

The expression of Toll-Like Receptors (TLRs) in testicular cancer: A case control study

Farnaz Shapouri¹ M.Sc., Shaghayegh Saeidi¹ M.Sc., Sara Ashrafi Kakhki² M.Sc., Omid Pouyan³ M.D., Elham Amirchaghmaghi^{1, 4} M.D., Reza Aflatoonian¹ M.D. Ph.D.

1. Department of Endocrinology and Female Infertility at Reproductive Biomedicine Research Center, Royan Institute for Reproductive Biomedicine, ACECR, Tehran, Iran.
2. Department of Biology, Science and Research Branch, Islamic Azad University, Tehran, Iran.
3. Department of Urology, Tehran University of Medical Sciences, Tehran, Iran.
4. Department of Immunology, Faculty of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran.

Corresponding Author:

Farnaz Shapouri and Shaghayegh Saeidi are equal first authors.

Reza Aflatoonian, Department of Endocrinology and Female Infertility at Reproductive Biomedicine Research Center, Royan Institute for Reproductive Biomedicine, No 12, Eastern Hafez St., Bani Hashem St., Resalat Highway, Tehran, Iran. PO.Box.16635-148.

Email: R.Aflatoonian@gmail.com

Tel: (+98) 2123562726-7

Received: 13 October 2012

Revised: 16 April 2013

Accepted: 25 August 2013

Abstract

Background: It has been suggested that malfunction of immune system may causes testicular cancer. Recently, our understanding of innate immune system has been expanded, by discovery of “Toll-Like Receptors” (TLRs). Some studies have shown that polymorphisms of TLR2 and 4 may affect on the risk of cancer. Also, the role of TLRs 3 and 9 have been shown in apoptosis and metastasis of cancer cells in animal models.

Objective: Little information is available about the influence of innate immunity on testicular malignancy. Therefore, expression of TLRs 2, 3, 4 and 9 as main components of innate immunity has been investigated in this study.

Materials and Methods: In this case control study, TLRs gene expression was examined by RT-PCR in normal testis and testicular cancer tissues. Real time quantitative PCR (Q-PCR) analysis was used to compare the relative expression of TLRs between the samples.

Results: mRNAs of TLR 2, 3, 4 and 9 were expressed in all normal and cancer samples. Q-PCR reveals that cancer samples had stronger expression of these genes compared with normal ones.

Conclusion: It seems that the different TLRs expression in testicular cancer cells may contribute to extensive signaling pathways involved in carcinogenesis.

Key words: Toll- like Receptors (TLRs), Testicular Cancer, Innate Immunity, NF-kappa B.

Introduction

Cancer is a major public health problem that can torment everyone in all parts of the world (1). Testicular cancer develops in the testis, a part of the male reproductive tract which produces sperm, other male reproductive cells such as Sertoli and Leydig cells and androgens (2). Testicular cancer may be due to irregularities of germ cell development during embryogenesis (3). Imperfections during male germ cell development can lead to the formation of testicular germ cell tumors (TGCTs), which are classified as teratomas, nonseminomas and seminomas (4). On the other hand, the molecular basis of most cancers remains unclear (5). With this

possibility that cancers can be eliminated by specific immune responses, it can be suggested that most of cancers may be the result of an incomplete immune response in clearing abnormal cells (6).

The innate immunity, as the first line of host defense, can recognize specific molecular patterns of microbial components via a limited number of receptors called pattern recognition receptors (PRRs) (7). These receptors can recognize pathogen-associated molecular patterns (PAMPs) and activate signal-transduction pathways that induce the expression of a variety of immune-response genes. The recently identified receptors of the Toll family appear to have a major role in the induction of inflammatory responses (8). The genes that are expressed in response to TLR

signaling encode proteins which are important in several innate immune responses (6). Up to now, ten TLR members with different roles have been identified in human (9). According to their localization, TLRs are divided into two main subgroups: Cell surface and cytosolic groups (10).

