



UNIVERSITI PUTRA MALAYSIA

PROTEIN EXPRESSION OF TGF- β , SMAD2 AND RUNX3 IN NORMAL STOMACH, CHRONIC GASTRITIS AND GASTRIC ADENOCARCINOMA

AHMAD ZHARIF ISMAIL

FPSK(M) 2016 18



PROTEIN EXPRESSION OF TGF- β , SMAD2 AND RUNX3 IN NORMAL STOMACH, CHRONIC GASTRITIS AND GASTRIC ADENOCARCINOMA

By

AHMAD ZHARIF ISMAIL

**Thesis Submitted to the School of Graduate Studies, Universiti Putra
Malaysia, in Fulfilment of the Requirements for the Degree of
Master of Science**

January 2016

COPYRIGHT

All material contained within the thesis, including without limitation text, logos, icons, photographs and all other artwork, is copyright material of Universiti Putra Malaysia unless otherwise stated. Use may be made of any material contained within the thesis for non-commercial purposes from the copyright holder. Commercial use of material may only be made with the express, prior, written permission of Universiti Putra Malaysia.

Copyright © Universiti Putra Malaysia



**Specially dedicated to
My parents, sisters, brothers and
the scientific community who have endured a never ending journey
in pursuit of scientific and medical knowledge and progress.**



,Abstract of the thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Master of Science

PROTEIN EXPRESSION OF TGF- β , SMAD2, AND RUNX3 IN NORMAL STOMACH, CHRONIC GASTRITIS AND GASTRIC ADENOCARCINOMA

By

AHMAD ZHARIF ISMAIL

January 2016

Chair : Hairuszah Ithnin, MD, MPATH, FAMM
Faculty : Medicine and Health Sciences

Though recorded as 7th most common type of cancer worldwide, gastric cancer ranked 2nd for the highest mortality rate for cancer related cases. With medical evidences that supported higher curability chances should tumor were detected in earlier initial stages, current medical technology development to facilitate early detection of gastric cancer remain infeasible and costly. Thus discovery of biomarker that is concurrently altered from normal physiological condition in tumor progression would be an ideal solution to address the problem. This study focuses on controversial pleiotropic protein expression, TGF- β and its downstream associated products Smad2 and RUNX3 in samples that represent stages of multistep tumorigenesis. A total of 162 tissue samples in the form of formalin fixed paraffin embedded (FFPE) were employed. Out of these, 57 were screened negative for any pathological symptoms (normal), 23 *Helicobacter pylori* associated chronic gastritis, 42 non *Helicobacter pylori* chronic gastritis and 40 gastric adenocarcinoma tissues. Through semiquantitative score immunostaining, decreasing percentage of TGF- β 1 immunostaining positive were detected from normal (49.1%) to chronic gastritis (24.6%) and adenocarcinoma (17.5%) samples. These alterations were proven to be statistically significant with p values less than 0.05 at every successive stages. SMAD2 however expressed inverse relation in which samples with strongly positive immunostain increases from 5.3% in normal to 7.7% in chronic gastritis and 16.2% in gastric adenocarcinoma. In spite of these increment, unlike samples stain for TGF- β , only one pair of group (normal, chronic gastritis) showed significant increment for 2 paired Mann Whitney test. In addition, no correlation of TGF- β - SMAD2 expression tested in the same samples were found using Spearman correlation test. For RUNX3 we report negative expression on all types of gastric tissues amidst some positive lymphocytes stain present in certain number of samples. For these significant changes of TGF- β and SMAD2 expression from normal gastric to inflamed conditions, we report that these proteins could become potential inflammatory biomarkers in conclusion to this study.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia
sebagai memenuhi keperluan untuk Ijazah Master Sains

**EKSPRESI PROTEIN TGF- β , SMAD2, DAN RUNX3 DALAM GASTRIK
NORMAL, GASTRITIS KRONIK DAN GASTRIK ADENOKARSINOMA**

Oleh

AHMAD ZHARIF ISMAIL

Januari 2016

Pengerusi : Hairuszah Ithnin, MD, MPATH, FAMM
Fakulti : Perubatan dan Sains Kesihatan

Walaupun direkodkan menduduki tempat ke-7 sebagai insiden kanser paling kerap berlaku, kanser gastrik mencatatkan rekod ke-2 tertinggi kematian bagi kes yang melibatkan penyakit kanser. Dengan bukti-bukti kajian perubatan yang menyokong kadar keberhasilan rawatan adalah lebih tinggi sekiranya kanser dikesan pada peringkat awal, teknologi perubatan terkini bagi pengesanan kanser pada tahap awal masih berada pada tahap kurang praktikal dan berkost tinggi. Oleh itu penemuan biomarker yang mengalami perubahan sifat selari dengan penyimpangan fisiologi normal dalam proses perkembangan tumor adalah penyelesaian yang ideal bagi permasalahan ini. Kajian ini menumpukan ekspresi protein yang bersifat pleiotropik, TGF- β serta protein-protein isyarat bawahannya, SMAD2 dan RUNX3 di dalam sampel yang mewakili peringkat-peringkat dalam proses perkembangan tumor (tumorigenesis). Sejumlah 162 sampel tisu yang diproses dalam bentuk *formalin fixed paraffin embedded* (FFPE) digunakan. Daripada jumlah ini, 57 telah disahkan negative daripada sebarang symptom patologi (normal), 23 disahkan gastritis kronik berkait dengan *Helicobacter pylori*, 42 gastritis kronik bebas *Helicobacter pylori* dan 40 tisu adenokarsinoma gastrik. Melalui kaedah skor separa kuantitatif *immunostain*, penurunan peratus immunostain positif bagi TGF- β 1 dikesan dari sampel normal (49.1%), gastritis kronik (24.6%) dan adenokarsinoma (17.5%). Perubahan ini dibuktikan signifikan melalui analisa statistik dengan nilai p kurang daripada 0.05 pada setiap peringkat perkembangan. Walaubagaimanapun ekspresi SMAD2 adalah berlawanan kerberkaitan di mana sampel yang menunjukkan tahap positif tinggi meningkat dari sampel normal (5.3%) kepada gastritis kronik (7.7%) dan gastrik adenokarsinoma (16.2%). Sungguhpun mencatatkan peningkatan peratusan, hanya satu pasang kumpulan (normal, gastritis kronik) menunjukkan peningkatan signifikan berdasarkan ujian berpasang Mann Whitney. Tambahan pula, tiada sebarang korelasi ekspresi TGF- β - Smad2 dikesan apabila diuji dalam sampel sama menggunakan ujian korelasi Spearman. Bagi RUNX3, kajian mendapati kesemua jenis tisu gastrik menunjukkan ekspresi negatif walaupun terdapat segelintir sel limfosit yang menunjukkan kesan positif dalam sesetengah sampel. Sebagai

kesimpulan, disebabkan perubahan signifikan dalam ekspresi TGF- β dan SMAD2 dari keadaan normal kepada keradangan, kami laporkan bahawa protein-protein ini berpotensi untuk dijadikan *biomarkers* bagi mengesan keradangan.



ACKNOWLEDGEMENTS

I would first like to express and count my blessings to the Almighty Allah for granting me the strength and patience while enduring the process of completing this research.

To my board of advisors for making this project come true, Professor Dr. Hairuszah Ithnin, Dr. Huzlinda Hussin, Dr. Herni Talib. I would also like to thank my senior labmates; Nurulhafizah Samsudin, Tay Tan Chow and staffs at histopathology lab particularly Mrs Juita Chupri, Mrs Normah Ibrahim and Ms Zamzarina. On advice and technical consultation of the nature of Transforming Growth Factor Beta Signaling pathway, I would also like to dedicate this work to Dr. Luuk Hawinkels from Leiden University Medical Centre, Netherland for offering me guidance. To my former lecturer in University of Malaya, Professor Dr. Zulqarnain Mohamed, thank you for being a mentor and aspiring me to become a good researcher and writer since my days of being an undergraduate. For statistical analysis and data interpretation, it is befitting to give credits to a friend, Amir Husaini for assisting the project.

