

<https://doi.org/10.47112/neufmbd.2025.74>

# **Metastatik Meme Kanseri Hücrelerinde EGF Uyarımına Bağlı Olarak PKA, AKT(PKB) ve PKC Hedefli AKT Substratlarının Fosforilasyon Düzeylerinin Değişimi**

# **Merve ÖZCAN TÜRKMEN<sup>1\*</sup> <b>D** Şebnem PEHLİVANOĞLU<sup>2</sup> **D Suray PEHLİVANOĞLU <sup>1</sup>**

<sup>1</sup> Necmettin Erbakan University, Faculty of Science, Department of Molecular Biology and Genetics, Konya, Türkiye

<sup>2</sup> Necmettin Erbakan University, Institute of Health Sciences, Department of Medical Biology, Konya, Türkiye



# **Changes in Phosphorylation Levels of PKA, AKT(PKB) and PKC Targeted AKT Substrates Upon EGF Stimulation in Metastatic Breast Cancer Cells**



#### **To cite this article:**

Özcan Türkmen, M., Pehlivanoğlu, Ş. & Pehlivanoğlu, S. (2025). Changes in phosphorylation levels of PKA, AKT(PKB) and PKC targeted AKT substrates upon EGF stimulation in metastatic breast cancer cells. *Necmettin Erbakan University Journal of Science and Engineering, 7*(1), 48-55. <https://doi.org/10.47112/neufmbd.2025.74>

**\*Sorumlu Yazar:** Merve Özcan Türkmen, *mozcanturkmen@erbakan.edu.tr*



#### **INTRODUCTION**

Cancer is the second leading cause of death globally after ischemic heart disease [1-2]. According to the Global Cancer Statistics 2022, there were nearly 20 million new cancer cases and 9.7 million deaths due to cancer in that year [3]. In women, breast cancer was the most common, while in men, lung cancer was the most frequent, both in terms of cases and deaths in 2022 [3]. Breast cancer is the most frequently diagnosed cancer and one of the main causes of cancer-related deaths in women worldwide [4-5]. This cancer is characterized by the abnormal growth and proliferation of cells originating in the breast tissue [6]. It is a metastatic cancer and often spreads to distant organs such as the liver, bone, lung, and brain, which primarily accounts for its incurability [7]. Numerous risk factors associated with breast cancer have been established, including older age, female gender, early menarche, late menopause, positive family history, long-term hormone replacement therapy, a history of radiation therapy to the chest, and *BRCA1/2* gene mutations [5, 8-9]. The prognosis of breast cancer and the patient's response to distinct types of therapies vary among subtypes of this heterogeneous disease [10]. These subtypes are typically classified into four categories depending on the immunohistochemical expression of specific biomarkers: estrogen receptor-positive (ER+), progesterone receptor-positive (PR+), human epidermal growth factor receptor 2-positive (HER2+), and triple-negative breast cancer (TNBC), which is characterized by the absence of expression of any of these receptors [11]. HER2-positive and endocrine-sensitive diseases can be treated with targeted therapies, whereas chemotherapy remains the primary treatment for TNBC [12]. The effectiveness of targeted treatments is limited by primary or secondary resistance [12]. Increasing evidence indicates that the active phosphatidylinositol 3-kinase (PI3K)/protein kinase B (AKT)/mammalian target of rapamycin (mTOR) signaling pathway plays a key role in treatment resistance and disease progression [12].

The persistence of proliferation stimulation is among the distinguishing features of cancer and many genes and proteins, especially kinases and kinase receptors, play an active role in this process. [13]. One member of the protein kinase family is protein kinase B (PKB) which is also known as AKT [14]. PKB/AKT is a serine-threonine kinase which is a member of the AGC (protein kinase A, PKC, PKG) kinase superfamily [14-15]. It has three isoforms (AKT1, AKT2 and AKT3) in mammals and their kinase domains have extensive homology to these AGC kinases [16]. AKT is activated by growth factors, cytokines and other cellular stimulatory molecules and activated AKT phosphorylates a large number of substrates which play roles in many cellular signaling pathways [16]. These pathways are involved in several important cellular processes including cell survival, proliferation, cell size in response to nutrient availability, growth, metabolism, angiogenesis, and tumor invasion [14]. Furthermore, the activation of AKT involves the phosphorylation of two regulatory phosphorylation sites, threonine-308 (Thr308) and serine-473 (Ser473) [17]. Co-phosphorylation of these two amino acids is essential for full activation of AKT [18]. Activated AKT specifically phosphorylates many downstream substrates harboring the recognition motif R-X-R-X-X-S/T-B (where X is any amino acid and B represents a bulky hydrophobic amino acid) in the cytosol and nucleus [16, 19-20] (Figure 1).



