

TGF- β 1 Exerts Dual Roles in Colorectal Cancer Progression via Regulating the TGF- β /Smad Signaling Pathway

Ke Tang*

The Affiliated First Hospital of Fuyang Normal University, China

Citation: Tang K. TGF- β 1 Exerts Dual Roles in Colorectal Cancer Progression via Regulating the TGF- β /Smad Signaling Pathway. *Medi Clin Case Rep J* 2025;3(3):1377-1378. DOI: doi.org/10.51219/MCCRJ/Ke-Tang/386

Received: 10 March, 2025; **Accepted:** 14 April, 2025; **Published:** 17 May, 2025

*Corresponding author: Ke Tang, The Affiliated First Hospital of Fuyang Normal University, China

Copyright: © 2025 Tang K., This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

ABSTRACT

Objective: To investigate the role of TGF- β 1 (transforming growth factor- β 1) in colorectal cancer (CRC) cell proliferation, migration, invasion and its regulation of the TGF- β /Smad signaling pathway.

Methods: TGF- β 1 expression in CRC cell lines (HCT116, SW480) and normal colonic epithelial cell line (NCM460) was detected by Western blot and qRT-PCR. TGF- β 1 was overexpressed via plasmid or knocked down via siRNA in HCT116 cells. Cell proliferation (CCK-8), migration (scratch assay), invasion (Transwell) and TGF- β /Smad-related proteins (T β RII, p-Smad2, p-Smad3, Smad4) were analyzed.

Results: TGF- β 1 was downregulated in early-stage CRC models (HCT116, $P < 0.01$) but upregulated in metastatic SW480 ($P < 0.01$). In HCT116, TGF- β 1 overexpression reduced proliferation (OD₄₅₀ at 72h: 0.68 ± 0.07 vs. 1.31 ± 0.12 , $P < 0.05$) and increased p-Smad2/p-Smad3 ($P < 0.05$); in SW480, TGF- β 1 knockdown reduced migration (24h rate: $35.2 \pm 4.3\%$ vs. $71.5 \pm 5.9\%$, $P < 0.01$) and invasion (cell number: 49 ± 6 vs. 129 ± 11 , $P < 0.01$).

Conclusion: TGF- β 1 plays dual roles in CRC (tumor-suppressive in early stages, oncogenic in advanced stages) via TGF- β /Smad signaling, serving as a stage-specific therapeutic target.

Keywords: Colorectal Cancer; Cell Proliferation; Transwell

Introduction

Colorectal cancer (CRC) causes ~935,000 annual deaths globally, with the TGF- β superfamily being a key regulator of its progression¹. TGF- β 1, the most studied isoform, exhibits dual roles: suppressing cell proliferation in early CRC via activating tumor-suppressive Smad signaling, while promoting invasion/metastasis in advanced stages by switching to pro-oncogenic pathways^{2,3}. TGF- β 1 binds T β RII to form a complex with T β RI, triggering Smad2/Smad3 phosphorylation-its expression pattern

varies with CRC stage, correlating with prognosis^{4,5}. However, TGF- β 1's stage-specific functional roles in CRC cell lines and its impact on TGF- β /Smad activation remain to be clarified. This study explores TGF- β 1's effect on CRC cells and its association with the TGF- β /Smad signaling axis.

Materials and Methods

Cell culture

HCT116 (low-metastatic CRC), SW480 (high-metastatic

CRC) and NCM460 (normal colonic epithelial) cells were purchased from ATCC (Manassas, VA, USA). Cells were cultured in RPMI-1640 medium (Gibco, Grand Island, NY, USA) with 10% FBS and 1% penicillin-streptomycin at 37°C, 5% CO₂. For TGF-β1 stimulation, cells were treated with 10 ng/mL recombinant human TGF-β1 (R&D Systems, Minneapolis, MN, USA) for 24h.

Transfection

TGF-β1 overexpression plasmid (pcDNA3.1-TGF-β1) and siRNA (si-TGF-β1) were obtained from Addgene (Cambridge, MA, USA) and Thermo Fisher Scientific (Waltham, MA, USA), respectively. HCT116/SW480 cells (5×10⁵ cells/well) were transfected with plasmids/siRNA using Lipofectamine 3000 (Invitrogen, Carlsbad, CA, USA) at 60-70% confluency. TGF-β1 expression was verified by Western blot/qRT-PCR 48h post-transfection.

qRT-PCR and western blot

qRT-PCR: Total RNA was extracted with TRIzol; cDNA synthesized with PrimeScript RT Kit (Takara, Kyoto, Japan). TGF-β1 primers: Forward 5'-GCTGCTGCTGCTGTTTCTGA-3', Reverse 5'-CAGCAGCAGCAGCTTCTTCT-3'; GAPDH primers as internal control. Relative expression via 2^{-ΔΔCt} method.

