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The effect of Cisplatin on Human Diploid Fibroblast Cells expressing SV40 T-Antigen

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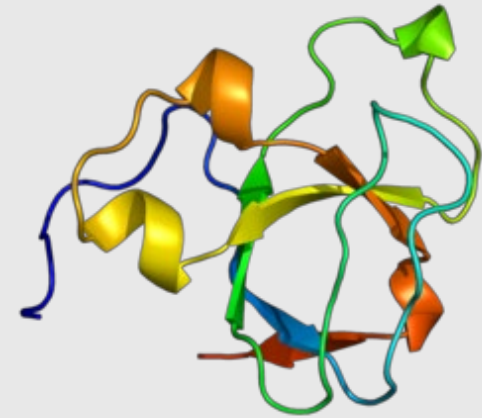
The effects of Cisplatin on human diploid fibroblast cells expressing SV40 T-antigen

Can we predict Cisplatin resistance/sensitivity based on BIN1 protein isoform present?

Emma Shangraw

BIN₁

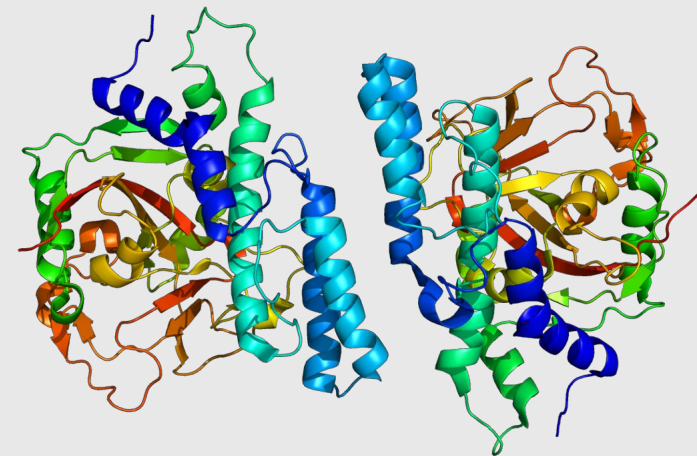
- Bridging integrator 1
- Nucleocytoplasmic tumor suppressor protein
 - Halt the cell cycle
- Ubiquitous expression in all cell types
- Variant isoforms across cell types
- Myc binding domain
 - Important for BIN₁ mediated apoptosis
- Complete and partial losses of BIN₁ documented in 60% breast cancer cases



c-Myc and PARP₁

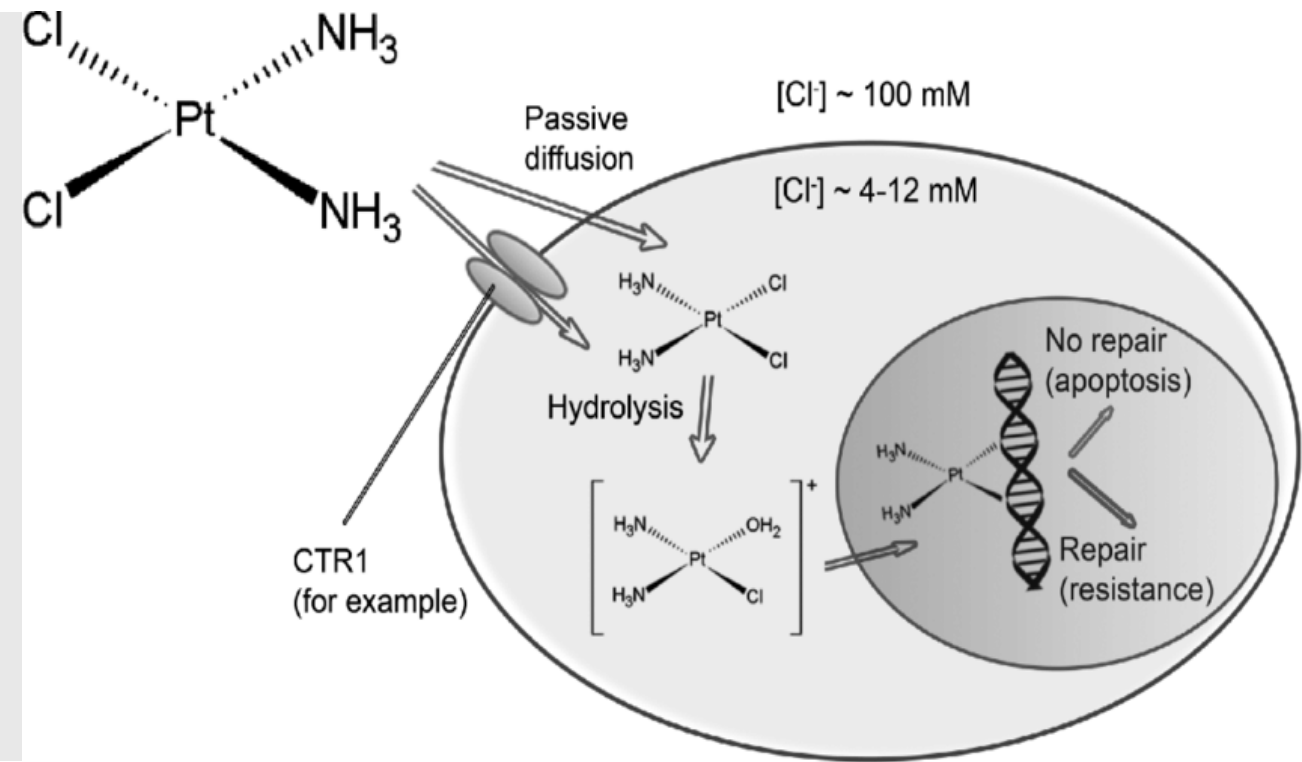
- cellular-Myc:
- Proto-oncogene
- Overexpression leads to increased cell proliferation

