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Tioconazole and Chloroquine Act Synergistically to Combat Doxorubicin-Induced Toxicity via Inactivation of PI3K/AKT/mTOR Signaling Mediated ROS-Dependent Apoptosis and Autophagic Flux Inhibition in MCF-7 Breast Cancer Cells

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Abstract: Cancer is a complex devastating disease with enormous treatment challenges, including chemo- and radiotherapeutic resistance. Combination therapy demonstrated a promising strategy to target hard-to-treat cancers and sensitize cancer cells to conventional anti-cancer drugs such as doxorubicin. This study aimed to establish molecular profiling and therapeutic efficacy assessment of chloroquine and/or tioconazole (TIC) combination with doxorubicin (DOX) as a new combination model in MCF-7 breast cancer. The drugs are tested against apoptotic/autophagic pathways and related redox status. Molecular docking revealed that chloroquine (CQ) and TIC could be potential PI3K and ATG4B pathway inhibitors. Combination therapy significantly inhibited cancer cell viability, PI3K/AKT/mTOR pathway, and tumor-supporting autophagic flux, however, induced apoptotic pathways and altered nuclear genotoxic feature. Our data revealed that the combination cocktail therapy markedly inhibited tumor proliferation marker (KI-67) and cell growth, along with the accumulation of autophagosomes and elevation of LC3-II and p62 levels indicated autophagic flux blockage and increased apoptosis. Additionally, CQ and/or TIC combination therapy with DOX exerts its activity on the redox balance of cancer cells mediated ROS-dependent apoptosis induction achieved by GPX3 suppression. Besides, Autophagy inhibition causes moderately upregulation in ATGs 5,7 redundant proteins strengthened combinations induced apoptosis, whereas inhibition of PI3K/AKT/mTOR pathway with Beclin-1 upregulation leading to cytodestructive autophagy with overcome drug resistance effectively in curing cancer. Notably, the tumor growth inhibition and various antioxidant effects were observed in vivo. These results suggest CQ and/or TIC combination with DOX could act as effective cocktail therapy targeting autophagy and PI3K/AKT/mTOR pathways in MCF-7 breast cancer cells and hence, sensitizes cancer cells to doxorubicin treatment and combat its toxicity.

Keywords: autophagy; apoptosis; PI3K; tioconazole; chloroquine; doxorubicin

1. Introduction

Cancer is one of the major killers and causes of death worldwide, similar to cardiovascular diseases [1]. Resistance to chemotherapeutic compounds is one of the significant

obstacles to the successful treatment of various human cancers. Thus, the elucidation of the mechanisms involved in drug resistance and new strategies to re-sensitize cancer-resistant cells are key elements in generating improved therapies [2]. Apoptosis and autophagy are types of programmed cell death (PCD) that play a crucial role in maintaining organismal and cell homeostasis quality control mechanisms. Additionally, it was regarded as a bona fide PCD process involved in the chemotherapy-induced cell death mechanism.

Apoptosis is regulated by intracellular and/or extracellular signals; hence, the caspase's activation is considered a potential therapeutic target against human cancer diseases [3]. Autophagy is a major pathway in all eukaryotic cells and is considered as a multistep process in which cytoplasm, intracellular organelles, and proteins are sequestered through the fusion of autophagosomes with lysosomes forming autolysosomes, with ultimate degradation by lysosomal hydrolases, while autophagy has a crucial role as an emerging cell survival process [4].

Several studies demonstrated insights on mutual aspects between autophagy and apoptosis, describing a complicated crosstalk/interplay between both processes which play profound roles in cancer chemoprevention [5]. Several strategies of cancer therapy target the autophagy pathway, which promotes tumorigenesis in the advanced stage via a recycling mechanism that is vital to tumor progression [6], while the inhibition of autophagy increases tumor cell death and sensitized cells to some chemotherapeutic drugs [7,8].

Activation of PI3K/AKT/mTOR plays a crucial role in cell proliferation, apoptosis, and autophagy in breast cancer [9]. Moreover, activation of AKT and AMPK-related signaling pathways trigger autophagy, while extensive studies indicate that the upregulated autophagy enhances tumor survival and enhances the drug resistance of tumors in a wide range of tumor types. It has been stated that the main downstream of PI3K/AKT leads to autophagy inhibition. Thus, the combination of PI3K inhibition with autophagy inhibition can achieve a more potent anti-tumor effect and cell cycle-mediated drug resistance [10]. Therefore, crosstalk between autophagy inhibition and apoptosis-induction in many cancer cells is considered a therapeutic strategy to sensitize tumor cells and overcome resistance. Other findings suggest autophagy inhibition as a potential strategy to enhance the therapeutic efficacy of dual PI3K/mTOR inhibitor in cancer treatment [11].

Activation and inhibition of the PI3K/AKT pathway have been elucidated to regulate human cancer cell survival *in vitro* [12] and *in vivo* regulation of tumorigenicity, invasion, and metastasis [13]. Therefore, the PI3K/AKT pathway has shown to be a promising therapeutic target to induce apoptosis [14]. A recent study reported that dual PI3K/mTOR inhibition (DKI) strongly inhibits autophagy in the late stage due to the class-III PI3K Vps34 inhibition, which suggested this dual inhibition of PI3K/mTOR causes blockage of autophagosome-lysosome fusion resulting in decreased autophagic flux and accumulations of non-degraded autophagosomes [15]. The dual inhibition of PI3K and mTOR abolished this protein phosphorylation. This observation is consistent with a dual role of the AKT, which is well known to suppress autophagy through inhibition, and increasing mitochondrial superoxide and ROS. Otherwise, the accumulation events often lead to mitochondrial disorder, accompanied by cytochrome C's release [16].

Doxorubicin (DOX) is the commonest chemotherapy used against various types of metastatic cancers; it is needed to be combined with another highly effective non-toxic agent to reduce its toxicity and modulate different signaling pathways in cancer cells and enhance anti-tumor efficacy [17].

Recently, Fabi et al.'s study demonstrated that AKT inhibitors with DOX as a novel therapeutic combination strategy have a potential role in sensitizing cancer cells to DOX, which allows the upregulation of pro-apoptotic proteins the coordinated downregulation of anti-apoptotic regulators [18].

Chloroquine (CQ) is an anti-malarial drug and a lysosomotropic agent, and has demonstrated cytotoxic effects against various types of human cancers via stimulating cell-cycle arrest, inhibiting autophagy and ultimate apoptosis of tumor cells, along with its ability to increase sensitization of different therapeutic modalities that are used in

chemotherapy cancer treatment [11]. Additionally, CQ has been reported to increase the drugs' intracellular targets by inhibiting the autophagic cargo degradation, and it is used in combination with other chemotherapies as an effective cancer-specific chemosensitizer [19].

Previous studies reported that the combination of CQ/DOX has been demonstrated to effectively sensitize MCF-7 to DOX [20]. Co-encapsulated DOX and CQ liposomes were revealed as a promising formulation for treating DOX-resistant MCF-7 breast cancer by protecting DOX from effluxing outside of cancer cells [21]. Recently, Guo et al. demonstrated that acquisition of DOX resistance may be associated with autophagy induction in breast cancer since blockage of autophagy restored sensitivity to DOX [22]. Tioconazole (TIC) is an anti-fungal drug. It has recently been reported as a potential anticancer drug either in combination with DOX or Camptothecin (CPT) by inhibiting ATG4B activity and autophagic flux impairment, suggesting its role anticancer drug or chemosensitizer [23].

The current studies showed that autophagy blockage using combination therapy is an emerging model in cancer treatment and could sensitize cancer cells to investigational therapeutics; hence, autophagy blockage may enhance the pro-apoptotic effects of PI3K/mTOR inhibitors in preclinical studies [16,24] and it is evident that our results support the latter. It is based on the evidence that tumor cells upregulate autophagy to mitigate anticancer agents' deleterious effects [25]. Thus, the quest for new drug combinations that can increase or sustain effectiveness, minimize toxicity, and postpone drug resistance growth is essential.

Therefore, we hypothesized that CQ/TIC combination can be used as a neoadjuvant to DOX to improve its therapeutic efficacy and reducing its adverse effects. Our main goal was to investigate the putative underlying mechanisms of crosstalk of proliferation, autophagic and apoptotic machinery in cancer cells treated with DOX with CQ and/or TIC. Apoptotic pathway markers (Comet assay, DNA fragmentation assay, Bax, Bcl-2, p53, caspase-3, 8, 9, and cytochrome C), autophagic pathway markers (ATG4B, ATG5, ATG7, LC-3, and p62), and proliferating markers (PI3K/AKT/mTOR signaling and KI-67) were investigated *in vitro* and *in vivo*.

Our study showed extensive efforts to enhance chemotherapy's efficacy and investigate synergistic drug combinations for cancer therapy. The main goal is to have a safe starting point; the results demonstrate that the combination of CQ/TIC/DOX induces a more significant anti-tumor effect than each drug alone in the MCF-7 breast cancer cell line. This combination model of CQ/TIC/DOX demonstrated that combined treatment could be advantageous for cancer therapy than DOX alone, which is too toxic. These results should be confirmed in using further cancer models and may be significant clinically. These data may lead to new therapeutic strategies for MCF-7 breast cancer therapy.

2. Results and Discussion

Programmed cell death pathways such as apoptosis and autophagy-related to tumor formation and development can be invaded by various strategies as potential therapeutic targets against cancer disease; crosstalk between both pathways in cancer cells has been previously described [26]. Previous studies have reported that autophagy inhibition strategies promote cell death in cancer cells which are resistant to many anticancer therapies and may also be able to retrieve the sensitivity of those therapies [27]. Consequently, the late stage of autophagy usually contributes to the fusion of autophagosomes with lysosomes or the autolysosomes degradation. In contrast, the autophagosomes are implicated as scaffolds to induce apoptosis, which might be exploited as a potential cancer therapy target [28].

Additionally, several studies reported that multi-targeted drugs are preferred in clinical trials while they seek to maximize the chance for clinical anti-tumor activity [29]. Of note, the combination drugs strategy has recently attracted much attention as promising therapeutic tools to fight against the most challenging diseases. Thus, a new research area allows the molecular recognition of more than one bioreceptor, acting simultaneously on multiple interconnected targets to biochemical networks [30].

Moreover, several reports have indicated that autophagy inhibition synergizes chemotherapy's effect to induce tumor cell death. Hence, we deduced that the development of more effective and autophagy inhibitors is a very active and precise research area suggesting that the anti-tumor effect can be achieved via multiple mechanisms elicited when using combination therapy.

Our study focused on combination therapy as a multi-target that aims to reduce drug dose and toxicities to attain synergistic effect and cope with some anticancer therapies' resistance, understanding mechanisms of the combinatorial drugs sparked in combination therapy regimens. We provided a new combinatorial therapeutic strategy to identify the synergistic therapeutic effect of DOX with CQ and/or TIC that simultaneously targets PI3K, ATG4B, and lysosome to inhibit autophagy through apoptosis dependent manner, potentially serving as promising anti-cancer agents. In surprising, our findings showed that DOX with CQ and/or TIC combinatory treatment decreases the activation of the PI3K/AKT/mTOR and ATG4B pathways, led us to investigate the possible synergistic mechanism between those multi-targeted drugs that dramatically affect cancer cells proliferation, and induced ROS production, and ultimate apoptosis. It was reported that activation of PI3K/AKT signaling pathways has a crucial role in modulating cancers' development and progression, contributing to the resistance to anti-cancer agents [31].

2.1. In Silico Molecular Docking Analysis of Selected FDA Approved Drugs against ATG4B and PI3K (α , γ Isoform)

The molecular docking results showed that TIC has the most favorable binding interaction on ATG4B (PDB ID: 2Z0D) with the estimated free energy of binding -6.10 kcal/mol, and inhibition constant (K_i) 33.75 nM, while CQ with the estimated free energy of binding -4.36 kcal/mol, and inhibition constant (K_i) 637.60 μ M. However, DOX with the estimated free energy of binding $+11.57$ kcal/mol (Table 1) Simultaneously, all docking complexes of ATG4B (2Z0D) are dominated by hydrophobic interactions (Figure 1I). Molecular docking analysis data showed new anti-cancer suggestions of existing drugs that exhibited that TIC and CQ bind to ATG4B and TIC as a potent inhibitor for ATG4B that consistent with the previous study [23] that showed TIC inhibits autophagic flux. Hence, we described CQ as a docked ATG4B catalytic subunit with moderate binding energy than TIC or DOX.

Table 1. Results of the docking of FDA-approved drugs and the interactions constructed on the crystal structure of ATG4B (PDB ID: 2Z0D).

