DOI: 10.18621/eurj.454176

Medical Biology

Reversal effect of quercetin on talazoparib resistance in *BRCA1* mutant triple negative breast cancer

Gamze Güney Eskiler¹[®], Gülşah Çeçener²[®], Ünal Egeli²[®], Berrin Tunca²[®]

¹Department of Medical Biology, Sakarya University School of Medicine, Sakarya, Turkey ²Department of Medical Biology, Uludağ University School of Medicine, Bursa, Turkey

ABSTRACT

Objectives: Poly (ADP-ribose) polymerase (PARP) inhibitors have demonstrated an outstanding activity in patients with *BRCA*-mutated and wild-type breast cancer. However, the identification of resistance mechanisms to PARP inhibitors is a significant clinical challenge in effective treatment. Thus, new therapeutic strategies are urgently needed to overcome resistance. The aim of the current study was to explore the potential effect of quercetin on HCC1937 (*BRCA1* mutant) and talazoparib (BMN 673), a PARP inhibitor, resistant HCC1937 (HCC1937-R) triple negative breast cancer cells (TNBC).

Methods: We firstly generated BMN 673 resistance HCC1937 cells by continuous exposure to BMN 673 during 6 months. Then, cells were exposed to the different concentration (0-100 μ M) of quercetin and the cytotoxic and apoptotic effects of quercetin on these cells were evaluated by WST-1, Annexin V and dual acridine orange-ethidiumbromide (Et-BR) staining.

Results: The cell viability of HCC1937 and HCC1937-R cells reduced to 37.1% and 44.2% at a concentration of 100 μ M, respectively for 48 h (p < 0.01). Apoptotic rates of HCC1937 and HCC1937-R cells treated with 100 μ M quercetin were nearly 56.0% and 46.0%, respectively (p < 0.01). Additionally, theapoptotic morphological changes were observed in these cells.

Conclusions: In conclusion, the obtained results suggest that quercetin could potentially be used as an alternative therapeutic strategy in *BRCA1* mutant TNBC to overcome acquired BMN 673-resistance. **Keywords:** Triple negative breast cancer, PARP inhibitors, talazoparib (BMN 673), quercetin, apoptosis, *BRCA1*

P oly (ADP-ribose) polymerase (PARP) inhibitors have shown promising clinical activity in patients with *BRCA*-mutated and wild-type breast and ovarian cancer. Several PARP inhibitors [iniparib, talozoparib, veliparib, rucaparib and niraparib] currently being investigated in late stage (phase II-III) clinical trials and olaparib is currently approved by FDA for the treatment of *BRCA*-mutated breast cancer patients with a deficient homologous recombination (HR) pathway

through synthetic lethality [1-6]. However, recognizing the role of resistance mechanisms (altered HR and nonhomologous recombination (NHEJ) capacity, changes in PARP1 activity, multiple drug resistance (MDR) and epigenetic changes) to PARP inhibitors is a major clinical challenge in successful treatment [7-9].

BMN 673 (Talozoparib) is a novel and the most potent PARP inhibitorin phase II/III clinical trials for

Received: August 17, 2018; Accepted: January 27, 2019; Published Online: July 28, 2019



How to cite this article: .Güney Eskiler G, Çeçener G, Egeli Ü, Tunca B. Reversal effect of quercetin on talazoparib resistance in BRCA1 mutant triple negative breast cancer. Eur Res J 2020;6(1):19-25. DOI: 10.18621/eurj.454176

Address for correspondence: .Gamze Güney Eskiler, MD., Sakarya University School of Medicine, Department of Medical Biology, Sakarya, Turkey *E-mail: gamzeguney@sakarya.edu.tr, Tel :+90 0264 2954308, Fax: +90 264 2956629*

> ©Copyright 2020 by The Association of Health Research & Strategy Available at http://dergipark.org.tr/eurj

BRCA1/2 mutation-associated advanced breast cancersdue to the potency in PARP-trapping[10-13]. However, some studies have revealed that acquired resistance to BMN 673 is limiting the success of future treatment options [14-16]. Thus, novel approaches are required to restore sensitivity to BMN 673.

