



UNIVERSITI PUTRA MALAYSIA

***CHOLINE AS A MOLECULAR IMAGING BIOMARKER FOR ASSESSING
BREAST CANCER AGGRESSIVENESS***

SHAZREEN BINTI SHAHARUDDIN

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By

SHAZREEN BINTI SHAHARUDDIN

**Thesis Submitted to the School of Graduate Studies, Universti Putra Malaysia, in
Fulfillments of the Requirements for the Degree of
Doctor of Philosophy**

October 2017

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Doctor of Philosophy

CHOLINE AS A MOLECULAR IMAGING BIOMARKER FOR ASSESSING BREAST CANCER AGGRESSIVENESS

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October 2017

Chairman : Associate Professor Fathinul Fikri Ahmad Saad, PhD
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The level of choline kinase in human breast cancer cells was found to be overexpressed as compared to normal human mammary epithelial cells. In this study we investigated the potential expression of choline in ^{18}F -FCH PET/CT as compared to ^{18}F -Fluorodeoxyglucose PET/CT and correlations with expression of miRNA, CD47 and histo-immunochemical markers of estrogen, progesterone and HER2 in detecting aggressiveness of breast cancer.

Twenty one patients with Birads 4 or 5 on mammogram and recurrent breast carcinoma underwent imaging of ^{18}F -Fluorocholine and ^{18}F -Fluorodeoxyglucose PET/CT. Tissue biopsy and histo-immunochemical results with blood sampling of expression of miRNA-21, miRNA-155 and CD47 were recorded. The data were evaluated by experienced nuclear imaging using the biopsy and histo-immunochemical findings as a gold standard.

There were 21 females with a mean age of 52.82 ± 10.71 years. There is a significant evidence of high uptake of ^{18}F -Fluorocholine PET/CT in the metastatic lesions (2.27 ± 3.19) as compared to ^{18}F -Fluorodeoxyglucose (1.74 ± 2.32 , $p=0.004$). While there is a significant association between high ^{18}F -Fluorocholine uptake (3.53 ± 3.51 , $p=0.005$) with HER2-ve (1.98 ± 2.14 , $p=0.009$) in metastatic lesions and lymph node. High uptake of ^{18}F -Fluorocholine showed a significant correlation with expression of miRNA-21 in lymph node (1.81 ± 2.21 , $p=0.05$) and metastasis lesions (3.33 ± 3.61 , $p=0.02$). There is also a significant correlation between high choline uptake with expression of miRNA-155 (1.47 ± 1.99 , $p=0.01$) and CD47 (0.85 ± 0.23 , $p=0.008$) in lymph node and ^{18}F -Fluorocholine showed high sensitivity and specificity (40%, 68.8%) compared to ^{18}F -Fluorodeoxyglucose (27.3%, 60%). There is a significant association miRNA-155 between patients with recurrent breast cancer and non recurrent breast cancer ($p=0.026$) and expression of HER2 -ve ($p=0.042$).

We concluded that higher choline uptake in ^{18}F -Fluorocholine would potentially be used as novel surrogate marker for detection and prediction of an aggressive breast cancer with strong correlation with the protein overexpression of miRNA-155, miRNA-21, CD47 and HER2-ve.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

CHOLINE SEBAGAI PENANDA MOLEKULAR DALAM MENDETEKSI KANSER PAYUDARA YANG AGRESIF

Oleh

SHAZREEN SHAHARUDDIN

Oktober 2017

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Tahap choline kinase dalam sel kanser payudara manusia didapati lebih tinggi berbanding dalam sel epitelium kelenjar payudara manusia biasa. Dalam kajian ini, kita mengkaji potensi ^{18}F -Fluorocholine berbanding ^{18}F -Fluorodeoxyglucose dan korelasi dengan histologi payudara seperti estrogen, progesteron, HER2 dan ekspresi miRNA dan CD47 dalam mengesan kanser payudara.

