

IL-33 AND IL-1 α MAY BE ASSOCIATED WITH OVARIAN CANCER METASTASIS

ABSTRACT

Aim: The current study conducted with aims to evaluate the levels of various inflammatory cytokines in women affected by ovarian cancer.

Methods: Case-control study was conducted from 1st January 2018 to 4th March 2018 among women affected by ovarian cancer in Institute of Molecular Biology and Biotechnology, The University of Lahore, Pakistan. Ovarian cancer patients (n=50) and control individuals (n=50) were included in present study. Serum was separated from patients and control individuals from which levels of various interleukins (IL-6, IL-33, IL-8, IL-10, IL-1 α) and TNF- α were measured by ELISA kit method.

Results: The results of present study explain that increased levels of IL-10, IL-6, IL-8 and TNF- α were recorded in women affected by ovarian cancer in contrary with control individuals. Elevated trend of IL-33 and IL-1 α were recorded in ovarian cancer patients (9.02 \pm 2.55 pg/ml and 8.44 \pm 2.55 pg/ml) in contrary with healthy group (3.88 \pm 1.02 pg/ml and 3.56 \pm 1.32 pg/ml) with statistical significant p-value=0.000.

Conclusion: Study has concluded that inflammatory cytokines particularly IL-1 α and IL-33 are major source of inflammatory pathway in the development of ovarian cancer invasion, proliferation and metastasis.

Keywords: *Ovarian cancer, IL-33, IL-6, IL-1 α , IL-10*

1. INTRODUCTION

Ovarian cancer is lethal gynecological malignancy in USA and sixth common cause of death in worldwide. In the USA, approximately 22,321 patients with ovarian cancer were diagnosed in 2018. Different research explained two types of ovarian cancer which based on origin and phenotype of the patient. Type I ovarian tumor is classified into three groups including low grade serous ovarian cancer, malignant carcinoma and mucinous tumors. Type II ovarian tumor is categorized into high grade serous cancer and undifferentiated ovarian cancer. These are worst type of malignancy which is expressed in advance stage of disease causing 75% cases and 90% death rate in ovarian carcinomas [1].

In ovarian cancer the secretion of cytokines may influence the cellular behaviour. Cytokines as immunomodulating agents contributed in paracrine signaling, autocrine signaling, and endocrine signaling [2]. It may comprise of interferon, chemokines, tumor necrosis factor, lymphokines and interleukins. They are formed in a wide range of cells, such as immune cells (macrophages, T lymphocytes, mast cells, fibroblasts, B lymphocytes, endothelial cells and several stromal cells). Cytokines act through receptors in the immune system and modulate the balance between cell

based and humoral immune responses. They are also involved in the regulation of cellular growth, maturation and receptiveness at the particular cell. There are a number of cytokines that inhibit or enhance the activity of other cytokines [3]. They are different from hormones that are also crucial cell signaling molecules. The involvement of inflammation in the progression of cancer was firstly depicted by Rudolf Virchow in 1863. According to his observation, the inflammatory cells infiltrate the tumors and cancer is start from the inflammatory sites [4]. Moreover, Virchow has also supported the copious evidences about the linkage of infection and chronic inflammatory diseases.

Inflammation is a favorable response that stimulated pathogenic agents and tissue injury. If inflammatory process is disregulated, then it turns into chronic and stimulating malignant cell transformation in adjacent tissues. Inflammatory response contributes in several molecular pathways and cell signaling events, including angiogenesis and apoptosis. Other literature has suggested that the use of nonsteroidal anti-inflammatory drugs (NSAIDs) may reduce the mortality rate of various cancers [5]. The acute inflammation is due to the result of modification induced by pathogens, chemical or physical stress. The main reason of inflammation is to trigger cell deterioration and restore homeostasis in the damaged tissues. Chronic inflammation induces carcinogenesis and malignant cell transformation. Various inflammatory mediators, including IL-6, TGF- β and TNF- α , have been reported to contribute in ovarian cancer initiation and progression [6]. The main objective of the study is to determine the levels of various interleukins in women affected by ovarian cancer. Among all interleukins, to find the specific interleukin that progressively involved in the development of ovarian carcinoma.

