ORIGINAL ARTICLE Egypt. J. Med. Hum. Genet. Vol. 10, No. 1, May, 2009

Sister chromatid exchange in peripheral blood lymphocytes as a possible breast cancer risk biomarker: A study of Iranian patients with breast cancer

Kyumars Safinejad¹, Nejat Mahdieh^{2,3}, Parvin Mahdipour⁴, Leila Yadegar⁵, Morteza Atri⁴ and Gholamreza Javadi⁶

¹Infertility and treatment center, School of Medicine, Ghom University of Medical Sciences, Ghom, Iran, ²Genetics Department, School of Medicine, Tarbiat Modares University, Tehran, Iran, ³Medical Genetic Group, School of Medicine, Ilam University of Medical Sciences, Ilam, Iran, ⁴School of Medicine, Tehran University of Medical Sciences, Tehran, Iran, ⁵Payam Noor University, Ghom Unit, Ghom, Iran, ⁶Azad University Research Sciences, Tehran, Iran

ABSTRACT

Introduction: Sister chromatid exchanges (SCEs) can be induced by various genotoxic treatments, suggesting that SCEs reflect a DNA repair process and it may be a good index for assessment of genomic instability. However, the occurrence of genetic instability and in particular, of spontaneous SCEs has been strongly linked to cancer. Several chromosomal regions and many genes have been implicated in breast cancer.

Materials and Methods: Blood samples were obtained from 31 Iranian breast cancer patients and 11 healthy women. SCE was measured in peripheral blood lymphocytes by adding to Ham'sF10 medium in presence of PHA, BrdU (5-bromo-deoxy Uridine) fluorochrome Hoechst 33258, exposure to UV light and Giemsa staining. Then, SCE frequencies of patient and control groups were compared by the Mann-Withney U-test.

Results: Significantly difference was observed between two groups (p<0.001). **Conclusion:** This study indicates that SCE can be used as a risk biomarker for breast cancer.

Key Words:

Corresponding Author:

SCE, breast cancer, peripheral blood, BrdU.

Kyumars Safinejad E-mail: q_safinejad@yahoo.com

INTRODUCTION

Breast cancer is the most prevalent malignancy in women, with about one million cases diagnosed annually worldwide. Many environmental and biological factors have involved in progression of this cancer. Thus, because of genetic heterogeneity, molecular genetic testing is very difficult to identify its causes. For example, various types of molecular methods have been used for detection of BRCA gene

Copyright: All rights reserved for The Egyptian Journal of Medical Human Genetics

mutations and more recently, CGH and multicolor fluorescence in situ hybridization (M-FISH) have been applied to identify many gains and losses of DNA sequences and loci in breast tumors.¹

The phenomenon of sister chromatid exchange (SCE) is a symmetrical exchange of apparently identical portions of chromosomes and involves DNA breakage and reunion mechanism². Cvtological assessment of SCE levels in peripheral blood lymphocytes is used as an index of the mutagenic potential of environmental factors such as various mutagenic and/or carcinogenic chemicals like mitomycin C3-8 and possible therapeutic agents like resveratrol⁹ and this test is widely used as a reliable and sensitive indicator of chromosome (DNA) instability, since the SCE patterns can reveal a general genomic instability^{8,10}. The increased frequency of spontaneous SCE has been reported in patient with various neoplastic diseases^{10,11}. Variations in DNA repair mechanisms or detoxifying associated with cancer¹². Also, the sister chromatid exchange frequency was found to be significantly higher in individuals with Werner syndrome, Bloom's syndrome and myelodysplastic disease than in their control groups. These diseases are known to be associated with genomic instability¹³. More importantly, 10 SCEs occur spontaneously in normally cycling human cells.14,15

Whereas tumor markers have been widely investigated, there have been few studies on the predictive value of cytogenetic biomarkers for cancer development. The aim of this study was to assessment of SCE frequency in Iranian breast cancer patients.

MATERIALS AND METHODS

Patient and Control Samples:

This research was done in Tehran University of Medical Sciences, Iran. Thirty one affected females with breast cancer between 26 and 65 years of age were examined as the study group. On the other hand, 11 healthy women as the control group were studied. Heparinized blood was obtained by venipuncture of an arm from samples and informed consent was obtained from all participants. They did not smoke and were not taking drugs for medical or other reasons.

