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Accumulation of 8-nitroguanine in human gastric epithelium induced by *Helicobacter pylori* infection

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Abstract

Helicobacter pylori infection causes chronic inflammation, which can lead to gastric carcinoma. A double immunofluorescence labeling study demonstrated that the level of 8-nitroguanine and 8-oxo-7,8-dihydro-2'-deoxyguanosine (8-oxodG) apparent in gastric gland epithelium was significantly higher in gastritis patients with *H. pylori* infection than in those without infection. A significant accumulation of proliferating cell nuclear antigen, a prognostic factor for gastric cancer, was observed in gastric gland epithelial cells in patients with *H. pylori* infection as compared to those without infection, and its accumulation was closely correlated with the formation of 8-nitroguanine and 8-oxodG. These results suggest that nitrosative and oxidative DNA damage in gastric epithelial cells and their proliferation by *H. pylori* infection may lead to gastric carcinoma. 8-Nitroguanine could be not only a promising biomarker for inflammation but also a useful indicator of the risk of gastric cancer development in response to chronic *H. pylori* infection.

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Keywords: *Helicobacter pylori*; Gastric cancer; DNA damage; 8-Nitroguanine; 8-Oxo-7,8-dihydro-2'-deoxyguanosine; Proliferating cell nuclear antigen; Gastric gland epithelial cell; Infection; Inflammation; Double immunofluorescence labeling

Helicobacter pylori (*H. pylori*) infection, which is the major cause of atrophic gastritis, is a high risk factor for gastric carcinoma [1]. Recent studies have provided evidence that inflammation plays a role in the pathogenesis of cancer [2]. Reactive oxygen species (ROS) and reactive nitrogen species generated by inflammatory cells may contribute to carcinogenesis through the formation of DNA base lesions, such as 8-oxo-7,8-dihydro-2'-deoxyguanosine (8-oxodG), which can lead to a G:C-to-T:A transversion [3]. 8-oxodG, a marker of oxidative DNA damage, is found at a significantly increased level in the gastric epithelium of *H. pylori*-infected patients [4,5]. Recently, we have reported that 8-nitroguanine is formed

in hamster livers in response to an inflammatory reaction caused by a parasitic infection in association with cholangiocarcinoma development [6]. Therefore, in addition to 8-oxodG formation, the accumulation of 8-nitroguanine may play a key role in the initiation and/or promotion of inflammation-mediated carcinogenesis. However, whether 8-nitroguanine is formed in the gastric epithelium of patients with gastric carcinoma that are infected with *H. pylori* has yet to be determined.

To evaluate whether nitrosative DNA damage plays a role early in the carcinogenic process triggered by *H. pylori*, we used a double-immunofluorescent staining procedure to compare the formation of both 8-nitroguanine and 8-oxodG in the gastric epithelium of gastritis patients with and without *H. pylori* infection. Proliferating cell nuclear antigen (PCNA), which

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functions as a cofactor for DNA polymerase δ , is associated with DNA replication [7]. As Schipper et al. [7] reviewed, several studies have demonstrated that PCNA is an independent prognostic factor for gastric cancer in patients with *H. pylori* infection. To evaluate the proliferating activity of gastric epithelial cells in patients infected with *H. pylori*, we examined accumulation of PCNA by immunohistochemical technique.

Materials and methods

Patients. We tested eight gastritis patients with *H. pylori* infection that was confirmed by histology, bacterial culture, and a rapid urease test (five men and three women; mean age, 58.1 ± 15.1 years), and eight gastritis patients without *H. pylori* infection (five men and three women; mean age, 44.9 ± 15.7 years). There was no significant difference in the age or sex ratio of the patients with or without *H. pylori* infection. The permission No. 300 was obtained from the Ethics Committee of the Mie University School of Medicine (9 May, 2002). Informed consent was obtained from each patient. Four biopsy samples, consisting of two antrum and two corpus samples, were taken from each patient.

