Study of plasma homocysteine, folic acid and vitamin B\textsubscript{12} levels for radiation exposed transplanted solid Ehrlich tumors

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ABSTRACT

Background: Alterations of systemic metabolic parameters are always present in cancer in addition radiotherapy may increases and complicates these disorders. The analysis of each biochemical metabolic alterations may give more understanding to biochemistry of malignancy and improving the degree of radiotherapy. The current study aimed to follow up the changes of folate, vitamin B\textsubscript{12}, and homocysteine in normal and malignant mice with and without radiation exposure, as folate and B\textsubscript{12} metabolism play a role in hypermethylation of certain genes including tumor suppressor and apoptotic genes of cancer. Materials and Methods: The study was conducted through six groups of mice, normal, malignant, normal and malignant exposed gamma radiation with different fractionated doses (0.7 and 1.2 Gy). Results: Comparisons between the results of all groups revealed that: folate and vitamin B\textsubscript{12} were lower and homocysteine was higher in gamma irradiated malignant and gamma irradiated nonmalignant mice in comparison with normal control and malignant mice. Folate and vitamin B\textsubscript{12} levels were also lower whereas homocysteine was higher in malignant mice in comparison with normal control group. Conclusion: These results denoted that increased homocysteine or/and decreased folate and vitamin B\textsubscript{12} in the two malignant exposed groups may have a role in the primary tumor regression leading to the recommendation that preventing the uptake of folate and vitamin B\textsubscript{12} either as supplements of land nutrients rich with subsequent increase in homocysteine may be beneficial through its toxic effect in stopping or minimizing tumor progression. The disturbance of vitamins may be due to the metabolic alterations associated with tumor development.

Keywords: Folic acid, homocystein, vitamin B\textsubscript{12}, malignancy, radiotherapy

INTRODUCTION

Vitamin B\textsubscript{12}, folic acid and vitamin B\textsubscript{6} have a number of interrelated biological roles that make them potentially important agents in cancer (1). However folate, vitamin B\textsubscript{12} and homocysteine are essential for methyl group metabolism and DNA methylation (2).

Folate is a water-soluble vitamin naturally found in green leafy vegetables, cereals, legumes, and fruits. It plays an important role in DNA synthesis, integrity, and stability. Folate deficiency usually causes defective DNA repair and chromosomal fragile site expression, leading to chromosomal breaks and micronucleus formation (3). The role of folate and its synthetic form folic acid in cancer development and progression is highly controversial (3,4,5).

Choi and Mason (6) and Blount et al. (7) Stated that folate deficiency leads to ovarian cancer through two mechanisms: inducing misincorporation of uracil into DNA, thus disrupting DNA integrity and DNA repair; and by altering DNA methylation, which can alter
expression of critical tumor suppressor genes and proto oncogenes. In addition Kim (5) suggested that dietary intake and blood levels of folate appear to be inversely related to the risk of several malignancies, in particular colorectal cancer; although the strength, specificity and magnitude of this association have not been consistent. It is biologically plausible that polymorphisms or gene-environment interactions rather than folate intake alone would have an impact on breast cancer risk (8,9).

Vitamin B₁₂, folic acid and vitamin B₆ as coenzymes in the synthesis of purines and thymidylate for DNA synthesis. When these nutrients levels are insufficient, the initiation of cancer is facilitated by reduction of thymidylate synthesis, resulting in an increased in incorporation of uracil in DNA repair, and neoplastic transformation (1,10). In addition the increased chromosome breakage associated with low intake of folate, vitamin B₁₂ or homocysteine has been demonstrated (11). While high vitamin B₁₂ levels were associated with the risk of subsequent diagnosed cancer, mostly within the first year of follow-up (3,12). The levels of plasma folate and vitamin B₁₂ are likely to be associated with the progress of liver cancer (13).

Homocysteine is a sulfur-containing amino acid produced as an intermediate of methionine metabolism by one of two pathways: remethylation or transsulfuration. Abnormalities of these pathways leads to hyperhomocysteinemia, which is associated with an increased risk of many disorders including vascular and neurodegenerative diseases, autoimmune disorders, birth defects, diabetes, renal disease, osteoporosis, neuropsychiatric disorders, and cancer (12).

Homocysteine is remethylated back to methionine folate-dependent reaction homocysteine acquires a methyl group from N-5-methyltetrahydrofolate with the help of methionine synthase which requires vitamin B₁₂ for its functionality, and the reaction also involves recycling of tetrahydrofolate (14). Folate, which is pivotal for cell proliferation, low plasma folate levels are also linked to cancer is via DNA methylation which is an important for normal genome regulation and development.

Homocysteine is recycled to methionine with the help of methionine synthase (15).

