Lack of Association between Selenium Level and Human Epidermal Growth Factor Receptor *2 (*HER2) Expression in Breast Cancer Tissue

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ABSTRACT

Background and Objectives: Human epidermal growth factor receptor 2 (HER2) is a gene involved in development of breast cancer. Normally, HER2 receptors control breast cells growth and division. HER2 overexpression is the cause of almost 20% of all breast cancer incidents. The phosphoinositide 3 kinase (PI3K) pathway is important in the oncogenic function of HER2. It has been reported that compounds, such as selenium significantly attenuate oxidative stress-induced activation of the PI3K pathway, and can exert antitumor effects by downregulating PI3K activation. In this study, we evaluated association of selenium level and HER2 expression in breast cancer tissue.

Methods: Atomic absorption spectrometry and immunohistochemistry were used to evaluate selenium content and HER2 expression in 30 tissue sets (tumor and adjacent tissue) collected from 30 women diagnosed with breast cancer.

Results: HER2 was expressed in about 30% of the samples. In HER2-positive tissues, mean level of selenium was 268.15 μ g/L in tumors and 165.36 μ g/L in tumor margins. In HER2-negative tissues, mean level of selenium was 206.43 μ g/L in tumors and 184.39 μ g/L in tumor margins. There was no significant association between selenium level and HER2 expression (P>0.05).

Conclusion: Based on the results, we conclude that there is no association between Se level and HER2 expression in breast cancer tissue.

Keywords: Selenium, HER2, Breast Neoplasms.

INTRODUCTION

Breast cancer is the second leading cause of death among women (1). Human epidermal growth factor receptor 2 (HER2) gene amplification and/or protein (tyrosine kinase receptor) overexpression occur in many carcinomas, especially in breast cancer (2). HER2 overexpression also stimulates downstream signaling and promotes cell proliferation and survival. HER2 status is both a prognostic and a predictive factor for HER2targeted therapies. Therefore, it is necessary to accurately determine HER2 status in every breast cancer case (3).

Some dietary micronutrients, such as selenium (Se) are thought to have cancer protective and antioxidant effects (4). The potential role of Se in cancer prevention may be due to its effects on carcinogen metabolism, cellular immune response, cell proliferation, cell cycle, tumor cell invasion and estrogen and androgenexpression (5). However, few receptor epidemiological studies have investigated the relationship between dietary Se and breast cancer (4,6-8). For decades, epidemiological and preclinical evidence supported the notion that higher dietary intake of Se decreases the incidence of cancers (9). However, the results of most animal studies indicate that the cancer occur preventive properties of Se at supranutritional levels. It is believed that active Se metabolite is a monomethylated Se species, such as methylselenol. In this study, we evaluated association of Se level and HER2 expression in breast cancer tissue.

MATERIALS AND METHODS

Sixty tissue samples (30 tumors and 30 tumor margins) were collected from 30 breast cancer patients in Imam Khomeini hospital in Tehran, Iran. A pathologist performed histopathological evaluations independently. Tumors containing tumor cells less than 50% of total cell mass as well as tumor margins containing any tumor cell were excluded from analysis. The tissue samples were stored at -80 °C until analysis. After the samples were cut and weighed (0.02-0.03 g), phosphate buffer saline (PBS, pH 7.2-7.4) was used to remove blood. The samples were frozen with liquid nitrogen and maintained at 2-8 °C after melting. Two hundred µg/L of 0.2M PBS (pH 7.4) were added and the samples were homogenized by vortexing. Centrifugation was done at 13,000 rpm for 20 min and the

supernatant was removed. All Se measurement in both tissue fluid and serum were carried out in Kavosh Laboratory (Gorgan, Iran) using an absorption spectrometer atomic with longitudinally heated graphite atomizer (Agilent-AA240) and Zeeman background correction. In brief, 50 µL of sample were diluted with 450 µL of an aqueous solution of Triton, which was prepared by diluting $600 \ \mu L$ Triton X-100, 5 mg ascorbic acid and 2.5 ml nitric acid in 500 ml water. After diluting the samples and the calibration standard materials. 30 μ L of the diluted samples and 20 μ L of the freshly prepared matrix modifier (500 mg/L palladium chloride) were injected into the furnace with an auto-sampler (Varian-PSD120). Se hollow cathode lamp (Agilent Technologies) was also used for the analysis. HER2 expression in breast cancer tissues was evaluated by immunohistochemistry tests. Chisquare test was performed using IBM SPSS Statistics (version 25) for data analysis.

RESULTS

About 30% of the samples were positive for HER2 expression. Mean level of Se in tumors and tumor margins of HER2positive tissues was 268.15 µg/L and 165.36 µg/L, respectively. Mean level of Se in tumors and tumor margins of HER2-negative tissues 206.43 μg/L and 184.39 was μg/L, There respectively. was no significant association between Se level and HER2 expression in breast cancer tissues (P>0.05).

DISCUSSION

The association between Se intake and breast cancer incidence is still unclear. We found no association between Se level and HER2 expression in breast cancer tissues. In addition, there was no significant relationship between Se level and breast cancer.

