

Anti-Cancer Effects of Dietary Polyphenols

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Consumption of coffee, tea, wine, curry, and soybeans has been linked to a lower risk of cancer in epidemiological studies. Several cell-based and animal studies have shown that dietary polyphenols like chlorogenic acid, curcumin, epigallocatechin-3-*O*-gallate, genistein, quercetin and resveratrol play a major role in these anticancer effects. Several mechanisms have been proposed to explain the anticancer effects of polyphenols. Depending on the cellular microenvironment, these polyphenols can exert double-faced actions as either an antioxidant or a prooxidant, and one of the representative anticancer mechanisms is a reactive oxygen species (ROS)-mediated mechanism. These polyphenols can also influence microRNA (miR) expression. In general, they can modulate the expression/activity of the constituent molecules in ROS-mediated anticancer pathways by increasing the expression of tumor-suppressive miRs and decreasing the expression of oncogenic miRs.

dietary polyphenols

cancer

ROS

1. Introduction

Human epidemiological studies have shown that diets high in plant polyphenols have beneficial effects on various diseases including cancer ^{[1][2]}. Researchers have discussed the anticancer effects of coffee, tea, wine, and curry based on recent evidence from human studies, in which chlorogenic acid (CGA), (-)-epigallocatechin gallate (EGCG), resveratrol (RES), and curcumin (CUR), respectively, are believed to be major contributors to the activity ^[3] (**Figure 1** and **Table 1**).

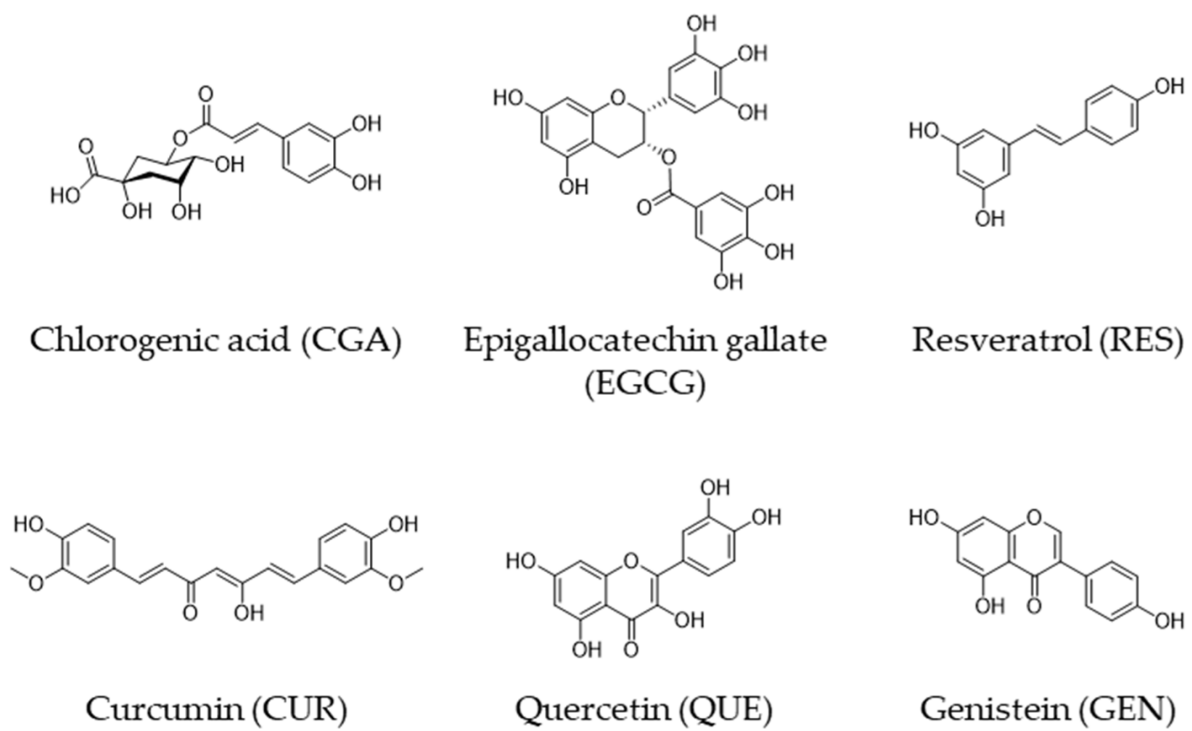


Figure 1. Chemical structures of CGA, EGCG, RES, CUR, QUE, and GEN.