Dua puluh satu pesakit yang mempunyai kanser payudara utama atau berulang menjalani pemeriksaan ^{18}F -Fluorocholine dan ^{18}F -Fluorodeoxyglucose PET/CT scan. Semua pesakit mempunyai keputusan mammogram Birads 4 atau 5. Hasil keputusan biopsi dan histologi (estrogen, progesteron dan HER2) telah direkodkan. Selain itu ekspresi miRNA-21, miRNA-155 dan CD47 juga telah direkodkan. Analisis kualitatif dibaca oleh pakar nuklear yang berpengalaman menggunakan penemuan biopsi sebagai standard utama.

Terdapat 21 pesakit dengan purata umur 52.82 ± 10.71 tahun. Terdapat signifikasi antara peningkatan ^{18}F -Fluorocholine (2.27 ± 3.19) berbanding peningkatan ^{18}F -Fluorodeoxyglucose (1.74 ± 2.32), $p = 0.004$. Selain itu, terdapat juga signifikasi antara peningkatan ^{18}F -Fluorocholine dengan HER2 -ve dalam nodula limfa (1.98 ± 2.14 , $p = 0.009$) dan metastasis (3.53 ± 3.51 , $p = 0.005$). Malah peningkatan pengambilan ^{18}F -Fluorocholine juga menunjukkan signifikasi dengan ekspresi miRNA-21 dalam nodula limfa (1.81 ± 2.21 , $p = 0.05$) dan metastasis (3.33 ± 3.61 , $p = 0.02$), miRNA-155 dalam nodula limfa (1.47 ± 1.99 , $p = 0.01$) dan CD47 dalam nodula limfa (0.85 ± 0.23). ^{18}F -Fluorocholine juga menunjukkan kepekaan dan sensitifasi yang tinggi (40%, 68.8%) berbanding ^{18}F -Fluorodeoxyglucose (27.3%, 60%). Terdapat juga signifikasi antara ekspresi miRNA-155 dengan penyakit kanser payudara berulang dan bebas dari kanser payudara berulang ($p=0,026$) dan ekspresi HER2-ve ($p = 0.042$).

Dengan ini,kami membuat kesimpulan bahwa peningkatan choline dalam ^{18}F -Fluorocholine menunjukkan bahwa radioaktif ini berpotensi dalam mendeteksi kanker payudara yang agresif dengan korelasi yang kuat dengan ekspresi protein penanda genetik seperti miRNA-155, miRNA-21 dan CD47 dan juga histoimmunokimia daripada HER2-ve.



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I certify that a Thesis Examination Committee has met on 12 October 2017 to conduct the final examination of Shazreen binti Shaharuddin on her thesis entitled "Choline as a Molecular Imaging Biomarker for Assessing Breast Cancer Aggressiveness" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Doctor of Philosophy.

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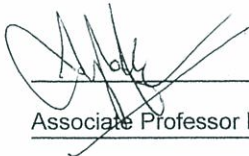


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LIST OF ABBREVIATIONS

BIRADS	Breast Imaging Reporting and Data System
BMI	Body mass Index
CT	Computed Tomography
Cho	Choline
[¹¹ C]	Choline (CHO)
CD47	Cluster of Differentiation 47
CTC	Circulating tumor cells
DCIS	Ductal carcinoma insitu
DMEA	Dimethyethanolamine
erbB2/HER2/her2	Human epidermal growth factor receptor 2
ER/E	Estrogen receptor
FAS	Fatty acids synthase
F - ¹⁸ BrCH ₂ F	F ¹⁸ fluorobromomethane
¹⁸ F- FCH/ FCH	¹⁸ F-Fluorocholine or F-18 Fluoromethylcholine
¹⁸ F-FDG/ FDG	¹⁸ F-Fluorodeoxyglucose
GMP	Good Manufacturing Practice
GPC	Glycerophosphocholine
HCC	Hepatocellular carcinoma
HU	Hounsfield Unit
IACR	International Agency for Research on Cancer
IDC	Invasive ductal carcinoma
IHC	Immunohistochemical
MM	Mammography
MIP	Multiple image projection
MRI	Magnetic Resonance Imaging
MRS	Magnetic Resonance Spectrosopy
miRNA	Micro Ribonucleic Acid
NADPH	Nicotinamide adenine dinucleotide phosphate
NCI	National Cancer Institute
PC	Phosphatidylcholine

