



Nisin induces apoptosis in cervical cancer cells via reactive oxygen species generation and mitochondrial membrane potential changes

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1 **Nisin induces apoptosis in cervical cancer cells via reactive oxygen**
2 **species generation and mitochondrial membrane potential changes**

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15

16 Abstract

17 Nisin, an antimicrobial peptide produced by *Lactococcus lactis*, is widely used as a safe food
18 preservative and has been recently attracting the attention of many researchers as a potential
19 anticancer agent. The cytotoxicity of nisin against HeLa, OVCAR-3, SK-OV-3, and HUVEC
20 cells was evaluated using MTT assay. The apoptotic effect of nisin was identified by Annexin-
21 V/propidium iodide assay, and then it was further confirmed by western blotting analysis,
22 mitochondrial membrane potential ($\Delta\Psi_m$) analysis, and reactive oxygen species (ROS) assay.
23 The MTT assay showed concentration-dependent cytotoxicity of nisin towards cancer cell lines,
24 with the IC_{50} values of 11.5-23 μ M, but less toxicity against normal endothelial cells.
25 Furthermore, treatment of cervical cancer cells with 12 μ M nisin significantly ($P<0.05$) increased
26 the Bax/Bcl-2 ratio (4.9-fold), reduced $\Delta\Psi_m$ (70%), and elevated ROS levels (1.7-fold). These
27 findings indicated that nisin might have anticancer and apoptogenic activities through
28 mitochondrial dysfunction and oxidative stress damage in cervical cancer cells.

29 **Keywords:** Nisin, Apoptosis, Mitochondrial membrane potential, Reactive oxygen species,
30 Uterine cervical neoplasms, Ovarian neoplasms

31

32 **Introduction**

33 Gynecologic cancers (*e.g.*, cervical and ovarian cancer) are common cancer with high mortality
34 among women worldwide. Cervical cancer was the fourth most common cancer among women
35 and was also the fourth leading cause of death due to cancer in women according to the Global
36 Cancer Observatory 2018 database (Arbyn et al., 2020). In 2021, 21,410 new ovarian cancer
37 cases will be diagnosed and an estimated 13,770 women will die from this cancer in the United
38 States (Siegel et al., 2021). Acquired (*e.g.*, chronic human papillomavirus or HPV infection) and
39 genetic (*e.g.*, family history) susceptibility factors are the major cause of cervical cancer (Tan
40 and Ankathil, 2015, Chan et al., 2019). Recent studies have explored that vaginal dysbacteriosis
41 or vaginal microbiota imbalance also plays an important role in the development of reproduction
42 system cancers including cervical cancer in women (Brusselaers et al., 2019).

43 Different therapeutic approaches including surgery, radiation therapy, and pharmacotherapy are
44 currently applied for the treatment of cervical cancer. However, most patients experience adverse
45 effects which have long-term effects on their quality of life (Pfaendler et al., 2015). Therefore,
46 the development of novel anticancer agents is still required to reduce side effects and improve
47 the effectiveness of therapeutic approaches for the management of cervical cancer. Recent
48 evidence has shown that probiotics and their metabolites (*e.g.*, antimicrobial peptides) can
49 rebalance the host's microbiome, improve the immune system, and reduce inflammation (Zheng
50 et al., 2020); therefore, these agents have potential preventive, therapeutic, or diagnostic
51 applications in different malignancies including gynecologic cancers (Perisić et al., 2011, Cha et
52 al., 2012, Linn et al., 2019).

53 Nisin is a cationic antimicrobial peptide produced by *Lactococcus lactis*, the first living
54 transgenic bacteria used for the treatment of human disease (Braat et al., 2006). This

55 antimicrobial peptide is widely used as a food preservative and is generally regarded as safe
56 (GRAS) for human usage even at high doses (2021). Nisin exhibits various pharmacological
57 activities including antimicrobial/biofilm, immunomodulatory and antitumor properties (Shin et
58 al., 2016). Anticancer and cytotoxic effects of nisin have been investigated in several cancer cell
59 lines including head and neck squamous carcinoma cells (HNSCC) (Kamarajan et al., 2015),
60 breast cancer cells (*e.g.*, MCF-7) (Avand et al., 2018), skin cancer cells (*e.g.*, A375) (Lewies et
61 al., 2018) and colorectal cancer cells (*e.g.*, SW480) (Hosseini et al., 2020).

62 To the best of our knowledge, there is no report on the cytotoxic effect of nisin against ovarian
63 and cervix cancer cell lines. In this study, we aimed to evaluate the anticancer effect of nisin
64 against cervical and ovarian cancer cell lines (HeLa, OVCAR-3, and SK-OV-3) using the cell
65 viability assay. We also performed flow cytometric analysis, western blot analysis, mitochondrial
66 membrane potential analysis, and reactive oxygen species (ROS) assay to gain mechanistic
67 insights into the nisin-induced cervical cancer cell death.