On the other hand, there are some evidences that specific chronic inflammatory diseases involving TLRs signaling can lead to cancer development (11, 12). Also, high expression of some TLRs has been reported in many tumor cells, or tumor cell lines (13). In addition, numerous recent studies indicated that nuclear factor -kappa B (NF-kB) is found in a number of human malignancies (14, 15). NF-kB is one of principal transcription factors activated by TLRs signaling pathways (6). So it seems that NF-kB signaling pathway may be a link between TLRs, chronic inflammation and tumor development (16).

To date, the alteration in TLRs gene expression was not studied in human testicular cancers so we decided to study and compare gene expression of some TLRs in the normal and testicular cancer tissues. Four members of the TLRs family were selected based on their function, ligands and their location in cell (TLR2, 3, 4 and 9). TLR2 and 4 are members of cell surface group. TLR2 and its associated receptors (TLR1 and TLR6), are mainly involved in the detection of molecules derived from Gram-positive bacteria, fungi (zymosan) and synthetic lipoproteins (17-19). TLR4 recognizes lipopolysaccharide (LPS) from Gram negative bacteria (20).

In contrast, TLR3 and 9 are cytosolic TLRs. TLR3 recognizes RNA from double-stranded viruses, while TLR9 recognize sun methylated CpG DNA found richly in prokaryotic genomes and DNA viruses (21, 22). Actually, one of the most important aspects of our selection was diversity in ligand recognition (Gram negative and positive bacteria and viruses) and cell localization (cell surface and cytosolic) of these TLRs. Therefore, expression of TLRs 2, 3, 4 and 9 as main components of innate immunity has been investigated in this study.

Materials and methods

Samples collection

In this case control study, the normal testis samples (Control group) were obtained from ten men who underwent testis surgery for

benign reasons such as testicular sperm extraction (TESE). Cancer samples were obtained from ten men who underwent orchiectomy because of seminoma (Case group). The samples were collected at Royan Institute, Laleh Hospital and Shariati Hospital of Tehran, Iran. Exclusion criteria were history of infection or congenital disorders of male reproductive tract. All procedures were approved by the Royan Ethics Committee. Written informed consent was obtained from all participants prior to the collection of tissue samples.

Tissue samples were immediately collected after surgeries. For genomic studies, all samples were immediately coated by RNAlater (Ambion, Huntington, UK) and then transported to the laboratory. Samples after cutting at 5mm were transferred to 2ml cryovial tubes (Greiner Bio-One, Frickenhausen, Germany) and then immersed in liquid nitrogen containers for 30 seconds. Finally, tissue samples were stored at -70°C until use in laboratory.

RNA isolation, cDNA synthesis and reverse transcription PCR (RT-PCR)

After thawing the frozen samples, tissues were removed from RNAlater and then total RNA was extracted using TRI-Reagent (Sigma, Pool, UK) according to the manufacturer's instructions that we used in our pervious study (23). Total RNA was treated with DNase I (Fermentas, Sanktleonrot, Germany) to remove genomic DNA contamination from samples. First-strand cDNA synthesis was performed using oligodT primers and the Superscript II reverse transcriptase system (Fermentas, Germany). Negative RT controls were prepared without inclusion of the enzyme (non-reverse transcriptase controls, RT controls).

The RT-PCR was performed by combining cDNA, Platinum Blue PCR Super Mix (Invitrogen, Paisley, UK) and the forward and reverse primers for TLR2, 3, 4 and 9 (Metabion, Martinsried, Germany). The forward and reverse primer sequences used are depicted in table I. The amplification was continued for 40 cycles under the following conditions: 5 minutes at 95°C for initial denaturation, followed by 39 cycles of 45 seconds at 95°C, 45 seconds at 58-60°C (different temperature for different TLRs, Table I) and 45 seconds at 72°C. Non-

template water controls were also included to ensure lack of reagent DNA contamination (negative control). Furthermore, endometrial samples were used as positive control (23).