PE	Phosphatidylethanolamine
PET/CT	Positron Emission Tomography/Computed Tomography
PR	Progesterone
PrCR	Programmed cell removal
PPAR α	Peroxisome proliferator-activated receptor alpha
ppm	Per million
PPDN	The Centre for Diagnostic Nuclear Imaging
PPUKM	Pusat Perubatan Universiti Kebangsaan Malaysia
ROI	Region of interest
SD	Standard Deviation
SIRP α	Signal-regulatory protein alpha
SPECT	Single photon emission tomography
SPSS	Statistics Package for Social Science Software
SUV _{max}	Standardize Uptake Value maximum
TAC	Time-activity curve
tCho	Total choline containing resonance
TG	Triglycerides
TSP-1	Thrombospondin -1
US	Ultrasound
WHO	World Health Organization.

CHAPTER 1

INTRODUCTION

1.1 Background of the study

1.1.1 Epidemiology of Breast Cancer

According to the International Agency for Research on Cancer (IACR) Globocan of the World Health Organization (WHO) (2012), the mortality rate due to breast cancer had increased from 20,100 deaths in 2008 to 21,700 deaths in 2012. Early detection was shown to increase survival for at least five years for majority of the women. More than 90% of the women diagnosed with breast cancer managed to survive more than 20 years due to early detection and prevention (Zainal et al., 2011).

Worldwide, breast cancer is known as the main cause of death due to various factors including being overweight especially after a woman has reached menopause, prolonged hormone replacement therapy, family history of breast cancer and giving birth to a first child at an older age or have never given birth at all. Apart from these factors, changes in genetic materials such as ERBB2 may also occur as a result of exposure to infections, drugs, tobacco, chemicals and other factors. Cai-Xia et al. (2015) claimed that choline intake can cause development of breast cancer.

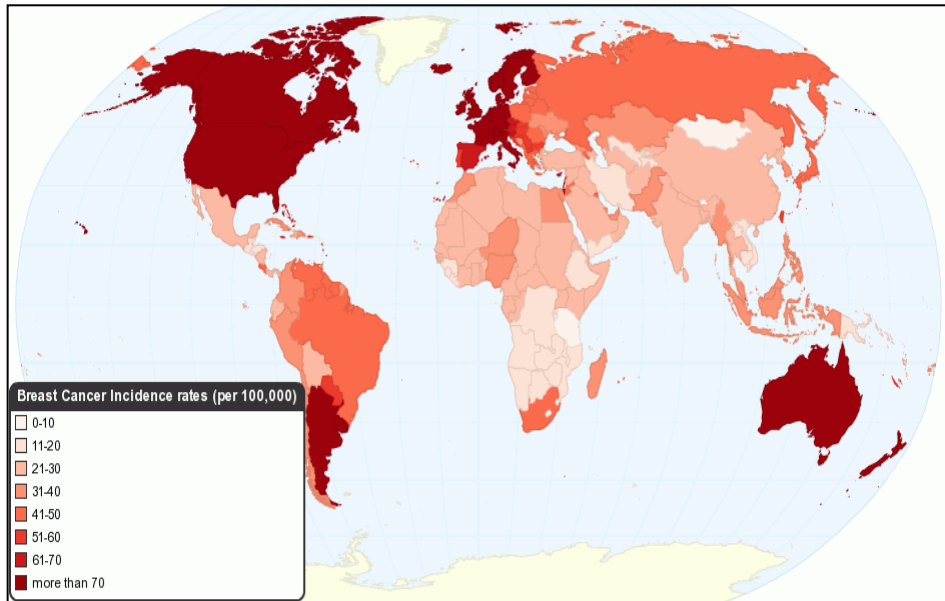


Figure 1.1: Breast Cancer Incidence and Mortality Worldwide (International Agency for Research on Cancer, 2010), GLOBOCAN 2008
 (Source: <http://www.Globocan.Iarc.Fr/Factsheets/Cancers/Breast.Asp.>)