- Poly(ADP-ribose)polymerase-1
- Enzyme responsible for fixing double and single stranded DNA breaks
- Overexpressed in wide range of cancers



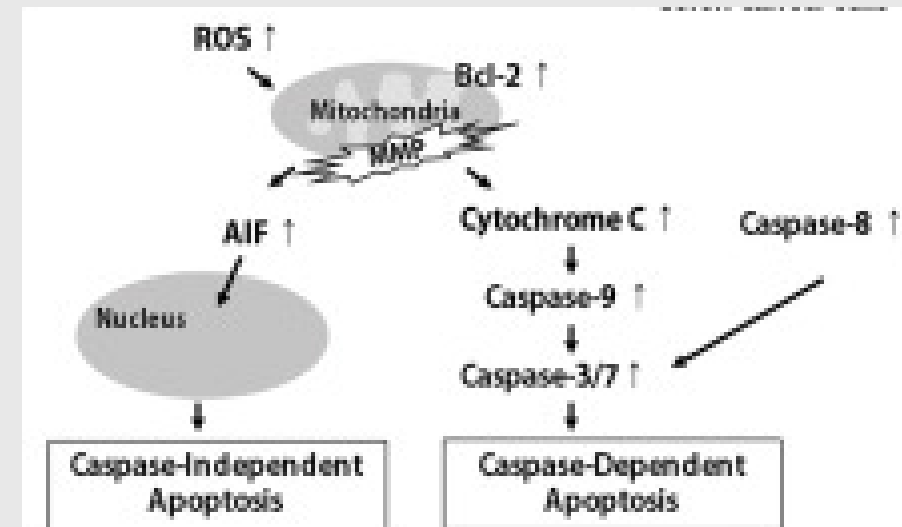
Cisplatin

- Chemotherapeutic drug
- Activated once taken up by cell
 - Water ions in the cytoplasm displace Cl^-
 - Binds to N7 reactive centers on purine to cause DNA damage
- Very effective against a wide range of cancers
- Drug resistance and side effects
 - Nephro- and hepatotoxicity

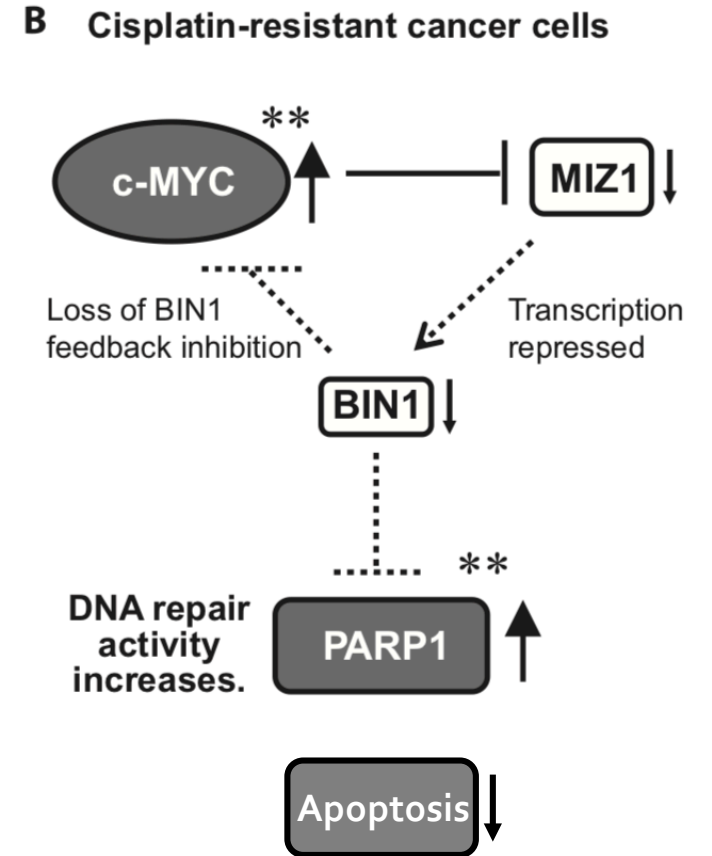
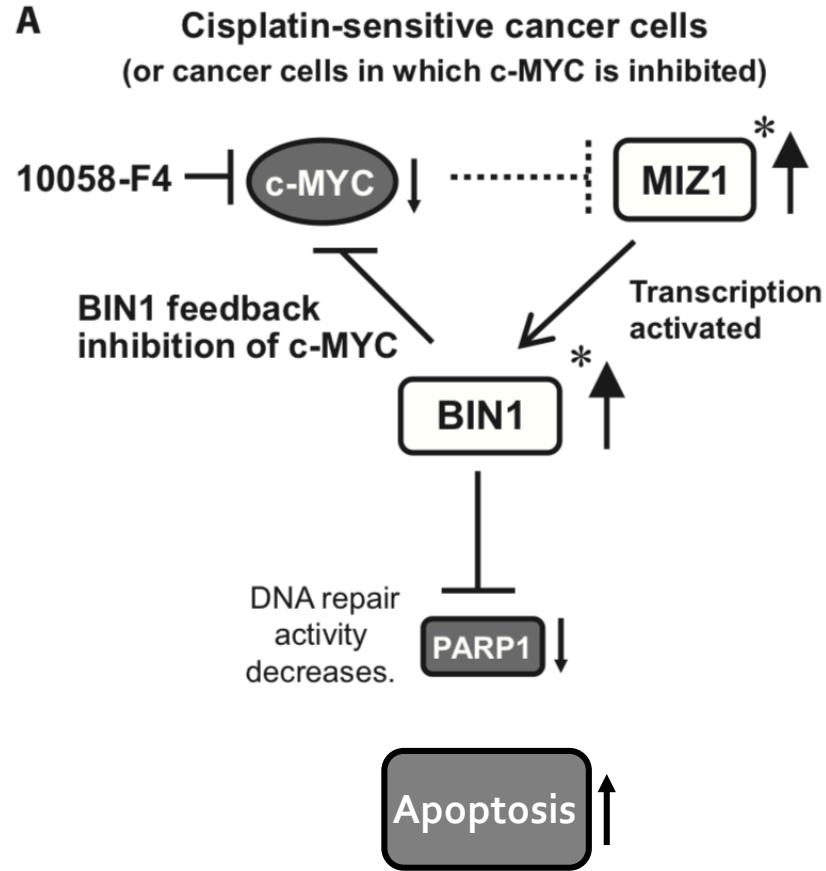