Compound	Est. Free Energy of Binding kcal/mol	Est. Inhibition Constant, K (μ M)	H-Bonding		Hydrophobic Interaction, Others	
			Number	Residues from Cysteine Protease ATG4B Take Part in the Interaction	Number	Residues from Cysteine Protease ATG4B Take Part in the Interaction
TIC	-6.10	33.75	2	ASN 84 and TYR 110	2	LYS 8 and VAL 112
CQ	-4.36	637.60	4	LEU 82, ASN 84, GLY 85 and VAL 112	7	LYS 8, ILE 34, GLU 36, LEU 82, TYR 110 (2) and VAL 112 and GLU 36
DOX	$+11.57$	–	5	LYS 8, LYS 39, ASN 84, GLY 85 and ASP104	5	THR 6, LYS 8, TYR 38 and VAL 112 (2)

Note: Salt Bridges residues represent through the *Italic bold* residue.

Otherwise, the results of molecular docking analysis of PI3K α (p110 α , ID: 2RD0) that represent phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha containing nSH2 domain mediates PI3K functions through a-loop dynamics. TIC has the most favorable binding interaction with the estimated free energy of binding -8.99 kcal/mol, and inhibition constant (K_i) 257.99 nM, while CQ with the estimated free energy of binding -6.67 kcal/mol, and inhibition constant (K_i) 12.86 μ M that are previously reported to have a potent inhibition effect on autophagy. However, DOX with the estimated free energy of

binding -7.45 kcal/mol and inhibition constant (K_i) 3.48 μ M. Otherwise, we reported seven H-bonds and four H-bonds in DOX and CQ interaction profiles, respectively (Table 2).

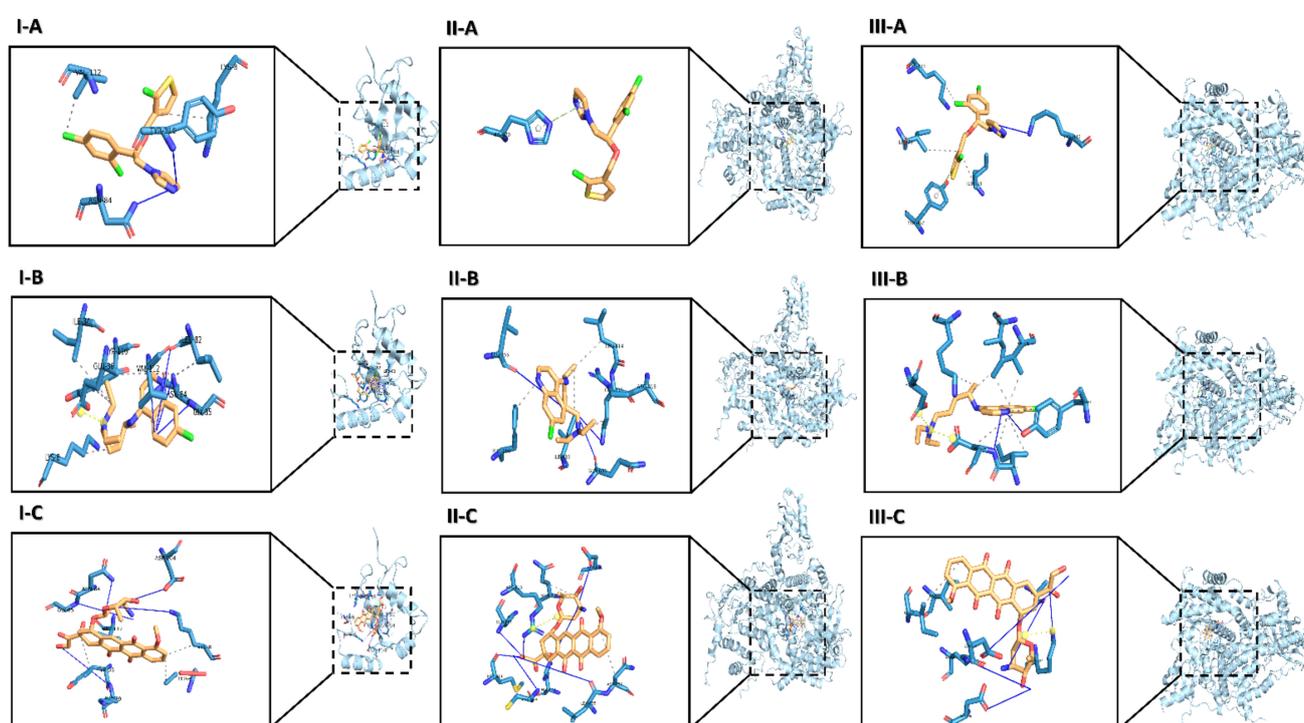


Figure 1. The predicted conformation docking of doxorubicin (DOX), Chloroquine (CQ), and tioconazole (TIC) in complex with ATG4B, PI3K α isoform and, PI3K γ isoform. The binding models obtained from the docking simulation analysis of TIC (A), CQ (B), DOX (C) selected drugs against ATG4B (PDB 2Z0D) (I), PI3K α (p110alpha/p85) catalytic subunit (PDB 2RD0) (II) and PI3K γ kinase (PDB 1E8X) (III). The ligands (drugs) are represented as an orange stick, and the active site residues in the expanded panels are represented in blue sticks while interacting residues are in lines and labeled with their three-letter code. Structures of all proteins are shown as cyan-colored ribbon surface model, and H-bonds and hydrophobic interactions are shown by a blue line and dashed-gray line, respectively.

Table 2. Results of the docking of FDA-approved drugs and the interactions constructed on the crystal structure of PI3K α (PDB ID: 2RD0).

Compound	Est. Free Energy of Binding kcal/mol	Est. Inhibition Constant, K (μ M)	H-Bonding		Hydrophobic Interaction, Others	
			Number	Residues from Cysteine Protease ATG4B Take Part in the Interaction	Number	Residues from Cysteine Protease ATG4B Take Part in the Interaction
TIC	-8.99	0.25799	0	-	1	HIS 670
CQ	-6.67	12.86	5	GLN 630, LEU 755, GLN 815 and ARG 818 (2)	4	ILE 633, PHE 666, LEU 814 and GLN 815
DOX	-7.45	3.48	7	ASP 626, HIS 670, LEU 755, MET 811, GLN 815, ARG 818 and CYS 838	3	GLN630, ASN 756, ARG 818 and ARG 818

Note: Salt Bridges residues represent through the *Italic bold* residue and π -Stacking (parallel) residues represent through the **bold** residue.

Protein-Ligand Interaction Profiler (PLIP) analysis showed the hydrogen interactions are dominant in all PI3K protein docked complexes (Figure 1II). Interestingly, TIC binding residue shows that π -stacking interaction is constructed with HIS 670, as previously reported, the π -stacking interaction of aromatic rings is a well-known type of intermolecular

interaction, which refers to attractive, noncovalent interactions between aromatic rings that allow not only to reinforce the mutual interactions but also to generate the emergent intermolecular communications [32], also this type of interaction recognized to have a crucial role in the thermal stability and folding of proteins and the binding to ligands [33].

The other molecular docking of interaction on PI3K γ structure with the ATP binding site (ID: 1E8X) representing phosphoinositide 3 kinase catalytic subunit is part of PI3K/AKT/mTOR pathway. Data showed that TIC has the most favorable binding interaction to the ATP-binding pocket of PI3K through a hydrogen bond and a halogen bond with the estimated free energy of binding -9.10 kcal/mol, and inhibition constant (Ki) 215.23 nM, while CQ with the estimated free energy of binding -6.23 kcal/mol, and inhibition constant (Ki) 27.09 μ M that are previously reported to have a potent inhibition effect on autophagy. However, DOX with the estimated free energy of binding -7.65 kcal/mol and inhibition constant (Ki) 2.47 μ M (Table 3).

Table 3. Results of the docking of FDA-approved drugs and the interactions constructed on the crystal structure of PI3K γ (PDB ID: 1E8X).

Compound	Est. Free Energy of Binding kcal/mol	Est. Inhibition Constant, K (μ M)	H-Bonding		Hydrophobic Interaction, Others	
			Number	Residues from Cysteine Protease ATG4B Take Part in the Interaction	Number	Residues from Cysteine Protease ATG4B Take Part in the Interaction
TIC	-9.10	0.21523	1	LYS 890	3	LYS 833, ILE 879, ILE 963 and TYR 867
CQ	-6.23	27.09	4	LYS 833, TYR 867(2) and ASP 964	8	ILE 831, LYS 833, TYR 867, ILE 879(2), ILE 963 (2), ASP 964 and ASP 836, ASP 964
DOX	-7.65	2.47	5	ALA 805, LYS 807, LYS 833, ASP 836 and ASP 964	2	ILE 831, 879 and LYS 807

Notes: Salt Bridges residues represent through the *Italic bold* residue and π -Stacking (parallel) residues represent through the **bold** residue.

PLIP analysis showed the hydrogen interactions are dominant in all PI3K γ protein docked complexes in DOX protein interaction (Figure 1III). Interestingly, most residues are predominantly non-hydrophobic, whereas all docking complexes are dominated by hydrophobic interactions in TIC and CQ binding residues. Remarkably, the π -Stacking interaction is constructed with TYR 867. So, we thought that TIC might be a potent inhibitor of PI3K due to the primary pharmacological structure of TIC is an imidazole ring similar to the structure of Econazole, as imidazole antifungal that recently docked PI3K by -7.3 kcal/mol that diminished P-AKT and Bcl2 protein levels [34]. In our in-silico study, the molecular docking approach was used to study the molecular affinity of TIC with autophagic related proteins ATG4B and PI3K α , γ isoforms compared to CQ and DOX.

2.2. Cytotoxic and Synergistically Effect of DOX, CQ, and TIC by Single and Combination Treatment

MTT assay was applied to evaluate the cytotoxic effect of single treatment with different concentrations of CQ, TIC, and DOX on the proliferation of MCF-7 cells and control WISH cells as well. IC50s values were obtained at 32.5, 14.5, and 3.38 μ M for CQ, TIC, and DOX, respectively on MCF-7 and at 85.05, 73.62, 13.7 μ M respectively on WISH cells (Figure 2I-(A–C)).

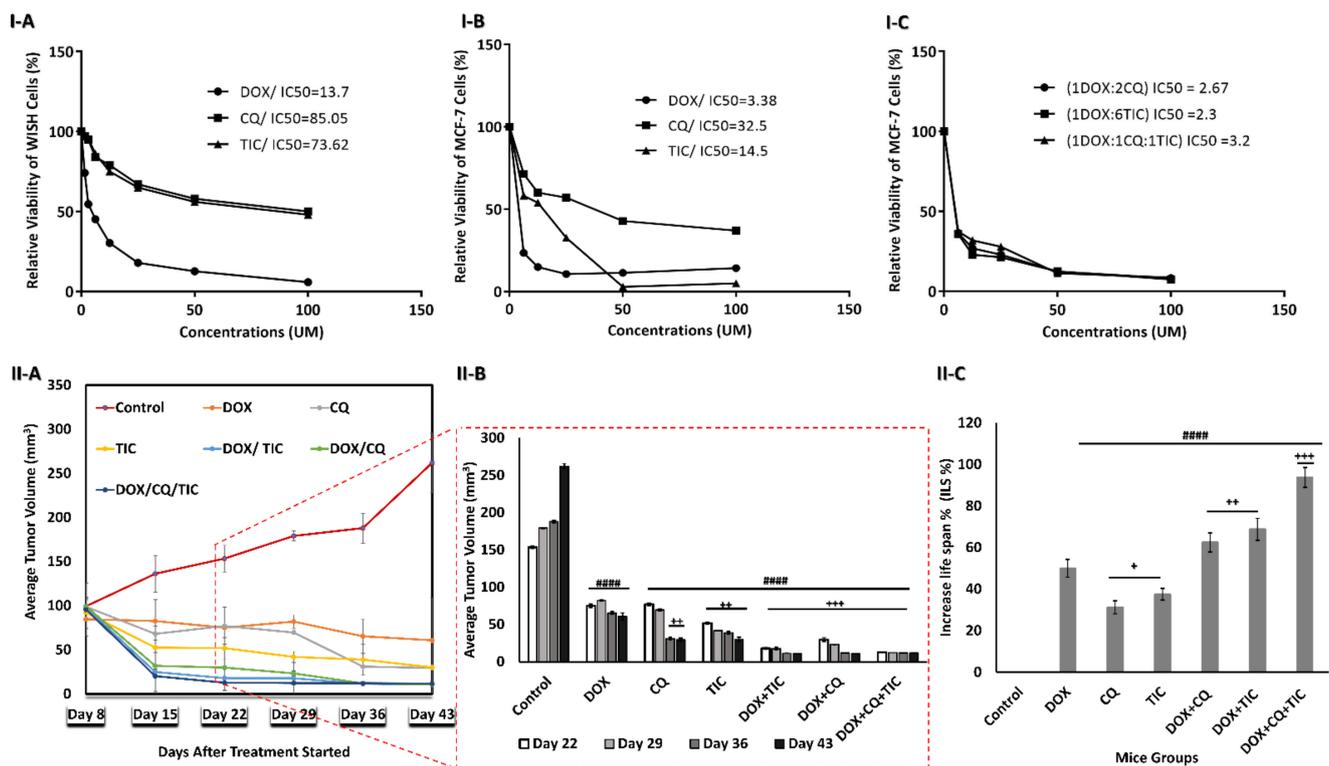


Figure 2. Growth inhibition and aggressiveness of cancer cells assessment. The dose-response inhibition concentration was estimated via MTT assay Plot curve that showing IC₅₀ values of every single DOX, CQ, and TIC treatment on human normal epithelial cells (WISH) cells (I-A), MCF-7 cells (I-B), and IC₅₀ values of combinatorial therapies ratios of DOX, CQ, and TIC that achieved best combination Index (CI < 1) with a highest toxic effect on MCF-7 breast cancer cells (I-C). The cell viability was plotted against drug concentration to calculate IC₅₀ and each data point represents an average of three independent experiments ($n = 3$). Growth curve for tumors of MC-7 tumor-bearing xenograft mice, with points representing mean tumor volumes in each group of mice (II-A), Bare diagram represent the dramatical difference point change of mean tumor volumes in each group of mice (II-B), Average survival time per each group of MCF-7 mice model (II-C). Results are expressed as mean \pm SE ($n = 3$). # $p < 0.05$, ## $p < 0.01$, ### $p < 0.001$, #### $p < 0.0001$ compared with control (MCF-7-mice untreated group). + $p < 0.05$, ++ $p < 0.01$, +++ $p < 0.001$, ++++ $p < 0.0001$ compared with the DOX treated mice group.