Quercetin is a polyphenolic flavonoidwidely found in many fruits (apple, blueberries, broccoli, grape, leek), vegetables, nuts, and red wine. Quercetin exerts anti-inflammatory, anti-diabetic, anti-allergic, antiviral, anti-fungal and significant anti-carcinogenic activities. It has been reported that quercetin has a potential anticancer effect in different cancer cell lines (breast, prostate, osteosarcoma, colon, gastric, esophageal, ovarian cancer and hepatocellular carcinoma) through the induction of apoptosisboth *in vitro* and *in vivo* [17-25]. However, limited studies have shown the reversal effect of quercetin in resistancecancer cells [26-30].

Here, for the first time, we investigated the reversal effect of quercetin on BMN 673 resistance. This study assessed the cytotoxic and apoptotic effects of quercetin on HCC1937 (*BRCA1* mutant), BMN 673resistant HCC1937 (HCC1937-R) triple negative breast cancer (TNBC) and MCF-10A human mammary epithelial cell lines.

METHODS

HCC1937 and MCF-10A were purchased from ATCC (Manassas, VA, USA). HCC1937 and HCC1937-R cells were cultured in 5% CO2 at 37°C in RPMI medium supplemented with 10% fetal bovine serum (FBS) and 100 U/ml penicillin and 10 mg/ml streptomycin. HCC1937-R cells were generated by continuous exposure to 0.01 nM BMN 673 during 6 months. MCF-10A cells were grown in Dulbecco's Modified Eagle Medium: Nutrient Mixture F-12 (DMEM/F-12) medium supplemented with 100 mg/ml EGF, 1 mg/ml hydrocortisone, 10 mg/ml insulin, 10% FBS, penicillin and streptomycin (100 units/ml) at 37° in a humidified atmosphere.

WST-1 Assay

HCC1937, HCC1937-R and MCF-10A cells were seeded at a density of 2x104 cells per well in 96-well plates. After overnight incubationat 37°C, the cells

were treated with different concentration of quercetin for 24 and 48 hours. At the end of the treatments, 10 μ l WST-1 dye (Biovision, USA) was added to every single well and plates were incubated for 1-3 hours at 37°C. Finally, the cell viability was measured at 450 nmwith a microplate reader (Tecan, Switzerland).

Annexin V and Dead Cell Assay

The apoptotic effect of quercetin on HCC1937 and HCC1937-R cells was determined by Annexin V and Dead Cell kit (Millipore, Germany). After treatment with different concentrations (12.5, 25, 50 and 100 μ M) of quercetin for 48 h, the collected cells were rinsed with sterile phosphate-buffer saline (PBS). For each sample of cells, 100 μ l MUSE Annexin V and dead cell reagent was added and subsequently incubated for 30 min at room temperature. Finally, the cells were analyzed using a Muse Cell Analyzer



Fig. 1. The cytotoxic effects of quercetin as measured by WST-1on (A) HCC1937, (B) HCC1937-R and (C) MCF-10A cells for 24 and 48 h. Data are the means of triplicate experiments; error bars, SD ($p < 0.05^*$, $p < 0.01^{**}$).

(MuseTM EMD Millipore Co., Hayward, CA, USA).

Dual Acridine Orange (AO)/Ethidium Bromide (Et-BR) Staining

The morphological changes in quercetin-treated HCC1937 and HCC1937-R cells were observed by AO/Et-BR double staining. A total of 5×105 HCC1937 and HCC1937-R cells were seeded in 6 well plates and treated with 12.5, 25, 50 and 100 μ Mquercetin for 48 h. At the end of the treatments, the cells were fixed in 4% paraformaldehyde (Merck, Germany) for 30 min. After fixation, the cells were rinsedthree times with PBS. Subsequently, the cells were stained with AO/Et-BR solution (Sigma, USA) and observed under an EVOS FL Cell Imaging System (Thermo Fisher Scientific, USA).

