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**Ali H. El-Far, Mohamed A. Tantawy,  
Soad K. Al Jaouni & Shaker A. Mousa**

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# Thymoquinone-chemotherapeutic combinations: new regimen to combat cancer and cancer stem cells

Ali H. El-Far<sup>1</sup> · Mohamed A. Tantawy<sup>2,3</sup> · Soad K. Al Jaouni<sup>4</sup> · Shaker A. Mousa<sup>5</sup>Received: 23 October 2019 / Accepted: 6 May 2020  
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## Abstract

Cancer is a worldwide disease that causes millions of cases of mortality and morbidity. The major problem associated with the cancer is its resistance to conventional therapy and a high relapse rate. The use of chemotherapy to treat cancer began at the start of the twentieth century with attempts to control cancer. In time advance, many cancer chemotherapeutic agents have been developed for cancer treatment with different mechanisms of action including the alkylating agents, antimetabolites, antimicrotubule, topoisomerase inhibitors, and cytotoxic antibiotics, all of which have toxic effects toward normal cells in the body. Here, we reviewed chemotherapeutics' anticancer role potentiation and safety by thymoquinone (TQ) alone or in combination with the most common therapeutic drugs. Our search was done through PubMed, Science Direct, Springer Link, Taylor & Francis Online, Wiley Online Library, Nature publication group, SAGE Journals, and Web of Science databases. We recognized that TQ-chemotherapeutics combination increased chemo-modulation to the anticancer effect of different chemotherapeutics and protected the normal body cells from the toxic injuries that are induced by chemotherapeutics based on its antioxidant power. Moreover, the current study investigates the possible combinatory effect of TQ and chemotherapeutics to control cancer stem cells through molecular docking targeting of wingless/integrated (Wnt) and Hedgehog (Hh). We found that TQ modulates the Wnt and Hh pathways, by binding with tankyrase-2 and smoothened 7TM receptor, respectively, more efficiently than most chemotherapeutics drugs, while methotrexate showed high-binding affinity compared with TQ. Therefore, we encourage researchers to investigate the chemo-modulatory potential and protective effects of TQ in combination with chemotherapeutics for either cancer or cancer stem cell treatment.

**Keywords** Thymoquinone · Anticancer potential · Chemotherapeutic safety · Cancer stem cells · Molecular docking

## Introduction

Cancer is a disease that leads to many deaths worldwide. Cancer types are classified based on the tissue affected: carcinoma

(derived from epithelial tissues), sarcoma (soft tissues and bone), glioma (brain), leukemia, and lymphoma (hematopoietic and lymphatic tissues). Among all these types, carcinomas are the most frequent malignant tumors (Parkin et al. 2001).

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Ali H. El-Far and Mohamed A. Tantawy equally contributed as first authors.

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✉ Ali H. El-Far  
ali.elfar@damanhour.edu.eg

✉ Mohamed A. Tantawy  
mohamed\_tantawy@daad-alumni.de

Soad K. Al Jaouni  
saljaouni@kau.edu.sa

Shaker A. Mousa  
shaker.mousa@acphs.edu

<sup>2</sup> Department of Hormones, Medical Research Division, National Research Center, Dokki, Giza 12622, Egypt

<sup>3</sup> Stem Cells Lab, Center of Excellence for Advanced Sciences, National Research Centre, Dokki, Giza 12622, Egypt

<sup>4</sup> Department of Pediatric Hematology/Oncology, King Abdulaziz University Hospital and Scientific Chair of Yousef Abdul Latif Jameel of Prophetic Medicine Application, Faculty of Medicine, King Abdulaziz University, Jeddah 21589, Saudi Arabia

<sup>1</sup> Department of Biochemistry, Faculty of Veterinary Medicine, Damanhour University, Damanhour 22511, Egypt

<sup>5</sup> Pharmaceutical Research Institute, Albany College of Pharmacy and Health Sciences, Rensselaer, NY 12144, USA

Numerous studies have been done to control cancer progression using chemotherapy agents (Alfarouk et al. 2015) of different types and mechanisms of action as represented in Table 1. Besides the beneficial role of chemotherapy in cancer treatment, it induces injuries to some normal cells such as the cells of bone marrow, cells lining the gastrointestinal and reproductive tracts, and hair follicles (Lundqvist et al. 2015). Therefore, researchers try to find drugs that potentiate the anticancer effect of chemotherapeutic agents and protect against their toxicities.

Thymoquinone (TQ) is the main active constituent of *Nigella sativa* seeds that has numerous pharmacological activities including anticancer, antioxidant, and antimicrobial (Fig. 1) (El-Far 2015; Atta et al. 2017; El-Far et al. 2018). TQ induces apoptosis in various cancer cell types through numerous cellular targets such as phosphorylation of nuclear factor- $\kappa$ B (NF- $\kappa$ B) and decreasing the extracellular signal-regulated kinases 1/2 (ERK1/2) and phosphatidylinositol-4,5-bisphosphate 3-kinase (PI3K) activities. Also, TQ reduced cancer metastasis through activation of c-Jun N-terminal kinases and p38 (Imran et al. 2018). Possible mechanisms of TQ anticancer effects against different cancer types were fully discussed in our previous review (El-Far 2015).

The current review sheds light on the beneficial effect of TQ combinations on the commonly used chemotherapeutic drugs based on data retrieved from published research articles. We also searched the literature for research on the protective role of TQ against chemotherapeutics' toxicities to normal cells in treated animals or patients.

## Thymoquinone combination with chemotherapeutic agents

The possible mechanisms of chemo-modulatory and protective effects of TQ and different chemotherapeutic drug combinations in treatment of various cancer types are stated in Table 2 and discussed below in alphabetical order.

### 5-Fluorouracil

**Chemo-modulatory effects** 5-Fluorouracil (5-FU) is a drug of choice for colorectal, breast, and aerodigestive tract cancers (Longley et al. 2003). 5-FU is an analogue of uracil inducing disruption in RNA synthesis (Wohlhueter et al. 1980; Houghton et al. 1995). Several studies were done to potentiate the anticancer effect of 5-FU using natural products (Lei et al. 2012; Kensara et al. 2016; Sarman et al. 2016; Liu et al. 2018). TQ was found to potentiate the anticancer effect of 5-FU in azoxymethane-induced colorectal cancer in rats by downregulation of the gene expression of wingless/integrated (Wnt),  $\beta$ -catenin, NF- $\kappa$ B, cyclooxygenase-2 (COX-2), inducible nitric oxide synthase (iNOS), and thiobarbituric acid reactive substances

(TBRAS) levels, while it upregulated the expression of antitumorigenesis dickkopf-related protein-1 (DKK-1), cyclin-dependent kinase inhibitor-1A (CDNK-1A), transforming growth factor-beta 1 (TGF- $\beta$ 1), transforming growth factor beta receptor II (TGF $\beta$ RII), Smad4, and glutathione peroxidase (GPx) (Kensara et al. 2016). Sarman et al. (2016) studied the effect of TQ and oxaliplatin (OXA)/5-FU combination on osteosarcoma cell line (MG63). TQ had potential benefits in preventing the OXA and 5-FU-induced toxicities. Also, TQ/5-FU combined treatment induced apoptosis of human gastric cancer cells lines by enhancing caspase-3 and caspase-9 activities (Lei et al. 2012). Indeed, downregulation of Wnt/ $\beta$ -catenin and PI3K/protein kinase B (AKT) pathways were stated in human colon carcinoma HCT116 and HT29 (Ndreshkjana et al. 2019). In the same manner, TQ/5-FU combination significantly reduced the number of squamous cell carcinoma cell line (FaDu) (Williams et al. 2014).

**Protective effects** 5-FU may cause some side effects including myelosuppression, mucositis, nausea, emesis, hand-foot syndrome, and mainly toxic cardiac reactions (Steger et al. 2012). We did not find published research studies investigating the protective effect of TQ against 5-FU toxicity.

### Bleomycin

**Protective effects** Bleomycin (BLM) is an antibiotic agent with antitumor activity; it was extracted from the fungus *Streptomyces verticillus* by Umezawa in 1966 (Reinert et al. 2013). Interestingly, the lungs and skin are the targets of BLM toxicity because they have the lowest levels of the BLM hydrolase that metabolizes BLM to non-toxic molecules (Ferrando et al. 1997). BLM administration in rats significantly increased the levels of lactate dehydrogenase (LDH), total protein, and mucin in bronchoalveolar lavage, while in TQ-BLM combination, these parameters were significantly decreased in comparison with BLM-treated rats. Also, TQ significantly increased superoxide dismutase (SOD) and glutathione-S-transferase (GST) activities along with downregulation of NF- $\kappa$ B (El-Khouly et al. 2012). The antioxidant activity of TQ is the main mechanism by which TQ protects against BLM toxicity.

### Bortezomib

**Chemo-modulatory effects** Bortezomib (BTZ) is a proteasome inhibitor that upregulates phorbol-12-myristate-13-acetate-induced protein 1 (NOXA), a pro-apoptotic protein inducing cancer cell death. Also, BTZ induced suppression of the NF- $\kappa$ B antiapoptotic signaling (Chen et al. 2011). Siveen et al. (2013) studied the potential effect of TQ on the BTZ anticancer effect against multiple myeloma cell lines through activation of caspase-3, resulting in the cleavage of poly (ADP-ribose) polymerase (PARP). In addition, the authors stated

**Table 1** Types and mechanisms of action of chemotherapeutic agents

Types	General mechanism of action	Chemotherapeutic agents	References
Alkylating agents	Covalently binds to DNA via their alkyl group inducing apoptosis.	<i>Nitrogen mustards</i> : mechlorethamine, cyclophosphamide, melphalan, chlorambucil, ifosfamide, and busulfan. <i>Nitrosoureas</i> : <i>N</i> -nitroso- <i>N</i> -methylurea, carmustine, lomustine, and semustine, fotemustine, and streptozotocin. <i>Tetrazines</i> : dacarbazine, mitozolomide, and temozolomide. <i>Aziridines</i> : thiotepa, mitomycin, and diaziquone. <i>Cisplatin and derivatives</i> : cisplatin, carboplatin, and oxaliplatin.	Damia and D'Incalci (1998); Lind (2008)
Antimetabolites	Molecules that enter the DNA and RNA synthesis instead of their building blocks.	<i>Antifolates</i> : methotrexate and pemetrexed. <i>Fluoropyrimidines</i> : fluorouracil and capecitabine. <i>Deoxynucleoside analogues</i> : cytarabine, gemcitabine, decitabine, azacitidine, fludarabine, nelarabine, cladribine, clofarabine, and pentostatin. <i>Thiopurines</i> : thioguanine and mercaptopurine.	Damia and D'Incalci (1998); Lind (2008); Parker (2009)
Antimicrotubule	Plant-derived chemicals that block cell division by preventing microtubule function.	<i>Vinca alkaloids</i> : vincristine and vinblastine. <i>Taxanes</i> : paclitaxel and docetaxel.	Heijden et al. (2004); Yue et al. (2010)
Topoisomerase inhibitors	Drugs that affect the activities of topoisomerase I and topoisomerase II.	<i>Topoisomerase I inhibitors</i> : camptothecin, irinotecan, and topotecan. <i>Topoisomerase II poisons</i> : etoposide, doxorubicin, mitoxantrone, and teniposide. <i>Topoisomerase II blockers</i> : novobiocin, merbarone, and aclarubicin	Malhotra and Perry (2003); Nitiss (2009)
Cytotoxic antibiotics	Interrupt cell division.	<i>Anthracyclines</i> : doxorubicin and daunorubicin. <i>Anthracyclines derivatives</i> : epirubicin and idarubicin. Bleomycin. Actinomycin.	Sobell (1985); Azambuja et al. (2005); Dong et al. (2019)

that TQ potentiated the antitumor effects of BTZ in a mouse model by downregulation of Ki-67, vascular endothelial growth factor (VEGF), B cell lymphoma 2 (Bcl2), and p65 expressions. These studies revealed that TQ/BTZ successfully induced the pro-apoptotic and suppressed the apoptotic molecules leading to cancer control.