Table 1. Major food sources of polyphenols.

Polyphenol	Major Food Source
Chlorogenic acid (CGA)	Coffee bean
(-)-Epigallocatechin gallate (EGCG)	Green tea
Resveratrol (RES)	Red wine
Curcumin (CUR)	Curry
Quercetin (QUE)	Onion
Genistein (GEN)	Soy

Quercetin (QUE) is a flavonol found in a variety of fruits and vegetables including apples, grapes, broccoli, green tea, and onions [4][5] (Figure 1), and several human studies have shown that QUE-rich diets have anticancer effects [5][6][7][8]. For example, Ekström et al. [7] discovered that QUE intake had a strong inverse association with the risk of noncardia gastric adenocarcinoma, with an adjusted odds ratio (OR) of 0.57 (95% confidence interval [CI] = 0.40–0.83) when the highest quintile (≥ 11.9 mg/day) was compared to the lowest quintile (< 4 mg).

Epidemiologic studies have also shown that a soy-rich diet reduces the risk of various diseases, including cancer, and one of the main contributors is thought to be genistein (GEN), a phenolic compound [9][10][11] (Figure 1). Wang et al. [12] discovered a lower risk of papillary macrocarcinomas in women who consumed 1860–3110 $\mu\text{g/day}$ of GEN (OR = 0.26, CI = 0.08–0.85) compared to women who consumed < 760 $\mu\text{g/day}$ in a population-based case-

control study in Connecticut from 2010 to 2011. A meta-analysis conducted by Applegate et al. [13] revealed that the pooled relative risk for GEN in the risk of prostate cancer was 0.90 (CI: 0.84–0.97).

Many epidemiological studies, on the other hand, have found that these foods have no anticancer effects [1][14]. The inconsistent results could be due to a number of confounding factors, including the quantity and quality of plant foods consumed, as well as residual pesticides and acrylamide formed during preparation, cigarette smoking, alcohol consumption, differences in ingredients, hormonal activities, microbiota, and genetic background [1][14][15]. Human intervention studies that are well-designed could provide significant evidence for the anticancer effects of dietary foods containing these polyphenols.

The anticancer properties of these polyphenols have been demonstrated in a large number of cell-based and animal studies, and their possible anticancer mechanisms have been proposed. Of them, one involving reactive oxygen species (ROS) appears to be the most likely, in which these polyphenols can act as both an ROS-generator and an ROS-scavenger [16].

2. Anticancer Mechanism of Tumor Suppressor miRs Upregulated by Polyphenols

Table 2 summarizes the available data for tumor-suppressor miRs that are commonly upregulated by at least three different polyphenols in cancer cells. **Figure 2** shows that several molecules involved in the anticancer mechanism are found in ROS-mediated pathways. **Table 2** also provides information on the modulatory effects of miRs upregulated by these polyphenols on these molecules.