A

Statistical Analysis

Statistical analysis was performedusing SPSSversion 22.0 (SPSS Inc, Chicago, IL, USA). All data analyzed were presented as mean value \pm standard error of mean (SEM) (n = 3). A one-way analysis of variance (ANOVA) with post-hoc Tukey was used for comparison of multiple variables. *p* - value of < 0.05 was regarded as statistically significant (**p* < 0.05, ** *p* < 0.01).

RESULTS

Cytotoxic Effect of Quercetin in TNBC

The cytotoxic effect of UA on HCC1937, HCC1937-R and MCF-10A cells wasassessed using



Fig. 2. The apoptotic effects of quercetin on triple negative breast cancer cells for 48 h. (A) HCC1937 and HCC1937-R cells were treated with (a) Control, (b) 12.5, (c) 25, (d) 50 and (e) 100 μ M quercetin, respectively. (B) A statistical graph of total apoptotic cells after treatment with different concentration of quercetin (*p < 0.05, **p < 0.01).



Fig. 3. AO and EtBr double-staining of HCC1937 and HCC1937-R cells following treatment with (a) Control, (b) 12.5, (c) 25, (d) 50 and (e) 100 μ M quercetin, respectively for 48 h.

WST-1 assay as shown in Fig. 1. The HCC1937, HCC1937-R and MCF-10A cell viability decreased by 53.7%, 78.5% and 85.8%, respectively at concentration of 100 μ M for 24 h (p < 0.01). After 48 h incubation, quarcetin significantly reduced the HCC1937, HCC1937-R and MCF-10A viability to 37.1%, 44.2% and 70.2%, respectively at 100 μ M (p < 0.01). The IC50 values for quercetin in HCC1937 and HCC1937-R cells were 52.9 μ M and 44.2 μ M, respectively.As a result, quercetin had a considerable cytotoxic effects on HCC1937 and HCC1937-R cells and quercetin could potentially overcome BMN 673-

resistance. Additionally, no toxic effects were observed with doses lower than 25 μ Mfor 48 h in MCF-10A cells.

Apoptotic Effect of Quercetin in TNBC

The apoptotic effect of quercetin on HCC1937 and HCC1937-R cells for 48 h was determined by Annexin V analysis and the results were summarized in Fig. 2. The percentage of late-apoptotic cells was 7.81 ± 1.9 % and 55.12 ± 2.8 % at 12.5 and 100 µM of quercetin, respectively compared with control (1.48 ± 0.7 %) in HCC1937 cells. Furthermore, the percentage of late-apoptotic cells increased from (0.18 ± 0.4 %) to 13.05 \pm 1.0% and 45.45 ± 1.7 % at 12.5 and 100 µM, respectively in HCC1937-R cells. Thus, quercetin significantly induced apoptotic death in HCC1937 and HCC1937-R cells in a dose-dependent manner (p < 0.01).

Morphological Observations

To investigate the morphological changes in HCC1937 and HCC1937-R cells, AO/EtBr staining was performed as summarized in Fig. 3. AO/EtBr staining revealed a dose dependent apoptotic cell death in HCC1937 and HCC1937-R cells when exposed to quercetin for 48 h. Quercetin induced nuclear condensation, cellshrinkage and rounding and membrane blebbing in these cells. These findings were confirmed by WST-1 and Annexin V analysis.

DISCUSSION

In the current study, we investigated the effect of quercetin on the reversal of BMN 673-resistance in TNBC cells. Our results demonstrated that quercetin could potentially reverse BMN 673-resistance and exerted therapeutic effects on HCC1937 and HCC1937-R cells through induction of apoptosis. PARP inhibitors have attracted attention in pre-clinic and clinic to treat particularly *BRCA1/2* mutant breast and over cancers due to inducing synthetic lethality. Three PARP inhibitors (olaparib, rucaparib, and niraparib) have now been approved by the FDA for patients with BRCA-mutated ovarian cancer [5, 31, 32]. Additionally, The FDA has also approved olaparib for patients with *BRCA*-mutated breast cancer. However, phase II/III trial of olaparib and iniparib

failed to show an improvement in disease-free survival and/or overall survival (5.7 months) and significant clinical responses in patients with TNBC [33-36]. Thus, novel PARP inhibitors including BMN 673 [13], niraparib [37], rucaparib [38] and veliparib [39,40] which exhibit synthetic lethality in patients with *BRCA1/2* mutation have gained considerable attention.