**Figure 1**  *Target sequences of substrate recognition motif for Activated AKT (phosphorylated on S473 and T308) [20]*

Various factors such as proteins, ligands, receptors and effector molecules play a role in AKT activation [21]. In this context, AKT serves as a central node within a signaling pathway that includes numerous components, and various cellular signaling pathways intersect at the AKT molecule. [14]. Therefore, AKT has a significant number and variety of downstream substrates or targets [22] (Table 1). Studies investigating these substrates are crucial because they provide an effective approach to discovering new therapeutic targets. In this study, we aimed to determine the potential AKT substrates in the presence of different protein kinase inhibitors in MDA-MB-231 breast adenocarcinoma cells which belong to the TNBC category. For this purpose, PKA, PI3K/PKB and PKCs, were targeted and an inhibitor of one of these proteins was used each time. Phospho-forms of AKT substrates were determined by Western blot analysis from cell lysates after stimulation with epidermal growth factor (EGF), which is one of the important factors that enable AKT activation.

#### **Table 1**





#### **MATERIALS AND METHODS**

#### **Cell Culture**

The MDA-MB-231 (ATCC, HTB-26) breast adenocarcinoma cells were obtained from American Type Culture Collection. The cells were incubated in an incubator (ESCO-CCL-170B-8) 5%  $CO<sub>2</sub>$ atmosphere, 90% humidified air at 37°C. The culture medium was DMEM high glucose medium (D5796, Sigma-Aldrich, St. Louis, Missouri, USA) supplemented with 10% heat-inactivated fetal bovine serum (FBS) (F9665, Merck, Darmstadt, Germany) and 1% penicillin-streptomycin (15140122, Gibco, ThermoFisher Sci., Waltham, Massachusetts, USA) in 25 cm<sup>2</sup> culture flask (CLS430639, Corning, New York, USA). Cell morphologies and confluency were visualized using an inverted microscope (Primovert, Zeiss, Jena, Germany).

#### **EGF Stimulation and Treatment of Cells with PKA, PI3K/PKB and PKC Inhibitors**

The MDA-MB-231 cells were seeded into a 6-well culture plate at  $1 \times 10^5$  cells/well concentration. The day before treatment, the cells were incubated in serum-free media overnight and then treated with protein kinase inhibitors: H-89 Dihydrochloride (MedChemExpress, HY-15979) as a PKA inhibitor, LY294002 (Thermo Fisher Scientific, Inc., PHZ1144) as a PI3K/PKB inhibitor, and RO318220 (Abcam, ab120374) as a PKC inhibitor. After washing the cells with 1×PBS, they were treated for 2 hours with two different inhibitor concentrations: 2 and 5  $\mu$ M for H-89 Dihydrochloride (PKA inhibitor) [23], 1 and 5 µM for LY294002 (PI3K/PKB inhibitor) [24], and 1 and 5 µM for RO318220 (PKC inhibitor) [25]. Following treatment, the cells were stimulated with EGF (10 ng/mL) in medium containing 1% FBS and incubated for 72 hours [26]. Cells that were not treated with EGF or inhibitors were used as controls.