Slide Preparation and SCE Test:

Whole blood cultures were initiated by adding 10 drops of blood to each culture flask containing 5 mL of Ham'sF10 supplemented with 15% fetal calf serum, 4 mM L-glutamine, 100 units/ mL penicillin, 100 g/mL streptomycinand0.1 mL of phytohemagglutinin (PHA) (Biochrom) for 72 hrs at 37 °C. 5-Bromodeoxyuridine (BrdU) (Sigma, St. Louis, MO, USA) was added at a final concentration of 10 µg/ml for the last 48 hrs of incubation, during which time the culture tubes were kept in the dark to minimize SCE induction by photolysis of BrdU-substituted DNA. Colcemide (0.02 mg/ml) was added for the final 40 min of culture. Harvesting of cells and slide preparation were accomplished by the standard method¹⁶. The slides were stained for 12 min in a $0.5 \,\mu\text{g/ml}$ solution of the fluorochrome Hoechst 33258, exposed to UV light (distance approximately 12 cm) for a minimum of 2 hrs in a sodium phosphate buffer (0.3 M; pH 7.0), rinsed and stained with 4% Giemsa at pH 6.8.

The microscope slides were studied.

The number of SCEs/chromosome was calculated for each individual. SCE frequencies (number per chromosome) were determined in cultures from different groups. Thirty metaphases were studied for each individual; 930 and 330 metaphases were analyzed in 31 patients and 11 healthy individuals, respectively.

Statistical Analysis:

The distribution of the number of SCEs/ chromosome was examined for two groups. The mean SCE frequency was evaluated and compared to the control group statistically by the Mann-Withney U-test.

RESULTS

The mean frequencies of spontaneous SCE per metaphase were $6.67 \pm 1,42$ and 4.64 ± 1.19 in patients and control group, respectively. Spontaneous SCE values in the study and control groups were found statistically significant at the end of the evaluation (p<0.001) (Table 1).

Table	1:	Mean	frequencies	of	SCE	per
methap	ohas	se for t	wo groups.			

Groups	Metaphase number/ number of individual	Age limit (year)	SCE/ metaphase (mean <u>+</u> SD)
Patients	930/31	26-65	6.67 <u>+</u> 1.42
Control	330/11	28-60	4.64 <u>+</u> 1.19

Table 2 shows the mean SCE frequencies in patients with breast cancer in previous studies and comparison with present study. One metaphase with 8 SCE of patient has been shown in (Figure. 1)

Table 2:	Comparison	of mean	SCE	fre-
quencies i	n previous st	udies.		

Published year	Patients SCE/ metaphase (mean+ SD)	Control groups SCE/ metaphase (mean+ SE)
Sholnick et al.17	$_{7.21} \pm _{0.35}$	5.1 ± 0.77
Livingston et al.18	$_{6.98}\pm_{0.32}$	$_{4.7} \pm _{0.18}$
Adhvaryu et al. ¹⁹	$_{7.77} \pm _{0.41}$	6.28 ± 0.87
Husain et al.20	5.96 ± 0.19	$_{4.62} \pm _{0.14}$
Dhillon et al. ¹¹	5.8 ± 0.23	$_{4.65} \pm _{0.19}$
Present study	6.67 ± 0.05	4.64 ± 0.07



Fig. 1: Sister chromatid exchange.

DISCUSSION

The application of cytogenetic biomarkers (chromosomal aberrations, sister chromatid exchanges and micronuclei) is critical for health risk assessment after environmental or occupational exposure. We studied spontaneous SCE frequencies in the lymphocyte cultures of 31 breast cancer patients and 11 controls in Iranian population. Higher spontaneous SCE were observed in the cells of patients compared with the controls (p< 0.001). Similar elevations of spontaneous lymphocytic SCE rates have been reported by others for patients with malignant lymphoma²¹, cutaneous malignant melanoma²², lung cancer²³ and uterine cervix cancer^{24,25} and breast cancer.^{10,11}

However, SCE provides an easy, reproducible and good index for monitoring DNA damage and DNA repair status^{3,26}. The analysis of sister chromatid exchanges is a sensitive tool for evaluating DNA lesions of the kind that may lead to cancer development and has been well accepted for studying carcinogenic and/or mutagenic potentials of chemical as well as physical agents^{6-9,25}. In human neoplasms, spontaneous SCE study has been used for various purposes²⁷ and it may indicate a promising future for treatment monitoring.