Production of anti-8-nitroguanine antibody. A polyclonal antibody raised against 8-nitroguanine was produced using a modified method [8]. 8-Nitroguanosine was incubated with sodium metaperiodate for 20 min at room temperature and was then allowed to conjugate to rabbit serum albumin (RSA) for 1 h, followed by a 1-h incubation with sodium borohydride. The conjugate was dialyzed overnight against 150 mM NaCl. The resulting product, 8-nitroguanine-aldehyde-RSA, along with Freund's complete adjuvant was injected in rabbit by intracutaneous administration. Four weeks after the initial immunization, the same antigen was again administered, followed by serum collection after subsequent ten days. The antibody was purified using an 8-nitroguanine conjugated column. Specificity of the purified antibody was evaluated using a dot immunobinding assay and an absorption test [9,10].

Immunohistochemical study. 8-Nitroguanine and 8-oxodG immunoreactivity in the gastric epithelium was assessed by a double immunofluorescence labeling study as previously described [11]. Briefly, paraffin sections (6- μ m thickness) were incubated with a rabbit polyclonal anti-8-nitroguanine antibody (2 μ g/ml) and a mouse monoclonal anti-8-oxodG antibody (5 μ g/ml, Japan Institute for the Control of Aging, Fukuroi, Japan) overnight at room temperature. Next, the sections were incubated for 3 h with an Alexa 594-labeled goat antibody against rabbit IgG and an Alexa 488-labeled goat antibody against mouse IgG (1:400) (Molecular Probes, Eugene, Oregon, USA). The stained sections were examined under an inverted Laser Scan Microscope (LSM 410, Zeiss, Gottingen, Germany).

The accumulation of PCNA was also assessed by immunohistochemistry. Briefly, paraffin sections (6- μ m thickness) were incubated overnight at room temperature with a mouse monoclonal anti-PCNA antibody (1:100; Novocastra Laboratories, Newcastle, United Kingdom). Then, the sections were incubated with a goat anti-mouse IgG conjugate to HRP (1:200). Sections were visualized with 3,3'-diaminobenzidine tetrahydrochloride as the chromogen.

Sections were blindly evaluated by two anatomists (M.D., Ph.D.) who were unaware of the clinical status of each patient.

Statistical analysis. Comparisons between the data sets were made using the χ^2 test. Spearman's rank correlation coefficient was used to analyze the relative correlation of the qualitative data. Quantitative data from the two groups were compared using the Student's *t* test. $P < 0.05$ was considered to be statistically significant.

Results

Formation of 8-nitroguanine and 8-oxodG in gastric epithelium

The formation of 8-nitroguanine and 8-oxodG in gastric epithelium in gastritis patients with *H. pylori* infection is shown in Fig. 1. Notably, intense immunoreactivity of both compounds was observed to colocalize in gastric gland epithelial cells in patients with *H. pylori* infection (Fig. 1, HP(+)). On the other hand, in gastritis patients without *H. pylori* infection, little or no immunoreactivity was observed in gastric gland epithelial cells (Fig. 1, HP(-)). 8-Nitroguanine formation was observed in both the nuclei and the cytoplasm of the labeled epithelial cells, suggesting that it can form in both DNA and RNA. The 8-oxodG immunoreactivity was coincident with that of 8-nitroguanine within the nuclei of gastric gland cells and surface epithelial cells in *H. pylori*-infected patients (Fig. 1, merged labeling in yellow). Regardless of the *H. pylori* infection status, immunoreactivity of 8-oxodG and 8-nitroguanine was observed in inflammatory cells.

Accumulation of PCNA in gastric epithelium

PCNA accumulation in gastric gland epithelial cells is shown in Fig. 2. PCNA immunoreactivity was not observed in the gastric epithelium of patients without *H. pylori* infection. In the *H. pylori*-infected patients, intense PCNA immunoreactivity was observed in the nucleus of gastric gland epithelial cells.

Relationship between the accumulation of 8-nitroguanine, 8-oxodG, and PCNA in patients with *H. pylori* infection

We tabulated the number of patients with and without *H. pylori* infection that exhibited immunoreactivity to 8-nitroguanine, 8-oxodG, and PCNA (Table 1). The level of immunoreactivity of 8-nitroguanine, 8-oxodG, and PCNA in patients with *H. pylori* infection was significantly ($P < 0.01$) higher than that observed in patients without infection. The formation of 8-nitroguanine ($R = 0.848$, $P < 0.001$ in corpus and $R = 0.893$, $P < 0.001$ in antrum) and 8-oxodG ($R = 0.882$, $P < 0.001$ in corpus and $R = 0.907$, $P < 0.001$ in antrum) was significantly correlated with PCNA accumulation in the epithelium. 8-Nitroguanine formation was significantly correlated with 8-oxodG formation ($R = 0.976$, $P < 0.001$ in corpus and $R = 0.958$, $P < 0.001$ in antrum).