I certify that a Thesis Examination Committee has met on 28 January 2016 to conduct the final examination of Ahmad Zharif bin Ismail on his thesis entitled "Protein Expression of TGF- β , SMAD2 and RUNX3 in Normal Stomach, Chronic Gastritis and Gastric Adenocarcinoma" 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 Master of Science.

Members of the Thesis Examination Committee were as follows:

Eusni Rahayu binti Mohd Tohit, MD, MPath

Senior Lecturer
Faculty of Medicine and Health Science
Universiti Putra Malaysia
(Chairman)

Norhafizah binti Mohtarrudin, MD, MPath

Associate Professor
Faculty of Medicine and Health Science
Universiti Putra Malaysia
(Internal Examiner)

Noraidah Masir, PhD, MPath

Professor
National University of Malaysia
Malaysia
(External Examiner)



ZULKARNAIN ZAINAL, PhD

Professor and Deputy Dean
School of Graduate Studies
Universiti Putra Malaysia

Date: 21 April 2016

This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Master of Science. The members of the Supervisory Committee were as follows:

Hairuszah Ithnin, MD, MPath, FAMM

Professor

Faculty of Medicine and Health Science

Universiti Putra Malaysia

(Chairman)

Huzlinda Hussin, MD, MPath, AMM

Senior Medical Lecturer

Faculty of Medicine and Health Science

Universiti Putra Malaysia

(Member)

BUJANG BIN KIM HUAT, PhD

Professor and Dean

School of Graduate Studies

Universiti Putra Malaysia

Date:

Declaration by graduate student

I hereby confirm that:

- this thesis is my original work;
- quotations, illustrations and citations have been duly referenced;
- this thesis had not been submitted previously or concurrently for any other degree at any other institutions;
- intellectual property from the thesis and copyright of thesis are fully-owned by Universiti Putra Malaysia, as according to the Universiti Putra Malaysia (Research) Rules 2012;
- written permission must be obtained from supervisor and the office of Deputy Vice-Chancellor (Research and Innovation) before thesis is published (in the form of written, printed or in electronic form) including books, journals, modules, proceedings, popular writings, seminar papers, manuscripts, posters, lecture notes, learning modules or any other materials as stated in the Universiti Putra Malaysia (Research) Rules 2012;
- there is no plagiarism or data falsification/fabrication in the thesis, and scholarly integrity is upheld as according to the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) and the Universiti Putra Malaysia (Research) Rules 2012. The thesis has undergone plagiarism detection software.

Signature: _____ Date: _____

Name and Matric No.: Ahmad Zharif Bin Ismail, GS32084

Declaration by Members of Supervisory Committee

This is to confirm that:

- the research conducted and the writing of this thesis was under our supervision;
- supervision responsibilities as stated in the Universiti Putra Malaysia (Graduate Studies) Rules 2013 (Revision 2012-2013) are adhered to.

Signature: _____
Name of
Chairman of
Supervisory
Committee: Professor Hairuszah Ithnin, MD, MPath, FAMM

Signature: _____
Name of
Member of
Supervisory
Committee: Dr. Huzlinda Hussin, MD, MPath, AMM

TABLE OF CONTENTS

	Page
ABSTRACT	i
ABSTRAK	ii
ACKNOWLEDGEMENTS	iv
APPROVAL	v
DECLARATION	vii
LIST OF TABLES	xii
LIST OF FIGURES	xiv
LIST OF APPENDICES	xv
LIST OF ABBREVIATIONS	xvi
CHAPTER	
1 INTRODUCTION	1
1.1 Background	1
1.2 Problem Statement	2
1.3 Research Objectives	3
1.4 Research Hypothesis	3
1.5 Conceptual Framework	4
1.6 Significance of Study	5
2 LITERATURE REVIEW	6
2.1 Anatomy and Physiology of the Stomach	6
2.1.1 Macroscopy	6
2.1.2 Microscopy	8
2.2 Gastric Cancer	8
2.3 Epidemiology and Risk Factors	10
2.3.1 Age and Gender	10
2.3.2 <i>H. pylori</i> Infection	10
2.3.3 Lifestyle and Environmental Factors	11
2.4 Aetiology and Pathogenesis	12
2.5 Relevance of Biomarker and Targeted Molecular Therapy	15
2.5.1 TGF- β : General Introduction	15
2.5.2 Classical Pathway Model of Canonical TGF- β Signaling Activation	17
2.5.3 Aberrant of TGF- β Expression in Carcinogenesis	19
2.5.4 Aberrant of SMAD2 Expression in Carcinogenesis	20
2.5.5 Aberrant of RUNX3 Expression in Carcinogenesis	20
3 MATERIALS AND METHODS	22
3.1 Research Ethical Approval	22
3.2 Sample Collection	22
3.3 Ideal Sample Size Calculation	23
3.4 Laboratory Procedures	24

6	CONCLUSIONS AND FUTURE RECOMMENDATIONS	57
6.1	Conclusions	57
6.2	Future Recommendations	58
	REFERENCES	59
	APPENDICES	71
	BIODATA OF STUDENT	79
	PUBLICATION	80



3.4.1	Tissue Preparation	24
3.4.2	Standard H&E Protocol	25
3.4.3	Standard Immunohistochemistry	25
3.5	Statistical Analysis	30
3.6	Definition of Study Variables	31
3.7	Flow Chart of Work	31
4	RESULTS	32
4.1	Samples Analysis and Classification	32
4.2	TGF- β 1 Immunohistochemical Analysis	33
4.2.1	Analysis of TGF- β 1 expression across gastric tissues	33
4.2.2	Correlation of TGF- β 1 Scores Among Groups	35
4.2.3	Association of TGF- β 1 Expression With Demographic Parameters	37
4.3	SMAD2 Immunohistochemical Analysis	38
4.3.1	Analysis of SMAD2 expression across gastric tissues	38
4.3.2	Correlation of SMAD2 Scores Among Groups	40
4.3.3	Association of SMAD2 Expression with Demographic Parameters	42
4.4	RUNX3 Immunohistochemical Analysis	42
4.4.1	Analysis of RUNX3 protein expression across gastric tissues	42
4.5	Comparison of TGF- β 1/SMAD2 Expression in Signalling Pathway	44
5	DISCUSSION	45
5.1	Analysis of TGF- β 1 Expression	45
5.1.1	Analysis of TGF- β 1 Expression in Gastric Cancer	45
5.1.2	Outcome Analysis Effects of TGF- β 1 Expression in Cancer Tissues	46
5.1.3	Analysis of TGF- β 1 Expression in Chronic Gastritis	47
5.1.4	Outcome Analysis Effects of TGF- β 1 Expression in Gastritis Tissues	48
5.2	Analysis of SMAD2 Expression	48
5.2.1	Analysis of SMAD2 Expression in Gastric Cancer	48
5.2.2	Outcome Analysis Effects of SMAD2 Expression in Cancer Tissues	49
5.2.3	Analysis of SMAD2 Expression in Chronic Gastritis	51
5.2.4	Outcome Analysis Effects of SMAD2 Expression in Chronic Gastritis	52
5.3	Analysis of RUNX3 Expression	53
5.4	Correlation of TGF- β 1 and SMAD2 Expression in Signaling Pathway	55