1.1.2 Choline in Breast Cancer

In normal human mammary epithelial cells, the level of choline was found to be much lower compared to the level found in human breast cancer cells (Aoyama et al., 2004). Zhang et al., (2013) found that the progression of breast cancer was due to the high choline intake in one's diet. The progression is caused by both choline transport and phosphorylation found to be augmented in human breast cancer cells (Ramirez et al., 2008). The development of normal human mammary epithelial cells into a malignant phenotype was shown to be associated with an overexpression of choline kinase (CK) that catalyzes the phosphorylation of choline to form phosphocholine, followed by phosphatidylcholine in the tumor cell membranes (Molina et al., 2004). Ramirez et al., (2007) showed that an increase in choline uptake in breast cells with tumor was due to upregulation of choline kinase demand of membrane constituents.

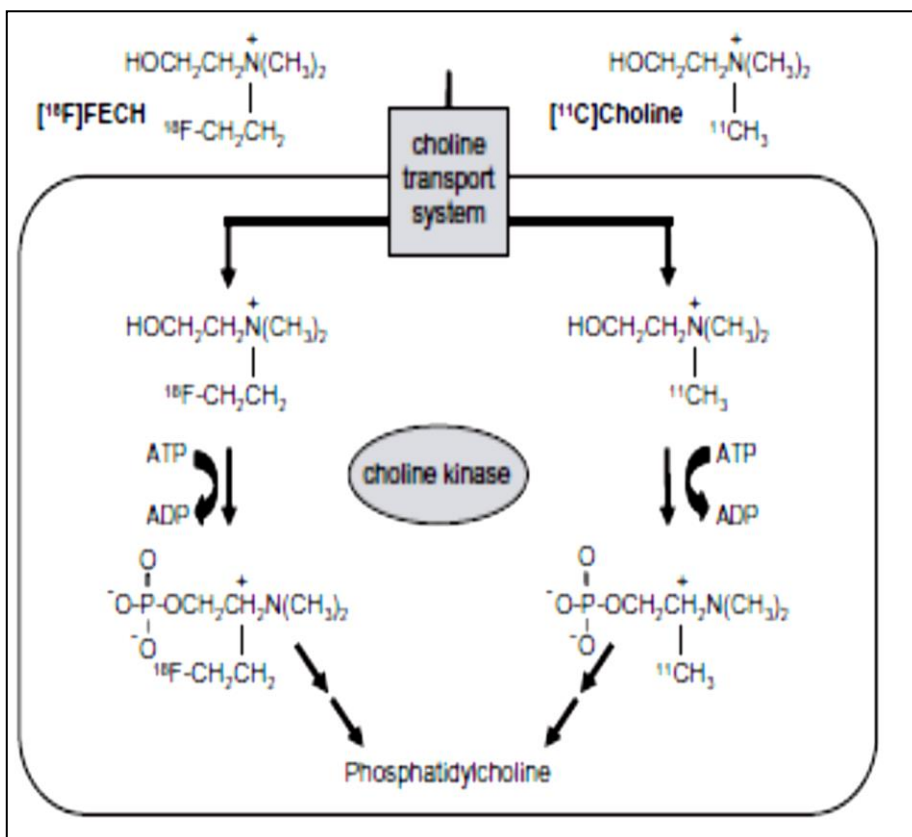


Figure 1.2 : Schematic of (^{18}F) FECH and (^{11}C) choline uptake mechanism. Both tracers are transported into cell via choline transport systems. In the cell, choline kinase catalyzes the phosphorylation of the choline to phosphorylcholine, followed by phosphatidylcholine (Glunde et al., 2011)