The aim of the present study is to evaluate the change of folic acid, vitamin B₁₂ and homocysteine in normal, malignant, normal irradiated and malignant irradiated mice in order to throw a light on the responsibility of these parameters on tumourgenesis and the effect of radiotherapy on their levels.

MATERIALS AND METHODS

Experimental design
Forty eight (48) male Blab C mice, age was about 3 months were used in the present study, they were obtained from national institute of cancer (Egypt) and their weight ranged from 18-20 gm., each 8 mice were randomly used in plastic cages where they watered and fed after acclimation for two weeks. The exposure was extended for four weeks (twice/week), the dose exposure each time was 0.7 and 1.2 gray respectively.

They were classified into six equal groups:
- Control group with no treatment.
- Ehrlich malignant group where the tumor was transplanted in thigh region of mice in the dose of 2 × 10⁶ cells/mice.
- Normal radiation exposed group (0.7 Gray).
- Normal radiation exposed group (1.2 Gray).
- Malignant radiation exposed group (0.7 Gray).
- Malignant radiation exposed group (1.2 Gray).

Irradiation protocol
Gamma-irradiation of mice was carried out at the National Centre for Radiation Research and Technology (NCRRT), Egyptian Atomic Energy Authority, using Gamma Cell 40, Canada biological irradiator furnished with a Caesium 137 source, at dose rate 0.713 rad/sec.

The irradiated groups were exposed to fractionated radiation dose of 0.7 and 1.2 gray twice/week for 4 weeks, after 8 days of Ehrlich transplantation. The whole body of the irradiated groups were exposed to a cumulative...
radiation dose equal to 5.6 and 9.6 gray respectively.

**Blood Sampling**

At the end of experiment: 14 days acclimation, 8 days post transplantation and 28 days irradiation, blood samples were collected by sacrificing. Sera were separated and stored at −20°C for the analysis of homocysteine, Vitamin B₁₂, and folic acid.

**Chemicals**

Homocysteine levels in serum were determined using rat homocysteine Elisa kit purchased from cusabio ESB – E13376s, vitamin B₁₂ and folic acid level serum was determined using rat Elisa kit purchased from cusabio catalog no.MBS-701134.

The size of the tumor measured two times weekly for 4 weeks, and the size of the tumor calculated from the following equation:

Size of tumor = a × b × c = c³ (cubic centimeter)

Where a = length of the tumor
b = width of the tumor
c = height of the tumor

Anesthetic procedures and handling of animals were approved by and complied with the ethical guidelines of Medical Ethical Committee of the National Research Centre in Egypt (Approval number: 14077, RF-133, 4-2015).

**Statistical analysis**

The obtained data were presented as mean ± SD. one-way analysis of variance (ANOVA) was carried out using statistical package program (COSTAT). The statistical comparison among the groups for each parameter were performed using Duncan’s multiple range tests, A probability level of p<0.05 was considered.

**RESULTS**

Table 1-3 summarizes the data of homocysteine, folic acid and vitamin B₁₂ respectively in the six groups of mice, normal, malignant, normal and malignant exposed gamma radiation with different fractionated doses (0.7 and 1.2 Gy).

The Ehrlich tumors groups examined significant increase of homocysteine compared to the healthy control group. Simultaneously both doses of exposed malignant groups comprised significant increase in the same parameter compared to their corresponding nonmalignant exposed groups (healthy exposed groups). When we compare both doses of nonmalignant (healthy) exposed groups with healthy control, and both doses of malignant exposed groups with malignant control, we noticed significant increase of homocysteine levels of healthy exposed and malignant exposed groups with their corresponding. Also there were statistical change observed between the two fractionated doses of 0.7 and 1.2 gray of both groups in the healthy exposed groups with each other and in the malignant exposed groups with each other.

To the contrary of homocysteine, folic acid showed significant decrease comparing malignant group and healthy control group and both doses of malignant exposed and their related of nonmalignant (healthy) exposed groups. Simultaneously the two exposed nonmalignant (healthy) groups and the two exposed malignant groups experienced significant decrease folic acid compared to healthy control and malignant group respectively, with no significant changes between the two exposed groups of nonmalignant (healthy) exposed groups with each other, or in malignant exposed groups with each other.

Regarding Vitamin B₁₂, significant decrease in malignant groups compared with healthy control group. In addition both malignant exposed groups compared with their corresponding healthy exposed groups (0.7 and 1.2 gray), showed significant decrease of vitamin B₁₂. At the same time the level of Vitamin B₁₂ were lower in the two malignant exposed groups compared with malignant non exposed group. Also there were significant changes between the two healthy exposed groups and healthy control
Elhadary et al. / Irradiated Ehirlich tumour and folic acid

From the above results it is clear that, malignancy and radiation had a critical effect on the levels of the three parameters: folic acid, Vitamin $B_{12}$ and homocysteine.

