



REVIEW PAPER

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Glycosaminoglycan concentration in cancer tissue

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ABSTRACT

Introduction. Glycosaminoglycans (GAGs) play a widespread role in tissue modelling. GAG polymers may affect several receptor pathways in parallel.

Aim. To present difference in concentration of GAG in healthy and cancer tissues.

Material and methods. The literature search was performed and reviewed using selected keywords.

Results. We reviewed the methods of detection various types of glycans measured by Magnetic Resonance Imaging.

Conclusion. MRI methodology provides an efficient tool for study of cellular composition. The use of T_1 and T_2 measurements to study cancer tissue is a promising assay.

Keywords. fixed charge density, glycosaminoglycan, magnetic resonance imaging

Introduction

Proteoglycans (PG) are one of the major components of the extracellular matrix (ECM). ECM contains at least one glycosaminoglycan (GAG) chain such as heparan sulfate, chondroitin sulfate, keratan sulfate, and heparin. PGs are formed of GAGs covalently attached to the core proteins. PG are cellular, subcellular, intracellular, cell surface, pericellular, and extracellular.¹⁻² PG are major components of extracellular matrix playing key roles in its structural organization and cell sig-

naling contributing to the control of numerous normal and pathological processes.³⁻⁹ GAG expression occurs in most hematological malignancies, notably acute myeloid leukemia, myeloproliferative neoplasms, and multiple myeloma. Here, we review recent research advances regarding cellular GAG and possible magnetic resonance applications to measure GAG concentrations.

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Participation of co-authors: A – Author of the concept and objectives of paper; B – collection of data; C – implementation of research; D – elaborate, analysis and interpretation of data; E – statistical analysis; F – preparation of a manuscript; G – working out the literature; H – obtaining funds

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Magnetic Resonance Imaging and cellular GAG measurements

Relaxation times measurements (T_1 and T_2) of cancer tissue protons can be determined by Magnetic Resonance Imaging (MRI). Because of the development of MRI methods many cellular properties of tumor tissue is studied with MRI. MRI relaxation times have been shown to be various for many types of tumors compared to normal tissues. MRI is an important non-surgical tool in medical and biomedical analysis. While standard MRI can provide basic information regarding tumor location, its size and spread, the quantified MRI can evaluate the effectiveness of therapy. It was already shown that treatment of cells results in MR contrast changes due to changes in relaxivity caused by cell shrinkage and cellular membrane blabbing. We contribute changes in T_1 and T_2 during the cell growth observed for both cell lines to the changes in tissue hydration and protein content. In addition, our study showed that proton T_1 and T_2 relaxation times are not significantly different between both cell lines.

Glycosaminoglycan (GAG) ⁹⁻²⁴

The GAG concentration was calculated based on Fixed Charge Density (FCD) value, which was measured by flushing the culture with $Gd(DTPA)^{2-}$. The FCD can be expressed as:

$$FCD_{tissue} = -2[Na^+]_{bath} \left(\sqrt{\frac{[Gd(DTPA)^{2-}]_{tissue}}{[Gd(DTPA)^{2-}]_{bath}}} - \sqrt{\frac{[Gd(DTPA)^{2-}]_{bath}}{[Gd(DTPA)^{2-}]_{tissue}}} \right)$$

{Eq. 1}

Where:

$$[Gd(DTPA)^{2-}]_{tissue} = \frac{1}{R} \left(\frac{1}{(post\ Gd)T_1(tissue)} - \frac{1}{(pre\ Gd)T_1(tissue)} \right)$$

{Eq. 1a}

and

$$[Gd(DTPA)^{2-}]_{bath} = \frac{1}{R} \left(\frac{1}{(post\ Gd)T_1(bath)} - \frac{1}{(pre\ Gd)T_1(bath)} \right)$$

{Eq. 1b}

Where:

Bath – medium around the breast cancer cells;

R – relaxivity (mmol/L/sec);

Tissue – breast cancer cells tissue;

$[Na^+]_{bath}$ – concentration of Na^+ ions in bath, 154 (mmol/L);

$(post\ Gd)T_1(tissue)$ – T_1 relaxation time of the breast cancer cells after administration $Gd(DTPA)^{2-}$ solution in sec;

$T_1(tissue)$ – T_1 relaxation time of the breast cancer cells before administration $Gd(DTPA)^{2-}$ solution in sec;

$(post\ Gd)T_1(bath)$ – T_1 relaxation time of the bath after administration $Gd(DTPA)^{2-}$ solution in sec;

$T_1(bath)$ – T_1 relaxation time of bath before administration $Gd(DTPA)^{2-}$ solution in sec.