Beta-actin (β -actin) was used as Housekeeping gene. RT-PCR was performed to detect gene expression of TLR2, 3, 4 and 9 in normal and cancer testis samples. After PCR, all samples were transferred on 1.7% agarose gel (Sigma, UK) then electrophoresis was performed with 1x TAE buffer (Invitrogen, UK) at 95 V for 40-50 min. Results were illustrated by using an ultraviolet trans illumination and digital images were captured by Gel documentary machine (Carestream, Berlin, Germany). The PCR products were sequenced to confirm the identity of the amplified product.

Quantitative real time PCR (QPCR)

Quantitative real-time PCR (Q-PCR) was performed in triplicates with the constructed cDNAs and the same primers that were used in PCR reactions (Table I). SYBR Green Jump Start Taq Ready mix (Sigma) master mix [containing 10 μ l SYBR Green, 7 μ l of water, 1 μ l of each primers (20 pmol/ μ l) and 1 μ l of cDNA] was added to each well of PCR plate and amplification was performed under the following conditions: 50 cycles of 95°C for 30s, 58-60°C for 30s and 72°C for 30s (24).

Results were analyzed using Applied Biosystems SDS 7000 (Applied Biosystem, Foster, USA). The Quantitative PCR data were analyzed using the comparative CT method (25). Briefly, the difference in cycle times, Δ CT was determined as the difference between the tested gene and the reference housekeeping gene, Human β -actin. We then obtained $\Delta\Delta$ CT by finding the difference

between groups. The fold change was calculated as

$$FC = 2^{-\Delta\Delta CT}$$

All experiments included negative controls (no cDNA).

Statistical analysis

The results were expressed as mean \pm SEM. Statistical analysis was performed by using student's group t-test. P<0.05 was considered as significant.

Results

TLR2, 3, 4 and 9 expressions in the normal and cancer testis samples

Our findings indicate that TLR2,3,4 and 9 genes are expressed in all normal and testicular cancer specimens. All amplified products were of the predicted size and control experiments with non-reverse transcriptase RNA of each sample confirmed that there was no contamination of genomic DNA in the samples. Compare to housekeeping gene expression, it seems that the TLRs gene expression was more in cancer samples than normal tissues especially for TLR2 and 4 (Figure 1).

Quantitative expression of TLR2, 3, 4 and 9 between normal and cancer testis samples

Q-PCR analysis was used to investigate the relative expression of these TLR genes to compare between normal and cancer testis tissues. Although cancer samples showed significantly stronger expression of all examined TLRs compared to normal ones, this difference was more significant for TLR2 and 4 (Figure 2).

Table I. Sequence of TLRs primers used in the current investigation. Data obtained from other reports are referenced.

Gene	Forward primer	Reverse primer	Annealing temperature (°C)	Product Size (bp)	References
TLR2	5'-TCGGAGTTCCTCCAGTTCCTCT-3'	5'-TCC AGTGCTTCAACCCACAA-3'	59	175	Aflatoonian et al. (2007)
TLR3	5'-GTATTGCCTGGTTTGTAAATT GG-3'	5'-AAGAGTTCAAAGGGG GCACT -3'	60	150	Aflatoonian et al. (2007)
TLR4	5'-CGTGGAGAC TTG GCCCTA AA -3'	5'-TTCACACCTGGATAAATCCAGC-3'	59	301	Aflatoonian et al. (2007)
TLR9	5'-TCCCT GTAGCTGCTGCTC-3'	5'-ACAGCCAGTTGCAGTTCACC-3'	58	207	Aboussahoud et al. (2010)
B-actin	5'-CAAGATCATTGCTCCTCTG-3'	5'-ATCCACATCTGCTGGAAGG-3'	60	90	Aboussahoud et al. (2010)