We analyzed the nature of drug–drug interaction with a combination index (CI) using CompuSyn Software. Regarding MCF-7 cells, the constant combinations of double or triple individual concurrent treatment showed an increase in the percentage of cell death, especially in the triple combination treatment compared to either single agent. Additionally, the synergistic cytotoxicity was observed in multiple combination ratios (Data not shown). On the other hand, IC₅₀s of best-selected combination treatment ratio were obtained at 2.67, 2.3, and 3.2 μ M for DOX-CQ (1:2), (DOX-TIC 1:6), and (DOX-TIC-CQ (1:1:1)). Interestingly, those IC₅₀s values are less than IC₅₀ of DOX alone (3.38 μ M).

We observed synergistic relationships (CI \leq 1) in the following combinations: DOX-CQ (1:2), (DOX-TIC 1:6) and (DOX-TIC-CQ (1:1:1)), with CI value of 0.256, 0.540 and 0.530, respectively on MCF-7 cells. The cytotoxic effect at ED₅₀ killing cancer cell, TIC or CQ has a highly cytotoxic effect in combination to be considered highly anticancer agents, while that of DOX continued to gradually decrease and showed synergistic activity when >90% of MCF-7 cells were inhibited. Herein, we showed a strong synergism of DOX with CQ and/or TIC against MCF-7 cells (Supplementary Table S1 and Figure S1). These results encouraged us to continue biological investigations on such combinations with the mentioned ratios. At the same time, we try to understand the targeted mechanism of combination treatments and investigate the crosstalk and mechanistic effects by assessing apoptotic and autophagy analysis.

Additionally, we investigated the anti-tumor efficacy of combinatorial treatment of DOX with CQ and/or TIC against the MCF-7 xenograft model. Our results showed that combinatorial treatments of DOX with CQ and/or TIC had a strong anti-tumor effect against MCF-7 tumor mice. The MCF-7 xenograft mice model's tumor volume was significantly decreased in all treated groups compared to control. Additionally, the increased rate of tumor inhibition of mammary tumor growth was observed in all treated groups, maximum inhibition rate especially in triple combinations (Figure 2II-(A,B)).

Therefore, we observed that the combinatorial treatments of DOX with CQ and/or TIC increased MST (25~30 days), ILS% (60~90%) of MCF-7 tumor inoculated mammary mice when compared with untreated mice than either compared with control or dox treated groups (Figure 2II-C). This is consistent with a study that reported the combinatorial treatments to be more effective as a significant reduction in tumor size with a prolonged life span, which was a significant criterion in determining the anticancer compound's effectiveness [35].

2.3. Genotoxic Apoptotic Features

The cytotoxic effect of tested drugs was further evaluated on a molecular level using comet assay and DPA colorimetric assay to determine percentages of cellular DNA fragmentation. Our comet assay data showed a moderate significant DNA damage in DOX, CQ, and TIC single treated groups. Furthermore, DOX combination with CQ and/or TIC demonstrated DNA damage compared to the untreated group. The triple combinatorial therapy showed extensive DNA damage more than DOX treated cells, where the staining intensity and length of the comet tails reflect the DNA damage degree that confirmed the damage of nuclear DNA of tumor cell through the accumulative induction of single and double DNA stranded breaks when the alkaline comet assay detected both single and double-stranded DNA breaks (Figure 3I-A,II-(A,B)).

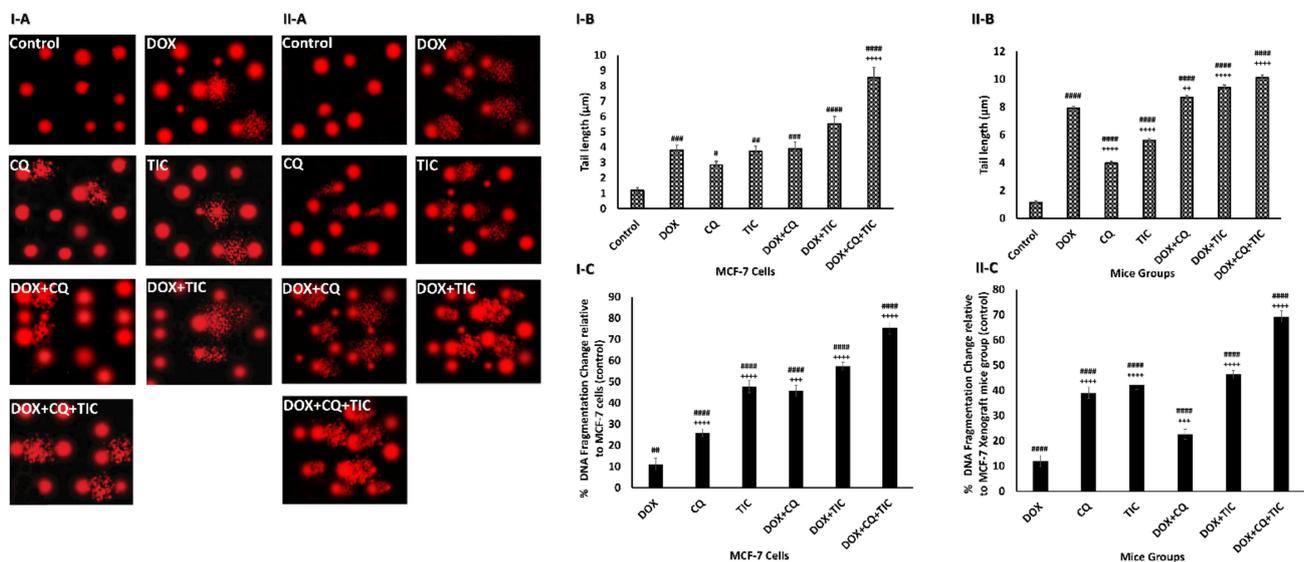


Figure 3. The effect of DOX, CQ, and TIC single or combinations treatments on DNA Damage. Comet assay represents genotoxicity of selected single or combined drugs causing nuclear DNA Damage and photomicrographs of MCF-7 cells (I-A) and MCF-7 Xenograft mice (II-A). Computed comet tail length (µm) representing DNA damage in MCF-7 cells (I-B) or MCF-7 Xenograft mice (II-B). The percent of fragmented DNA measured colorimetric using Diphenylamine reagent estimated in all treated groups of MCF-7 cells (I-C) and MCF-7 Xenograft mice (II-C). Results are expressed as mean ± SE (n = 3). # p < 0.05, ## p < 0.01, ### p < 0.001, #### p < 0.0001 compared with control (untreated group). + p < 0.05, ++ p < 0.01, +++ p < 0.001, ++++ p < 0.0001 compared with the DOX treated group.

Moreover, DPA results showed to be in agreement with comet assay results where % of cellular DNA fragmentation profiles was higher in combination treatments with

fewer changes observed than DOX alone. These results indicated that those combinations induced cancer growth inhibition via apoptosis (Figure 3I,II-C). Congruently, in vitro and in vivo studies were consistent. Eventually, this result highlighted CQ/or TIC's impact on sensitizing breast cancer cells to apoptotic effect, which is induced by DOX as evidenced by comet and DNA fragmentation assays.

Our study reported that imidazole derivative drug TIC alone or in combinations exhibited the highest genotoxicity that matched with a previous study [36] which reported the genotoxic effect of imidazole derivatives (highest % of tail length DNA damage), along with the toxic effect of single DOX [37] and CQ [38]. Whereas DOX combination with CQ and/or TIC caused DNA damage, possibly through distinct but overlapping mechanisms, DNA fragmentation was observed in combinatorial treatments, confirming cell death through the apoptotic pathway [35,39].

2.4. Detection of Cell Death Using Annexin V/PI Double Staining

This assay was performed to examine the nature of the cytotoxic effect of combinatorial drugs DOX either with CQ and/or TIC in vitro and in vivo (Figure 4I,II).

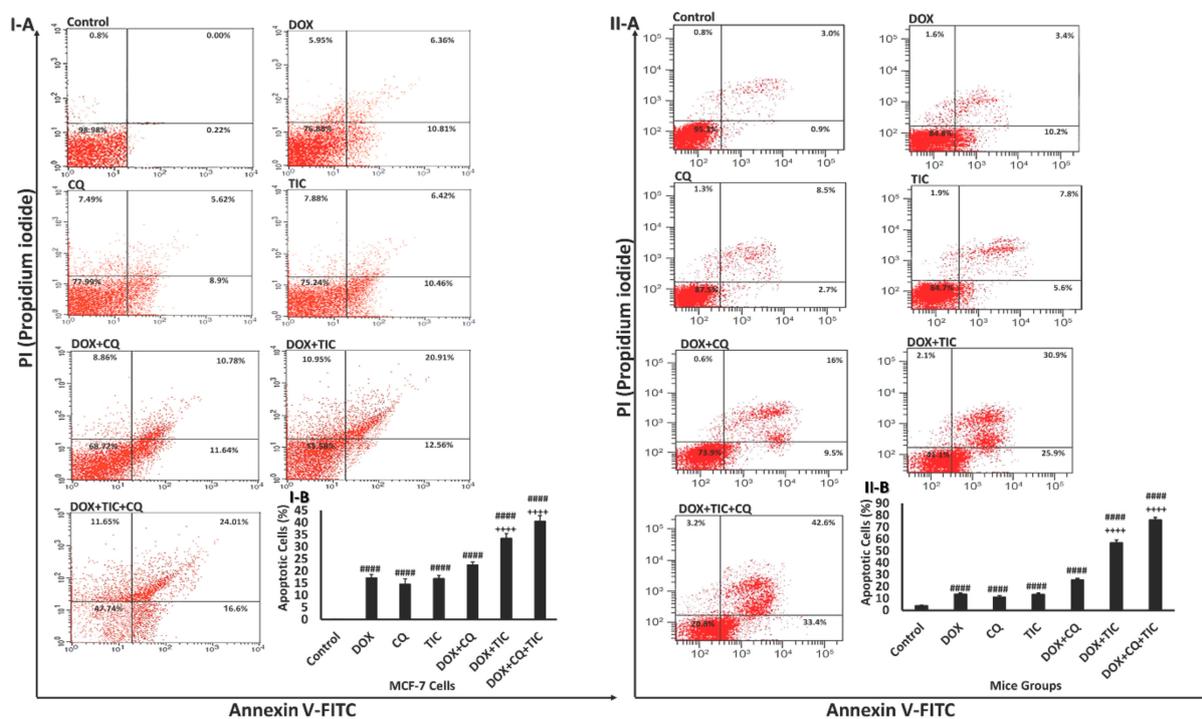


Figure 4. Effect of DOX, CQ and TIC single or combination treatments on the apoptotic cell population. Flow cytometric analysis showed AnnexinV-FITC/PI stained of MCF-7 cells (I-A) and MCF-7 Xenograft mice (II-A) treated with single or combinatorial treatments. In each panel, the lower and upper left quadrants represent the percent of viable and the dead cells, respectively. The lower and upper right quadrants represent the percent of early and late apoptotic cells, respectively. Bar diagram showing means % of apoptotic cell numbers of MCF-7 cells (I-B) and MCF-7 Xenograft mice (II-B) treated with single or combinatorial treatments. Values are expressed as mean \pm SE ($n = 3$). Means within columns carrying symbols are significantly different. # $p < 0.05$, ## $p < 0.01$, ### $p < 0.001$, #### $p < 0.0001$ compared with control (untreated group). + $p < 0.05$, ++ $p < 0.01$, +++ $p < 0.001$, ++++ $p < 0.0001$ compared with the DOX treated group.

