

Review

The Role and Mechanisms of Action of Natural Compounds in the Prevention and Treatment of Cancer and Cancer Metastasis

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Abstract

Cancer has emerged as one of the world's most concerning health problems. The progression and metastasis mechanisms of cancer are complex, including metabolic disorders, oxidative stress, inflammation, apoptosis, and intestinal microflora disorders. These pose significant challenges to our efforts to prevent and treat cancer and its metastasis. Natural drugs have a long history of use in the prevention and treatment of cancer. Many effective anti-tumor drugs, such as Paclitaxel, Vincristine, and Camptothecin, have been widely prescribed for the prevention and treatment of cancer. In recent years, a trend in the field of antitumor drug development has been to screen the active antitumor ingredients from natural drugs and conduct in-depth studies on the mechanisms of their antitumor activity. In this review, high-frequency keywords included in the literature of several common Chinese and English databases were analyzed. The results showed that five Chinese herbal medicines (Radix Salviae, Panax Ginseng C. A. Mey, Hedysarum Multijugum Maxim, Ganoderma, and Curcuma longae Rhizoma) and three natural compounds (quercetin, luteolin, and kaempferol) were most commonly used for the prevention and treatment of cancer and cancer metastasis. The main mechanisms of action of these active compounds in tumor-related research were summarized. Finally, we found that four natural compounds (dihydrotanshinone, sclareol, isoimperatorin, and girinimbin) have recently attracted the most attention in the field of anti-cancer research. Our findings provide some inspiration for future research on natural compounds against tumors and new insights into the role and mechanisms of natural compounds in the prevention and treatment of cancer and cancer metastasis.

Keywords: Chinese medicine; bioactive compounds; cancer; tumor; molecular mechanisms

1. Introduction

Cancer is one of the most concerning health problems facing mankind. The progression and metastasis mechanisms of cancer are complex, including metabolic disorders, oxidative stress, inflammation, apoptosis, and intestinal microflora disorders. These pose a significant challenge to our efforts to prevent and treat cancer and its metastases. Natural drugs have a long history of use in the prevention and treatment of cancer. Many effective anti-tumor drugs, such as Paclitaxel, Vincristine, and Camptothecin, have been widely prescribed for the prevention and treatment of cancer [1]. In recent years, a trend in the field of antitumor drug development has been to screen effective

and safe antitumor ingredients from natural drugs and to conduct in-depth studies on the mechanisms of their antitumor activity.

In this review, we searched Chinese and English electronic databases including the CNKI database, Wanfang Data Knowledge Service Platform, VIP Chinese Science and Technology Journal Database, PubMed Database, and Web of Science Database, for relevant studies. All research results from 2000 to the present were selected to obtain the three most commonly used Chinese herbal medicines through screening. The active compounds from the selected medicines were identified using the Traditional Chinese Medicine Systems Pharmacology Database (TCMSP)



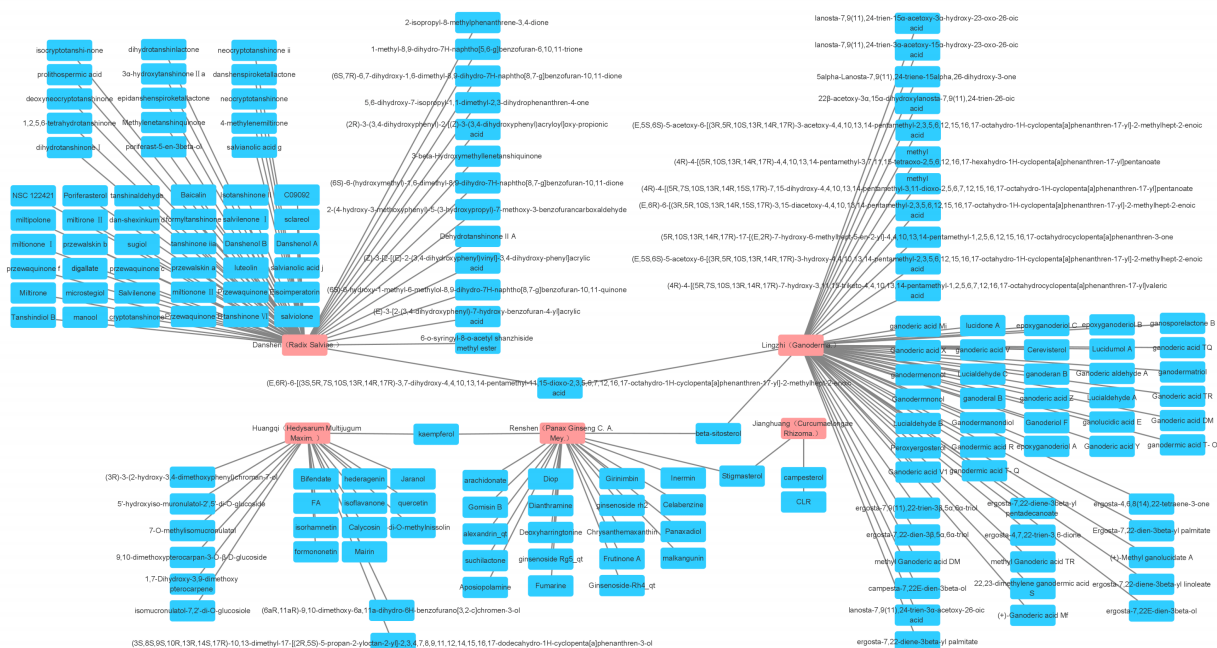


Fig. 1. The five most widely used single drugs in cancer and their active ingredients.

by analyzing oral bioavailability and drug similarity index. Subsequently, we searched the databases (PubMed and Web of Science) using the keywords for one of the compounds from the TCMSP and “Cancer” or “Tumor” “Carcinoma” or “Malignancy” to obtain articles published from January 2000 to the present.

Finally, we comprehensively analyzed and summarized the literature on the pharmacological effects and molecular mechanisms of these natural compounds against cancer and cancer metastasis. This article presents some new insights into the role of natural compounds in the prevention and treatment of cancer and cancer metastasis.

2. Materials and Methods

Common Chinese and English databases, including CNKI Database, Wanfang Data Knowledge Service Platform, VIP Chinese Science and Technology Journal Database, PubMed, and Web of Science, were searched, screening for relevant literature published in China and abroad from January 2000 to November 2021. The databases were searched using the following terms: [“traditional Chinese medicine (TCM)” OR “Chinese medicine” OR “herbal medicine” AND “cancer” OR “tumor” OR “carcinoma” OR “malignancy”]. According to the interface of each database, the comprehensive retrieval of subject words combined with keywords and free words was carried out to ensure the systematic integrity of the literature retrieval.

