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Silymarin amplifies apoptosis in ectopic endometrial tissue in rats with endometriosis; implication on growth factor GDNF, ERK1/2 and Bcl-6b expression

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ABSTRACT

The present prospective study was done to evaluate the effect of silymarin (SMN) on endometriotic-like lesions establishment and growth in experimentally-induced endometriosis. For this purpose, the experimental endometriosis was induced in 12 rats and then the animals subdivided into endometriosis-sole and SMN (50 mg kg⁻¹, orally) + endometriosis groups. Following 28 days, the lesions establishment, size, Glial cell line-derived neurotrophic factor (GDNF), gfrα1, B Cell Lymphoma 6 (Bcl-6b), Bcl-2, extracellular regulator kinase (ERK1/2) expression ratios, angiogenesis, the apoptosis and fibrosis indices were investigated. The SMN significantly ($P < 0.05$) decreased the endometriotic-like lesions establishment and size, decreased mRNA levels of GDNF, gfrα1, Bcl-6b and Bcl-2 and remarkably diminished GDNF, gfrα1, Bcl-6b and Bcl-2-positive cells distribution/mm² of tissue versus endometriosis-sole group. The SMN + endometriosis group exhibited a significant ($P < 0.05$) enhancement in ERK1/2 expression and represented diminished vascularized area and increased apoptosis and fibrosis indices, as well. In conclusion, the SMN by down-regulating GDNF and its receptor gfrα1 expression inhibits GDNF-gfrα1 complex generation and consequently suppresses Bcl-6b expression. Moreover, the SMN by enhancing the ERK1/2 expression and by suppressing the Bcl-2 expression promotes the apoptosis pathway. Finally, the SMN by down-regulating the angiogenesis ratio accelerates apoptosis and consequently induces severe fibrosis in endometriotic-like lesions.

1. Introduction

Endometriosis is known as a disorder with a prevalence of 6%–10% of reproductive age group women. Indeed, the presence of endometriotic lesions, consisting of functional endometrial glands as well as stroma outside the uterine cavity is named as endometriosis (Simoens et al., 2007). The roles of pro-inflammatory cytokines/transcription factors, such as interleukin-4,8,6 (IL-4,8,6), tumor necrosis factor-α "TNF-α", (Gonzalez-Ramos et al., 2010; Grund et al., 2008) and several growth factors including; macrophage migration inhibitory factor (MIF), vascular endothelial growth factor (VEGF) and nitric oxide (NO)-induced interactions have been reported as fundamental aspects in tissue development of ectopic endometrial tissue in women with endometriosis (Zhang et al., 2010). Lastly, the role of mitochondria-dependent apoptosis and the implications of proto-oncogenes B-cell lymphoma-2 (Bcl-2) and Bax have been shown in ectopic endometrial

tissues (Mourtzikou et al., 2012). In line with this issue, Nezhat and co-workers showed the Bcl-2 overexpression in 23% of benign endometriotic cysts, 67% of endometrioid carcinomas, 73% of clear cell carcinomas, and 50% of papillary serous carcinomas (Nezhat et al., 2002). Further to Bcl-2-induced role in cell proliferation, the role of other extracellular regulator kinases (ERK), such as ERK2 and ERK1 (also known as p42 /p44MAPK, respectively, and officially named MAPK 1 and 3) have been implicated in ectopic endometrial cells proliferation (Lin et al., 2012; Murk et al., 2008; Wu et al., 2006). Actually, it has been shown that the ERK1/2 (depending on the duration) controls cell proliferation, migration, differentiation, and death in ectopic endometrial tissue (Murphy and Blenis, 2006; Ramos, 2008). Recent findings have illustrated the B Cell Lymphoma 6 (Bcl-6b) as a promising biomarker for acute diagnosis of endometriosis and associates with endometriotic cells proliferation (Evans-Hoeker et al., 2016; Yoo et al., 2017a,b). The Bcl-6b, also known as BAZF, ZNF62, and

Abbreviations: GDNF, Glial cell line-derived neurotrophic factor; Bcl-6b, B cell lymphoma 6; ERK1/2, extracellular regulator kinase; SMN, silymarin

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Table 1
Antibodies, concentrations and details.

Name	Description	Species Reactivity	Concentration	Cat No:	Company
Anti-GDNF	Rabbit polyclonal to GDNF	Human, Rat	1:600	ab8026	Abcam, UK
Anti-gfra1	Mouse polyclonal to gfra1	Human, Rat, Mouse	1:500	ab10646	Gennova, Spain
Anti-Bcl-6b	Rabbit Polyclonal Antibody to Bcl-6b	Human, Rat, Mouse	1:600	sc-368	Santa Cruz, UK
Anti-Bcl-2	Rabbit Polyclonal Antibody to Bcl-2	Human, Rat, Mouse	1:200	ab59348	Abcam, UK
Anti-CD31	Rabbit Polyclonal Antibody to Bcl-2	Human, Rat	1:500	SKU: 347	Biocare, USA

ZBTB, belongs to the BCL6 gene family. Up to now, the roles of Bcl-6b in various physiologic interactions, including spermatogonial stem cells proliferation, (Oatley et al., 2006; Sakashita et al., 2002; Xu et al., 2012), expressions of p53 and p300 genes in carcinogenic condition (Phan and Dalla-Favera, 2004) and repression of cytokine-induced transcription in various cell systems (Arguni et al., 2006; Yoo et al., 2017a,b) have been reported.

The Glial cell line-derived neurotrophic factor (GDNF) family ligand (GFL) belongs to transforming growth factor b superfamily (Airaksinen and Saarma, 2002; Kang et al., 2009). Indeed, the GDNF interacts with its special receptor anchored co-receptor a (gfra-1) and by this mechanism, it triggers self-renewal in proliferating cells (Glerup et al., 2013; Takahashi, 2001). More other studies have shown that, the GDNF amplifies the Sertoli (Yang and Han, 2010), mouse urogenital sinus (Park and Bolton, 2015) and murine retinal progenitor cells proliferation and differentiation (Wang et al., 2010). However, the role of GDNF and its restricted receptor gfra1 has not been clarified clearly in ectopic endometriotic cells proliferation.

Silymarin (SMN) is a C25 containing flavonoid mixture, which is extracted from the *Silybum marianum* (milk thistle) plant (Comelli et al., 2007). The SMN contains high levels of flavonolignans (65% to 80%), including silybin A and silybin B, isosilybin A, isosilybin B, silychristin and silydianin. Moreover, the SMN contains flavonoids, 20% to 35% of fatty acids and polyphenolic compounds (Biedermann et al., 2014; Comelli et al., 2007). Several reports have illustrated the SMN-induced antioxidant (Asghar and Masood, 2008), anticancer (Chen et al., 2009; Ramasamy and Agarwal, 2008), immunosuppressant (Gharagozloo et al., 2013a), anti-inflammatory effects (Ashkavand et al., 2012; Hussain et al., 2009).

Indeed, the milk thistle interferes with the expression of the cell cycle regulator proteins, resulting in cell cycle arrest and/or even apoptosis. It has been reported that the SMN, in a dose- and time-dependent manner, is able to effectively suppress the A2780s and PA-1 cell growth/proliferation at G1/S phase. The same study has shown that the 50 and 100 µg/ml of SMN via up-regulating Bax, down-regulating Bcl-2 proteins expression and activation of caspase-9 and caspase-3 potentially promotes the intrinsic apoptosis pathway (Fan et al., 2014). In line with this issue, Lee et al., reported that the SMN attenuates the phosphorylation of extracellular signal-regulated kinase (ERK)-1/2 and RSK2 in melanoma cells. In other words, the SMN suppresses the activation of these transcription factors and induces cell-cycle arrest at the G1 phase. Thus, according to these findings, the SMN can modulate the balance between cell survival and apoptosis (Lee et al., 2013). Gharagozloo et al., reported that, the SMN inhibits cell proliferation through the suppression of the PI3K/Akt/mTOR signaling pathway at the G1 phase in human activated T lymphocytes in vitro (Gharagozloo et al., 2013b).