LIST OF TABLES

Table		Page
2.1	Ideal tumor marker characteristics	15
2.2	Classes of Smad proteins	19
3.1	Commonly used values for C_{power}	23
3.2	Semi-quantitative scoring system for immunoreactivity analysis of TGF- β 1	27
3.3	Semi-quantitative scoring system for immunoreactivity analysis of SMAD2	28
3.4	Semi-quantitative scoring system for immunoreactivity analysis of RUNX3	30
4.1	Classification breakdown of collected sample (n= 162)	32
4.2	Class expression of TGF- β 1 across group samples	33
4.3	Descriptive statistical parameters of TGF- β 1 expression	35
4.4	Paired and aggregate group tests for TGF- β 1 expression	36
4.5	Paired group test for TGF- β 1 expression in types of chronic gastritis and adenocarcinoma samples	37
4.6	Mean rank scores of TGF- β 1 expression in diffuse and intestinal type adenocarcinoma	37
4.7	Correlation of TGF- β 1 expression and demographic data	37
4.8	Class expression of SMAD2 across group samples	38
4.9	Descriptive statistical parameters of SMAD2 expression	40
4.10	Paired and aggregate group tests for SMAD2 expression	41
4.11	Paired group test SMAD2 expression in types of chronic gastritis and adenocarcinoma samples	41
4.12	Mean rank scores of SMAD2 expression in diffuse and intestinal type adenocarcinoma	42
4.13	Correlation of SMAD2 expression and demographic data	42

4.14	TGF- β 1-SMAD2 correlation expression	44
5.1	Mean values comparison of Fukui <i>et. al</i> , 2011 pSmad2/3L (Threonine) tissue expression to nuclear SMAD2 expression	51



LIST OF FIGURES

Figure		Page
1.1	Conceptual framework of the study	4
2.1	Anatomy of the stomach	7
2.2	Haematoxylin and eosin (H&E) stain of gastric adenocarcinoma	9
2.3	General histological features of chronic gastritis	13
2.4	Multistep progression model of gastric cancer and contributing factors	14
2.5	Synthesis and activation of TGF- β	16
2.6	Schematic diagram of TGF- β canonical pathway	18
3.1	Immunohistochemical reference for TGF- β 1	27
3.2	Immunohistochemical reference for SMAD2	29
3.3	Flow chart of research methods	31
4.1	Immunohistochemical expression of TGF- β 1 across gastric tissue samples	34
4.2	Boxplot of TGF- β 1 expression	36
4.3	Immunohistochemical expression of SMAD2 across gastric tissue samples	39
4.4	Boxplots of SMAD2 expression	41
4.5	Immunohistochemical expression of RUNX3	43
4.6	Comparison of TGF- β 1 and SMAD2 expression of similar samples	44
5.1	Schematic representation of pSmad2 isoforms	51
5.2	Tumor-suppressive and carcinogenic pathways associated to phosphorylation status of Smad proteins in multistep hepatocellular carcinoma (HCC) model	52
5.3	Molecular profile of RUNX3 protein retrieved from Uniprot database	54
5.4	RUNX3 immunostain results of other researchers	55

LIST OF APPENDICES

Appendix		Page
A1	Ethics Approval	71
A2	Ethics Approval	72
B1	Solutions and Reagents for Immunohistochemistry	73
B2	A Consumer's Review on Abcam R3-5G4	74
B3	Descriptive Statistical Parameters for TGF- β 1 Score	75
B4	Descriptive Statistical Parameters for SMAD2 Score	76
B5	Online Troubleshooting with another researcher	77
B6	Genetex TGF- β 1 Antibody Product's Info	78

LIST OF ABBREVIATIONS

μm	Micrometer
CagA	<i>Cytotoxin-associated gene A</i>
CIC	Cancer-initiating cells
C_{power}	Constant defined by chosen P value and power
CRC	Clinical Research Centre
CTGF	Connective tissue growth factors
DAB	3,3'-Diaminobenzidine
DNA	Deoxyribonucleotide acid
EGJ	Esophagogastric junction
FDA	Food and Drug Administration
FFPE	Formalin-fixed paraffin embedded
GIST	Gastrointestinal stromal tumor
HIER	Heat induced epitope retrieval
hTERT	Human telomerase reverse transcriptase
IARC	International Agency for Research on Cancer
<i>IL</i>	<i>Interleukin</i>
iNOS	Inducible nitric oxide synthases
LAP	Latent associated protein
LLC	Large latent complex
LOH	Loss of heterozygosity
LTBP	Latent TGF- β binding protein
MH	Mad homology
MHC	Major Histocompatibility Complex
NIH	National Institute of Health
RUNX	Runt-related transcription factor
SARA	SMAD Anchor for Receptor Activation
SLC	Small latent complex

TBS	Tris-Buffered Saline
TGF- β	Transforming Growth Factor Beta
<i>TNF</i>	<i>Tumor necrosis factor</i>
VacA	Vacuolating cytotoxin
VEGF	Vascular endothelial growth factor
WHO	World Health Organization
HCC	Hepatocellular carcinoma



CHAPTER 1

INTRODUCTION

1.1 Background

Tumor or neoplasm refers to progeny of cells derived from a single faulty cell with the potential to proliferate indefinitely. Successive proliferation of these cells would later give the ability to invade surrounding tissues, a phenomenon commonly termed as metastasis (Kinzler and Vogelstein, 2002). Tumor classifications are term in accordance to the origin site of development: epithelial origin (carcinoma), mesenchymal origin (sarcoma) and hematopoietic (lymphoma). Process of tumor formation (tumorigenesis) has been outlined classically to develop in a multistep manner on both histological and molecular level. At histological level, tumor progresses from normal, to neoplastic precursors which includes metaplasia and dysplasia before setting into neoplastic condition (Cohen, 2002) while at molecular level, tumorigenesis are arranged in particular sequence: initiation, promotion and progression (Becker *et al.*, 2006).

An epidemiology report of the World's Health Organization (WHO) in 2012, documented gastric cancer as third most common cancer types (Stewart and Wild, 2014). Distinct pattern of gastric cancer incidents show differences in accordance to geographic distribution where Asian countries were recorded to have the highest rate of incidence in comparison to their western counterparts. In terms of gender and age, male individuals make up twice to the number of female patients and elderly are at higher risk (Hohenberger and Gretschel, 2003). Due to its unapparent nature of symptoms manifestation in early development stages, mortality rate continues to rise hence further complicates management of the disease. Therefore effective detection method is crucial as invasive surgery such as endoscopy for early screening is costly and labor intensive. For local cases in Malaysia, Kandasami *et al.*, 2003 reported that 82% of gastric cancer cases in Malaysia were diagnosed at the final stage which translates into poor prognosis for curability.

One potential alternative approach to such issue is to search for suitable biomarkers where molecular causes for a particular tumorigenic pathology are discerned and applied for clinical detection, therapy and monitoring. Unlike malignancy of hematopoietic origin (lymphoma) where tumor samples are readily extracted from peripheral blood, selection and clinical application of ideal tumor biomarkers for solid tumors impose several challenges. One such challenge is obtaining additional tissue samples post treatment for tumor progression assessment (Sanders, 2008). Therefore conventional method of withdrawing tumor would heavily rely on random sampling of rare

circulating tumor cells in peripheral blood where serum has to be withdrawn in high volume for tumors to be detected efficiently (Shaffer *et al.*, 2007; Cristofanilli *et al.*, 2004). Furthermore the high risk of cancer gaining upper hand of metastasis and progressed to advanced stages defeat the purposes for early detection of biomarkers. Alternative to tumour cells sampling, profiling molecular composition (cytokines, hormones) alteration concomitant to carcinogenesis offers promising hope in search for potential biomarker candidate.