We searched all the basic studies on the mechanism of antitumor action of natural compounds and gathered all proven targets. To ensure the authenticity and stability of

the results, only relevant studies with cell samples were selected.

3. Results

A total of 31,878 articles were retrieved, after excluding review articles, studies on TCM formulas, active ingredients of herb combinations, and other articles not related to a single drug. 1793 single-drug articles were included in our study, involving 39 commonly used Chinese herbal medicines. The most commonly used five traditional Chinese medicines were Radix Salviae (Danshen, 162 articles), Panax Ginseng C. A. Mey (Renshen, 159 articles), Hedysarum Multijugum Maxim (Huangqi, 131 articles), Ganoderma (Lingzhi, 123 articles) and Curcuma longa Rhizoma (Jianghuang, 96 articles). We then searched the active compounds of these five drugs separately through TCMSP. The active compounds of each herb were sorted by the screening criteria with oral bioavailability $\geq 30\%$ and drug-likeness ≥ 0.18 for the ADME (absorption, distribution, metabolism, and excretion) evaluation system. A total of 172 active compounds were obtained, excluding duplicates, and a total of 168 were identified (Fig. 1). We searched our five databases using the keywords for one of the natural compounds from the TCMSP and “cancer” or “tumor” or “carcinoma” or “malignancy”. A total of 32,783 unscreened articles were obtained. Among them, the 3 active compounds in the literature with more than 1000 articles were quercetin (11427 articles), luteolin (2996), and kaempferol (2702) (Fig. 2). Herein, we focused on evaluating these three active compounds by comprehensively

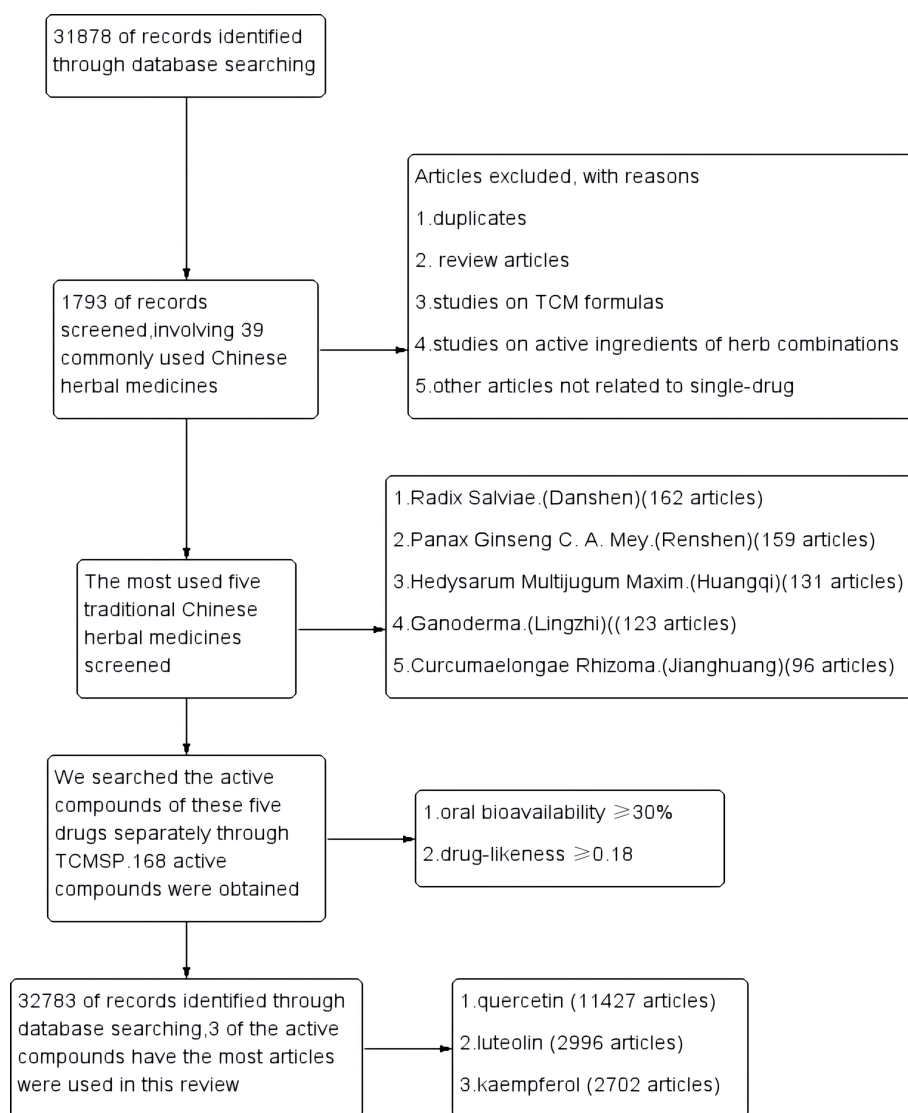


Fig. 2. Study flow diagram.

reviewing the relevant articles and determined that they have great anticancer potential, and also found that four natural compounds (dihydrotanshinone, sclareol, isoimperatorin, and girinimbin) have recently attracted most attention in the field of anti-cancer therapy. At the same time, we predicted the potential targets of these four compounds through the SwissTargetPrediction database.

3.1 The Main Targets and Mechanisms of Quercetin in Cancer Prevention and Cancer Metastasis

We summarized the reported targets of quercetin in the articles, which involving 36 different cancer cells (Table 1, Ref. [2–130]).

In breast cancer, the action of quercetin involves modulating SOD enzyme activity, the selective inhibition of *CYP1B1*, *CYP2*, and *CYP3* family of enzymes, G2/M arrest, and apoptosis [5]. A study on human breast cancer showed that quercetin triggered cell death of MDA-MB-231 cells via mitochondrial- and *caspase-3*-dependent path-

ways [7]. In studies on MCF-7 cells, quercetin not only induced cell cycle arrest but also induced significant apoptosis; the induction of apoptosis could be blocked by antisense *p21 CIP1/WAF1* expression [16]. Quercetin regulated MCF-7 cell apoptosis through the *AMPK-mTOR* signaling pathway [19] and promoted apoptosis by inducing G0/G1 phase arrest [23].

