

# The Role of Xenobiotic Metabolism MGST1 Gene Polymorphism in Colorectal Cancer Patients

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## The Role of Xenobiotic Metabolism MGST1 Gene Polymorphism in Colorectal Cancer Patients

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### ABSTRAK

**Tujuan:** untuk melihat peranan gen *Microsomal Glutathione S-Transferase I (MGST1)* sebagai salah satu gen yang mengkode enzim metabolisme yang bekerja pada faktor lingkungan. **Metode:** dengan menggunakan studi kasus-kontrol, subjek usia <50 tahun dikumpulkan dari beberapa rumah sakit pendidikan di Makassar antara tahun 2008-2010. Biopsi sampel tumor dari kolonoskopi atau pembedahan serta darah perifer diambil pada 35 kasus dengan 61 orang sebagai kontrol. Kasus kanker kolorektal (KKR) tanpa riwayat keluarga kanker, didiagnosis melalui pemeriksaan klinis dan dikonfirmasi secara histopatologi adenokarsinoma. Sekuensing dilakukan pada 3 kb regio genom DNA *MGST1* menggunakan PCR-restriction fragment length polymorphism (PCR-RFLP). **Hasil:** dari 96 subjek, ditemukan dua varian single nucleotide polymorphisms (SNPs) *MGST1* 16454T>G and 16416G>A. Hubungan bermakna dengan KKR ( $p=0.047$ ) dideteksi pada genotipe GG SNP 16454T>G *MGST1* dengan resiko 3.5 kali lipat (95% confidence interval (CI) 0.962-13.191). **Kesimpulan:** polimorfisme gen *MGST1* sebagai salah satu gen lingkungan berkontribusi untuk resiko KKR pada usia muda (<50 tahun).

**Kata kunci:** kanker kolorektal, mikrosomal glutathione S-transferase (*MGST1*), usia muda, SNP 16454T>G.

### ABSTRACT

**Aim:** to assess the role of *Microsomal Glutathione S-Transferase I (MGST1)* gene as one of enzyme metabolism that plays in environmental factor. **Methods:** using case-control study, subjects with age less than 50 years were collected from teaching hospital Makassar between 2008-2010. Frozen or routinely processed tumour samples biopsy and peripheral blood were obtained from 35 CRC patients undergoing surgery and endoscopic examination with 61 subject as control. CRC cases were diagnosis by clinical examination and confirm by histopathology without familial aggregation of CRC. DNA resequencing was conducted for the 3 kb genomic DNA region *MGST1* using PCR-restriction fragment length polymorphism (PCR-RFLP). **Results:** from 96 subject, two varian single nucleotide polymorphisms (SNPs) 16454T>G and 16416G>A *MGST1* were identified. Significant CRC association ( $p=0.047$ ) was detected in GG genotype SNP 16454T>G *MGST1* with 3.5 fold risk (95% confidence interval (CI) 0.962-13.191). **Conclusion:** the results suggest that *MGST1* gene polymorphisms as one of environment gene may contribute to CRC risk in younger age (<50 years old).

**Key words:** colorectal cancer, microsomal glutathione S-transferase (*MGST1*), younger age, SNP 16454T>G.

## INTRODUCTION

Colorectal carcinoma (CRC) is a major human health problem worldwide affecting approximately one million individuals per year and causing 500,000 deaths annually.<sup>1</sup> Data from GLOBOCAN 2008 estimated number of new cases ages less than 65 years are increasing 56,497 compared  $\geq 65$  years 40,839. Demographic changes was estimated in 2015 about 12,827 cases. Either in Indonesia, number of new cases of CRC estimated in 2015 are increasing at ages less than 65 years.<sup>2</sup>

Other data from national cancer registry of Ministry of Health in collaboration with Indonesian Pathology Anatomy Association observed tendency of younger age of 40 years old with incidence rate 35.26%.<sup>3</sup> Ridho et al., report CRC incidence in Makassar about 26.8% in 2000-2004 from endoscopic patients. Rates of age for female and male respectively 50-59 and 47-69 years.<sup>4</sup>

Epidemiological evidence indicates that most of our human cancers are originally caused from environmental exposures to genotoxic agents. To be able to protect cells from damage by the exposure of various forms of reactive substances, cellular systems for detoxification are essential. The major systems that strongly regulate the susceptibility to, e.g., cancer have been identified, namely the enzymes involved in drug metabolism and in DNA repair. Since most carcinogens or mutagens need to be altered chemically by drug-metabolizing enzymes before they can exert their genotoxic effect, the importance of these enzymes in regulating the levels of induced genotoxic effect in cells is obvious.

