

## Review

# Urinary 8-Oxo-2'-Deoxyguanosine – Source, Significance and Supplements

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Oxidative damage to cellular biomolecules, in particular DNA, has been proposed to play an important role in a number of pathological conditions, including carcinogenesis. A much studied consequence of oxygen-centred radical damage to DNA is 8-oxo-2'-deoxyguanosine (8-oxodG). Using numerous techniques, this lesion has been quantified in various biological matrices, most notably DNA and urine. Until recently, it was understood that urinary 8-oxodG derives solely from DNA repair, although the processes which may yield the modified deoxynucleoside have never been thoroughly discussed. This review suggests that nucleotide excision repair and the action of a specific endonuclease may, in addition to the nucleotide pool, contribute significantly to levels of 8-oxodG in the urine. On this basis, urinary 8-oxodG represents an important biomarker of generalised, cellular oxidative stress. Current data from antioxidant supplementation trials are examined and the potential for such compounds to modulate DNA repair is considered. It is stressed that further work is required to link DNA, serum and urinary levels of 8-oxodG such that the kinetics of formation and clearance may be elucidated, facilitating greater understanding of the role played by oxidative stress in disease.

*Keywords:* Reactive oxygen species, 8-oxo-2'-deoxyguanosine, antioxidants, HPLC-EC, ELISA, urine

*Abbreviations:* 8-oxodG, 8-oxo-2'-deoxyguanosine; ROS, reactive oxygen species; 8-oxoG, 8-oxoguanine; GC-MS, gas chromatography-mass spectrometry; HPLC-EC, high performance liquid chromatography with electrochemical detection; AP, apurinic-aprimidinic; Fapy, formamidopyrimidine; Ogg, 8-oxoguanine-glycosylase; NER, nucleotide excision repair; HPLC-MS/MS, high performance liquid chromatography with tandem mass spectrometry; TG, thymine glycol; 8-oxoGuo, 8-oxoguanosine; ELISA, enzyme-linked immunosorbant assay; 8-oxoA, 8-oxoadenine

## INTRODUCTION

Reactive oxygen species (ROS) possess an important role in living systems through their beneficial and detrimental effects.<sup>[1]</sup> The ability of ROS to structurally modify cellular components, activate cytoplasmic/nuclear signal transduction pathways, alter DNA polymerase activity, modulate

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gene expression and protein production<sup>[2]</sup> has led to the implication of their involvement in a variety of pathological conditions<sup>[3,4]</sup> including inflammation,<sup>[5]</sup> carcinogenesis,<sup>[6,7]</sup> ageing<sup>[8,9]</sup> and autoimmunity.<sup>[10,11]</sup> Specific and non-specific defences limit the extent to which ROS, either generated physiologically from cellular metabolic processes or pathologically via toxic insult, may affect the cellular environment.<sup>[11]</sup> Nevertheless, a proportion of the ROS-generated evade the antioxidant defences and subsequently interact with biomolecules, resulting in a background level of damage. More serious for the cell however, is the condition of oxidative stress which occurs when this prooxidant-antioxidant balance is disturbed, in favour of the former.<sup>[12]</sup> An inevitable consequence of this is the overwhelming of the antioxidant defences, by ROS, giving rise to elevated levels of damage.

An important target for ROS within the cell is DNA, resulting in a broad range of products including base and sugar modifications, covalent crosslinks with proteins and single- and double-strand breaks.<sup>[13]</sup> Most attention has focused upon ROS-modification of DNA bases, yet with over twenty products identified,<sup>[14]</sup> only a few have been investigated in detail. The modified base, 8-oxoguanine or its deoxynucleoside derivative 8-oxodG, has been adopted as the target for intense investigation (comprehensively reviewed in Ref. [15]). The rationale for this has, in part, been due to the sensitivity with which it may be measured.<sup>[16]</sup> Reflective of this, the methodologies for the measurement of this lesion in DNA are numerous and include gas chromatography-mass spectrometry (GC-MS), high performance liquid chromatography with electrochemical detection (HPLC-EC) (both critically reviewed in Ref. [17]), <sup>32</sup>P-postlabelling,<sup>[18]</sup> immunodetection<sup>[19,20]</sup> and alkaline elution techniques.<sup>[21]</sup> Additionally, as will be illustrated in this review, 8-oxo-2'-deoxyguanosine (8-oxodG) possesses a documented mutagenic potential and has been shown to be a relevant marker of oxidative stress. Both the base and deoxynucleoside are studied since either

may be released from DNA depending upon the method of hydrolysis, acid for the former and enzymic for the latter.<sup>[17]</sup> Furthermore, both 8-oxoguanine (8-oxoG) and 8-oxodG are present in the urine,<sup>[22]</sup> the measurement of which has markedly different implications, which is an aim of this review to illustrate.