**Protective effects** BTZ is an antineoplastic drug that reversibly inhibits the mammalian 26S proteasome and interacts with the NF- $\kappa$ B system persuading cell cycle arrest. Unfortunately, it induced neurotoxicity as stated by Schiff et al. (2009). We encourage researchers to study the potential effect of TQ on BTZ's anticancer activity and protection against BTZ's neurotoxicity.

### Cisplatin

**Chemo-modulatory effects** Cisplatin (cis-diamminedichloroplatinum II, CDDP) was the first chemotherapeutic drug, discovered in 1965 (Nicholson et al. 2013).

CDDP-based combination therapy has been stated to result in a higher response than that of CDDP single-agent therapy (Moon et al. 2018). TQ-CDDP combination potentiated the CDDP cellular apoptosis against human esophageal carcinoma (Eca-109) cell line via blocking of Janus kinase 2 (JAK2)/signal transducer and activator of transcription 3 (STAT3) signaling pathway (Hu et al. 2017b). Combined treatment of CDDP with TQ represented a significant tumor suppression effect superior to single agents through a significant increase in the levels of phosphatase and tensin homolog (PTEN) and obvious decreases in p-AKT, cyclin D1, and P-glycoprotein (P-gp). In vivo results showed that combination of TQ and CDDP represented a more effective antitumor agent than either agent alone in a xenograft tumor mouse model (Ma et al. 2017). Their combination has downregulated NF- $\kappa$ B expression in small cell lung cancer (SCLC) cell lines (Jafri et al. 2010). Another in vitro study of Alaufi et al. (2017) stated that TQ-CDDP combination showed more apoptosis to head and neck squamous cell carcinoma cells (UMSCC-14C) by a percentage of  $99.3 \pm 1.2\%$ . Furthermore, TQ treatment promoted CDDP-induced pH2AX



expression in mouse ovarian cancer cells (ID8-NGL) and in tumors in C57BL/6 mice (Wilson et al. 2015).

In the abovementioned studies, TQ significantly potentiated the anticancer effect of CDDP through upregulation of apoptotic pathways, cell cycle arrest, and DNA double-strand breaks.

**Protective effects** Numerous adverse effects have been associated with CDDP medication, particularly nephrotoxicity. Possible mechanisms of CDDP side effects on the kidneys, liver, gastrointestinal tract, and heart are due to reactive oxygen species (ROS) generation (Choi et al. 2015). TQ has protected from CDDP-induced nephrotoxicity by significant decreases in elevated serum urea and creatinine that were increased due to CDDP (Badary et al. 1997). Similarly, CDDP increased plasma neutrophil gelatinase-associated lipocalin (NGAL) and interleukin-6 (IL-6) levels. TQ significantly abrogated the CDDP nephrotoxicity by restoration of these parameters near to their normal levels (Ali et al. 2015). Another study by Farooqui et al. (2017) reported alterations induced in rats' kidney function and the curative effect of TQ. TQ in three different doses (0.5, 1.5, and 3 mg/kg, orally) before and after a single-dose CDDP significantly induced recovery of serum creatinine levels. Also, Ulu et al. (2012) stated that CDDP severely affected the renal transporter and renal efficacy through upregulation of multidrug resistance-associated proteins (MRP2 and MRP4), 8-isoprostane, and malondialdehyde (MDA), while the expression of organic anion transporters (OAT1 and OAT3) and organic cation transporters (OCT1 and OCT2) was significantly reduced. In TQ-CDDP combination, the levels of MRP2 and MRP4 proteins were decreased.

CDDP significantly decreased the hepatic antioxidant status, reduced glutathione (GSH) contents, significantly increased hepatic MDA levels, and upregulated hepatic NF- $\kappa$ B-p65, inflammatory tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ), iNOS, and interleukin-1beta (IL-1 $\beta$ ). TQ attenuated the CDDP-induced oxidative stress by activation of GPx and

GST along with significant decreases in MDA levels and TNF- $\alpha$ , iNOS, and IL-1 $\beta$  expressions (Al-Malki and Sayed 2014).

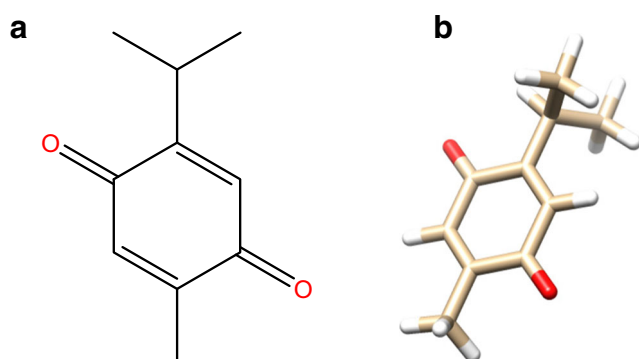
Another study of Adalı et al. (2016) found the protective potential of TQ against the cardiomyopathic alterations induced by CDDP in rats. The authors reported the beneficial importance of TQ in attenuation of myocardial fibers congestion, edema, and pyknotic nuclei induced by CDDP. In addition, TQ's protective role was determined in CDDP-induced alterations in the activities of brush border membrane, carbohydrate metabolism, and antioxidant defense enzymes in rat intestine (Shahid et al. 2017). Also, TQ significantly increased neuronal cell viability in vitro compared with CDDP-treated cells (Üstün et al. 2018). From this study, we can conclude that TQ is a promising drug that protects against CDDP-induced neurotoxicity. Recently, a natural product mix of *Costus speciosus*, *Fumaria indica*, *Cichorium intybus*, and TQ (CFCT) ameliorated cisplatin-induced hepatorenal injuries in rats via contributing to the antioxidant defense system including SOD, catalase (CAT), GPx, and GST (Abuzinadah and Ahmad 2020).

## Cyclophosphamide

**Chemo-modulatory effects** Cyclophosphamide (CTX) is a commonly used drug for treatment of numerous cancers (Fraiser et al. 1991). TQ-CTX (0.5 mM–20  $\mu$ M) combination significantly induced cell cycle arrest of Her2+ SKBR-3 and Her2- MDA-MB-231 breast cancer cell lines (Khan et al. 2019). Khan and colleagues stated that TQ-CTX combination significantly decreased the AKT-phosphorylation and upregulated the PTEN. Furthermore, they reported a significant decrease in cyclin D1 led to cell cycle arrest.

**Protective effects** CTX causes a wide spectrum of toxicities including damage to the bladder, immunosuppression, alopecia, and cardiotoxicity (Fraiser et al. 1991). For these reasons, some studies have explored the TQ protection of CTX-associated toxicities. Alenzi et al. (2010) observed significant increases in serum liver enzymes activities, bilirubin, urea, creatinine, triacylglycerol, cholesterol, and low-density lipoprotein (LDL)-cholesterol in CTX-treated rats. Treatment of rats with TQ-CTX induced a significant reduction in CTX toxicity. In the same manner, TQ or liposomal formulation of TQ defeated the hepatotoxicity of CTX through enhancement of antioxidant status including SOD and CAT activities in mice. Concomitantly, the extent of liver injuries was decreased and associated with significant declines in elevated serum aspartate aminotransferase (AST), alanine aminotransferase (ALT), and bilirubin (Laskar et al. 2016).

CTX resulted in a significant increase in MDA and total nitrate/nitrite while decreasing the GSH, GPx, CAT, and adenosine triphosphate levels in the rats' heart tissue. The elevated



**Fig. 1** 2D and 3D structures of thymoquinone. **a** 2D was generated using ChemDraw® Ultra program (version 8.0 April 23, 2003). **b** 3D structure was generated using UCSF Chimera (version 1.11.2)

oxidative stress led to heart injuries with elevations of creatine kinase isoform MB (CK-MB), LDH, cholesterol, triacylglycerol, creatinine, urea, and TNF- $\alpha$ . Interestingly, supplementation of CTX-treated rats with TQ approximately reversed the biochemical alterations to their control values. Also, TQ supplementation attenuated CTX-induced cardiotoxicity by the maintenance of heart antioxidant potential (Nagi et al. 2011). In the same manner, TQ significantly potentiated the antioxidant status of CTX-treated animals, leading to significant reduction in oxidative stress and inflammatory markers in rat lung (Suddek et al. 2012), mouse bladder (Gore et al. 2016), and human lymphocytes (Yuksel et al. 2017).

### Docetaxel

**Chemo-modulatory effects** Docetaxel (DTX) is an antimicrotubule cytotoxic agent discovered in the mid-1990s, derived from the needles of yew trees. DTX is a cytotoxic agent for numerous tumor types such as breast, lung, prostate, stomach, head, and neck cancers (Rochigneux et al. 2018). However, DTX has numerous side effects including neuropathy. Therefore, researchers have tried to find a combinatory drug that potentiates DTX cytotoxicity for cancer cells and reduces its side effects. Dirican et al. (2014) studied the effect of TQ-DTX combination against human prostate cancer cell line (DU-145) and found a significant inhibition in PI3K/AKT pathway led to cancer apoptosis.

TQ-DTX combination induced apoptosis in prostate cancer cells (DU145 and C4-2B) via inhibition of the PI3K/AKT signaling pathway and increased the expression of proapoptotic markers (Bcl2-associated X protein (Bax) and BH3 interacting-domain death agonist (Bid)) along with caspase-3 and PARP, while decreased the expression of antiapoptotic marker, Bcl-xL (Singh et al. 2019).