Our data revealed a progressive increase in the percentage of apoptotic cells in the combined treatment groups. Results showed that the number of early and late apoptotic cells was significantly increased in cells treated with the combination of DOX/CQ and/or TIC compared to untreated or single DOX treated groups. However, the percentage of late apoptotic and necrotic cells is also high in all those combinations. All combinatory treated mice groups showed highly apoptotic features, triggering early and late apoptosis

phases. These data were matched with a previous study, which reported that apoptotic cells' presence resulted from apoptosis rather than necrosis [40].

Yet, the synergistic interaction between DOX with CQ and/or TIC against cancer cells could clearly be explained by the excessive increase of apoptotic cell fraction compared to a single treatment consistent with Liu and his colleagues. They reported that early apoptosis could be induced due to a dual combination of DOX either with CQ or TIC [23]. It is noteworthy that our data exhibited double and triple combination treatments induced extensively early and late apoptosis compared to single treatments alone, which might bypass apoptosis pathways.

2.5. Assessment of Autophagy Features

Results showed that an increase in the autophagosome levels indicates autophagic flux inhibition exerted by CQ and/or TIC treatment with or without DOX attributed to blockage the late stage of autophagy reflecting the accumulation of the autophagosome numbers (Figure 5 and Supplementary Figure S2) significantly. Intriguingly, all combinations that showed a strong synergistic effect to induce autophagic death of tumor cells may be attributed to inhibition of autophagosome–lysosome fusion leading to accumulation of autophagosomes/mitophagosomes with ultimate autophagic cell death of tumor cells. These results were consistent with the previous study, which explored the advantage of multiple cancer drugs over the individual and their ability to cause accumulation of autophagosome, leading to intracellular ROS accumulation and subsequent cell death [41].

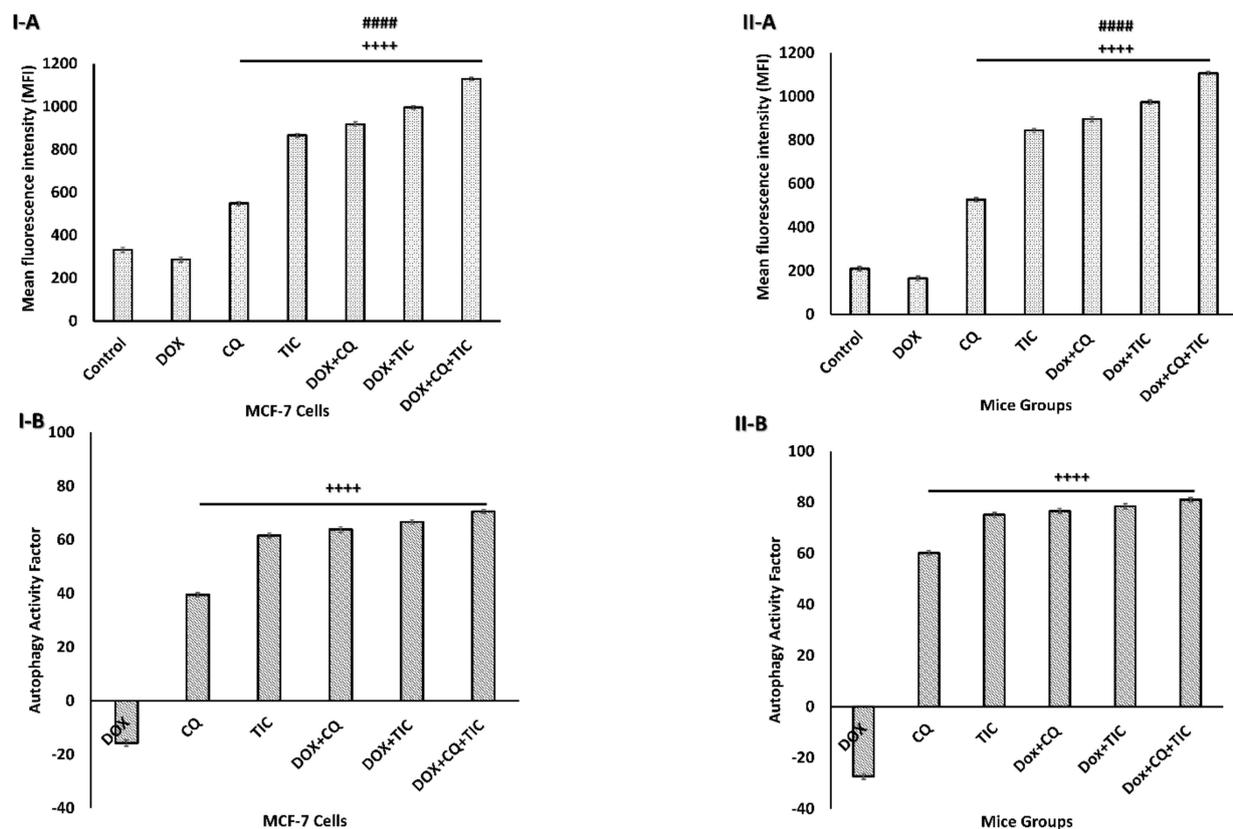


Figure 5. Autophagic flux blockage induces autophagosome accumulation. Bar diagram showing mean fluorescence intensity (MFI) of autophagosome marker in MCF-7 cells (I-A) and MCF-7 Xenograft mice (II-A) treated with single or combinatorial treatments that induced autophagic cell death, which was investigated by flow cytometry analysis. Bar diagram showing relative flow cytometry level (%) representing Autophagy Activity Factor (AAF) of MCF-7 cells (I-B) and MCF-7 tumor-bearing mice (II-B) treated with single or combinatorial treatments. Each value expressed as mean \pm SE, ($n = 3$). # $p < 0.05$, ## $p < 0.01$, ### $p < 0.001$, #### $p < 0.0001$ compared with control (untreated group). + $p < 0.05$, ++ $p < 0.01$, +++ $p < 0.001$, ++++ $p < 0.0001$ compared with the DOX treated group.

2.6. Dual Inhibition of Autophagic Flux and PI3K/AKT Pathway-Dependent Cell Apoptosis

Regarding mRNA expression levels of apoptotic related genes including; Bax, caspase-3, caspase-9, cytochrome C, they were upregulated in the DOX with CQ and/or TIC, while triple combinations showed maximum expression levels compared with both single treated and untreated cells. Notably, p53 mRNA expression level was upregulated in single DOX treated cells compared to other treated or untreated cells. Otherwise, the triple combined treated groups exhibit upregulated p53 expression compared to DOX co-treated with CQ or TIC groups. On the other hand, combinations that upregulated mRNA expression of Beclin-1 and ATG-7, especially triple cotreatment therapy, attained maximum upregulation mRNA expression levels as shown in in vitro and in vivo models (Figure 6I,II).

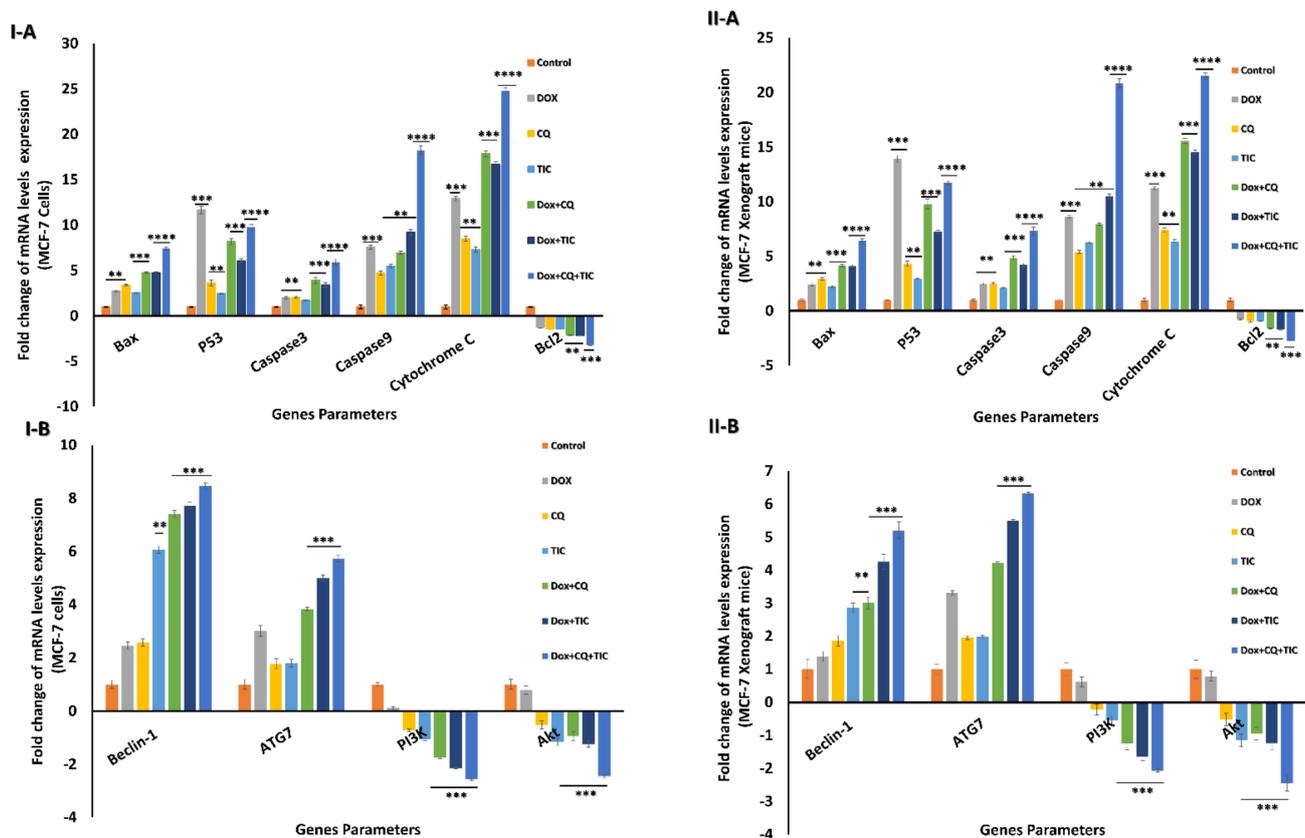


Figure 6. The fold change alternations in mRNA levels. Bar diagram showing mRNA levels fold change of MCF-7 cells (I) and MCF-7 Xenograft mice (II) treated with single or combinatorial treatments relative to control. Bax, p53, caspase-3, caspase-9, Cytochrome C, and Bcl2 as apoptotic and anti-apoptotic genes (A), Beclin-1, ATG7, PI3K, and AKT as autophagic and growth proliferative signaling genes (B). Values are expressed as mean \pm SE, $n = 3$. Data are presented as mean \pm SE (error bar) of at least three independent experiments. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, **** $p < 0.0001$ compared with control (untreated -cells or -mice) groups.

Conversely, Bcl2 mRNA expression level was significantly downregulated in DOX with CQ and/or TIC co-treated groups, while the most minimal expression in triple combined treated groups. These results indicate that triple combined treatments induced apoptosis via the intrinsic mitochondrial apoptotic pathway-dependent caspases. The combinatorial treatments were more potent in inducing apoptosis than the single one. These data, consistent with protein expression levels data measured by Western blotting, showed that Bcl-2 protein levels were dramatically decreased, while Bax levels were markedly elevated in combination-treated groups as compared to those in the untreated or single treated groups in case combinations over single treatment. Overall, such data revealed that the synergistic effects of DOX combinations with CQ and/or TIC were mainly attributed to increasing cells apoptosis induced by CQ and TIC and sensitizing tumor

cells to DOX as represented in results of in vitro and in vivo models (Figure 7I,II and Supplementary Figure S4I,II).

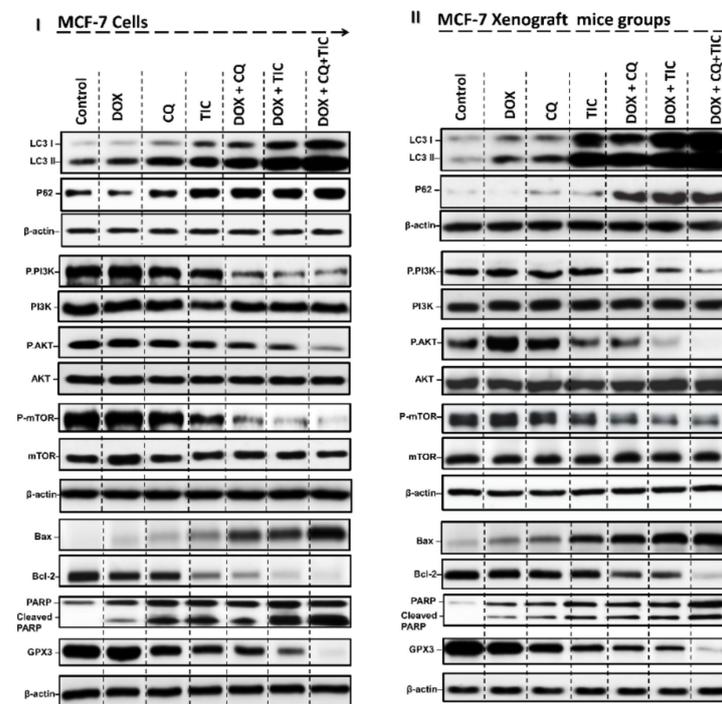


Figure 7. Autophagy inhibition induces cell death-dependent apoptosis. Representative Western blots of autophagic markers (LC3I/II) and p62, PI3K/AKT/mTOR pathway markers, apoptotic and anti-apoptotic markers (Bax, Bcl-2), GPX3 (anti-oxidant marker) proteins expression levels of MCF-7 cells (I) and MCF-7 Xenograft mice (II) treated with single or combinatorial treatments.

