

JOURNAL OF CANCEROLOGY

REVIEW ARTICLE

The Role of Probiotics in the Prevention of Colorectal Cancer: Literature Review

Iván Armando Osuna-Padilla, María Guadalupe Serna-Thomé, Horacio Noé López-Basave, Martín Granados-García, Ángel Herrera-Gómez and Alejandro Eduardo Padilla-Rosciano

Instituto Nacional de Cancerología, Mexico City, Mexico

ABSTRACT

Colorectal cancer is one of the most common types of cancer worldwide, being the fifth most common cancer in Mexico. Probiotic bacteria are living microorganisms that, when administered in reasonable quantities, provide the host with health benefits. Several studies have shown the effectiveness of probiotics in the prevention of some diseases such as cancer, infections, allergies, irritable bowel syndrome, and other autoimmune diseases. Regarding the prevention of colorectal cancer, several action mechanisms have been proposed, with a highlight on the sequestration mechanism of mutagens by intestinal bacteria, the bacteria growth suppression that converts pro-carcinogens into carcinogens, the reduction of enzymes β -glucuronidase and β -glucosidase, bile acid de-conjugation, as well as the potentiation of the host immune system. (J CANCEROL 2016;3:105-8) Corresponding author: Martín Granados-García, martingranadosmx@yahoo.com.mx

Key words: Colon cancer. Dysbiosis. Lifestyle. Microbiota. Probiotics. Rectal cancer.

Correspondence to: Martín Granados-García E-mail: martingranadosmx@yahoo.com.mx

Received for publication: 25-11-2015 Accepted for publication: 18-04-2016

INTRODUCTION

Colorectal cancer (CRC) is one of the most common neoplasms after the age of 50 years¹. Many authors have reported an increase in the incidence of this cancer in adults under the age of 50 years, calling for the implementation of dietary and lifestyle strategies that could help reduce the current incidence rates²⁻⁴.

At a global level, it represents the third type of cancer in incidence rate, with approximately 1.4 million new diagnosed cases, being the second most common type of cancer in women (9.2%) and the third most common type in men $(10\%)^5$. In Mexico, cancer is a public health issue as it represents the third cause of deaths, with 71,074 deaths in the year 2008 according to the Health Department of Mexico. Regarding its incidence, it shows a significantly upward trend, going from a rate of 0.9 per 100,000 inhabitants in the year 1980 to 3.1 per 100,000 in 2008. Currently, it is ranked fifth in prevalence⁶.

RISK FACTORS

The etiology of CRC is complex because it includes genetic factors as well as environmental factors. The first mentioned factors, responsible for 10-15% of all CRC, include some hereditary conditions such as familial polyposis, hereditary colon cancer or not related to polyposis or Lynch syndrome variants I and II and ulcerative colitis⁷. The second include some changeable factors that have to do with the diet and lifestyle of people⁸.

Among the dietary factors identified with the development of CRC, the high consumption of red meat and animal-based fat is worth noting⁹, while the high consumption of fruits and vegetables is a protective factor¹¹. Lifestyle factors, such as a sedentary lifestyle, alcohol intake, and tobacco use, represent an equal risk⁸.

One of the aspects recently studied for its possible influence in the tumorigenesis and development of CRC is the intestinal microbiota¹², defined by some authors as a "group of microorganisms that live in harmony, synthesizing vitamins, contributing to the absorption of nutrients, favoring fiber metabolism, improving digestion, and contributing to neutralizing potentially pathogenic substances¹³." Diet has been identified as playing an important part in the development of dysbiosis (imbalance of protective and pathogenic bacteria of the intestine), a condition that can trigger various chronic diseases¹⁴, among them CRC, with differences being identified between the microbiota of healthy individuals and CRC patients. High levels of certain bacterial species have been detected, such as Bacteroides fragilis, Enterococcus, Escherichia/ Shigella, Klebsiella, Streptococcus, Peptostreptococcus, Roseburia and a reduction of Lachnospiraceae15,16.

Probiotics are living microorganisms that, when administered in suitable quantities, provide the host with health benefits, mainly the immunomodulatory type¹⁷. Recent studies have shown that probiotic supplements have a beneficial effect on certain types of tumors, among them CRC¹⁸, because they have the potential to modulate the intestinal microbiota through different mechanisms¹⁹.

ACTION MECHANISMS

Several mechanisms of action of the probiotics involved in the anti-carcinogenic activity have been identified as follows.

Intestinal microbiota alteration

Glucuronic acid has the ability to conjugate itself with certain endogenous and exogenous substances, forming a reaction catalyzed by UDPglucuronyltransferase, a group of compounds collectively named glucuronides. The conjugation of these compounds with glucuronic acid is crucial for hormonal metabolism, also playing an important role in the inactivation of toxins and endogenous and exogenous carcinogenic compounds²⁰. Several enzymes produced by some intestinal bacteria are able to de-conjugate glucuronides, such as β -glucuronidase, which causes the release of aglycones, potentially carcinogenic substances. Other enzymes such as azoreductase and nitroreductase also induce the release of carcinogenic substances²¹. The supplementation of some probiotic species like *L. acidophilus* is related to a reduction in the activity of these three enzymes¹⁹.

