RESEARCH ARTICLE

Caffeic Acid Induces Intrinsic Apoptotic Pathway in MG-63 Osteosarcoma Cells Through Bid Truncation and Cytochrome *c* Release

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Abstract

ACKGROUND: Caffeic acid has been reported to induce apoptosis in MG-63 osteosarcoma cells via caspases activation. However, apoptotic pathway that is involved in the caffeic acid-induced apoptosis is still unclear. Present study aimed to investigate the role of cytochrome c (Cyt c) release and BH3-interacting death (Bid) activation in caffeic acid-induced apoptosis in MG-63 osteosarcoma cells.

METHODS: MG-63 cells were cultured, pretreated with/ without Z-VAD FMK and treated with/without 10 μ g/ mL caffeic acid. Treated MG-63 cells were then lysed, homogenized, and processed further to prepare cell lysate and mitochondrial fraction. Immunoblotting method was used to measure the amount of Bid and truncated Bid (t-Bid) as well as mitochondrial and cytosolic Cyt *c*.

Introduction

Osteosarcoma is a primary malignant bone tumor characterized by the presence of polyhedral or spindle mesenchymal cells which produce and accumulate disorganized and immature osteoid matrix.(1) Jaw osteosarcoma commonly arises in the mandible and comprises only 6% of all osteosarcoma cases.(2) Several conventional approaches can be used to treat osteosarcoma, including surgery, radiotherapy, and chemotherapy.(3) Although the combination of standard treatments improves in MG-63 cells decreased in a time-dependent manner, while the amount of t-Bid and cytosolic Cyt c increased in a time-dependent manner. By pretreatment of 100 μ M Z-VAD-FMK for 2 h, the amount of Bid and mitochondrial Cyt c was significantly higher, while the amount of t-Bid and cytosolic Cyt c was significantly lower after caffeic acid treatment for 6 and 12 h compared to MG-63 cells that were not pretreated. **CONCLUSION:** Caffeic acid could induce Cyt c release

RESULTS: The amount of Bid and mitochondrial Cyt c

CONCLUSION: Caffeic acid could induce Cyt *c* release through the activation of Bid in MG-63 osteosarcoma cells.

KEYWORDS: caffeic acid, osteosarcoma, MG-63 cells, Bid, t-Bid, cytochrome c, Z-VAD-FMK

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the 5-year overall survival rate of osteosarcoma patients (4,5), poor response to these treatment regimens still persisted.(3) Therefore, the discovery of novel therapy for treating osteosarcoma is still necessary (6) to avoid possible side effects (7) as well as improve the outcome of osteosarcoma patients.(8)

A wide variety of natural compounds and their derivatives has been reported to have an anticancer potential. Caffeic acid (3,4-dihydroxycinnamic acids) is a major natural polyphenol found in food plants, such as buckwheat (9), blueberry (10), and sweet potato (11). This compound has been known to have numerous physiological



effects, such as antimicrobial (12), antioxidant (13), and anti-inflammatory properties (14). In addition, caffeic acid has been reported to inhibit osteoclastogenesis by inhibiting NF-κB activation.(15-19) Inhibition of NF-κB plays a key role in tumor proliferation.(20) Previous studies have reported that caffeic acid induced apoptosis in MG-63 osteosarcoma cells via caspases activation.(21.22)

Crosstalk between the extrinsic and intrinsic apoptotic pathway involves the cleavage of BH3-interacting death (Bid) to form truncated Bid (t-Bid). t-Bid enter the mitochondria and cause cytochrome c (Cyt c) release from mitochondria to cytosol. Cyt c is involved in the formation of the apoptosome complex, which activates downstream effector caspases, such as caspase-3.(23,24) Apoptotic pathway that is involved in the caffeic acid-induced apoptosis is still unclear. Present study aimed to investigate the role of Cyt c release and Bid activation in caffeic acidinduced apoptosis in MG-63 osteosarcoma cells.

Methods

MG-63 Cell Culture

MG-63 cell culture was performed as previously described. (22) MG-63 cells were cultured in Dulbecco's modified Eagle's medium (DMEM) (Gibco, Grand Island, NY, USA) supplemented with 10% fetal bovine serum (FBS) (BioSource, Camarillo, CA, USA), and antibioticantimycotic containing 0.5 μ g/mL amphotericin, 200 units/ mL penicillin, and 200 μ g/mL streptomycin (Gibco). After reaching 80% confluency, MG-63 cells were dissociated with trypsin (Gibco) and sub-cultured.