2. MATERIALS AND METHODS

2.1 Collection of sample

Fifty women affected by ovarian cancer were monitored at Jinnah Hospital Lahore. On the other hand, fifty health individuals were taken as control. All the history and medical prognosis of patients were collected from the hospital medical records. This research was performed by ethical committee of Institute of Molecular Biology and Biotechnology (IMBB), The University of Lahore. Seven ml of blood sample was drawn in gel tube from patients and control individuals than centrifuge the whole blood sample for two hours at 2000 rpm to separated serum. The serum was stored at -60°C for further biochemical analysis. During this study, various chemicals and reagents were used and purchased from chemical industry.

2.2 Biochemical examination

The complete blood count was determined by automated analyzer and levels of various interleukins including IL-1 α , IL-33, IL-8, IL-6, IL-10 and TNF- α were measured by human available diagnostic ELISA kit method.

2.3 Statistical examination

The statistical analysis was achieved by SPSS statistics and the results of all biomarkers were analyzed by independent sample t-test. P-value was significant with less than 0.05 range.

3. RESULTS

3.1 Blood profile of female affected by ovarian cancer versus control

The data expressed in figure 1 suggests the blood of women affected by ovarian cancer as compared to control group. The mean values of RBCs and platelets were significantly reduced in ovarian cancer women (3.32 ± 0.12 million/mm³ and 224.12 ± 121.21 10⁹/L) in contrary to control group (10.11 ± 2.12 million/mm³ and 399.33 ± 40.55 10⁹/L) respectively. Increase trend of WBCs (9.21 ± 1.21 million/mm³ vs. 3.33 ± 0.44 million/mm³) and neutrophils ($8.87 \pm 2.33\%$ vs. $4.13 \pm 0.28\%$) were recorded in ovarian cancer women in contrary to control group correspondingly. Low levels of Hct, Hb and creatinine were measured in patient group ($21.23 \pm 2.55\%$, 7.22 ± 1.22 g/dl and 1.23 ± 0.21 mg/dl) in contrast to healthy group ($45.11 \pm 3.43\%$, 13.21 ± 3.54 g/dl and 2.32 ± 0.99 mg/dl) respectively. Apart from that, the mean values of lymphocytes ($3.33 \pm 1.09\%$ vs. $2.32 \pm 0.22\%$) and monocytes ($2.21 \pm 0.55\%$ vs. $1.44 \pm 0.24\%$) were significantly increased in ovarian cancer women as compared to healthy individuals.

3.2 Levels of several interleukins in women affected by ovarian cancer versus control

Data depicted in figure 1 represented the differential expression of interleukins in women affected by ovarian cancer as compared to control group. The mean values TNF- α and IL-10 were significantly increased in ovarian cancer women (9.32 ± 1.21 pg/ml and 8.56 ± 1.32 pg/ml) in contrary with control group (2.45 ± 0.23 pg/ml and 2.22 ± 0.10 pg/ml) respectively. Increased level of IL-6 (9.10 ± 0.22 pg/ml vs. 2.48 ± 0.19 pg/ml), IL-8 (9.23 ± 1.40 pg/ml vs. 2.21 ± 0.12 pg/ml) were recorded in these affected women by ovarian cancer in contrary with control group correspondingly. Highly statistically significant p-values of IL-33 and IL-1 α were recorded among all interleukins in ovarian cancer patients. The mean values of IL-33 and IL-1 α (9.02 ± 2.55 pg/ml and 8.44 ± 2.55 pg/ml) in contrary with healthy group (3.88 ± 1.02 pg/ml and 3.56 ± 1.32 pg/ml) with statistical significant p-value=0.000.

4. DISCUSSION

The immunological response consists of a series of events that induce recognition of tissue damage and pathogens. A number of soluble mediators, including cytokines of adaptive and innate immune response are involved during this process. One the main importance of the inflammatory response is to eliminate foreign particles that disturb cellular homeostasis [7]. During the physiological context, after the removal of pathogens and tissue repair, the homeostatic condition and inflammation is recovered [8]. Mounting evidence reported that inappropriately resolved of chronic inflammation may enhance the risk factor of cancer progression. Various pathologies demonstrated this association, such as chronic prostatitis, endometriosis, inflammatory bowel disease (IBD), ovarian cancer, primary sclerosing cholangitis (PSC), and gastritis. Bioactive molecules (*i.e.*, cytokines, chemokines, growth factors) can be activated by inflammation that are responsible to enhance the risk of various cancers. These bioactive molecules maintain the cell survival, proliferative rate, apoptosis, several proangiogenic factors and ECM degrading enzymes, including matrix metalloproteinases which trigger epithelial mesenchymal transition (EMT) and promote other carcinogenic program, including immune evasion, reprogramming of energy metabolism, and genomic instability [9].