TQ-DTX nanoencapsulation formula re-sensitized resistant triple negative breast cancer cell lines (MDA-MB-231) to the anticancer effects of DTX. Also, this nanoencapsulation significantly inhibited cell migration and increased apoptosis of both MCF-7 and MDA-MB-231 (Zafar et al. 2020b). Another coencapsulation of TQ and DTX into PEGylated liposomes was studied by Odeh et al. (2019). The authors showed that the combination of TQ-DTX significantly induced cytotoxicity compared with TQ and DTX alone. Furthermore, Zafar et al. (2020a) optimized low molecular weight chitosan (CS)-grafted lipid nanocapsules for the codelivery of TQ and DTX to treat drug-resistant breast cancer. Nanocapsules had significantly higher cytotoxicity against MCF-7 and MDA-MB-231.

**Protective effects** DTX has been utilized in the treatment of tumors. Unfortunately, DTX is one of the cytotoxic agents that induces side effects on normal body cells (Syrigou et al. 2011) such as severe abdominal toxicity as recorded by de

Matteis et al. (2000). TQ-DTX nanoencapsulation normalized the blood biochemical and histological changes in kidney and liver tissue sections compared with DTX-treated mice (Zafar et al. 2020b).

### Doxorubicin

**Chemo-modulatory effects** Doxorubicin (DOX) is a widely used chemotherapeutic agent for treatment of several carcinomas, sarcomas, and hematological cancers (Carvalho et al. 2009). Therefore, numerous studies have been done to investigate its combination with TQ to potentiate the cytotoxicity of DOX and alleviate its toxicity. El-Ashmawy et al. (2017) studied the effect of TQ-DOX combination against solid Ehrlich carcinoma (SEC)-bearing mice compared with conventional drugs and reported that TQ-induced apoptosis was accompanying with the activation of caspases and PARP cleavage in breast cancer (MCF-7)/DOX cells. Moreover, TQ treatment upregulated Bax and PTEN and downregulated Bcl2 proteins with inhibition of AKT phosphorylation in DOX-treated MCF-7 (Arafa et al. 2011). Also, Effenberger-Neidnicht and Schobert (2010) stated that TQ potentiated the anticancer effect of DOX-treated leukemia (HL-60), melanoma (518A2), colon (HT-29), cervix (KB-V1), and MCF-7 cell lines.

Fatfat et al. (2019) studied the effect of TQ-DOX combination and found significant inhibitions of the viability HTLV-1 positive (HuT-102) and HTLV-1 negative (Jurkat) CD4+ malignant T cell lines and increased sub-G1 cells compared with DOX or TQ alone. Ibiyeye et al. (2019) observed significant increases in MDA-MB-231 apoptosis and reduction of their migration and invasion when treated with TQ-DOX-loaded cockle shell-derived aragonite calcium carbonate nanoparticles compared with free drugs. This may be due to the increased bioavailability of TQ-DOX by nanoencapsulation. In 2020, the same authors repeated the same experiment on MBA-MD-231 cells and observed the same results in addition to inhibition of 3D sphere formation compared with free TQ and DOX (Ibiyeye and Zuki 2020). Recently, we introduced a new idea for cancer control that based on induction of senescence of HCT116 and MCF-7 with 0.1  $\mu$ M of DOX and at day 5 of DOX treatment, DOX-treated cells were treated with TQ (50  $\mu$ M) to determine their senolytic effect (El-Far et al. 2020). TQ induced a significant apoptosis of DOX-treated cells compared with the corresponding proliferative cells. Finally, the abovementioned studies of TQ and DOX indicate the sensitivity of cancer cells to DOX-TQ compared with DOX alone.

**Protective effects** DOX is a chemotherapeutic agent used for breast cancer, leukemia, and lymphoma treatment. However, DOX application is limited due to its severe cardiotoxicity (Cusack et al. 1995) that is mediated by ROS (Šimůnek

**Table 2** Possible mechanisms of chemo-modulatory and protective effects alleviation of TQ for different chemotherapeutic drugs