We further elucidate the specific molecular pathways that induce autophagy in cells by monitoring PI3K and AKT's relative mRNA expressions as kinases and autophagy-related genes in vitro and in vivo (Figure 6I,II).

Our data revealed downregulation PI3K and AKT expression gene levels in case combinations over a single treatment. We suggested that CQ and/or TIC with DOX treatments markedly induce apoptosis and autophagic cell death via downregulation of the PI3K/AKT/mTOR signaling pathway.

Meanwhile, the mechanism of repressing DOX resistance in cancer cells may occur via downregulation of the levels of p-AKT and p-mTOR, as well as PI3K levels, cooperatively suppressing the activation of proteins within the AKT pathway resulting in synergistic cytotoxicity that might be implicated in the synergism of CQ and/or TIC with DOX. Here, these findings offered us new insight into the anti-tumor activity of CQ and/or TIC, and its combination with DOX helped us understand the relationship between apoptosis and autophagic death of cancer cells. These results revealed that TIC and/or CQ with DOX may be an adjuvant combined therapy targeted PI3K/AKT pathway which is abnormally activated in many different human sarcoma types and is considered a promising target for cancer therapeutic intervention.

These findings may be consistent with previous studies that described combined mTOR inhibitors with monotherapy, and several combinations with other agents, including anthracyclines, are being investigated in sarcomas as DOX, or temsirolimus plus liposomal DOX that act as combined therapy targeted PI3K/AKT/mTOR pathway in many types of solid malignancies and its blockade represents an opportunity to improve outcomes in poor-prognosis sarcoma [42,43].

PI3K/AKT/mTOR is considered a signaling pathway for cancerous cell survival and is highly activated in various tumor tissues. The activity of PI3K is vital for the initiation

of autophagy. AKT and mTOR are serine/threonine kinases that play crucial roles in cell proliferation and differentiation. Both of them require phosphorylation at specific sites to be fully activated [44]. Hence, AKT shows as the activated constituent state in various cancers that induces phosphorylation of a wide range of end targets, and mTOR plays essential roles in regulating many anabolic processes, including autophagy and cell survival [45].

Additionally, blot analysis data further revealed that PI3K, AKT, and mTOR's phosphorylation levels markedly reduced in combination treatments over single treatment (Figure 7I and Supplementary Figure S4I). These results confirmed that the combination therapy can regulate the growth and aggressiveness of cancer cells by downregulation of PI3K/AKT/mTOR signaling pathways that dramatically enhance DOX cytotoxicity to breast cancer cells. Furthermore, TIC/CQ significantly suppressed MCF-7 tumor growth in mice (Figure 7II and Supplementary Figure S4II).

Our findings suggest that TIC/CQ combination is a potential PI3K inhibitor and a potential drug that can be used in breast cancer treatment alone or in combination with DOX. The current data are consistent with Dong and his colleagues' study that showed that econazole (Imidazole derivative) induces apoptosis in lung cancer cells through the PI3K/AKT signaling pathways. Hence, their data represented that p-AKT and p-PI3K expression levels were downregulated entirely by econazole [46]. This is in agreement with a previous study that reported PI3K inhibitors combinations with doxorubicin exhibit better efficacy than monotherapy due to their strong synergistic antiproliferative effect of those combinations, via inducing PI3K/AKT signaling blockage, which in turn led to activate caspase-3/7 and caspase-9 and changed the expression of several apoptosis-related gene expression [47].

On the other hand, Microtubule-associated protein light chain 3 (LC3) is considered the key protein involved in the cell's autophagy process. In the current study, the cytosolic form of LC3-I and the conjugate LC3 phosphatidylethanolamine conjugate (LC3-II) were high in the combination of DOX with CQ/or TIC (Figure 7I), consistent with *in vitro* results. Furthermore, triple combination therapy enhanced LC3-II accumulation as compared with the untreated group, suggested blockade of autophagic flux due to autophagic degradation impairment (Figure 7II), we speculated that the synergistic effect of combinations of anticancer drugs may cause inhibition of ATG4B, which in turn impair autophagosome-lysosome fusion and then diminishes autophagic activity. The statistical approach to protein quantification is shown in Supplementary Figure S4.

This is consistent with evidence reported previously that the LC3-II accumulation may be associated with elevated pH or impaired protease activity in the lysosome or defective degradation of LC3-PE on autophagosomal structures the suppression of ATG4B activity [48]. This result agreed with previous studies that reported the crucial role of ATG4B in autophagosome elongation and maturation steps of autophagic regulation that involved cancer cell differentiation and proliferation [49,50]. Therefore, ATG4B inhibition through the combination therapeutic strategy may serve as a new cancer therapeutic strategy tool to diminish autophagic flux and enhance chemotherapeutic drugs' anti-tumor effect.

p62 protein, known as sequestosome 1 (SQSTM1), is a scaffold protein of autophagic vesicles present in the polyubiquitinated protein aggregates to the lysosome proteasome for degradation by autophagy. Additionally, it is described to interact with the autophagic effector protein LC3 and is degraded through an autophagy-lysosome pathway. Briefly, p62 functions as a receptor for cargo that is degraded by autophagy. If autophagy induction occurs, p62 is degraded in the autolysosome. In contrast, autophagy inhibitors cause the accumulation of p62 and, in turn, inhibit the autophagic process, favoring the anticancer activity of the proposed drugs [51].

Herein, we examined p62 protein level by Western blot that showed drastic accumulated in combinations over single treatment that similar founded *in vitro* and *in vivo* results (Figure 7I,II and Supplementary Figure S4I,II). Results showed that the synergistic effect of combinatorial treatment modulates autophagic flux inhibition due to ATG4B inhibition that disrupts enzymatic degradation of autophagosome cargo via autophagosome-lysosome

fusion blockage. Furthermore, our cocktail therapy inhibits the late autophagy step and disrupts the autophagic degradation process, blockage LC3-II turnover, and p62 degradation, especially triple combinatorial treatments, was accompanied by dramatically accumulation of LC3-II and P62 level (autophagosomes markers). Additionally, the inhibition of the autophagic flux by CQ/TIC may sensitize cancer cells to DOX by increasing apoptosis as a result of enhancing DNA Damage as we previously described that might produce autophagic death of cancer cells.

The current data, consistent with the previous study, reported that the combination treatment with DOX attenuates DOX-induced cardiotoxicity through increased apoptosis due to enhancing DNA Damage [52] and decreased autophagy without reducing the apoptotic efficacy of Dox in ovarian cancer cells [53].

It is well known that the most common carcinoma subtype based on glutathione peroxidase3 (GPx3) expression, a key antioxidant protein which that is necessary for cellular survival in the ascites tumor environment and protects against extracellular oxidative stress sources, implicating GPx3 as an essential adaptation for metastasis across peritoneal cavity [54]. However, GPx3 was revealed to be highly upregulated in epithelial cell carcinoma [55]. Here, the blotting data showed that the protein expression of GPx3 was decreased in case of combinations over single treatment as represented in results of in vitro and in vivo models (Figure 7I,II and Supplementary Figure S4I,II), while such decrease can be explained by the ability of CQ and or TIC to modulate oxidative stress and enhance tumor sensitivity to ROS-generating DOX drug (Supplementary Figure S3).

Our data proposed that combination treatments might induce apoptosis through ROS-mediated PI3K/AKT signaling pathway. Strikingly, GPx3 level was downregulated by either single treatments or combined DOX with TIC and/or CQ. In this sense, our data proved that DOX combination with CQ and/or TIC caused cellular redox status dysregulation as judged by significantly reduced cytosolic GPx level. Therefore, PI3K/AKT signaling pathway plays a vital role in the apoptosis process, especially in the ROS-mediated apoptotic pathway [56,57].

Thus, loss of GPx response to oxidative stress in cancer cells may account for CQ and or TIC ability to enhance tumor sensitivity to ROS-generating DOX drug favoring cellular apoptosis. Our results confirmed that the combinatorial treatments induce apoptosis via ROS-mediated PI3K/AKT signaling pathway. Nevertheless, further investigations on other signaling pathways, in addition, the kinase screening assays should be performed to gain more insights into the signal transduction inhibitions induced by combinatorial treatments. This study, in agreement with Kansanen and his colleagues, who reported the inhibition of PI3K/AKT signaling blocks estrogen-mediated Nrf2 activation, has suggested that targeting this pathway could be useful in treating BRCA1-deficient tumors by sensitizing them to elevated ROS levels and reported PI3K inhibitors had been used to inhibit Nrf2 in cancer cells [58].

This was also consistent with the study of Vibet and his team workers who reported that breast cancer GPx3 was decreased by DOX alone or docosahexaenoic cotreatment with DOX compared to control cells and activity loss due to reduced GPx protein level, corresponding to unchanged levels of mRNA [59], this combination augmented. DOX-resistant breast cancer cells attributed to high LPO (Lipid peroxidation) owed to malondialdehyde (MDA) accumulation [60]. It is plausible that increased levels of lipid and protein oxidation were increased due to the imbalance between the pro and antioxidant enzymes increasing cytostatic effects. We hypothesized that combination therapy of DOX with TIC/CQ may modulate oxidative stress to exert cytostatic effects in cancer cells.

Our proposed mechanism may be attributed to the possibility of diminished GPx3 expression level that may be due to alternated NRF2 (nuclear factor erythroid 2-related factor 2) and KEAP1 (Kelch ECH associating protein 1) expression levels and increased the inducible nitric oxide synthase (iNOS) expression that reported by Kovács and his colleagues [61]. While KEAP1 serves as a repressor protein that binds to Nrf2 and induces

subsequent proteolysis of Nrf2 by the ubiquitin-proteasome pathway, further investigations are still in demand.

The current data presented that the combination therapy more greatly decreased the expression of Bcl-2 accompanied by upregulation of apoptotic markers as Bax, caspase 3, as well as the mitochondrial cytochrome C was significantly elevated in both in vitro and in vivo treated groups with Dox alone or co-treated with CQ and TIC, based on Western blot, qRT-TPCR, and ELISA analysis and decreased cell viability based on the MTT assay. Overall, these results indicated that CQ and TIC at least partly exert their synergistic anti-tumor activity with DOX in cancer cells through induction disruption of the mitochondrial membrane, the release of cytochrome C, then activate caspase cascade that might effectively exploit chemosensitizer cancer cells to DOX, thereby reducing the toxicity and drug resistance.

Moreover, the alternation of ATG5 and Beclin-1 required for autophagosome formation was dramatically elevated in triple combination therapy, indicating a decrease in autophagic degradation that was concomitant with increased ATG5 and reduction ATG4B protein levels, which measured by ELISA assay as showed in Figure 8, showed that co-treatment results may be attributed to aggregation of polyubiquitinated proteins in the cells.

These data are consistent with a recent study that reported CQ as an autophagic inhibitor in combination with Sinoporphyrin sodium (DVDMS)-mediated photodynamic therapy (PDT) enhanced expression of ATG7 and LC3-II compared with DVDMS-PDT alone treated cells and potentiated the cytotoxicity via inducing apoptosis dependent caspase 3/9 activation [62]. More evidence for Becl-1 accumulation is the destruction of the lysosomal degradation pathway as non-specific targets inhibit autophagosome and lysosomal fusion [63]. Additionally, this is in agreement with a previous study that revealed that the inhibition of the PI3K/AKT/mTOR pathway causes the induction of Atg5, Atg7, Atg12, and Beclin1; and the inhibition of Bcl-2, and ultimately induces apoptosis via activation of caspases [64].

This is consistent with Figure 8I,II, which showed the effect of combinatorial treatments on increasing apoptotic-related protein levels, including Caspase-3, Caspase-8, P53, notably that triple combinatorial therapies reached the maximum elevation levels. In contrast, the expression level of Bcl-2 (anti-apoptotic) protein was markedly decreased significantly in triple combinatorial treatment, which revealed the maximum reduction compared to the untreated cells. Moreover, the proliferation protein marker KI-67 is shown to be diminished in reaction to DOX with CQ and/or TIC combinations, especially in triple combination cocktail therapy compared to DOX.

These results suggest that these combinations might be promising antimetastatic or anti-proliferative agents of cancer cells. This finding may be attributed to DOX-mediated activation of the nuclear enzyme (poly (ADP-ribose) polymerase-1) (PARP-1) subsequent cleavage of caspase-3 and PARP and ultimately proceeded to apoptosis [65,66].