Interleukins are secretory and low molecular weight proteins that induce cell to cell communication. Stromal and immune cells, including endothelial cells and fibroblasts may produce them and stimulate cell survival, proliferation, immune cell activation, differentiation, cell migration and cell death. In the tumor microenvironment, cytokines can promote an anti-tumor response, while in case of chronic inflammation, they can modulate cell malignancy and cell transformation in ovarian cancer [10]. There are basically two ways in which interleukins can promote the growth of tumor cells. They can promote the development of tumor cells directly by growth factors that trigger the metastasis by enhancing tumor angiogenesis and cell adhesiveness and act as influential mediator of the immune system, which increase tumor growth by hampering cell-mediated mechanism that destroy and identify tumor cell. Through induction of JAK/STAT pathways, IL-6 is significantly involved in ovarian cancer cell proliferation, survival and migration. IL-6 is a major group of pro-inflammatory cytokine that plays an important role in ovarian tumor metastasis [11]. In the current study, it has been reported that IL-6 protein in theca cell and granulosa cells were overexpressed due to elevated expression of IL-1 α . It suggested that IL-1 α not only has regulatory role on ovarian cells but also involved in

various biological activities by producing other inflammatory cytokines. Moreover, it may also regulate ovulation gene expression through paracrine and autocrine manner in granulosa cells. IL-6 induces cytokine gene expression through mediating NF- κ B and MAPK signaling mechanism. These pathways play important role in the stimulation of various activities in tumor microenvironment. NF- κ B is signaling mechanism in IL-1 α for the stimulation of cytokine gene expression. During this pathway, phosphorylation of I κ -B α was higher due to the stimulation of IL-1 α [12].

In the present study, the levels of IL-8 are significantly increased in women affected by ovarian cancer as compared to control group. These high expressions of IL-8 reported to induce cell invasion, migration and epithelial mesenchymal transition to facilitate ovarian survival and growth. IL-8 is secreted from ovarian tumor that stimulate NF- κ B/TAK-1 signaling pathway resultantly induce ovarian cancer growth and seeding in peritoneal cavity through intracellular protein (CXCR-2). Thereby, targeting CXCR-2 by various pharmaceutical or genetic approaches might be provide promising for suppressing ovarian cancer metastasis [13]. In the present study, IL-10 considered to be a crucial cytokine that repeatedly overexpressed in ovarian tumors and destruction of ovarian cell. In this study, IL-10 has positive correlation with advanced stage and poor prognosis of disease. Increased levels of IL-33 were also observed in ovarian cancer women in this study. IL-33 along with its receptor (ST2) might involve in ovarian cancer progression and development. On the other hand, ST2 has the ability to be suppressed by inhibitor which resultantly block ovarian cancer cell invasion, viability, migration. Moreover, IL-33 attaches with ST2 that stimulates downstream signaling mechanisms by MAPK and NF- κ B mechanism which is the key player of cancer cell invasion and metastasis. NF- κ B is also major inducer of inflammation and proliferation of ovarian cancerous cell [14].

