

# A Novel Second-generation MELK specific inhibitor targets triple negative inflammatory breast cancer (TN-IBC)

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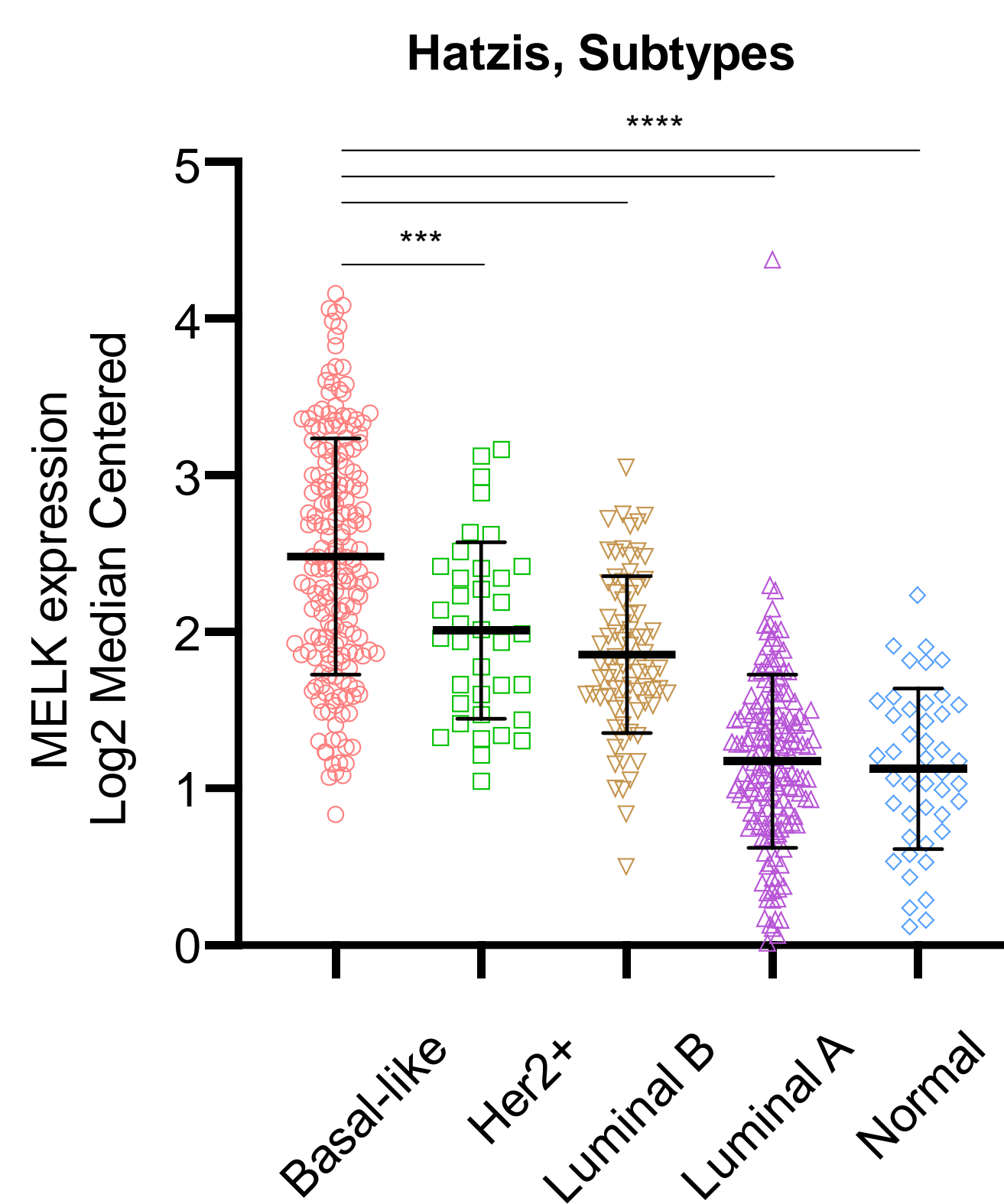
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## Introduction

- At least 20% of breast cancers are “triple-negative” (TNBC). TNBC is often associated with poor prognosis and high metastasis.
- Inflammatory breast cancer (IBC), another highly aggressive breast cancer, accounts for 1-5% of all breast cancers, but causes about 8-10% of U.S. breast cancer deaths
- Approximately one-third of cases of IBC are also TNBC.
- Patients with TN-IBC are treated with the standard-of-care multimodality therapy, but thus far resulted in poor outcomes.
- MELK has been shown to be overexpressed in various cancer types, including TNBC.



