

Synthesis of 5 α -Dihydrotestosterone in Human Bone Tumors of Various Histological Structure

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In human primary bone tumors of various histological origins, metabolism of testosterone led to the formation of 5 α -reduced metabolites (mainly 5 α -androstane-3 α ,17 β -diol, and 5 α -androstane-3 β -17 β -diol), but not 5 α -dihydrotestosterone. Transformation of 5 α -dihydrotestosterone to other metabolites in human primary osteosarcomas is assumed to be associated with its inactivation or involvement of metabolites of this androgen in unknown regulatory mechanisms in bone tumors. Therefore, *in vitro* evaluation of 5 α -reductase activity in human primary osteosarcomas and other tumors by 5 α -dihydrotestosterone formation could yield erroneous results.

Key Words: *bone tumors; androgens; metabolism*

Pathogenesis of bone tumors is obviously associated with enhanced androgen biosynthesis. On the other hand, these tumors can produce some androgens [1, 2,4]. This implies the involvement of androgens in the regulation of some functions in bone tumors and the presence of androgen-metabolizing enzymes in the bone tissues.

Metabolism of androgens in various target tissues has long been studied, but the data on bone tissues are contradictory. These tissues were shown to express some enzymes of androgen metabolism [11,12].

Our recent experiments showed that androgens are metabolized in human primary osteosarcomas containing the main enzymes of androgen metabolism. Activities of 3 α -hydroxysteroid oxidoreductase (3 α -HSOR) and 3 β -hydroxysteroid oxidoreductase (3 β -HSOR) far surpassed those of other enzymes. In spite of relatively high activity of Δ^4 steroid:NAD(P)-oxidoreductase (5 α -R) in osteosarcomas, biotransformation of testosterone did not lead to the formation of 5 α -dihydrotestosterone (5 α -DHT) in the majority of tumors. However, other 5 α -reduced metabolites, 5 α -androstane-3 α ,

17 β -diol (3 α -D) and 5 α -androstane-3 β ,17 β -diol (3 β -D) were found in these tumors.

Here we compared the formation of 5 α -DHT from testosterone in osteosarcoma, chondrosarcoma, and giant cell tumor and benign bone neoplasms.

MATERIALS AND METHODS

Patients with osteosarcoma ($n=19$), chondrosarcoma ($n=10$), giant cell bone tumor ($n=7$), and benign bone tumor ($n=5$) were examined.

Testosterone androgens 5 α -DHT, 3 α -D, 3 β -D, 5 α -androstane-3,17-dione, 4-androstene-3,17-dione (A4) were from Sigma, and other reagents from Merck and Beckman. [1,2,6,7- 3 H]-Testosterone (3 H-testosterone, specific activity 80-110 Ci/mmol) and 5 α -dihydro-[1,2,6,7- 3 H]-testosterone (3 H-DHT, specific activity 80-105 Ci/mmol, Amersham) were used.

Silufol plates (15 \times 15 cm) coated with Silica gel (100 μ) were used for separation of metabolites and purification of 3 H-testosterone and 3 H-DHT. Chromatography was performed 3 times in benzene:acetone:ethanol system (9:1:0.5 volume ratio). This procedure allowed us to separate not only the main androgen metabolites, but also 3 α -D and 3 β -D stereoisomers.

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Androgen metabolites in bone tumor samples were assayed as described elsewhere with minor modification [6]. Bone tumor samples were powdered in liquid nitrogen using a porcelain mortar, and 0.05 M Na-phosphate buffer (pH 7.4) in a volume of 700 μ l/200 mg tissue was added. These samples were then defrosted, and the homogenate was centrifuged at 5000g for 10 min under cooling in an Optima TM TLC centrifuge (Beckman). The supernatant was used for measuring activities of androgen metabolism enzymes. 3 H-Testosterone or 3 H-DHT (98% purity, $8\text{--}9 \times 10^4$ cpm/sample) and ethanol solution of testosterone or 5 α -DHT, respectively, were put in 12 \times 70-mm glass tubes to a final steroid concentration in the incubation solution of 10^{-7} M. The solvent was evaporated in a water bath at a temperature below 60°C. Into cooled tubes (in ice), 50 μ l tumor homogenate (or 50 μ l Na-phosphate buffer in the control) and 50 μ l Na-phosphate buffer containing 100 μ g D-glucose, 100 μ g D-glucose-6-phosphate, 25 μ g NADH₂, 25 μ g NADPH₂, and 50 mU glucose-6-phosphate dehydrogenase were added. The samples (3 experimental and 3 control for each substrate) were incubated for 1 h at 37°C, and 10 μ l 1 N HCl and 10 μ l ethanol solution of unlabeled androgens containing the analyzed metabolites in concentrations of 1 mg/ml were added. Lyophilized steroids were dissolved in 100 μ l absolute ethanol:benzene mixture (9:1). The samples (80-90 μ l) were placed

on a plate and chromatographed. The plate was then dried at 80°C for 10 min, and androgen spots were developed in iodine vapors, cut out, and transferred into vials with a scintillator. Radioactivity was measured in an LS 6500 spectrometer (Beckman).