#### **Western blot**

Following treatment with inhibitors and EGF described above at the indicated times, the cells were harvested and the cell lysates were prepared from the untreated and treated MDA-MB-231 cells. Cell lysates were obtained by 1X cell lysis buffer (cat.9806, Cell Signaling Tech., USA) and incubated on ice for 30 min. The cell lysate samples were clarified by centrifugation at 10.000 rpm for 1 min, and the total protein concentration was determined by the Bradford method. A hundred micrograms of total protein were size-fractioned on a 10 % SDS page and transferred to the PVDF membrane (cat. 88518, ThermoFisher Sci., USA). For immunoblotting, the membranes were incubated overnight with primary antibody (1:1000) (rabbit Phospho-Akt Substrate (cat. 9614, Cell Signaling Tech., USA) and then with horseradish peroxidase-conjugated anti-rabbit secondary antibody (cat. sc-2357, Santa Cruz Biotechnology, Inc., USA) (1:5000) for 2 h. The protein immunoreactivity was visualized using X-ray imaging.

#### **Statistical Analysis**

Analyses of experimental data were performed using GraphPad Prism 9.0 software. *p* values of the results were calculated using One-way ANOVA (Dunnet t-test). A *p* value of <0.05 was considered statistically significant. The results were normalized and presented by determining  $\pm$  standard error values.

#### **RESULTS**

To determine the potential AKT substrates in the presence of different protein kinase inhibitors, the MDA-MB-231 cells were treated or untreated with H-89 (PKA inhibitor), LY294002 (PKB inhibitor) or RO318220 (PKC inhibitor) and then subsequently exposed to EGF or not. Whole-cell lysates were blotted with phospho-AKT substrate antibody. In this study, we demonstrated that the phosphorylation level of an approximately 30 kDa AKT substrate (pp30), which has not been previously described in the literature, varies depending on the presence of EGF and the specific inhibitors. We found that the phosphorylation level of pp30 increased by 1.11 to 1.44-fold with EGF stimulation compared to the control. In the presence of inhibitors, the phosphorylation level of pp30 decreased in a dose-dependent manner in both control and treated cells. Despite PKA and PKB inhibition, phosphorylation still increased with EGF, although PKC treatment suppressed this increase by %52 at 5 µM concentration. These results indicate that AKT targets are regulated not only by the PI3K/AKT axis but also by the PKC pathway under EGF stimulation. In this context, it can be inferred that AKT, which is known to have an inverse relationship with PKC signaling in cancer cells, could interacts with some of AKT substrates (Figure 2).



#### **Figure 2**

*Western blot analysis of various phosphorylated AKT substrates in MDA-MB-231 cells, treated or untreated with PKA, PI3K/PKB, and PKC ınhibitors upon EGF stimulation, revealed a 30 kDa Phospho-protein (pp30) (black arrows) (\*, p<0.05).*

#### **DISCUSSION**

AKT (PKB) was discovered about 32 years ago and has since been the subject of tens of thousands of studies in various fields of medicine and biology [27]. The broad range of AKT's functions arises from its numerous downstream substrates, with over 200 AKT substrates identified to date [27-28]. The molecular interactions of the AKT signaling network are better understood by determining and identifying these diverse AKT substrates [27]. This study presents a method for identifying novel AKT substrates using specific inhibitors and phosphomotif-specific antibodies. The method involves activating the kinase through stimulation and comparing phosphoproteins based on the presence or absence of pathway blockade [29]. Using this approach, this study determined a novel candidate AKT substrate (pp30) regulated also by PKC (Figure 2). Similarly, Kane et al. [29] applied this method and isolated a novel 160-kDa substrate for AKT from adipocytes. Then, the characterization studies of the protein revealed that the 160 kDa protein was a GTPase activating protein for Rab. AKT-mediated phosphorylation of this protein plays an important role in insulin-stimulated transport of the glucose transporter GLUT4 to the plasma membrane [30]. Another giving evidence, four novel phospho-proteins (47, 75, 105, and 250 kDa) were identified using an AKT phosphomotif-specific antibody through insulin stimulation [31]. In addition to this, the lack of change in the phosphorylation level of the described 75 kDa protein upon treatment with PI3K inhibitors suggests that this protein may not be an AKT substrate [31]. According to these findings, it can be said that the combination of different inhibition strategies is needed to confirm the data obtained.