- Our previous studies have shown that Knockdown of MELK in TNBC cells reduced the CSC phenotype, reversed epithelial-mesenchymal transition (EMT), and blocked invasion and metastasis.

## Hypothesis

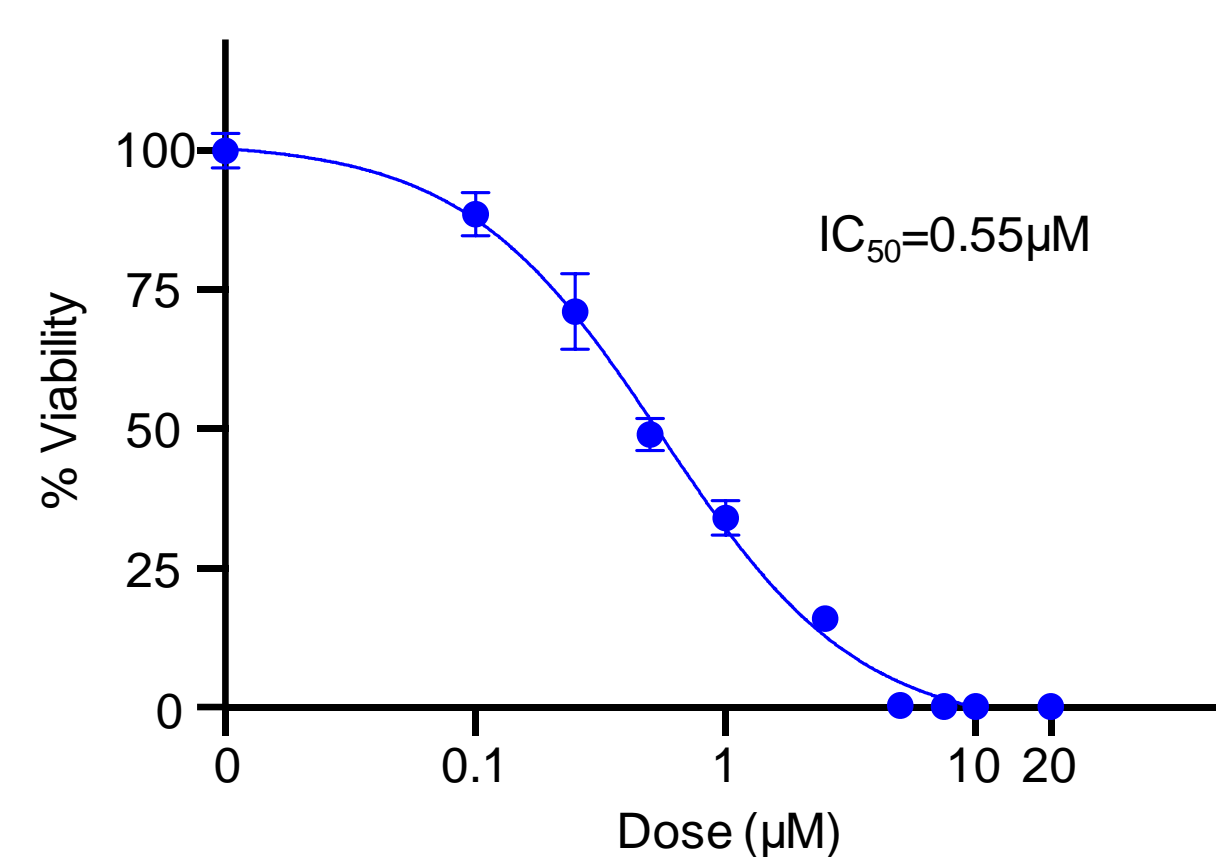
- A novel specific MELK inhibitor reduces cancer stemness, tumorigenicity and invasiveness of TN-IBC cells.

