• BASIC RESEARCH •

Effect of complex amino acid imbalance on growth of tumor in tumor-bearing rats

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Abstract

AIM: To investigate the effect of complex amino acid imbalance on the growth of tumor in tumor-bearing (TB) rats.

METHODS: Sprague-Dawlley (SD) rats underwent jejunostomy for nutritional support. A suspension of Walker-256 carcinosarcoma cells was subcutaneously inoculated. TB rats were randomly divided into groups A, B, C and D according to the formula of amino acids in enteral nutritional solutions, respectively. TB rats received jejunal feedings supplemented with balanced amino acids (group A), methionine-depleted amino acids (group B), valine-depleted amino acids (group C) and methionine- and valine-depleted complex amino acid imbalance (group D) for 10 days. Tumor volume, inhibitory rates of tumor, cell cycle and life span of TB rats were investigated.

RESULTS: The G₀/G₁ ratio of tumor cells in group D (80.5±9.0) % was higher than that in groups A, B and C which was 67.0±5.1 %, 78.9±8.5 %, 69.2±6.2 %, respectively (P<0.05). The ratio of S/G₂M and PI in group D were lower than those in groups A, B and C. The inhibitory rate of tumor in groups B, C and D was 37.2 %, 33.3 % and 43.9 %, respectively (P<0.05). The life span of TB rats in group D was significantly longer than that in groups B, C, and A.

CONCLUSION: Methionine/valine-depleted amino acid imbalance can inhibit tumor growth. Complex amino acids of methionine and valine depleted imbalance have stronger inhibitory effects on tumor growth.

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INTRODUCTION

Malnutrition is encountered everyday in cancer patients and is associated with severe protein-amino acid metabolic disorder, uncorrectable negative nitrogen balance and low immune function^[1-6]. Enteral nutrition (EN) and parenteral nutrition (PN) are both safe and effective methods of administering nutrients in cancer patients^[7-9]. But PN with amino acid balanced solutions may prompt tumor growth^[10-12]. Based on Harper's concept of amino acid imbalance, EN/TPN preparations with depleted or enriched specific amino acids produce tumor growth inhibition^[13-18]. Previously, we found methionine/ valine-depleted (0), low tyrosine (0.5 g/L) and arginineenriched (6 g/L) complex amino acid imbalance solutions were the most rational formula in tumor-bearing (TB) rats^[19]. In this study, we aimed to investigate the effect of complex amino acid imbalance on the growth of tumor.

MATERIALS AND METHODS

Animals

SD rats weighing 170 ± 20 g were purchased from the Experimental Animal Center of Wuhan University (Wuhan, China) and fed with a stock rat diet *ad libitum*. The animals were maintained on a 12-hour light/12-hour dark cycle at ambient temperature of (23±2) °C and housed for 7 days before the experiment.

Catheterization of jejunostomy

After fasted for 12 hours, the rats (n=60) were anesthetized by intraperitoneal administration of 40 mg· kg⁻¹ pentobarbital. They were then undergone catheterization during jejunostomy (day 0). A silicone rubber catheter with an internal diameter of 2 mm and an external diameter of 3 mm was inserted into the proximal jejunum. The catheter passed through a subcutaneous tunnel and emerged between the scapulae. The catheter was then mounted on a harness, passed through a protective coil, and connected to a swivel so that the animals could move without any restrictions in individual metabolic cages. The cannulation system consisted of a microinfusion pump, a swivel, rat-harness and a silicone-tube-jejunostomy. The rats were fasted for 48 hours after operation but were provided with water *ad libitum*, and then given normal rat diet.

Preparation of TB rats

Walker-256 carcinosarcoma cells were purchased from Chinese Center of Culture Preservation. On day 0, the rats were subcutaneously inoculated in the right flank with 10⁷ tumor cells of approximately 0.1 ml of cell suspension.

Tumor weights and inhibitory rates of tumor

Tumors were palpable 7 days after transplantation. Measurements were made at the tumor site. The lengths of the major, minor axes and depth were measured with calipers. Growth of the tumor was evaluated every 3 days. Tumor volumes during experiments were calculated according to the following equation: $V=LWD\mathbf{p}/6$. Where V is the tumor volume (mm³), L is the length, W is the width and D is the depth of a solid tumor (mm). Inhibitory rates of tumor = (tumor volume of control group-tumor volume of experimental group)/tumor volume of control group×100 %.