Caffeic Acid Treatment

MG-63 cells were seeded into a 24-well plate containing DMEM supplemented with antibiotic-antimycotic and pretreated with/without 100 μ M Z-VAD-FMK for 2 h. MG-63 cells were then treated with 10 μ g/mL caffeic acid (Wako, Osaka, Japan) and incubated for 1, 6, and 12 h.

Cell Lysate and Mitochondrial Fraction Preparation

Cell lysate and mitochondrial fraction were prepared as previously described.(25) MG-63 cells were homogenized in 200 μ L of ice-cold solution containing protease inhibitors cocktail, 0.3 M sucrose, and 10 mM Tris–HCl (pH 7.5). MG-63 cells were then centrifuged for 60 min at 100,000 g, 4°C. The resulting supernatant was collected as the cytosolic fraction, while the resulting pellet was resuspended in 200 μ L ice-cold solution containing 150 mM NaCl, 1% Triton X-100, 10 mM Tris–HCl (pH 7.5), and mixture of protease inhibitor. The pellet was then sonicated and centrifuged for 30 min at 10,000 g, 4°C. The supernatant was collected as the mitochondrial fraction.

Immunoblotting

The amount of Bid and t-Bid as well as mitochondrial and cytosolic Cyt c were measured using immunoblotting method as previously described (21) with modification. Briefly, treated MG-63 cells were harvested and lysed with lysis buffer containing 20 mM Tris buffer (pH 7.4), 5 mM EDTA, 1% Triton-X, 50 mM sodium fluoride, 2 mM sodium orthovanadate, 10 mM sodium pyrophosphate, 1 mM *p*-amidinophenyl methanesulfonyl fluoride hydrochloride and protease inhibitor cocktail (Sigma, St. Louis, MO, USA). Samples from each experimental group were separated using sodium dodecyl sulfate - polyacrylamide gel electrophoresis (SDS-PAGE) and transferred to a nitrocellulose membrane. Upon blocking with 5% skim milk solution, the membrane was incubated with rabbit polyclonal anti-Bid (Cell Signaling, Beverly, MA, USA) or mouse monoclonal anti-cytochrome c antibody (Becton Dickinson, Franklin Lakes, NJ, USA). The secondary antibody was horseradish peroxidase (HRP)-conjugated donkey anti-rabbit (Amersham, Buckinghamshire, UK) or HRP-conjugated sheep anti-mouse antibody (Amersham). The membrane was then immersed in HRP color development solution to visualize the bound antibodies. All bands were documented and semi-quantified using Alliance 4.7 (UVITech, Cambridge, UK) and UVIband software (UVItech), respectively.

Statistical Analysis

Statistical analyses were performed using IBM SPSS Statistics version 20 (SPSS IBM, Armonk, NY, USA). Shapiro-Wilk test was used as a normality test. Independent sample t-test or Mann-Whitney test was performed to compare the amount of Bid and t-Bid, as well as the amount of mitochondrial and cytosolic Cyt c in each experimental group. A p<0.05 was considered as statistically significant.

Results

Caffeic Acid Induced the Activation of Bid in MG-63 Cells

The amount of Bid in MG-63 cells was significantly lower in a time-dependent manner compared to the negative control group after caffeic acid treatment for 1, 6, and 12 h. By pretreatment of 100 μ M Z-VAD-FMK for 2 h, the amount of Bid after caffeic acid treatment for 6 and 12 h was significantly higher compared to MG-63 cells that were not pretreated (Figure 1). In contrast, the amount of t-Bid in MG-63 cells was significantly higher in a time-dependent manner compared to the negative control group after caffeic acid treatment for 1, 6, and 12 h. However, pretreatment of Z-VAD-FMK significantly decreased the amount of t-Bid after caffeic acid treatment for 6 and 12 h (Figure 2).