In lung cancer, quercetin induced autophagy and apoptosis in lung cancer cells through the *SIRT1/AMPK* signaling pathway [32]. Quercetin also inhibited the metastasis of lung cancer by modulating the *Akt/MAPK* signaling pathway and reduced the nuclear translocation of β -catenin [33]. Some studies have also found that quercetin induced apoptosis of A549 cells, mainly through down-regulating the *IL-6/STAT-3* signaling and the activation of *MEK-ERK* [40,43].

In liver cancer, quercetin could enhance the effect of *interferon- α* in hepatocellular carcinoma cells and reduce the proliferation ability of hepatocellular carcinoma cells

Table 1. The model cell and reported targets of quercetin.

Model cell	Reported targets
MDA-MB-468	<p>cyclin B1 [2] TNF alpha, CCL28 [3] p53, Bcl2 [4] SOD, CYP1B1, CYP2, and CYP3 [5]</p>
MDA-MB-231	<p><i>Cx43</i> [6] caspase-3, -8 and -9 [7] MMP-3 [8] alpha5- and alpha9-nAChR [9] Skp2, p27, FoxO1 [10] p53, p21, Bcl-xL, cyclin B1 [11] Skp2 [12] miR-146a, EGFR, bax, and caspase-3 [13] aldehyde dehydrogenase 1A1, C-X-C chemokine receptor type 4, mucin 1, and epithelial cell adhesion molecules [14] NF-κB , Hsp27, Hsp70 and Hsp90 [15]</p>
MCF-7	<p>p21CIP1/WAF1 [16] PKC, ERK, AP-1 [17] p53, p57, CDK2, cyclins A and B, Bcl-2, DeltaPsi(m), caspase-6, -8 and -9 [18] AMPK, mTOR [19] AMPK, mTOR, HIF-1 [20] Bcl-2, Bax [21,22] survivin [23] RAGE, HMGB1, NF-κB [24] PTEN, Akt [25] CyclinD1, p21, Twist, and phospho p38MAPK [26] CDK6 [27] TGF-β, Lef1, ABCG2, Vim, and Cav1 [28] MMP-2/-9 [29]</p>
SkBr3	<p>HIF-1alpha, VEGF [30]</p>
A549	<p>Bax, Bcl-2 and caspase-3 [31] SIRT1, AMPK p62, LC3-II, beclin 1, Atg5, Atg7 and Atg12 [32] TIMP-2, Akt, MAPK, β-catenin, and EMT [33] <i>Bax, Bcl2</i> [34,35] PDK3 [36] aurora B [37] nm23-H1, TIMP-2, MMP-2 [38] MMP-9, TGF-β1 [39] Bcl2, Bax, IL-6, STAT3, NF-κB [40] <i>p53</i> [41] caspase-3 [42] Bcl-2, Bcl-x, Bax, caspase-3, caspase-7 and PARP, ERK, MEK1/2, PI3k, p38, Akt [43] p53, p21, survivin [44] COX-2, iNOS [45] <i>Hsp72</i> [46] <i>Hsp27</i> [47]</p>
H1299	<p>SIRT1, AMPK, p62, LC3-II, beclin 1, Atg5, Atg7, and Atg12 [32] p53, p21, survivin [44] DR5, caspase-10/3, p300 [48]</p>
H69	<p>Bax, Bcl-2, and caspase-3 [31]</p>

Table 1. Continued.

Model cell	Reported targets
HepG2	<p><i>PDK3</i> [36] <i>ABCC6</i> [49] p53, cyclin D1 [50,51] m-TOR, Nrf-2 [52] MEK1/ERK1/2, p38 MAPK, and JNK [53] cyclin D1 [54] SHP2, IFN-α, STAT1 [55] Bad, Bax, Bcl-2, and Survivin [56] BAX, BCL-2 [57] miR-34a, p53, SIRT1 [58] <i>Sp1</i> [59] PI3K, PKC, COX-2 and ROS, p53, and BAX [60] <i>FASN</i> [61] Nrf2, ARE [62] p38-MAPK, Nrf2 [63] NF-κB, COX-2 [64] P53, caspase-3, caspase-9, survivin ,and Bcl-2 [65] Nrf2, Keap1 [66] caspase-3, caspase -9, Bcl-xL, Bcl-xS, Bax, Akt, ERK [67]</p>
Huh-7	<p>p53, cyclin D1 [50] MEK1/ERK1/2, p38 MAPK, and JNK [53] SHP2, IFN-α, STAT1 [55] BAX, BCL-2 [57]</p>
HeLa	<p><i>Hsp72</i> [46] <i>Hsp27</i> [47] MMP2, ezrin, METTL3, and P-Gp [68] Bax, Bcl-2, Cyclin D1, Caspase-3, GRP78, CHOP IRE1, p-Perk, and c-ATF6 [69] DNMTs, HDACs, HAT, HMTs and TSGs [70] LC3-I/II, Beclin 1, active caspase-3, and S6K1 [71] <i>Rac1</i> [72] ROS, cytochrome-c, bcl-2, Bax, PI3K, and p-Akt [73] <i>HPA</i> [74] AKT, Bcl-2, p53 and caspase-3 [75] Bcl-2, Bcl-xL, Mcl1, Bax, Bad, p-Bad, cytochrome C, Apaf-1, caspases, surviving, p53, p21, cyclin D1, p50, p65, IκB, p-IκB-α, IKKβ and ubiquitin ligase [76] AMPK, ACC, AICAR, HSP70, caspase 3, PP2a and SHP-2 [77]</p>
Caski	<i>HPA</i> [74]
SiHa	<p>MMP2, ezrin, METTL3 and P-Gp [68] β-tubulin [78]</p>
Hep-2	<p><i>Hsp72</i> [46] <i>Hsp27</i> [47]</p>
TFK-1	BAX, BCL-2 [57]
LNCaP	<p>PI3K, Akt [79] Bcl-2, VEGF, Akt, PI3K [80] Bax, Bcl-2, caspase-3, AKT, VEGF [81] PI3K, Akt, AR [82] <i>HSP27</i> [83] Bcl-2, Bax [84] PARP, Bad, Bcl-xL, Bax, procaspases-3, -8 and -9 [85] HIF-1 alpha, VEGF [30] caspase, PARP, IAP and Bcl-2 [86] Sp1, AR [87] AR, PSA, NKX3.1, ODC., and hK2 [88] <i>hsp70</i> [89]</p>

Table 1. Continued.