Persistence of base modifications may have potentially deleterious consequences for the cell, for example, mutation. The mutagenic potential of 8-oxodG has been demonstrated to be due to a loss of base pairing specificity, misreading of adjacent pyrimidines,<sup>[23]</sup> or insertion of cytosine or adenine opposite the lesion.<sup>[24]</sup> Such mutations arising from 8-oxoG include GC to AT transversions.<sup>[25,26]</sup> Mispairing of 8-oxoG with adenine appears to be possible due to the predominance of the energetically favoured *syn* conformation of 8-oxodG, whereas in the *anti*-form pairing with dC is possible.<sup>[27]</sup> It may be that these structural alterations are involved in the recognition and subsequent repair of this lesion and yet 8-oxoadenine (8-oxoA), a structurally similar lesion, is reported to be at least one order of magnitude less mutagenic than 8-oxoG, in *Escherichia coli*.<sup>[28]</sup> It is therefore imperative that 8-oxoG does not persist in the DNA; to achieve this there exist, broadly speaking, four repair systems (Figure 1).

## BASE EXCISION REPAIR

Base excision repair is largely responsible for the removal of non-bulky base adducts, involving specialised enzymes which recognise a specific repertoire of lesions. In this process, a DNA glycosylase removes the modified base leaving an apurinic-apyrimidinic (AP) site (AP-deoxyribose), which is subsequently removed by two AP endonucleases which incise 3' (AP lyase) and 5' (AP hydrolase) to the AP site.<sup>[29]</sup> However, some repair enzymes have been shown to possess both glycosylase and AP lyase activities. The resultant gap is then filled by a DNA polymerase.

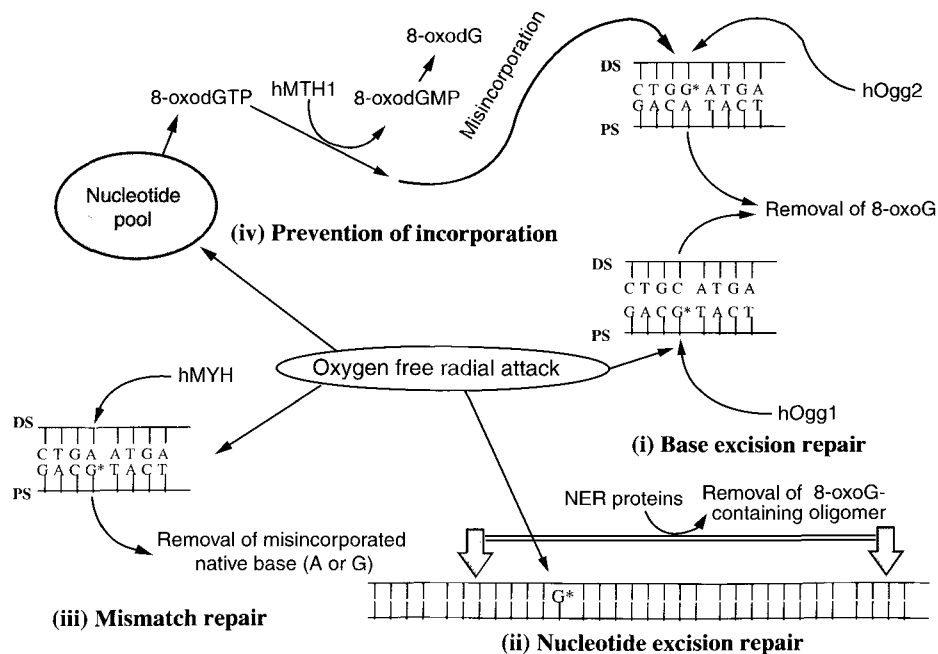


FIGURE 1 Representation of the four most established repair systems which maintain the integrity of the human genome, with respect to 8-oxodG: base excision repair (human homologue of the 8-oxoguanine-glycosylase enzyme: hOgg1 and hOgg2), nucleotide excision repair, mismatch repair (human MutY homologue: hMYH) and prevention of incorporation (human MutT homologue: hMTH1). DS and PS refer to daughter and parent strands of DNA respectively. G\* indicates 8-oxodG.