The Present study was done in order to uncover the inhibitory effect of SMN (as an antioxidant, anti-inflammatory and cell cycle regulator) on cell proliferation and angiogenesis ratios in experimentally-induced endometriotic-like legions. For this purpose, the molecular and histological changes relating to GDNF, its specific receptor gfra1 and Bcl-6b (as a target gene for GDNF-gfra1 interaction) were analyzed. Moreover, in the second step, the inhibitory effects of SMN on Bcl-2 (as an anti-apoptotic proto-oncogene) and ERK1/2 (as an extracellular regulator kinase) expression and/or synthesis were investigated. Taking all the

results together, the current study tried to find out the cross-link between these molecular alterations with angiogenesis and cellular apoptosis in endometriotic-like legions of rats with experimental endometriosis.

2. Methods and materials

2.1. Chemicals

The SMN (containing 80% silibin, Cat No: S0292 SIGMA) was obtained from, Sigma Chemical Co. (St. Louis, MO, USA). The primary antibodies of GDNF, gfra1, Bcl-6b, Bcl-2 were purchased from Histoline laboratories (Istanbul, Turkey). The antibodies concentrations and details are presented in Table 1. Mounting medium for immunohistochemical analysis (VECTASHIELD) was from Vector Laboratories, (Vector Laboratories, USA). All other chemicals were commercial products of analytical grade.

2.2. Animals and experiment grouping

To follow-up current study, 12 mature female Wistar rats (200 ± 20 g) were obtained from the animal resource of the Faculty of Veterinary Medicine, Urmia University. The animals were acclimatized for a week. The diet and water were given ad libitum and all stress factors were reduced into minimum and standard condition (constant temperature and 12-h light). All the experimental protocols were approved by the ethical committee of Urmia University based on principles of laboratory animal care. The schematic flowchart for the methodology is presented in Fig. 1.

To induce experimental endometriosis, the uterine horns were transplanted to the bowel mesentery, as previously described (Bilotas et al., 2010). In brief, the animals were anesthetized with an

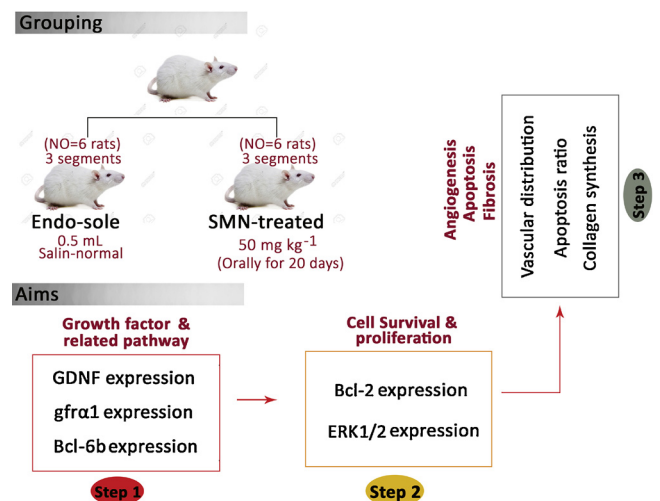


Fig. 1. Schematic flowchart for used methodology for illustrating the effect of SMN on a- growth factor GDNF and its related genes expression as first aim of trial, b- endometrial cells survival and proliferation in endometriotic-like legion and c- angiogenesis, apoptosis and fibrosis ratios.

intraperitoneal injection of 5% ketamine (100 mg kg⁻¹, Alfasan, Woerden, The Netherlands), 40 mg/kg, and 2% xylazine (40 mg kg⁻¹, Trittau, Germany). Following laparotomy, the midventral incision was performed to expose the uterus and intestine. The right uterine horns of the animals were removed by standard hysterectomy and cut into approximately 4 mm² square pieces. Then, 3 equal tissue segments were sutured onto the serosal layer using a single 6-0 nylon suture (Supralon; Ethicon). The transplanted endometrial tissues were faced to the serosa. Finally, the incision of the abdomen was closed using 3-0 silk suture (Supa medical devices, Iran). Next, the animals were assigned into two endometriosis-sole and SMN-treated endometriosis-induced (SMN + endometriosis) groups. The six rats with three implanted segments were considered for each group (NO = 18 samples for each group). Considering previous publications regarding the SMN-induced therapeutic properties (Amin and Arbid, 2015; Muriel et al., 2005; Pradeep et al., 2007) 50 mg kg⁻¹ of SMN (orally) was administered daily, starting postoperative day 1, and continued for 28 days. The 28 days treatment with SMN was selected based on standardized necessary time for evaluating the ameliorative effect of different chemicals against endometriotic-like lesions establishment and development using animal models (Jin et al., 2015; Olivares et al., 2011; Quereda et al., 1996). The animals in endometriosis-sole group received the same volume (0.5 mL) of saline-normal (used as the solvent for SMN).

2.3. Evaluation of endometriotic-like lesion

Following test termination (28 days), the animals were euthanized by CO₂ gas using a special device (Adaco, Urmia). The abdominal region was opened by midline incision. The 3 implantation sites were identified by the presence of endometriotic-like lesions. The lesions were counted and their volume was determined using the following formula:

$$V = (4/3) \pi r^2 R$$

(where V is volume, and r and R are the radiuses, r < R), which was standardized previously (Brodie et al., 2003; Olivares et al., 2011). Following tissue dissection, the lesions were fixed in Bouin's fixative solution, and following 72 h embedded in paraffin. Thereafter, the specimens were cut into 5 μm sections using the rotary microtome (Leitz Wetzlar, Germany). Ten serial sections from each sample were stained with hematoxylin and eosin and examined microscopically for the presence of the histologic hallmarks (glands and stroma) of endometriosis.

2.4. Assessment of fibrosis by collagen specific staining

To assess the fibrosis in endometriotic-like lesions tissue, the Masson's trichrome staining technique was used. In brief, the Bouin's solution was added on sections and then the sections were microwaved for 1 min and allowed to incubate with Bouin's solution for 15 min. Next, the slides were washed with tap water (5 min) to remove picric acid. The slides, thereafter were stained with Weigert's working hematoxylin solution for 10 min. Then the slides were washed in running tap water and consequently incubated with Biebrich scarlet solution for 5 min. Next, the slides were washed with distilled water and incubated with Phosphotungstic/phosphomolybdic acid for 10 min and directly were transferred into Aniline blue for 5 min. Next, the slides were rinsed in distilled water and incubated with 1% acetic acid for 1 min. Finally, the slides were dehydrated and cleared and coverslipped. The collagen bundles were represented in blue.

2.5. Immunohistochemical (IHC) staining for GDNF, gfra1, Bcl-6b, Bcl-2, CD31 and ERK1/2

For IHC staining, the tissue sections were de-paraffinized in xylene (2 changes) and rehydrated using descending degrees of ethanol (90%, 80%, 70%, 50%). Following rehydration, the antigen retrieval process was performed in 10 mM sodium citrate buffer (pH: 7.2) and the

Table 2
Neucleotide sequences, for primers used in RT-PCR.