Both in vivo and in vitro studies suggested that the exposure to dietary carcinogens increased CRC risk significantly.<sup>5,6</sup> The metabolism of carcinogen involves both activation (phase I) and detoxification (phase II) reactions. Glutathione S-transferase group (GST) are a superfamily of proteins that perform the phase II detoxification reactions. This detoxification reaction inactivates the compounds and renders them water-soluble, so they can be readily excreted through urine or bile. Microsomal GST1 (MGST1), a member of GST family is an abundant enzyme detected in the liver microsomes and the outer membrane of mitochondria. Polymorphisms MGST1 result in reduced and increased enzyme activity<sup>7,8</sup>, but these same polymorphisms have not been

applied in risk for hereditary pancreatitis.<sup>9</sup> An overall increased risk for sporadic colorectal cancer has been described for the MGST1 allele, in a report by Zhang et al.<sup>10</sup>

Study from Sudoyo et al. suggested that environment mechanism maybe involved in the occurrence of CRC in younger people other than genetic etiology (microsatellite instability).<sup>11</sup> Therefore, we assessed the association between polymorphisms in genes involved in xenobiotic-metabolism MGST1 and younger age at onset of colorectal cancer to determine if genetic variation of this candidate metabolic genes modifies the age at onset of colorectal cancer.

## METHODS

### Subject

A total of 35 cases and 61 controls were included in this study, between years 2008 and 2010 at Wahidin Sudirohusodo Hospital and others teaching hospital in Makassar. Young age defined as less than 50 years old, since according epidemiology data, the risk of CRC is increasing at age  $> 50$  years. The cases are histopathologically confirmed from sporadic CRC patients. The controls are age-matched healthy individuals visiting the same hospital for routine health check up or treatment for noncancer illness. The exclusion criteria for both controls and cases are self-reported family cancer history, previous or current radiotherapy/chemotherapy for unknown conditions. All subjects gave written informed consent to participate in the study in accordance with the process approved by the Health Research Ethics Committee of Hasanuddin University of Medical Faculty.

### Genotyping

All participants provided 10 mL samples of blood from which DNA was extracted using the GFX™ Genomic Blood DNA Purification Kit (Amersham Biosciences, NJ, USA). Primers for MGST1 (Gen Bank accession No. NT\_009714) were designed by using the Primer3 software (<http://frodo.wi.mit.edu/cgi-bin/primer3/primer3>).

Polymerase chain reaction (PCR) were performed using AmpliTaq® Gold DNA polymerase kit (Applied Biosystems, CA, USA) and a MJ-PTC 200 thermocycler (Bio-Rad Laboratories, South San Francisco, CA). PCR reaction was carried out in 20  $\mu$

2 solution containing 1.5 mM Mg<sup>2+</sup>, 200 μM diethylnitrophenylthiophosphate (dNTP), 0.3 μM each primer, 10 ng genomic DNA as template, and 0.5 U polymerase. Each PCR product was verified by its mobility in 1% agarose gel electrophoresis, purified, and subjected to DNA sequencing. DNA sequencing was conducted by using BigDye@ Terminator v3.0 Cycle Sequencing Kit (Applied Biosystems, CA, USA) and the ABIPRISM@ 3100 Genetic Analyzer (Applied Biosystems, CA, USA). Each sample was sequenced or genotyped at least twice to confirm the results, and the SNPs were identified using Bio Edit v 7.0.0 software.

### 3 Statistical Analysis

We estimated the genotype frequencies for each variant gene polymorphisms and tested them for Hardy-Weinberg equilibrium. Data were analyzed using a standard  $\chi^2$  test. The genotype or allele frequencies in cases and controls were compared under a normal approximation test. Association between SNPs and CRC risk.  $P < 0.005$  was considered to be statistically significant. Odds ratio (OR) given with 95% confidence interval (CI) was computed by logistic regression analyses with adjustment age and sex (SPSS 12.0).