Drugs	Effects	Mechanisms	Animal or cells/organ	References
5-Fluorouracil (5-FU)	Chemo-modulatory	<p>↑Caspase-3, ↑caspase-9</p> <p>↑Cytotoxicity</p> <p>↑Apoptosis</p> <p>↑DKK-1, ↑CDNK-1A, ↑TGF-β1, ↑TGF-βRII,</p> <p>↑Smad4, ↑GPx</p> <p>↓Wnt, ↓β-catenin, ↓NF-κB, ↓COX-2, ↓iNOS,</p> <p>↓VEGF, ↓TBRAS</p> <p>↓Wnt/β-catenin, ↓PI3K/AKT</p> <p>↑SOD, ↑GST</p> <p>↓NF-κB</p> <p>↑Caspase-3, ↑PARP cleavage</p> <p>↓Ki-67, ↓VEGF, ↓Bcl2, ↓p65</p> <p>↓NF-κB</p> <p>↑pH2AX</p> <p>↓NF-κB</p> <p>↑PTEN, ↑Bax, ↑Cyt c, ↑AIF, ↑cleaved caspase 9,</p> <p>↑cleaved caspase 3</p> <p>↓p-AKT, ↓CyclinD1, ↓P-gp, ↓Bcl2,</p> <p>↓procaspase-9, ↓procaspase-3</p> <p>↑Apoptosis</p>	<p>Human gastric cancer cells lines (BGC-823, SGC-7901, MGC-803, and HGC-27)</p> <p>Human squamous cell carcinoma cell line (FaDu)</p> <p>Osteosarcoma (MG63)</p> <p>Azoxymethane-induced colorectal cancer in rats</p> <p>Human colon carcinoma (HCT116 and HT29)</p> <p>Rat/lung</p> <p>Multiple myeloma cell lines/xenograft mouse model.</p> <p>Small cell lung cancer (SCLC) cell lines</p> <p>Mouse ovarian cancer cells (ID8-NGL)/C57BL/6 mice</p> <p>Xenograft tumor mouse model /Human gastric cancer cells lines (SGC-7901, HGC-27, and MGC-803)</p> <p>Head and neck squamous cell carcinoma cells (UMSCC-14C)</p> <p>Human esophageal carcinoma cells (Eca-109)</p> <p>Rat/kidneys</p> <p>Rat/kidneys</p> <p>Rat/liver</p> <p>Rat/kidneys</p> <p>Rat/heart</p> <p>Rat/intestine</p> <p>Rat/kidneys</p> <p>Rats/liver and kidneys</p> <p>Breast cancer cells (Her2+ SKBR-3 and Her2- MDA-231)</p> <p>Rat/liver</p> <p>Rat/heart</p> <p>Rat/lung</p> <p>Mice/bladder</p> <p>Mice/liver</p>	<p>Lei et al. (2012)</p> <p>Williams et al. (2014)</p> <p>Sarman et al. (2016)</p> <p>Kensara et al. (2016)</p> <p>Ndreshkjana et al. (2019)</p> <p>El-Khouly et al. (2012)</p> <p>Siveen et al. (2013)</p> <p>Jafri et al. (2010)</p> <p>Wilson et al. (2015)</p> <p>Ma et al. (2017)</p> <p>Alaufi et al. (2017)</p> <p>Hu et al. (2017b)</p> <p>Badary et al. (1997)</p> <p>Ulu et al. (2012)</p> <p>Al-Malki and Sayed (2014)</p> <p>Ali et al. (2015)</p> <p>Adah et al. (2016)</p> <p>Shahid et al. (2017)</p> <p>Farooqui et al. (2017)</p> <p>Abuzinadah and Ahmad (2020)</p> <p>Khan et al. (2019)</p> <p>Atenzi et al. (2010)</p> <p>Nagi et al. (2011)</p> <p>Suddek et al. (2012)</p> <p>Gore et al. (2016)</p> <p>Laskar et al. (2016)</p>
Bleomycin (BLM)	Protective	<p>↑SOD, ↑GPx</p> <p>↓NF-κB</p> <p>↑Caspase-3, ↑PARP cleavage</p> <p>↓Ki-67, ↓VEGF, ↓Bcl2, ↓p65</p> <p>↓NF-κB</p> <p>↑pH2AX</p> <p>↓NF-κB</p> <p>↑PTEN, ↑Bax, ↑Cyt c, ↑AIF, ↑cleaved caspase 9,</p> <p>↑cleaved caspase 3</p> <p>↓p-AKT, ↓CyclinD1, ↓P-gp, ↓Bcl2,</p> <p>↓procaspase-9, ↓procaspase-3</p> <p>↑Apoptosis</p>	<p>Human gastric cancer cells lines (BGC-823, SGC-7901, MGC-803, and HGC-27)</p> <p>Human squamous cell carcinoma cell line (FaDu)</p> <p>Osteosarcoma (MG63)</p> <p>Azoxymethane-induced colorectal cancer in rats</p> <p>Human colon carcinoma (HCT116 and HT29)</p> <p>Rat/lung</p> <p>Multiple myeloma cell lines/xenograft mouse model.</p> <p>Small cell lung cancer (SCLC) cell lines</p> <p>Mouse ovarian cancer cells (ID8-NGL)/C57BL/6 mice</p> <p>Xenograft tumor mouse model /Human gastric cancer cells lines (SGC-7901, HGC-27, and MGC-803)</p> <p>Head and neck squamous cell carcinoma cells (UMSCC-14C)</p> <p>Human esophageal carcinoma cells (Eca-109)</p> <p>Rat/kidneys</p> <p>Rat/kidneys</p> <p>Rat/liver</p> <p>Rat/kidneys</p> <p>Rat/heart</p> <p>Rat/intestine</p> <p>Rat/kidneys</p> <p>Rats/liver and kidneys</p> <p>Breast cancer cells (Her2+ SKBR-3 and Her2- MDA-231)</p> <p>Rat/liver</p> <p>Rat/heart</p> <p>Rat/lung</p> <p>Mice/bladder</p> <p>Mice/liver</p>	<p>Lei et al. (2012)</p> <p>Williams et al. (2014)</p> <p>Sarman et al. (2016)</p> <p>Kensara et al. (2016)</p> <p>Ndreshkjana et al. (2019)</p> <p>El-Khouly et al. (2012)</p> <p>Siveen et al. (2013)</p> <p>Jafri et al. (2010)</p> <p>Wilson et al. (2015)</p> <p>Ma et al. (2017)</p> <p>Alaufi et al. (2017)</p> <p>Hu et al. (2017b)</p> <p>Badary et al. (1997)</p> <p>Ulu et al. (2012)</p> <p>Al-Malki and Sayed (2014)</p> <p>Ali et al. (2015)</p> <p>Adah et al. (2016)</p> <p>Shahid et al. (2017)</p> <p>Farooqui et al. (2017)</p> <p>Abuzinadah and Ahmad (2020)</p> <p>Khan et al. (2019)</p> <p>Atenzi et al. (2010)</p> <p>Nagi et al. (2011)</p> <p>Suddek et al. (2012)</p> <p>Gore et al. (2016)</p> <p>Laskar et al. (2016)</p>
Bortezomib (BTZ)	Chemo-modulatory	<p>↑SOD, ↑GPx</p> <p>↓NF-κB</p> <p>↑Caspase-3, ↑PARP cleavage</p> <p>↓Ki-67, ↓VEGF, ↓Bcl2, ↓p65</p> <p>↓NF-κB</p> <p>↑pH2AX</p> <p>↓NF-κB</p> <p>↑PTEN, ↑Bax, ↑Cyt c, ↑AIF, ↑cleaved caspase 9,</p> <p>↑cleaved caspase 3</p> <p>↓p-AKT, ↓CyclinD1, ↓P-gp, ↓Bcl2,</p> <p>↓procaspase-9, ↓procaspase-3</p> <p>↑Apoptosis</p>	<p>Human gastric cancer cells lines (BGC-823, SGC-7901, MGC-803, and HGC-27)</p> <p>Human squamous cell carcinoma cell line (FaDu)</p> <p>Osteosarcoma (MG63)</p> <p>Azoxymethane-induced colorectal cancer in rats</p> <p>Human colon carcinoma (HCT116 and HT29)</p> <p>Rat/lung</p> <p>Multiple myeloma cell lines/xenograft mouse model.</p> <p>Small cell lung cancer (SCLC) cell lines</p> <p>Mouse ovarian cancer cells (ID8-NGL)/C57BL/6 mice</p> <p>Xenograft tumor mouse model /Human gastric cancer cells lines (SGC-7901, HGC-27, and MGC-803)</p> <p>Head and neck squamous cell carcinoma cells (UMSCC-14C)</p> <p>Human esophageal carcinoma cells (Eca-109)</p> <p>Rat/kidneys</p> <p>Rat/kidneys</p> <p>Rat/liver</p> <p>Rat/kidneys</p> <p>Rat/heart</p> <p>Rat/intestine</p> <p>Rat/kidneys</p> <p>Rats/liver and kidneys</p> <p>Breast cancer cells (Her2+ SKBR-3 and Her2- MDA-231)</p> <p>Rat/liver</p> <p>Rat/heart</p> <p>Rat/lung</p> <p>Mice/bladder</p> <p>Mice/liver</p>	<p>Lei et al. (2012)</p> <p>Williams et al. (2014)</p> <p>Sarman et al. (2016)</p> <p>Kensara et al. (2016)</p> <p>Ndreshkjana et al. (2019)</p> <p>El-Khouly et al. (2012)</p> <p>Siveen et al. (2013)</p> <p>Jafri et al. (2010)</p> <p>Wilson et al. (2015)</p> <p>Ma et al. (2017)</p> <p>Alaufi et al. (2017)</p> <p>Hu et al. (2017b)</p> <p>Badary et al. (1997)</p> <p>Ulu et al. (2012)</p> <p>Al-Malki and Sayed (2014)</p> <p>Ali et al. (2015)</p> <p>Adah et al. (2016)</p> <p>Shahid et al. (2017)</p> <p>Farooqui et al. (2017)</p> <p>Abuzinadah and Ahmad (2020)</p> <p>Khan et al. (2019)</p> <p>Atenzi et al. (2010)</p> <p>Nagi et al. (2011)</p> <p>Suddek et al. (2012)</p> <p>Gore et al. (2016)</p> <p>Laskar et al. (2016)</p>
Cisplatin (CDDP)	Chemo-modulatory	<p>↑SOD, ↑GPx</p> <p>↓NF-κB</p> <p>↑Caspase-3, ↑PARP cleavage</p> <p>↓Ki-67, ↓VEGF, ↓Bcl2, ↓p65</p> <p>↓NF-κB</p> <p>↑pH2AX</p> <p>↓NF-κB</p> <p>↑PTEN, ↑Bax, ↑Cyt c, ↑AIF, ↑cleaved caspase 9,</p> <p>↑cleaved caspase 3</p> <p>↓p-AKT, ↓CyclinD1, ↓P-gp, ↓Bcl2,</p> <p>↓procaspase-9, ↓procaspase-3</p> <p>↑Apoptosis</p>	<p>Human gastric cancer cells lines (BGC-823, SGC-7901, MGC-803, and HGC-27)</p> <p>Human squamous cell carcinoma cell line (FaDu)</p> <p>Osteosarcoma (MG63)</p> <p>Azoxymethane-induced colorectal cancer in rats</p> <p>Human colon carcinoma (HCT116 and HT29)</p> <p>Rat/lung</p> <p>Multiple myeloma cell lines/xenograft mouse model.</p> <p>Small cell lung cancer (SCLC) cell lines</p> <p>Mouse ovarian cancer cells (ID8-NGL)/C57BL/6 mice</p> <p>Xenograft tumor mouse model /Human gastric cancer cells lines (SGC-7901, HGC-27, and MGC-803)</p> <p>Head and neck squamous cell carcinoma cells (UMSCC-14C)</p> <p>Human esophageal carcinoma cells (Eca-109)</p> <p>Rat/kidneys</p> <p>Rat/kidneys</p> <p>Rat/liver</p> <p>Rat/kidneys</p> <p>Rat/heart</p> <p>Rat/intestine</p> <p>Rat/kidneys</p> <p>Rats/liver and kidneys</p> <p>Breast cancer cells (Her2+ SKBR-3 and Her2- MDA-231)</p> <p>Rat/liver</p> <p>Rat/heart</p> <p>Rat/lung</p> <p>Mice/bladder</p> <p>Mice/liver</p>	<p>Lei et al. (2012)</p> <p>Williams et al. (2014)</p> <p>Sarman et al. (2016)</p> <p>Kensara et al. (2016)</p> <p>Ndreshkjana et al. (2019)</p> <p>El-Khouly et al. (2012)</p> <p>Siveen et al. (2013)</p> <p>Jafri et al. (2010)</p> <p>Wilson et al. (2015)</p> <p>Ma et al. (2017)</p> <p>Alaufi et al. (2017)</p> <p>Hu et al. (2017b)</p> <p>Badary et al. (1997)</p> <p>Ulu et al. (2012)</p> <p>Al-Malki and Sayed (2014)</p> <p>Ali et al. (2015)</p> <p>Adah et al. (2016)</p> <p>Shahid et al. (2017)</p> <p>Farooqui et al. (2017)</p> <p>Abuzinadah and Ahmad (2020)</p> <p>Khan et al. (2019)</p> <p>Atenzi et al. (2010)</p> <p>Nagi et al. (2011)</p> <p>Suddek et al. (2012)</p> <p>Gore et al. (2016)</p> <p>Laskar et al. (2016)</p>
Cyclophosphamide (CTX)	Chemo-modulatory	<p>↑SOD, ↑GPx</p> <p>↓NF-κB</p> <p>↑Caspase-3, ↑PARP cleavage</p> <p>↓Ki-67, ↓VEGF, ↓Bcl2, ↓p65</p> <p>↓NF-κB</p> <p>↑pH2AX</p> <p>↓NF-κB</p> <p>↑PTEN, ↑Bax, ↑Cyt c, ↑AIF, ↑cleaved caspase 9,</p> <p>↑cleaved caspase 3</p> <p>↓p-AKT, ↓CyclinD1, ↓P-gp, ↓Bcl2,</p> <p>↓procaspase-9, ↓procaspase-3</p> <p>↑Apoptosis</p>	<p>Human gastric cancer cells lines (BGC-823, SGC-7901, MGC-803, and HGC-27)</p> <p>Human squamous cell carcinoma cell line (FaDu)</p> <p>Osteosarcoma (MG63)</p> <p>Azoxymethane-induced colorectal cancer in rats</p> <p>Human colon carcinoma (HCT116 and HT29)</p> <p>Rat/lung</p> <p>Multiple myeloma cell lines/xenograft mouse model.</p> <p>Small cell lung cancer (SCLC) cell lines</p> <p>Mouse ovarian cancer cells (ID8-NGL)/C57BL/6 mice</p> <p>Xenograft tumor mouse model /Human gastric cancer cells lines (SGC-7901, HGC-27, and MGC-803)</p> <p>Head and neck squamous cell carcinoma cells (UMSCC-14C)</p> <p>Human esophageal carcinoma cells (Eca-109)</p> <p>Rat/kidneys</p> <p>Rat/kidneys</p> <p>Rat/liver</p> <p>Rat/kidneys</p> <p>Rat/heart</p> <p>Rat/intestine</p> <p>Rat/kidneys</p> <p>Rats/liver and kidneys</p> <p>Breast cancer cells (Her2+ SKBR-3 and Her2- MDA-231)</p> <p>Rat/liver</p> <p>Rat/heart</p> <p>Rat/lung</p> <p>Mice/bladder</p> <p>Mice/liver</p>	<p>Lei et al. (2012)</p> <p>Williams et al. (2014)</p> <p>Sarman et al. (2016)</p> <p>Kensara et al. (2016)</p> <p>Ndreshkjana et al. (2019)</p> <p>El-Khouly et al. (2012)</p> <p>Siveen et al. (2013)</p> <p>Jafri et al. (2010)</p> <p>Wilson et al. (2015)</p> <p>Ma et al. (2017)</p> <p>Alaufi et al. (2017)</p> <p>Hu et al. (2017b)</p> <p>Badary et al. (1997)</p> <p>Ulu et al. (2012)</p> <p>Al-Malki and Sayed (2014)</p> <p>Ali et al. (2015)</p> <p>Adah et al. (2016)</p> <p>Shahid et al. (2017)</p> <p>Farooqui et al. (2017)</p> <p>Abuzinadah and Ahmad (2020)</p> <p>Khan et al. (2019)</p> <p>Atenzi et al. (2010)</p> <p>Nagi et al. (2011)</p> <p>Suddek et al. (2012)</p> <p>Gore et al. (2016)</p> <p>Laskar et al. (2016)</p>
	Protective	<p>↑SOD, ↑GPx</p> <p>↓NF-κB</p> <p>↑Caspase-3, ↑PARP cleavage</p> <p>↓Ki-67, ↓VEGF, ↓Bcl2, ↓p65</p> <p>↓NF-κB</p> <p>↑pH2AX</p> <p>↓NF-κB</p> <p>↑PTEN, ↑Bax, ↑Cyt c, ↑AIF, ↑cleaved caspase 9,</p> <p>↑cleaved caspase 3</p> <p>↓p-AKT, ↓CyclinD1, ↓P-gp, ↓Bcl2,</p> <p>↓procaspase-9, ↓procaspase-3</p> <p>↑Apoptosis</p>	<p>Human gastric cancer cells lines (BGC-823, SGC-7901, MGC-803, and HGC-27)</p> <p>Human squamous cell carcinoma cell line (FaDu)</p> <p>Osteosarcoma (MG63)</p> <p>Azoxymethane-induced colorectal cancer in rats</p> <p>Human colon carcinoma (HCT116 and HT29)</p> <p>Rat/lung</p> <p>Multiple myeloma cell lines/xenograft mouse model.</p> <p>Small cell lung cancer (SCLC) cell lines</p> <p>Mouse ovarian cancer cells (ID8-NGL)/C57BL/6 mice</p> <p>Xenograft tumor mouse model /Human gastric cancer cells lines (SGC-7901, HGC-27, and MGC-803)</p> <p>Head and neck squamous cell carcinoma cells (UMSCC-14C)</p> <p>Human esophageal carcinoma cells (Eca-109)</p> <p>Rat/kidneys</p> <p>Rat/kidneys</p> <p>Rat/liver</p> <p>Rat/kidneys</p> <p>Rat/heart</p> <p>Rat/intestine</p> <p>Rat/kidneys</p> <p>Rats/liver and kidneys</p> <p>Breast cancer cells (Her2+ SKBR-3 and Her2- MDA-231)</p> <p>Rat/liver</p> <p>Rat/heart</p> <p>Rat/lung</p> <p>Mice/bladder</p> <p>Mice/liver</p>	<p>Lei et al. (2012)</p> <p>Williams et al. (2014)</p> <p>Sarman et al. (2016)</p> <p>Kensara et al. (2016)</p> <p>Ndreshkjana et al. (2019)</p> <p>El-Khouly et al. (2012)</p> <p>Siveen et al. (2013)</p> <p>Jafri et al. (2010)</p> <p>Wilson et al. (2015)</p> <p>Ma et al. (2017)</p> <p>Alaufi et al. (2017)</p> <p>Hu et al. (2017b)</p> <p>Badary et al. (1997)</p> <p>Ulu et al. (2012)</p> <p>Al-Malki and Sayed (2014)</p> <p>Ali et al. (2015)</p> <p>Adah et al. (2016)</p> <p>Shahid et al. (2017)</p> <p>Farooqui et al. (2017)</p> <p>Abuzinadah and Ahmad (2020)</p> <p>Khan et al. (2019)</p> <p>Atenzi et al. (2010)</p> <p>Nagi et al. (2011)</p> <p>Suddek et al. (2012)</p> <p>Gore et al. (2016)</p> <p>Laskar et al. (2016)</p>



