



## Review Article

# Promising Phytochemicals in Fight Against Breast Cancer; A Narrative Review

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## Abstract

Breast cancer is the most prevailing cancer affecting women worldwide. This study includes a review of the genetic, molecular, and environmental factors that contribute to breast cancer pathogenesis and its progression including various genes, such as the BRCA-1 and BRCA-2 that are critical in repairing DNA as well as in hereditary breast cancer. We have also reviewed HER-2-positive breast cancer, and also further examined the oncogenic role the Ras and BRAF proteins play in breast cancer pathogenesis and treatment. Despite the conventional therapies being helpful, challenges remain such as tumor relapse and tumor metastasis, which is why alternative novel ways have to be invented for treatment. Several plant-based compounds known as phytochemicals are anticancer agents and are examined in detail in this review. They include Curcumin, EGCG, Genistein, Apigenin, Quercetin and Berberine. These compounds are discussed for properties such as inhibiting cell proliferation in cancers, modulating key molecular pathways, and inducing cell apoptosis. This review also elaborates on challenges faced in the clinical application of phytochemicals, shedding light on their bioavailability issues and drug-drug interactions. We propose that these compounds might work alongside current breast cancer treatments, especially for resistant and relapse cases.

**Keywords:** Breast Cancer; Phytochemicals; Curcumin; Quercetin; Metastasis; Plant-based compounds

## 1. Introduction

Breast cancer is the most frequently diagnosed cancer among women and the leading cause of cancer-related deaths worldwide. There were an estimated 670,000 deaths from breast cancer globally in 2022 (Organization 2024). In 2023, about 43,700 deaths from invasive breast cancer were predicted in the United States, accounting for about 30% of female cancers (Clancy and News 2023). Breast cancer patients make up to 36% of oncological cases (Nardin et al. 2020, Cuthrell and Tzenios 2023). According to the World Health Organization (WHO), breast cancer was the most frequently diagnosed cancer among women in 157 out of 185 countries in 2022, reflecting its global prevalence (Organization 2023).

Breast cancer primarily affects middle-aged and older women, with an average of diagnosis being

62 years. About half of women diagnosed are 62 years or younger, while only a small percent are younger than 45 years (Pilleron *et al.* 2019, Song *et al.* 2014). The lifetime risk of developing invasive breast cancer is 1 in 8, and the probability of death is about 1 in 36 (Society 2023). Although breast cancer rates have been reduced due to advancements in treatment and its early detection, over 4 million survivors are currently present in the United States (Society 2023).

Breast cancer can be classified based on its dependency on estrogen signaling into estrogen-dependent and estrogen-independent types. Estrogen-dependent breast cancers rely on estrogen for growth and proliferation while estrogen-independent breast cancers grow regardless of estrogen signaling (Torres-Arzayus *et al.* 2010). The causes of

breast cancer are due to several factors such as genetic, environmental, and lifestyle factors. Lifestyle-related risks include poor dietary choices and lack of exercise. 10% of breast cancer cases are hereditary involving mutation in genes such as *BRCA1* (Breast Cancer Gene 1) and *BRCA2* (Breast Cancer Gene 2) (Institute 2024). The remaining 90% are attributed to sporadic genetic mutations, that often arise from unknown factors (Walsh *et al.* 2020).

Mutations in *BRCA1* and *BRCA2* are associated with an increased risk of early-onset breast cancer. They account for about 90% of hereditary cases (Kwong *et al.* 2011, Calderón-Garcidueñas *et al.* 2005, Chen *et al.* 2009, Malone *et al.* 2006, Martin *et al.* 2009). These tumor suppressor genes encode tumor suppressor proteins that regulate cell growth and maintain genomic stability by repairing damaged DNA. Tumor suppressor genes function as 'brakes' to prevent uncontrolled cell division. When these genes are mutated, they impair the ability to repair DNA damage, leading to genomic instability and ultimately, cancer progression (Motoyama and Naka 2004).