Caffeic Acid Induced the Cyt c Release to Cytosol of MG-63 Cells

Upon caffeic acid treatment, the amount of mitochondrial Cyt c in MG-63 cells decreased in a time-dependent manner. The amount of mitochondrial Cyt c after caffeic acid treatment for 1 h was not significantly different compared to the negative control group. Meanwhile, the amount of mitochondrial Cyt c after caffeic acid treatment for 6 and 12 h was significantly lower than the negative control group. By pretreatment of 100 µM Z-VAD-FMK for 2 h, the amount of mitochondrial Cyt c after caffeic acid treatment for 6 and 12 h was significantly higher compared to MG-63 cells that were not pretreated (Figure 3). Inversely, the amount of cytosolic Cyt c in MG-63 cells increased in a time-dependent manner. The amount of cytosolic Cyt c after caffeic acid treatment for 1 h was not significantly different, compared to the negative control group. Meanwhile, the amount of cytosolic Cyt c after caffeic acid treatment for 6 and 12 h was significantly higher than the negative control



group. Pretreatment of Z-VAD-FMK significantly decreased the amount of cytosolic Cyt *c* after caffeic acid treatment for 6 and 12 h (Figure 4).

Discussion

Present study demonstrated that caffeic acid reduced the amount of Bid and increased the amount of t-Bid in a time-dependent manner, indicating the truncation of Bid to t-Bid. Z-VAD-FMK pretreatment markedly increased the amount of Bid, as well as diminished the amount of t-Bid, highlighting the importance of Bid activation in caffeic acidtreated MG-63 cells. This result was in accordance with a previous study that caffeic acid reduced Bid protein level in Paclitaxel-induced apoptosis of lung cancer cells.(26) In hepatocellular carcinoma cells, caffeic acid phenethyl ester (CAPE), a caffeic acid derivative, did not decrease the amount of Bid. However, a combination of CAPE and tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), markedly reduced the amount of Bid.(27,28) The activation of Bid plays an important role in apoptotic signaling. Bid is cleaved to t-Bid by caspase-8 and translocated into the mitochondrial membrane. Translocation of t-Bid stimulates the release of various apoptogenic factors from mitochondria, such as Cyt c.(23)

The release of Cyt c into the cytosol plays a major role in executing apoptosis.(23) In the present study, caffeic acid reduced the amount of mitochondrial Cyt c and increased



Figure 1. Caffeic acid decreased the amount of Bid in a timedependent manner. MG-63 cells were pretreated with/without 100 μ M Z-VAD-FMK for 2 h, treated with 10 μ g/mL caffeic acid, and incubated for 1, 6, and 12 h as indicated in the panel. MG-63 cells were lysed, homogenized, and processed further for immunoblotting to detect Bid as described in Methods.

Figure 2. Caffeic acid increased the amount of t-Bid in a timedependent manner. MG-63 cells were pretreated with/without 100 μ M Z-VAD-FMK for 2 h, treated with 10 μ g/mL caffeic acid, and incubated for 1, 6, and 12 h as indicated in the panel. MG-63 cells were lysed, homogenized, and processed further for immunoblotting to detect t-Bid as described in Methods.



Figure 3. Caffeic acid decreased the amount of mitochondrial Cyt *c* in a time-dependent manner. MG-63 cells were pretreated with/without 100 μ M Z-VAD-FMK for 2 h, treated with 10 μ g/mL caffeic acid, and incubated for 1, 6, and 12 h as indicated in the panel. MG-63 cells were lysed, homogenized, and processed further for immunoblotting to detect mitochondrial Cyt *c* as described in Methods.

the amount of cytosolic Cyt c in a time dependent manner, suggesting Cyt c release from mitochondria to cytosol. Pretreatment of Z-VAD-FMK notably increased the amount of mitochondrial Cyt c and reduced the amount of cytosolic Cyt c. This result was in line with previous studies that caffeic acid and its derivatives induced Cyt c release in several cancer cell lines.(29-31) Cyt c is one of the signaling components involved in the intrinsic apoptotic pathway. This molecule activates caspase-3 via Cyt c/apoptotic protease activating factor-1 (Apaf-1)/caspase-9 apoptosome complex formation. Apoptosome-activated caspase-3 then inhibits or activates target proteins, leading to biochemical and cellular events of apoptosis.(23) There are several compounds that have been reported to induce apoptosis by stimulating Bid activation and Cyt c release in osteosarcoma cell lines, including 2-cyano-3,12-dioxoolean-1,9-dien-28oic acid (32), triptolide (33), and tetrandrine (34).

Previous study has shown that caffeic acid triggered apoptosis via caspase-dependent intrinsic apoptotic pathway by activating caspase-3, -8, and -9.(21) This result was confirmed by another study demonstrating that Z-VAD-FMK, a pan caspase inhibitor, diminished the amount of cleaved caspase-3, -8, and -9 in caffeic acid-treated MG63 cells.(22) Present study added more information regarding possible signaling mechanisms that might be involved in the caffeic acid-induced MG-63 cell apoptosis. Caffeic acid may affect extrinsic apoptotic pathway by stimulating caspase-8 cleavage. Activated caspase-8 could directly cleave caspase-3 or trigger the truncation of Bid to t-Bid, which interconnects extrinsic and intrinsic apoptotic pathways.