## RESULTS

We detected 2 SNPs 16416G>A and 16454T>G in the 3.4-kb DNA region of the partial MGST1 locus that covers the 3' untranslated exon 4 regions. All of the SNPs analyzed were in Hardy-Weinberg equilibrium (exact  $P > 0.05$ ; data not shown). A total subjects were 35 (45.5%) in CRC and 61 (66.7%) in controls. The median age cases was 38.83 ± 8.10 years and 42.26 ± 6.10 for controls. On stratified analysis by gender in case and controls, we found that female 14 (40%) and 25 (41%); male 21 (60%) and 36 (59%) respectively. The

common symptoms was found in CRC cases is hematokezia, with endoscopic examination result mostly in rectum localization and polypoid morphology. Majority histopathology yield as well differentiation, and combine with radiology imaging, we found negative metastasise as a common findings. (Table 1)

Table 1. Characteristics of patient with colorectal cancer and healthy control

Variable	Cases (n=35)	Control (n=61)
Mean (year)	38.83±8.10	42.26±6.10
Gender		
- Male	21 (60%)	36 (59%)
- Female	14 (40%)	25 (41%)
Symptoms		
- GI bleeding	26 (74.2%)	
- Change of defecation	9 (25.8%)	
Tumour localization		
- Rectum	21 (60%)	
- Non-rectum	14 (40%)	
Tumour morphology		
- Polypoid	23(65.7%)	
- Ulcerative	12 (34.3%)	
Histology (differentiation)		
- Well	20 (57.1%)	
- Moderate	14(40%)	
- Poor	1 (2.9%)	
Metastasize		
- Negative	23(65.7%)	
- Positive	12 (34.3%)	

8 The genotype frequency observed in all groups of the study are presented in Table 2. MGST1 analysis has shown majority of the study participants displayed the homozygous GG genotype in SNP 16416G>A. The "AA" genotype was only identified in controls, but

Table 2. Association between MGST1 genotype and colorectal cancer risk

SNP	Genotypic			Odds ratio (95% CI)	*p value
	<50 years				
	Genotype	Cancer	Control		
16416G>A	GG	23	37	1.243 (0.523-2.957)	0.622
	GA+AA	12+0	22+2		
16454T>G	GG	7	4	3.563 (0.962-13.191)	0.047
	TG+TT	11+17	24+33		

\*Chi square. The significant results ( $P < 0.05$ ) are in bold

no differences has been found in allelic groups. Homozygous GG genotype in SNP 16454T>G was much lower, but it was slightly higher in cancer group as well. The carriers of GG genotype SNP 16454T>G showed significantly increased CRC risk with  $p=0.047$  (OR=3.563, 95% CI: 0.962-13.191). (Table 2)

We did not detect any statistically significant difference in the distributions and risk for CRC at allelic level for SNPs 16416G>A and 16454T>G ( $p>0.05$ ). (Table 3)

**DISCUSSION**

The pathogenesis of colorectal cancer can be ascribed to multiple factors, such as the environment and family history. Metabolic enzymes are responsible for the activation and detoxification of mutagenic xenobiotics. Cancer susceptibility might result from differences in the expression of metabolic enzymes.

This study showed significant association with CRC risk in statistical analysis for individual GG genotype SNP 16454T>G with OR=3.563, 95% CI: 0.962-13.191,  $p=0.047$ . (Table 2)

Zhang et al. reported the first time that the xenobiotic metabolism gene MGST1 was associated with sporadic CRC in a Chinese Han population. The combined genotype analysis of two SNPs 102G>A and 16416G>A detected a statistically significant CRC association for individuals carrying GG/GG (102G>A/16416G>A) genotype (adjusted OR, 1.682; 95% CI, 1.177-2.394;  $P=0.004$ ). Several studies have examined the association between other family of GST and colon cancer risk, however, these results have been conflicting.<sup>12-14</sup>

Two studies about CRC in younger age from Indonesia was published in 2009 and 2010. One study explored the role of inflammation, the expression of NF- $\kappa$ B and COX-2, but did not find any correlation comparing older age 15. Other

study was to examine neo-angiogenesis pathway, the expression of VEGF-A and desmoplastic reaction between the young aged and old aged patients, and found comparable correlation between strong positive VEGF-A expression and strong desmoplastic reaction in young patients with CRC.<sup>16</sup>