1.1.3 Choline and Biochemical

Previous studies showed a unique phenotype of increased choline metabolism in the transition of normal mammary epithelial cells into immortalized, oncogene-transformed and finally, nonmetastatic and metastatic cancer. In Aoyama et al.,(2004) study, a switch from predominantly higher intracellular metabolite levels of glycerophosphocholine (degradation pathway) to predominantly higher phosphocholine levels (biosynthetic pathway) early in cell transformation was observed. Phosphocholine levels then increased progressively and were at the highest levels in breast cancer cells. Further studies by Cao et al.,(2012), showed that in mammary epithelial cells also showed that aberrant increase in phosphocholine metabolite levels was due to overexpression of enzymatic choline kinase- α (Glunde et al., 2004). Cellular phosphocholine and choline kinase activity were regulated by the growth factor receptor-MAPK pathway (Choi et al., 2003), the same pathway that modulates estrogen-independent growth (Ramirez et al., 2007).

1.1.4 The Use of Choline in Human

Choline is a vital nutrient important for the development and functioning of cells, such as cell-membrane signaling (phospholipids), lipid transport (lipoproteins), neurotransmitter synthesis (acetylcholine) and methyl-group metabolism (homocysteine reduction) (Penry et al., 2008). It can be acquired from a dietary source of methyl groups via biosynthesis methylation of phosphatidylethanolamine (PE) to phosphatidylcholine (PC) (Stead et al., 2006). Methylation reactions play an important role in the biosynthesis of lipids and regulation of metabolic pathways (Stead et al., 2006).

Choline can be synthesized through normal metabolism in human. However, the amount taken through daily diets is limited and insufficient. Most of the foods that contain choline are in the form of phosphatidylcholine, known as lecithin. They include wheat germ, broccoli, cauliflower, peanuts, milk, meat, fish, liver and egg yolks, one of the best sources. Egg is a great dietary source for normal metabolism in human as it contains 126mg of choline (Zeisel, 2006). Choline intake of at least 425mg a day for women, 450mg a day for pregnant women and 550mg a day for men and breastfeeding women are recommended by the Institute of Medicine (Li et al., 2008).

Choline intake is important for metabolism, and it helps in reducing the risk of breast cancer. A recent study showed that 24% out of 3,000 adult women showed a reduced risk of developing breast cancer with a high intake of choline compared to women with low choline intake (Xu et al., 2008). A case-control study by the Long Island Breast Cancer Study Project found that high free choline intake lowered the risk of developing breast cancer (Xu et al., 2009). In addition, higher betaine, phosphocholine and free choline intakes also reduced mortality caused by breast cancer.

The dietary choline from foods containing sources of choline are absorbed in the intestines via choline transporters (Li et al., 2008). Li et al. (2008) found that choline is recycled in the liver, and if the supply is low, it will be redistributed back to the liver and brain from the kidney, lung and intestines. Choline will immediately be phosphorylated to phosphocholine upon entry into the cells or oxidised to betaine in some cell types such as hepatocytes (Li et al., 2008). Betaine is used in the donation of methyl groups to homocysteine to form the essential amino acid methionine (Zeisel et al., 2006).

1.1.5 Molecular Imaging and Breast Cancer

Breast cancer is a common cancer in women that develops from the aggressiveness of breast tissues. The progression of breast cancer tissues is due to multifactorial factors such as genetic and hormone replacement—estrogen. Some researchers by Lee et al., (2010) have also found the link between molecular markers and lipid metabolism of the cells. In this regard, choline intake and the development of breast cancer were noted to have underpinned the proliferation of cancer cells (Chiuvé et al., 2007). The level of choline was found to be higher in human breast cancer cells compared to the normal human mammary epithelial cells (Eliyahu et al., 2007). Thus, the development of human

breast cancer was proven to be associated with the overall increase in the content of choline kinase, the enzyme that phosphorylates choline to phosphocholine. Nonetheless, there were yet any substantial data that determine the feasibility of choline as a surrogate marker for breast cancer signaling in cancer diagnosis.