Our combinatorial treatment output data in the current study revealed the suppression of autophagy in cancer cells leads to apoptosis, thus stimulating anti-tumor activity as described previously [67]. Additionally, consistent with the study, it is reported that the AKT phosphorylation inhibition simultaneously stimulates caspase-3 cascade in A549 cells [68], and promotes caspase-3 resistance to EGFR inhibitor therapy in several lung cancer cell lines (NSCLC) [69]. These findings provided a precise mechanism by which TIC/CQ treatment suppresses cellular growth and aggressiveness by downregulation of PI3K/AKT/mTOR signaling pathways. Hence, our data supported the idea that DOX with CQ and/or TIC may serve as a promising anti-tumor combination treatment regarding inactivation of PI3K/Akt signaling, impairing autophagic flux, leading to the accumulation of autophagosomes, which promotes apoptosis in MCF-7 cancer cells as well as in the bearing tumor mice model.

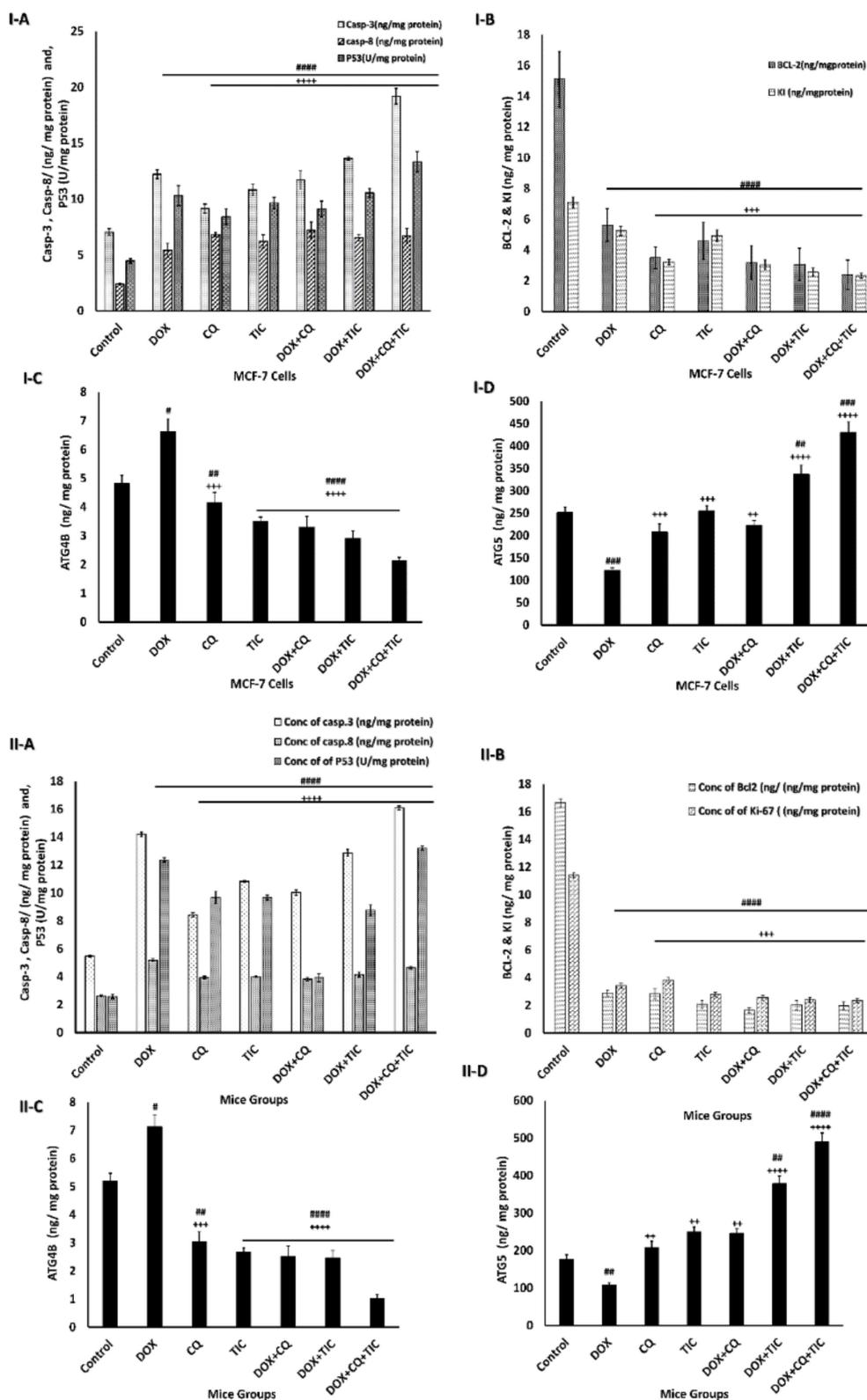


Figure 8. The disparity of apoptotic, anti-apoptotic, autophagy markers. Bar diagrams showing apoptotic markers as caspase-3, caspase-8, P53 (A), Bcl2, Ki-67 as proliferation markers (B), ATG4B (C) and ATG5 (D) as autophagic markers of MCF-7 cells (I) and MCF-7 Xenograft mice (II) treated with single or combinatorial treatments. The data are presented as mean \pm SE of at least three independent experiments. # $p < 0.05$, ## $p < 0.01$, ### $p < 0.001$, #### $p < 0.0001$ compared with control (untreated group). + $p < 0.05$, ++ $p < 0.01$, +++ $p < 0.001$, ++++ $p < 0.0001$ compared with the DOX treated group.

Emerging evidence from the current study suggests the crucial role of cocktail combination therapy in mitigating liver and kidney functions and improved antioxidant levels. Owing to these chemical drug safety profiles, we measured the physiological condition of mice, including liver and kidney functions and balance between oxidant and antioxidant parameters. We observed that combination therapy dramatically mitigated liver functions (ALT, AST, and ALP) and also alleviated kidney functions (urea and creatinine), and LDH activity reflected the lipid peroxidation status in cardiac membranes as compared to DOX treated group (Supplementary Tables S2 and S3).

These data propose CQ/TIC combination with DOX as a promising hepatoprotective agent and their antioxidant activity synergistically avoids the hepatocellular and renal damage initiation and development process exerting the antineoplastic effect of DOX and ameliorates the ROS damage caused by each drug alone. The cotreated mice group adopt specific protection from cellular damage and rescue balance of ROS and antioxidant capacity, resulting in the combination of DOX with CQ and/or TIC. This comes following the result obtained from other research studies [70]. This is consistent with a previous study that reported DOX-combined CQ treatment improved liver function than DOX treated alone, and underscored its antioxidant activity, which protects proteins from free radicals formed by DOX [71].

Regarding the biochemical investigation, results showed an increase in hepatic antioxidant status that was revealed by elevation of GPX, GST, CAT activities, and TAC levels (Supplementary Table S4). The remarkable reduction in oxidative stress markers (levels of the lipid peroxidation biomarker MDA, lipid hydroperoxide, conjugated dienes, and % of hepatic DNA damage) (Supplementary Table S5) was observed in the case of combinations over single treatment or non-treated tumor-bearing mice. While the elevated level of lipid peroxidation is concomitant with the decrease in reduced GPX, which indicates oxidative stress that provides evidence of the relationship between LPO and tissue damage attributed as described previously [72,73].

Moreover, oxidative stress and detoxification parameters including Arylsulphatase (A and B), Arylestrase, and paraoxonase were extensively reduced in combination-treated mice groups, indicating the improvement and ameliorated antioxidant levels and reduced hepatic oxidative stress markers implying the burden of less oxidative combination drugs as compared with DOX-treated groups (Supplementary Table S6). These findings revealed the potential antioxidant effect of CQ and/or TIC in combination with DOX that alleviates oxidative stress of DOX alone or untreated groups, and these data are in agreement with a previous study that reported the DOX deactivation diminishing and restriction of DOX efflux from cancer cells decreased antioxidant defense of cancer cells [35,74]. The antioxidant effect of these combinations may prevent the associated free radical damage generated by cancer and balanced by the antioxidant action of non-enzymatic antioxidants as well as antioxidant enzymes [75].

2.7. Alleviation of Pathological Features Changes via Synergistically Combinatorial Treatments—In Vivo Model

Histopathological assessment exhibited the lethal impact of DOX on liver tissue of MCF-7 tumor-bearing mice and the competency of either CQ and/or TIC to ameliorate this effect (Supplementary Figure S5). The full scope regarding CQ and TIC's ability to ameliorate the induced toxic effect of both DOX and oxidative stress of tumor cells on liver tissues supported by those obtained by [71] confirmed that the CQ enhances the antineoplastic effect of DOX and reduces its toxicities.

The ameliorative effect of combination treatments on histopathological changes of mammary tumor gland and consecutive sections of xenograft MCF-7 tumors was investigated as showed in (Supplementary Figure S6I,II). The immunoreaction changes of ER α in ducts of the mammary gland and consecutive sections of the fibromuscular stroma of xenograft tumors were investigated by immunohistochemical (IHC) analysis as showed in (Supplementary Figure S7) and (Figure 9) respectively.

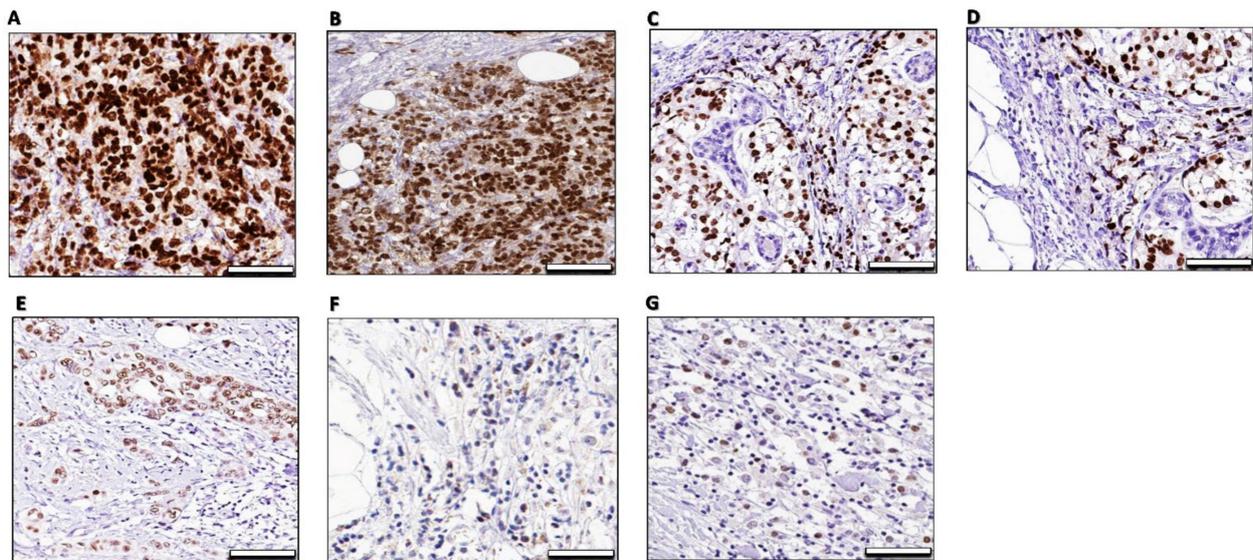


Figure 9. Immunohistochemical analysis of ER- α immunostaining of xenograft tumors the mammary gland fibromuscular stroma consecutive sections in different mice groups. The xenografted tumors were harvested and immunostained with the anti-ER α antibody. (A)—MCF-7 xenograft: A photomicrograph of a section in the mammary gland of the control group showing a strong ER α -positive nuclear and/or cytoplasmic immunoreaction in the form of a brown color in the cells of the fibromuscular stroma. (B)—MCF-7 xenograft/DOX: A photomicrograph of a section in the mammary gland of DOX treated group was apparently slightly same intense of ER α nuclear and/or cytoplasmic in the cells of the fibromuscular stroma and morphometric analysis of ER α -positive cells showed a non-significant increase when compared with the control group. (C)—MCF-7 xenograft/CQ: A photomicrograph of a section in the mammary gland of CQ treated group was apparently moderately differentiated tubular tumors and displayed moderate of an ER α nuclear intense and less intense of cytoplasmic ER α in the cells of the fibromuscular stroma compared with the control group, (D)—MCF-7 xenograft/TIC: A photomicrograph of a section in the mammary gland of TIC treated group was apparently moderate differentiated tubular tumors and displayed moderate intense of an ER α nuclear intense and less intense of cytoplasmic ER α in the cells of the fibromuscular stroma compared with the control group. (E)—MCF-7 xenograft/DOX + CQ: A photomicrograph of a section in the mammary gland of DOX/CQ treated group was apparently moderate differentiated tubular tumors and displayed less intense of an ER α nuclear and cytoplasmic intense of ER α in the cells of the fibromuscular stroma compared with the control group. (F)—MCF-7 xenograft/DOX + TIC: A photomicrograph of a section in the mammary gland of DOX/CQ treated group was apparently moderate differentiated tubular tumors and displayed less intense of an ER α nuclear and cytoplasmic intense of ER α in the cells of the fibromuscular stroma compared with the control group. (G)—MCF-7 xenograft/DOX + CQ + TIC: A photomicrograph of a section in the mammary gland of DOX/CQ/TIC treated group was apparently developed poorly differentiated tumors showing almost slightly loss of ER α intense in the cells of the fibromuscular stroma compared with the control group 50 μ m.