The relationship between PKC inhibitor RO318220 and PI3K/AKT signal pathway was examined by Zhu et al [32]. They showed that adding the PKC inhibitor RO318220 increased AKT phosphorylation and neuronal survival suggesting that RO318220 protects rat cerebellar granule cell neurons by activating AKT [32]. Similarly, Wen et. al [33] showed that PKC inhibitors RO318220, bisindolylmaleimide VIII, and PKCβ inhibitor LY379196 increased phosphorylation and stimulation of AKT in human airway epithelial A549 cells and human embryonic kidney HEK293 cells. In another study, the regulation and role of mitogen-activated protein kinase (MAPK) and PI3K/AKT signaling in uveal melanoma responses to PKC inhibition were investigated [34]. They indicated that in UM patients treated with the PKC inhibitor IDE196, the PI3K/AKT pathway was active and not inhibited by PKC inhibition, whereas the (MAPK) signaling pathway was inhibited [34].

The results of the present study are preliminary and demonstrate how new AKT targets can be identified through the cooperation of different pathways. Whether pp30 is indeed phosphorylated by AKT can be confirmed through immunoprecipitation and *in vitro* kinase assays. Additionally, proteomic approaches using Matrix-Assisted Laser Desorption/Ionization Time-of-Flight/Time-of-Flight Mass Spectrometry (MALDI-TOF/TOF-MS) are needed for molecular characterization. In the next stage, it will be important to determine the phosphorylation site and cellular function of pp30.

In conclusion, studies investigating novel AKT targets are crucial for identifying new therapeutic options. Moreover, the methodology used in this study demonstrated that cellular pathways can crosstalk to achieve common goals. Different enzymes, such as PKC, can activate distinct signaling pathways and targets, including AKT substrates.

#### **Ethical Statement**

This study is an original research article designed and developed by the authors.

## **Ethics Committee Approval**

This study does not require any ethics committee approval.

#### **Author Contributions**

Research Design (CRediT 1) M.O.T. (%30) - Ş.P. (%30) – S.P. (%40) Data Collection (CRediT 2) M.O.T. (%25) - Ş.P. (%25) – S.P. (%50) Research - Data Analysis – Validation (CRediT 3-4-6-11) M.O.T. (%30) - Ş.P. (%30) – S.P. (%40) Writing the Article (CRediT 12-13) M.O.T. (%40) - Ş.P. (%30) – S.P. (%30) Revision and Improvement of the Text (CRediT 14) M.O.T.  $(\%40)$  - S.P.  $(\%20)$  – S.P.  $(\%40)$ 

#### **Financing**

This research was not supported by any public, commercial, or non-profit organization.

#### **Conflict of Interest**

The authors declare no conflict of interest.