68 **Materials and Methods**

69 *Chemicals and reagents*

70 High glucose Dulbecco's modified Eagle's medium (DMEM), Roswell Park Memorial Institute
71 1640 medium (RPMI), fetal bovine serum (FBS), penicillin-streptomycin were obtained from
72 Bioidea (Iran). Nisin, 3-[4,5-dimethyl-2-thiazolyl]-2,5-diphenyl-2H-tetrazolium bromide (MTT),
73 Dimethyl sulfoxide (DMSO) and 5,5',6,6'-tetrachloro-1,1',3,3'-
74 tetraethylbenzimidazolylcarbocyanine iodide (JC-1) were provided from Sigma-Aldrich (USA).
75 Mouse anti-Bcl-2 (sc-7382), mouse anti- β -actin (sc-47778), mouse anti-Bax (sc-20067), and goat
76 anti-mouse IgG-HRP (sc-2031) were provided from Santa Cruz Biotechnology (USA). All other
77 reagents were purchased from Sigma Aldrich (USA) and were of analytical grade.

78 *Cell lines*

79 The human cervical cancer cell line (HeLa), human ovarian carcinoma cell lines (OVCAR-3 and
80 SK-OV-3), and human umbilical vein endothelial cells (HUVEC) were purchased from the
81 Pasture Institute (Tehran, Iran). The cells were incubated in a humidified atmosphere containing
82 5 % CO₂ at 37 °C. HeLa, OVCAR-3 and SK-OV-3 were fed with RPMI supplemented with 10 %
83 FBS, 100 units/ml of penicillin, and 100 µg/ml of streptomycin. HUVEC cells were cultured in
84 high glucose DMEM supplemented with 10 % FBS and penicillin-streptomycin (100 IU/ml and
85 100 µg/ml, respectively).

86 *Cell viability assay*

87 To evaluate the cytotoxic effect of nisin on the OVCAR-3, SK-OV-3, HeLa, and HUVEC cells,
88 the MTT assay was performed as described previously (Safaeian et al., 2016). Briefly, the cells
89 were seeded at a density of 1×10^4 cells/well in 96-well plates and incubated overnight. Based on
90 the IC₅₀ values reported in the previous studies (Avand et al., 2018, Rana et al., 2019), the 0.75-
91 75 µM concentration range was chosen for the present work. The cells were incubated with
92 different concentrations of nisin (0.75–75 µM). Every plate had four wells with cells treated with
93 phosphate buffered saline (PBS) as the negative control. After 48 h of incubation, 20 µl of MTT
94 solution (5 mg/ml in PBS) was added to each well and incubated at 37 °C for 4 h. Then, the
95 medium was removed and 150 µl DMSO was added to each well to dissolve insoluble formazan
96 crystals. Finally, the absorbance values were measured at 570 nm by a plate reader (BioTek
97 Instruments, USA). The percentage of cell viability was determined according to the following
98 equation:

$$99 \text{ \% Cell viability} = (\text{Absorbance of treated wells} - \text{Absorbance of blank}) / (\text{Absorbance of} \\ 100 \text{ negative control} - \text{Absorbance of blank}) \times 100$$

101 *Apoptosis assay via Annexin-V/PI staining*

102 Induction of apoptosis by nisin was evaluated using Apoptosis Detection Kit (Annexin V-
103 FLUOS Staining kit, Roach, USA). HeLa cells (2×10^5 cells/well) were seeded in a 12-well
104 plate and incubated with various concentrations of nisin (3, 6, 12 and 24 μM) and the negative
105 control for 16 and 24 h. Then, the cells were harvested and washed with PBS by centrifugation at
106 $500 \times g$ for 5 min at 4 °C. Next, the cells were co-stained with FITC conjugated Annexin V
107 (Annexin-V) and propidium iodide (PI) according to the manufacturer's instruction and analyzed
108 by flow cytometry (BD Biosciences, USA).

109 *Western blot analysis*

110 To evaluate the effect of nisin on the expression of apoptotic and anti-apoptotic proteins, western
111 blot analysis was performed as described previously (Shahrestanaki et al., 2019). Briefly, HeLa
112 cells were grown on cell culture dishes and treated with different concentrations of nisin (6, 12,
113 and 24 μM) and the negative control for 48 h. The cells were harvested using a sterile cell
114 scraper and resuspended in RIPA buffer containing protease inhibitors (0.5 mM PMSF, and 0.5%
115 protease and phosphatase inhibitor cocktails) and then subjected to probe-sonication (Hielscher,
116 Germany) on ice to disrupt cells. The cell debris was removed by centrifugation at $12,000 \times g$ for
117 10 min at 4 °C and the total protein content of the supernatant was determined using the
118 Bradford method. An equal amount of each protein sample was separated by 12 % sodium
119 dodecyl sulfate-polyacrylamide gel electrophoresis and transferred to a polyvinylidene fluoride
120 membrane. The membrane was blocked in 5% skim milk in Tris-buffered saline containing 0.1%
121 Tween 20 (TBST) 2 h at 25 °C and then probed with anti-human Bax, Bcl-2, and β -actin
122 antibodies at 4 °C overnight. After three washes, the membrane was incubated with a peroxidase-
123 conjugated secondary antibody for 2 h at 25 °C. Then, the membrane was washed three times

124 with TBST and the blots were visualized on an X-ray film using an ECL kit (Cell signaling,
125 USA). The density of each band was quantified by ImageJ software (version 1.52, National
126 Institutes of Health, Bethesda, USA).