Model cell	Reported targets
PC-3	Bcl-2, VEGF, Akt, PI3K [80]
	Bax, Bcl-2, caspase-3, AKT, VEGF [81]
	Cyclin D1, ErbB-2, ErbB-3, c-Raf, MAPK kinase 1/2 (MEK1/2), MAPK, Elk-1, and Akt-1 [90]
	<i>hsp70</i> [89]
	LC3, Beclin-1, PI3K, Akt, mTOR, LC3-II, LC3-I [91]
	PI3K, Akt [92]
	P53, PI3K, AKT, MMP-2, and MMP-9 [93]
	<i>TSP-1</i> [94]
	TGF- β , vimentin, N-cadherin, E-cadherin, Twist, Snail, and Slug [95]
	ATF, GRP78, GADD153, CDK2, cyclins E and D, Bcl-2, Bax, caspase-3, -8, and -9 [96]
N-cadherin, vimentin, E-cadherin, Snail, Slug, Twist, EGFR, PI3K, Akt, ERK 1/2 [97]	
uPA, uPAR, EGF, EGF-R, β -catenin, NF- κ B, p-EGF-R, N-Ras, Raf-1, c.Fos, c.Jun, and p-c.Jun [98]	
Bad, IGFBP-3, cytochrome C, caspase-9, caspase-10, PARP, caspase-3, IGF-IR β , PI3K, p-Akt, cyclin D1, IGF-I, II, and IGF-IR [99,100]	
PLC, PKC, and MEK1/2 [101]	
Bcl-2, Bcl-x(L), and Bax [102]	
<i>MMP-2</i> and <i>MMP-9</i> [103]	
Cdc2/Cdk-1, cyclin B1, cyclin A, p21/Cip1, pRb, pRb2/p130, Bcl-2, Bcl-X(L), Bax, and caspase-3 [104]	
<i>HSP72</i> [105]	
LAPC-4	PI3K, Akt, miR-21, miR-19b, miR-148a, AR [82]
RWPE-1	<i>HSP27</i> [83]
TSU-Pr1	<i>HSP27</i> [83]
DU-145	caspase, PARP, IAP, and Bcl-2 [86]
	<i>HSP72</i> [105]
JCA-1	DR 5, PARP, caspase-3, and caspase-9 [106]
	<i>hsp70</i> [89]
SW480	AIF and Caspase-3 [107]
	TGF- β 1, Twist1 [108]
	cyclin D(1) and survivin [109]
	beta-catenin and Tcf-4 [110]
HT-29	ErbB2, ErbB3, Akt, Bax, and Bcl-2 [111]
	Bcl-2, mTOR, Akt, p53, Bax, p38 MAPK, and PTEN [112]
	Akt, CSN6, Myc, p53, Bcl-2, and Bax [113]
	ROS, AMPK, p38, and sestrin 2 [114]
	GSTA1, GSTM1, GSTP1, GSTT1, and UGT1 [115]
	<i>AMPK</i> , <i>p53</i> , and <i>p21</i> [116]
AMPK, COX-2 [117]	
Caco-2	GSTA1, GSTM1, GSTP1, GSTT1, and UGT1 [115]
	TNF- α , Cox-2, IL-6, MMP-2, MMP-9, E-cadherin, TLR4, and NF- κ B p65 [118]
	NF- κ B, Bax, and Bcl-2 [119]
	<i>hOGG1</i> [120]
SW-620	CDC6, CDK4, cyclin D1, beta-catenin, TCF and MAPK [121]
	<i>Ki67</i> [122]
SW-620	NF- κ B, Bax and Bcl-2 [119]
HuTu 80	GSTA1, GSTM1, GSTP1, GSTT1 and UGT1 [115]
	<i>Ki67</i> [122]
CX-1	HIF-1alpha, VEGF [30]
Eca109	VEGF-A, MMP9 and MMP2 [123]
	NF- κ B, pI κ B α

Table 1. Continued.

Model cell	Reported targets
EC9706	NF- κ B, pI κ B α [124]
KYSE-510	miR-1-3p, TAGLN2 [125]
TE-7	miR-1-3p, TAGLN2 [125]
SKMEL-103	AKT, AXL, PIM-1, ABLK, HSP90, HSP70, and GAPDH [126]
SKMEL-28	AKT, AXL, PIM-1, ABLK, HSP90, HSP70, and GAPDH [126]
PANC-1	c-Myc, TGF- β 1, Gli2 Smad2/3, Zeb2, and Snail1 [127] STAT3, EMT, and MMP [128] Grp78/Bip, p-PERK, PERK, ATF4, ATF6, and GADD153/CHOP [129]
Patu8988	c-Myc, TGF- β 1, Gli2 Smad2/3, Zeb2, and Snail1 [127] STAT3, EMT, and MMP [128]
BGC823	uPAR, NF- κ b, PKC, and ERK1/2 [130]

by activating the *JAK/STAT* pathway [55]. Quercetin induced apoptosis in hepatocellular carcinoma cells by regulating *Bcl-2*, activating *caspases*, and inhibiting the *ERK* and *PI3K/Akt* pathways [67].

In cervical cancer, quercetin reactivation suppressed genes associated with cervical cancer by modulating epigenetic marks [70]. At the same time, quercetin induced apoptosis via the *PI3k/Akt* pathway [73], leading to the accumulation of ROS and upregulation of apoptosis of cervical cancer cells [75]. Quercetin suppressed the viability of cervical cancer cells in a dose-dependent manner [76].

In prostatic cancer, the combined use of metformin and quercetin exerted significant anticancer effects through the *VEGF/Akt/PI3K* pathway [80]. Quercetin increased the heat-induced prostatic cancer cell toxicity, possibly related to *hsp70* [89]. Quercetin directly activated the caspase via the mitochondrial pathway, leading to apoptosis in prostate cancer cells [96].

In colon cancer, the anticancer effect of quercetin on colon cancer cells was associated with the down-regulation of survivin and cyclin D(1) expression [109]. The anticancer effect of quercetin was also correlated with the *Akt* and *ErbB2/ErbB3* signaling pathways [111]. Quercetin induced apoptosis via the *Akt-CSN6-Myc* signaling axis in colon cancer cells [113].

In esophageal cancer, quercetin reduced the invasion and proliferation of esophageal cancer cells, which is related to *MMP9*, *MMP2*, and *VEGF-A* [123]. Meanwhile, inhibition of *miR-1-3p* could reduce the anticancer effect of quercetin, resulting in the restoration of esophageal cancer cell proliferation [125].