Experimental groups and jejunal feeding

On day 8, 48 TB rats were randomly divided into four groups

(12 rats per group) according to the solutions administered: an amino acid balance solution (group A), methionine-depleted amino acid solution (group B), valine-depleted amino acid solution (group C), and methionine and valine-depleted complex amino acid solution (group D). They were administered enteral nutritional solutions (jejunal feeding) for 10 days. During EN, the rats were individually housed in metabolic cages. The compositions of EN solution infused to each rat are summarized in Table 1.

Administration methods

TB rats received continuous jejunal tube infusion for nutritional support at a daily dose of 330 ml· kg⁻¹, by means of a microinfusion pump (Sino-Swed Pharmaceutical Corp. Ltd. China). Non-protein calorie per day was approximately 1 104 K J· kg⁻¹. TB rats were not fed during the entire infusion experiment, however, they had free access to water.

Compositions of amino acid solutions

Table 1 lists the components of amino acid solution in four groups.

Table 1	Compositions	of amino acid	solution (g·L¹)
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Amino acids	Group A	Group B	Group C	Group D
Isoleucine	5.5	5.5	5.5	5.5
Leucine	7.5	7.5	7.5	7.5
Lysine	7.0	7.0	7.0	7.0
Methionine	6.0	_	6.0	_
Phenylalanine	4.0	4.0	4.0	4.0
Threonine	5.0	5.0	5.0	5.0
Tryptophan	1.5	1.5	1.5	1.5
Valine	6.0	6.0	-	_
Arginine	6.0	6.0	6.0	6.0
Histidine	3.0	3.0	3.0	3.0
Proline	4.0	4.0	4.0	4.0
Tyrosine	1.0	1.0	1.0	1.0
Alanine	20.0	20.0	20.0	20.0
Glycine	7.5	7.5	7.5	7.5
Aspartic acid	4.0	4.0	4.0	4.0
Total amino acid	88.0	82.0	82.0	76.0
Total nitrogen	14.1	13.1	13.1	12.2

Compositions of EN solution

1 000 ml EN solution was composed of 350 ml of amino acid preparation (Table 1) supplemented with 300 ml of 50 % glucose, 100 ml of 20 % Intralipid (Sino-Swed Pharmaceutical Corp. Ltd. China), 20 ml of Soluvit, 20 ml of Vitalipid, 20 ml of Addamel and 190 ml of 0.9 % saline.

Specimen sampling

At the end of an administration period, 6 rats per group were respectively killed by cervical dislocation. The whole tumor was dissected and examined.

Cell cycle position measurement

Sections about 50 μ m thick were cut from tumor tissues and washed 3 times in phosphate-buffered saline. Cell kinetics were measured by flow cytometry (FCM, PASIII, Partec Company, Germany).

Life span of TB rats

The remaining 6 rats per group were given solid food (Experimental Animal Center of Wuhan University, Wuhan, China) and water *ad libitum* according to their body weight until they died of advanced cancer. The life span of each rat in terms of median survival time (MST) was observed.

Statistical analysis

All results were presented as mean \pm SD. Comparisons of the four groups were made using Uni-variate ANOVA test. The difference was considered significant when *P* value was less than 0.05.

RESULTS

Animals

Two rats in groups A, C and two rats in group D died of intestinal fistula, diarrhea, infection of abdominal cavity during enteral nutrition, respectively.

Changes in tumor cell cycle

Tumor-selective cell cycle arrest occurred in the S-G₂ phase during methionine depleted enteral nutrition. The distribution of cancer cell cycle was not obviously affected during valine starvation. The percentages of tumor cells in G₀G₁ phase in groups B and D were significantly higher than that in group A while the percentages of S phase cells in groups B and D were obviously lower than that in group A (P<0.05). There was no statistical difference between the percentages of G₂M cells in groups B and D and that in group A (P>0.05, Table 2).

Table 2 Distribution of cancer cell cycle after EN treatment (%)

Phase	Group A	Group B	Group C	Group D
G_0G_1	67.0±5.1	$78.9\pm8.5^{\mathrm{ac}}$	$69.2{\pm}6.2^{\mathrm{b}}$	$80.5\pm9.0^{\mathrm{ac}}$
S	20.1±1.8	$11.8\pm2.9^{\mathrm{ac}}$	19.9 ± 3.0 ^b	$10.2 \pm 2.1^{\rm ac}$
$G_2 + M$	12.9 ± 3.2	9.2±3.1	10.9 ± 2.5	$9.4{\pm}3.8$
PI(S+G ₂ +M)	33.0±4.3	$21.0{\pm}5.0^{\rm ac}$	$30.8{\pm}5.6^{\rm \ b}$	20. 5 ± 2.8^{ac}

^a*P*<0.05, *vs* group A, ^b*P*<0.05, *vs* group B, ^c*P*<0.05, *vs* group C.