Table 2. Tumor-suppressor miRs upregulated by polyphenols, cell types examined, and effects of miR upregulation.

miR	CUR	EGCG	GEN	QUE	RES	Effects of miRs Upregulated by Polyphenols on Molecules in the ROS-Mediated Pathway: ↑, Upregulation; ↓ Downregulation
miR-16	MCF-7 (breast cancer) (Yang, et al.) [17]	HepG2 (liver cancer) (Tsang, et al.) [18]		A549 (lung cancer) (Sonoki, et al.) [19] HSC-6 SCC-9 (oral	MCF7-ADR MCF10A MDA-MB-231-luc-D3H2LN (breast cancer) (Hagiwara, et al.) [21] CCRF-CEM	↓Bcl-2 [17][18]

						Effects of miRs Upregulated by Polyphenols on Molecules in the ROS-Mediated Pathway: ↑, Upregulation; ↓ Downregulation
miR	CUR	EGCG	GEN	QUE	RES	
				cancer) (Zhao, et al.) [20]	(acute lymphoblastic leukemia) (Azimi, et al.) [22]	
miR-22	BxPC-3 (pancreatic carcinoma) (Sun, et al.) [23] Y79 (retinoblastoma) (Sreenivasan, et al.) [24] <i>Downregulated</i> * <i>MyLa2059, SeAx</i> <i>(malignant cutaneous lymphoma)</i> (Sibbesen, et al.) [25]	CNE2 (nasopharyngeal carcinoma) (Li, et al.) [26]		Tca8113 SAS (oral squamous cell carcinoma) (Zhang, et al.) [27]		↓VEGF via ↓Sp1 [23]
miR-34a	MDA-MB-231 MDA-MB-435 (breast cancer) (Guo, et al.) [28] SGC-7901 (gastric cancer) (Sun, et al.) [29] HCT116 (colorectal cancer) (Toden, et al.) [30] BxPC-3 (pancreatic cancer) (Sun, et al.) [23] <i>Downregulated</i> * <i>TE-7</i> <i>(esophageal adenocarcinoma)</i>	SK-N-BE2 IMR-32 (malignant neuroblastoma) (Chakrabarti, et al.) [32] SH-SY5Y SK-N-DZ (malignant neuroblastoma) (Chakrabarti, et al.) [33] HCT116 HCT116-5FUR (colorectal cancer, 5FU resistant) (Toden, et al.) [34] CNE2	HNC-TICs (tumor-initiating cells of head and neck cancer) (Hsieh, et al.) [36] DU145 (prostate cancer) (Chiyomaru, et al.) [37] AsPC-1 MiaPaCa-2 (pancreatic cancer) (Xia, et al.) [38]		MDA-MB-231-luc-D3H2LN (breast cancer) (Hagiwara, et al.) [21] DLD-1 (colon cancer) (Kumazaki, et al.) [39] MCF-7 (breast cancer) (Otsuka, et al.) [40] SKOV-3 OV-90 (ovarian cancer) (Yao, et al.) [41]	↓Bcl-2 [28] [29] [30] [41] ↓NF-κB via Notch-1 [38]