Indeed, the histopathological data showed that the tumor cells exhibited high mitotic features as expected. Otherwise, it reduced in TIC alone or in combination with DOX, and the breast and peritoneum tissues were found to be orderly arranged and represent the features of normal breast acini were found than DOX treated group, which exhibited more dilated, necrotic, and calcified tumor cells. Apoptotic activity was also higher in combination-treated groups, and a reduced level of angiogenesis was observed (Supplementary Figures S6II and S7).

Nevertheless, because of immunohistopathological changes of ER- α in ducts of mammary glands, a percentage of cell staining was observed. Overall, the combination of DOX with CQ and/or TIC resulted in reducing staining intensity (brown color) that reflects lower protein expression of ER α in the treated mammary tumors (Figure 9), and these data are consistent with a previous study that reported that the proliferative Ki67 marker staining by IHC analysis was reduced by cotreatment of DOX with withaferin A (Autophagic flux inhibitor) [76].

3. Materials and Methods

3.1. In-Silico Docking Study

The active crystal structures of ATG4B (PDB ID 2Z0D) and human PI3K α (PI3 Kinase p110 α structure, PDB ID 2RD0 crystal structure with nSH2 domain mediate PI3K functions through a-loop dynamics) and PI3K γ (PDB ID: 1E8X crystal structure with ATP modeled), were retrieved from the protein databank. (<https://www.rcsb.org/structure/2z0d>, <https://www.rcsb.org/structure/2RD0>, <https://www.rcsb.org/structure/1E8X>; accessed on 7 July 2019). PubChem's database uses the 3D chemical structures of Doxorubicin, Chloroquine, and Tioconazole. Auto Dock 4 was used for docking accounts; then the Molecular Docking Server (<https://www.dockingserver.com> accessed on 7 July 2019) was used [14], Protein structures and the selected drugs were prepared as previously described [77].

3.2. Chemicals and Pharmaceuticals

Adricin (doxorubicin HCl injection, 2 mg/mL) was purchased from EIMC United Pharmaceuticals, Cairo, Egypt. Tioconazole (1-[2-[(2-Chloro-3-thienyl) methoxy]-2-(2, 4-dichlorophenyl) ethyl]-1H-imidazole), Chloroquine diphosphate salt (N4-(7-Chloro-4-quinolinyl)-N1, N1-dimethyl-1, 4-pentanediamine diphosphate salt) were purchased from Merck KGaA, Darmstadt, Germany.

3.3. In Vitro Experiments

3.3.1. Cell Culture and Cytotoxicity Assay

Human MCF-7 cells and human normal epithelial cells (WISH) were cultured in DMEM medium containing 10% fetal bovine albumin. All cells were provided by the National Cancer Institute, Cairo University, Egypt. Cells were treated with the selected drugs DOX, CQ, and TIC at different concentrations of 0–100 μ M for 48 h. At standard conditions. The cytotoxicity assay was performed using 3-[4,5-dimethylthiazol-2-yl]-2,5-diphenyl-tetrazolium bromide (MTT) colorimetric assay according to previously published protocol [78]. The concentration of drug inhibiting 50% of cells (IC₅₀) was obtained using GraphPad (Prism) statistic software version 6 [2].

3.3.2. The Combination Index (CI)

Combined treatments were analyzed using the Chou-Talalay protocol for dose effects. The drug-drug interaction type was identified via combination index (CI) using compusyn software. Synergism between tested agents indicates when a CI is less than 1, additively CI equals 1, and antagonism CI is greater than 1 [79].

3.3.3. Experimental Design

MCF-7 cells were divided into 3 groups; (1) untreated cells; (2) single treated cells (this group was divided into 3 subgroups; cells treated with IC₅₀ for each of DOX, CQ, TIC); (3) combined treated cells (It was divided into 3 subgroups according to the ratio of IC₅₀ of the following drugs; DOX + CQ (1:2), DOX + TIC (1:6), DOX + CQ + TIC (1:1:1), that showed the highest cytotoxic effect on cancer cells and the lowest CI with DOX dose; was subjected for further molecular and biochemical investigations.

3.4. In Vivo Experiments

3.4.1. In Vivo Cytotoxic Activity in Xenografting Mice Model Induced by MCF-7 Cells

Female healthy BALB/c mice aged approximately 4–6 weeks and weighted about 15–20 g were purchased from the National Cancer Institute (Cairo University, Egypt). The mice were housed under optimum temperature (23–25 °C, relative humidity 55%) with free access to drinking water and food.

BALB/c mice were injected intraperitoneal route (i.p.) with 30 mg/kg immunosuppressant cyclosporine A (CsA) [80], every day for seven days, and it was injected with 60 mg/kg cyclophosphamide (CTX) subcutaneously route (SC) for two days (every other day) before their injection with MCF-7 cells [81]. In addition, all mice were injected in-

intramuscularly route (IM) with a hormonal mixture containing 1:1 volume of synthetic 17 β -Estradiol (Cidodian Depot) (equaling to 1 mg/kg estradiol valerate) and estrogen (Folon, 0.01 mL/kg body weight) for two successive days before MCF-7 cells injection to promote tumor growth then the hormonal mixture injection continues until tumor formation once weekly [82,83]. To establish in vivo model of breast cancer; human breast cancer cell line cells (MCF-7) that harboring mouse mammary tumor virus (MMTV) were grown into DMEM + 10% FBS, 1% penicillin/streptomycin, and 10 mg/mL insulin. Then the trypsinized cells were washed with serum-free medium twice before its resuspension into the matrigel-added serum-free medium (1:1). Each immunosuppressed mouse was injected with (2×10^6 tumor cells/0.2 mL) orthotopic intradermally [14,84] into the 4th mammary fat pad. When the tumor size grew up to approx. ~ 150 – 250 mm³, the mice were randomly divided into different groups (according to experimental design). DOX and CQ were dissolved in sterile PBS to prepare an appropriate experimental dose, while 1mg of TIC was dissolved in 0.1% dimethyl sulfoxide DMSO as stock solutions and then diluted to the appropriate doses in sterile PBS before the experiment.

3.4.2. Experimental Design of MCF-7 Tumor Development In Vivo Model

After injecting mice with cells, during the experiment tumor sizes were measured using a digital caliper with a vernier to reach a tumor size of 150–250 mm³; the mice were randomly divided into eight groups (15 mice per group) divided as follows: GPI: Naïve (Control healthy mice injected with 0.2 mL of saline), GPII: MCF-7 group; (injected with 2×10^6 MCF-7 cells.), GPIII: DOX group (MCF-7 cells and DOX (2 mg/Kg; i.p.) [85] once every 3 days, GPIV: CQ group (MCF-7 cells and CQ (50 mg/Kg; i.p.) [19] once every three days. GPV: Tioconazole (TIC) (MCF-7 cells and TIC (60 mg/Kg.) [23] once every three days. GPVI: DOX and CQ (MCF-7 cells and DOX and CQ) once every three days. GPVII: DOX and TIC (MCF-7 cells and DOX and TIC) once every three days. GPVIII: DOX and TIC and CQ (MCF-7 cells; i.p. and DOX and CQ and TIC) once every three days, Each treatment was given in cycles; 2 times/week for 43 days [86] from tumor inoculation. Tumor volume (mm³) [87] and body weight were measured every 7 days until animals were anesthetized and sacrificed. After two weeks of treatment, all mice were euthanized under anesthesia via Matrx VMS anesthesia machine (Midmark Corporation) by continuous inhalation of CO₂, 2% isoflurane gas for 5–10 min, Tumor inhibition rate (%) was determined [88].

At the end of the experiments, blood samples were collected to obtain serum and kept at -20 °C until biochemical analysis. The first parts of each liver tissue and mammary glands tumor tissue were excised and preserved at -80 °C. Mammary glands tumor tissue of treated mice was homogenized and isolated as previously published protocols [89,90] and subjected for molecular and biochemical studies, but other parts of fresh samples were prepared for flow cytometry analysis. At the same time, liver tissue was homogenized for enzymatic biochemical assays.

The second parts of liver tissue and mammary glands tumor tissue were washed with isotonic saline and fixed in (10%) buffer formalin for histopathological assessment. Besides, the immunohistochemical investigation was carried out for tumor tissue of mammary glands [91].

3.5. Genotoxicity Detection Using the Comet Assay

Comet assay was conducted to investigate the impact of treated MCF-7 cells and treated isolated mammary tumor single cells on nuclear DNA damage by measuring tail length (μ m) compared with untreated cells as previously described [92,93]. Fluorescent microscopy, Gel Red stain (red fluorescence), and Komet 5 image analysis software were used.

3.6. DNA Fragmentation Assay Using Diphenylamine (DPA) Reagent

The Diphenylamine assay was used to measure degraded DNA [94]. Briefly, the treated MCF-7 and mammary cells were collected in the lysis solution (10 mM Tris base, 1 mM EDTA and 0.2% Triton X-100, pH 8.0) centrifuged at $14,000 \times g$ for 15 min at 4 °C. The fragmented DNA in the supernatant and the intact DNA in the pellets were separated

and evaluated using diphenylamine reagent and incubated the samples overnight at 4 °C. Finally, optical density was read with a spectrophotometer reader at 600 nm.

3.7. Annexin V FITC Assay

MCF-7 and isolated mammary tumor cells were washed twice with cold PBS, then 1×10^6 cells/mL were suspended in 1X Annexin-binding buffer (0.01 M HEPES, pH 7.4, 0.14 M NaCl and 2.5 mM CaCl_2). Then, 25 μL Annexin V-FITC/propidium iodide (PI) solution was added to 100 μL of suspended tumor cells, and then cells were incubated at RT for 15 min in the dark [95]. After incubation, 400 μL binding buffer was added. The cells were analyzed within one hour by FACS Calibur flow cytometer (Becton Dickinson Biosciences, San Jose, CA, USA) using the Cell Quest™ software and analyzed by Kaluza software [96].

3.8. Autophagy Determination Using Flow Cytometry Analysis

The autophagosome level of MCF-7 treated cells, and isolated tumor cells of the mammary gland [97] were analyzed by flow cytometry using a proprietary fluorescent autophagosome marker (lex = 333/lem = 518 nm) of autophagy assay kit (#MAK138S, Sigma Aldrich, St. Louis, MO, USA) and analysis was performed following manufacturer protocol [98]. Briefly, treated cells were washed with ice-cold PBS twice. Then, the cells were stained with autophagy dye (1 μL per 100 μL sample) and then subjected to incubation incubate for 30 min in the dark. According to the manufacturer's instructions, the cells were examined with a flow cytometer (Applied Biosystems, Foster City, CA, USA).

The results yielded as mean fluorescence intensity (MFI) measure when autophagic vesicles were generated, then it was expressed as autophagy activity factor (AAF) calculated according to the equation: $\text{AAF} (\%) = 100 \times ((\text{MFI}_{\text{treated}} - \text{MFI}_{\text{control}}) / \text{MFI}_{\text{treated}})$. The autophagy intensity was expressed as AAF, a parameter assessed based on MFI detected and reflected the number of accumulated autophagosomes present in an analyzed cell population under particular treatment conditions and control cell populations. Where MFI = mean fluorescence intensity. AAF is a quantitative method commonly employed to quantify autophagic flux that is adopted to measure the level of autophagic accumulation within a cell population in the present study [99].

3.9. Gene Expression Analysis by Quantitative Real-Time PCR (qPCR)

The qPCR was carried out on treated MCF-7 cells and mammary tumor tissue to assess expression levels for Bax, p53, caspase-3, caspase-9, Cytochrome C, Bcl2, Beclin-1, PI3K, AKT, and ATG7 genes [100]. Briefly, RNA was extracted from the tumor cells and MCF-7 cells using RNeasy® Plus Mini kit (Qiagen, Hilden, Germany), RNA samples were reverse transcribed into cDNA using Revert Aid H Minus Reverse Transcriptase kit (Thermo Fisher Scientific, Waltham, MA, USA) following the manufacturer's protocol. The real-time PCR assay was performed by Power SYBR Master Mix (Thermo Fisher Scientific, USA) using a PCR machine (Applied Biosystems 7500 system, Foster City, USA) [101]. GAPDH was used as an internal control. The critical threshold (Ct) of the target gene was normalized with (Ct) of GAPDH using ($2^{-\Delta\Delta\text{CT}}$) method [101]. Estimation was based on fold change in $2^{-\Delta\Delta\text{CT}}$ of gene expression in treated groups relative to the control group. Primer sequences used in real-time PCR are listed in Tables 4 and 5.