## Methods and Materials

- The use of standard assays included cell proliferation, colony formation, soft agar, migration, flow cytometry, and western blotting.

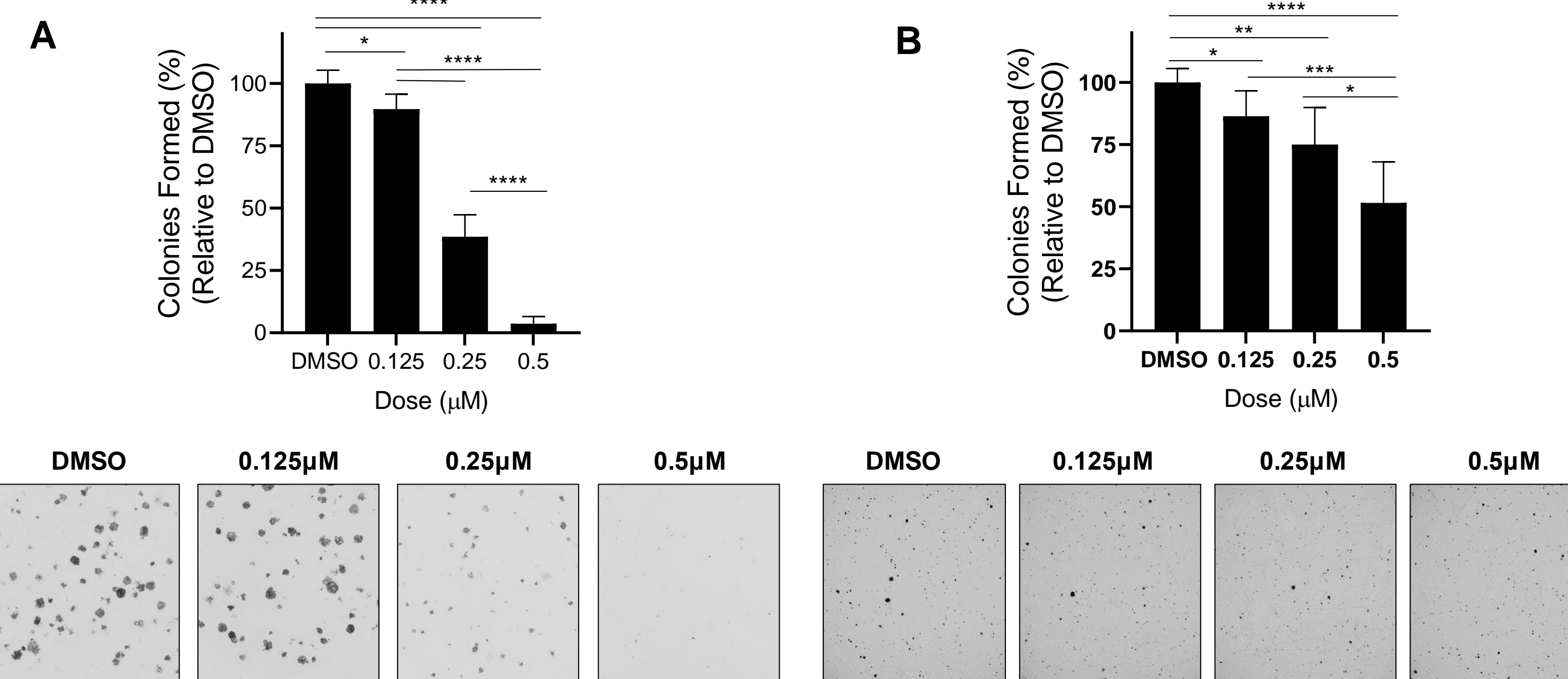
## Results

### 1. Inhibition of MELK decreases cell proliferation



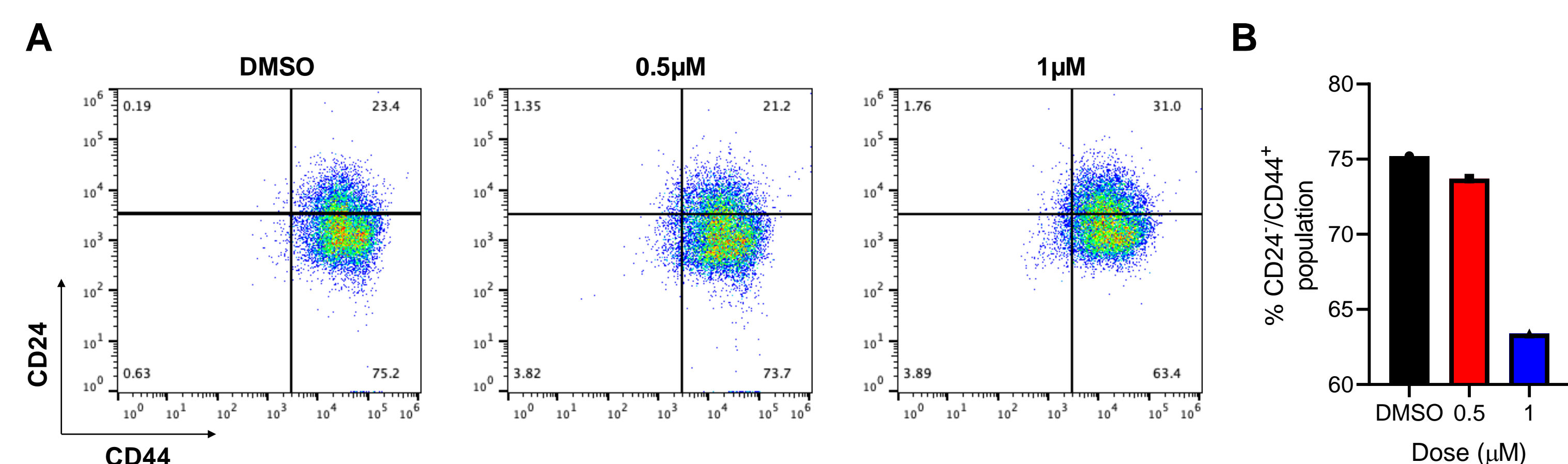
**Fig. 1** Effect of MELK inhibitor 30e on viability. Estimating the  $\text{IC}_{50}$  of MELKi 30e, a second-generation MELK inhibitor, using CellTiter-Blue viability assay.