Target Gene	Primer sequence 5'-3'	Ref
GDNF	FWD: ATGAAGTTATGGGATGCTGGTGGCT REV: GGTCAGATACATCCACACCG	Takashima et al., 2015
gfra1	FWD: GCACAGCTACGGGATGCTCTTCGG REV: GTAGTTGGGAGTCACTGTGCCAATC	Fouchecourt et al., 2006
Bcl-6b	FWD: CCCGGGCTCAAGAGACTTC REV: TTCCTGGGCGGTGGATTAGC	Takashima et al., 2015
Bcl-2	FWD: CTCGTCGCTACCGTCGTGACTTCG REV: CAGATGCCGGTTCAGTACTCAGTC	Ortega et al., 2003
ERK1/2	FWD: GCTGACCCTGAGCAGACCA REV: CTGGTTCATCTGTGGATCA	Zhang et al., 2006
GAPDH	FWD: AGCTGAGAGGAAATCGTGCCG REV: CCAGCAAGCTTGCAACCTTAACCA	Zhang et al., 2006

endogenous peroxidase was blocked in a peroxidase blocking solution (0.03% hydrogen peroxide containing sodium acid) for 5 min. Thereafter, the sections were incubated overnight with the primary antibodies (at 4 °C). The sections were incubated with a sufficient amount of streptavidin–HRP (streptavidin conjugated to horseradish PBS containing an anti-microbial agent) for 20 min. The positive-reacted sites for target proteins were visualized by incubating the sections with diaminobenzidine (DAB). The hematoxylin staining dye was used to counterstain the slides before permanent mounting.

2.6. Assessment of apoptosis using TUNEL staining

The apoptosis ratio was evaluated by using TUNEL (terminal deoxynucleotidyl transferase enzyme mediated dUTP nick end labeling) assay kit (Roche, Germany). In brief, the sections (5 μm) were de-paraffinized with xylene (3 changes, each change 5 min) and rehydrated in graded alcohol (each 2 min). Next, the sections were incubated with 1 μl proteinase K (for 20 min) and washed 3 times with PBS. Then, the sections were incubated with 5 μl TUNEL solution (for 40 min), and washed 3 times with PBS and incubated with 10 μl POD-converto (for 30 min). The slides were washed 3 times in PBS, incubated with 10 μl DAB substrate (for 60 min) and washed with distilled water. Finally, the sections were counter stained with Hematoxylin and then dehydrated using ascending alcohol. The clear and dark brown cells were considered as apoptotic cells.

2.7. Evaluating angiogenesis ratio

To investigate the angiogenesis ratio, the vessels distribution per mm² of tissue was assessed using both Hematoxyline-eosin and Immunohistochemically CD31 staining techniques.

3. RNA isolation, cDNA synthesis and reverse transcription-polymerase chain reaction (RT-PCR)

Previously collected and stored (−70 °C) endometriotic-like tissues were used for RNA extraction. The RNA extraction was performed based on the standard TRIZOL method (Adibnia et al., 2016). For this purpose, 20–30 mg of implanted endometrial tissues from each group was homogenized in 1 ml of TRIZOL. The colorless aqueous phase collected with extra care in order to avoid genomic DNA contamination. The RNA amount was determined using nanodrop spectrophotometer (260 nm and A260/280 = 1.8–2.0), and the samples were then stored at −70 °C. For RT-PCR, the cDNA was synthesized in a 20 μl reaction mixture containing 1 μg RNA, oligo (dT) primer (1 μl), 5× reaction buffer (4 μl), RNase inhibitor (1 μl), 10 mM dNTP mix (2 μl), M-MuLV Reverse Transcriptase (1 μl) according to the manufacturer's protocol (Fermentas, GmbH, Germany). The cycling protocol for 20 μl reaction mixtures was 5 min at 65 °C, followed by 60 min at 47 °C, and 5 min at

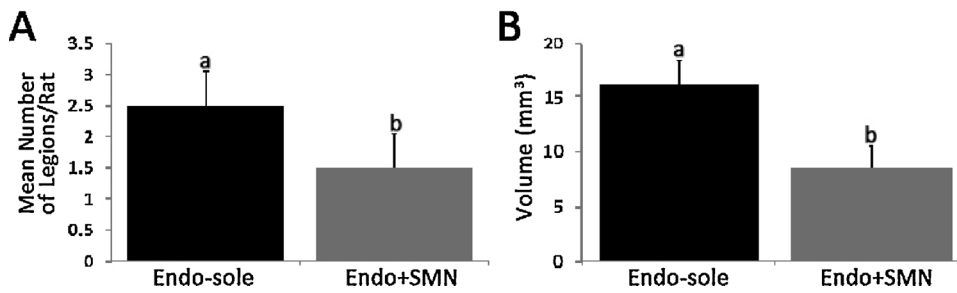


Fig. 2. (A) SMN statistically significantly (NO = 6 rats in each group, a Vs b: $P < 0.01$) decreased the endometriotic-like lesions development after 28 days administration, (B) SMN statistically significantly (NO = 6 rats in each group, a Vs b: $P < 0.001$) diminished endometriotic-like lesions size versus endometriosis-sole group. All data are presented in Mean \pm SD, **Endo-sole**: endometriosis-sole and **Endo + SMN**: SMN + endometriosis.