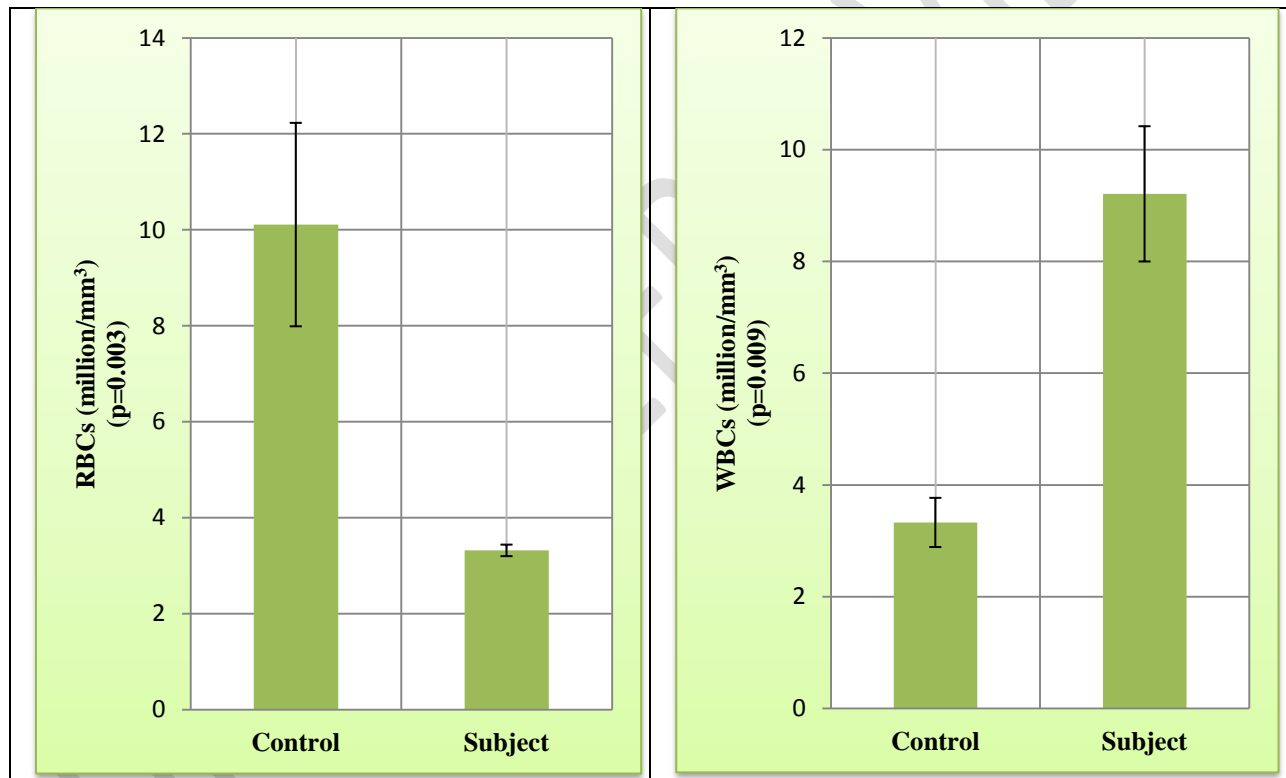
5. CONCLUSION

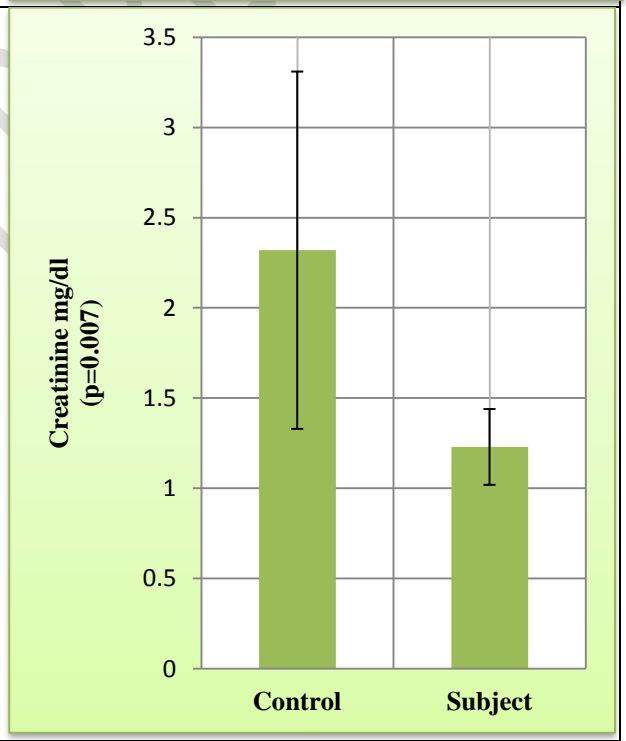
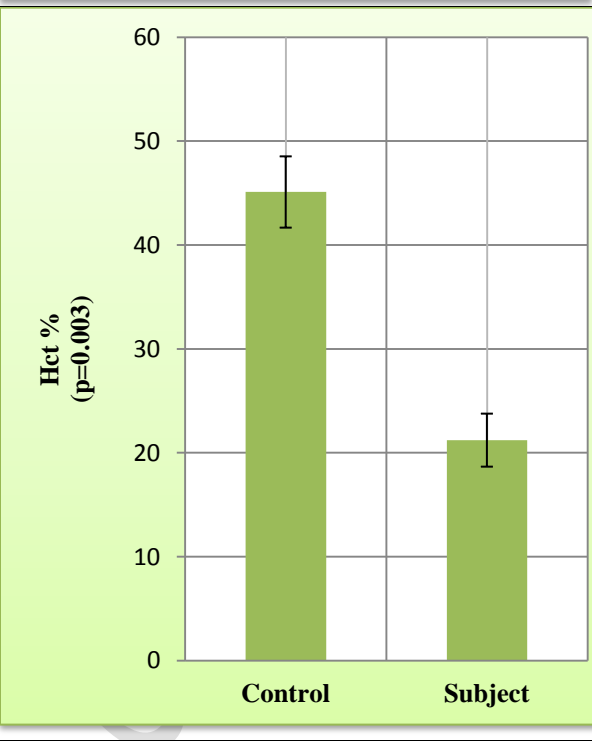
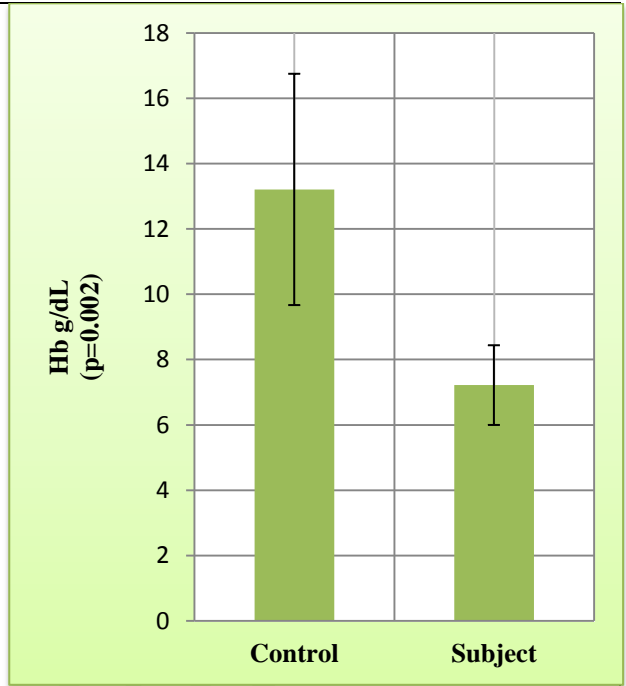
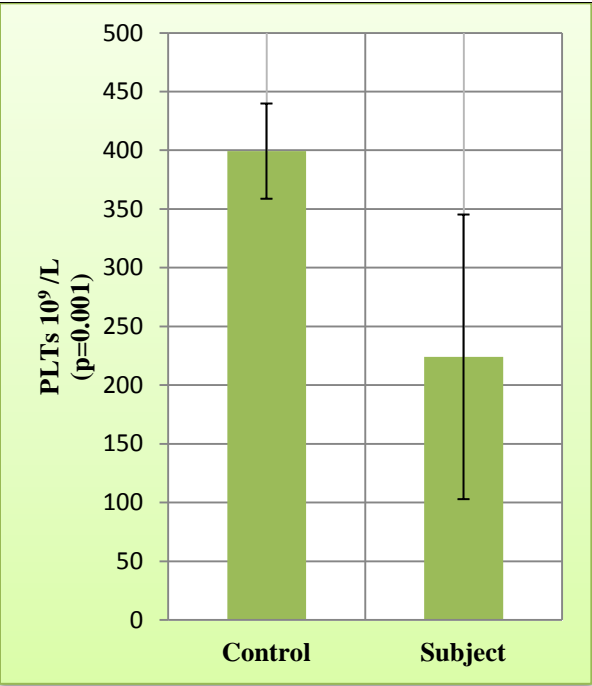
Study has concluded that high levels of inflammatory cytokines are expressed on ovarian cancer tumors, particularly at metastatic sites. IL-33 and IL-1 α promote ovarian cancer development and metastasis by facilitating JNK and ERK signaling cascades. Targeting these inflammatory cytokines and their related signaling mechanism may act as novel strategy to overcome ovarian cancer metastasis.