### 2. Inhibition of MELK decreases colony formation capabilities



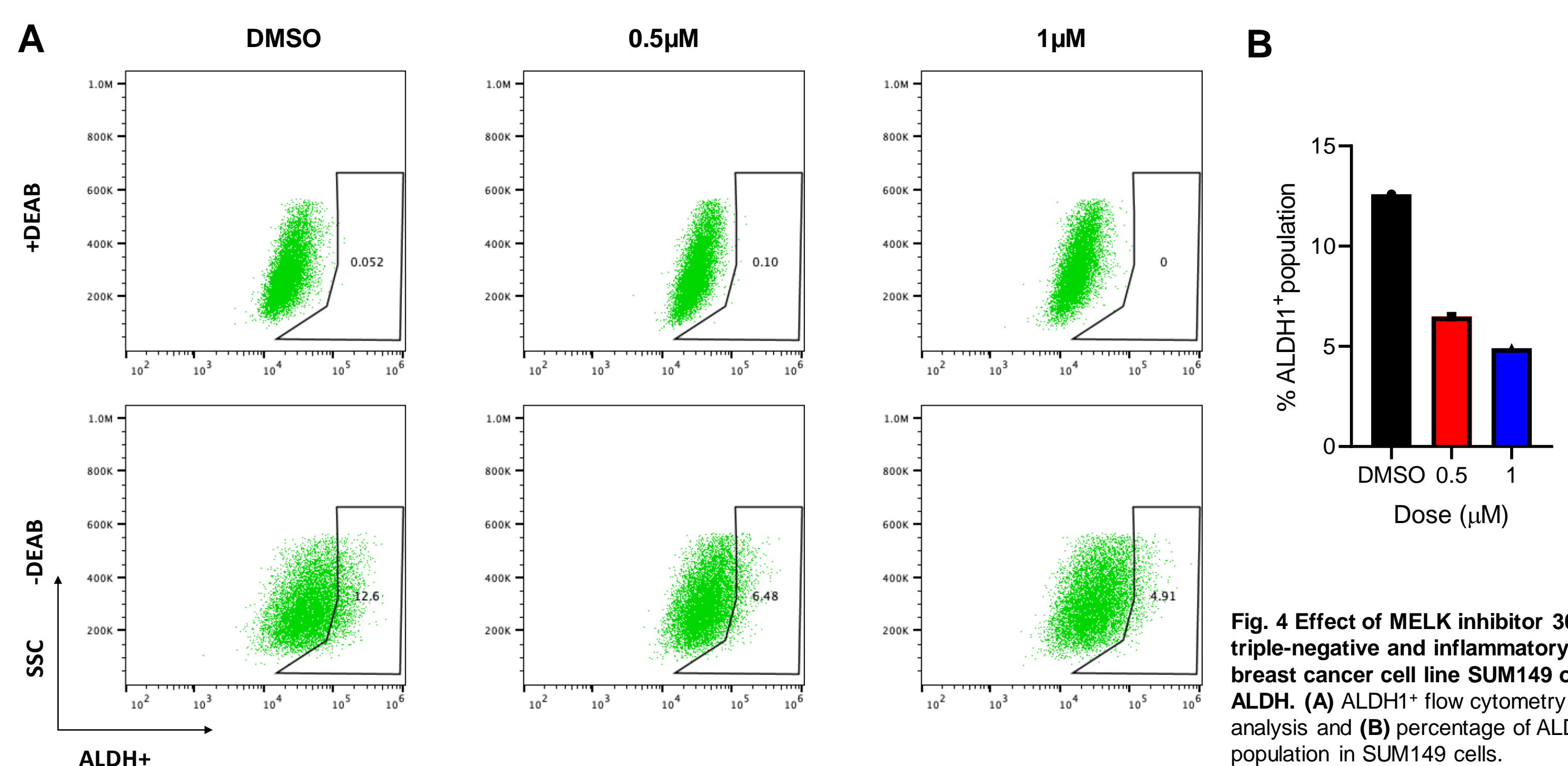
**Fig. 2** Effect of MELK inhibitor 30e on triple-negative and inflammatory breast cancer cell line SUM149 on colony formation. (A) Colony formation and (B) anchorage-independent growth in soft agar. \* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$ , and \*\*\*\* $P < 0.0001$  by Welch-ANOVA with Games-Howell's multiple comparisons test.