The calculated FCD is converted to GAG concentration according equation 2:

$$GAG = FCD \left(\frac{502.5}{-2} \right) \quad \{Eq. 2\}$$

Where: GAG- Glycosaminoglycan concentration (mg/L);

FCD – Fixed Charge Density (mmol/L);

502.5 – Molecular weight of GAG in (mg/mmol).

Application of enables direct study of cells before and after treatment. The T_1 and T_2 relaxation time of cells is sensitive to GAG concentration. Therefore, MRI measurements of cells with the use of anionic paramagnetic contrast agent $Gd(DTPA)^{2-}$ reflect directly to the GAG concentration in tissue and is sensitive to physiologic and pathologic conditions resulting in an approximately linear relation between GAG content and T_1 relaxation time. Since GAGs have negatively charged side chains, the $Gd(DTPA)^{2-}$ distributes in higher concentration into areas with lower GAG concentrations. Therefore, a low T_1 values after contrast agent administration indicates low GAG concentration.

In oncology non-invasive imaging of cells has gained interest for the assessment of tumor response to cancer therapy. Therefore, MRI has become an important diagnostic technique for characterization of cells, such as degeneration. Due to variability in response to therapy, there is a growing interest in monitoring efficacy progress during treatment. There is a rapid increase in the applications of MRI for cellular imaging. Table 1 presents selected types of cellular PG's.

Eponym	Secretory granules	Location
Serglycin ²⁴	Transmembrane	Cell surface
Syndecan ^{25,26}	Transmembrane	Cell surface
NG2 ^{27,28}	Transmembrane	Cell surface
Betaglycan ^{29,30,31}	Transmembrane	Cell surface
Phosphacan ^{32,33}	Transmembrane	Cell surface
Glypican ^{34,35}	Glypican	Cell surface
Perlecan ³⁶	Basement membrane zone	Pericellular
Agrin ³⁷	Basement membrane zone	Pericellular
Aggrecan ³⁸	Hyalectan Lectican	Extracellular
Versican ³⁹	Hyalectan Lectican	Extracellular
Neurocan ⁴⁰	Hyalectan Lectican	Extracellular
Brevican ⁴¹	Hyalectan Lectican	Extracellular

Conclusion

MRI methodology provides an efficient tool for study of cellular composition. The use of T_1 and T_2 measurements to study cancer tissue is a promising assay.