Inactivation of carcinogenic compounds

Several carcinogenic compounds, such as heterocyclic amines and aflatoxin B1 (AFB1), are sequestrated or absorbed by certain probiotic species, thus reducing mutagenicity²².

Competition with pathogenic microorganisms

The consumption of certain types of food, among them red meat and animal fats, is related to increases in the bacteria produced by biliary salts, which can be cytotoxic and carcinogenic. Diets rich in animal fat and red meat are related to an overgrowth of sulphate-reducing bacteria that produce hydrogen sulfide, which is deemed genotoxic. Some other pathogenic species, like *Bacteroides spp.* and *Clostridium spp.*, are involved in the CRC pathogenesis. Probiotic supplements increase "beneficial" species, such as *Lactobacillus* and *Bifidobacterium*, and reduce *Clostridium perfringens*, and hence, the amount of coliform bacteria is reduced¹⁹.

Improved immune response

Probiotics play an important role in the control of tumor promotion and progression because they interact with antigen-presenting cells, T lymphocytes, B lymphocytes, and natural killer (NK) cells in addition to strengthening the intestinal barrier. Supplements with various species stimulate natural immune responses, whereas others cause a reduced inflammatory response²³. *In vitro* studies and studies with humans have demonstrated that *Casei Shirota* lactobacilli increase NK cell activity, while inducing the production of interleukin (IL)-12 by monocytes and macrophages²⁴.

Antiproliferative activity through apoptosis and cell differentiation

Apoptosis is a strictly regulated cell removal physiological process, characterized by a sequence of stereotyped morphological transformations: cell contraction, chromatin condensation, and nuclear and cellular fragmentation, with the formation of apoptotic bodies that are engulfed by near phagocytes before the membrane integrity is lost. Transformations in the regulation of this process are critical for the development of cancer^{25,26}. It has been evidenced that probiotic supplements regulate cell proliferation, while promoting apoptosis by activating the signaling pathway of mitogen-activated protein kinases (MAPK)¹⁹.

Fermentation of non-digestible foods

Colonic fermentation of non-digestible carbon hydrates results in the production of short-chain fatty acids, which have an important role in the maintenance of intestinal health, preserving its morphological and functional characteristics. The fatty acids produced are acetic acid, propionic acid, and butyric acid. Butyrate is an energy substrate for colonocytes. At a molecular level, butyrate acts as an inhibitor of histone deacetylase, regulating cell expression and removing DNA-damaged cells. Propionate and acetate induce apoptosis in human cells with CRC²⁷. Probiotics have the ability to produce other fatty acids, called conjugated linoleic acids, which are related to anti-inflammatory and anti-carcinogenic activity¹⁹.

Inhibition of tyrosine kinase signaling pathways

Tyrosine kinase receptors have a great physiological importance, mediating vital functions for the cell such as proliferation and differentiation regulation, survival, and modulation of cell metabolism. Human epidermal growth factor (hEGF) is a protein that belongs to the tyrosine kinase receptor family and is represented by four members (EGFR, HER2, HER3, and HER4), which increases the healing rate of wounds and ulcers in different human body tissues. The increased expression of hEGF and structural abnormalities in its receptor or its ligands are involved in tumor development²⁸.

It has been reported that the supplementation of *Saccharomyces boulardii* regulates the activity of the hEGF receptor, which prevents the formation of cancer cell colonies, reducing the cell proliferation mediated by hEGF, and increases apoptosis¹⁹.

Intestinal pH reduction

Probiotic bacteria produce lactic acid and other short-chain fatty acids, which reduce the load of pathogens, playing a key role in the intestinal homeostasis and in intestinal pH reduction, thus preventing carcinogenesis²⁷.

CONCLUSIONS

The use of probiotics in the prevention of CRC has gained much attention in recent years due to the positive results found in studies with humans as well as in molecular studies. Various mechanisms have been identified, with an emphasis on their anti-inflammatory action and improved immune response, in addition to alterations in the bacterial species of the intestinal microbiota. However, further experimental studies are necessary, aimed at an accurate understanding of the mechanisms in the host involved in their anticarcinogenic activity.