Discussion

In this study, we have first demonstrated that *H. pylori* infection can promote 8-nitroguanine formation

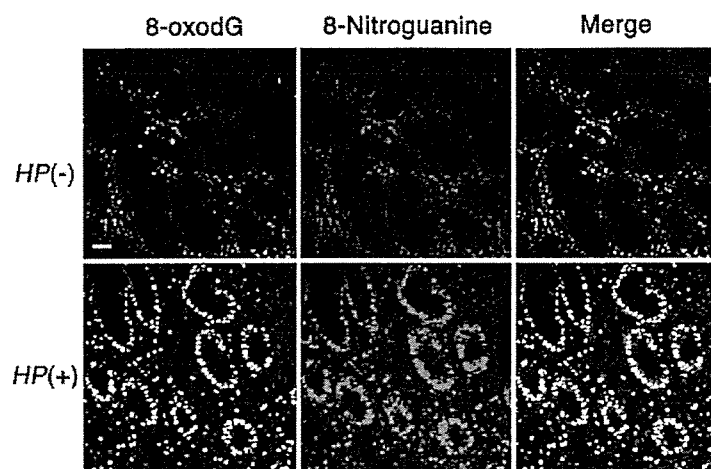


Fig. 1. 8-oxodG and 8-nitroguanine formation in gastritis patients with and without *H. pylori* infection. Double immunofluorescence staining of paraffin sections shows the localization of 8-oxodG and 8-nitroguanine in the gastric epithelium. In *H. pylori*-infected patients (HP(+)), the immunoreactivity of 8-oxodG and 8-nitroguanine colocalizes primarily in the nuclei of gastric gland epithelial cells and in some inflammatory cells in the corpus (Merge). In chronic gastritis patients without *H. pylori*-infection (HP(-)), the immunoreactivity of 8-oxodG and 8-nitroguanine is observed mainly in the inflammatory cells, while the gastric gland epithelial cells displayed little or no immunoreactivity. Scale bar represents 50 μ m.

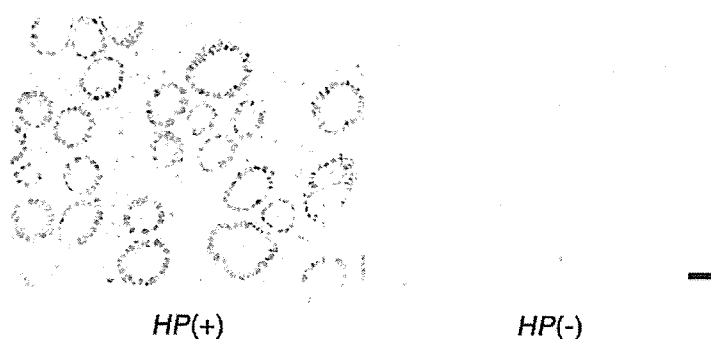


Fig. 2. PCNA accumulation in gastric gland epithelial cells of patients with and without *H. pylori* infection. PCNA accumulation was analyzed by immunohistochemistry with an HRP-conjugated antibody. Intense immunoreactivity of PCNA is observed in the gastric epithelium in the corpus of patients with *H. pylori* infection. Scale bar represents 50 μ m.

in human gastric epithelium in addition to 8-oxodG formation. A high level of 8-oxodG and 8-nitroguanine formation was observed, particularly in the gastric gland epithelial cells of patients with *H. pylori* infection; this phenomenon was associated with the persistence of inflammatory cell infiltration. The accumulation of DNA damage in human gastric epithelium induced by *H. pylori* infection can be reasonably explained by the following mechanisms. Neutrophils, the first line of defense against *H. pylori* infection, are not able to kill the bacteria living in the gastric mucus, and persistent *H. pylori* infection will then promote additional infiltration by other inflammatory cells, including macrophages. In patients with *H. pylori*-induced gastritis or gastric ulcers, inducible nitric oxide synthase (iNOS) is expressed in the infiltrating inflammatory cells [12]. Sustained generation of ROS and NO derived from these inflammatory cells due to iNOS expression may contribute to 8-oxodG and