In vivo and in vitro studies of BMN 673 demonstrated excellent efficacy against breast, nonsmall cell lung, chronic lymphocytic leukemia (CLL), prostate, endometrial and ovarian cancer cells [10, 11, 41-44]. However, there are now several studies in the literature stating that particular resistance mechanisms could affect the clinical successes of PARP inhibitors [8, 9, 45-48]. Previous studies from our lab demonstrated that HR and multi-drug resistance (MDR) mechanisms played a major role in the development of resistance to BMN 673. Besides, we found that HCC1937-R cells was almost 3.0-fold more resistant to BMN 673 than HCC1937 parental cells [49,50]. Therefore, development of new treatment strategies to overcome resistance are important for clinical utility of PARP inhibitors.

Quercetin, a polyphenolic compound, has been shown to induce cytotoxicity and apoptosis in different cancer cells. Quercetin induces apoptosis in cancer cell lines by the intrinsic pathway due to interaction with DNA directly [18-20, 23-25]. Furthermore, it has been reported that quercetin could overcome the acquired resistance to chemotherapeutic agents (tamoxifen, 5-FU and enzalutamide) [26, 28, 30]. For this purpose, the multi-drug resistance reversal activity of quercetin was evaluated in the current study. Our results showed that quercetin remarkably decreased proliferation and induced apoptosis in HCC1937 and HCC1937-R cells. These effects were enhanced with increasing concentration and exposure time of quercetin. However, we found no significant reduction in MCF-10A cell viability evenat the lowest concentration for 48 h or short-term exposure (24 h) of quercetin.

Furthermore, previous report demonstrated that quercetin displayed PARP inhibitory effects through synthetic lethality to *BRCA2*-deficient cells and induced significantly DNA damage on V79 Chinese hamster lungwild-type cells, its *BRCA2* mutant (V-C8) and genetically complimented mutant with human *BRCA2* (V-C8 hBRCA2)[51,52]. Thus, one of the possible mechanism is quercetin can interfere with DNA and may be able to overcome BMN 673 resistance thanks to its PARP inhibitory effect. However, the underlying mechanisms towards overcoming BMN 673 resistance should be explored. The preliminary results indicated that quercetin could be a potent candidate and reverse BMN 673 resistance.

CONCLUSION

In conclusion, the present study indicated that quercetin had a potential flavonoid to reverse BMN 673 resistance by inducing apoptosis. However, quercetin-induced synthetic lethality and associated mechanisms (homologous recombination, nonhomologous recombination and multi-drug resistance) in BRCA1 mutant TNBC cells should be elucidated by in vitro and in vivo experiments.

Conflict of interest

The authors disclosed no conflict of interest during the preparation or publication of this manuscript.

Financing

The authors disclosed that they did not receive any grant during conduction or writing of this study.

REFERENCES

1. Curtin NJ, Sharma R. eds. PARP inhibitors for cancer therapy. Humana Press: Cham, 2015.

2. Weil MK, Chen AP. PARP inhibitor treatment in ovarian and breast Cencer. Curr Probl Cancer 2011;35:7-50.

3. Naipal KAT, van Gent DC. PARP inhibitors : the journey from research hypothesis to clinical approval. Per Med 2015;12:139-54.

4. Lord CJ, Ashworth A. Targeted therapy for cancer using PARP inhibitors. Curr Opin Pharmacol 2008;8:363-9.

5. Ashworth A, Lord CJ. Synthetic lethal therapies for cancer: what's next after PARP inhibitors? Nat Rev Clin Oncol 2018;15:564-76.

