Trefoil Factor Family in Pre-neoplastic Lesions and Gastric Cancer

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Submitted: 16.12.2018 Accepted: 29.12.2018 Published : 30.12.2018

Abstract

Gastric cancer is the fourth most common cancer and the second leading cause of cancer death worldwide. Although the global incidence of gastric cancer has been decreased dramatically in recent decades, north and northwest of Iran have the highest incidence rate of gastric cancer. Whilst the surgical procedures for gastric cancer have been improved, there is no cure for that. The intestinal type of GC results from pre-neoplastic conditions including atrophic gastritis, intestinal metaplasia and dysplasia. Trefoil Factors Family proteins (TFFs) are small and stable molecules secreted by the mammalian gastrointestinal tract. TFFs constitute a family of three peptides (TFF1, TFF2and TFF3) that are widely expressed in a tissue specific manner in the gastrointestinal tract. Variable TFFs expression in gastric cancer and pre-neoplastic cancer. Its expression decreases in gastritis, gastric atrophy, dysplasia, intestinal metaplasia and gastric cancer. TFF2 has a protective effect on gastrointestinal epithelium. As a prognostic factor, TFF2 expression decreases in gastric ulcer, chronic atrophic gastritis and gastric cancer TFF3 is considered as an oncogenic factor in gastric

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tissues. Whilst the normal gastric tissues don't express TFF3, it increases in intestinal metaplasia. Therefore, more studies are necessary to clarify the role of TFFs in GC and pre-neoplastic conditions. This review has focused on elucidating the important role of TFFs in gastric cancer and pre-neoplastic lesions.

Key words: TFF, Gastric cancer, Intestinal metaplasia, Pre-neoplastic lesion

Introduction

Gastric Cancer (GC) remains the major health problem being fourth common cancer in the world and the second cause related to cancers. Almost one million new cases of GC are reported annually worldwide (1). Although there is declining trend of gastric cancer in the worldwide, new cases of GC are increasing in some Asian countries (2). In Iran, gastric cancer is the most common cause of mortality related to cancers in both genders(3).

The most Adenocarcinoma. According to histological classification, it is subdivided into diagnosis of gastric cancer include CEA and diffuse and intestinal pathologic subtypes(4). The CA19-9 that low specificity and sensitivity are intestinal type of GC results from multistep their limitations. MicroRNAs (miR/miRNA) have inflammatory process. H-Pylori infection has been been introduced as novel biomarkers in early considered as an initiatory lesion. It can also diagnosis of GC. Several classical prognostic

progress to pre-neoplastic conditions including multifocal chronic atrophic gastritis, intestinal metaplasia and dysplasia (5). These pre-neoplastic lesions are frequent and increase the risk of GC Although diagnostic and therapeutic (6). approaches of GC have been improved, the mortality of GC is still high (7). Efficacious screening and early stage treatment can reduce mortality of gastric cancer (8). Until now there is no standard biomarker for early diagnosis and no consensus on screening programs(9). Thus, the prevalent of gastric cancer is valuable diagnostic biomarker seems to be Lauren's helpful. Some classical biomarkers in early

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markers including growth factors, cytokines, cell gastric epithelium gel layers (16-18). Gastric cycle regulators and apoptosis-associated factors hormone, gastrin, is positive regulator of TFF1. have been studied, but extensive clinical trials is Promoter of TFF1 has gastrin responsiveness necessary prior to clinical application(10).

Trefoil Factor Family proteins consist of three subtypes (TFF1, TFF2 and TFF3). They are thermo stable and protease-resistant proteins (1) being expressed and secreted in the mucous cells of the mammalian gastrointestinal tract (11). They are clustered in 50-kb on human chromosome 21q22.3 region characterized by the presence of at least one 40-amino acids protein domain with three conserved disulfide bonds (12). The integrity of the gastrointestinal mucosa is maintained by numbers of secreted factors including Trefoil TFF2 Factor Family (12). TFF1 and are predominantly secreted in gastric mucosa, while TFF3 is expressed in goblet cell of the human intestine.TFF1 plays important roles in protection and repairing of mucosal barrier(13-15). Protection is done through the interaction of TFF1 and cysteine-rich domain of mucin protein to stabilize