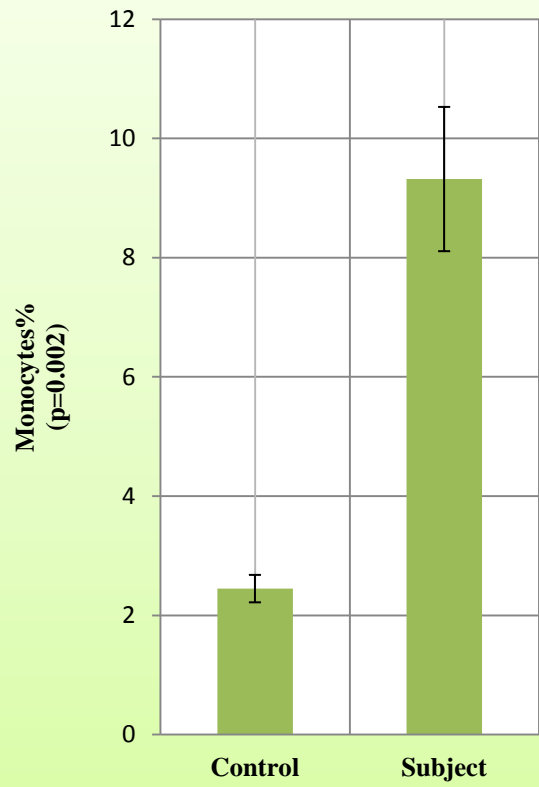
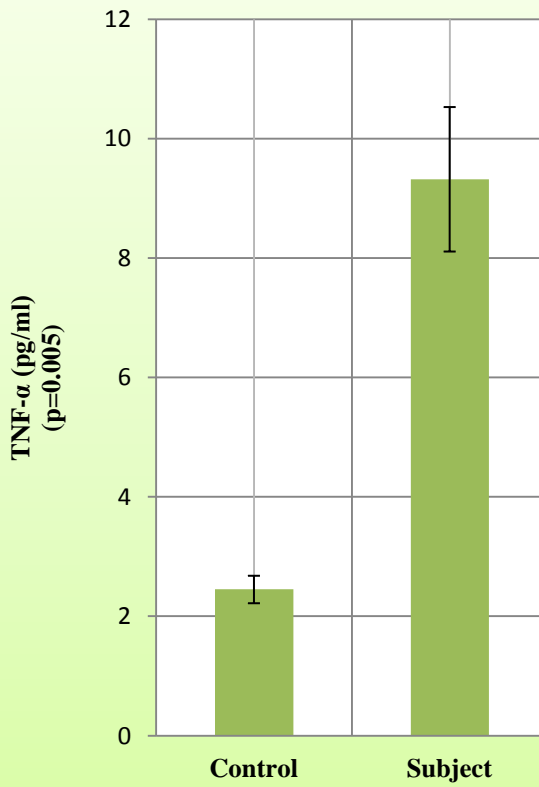
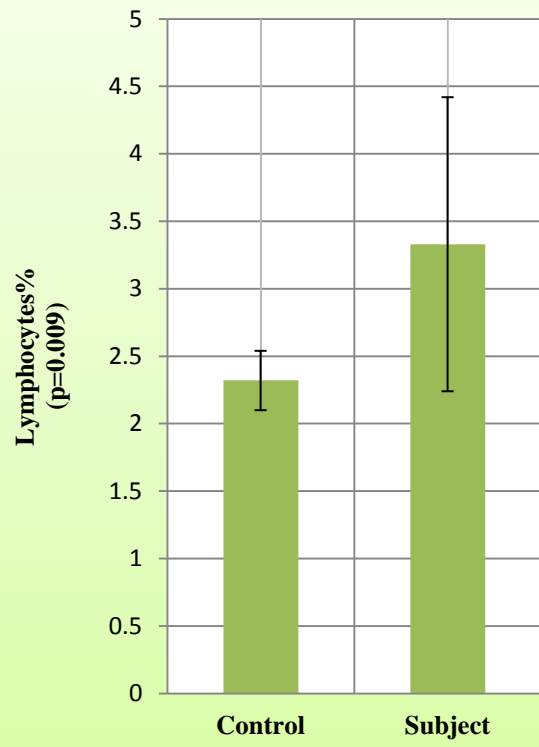
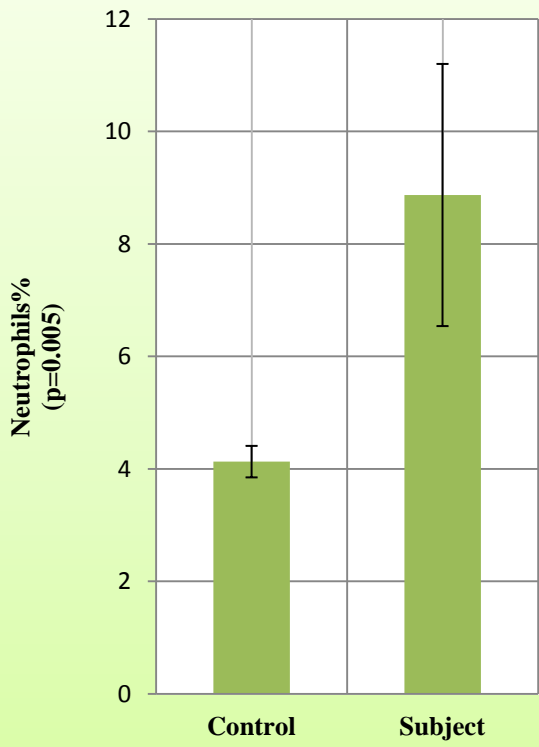
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