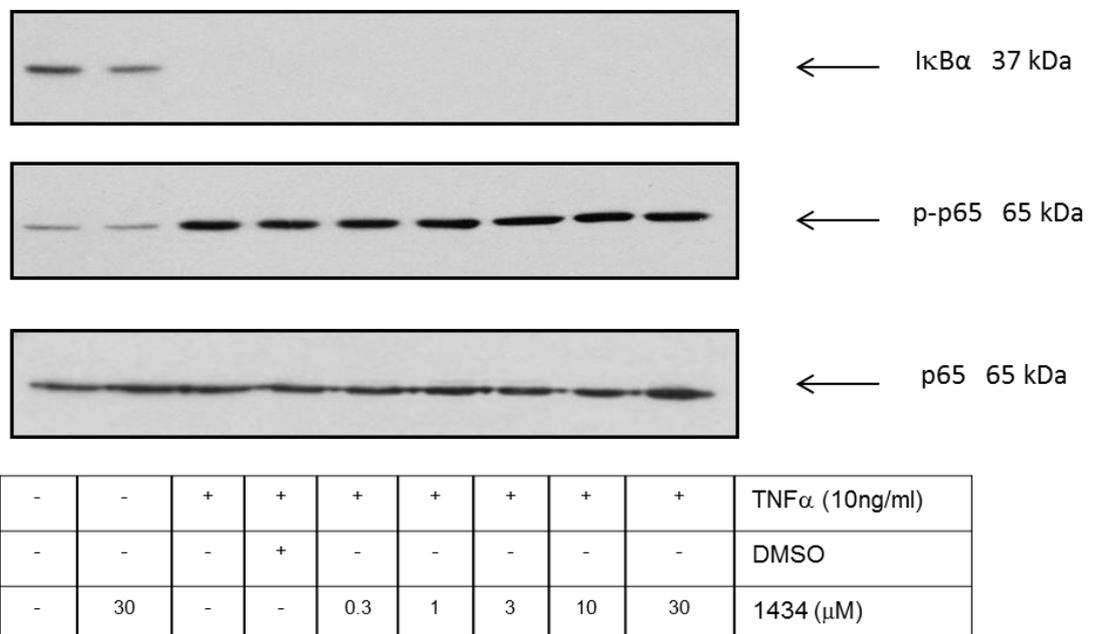
Panc-1 cells were pre-treated with SU1432 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 24h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p52 (52 kDa) and p65 (65 kDa) which was used as loading control



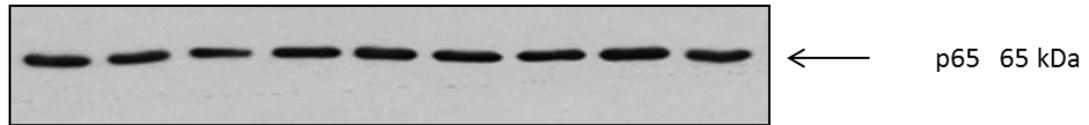
Panc-1 cells were pre-treated with SU1432 for 1h before stimulation with TNF $\alpha$  for 15 min. Whole cells extracts were prepared, and then blotted for I $\kappa$ B $\alpha$  (37 kDa), p-p65 (65 kDa) and p65 (65 kDa) which was used as loading control.



Panc-1 cells were pre-treated with SU141 1 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 24h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p52 (52 kDa) and p65 (65 kDa) which was used as loading control

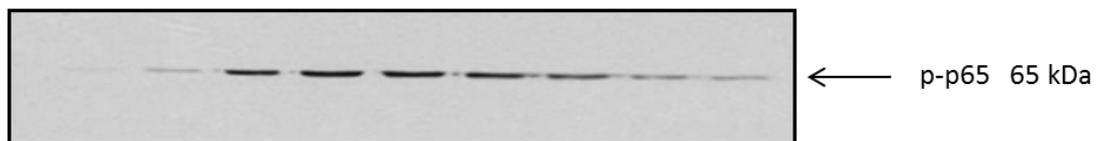
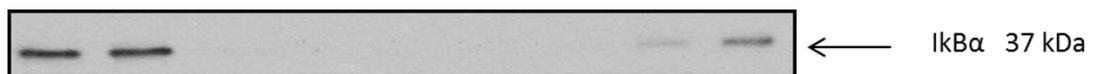