Tumor volumes and inhibitory rates of tumor

Tumor volume had no statistical difference among each group before treatment. On day 10 of enteral nutrition, tumor growth in amino acid imbalance groups (groups B, C and D) was significantly lower than that in control group. The most remarkable inhibitory effect on tumor growth was found in complex amino acid imbalance group (group D) (P<0.05). The inhibitory rate of tumor (IRT) in groups B, C and D was respectively 37.2 %, 33.3 % and 43.9 % (Table 3).

 Table 3 Changes in tumor volumes, IRT and MST before and after treatment

C	Tumor volumes			
Group	Before	After	IR I (%)	MS1(d)
Group A	0.028±0.015	2.85±0.43		26.8±1.5
Group B	0.039 ± 0.010	$1.79{\pm}0.56^{a}$	37.2	32.0 ± 2.6^{a}
Group C	0.033 ± 0.020	$1.90{\pm}0.30^{\rm ab}$	33.3	$35.6 \pm 3.2^{\mathrm{a}}$
Group D	0.031 ± 0.011	$1.60{\pm}0.40^{\rm abc}$	43.9	$39.4{\pm}3.0^{\rm abc}$

^a*P*<0.05, *vs* group A, ^b*P*<0.05, *vs* group B, ^c*P*<0.05, *vs* group C.

Life span of TB rats

The median survival time (MST) in complex amino acid imbalance group was (39.4 ± 3.0) days, as compared with (32.0 ± 2.6) days in methionine-depleted group and (35.6 ± 3.2) days in valine-depleted group (Table 3).

DISCUSSION

Influence of balanced amino acids on tumor growth

Compared with normal cells, the metabolism of tumor cells is significantly accelerated. *In vivo*, cancer cells have been known to have higher levels of protein synthesis, accompanied by a more active uptake of glucose and amino acids (nitrogen trap), and undergo more rapid differentiation and proliferation than healthy cells^[20]. Amino acids are important materials of protein synthesis, Supplement of balanced amino acids results in the greatest increase of tumor cell cycles, thus tumor tissues compete with host tissues for nitrogen substrates. Nucleic acid and protein synthesis are increased, and tumor growth is accelerated. Table 3 indicates the experimental results of the anticancer effects of various amino acid imbalance solutions. As clearly shown in this table, tumor volume was especially large, and the median survival time was short after TB rats were administrated with balanced amino acid solutions (group A).

Influence of methionine/valine-depleted amino acid imbalance on tumor growth

Methionine dependency of many malignant tumor cells has been demonstrated in previous studies. That is to say, these cells were arrested in late S/G_2 phase in methionine free cell culture media, and tumor cellular proliferation was inhibited, and normal cells were methionine independent after methionine was replaced by hemocysteine^[21-26]. Methionine is the principal biological methyl donor via S-adenosyl-L-methionine (SAM). SAM can easily transfer its methyl group to a large variety of acceptor substrates including rRNA, tRNA, mRNA, DNA, proteins, phospholipides, biological amines, and a long list of small molecules. Methionine dependency might be due to overutilization of methionine for transmethylation reactions resulting in a low free methionine pool and a low Sadenosylmethionie/S-adenosylhomocysteine ratio^[27-31]. This directly inhibits the activity of transmethylase, thereby methionine depleted enteral nutrition can decrease methylation reaction of tumor tissues and lead to further reduction in nucleic acid synthesis and inhibition of cancer growth at molecular levels.

Our study demonstrated that tumor growth in group B was significantly slower than that in control group, the liver and peritoneum metastasis of cancer was much less in group B. It suggested that the invasive ability for metastasis be suppressed during methionine starvation. Breillout *et al* considered that methionine depletion disturbed the membrane lipids of tumor cells and inhibited their metastatic ability^[32].

It was also found that valine depleted imbalance solution (group C) had a great inhibitory effect on Walker-256 carcinosarcoma cells. One possible mechanism was the alterations of intracellular protein synthesis due to deprivation of essential amino acids (Valine)^[33-35]. Another possible mechanism seemed to be the inhibitory effect on the production of prolactin, which was likely to participate in tumor growth^[20].