Transforming growth factor beta (TGF- β) have been extensively studied to have pleiotropic functions exhibiting both tumor suppressive and pro-oncogenic features at both extreme microenvironments; normal and tumor (Elliott and Blobe, 2005; Wakefield and Roberts, 2002). However not many study are done on its role in intermediate stages of multistep tumor progression model. In this study, gene products associated to TGF- β and two other downstream signaling molecules expressions will be studied. Expression and prognosis on each stage (normal tissues, inflamed tissues and tumor tissues) of tumor progression model are postulated based on established literatures. For example, by enumerating normal tissue samples expression of TGF- β as basal expression, tumors are expected to gain upper hand in malignancy if higher TGF- β expression is detected in tumor group samples. In intermediate grey stages such as chronic gastritis, conclusion can be drawn based on statistical analysis correlation, as to whether group of chronic gastritis samples have higher statistical expression correlation to tumor or normal sample group. Concurrently, distinct expression or deviations from normal group expression of any TGF- β -associated downstream proteins such as SMAD2 and RUNX3 render potentiality as biomarker candidate for tumor detection.

1.2 Problem Statement

Due to its nature of unapparent symptoms, current technologies for detecting early formation of gastric cancer are limited to costly and invasive endoscopic procedure. With identification of potential biomarkers, hindrance of such problem is expected to be alleviated for improved disease management in early detection. Exhibiting opposing roles in both extreme phases in multistep tumorigenesis model, TGF- β and its downstream associated products including SMAD2 and RUNX3, documented to have underpinning roles in carcinogenesis are potential candidates for predicting onset of tumor formation.

1.3 Research Objectives

General Objective

To determine difference in expression of TGF- β signaling pathway and postulate its effects in gastric oncogenesis as potential future biomarker study.

Specific Objectives

1. To determine the expression of TGF- β 1, SMAD2 and RUNX3 protein in normal stomach, chronic gastritis and gastric adenocarcinoma by immunohistochemistry.
2. To correlate the expression of TGF- β 1, SMAD2 and RUNX3 protein within samples of normal stomach, chronic gastritis and gastric adenocarcinoma.
3. To correlate the expression of TGF- β 1, SMAD2 and RUNX3 protein in chronic gastritis which includes (*H. pylori* and non *H. pylori*) and intestinal and diffuse for adenocarcinoma.
4. To correlate the expression of TGF- β 1, SMAD2 and RUNX3 with demographic factors in normal stomach, chronic gastritis and gastric adenocarcinoma.

1.4 Research Hypothesis

1. TGF- β 1 and its downstream proteins; SMAD2 and RUNX3 expression is detected in normal, chronic gastritis and gastric adenocarcinoma.
2. TGF- β 1 and its downstream proteins; SMAD2 and RUNX3 should demonstrate significant difference of expression in normal, chronic gastritis and gastric adenocarcinoma.
3. TGF- β 1, SMAD2 and RUNX3 expressions are observed in types of *H. pylori* and non *H. pylori* gastritis and diffuse and intestinal adenocarcinoma samples.
4. TGF- β 1, SMAD2 and RUNX3 profile expression vary according to demographic factors.

1.5 Conceptual Framework

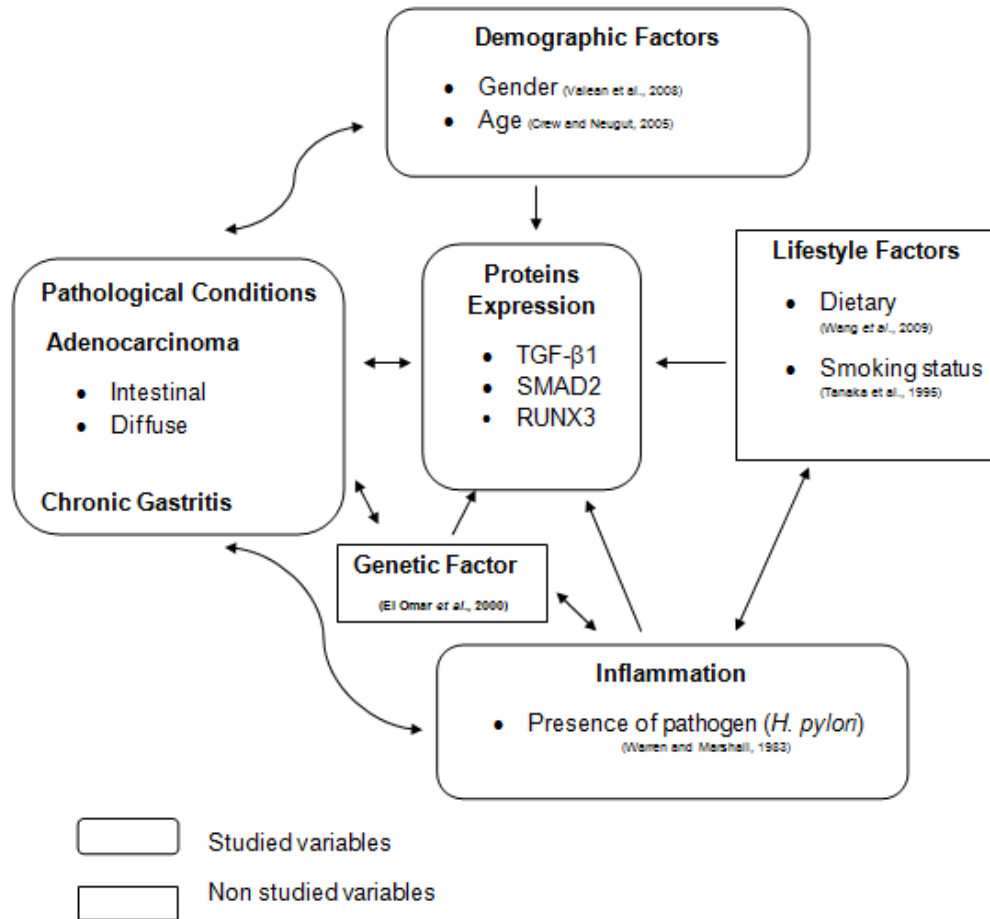


Figure 1.1 Conceptual framework of the study

1.6 Significance of study

Though there have been reports of sluggish growth of biomarker discovery for novel, reliable clinical application (Rifai *et al.*, 2006), researchers have maintained optimistic of this field for the refinements made in techniques of study and technological advances achieved. One of the proven effective ways suggested for enhancing the reliability (specificity and sensitivity) of biomarkers for detecting onset of pernicious pathological conditions is to employ markers in set of panels rather than singling to just one for clinical setting (Mor *et al.*, 2005; Xiao *et al.*, 2005).

Despite all these hurdles on unraveling the potential mysteries, to date there are few established Food and Drug Administration, FDA-approved biomarkers used for early detection of plethora of cancers with varying specificity and sensitivity with none has yet to be developed for gastric cancer (Polanski and Anderson, 2007). Though this study does not delve into detail of biomarkers expression in blood plasma or other convenient sites for test sampling for clinical feasibility, it is hoped that the findings of *in situ* gastric expression would provide the preliminary step towards developing the goal.