Panc-1 cells were pre-treated with SU1434 for 1h before stimulation with TNFα for 15 min. Whole cells extracts were prepared, and then blotted for IκBα (37 kDa), p-p65 (65 kDa) and p65 (65 kDa) which was used as loading control



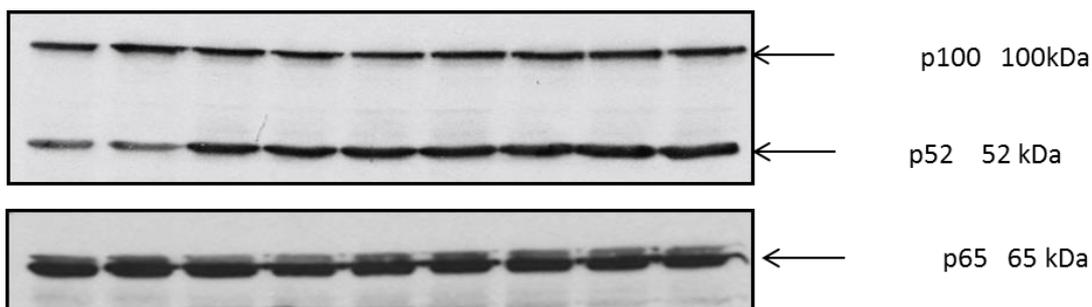
-	-	+	+	+	+	+	+	+	LTα1β2 (15ng/ml)
-	-	-	+	-	-	-	-	-	DMSO
-	30	-	-	0.3	1	3	10	30	1436 (μM)

Panc-1 cells were pre-treated with SU1436 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 24h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p52 (52 kDa) and p65 (65 kDa) which was used as loading control.



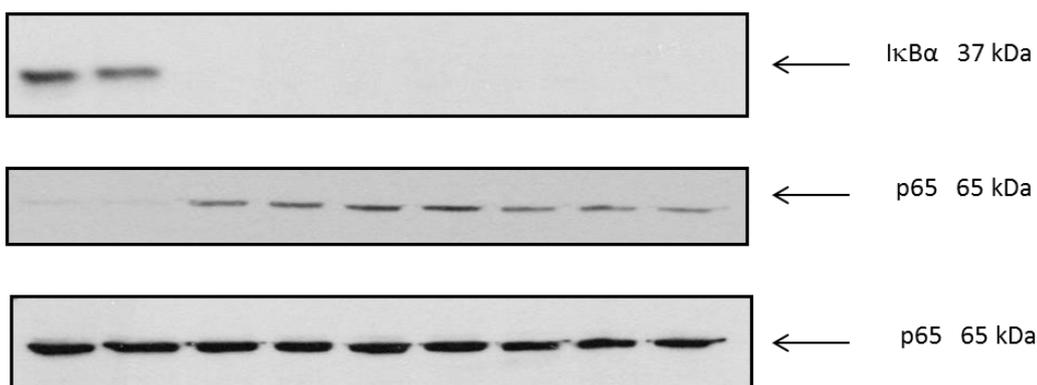
-	-	+	+	+	+	+	+	+	TNFα (10ng/ml)
-	-	-	+	-	-	-	-	-	DMSO
-	30	-	-	0.3	1	3	10	30	1436 (μM)

Panc-1 cells were pre-treated with SU1436 for 1h before stimulation with TNFα for 15 min. Whole cells extracts were prepared, and then blotted for IκBα (37 kDa), p-p65 (65 kDa) and p65 (65 kDa) which was used as loading control