Apoptosis

- Programmed cell death
- Caspase independent (protein damage)
 - Inner mitochondrial membrane dissipates
 - Release apoptosis inducing factor (AIF)
- Caspase-dependent (DNA damage)
 - Extrinsic
 - Received signal, activate Caspase 8
 - Effector caspases cause nuclear damage
 - Intrinsic (p-53 independent)
 - Reactive Oxygen species activate Bcl-2 family releasing cytochrome c from the mitochondria



Cisplatin-sensitive vs Cisplatin-resistant

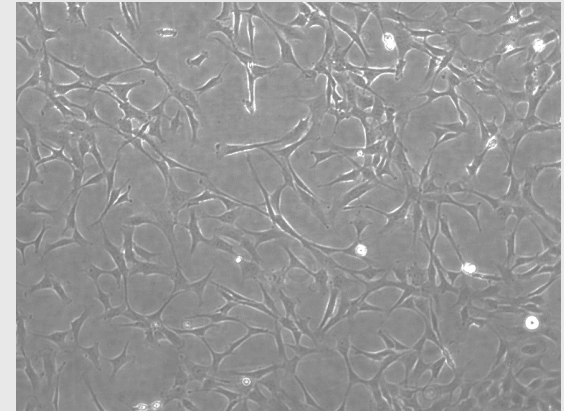


Hypothesis

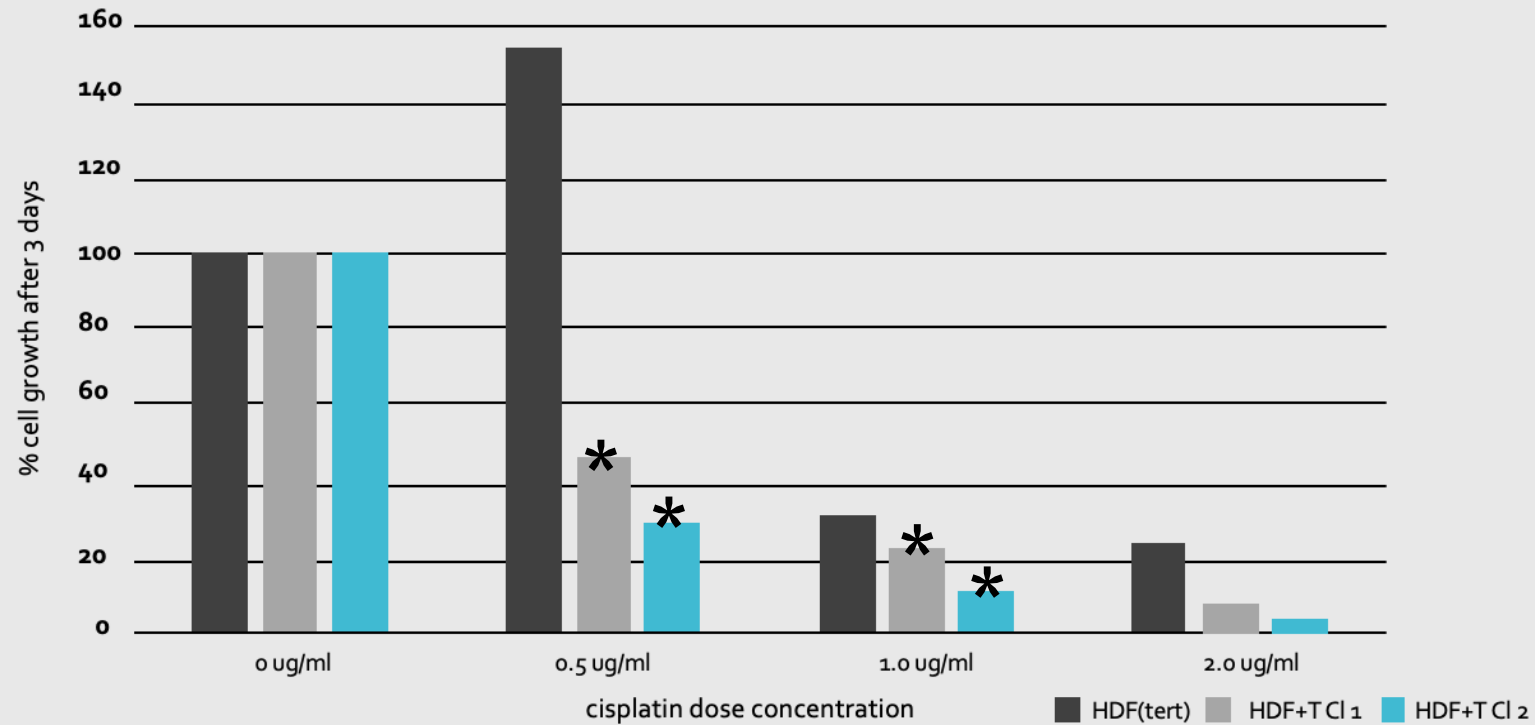
- Unsure of BIN1 isoform present
- Determine functionally if there was a difference in cisplatin sensitivity across variant isoforms