127 *Mitochondrial membrane potential analysis*

128 The mitochondrial membrane potential ($\Delta\Psi_m$) was determined using a mitochondrial probe, JC-
129 1, as described previously (Shahali et al., 2018). Briefly, HeLa cells (1×10^3 cells/well) were
130 seeded in a 384 well plate and were treated with nisin (6, 12, 24 μM) and the negative control for
131 24 h. The medium was replaced with 100 μl per well of HEPES buffer and incubated for 30 min
132 at 37 °C. The plate was washed once more with 100 μl per well of HEPES buffer and then cells
133 were stained with 2.5 mM JC-1 in the dark. Fluorescence was measured for each well at every 15
134 min for 2 h at excitation/emission 485/530 nm (green) and excitation/emission 530/580 nm (red)
135 using a microplate reader (Synergy H1 Hybrid Multi-Mode; Bio-Tek). Changes in the ratio of
136 red to green fluorescence were determined and then normalized to untreated control cells.

137 *Reactive oxygen species (ROS) assay*

138 The generation of ROS was determined using a Live Cell Fluorescent Reactive Oxygen Species
139 detection kit (Marker Gene Technologies, USA) as described previously (Shahali et al., 2018). In
140 brief, HeLa cells were seeded in a 384-well plate at 1×10^3 cells per well overnight, and
141 incubated with nisin (6, 12, 24 μM) for 48 h. The medium was removed and cells were stained
142 with 20 μM 2',7'-dichlorofluorescein diacetate (DCFDA) at 25 °C for 1 h in the dark.
143 Fluorescence was determined for each well at excitation/emission 485/528 nm using a microplate
144 reader (Synergy H1 Hybrid Multi-Mode; Bio-Tek). The ROS levels were expressed as a fold of
145 change to the control.

146 *Statistical analysis*

147 The IC₅₀ was calculated with the Prism 9 software (GraphPad Prism Software Inc., San Diego,
148 CA). Data from at least three independent experiments were reported as mean ± standard
149 deviation (SD). Significant differences between groups were determined by analysis of variance
150 (ANOVA) using SPSS (Statistical Package for the Social Sciences) software program (Chicago,
151 IL, USA), version 20 followed by a Tukey post hoc test. The *p* values <0.05 were considered
152 significant.

153 **Results**

154 *In vitro cytotoxicity of nisin*

155 To determine the cytotoxicity of nisin, HUVCE, HeLa, OVCAR-3, and SK-OV-3 cell lines were
156 incubated with nisin at different concentrations for 48 h and an MTT assay was performed to
157 evaluate the cell viability. As presented in Figure 1, nisin revealed a low level of cytotoxicity for
158 non-cancerous cells, HUVEC; cell viability was slightly reduced at higher concentrations of
159 nisin (6 and 12 μM) and the IC₅₀ value was 63.2 μM. In contrast, nisin exhibited significant
160 cytotoxicity (*P*<0.05) on HeLa and OVCAR-3 cells, and the IC₅₀ value was 11.5 μM and 14.6
161 μM, respectively. Interestingly, SK-OV-3, a more invasive ovarian cancer cell line, was less
162 affected by nisin and the IC₅₀ was obtained 22.9 μM. Our findings indicate that the HeLa cell
163 line was the most sensitive to nisin. Therefore, we decide to proceed with HeLa cells in the
164 following experiments.

165 *Nisin induces apoptosis in HeLa cells*

166 Annexin-V/PI staining was performed to evaluate the effect of nisin on the induction of
167 apoptosis in HeLa cells. In flow cytometric analysis, Annexin-V/PI-negative cells indicate live
168 cells; Annexin-V-positive and PI-negative cells refer to early apoptotic cells, Annexin-V-
169 negative and PI-positive cells indicate primary necrotic cells and Annexin-V/PI-positive cells

170 show late apoptotic cells or secondary necrosis. As shown in Figure 2 (A and B), with enhancing
171 nisin concentration both early apoptotic and late apoptotic or necrotic cells were increased in a
172 concentration-dependent manner. A significant increase ($P < 0.001$) in early apoptosis and late
173 apoptosis were observed after treatment with nisin (12 and 24 μM) for 16 and 24 h when
174 compared to the control (Figure 2.C). Incubation of HeLa cells with nisin at a concentration near
175 IC_{50} (12 μM) for 16 h led to $19.33 \pm 3.05\%$, $20 \pm 3.46\%$, and $3.39 \pm 0.43\%$ of early apoptosis, late
176 apoptosis or secondary stage of necrosis and primary necrotic stage, respectively. In comparison,
177 longer incubation time (24 h) with 12 μM of nisin showed $11.97 \pm 3.63\%$, $40.64 \pm 4.27\%$, and
178 $6.20 \pm 0.35\%$ of early apoptotic cells, the late apoptotic or secondary necrotic cells and the
179 primary necrotic cells, respectively.