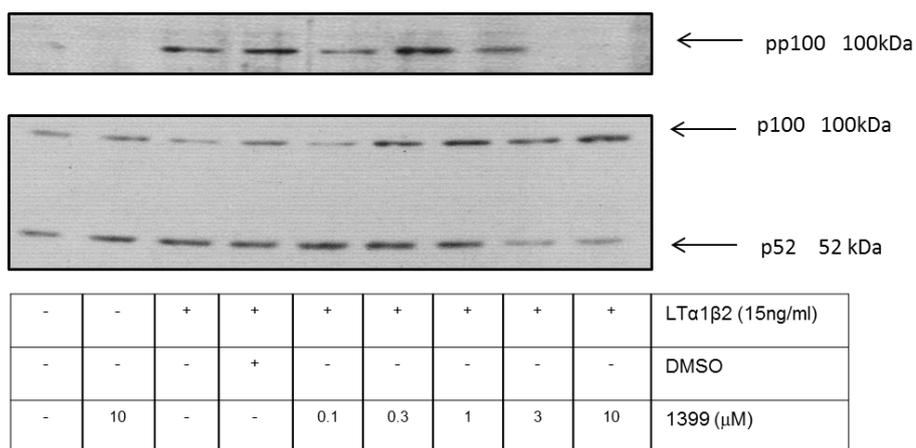
-	-	+	+	+	+	+	+	+	LTα1β2 (15ng/ml)
-	-	-	+	-	-	-	-	-	DMSO
-	30	-	-	0.3	1	3	10	30	1392 (μM)

Panc-1 cells were pre-treated with SU1392 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 24h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p52 (52 kDa) and p65 (65 kDa) which was used as loading control

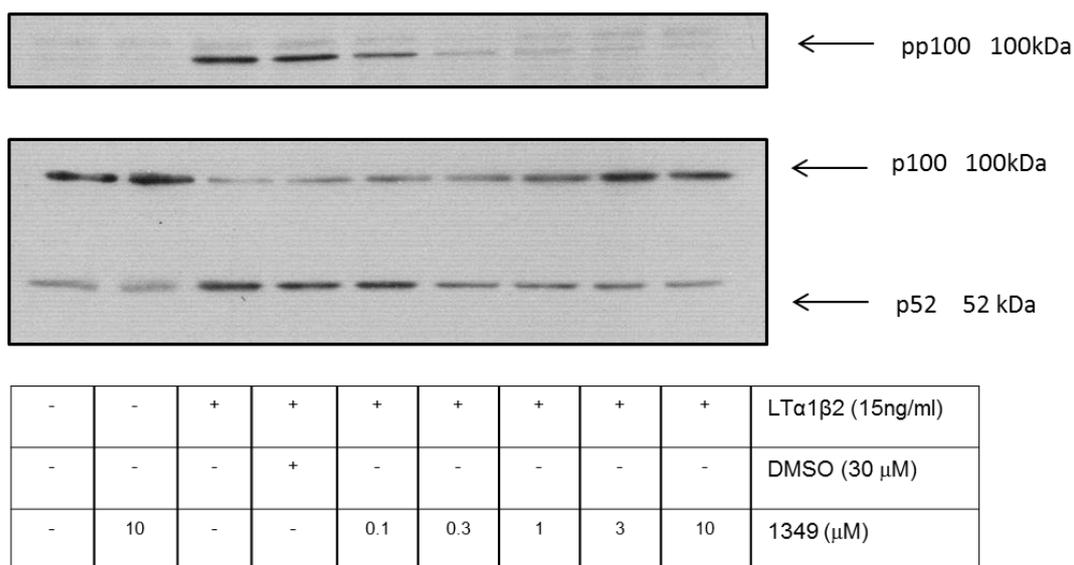


-	-	+	+	+	+	+	+	+	TNFα (10ng/ml)
-	-	-	+	-	-	-	-	-	DMSO
-	30	-	-	0.3	1	3	10	30	1392 (μM)