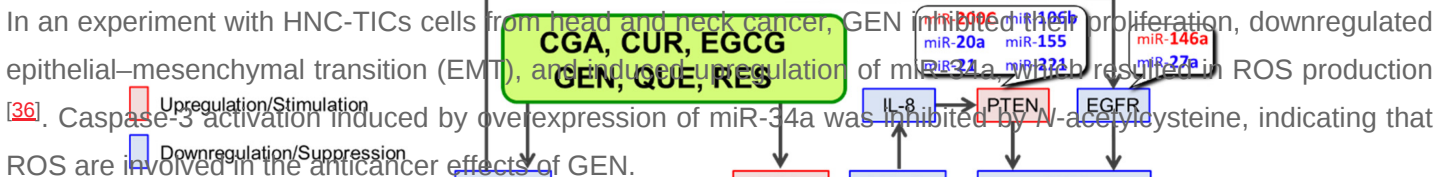
						Effects of miRs Upregulated by Polyphenols on Molecules in the ROS-Mediated Pathway: ↑, Upregulation; ↓ Downregulation
miR	CUR	EGCG	GEN	QUE	RES	
	(Subramaniam, et al.) [31]	(nasopharyngeal carcinoma) (Li, et al.) [26] HepG2 (hepatocellular carcinoma) (Mostafa, et al.) [35]				
miR-141	HCT116-5FUR (colorectal cancer, 5FU resistant) (Toden, et al.) [42]	Downregulated * MM1.s (multiple myeloma) (Gordon, et al.) [43]	786-O ACHN (renal carcinoma) (Chiyomaru, et al.) [44]		MCF7-ADR MCF-7 MCF10A MDA-MB-231-luc-D3H2LN (breast cancer) (Hagiwara, et al.) [21]	
miR-145	U-87 MG (glioblastoma) (Mirgani, et al.) [45] DU145 22RV1 (prostate cancer) (Liu, et al.) [46]	HCT116 HCT116-5FUR (colorectal cancer, 5FU resistant) (Toden, et al.) [34]	Y79 (retinoblastoma) (Wei, et al.) [47]	SKOV-3 A2780 (ovarian cancer) (Zhou, et al.) [48]	BT-549 MDA-MB-231 MCF-7 (breast cancer) (Sachdeva, et al.) [49]	↑Caspase-3 [48]
miR-146a	U-87 MG (glioblastoma) (Wu, et al.) [50] AsPC-1 (pancreatic cancer) CDF (analog) (Bao, et al.) [51]	[18] [20]	Colo357 Panc-1 (pancreatic cancer) G2535 (mixture of genistein and other isoflavones) (Li, et al.) [52]	MCF-7 MDA-MB-231 (breast cancer) (Tao, et al.) [53]	[3][57][58] ↓NF-κB [50] ↑Caspase-3 [53] ↓EGFR [53]	ols have duce the ich may er effect. i cancer tral RNA l tumor-
miR-200c	HCT116-5FUR SW480-5FUR (colorectal cancer, 5FU resistant)	HCT116-5FUR (colorectal cancer, 5FU resistant)			Cancer stem cells of nasopharyngeal carcinoma (Shen, et al.)	↑PTEN [54]

CUR, EGCG, and QUE have been shown to upregulate miR-22, which may downregulate specificity protein 1 (Sp1), estrogen receptor 1 (ESR1) [23], erythoblastic leukemia viral oncogene homolog 3 (ErbB3) [24], and nuclear receptor coactivator 1 (NCoA1) [25]. Sun et al. [23] discovered that CUR increased miR-22 expression in PxBc-3 pancreatic cancer cells using oligonucleotide microarray analysis. Transfection with miR-22 mimetics reduced expression of the target genes Sp1 and ESR1, whereas antisense inhibition of miR-22 increased Sp1 and ESR1

Effects of miRs Upregulated by Polyphenols on Molecules in the ROS-Mediated Pathway:
 ↑, Upregulation; ↓, Downregulation

* The items shown in italics are different findings from other reported results (see Text).

Figure 2. ROS-mediated anti-cancer activities associated with iNOS regulated by polyphenols.



Thus, polyphenols appear to upregulate miR-34 in general, but Subramaniam et al. [31] found that CUR decreased expression of miR-34a in esophageal cancer TE-7 cells. One possible explanation for the difference is that the p53 status of different cell lines differs, as TE-7 cells are p53-deficient and p53 is an upstream regulator of miR-34a.

2.4. miR-141

CUR upregulated the expression of EMT-suppressing miRs such as miR-34a, 101, 141, 200c, and 429 in 5-fluorouracil (5FU)-resistant HCT116 cells, but not in 5FU-resistant SW480 cells [42]. EMT is a crucial step in the generation of cancer stem cells and the progression of cancer. The extent to which miR-141 contributes to EMT suppression is not known.

Chiyomaru et al. [44] discovered that treatment of renal carcinoma cells with GEN increased miR-141 expression and decreased HOTAIR, which is known to promote malignancy. HOTAIR expression was reduced in cells transfected with pre-miR-141. By increasing the expression of a number of tumor-suppressive miRs, including miR-16, 141, 143, and 200c, RES reduced the viability of breast cancer cells and inhibited cancer stem-like cell characteristics [21]. The miR-141 inhibitor reduced the efficacy of RES's inhibitory effect against cancer invasion, implying that miR-141 plays a role in RES' anticancer effect.