In pancreatic ductal adenocarcinoma, quercetin inhibited tumor cell proliferation and induced tumor cell apoptosis, which is associated with the *SHH* and *TGF- β /Smad* signaling pathways [127].

3.2 The Main Targets and Mechanisms of Luteolin in Cancer Prevention and Cancer Metastasis

We summarized the reported targets of luteolin in the articles, which involving 24 different cancer cells (Table 2, Ref. [131–186]).

In lung cancer, luteolin reduced the invasive ability of lung cancer cells, which is associated with *Src/FAK*-related targets [134]. Luteolin demonstrated antitumor effects through the *MEK-ERK* pathway [140] and reduced cell invasion via *Sirt1*-mediated apoptosis [146].

In cervical cancer, the expression of some proapoptotic genes, such as *FAS*, *BOK*, *BAK1*, *BAD*, *BAX*, *FADD*, *TRADD*, and *Caspases 9* and *3*, was increased by luteolin treatment. At the same time, it was also found that the expression of some anti-apoptotic genes, such as *NAIP*, *MCL-1*, and *BCL-2*, was significantly reduced. These results confirm that luteolin has strong anti-proliferative and proapoptotic effects, and this function is likely to be achieved by inhibiting *AKT* and *MAPK* pathways [150].

In gastric cancer, luteolin could reduce the proliferative capacity of gastric cancer cells by reducing *VEGF* production [160]. Luteolin could also cause cell death through the *MAPK* and *PI3K* pathways [161].

In breast cancer, luteolin reduced breast cancer cell proliferation and induced breast cancer cell apoptosis in two different breast cancer cell studies [165]. The antitumor effect of luteolin is related to the *STAT3*, *MAPK*, and *PI3K* signaling pathways [166]. The inhibitory effect of luteolin on breast cancer cell invasion might be related to the reduction of *VEGF* production [174].

In colon cancer, alterations in the protein levels and enzymatic activities of *HDACs* and *DNMTs* were also found in luteolin-treated colon cancer cells [180].

In liver cancer, luteolin affected the *AMPK-NF- κ B* signaling pathway by increasing the production of ROS. The study also showed that *AMPK* was likely to be a new regulator of *NF- κ B* in the process of luteolin promoting the apoptosis of liver cancer cells [186].

Table 2. The model cell and reported targets of luteolin.

Model cell	Reported targets
H929	isoQC, CD47 and SIRP α [131]
H1975	cyclin D1, caspase-3, Ki-67, p-LIMK and p-cofilin [132] JNK, DR5, Drp1 [133]
H1650	cyclin D1, caspase-3, Ki-67, p-LIMK and p-cofilin [132]
A549	<i>JNK, DR5, Drp1</i> [133] pFAK, pSrc, Rac1, Cdc42, RhoA [134] AIM2, caspase-1 and IL-1 β [135] p-PDK1 [136] miR-34a-5p, Bcl-2, MDM4, p53, p21, Bax, caspase-3 and caspase-9 [137] MEK, ERK, c-Fos, PI3K, Akt, NF- κ B [138] Tyro3, Axl and MerTK [139] caspases-3 and -9, Bcl-2, Bax, MEK, ERK, Akt [140] <i>Nrf2</i> [141,142] E-cadherin, TGF- β 1 [143] TRAIL [144] JNK, Bax, pro caspase-9, caspase-3, TNF α , NF- κ B [145]
H460	AIM2, caspase-1 and IL-1 β [135] miR-34a-5p, Bcl-2, MDM4, p53, p21, Bax, caspase-3 and caspase-9 [137] <i>Axl</i> and <i>Tyro3</i> [139] Bad, Bcl-2, Bax, caspase-3 and Sirt1 [146] Bcl-2, caspase-3, -8, and -9, MAPK and ROS [147] Beclin-1, LC3II [148]
H1299	Bcl-2, caspase-3, -8, and -9, MAPK and ROS [147]
LN35	caspase-3 and -7 [149]
HeLa	<i>TRAIL</i> [144] APAF1, BAX, BAD, BID, BOK, BAK1, TRADD, FADD, FAS, Caspases 3 and 9, NAIP, MCL-1, BCL-2, CCND1, 2 and 3, CCNE2, CDKN1A, CDKN2B, CDK4, and CDK2, TRAILR2/DR5, TRAILR1/DR4, Fas/TNFRSF6/CD95, TNFR1/TNFRSF1A, and Cytochrome C, HIF1 α , BCL-X, MCL1, AKT1 and 2, ELK1, PIK3C2A, PIK3C2B, MAPK14, MAP3K5, MAPK3 and MAPK1, GSK3b, PRAS 40, PTEN, AKT, ERK2, RISK2, P70S6k, PDK1, ERK1, MTOR, P53 and P27 [150] PKA, Jak1, Tyk2, STAT1/2, SHP-2 [151] E6, E7, pRb, p53, E2F5, Fas/FasL, DR5/TRAIL, FADD, caspase-3, caspase-8, Bcl-2, and Bcl-xL [152] caspase-8, caspase-3, XIAP, PKC [153] TNF α , NF-kappa B, JNK, JNKK1, JNKK2 [154]
AGS	Bcl-2, Cdc2, Cyclin B1, Cdc25C Caspase-3, Caspase-6, Caspase-9, Bax, and p53 [155]
CRL-1739	MUC1, ADAM-17, IL-8, IL-10 and NF- κ B. [156]
SGC-7901	<i>FOXO1</i> [157] cMet, MMP9, Ki-67, caspase-3, PARP-1, Akt and ERK [158] VEGF, HIF-1 alpha, Bcl-2, PGE2, caspase-3 and -9 [159]
Hs-746T	VEGF, Notch1 [160]
BGC-823	Bax, Bcl-2, MAPK, pi3k, caspase-3, caspase-9 and cytochrome c [161] VEGF-A and MMP-9 [162]
MKN45	cMet, MMP9, Ki-67, caspase-3, PARP-1, Akt and ERK [158]
MCF-7	caspase-3, caspase -8, caspase -9, Bcl-2, Bax, miR-16, miR-21 and miR-34a [163] Bax, Bcl-2, Caspase-3, EMT, Vimentin, Zeb1, N-cadherin, E-cadherin, miR-203 [164] Sp1, NF- κ B, DNMT1 and OPCML [165] EGFR, PI3K, Akt, MAPK, Erk 1/2, STAT3 [166] <i>Bcl-2</i> , ROS [167] DR5, caspase-8/-9/-3, PARP, cytochrome c, Bax, Bcl-2 [168] Bcl-2, Bcl-2, AEG-1 and MMP-2 [169] E α , IGF-1 [170] GTF2H2, NCOR1, TAF9, NRAS, NRIP1, POLR2A, DDX5, NCOA3, CCNA2, PCNA, CDKN1A, CCND1, PLK1 [171] caspase-3 and -7 [149]

Table 2. Continued.