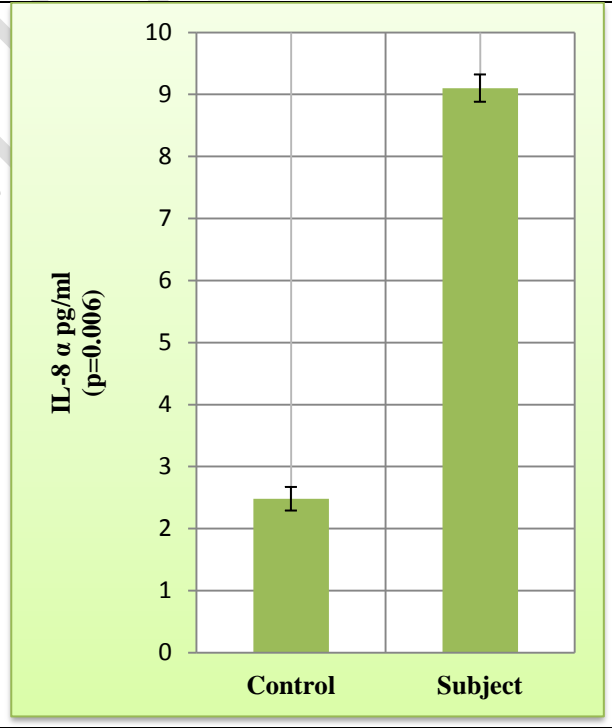
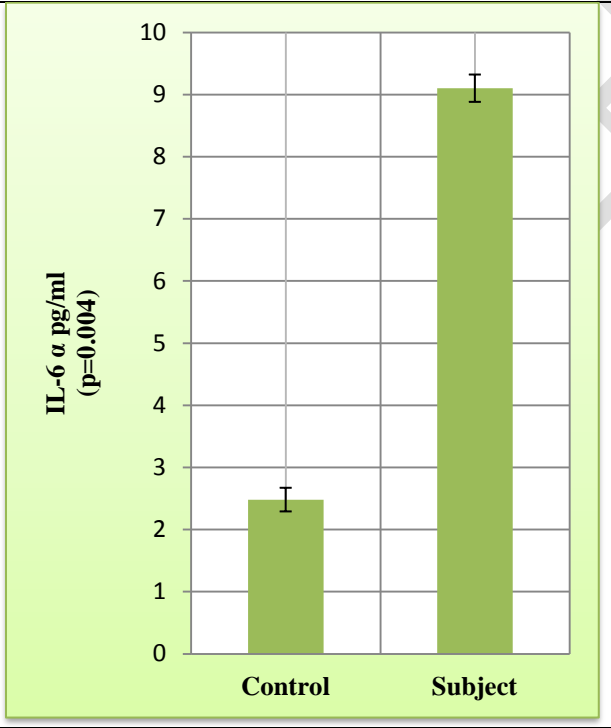
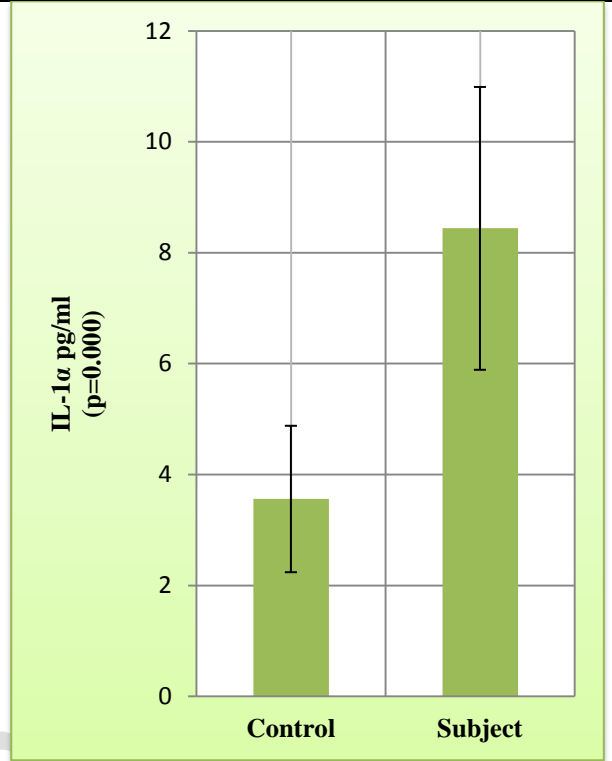
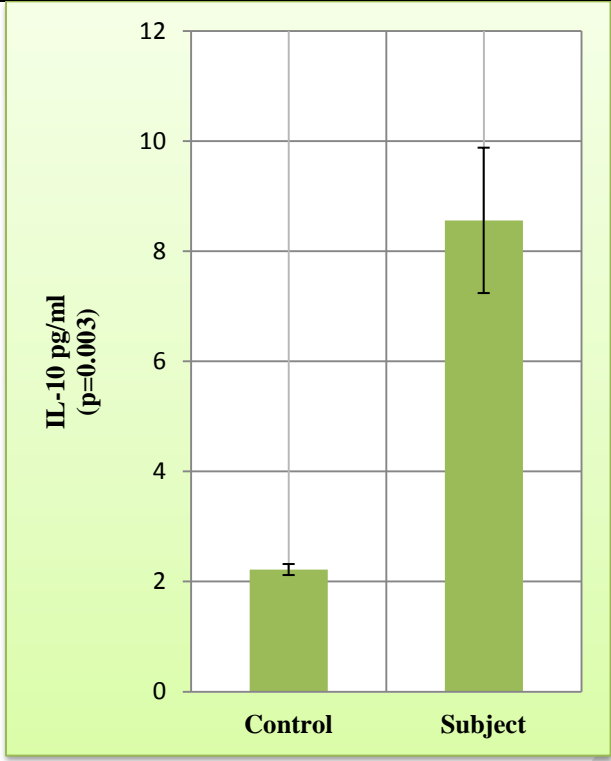