REFERENCES

- Allen, A. and Garner, A. (1980). Mucus and bicarbonate secretion in the stomach and their possible role in mucosal protection. *Gut*, 21(3), 249-262.
- Annes, J. P., Munger, J. S. and Rifkin, D. B. (2003). Making sense of latent TGF β activation. *Journal of Cell Science*, 116, 217-224.
- Balkwill, F. and Mantovani, A. (2001). Inflammation and cancer: back to Virchow?. *Lancet*, 357(9255), 539-545.
- Becker, W. M., Kleinsmith, L. J., and Hardin, J. (2006). *The World of Cell*. San Fransisco: Benjamin Cummings.
- Beswick, E. J., Pinchuk, I. V., Earley, R. B., Schmitt, D. A. and Reyes, V. E. (2011). Role of Gastric Epithelial Cell-Derived Transforming Growth Factor β in Reduced CD4⁺ T Cell Proliferation and Development of Regulatory T Cells during *Helicobacter pylori* Infection. *Infection and Immunity*, 79(7), 2737–2745.
- Bodger, K. and Crabtree, J. E. (1998). *Helicobacter pylori* and gastric inflammation. *British Medical Bulletin*, 54(1), 139-150.
- Bodmer, S., Strommer, K., Frei, K., Siepl, C., de Tribolet, N., Heid, I., and Fontana, A. (1989). Immunosuppression and Transforming Growth Factor-Beta in Glioblastoma. Preferential Production of Transforming Growth Factor-Beta 2. *The Journal of Immunology*. 143, 3222-3229.
- Cao, Y., Chen, L., Zhang, W., Liu, Y., Papaconstantinou, H. T., Bush, C. R., et al. (2007). Identification of apoptotic genes mediating TGF-beta/Smad3-induced cell death in intestinal epithelial cells using a genomic approach. *Am J Physiol Gastrointestinal and Liver Physiology*, 292(1), 28-38.
- Carl-McGrath, S., Ebert, M. and Röcken, C. (2007). Gastric adenocarcinoma: epidemiology, pathology and pathogenesis. *Cancer Therapy*, 5, 877-894.
- Carneiro, F., Seixas, M. and Sobrinho-Simoes, M. (1995). New elements for an updated classification of the carcinomas of the stomach. *Pathology-Research and Practice*, 191(6), 571-584.
- Carvalho, R., Milne, A. N. A., Polak, M., Corver, W. E., Offerhaus, G. J. A. and Weterman, M. A. J. (2005). Exclusion of RUNX3 as a tumour-suppressor gene in early-onset gastric carcinomas. *Oncogene*, 24(56),8252-8258.

- Cazzalini, O., Scovassi, A. I., Savio, M., Stivala, L. A. and Prosperi, E. (2010). Multiple roles of the cell cycle inhibitor p21(CDKN1A) in the DNA damage response. *Mutation Research*, 704(1-3), 12-20.
- Chen, W., Gao, N., Shen, Y. and Cen, J. N. (2010). Hypermethylation downregulates Runx3 gene expression and its restoration suppresses gastric epithelial cell growth by inducing p27 and caspase3 in human gastric cancer. *Journal of Gastroenterology and Hepatology*, 25(4), 823-831.
- Chen, Y. G. (2009). Endocytic regulation of TGF-beta signaling. *Cell Research*, 19(1), 58-70.
- Coerper, S., Sigloch, E., Cox, D., Starlinger, M., Koveker, G. and Becker, H. D. (1997). Recombinant human transforming growth factor beta 3 accelerates gastric ulcer healing in rats. *Scand J Gastroenterol*, 32, 985-990.
- Cohen, M., (2002). Morphology of Cancer Precursor Lesions. In E. L. Franco and T. E. Rohan (Eds.), *Cancer Precursors: Epidemiology, Detection, and Prevention* (pp. 20-29). New York, Springer-Verlag.
- Conery, A. R., Cao, Y., Thompson, E. A., Townsend, C. M, Jr, Ko, T. C. and Luo, K. (2004). Akt interacts directly with SMAD3 to regulate the sensitivity to TGF- β -induced apoptosis. *Nature Cell Biology*, 6, 366-372.
- Correa, P. (1992). Human gastric carcinogenesis: a multistep and multifactorial process--First American Cancer Society Award Lecture on Cancer Epidemiology and Prevention. *Cancer Research*, 52(24), 6735-6740.
- Cover, T. L. (1996). The vacuolating cytotoxin of *Helicobacter pylori*. *Molecular Microbiology*, 20(2), 241-246.
- Crew, K. D. and Neugut, A. I. (2006). Epidemiology of gastric cancer. *World J Gastroenterol*, 12(3), 354-362.
- Cristofanilli, M., Budd, G. T., Ellis, M. J., Stopeck, A., Matera, J., Miller, M. C., et al. (2004). Circulating tumor cells, disease progression, and survival in metastatic breast cancer. *New England Journal of Medicine*, 351, 781-791.
- Cross, D. and Burmester, J. K. (2004). The promise of molecular profiling for cancer identification and treatment. *Clinical Medicine and Research*, 2(3), 147-150.

- Culhaci, N., Sagol, O., Karademir, S., Astarcioglu, H., Astarcioglu, I., Soy Turk, M., et al. (2005). Expression of transforming growth factor-beta-1 and p27^{Kip1} in pancreatic adenocarcinomas: relation with cell-cycle-associated proteins and clinicopathologic characteristics. *BMC Cancer*, 5, 98.
- Czarniecki, C. W., Chiu, H. H., Wong, G. H. W., McCabe, S. M. and Palladino, M. A. (1988). Transforming growth factor- β 1 modulates the expression of class II histocompatibility antigens on human cells. *Journal of Immunology*, 140(12), 4217-4223.
- Datto, M. B., Li, Y., Panus, J. F., Howe, D. J., Xiong, Y., and Wang, X. F. (1995). Transforming growth factor β induces the cyclin-dependent kinase inhibitor p21 through a p53-independent mechanism. *Proceedings of the National Academy of Sciences of the United States of America*, 92, 5545-5549.
- Dicken, B. J., Bigam, D. L., Cass, C., Mackey, J. R., Joy, A. A., Hamilton, S. M., et al. (2005). Gastric adenocarcinoma: review and considerations for future directions. *Annals of Surgery*, 241(1), 27-39.
- Dunn N. R., Vincent S. D., Oxburgh L., Robertson E. J. and Bikoff E. K. Combinatorial activities of Smad2 and Smad3 regulate mesoderm formation and patterning in the mouse embryo. *Development*. 2004;131(8), 1717-28.
- Ebert, M. P., Yu, J., Miehke, S., Fei, G., Lendeckel, U., Ridwelski, K., et al. (2000). Expression of transforming growth factor beta-1 in gastric cancer and in the gastric mucosa of first-degree relatives of patients with gastric cancer. *British Journal of Cancer*, 82(11), 1795-800.
- Ehata, S., Johansson, E., Katayama, R., Koike, S., Watanabe, A., Hoshino, Y., et al. (2011). Transforming growth factor- β decreases the cancer-initiating cell population within diffuse-type gastric carcinoma cells. *Oncogene*, 30(14), 1693-705.
- Elliott, R. L., and Blobe, G. C. (2005). Role of transforming growth factor beta in human cancer. *Journal of Clinical Oncology*, 23, 2078-2093.
- El-Omar, E. M., Carrington, M., Chow, W. H., McColl, K. E., Bream, J. H., Young, H. A., et al. (2000). Interleukin-1 polymorphisms associated with increased risk of gastric cancer. *Nature*, 404, 398-402.
- Forman, D. and Burley, V. J. (2006). Gastric cancer: global pattern of the disease and an overview of environmental risk factors. *Best Practice & Research Clinical Gastroenterology*, 20(4), 633-649.
- Fu, H., Hu, Z., Wen, J., Wang, K. and Liu, Y. (2009). TGF-beta promotes invasion and metastasis of gastric cancer cells by increasing fascin1

expression via ERK and JNK signal pathways. *Acta Biochim Biophys Sin*, 41(8), 648-56.

Fukui, T., Kishimoto, M., Nakajima, A., Yamashina, M., Nakayama, S., Kusuda, T., *et al.* (2011). The specific linker phosphorylation of Smad2/3 indicates epithelial stem cells in stomach; particularly increasing in mucosae of Helicobacter-associated gastritis. *Journal of Gastroenterology*, 46(4), 456-468.