Model cell	Reported targets
MDA-MB-453	Bax, Bcl-2, Caspase-3, EMT, Vimentin, Zeb1, N-cadherin, E-cadherin, miR-203 [164]
BT474	Sp1, NF-κB, DNMT1 and OPCML [165]
MDA-MB-231	EGFR, PI3K, Akt, MAPK, Erk 1/2, STAT3 [166] caspase-3 and -7 [149] OPCML [172] hTERT, NF-κB, c-Myc [173] VEGF [174] Notch-1 [175] caspase-8, caspase-3, Fas, STAT3 [176] AKT, PLK1, cyclin B(1), cyclin A, CDC2, CDK2, Bcl-xL and Bax [177]
MDA-MB-435	VEGF [174]
SW620	LC3B-I/II, Atg5, Bcl-2, Bax, caspase-3, PARP, ERK1/2, FOXO3a [178]
HCT116	p53 [179] Nrf2, ARE, DNMTs, HDACs [180]
HT29	caspase-8, caspase-3, XIAP, PKC [153] caspase-3 and -7 [149] Nrf2, ARE, DNMTs, HDACs [180]
HepG2	PKA, Jak1, Tyk2, STAT1/2, SHP-2 [151] caspase-8, caspase-3, XIAP, PKC [153] caspase-3 and -7 [149] p21, p53 [181] USP47, p62 [182] AMPK, NF-κB, ROS [183,186] HGF, ERK1/2, Akt, JNK1/2, MEK, PI3K [184] p53, CDK, p21 [185]
CNE1	caspase-8, caspase-3, XIAP, PKC [153]

3.3 The Main Targets and Mechanisms of Kaempferol in Cancer Prevention and Cancer Metastasis

We summarized the reported targets of kaempferol in the articles, which involving 25 different cancer cells (Table 3, Ref. [187–213]).

In lung cancer, kaempferol promoted the apoptosis of lung cancer cells by inhibiting *Nrf2* [187]. Kaempferol exerted antitumor effects through the *PTEN*, *miR-340* and *PI3K/AKT* pathways, thus inhibiting the growth of lung cancer cells and inducing the death of lung cancer cells [188].

In breast cancer, kaempferol reduced the invasive effect of breast cancer cells in both MCF-7 cells and MDA-MB-231 cells, which might be related to the activation of *Rac1* and *RhoA* [191]. At the same time, some studies have shown that the antitumor effect of kaempferol is independent of the *ER*-dependent pathway [193]. Kaempferol could block the signaling pathways related to *MMP-9*, thus affecting the expression of *MMP-9* to reduce the migration ability of breast cancer cells [195].

In gastric cancer, kaempferol could induce gastric cancer cell apoptosis by affecting the *JNK-CHOP* signaling pathway [197]. A study found that the expres-

sion of *miR-181a* increased in gastric cancer cells treated with kaempferol. This may be one of the mechanisms of kaempferol's antitumor effect [198].

In cervical cancer, kaempferol promoted cervical cancer cell death by affecting the *hTERT* and *PI3K/AKT* pathways [200]. Kaempferol had an obvious regulatory effect on ovarian cancer cell apoptosis, indicating that kaempferol has the potential to be a promising drug for ovarian cancer [203].

In colon cancer, kaempferol could reduce ROS production and affect *NF-κ*, *MAPK*, *PI3K/AKT*, and *BJAK/STAT3* signaling pathways [208]. More in-depth research has shown that kaempferol plays an antitumor effect by inducing cell cycle arrest in colon cancer [210].

In liver cancer, kaempferol reduced *AKT* phosphorylation in human liver cancer cells and has been shown to affect *PARP*, *caspase-3*, *caspase-7*, and *caspase-9* [212]. Studies have also shown that kaempferol can significantly affect the invasion and growth of liver cancer cells; this process may be related to *PTEN* and *miR-21*, as well as the *PI3K* pathway [213].

Table 3. The model cell and reported targets of kaempferol.