### 3. Inhibition of MELK reduces cancer stemness in CD24/CD44<sup>+</sup> population



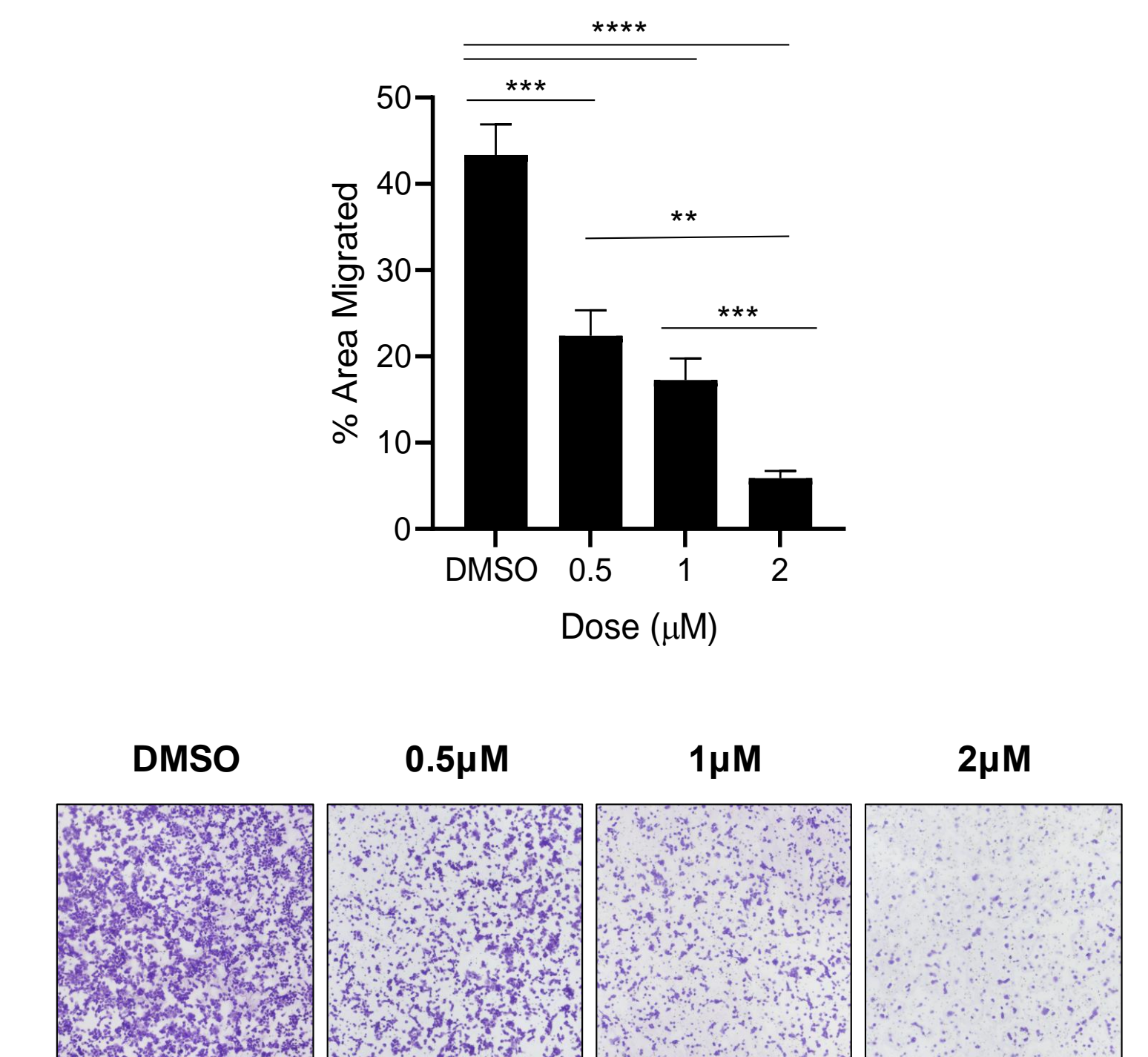
**Fig. 3** Effect of MELK inhibitor 30e on triple-negative and inflammatory breast cancer cell line SUM149 on CD24 and CD44. (A) Expression level of CD24 and CD44 and (B) percentage of cells with CD24/CD44<sup>+</sup> surface marker expression in SUM149 cells after 48-hour treatment.