Figure 1 shows tumor growth rate of implanted tumor group untreated and treated groups (size by $c^3$) was markedly decreased in malignant exposed groups as compared to malignant control group as a factor of time.

### Table 1. Mean Values ±SD of serum homocysteine (nmol/L) in normal control (unexposed and irradiated 0.7 and 1.2 gray) and malignant groups (unexposed and irradiated 0.7 and 1.2 gray).

<table>
<thead>
<tr>
<th>Group</th>
<th>Healthy x ± SD</th>
<th>Malignant x ± SD</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Exposed</td>
<td>3.69 ±0.19</td>
<td>4.84±0.20</td>
<td>P&lt;0.02</td>
</tr>
<tr>
<td>Exposed to 0.7G</td>
<td>5.22±0.21</td>
<td>6.51±0.23</td>
<td>P&lt;0.02</td>
</tr>
<tr>
<td>Exposed to 1.2 G</td>
<td>5.78±0.21</td>
<td>7.08±0.21</td>
<td>P&lt;0.02</td>
</tr>
</tbody>
</table>

### Table 2. Mean Values ±SD of serum folic acid (ng/L) in normal control (unexposed and irradiated 0.7 and 1.2 gray) and malignant groups (unexposed and irradiated 0.7 and 1.2 gray).

<table>
<thead>
<tr>
<th>Group</th>
<th>Healthy x ± SD</th>
<th>Malignant x ± SD</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Exposed</td>
<td>14.32±0.69</td>
<td>8.10±0.51</td>
<td>P&lt;0.02</td>
</tr>
<tr>
<td>Exposed to 0.7G</td>
<td>10.2±0.50</td>
<td>6.96±0.22</td>
<td>P&lt;0.02</td>
</tr>
<tr>
<td>Exposed to 1.2 G</td>
<td>9.85±0.49</td>
<td>6.60±0.31</td>
<td>P&lt;0.02</td>
</tr>
</tbody>
</table>

### Table 3. Mean Values ±SD of serum vitamin $B_{12}$ (pg/L) in normal control (unexposed and irradiated 0.7 and 1.2 gray) and malignant groups (unexposed and irradiated 0.7 and 1.2 gray).

<table>
<thead>
<tr>
<th>Group</th>
<th>Healthy x ± SD</th>
<th>Malignant x ± SD</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Exposed</td>
<td>382±41.95</td>
<td>272±30.23</td>
<td>P&lt;0.02</td>
</tr>
<tr>
<td>Exposed to 0.7G</td>
<td>307.5±46.68</td>
<td>227±26.46</td>
<td>P&lt;0.02</td>
</tr>
<tr>
<td>Exposed to 1.2 G</td>
<td>245±30.91</td>
<td>205±24.39</td>
<td>P&lt;0.02</td>
</tr>
</tbody>
</table>

### DISCUSSION

This study was designed to assess folic acid, vitamin $B_{12}$ and homocysteine on primary tumor and tumor in situ, also to investigate role of radiotherapy on their levels. Therefore we began radiotherapy on the 8th day of Ehirlich transplantation as the tumor was visualized and we are able to calculate its dimension and noticed its regression.

The etiology of neoplastic transformation is a complex process where several causes play different roles in tumor development and tumor progression. Despite the many researches concerned risk factors influencing carcinogenesis in human and experimental animals and in vivo and in vitro studies, the results are in consistent. Metabolic alterations, chromosome breakage, disrupting DNA integrity and DNA repair \(^{(6,7)}\) had been proved to influence beginning and progress of neoplasm.

Therefore in the present study we choose three metabolic parameters which are closely related to each other and their relation with the treatment and prognosis of neoplasms are controversies.

Zhang et al. \(^{(16)}\) for example, showed that folic acid and vitamin $B_{12}$ had no significant effect on colorectal invasive cancer or breast cancer among women. In the contrary Ingvild et al. \(^{(17)}\)
observed significant decrease of folate and significant increase of homocysteine in cervical cancer which was in accordance with the current data.

In cancer patients, the plasma folate level is expected to be low because tumor cells must draw folate from the blood for *de novo* purine synthesis \(^{(18,19)}\).

Blount *et al.* \(^{(7)}\) concluded that folate deficiency leads ovarian cancer through different mechanisms; in an earlier study MC Cully \(^{(20)}\) found that: Treating animals with homocysteine thiolactone causes increase necrosis in transplanted malignant neoplasms which supports our findings.

The relation between these three parameters may be due to folate and cyanocobalamin (B\(_{12}\)) dependent reactions in the metabolic pathways of homocysteine. The enzyme methylene tetrahydrofolate reductase [MTHFR] converts 5-10 methylene tetrahydrofolate to 5 methyl hydrofolate in the presence of NADPH. In turn 5 methyl tetrahydrofolate serves as a substrate for vitamin B\(_{12}\) dependent methionine synthetase, and an elevated homocysteine level is associated with common defect of this enzyme \(^{(2)}\).