180 *Nisin increases Bax/Bcl-2 ratio in HeLa cells*

181 Western blotting analysis was performed to evaluate the effect of nisin on the expression of a
182 pro-apoptotic protein, Bax, and an anti-apoptotic protein, Bcl-2. As represented in Figure 3.A,
183 the expression of Bax was increased while the expression of Bcl-2 was decreased after treatment
184 with nisin in a concentration-dependent manner. Quantification of the intensity of bands by
185 ImageJ densitometer showed (Figure 3.B) that following treatment of cells with 6, 12 and 24 μM
186 of nisin, the Bax/Bcl-2 ratio was remarkably enhanced (3, 4.9, and 9.9 times, respectively) as
187 compared with the control group (untreated cells).

188 *Nisin decreases $\Delta\Psi_m$ levels in HeLa cells*

189 The changes in $\Delta\Psi_m$ levels in HeLa cells treated with nisin were evaluated using JC-1
190 fluorescent dye which selectively internalized by mitochondria. When cells have an intact
191 mitochondrial membrane and high $\Delta\Psi_m$ level, JC-1 polymerizes to J-aggregates and shows red
192 fluorescence. In the case of mitochondrial depolarization, it remains as a JC-1 monomer and

193 produces green fluorescence. The red/green fluorescence intensity ratio was used to determine
194 the level of $\Delta\Psi_m$ (Figure 4). Our finding showed that in comparison with untreated control cells,
195 $\Delta\Psi_m$ levels decrease 44%, 70% and 82% after treatment with 6, 12 and 24 μM of nisin,
196 respectively ($P < 0.05$).

197 *Nisin increases ROS levels in HeLa cells*

198 To investigate the effect of nisin on induction of oxidative stress in HeLa cells, DCFDA
199 fluorogenic dye was applied, which produces green fluorescence after oxidation. As shown in
200 Figure 5, treatment with 6, 12 and 24 of nisin led to an increase in the intracellular ROS of about
201 1.36, 1.70, and 2.06 fold, respectively, compared to the untreated control ($P < 0.05$).

202 **Discussion**

203 Chorionic vaginal dysbacteriosis and outgrowth of some groups of anaerobic bacteria releasing
204 toxic metabolites (*e.g.*, nitrous acid) can promote gynecological malignancies including ovarian
205 and cervical cancers (Sowjanya et al., 2016). Probiotic microorganisms and their metabolites
206 including bacteriocins can recover the vaginal microbiome balance, reduce the HPV-induced
207 cytological alterations and inhibit the proliferation of cervical cancer cells (Wang et al., 2018,
208 Verhoeven et al., 2013). Nisin, an FDA-approved bacteriocin, has been shown to have anti-tumor
209 and apoptotic effects on several cancer cell lines. Here, we found that nisin exhibits significant
210 cytotoxic effects on ovarian and cervical cancer cell lines and induces apoptotic cell death
211 mainly via mitochondrial membrane potential disruption and ROS generation.

212 Our results showed that nisin remarkably inhibited the growth of three cancer cell lines with IC_{50}
213 values of 9-21 μM . Another research group reported that nisin showed the cytotoxic effect on
214 A431 human skin carcinoma cell line with IC_{50} at 9.5 μM (Rana et al., 2019). In another
215 investigation, nisin displayed significant cytotoxicity to the intestinal epithelial cells, HT29 and

216 Caco-2, with IC_{50} values of 89.9 and 115.0 μ M, respectively, which is much higher than that of
217 the present study (Maher and McClean, 2006). Differences in the sensitivity of different cell
218 lines to nisin can be explained based on membrane variations. The main interactions between
219 nisin and cancer cell membrane components are electrostatic interactions. Based on our previous
220 study, the cytotoxic activity of nisin as a cationic peptide can be improved by decreasing the pH
221 (Avand et al., 2018). Furthermore, nisin is more soluble and stable at low pH which is
222 compatible with the pH of vaginal and cervical mucosa. Therefore, nisin might have better
223 activity in the genital tract. However, more *in vitro* and *in vivo* investigations are still required to
224 evaluate its efficacy and safety in gynecologic cancers.