Figure 4. Caffeic acid increased the amount of cytosolic Cyt c in a time-dependent manner. MG-63 cells were pretreated with/without 100 μ M Z-VAD-FMK for 2 h, treated with 10 μ g/mL caffeic acid, and incubated for 1, 6, and 12 h as indicated in the panel. MG-63 cells were lysed, homogenized, and processed further for immunoblotting to detect cytosolic Cyt c as described in Methods.

t-Bid induces Cyt *c* release into the cytosol, leading to the formation of apoptosome complex, which in turn activates caspase-3 and causes cell death (Figure 5). Thus, caffeic acid may affect not only the intrinsic apoptotic pathway, but also the extrinsic apoptotic pathway in MG-63 cells. There are possibilities that caffeic acid may also affect another pathway, such as caspase-independent cell death (CICD), which happens when there is a failure of caspase activation by an apoptotic signal.(35)

Chemoresistance in malignant tumors, including osteosarcoma, is usually caused by disruption of the intrinsic apoptotic pathway since most chemotherapeutic agents target this pathway. Furthermore, aberrant extrinsic apoptotic pathway can also prevent osteosarcoma cell death in some cases.(36) Therefore, novel therapeutic agents that target both the extrinsic and intrinsic apoptotic pathways are needed to be explored.(37) Since caffeic acid may alter both the extrinsic and intrinsic apoptotic pathways in MG-63 cells, this compound can be used as a potential candidate of therapeutic agent for treating osteosarcoma.

The results of the present study are expected to give an insight for the development of novel molecular targeted therapy for osteosarcoma. Different osteosarcoma cell lines may have different responses to caffeic acid treatment, since the apoptotic pathway is complex and different genetic alterations in apoptotic death receptors have been identified in several osteosarcoma cell lines.(38,39) Further study should be conducted to assess caffeic acid-induced apoptosis and its signaling pathway in different osteosarcoma cell lines.



Possible signaling Figure 5. mechanisms involved in caffeic acid-induced MG-63 cell apoptosis. Caffeic acid may activate caspase-8, could directly which cleave caspase-3 or trigger the truncation of Bid to t-Bid. t-Bid induces Cyt c release from mitochondria, leading to the formation of apoptosome complex, which in turn activates caspase-3 and causes apoptosis. TRAIL-R: TRAIL receptor; FADD: Fas-associated death domain.

Conclusion

In conclusion, caffeic acid could induce Cyt c release through activation of Bid in MG-63 osteosarcoma cells. Taken together, caffeic acid could be a promising antiosteosarcoma agent, since this compound may affect both extrinsic and intrinsic apoptotic pathway.

Authors Contribution

FS and MIR prepared study concept and design. FS, AHAW, and MA performed processing and acquisition of data. FS, MC, and MIR performed analysis and interpretation of results. MIR, AHAW and MA prepared the draft of the manuscript. FS and MIR made critical revisions of the manuscript. AHAW, MA and MC assisted in administrative, technical, and material support. FS and MIR performed supervision of the study. All authors read and approved the final manuscript.

References

- Klein MJ, Siegal GP. Osteosarcoma: Anatomic and histologic variants. Am J Clin Pathol. 2006; 125(4): 555–81.
- Baumhoer D, Brunner P, Eppenberger-Castori S, Smida J, Nathrath M, Jundt G. Osteosarcomas of the jaws differ from their peripheral counterparts and require a distinct treatment approach. Experiences from the DOESAK Registry. Oral Oncol. 2014; 50(2): 147–53.
- Ta HT, Dass CR, Choong PFM, Dunstan DE. Osteosarcoma treatment: State of the art. Cancer Metastasis Rev. 2009; 28(1–2): 247–63.
- Meyers PA, Schwartz CL, Krailo M, Kleinerman ES, Betcher D, Bernstein ML, *et al.* Osteosarcoma: A randomized, prospective trial of the addition of ifosfamide and/or muramyl tripeptide to cisplatin,

doxorubicin, and high-dose methotrexate. J Clin Oncol. 2005; 23(9): 2004-11.