3.10. Immunoblotting Analysis

Western blotting was performed to cell lysate of mammy tumor cells, or MCF-7 cells were performed according to the protocol published [102,103] using specific primary antibodies to the following proteins LC3, p62, Phospho-PI3K, Phospho-AKT, Phospho-mTOR, Bax, Bcl-2, GPX-3, PARP and β -Actin with the following cat. no.# (2775, Ab205718, ab182651, ab81283, 29771, 2772, ab196495, sc-58361, 9542 and 4967), respectively.

Table 4. Human primers sequences used in real-time PCR.

Gene	Accession Number	Forward Primer (/5 —/3)	Reverse Primer (/5 —/3)	Nucleotide Position	Amplicon Size (bp)
Bax	NM_001291428.2	CCTGTGCACCAAGGTGCCGGAAC	CCACCCTGGTCTTGATCCAGCCC	426–524	99
P53	NM_000546.6	TAA CAG TTC CTG CAT GGG CGGC	AGG ACA GGC ACA AAC ACG CACC	856–976	121
Caspase 3	NM_001354777.2	TTA ATA AAG GTA TCC ATG GAG AAC ACT	TTA GTG ATA AAA ATA GAG TTC TTT TGT GAG	138–1031	849
Caspase 9	NM_001229.5	GAGGGAAGCCCAAGCTCTTT	CACTGGGTGTGGGCAAACATA	842–1033	192
Cytochrome C	NM_018947.6	TACTCTTACACAGCCGCAATA	AGTCTGCCCTTCTTCCTTCTT	208–352	145
Bcl2	NM_000633.3	AGG AAG TGA ACA TTT CGG TGAC	GCT CAG TTC CAG GAC CAG GC	2481–2626	146
Beclin-1	NM_001313998.2	GGTGTCTCTCGCAGATTCATC	TCAGTCTTCGGCTGAGGTTCT	359–479	121
PI3K	NM_006218.4	GGTTGTCTGTCAATCGGTGACTGT	GAAGTCAGTGCACCTTTCAAGC	2832–2939	108
AKT	NM_001014431.2	GTGCTGGAGGACAATGACTACG	AGCAGCCCTGAAAGCAAGGA	1302–1495	194
ATG7	NM_001136031.3	ATGATCCCTGTAACCTAGCCCA	CACGGAAGCAAACAACCTCAAC	739–852	114
GAPDH	NM_001256799.3	TGGACCTGACCTGCCGTCTA	CCCTGTTGCTGTAGCCAAATTC	905–1147	243

Table 5. Mouse primer sequences used in real-time PCR.

Gene	Accession Number	Forward Primer (/5 —/3)	Reverse Primer (/5 —/3)	Nucleotide Position	Amplicon Size (bp)
Bax	NM_007527.3	GGCTGGACACTGGACTTCCT	GGTGAGGACTCCAGCCACAA	535–669	135
P53	NM_001127233.1	ACAGTCGGATATCAGCCTCG	TTTTTTGAGAAGGGACAAAA	178–452	275
Caspase 3	NM_001284409.1	GACCATACATGGGAGCAAGT	CCTTCATCACCATGGCTTAGA	283–600	318
Caspase 9	NM_001277932.1	AGTICCCGGGTGCTGTCTAT	GCCATGGTCTTTCTGCTCAC	1091–1242	152
Cytochrome C	NM_007808.5	GAGGCAAGCATAAGACTGGA	TACTCCATCAGGGTATCCTC	233–365	133
Bcl2	NM_009741.5	TTCGACAGATGTCC AGTCA	TTCAGAGACAGCCAGGAGAA	1735–2054	320
Beclin-1	NM_001359819.1	CTGCACAGGGAACACAGCAA	GCCAGCGGCTATGAGAGAAG	285–390	106
PI3K	NM_001024955.2	GGCAGAAGAAGCTGAACGAG	GCAATAGGTTCTCCGCTTTG	1301–1447	147
AKT	NM_001165894.1	ACTCATTCCAGACCCACGAC	AGTCCAGGCAGACACAATC	1014–1157	144
ATG7	NM_001253717.2	ATGCCAGGACACCCTGTGAACTTC	ACATCATTGCAGAAGTAGCAGCCA	1497–1846	350
GAPDH	NM_001289726.1	TGTGTCCGTCGTGGATCTGA	CCTGCTTACCACCTTCTTGA	803–879	77

3.11. Detection of Apoptotic, Anti-Apoptotic, and Autophagic Markers Protein Levels (ELISA Assay)

The cell lysate obtained from treated MCF-7 cells and mammary tumor tissue was performed by cell fractionation, and the total proteins were extracted to measure the levels of caspase-3, caspase-8, P53, Bcl2, and KI-67 proteins (apoptotic and anti-apoptotic markers), ATG4B, and ATG5 proteins levels (autophagic markers) using Bradford assay kit (Bio-Rad Laboratories, Inc., Hercules, CA, USA). The isolated proteins were measured using human ELISA Kits for Caspase-3 (cat no: 15511487, Thermo Fisher Scientific, UK), caspase 8 (eBioscience, BMS2024TEN), P53 (cat no: BMS256, Thermo Fisher Scientific, UK), Bcl-2 (cat no: BMS244-3, Thermo Fisher Scientific, Basingstoke, UK), KI-67 (cat no: 14507, PathScan[®] CST, Danvers, MA, USA) ATG4B (cat no: MBS7226180, My Biosource, San Diego, CA, USA) and ATG5 (cat no: MBS2602759, My Biosource, USA) according to the manufacturers' instructions. Mouse ELISA Kits were used for Caspase-3 (cat no: CSB-E08858m, Cusabio, Wuhan, China), Caspase-8 (cat no: (CSB-E08862H, Cusabio, China), P53 (cat no: ab224878, Abcam, Cambridge, MA, USA), Bcl-2 (cat no: ab227899, Abcam, USA), KI-67 (CSB-EL014597MO, Cusabio, China) and ATG4B (cat no: MBS7209286, My Biosource, USA), ATG5 (cat no: MBS7227851, My Biosource, USA) according to the manufacturers' instructions. According to the manufacturer's instructions, the standard curves were drawn according to each kit, and the reaction products were measured at 450 nm using a microplate reader (Tecan sunrise microplate reader, Awareness Technology Inc., Palm City, FL, USA).

3.12. Intracellular ROS Production Measurement

2',7'-dichlorodihydrofluorescein diacetate (H₂DCFDA) fluorescence assays were performed to evaluate the ability of tested drugs induced ROS against MCF-7 cell lines. Briefly, MCF-7 cells (1 × 10⁵ cells/well) were treated with tested drugs for 24 h. Then, the cells were washed five times with cold PBS. Subsequently, the cells were processed, and the DCF concentration in cell lysates was estimated as described previously; treated groups were plotted against mean DCF fluorescence [104].

3.13. Biochemical Measurements

Serum parameters involving ALT and AST activities, total protein, albumin, and urea levels were measured by commercial kits (Diamond-Diagnostics, Cairo, Egypt). Serum ALP activity was assessed using a commercial kit (Bio Diagnostic, Giza, Egypt). LDH activity, serum creatinine concentration, and serum total lipids concentration were measured by commercial kits (Bio Diagnostic, Egypt) [105,106].

Hepatic tissues of mice were excised and washed with isotonic saline and divided into two parts. The first part was stored in −20 °C for investigating antioxidant and oxidative parameters. The liver was dissected out after transcatheter perfusion with ice-cold saline. The whole liver was blot dried, weighed, then 10% of tissue homogenate was prepared with ice-cold potassium chloride (150 mM) by homogenizer (Remi-Egypt). In brief, the tissue homogenate was used in enzymatic assays, which are involved in the antioxidant defense system, including determination of total thiol content [107], Glutathione peroxidase (GPx) activity [108], Glutathione-S-transferase (GST) activity [109], Catalase (CAT) activity [110], total antioxidant capacity (TAC) levels [111] and thioredoxin reductase activities [106].

Additionally, we evaluated oxidative stress markers included MDA level [112,113], and Conjugated dienes [114]. Moreover, we estimated the toxicity biomarkers included Arylsulphatase A (ASA) activity, Arylsulphatase B (ASB) activity [115], Arylestrase and paraoxonase activities [106,116] and hepatic DNA Fragmentation (%) using diphenylamine (DPA) assay [117,118]. After euthanasia, the second part of the liver was washed with isotonic saline and fixed in (10%) buffer formalin for histopathological assessment. Mammary gland of MCF-7 mice model was isolated [89,90], prepared for histological and immunohistochemical examinations [91].

3.14. Histopathological and Immunohistochemistry (IHC) Analysis

Liver and mammary gland tissue sections were fixed in 10% neutral buffered formalin, paraffin-embedded tissues were cut at 5 µm thickness and stained with hematoxylin and eosin, then examined under a light microscope [119]. The tissue sections were identified for immunohistochemistry using the avidin-biotin-immunoperoxidase method by reacting with anti-ERA primary antibodies (Santa Cruz Biotechnology, Inc). The anti-ER was used at 1:50 dilution. Slides were counterstained with Mayer's hematoxylin, rinsed in running tap water for 10 min, dehydrated into 95% ethanol for 1 min, 100% ethanol two times for 3 min, cleared in xylene two times for 5 min, and cover-slipped using a permanent mounting media. The positively stained area is brown in color, was observed against the negatively stained region [120]. Finally, the immune-stained tissues were photographed by Leica ICC50 HD microscope camera [121].

3.15. Statistical Analysis

The experimental data were expressed as Mean ± SE; the significance among the various treated groups and control was analyzed using one-way ANOVA followed by Tukey analysis by GraphPad prism software 7 (San Diego, CA, USA), acceptable significance was recorded when the *p*-value was <0.05.

4. Conclusions

The current study spotlights the ability of DOX/CQ and/or TIC combination strategy to effectively increase DOX's antitumor activity efficiency. We showed that DOX combi-

nation therapy with CQ and/or TIC inactivates the PI3K/Akt/mTOR signaling pathway, in addition to ATG4B inhibition which impairs autophagic flux, leading to accumulated autophagosome-dependent cell apoptosis.

The study also highlights PI3K/AKT pathway as a therapeutic target with DOX-induced cytotoxicity. Based on our docking studies, apoptotic cell death induction, and autophagic flux inhibition, the combination of CQ and/or TIC with DOX serves as a promising antitumor strategy with synergistic interaction that stimulates the autophagic cell death in conjunction with apoptotic cell death triggered by ROS, caspase-mediated cellular apoptosis showed an increased cytotoxic effect on cancer cell growth with decreased DOX side effects and low toxicity on normal cells.

However, the potentiality of the current combination as a suggested alternative therapy against tumor proliferation via the targeted autophagic and apoptotic pathways must be confirmed. Based on our data, DOX combination with CQ and/or TIC exhibited multiple effects against PI3K/AKT/mTOR in autophagy regulation more than ATG4B inhibition, hoping to provide some inspirations. However, further analysis on different types of cells is required to fully understand the functional role of multiple pathways targeting combination therapeutic strategies.

Supplementary Materials: The following are available online at <https://www.mdpi.com/1424-8247/14/3/254/s1>, Table S1: Data for best constant combination achieved high % of cell death and combination index (CI) for DOX, CQ, and TIC, Table S2: Serum alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), and lactate dehydrogenase (LDH) activities in the different mice groups, Table S3: Serum total protein, albumin, urea, creatinine, and total lipid concentrations in the different mice groups, Table S4: Hepatic total thiol concentrations, GPx, GST and catalase activities, and total antioxidant capacity in the different mice groups (Antioxidant defense system markers), Table S5: Hepatic thiobarbituric acid reactive substance (TBARS), conjugated dienes, lipid hydroperoxide, total antioxidant capacity levels, and Thioredoxin reductase activity in the different mice groups (Oxidative stress markers), Table S6: Hepatic Arylsulphatase A, Arylsulphatase B concentrations, Arylestrase, and paraoxnase activities in different mice groups (Hepatic toxicity parameters), Figure S1: Combination index plot of each selected combinatorial treatment ratio DOX + CQ (1:2) (A), DOX + TIC (1:6) (B) and DOX + CQ + TIC (1:1:1) (C) of MCF-7 cells, Figure S2: Autophagy activity detection of MCF-7 cells (I) and MCF-7 xenograft mice (II) treated with single or combinatorial treatments, Figure S3: Intracellular ROS generation accumulation visualized by fluorescence microscope in MCF-7 cancer cells, Figure S4: Autophagy inhibition induces cell death-dependent apoptosis, Figure S5: Histopathological investigation for hepatic tissues of mice in each group, Figure S6I-II: Histopathological investigation of mammary gland and consecutive tumors sections of xenograft MCF-7 mice, Figure S7: Immunohistochemical expression of ER- α in Paraffin sections of mammary gland of xenograft mice experimental groups.

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