Influence of complex amino acid imbalance on tumor growth

As shown in Table 3, the most remarkable inhibitory effect on cancer growth was seen in the methionine/valine depleted complex amino acid imbalance group, followed by the methionine depleted imbalance group and then the valine depleted group. It suggested that complex amino acid imbalance solutions had the most strong anticancer effects. However, are we able to prevent the development of side effects of complex imbalance due to starvation of essential amino acids? This still needs further studies.

REFERENCES

1 Nitenberg G, Raynard B. Nutritional support of the cancer

patient: issues and dilemmas. *Crit Rev Oncol Hematol* 2000; **34**: 137-168

- 2 Xiao HB, Cao WX, Yin HR, Lin YZ, Ye SH. Influence of L-methionine-deprived total parenteral nutrition with 5-fluorouracil on gastric cancer and host metabolism. *World J Gastroenterol* 2001; 7: 698-701
- 3 Karayiannakis AJ, Syrigos KN, Polychronidis A, Pitiakoudis M, Bounovas A, Simopoulos K. Serum levels of tumor necrosis factor-alpha and nutritional status in pancreatic cancer patients. *Anticancer Res* 2001; 21: 1355-1358
- 4 **Federico A,** Iodice P, Federico P, Del Rio A, Mellone MC, Catalano G, Federico P. Effects of selenium and zinc supplementation on nutritional status in patients with cancer of digestive tract. *Eur J Cin Nutr* 2001; **55**: 293-297
- Hatada T, Miki C. Nutritional status and postoperative cytokine response in colorectal cancer patients. *Cytokine* 2000; 12: 1331-1336
- 6 Jagoe RT, Goodship TH, Gibson GJ. Nutritional status of patients undergoing lung cancer operations. Ann Thorac Surg 2001; 71: 929-935
- 7 **Buchman AL.** Must every cancer patient die with a central venous catheter? *Clin Nutr* 2002; **21:** 269-271
- 8 **Bozzetti F,** Cozzaglio L, Biganzoli E, Chiavenna G, de Cicco M, Donati D, Gilli G, Percolla S, Pironi L. Quality of life and length of survival in advanced cancer patients on home parenteral nutrition. *Clin Nutr* 2002; **21:** 281-288
- 9 Buchman AL. Enteral versus parenteral nutrition following resection in malnourished patients with gastrointestinal cancer. *Curr Gastroenterol Rep* 2002; 4: 322-323
- 10 Bozzetti F, Gavazzi C, Cozzaglio L, Costa A, Spinelli P, Viola G. Total parenteral nutrition and tumor growth in malnourished patients with gastric cancer. *Tumori* 1999; 85: 163-166
- 11 **Sasamura T,** Matsuda A, Kokuba Y. Tumor growth inhibition and nutritional effect of d-amino acid solution in AH109A hepatoma-bearing rats. *J Nutr Sci Vitaminol* 1998; **44**: 79-87
- 12 Forchielli ML, Paolucci G, Lo CW. Total parenteral nutrition and home parenteral nutrition: an effective combination to sustain malnourished children with cancer. Nutr Rev 1999; 57: 15-20
- 13 Komatsu H, Nishihira T, Chin M, Doi H, Shineha R, Mori S, Satomi S. Effect of valine depleted total parenteral nutrition on fatty liver development in tumor-bearing rats. *Nutrition* 1998; 14: 276-281
- 14 Cao WX, Cheng QM, Fei XF, Li SF, Yin HR, Lin YZ. A study of preoperative methionine-depleting parenteral nutrition plus chemotherapy in gastric cancer patients. *World J Gastroenterol* 2000; 6: 255-258
- 15 Nagahama T, Goseki N, Endo M. Doxorubicin and vincristine with methionine depletion contributed to survival in the Yoshida sarcoma bearing rats. *Anticancer Res* 1998; 18: 25-31
- 16 Tang B, Li YN, Kruger WD. Defects in methylthioadenosine phosphorylase are associated with but not responsible for methionine-dependent tumor cell growth. *Cancer Res* 2000; 60: 5543 –5547
- 17 Komatsu H, Nishihira T, Chin M, Doi H, Shineha R, Mori S, Satomi S. Effects of caloric intake on anticancer therapy in rats with valine-depleted amino acid imbalance. *Nutr Cancer* 1997; 28: 107-112
- 18 Yoshida S, Ohta J, Shirouzu Y, Ishibashi N, Harada Y, Yamana H, Shirouzu K. Effect of methionine-free total parenteral nutrition and insulin-like growth factor I on tumor growth in rats. *Am J Physiol* 1997; 273(1 Pt 1): E10-16
- 19 Chen JW, He YC, Wang YH, Zhou YK, Liu QY, Shi HA. Rational formula of amino acids for nutritional supports in tumor-bearing rats. *Zhonghua Shiyan Waike Zazhi* 2001; 18: 378
- 20 Nishihira T, Takagi T, Kawarabayashi Y, Izumi U, Ohkuma S, Koike N, Toyoda T, Mori S. Anti-cancer therapy with valine-depleted amino acid imbalance solution. *Tohoku J Exp Med* 1988; 156: 259-270
- 21 **Sasamura T**, Matsuda A, Kokuba Y. Nutritional effects of a Dmethionine-containing solution on AH109A hepatoma-bearing rats. *Biosci Biotechnol Biochem* 1998; **62**: 2418-2420
- 22 Hoshiya Y, Kubota T, Inada T, Kitajima M, Hoffman RM. Methionine-depletion modulates the efficacy of 5-fluorouracil in human gastric cancer in nude mice. *Anticancer Res* 1997; 17: 4371-4375