- Ferrari S, Meazza C, Palmerini E, Tamburini A, Fagioli F, Cozza R, et al. Nonmetastatic osteosarcoma of the extremity. Neoadjuvant chemotherapy with methotrexate, cisplatin, doxorubicin and ifosfamide. An Italian Sarcoma Group study (ISG/OS-Oss). Tumori. 2014; 100(6): 612–9.
- Rahmawati DY, Dwifulqi H, Sandra F. Origin, stemness, marker and signaling pathway of oral cancer stem cell. Mol Cell Biomed Sci. 2020; 4(3): 100–4.
- Anderson ME. Update on survival in osteosarcoma. Orthop Clin North Am. 2016; 47(1): 283–92.
- Shaikh A, Li F, Li M, He B, He X, Chen G, *et al.* Present advances and future perspectives of molecular targeted therapy for osteosarcoma. Int J Mol Sci. 2016; 17(4): 506. doi: 10.3390/ijms17040506.
- Mattila P, Pihlava J, Hellström J. Contents of phenolic acids, alkyland alkenylresorcinols, and avenanthramides in commercial grain products. J Agric Food Chem. 2005; 53(21): 8290–5.
- Sellappan S, Akoh CC, Krewer G. Phenolic compounds and antioxidant capacity of Georgia-grown blueberries and blackberries. J Agric Food Chem. 2002; 50(8): 2432–8.
- Tang QY, Kukita T, Ushijima Y, Kukita A, Nagata K, Sandra F, *et al.* Regulation of osteoclastogenesis by Simon extracts composed of caffeic acid and related compounds: Successful suppression of bone destruction accompanied with adjuvant-induced arthritis in rats. Histochem Cell Biol. 2006; 125(3): 215–25.
- Luís Â, Silva F, Sousa S, Duarte AP, Domingues F. Antistaphylococcal and biofilm inhibitory activities of gallic, caffeic, and chlorogenic acids. Biofouling. 2014; 30(1): 69–79.
- Kumaran KS, Prince PSM. Caffeic acid protects rat heart mitochondria against isoproterenol-induced oxidative damage. Cell Stress Chaperones. 2010; 15(6): 791–806.
- da Cunha FM, Duma D, Assreuy J, Buzzi FC, Niero R, Campos MM, et al. Caffeic acid derivatives: In vitro and in vivo anti-inflammatory properties. Free Radic Res. 2004; 38(11): 1241–53.
- Sandra F, Kukita T, Tang QY, Iijima T. Caffeic acid inhibits NFκB activation of osteoclastogenesis signaling pathway. Indones Biomed J. 2011; 3(3): 216–22.
- 16. Sandra F, Kukita T, Muta T, Iijima T. Caffeic acid inhibited receptor activator of nuclear factor κB ligand (RANKL)-tumor necrosis factor (TNF) α -TNF receptor associated factor (TRAF) 6 induced osteoclastogenesis pathway. Indones Biomed J. 2013; 5(3): 173–8.

- Sandra F, Briskila J, Ketherin K. RANKL and TNF-α-induced JNK/ SAPK osteoclastogenic signaling pathway was inhibited by caffeic acid in RAW-D cells. Indones J Cancer Chemoprevent. 2018; 9(2): 63–7.
- Sandra F, Ketherin K. Caffeic acid Inhibits RANKL and TNF-αinduced phosphorylation of p38 mitogen-activated protein kinase in RAW-D cells. Indones Biomed J. 2018; 10(2): 140–3.
- Sandra F, Putri J, Limen H, Sarizta B. Caffeic acid inhibits RANKL and TNFα-induced osteoclastogenesis by targeting TAK1-p44/42 MAPK. Indones Biomed J. 2021; 13(4): 433–7.
- Xia Y, Shen S, Verma IM. NF-κB, an active player in human cancers. Cancer Immunol Res. 2014; 2(9): 823–30.
- Sandra F, Sidharta MA. Caffeic acid induced apoptosis in MG63 osteosarcoma cells through activation of caspases. Mol Cell Biomed Sci. 2017; 1(1): 28–33.
- Sandra F, Hudono KF, Putri AA, Putri CAP. Caspase inhibitor diminishes caffeic acid-induced apoptosis in osteosarcoma cells. Indones Biomed J. 2017; 9(3): 160–4.
- Fulda S, Debatin KM. Extrinsic versus intrinsic apoptosis pathways in anticancer chemotherapy. Oncogene. 2006; 25(34): 4798–811.
- Sandra F, Hendarmin L, Nakao Y, Nakamura N, Nakamura S. Inhibition of Akt and MAPK pathways elevated potential of TNFα in inducing apoptosis in ameloblastoma. Oral Oncol. 2006; 42(1): 38–44.
- Sandra F, Matsuda M, Yoshida H, Hirata M. Inositol hexakisphosphate blocks tumor cell growth by activating apoptotic machinery as well as by inhibiting the Akt/NFκB-mediated cell survival pathway. Carcinogenesis. 2002; 23(12): 2031–41.
- 26. Lin CL, Chen RF, Chen JYF, Chu YC, Wang HM, Chou HL, *et al.* Protective effect of caffeic acid on paclitaxel induced anti-proliferation and apoptosis of lung cancer cells involves NF-κB pathway. Int J Mol Sci. 2012; 13(5): 6236–45.
- Kim EY, Ryu JH, Kim AK. CAPE promotes TRAIL-induced apoptosis through the upregulation of TRAIL receptors via activation of p38 and suppression of JNK in SK-Hep1 hepatocellular carcinoma cells. Int J Oncol. 2013; 43(4): 1291–300.
- Sandra F, Hendarmin L, Nakao Y, Nakamura N, Nakamura S. TRAIL cleaves caspase-8, -9 and -3 of AM-1 cells: A possible pathway for TRAIL to induce apoptosis in ameloblastoma. Tumor Biol. 2005; 26(5): 258–64.