element which can be activated by this hormone (19). It has been suggested that loss of TFF1 leads to development of neoplastic lesions and also gastric adenocarcinoma (7, 20, 21) . TFF2 is mainly expressed in stomach, duodenum and pancreas (15, 22). High levels of TFF2 would observe 30 minutes after ulceration and last for 10 (23).TFF2 up-regulates in days chronic inflammation and has a protective effect on mucus and intestinal ulcers (24). On the other hand, TFF3 mainly expresses in goblet cells of small and large intestines.TFF3 is positive in goblet cells of intestinal metaplasia, but the normal gastric mucosa is negative for TFF3. This TFF protein subtype is necessary for promoting normal cells migration and preserving gastrointestinal (GI) mucosal integrity (7). Many studies believe that TFF3 has correlation between inflammation and occurrence of GI tumors (7, 25, 26). Moreover. some studies implied overexpression of TFF3 has

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and has no substantial association with other induces carcinogenesis (21). factors such as gender in general population (12).

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TFFs and H.pylori infection:

infection and **TFFs** mediated gastric cancer (31). Another study in even in eradication therapy of H.pyloriinfection (2015 indicated that TFF1 can activate H. pylori-

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It has been proposed that H.pylori infection would TFFs have been known as acute phase reactant. decrease the antral expression of TFF2, affected by They seem to have an important role in repairing promoter hypermethylation, which can lead to preof gastrointestinal tract (27). While TFF1 and neoplastic events progression (32, 33). However, TFF2 are gastric tumor suppressor genes, TFF3 Xai et al. reported that H. pylori infection induces can promote gastric cancer (7). Different studies expression of TFF2 in gastric epithelium have reported variable changes of TFFs expression (34). Literatures indicated that there was no in gastric cancer and pre-neoplastic conditions(28- correlation between TFF3 expression and influence 30). This review aims to overview the precise role of H.pylori infection or inflammation in nonof TFFs in gastric cancer and pre-neoplastic malignant gastric tissues [34]. In the evaluation of long time influence of H.pylori infection, it was found that this infection could markedly elevate TFF1, TFF2 and TFF3 serum levels. After treating There is a significant correlation between H. Pylori and eradicating of H.pylori, TFF1 and TFF2 levels peptides. Soutto M. decreased but TFF3 serum level was not demonstrated that TFF1 has an important role in significantly affected by H.pylori eradication. suppressing helicobacter pylori inflammation in Hence, high serum level of TFF3 can be proposed gastric carcinogenesis. Thus, loss of TFF1 as a stable biomarker for early diagnosis of gastric expression has a significant function in H.pylori- cancer because , serum level of TFF3 remains high

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TFFs and gastric pre-neoplastic/cancer conditions:

A) TFF1:

In immunohistochemical study of gastric specimens including 35 chronic superficial gastritis samples (CSG), 35 gastric ulcers (GU), and 35 chronic atrophic gastritis samples (CAG) results showed tendency decreasing of TFF1 expression in CSG, GU and CAG(36). There are strong evidence indicating that TFFs have pivotal role in oncogenic transformation, proliferation, migration, invasion angiogenesis of human gastric and cancer (37).Song JY presented down regulation of TFF1 expression during progression of IM type I to type III, and proposed this result might be associated with carcinogenesis (38). (38). Moreover, decreasing in TFF1 expression in low-grade dysplasia and high-grade dysplasia has been documented (39).TFF1 activates P53 tumor suppressor gene by down regulation of miR-504.