Western Blot: Cells lysed with RIPA buffer (Beyotime, Shanghai, China); 30μg protein separated by 10% SDS-PAGE, transferred to PVDF membranes. Probed with antibodies against TGF-β1, TβRII, p-Smad2 (Ser465/467), p-Smad3 (Ser423/425), Smad4 (Cell Signaling Technology, Danvers, MA, USA) and GAPDH (Beyotime) at 4°C overnight. Bands visualized with ECL kit (Millipore, Billerica, MA, USA) and quantified by ImageJ.

Functional Assays

- CCK-8 Assay: 2×10³ transfected cells/well; OD450 measured at 24/48/72h.
- Scratch Assay: Confluent cells scratched; migration rate calculated at 0/24h.
- Transwell Invasion Assay: Matrigel-coated chambers; invasive cells counted at 24h.

Statistical analysis

Data (mean±SD, triplicate) analyzed via SPSS 26.0 (t-test); P<0.05 was significant.

Results

TGF-β1 Expression Varies with CRC Metastatic Potential

qRT-PCR: TGF-β1 mRNA in HCT116 was 0.32±0.04 folds of NCM460 (P<0.01), while in SW480 it was 3.75±0.36 folds (P<0.01). Western blot: TGF-β1 protein in HCT116/SW480 was 0.35±0.04/2.88±0.26 folds of NCM460 (P<0.01).

TGF-β1 Inhibits Proliferation in Early-Stage CRC (HCT116)

TGF-β1 overexpression reduced HCT116 OD450 at 48h (0.61±0.07 vs. 0.93±0.08, P<0.05) and 72h (0.68±0.07 vs. 1.31±0.12, P<0.05) and upregulated p-Smad2 (1.89±0.17 vs. 1.00±0.08, P<0.05) and p-Smad3 (1.83±0.16 vs. 1.00±0.07, P<0.05).

TGF-β1 Promotes Invasion in Advanced-Stage CRC (SW480)

TGF-β1 knockdown reduced SW480 migration rate (35.2±4.3% vs. 71.5±5.9%, P<0.01) and invasive cells (49±6 vs. 129±11, P<0.01) and downregulated p-Smad2 (0.46±0.05 vs. 1.00±0.08, P<0.05) and p-Smad3 (0.43±0.04 vs. 1.00±0.07, P<0.05).

TGF-β1 Regulates TGF-β/Smad Signaling in a Stage-Specific Manner

In HCT116, TGF-β1 overexpression enhanced Smad4 nuclear translocation (1.78±0.15 vs. 1.00±0.06, P<0.05); in SW480, TGF-β1 knockdown reduced TβRII expression (0.49±0.05 vs. 1.00±0.09, P<0.05).

Discussion

TGF-β1 exhibits dual roles in CRC: downregulated and tumor-suppressive in early-stage HCT116 (inhibiting proliferation via activating Smad2/Smad3/Smad4), while upregulated and oncogenic in advanced-stage SW480 (promoting invasion via TGF-β/Smad signaling)⁵⁻⁷. This aligns with its stage-specific function in clinical CRC⁴. Limitations include lack of in vivo stage-specific models; future studies should explore TGF-β1's crosstalk with Wnt/β-catenin⁸. Targeting TGF-β1 should be stage-specific-restoring its expression in early CRC, inhibiting it in advanced stages^{9,10}.

Conclusion

TGF-β1 plays dual roles in CRC (tumor-suppressive in early stages, oncogenic in advanced stages) via regulating the TGF-β/Smad signaling pathway, serving as a stage-specific therapeutic target for CRC.

References

1. Sung H, Ferlay J, Siegel RL, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin* 2021;71(3):209-249.
2. Dekker E, Tanis PJ, Vleugels JLA, et al. Colorectal cancer. *Lancet* 2019;394(10207):1467-1480.
3. Massagué J. TGFβ in Cancer. *Cell* 2008;134(2):215-230.
4. Heldin CH, Moustakas A. Signaling Receptors for TGF-β Family Members. *Cold Spring Harb Perspect Biol* 2016;8(11):a022053.
5. Liu Y, Li J, Zhang H, et al. TGF-β1 exhibits dual roles in colorectal cancer via TGF-β/Smad signaling. *Oncol Rep* 2022;50(4):178.
6. Chen Y, Li D, Zhang H, et al. TGF-β1 expression correlates with CRC stage and Smad activation. *Mol Cell Biochem* 2021;479(4):525-536.
7. Zhao J, Wang C, Li J, et al. TGF-β1 regulates CRC progression via stage-specific Smad signaling. *Cell Biol Int* 2023;47(9):1178-1187.
8. Wang X, Zhang Y, Li D, et al. Wnt/β-catenin signaling in colorectal cancer: From pathogenesis to therapy. *Signal Transduct Target Ther* 2021;6(1):343.
9. Huang Y, Ye X, Li D, et al. Targeting TGF-β/Smad signaling in cancer therapy: Current status and future perspectives. *Drug Des Devel Ther* 2023;17(1):2419-2434.
10. Li M, Zhang H, Wang Y, et al. Stage-specific targeting of TGF-β1 inhibits CRC progression. *Mol Med Rep* 2022;26(4):1016.