Tumor landscapes are varied, and depending on the orchestration of specific molecular pathways, signaling of its early manifestation could be understood. The conventional ways to signal the metabolic expression of cancers are notably via recognizing glucose intake in the cell (Eliyahu et al., 2007). The altered glycolytic pathways in the cells is when the transport of the glucose is unchecked by the high demand of the ATP production by the cancer cells notwithstanding the glucose analog (Fluorodeoxyglucose-FDG) signaling in cells. However, there are other cellular mechanisms that could be explored such as cellular proliferation, amino acid metabolism and apoptosis in the cellular reprogramming which could potentially determine the aggressiveness of the cancer (Maria et al., 2014). In short, molecular imaging-based radiotracer has been proven to be useful in detecting breast cell trafficking unlike molecular-genetic and radionuclide, which have yet to be determined. Besides that, for enzyme-based imaging or for studying the pharmacokinetic of chemotherapeutic agents, the radiotracer technique predominates. This review highlights the utilization of the molecular imaging techniques in expressing the altered lipid metabolism i.e. choline transport in cells as an index of tumor aggressiveness in breast cancer.

1.1.6 Approaches to In Vivo Molecular Imaging

Nowadays, multimodality imaging techniques such as ultrasound, mammogram, MRI and metabolic imaging such as SPECT and PET/CT are used in the diagnosis of breast cancer (Dorrius et al., 2015). In particular, and by far more common, is the radiotracer imaging of ^{18}F -Fluorodeoxyglucose (FDG) PET/CT, a glucose analogue which enables a non-invasive imaging of the glycolytic metabolism. Nevertheless, the functions of ^{18}F -FDG PET in determining the response to treatment of breast cancer are deemed to poorly specify some of the histological breast cancer types (Groheux et al., 2013). The molecular imaging of FDG has shown a real limitation and enticed the search for a new radiotracer as an alternative to signal for different biological disease processes. Relying on a single tracer approach may hamper diagnostic accuracy in detecting breast cancer.

MRI spectroscopy is also widely used to detect breast cancer by using total choline (Shin et al., 2012). The degree of elevated choline-containing compounds is related to the grade of the tumor; a high level of choline indicates malignant lesions while a low level of choline indicates benign or normal breast tissues (Jacobs et al., 2010). However, pseudo lesions are sometimes detected because the uptake by benign lesions and normal mammary gland is enhanced thus, slightly reducing the specificity of breast MRI. As there are some limitations in the detection or evaluation of the extent of those small lesions which frequently show a low uptake in the PET/CT alone, a combination of PET and MRI may provide a good quality and an improvement in diagnostic performance and response of tumor to target therapy.

1.1.7 Cellular Targets and Genetic Profiling

Breast cancer develops in most women worldwide due to various morphologic features, especially from a group of molecularly distinct neoplastic disorder (Li et al., 2010). Breast carcinoma can be categorized according to the gene expression based on intrinsic classification such as luminal A, luminal B, human epidermal growth factor receptor 2 (HER2), basal-like subtype and normal breast-like. Besides these, the histologic markers of the estrogen and progesterone hormones are also useful in detecting the prognosis of breast cancer.

Several studies have proven that genetics are also responsible for the development of breast cancer. miRNAs are suitable genetic markers that act as oncogenic and tumor suppressors (Si et al., 2013). miRNA-21 is a protein genetic that plays a role in proper cell cycle progressions and regulations of apoptosis (Si et al., 2013). The expression of miRNA provides vital diagnostic information in tumor specific patterns in determining the effectiveness of prevention and treatment of cancer (Huimin et al., 2015). Mar-Aguilar et al. (2013) claimed that miRNA has the potential to be used as the biomarkers for evaluating breast cancer due to the stability of serum and plasma in human.

Recent studies by Lee et al., (2014) have found that CD47 (Cluster of Differentiation 47) expression is useful in detecting the progression of breast tumors. CD47 is a transmembrane protein involved in a range of cellular processes including proliferation, adhesion, migration and apoptosis. CD47 also plays a role in angiogenic responses by enabling cancer cells to avoid destruction by macrophages and promote further mitotic proliferation. In various human cancers, CD47 expression is required to eliminate and avoid innate immune surveillance by phagocytosis (Paola et al., 2017). In breast cancer, carcinogenicity may promote CD47-SIRPA cell signaling system in the bone marrow and in peripheral blood thus, possibly promoting the presence of cancer-specific microenvironmental areas that support micrometastasis. One study showed that critical microenvironmental stimulus in progression of breast cancer induced by expression of CD47 led to a decrease of phagocytosis of cancer cells by macrophages and induction of the breast cancer phenotype, which promotes cancer aggressiveness and mortality (Huimin et al., 2015). Nevertheless, CD47's association with choline metabolism is yet to be known.