Clinical manifestations of breast cancer vary, but its early stages are usually asymptomatic. Symptoms include the presence of a lump, changes in breast sizes or shape, nipple discharge or skin changes such as red or scaly skin (Berman 2000). The risk factors of breast cancer include advanced age, dense breast tissue, genetic predispositions, and prolonged exposure to estrogen due to late menopause or reproductive history (Feng *et al.* 2018). The standard treatments include chemotherapy, surgery, radiation, and targeted therapies such as anti-estrogens (e.g. Tamoxifen) or aromatase inhibitors (e.g. Anastrozole) (Israel *et al.* 2018). However, these approaches usually face certain limitations including tumor relapse and metastasis. Recent interest in the therapeutic potential of naturally occurring plant extracts and phytochemicals (Imran *et al.* 2012, Hussain *et al.* 2009) as alternatives to conventional treatments is yielding hope that such a strategy might be useful for treating cancers. The compounds are derived from

plants and have shown efficiency in targeting estrogen-dependent and estrogen-independent breast cancer cells as well as breast cancer stem cells (Israel *et al.* 2018).

This review aims to summarize the therapeutic effect of phytochemicals in the prevention and treatment of breast cancer, emphasizing their potential to enhance therapeutic outcomes with minimal toxicity. It also highlights the efficacy of phytochemicals in fighting breast cancer by addressing its pathophysiological effects and pharmacotherapeutic goals. Furthermore, the review focuses on the role of Complementary and Alternative Medicine (CAM) as a safer and effective treatment strategy. By presenting these insights, this review aims to inspire scientists to develop phytochemical-based treatment options for breast cancer patients, along with reducing the risk of associated disorders.

## 2. Pathophysiological Insights of Breast Cancer

The breast tissue is composed of lobules, lobes, and ducts that play a vital role in the production and transport of milk. Each breast consists of 15-20 lobes, which divide further into lobules that end in milk-producing bulbs. These tissues are connected with each other through ducts, facilitating milk flow. The breasts are also supported by blood vessels and lymphatic vessels. The lymphatic system is vital for providing immune defense, by housing white blood cells which fight against infections and diseases (Sharma *et al.* 2021).

Breast cancer primarily begins because of genetic mutations which affect tumor suppressor genes such as *BRCA1* and *BRCA2*. These genes are essential for the repair of double-stranded DNA breaks through homologous recombination. Mutations in these genes obstruct DNA repair, which leads to error-prone pathways such as non-homologous end-joining (Narod and Salmena 2011). This causes mutations and chromosomal rearrangements. In some cases, it leads to mutant cells with increased proliferative and metastatic properties, which are the hallmarks of cancer (Fares *et al.* 2020). *BRCA1* also regulates the cell cycle, where it