Overexpression of miR-504 prevents the activity of P53 and decreases the p53-induced apoptosis. Also, it implicates in tumorigenesisprocess (20). The other study reported expression of TFF1 is increased in gastric ulcers but, showed reduced expression in gastric ulcerocancer. Then, it might be important to tell that it can be considered as a marker differentiate malignant to gastric ulcerocancer from gastric ulcer(40) A publication in 2015 implied that expression of TFF1 and its polymorphisms had protective effects in lymph node metastasis negative GC and diffuse-type GC (11). One of the important signaling pathways in gastric cancer development is JAK/STAT. It has been suggested JAK/STAT suppresses TFF1 expression by the epigenetic silencing of GATA6transcription factor which is regulatory factor of TFF1 transcription and via this pathway attributes development (41) to cancer Furthermore, reduced expression of TFF1 playsa significant role in gastric cancer carcinogenesis and it can be used as a marker of poor prognostic for patients with early stage gastric cancer (35).

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Noticeably, down-regulation of TFF1 expression A study in 2004, evaluated trefoil factor family in gastric cells decreases cell apoptosis and proteins expression by immunohistochemistry facilitates proliferation of gastric cells. Hence, over method in dyspepsia biopsy samples. According to expression of TFF1 increases the apoptosis of this study. TFF2 mainly expresses in columnar gastric cells and inhibits their proliferation (42). On cells in intestinal metaplasia. As the intestinal the other hand, hypermethylation of TFF1 metaplasia progresses from type 1 to type 3, the promoter which is one of the main cause of TFF1 expression of TFF2 protein would increase (46).In silencing.down-regulates TFF1 levels and involves 2004 Shi SO and colleaguesconfirmed that TFF2 in tumor formation at early stage of gastric expression would decrease in precancerous tumorigenesis. In 2006, it was reported that loss of conditions and gastric cancer (47). He also showed TFF1 is associated with intestinaltype of gastric decrease of TFF2 expression in gastric ulcer, cancer (43).In support of tumor suppressor chronic atrophic gastritis and gastric cancer in function of TFF1, it reduces gastrointestinal cell 2006(29). TFF2 as a tumor suppressor gene has proliferation through delaying G1-S phase shown reduction in expression during gastric transition(44).TFF1 covalently bounds with TFIZ1 carcinogenesis(48). Studies of TFF2 correlation and as a heterodimer in normal human gastric mucosa prognosis of gastric cancer suggest that TFF2 is and forms heterodimer protein. Disruption of this positive in diffuse and large tumors which invaded formation has deleterious effects in gastric cancer to lymph nodes, so it can be considered as a and it has been reported that TFF1 peptide in the predictor for a worse disease free survival(12, 49). absence of TFIZ1 is correlated with more Therefore, it could be a possible explanation for migration and invasion phenotype (45).

B) TFF2:

gastric protective role of low dose aspirin against GI carcinogenesis (50). TFF1 and TFF2 have a noticeable correlation in non-cancer tissue and gas-

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Tric cancer (51). In 2016, Cai established that been suggested that perhaps this peptide is an activity of TFF2 against gastric cancer is independent protective effect on gastrointestinal mucus (15, related to small sample size in study (39). 53). However, exact molecular and cellular Genetic alteration of TFFs: mechanism is still unknown. So, further studies are required for clarifying the exact mechanism of Several genetic and epigenetic alternations have TFF2 conditions which might be a target for therapeutic carcinogenesis purposes.

C) TFF3:

expression of TFF3 in intestinal metaplasia is interruption significant(54).High expression of TFF3 in early Furthermore, stage of gastric cancer has been reported, and it has experiments were performed to determine the fu-

marker of poor prognosis impressed by its interaction with Sp3 protein in (35). Otherwise, Leung reported there was no cancerous cells (52). Otto and colleagues identified significant difference in expression of TFF3 blottin as TFF2 binding protein (54). It is produced between gastric cancer and normal gastric tissues. by gastric epithelium and seems to have a This controversy with other studies might be

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during pre-cancerous and cancerous been proposed to play important roles in the pathway(55). It has been documented that genetic alteration of TFF1 gastric cancer pathogenesis. contributes to Deletion, and/or mutations of the TFF1 gene have TFF3 mRNA expression is significant in gastric been found in human gastric carcinomas.Somatic biopsy with intestinal metaplasia compared to mutations in exon 1 and 2 of TFF1 has been normal gastric biopsy (51).TFF3 expression is reported in 16.3% of gastric carcinomas in Korean decreased in the progression of intestinal population (56). These mutations may alter the metaplasia from type I to type III (46). Reduced structure and function of TFF1 which can result in of gastric mucosal barrier. site-directed mutagenesis

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-nctional role of TFF1 mutations, and suggested operation, it was found that serum levels of these that TFF1 mutations contribute to malignant peptides would dramatically decrease after the behavior of gastric cancer cells including invasion surgery which confirms the origin of TFF1 and and loss of tumor-suppressor activity(57).