## **Sustainable Development Goals (SDG)**

Sustainable Development Goals: 3 Healthy and quality life

#### **REFERENCES**

- [1] C. Mattiuzzi, G. Lippi, Current cancer epidemiology, *Journal of Epidemiology and Global Health*. 9(4) (2019), 217–222. doi:10.2991/jegh.k.191008.001
- [2] Z. Bıkmaz, S. Ünsar, Quality of life and social support levels in Leukemia patients, *Necmettin Erbakan Üniversitesi Genel Sağlık Bilimleri Dergisi*. 3(3) (2021), 200–214. doi: 10.51123/jgehes.2021.30
- [3] F. Bray, M. Laversanne, H. Sung, J. Ferlay, R.L. Siegel, I. Soerjomataram, A. Jemal, Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries, *CA a Cancer Journal for Clinicians.* 74 (2024), 229–263. doi:10.3322/caac.21834
- [4] M. Davoodabadi-Farahani, Y. Mansoori, S. Ilbeigi, M. Barahman, M. Mazloomrezaei, P. Khani, S.M. Tabei, S. A. Dastgheib, H. Neamatzadeh, Expression levels of LINC01296 and LINC00152 in breast cancer tissue: Association with the use of oral contraceptives, *Eurasian Journal of Medicine and Oncology*. 6(1) (2022), 83–88. doi:10.14744/ejmo.2022.33174.
- [5] A. Uslu, F. Hisar, Metastatik meme kanseri olan hastanın gordon'un fonksiyonel sağlık örüntüleri modeli'ne göre hemşirelik bakımı: Olgu sunumu, *Necmettin Erbakan Üniversitesi Genel Sağlık Bilimleri Dergisi*. 2(1) (2020), 59–69.
- [6] G. N. Sharma, R. Dave, J. Sanadya, P. Sharma, K. K. Sharma, Various types and management of breast cancer: an overview, *Journal of Advanced Pharmaceutical Technology & Research.* 1 (2) (2010), 109–126.
- [7] Y.S. Sun, Z. Zhao, Z. N. Yang, F. Xu, H. J. Lu, Z.Y. Zhu, W. Shi, J. Jiang, P.P. Yao, H. P. Zhu, Risk factors and preventions of breast cancer, *International Journal of Biological Sciences.* 13(11) (2017), 1387–1397. doi:10.7150/ijbs.21635
- [8] K.P. Trayes, S.E.H. Cokenakes, Breast cancer treatment, *American Family Physician*. 104(2) (2021), 171–178.
- [9] Z. Momenimovahed, H. Salehiniya, Epidemiological characteristics of and risk factors for breast cancer in the world, *Breast Cancer: Targets and Therapy.* 11 (2019), 151–164. doi:10.2147/BCTT.S176070
- [10] T.T. Kunstič, N. Debeljak, K.F. Tacer, Heterogeneity in hormone-dependent breast cancer and therapy: Steroid hormones, HER2, melanoma antigens, and cannabinoid receptors, *Advances in Cancer Biology – Metastasis.* 7 (2023). doi:10.1016/j.adcanc.2022.100086
- [11] E. Orrantia-Borunda, P. Anchondo-Nuñez, L.E. Acuña-Aguilar, F.O. Gómez-Valles, C.A. Ramírez-Valdespino, Subtypes of Breast Cancer, In: H. N. Mayrovitz (Ed.), Breast Cancer, Exon Publications, 2022: pp. 31-42. doi:10.36255/exon-publications-breast-cancer-subtypes
- [12] F. Huemer, R. Bartsch, M. Gnant, The PI3K/AKT/MTOR signaling pathway: The role of pı3k and akt ınhibitors in breast cancer, *Current Breast Cancer Reports*. 6 (2014), 59–70. doi:10.1007/s12609-014-0139-y
- [13] E. Bozgeyik, Kanserin ayırt edici özelliklerinde kodlanmayan RNA'ların rolü: Güncel bir bakış, *Selcuk Medical Journal*. 36(4) (2020), 381–396. doi:10.30733/std.2020.01268
- [14] D.A. Altomare, J.R. Testa, Perturbations of the AKT signaling pathway in human cancer, *Oncogene.* 24(50) (2005), 7455–7464. doi:10.1038/sj.onc.1209085
- [15] V. Marrocco, J. Bogomolovas, E. Ehler, C.G. dos Remedios, J. Yu, C. Gao, S. Lange, PKC and PKN in heart disease, *Journal of Molecular and Cellular Cardiology.* 128 (2019), 212–226. doi:10.1016/j.yjmcc.2019.01.029
- [16] B.D. Manning, L.C. Cantley, AKT/PKB signaling: Navigating downstream, *Cell.* 129(7) (2007), 1261–1274. doi:10.1016/j.cell.2007.06.009
- [17] G. Song, G. Ouyang, S. Bao, The activation of Akt/PKB signaling pathway and cell survival,

*Journal of Cellular and Molecular Medicine.* 9(1) (2005), 59–71. doi:10.1111/j.1582- 4934.2005.tb00337.x