### 4. MELK inhibition reduces cancer stemness in ALDH1<sup>+</sup> population



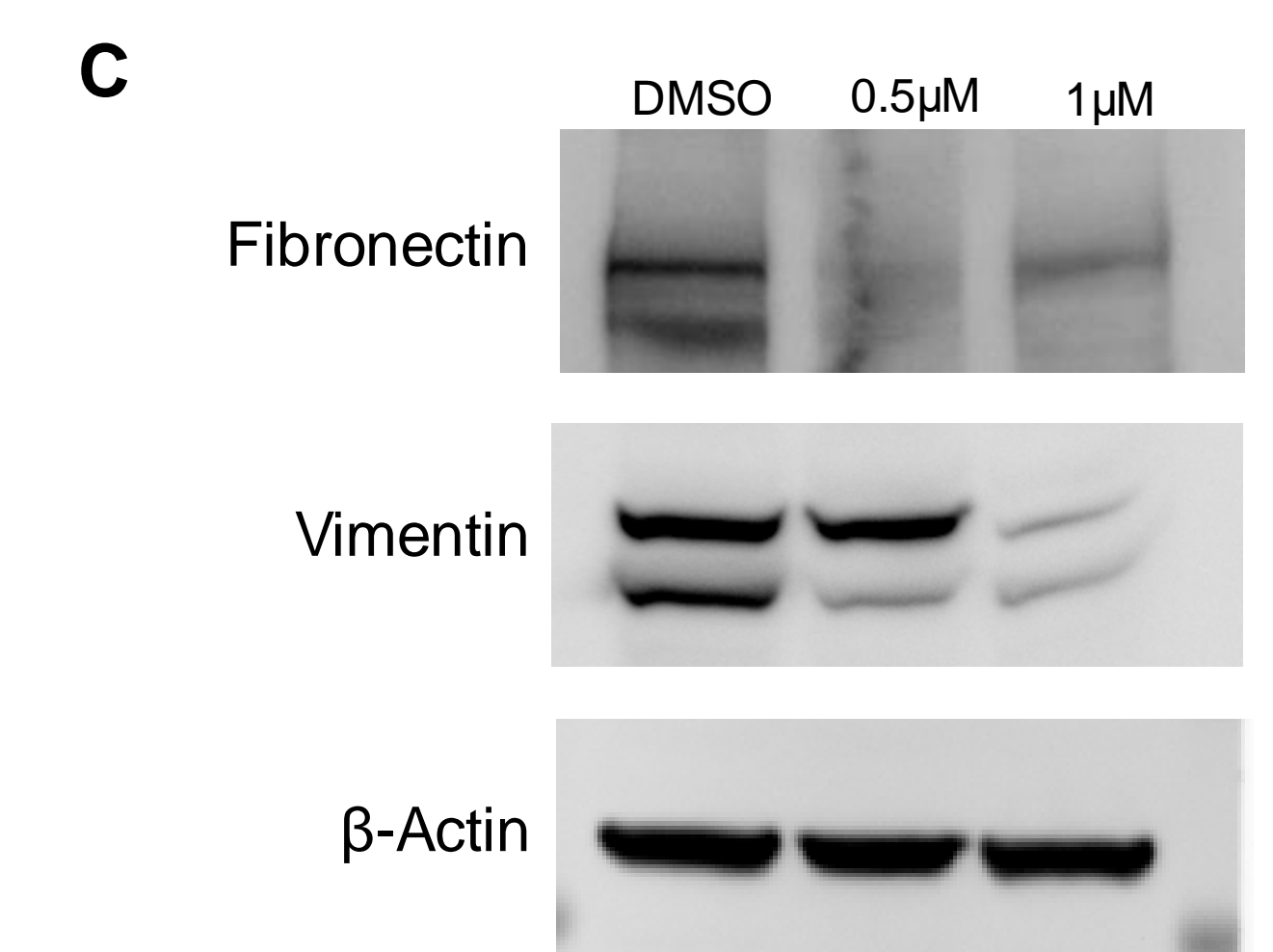
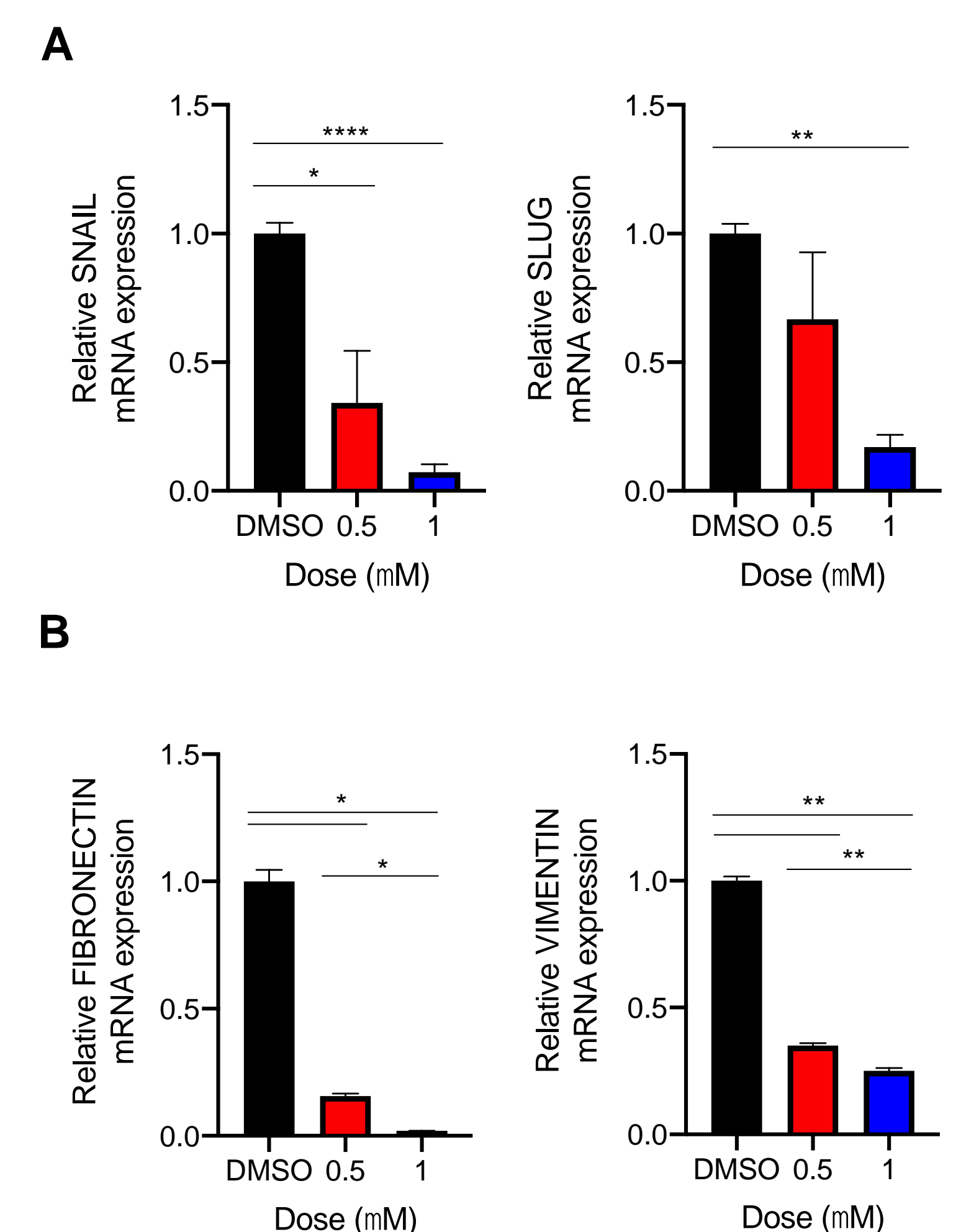
**Fig. 4** Effect of MELK inhibitor 30e on triple-negative and inflammatory breast cancer cell line SUM149 on ALDH. (A) ALDH1<sup>+</sup> flow cytometry analysis and (B) percentage of ALDH1<sup>+</sup> population in SUM149 cells.