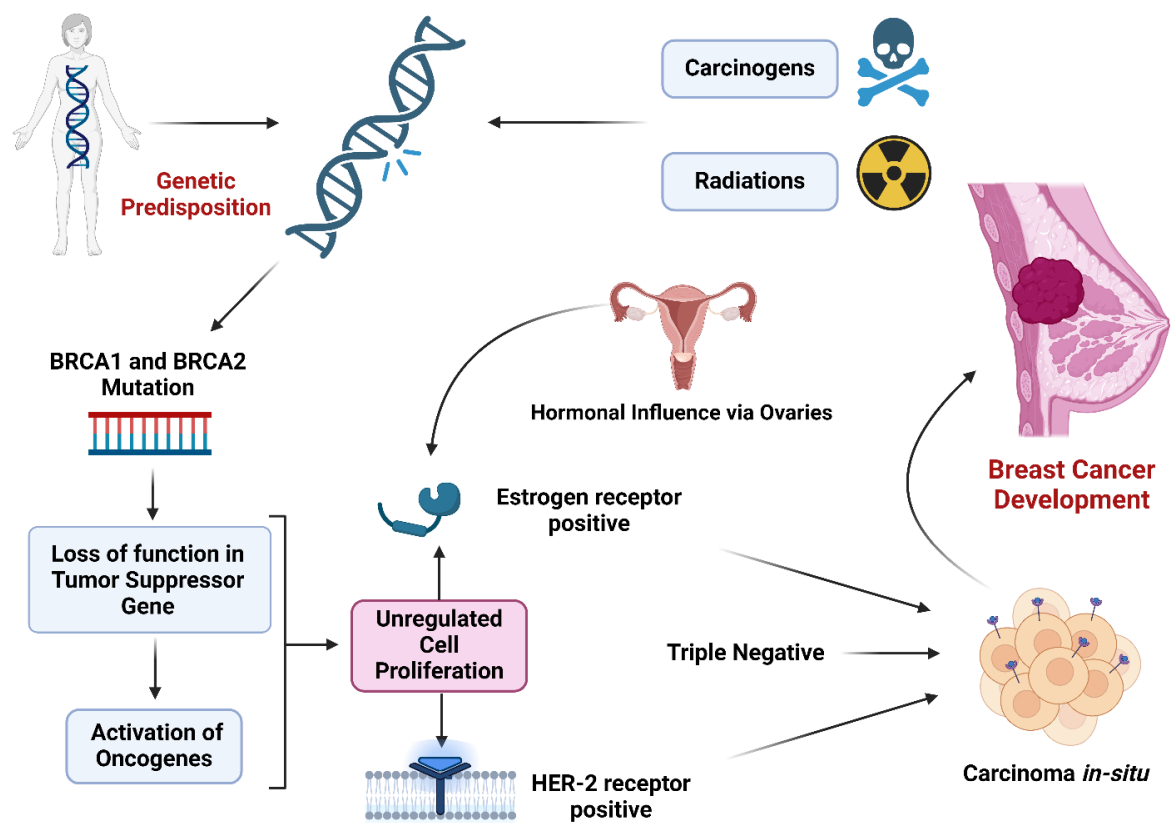


Figure 1. Pathogenesis of Breast cancer

ensures arrest at the S or G2/M phases in response to DNA damage. Its activation depends on phosphorylation by ATM (Ataxia Telangiectasia Mutated) (Xu *et al.* 2001). More than half of *BRCA1* - associated tumors lead to invasive ductal carcinomas (Lakhani *et al.* 2005).

An additional pivotal factor in breast cancer is the HER2 (Human Epidermal Growth Factor Receptor 2) protein. It is encoded by the *erbB-2* gene. HER2 is a receptor tyrosine-protein kinase, which aids the normal growth and proliferation of breast cells. However, abnormal overexpression of this oncogene results in HER2-positive (HER2+) breast cancers. These are more likely to metastasize and exhibit rapid growth. (Asif *et al.* 2016). The pathophysiological insights of breast cancer are illustrated in Figure 1.

The Ras pathway also plays a vital role in breast cancer. Overexpression of oncogenic H-Ras stimulates cell cycle re-entry from the G0 phase without depending on growth factors, while also altering growth factor receptor expression to further cause (Cox and Der 2010). Another oncogene in the pathway, the *BRAF* gene encodes a serine-threonine kinase that regulates the mitogen-activated protein kinase (MAPK) pathway. Mutations in *BRAF*, especially at codon 600 (V600E) lead to uncontrolled cell proliferation and oncogenic transformation (Wang *et al.* 2022).

Hormone replacement therapy (HRT) which is often prescribed to reduce menopausal symptoms, has been associated with an increased risk of breast cancer, specifically estrogen receptor-positive types. Combination therapies of estrogen and progesterone lead to a higher risk as compared to estrogen-only therapies (Narod 2011).

### 3. Anti-Cancer Role of Phytochemicals

Several natural and synthetic compounds show useful pharmacological actions (Hansraj et al. 2003, Aslam et al. 2008, Gul et al. 2011, Ahmed et al. 2014). Phytochemicals are bioactive compounds derived from plants that are being studied in detail for their health-promoting properties, including anti-cancer effects (Dillard, German, and Agriculture 2000). Studies based on epidemiology highlight the protective role of diets rich in fruits and vegetables against cancer. Phytochemicals act at different stages of carcinogenesis by enhancing the detoxification of carcinogens, suppressing inflammation, (e.g. cyclooxygenase-2 inhibition) blocking cell division, and inducing apoptotic in cancer cells (Johnson 2007).