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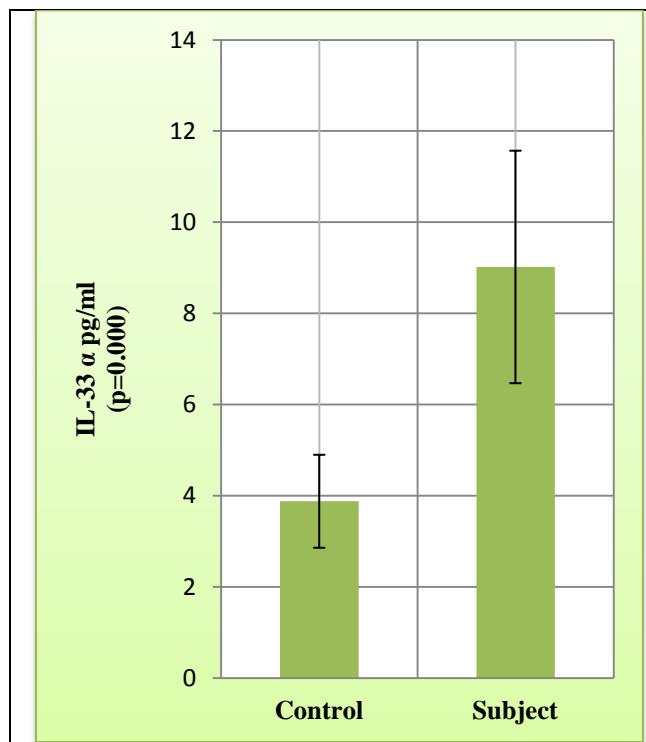


Fig. 1. Levels of blood and interleukins in the development of ovarian cancer versus control

UNDER PEER REVIEW