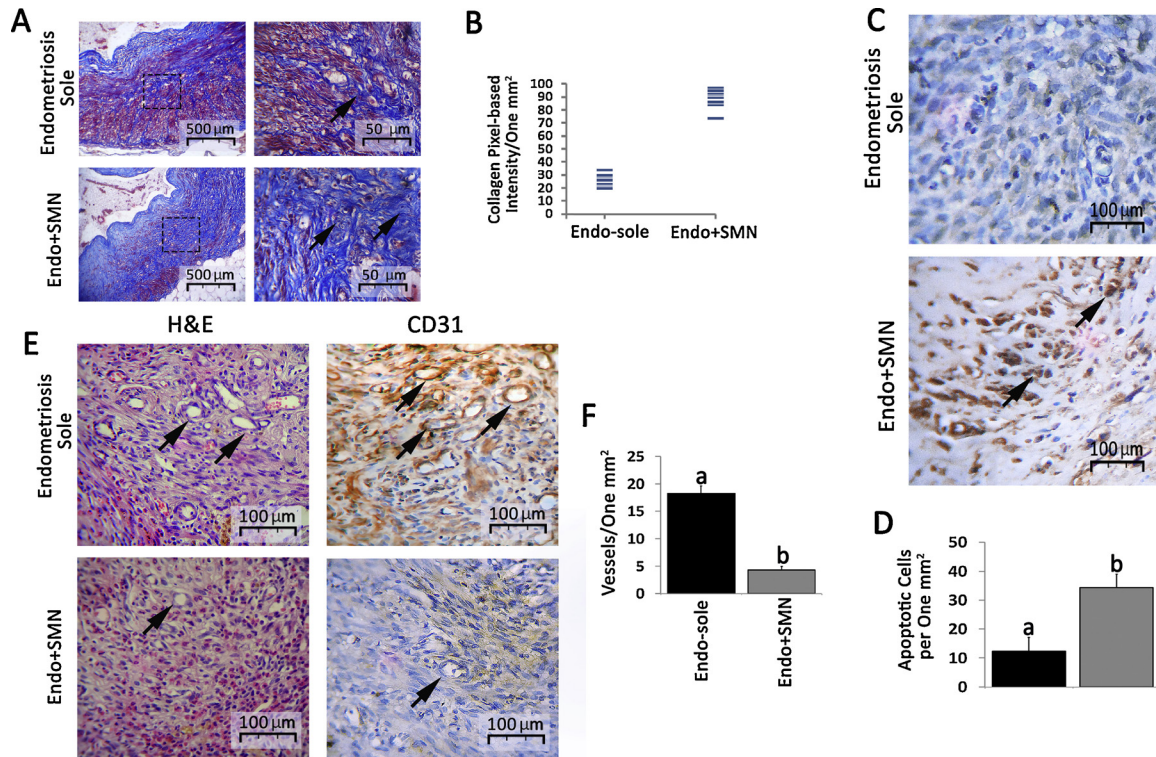


Fig. 3. (A) Photomicrograph of Masson's trichrome staining, representing collagen bundles and bonds in endometriotic-like lesions from endometriosis-sole (Endo-sole) and SMN + endometriosis groups (Endo + SMN), (B) Software analysis for pixel-based collagen intensity in $50,000 \times 50,000 \mu\text{m}^2$ of tissue, (C) Photomicrograph of TUNEL staining, (D) Mean \pm SD of apoptotic cells/mm² of tissue; SMN statistically significantly (NO = 10, a Vs b: $P < 0.001$) increased apoptotic cells number/mm² of tissue, (E) Photomicrograph of Hematoxylin-Eosin (H&E) and IHC staining for CD31, representing vessels (arrows) in both groups and (F) Note decreased number of vessels/mm² of tissue in SMN + endometriosis group (NO = 10, a Vs b: $P < 0.001$). All data are presented in Mean \pm SD. **Endo-sole**: endometriosis-sole and **Endo + SMN**: SMN + endometriosis.

70 °C to terminate the reaction. The PCR reaction was carried out in a total volume of 27 μl containing PCR master mix (13 μl), FWD and REV specific primers (each 1 μl), and cDNA as a template (1.5 μl) and nuclease free water (10.5 μl). PCR conditions were run as follows: general denaturation at 95 °C for 4 min, 1 cycle, followed by 30–35 cycles of 95 °C for 20 s; annealing temperature (58 °C for GDNF, 62 °C for gfr α 1, 52 °C for ERK1/2, 60 °C for Bcl-6b, 60 °C for Bcl-2 and finally 52 °C for GAPDH) for 60 s; elongation: 72 °C for 1 min and 72 °C for 5 min. Specific primers were designed and manufactured by Gen Fanavaran (Cinna-Gen Co. Tehran, Iran). Primers pair's sequences, for each individual gene are presented in Table 2.

3.1. Statistical analyses

For the measured parameters, mean and standard deviations were calculated. Results were analyzed using SPSS (version 16.00, California, USA). The comparisons between groups were made by analysis of variance (One-way ANOVA) followed by Bonferroni post-hoc test. A value $p < 0.05$ was considered significant. The photomicrographs

were taken by using SONY onboard camera (Zeiss, Cyber-Shot, Japan). Image pro-insight software (version 9.00) was used for evaluating the pixel-based distribution of GDNF, gfr α 1, Bcl-6b, Bcl-2, CD31 and ERK1/2 positive cells as well as pixel-based intensity of collagen per $50000 \times 50000 \mu\text{m}^2$.

3.2. Image cytometry

The photomicrographs were taken by using SONY onboard camera (Zeiss, Cyber-Shot, Japan). In order to analyze the histological parameters, 10 sections from each sample (NO = 18 samples for each group) were prepared and 10 microscopic fields from each section, which represented positive reaction for target proteins, were considered to analyze the IHC alterations and apoptotic cells distribution. The GDNF+, gfr α 1+, Bcl-6b+, Bcl-2+, CD31+ and ERK1/2+ and apoptotic cells as well as vessel numbers per mm² of tissue were evaluated by using a standard light microscope (Olympus, CH27, Japan) and compared between groups. The image pro-insight software (version 9.00) was used for evaluating the pixel-based immunoreactivity of