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References

1. Tanaka Y, Tateishi R, Koike K. Proteoglycans Are Attractive Biomarkers and Therapeutic Targets in Hepatocellular Carcinoma. *Int J Mol Sci.* 2018;19(10). pii: E3070.
2. Xu H, Liao H, Che G, Zhou K, Yang M, Liu L. Clinical Value Evaluation of Perioperative Prophylactic Anticoagulation Therapy for Lung Cancer Patients. *Zhongguo Fei Ai Za Zhi.* 2018;21(10):767-772.
3. Theocharis AD, Karamanos NK. Proteoglycans remodeling in cancer: Underlying molecular mechanisms. *Matrix Biol.* 2017; pii: S0945-053X(17)30313-X.
4. Pang X, Li H, Guan F, Li X. Multiple Roles of Glycans in Hematological Malignancies. *Front Oncol.* 2018;8:364. doi: 10.3389/fonc.2018.00364.
5. Hu YR, Liu YY, Liu LP, Zhang H. Effects of low molecular weight heparin in the treatment of venous thromboembolism in patients with gastrointestinal cancer. *J Biol Regul Homeost Agents.* 2018;32(3):67.
6. Gilarska A, Lewandowska-Łańcucka J, Horak W, Nowakowska M. Collagen/chitosan/hyaluronic acid - based injectable hydrogels for tissue engineering applications - design, physicochemical and biological characterization. *Colloids Surf B Biointerfaces.* 2018;170:152-162.
7. Zhang Y, Sun T, Jiang C. Biomacromolecules as carriers in drug delivery and tissue engineering. *Acta Pharm Sin B.* 2018;8(1):34-50.
8. Khurshid C, Pye DA. Isolation and Composition Analysis of Bioactive Glycosaminoglycans from Whelk. *Mar Drugs.* 2018;16(5). pii: E171.
9. Mou J, Wu Y, Bi M, Qi X, Yang J. Polyanionic holothurian glycosaminoglycans-doxorubicin nanocomplex as a delivery system for anticancer drugs. *Colloids Surf B Biointerfaces.* 2018;167:364-369.
10. Nikitovic D, Berdiaki A, Spyridaki I, Krasanakis T, Tsatsakis A, Tzanakakis GN. Proteoglycans-Biomarkers and Targets in Cancer Therapy. *Front Endocrinol (Lausanne).* 2018;9:69.
11. Hoosen Y, Pradeep P, Kumar P, du Toit LC, Choonara YE, Pillay V. Nanotechnology and Glycosaminoglycans: Paving the Way Forward for Ovarian Cancer Intervention. *Int J Mol Sci.* 2018;19(3).
12. Zheng S, Xia Y. The impact of the relaxivity definition on the quantitative measurement of glycosaminoglycans in cartilage by the MRI dGEMRIC method. *Magn Reson Med.* 2010;63(1):25-32.
13. Theocharis AD, Skandalis SS, Tzanakakis GN, Karamanos NK. Proteoglycans in health and disease: Novel roles for proteoglycans in malignancy and their pharmacological targeting. *FEBS J.* 2010; 277, 3904–3923.
14. Iozzo RV, Schaefer L. Proteoglycan form and function: A comprehensive nomenclature of proteoglycans. *Matrix Biol.* 2015;42, 11–55.
15. Pejler G, Abrink M, Wernersson S. Serglycin proteoglycan: Regulating the storage and activities of hematopoietic proteases. *Biofactors.* 2009;35:61–68.
16. Korpetinou A, Papachristou DJ, Lampropoulou A, Bouris P, Labropoulou VT, Noulas A, Karamanos NK, Theocharis AD. Increased Expression of Serglycin in Specific Carcinomas and Aggressive Cancer Cell Lines. *BioMed Res Int.* 2015;690721.
17. Guo JY, Hsu HS, Tyan SW, Li FY, Shew JY, Lee WH, Chen JY. Serglycin in tumor microenvironment promotes non-small cell lung cancer aggressiveness in a CD44-dependent manner. *Oncogene.* 2017;36:2457–2471.
18. Trattnig S, Mamisch TC, Pinker K, Domayer S, Szomolanyi P, Marlovits S, Kutscha-Lissberg F, Welsch GH. Differentiating normal hyaline cartilage from post-surgical repair tissue using fast gradient echo imaging in delayed gadolinium-enhanced MRI (dGEMRIC) at 3 Tesla. *Eur Radiol.* 2008;18(6):1251-1259.
19. Theocharis AD, Seidel C, Borset M, Dobra K, Baykov V, Labropoulou V, Kanakis I, Dalas E, Karamanos NK, Sundan A. Serglycin constitutively secreted by myeloma plasma cells is a potent inhibitor of bone mineralization in vitro. *J Biol Chem.* 2006;281: 35116–35128.
20. He J, Zeng ZC, Xiang ZL, Yang P. Mass spectrometry-based serum peptide profiling in hepatocellular carcinoma with bone metastasis. *World J Gastroenterol.* 2014;20: 3025–3032.
21. Zhang Z, Deng Y, Zheng G, Jia X, Xiong Y, Luo K, Qiu Q, Qiu N, Yin J, Lu M. SRGN-TGFβ2 regulatory loop confers invasion and metastasis in triple-negative breast cancer. *Oncogenesis.* 2017;6:e360.
22. Li HG, Xie DR, Shen XM, Li HH, Zeng H, Zeng YJ. Clinicopathological significance of expression of paxillin, syndecan-1 and EMMPRIN in hepatocellular carcinoma. *World J Gastroenterol.* 2005;11:1445–1451.
23. Saunders S, Jalkanen M, O'Farrell S, Bernfield M. Molecular cloning of syndecan, an integral membrane proteoglycan. *J Cell Biol.* 1989; 108:1547–1556.
24. Tanaka Y, Tateishi R, Koike K. Proteoglycans Are Attractive Biomarkers and Therapeutic Targets in Hepatocellular Carcinoma. *Int J Mol Sci.* 2018;19(10). pii: E3070.
25. Kim JM, Lee K, Kim MY, Shin HI, Jeong D. Suppressive effect of syndecan ectodomains and N-desulfated heparins on osteoclastogenesis via direct binding to macrophage-colony stimulating factor. *Cell Death Dis.* 2018;9(11):1119.
26. Russo TA, Stoll D, Nader HB, Dreyfuss JL. Mechanical stretch implications for vascular endothelial cells: Altered extracellular matrix synthesis and remodeling in pathological conditions. *Life Sci.* 2018;213:214-225.