6. Sonnenblick A, de Azambuja E, Azim HA Jr, Piccart M. An update on PARP inhibitors -- moving to the adjuvant setting. Nat Rev Clin Oncol 2015;12:27-41.

7. Lim JSJ, Tan DSP. Understanding resistance mechanisms and expanding the therapeutic utility of PARP inhibitors. Cancers (Basel) 2017;9:1-14.

8. Sedukhina AS, Sundaramoorthy E, Hara M, Kumai T, Sato K.

Beyond resistance to PARP inhibition: Mechanisms and effective treatment options. Cancer Cell Microenviron 2015;31:14-7.

9. Lord CJ, Ashworth A. Mechanisms of resistance to therapies targeting BRCA-mutant cancers. Nat Med 2013;19:1381-8.

10. Murai J, Huang SY, Renaud A, Zhang Y, Ji J, Takeda S, et al. Stereospecific PARP trapping by BMN 673 and comparison with olaparib and rucaparib. Mol Cancer Ther 2014;13:433-43.

11. Shen Y, Rehman FL, Feng Y, Boshuizen J, Bajrami I, Elliott R, et al. BMN 673, a novel and highly potent PARP1/2 inhibitor for the treatment of human cancers with DNA repair deficiency. Clin Cancer Res 2013;19:5003-15.

12. de Bono J, Ramanathan RK, Mina L, Chugh R, Glaspy J, Rafii S, et al. Phase I, dose-escalation, two-part trial of the PARP inhibitor talazoparib in patients with advanced germline BRCA1/2 mutations and selected sporadic cancers. Cancer Discov 2017;7:620-9.

13. Wainberg ZA, de Bono JS, Mina L, Sachdev J, Byers LA, Chugh R, et al. Update on first-in-man trial of novel oral PARP inhibitor BMN 673 in patients with solid tumors. Mol Cancer Ther 2013;12:C295.

14. Engert F, Kovac M, Baumhoer D, Nathrath M, Fulda S. Osteosarcoma cells with genetic signatures of BRCAness are susceptible to the PARP inhibitor talazoparib alone or in combination with chemotherapeutics. Oncotarget 2017;8:48794-806.

15. Cardnell RJ, Feng Y, Diao L, Fan YH, Masrorpour F, Wang J, et al. Proteomic markers of DNA repair and PI3K pathway activation predict response to the PARP inhibitor BMN 673 in small cell lung cancer. Clin Cancer Res 2013;19:6322-8.

16. Murai J, Feng Y, Yu GK, Ru Y, Tang S. Resistance to PARP inhibitors by SLFN11 inactivation can be overcome by ATR inhibition. Oncotarget 2016;7:76534-550.

17. Kim HJ, Kim SK, Kim BS, Lee SH, Park YS, Park BK, et al. Apoptotic effect of quercetin on HT-29 colon cancer cells via the AMPK signaling pathway. J Agric Food Chem 2010;58:8643-50. 18. Zhang L. Quercetin inhibits human breast cancer cell proliferation and induces apoptosis via Bcl-2 and Bax regulation. Mol Med Rep 2012:1453-6.

19. Nguyen LT, Lee YH, Sharma AR, Park JB, Jagga S, Sharma G, et al. Quercetin induces apoptosis and cell cycle arrest in triple-negative breast cancer cells through modulation of Foxo3a activity. Korean J Physiol Pharmacol 2017;21:205-13.

20. Khan F, Niaz K, Maqbool F, Hassan FI, Abdollahi M, Nagulapalli Venkata KC, et al. Molecular targets underlying the anticancer effects of quercetin: an update. Nutrients 2016;8(9). pii:E529.

21. Wang K, Liu R, Li J, Mao J, Lei Y, Wu J, et al. Quercetin induces protective autophagy in gastric cancer cells: Involvement of Akt-mTOR- and hypoxia-induced factor 1α -mediated signaling. Autophagy 2011;7:966-78.