### 4. Promising Phytochemicals for Breast Cancer

#### 4.1 Curcumin

Curcumin is a yellow pigment extracted from the rhizome of *Curcuma longa* (turmeric). It is broadly studied for its anti-cancer properties, specifically in breast cancer. (Cridge, Larsen, and Rosengren 2013). It displays anti-oxidant, anti-proliferative, and apoptotic effects by regulating various molecular targets, such as inflammatory cytokines, transcription factors, and gene products associated with cell proliferation and survival.

Curcumin has been shown to suppress tumor growth in animal models, such as xenotransplant and orthotransplant systems, either in combination with chemotherapeutic agents or radiation or used alone (Kunnumakkara, Anand, and Aggarwal 2008). For example, it induces cell-cycle arrest in the G2/M phase, activates mitotic checkpoints, and blocks cell proliferation by suppressing microtubule dynamics in the MCF-7 breast cancer cell lines (Banerjee, Singh, and Panda 2010). Additionally, curcumin downregulates the expression of EZH2 (Enhancer of Zeste Homolog 2) and regulates the MAPK (Mitogen-Activated Protein Kinase) signaling pathway by activating JNK (c-Jun NH2-terminal kinase), ERK (

Extracellular Signal-regulated Kinase) and p38 kinase, which results in improved apoptosis and inhibition of tumor growth (Hua *et al.* 2010).

One mechanism involves the regulation of the Wnt/ $\beta$ -catenin signaling pathway, which plays a pivotal role in breast cancer progression. Curcumin suppresses  $\beta$ -catenin and cyclin D1 expression in MCF-7 and MDA-MB-231 cells, effectively stopping cancer progression (Prasad *et al.* 2009). Additionally, curcumin enhances the expression of the Maspin gene, a serine protease inhibitor that inhibits tumor cell motility and invasion. This effect is followed by the upregulation of tumor suppressor protein p53 and the downregulation of anti-apoptotic protein Bcl-2 (Prasad *et al.* 2010).

In HER2-positive breast cancer, the HER2 oncoprotein is overexpressed. Curcumin reduces HER2 protein levels, suppresses Akt and MAPK phosphorylation, and inhibits NF- $\kappa$ B activity in BT-474 and SK-BR-3-hr cells (Lai *et al.* 2012). By targeting NF- $\kappa$ B signaling, curcumin enhances the efficacy of chemotherapy by improving p53-p300 cross-talk (Sen *et al.* 2011).

Curcumin also inhibits angiogenesis by downregulating VEGF expression which is a key mediator of blood vessel formation in tumors. This anti-angiogenic effect is shown in studies involving osteopontin and medroxyprogesterone acetate-induced VEGF expression (Chakraborty *et al.* 2008, Carroll, Eilersieck, and Hyder 2008). Furthermore, curcumin has been shown to act synergistically with chemotherapeutic agents like Mytomycin C (MMC), enhancing its anti-proliferative effects via the p38 MAPK pathway while reducing toxicities related to MMC (Zhou *et al.* 2009, Zhou *et al.* 2011).

#### 4.2. Epigallocatechin gallate (EGCG)

Epigallocatechin gallate (EGCG) is a green tea polyphenol that has the potential to have an impact on diversified biological pathways, such as in gene expression, growth factor-mediated pathways, the mitogen-activated protein kinase-dependent pathway, and the ubiquitin-