**Table 2** (continued)

Drugs	Effects	Mechanisms	Animal or cells/organ	References
Docetaxel (DTX)	Chemo-modulatory	↓DNA strand breaks	Human lymphocytes	Yuksel et al. (2017)
		↓P13K/AKT	Human prostate cancer cells (DU-145)	Dirican et al. (2014)
		↑Apoptosis	Breast cancer cell (MCF-7)	Odeh et al. (2019)
		↑Bax, ↑Bid, ↑caspase-3, ↑PARP	Prostate cancer cells (DU145 and C4-2B)	Singh et al. (2019)
		↓P13K/AKT	Breast cancer cell (MCF-7 and MDA-MB-231)	Zafar et al. (2020b)
		↑Apoptosis	Breast cancer cell (MCF-7 and MDA-MB-231)	Zafar et al. (2020a)
		↑Apoptosis	Mice/liver and kidneys	Zafar et al. (2020b)
		Normalized the blood biochemical and histological changes	Human cells of leukemia (HL-60), melanoma (518A2), colon (HT-29), cervix (KB-V1), breast (MCF-7) cancers	Effenberger-Neidnicht and Schobert (2010)
		↑Apoptosis	Breast cancer cell (MCF-7)	(Arafat et al. 2011)
		↑Bax, ↑PARP cleavage, ↑PTEN	Solid Ehrlich carcinoma (SEC)-bearing mice	(El-Ashmawy et al. 2017)
Doxorubicin (DOX)	Chemo-modulatory	↓Bcl2	HTLV-1 positive (HuT-102) and HTLV-1 negative (Jurkat)	(Fatfat et al. 2019)
		↑P53	Breast cancer cell line (MDA-MB-231)	(Ibiyeye et al. 2019)
		↓Bcl2	Breast cancer cell line (MDA-MB-231)	(Ibiyeye and Zuki 2020)
		↑Apoptosis	Colon cancer cell (HCT116)	(El-Far et al. 2020)
		↑Apoptosis	Breast cancer cell (MCF-7)	(al-Shabanah et al. 1998)
		↓migration, ↓invasion	Mice/heart	(Badary et al. 2000)
		↑Apoptosis	Rat/kidneys	Elsherbiny and El-Sherbiny (2014)
		↓migration, ↓invasion, ↓3D sphere formation	Rat/kidneys	
		↑Apoptosis	Mice/heart	El-Ashmawy et al. (2017)
		↑Apoptosis	Mice/kidneys	Zidan et al. (2018)
Gemcitabine (GEM)	Chemo-modulatory	↓LSDH, ↓CK-MB	Mice/heart	Alam et al. (2018a)
		↑NFSH, ↑CAT	Pancreatic cancer cells (HPAC, BxPC-3, Panc-1, Panc-28, COLO 357, and L3.6pl)	Kaseb et al. (2008)
		↑SOD, ↑GST, ↑IL-10, ↑Nrf2	Human pancreatic cancer cell lines (BxPC-3 and HPAC), and COLO-357	Banerjee et al. (2009)
		↓MDA, ↓TNF-α, ↓JIL-6, ↓NOX-4	Human pancreatic ductal epithelial cells and COLO-357	
		↓LSDH, ↓CK-MB	Pancreatic cancer (PANC-1)	Mu et al. (2014)
		↑GSH, ↑SOD, ↑CAT	Pancreatic cancer (MIA PaCa-2 and PANC-1) cells	Pandita et al. (2014)
		↓MDA	Breast adenocarcinoma (MCF-7) and ductal carcinoma (T47D) cells	Bashmail et al. (2018)
		↑CAT, ↑SOD, ↑GR, ↑GPx, ↑GST	Rat/kidneys	Badary (1999)
		↓JIL-2, ↓LDH, ↓CK-MB		
		↓NF-κB		
Ifosfamide (IFO)	Protective	↓NF-κB, ↓Bcl2, ↓XIAP, ↓survivin, ↓COX-2		
		↑PTEN, ↑caspase-3, ↑caspase-9, ↑Bax, ↑Cyt c		
		↓Notch1, ↓NICD, ↓p65, ↓Bcl2, ↓Bcl-xL, ↓XIAP, ↓AKT/mTOR/S6		
		↑Apoptosis		
		↓PKM2		
		↑Apoptosis, ↑necrosis, ↑autophagy		
		↑GSH		

**Table 2** (continued)

Drugs	Effects	Mechanisms	Animal or cells/organ	References
Methotrexate (MTX)	Protective	↓Creatinine, ↓urea, ↓MDA Improves testicular histopathology ↑Bcl2 ↓p53, ↓caspase 8, ↓caspase 3, ↓caspase 9, ↓Bax ↑GSH, ↑CAT ↓MDA, ↓iNOS, ↓COX-2, ↓NF-κB, ↓caspase 3 ↓NF-κB	Mice/testis Mice/testis Rat/intestine	Gökçe et al. (2010) Sheikhbahaie et al. (2016) El-Sheikh et al. (2016)
Oxaliplatin (OXA)	Chemo-modulatory	↓NF-κB, ↓Bcl2, ↓XIAP, ↓survivin, ↓COX-2	Pancreatic cancer cells (HPAC, BxPC-3, Panc-1 and MDA Panc-28, COLO 357, L3.6pl) Human pancreatic cancer cell lines BxPC-3 and HPAC. Human pancreatic ductal epithelial cells and COLO-357	Kaseb et al. (2008) Banerjee et al. (2009)
Paclitaxel (PTX)	Chemo-modulatory	↑Apoptosis, ↑autophagy ↑Caspase-3, ↑caspase-7, ↑caspase-12, ↑PARP cleavage ↓p65, ↓AKT1 ↑Apoptosis ↑Bax, ↑AIF, ↑Cyt c, ↑p-27, ↑caspase-9, ↑PARP cleavage ↓Bcl-xL, ↓Bcl2, ↓XIAP ↑Apoptosis	Breast cancer cells (MCF-7) Human breast cancer cell lines (MCF-7, MDA-MB-231, MDA-MB-468, T-47D, NIH/3T3 and HaCaT) Estrogen positive (MCF-7) Estrogen negative (MDA-MB-231) Rat/heart	Bashmail et al. (2020) Şakalar et al. (2015) Soni et al. (2015) Rajput et al. (2013) Ganji-Harsini et al. (2016) Suddek (2014)
Tamoxifen (TAM)	Chemo-modulatory	↑GSH, ↑SOD ↓ALT, ↓AST, ↓ALP, ↓GGT, ↓total bilirubin, ↓MDA, ↓TNF-α ↑Apoptosis	Human glioblastoma multiforme cell line (U87MG) Human glioblastoma multiforme cell line (U87MG) Leukemia (U937) cells Human colorectal cancer cells	Pazhouhi et al. (2016) Khazaei and Pazhouhi (2017) Khalife et al. (2014) Khalife et al. (2016)
Temozolomide (TMZ)	Chemo-modulatory	↑Apoptosis	Human glioblastoma multiforme cell line (U87MG)	Pazhouhi et al. (2016)
Topotecan (TPT)	Chemo-modulatory	↑Bax/Bcl2, ↑p53, ↑caspase-3, ↑caspase-9 ↑Apoptosis	Human glioblastoma multiforme cell line (U87MG)	Khazaei and Pazhouhi (2017)