225 Notably, nisin exhibited much less cytotoxicity against normal cells, HUVEC. Our findings are
226 consistent with previous works reporting the high selectivity of nisin for malignant HNSCC and
227 A375 cells without affecting normal keratinocytes (Lewies et al., 2018, Kamarajan et al., 2015).
228 The plasma membrane of tumor cells is composed of more negatively charged molecules (*e.g.*,
229 anionic phospholipids) and thereby can more interact electrostatically with cationic peptides such
230 as nisin (Ran et al., 2002). Furthermore, the surface of cancer cells contains many more
231 microvilli than that of normal cells which may provide more surface area for interaction with
232 nisin (Chan et al., 1998).

233 Annexin-V/PI flow cytometry analysis showed that nisin can induce significant apoptotic cell
234 death in the cervical cancer cell line, HeLa, in a concentration-dependent manner. A reduction in
235 $\Delta\Psi_m$ and enhanced levels of the Bax/Bcl-2 ratio further confirm that the cytotoxic effect of nisin
236 towards cervical cancer cells is mainly due to the activation of an apoptotic pathway.

237 BCL-2 family plays a critical role in the regulation of the mitochondrial apoptotic pathway. The
238 ratio of pro- to anti-apoptotic members of the BCL-2 family significantly influences the

239 susceptibility of cells to undergo apoptotic death (Hata et al., 2015). In agreement with our
240 findings, it was reported that 30-60 μM of nisin up-regulated Bax expression and down-regulated
241 the expression of Bcl-2, which led to elevated Bax/Bcl-2 ratio both at mRNA and protein levels
242 in SW480 colon cancer cells (Ahmadi et al., 2017).

243 Recent evidence indicates that nisin interaction can modify the tumor cell membrane properties
244 such as fluidity and dipole potential resulting in the death of malignant cells (Kamarajan et al.,
245 2015, Prince et al., 2019). Nisin contains a pore-forming domain which may lead to a reduction
246 in $\Delta\Psi\text{m}$. Similar to our results, another work reported that nisin can depolarize the mitochondrial
247 membrane of melanoma cancer cells which negatively affects glycolysis metabolism and
248 mitochondrion respiration (Lewies et al., 2018).

249 Intracellular ROS plays an important role in oxidative stress and can affect cellular metabolism,
250 differentiation and survival (Zhang et al., 2016). Mitochondria are one of the main sources of
251 cellular ROS generation. The excess levels of ROS can result in cell death via promoting cell
252 signaling pathways triggering apoptosis. Cancer cells usually have lower levels of antioxidants
253 than healthy cells, and thus are more susceptible to ROS-induced cell death (Zaidieh et al.,
254 2019). In the present study, treatment of HeLa cells with nisin led to increased intracellular ROS
255 levels, suggesting its role in apoptosis induction. Furthermore, ROS generation can indirectly
256 induce apoptosis through more disruption of mitochondrial membrane and subsequently
257 complete mitochondrial depolarization as reported in this work. Similarly, another study showed
258 the involvement of mitochondrial dysfunction and ROS overproduction in the apoptosis induced
259 by nisin in melanoma cells (Lewies et al., 2018).

260 **Conclusion**

261 In summary, here we have shown that nisin exhibits great cytotoxicity HeLa, OVCAR-3 and SK-
262 OV-3 cell lines and low toxic effect against normal endothelial cells. Nisin induces apoptosis in
263 cervical cancer cells through regulation of BCL-2 family proteins, depletion of mitochondrial
264 potential and ROS accumulation. Our findings provide preliminary evidence for the potential
265 application of nisin alone or in combination with other anticancer agents for the treatment of
266 cervical malignancies. However, further investigations are still required to confirm anti-tumor
267 effectiveness and safety of nisin in experimental *in vivo* cervical cancer models.

268

Draft

269 **Competing interests**

270 The authors declare there are no competing interests.

271 **Author contribution**

272 V.A. is the principal investigator of the project; M.A. and H.S. planned for the project; H.S.,
273 M.A and V.A. performed the required experiments; V.A. wrote the manuscript in consultation
274 with M.A. and H.S. All authors discussed the results and contributed to the final form of the
275 manuscript.

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279

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Figure 1. Cytotoxicity of nisin on the HUVEC, SK-OV-3, OVCAR-3 and HeLa cell lines. Cells were incubated different concentrations of nisin for 48 h and the cell viability was determined by MTT assay. (mean±SD, n=3)

Figure 2. Representative flow cytometric analysis for apoptosis in HeLa cells after treatments with nisin (3, 6, 12 and 24 μ M) for 16 h (A) and 24 h (B). The percentages indicated in the lower left, the lower right, the upper right and the upper left quadrants refer to viable cells, early apoptotic cells, late apoptotic cells or secondary necrotic cells and primary necrotic, respectively. C) The results are shown as bar chart. (mean±SD, n=3)

Figure 3. A) Representative western blot analysis of Bax and Bcl-2 expression levels in HeLa cells after treatment with nisin (6, 12 and 24 μ M). B) The graph showing the level of Bax and Bcl-2 compared with the untreated control group. Quantification of the intensity of bands was performed using ImageJ software and the protein level of Bax and Bcl-2 were normalized to the β -actin level. (mean±SD, n=3)

Figure 4. The effect of nisin on mitochondrial membrane potential ($\Delta\Psi_m$) of HeLa cells. Cells were treated with nisin (6, 12 and 24 μ M) and then stained with JC-1 probe. The red/green fluorescence intensity ratio or $\Delta\Psi_m$ was measured by spectrofluorometry and normalized to untreated control cells (mean±SD, n=3). Asterisks indicate the means which were significantly different ($P < 0.05$) from the control.