- 23 **Poirson-Bichat F,** Goncalves RA, Miccoli L, Dutrillaux B, Poupon MF. Methionine depletion enhances the antitumoral efficacy of cytotoxic agents in drug-resistant human tumor xenografts. *Clin Cancer Res* 2000; **6:** 643-653
- 24 Poirson-Bichat F, Lopez R, Bras Goncalves RA, Miccoli L, Bourgeois Y, Demerseman P, Poisson M, Dutrillaux B, Poupon MF. Methionine deprivation and methionine analogs inhibit cell proliferation and growth of human xenografted gliomas. *Life Sci* 1997; 60: 919-931
- 25 Sasamura T, Matsuda A, Kokuba Y. Effects of D-methioninecontaining solution on tumor cell growth *in vitro*. Arzneimittel Forschung 1999; 49: 541-543
- 26 Cao WX, Ou JM, Fei XF, Zhu ZG, Yin HR, Yan M, Lin YZ. Methionine-dependence and combination chemotherapy on human gastric cancer cells *in vitro*. World J Gastroenterol 2002; 8: 230-232
- 27 Lu SC. Methionine adenosyltransferase and liver disease: It's all about SMA. *Gastroenterology* 1998; 114: 403-407
- 28 Zhu SS, Xiao SD, Chen ZP, Shi Y, Fang JY, Li RR, Mason JB. DNA methylation and folate metabolism in gastric cancer. World J Gastroenterol 2000; 6(Suppl 3): 18
- 29 Avila MA, Carretero MV, Rodriguez EN, Mato JM. Regulation by hypoxia of methionine adenosyltransferase activity and gene expression in rat hepatocytes. *Gastroenterology* 1998; 114: 364-371

- 30 **Wang XY**, Li N, Gu J, Li WQ, Li JS. The effects of the formula of amino acids enriched BCAA on nutritional support in traumatic patients. *World J Gastroenterol* 2003; **9:** 599-602
- 31 Yoshioka T, Wada T, Uchida N, Maki H, Yoshida H, Ide N, Kasai H, Hojo K, Shono K, Maekawa R, Yagi S, Hoffman RM, Sugita K. Anticancer efficacy *in vivo* and *in vitro*, synergy with 5-fluorouracil, and safety of recombinant methioninase. *Cancer Res* 1998; 58: 2583-2587
- 32 Breillout F, Antoine E, Poupon MF. Methionine dependency of malignant tumors: a possible approach for therapy. J Natl Cancer Inst 1990; 82: 1628-1632
- 33 Samuels SE, Knowles AL, Tilignac T, Debiton E, Madelmont JC, Attaix D. Protein metabolism in the small intestine during cancer cachexia and chemotherapy in mice. *Cancer Res* 2000; 60: 4968-4974
- 34 **Poirson-Bichat F**, Gonfalone G, Bras-Goncalves RA, Dutrillaux B, Poupon MF. Growth of methionine-dependent human prostate cancer (PC-3) is inhibited by ethionine combined with methionine starvation. *Br J Cancer* 1997; **75:** 1605-1612
- He YC, Cao J, Chen JW, Pan DY, Zhou YK. Influence of methionine/valine-depleted enteral nutrition on nucleic acid and protein metabolism in tumor-bearing rats. *World J Gastroenterol* 2003;
 9: 771-774

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