REFERENCES

- Tirado-Gómez LL, Mohar-Betancourt A. Epidemiology of colorectal cancer. Gaceta Mex Oncol. 2008;7:3-11.
- Ahnen DJ, Wade SW, Jones WF, et al. The increasing Incidence of Young-Onset Colorectal Cancer: A call to action. Mayo Clin Proc. 2014;89:216-24.
- Austin H, Henley SJ, King J, Richardson LC, Eheman C. Changes in colorectal cancer incidence rates in young and older adults in the United States: what does it tell us about screening. Cancer Causes Control. 2014;25:191-201.
- Inra JA, Syngal S. Colorectal cancer in young adults. Dig Dis Sci. 2015; 60:722-33.
- Ferlay J, Soerjomataram I, Ervik M, et al. GLOBOCAN 2012 v1.0, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11 [Internet]. Lyon, France: International Agency for Research on Cancer; 2013. Available at: http://globocan.iarc.fr [Accessed 07/05/2015].
- Secretaria de Salud. SINAIS/SINAVE/DGE/SALUD/Perfil epidemiológico de los tumores malignos en México. 2011.
- González-Contreras QH, Bahena-Aponte JA. [Gastrointestinal oncology. Colon cancer]. Revi Gastroenterol Mex. 2010;75(Suppl 1):65-8.
- Morgan-Villela G, Silva-Uribe AM, Sat-Muñoz D. Colorectal risk factors. Gaceta Mex Oncol. 2008;7:3-11.
- Larsson SC, Wolk A. Meat consumption and risk of colorectal cancer: a meta-analysis of prospective studies. Int J Cancer. 2006;119:2657-64.
- Riboli E, Norat T. Epidemiologic evidence of the protective effect of fruit and vegetables on cancer risk. Am J Clin Nutr. 2003;78:559-69S.
- Topping DL, Clifton PM. Short-chain fatty acids and human colonic functions: roles of resistant starch and nonstarch polysaccharides. Physiol Rev. 2001;81:1031-106.
- Zhu Y, Luo TM, Jobin C, Young HA. Gut microbiota and probiotics in colon tumorigenesis. Cancer Lett. 2011;309:119-27.
- Icaza-Chávez ME. [The intestinal microbiota in health and disease]. Rev Gastroenterol Mex. 2012;77(Suppl 1)23-5.
- Chang YK, Estaki MM, Gibson DL. Clinical consequences of diet-induced dysbiosis. Ann Nutr Metab. 2013;63:28-40.
- Wang T, Cai G, Qiu Y, et al. Structural segregation of gut microbiota between colorectal cancer patients and healthy volunteers. ISME J. 2012;6:320-9.
- Karin M, Lawrence T, Nizet V. Innate immunity gone awry: linking microbial infections to chronic inflammation and cancer. Cell. 2006;124:823-35.
- Hill C, Guarner F, Reid G, et al. The international Scientific Association for Probiotics and Prebiotics Consensus statement on the Scope and appropriate use of the term probiotic. Nat Rev Gastroenterol Hepatol. 2014; 11:506-14.
- Liong MT. Roles of probiotics and prebiotics in colon cancer prevention: Postulated mechanisms and in-vivo evidence. Int J Mol Sci. 2008;9:854-63.
- Uccello M, Malaguarnera G, Basile F, et al. Potential role of probiotics on colorectal cancer prevention. BMC Surg. 2012;12(Suppl 1):S35.
- Devlin TM. Metabolismo Glucídico II: Rutas especiales y gluconjugados. En: Bioquímica: libro de texto con aplicaciones clínicas. 2004. 4ta Ed. Ed. Reverte. España.
- Humblot C, Murkovic M, Rigottier-Gois L, et al. B-Glucuronidase in human intestinal microbiota is necessary for the colonic genotoxicity of the foodborne carcinogen 2-amino-3-methylimidazo [4,5-f] quinoline in rats. Carcinogenesis. 2007;28:2419-25.
- Kumar M, Kumar A, Nagpal R, et al. Cancer-preventing attributes of probiotics: an update. Int J Food Sci Nutr. 2012;61:473-96.
- Delcenserie V, Martel D, Lamoureux M, Amiot J, Boutin Y, Roy D. Immunomodulatory effects of probiotics in the intestinal tract. Curr Issues Mol Biol. 2008;10:37-54.
- Shida K, Nomoto K. Probiotics as efficient immunopotentiators: Translational role in cancer prevention. Indian J Med Res. 2013;138:808-14.
- Pazo-Cid RA, Álvarez-Alejandro M, Cebollero de Miguel A, et al. Apoptosis, cancer & co. Rev Int Grupos Invest Oncol. 2012;1:23-8.
- Wong RSY, Apoptosis in cancer: from pathogenesis to treatment. J Exp Clin Cancer Res. 2011;30:87.
- Raman M, Ambalam P, Kiran KK, et al. Potential of Probiotics, prebiotics and synbiotics for management of colorectal cancer. Gut Microbes. 2013; 4:181-92.
- Lahera- Sánchez T, González-Hernández OJ. Epidermal growth factor receptor and its role in tumor development. Rev Habanera Ciencias Médicas. 2010;9:172-80.