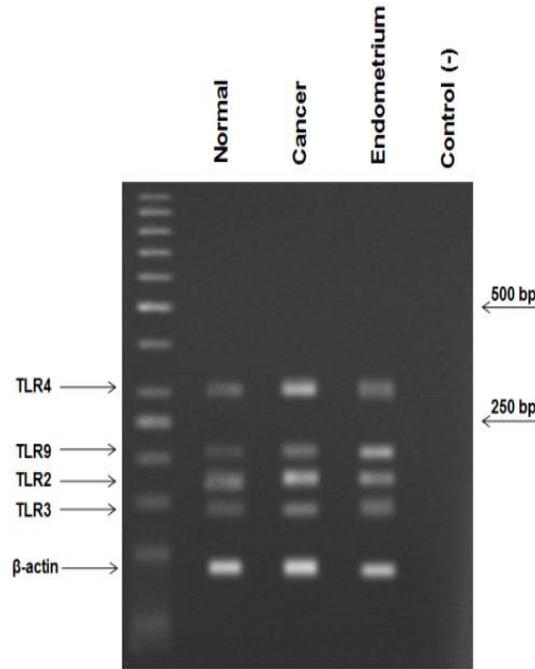


Figure 1. Results of RT-PCR for TLRs 2, 3, 4 and 9 mRNA expression in human normal and cancerous testis tissues. β- actin was used as Housekeeping gene. Also, endometrial samples and non-template water were used as positive and negative controls.

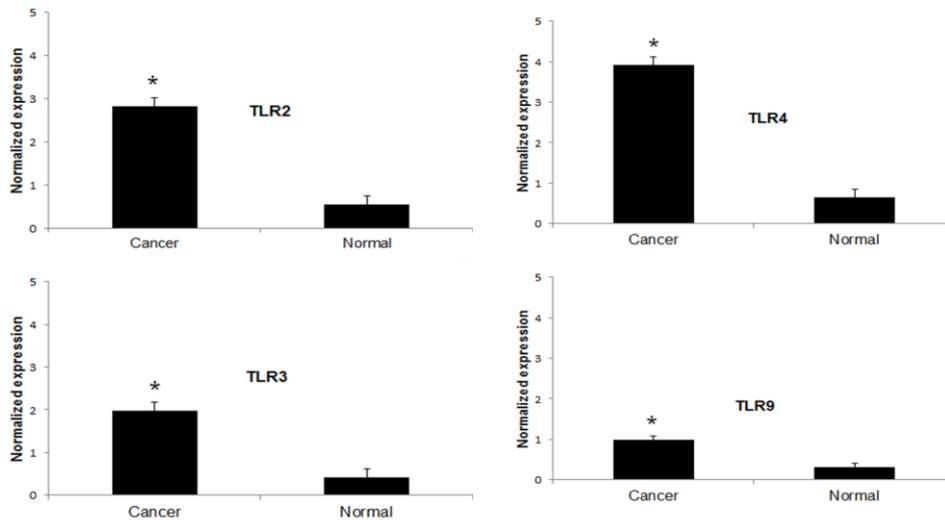


Figure 2: Mean ± SEM of normalized expression values for TLR 2, 3, 4 and 9 genes in human normal and cancerous testis tissues. *The level of statistical significance was set at $p < 0.05$ and data was analyzed using student's group t-test ($n=10$).

Discussion

The present study revealed that the genes of TLRs 2, 3, 4 and 9 were expressed in normal and cancerous testis tissues. However, their expressions were higher in testicular cancer tissues. As testis is an organ that produces sperm, it is very important to protect spermatozoa from microbes during its formation, maturation, transit and storage (26). Our finding due to the expression of

some TLRs in normal testis tissue may provide supporting evidence that TLRs as members of innate immunity play important role in the testis protection against microbial pathogens (27).

In addition, higher expression of TLR2, 3, 4 and 9 in seminoma in comparison to normal testis tissues in present study is in consistence with other studies which revealed elevated expression of some TLRs in other malignancies such as; Colon cancer, Breast

cancer, Gastric cancer, Ovarian cancer and Prostate cancer (28-32). There is one potential explanation for higher expression of these TLRs in cancerous testis tissues. Since TLRs signaling pathways lead to the activation of NF- κ B and some other studies have directly demonstrated that NF- κ B is often found in a number of human malignancies, it can be suggested that NF- κ B may play an essential role in TLRs-induced tumorigenesis when TLRs are increased (14, 33).