Although genomic instability is a common feature of cancers, its exact mechanism is not understood yet; however, data support the hypothesis that chromosome instability may be related to the development of neoplasia. This hypothesis is supported by the fact that spontaneous SCE frequencies from various cancers have shown higher.^{8-10,20,21,28}

Various factors have been suggested as capable of influencing the frequency of SCEs in human lymphocyte cultures. These include possible technical artifacts (e.g., the concentration of BrdU, the number of lymphocytes in the sample and exposure to light following incorporation of the analog) as well as biologically more important considerations such as heavy cigarette smoking, the presence of a malignancy and/or chemotherapeutic treatment and occupational exposure to agents that induce SCEs. Although the molecular mechanisms responsible for the production of SCEs are not still fully understood, recently, it was proposed that a double strand break (DSB) generates a 'signal' which triggers the cell to make a recombinogenic exchange in a looped structure either within (intra-chromatid) or between (inter-chromatid) sister chromatids.²⁹

Our results indicates that the increased mean SCE frequency in breast cancer patients compared with the controls (p < 0.001), suggesting SCE can be used a preclinical marker for early detection of breast cancer.

In wild-type mammalian cells, the repair of DSB by homologous recombination uses mainly the sister chromatid as a template³⁰. BRCA1 and BRCA2 proteins have an important role in the control of homologous recombination and double strand break repair³¹. Previous data support this hypothesis that enhanced sensitivity of peripheral blood lymphocytes from women carrying a BRCA1 mutation towards the mutagenic effects of various cytostatics¹¹. Proteins involved in DNA repair pathways such as p53, BRCA1 and BRCA2 are involved in tumor initiation and its progression. Since, SCE is due to defect in repairing of the damaged DNA, the defect can be in any of the repair pathways which are associated with cancer development and because these proteins have important roles in breast cancer²⁸, it can imply that SCE may cause breast cancer. Further investigations are needed to be carried out on various types of cancers in order to resolve the mechanism involving SCE and genomic instability associated cancers.

ACKNOWLEDGEMENT

This work was supported in part by Tehran university of Medical Sciences.

REFERENCES

- Ferti AD, Stamouli MJ, Panani AD, Raptis SA, Young BD. Molecular cytogenetic analysis of breast cancer: A combined multicolor fluorescence in situ hybridization and G-banding study of uncultured tumor cells. Cancer Genet. Cytogenet. 2004; 149(1):28-37.
- Latt SA, Schreck RR. Sister chromatid exchange analysis. Am.J.Hum.Genet. 1980; 32(3):297-313.
- 3. Perry P, Evans HJ. Cytological detection of mutagen-carcinogen exposure by sister chromatid exchange. Nature 1975;13;258(5531): 121-5.
- Kelsey KT. Cytogenetic techniques for biological monitoring. Occup. Med. 1990; 5(1):39-47.
- Wolff S. Biological dosimetry with cytogenetic endpoints. Prog. Clin. Biol. Res. 1991;372:351-62.
- Therman E, Susman M. Human chromosomes: Structure, behavior and effects. 3rd ed. Secaucus, New Jersey, USA: Springer Verlag; 1993.
- Sonoda E, Sasaki MS, Morrison C, Yamaguchi Iwai Y, Takata M, Takeda S. Sister chromatid exchanges are mediated by homologous recombination in vertebrate cells. Mol.Cell. Biol. 1999;19(7):5166-9.
- 8. Marini H, Bitto A, Altavilla D, Burnett BP, Polito F, Di Stefano V, et al. Breast safety and efficacy of genistein agly-

cone for postmenopausal bone loss: A follow-up study. J.Clin.Endocrinol. Metab. 2008; 93(12):4787-96.