Methods

- Human diploid fibroblast (HDF) cells
 - Immortalized with telomerase
 - Stably transfected with SV40 T-antigen (HDF+T)
 - 2 Clones
- Seeded cells of each 3 lines in triplicate and conducted a dose curve
 - 0.0, 0.5, 1.0, 2.0 ug/ml
- Counted cells 3 days after dosage to determine percentage of cell death
- Immunofluorescence and Western blot analysis to determine presence of BIN1

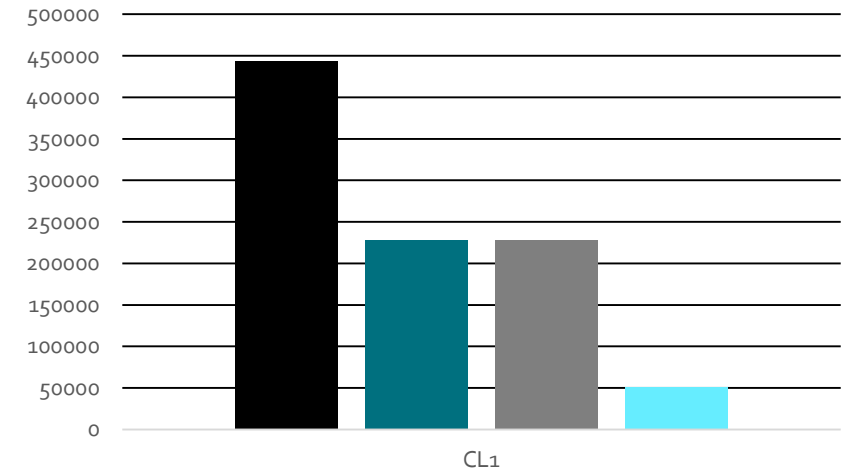
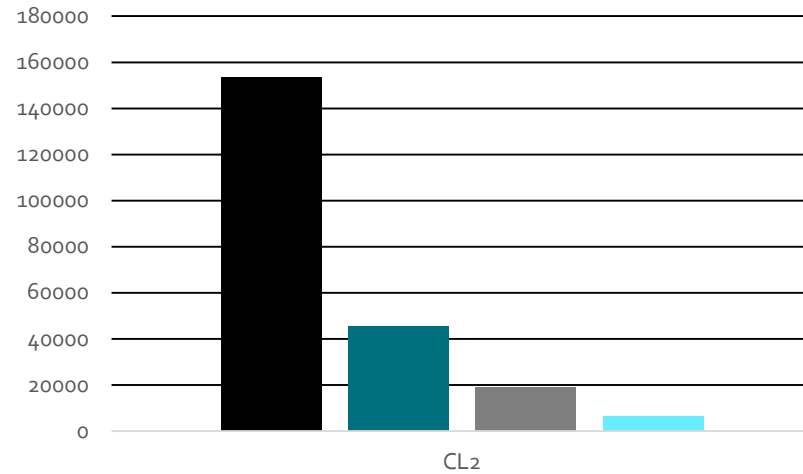
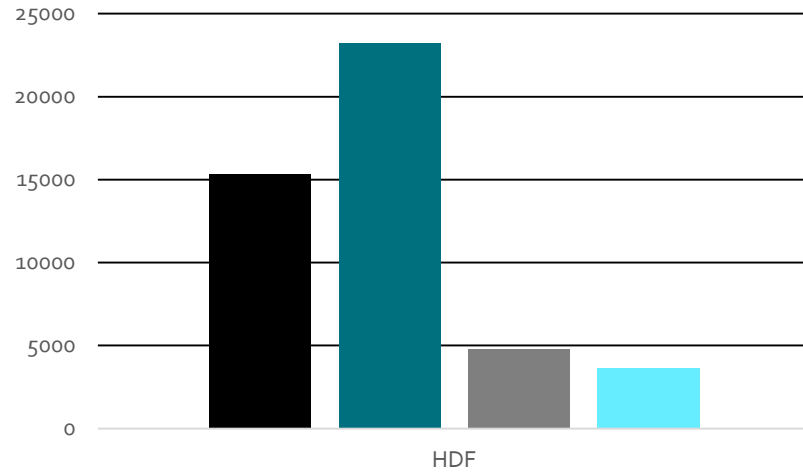