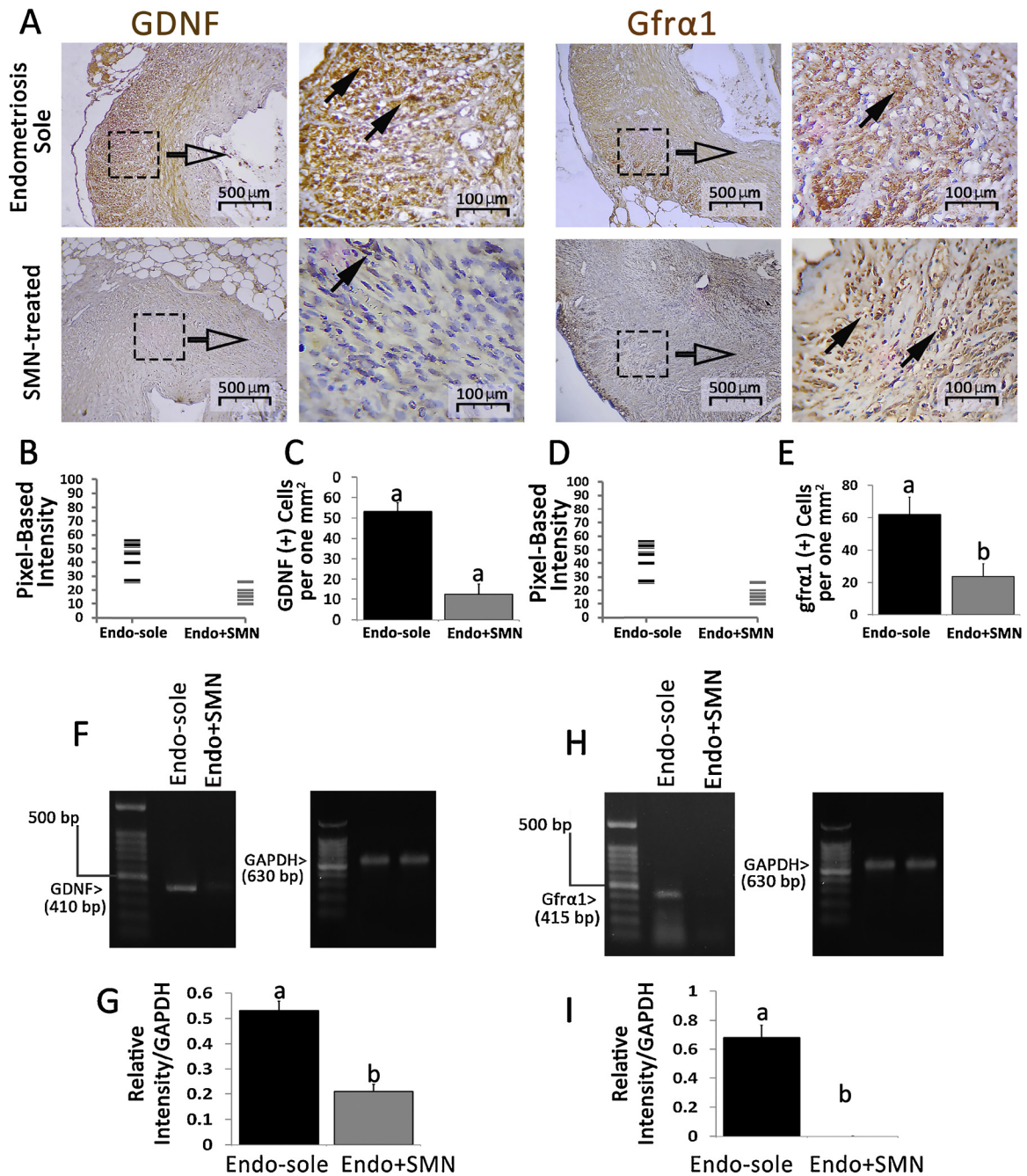


Fig. 4. (A) Photomicrograph representing immunohistochemical staining techniques of GDNF and gfrα1, note decreased expression of GDNF and gfrα1 (arrows) in SMN + endometriosis group (B) Software analyses for pixel-based intensity of GDNF in 50,000 × 50,000 μm of tissue, (C) Mean ± SD of GDNF-positive cells/mm² of tissue, (NO = 10, a Vs b: P < 0.01), (D) Software analyses for pixel-based intensity of gfrα1 in 50,000 × 50,000 μm of tissue, (E) Mean ± SD of gfrα1-positive cells/mm² of tissue, (NO = 10, a Vs b: P < 0.03), (F) Electrophoresis photomicrograph of GDNF, (G) The mean ± SD density of GDNF mRNA levels that were measured by densitometry and normalized to GAPDH mRNA expression level, (NO = 6, a Vs b: P < 0.001), (H) Electrophoresis photomicrograph of gfrα1, (I) The mean ± SD density of gfrα1 mRNA levels that were measured by densitometry and normalized to GAPDH mRNA expression level. **Endo-sole:** endometriosis-sole and **Endo + SMN:** SMN + endometriosis.

GDNF, gfrα1, Bcl-6b, Bcl-2, CD31, and ERK1/2 as well as collagen bundles *per* 50000 × 50000 μm. All histological analyses were performed by using 100 and 400 × objective magnification lens.

4. Results

4.1. SMN decreased endometriotic-like legions establishment and size

Observations revealed that the SMN significantly (P < 0.01) decreased the legions establishment *per* animal versus endometriosis-sole

group (Fig. 2A). Moreover, the SMN remarkably (P < 0.001) diminished legion development compared to endometriosis-sole group (Fig. 2B).

4.2. SMN enhanced fibrosis in endometriotic-like legions and enhanced apoptosis ratio

Histological observations showed intensive collagen bundles generation in endometriotic-like legions of animals from SMN + endometriosis group (Fig. 3A, B). Accordingly, the software

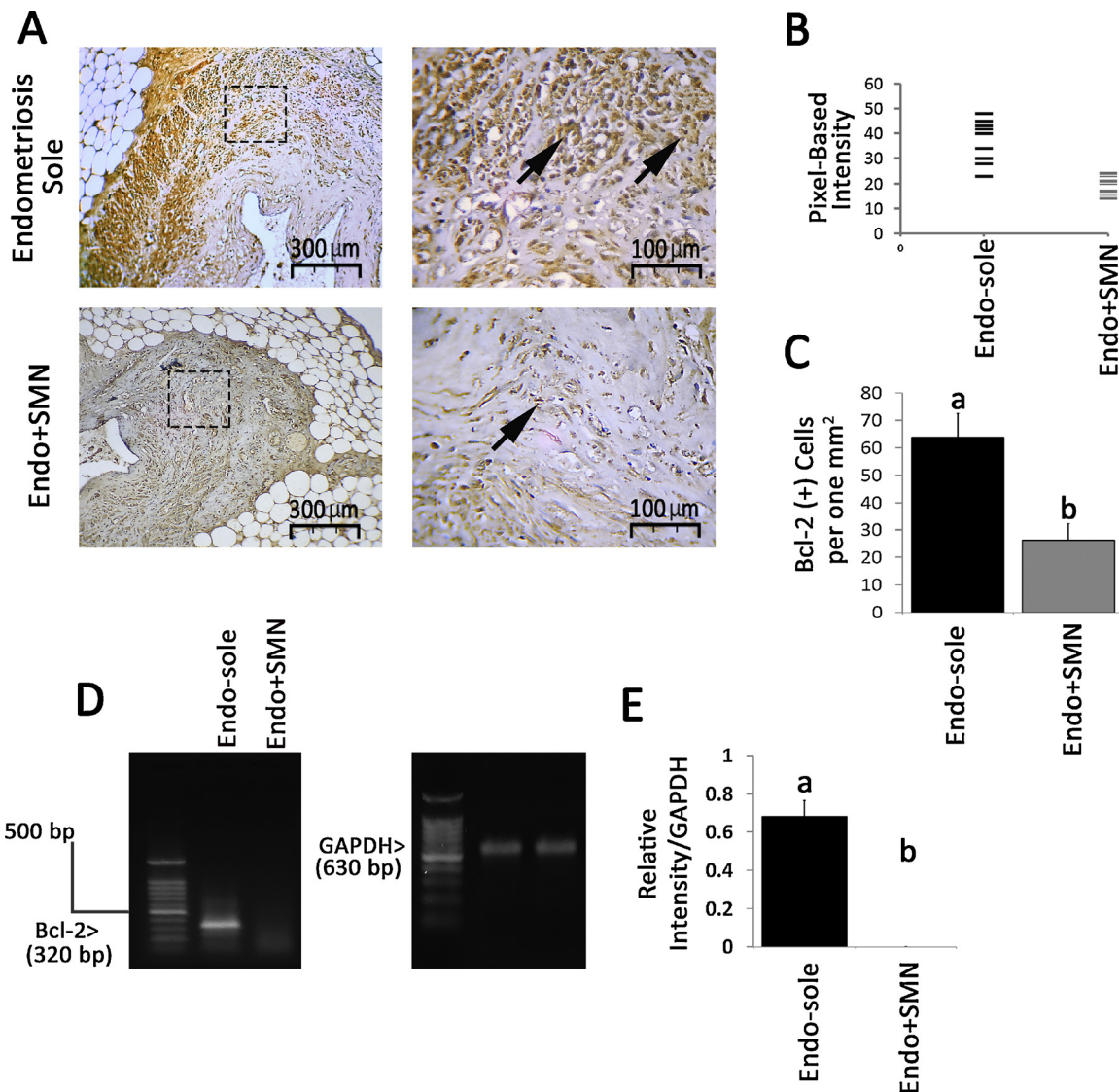


Fig. 5. (A) photomicrograph of immunohistochemical staining of Bcl-2, Note decreased expression of Bcl-2 (arrows) in SMN + endometriosis group versus endometriosis-sole group. (B) Software analyses for pixel-based intensity of Bcl-2 in 50,000 × 50,000 µm of tissue, (C) Mean ± SD of Bcl-2-positive cells/mm² of tissue, (NO = 10, a Vs b: P < 0.01), (D) Electrophoresis photomicrograph of Bcl-2, (E) The mean ± SD density of Bcl-2 mRNA levels that were measured by densitometry and normalized to GAPDH mRNA expression level (NO = 6). **Endo-sole:** endometriosis-sole and **Endo + SMN:** SMN + endometriosis.

analyses showed the higher pixel-based intensity of the blue color (collagen) in SMN + endometriosis group versus endometriosis-sole group. In order to show the apoptosis ratio, the apoptotic cells number per mm² of tissue was evaluated. The animals in SMN + endometriosis group showed statistically significant (P < 0.001) enhancement in numbers of apoptotic cells per mm² of tissue (Fig. 3C, 3D)

4.3. SMN decreased the angiogenesis ratio

Light microscopic analyses of H&E and IHC staining techniques showed that, the SMN significantly (P < 0.001) decreased the vascular distribution/mm² of tissue compared to endometriosis-sole group (Fig. 3E, 3F).