- Matsuoka A, Lundin C, Johansson F, Sahlin M, Fukuhara K, Sjoberg BM, et al. Correlation of sister chromatid exchange formation through homologous recombination with ribonucleotide reductase inhibition. Mutat.Res. 2004; 22; 547(1-2):101-7.
- Gadhia PK, Vaniawala S, Pithawala M. Some observations on spontaneous sister chromatid exchange frequencies and cell cycle progression in stimulated lymphocytes of patients with different malignancies. Int. J. Hum. Genet. 2005; 5(3):187-91.
- Dhillon VS, Bhasker R, Kler RS, Husain SA. Sister chromatid exchange (SCE) studies in breast cancer patients: A follow -up study. Cancer Genet. Cytogenet. 1995; 80(2):115-7.
- 12. Imyanitov EN, Togo AV, Hanson KP. Searching for cancer-associated gene polymorphisms: Promises and obstacles. Cancer Lett. 2004 10; 204(1):3-14.
- Ozturk S, Palanduz S, Cefle K, Tutkan G, Ucur A, Dincol G, et al. Genotoxicity and sister chromatid exchange in patients with myelodysplastic disorders. Cancer Genet. Cytogenet. 2005; 159(2):148-50.
- Galloway SM, Evans HJ. Sister chromatid exchange in human chromosomes from normal individuals and patients with ataxia telangiectasia. Cytogenet.Cell Genet. 1975; 15(1):17-29.
- 15. Crossen PE, Drets ME, Arrighi FE, Johnston DA. Analysis of the

frequency and distribution of sister chromatid exchanges in cultured human lymphocytes. Hum. Genet. 1977; 35(3): 345-52.

- 16. Perry P, Wolff S. New Giemsa method for the differential staining of sister chromatids. Nature 1974; 13;251(5471):156-8.
- 17. Skolnick M, Livingston GK, Fineman RM, Johnson P, King MC, McLellan T, et al. Genetics of breast cancer: Geneological clusters, major genes, linkage and sister chromatid exchange as a preclinical marker. Am. J. Hum. Genet. 1980; 32(455):151A.
- Livingston GK, Cannon LA, Bishop DT, Johnson P, Fineman RM. Sister chromatid exchange: Variation by age, sex, smoking and breast cancer status. Cancer Genet.Cytogenet. 1983; 9(3): 289-99.
- Adhvaryu SG, Rawal UM, Patel JV, Patel DD, Balar DB. Increased frequency of sister chromatid exchanges in lymphocytes of breast cancer patients. Int.J. Cancer 1988; 15; 41(3): 394-8.
- Husain SA, Balasubramanian S, Bamezai R. Sister chromatid exchange frequency in breast cancer cases. Cancer Genet.Cytogenet. 1992; 15; 61(2):142-6.
- 21. KurvinkK,BloomfieldCD,KeenanKM, Levitt S, Cervenka J. Sister chromatid exchange in lymphocytes from patients with malignant lymphoma. Hum.Genet. 1978; 31;44(2):137-44.
- 22. Privitera E, Ghidoni A, Raimondi E,

Rovini D, Illeni MT, Cascinelli N. Sister chromatid exchange and proliferation pattern in stimulated lymphocytes of cutaneous malignant melanoma patients. Cancer Genet. Cytogenet. 1985;1;15(1-2):37-45.

- 23. Lambert B, Lindblad A, Nordenskjold M, Werelius B. Increased frequency of sister chromatid exchanges in cigarette smokers. Hereditas 1978; 88(2): 147-9.
- 24. Mitra AB, Murty VV, Luthra UK. Sister chromatid exchanges in leukocytes of patients with cancer of cervix uteri. Hum. Genet. 1982;60(3):214-5.
- 25. Dhillon VS, Kler RS, Dhillon IK. Choromosome instabililty and sister chromatid exchange (SCE) studies in patients with carcinoma of cervix uteri. Cancer Genet.Cytogenet. 1996; 86(1): 54-7.
- Nakanishi Y, Schneider EL. In vivo sister-chromatid exchange: A sensitive measure of DNA damage. Mutat.Res. 1979; 60(3):329-37.
- 27. Sandberg AA. Some comments on sister chromatid exchange (SCE) in human neoplasia. Cancer Genet. Cytogenet. 1980; 1: 197-206.
- Khanna KK, Jackson SP. DNA double-strand breaks: Signaling, repair and the cancer connection. Nat. Genet. 2001; 27(3): 247-54.
- 29. Bryant PE. The signal model: A possible explanation for the conversion of DNA double-strand breaks into chromatid breaks. Int.J.Radiat. Biol. 1998; 73(3):243-51.

- 30. Johnson RD, Jasin M. Sister chromatid gene conversion is a prominent double-strand break repair pathway in mammalian cells. EMBO J. 2000 3;19(13):3398-407.
- 31. Scully R, Puget N, Vlasakova K. DNA polymerase stalling, sister chromatid recombination and the BRCA genes. Oncogene 2000 11; 19 (53): 6176-83.