**Table 1. Some possible anti-breast cancer molecular mechanisms for genistein and its targets.**

EFFECT	PROTEINS/PATHWAYS AFFECTED	REFERENCES
Anti-proliferative effects	Upregulation of ATM	(Xie <i>et al.</i> 2014, Liu <i>et al.</i> 2019, Li <i>et al.</i> 2013, Mukund 2020, He, Chen, and wellness 2013)
	Upregulation of APC	
	Upregulation of SERPINB5	
Epigenetic Modifications	Downregulation of DNA methylation	(He, Chen, and Wellness 2013)
	Upregulation of ER $\alpha$	
	Decreased ER binding	
Induction of Apoptosis	Er $\beta$ inhibited E2-dependent cell growth	(Zhao <i>et al.</i> 2016, He, Chen, and Wellness 2013, Hsieh <i>et al.</i> 1998)
	Tumor suppressors p21 and p16	
	c-MYC-BMI complexes Regulation of E2-induced genes	
Arrest of cell cycle	Downregulation of CIP2A mRNA.	(Jiang <i>et al.</i> 2018, Kobayashi, Nakata, and Kuzumaki 2002)
	modulation of E2F1	
	Activation of PPPA	
Decreased response to growth factors	Inactivation of NF-kB	(Chen <i>et al.</i> 2003, Yan <i>et al.</i> 2010)
	Bcl-2 Bax	
	Activation of Caspase-3 Upregulation of DNA fragmentation	

proteasome degradation pathway. Identifying and further characterizing the molecular targets of EGCG will improve understanding of the underlying mechanisms of its anti-carcinogenic and cancer-defensive activities (Chen *et al.* 2011). Studies have displayed that EGCG substantially constrained MCF-7 cell growth in a time- and dose-dependent manner. EGCG induced apoptosis and disorganized cell cycle advancement at the G2-M phase, as reported in flow cytometry analysis. Furthermore, EGCG elevated PARP procaspase-3 and procaspase-9 at the protein level and inhibited miR-25 expression. Reclamation of miR-25 in repressed EGCG-induced cell apoptosis. Immunohistochemistry staining determined that EGCG suppressed tumor development *in vivo* by down-regulating the expression of miR-25 and proteins associated with apoptosis, this was additionally verified by a decline of Ki-67 and elevation in pro-apoptotic PARP expression (Zan *et al.* 2019). EGCG is

efficient against radiation-induced dermatitis in breast cancer patients.

A single-arm trial was held to test the supposition that topical EGCG is competent against radiation-induced dermatitis in 49 breast cancer patients undergoing radiotherapy after mastectomy. The results showed that topical EGCG reduced symptoms of radiation-induced dermatitis, including pain, burning, tenderness, pulling, and itching in patients undergoing radiotherapy with minimal toxicity and no severe cases reported (Zhu *et al.* 2016).

#### 4.3. Genistein

Genistein, a synthetic phytoestrogen found in soybeans, is an isoflavone native to Southeast Asia. It was first confined from *Genista tinctoria* (L.) and was titled after it. Subsequent to this, it has often been determined in the *Trifolium* spp., exclusive to the Leguminosae (Fabaceae) (Dixon and Ferreira 2002).

According to epidemiological evidence, it has been implied that soy consumption is inversely proportional to breast cancer risk. Asian men and women who consumed a soy diet had a 40% diminished predominance of mammary cancer. On the other hand, Asians who did not consume a soy-rich diet were deprived of this preservation (Wu *et al.* 2004, Dai *et al.* 2001). Genistein has been associated with distinct pathways and targets. Cell division cycle modification, anti-cell proliferation, and apoptosis are a few of the approaches that have been projected as genistein targets and pathways for anti-breast cancer tumorigenesis (Bhat *et al.* 2021).

SRF—Serum Response Factor; CIP2A—cancerous inhibitor of PP2A; E2F1—Transcription factor E2F1; PPPA—PP2C-family protein phosphatase; NF- $\kappa$ B—nuclear factor kappa-light-chain-enhancer of activated B cells; Bcl-2 Bax- BCL2-associated X protein; ATM—ataxia telangiectasia mutated; APC—Adenomatous Polyposis Coli; SERPINB5—Serpin Family B Member 5; ER—Estrogen Receptor; PTEN—Phosphatase and Tensin Homolog; PAK2- Serine/threonine-protein kinase PAK 2; c-MYC-BMI—myc and bmi-1 oncogenes; E2- 17 $\beta$ -estradiol.