22. Lan H, Hong W, Fan P, Qian D, Zhu J, Bai B. Quercetin inhibits cell migration and invasion in human osteosarcoma cells. Cell Physiol Biochem 2017;43:553-67.

23. Hashemzaei M, Far AD, Yari A, Heravi RE, Tabrizian K, Taghdisi SM, et al. Anticancer and apoptosis-inducing effects of quercetin in vitro and in vivo. Oncol Rep 2017;38:819-28.

24. Gong C, Yang Z, Zhang L, Wang Y, Gong W, Liu Y. Quercetin

suppresses DNA double-strand break repair and enhances the radiosensitivity of human ovarian cancer cells via p53-dependent endoplasmic reticulum stress pathway. Onco Targets Ther 2017;11:17-27.

25. Srivastava S, Somasagara RR, Hegde M, Nishana M, Tadi SK, Srivastava M, et al. Quercetin, a natural flavonoid interacts with DNA, arrests cell cycle and causes tumor regression by activating mitochondrial pathway of apoptosis. Sci Rep 2016;6:24049.

26. Wang H, Tao L, Qi K, Zhang H, Feng D, Wei W, et al. Quercetin reverses tamoxifen resistance in breast cancer cells. J BUON 2015;20:707-13.

27. Hyun HB, Moon JY, Cho SK. Quercetin suppresses CYR61mediated multidrug resistance in human gastric adenocarcinoma AGS cells. Molecules 2018;23(2). pii: E209.

28. Tummala R, Lou W, Gao AC, Nadiminty N. Quercetin targets hnRNPA1 to overcome enzalutamide resistance in prostate cancer cells. Mol Cancer Ther 2017;16:2770-9.

29. Oh SJ, Kim O, Lee JS, Kim JA, Kim MR, Choi HS, et al. Inhibition of angiogenesis by quercetin in tamoxifen-resistant breast cancer cells. Food Chem Toxicol 2010;48:3227-34.

30. Xavier CPR, Lima CF, Rohde M, Pereira-Wilson C. Quercetin enhances 5-fluorouracil-induced apoptosis in MSI colorectal cancer cells through p53 modulation. Cancer Chemother Pharmacol 2011;68:1449-57.

31. Ashworth A. A synthetic lethal therapeutic approach: poly(ADP) ribose polymerase inhibitors for the treatment of cancers deficient in DNA double-strand break repair. J Clin Oncol 2008;26:3785-90.

32. Rehman FL, Lord CJ, Ashworth A. Synthetic lethal approaches to breast cancer therapy. Nat Rev Clin Oncol 2010;7:718-24.

33. Gelmon K, Dent R, Mackey JR, Laing K, Mcleod D, Verma S. Targeting triple-negative breast cancer: optimising therapeutic outcomes. Ann Oncol 2012;23:2223-34.

34. Ledermann J, Harter P, Gourley C, Friedlander M, Vergote I, Rustin G, et al. Olaparib maintenance therapy in platinumsensitive relapsed ovarian cancer. N Engl J Med 2012;366:1382-92.

35. Mateo J, Ong M, Tan DSP, Gonzalez MA, de Bono JS. Appraising iniparib, the PARP inhibitor that never was--what must we learn? Nat Rev Clin Oncol 2013;10:688-96.

36. Sinha G. Downfall of iniparib: a PARP inhibitor that doesn't inhibit PARP after all. J Natl Cancer Inst 2014;106:djt447.

37. Sandhu SK, Schelman WR, Wilding G, Moreno V, Baird RD, Miranda S, et al. The poly(ADP-ribose) polymerase inhibitor niraparib (MK4827) in BRCA mutation carriers and patients with sporadic cancer: A phase 1 dose-escalation trial. Lancet Oncol 2013;14:882-92.