4.4. SMN decreased GDNF and gfrα1 expression

In order to estimate the effect of SMN on GDNF and gfrα1 expression, IHC staining and semi-quantitative RT-PCR analyses were performed. The IHC staining exhibited that the SMN significantly decreased the GDNF and gfrα1 expression versus endometriosis-sole

group. Accordingly, the animals in SMN + endometriosis group showed a decreased number of GDNF⁺ (P < 0.01) and gfrα1⁺ cells (P < 0.03) distribution/mm² of tissue compared to the endometriosis-sole group. Moreover, the software analyses showed decreased pixel-based intensity for GDNF and gfrα1 reacted sites in SMN + endometriosis group (Fig. 4A–E). The results obtained from RT-PCR corroborated the IHC results. Accordingly, the RT-PCR analyses exhibited decreased mRNA level of GDNF (P < 0.001) and represented no detectable mRNA of gfrα1 in SMN + endometriosis group (Fig. 4F–I).

4.5. SMN decreased Bcl-2 and Bcl-6b expression

The IHC and semi-quantitative RT-PCR (P < 0.001) analyses showed that the SMN significantly diminished the Bcl-2 expression in endometriotic-like lesion compared to the endometriosis-sole group. Accordingly, the animals in SMN + endometriosis group exhibited a remarkable (P < 0.01) reduction in a number of Bcl-2⁺ cells/mm² of tissue versus endometriosis-sole group. Moreover, the software analyses exhibited decreased pixel-based intensity for Bcl-2 intensity in

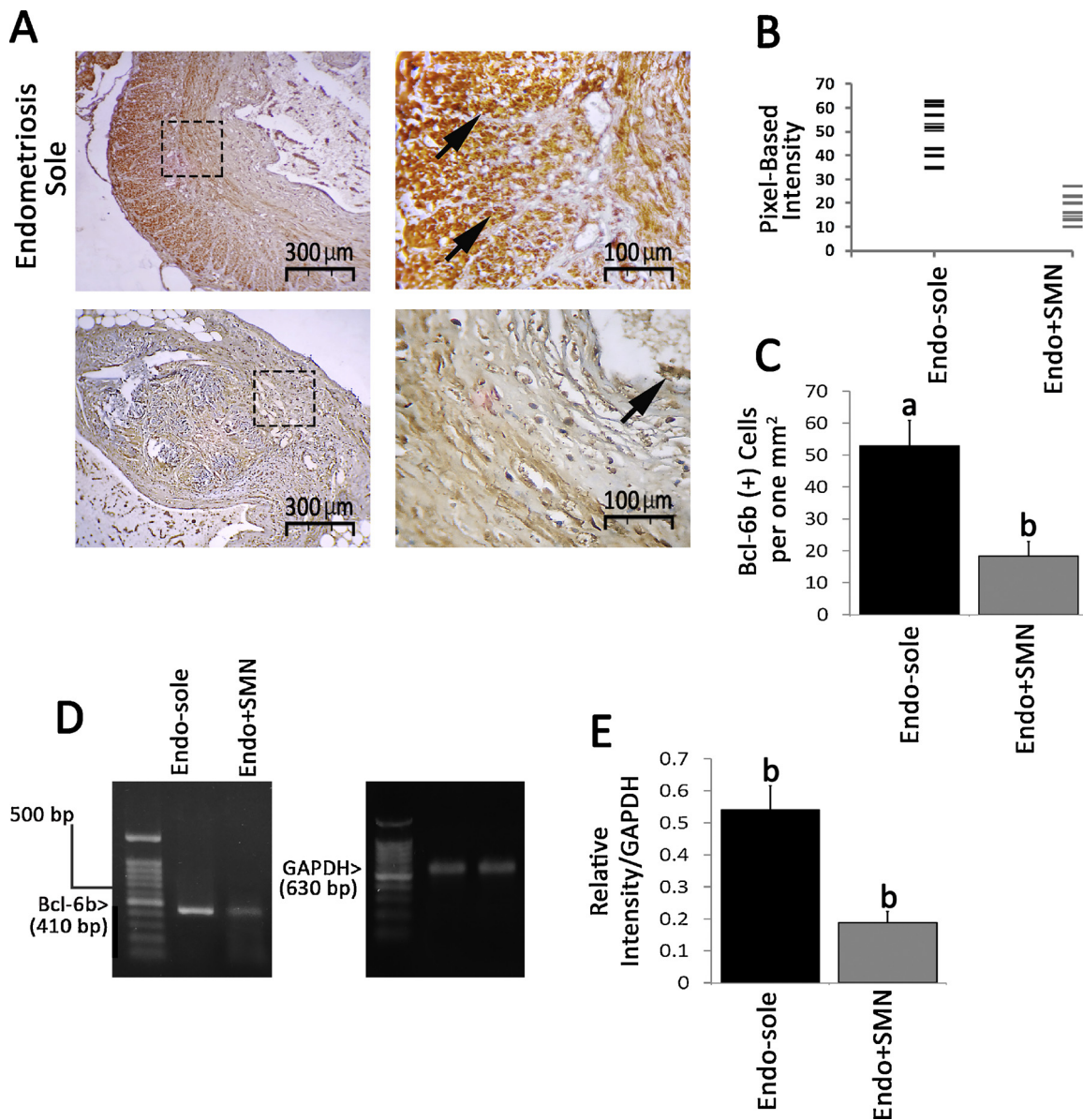


Fig. 6. (A) photomicrograph of immunohistochemical staining of Bcl-6b, Note decreased expression of Bcl-6b (arrows) in SMN + endometriosis group versus endometriosis-sole group. (B) Software analyses for pixel-based intensity of Bcl-6b in 50,000 × 50,000 μm of tissue, (C) Mean ± SD of Bcl-6b -positive cells/mm² of tissue, (NO = 10, a Vs b: P < 0.02), (D) Electrophoresis photomicrograph of Bcl-6b, (E) The mean ± SD density of Bcl-6b mRNA levels that were measured by densitometry and normalized to GAPDH mRNA expression level (NO = 6, a Vs b: P < 0.001). **Endo-sole:** endometriosis-sole and **Endo + SMN:** SMN + endometriosis.

SMN + endometriosis group (Fig. 5A-E). More analyses showed that the mRNA level (P < 0.001) of Bcl-6b as well as the number of Bcl-6b⁺ cells (P < 0.02) were decreased in SMN + endometriosis group in comparison to endometriosis-sole animals. Similar to Bcl-2, the software analyses exhibited a decreased pixel-based intensity of Bcl-6b in SMN + endometriosis animals versus endometriosis-sole group (Fig. 6A-E).

4.6. SMN enhanced ERK1/2 expression in endometriotic-like legion

The ERK1/2⁺ cells number per mm² of tissue was compared between groups. Observations showed that the SMN significantly (P < 0.01) increased the ERK1/2⁺ cells number per mm² of tissue versus endometriosis-sole group. Moreover, the software analyses exhibited increased pixel-based intensity for ERK1/2 intensity in SMN + endometriosis group compared to the endometriosis-sole group. The semi-quantitative RT-PCR analyses showed that SMN statistically

significantly (P < 0.03) increased the ERK1/2 mRNA levels versus endometriosis-sole group. (Fig. 7A-E).