Figure 5. The effect of nisin on intracellular ROS generation of HeLa cells. Cells were treated with nisin (6, 12 and 24 μM) and then loaded with DCFDA. The fluorescence intensity or ROS was determined by spectrofluorometry and normalized to untreated control cells (mean \pm SD, n=3). Asterisks indicate the means which were significantly different ($P < 0.05$) from the control.

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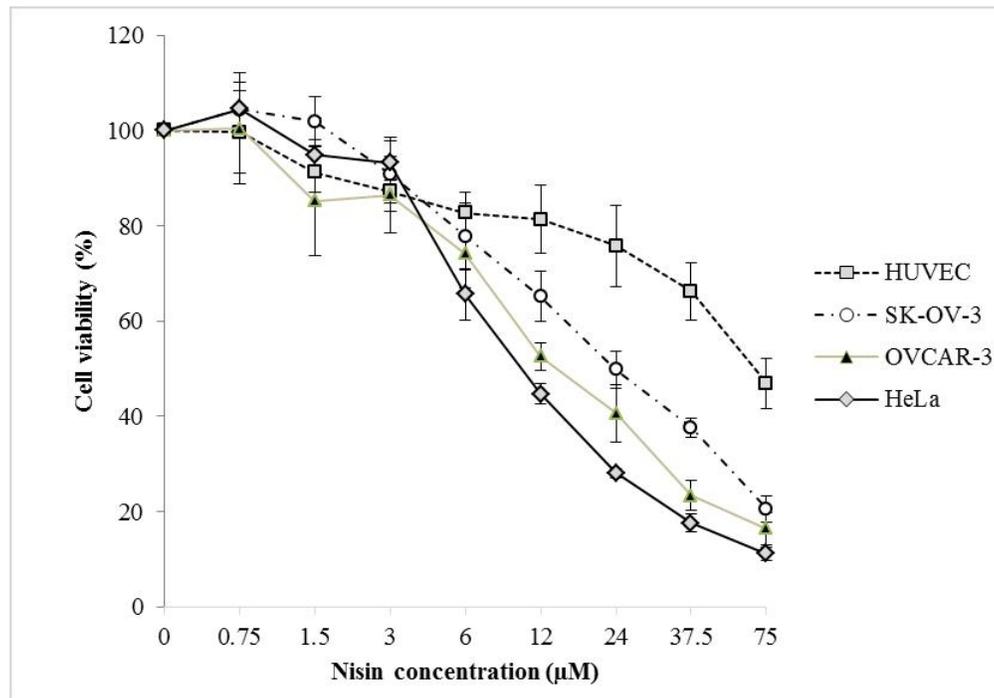


Figure 1. Cytotoxicity of nisin on the HUVEC, SK-OV-3, OVCAR-3 and HeLa cell lines. Cells were incubated different concentrations of nisin for 48 h and the cell viability was determined by MTT assay. (mean±SD, n=3)

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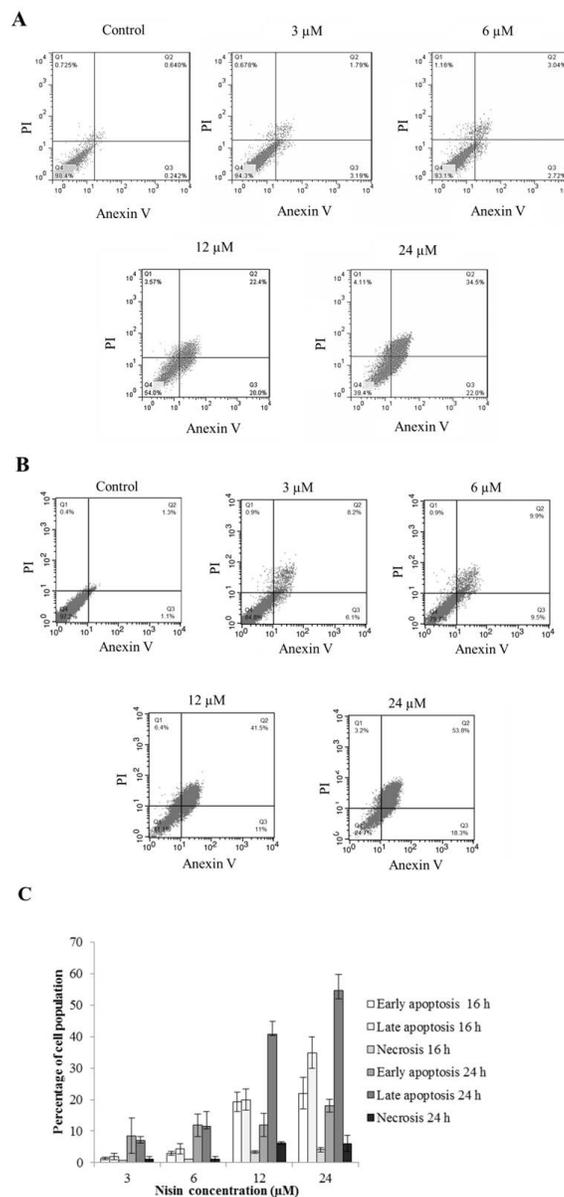