Percent change over 3 days



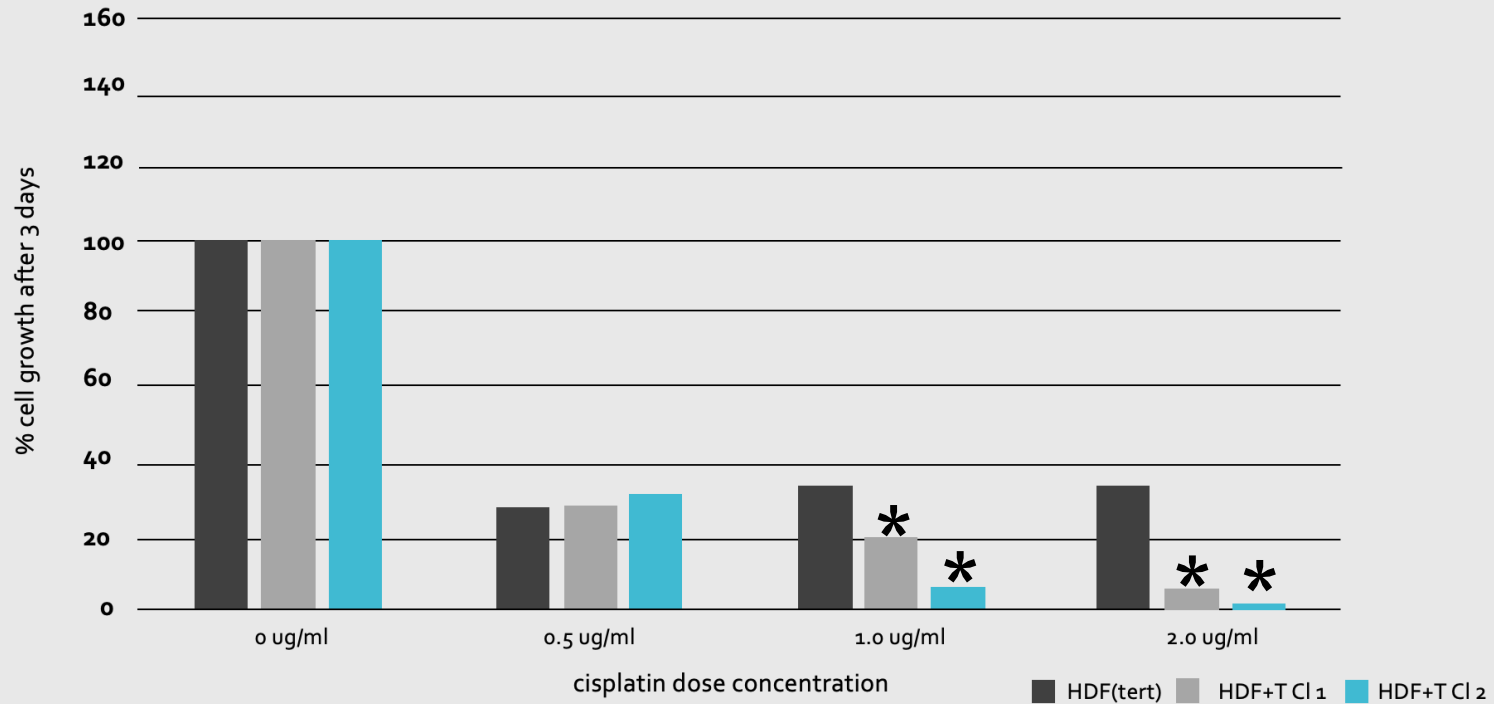
* Significant p-value

Cell Counts after 3 days



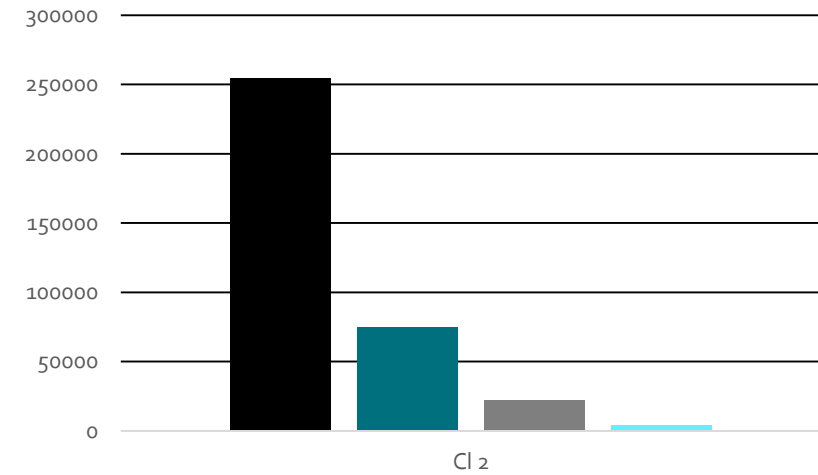
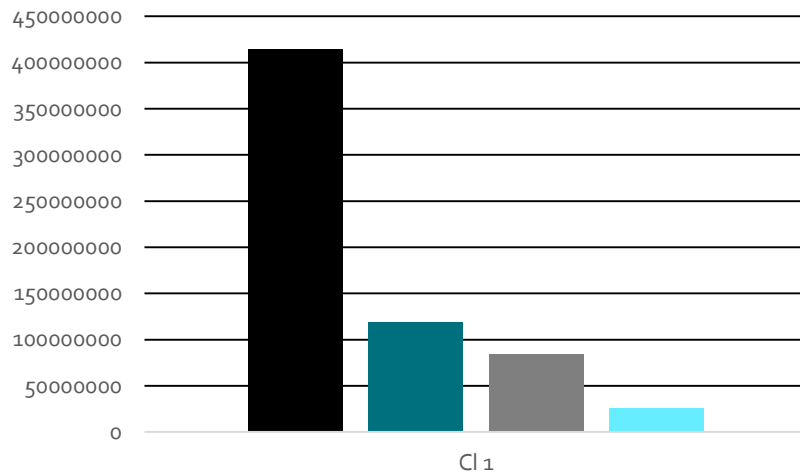
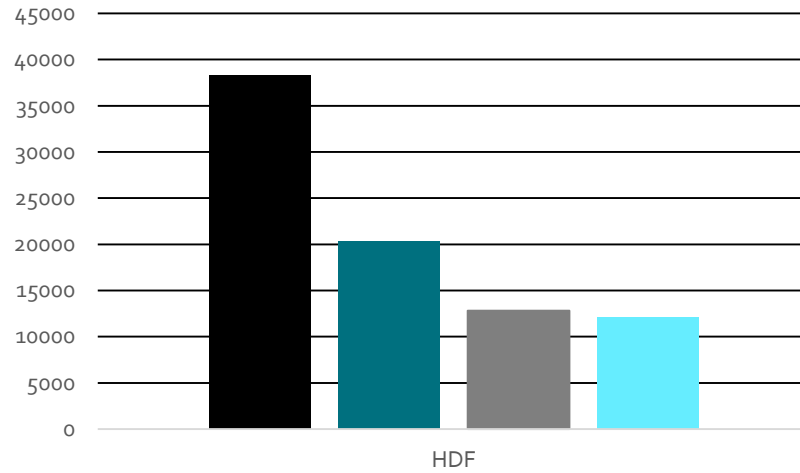