5. Discussion

The current study showed that administrating SMN significantly decreased the endometriotic-like legions establishment and size. More molecular and histopathological analyses revealed that the SMN significantly diminished the growth factor GDNF expression/synthesis, diminished the GDNF-restricted receptor gfrα1 and target gene Bcl-6b expression/synthesis. Moreover the SMN remarkably decreased the proto-oncogene Bcl-2 expression/synthesis. Finally, the SMN significantly up-regulated the ERK1/2 expression in endometriotic-like legions, diminished the angiogenesis ratio and consequently resulted in severe apoptosis and fibrosis (Fig. 8).

Despite the role of various growth factors, including VEGF (Zhang et al., 2010), epidermal growth factor family of growth factors and

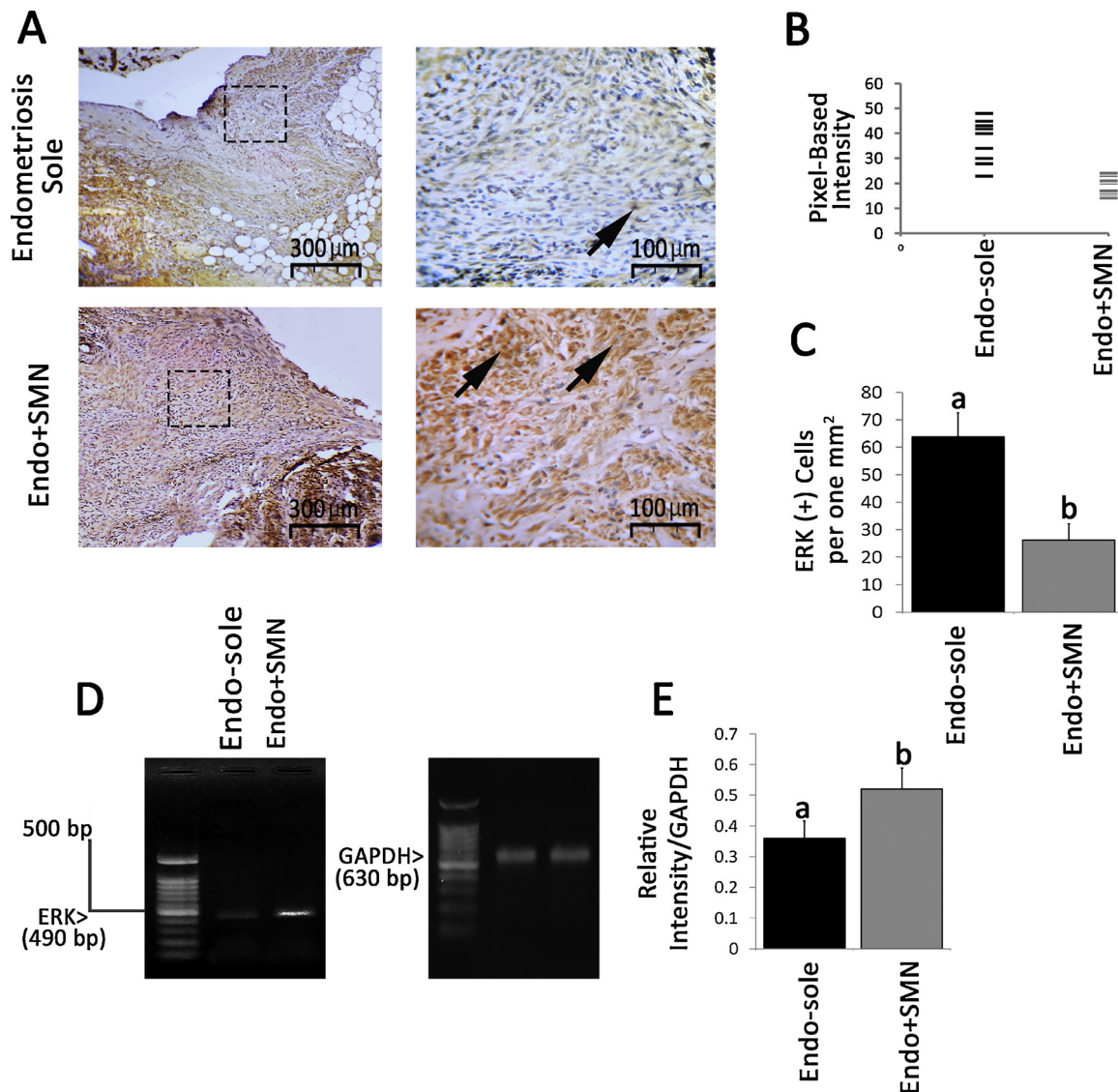


Fig. 7. (A) photomicrograph of immunohistochemical staining of ERK1/2, Note increased expression of ERK1/2 (arrows) in SMN + endometriosis group versus endometriosis-sole group. (B) Software analyses for pixel-based intensity of ERK1/2 in 50,000 × 50,000 µm of tissue, (C) Mean ± SD of ERK1/2-positive cells/mm² of tissue, (NO = 10, a Vs b: P < 0.01), (D) Electrophoresis photomicrograph of ERK1/2, (E) The mean ± SD density of ERK1/2 mRNA levels that were measured by densitometry and normalized to GAPDH mRNA expression level (NO = 6, a Vs b: P < 0.03). **Endo-sole:** endometriosis-sole and **Endo + SMN:** SMN + endometriosis.

receptors (Large et al., 2014), fibroblast growth factor "FGFs", (Mihalich et al., 2003), insulin like growth factor "IGFs", (Mu et al., 2015) and insulin-like growth factor-binding proteins, transforming growth factor-β "TGF-β", (Omwandho et al., 2010), activin A and related proteins (Zheng et al., 2016), the role of GDNF, a novel growth factor, and its specific receptor *gfrα1*, as well as the inhibitory effect of SMN (as anti-proliferative agent), are not analyzed in endometriotic tissue. The GDNF and its ligand-binding subunit *GFRα1* receptor complex initiate intracellular signaling cascades [for example MAPK kinase (MEK1/2) and MAPK (ERK1/2) pathway (MEK-ERK)], leading to cell survival and proliferation (Fisher et al., 2001; Hasegawa et al., 2013). Our results showed that the SMN significantly suppressed the GDNF and *gfrα1* expression versus endometriosis-sole group. On the other hand, it should be noted that the SMN inhibits the kinase activity of MEK1/2 and through this mechanism, the SMN is able to suppress the cell proliferation machinery (Lee et al., 2013). Although the MEK 1/2 expression is not assessed in the current study, it could be concluded that the SMN may inhibited the cell proliferation by suppressing both the promoter GDNF and activator MEK1/2 expressions.

The GDNF initiates other intracytoplasmic signaling cascades, which finally ends with expression/synthesis of Bcl-6b, Ets variant 5 (Erm), and LIM homeobox 1 (Lhx1). All these target genes in turn directly involve in cells self-renewal and proliferation (Oatley et al., 2007, 2006). In line with this issue, lastly, the effective role of Bcl-6b has been discovered in the ectopic endometrial tissue of women with endometriosis (Evans-Hoeker et al., 2016; Yoo et al., 2017a, b). Our observations revealed that the Bcl-6b mRNA level and Bcl-6b⁺ cells distribution per mm² of tissue were decreased in endometriosis + SMN group. Thus, we can come close to this fact that the SMN inhibited the cell proliferation not only by suppressing initiators GDNF and *gfrα1* expression but also by down-regulating the finisher gene Bcl-6b expression. In addition to our findings, previous researches exhibited other mechanisms, by which the SMN negatively affects the cell proliferation of different cell types at the G1 phase of the cell cycle. For instance, the SMN through PP2A pathway (Switzer et al., 2009) and via suppressing PI3K/Akt/mTOR signaling pathway (Gharagozloo et al., 2013b) is able to potentially induce cell cycle arrest at the G1 stage. (Kondoh and Nishida, 2007; Owens and Keyse, 2007). The proto-