Figure 2. Representative flow cytometric analysis for apoptosis in HeLa cells after treatments with nisin (3, 6, 12 and 24 μM) for 16 h (A) and 24 h (B). The percentages indicated in the lower left, the lower right, the upper right and the upper left quadrants refer to viable cells, early apoptotic cells, late apoptotic cells or secondary necrotic cells and primary necrotic, respectively. C) The results are shown as bar chart. (mean \pm SD, n=3)

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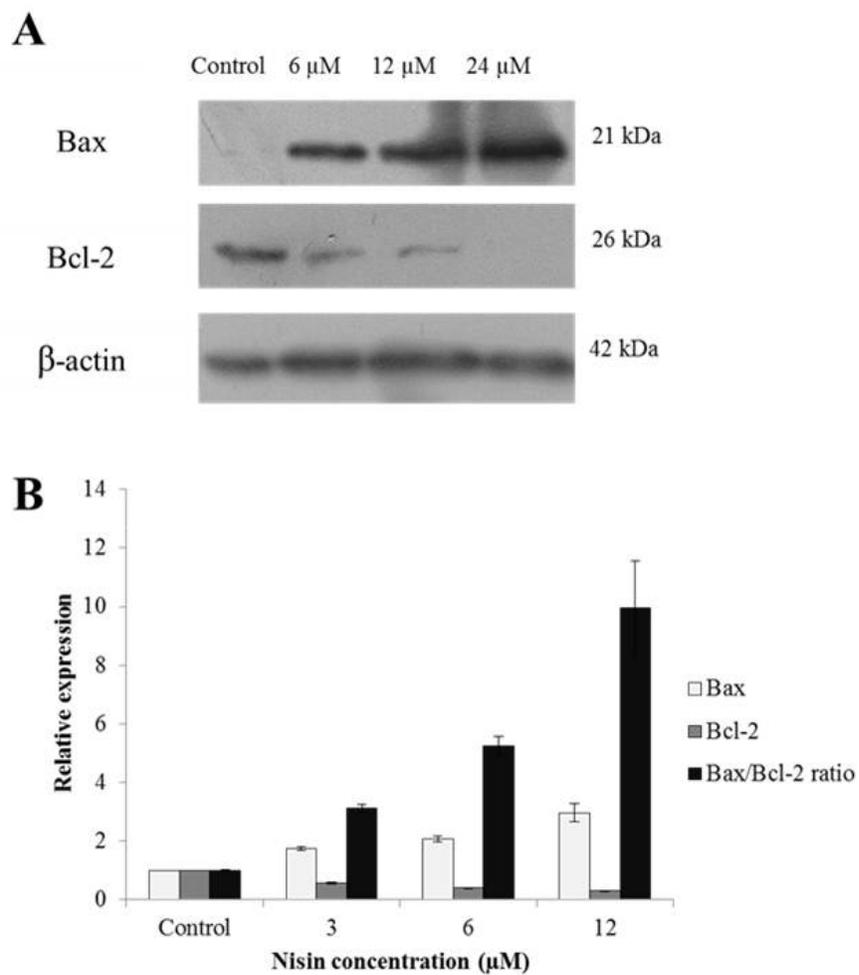