- Lee YJ, Kuo HC, Chu CY, Wang CJ, Lin WC, Tseng TH. Involvement of tumor suppressor protein p53 and p38 MAPK in caffeic acid phenethyl ester-induced apoptosis of C6 glioma cells. Biochem Pharmacol. 2003; 66(12): 2281–9.
- Chang WC, Hsieh CH, Hsiao MW, Lin WC, Hung YC, Ye JC. Caffeic acid induces apoptosis in human cervical cancer cells through the mitochondrial pathway. Taiwan J Obstet Gynecol. 2010; 49(4): 419–24.
- Zhang Y, Yu P, Gao Z, Yuan J, Zhang Z. Caffeic acid n-butyl estertriggered necrosis-like cell death in lung cancer cell line A549 is prompted by ROS mediated alterations in mitochondrial membrane potential. Eur Rev Med Pharmacol Sci. 2017; 21(7): 1665–71.
- Ito Y, Pandey P, Sporn MB, Datta R, Kharbanda S, Kufe D. The novel triterpenoid CDDO induces apoptosis and differentiation of human osteosarcoma cells by a caspase-8 dependent mechanism. Mol Pharmacol. 2001; 59(5): 1094–9.
- Kwon HY, Kim K, An H, Moon H, Kim H, Lee Y. Triptolide induces apoptosis through extrinsic and intrinsic pathways in human osteosarcoma U2OS cells. Indian J Biochem Biophys. 2013; 50(6): 485–91.
- Tao LJ, Zhou XD, Shen CC, Liang CZ, Liu B, Tao Y, *et al.* Tetrandrine induces apoptosis and triggers a caspase cascade in U2-OS and MG-63 cells through the intrinsic and extrinsic pathways. Mol Med Rep. 2014; 9(1): 345–9.
- Tait S, Green D. Caspase-independent cell death: Leaving the set without the final cut. Oncogene. 2008; 27(50): 6452–61.
- Kontny U, Lissat A. Apoptosis and drug resistance in malignant bone tumors. In: Heymann D, editor. Bone Cancer: Primary Bone Cancers and Bone Metastases. 2nd ed. Amsterdam: Academic Press; 2015. p. 425–36.
- Singh V, Khurana A, Navik U, Allawadhi P, Bharani KK, Weiskirchen R. Apoptosis and pharmacological therapies for targeting thereof for cancer therapeutics. Sci. 2022; 4(2): 15. doi: 10.3390/sci4020015.
- Dechant MJ, Fellenberg J, Scheuerpflug CG, Ewerbeck V, Debatin KM. Mutation analysis of the apoptotic "death-receptors" and the adaptors TRADD and FADD/MORT-1 in osteosarcoma tumor samples and osteosarcoma cell lines. Int J Cancer. 2004; 109(5): 661–7.
- Meiliana A, Dewi NM, Wijaya A. Cancer genetics and epigenetics in cancer risk assessment. Mol Cell Biomed Sci. 2021; 5(2): 41–61.