### 5. MELK inhibition decreases migration



**Fig. 5** Effect of MELK inhibitor 30e on triple-negative and inflammatory breast cancer cell line SUM149 on migration. \* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$ , and \*\*\*\* $P < 0.0001$  by Welch-ANOVA with Games-Howell's multiple comparisons test.

### 6. MELK inhibition reduces EMT-markers related mRNA expression levels



**Fig. 6** Effect of MELK inhibitor 30e on triple-negative and inflammatory breast cancer cell line SUM149 on mRNA expression levels. RT-qPCR was performed for (A) EMT transcriptional factors (Snail and Slug) and (B) EMT mesenchymal factors (fibronectin and vimentin) using GAPDH as loading control after 48-hour treatment. \* $P < 0.05$ , \*\* $P < 0.01$ , and \*\*\*\* $P < 0.0001$  by unpaired t-test with Welch's correction. (C) Western blotting of SUM149 cells for EMT markers (fibronectin and vimentin) and loading control  $\beta$ -actin.

## Conclusions and Future Directions

- We show that treating cells with a novel selective MELK inhibitor resulted in significant reduction in colony forming ability, migratory capacity and stemness.
- Our findings highlight the therapeutic potential for MELK-In-30e, a second-generation MELK-specific inhibitor as an approach for TN-IBC targeted therapy.
- Future studies will determine the molecular mechanisms of MELK-In-30e and its therapeutic efficacy in a TN-IBC xenograft mouse model to pave the way for this promising target to be translated for clinical use.

## Funding Sources

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## References

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