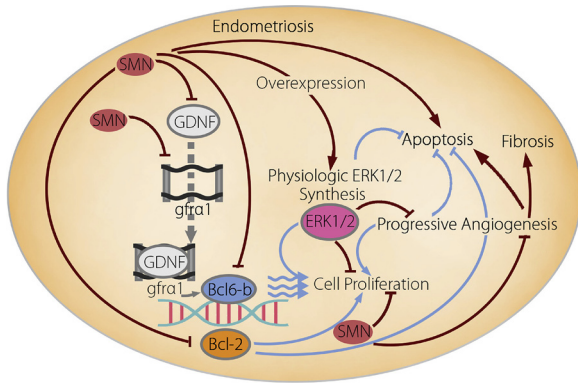


Fig. 8. Schematic summary representing effect of SMN on endometriotic-like lesion establishment, development and cellularity; in endometriosis-sole condition, the GDNF interacts with gfr α 1 and then the GDNF-gfr α 1 complex activate the Bcl-6b expression/synthesis, which consequently ends with cell proliferation. On the other hand, high Bcl-2 expression and physiologic expression/synthesis of ERK1/2 accomplished by high GDNF expression/synthesis accelerated/promotes angiogenesis and cellularity in endometriotic-like legions. However, SMN by a- suppressing GDNF, gfr α 1, Bcl-6b, Bcl-2 expression and via b- stimulating ERK1/2 overexpression/synthesis inhibits angiogenesis, promotes apoptosis and finally results in severe fibrosis in endometriotic-like legions.

oncogene Bcl-2 and other genes, including Bax, PUMA and Bak exert key regulating roles in cell survival/proliferation and/or apoptosis in ectopic endometrial tissue (Huang et al., 2003; Meresman et al., 2000; Nezhat et al., 2002; Subramaniam and Unsicker, 2010). Of these proteins, the Bcl-2 has been reported to exert essential role in cellular proliferation through inducing anti-apoptotic impact (Meresman et al., 2000; Mourtzikou et al., 2012). In corroboration with these reports, our data showed decreased expression of Bcl-2 in endometriotic-like legions of endometriosis + SMN group, suggesting the pro-apoptotic effect of SMN. More other studies have shown that the SMN induces apoptosis through the p53-dependent pathway, which is mediated via the Bcl-2/Bax/caspase-3 proteins involvement in JB6 C141 cells (Katiyar et al., 2005). The concentration of SMN is shown therein to be correlated with p53 concentrations, suggesting that silymarin acts via increasing the p53 levels. Considering these findings, we can come close to these facts that, aside the SMN-induced impact on Bcl-6b pathway, the SMN by down-regulating the Bcl-2 expression up-regulated the apoptosis ratio, and consequently decreased the cell proliferation. The increased number of apoptotic cells *per mm*² of tissue in SMN + endometriosis group confirms this theory. As it has been shown previously, the physiologic expression and/or phosphorylation of ERK1/2 promotes the cell survival and/or proliferation and consequently accelerates angiogenesis ratio (Andradas et al., 2011; Cai et al., 2010). However depending on the cell type and the nature of the injury, the overexpression and/or activation of ERK1/2 down-regulates the Bcl-2 expression, resulting in impaired mitochondrial respiration (Wang et al., 2013; Yeh et al., 2004), membrane potential (Nowak, 2002; Rasola et al., 2010), and finally ends with mitochondrial-dependent apoptosis (Wu et al., 2005; Yang et al., 2008). In fact, the active ERK1/2 has been found on mitochondrial membranes (Zhuang et al., 2007). In line, here in the current study, we found that the SMN significantly increased ERK1/2 mRNA level and ERK1/2⁺ cells number *per mm*² of tissue. Considering diminished Bcl-2 expression simultaneous with ERK1/2 overexpression and elevated apoptosis ratio in SMN + endometriosis group, we can conclude that the up-regulated ERK1/2 expression suppressed the Bcl-2 expression, which in turn resulted in intensive apoptosis (may be through the intrinsic apoptosis pathway).

As all tissues need angiogenesis to develop, the ectopic endometriotic legions need the angiogenesis, as well. It has been illustrated that, administrating anti-angiogenic chemicals significantly

inhibit endometriotic (Khan et al., 2010; Novella-Maestre et al., 2010), as well as endometriotic-like legions (Soysal et al., 2014; Wan et al., 2013), development. Our observations demonstrated a remarkable reduction in the angiogenesis ratio by representing decreased vessel numbers/*mm*² of tissue in SMN + endometriosis group. This finding suggests the anti-angiogenic effect of SMN. On the other hand, various in-vitro and in-vivo studies have shown that, in association with VEGF, the GDNF promotes angiogenesis (Abe et al., 1997; Klopp et al., 2012; Kloth and Suter-Crazzolara, 2000). In addition, it has been well-established that the GDNF represents a cross talk with VEGF:VEGFR and NGF:TrkA pathways, and stimulates the VEGF-independent angiogenesis (Tufo et al., 2007; Zhong et al., 2016), promotes the angiogenesis via up-regulating the interleukin-8 (Iwahashi et al., 2002), and finally, it acts as a key regulator of the endothelial cells network and proliferation (Zhong et al., 2016). In line with this issue, the anti-angiogenic properties of SMN has been reported by previous experimental studies. Accordingly, the SMN, and its major pure component silibinin significantly reduces the endothelial cells (EA.hy 926) proliferation, when they are cocultured with colon cancer (LoVo) cell lines (Yang et al., 2003). The silibinin induces the endothelial cells apoptosis by modulation of NF-kappaB, Bcl-2 family and caspases expressions (Yoo et al., 2004). Thus, considering the mentioned findings, it is logic to conclude that the SMN exerted anti-angiogenic properties by suppressing the GDNF expression and/or by inducing apoptosis in endothelial cells.

6. Conclusion

Our data showed that, the SMN as an anti-inflammatory and anti-oxidant agent inhibits the endometriotic-like legions development by diminishing the growth factor GDNF, its restricted receptor gfr α 1 expression. Moreover, we showed that, the SMN inhibits cell survival and/or proliferation via reducing the Bcl-2 (as core gene involving in cell survival) and the Bcl-6b (as main gene involving in cell proliferation) expressions. On the other hand, our findings represented that, the enhanced ERK1/2 expression in SMN-treated group amplifies apoptosis pathway. Finally, we showed that, the SMN by down-regulating angiogenesis ratio results in intensive apoptosis and fibrosis in endometriotic-like legions. Nevertheless, more studies are necessary to show, whether the SMN therapy is appropriate for the treatment of endometriosis.

7. Study limitations

There are several limitations of the current study, including possible bias due to small sample number. Although gfr α 1 was considered as an especial receptor for GDNF, investigating the molecular changes for Rearranged during Transfection (c-RET) receptor confirms the findings of this research. Additionally, analyzing complete pathway of Ras/RAF1/MEK1/2/ERK1/2 following SMN administration promotes/completes the findings of the current prospective study. Moreover, further studies are needed to illustrate the ameliorative effects of SMN against endometriotic legions development and to uncover the effect of other molecular changes in women with endometriosis.

Author statement

The authors contributions are as below; Dr. Mazdak Razi (corresponding author for research work): Conception and design of the study, analysis and interpretation of data, final approval of the version to be submitted; Mrs. Elaheh Nahari: Study design, drafting the article or revising it critically for important intellectual content.

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