AIF apoptosis inducing factor, AKT protein kinase B, ALP alkaline phosphatase, ALT alanine aminotransferase, AST aspartate aminotransferase, Bax Bcl2-associated X protein, Bcl2 B cell lymphoma 2, Bid BH3 interacting-domain death agonist, CAT catalase, CDNK-1A cyclin-dependent kinase inhibitor 1A, CK creatine kinase, CK-MB creatine kinase isoform MB, COX-2 cyclooxygenase-2, CRP C-reactive protein, Cyt c cytochrome c, DKK-1 antitumorogenesis dickkopf-related protein-1, GGT gamma-glutamyl transferase, GPx glutathione peroxidase, GR glutathione reductase, GSH reduced glutathione, GST glutathione-S-transferase, IL-10 interleukin-10, IL-1β interleukin-1 beta, IL-2 interleukin-2, IL-6 interleukin-6, iNOS inducible nitric oxide synthase, JAK2 Janus kinase 2, LDH lactate dehydrogenase, LDL-C low-density lipoprotein-cholesterol, MDA malondialdehyde, mTOR mammalian target of rapamycin, NF-κB nuclear factor-κB, NGAL neutrophil gelatinase-associated lipocalin, MCD Notch intracellular domain, NPSH non-protein sulfhydryl, NOX-4 NADPH oxidase 4, Nrf2 nuclear factor erythroid-2 related factor 2, OAT3 organic anion transporters 1, OAT3 organic anion transporters 3, OCT1 organic cation transporters 1, OCT2 organic cation transporters 2, PARP poly(ADP-ribose) polymerase, P-gp P-glycoprotein, P13K phosphatidylinositol-4,5-bisphosphate 3-kinase, PKM2 pyruvate kinase M2, PTEN phosphatase and tensin homolog, SOD superoxide dismutase, STAT3 signal transducer and activator of transcription 3, TBARS thiobarbituric acid reactive substances, TGF-β1 transforming growth factor beta 1, TGF-βRII transforming growth factor beta receptor II, TNF-α tumor necrosis factor-α, VEGF vascular endothelial growth factor, Wnt wingless/integrated, XIAP X-linked inhibitor of apoptosis protein, ↑ increase or upregulation, ↓ decrease or downregulation

et al. 2009). Therefore, the use of antioxidants in combination with DOX is of great importance to alleviate its toxicities. al-Shabanah et al. (1998) reported that TQ potentially ameliorated cardiotoxicity induced by DOX through significant reductions in serum elevated LDH and CK-MB levels, which means that TQ decreased cardiac injuries. In addition, the histopathological assessment of cardiac tissue evidenced the cardioprotective effect of TQ against DOX medication in mice. Also, El-Ashmawy et al. (2017) determined significant reductions in LDH and CK-MB in DOX-treated mice due to TQ. The elevated serum levels of cardiac markers came from the oxidative injuries induced by DOX in cardiac tissues. But TQ successfully counteracted the oxidative stress by significant enhancements of the cardiac CAT, SOD, GPx, GR, and GST that scavenged and chelated the ROS that was generated by DOX in cardiac tissues (Alam et al. 2018a).

Rats injected with a single intravenous dose of 6 mg per kg DOX had a severe nephrotic syndrome that detected by significant increases in triacylglycerol, total cholesterol, and lipid peroxides in kidneys tissues, while non-protein sulfhydryl (NPSH) content and CAT activity were significantly decreased (Badary et al. 2000). Elsherbinly and El-Sherbinly (2014) stated that DOX-induced nephrotoxicity in rats was mediated by elevated oxidative stress and inflammatory process. DOX enhanced renal MDA with significant decreases in the SOD and GST activities. In addition, DOX treatment induced significant increases in renal levels of TNF- $\alpha$ , IL-6, and NADPH oxidase 4 (NOX-4). TQ overcame the DOX-induced nephrotoxicity through a restoration of antioxidant potentials of renal tissues. The same results were obtained by Zidan et al. (2018) in mice. TQ successfully alleviated the DOX-cardiotoxicity and nephrotoxicity through enhancement of cellular antioxidant potential.

### Gemcitabine

**Chemo-modulatory effects** Gemcitabine (GEM), 2',2'-difluorodeoxycytidine, is a cytidine analogue that has been used clinically to treat various solid cancers (Hertel et al. 1990). It is a nucleoside analogue that inhibits DNA synthesis by inhibition of DNA polymerase and ribonucleotide reductase, resulting in cancer apoptosis (Aapro et al. 1998). TQ-GEM combination studies are listed in Table 2. Treatment of pancreatic cancer (PANC-1) with TQ-GEM combination led to suppressions of Notch1, Notch intracellular domain (NICD), and AKT/mammalian target of rapamycin (mTOR)/S6 pathways and upregulated PTEN. Moreover, TQ pretreatment and GEM treatment also induced downregulation of antiapoptotic Bcl2, Bcl-xL, X-linked inhibitor of apoptosis protein (XIAP), and upregulation and activation of proapoptotic molecules including caspase-3, caspase-9, and Bax (Mu et al. 2014). TQ-GEM combination downregulated the pyruvate kinase M2 (PKM2) that led to inhibition of

pancreatic cell lines' (MIA PaCa-2 and PANC-1) proliferation and induced their apoptosis (Pandita et al. 2014). The same effect was stated by Banerjee et al. (2009) who observed downregulation of NF- $\kappa$ B, Bcl2 family, and NF- $\kappa$ B-dependent antiapoptotic genes (XIAP, survivin, and COX-2) in pancreatic cancer cells (BxPC-3 and HPAC) exposed to TQ with GEM or OXA that induced cellular apoptosis. In another study, TQ pretreatment of pancreatic cancer cells (HPAC, BxPC-3, Panc-1 and MDA Panc-28, COLO 357, and L3.6pl) before GEM or OXA downregulated NF- $\kappa$ B (Kaseb et al. 2008).

These studies reflect promise in pancreatic cancer treatment by TQ and GEM combination through upregulation of intrinsic and extrinsic pathways of apoptosis in addition to suppression of Notch1 and NF- $\kappa$ B pathways. Furthermore, TQ showed promising chemo-modulatory effects on GEM against breast adenocarcinoma (MCF-7) and ductal carcinoma (T47D) cells through inducing apoptosis, necrosis, and autophagy (Bashmail et al. 2018).

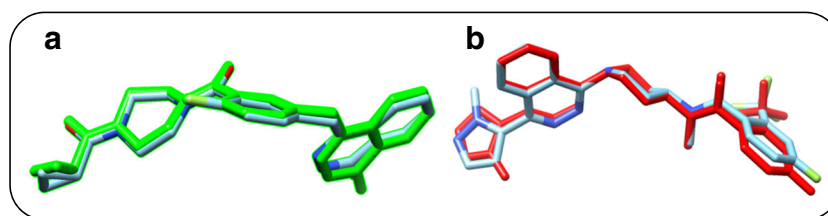
**Protective effects** GEM is a well-known chemotherapy that has side effects including bone marrow suppression, liver and kidney problems (Alam et al. 2018b). TQ protection against GEM toxicity has not been investigated.

### Ifosfamide

**Protective effects** Ifosfamide (IFO) is a widespread chemotherapeutic agent, but it can be associated with heart failure, encephalopathy, and hemorrhagic cystitis. Mesna drug administration can control only the urothelial toxicity of IFO (Klastersky 2003). Badary (1999) studied the induction of Fanconi syndrome in rats with a daily injection of IFO at a dose of 50 mg/kg/i.p. for 5 days. TQ supplementation of rats by a dose of 5 mg/kg/day for 5 days ameliorated the renal damage induced by IFO by restoration of renal GSH depletion and MDA accumulation due to IFO. Thus, it is very important to study the protective effect of TQ against IFO toxicity.

### Methotrexate

**Protective effects** Methotrexate (MTX) blocks DNA synthesis by interfering with the metabolism of folic acid. MTX competitively inhibits dihydrofolate reductase that converts dihydrofolate to tetrahydrofolate that is used for thymidine and purines biosynthesis (Howard et al. 2016). However, MTX is accompanied by toxicity that leads to renal dysfunction, myelosuppression, mucositis, dermatologic toxicity, and hepatotoxicity. Therefore, many trials have been done to overcome MTX-associated toxicity. El-Sheikh et al. (2016) observed the intestinal injuries in MTX-treated rats. They exhibited decreases in intestinal GSH concentration and CAT activity, along with a significant rise in MDA level compared



**Fig. 2** Docking validation by redocking the cocrystal ligands to their corresponding receptors. The original conformation of each cocrystal ligands is displayed in **a** green stick in the case of tankyrase-2 protein and **b** red stick in the case of smoothed 7TM receptor, while docked

poses are represented in gray stick. The root means square deviation (RMSD) was calculated between the original and docked poses of the cocrystal ligands, and it was less than 2 Å.

with the control group. At the molecular level, MTX induced upregulation of intestinal iNOS, COX-2, NF- $\kappa$ B, and caspase 3. TQ significantly reversed the MTX-induced intestinal alteration by significant declines in oxidative/nitrosative stress and apoptotic markers. Another study was done by Sheikhbahaei and colleagues on testicular germ cells. They found that TQ protects the germ cells against MTX-mediated apoptosis by downregulation of p53, caspase 8, caspase 3, caspase 9, and Bax genes while upregulating Bcl2 (Sheikhbahaei et al. 2016). Also, TQ alleviated the histopathological variations induced by MTX in male mice (Gökçe et al. 2010).

## Paclitaxel

**Chemo-modulatory effects** Paclitaxel (PTX) is a taxane member anticancer drug that selectively arrests the cell cycle in G2/M phase (Barbuti and Chen 2015). Many trials have been done to determine the benefits of TQ and PTX anticancer drug combinations. Şakalar et al. (2015) stated that in a triple-negative breast cancer cell line treated with TQ-PTX, genes involved in apoptosis cascade, p53 signaling, and JAK-STAT

signaling were differentially expressed. The anticancer effect of PTX against MCF-7 cells was potentiated when PTX was encapsulated with TQ in nanoparticles. Therefore, the authors proposed the usage of drug-loaded TQ-PTX nanoparticles in breast cancer treatment (Soni et al. 2015). Recently, TQ and PTX combination was investigated by Bashmail et al. (2020) against MCF-7 and T47D breast cancer cell lines. TQ significantly increased the apoptotic/necrotic cell death percentages in T47D and significantly induced autophagy in MCF-7 cells after combination with PTX.

**Protective effects** PTX is a platinum-based therapy belongs to taxanes with microtubule stabilizing ability (Kampan et al. 2015). However, it may lead to peripheral neurotoxicity especially with high dose (Gordon et al. 1997). The role of TQ's protection against PTX toxicity has not been studied to date.

## Tamoxifen

**Chemo-modulatory effects** Tamoxifen (TAM), a selective estrogen receptor modulator, may control breast cancer proliferation by estrogen receptor antagonism and other mechanisms (Liu et al. 2014). TQ synergizes TAM by mechanisms other than estrogen receptor antagonism as presented in Table 2. TQ-TAM combinations lowered XIAP expression in MCF-7, MDA-MB-231, MDA-MB-468, T-47D, NIH/3T3, and HaCaT cell lines along with inhibition of PI3K/AKT pathway. Downregulation of AKT expression regulated the downstream effectors such as Bcl-xL, Bcl2, and upregulated Bax, as well as apoptosis inducing factor (AIF), cytochrome c, and p-27 expressions (Rajput et al. 2013). A remarkable apoptotic index was observed in combination treatment of either estrogen positive MCF-7 or estrogen negative MDA-MB-231 lines with TQ-TAM (Ganji-Harsini et al. 2016). This novel combination is considered as a promising tool in breast cancer treatment.