27. Bruckner D, Kaser-Eichberger A, Bogner B, Runge C, Schrödl F, Strohmaier C, Silva ME, Zaunmair P, Couillard-Despres S, Aigner L, Rivera FJ, Reitsamer HA, Trost A. Retinal Pericytes: Characterization of Vascular Development-Dependent Induction Time Points in an Inducible NG2 Reporter Mouse Model. *Curr Eye Res.* 2018;43(10):1274-1285.
28. Huang W, Bai X, Stopper L, Catalin B, Cartarozzi LP, Scheller A, Kirchhoff F. During Development NG2 Glial Cells of the Spinal Cord are Restricted to the Oligodendrocyte Lineage, but Generate Astrocytes upon Acute Injury. *Neuroscience.* 2018;385:154-165.
29. Rath P, Nardiello C, Surate Solaligue DE, Agius R, Mižiková I, Hühn S, Mayer K, Vadász I, Herold S, Runkel F, Seeger W, Morty RE. Caffeine administration modulates TGF- β signaling but does not attenuate blunted alveolarization in a hyperoxia-based mouse model of bronchopulmonary dysplasia. *Pediatr Res.* 2017;81(5):795-780.
30. Dexheimer V, Gabler J, Bomans K, Sims T, Omlor G, Richter W. Differential expression of TGF- β superfamily members and role of Smad1/5/9-signalling in chondral versus endochondral chondrocyte differentiation. *Sci Rep.* 2016;6:36655.
31. Jenkins LM, Singh P, Varadaraj A, Lee NY, Shah S, Flores HV, O'Connell K, Mythreye K. Altering the Proteoglycan State of Transforming Growth Factor β Type III Receptor (T β RIII)/Betaglycan Modulates Canonical Wnt/ β -Catenin Signaling. *J Biol Chem.* 2016;291(49):25716-25728.
32. Gao R, Wang M, Lin J, Hu L, Li Z, Chen C, Yuan L. Spatiotemporal expression patterns of chondroitin sulfate proteoglycan mRNAs in the developing rat brain. *Neuroreport.* 2018;29(7):517-523.
33. Fujikawa A, Chow JPH, Matsumoto M, Suzuki R, Kuboyama K, Yamamoto N, Noda M. Identification of novel splicing variants of protein tyrosine phosphatase receptor type Z. *J Biochem.* 2017;162(5):381-390.
34. Li N, Gao W, Zhang YF, Ho M. Glypicans as Cancer Therapeutic Targets. *Trends Cancer.* 2018;4(11):741-754.
35. Majeed S, Mushtaq S, Azam M, Akhtar N, Hussain M, Loya A. Diagnostic accuracy of glypican-3 in differentiating hepatocellular carcinoma from metastatic liver tumours. *J Pak Med Assoc.* 2018;68(7):1029-1031.
36. Yamashita Y, Nakada S, Yoshihara T, Nara T, Furuya N, Miida T, Hattori N, Arikawa-Hirasawa E. Perlecan, a heparan sulfate proteoglycan, regulates systemic metabolism with dynamic changes in adipose tissue and skeletal muscle. *Sci Rep.* 2018;8(1):7766.
37. Rivera C, Zandonadi FS, Sánchez-Romero C, Soares CD, Granato DC, González-Arriagada WA, Paes Leme AF. Agrin has a pathological role in the progression of oral cancer. *Br J Cancer.* 2018;118(12):1628-1638.
38. Struck AK, Dierks C, Braun M, Hellige M, Wagner A, Oelmaier B, Beineke A, Metzger J, Distl O. A recessive lethal chondrodysplasia in a miniature zebu family results from an insertion affecting the chondroitin sulfat domain of aggrecan. *BMC Genet.* 2018 ;19(1):9.
39. Long X, Deng Z, Li G, Wang Z. Identification of critical genes to predict recurrence and death in colon cancer: integrating gene expression and bioinformatics analysis. *Cancer Cell Int.* 2018;18:139.
40. Mohan V, Wyatt EV, Gotthard I, Phend KD, Diestel S, Duncan BW, Weinberg RJ, Tripathy A, Maness PF. Neurocan Inhibits Semaphorin 3F Induced Dendritic Spine Remodeling Through NrCAM in Cortical Neurons. *Front Cell Neurosci.* 2018; 9,12:346.
41. Coate TM, Conant K. Brevican “nets” voltage-gated calcium channels at the hair cell ribbon synapse. *BMC Biol.* 2018;16(1):105.