■ 0.0 ug/mL ■ 0.5 ug/mL ■ 1.0 ug/mL ■ 2.0 ug/mL

Second Cisplatin Dose Curve (% decrease)



* Significant p-value

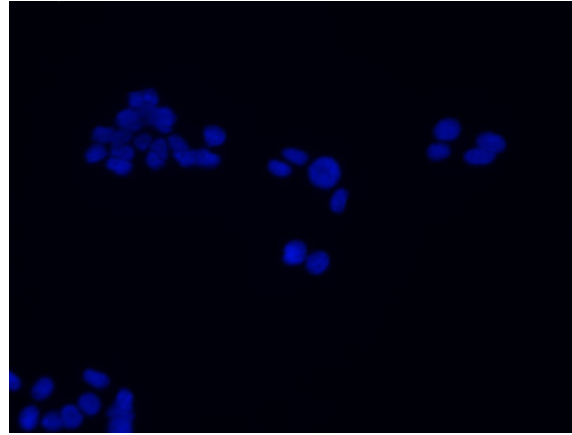
Cell Counts after 3 days



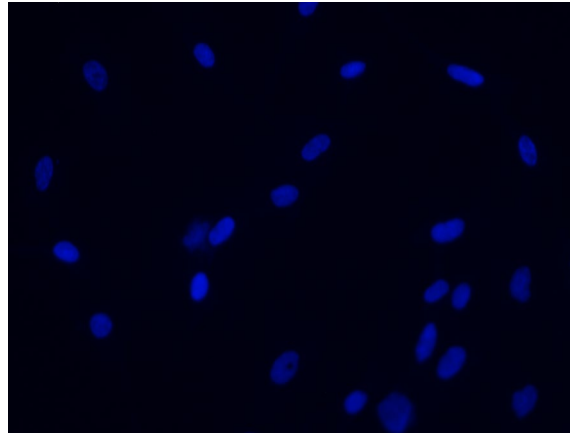
■ 0.0 ug/mL ■ 0.5 ug/mL ■ 1.0 ug/mL ■ 2.0 ug/mL