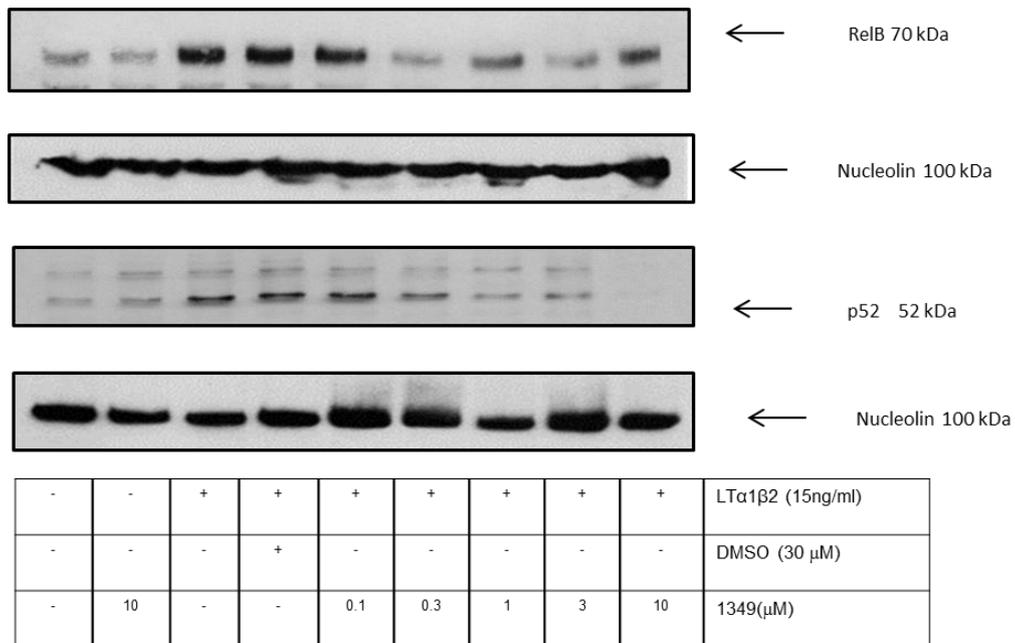
Panc-1 cells were pre-treated with SU1392 for 1h before stimulation with TNFα for 15 min. Whole cells extracts were prepared, and then blotted for IκBα (37 kDa), p-p65 (65 kDa) and p65 (65 kDa) which was used as loading control



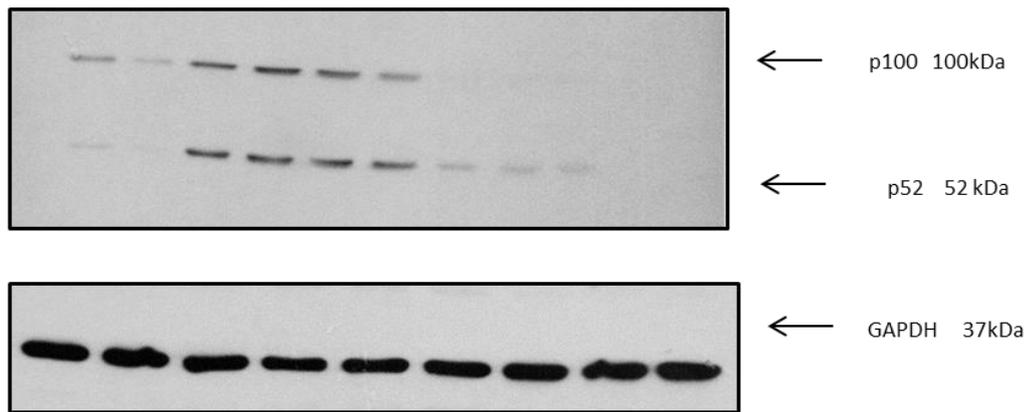
Panc-1 cells were pre-treated with 1399 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p-p100 (100 kDa) and p52/p100 (52/100 kDa) which was used as loading control