- [18] J. Cicenas, The potential role of Akt phosphorylation in human cancers, *The International Journal of Biological Markers.* 23(1) (2008), 1–9. doi:10.1177/172460080802300101
- [19] S.V. Madhunapantula, P.J. Mosca, G.P. Robertson, The Akt signaling pathway, *Cancer Biology & Therapy.* 12(12) (2011), 1032–1049. doi:10.4161/cbt.12.12.18442
- [20] M. McKenna, N. Balasuriya, S. Zhong, S. S-C. Li, P. O'Donoghue, Phospho-Form specific substrates of protein kinase B (AKT1), *Frontiers in Bioengineering and Biotechnology.* 8 (2021). doi:10.3389/fbioe.2020.619252
- [21] Y. He, M.M. Sun, G.G. Zhang, J. Yang, K.S. Chen, W.W. Xu, B. Li, Targeting PI3K/Akt signal transduction for cancer therapy, *Signal Transduction and Targeted Therapy*. 6 (2021). doi:10.1038/s41392-021-00828-5
- [22] G. Risso, M. Blaustein, B. Pozzi, P. Mammi, A. Srebrow, Akt/PKB: one kinase, many modifications, *Biochemical Journal*. 468(2) (2015), 203–214. doi:10.1042/BJ20150041
- [23] M. Yu, T. Liu, Y. Chen, Y. Li, W. Li, Combination therapy with protein kinase inhibitor H89 and Tetrandrine elicits enhanced synergistic antitumor efficacy, *Journal of Experimental & Clinical Cancer Research.* 37 (2018). doi:10.1186/s13046-018-0779-2
- [24] K. Andreidesz, B. Koszegi, D. Kovacs, V.B. Vantus, F. Gallyas, K. Kovacs, Effect of oxaliplatin, olaparib and LY294002 in combination on Triple-Negative breast cancer cells, *International Journal of Molecular Sciences*. 22 (2021), 2056. doi:10.3390/ijms22042056
- [25] S. Pehlivanoğlu, Ç. Aydın Acar, PAK4 promotes invasive potential of MCF-7 cells in PKCdependent manner through downregulation of E-Cadherin, *Türk Hijyen ve Deneysel Biyoloji Dergisi*. 77(1) (2020), 107–116. doi:10.5505/TurkHijyen.2020.33340
- [26] M.L. Ackland, D.F. Newgreen, M. Fridman, M.C. Waltham, A. Arvanitis, J. Minichiello, J.T. Price, E.W. Thompson, Epidermal growth Factor-Induced Epithelio-Mesenchymal transition in human breast carcinoma cells, *Laboratory Investigation*. 83 (2003), 435–448. doi:10.1097/01.lab.0000059927.97515.fd
- [27] B.D. Manning, A. Toker, AKT/PKB signaling: Navigating the network, *Cell*. 169 (2017), 381– 405. doi:10.1016/j.cell.2017.04.001
- [28] P.-J. Tsai, Y.-H. Lai, R.K. Manne, Y.-S. Tsai, D. Sarbassov, H.-K. Lin, Akt: a key transducer in cancer, *Journal of Biomedical Science*. 29 (2022). doi:10.1186/s12929-022-00860-9
- [29] S. Kane, H. Sano, S.C.H. Liu, J.M. Asara, W.S. Lane, C.C. Garner, G.E. Lienhard, A method to identify serine kinase substrates, *Journal of Biological Chemistry*. 277 (2002), 22115–22118.
- [30] H. Sano, S. Kane, E. Sano, C.P. Mı̂Inea, J.M. Asara, W.S. Lane, C.W. Garner, G.E. Lienhard, Insulin-stimulated phosphorylation of a RAB GTPASe-activating protein regulates GLUT4 translocation, *Journal of Biological Chemistry*. 278 (2003), 14599–14602.
- [31] S. Gridley, W.S. Lane, C.W. Garner, G.E. Lienhard, Novel insulin-elicited phosphoproteins in adipocytes, *Cellular Signalling*. 17 (2004), 59–66. doi:10.1016/j.cellsig.2004.05.013
- [32] D. Zhu, X. Jiang, X. Wu, F. Tian, K. Mearow, R.H. Lipsky, A.M. Marini, Inhibition of protein kinase C promotes neuronal survival in low potassium through an Akt-dependent pathway, *Neurotoxicity Research*. 6 (2004), 281–289. doi:10.1007/bf03033438
- [33] H.C. Wen, W.C. Huang, A. Ali, J.R. Woodgett, W.W. Lin, Negative regulation of phosphatidylinositol 3-kinase and Akt signalling pathway by PKC, *Cellular Signalling*. 15 (2003), 37–45. doi:10.1016/s0898-6568(02)00047-5
- [34] J.J. Park, S.A. Hamad, A. Stewart, M.S. Carlino, S.Y. Lim, H. Rizos, PKC-independent PI3K signalling diminishes PKC inhibitor sensitivity in uveal melanoma, *Oncogenesis*. 13 (2024). doi:10.1038/s41389-024-00511-8