Conclusion

Although this study revealed significant changes in some TLRs expression between normal and cancerous testis tissues, we could not draw any definite conclusion because of small sample size. One potential explanation was suggested for the alteration in TLRs gene expression in testicular cancer: this increase may be one of causative factors in tumorigenesis because TLRs activate NF- κ B. Further studies are recommended to evaluate the difference in protein expression level, to confirm this suggestion by evaluating the expression of NF- κ B, and also to investigate other TLRs gene expression in cancerous testis tissue.

Acknowledgements

This investigation was financially supported by the Royan Institute, Tehran, Iran. The authors are grateful to all who helped in conducting the present study.

Conflict of interest

The authors declare no conflict of interest in this article.

References

1. Siegel R, Ward E, Brawley O, Jemal A. Cancer statistics, 2011: The impact of eliminating socioeconomic and racial disparities on premature cancer deaths. *CA Cancer J Clin* 2011; 61: 212-236.
2. Guyton AC, Hall JE. Reproductive and hormonal function of the male Text book of Medical Physiology. 10th Ed. Philadelphia, WB Saunders; 2000.
3. Heaney JD, Anderson EL, Michelson MV, Zechel JL, Conrad PA, Page DC, Nadeau JH. Germ cell pluripotency, premature differentiation and susceptibility to testicular teratomas in mice. *Development* 2012; 139: 1577-1586.

4. Oosterhuis JW, Looijenga LH. Testicular germ-cell tumours in a broader perspective. *Nat Rev Cancer* 2005; 5: 210-222.
5. McGlynn KA, Devesa SS, Sigurdson AJ, Brown LM, Tsao L, Tarone RE. Trends in the incidence of testicular germ cell tumors in the United States. *Cancer* 2003; 97: 63-70.
6. Abul KA, Andrew H, Lichman, Shir pillai. Cellular and molecular immunology: General Properties of Immune responses. 5th Ed. Philadelphia, PA Saunders; 2007.
7. Akira S. Innate immunity to pathogens: diversity in receptors for microbial recognition. *Immunol Rev* 2009; 227: 5-8.
8. Medzhitov R. Toll like receptors and innate immunity. *Nat Rev Immunol* 2001; 1: 135-145.
9. Shapouri F, Saeidi S, Janan A, Lakpour M, Pouyan O, Sadighi Gilani MA, et al. Expression of Cell Surface Toll-Like Receptors in the Human Male Reproductive Tract. *Int J Fertil Steril* 2011; 5 (Supl.).
10. Schwandner R, Dziarski R, Wesche H, Rothe M, Kirschning CJ. single-stranded RNA via toll-like receptor 7 and 8. *Science* 1999; 303: 1526-1529.
11. Balkwill F, Coussens LM. Cancer: an inflammatory link. *Nature* 2004; 431: 405-406.
12. Chang YJ, Wu MS, Lin JT, Sheu BS, Muta T, Inoue H, et al. Induction of cyclooxygenase-2 overexpression in human gastric epithelial cells by Helicobacter pylori involves TLR2/TLR9 and c-Src-dependent nuclear factor-kappaB activation. *Mol Pharmacol* 2004; 66: 1465-1477.
13. Salaun B, Lebecque S, Matikainen S, Rimoldi D, Romero P. Toll-like receptor 3 expressed by melanoma cells as a target for therapy? *Clin Cancer Res* 2007; 13: 4565-4574.
14. Palayoor ST, Youmell MY, Calderwood SK, Coleman CN, Price BD. Constitutive activation of I κ B kinase alpha and NF- κ B in prostate cancer cells is inhibited by ibuprofen. *Oncogene* 1999; 18: 7389-7394.
15. Griffin JD. Leukemia stem cells and constitutive activation of NF- κ B. *Blood* 2001; 98: 2291.
16. Pikarsky E, Porat RM, Stein I, Abramovitch R, Amit S, Kasem S, et al. NF- κ B functions as a tumour promoter in inflammation-associated cancer. *Nature* 2004; 431: 461-466.
17. Underhill DM, Ozinsky A, Hajjar AM, Stevens A, Wilson CB, Bassetti M, et al. The Toll-like receptor 2 is recruited to macrophage phagosomes and discriminates between pathogens. *Nature* 1999; 401: 811-815.
18. Takeuchi O, Sato S, Horiuchi TK, Takeda K, Dong Z, Modlin RL, et al. Cutting edge role of Toll-like receptor 1 in mediating immune response to microbial lipoproteins. *J Immunol* 2002; 169: 10-14.
19. Wetzler, LM. The role of Toll-like receptor 2 in microbial disease and immunity. *Vaccine* 2003; 21: S55-S60.
20. Akashi S, Nagai Y, Ogata H, Oikawa M, Fukase K, Kusumoto S, et al. Human MD-2 confers on mouse Toll-like receptor 4 species-specific lipopolysaccharide recognition. *Int Immunol* 2001; 13: 1595-1599.
21. Pasare C, Medzhitov R. Toll-like receptors: linking innate and adaptive immunity. *Microbes Infect* 2004; 6: 1382-1387.