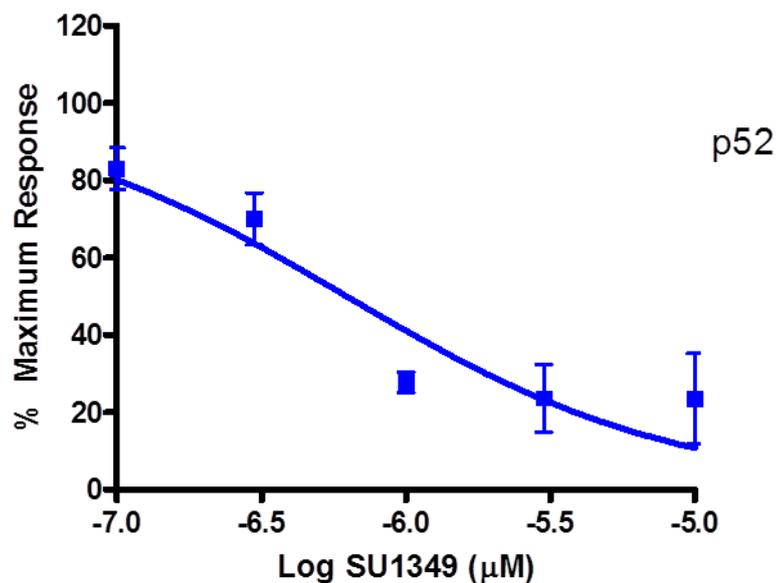
Panc-1 cells were pre-treated with 1349 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p-p100 (100 kDa) and p52/p100 (52/100 kDa) which was used as loading control



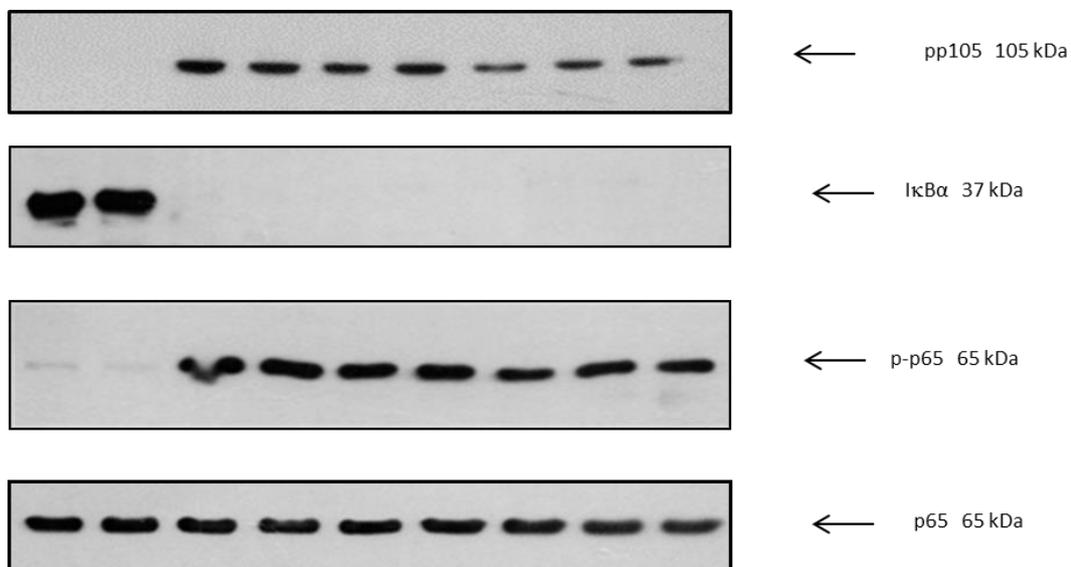
Panc-1 cells were pre-treated with SU1349 for 1h prior to stimulated with LTα1β2 (15ng/ml) for 4h. Nuclear extracts were prepared and then separated by SDS-PAGE and assessed for, RelB (70kDa) p52 (52 kDa) and nucleoin (100 kDa) which was used as loading. The results are representative two independent experiments