Geiser, A. G., Letterio, J. J., Kulkarni, A. B., Karlsson, S., Roberts, A. B. and Sporn, M. B. (1993). Transforming growth factor beta 1 (TGF-beta 1) controls expression of major histocompatibility genes in the postnatal mouse: aberrant histocompatibility antigen expression in the pathogenesis of the TGF-beta 1 null mouse phenotype. *Proc Natl Acad Sci*, 90(21), 9944-9948.

Goumans, M. J., Valdimarsdottir, G., Itoh, S., Rosendahl, A., Sideras, P., and Dijke, P. T. (2002). Balancing the activation state of the endothelium via two distinct TGF- β type I receptors. *The EMBO Journal*, 21, 1743-1753.

Guo, W-H., Weng, L-Q., Ito, K., Chen L-F., Nakanishi, H., Tatematsu, M. and Ito, Y. (2002). Inhibition of growth of mouse gastric cancer cells by *Runx3*, a novel tumor suppressor. *Oncogene*, 21(52), 8351-8355.

Hahm, K. B., Lee, K. J., Choi, S. Y., Kim, J. H., Cho, S. W., Yim, H., *et al.* (1997). Possibility of chemoprevention by the eradication of *Helicobacter pylori*: oxidative DNA damage and apoptosis in *H. pylori* infection. *Am J Gastroenterol*, 92, 1853-1857.

Hanai, J., Chen, L. F., Kanno, T., Ohtani-Fujita, N., Kim, W. Y., Guo, W. H., *et al.* (1999). Interaction and functional cooperation of PEBP2/CBF with Smads: Synergistic induction of the immunoglobulin germline Cpromoter. *Journal of Biological Chemistry*, 274, 31577-31582.

Hawinkels, L. J. A. C., Verspaget, H. W., van Duijn, W., van der Zon, J. M., Zuidwijk, K., Kubben, F. J. G. M., *et al.* (2007). Tissue level, activation and cellular localisation of TGF-beta1 and association with survival in gastric cancer patients. *Br J Cancer*, 97(3), 398-404.

Hayat, M. A. (2002). Microscopy, immunohistochemistry, and antigen retrieval methods: Light and electron microscopy. New York: Kluwer Academic Publishers.

Heino, J., Igotz, R. A., Hemler, M. E., Crouse, C. and Massague, J. (1989). Regulation of cell adhesion receptors by transforming growth factor- β . concomitant regulation of integrins that share a common β 1 subunit. *The Journal of Biological Chemistry*, 264, 380-388.

Hill, C. H. (2009). Nucleocytoplasmic Shuttling of Smad Proteins. *Cell Research*. 19: 36-46.

- Hohenberger, P. and Gretschel, S. (2003). Gastric cancer. *Lancet*, 362:305–315.
- Hoot, K. E., Lighthall, J., Han, G., Lu, S-L., Li, A., Ju, W. et al. (2008). Keratinocyte-specific Smad2 ablation results in increased epithelial-mesenchymal transition during skin cancer formation and progression. *J Clin Invest*. 118(8):2722-32.
- Howard, T. A., Misra, D. N., Grove, M., Becich, M. J., Shao, J. H., Gordon, M., et al. (1996). Human gastric intrinsic factor expression is not restricted to parietal cells. *J Anat*, 189, 303-313.
- Hundahl, S. A., Phillips, J.L. and Menck, H. R. (2000). The National Cancer Data Base Report on poor survival of U.S. gastric carcinoma patients treated with gastrectomy: Fifth Edition American Joint Committee on Cancer staging, proximal disease, and the “different disease” hypothesis. *Cancer*, 88(4), 921-932.
- Ito, K., Inoue, K., Bae, S-C. and Ito, Y. (2009). Runx3 expression in gastrointestinal tract epithelium: resolving the controversy. *Oncogene*, 28(10), 1379-1384.
- Ito, K., Liu, Q., Salto-Tellez, M., Yano, T., Tada, K., Ida, H., et al. (2005). RUNX3, a novel tumor suppressor, is frequently inactivated in gastric cancer by protein mislocalization. *Cancer Research*, 65(17), 7743-7750.
- Ito, K., Sakakura, C., Fukamachi, H., Inoue, K., Chi, X-Z., Lee, K-Y., et al. (2002). Causal Relationship between the Loss of RUNX3 Expression and Gastric Cancer. *Cell*, 109(1), 113-124.
- Jo, Y., Han, S. U., Kim, Y. J., Kim, J. H., Kim, S. T., Kim, S. J., et al. (2010). Suppressed gastric mucosal TGF-beta1 increases susceptibility to H. pylori-induced gastric inflammation and ulceration: a stupid host defense response. *Gut Liver*, 4(1), 43-53.
- Kandasami, P., Tan, W. J., and Norain, K. (2003). Gastric Cancer in Malaysia: The Need for Early Diagnosis. *Med J Malaysia*, 58 (5), 758-762.
- Kandulski, A., Malfertheiner, P. and Wex, T. (2010). Role of regulatory T-cells in H. pylori-induced gastritis and gastric cancer. *Anticancer Research*, 30(4), 1093-1103.
- Kim, T. Y., Lee, H. J., Hwang, K. S., Lee, M., Kim, J. W., Bang, Y. J. and Kang, G. H. (2004). Methylation of RUNX3 in various types of human cancers and premalignant stages of gastric carcinoma. *Laboratory Investigation*, 84, 479–484.

- Kinzler, K. W. and Vogelstein, B. (2002). Colorectal tumors. In B. Vogelstein and K. W. Kinzler (Eds.), *The genetic basis of human cancer* (2nd ed.) (pp 583-612). New York, NY: McGraw-Hill.
- Klatt, E. C. (2010). *Robbins and Cotran atlas of pathology, 2d*: Saunders Elsevier.
- Labigne, A. and de Reuse, H. (1996). Determinants of *Helicobacter pylori* pathogenicity. *Infect Agents Dis*, 5(4), 191-202.
- Lacerte, A., Korah, J., Roy, M., Yang, X. J., Lemay, S. and Lebrun, J. J. (2008). Transforming growth factor- β inhibits telomerase through SMAD3 and E2F transcription factors. *Cellular Signalling*, 20, 50-59.
- Lamouille, S., Mallet, C., Feige, J. J. and Bailly, S. (2002). Activin receptor-like kinase 1 is implicated in the maturation phase of angiogenesis. *Blood*, 100, 4495-4501.
- Lebrun, J. J. (2012). The dual role of TGF- β in human cancer: from tumor suppression to cancer metastasis. *ISRN Molecular Biology*, 12, 381428.
- Lee, M. S., Ko, S. G., Kim, H. P., Kim, Y. B., Lee, S. Y., Kim, S. G., et al. (2004). Smad2 mediates Erk1/2 activation by TGF-beta1 in suspended, but not in adherent, gastric carcinoma cells. *International Journal of Oncology*, 24(5), 1229-1234.
- Levanon D, Brenner O, Otto F. and Groner Y. *Runx3* knockouts and stomach cancer. *EMBO Rep*. 2003;4(6), 560-564.
- Li, J-M., Nichols, M. A., Chandrasekharan, S., Xiong, Y. and Wang, X-F. (1995). Transforming growth factor β activates the promoter of cyclin-dependent kinase inhibitor p15^{INK4B} through an Sp1 consensus site. *Journal of Biological Chemistry*, 270, 26750–26753.
- Li, Z. and Li, J. (2006). Local expressions of TGF-beta1, TGF-beta1RI, CTGF, and Smad-7 in *Helicobacter pylori*-associated gastritis. *Scandinavian Journal of Gastroenterology*, 41(9), 1007-1012.
- Lotem, J., Levanon, D., Negreanu, V. and Groner, Y. (2013). The false paradigm of RUNX3 function as tumor suppressor in gastric cancer. *Journal of Cancer Therapy*, 4(1), 16-25.
- Lyons, R. M., Keski-Oja, J. and Moses, H. L. (1988). Proteolytic activation of latent transforming growth factor-beta from fibroblast-conditioned medium. *J. Cell Biol.* 106, 1659 -1665.
- Ma, G-F., Miao, Q., Zeng, X-Q., Luo, T-C., Ma, L-L., Liu, Y-M., et al. (2013). Transforming growth factor- β 1 and - β 2 in gastric precancer and cancer and roles in tumor-cell interactions with peripheral blood mononuclear cells in vitro. Gotoh N, ed. *PLoS One*, 8(1), e54249.