Khandelwal et al. reported that Se is cytotoxic to triple negative (ER-/PR-/HER2-) breast cancer cell lines (10). In another study, Se could synergistically enhance the growthinhibitory effect of chemotherapeutic agents against triple negative breast cancer cells (11). It has been also claimed that Se can increase oxidative stress, stimulate growth-inhibitory effects, and induce apoptosis in triple negative breast cancer cell lines but not in nontumorigenic cells (12). It has been also suggested that organic Se supplementation may reduce/delay breast cancer metastasis (13). A study on Japanese women reported a significant difference in Se levels between newly diagnosed breast cancer patients and healthy counterparts (14), whereas other studies found no relationship between Se level and breast cancer risk or incidence (15-17).

CONCLUSION

Based on the results, we conclude that there is no association between Se level and

REFERENCES

1. Chen YC, Prabhu KS, Das A, Mastro AM. *Dietary* selenium supplementation modifies breast tumor growth and metastasis. Int J Cancer. 2013; 133(9): 2054-64. doi: 10.1002/ijc.28224.

2. Huang HJ, Lee KJ, Yu HW, Chen CY, Hsu CH, Chen HY, et al. *Structure-based and ligand-based drug design for HER 2 receptor.* J Biomol Struct Dyn. 2010; 28(1): 23-37.

3. Hou Y, Nitta H, Li Z. *HER2 Gene Protein Assay Is Useful to Determine HER2 Status and Evaluate HER2 Heterogeneity in HER2 Equivocal Breast Cancer.* Am J Clin Pathol. 2017; 147(1): 89-95. doi: 10.1093/ajcp/aqw211.

4. Dorgan JF, Sowell A, Swanson CA, Potischman N, Miller R, Schussler N, et al. *Relationships of serum carotenoids, retinol, alpha-tocopherol, and selenium with breast cancer risk: results from a prospective study in Columbia, Missouri (United States).* Cancer Causes Control. 1998; 9(1): 89-97.

5. Medina D. *Mechanisms of selenium inhibition of tumorigenesis.* J Am Coll Toxicol. 1986; 5: 21-7.

6. Burk RF. Selenium in Nutrition and Healthedited by *PF Surai*, 2006, 974 pages, hardcover, \$149. Nottingham University Press, Nottingham, United Kingdom. The American Journal of Clinical Nutrition. 2007; 86(1): 270.

7. Zeng H, Combs GF Jr. Selenium as an anticancer nutrient: roles in cell proliferation and tumor cell invasion. J Nutr Biochem. 2008; 19(1): 1-7.

8. Lee SO, Nadiminty N, Wu XX, Lou W, Dong Y, Ip C, et al. Selenium Disrupts Estrogen Signaling by Altering Estrogen Receptor Expression and Ligand Binding in Human Breast Cancer Cells. Cancer Research. 2005; 65(8): 3487-92.

9. Kim SJ, Uehara H, Karashima T, Mccarty M, Shih N, Fidler IJ. *Expression of interleukin-8 correlates with angiogenesis, tumorigenicity, and metastasis of human prostate cancer cells implanted orthotopically in nude mice.* Neoplasia. 2001; 3: 33-42.

HER2 expression in breast cancer tissue.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

10. Khandelwal S, Gollahon L, Spallholz J, Boylan M, Garcia-Hernandez MDM. *Abstract 4613: Cytotoxicity of selenium trastuzumab and bevacizumab immunoconjugates against triple negative breast cancer cells.* Cancer Research. 2017; 77(13 Supplement): 4613.

11. Qi Y, Fu X, Xiong Z, Zhang H, Hill SM, Rowan BG, et al. *Methylseleninic Acid Enhances Paclitaxel Efficacy* for the Treatment of Triple-Negative Breast Cancer. PLoS ONE. 2012; 7(2): e31539. doi: 10.1371/journal.pone.0031539.

12. Guo CH, Hsia S, Shih MY, Hsieh FC, Chen PC. *Effects of Selenium Yeast on Oxidative Stress, Growth Inhibition, and Apoptosis in Human Breast Cancer Cells.* Int J Med Sci. 2015; 12(9): 748-58.

13. Chen YC, Prabhu KS, Das A, Mastro AM. *Dietary* selenium supplementation modifies breast tumor growth and metastasis. Int J Cancer. 2013; 133(9): 2054-64.

14. Schrauzer GN, Molenaar T, Mead S, Kuehn K, Yamamoto H, Araki E. *Selenium in the blood of Japanese and American women with and without breast cancer and fibrocystic disease*. Jpn J Cancer Res. 1985; 76: 374-7.

15. Dorgan JF, Sowell A, Swanson CA, Potischman N, Miller R, Schussler N, et al. *Relationships of serum carotenoids, retinol, alpha-tocopherol, and selenium with breast cancer risk: results from a prospective study in Columbia, Missouri (United States).* Cancer Causes Control. 1998; 9(1): 89-97.

16. van den Brandt PA1, Goldbohm RA, van't Veer P, Bode P, Dorant E, Hermus RJ, et al. *Toenail selenium levels and the risk of breast cancer*. Am J Epidemiol. 1994;140:20-6.

17. van't Veer P, van der Wielen RP, Kok FJ, et al. *Selenium in diet, blood, and toenails in relation to breast cancer: a case-control study.* Am J Epidemiol. 1990; 131(6): 987-94.