Immunofluorescence

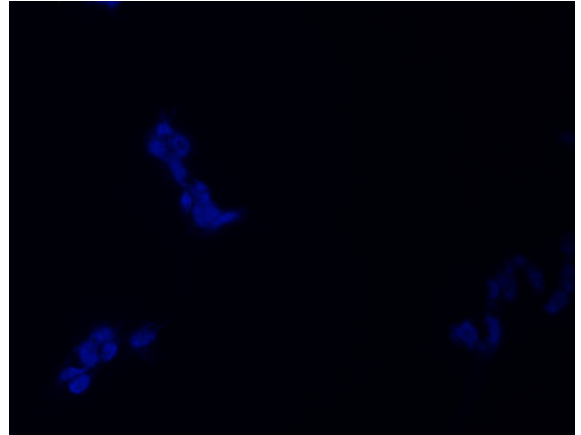
Immuno- fluorescence



HDF

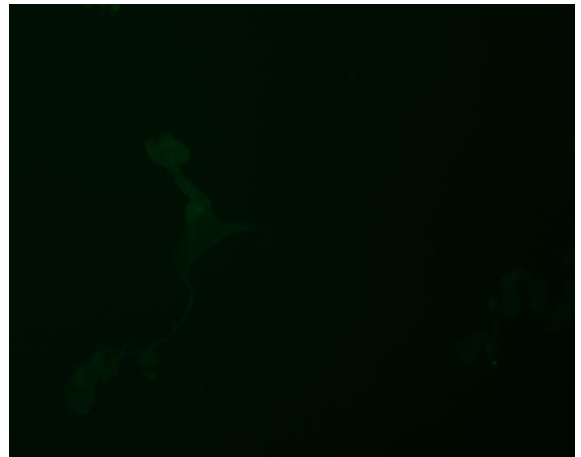
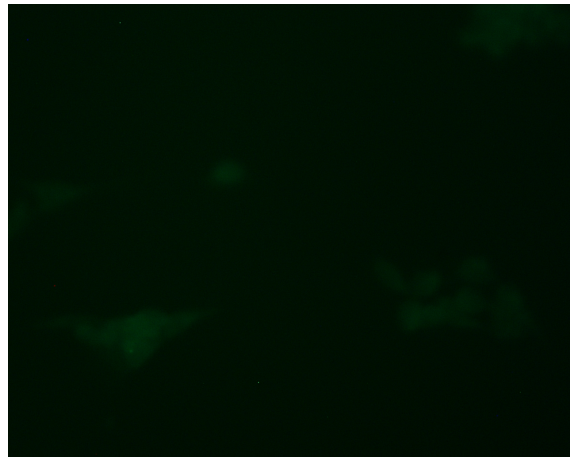
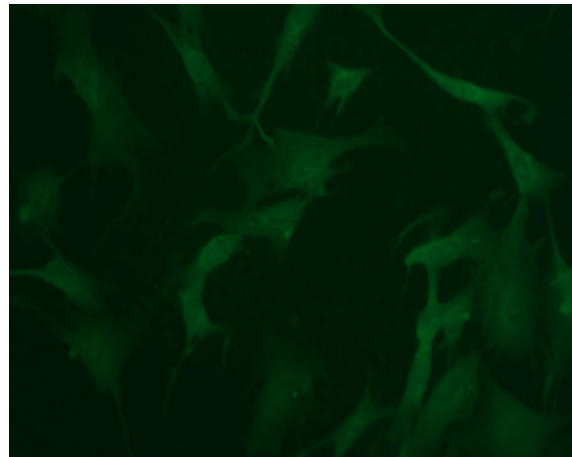


Cl1



Cl2

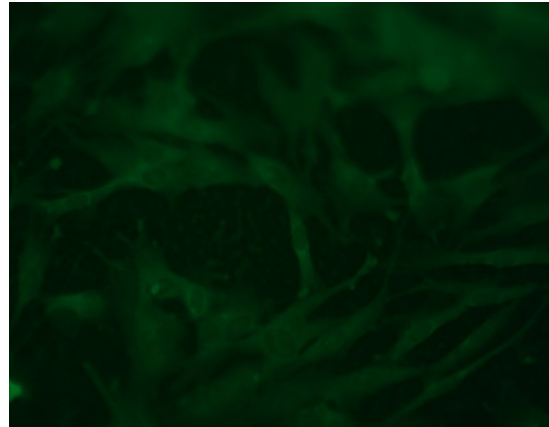
DAPI



BIN1

IF Negative
Control (PBS)