8-nitroguanine formation in the surrounding gastric gland epithelial cells [13]. However, inflammatory cells can also infiltrate into mucosa even in *H. pylori*-negative gastritis. Therefore, *H. pylori* infection must have some additional effects on the host to induce the observed higher levels of 8-oxodG and 8-nitroguanine formation. Fu et al. [14] demonstrated that the expression of iNOS mRNA was significantly increased in *H. pylori*-positive compared to *H. pylori*-negative gastritis, and that the iNOS protein could be detected at a higher level in the epithelial cells of *H. pylori*-positive gastritis patients. We have previously demonstrated that repeated parasitic infections can induce stronger iNOS expression in the epithelium of a target organ in an animal model, probably through cytokine production [9]. There are some reports suggesting that specific cytokines, such as TNF- α [15] and IL-8 [16], induced iNOS. The host immune response to *H. pylori* mediated by cytokines, and the

Table 1
Relationship of 8-nitroguanine, 8-oxodG, and PCNA in gastric epithelium of patients with and without *H. pylori* infection

Area	Immunoreactivity	8-Nitroguanine		8-oxodG		PCNA	
		<i>H. pylori</i>		<i>H. pylori</i>		<i>H. pylori</i>	
		(-)	(+)	(-)	(+)	(-)	(+)
Corpus	-	7	0	8	0	6	0
	+	1	0	0	0	2	0
	++	0	5	0	5	0	6
	+++	0	3	0	3	0	2
		$P = 0.00113$		$P = 0.00034$		$P = 0.00113$	
Antrum	-	8	0	8	0	4	0
	+	0	0	0	0	4	0
	++	0	2	0	4	0	2
	+++	0	6	0	4	0	6
		$P = 0.00034$		$P = 0.00034$		$P = 0.00113$	
Correlation with PCNA							
Corpus		$R = 0.848$		$R = 0.882$			
		$P = 0.00003$		$P = 0.00001$			
Antrum		$R = 0.893$		$R = 0.907$			
		$P = 0.00000$		$P = 0.00000$			

subsequent iNOS expression, may lead to an increase in the accumulation of 8-nitroguanine and 8-oxodG in epithelium.

The formation of 8-oxodG is known to cause a G → T transversion, which may promote carcinogenesis [17,18]. 8-Nitroguanine undergoes spontaneous depurination, which leads to apurinic sites in DNA [19]. The resulting apurinic sites in DNA can also lead to G → T transversions [20]. The mutation frequency in the gastric gland was 4-fold higher in mice infected with *H. pylori* than in uninfected mice, and it was associated with a high frequency of G → T transversions [21]. Because 8-nitroguanine can also cause G → T transversions, it may contribute to *H. pylori*-induced carcinogenesis in addition to 8-oxodG. This study also showed that PCNA accumulates in gastric epithelial cells in patients with *H. pylori* infection, suggesting an increased proliferation rate of these cells [7]. This observation accords with a previous study which highlighted the importance of an increased proliferation rate in gastric carcinogenesis in response to *H. pylori* infection [22]. Ongoing tissue repair in response to tissue damage, as well as the secretion of cytokines such as growth factors, both stimulate epithelial cell proliferation. Since rapid DNA replication allows the accumulation of potential oncogenic mutations [23], *H. pylori* infection-mediated DNA damage and epithelial cell proliferation may promote gastric carcinogenesis.

3-Nitrotyrosine is a well-known marker of inflammation [24]. 8-oxodG is a representative marker of oxidative DNA damage caused by oxidative stress, including inflammation, mitochondrial respiratory chain reactions, and several O_2^- -generating enzymes. We have shown that 8-nitroguanine formation is significantly correlated with PCNA expression. In conclusion, 8-ni-

troguanine could be not only a promising biomarker for inflammation but also a useful indicator of the risk of gastric cancer development induced by chronic *H. pylori* infection.

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