Model cell	Reported targets
A549	ROS, <i>Nrf2</i> , <i>NQO1</i> , <i>HO1</i> , <i>AKR1C1</i> and <i>GST</i> [187] miR-340, PTEN, PI3K, AKT [188] ROS, SOD, <i>GPx</i> , <i>CAT</i> [189] TGF- β 1, EMT, E-cadherin, Smad3, Smad4, Snail, Akt1 [190]
NCIH460	ROS, <i>Nrf2</i> , <i>NQO1</i> , <i>HO1</i> , <i>AKR1C1</i> and <i>GST</i> [187]
MCF-7	ROS, SOD, <i>GPx</i> , <i>CAT</i> [189] <i>ER</i> , <i>PR</i> , <i>HER2</i> , <i>RhoA</i> , and <i>Rac1</i> [191] IRS-1, AKT, MEK1/2 [192] <i>ER</i> , <i>E2</i> [193]
MDA-MB-231	<i>ER</i> , <i>PR</i> , <i>HER2</i> , <i>RhoA</i> , and <i>Rac1</i> [191] γ H2AX, caspase 9, caspase 3, p-ATM [194] AP-1, MAPK, PKC δ , MMP-9 [195] CYP1A1, CYP1B1, AHR, ER α [196]
BT474	γ H2AX, caspase 9, caspase 3, p-ATM [194]
SK-BR-3	<i>ER</i> , <i>PR</i> , <i>HER2</i> , <i>RhoA</i> , and <i>Rac1</i> [191]
BT-549	CYP1A1, CYP1B1, AHR, ER α [196]
AGS	bcl-2, PARP, caspase 3, caspase 9, LC3-I, LC3-II, β -actin [197]
SGC-7901	ROS, SOD, <i>GPx</i> , <i>CAT</i> [189]
SNU-216	cyclin D1, bcl-2, bax, caspase 3, caspase 9, autophagy-related gene 7, LC3-I, LC3-II, Beclin 1, p62, MAPK, ERK, PI3K, miR-181a [198] bcl-2, PARP, caspase 3, caspase 9, LC3-I, LC3-II, β -actin [197]
MKN28	cyclin B1, Cdk1 and Cdc25C, Bcl-2, Bax, caspase-3 and -9, PARP, p-Akt, p-ERK, and COX-2 [199]
MKN-74	bcl-2, PARP, caspase 3, caspase 9, LC3-I, LC3-II, β -actin [197]
NCI-N87	bcl-2, PARP, caspase 3, caspase 9, LC3-I, LC3-II, β -actin [197]
NUGC-3	bcl-2, PARP, caspase 3, caspase 9, LC3-I, LC3-II, β -actin [197]
SGC7901	cyclin B1, Cdk1 and Cdc25C, Bcl-2, Bax, caspase-3 and -9, PARP, p-Akt, p-ERK, and COX-2 [199]
Hela	ROS, SOD, <i>GPx</i> , <i>CAT</i> [189] <i>PI3K</i> , <i>AKT</i> , and <i>hTERT</i> [200]
A2780	GRP78, PERK, ATF6, IRE-1, LC3II, beclin 1, and caspase 4 [201] Chk2, Cdc25C, Cdc2 [202] Bcl-x(L), p53, Bad, and Bax [203]
CP70	Bcl-x(L), p53, Bad, and Bax [203]
HCT116	hnRNPA1, PTBP1, miR-339-5p [204] <i>AP-1</i> [205] PARP, caspase-8, caspase-9, caspase-3, phospho-p38 MAPK, p53, and p21 [206] caspase-3, Bcl-2, PUMA, ATM, and H2AX [207]
LS174-R	ROS, <i>JAK</i> , <i>STAT3</i> , <i>MAPK</i> , <i>PI3K</i> , <i>AKT</i> , and <i>NF-κB</i> [208]
DLD1	hnRNPA1, PTBP1, miR-339-5p [204] <i>AP-1</i> [205]
HT29	IGF-II, IGF-IR, ErbB3, Akt, and ERK-1/2 [209] CDK2, CDK4, cyclins D1, cyclin E, and cyclin A [210]
HCT15	hnRNPA1, PTBP1, miR-339-5p [204] <i>AP-1</i> [205] PARP, caspase-8, caspase-9, caspase-3, phospho-p38 MAPK, p53, and p21 [206]
SW480	<i>DR5</i> [211]
HepG2	AKT, caspase-9, caspase-7, caspase-3, and PARP [212] miR-21, PTEN, PI3K, AKT, mTOR [213]

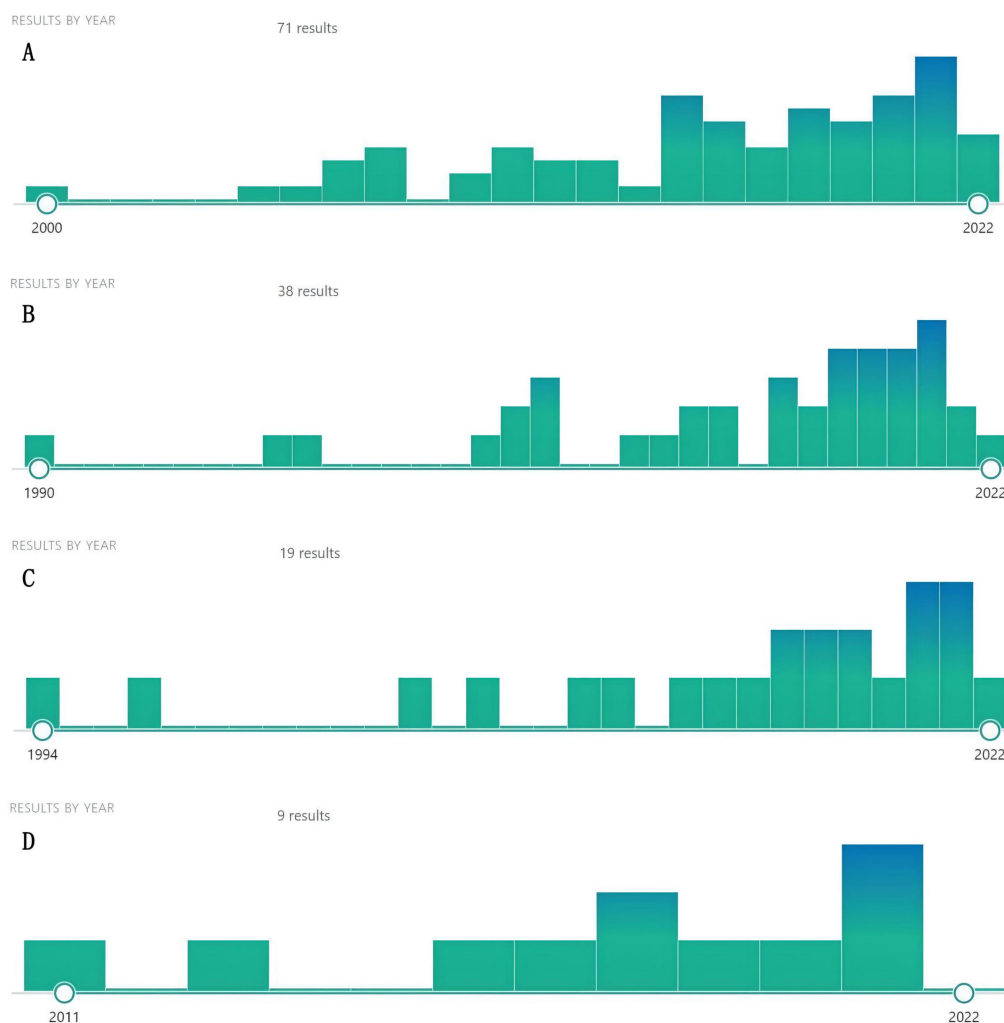


Fig. 3. Increasing literature about dihydrotanshinone (A), Sclareol (B), Isoimperatorin (C), and girinimbina (D) (From PubMed).

3.4 Other Potential Natural Compounds in Cancer Prevention and Cancer Metastasis

Using the name of natural compounds and “cancer” OR “tumor” OR “carcinoma” OR “malignancy” as keywords to search PubMed, we found a number of natural compounds with the potential to treat cancer and cancer metastasis. Although there were few studies on these natural compounds against cancer, they recently proliferated, indicating that natural compounds, such as dihydrotanshinone, sclareol, isoimperatorin, and girinimbina have a great anticancer potential, warranting further research (Fig. 3). At the same time, we predicted the potential targets of these four natural compounds through the SwissTargetPrediction database and screened out the top ten targets with a probability score greater than 0 (Table 4).