38. Drew Y, Ledermann J, Hall G, Rea D, Glasspool R, Highley M, et al. Phase 2 multicentre trial investigating intermittent and continuous dosing schedules of the poly (ADP-ribose) polymerase inhibitor rucaparib in germline BRCA mutation carriers with advanced ovarian and breast cancer. Br J Cancer 2016;114:723-30.

39. LoRusso PM, Li J, Burger A, Heilbrun LK, Sausville EA, Boerner SA, et al. Phase I safety, pharmacokinetic, and

pharmacodynamic study of the poly(ADP-ribose) polymerase (PARP) inhibitor veliparib (ABT-888) in combination with irinotecan in patients with advanced solid tumors. Clin Cancer Res 2016;22:3227-37.

40. Rodler ET, Kurland BF, Griffin M, Gralow JR, Porter P, Yeh RF, et al. Phase I study of veliparib (ABT-888) combined with cisplatin and vinorelbine in advanced triple-negative breast cancer and/or BRCA mutation-associated breast cancer. Clin Cancer Res 2016;22:2855-64.

41. Herriott A, Tudhope SJ, Junge G, Rodrigues N, Patterson MJ, Woodhouse L, et al. PARP1 expression, activity and ex vivo sensitivity to the PARP inhibitor, talazoparib (BMN 673), in chronic lymphocytic leukaemia. Oncotarget 2015;6:43978-91.

42. Huang J, Wang L, Cong Z, Amoozgar Z, Kiner E, Xing D, et al. The PARP1 inhibitor BMN 673 exhibits immunoregulatory effects in a Brca1–/– murine model of ovarian cancer. Biochem Biophys Res Commun 2015;463:551-6.

43. Koppensteiner R, Samartzis EP, Noske A, von Teichman A, Dedes I, Gwerder M, et al. Effect of MRE11 loss on PARP-inhibitor sensitivity in endometrial cancer in vitro. PLoS One 2014;9:e100041.

44. Postel-Vinay S, Bajrami I, Friboulet L, Elliott R, Fontebasso Y, Dorvault N, et al. A high-throughput screen identifies PARP1/2 inhibitors as a potential therapy for ERCC1-deficient non-small cell lung cancer. Oncogene 2013;32:5377-87.

45. Edwards SL, Brough R, Lord CJ, Natrajan R, Vatcheva R, Levine DA, et al. Resistance to therapy caused by intragenic deletion in BRCA2. Nature 2008;451:1111-5.

46. Fojo T, Bates S. Mechanisms of resistance to PARP inhibitors-three and counting. Cancer Discov 2013;3:20-3.

47. Nakagawa Y, Sedukhina AS, Okamoto N, Nagasawa S. NF- κ B signaling mediates acquired resistance after PARP inhibition. Oncotarget 2015;6:3825-39.

48. Montoni A, Robu M, Pouliot E, Shah GM. Resistance to PARP-inhibitors in cancer therapy. Front Pharmacol 2013;4:18. 49. Eskiler GG, Cecener G, Egeli U, Tunca B. A potential therapeutic effects of BMN673, a novel PARP inhibitor, on triple negative breast cancer. The 16th European Microscopy Congress, Lyon, France, 2016. Proceedings 2016:Abstract no.5883.

50. Guney Eskiler G. Investigation of the role of PARP inhibitors loaded solid lipid nanoparticles on overcoming drug resistance mechanisms in triple negative breast cancer treatment. PhD Thesis. Uludag University, Bursa, 2017.

51. Su C, Haskins AH, Omata C, Aizawa Y, Kato TA. PARP inhibition by flavonoids induced selective cell killing to BRCA2-deficient cells. Pharmaceuticals (Basel) 2017;10(4). pii: E80.

52. Maeda J, Roybal EJ, Brents CA, Uesaka M, Aizawa Y, Kato TA. Natural and glucosyl flavonoids inhibit poly(ADP-ribose) polymerase activity and induce synthetic lethality in BRCA mutant cells. Oncol Rep 2014;31:551-6.



This is an open access article distributed under the terms of Creative Common Attribution-NonCommercial-NoDerivatives 4.0 International License.