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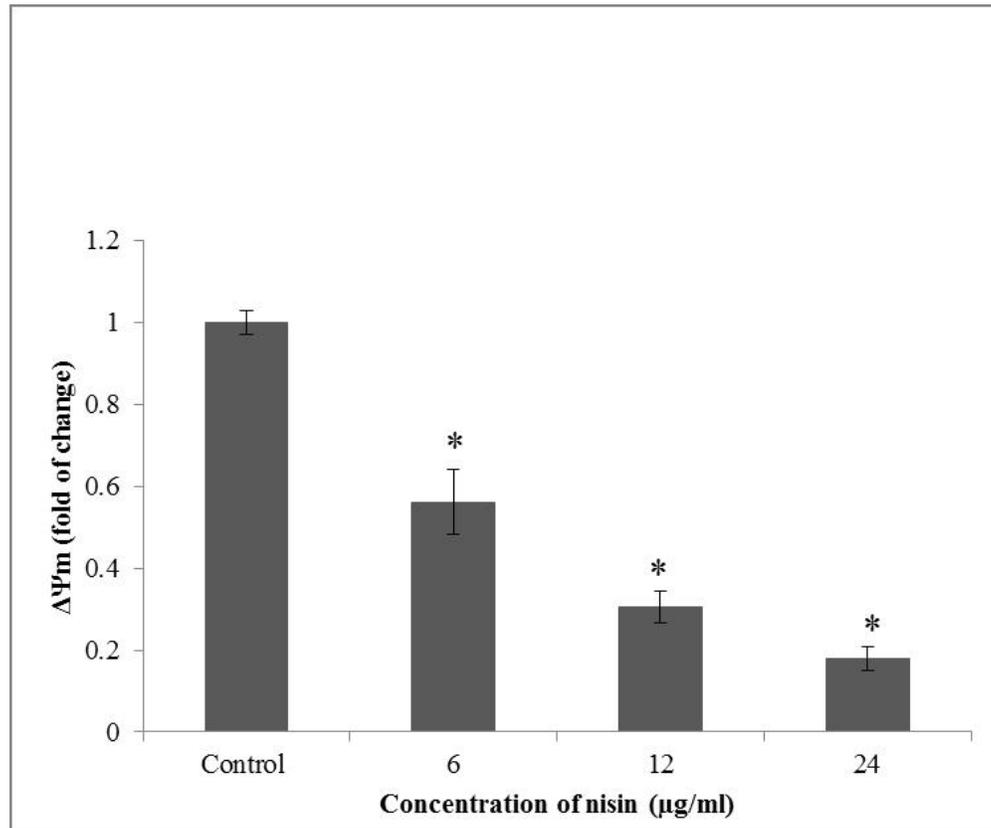


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127x106mm (150 x 150 DPI)

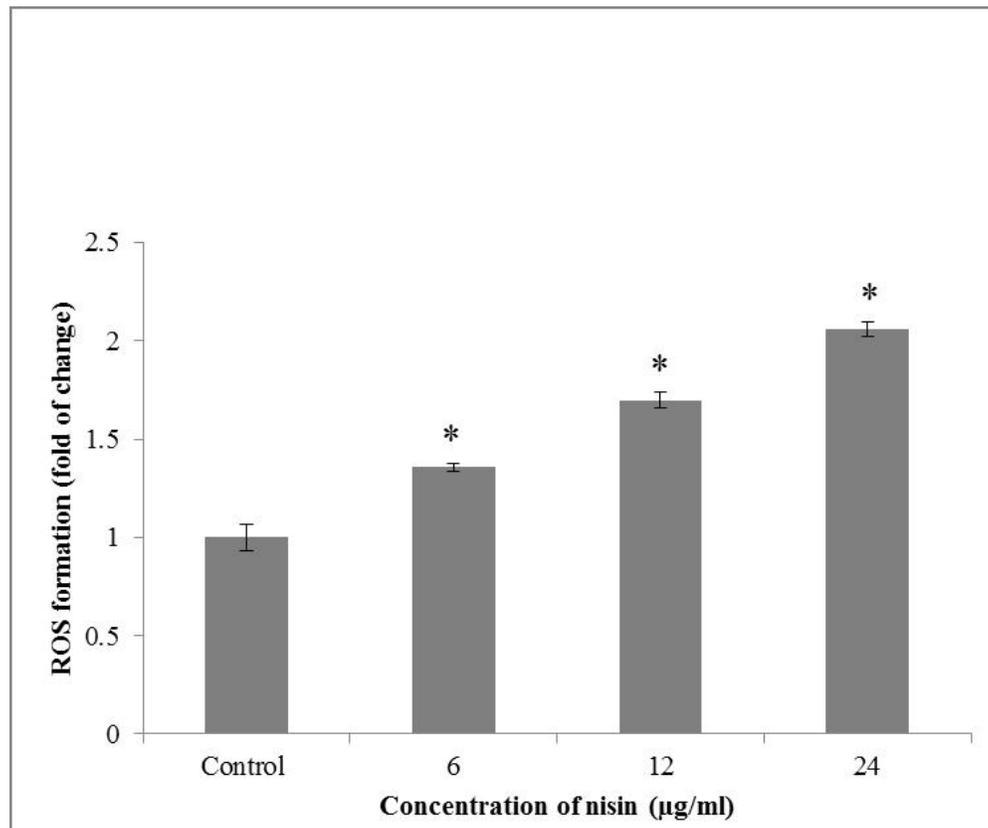


Figure 5. The effect of nisin on intracellular ROS generation of HeLa cells. Cells were treated with nisin (6, 12 and 24 μM) and then loaded with DCFDA. The fluorescence intensity or ROS was determined by spectrofluorometry and normalized to untreated control cells (mean \pm SD, n=3). Asterisks indicate the means which were significantly different ($P < 0.05$) from the control.

127x106mm (150 x 150 DPI)