Gordon et al. [43] reported that treatment of multiple myeloma, MM1.s cells, with the carcinogen benzo[a]pyrene upregulated the expression of miR-15a, 16, 25, 92, 125b, 141, and 200a, all of which are p53 targets. EGCG inhibited the expression of tumor-suppressive miR-141 which upregulates p53. The finding appears inconsistent with EGCG's anticancer activity. It is possible that EGCG's downregulation of oncogenic miR-25 may be more effective in the anticancer effect than downregulation of miR-141 in these cells.

2.5. miR-145

Curcumin encapsulated in a non-toxic nanocarrier inhibited the proliferation of glioblastoma U-87 MG cells, increased miR-145 expression, and decreased the expression of transcription factors Oct4, SOX-2, and Nanog, all of which are upregulated and result in increased metastasis, invasion, and recurrence [45][69].

CUR inhibited the proliferation, invasion, and tumorigenicity of prostate cancer stem cells HuPCaSCs (CD44⁺/CD133⁺ subpopulation isolated from prostate cancer cell lines Du145 and 22RV1) by increasing the expression of miR-145, which prevents cell proliferation by decreasing Oct4 expression [46]. In colorectal cancer cells, EGCG increased apoptosis and cell cycle arrest, and upregulated miR-145 [34].

In GEN-treated retinoblastoma Y79 cells, miR-145 was found to be significantly upregulated [47]. The siRNA downregulated miR-145 and the target of miR-145 has been identified as ABCE1 which has oncogene-like properties. By increasing the expression of miR-145, QUE was found to induce apoptosis in human ovarian carcinoma cells. The increased expression levels of cleaved caspase-3 induced by QUE were further increased by overexpression of miR-145 [48].

2.6. miR-146a

CUR upregulated miR-146a in human U-87 MG glioblastoma cells, and overexpression of miR-146a increased apoptosis and decreased NF- κ B activation in cells treated with the anticancer drug temozolomide [50]. miR-146a expression is lower in pancreatic cancer cells compared to normal human pancreatic duct epithelial cells. GEN treatment increased miR-146a expression with decreasing EGFR and NF- κ B expression in these cancer cells. Transfection of miR-146a inhibited these cells' invasive ability by downregulating EGFR and NF- κ B, implying that upregulation of miR-146a is involved in the anticancer effect of GEN [52]. The results of experiments with or without transfection of miR-146a mimic or anti-miR-146a revealed that QUE increased miR-146a, leading to apoptosis induction through downregulation of EGFR and activation of caspase-3 in a study of QUE's anticancer effect [53].

2.7. miR-200c

Experiments on overexpression or silencing of miR-200c in pancreatic cancer MiaPaCa-2 cells showed that a CUR analog upregulated PTEN expression, increased levels of MT1-MMP, and reduced tumor cell aggressiveness through upregulation of miR-200c [54]. Toden et al. [42] discovered that CUR improved the efficacy of 5-FU in suppressing tumor growth and EMT in 5FU-resistant colorectal cancer cells. miR-200c, a key EMT-suppressing miR, was upregulated by CUR, and miR-200c was found to downregulate BMI1, SUZ12, and EZH2 in a transfection experiment.

Upregulation of miR-200c was also observed in RES-treated nasopharyngeal carcinoma cancer stem cells [55], EGCG-treated 5FU-resistant colorectal cancer cells [34], and RES-treated breast cancer cells [21]. Dermani et al. [56] discovered that RES increased the expression of miR-200c and decreased the viability of colorectal cancer cells. Transfection with anti-miR-200c increased vimentin and ZEB1 expression, while decreasing E-cadherin expression and apoptosis. These changes were reversed by RES, indicating that RES induces apoptosis and inhibits EMT in colorectal cancer by regulating miR-200c.

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