- Mantovani, A., Allavena, P., Sica, A. and Balkwill, F. (2008). Review article cancer-related inflammation. *Nature*, 454, 436-444.
- Martini, F. H. (2006). *Fundamentals of Anatomy and Physiology, 7d*; Pearson Education, San Francisco.
- Matsuzaki, K. (2013). Smad phospho-isoforms direct context-dependent TGF- β signaling. *Cytokine Growth Factor Reviews*, 24(4), 385-399.
- McMichael, A. J., McCall, M. G., Hartshorne, J. M. and Woodings, T. L. (1980). Patterns of gastro-intestinal cancer in European migrants to Australia: the role of dietary change. *International Journal of Cancer*, 25(4), 431-437.
- Meloche, S. and Pouyssegur, J. (2007). The ERK1/2 mitogen-activated protein kinase pathway as a master regulator of the G1- to S-phase transition. *Oncogene*, 26(22), 3227-3239.
- Miyazono, K. (2000). Positive and negative regulation of TGF- β signalling, *Journal of Cell Science*, 113, 1101-1109.
- Mor, G., Visintin, I., Lai, Y., Zhao, H., Schwartz, P., Rutherford, T., *et al.*, (2005). Serum protein markers for early detection of ovarian cancer. *Proc Natl Acad Sci USA*, 102(21): 7677–7682.
- Moreau, H., Bernadac, A., Gargouri, Y., Benkouka, F., Laugier, R. and Verger, R. (1989). Immunocytolocalization of human gastric lipase in chief cells of the fundic mucosa. *Histochemistry*, 91(5), 419-423.
- Murphy-Ullrich, J. E. and Poczatek, M. (2000). Activation of latent TGF-beta by thrombospondin-1: mechanisms and physiology. *Cytokine Growth Factor Rev.* 11, 59-69.
- Oberg, K. (1998). Gastric neuroendocrine cells and secretory products. *Yale Journal of Biology and Medicine*, 71, 149-154.
- Ohnishi, N., Yuasa, H., Tanaka, S., Sawa, H., Miura, M., Matsui, A., *et al.* (2008). Transgenic expression of *Helicobacter pylori* CagA induces gastrointestinal and hematopoietic neoplasms in mouse. *Proceedings of the National Academy of Science of the USA*, 105, 1003–1008.
- Osaki, M., Moriyama, M., Adachi, K., Nakada, C., Takeda, A. and Inoue, Y. (2004). Expression of RUNX3 protein in human gastric mucosa, intestinal metaplasia and carcinoma. *European Journal of Clinical Investigation*, 34(9), 605-612.
- Owen, D. A. (2003). Gastritis and Carditis. *Modern Pathology*, 16(4), 325-341.

- Pardali, K., Kurisaki, A., Morén, A., ten Dijke, P., Kardassis, D. and Moustakas, A. (2000). Role of Smad proteins and transcription factor Sp1 in p21(Waf1/Cip1) regulation by transforming growth factor-beta. *Journal of Biological Chemistry*, 275(38), 29244-29256.
- Park, D. Il., Son, H. J., Song, S. Y., Choe, W. H., Lim, Y. J., Park, S. J., et al. (2002) Role of TGF - β 1 and TGF - β Type 2 Receptor in Gastric Cancer. *Korean Journal of Internal Medicine*, 17(3), 160-166.
- Pertovaara, L., Kaipainen, A., Mustonen, T., Orpana, A., Ferrara, N., Saksela, O., et al. (1994). Vascular endothelial growth factor is induced in response to transforming growth factor-beta in fibroblastic and epithelial cells. *Journal of Biological Chemistry*, 1269(9), 6271-6274.
- Polanski, M., and Anderson, N., L. (2007). A List of Candidate Cancer Biomarkers for Targeted Proteomics. *Biomarker Insights*, 1, 1-48.
- Prunier, C., Mazars, A., Noe, V., Bruyneel, E., Mareel, M., Gespach, C., et al. (1999). Evidence that Smad2 is a tumor suppressor implicated in the control of cellular invasion. *Journal of Biological Chemistry*, 274(33), 22919-22922.
- Rifai, N., Gillette, M. A., and Carr, S. A. (2006). Protein biomarker discovery and validation: the long and uncertain path to clinical utility. *Nature Biotechnology*, 24, 971 – 983.
- Roukos, D. H. and Kappas, A. M. (2005). Perspectives in the treatment of gastric cancer. *Nature Reviews Clinical Oncology*, 2, 98-107.
- Roukos, D. H., Agnantis, N. J., Fatouros, M. and Kappas, A. M. (2002). Gastric cancer: Introduction, pathology, epidemiology. *Gastric Breast Cancer*, 1(1), 1-3.
- Salto-Tellez, M., Peh, B. K., Ito, K., Tan, S. H., Chong, P. Y., Han, H. C., et al. (2006). RUNX3 protein is overexpressed in human basal cell carcinomas. *Oncogene*, 25(58), 7646-7649.
- Schmierer, B., Tournier, A. L., Bates, P. A. and Hill, C. S. (2008). Mathematical modelling identifies Smad nucleocytoplasmic shuttling as a dynamic signal-interpreting system. *Proceedings of the National Academy of Sciences of the United States of America*, 105, 18, 6608-6613.
- Schrohl, A-S., Holten-Andersen, M., Sweep, F., Schmitt, M., Harbeck, N., Foekens, J., et al. (2003). Tumor markers: from laboratory to clinical utility. *Molecular and Cellular Proteomics*, 2(6), 378-387.
- Schwartz, G. (1996). Invasion and metastasis in gastric cancer: in vitro and in vivo models with clinical considerations. *Semin Oncol*, 23, 316–324.