Several clinical trials have explored the use of genistein in breast cancer treatment. These trials investigate its safety, efficacy, and effect on different biomarkers in breast cancer patients (Medicine 2025).

#### 4.4. Apigenin

Apigenin, an acclaimed flavonoid is found in considerable dietary plant foods including chamomile, lemon balm, oranges, celery, parsley, and celeriac. Comprehensive studies have concluded that apigenin has antioxidant, anti-carcinogenic, and anti-inflammatory properties (Mohammad Nabavi *et al.* 2015).

A study examined the cellular mechanisms that were lying the induction of cell cycle arrest by apigenin. The results showed that apigenin at the non-apoptotic induction concentration suppressed cell proliferation and promoted cell

cycle arrest at the G2/M phase in the MDA-MB-231 breast cancer cell line (Tseng *et al.* 2017).

A study showed that apigenin functions as both an estrogen and anti-estrogen in a dose-dependent manner. At low concentrations, apigenin stimulated the growth of MCF-7 cells, however at higher concentrations, it inhibited their growth. When used in combination with either Tamoxifen or Fulvestrant, apigenin showed synergistic and growth-inhibitory effects on both antiestrogen-sensitive and –resistant breast cancer cells (Long *et al.* 2008).

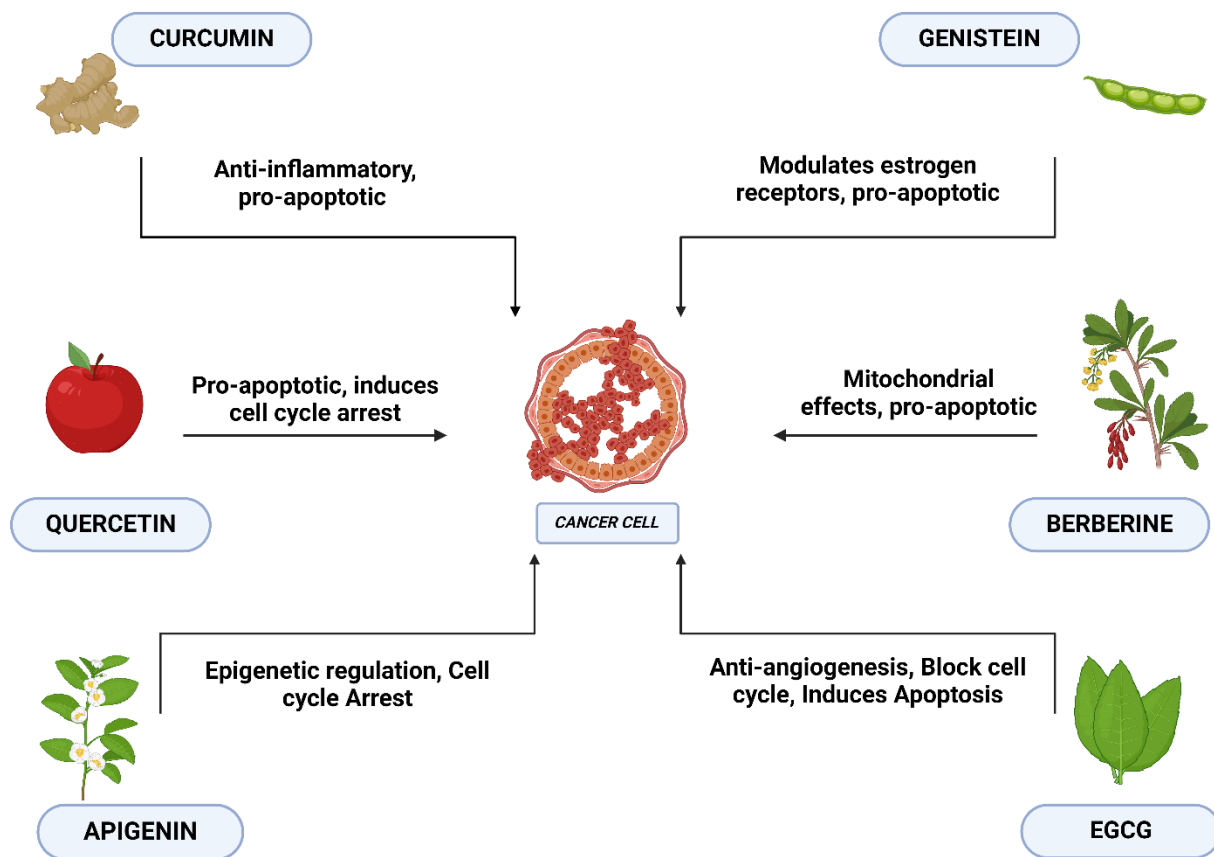
#### 4.5. Quercetin

Quercetin is an ample plant-derived flavonoid in vegetables and fruits such as apples, legumes, green tea, berries, citrus fruits, parsley, onions, and red wine (Chirumbolo and Targets 2010, Li *et al.* 2016). According to *in-vivo* and *in-vitro* studies, quercetin enforced its anticancer properties by the regulation of certain specific signaling pathways consisting of reduction of oncogene expression (Ranganathan, Halagowder, and Sivasithambaram 2015), apoptosis of malignant cells, and reducing the tumor volume (Hashemzaei *et al.* 2017, Yang, Liu, and chemistry 2009), regulation of the cell cycle (Priyadarsini *et al.* 2010) and inhibition of angiogenesis (Pratheeshkumar *et al.* 2012).