4. Discussion

Malignant tumors are common diseases with biological characteristics such as cell differentiation, abnormal proliferation, infiltration, and metastasis, and have become

a worldwide problem. Western medicine treatments have a significant effect on eliminating malignant tumors, but are often accompanied by a variety of toxic and adverse effects such as gastrointestinal reactions, myelosuppression, and decreased immunity. Traditional Chinese medicine has a history of more than 2000 years in the prevention and treatment of tumors. It has played an important role in the treatment of cancers: increasing evidence has shown that TCM, usually combined with western medicine, can improve response to western medicine, reduce the toxic and side effects, improve the quality of life of patients, stabilize the tumor body, prevent tumor recurrence and metastasis, prolong the survival period, and increase the survival rate. Accordingly, the anti-tumor effects and mechanisms of TCM have become focal points of research. The development of modern science and technology, and the complementary advantages of multi-disciplinary and multi-field modalities help promote TCM's broad prospects in anti-cancer field. In anticancer treatment, the application of TCM is limited due to the complex composition, difficult dosage control,

Table 4. Other potential targets of potential natural compounds.

Potential natural compounds	Potential targets	Probability score
Dihydrotanshinone	<i>AKR1B1</i>	1
	<i>ACHE</i>	1
	<i>CES1</i>	1
	<i>PTPN6</i>	1
	<i>CES2</i>	1
	<i>PTPN11</i>	1
	<i>STAT3</i>	0.114337559
	<i>IDO1</i>	0.114337559
	<i>MALT1</i>	0.106099949
	<i>KDM4E</i>	0.097874534
Sclareol	<i>UGT2B7</i>	0.206265233
	<i>HSD11B1</i>	0.182601417
	<i>PTGS1</i>	0.174646372
	<i>NRIH3</i>	0.111501865
	<i>AR</i>	0.111501865
	<i>CYP19A1</i>	0.111501865
	<i>NR3C2</i>	0.111501865
	<i>TRPV1</i>	0.111501865
	<i>IDO1</i>	0.111501865
	<i>CNR2</i>	0.111501865
Isoimperatorin	<i>BACE1</i>	0.149732594
	<i>KCNA3</i>	0.108770969
	<i>SRD5A1</i>	0.108770969
	<i>CA12</i>	0.100578902
	<i>CA9</i>	0.100578902
	<i>KCNA5</i>	0.100578902
	<i>MAOA</i>	0.100578902
	<i>ALOX5</i>	0.100578902
	<i>MAOB</i>	0.100578902
	<i>ALOX15</i>	0.100578902
Girinimbina	<i>DYRK1A</i>	0.100578902
	<i>BCHE</i>	0.100578902
	<i>CLK4</i>	0.100578902
	<i>HTR2B</i>	0.100578902
	<i>HTR2C</i>	0.100578902
	<i>SLC6A3</i>	0.100578902
	<i>HTR6</i>	0.100578902
	<i>AKT1</i>	0.100578902
	<i>CLK2</i>	0.100578902
	<i>DYRK3</i>	0.100578902

and unclear mechanisms of action. With the standardization and modernization of TCM, through the multi-field and multi-level objective, accurate, qualitative, and quantitative research on the anti-cancer efficacy of TCM, the shortcomings of TCM (such as complex composition), unclear mechanisms, and unclear targets have been gradually overcome. Traditional Chinese medicine played an increasingly important role in the field of anti-cancer treatment.

With the continuous research on the natural ingredients of TCM, we found that these ingredients can exert anti-

tumor activities in various stages of tumor growth, reflected in the following aspects: Improve the immune activity of the body, reduce the immunosuppressive effect of tumor cells, and inhibit the growth of tumor cells; regulate specific signaling pathways, inhibit tumor cell proliferation, and promote their apoptosis and autophagy; inhibit tumor angiogenesis; inhibit cancer cell invasion and metastasis ability; induce cancer cell cycle arrest, promoting its apoptosis, etc.

In this review, we found five commonly used anti-cancer Chinese herbal medicines and 168 qualified natural compounds extracted from them (oral bioavailability $\geq 30\%$ and drug-likeness ≥ 0.18). In our analysis, we found that, based on TCM, natural active ingredients still have many contents worthy of in-depth exploration in the prevention and treatment of cancer and cancer metastasis. They have multiple targets and complex but effective mechanisms. Some natural compounds have been widely used in clinical practice and have attracted increasing attention in recent years. Traditional Chinese medicines and their active compounds have provided inspiration and options for the treatment of cancer, both in the past and in the future. Among the three most deeply studied natural compounds (quercetin, luteolin, and kaempferol), we should pay more attention to how to expand the curative effect and specific application research. For the natural compounds (dihydrotanshinone, sclareol, isoimperatorin, and girinimbina) that have recently garnered increased attention, we still need to strengthen basic research as we anticipate better natural drugs for cancer.

Although this paper searched and screened the relevant literature to the greatest extent possible, there are still certain limitations. In order to ensure the stability and reliability of the results, we selected human-related cell experiments and excluded clinical studies and animal experiments, but this did not ensure the comprehensive inclusion of all eligible studies. Further, we only provided a preliminary summary of the mechanisms and targets, and did not perform a systematic analysis.

5. Conclusions

Within the five most widely used anti-cancer Chinese herbal medicines, 168 effective natural compounds were identified. The three most common natural compounds and their main mechanisms of action in the prevention and treatment of cancer and cancer metastasis were reviewed and summarized. In addition, our review found that four natural compounds have recently attracted the most attention in the field of anti-cancer study, indicating they are worthy of further research. Our findings provide some inspiration for future research on natural compounds against tumors and new insights into the role and mechanisms of natural compounds in the prevention and treatment of cancer and cancer metastasis.

Author Contributions

QW, YW, and ELHL designed the research study. YW, HY, XS, MC, and GY performed the research. LL provided advice on data collection. HY analyzed the data. XX, YX, and GY retrieved and collected the data. YW wrote the manuscript. All authors contributed to editorial changes in the manuscript. All authors read and approved the final manuscript.

Ethics Approval and Consent to Participate

Not applicable.

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Conflict of Interest

The authors declare no conflict of interest.

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