The literature has shown that associations between colon cancer and some dietary constituents are stronger among those diagnosed at a younger age.<sup>17-19</sup> Associations with other factors, such as family history of colorectal cancer, have also been shown to be stronger among those diagnosed when younger.<sup>20,21</sup>

Being diagnosed with cancer at a young age may imply a higher degree of genetic susceptibility. Genetic susceptibility broadly can take two forms: inheritance of high- or low-penetrance genes. Inherited susceptibility associated with high-penetrance genes (such as the adenomatous polyposis coli gene or APC), carries a high level of cancer risk and is associated with a strong family history of colon cancer. Such genes are rare and account for less than 5% of colon cancers in the population. Susceptibility associated with inheritance of low-penetrance genes, while carrying a much lower independent risk than high-penetrance genes, is relatively common and may therefore be associated with a much higher population attributable risk.<sup>22</sup> Dietary constituents may interact with molecular variants of low-penetrance genes that regulate metabolizing enzymes phase 2, such as glutathione-S-transferases (GST). For instance, meat prepared at high temperatures contains heterocyclic amines and polycyclic aromatic hydrocarbons that are metabolized by enzymes such as GST1. Other dietary components, such as fats, also contain polycyclic aromatic hydrocarbons and heterocyclic amines, and may interact with variants of these low-penetrance

**Table 3.** Association between MGST1 allele and colorectal cancer risk

SNP	Allelic			Odds ratio (95% CI)	*p value
	<50 years				
	Allel	Cancer	Control		
16416G>A	G	60	96	1.354 (0.636-2.885)	0.431
	A	12	26		
16454T>G	T	46	87	1.405 (0.755-2.613)	0.282
	G	26	35		

\*Chi square

genes.<sup>21</sup> In our study, twenty-one (87.5%) from 24 subject recall about their diets dominant for intake meat/fats.

The MGST1 gene have been associated with colon cancer in one study from China, although different associations were observed between variants of genotypes and colon cancer in this study. This gene as one of family glutathione S-transferases (GSTs) are a family of enzymes widely expressed in mammalian tissues including in colonocyte epithelium with more than 50%<sup>23</sup>; and have a broad substrate specificity. It has been found that most GST substrates are xenobiotics or products of oxidative stress, including some environmental carcinogen, such as high meat intake, in some studies<sup>24</sup> but not others.<sup>25,26</sup>

MGST1 enzyme is thought to be of particular importance in the detoxification of carcinogens including metabolic electrophile intermediates and lipophilic hydroperoxides through its glutathione dependent transferase and peroxidase activities.<sup>27</sup> This variant genotype, homozygous GG SNP 16454T>G has a transversion in exon 4, causing phenyl to cysteine amino acid change and have been suggested to decrease enzyme activity. Hence, this could make metabolite electrophilic reactive due to excessive production of reactive intermediates (reactive oxygen species (ROS), reactive nitrogen species (RNS), lipid peroxides, free radicals) increasing that can bind to DNA and result in adducts that cause mutations if not repaired, thereby initiating carcinogenesis. While it is reasonable to hypothesize that the dietary pattern composed of meat or fats interacts with MGST1 based on the proposed mechanisms, we did not yet observe interaction between dietary pattern and molecular variants of this gene.

Those diagnosed at a younger age appear to be most affected by diet. Previous studies have shown that components of diet, such as meat, are associated with colon cancer in populations diagnosed at a relatively young age. This finding could answer a part of COR responding study from Sudoyo et al., and epidemiology data, that the role of genetics in colorectal cancer was not affected mostly in young Indonesian people.

## CONCLUSION

Data from this study corroborate the previous findings that MGST1 gene may be an important determinant in the observed colorectal cancer risk associated with younger age. This gene

have been found to carry significant risk in conjunction with environmental exposures, especially with homozygous GG genotype SNP 16454T>G. These results indicated the potential of developing MGST1 as CRC a susceptibility marker, but would require validation in further multiethnic studies.

## ACKNOWLEDGEMENTS

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