22. He W, Liu Q, Wang L, Chen W, Li N, Cao X. TLR4 signaling promotes immune escape of human lung cancer cells by inducing immunosuppressive cytokines and apoptosis resistance. *Mol Immunol* 2007; 44: 2850-2859.
23. Aflatoonian R, Tuckerman E, Elliott SL, Bruce C, Aflatoonian A, Li TC, et al. Menstrual cycle-dependent changes of Toll-like receptors in endometrium. *Hum Reprod* 2007; 22: 586-593.
24. Aboussahoud W, Aflatoonian R, Bruce C, Elliott S, Ward J, Newton S, et al. Expression and function of Toll-like receptors in human endometrial epithelial cell lines. *J Reprod Immunol* 2010; 84: 41-51.
25. Livak KJ, Schmittgen TD. Analysis of relative gene expression data using real-time quantitative pcr and the $2^{-\Delta\Delta C_t}$ method. *Methods* 2001; 25: 402-408.
26. Hinton BT, Palladino MA, Rudolph DB, Lan ZJ, Labus JC. The role of the epididymis in the protection of spermatozoa. *Curr Top Dev Biol* 1996; 33: 61-102.
27. Saeidi S, Shapouri F, Amirchaghmaghi E, Hoseinifar H, Sabbaghian M, Sadighi Gilani, et al. Sperm protection in the male reproductive tract by Toll-like receptors. *Andrologia* 2013; In press.
28. Yoshioka T, Morimoto Y, Iwagaki H, Itoh H, Saito S, Kobayashi N, et al. Bacterial lipopolysaccharide induces transforming growth factor beta and hepatocyte growth factor through toll-like receptor 2 in cultured human colon cancer cells. *J Int Med Res* 2001; 29: 409-420.
29. Salaun B, Coste I, Risoan MC, Lebecque SJ, Renno T. TLR3 can directly trigger apoptosis in human cancer cells. *J Immunol* 2006; 176: 4894-4901.
30. Schmausser B, Andrulis M, Endrich S, Müller-Hermelink HK, Eck M. Toll-like receptors TLR4, TLR5 and TLR9 on gastric carcinoma cells: an implication for interaction with *Helicobacter pylori*. *Int J Med Microbiol* 2005; 295: 179-185.
31. Kelly MG, Alvero AB, Chen R, Silasi DA, Abrahams VM, Chan S, et al. TLR-4 signaling promotes tumor growth and paclitaxel chemoresistance in ovarian cancer. *Cancer Res* 2006; 66: 3859-3868.
32. Ilvesaro JM, Merrell MA, Swain TM, Davidson J, Zayzafoon M, Harris KW, et al. Toll like receptor-9 agonists stimulate prostate cancer invasion in vitro. *Prostate* 2007; 67: 774-781.
33. Ditsworth D, Zong WX. NF-kappaB: key mediator of inflammation-associated cancer. *Cancer Biol Ther* 2004; 3: 1214-1216.