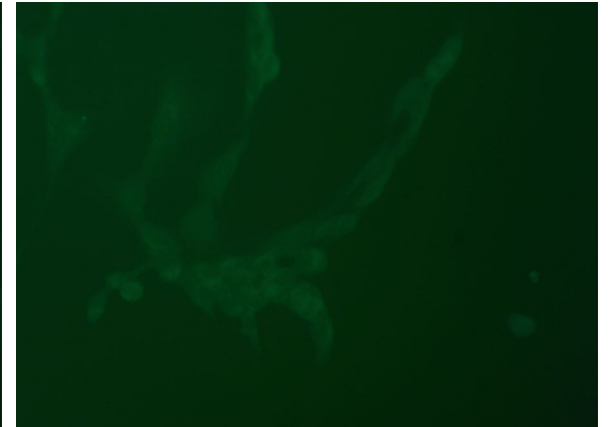
HDF



Cl1

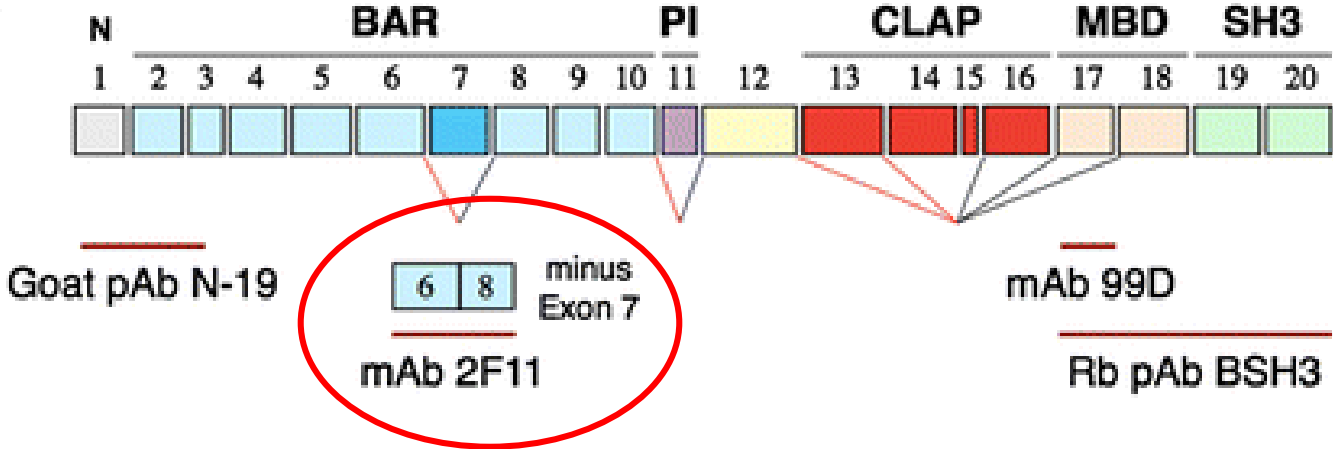


Cl2

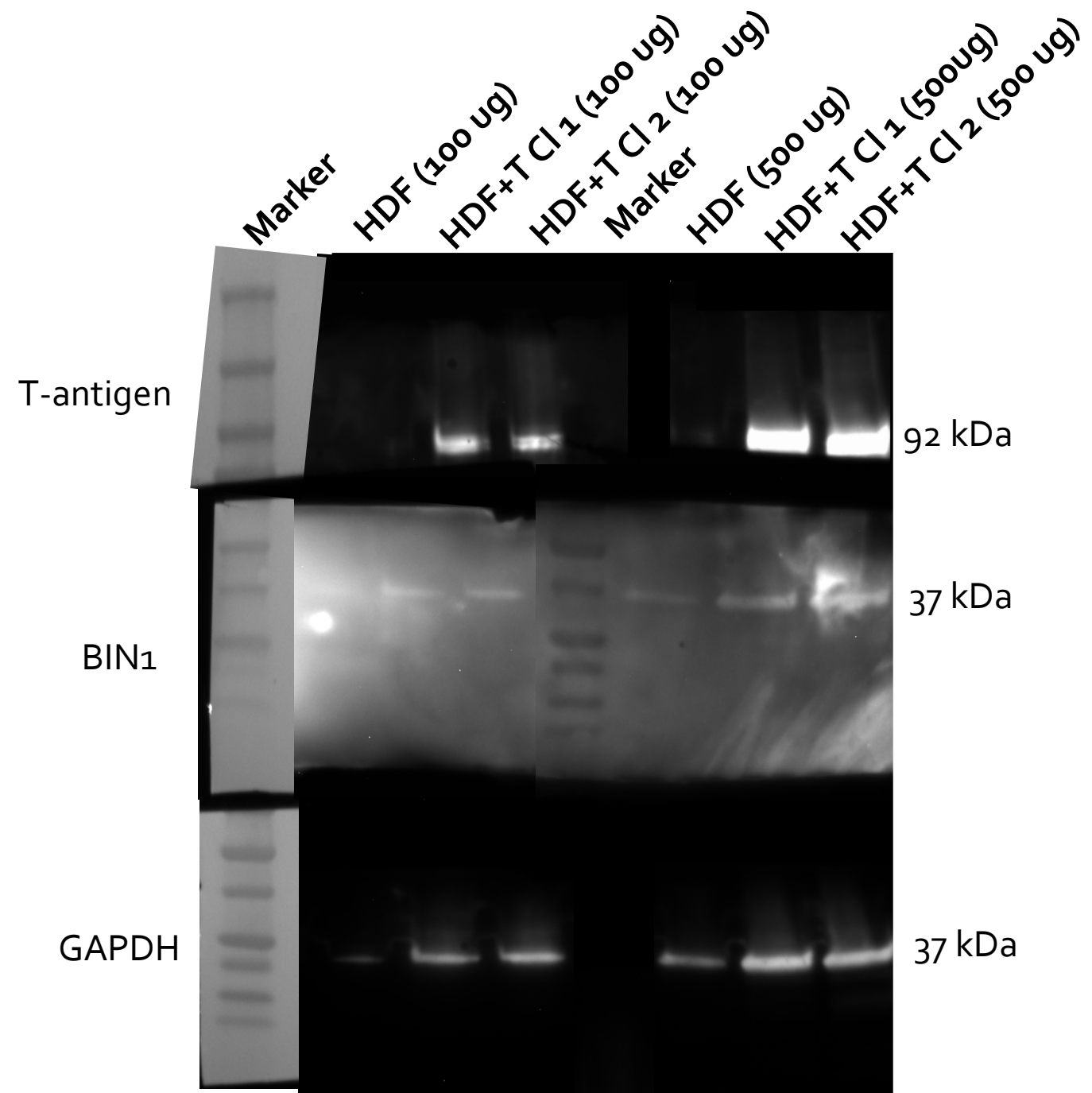


Western Blot Analysis

BIN1 Antibody Binding



Western Blot



Future Experiments

- Determine apoptosis vs necrosis
- Test known Cisplatin resistant cells and determine their isoform
- Probe Western blot for PARP₁
- Treat Cisplatin resistant cells with PARP₁-inhibitors

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