In a study, quercetin was found to inhibit growth in MCF-7 breast cancer cells by inducing cell cycle arrest at the G2/M phase and promoting apoptosis. This treatment led to temporary accumulation of cells in the M phase, increased cyclin B1 and Cdc2 kinase activity, and elevated p21CIP1/WAF1 protein levels. These findings suggest that quercetin inhibits cell growth through both apoptosis induction and cell cycle suppression. (Choi *et al.* 2001).

#### 4.6. Berberine

Berberine is found in plants such as Berberis e.g. Oregon grape, barberry, tree turmeric, yellow root, and Chinese goldthread. It is a quaternary ammonium salt from the protoberberine group of



**Figure 2.** A representation of phytochemicals and their anti-cancer properties including their mode of action through which they exhibit antitumor effects.

isoquinoline alkaloids (Cicero, Baggioni, and diseases 2016).

In a study, purified berberine was tested against breast cancer (MCF-7) and normal human breast epithelial (MCF-12F) cells for 24, 48, and 72 hours at different concentrations. Using MTT assay, a colorimetric technique used to assess cell viability and cytotoxicity by measuring mitochondrial activity, berberine demonstrated significant cytotoxic effects on MCF-7 cells while excluding normal epithelial cells. In accordance with these findings, further experiments were conducted to explore the mechanism of action of berberine. MCF-7 cells were treated with berberine for 48 and 72 hours, which resulted in apoptosis induction, as shown through cell cycle arrest and DNA fragmentation using agarose gel electrophoresis. Additionally, immunoblotting analysis showed

that berberine exerts a pro-apoptotic effect by activating mitochondrial and caspase-dependent apoptotic pathways. These results suggest that berberine suppresses the proliferation of MCF-7 breast cancer cells and highlights its potential as a naturally occurring compound for breast cancer therapy (Patil, Kim, and Jayaprakasha 2010).

Hence, the phytochemicals such as curcumin, epigallocatechin-3-gallate (EGCG), genistein, apigenin, quercetin, and berberine exhibit significant potential in targeting molecular pathways involved in cancer development and regulation of the cell cycle. Curcumin, a natural compound from turmeric, interferes with signaling pathways like NF- $\kappa$ B, PI3K/AKT, and MAP-Kinase, reducing cancer cell proliferation and promoting apoptosis while halting cell cycle progression at critical checkpoints. EGCG, the