Otherwise, the research claimed that no mutation lower in well-differentiated gastric cancer than identified in ninety gastric carcinoma tissues and undifferentiated types (54).TFF3 serum level is concluded that point mutation of TFF1 is a rare significantly related to grade of intestinal event in gastric carcinogenesis (58). Hence, a large metaplasia stomach and can predict the grade of patient population study is essential to clarify the intestinal metaplasia (8). Susumu Aikou found that role of TFF1 somatic missense mutations in gastric serum level of TFFsin gastric cancer was carcinogenesis. The loss of TFF1 expression by significantly higher Loss of Heterozygosity (LOH) of 21q23.3 region (54). Moreover, Zhigang Huang reported serum and DNA methylation of TFF1 promoterhas been level of TFF3 in intestinal type was significantly identified in gastric tumors (58-60). Inactivation of lower than that of diffuse type(1). On the other TFF1 by these two mechanisms confirms the hand, Ping Xiao study showed that TFF3 function of TFF1 as a gastric-specific tumor expression in normal gastric tissue is negative, but suppressor. However, the accurate role of TFF1 in serum level of TFF3in lung, pancreatic and prostate gastric carcinoma pathway remains to be cancer upregulates(61). Thus, further evaluation is elucidated. Serum level of TFFs and screening required to clarifywhetherincreasing TFF3 serum test:

TFF2 (54). It seems that the serum level of TFF2 is than control group level is specific for GC or not.

Inevaluation of TFF1 and TFF2 serum levels in Serum levels evaluation of TFFs, pepsinogen test, gastric cancer patients undergoing gastrectomy and anti-H. pylori IgG can be used for detecting

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-gastric cancer that Aiko's study showed TFF1 and TFF3 have significantly higher odds ratio than pepsinogen test (54). (Table1).

Besides, studies established that combining TFF3 and pepsinogen test has more sensitivity and specificity than test for pepsinogen (PG) lonely. This test may improve early diagnosis of gastric cancer(8, 54). (Table2)

Table 1: Sensitivity and specificity of serum level of TFFs, pepsinogen test and anti-H. pylori IgG for detectinggastric cancer (56).

	Sensitivity	Specificity
TFF1	89.6	67.7
Cutoff: 1.0ng/ml		
TFF2	77.6	71.4
Cutoff: 4.0ng/ml		
TFF3	80.9	81.0
Cutoff:3.6ng/ml		
Pepsinogen test	44.8	87.4
Anti-HP IgG	62.3	65.1

Table 2: Combining test of TFF3 with PG sensitivity increases the sensitivity to 75% but specificity will be decreased(51).

Criteria	Sensitivity	Specificity	Odds ratio
PG test (+)	37.50%	81.08%	2.57
TFF3 (≥42ng/ml)	66.67%	83.78%	10.33

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Conclusions:

Although the exact molecular mechanisms of TFFs are not well-understood, many studies have been implied the key role of TFFs in Gastric cancer. HypermethylatedCPG islands of TFF1 and TFF2 in DNA of tumor tissues might be useful in GC diagnosis.TFF1 can be used as therapeutic target of gastric cancer, since its involvement in cell migration and metastasis through TFF1 binding has been demonstrated. Otherwise, correlation between TFF3 and tumor invasion has been reported. Thus,TFF3 as a stable biomarker might be considered for early diagnosis of GC.Further investigation can improve the prospective of molecular mechanisms and clinical applications of TFFs (7, 15).

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