-	-	+	+	+	+	+	+	+	LTα1β2 (15ng/ml)
-	-	-	+	-	-	-	-	-	DMSO
-	10	-	-	0.1	0.3	1	3	10	1349(μM)

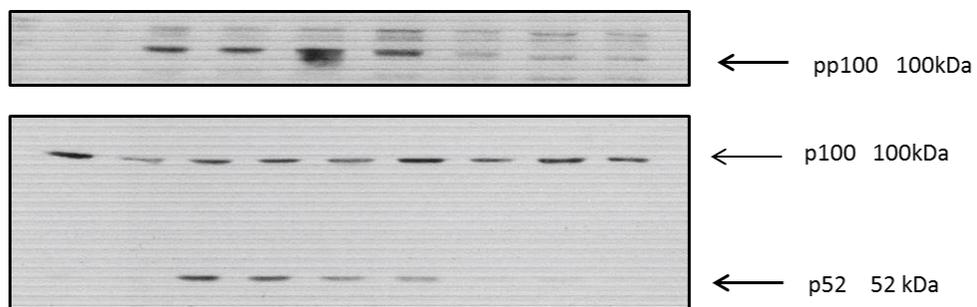


Panc-1 cells were pre-treated with SU1349 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 24h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p52 (52 kDa) and p65 (65 kDa) which was used as loading control



-	-	+	+	+	+	+	+	+	TNF $\alpha$ (10ng/ml)
-	-	-	+	-	-	-	-	-	DMSO
-	10	-	-	0.1	0.3	1	3	10	1349 ( $\mu$ M)

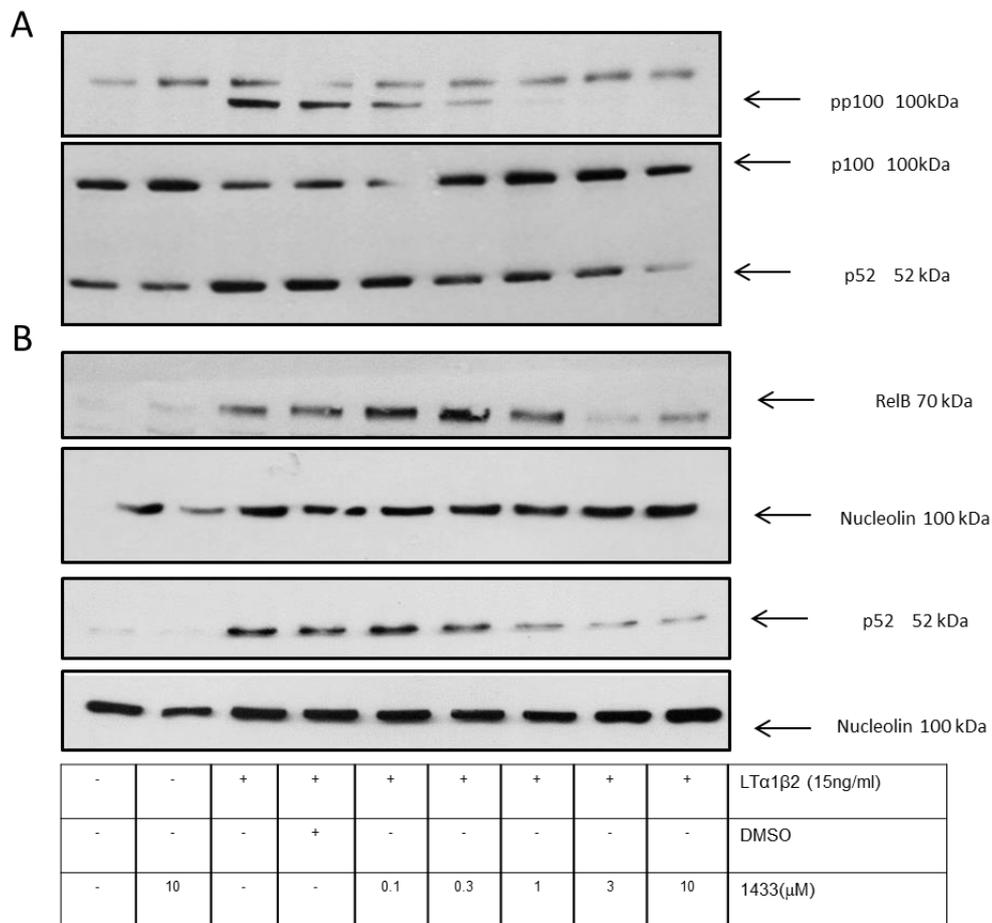
Panc-1 cells were pre-treated with SU1349 for 1h before stimulation with TNF $\alpha$  for 15 min. Whole cells extracts were prepared, and then blotted for I $\kappa$ B $\alpha$  (37 kDa), p-p65 (65 kDa) and p65 (65 kDa) which was used as loading control.