active component in green tea, modulates pathways such as STAT3, Wnt/ $\beta$ -catenin, and ERK, inducing cell cycle arrest and enhancing programmed cell death. Genistein, a soy-derived isoflavone, interacts with estrogen receptors and key pathways like PI3K/AKT and NF- $\kappa$ B, disrupting cancer cell growth and regulating the cell cycle at the G2/M phase. Apigenin, a flavonoid abundant in fruits and vegetables, inhibits COX-2 and STAT3 signaling, causing cell cycle arrest at the G1 phase and reducing inflammation-driven cancer progression. Quercetin, another potent flavonoid, targets p53, MAPK, and PI3K/AKT pathways, arresting the cell cycle and inducing apoptosis while impairing angiogenesis. Berberine, an alkaloid from medicinal plants, influences AMPK, mTOR, and NF- $\kappa$ B pathways, effectively halting cell cycle progression and suppressing tumor growth. Together, these phytochemicals offer a promising, natural approach to disrupting the intricate molecular pathways and cell cycle mechanisms that drive cancer progression (Abotaleb *et al.* 2019, Rahman *et al.* 2022).

## 5. Opportunities and Challenges

Various phytochemicals have been thoroughly searched for their potential to prevent and treat cancer. These compounds are studied with the goal of introducing them as anticancer agents. However, the application of phytochemicals in cancer treatment comes with certain challenges. Although their chemical structures are fully understood, further study is required to extensively understand their physicochemical properties, which can affect their efficiency (Bishayee and Sethi 2016).

One major challenge is their bioavailability. Due to the low bioavailability of many phytochemicals, their efficiency is limited. This issue has been addressed by nanotechnology. It helps to improve the effectiveness and absorption of these compounds. Techniques such as micelles, phospholipid complexes, and liposomes are used to improve the water solubility of these compounds,

thereby increasing their bioavailability (Aqil *et al.* 2013).

Generally, phytochemicals are considered non-toxic, however, there are cases where they show toxic effects, especially in combination with other drugs (e.g. drug-drug interactions). This drawback has reduced their impact and use in cancer-related therapies. Moreover, because they are natural compounds, they tend to have synergistic effects when consumed in whole plant forms, rather than as purified and isolated extracts (Ayaz *et al.* 2022). Improvements and advancements in technology may enable these compounds to be considered as effective agents in cancer treatment. By improving formulation and delivery, it is becoming highly possible to develop phytochemicals as a suitable option for preventing cancer (Gupta, Singh, and Sharma 2017). However, there are concerns about the long-term effects of phytochemicals. Because of their inconsistent bioavailability and dosage levels, further elaborate research is required to understand their safety, effectiveness, and side effects over prolonged use. This lack of data on their long-term outcomes remains an ongoing investigation (Choudhari *et al.* 2020).

## 6. Conclusion and Future Prospects

Various mechanisms have been used by phytochemicals to suppress breast cancer growth such as apoptosis induction, modulation of signaling pathways, and tumor growth inhibition. Phytochemicals have exhibited adequate potential in diminishing breast cancer through these diverse mechanisms. The most recent research body demonstrates that compounds like flavonoids, alkaloids, and polyphenols are effective in targeting different aspects of breast cancer pathogenesis. However, challenges arise with taking these findings from the laboratory to standardize treatment. This is due to phytochemicals exhibiting inconsistent bioavailability, dosage levels, and long-term effects call for further research. Phytochemicals can be improved in their therapeutic abilities through enhanced delivery systems for drugs, personalized medicine approaches, and combination

therapies that use current anti-cancer agents. In addition to these clinical trials on a large scale are necessary to ensure the safety and efficacy of phytochemicals among different populations. The combination of traditional and common cancer treatments with phytochemicals may lend a helping hand to more broad patterns and therefore enhance management strategies for breast cancer patients leading to enhanced health outcomes eventually. Still, continued research is necessary to overcome the current shortcomings and limitations. This will ultimately enable researchers to fully utilize the potential of phytochemicals against breast cancer.

### Competing Interests

The authors declare no competing interests.

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### Ethics Approval

Not applicable, since the work does not involve any study with human participants or animals.

### Consent Forms

Not Applicable

### Author Contributions

H.S. conceived the study; H.S. and A.K. drafted the manuscript. All authors read and approved the final manuscript.

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