The content of each metabolite (in fmol) was determined considering the substrate concentration and the ratio between radioactivity in the spot and total radioactivity in all spots. Enzyme activities (5 α -R, 3 α -HSOR, 3 β -HSOR, and 17 β -HSOR) were estimated by the content of the corresponding metabolite (or total content of metabolites) per 1 mg total protein of the homogenate per 1 h. During incubation with testosterone, 5 α -R activity was determined by the formation of 5 α -DHT, 3 α -D, and 3 β -D, while 17 β -HSOR activity was evaluated by the formation of A4. During incubation with DHT, 3 α -HSOR and 3 β -HSOR activities were determined by the formation of 3 α -D and 3 β -D, respectively.

The concentration of total protein in the homogenate was measured by the method of Lowry [8] on a DU 650 spectrophotometer (Beckman).

RESULTS

Activity of the main enzyme of androgen metabolism (5 α -R) was determined by the total content of 5 α -reduced metabolites formed from testosterone (5 α -DHT,

TABLE 1. Formation of 5 α -DHT and Ratio of Androgen-Metabolizing Enzyme Activities in Primary Bone Tumors

Tumor	Patient, No.	5 α -DHT, fmol/mg protein	5 α -R/hydroxylases*
Osteosarcoma (n=19)	1	968	0.584
	2	252.9	0.080
	3	1891.8	0.616
	4	1648	0.330
	5	124.6	0.181
	6	62.25	0.018
	7	104.5	3.54
Chondrosarcoma (n=10)	1	106.25	0.110
	2	96.55	8.076
	3	405.7	0.378
	4	53.57	0.011
	5	356.5	0.097
Benign tumor (n=5)	1	238.7	0.064
	2	48.48	0.015
Giant cell tumor (n=7)	1	87.5	0.002
	2	41.02	0.031
	3	1087.69	0.085
	4	30	0.219

Note. *Total activity of steroid hydroxylases (17 β -HSOR, 3 α -HSOR, and 3 β -HSOR).

3 α -D, and 3 β -D). In our opinion it is of fundamental importance for bone tumor, because synthesis of these metabolites (i.e. 5 α -R activity) was found in all tumors, but 5 α -DHT was found only in some neoplasms (Table 1).

Our findings showed that in all primary bone tumors of various histological types, 5 α -DHT was not the final metabolite of testosterone, but was transformed to other 5 α -reduced androgen metabolites (mainly 3 α -D and 3 β -D). The ratio between 5 α -R activity (by 5 α -DHT formation) and the total activity of 3 steroid hydroxylases (17 β -HSOR, 3 α -HSOR, and 3 β -HSOR) was far below 1 in the majority of studied tumors (Table 1). Only in 2 patients (patient 7 with osteosarcoma and patient 2 with chondrosarcoma), this value surpassed 1. However, steroid hydroxylase activities in tumors of these patients were much lower than in other tumors. Thus, steroid hydroxylase activities in the majority of studied primary bone tumors of various histological types were considerably higher than 5 α -R activity. This suggests that metabolism of the main androgen testosterone in bone tumors is directed to inactivation of 5 α -DHT but not to its accumulation in tumor cells.

The regulatory effects of androgens in bone tumors are not necessarily mediated through the receptor mechanism [5,7]. Not only DHT, but also testosterone can act as the main androgen of the receptor-mediated regulatory mechanism under conditions of high 3 α -HSOR and 3 β -HSOR activities, since not only bone tumors express androgen receptors [3,10]. These results indicate that 5 α -DHT-mediated regulatory mechanisms can change in primary bone tumors, and/or 3 α -D and 3 β -D formed from 5 α -DHT are involved in regulatory processes in these neoplasms. It can not be

excluded that 3 α -D serves as a 5 α -DHT reserve pool in bone tumors (similarly to other tissues) [9]. Studying androgen metabolism in bone tumors *in vitro*, 5 α -R activity can not be estimated by the formation of 5 α -DHT only, without considering other 5 α -reduced metabolites (primarily 3 α -D and 3 β -D). Thus, 5 α -R activity should be determined from the total content of 5 α -reduced androgens. This is obviously true when testosterone metabolism in various tissues is studied. At the same time, the use of 5 α -DHT as a substrate provides more precise information on 3 α -HSOR and 3 β -HSOR activities.

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