**Protective effects** TAM is a standard chemotherapeutic for breast cancer treatment. Unfortunately, it induces several serious side effects, mainly hepatotoxicity. Suddek (2014) evaluated the effect of TQ on TAM-induced hepatotoxicity in

**Table 3** Results of molecular docking of thymoquinone (TQ) and standard chemotherapeutic drugs against cancer stem cell (CSC) pathways

Drugs	Free energy of binding (Kcal/mol)	
	Wnt	Hedgehog
Methotrexate (MTX)	-9.6	-10.1
Thymoquinone (TQ)	-7.8	-7.2
Doxorubicin (DOX)	-9.5	-5.0
Tamoxifen (TAM)	-9.5	-5.2
Paclitaxel (PTX)	-8.7	-2.5
Temozolomide (TMZ)	-8.1	-7.2
Topotecan (TPT)	-8.1	-7.2
Gemcitabine (GEM)	-7.4	-7.5
Bleomycin (BLM)	-7.1	-2.6
Cyclophosphamide (CTX)	-6.5	-6.0
Docetaxel (DTX)	-6.5	-6.0
5-fluorouracil (5-FU)	-5.8	-5.2



female rats. TQ significantly decreased hepatic GSH depletion and lipid peroxidation products accumulation. TQ normalized the activity of SOD and inhibited the rise in TNF- $\alpha$ . The authors concluded that TQ protects against TAM-induced hepatotoxicity, which was also confirmed with histopathological analysis of liver sections.

### Temozolomide

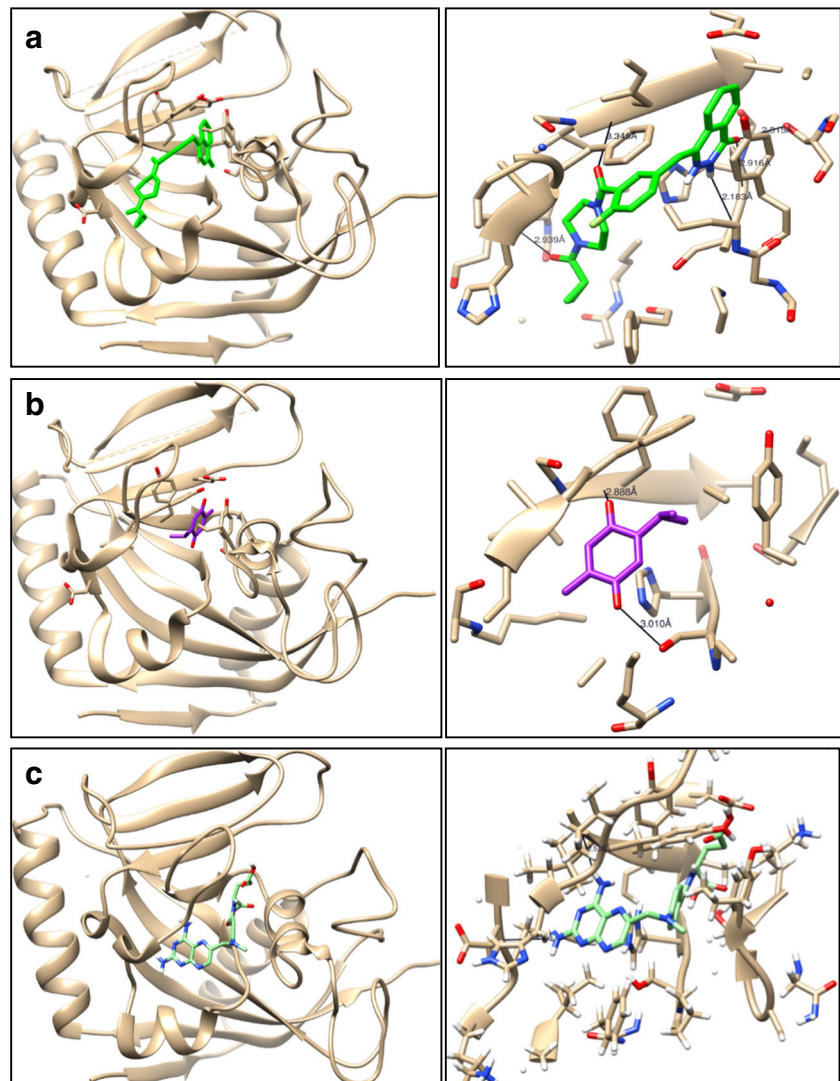
**Chemo-modulatory effects** Temozolomide (TMZ), an alkylating agent, is used for melanoma, glioma, and neuroendocrine tumors treatment. Studies listed in Table 2 are examples of TMZ combination with TQ. TQ enhanced the anticancer activity of TMZ by significantly decreasing nitric oxide (NO) production (Pazhouhi et al. 2016) and cell viability (Khazaei and Pazhouhi 2017) of human glioblastoma multiforme cell line (U87MG). Therefore, the combination of TMZ and TQ can be a good plan for the treatment of glioblastoma.

**Protective effects** TMZ treatment induced liver toxicity associated with significant increases in AST and ALT along with anorexia, alopecia, itching, skin rash, and lung infection (Bae et al. 2014). The protective role of TQ against TMZ toxicity has not been studied to date.

### Topotecan

**Chemo-modulatory effects** Topotecan (TPT) is an anticancer drug for treatment of glioma, small cell lung cancer, prostate cancer, neuroblastoma, leukemia (Hodroj et al. 2018), and ovarian cancers (Mobus et al. 2001). Khalife and colleagues studied the TQ-TPT combination anticancer synergism against leukemia (U937) (Khalife et al. 2014) and human colorectal cancer cells (Khalife et al. 2016). The authors concluded that TQ effectively increased the anticancer effect of TPT against U937 by increasing the levels of Bax/Bcl2, p53, caspase-3, and caspase -9 expressions.

**Fig. 3** 3D configuration (Left figures) and hydrogen bond formation (right figures) between tested compounds. **a** Reference ligand. **b** Thymoquinone (TQ). **c** Methotrexate with tankyrase-2 receptor





**Protective effects** In clinical trials, hematologic toxicity has been the main TPT toxicity (Armstrong and O'Reilly 1998). The protective effect of TQ against TPT toxicity has not been studied yet.

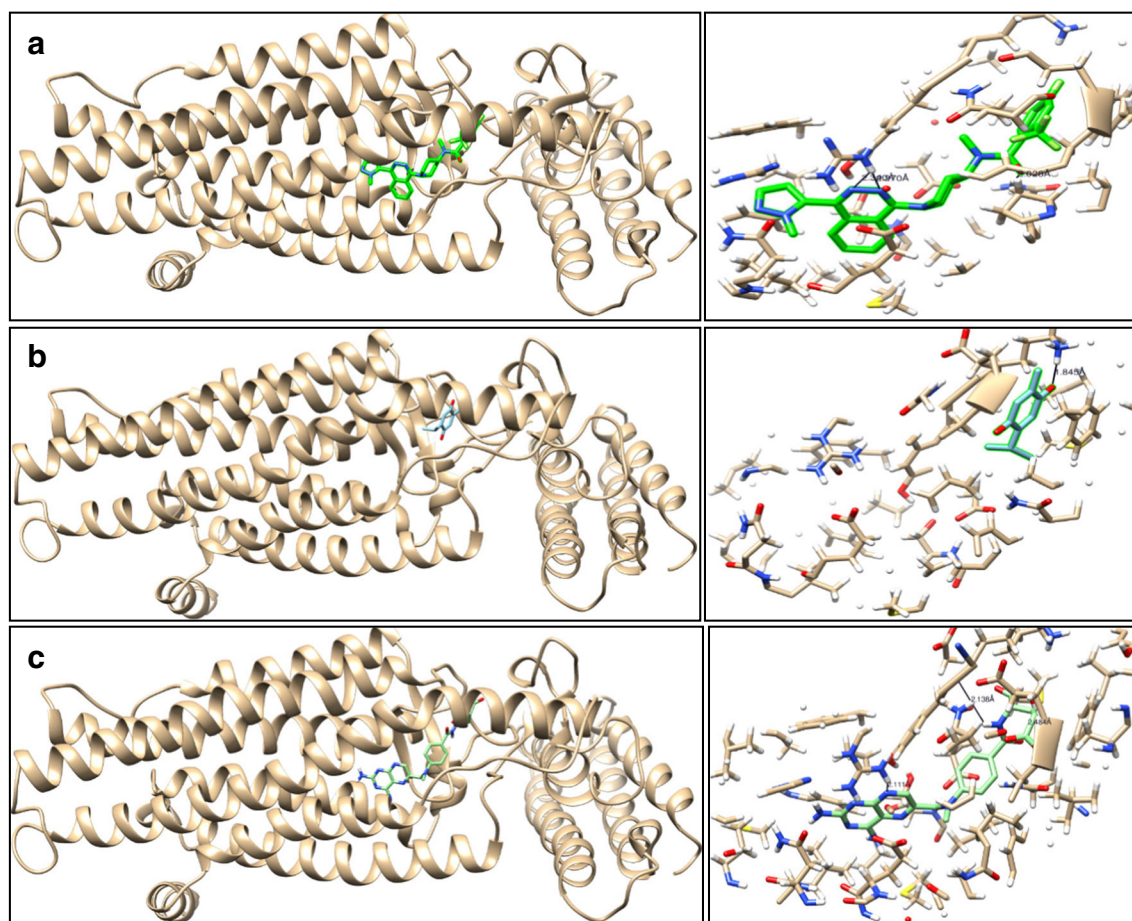
## Thymoquinone targeting cancer stem cells

### Cancer stem cells

Cancer stem cells (CSCs) are a small tumor cell population with high self-renewal capabilities and a greater degree of resistance to traditional chemotherapy and radiotherapy (Han et al. 2013). These kinds of tumor initiating cells are a major driving force for the failure of conventional cancer therapies, relapse, and high mortality rate associated with this disease (Singh and Settleman 2010). Pressingly, in some tumor forms, increased CSC progenitors are closely related to invasiveness, elevated tumor stage, and worse clinical outcome (Hu et al. 2017a). CSCs can be segregated from nearly all cancers on the basis of specific cell surface markers exhibited by these cells (Insan and Jaitak 2014).