-	-	+	+	+	+	+	+	+	LT $\alpha$ 1 $\beta$ 2 (15ng/ml)
-	-	-	+	-	-	-	-	-	DMSO
-	10	-	-	0.1	0.3	1	3	10	1499 ( $\mu$ M)

n=1

Panc-1 cells were pre-treated with SU1499 for 1h prior to stimulation with LT $\alpha$ 1 $\beta$ 2 (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p-p100 (100 kDa) and p52/p100 (52/100 kDa) which was used as loading control

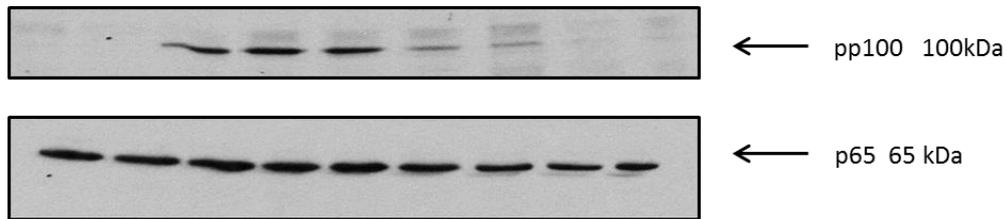


#### Panel A

Panc-1 cells were pre-treated with SU1433 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p-p100 (100 kDa) and p65 (65 kDa) which was used as loading control

#### Panel B

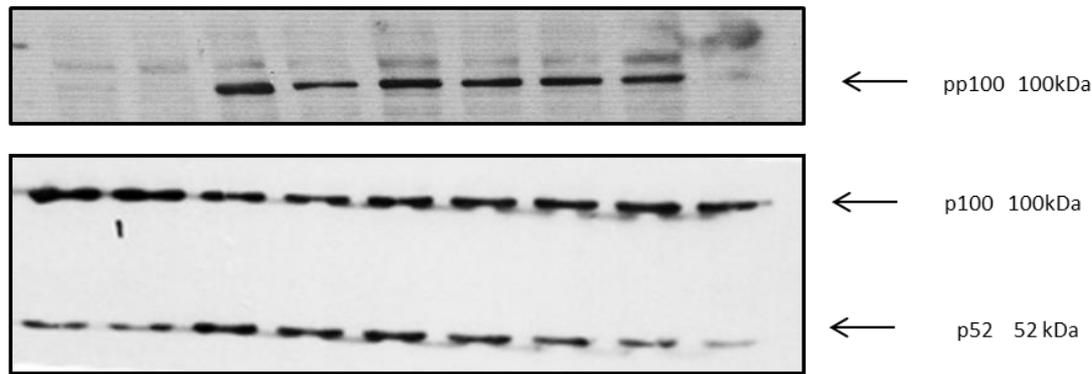
Panc-1 cells were pre-treated with SU1433 for 1h prior to stimulated with LTα1β2 (15ng/ml) for 4h. Nuclear extracts were prepared and then separated by SDS-PAGE and assessed for RelB (70kDa), p52 (52 kDa) and nucleoin (100 kDa) which was used as loading. The results are representative two independent experiment