Radiotherapy, chemotherapy, immunotherapy as well as surgical interference are the main methods for cancer treatment. In order to simulate radiotherapy, fractionated dose of radiotherapy was used for 4 weeks in the present study.

Although ionizing radiation had positive effect on malignant tumor, it has negative effect on other healthy tissues and minimizing the dose as possible is necessary. Therefore in the present study we exposed the animals to two different fractionated doses to compare their effects on tumor regression and the parameters levels.

Induced cancer in the present study caused significant increase of homocysteine and significant decrease of folate and vitamin B\(_{12}\) (tables 1-3). The decrease of vitamins may be due to the metabolic alterations associated with tumor development or/and increase cell surface receptors. Folic acid receptors are elevated in cancer \(^{(21)}\). These folate receptors have been recognized for their potential role in cellular folate uptake \(^{(22)}\).

Hyperhomocysteinemia noticed in malignant mice (table 1) most probably is secondary to the observed hypovitaminamia \(^{(23)}\) found that total homocysteine was correlated negatively with the level of folate, vitamin B\(_{12}\) and B\(_{6}\), i.e decrease of vitamin B\(_{12}\) and folic acid associated with hyperhomocysteinemia.

Exposure to fractionated radiation dose (0.7 and 1.2 Gy) in healthy mice caused, like in malignancy, significant decrease in folate acid and vitamin B\(_{12}\) with significant increase of homocysteine. Vitamins are heterogeneous collection of small organic molecules that usually function in enhancing the utilization of other nutrient and in the maintenance of tissue structures. Since ionizing radiation had a destructive effect on the animal organs and tissues and there is negative relation between homocysteine and the two vitamins, the results concerning ionizing radiation was associated with disturbance in the oxidant-antioxidant ratio with increase production of free radicals which may affect vitamin metabolism. The disturbance in vitamin metabolism may offer another explanation for increase of homocysteine and decrease vitamins.

Regarding these tested parameters radiotherapy (exposure of the malignant mice to the two chosen dose of radiation) in the present study followed the same trend of isolated malignancy or radiation. These results are in coincidence with the study of Marianne *et al.* \(^{(24)}\) who noticed rapid and persistent decrease in vitamin B\(_{12}\) after radiotherapy in rectal cancer patients.

Homocysteine has an inverse relation with folate, low folate levels result in a high plasma homocysteine. Increased plasma homocysteine has also been shown to be closely related to cancer. Recent advances have proven that there is advanced-stage cancer cells might secrete homocysteine because it is high concentration might also be cytotoxic to the cancer cells. Therefore, it may be important for proliferating cells to maintain an optimum homocysteine concentration \(^{(15)}\).
Ingvild et al. (17) observed significant decrease of folate and significant increase homocysteine in cervical cancer survivors after radiotherapy which are in accordance with our results. Similarly BRIAN et al. (25) agreed with our results as they concluded that, the use of supplement of antioxidants during chemotherapy and radiotherapy should discouraged because of the possibility of tumor protection and reduced survival.

Also Eliana et al. (26) found that evaluation of homocysteine concentrations during chemotherapy is extremely important because their levels increase during chemotherapy treatment since this is preferable.

In other words, can we control the tumor invasion by decrease intake of these two vitamins with consequent increase of homocysteine. As mentioned before malignant cells had high folate receptors and folate supply lead to increase cellular folic acid uptake; this, in its turn, increase DNA formation and mitotic division of cancer cells leading to flaring up of cancer cells, therefore, theoretically and according to these results for inhibition of cancer cells in situ before or after radiotherapy, the prevention of folic acid to reach the malignant cells may be beneficial. This prevention may be through either decrease intake of folic acid or blocking folate receptors as a part of immunotherapy of malignant tissues.

Low folic acid was accompanied with high homocysteine, which have cytotoxic effect on malignant cells (20). Unfortunately this compound has also a hazardous effect on normal cells; intravenous injection of high level of homocysteine (200 Iu) lead to abundant cell death in the ganglion cells layer (28).

The role of folate, and a water-soluble B-vitamin, in cancer development and progression remains highly controversial. The bases of this issue are whether folic acid (the synthetic form of folate) and/or high folate intake from dietary and supplemental sources and blood concentrations in general can increase cancer risk (30).

However all these undesirable effects of hyperhomocysteine on other normal tissues may be ignored compared with its lethal effect on cancer cells and therefore low folate and vitamin B12 intake was recommended. Also we must differentiate between the role of these parameters in cancer incidence (where uptake of folic acid and vitamin B12 prevent cancer incidence), and their role in treatment of cancer.

Conflicts of interest: Declared none.

REFERENCES

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