CSCs have similar features and are significantly sustained by a number of signaling pathways including Wnt, Hedgehog (Hh), Notch, and PI3K/AKT/mTOR (Moselhy et al. 2015). These pathways are associated in essence with self-renewal, differentiation, drug resistance, and pervasiveness of CSC. These pathways were therefore considered potential hits for therapeutic intervention and ultimately cancer treatment.

Wnt signaling cascade is indeed commonly implicated in many types of cancer (Pu et al. 2017). Tankyrases (TNKS) are thought to be crucial contributors in the Wnt signaling pathway as they have the ability to increase  $\beta$ -catenin by decreasing axis expression to boost Wnt signal pathway (Chen et al. 2009; Huang et al. 2009). In addition, TNKS enhances the length of telomeres by ribosylation of telomeric repeat factor 1 (TRF1), resulting in inappropriately normal cells division, leading to cancer cell transformation (Counter et al. 1994; Folini et al. 2009). Several reports showed that inhibition of TNKS could prevent the massive expansion of cancer cells (Chang et al. 2009; Kirubakaran et al. 2014). Consequently, TNKS inhibition was reported as an encouraging and potent therapeutic approach to a variety of cancers (Zhu et al. 2015).



**Fig. 4** 3D configuration (left figures) and hydrogen bond formation (right figures) between tested compounds. **a** Reference ligand. **b** Thymoquinone (TQ). **c** Methotrexate with smoothed 7TM receptor

Hh pathway is an evolutionary pathway that usually controls the development of tissue by regulating cell fate, expansion, and differentiation (Insan and Jaitak 2014). Its dysregulation has been found to be correlated significantly with multiple types of malignancies along with its intervention in CSC preservation (Merchant and Matsui 2010). Moreover, the Hh pathway includes dynamic interaction between multiple pathways, leading to increasing the possibility for drug resistance (Sengupta et al. 2007). As a targeting strategy for cancer and eradication of CSCs, different targeting techniques have been discovered to control or inhibit Hh pathways, which can be generally listed as Hh protein inhibitors, human smoothened 7TM (Smo) inhibitors, and Gli protein inhibitors (Peukert and Miller-Moslin 2010).

Collectively, numerous targeting CSC strategies hold hope for a long-term treatment and eventually eradication for malignant tumors. Nevertheless, there seem to be no drugs in clinical use to date that deliberately target CSCs. The exploration of CSC-specific drugs is challenging due to various factors that include CSC genotypical heterogeneity and instability, which presents enormous challenges to target these populations specifically (Grichnik 2006). Many natural products have potential effects in sensitizing CSCs to conventional chemotherapy by modulating molecular signaling that governs the stemness properties in a wide range of cancer types (Moselhy et al. 2015).

TQ has a multitargeting ability because it can interact with a broad spectrum of tumorigenic processes by inhibiting malignant transformation and arresting cancer propagation. In addition, TQ can precisely sensitize cancer cells to traditional chemo- and radiotherapies and at the same time mitigate toxic effects in normal cells (Mostofa et al. 2017). Therefore, effective dual-target therapies against CSCs and differentiated tumor cells can be achieved by combining TQ with traditional therapy, and this may counteract tumor growth-related multi-drug resistance.

### Targeting cancer stem cells signaling pathways by combination of Thymoquinone and chemotherapeutic drugs

To investigate the possible binding of TQ and other chemotherapeutic drugs to Wnt (TNKS 2) and Hh (Smo) signaling pathways, we employed a molecular docking investigation according to our previous publications (El-Kady et al. 2019). Briefly, Chemscketch software (<http://www.acdlabs.com/resources/freeware/>) was used to construct the structures of all tested compounds. The structures were prepared using VEGAZZ program for energy minimization (Pedretti et al. 2004). The 3D molecular target structures were retrieved from the Protein Data Bank (PDB) ([www.rcsb.org](http://www.rcsb.org)): for this analysis, the X-ray crystal structure of TNKS 2 (PDB ID: 3U9Y) and the human smooth 7TM receptor (PDB ID:

4JKV) were used (Fig. 2). The molecular target preparation steps were done by removing heteroatoms (water and ions), adding polar hydrogen, and assignment of charge. The active sites were defined around the bound cocrystal ligands using grid boxes of appropriate sizes. The docking study and visualization were performed using Autodock vina (Trott and Olson 2010) and Chimera for visualization (Pettersen et al. 2004).

We could see that TQ could modulate and interact with both proteins more efficiently (indicated by low free energy of binding) than most of the chemotherapeutic drugs, except for methotrexate (Table 3; Figs. 3 and 4). Our results were supported by Bashmail and coworkers' finding, as they could show that TQ augments the effect of GEM against breast cancer stem cells (CD44<sup>(+)</sup>/CD24<sup>(-)/(low)</sup>) (Bashmail et al. 2018). Also, TQ and 5-FU combination targeted the stem cell genes' signature in colorectal cancer cells, leading to an effective eradication of colorectal cancer cells (Ndreshkjana et al. 2019).

### Conclusion and recommendations

TQ is a promising drug that potentiates the anticancer activities of various chemotherapeutic agents and can defeat their toxicity to other normal tissues. TQ protects against hepatic, cardiac, renal, neural, and intestinal toxicities of chemotherapeutic agents through enhancement of antioxidant potentials of these organs via significant increases in SOD, CAT, GPx, glutathione reductase (GR), and GST. These enzymes constitute the enzymatic antioxidant cellular defense where SOD converts the toxic superoxide anion to a less toxic H<sub>2</sub>O<sub>2</sub>. Consequently, the cell can defeat H<sub>2</sub>O<sub>2</sub> by CAT and GPx, while GST neutralizes the cellular lipid peroxides in the presence of GSH. GR is responsible for regeneration of GSH from GSSG for antioxidant defense (Birben et al. 2012).

TQ targets CSCs and overcomes chemotherapy resistance associated with this important cell population. To date, researchers have investigated the anticancer potentiation and toxicity alleviation of chemotherapeutics by TQ mostly separately in studies.

Finally, we encourage researchers to investigate both effects in the same experiment of animal models beside in vitro studies to determine the actual doses, frequencies, and metabolism of TQ actions. In addition, we recommend investigating the following ideas:

- 1) Combinatory effect of TQ on the anticancer effect of other important chemotherapeutic agents that are present in Table 1.
- 2) Chemotherapeutic agent anticancer potentiation and toxicity alleviation by TQ in the same experiment after in vitro model.

- 3) TQ-5-FU combination for the treatment of colorectal cancer. Also, the protective role of TQ against 5-FU toxicity.
- 4) TQ-BLM combination against the gastric, testicular, head and neck, cervix, and vulva cancers. Also, the protective role of TQ against BLM toxicity especially to the lung. Moreover, the effect of TQ on BLM hydrolase especially in the lung and skin.
- 5) TQ-BTZ combination effect on the NF- $\kappa$ B pathway. Also, the protective role of TQ against BTZ neurotoxicity.
- 6) TQ-CTX combination effect against various cancer types.
- 7) TQ-GEM combination effect in the treatment of ovarian, breast, bladder, and non-small cell lung cancer. Also, the protective role of TQ against GEM toxicity.
- 8) TQ-IFO combination effect in the treatment of several cancer types and study the protective role of TQ against IFO toxicity.
- 9) TQ-MTX combination effect in the treatment of various cancer types and study the protective role of TQ against MTX toxicity especially intestine.
- 10) TQ-TAM combination effect in the treatment of breast cancer concerning estrogen receptor antagonist and other pathways such as PI3K/AKT/mTOR.
- 11) TQ-TMZ combination effect in the treatment of glioma and neuroendocrine tumors.
- 12) TQ-TPT combination effect in the treatment of neuroblastoma, glioma, prostate, and ovarian cancers.

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**Author contributions** AF, MT, SA, and SM conceived and designed research. AF and MT conducted data collection. AF drafted the paper. MT conducted molecular docking study. AF, MT, SA, and SM analyzed data, and revised the manuscript. AF and MT submitted the manuscript. All authors read and approved the manuscript.

## Compliance with ethical standards

**Conflict of interest** The authors declare that they have no conflict of interest.

**Ethical approval** This article does not contain any studies with human participants or animals performed by any of the authors.

**Abbreviations** AIF, Apoptosis inducing factor; AKT, Protein kinase B; ALP, Alkaline phosphatase; ALT, Alanine aminotransferase; AST, Aspartate aminotransferase; Bax, Bcl2-associated X protein; Bcl2, B cell lymphoma 2; Bid, BH3 interacting-domain death agonist; CAT, Catalase; CDNK-1A, Cyclin-dependent kinase inhibitor 1A; CK, Creatine kinase; CK-MB, Creatine kinase isoform MB; COX-2, Cyclooxygenase-2; CRP, C-reactive protein; Cyt c, Cytochrome c; DKK-1, Antitumorigenesis dickkopf-related protein-1; GGT, Gamma-glutamyl transferase; GPx,

Glutathione peroxidase; GR, Glutathione reductase; GSH, Reduced glutathione; GST, Glutathione-S-transferase; IL-10, Interleukin-10; IL-1 $\beta$ , Interleukin-1beta; IL-2, Interleukin-2; IL-6, Interleukin-6; iNOS, Inducible nitric oxide synthase; JAK2, Janus kinase 2; LDH, Lactate dehydrogenase; LDL-C, Low-density lipoprotein-cholesterol; MDA, Malondialdehyde; mTOR, Mammalian target of rapamycin; NF- $\kappa$ B, Nuclear factor- $\kappa$ B; NGAL, Neutrophil gelatinase-associated lipocalin; NICD, Notch intracellular domain; NPSH, Non-protein sulfhydryl; NOX-4, NADPH oxidase 4; Nrf2, Nuclear factor erythroid-2 related factor 2; OAT1, Organic anion transporters 1; OAT3, Organic anion transporters 3; OCT1, Organic cation transporters 1; OCT2, Organic cation transporters 2; PARP, Poly (ADP-ribose) polymerase; P-gp, P-glycoprotein; PI3K, Phosphatidylinositol-4,5-bisphosphate 3-kinase; PKM2, Pyruvate kinase M2; PTEN, Phosphatase and tensin homolog; SOD, Superoxide dismutase; STAT3, Signal transducer and activator of transcription 3; TBARS, Thiobarbituric acid reactive substances; TGF- $\beta$ 1, Transforming growth factor beta 1; TGF- $\beta$ RII, Transforming growth factor beta receptor II; TNF- $\alpha$ , Tumor necrosis factor- $\alpha$ ; VEGF, Vascular endothelial growth factor; Wnt, Wingless/integrated; XIAP, X-linked inhibitor of apoptosis protein

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