- Shaffer, D. R., Leversha, M. A., Danila, D. C., Lin, O., Gonzalez-Espinoza, R., Gu, B., et al. (2007). Circulating tumor cell analysis in patients with progressive castration-resistant prostate cancer. *Clinical Cancer Research*, 13, 2023–2029.
- Sharma, S. (2009). Tumor markers in clinical practice: general principles and guidelines. *Indian Journal of Medical and Paediatric Oncology*, 30(1), 1-8.
- Shi, Y. and Massagué, J. (2003). Mechanisms of TGF-beta signaling from cell membrane to the nucleus. *Cell*, 113(6), 685-700.
- Shimo, T., Nakanishi, T., Nishida, T., Asano, M., Sasaki, A., Kanyama, A. et al. (2001). Involvement of CTGF, a hypertrophic chondrocyte-specific gene product, in tumor angiogenesis. *Oncology*, 61(4), 315-322.
- Shinto, O., Yashiro, M., Toyokawa, T., Nishii, T., Kaizaki, R., Matsuzaki, T., et al. (2010). Phosphorylated Smad2 in advanced stage gastric carcinoma. *BMC Cancer*, 10, 652.
- Stadtländer, C. T. and Waterbor, J. W. (1999). Molecular epidemiology, pathogenesis and prevention of gastric cancer. *Carcinogenesis*, 20(12), 2195-2207.
- Stewart, B. and Wild, P. (2014). World Cancer Report 2014. Lyon: IARC Publication.
- Sunderkötter, C., Goebeler, M., Schulze-Osthoff, K., Bhardwaj, R. and Sorg, C. (1991). Macrophage-derived angiogenesis factors. *Pharmacology and Therapeutics*, 51(2), 195-216.
- Swann, J. B. and Smyth, M. J. (2007). Immune surveillance of tumors. *Journal of Clinical Investigation*, 117(5), 1137-1146.
- Talvinen, K., Tuikkala, J., Nykänen, M., Nieminen, A., Anttinen, J., Nevalainen, O. S., et al. (2010). Altered expression of p120catenin predicts poor outcome in invasive breast cancer. *Journal of Cancer Research and Clinical Oncology*, 136(9), 1377-1387.
- Tanaka, H., Hirose, M., Hagiwara, A., Imaida, K., Shirai, T. and Ito, N. (1995). Rat strain differences in catechol carcinogenicity to the stomach. *Food and Chemical Toxicology*, 33, 93-98.
- Thomas, D. A. and Massagué, J. (2005). TGF-beta directly targets cytotoxic T cell functions during tumor evasion of immune surveillance. *Cancer Cell*, 8(5), 369-380.
- Tramacere, I., Negri, E., Pelucchi, C., Bagnardi, V., Rota, M., Scotti, L., et al. (2012). A meta-analysis on alcohol drinking and gastric cancer risk. *Annals of Oncology*, 23(1), 28-36.

- Tsutsumi, R., Higashi, H., Higuchi, M., Okada, M. and Hatakeyama, M. (2003). Attenuation of *Helicobacter pylori* CagA SHP-2 signaling by interaction between CagA and C-terminal Src kinase. *Journal of Biological Chemistry*, 278, 3664–3670.
- Valderrama-Carvajal, H., Cocolakis, E., Lacerte, A., Lee, E., Krystal, G., Ali, S., et al. (2002). Activin/TGF- β induce apoptosis through Smad-dependent expression of the lipid phosphatase SHIP. *Nature Cell Biology*, 4, 963-969.
- Valean, S., Armean, P., Resteman, S., Nagy, G., Muresan, A. and Mircea, P. A. (2008). Cancer mortality in Romania, 1955-2004. Digestive sites: esophagus, stomach, colon and rectum, pancreas, liver, gallbladder and biliary tree. *Journal of Gastrointestinal and Liver Diseases*, 17(1), 9-14.
- Verdecchia, A., Mariotto, A., Gatta, G., Bustamante-Teixeira, M. T. and Ajiki, W. (2003). Comparison of stomach cancer incidence and survival in four continents. *Eur J Cancer*, 39(11), 1603-1609.
- Wakefield, L. M., Winokur, T. S., Hollands, R. S., Christopherson, K., Levinson, A. D. and Sporn, M. B. (1990). Recombinant latent transforming growth factor beta 1 has a longer plasma half-life in rats than active transforming growth factor beta 1, and a different tissue distribution. *Journal of Clinical Investigation*, 86(6), 1976-1984.
- Waldrip W. R., Bikoff E. K., Hoodless P. A., Wrana J. L. and Robertson E. J. Smad2 signaling in extraembryonic tissues determines anterior-posterior polarity of the early mouse embryo. *Cell*. 1998;92(6), 797-808.
- Wang, X-Q., Terry, P. D. and Yan, H. (2009). Review of salt consumption and stomach cancer risk: epidemiological and biological evidence. *World Journal of Gastroenterology*, 15(18), 2204-2213.
- Warren, J. R. and Marshall, B. (1983). Unidentified Curved Bacilli on Gastric Epithelium in active chronic gastritis. *Lancet*, 321(8336), 1273-1275.
- Weng, H., Wu, Y., Li, Q., Yu, J., Mu, Y., Liu, Y., et al. (2011). A loss of Smad2 dependent TGF-beta signaling correlates with poor differentiation in gastric cancer. *Z Gastroenterol*, 49(08), P015.
- Whitley, E. and Ball, J. (2002). Statistics review 4: Sample size calculations. *Critical Care*, 6(4), 335-341.
- Wilson, K. T., Ramanujam, K. S., Mobley, H. L., Musselman, R. F., James, S. P. and Meltzer, S. J. (1996). *Helicobacter pylori* stimulates inducible nitric oxide synthase expression and activity in a murine macrophage cell line. *Gastroenterology*, 111, 1524–1533.

- Wroblewski, L. E., Peek, R. M. and Wilson, K.T. (2010). *Helicobacter pylori* and gastric cancer: factors that modulate disease risk. *Clinical Microbiology Review*, 23(4), 713-739.
- Wu, J. W., Hu, M., Chai, J., Seoane, J., Huse, M., Li, C., et al. (2001). Crystal structure of a phosphorylated Smad2. Recognition of phosphoserine by MH2 domain and insights on Smad function in TGF- β Signaling. *Molecular Cell*, 8, 1277-1289.
- Wu, M-S., Lin, J-T., Hsu, P-N., Lin, C-Y., Hsieh, Y-T., Chiu, Y-H., et al. (2007). Preferential induction of transforming growth factor-beta production in gastric epithelial cells and monocytes by *Helicobacter pylori* soluble proteins. *Journal Infectious Diseases*, 196(9), 1386-1393.
- Wu, Y., Li, Q., Zhou, X., Yu, J., Mu, Y., Munker, S., Xu, C., et al. (2012). Decreased levels of active SMAD2 correlate with poor prognosis in gastric cancer. Castresana JS, ed. *PLoS One*, 7(4), e35684.
- Xiao, B., Liu, Z., Li, B. S., Tang, B., Li, W., Guo, G., et al. (2009). Induction of microRNA-155 during *Helicobacter pylori* infection and its negative regulatory role in the inflammatory response. *The Journal of Infectious Diseases*, 200(6), 916-925.
- Xiao, T., Ying, W., Li, L., Hu, Z., Ma, Y., Jiao, L., Ma J., et al., (2005). An approach to studying lung cancer-related proteins in human blood. *Molecular & Cellular Proteomics*, 4, 1480-1486.
- Yano, T., Ito, K., Fukamachi, H., Chi, X. Z., Wee, H. J., Inoue, K., et al. (2006). The RUNX3 tumor suppressor upregulates Bim in gastric epithelial cells undergoing transforming growth factor beta-induced apoptosis. *Molecular Cell Biology*, 26(12):4474-88.
- Yokota, J. (2000). Tumor progression and metastasis. *Carcinogenesis*, 21(3), 497-503.
- Yu, Q. and Stamenkovic, I. (2000). Cell surface-localized matrix metalloproteinase-9 proteolytically activates TGF-beta and promotes tumor invasion and angiogenesis. *Genes Dev*, 14, 163 -176.
- Zabaleta, J. (2012). Multifactorial etiology of gastric cancer. *Methods in Molecular Biology*, 863: 411–435.
- Zheng, H., Takahashi, H., Murai, Y., Cui, Z., Nomoto, K., Miwa, S., et al. (2007). Pathobiological characteristics of intestinal and diffuse-type gastric carcinoma in Japan: an immunostaining study on the tissue microarray. *Journal of Clinical Pathology*, 60(3), 273-237.

Zhou, H., Wang, K., Hu, Z. and Wen, J. (2013). TGF- β 1 alters microRNA profile in human gastric cancer cells. Chinese Journal of Cancer Research, 25(1).



© COPYRIGHT UPM