1.2 Problem Statement and Justification

The number of breast cancer cases which is common among women is expected to rise. In 2012 alone, 1.67 million new breast cancer cases were diagnosed (Ferlay et al., 2013). Although early diagnosis is important in preventing breast cancer from worsening, detecting breast cancer is currently done through invasive procedures (i.e. biopsy and histology) and non-invasive procedures (ultrasound, mammography and magnetic resonance imaging (MRI) that have been used as diagnostic tools for several years). These conventional techniques, however, have been implicated in inaccuracies in diagnosing breast cell malignancy (Tozaki et al., 2010). The use of well FDG marker in PET-CT as a popular molecular imaging technique is also deemed to lead to poor

diagnostic dilemma. ^{18}F -FDG PET-CT is insensitive in detecting a malignant breast cell types i.e. lobular carcinoma aside from the small volume lesion which shows a low uptake of ^{18}F -FDG on PET/CT image. Since the number of breast cancer patients continues to increase over the years, a single tracer approach may hamper diagnostic accuracy in detecting breast cancer. Therefore, the search for a new and novel molecular imaging marker in signaling tumor aggressiveness on the lipid metabolism exploiting choline cellular pathway cellular could potentially become a new surrogate marker for cancer aggressiveness.

A study related to fluorocholine in breast cancer showed limited result because of the small number of subjects (Damita et al., 2011). The choline marker has by far been used to signal prostate cancer (Schwarzenbock et al., 2012) with promising roles in influencing patient management. Therefore, its role could be potentially coupled with FDG marker in improving accuracy of detection which would lead to a better prognosis of the disease by improving the selection of patient taking specific treatment plans. The correlation of these molecular imaging markers FCH and FDG is yet to reveal their association with genetic profiling. The importance of genetic markers i.e. miRNA and CD47 would serve as a strong epigenetic basis as the new surrogate marker in the expression of cells tumor and the potentials of potent correlative markers to the cell membrane and glucose metabolism cellular reprogramming (Shigemasa et al., 2012).

This study explored all these molecular imaging of choline via multiparametric imaging modalities in its effort to provide new insights on the new standard of diagnosing aggressive breast cancer cells. This study aimed at determining whether choline signaling could potentially be used as an adjunct to the FDG (glucose) signaling in the evaluation of breast cancer. The choline radiotracer of ^{18}F -Fluorocholine (FCH) for cancer with choline-derived cellular activation has yet to be known; hence, this is a pioneer study looking at the emergence of new and novel molecular markers in the management and prevention of breast cancer. The exploitation of choline tracer strategy for staging and therapeutic response in breast cancer could promise a novel and potential role in breast cancer imaging.

1.3 Objectives

General Objective:

The aim of this study was to investigate the potential expression of choline as a molecular marker in signaling patients with breast cancer.

Specific Objectives were:

1. To assess the pharmacokinetic and dynamic of ^{18}F -FCH SUV_{max} uptake in detecting breast cancer.
2. To assess the ability of a dual tracer of ^{18}F -Fluorocholine (^{18}F -FCH) as compared to ^{18}F -Fluorodeoxyglucose(^{18}F -FDG) in detecting breast cancer.

3. To assess the ability of ^{18}F -FCH uptake values in detecting clinically aggressive histological phenotype in patients with receptor status of progesterone (PR), estrogen receptor(ER) and human epidermal growth factor receptor 2 (HER2) in breast cancer.
4. To evaluate the expression of CD47 and miRNA with the altered choline metabolism on ^{18}F -FCH PET/CT in breast cancer patients.



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