-	-	+	+	+	+	+	+	+	LTα1β2 (15ng/ml)
-	-	-	+	-	-	-	-	-	DMSO
-	30	-	-	.3	1	3	10	30	1438 (μM)

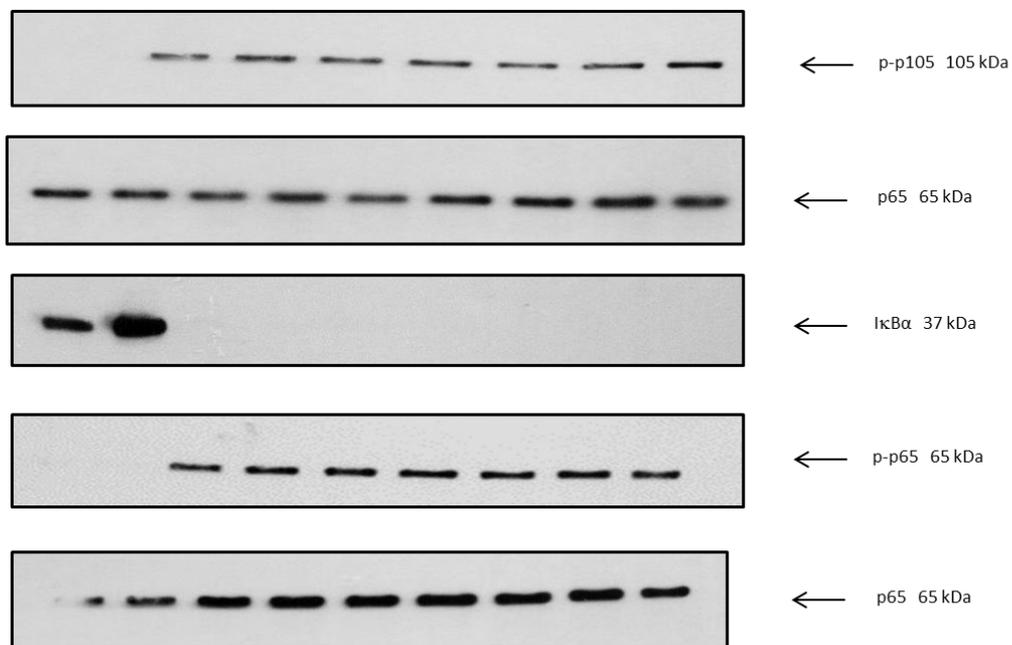
n=3

Panc-1 cells were pre-treated with 1438 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p-p100 (100 kDa) and p65 (65kDa) which was used as loading control



-	-	+	+	+	+	+	+	+	LTα1β2 (15ng/ml)
-	-	-	+	-	-	-	-	-	DMSO
-	30	-	-	.3	1	3	10	30	1497 (μM)

Panc-1 cells were pre-treated with 1497 for 1h prior to stimulation with LTα1β2 (15ng/ml) for 4h. Whole cell extracts were prepared and proteins were separated by W.B. assessed for p-p100 (100 kDa) and p65 (65 kDa) which was used as loading control



-	-	+	+	+	+	+	+	+	TNFα (10ng/ml)
-	-	-	+	-	-	-	-	-	DMSO
-	10	-	-	0.1	0.3	1	3	10	15407(μM)

Panc-1 cells were pre-treated with CW15407 for 1h before stimulation with TNFα for 15 min. Whole cells extracts were prepared, and then blotted for p-p105 (105 kDa), IκBα (37 kDa), p-p65 (65 kDa) and p65 (65 kDa) which was used as loading control.

