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Simultaneous Visceral Metastases from Chemoresistant Triple-Negative Breast Cancer is Prevented by Interfering with WNT-Signaling

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Triple negative breast cancers (TNBCs) evolve to highly chemoresistant subtypes in response to chemotherapy and that frequently metastasize to various organs simultaneously. TNBCs are devoid of a specific-targeted therapy and are active for a WNT10B-network that drives metastasis. Here we demonstrate that WNT inhibition decreased proliferation on multiple TNBC breast cancer cell lines and TNBC PDX tumor-derived cell lines, *in vitro*. The WNT inhibitor ICG-001/PRI-724 led to loss of protein expression of the WNT10B/ β -CATENIN direct targets HMGA2, EZH2, AXIN2, MYC, PCNA and CYCLIN D1. In addition, ICG-001 decreased transwell migration assays, correlating with the loss EMT markers VIMENTIN and SNAIL and decreased wound healing capacity. *In vivo*, in chemoresistant patient-derived xenograft (PDX) models of TNBC and MDA-MB-231 cells, we observed similar frequencies of simultaneous visceral metastasis to the lymph node and lungs, but not to the brain, bone, ovaries and liver and WNT-therapy blocked whole body metastasis. Micro-computed tomography (μ CT) analysis of bone metastasis from the TNBC PDX model demonstrated differential osteolytic properties than that of the MDA-MB-231 cells, *in vivo*. ICG-001 synergized with doxorubicin, but not with cisplatin-based therapy in the TNBC PDX-derived cells *in vitro*. Mechanistically, loss of protein expression of WNT10B-network genes and EMT-makers was observed in the primary tumors. Moreover, WNT-inhibition sensitized the doxorubicin response, preventing simultaneous visceral metastases to the bone, liver and ovaries in the TNBC PDX tumors. We suggest that WNT-inhibition can sensitize and lower dosages of FDA-approved anthracycline-based therapies to treat simultaneous visceral metastasis of TNBC.