A number of glycosylases for the removal of oxidative base damage have been identified, which include hydroxymethyluracil DNA glycosylase, thymine glycol (TG) DNA glycosylase and 8-oxoG DNA glycosylase.<sup>[30]</sup> It has been the glycosylases associated with the removal of 8-oxoG which have received most attention. Early studies of 8-oxoG DNA glycosylase were in *E. coli*, where it was identified as a formamidopyrimidine (Fapy) glycosylase (or the Fpg protein from the *fpg* or *MutM* gene) for removing Fapys.<sup>[31]</sup> The substrate specificity of Fapy glycosylase has been further extended to include singlet oxygen damaged DNA<sup>[32]</sup> (predominantly 8-oxoG) and also an appreciable amount of 8-oxoA.<sup>[33]</sup> The repair mechanism of this enzyme has been shown to involve two stages, hydrolysis of the N-glycosyl bond, resulting in removal of the damaged base, followed by an active lyase activity towards the apurinic site leaving a strand break.<sup>[34]</sup> Demonstration that this enzyme can be induced in *E. coli* by conditions of stress, in particular molecular

oxygen, emphasises the profound protective nature of such repair processes.<sup>[35]</sup>

van der Kemp *et al.*<sup>[36]</sup> describe the cloning of a *Saccharomyces cerevisiae* gene named *OGG1*. Expression of this *OGG1* gene produced a glycosylase/lyase enzyme (8-oxoguanine-glycosylase 1, Ogg1) which acts on 8-oxoG when paired opposite either cytosine or thymine, but not when paired with adenine.<sup>[36]</sup> The substrate repertoire for the Ogg1 protein was later found to include AP sites opposite cytosine.<sup>[37]</sup> 8-oxoA was also found to be removed by Ogg1,<sup>[38]</sup> but only when inserted opposite cytosine. Girard *et al.*<sup>[37]</sup> concluded that whilst being functional analogues, differences in substrate specificity and catalytic mechanism suggested MutM and Ogg1 proteins are not closely related. The genes thought to be the human and mouse homologues of *OGG1* (*hOGG1* and *mOGG1*), were recently cloned by several groups.<sup>[39-43]</sup> Expression of *hOGG1* suppressed endogenous mutation in an *E. coli* mutant, deficient in both 8-oxoG glycosylase repair (MutM)

and 8-oxoG:A mis-match repair (MutY)<sup>[44]</sup> and was shown to be ubiquitously expressed in a variety of human organs.<sup>[39]</sup> Similarity of substrate specificity and mechanism between Ogg1 and hOgg1 suggested hOgg1 to be indeed the mammalian homologue of Ogg1.<sup>[44,45]</sup> Nash *et al.*<sup>[46]</sup> furthered work in this field of repair by reporting a second 8-oxoG glycosylase/lyase in yeast (tentatively designated yOgg2) which possesses a substrate preference for 8-oxoG paired opposite guanine or adenine.<sup>[47]</sup> Indeed, Hazra *et al.*<sup>[48]</sup> define hOgg2 in human cells as removing 8-oxoG when derived from the nucleotide pool and misincorporated opposite G or A.

The importance of the hOgg pathway for removal of 8-oxoG from DNA is exemplified in a study which reported that inactivation of hOgg1 may occur in some lung and kidney tumours.<sup>[49]</sup> Given the nature of inactivation, the authors speculate that *OGG1* may represent a new tumour suppressor gene.<sup>[49]</sup> Induction of *OGG1* mRNA by toxic insult<sup>[50]</sup> further supports this importance, suggesting the involvement of hOgg1, like the *E. coli* MutM protein,<sup>[51]</sup> in an adaptive response to cellular oxidative stress.

Bessho *et al.*<sup>[52]</sup> reported the existence of two human 8-oxoG repair enzymes, one being 8-oxoG glycosylase (which in contrast to MutM does not have a lyase activity) and an 8-oxoG endonuclease (which does not possess a glycosylase activity), although the activity of the former enzyme may be identical to mammalian N-methylpurine-DNA-glycosylase.<sup>[46]</sup> In addition to its main substrate of N-alkylpurine, mammalian N-methylpurine-DNA-glycosylase removes 8-oxoG by glycosylase action.<sup>[53]</sup> Glycosylases, by virtue of their mechanism, result in release of the modified base. The action of the endonuclease reported by Bessho *et al.*<sup>[52]</sup> gives rise to 3',5',8-oxodGDP as the putative product from modified DNA, which may subsequently be hydrolysed to 8-oxodG by nucleotidase(s). Such a mechanism would provide one means by which DNA-derived 8-oxodG may appear in urine.

## NUCLEOTIDE EXCISION REPAIR (NER)

It has been suggested that NER acts simply as a "back-up" system for base excision in the repair of oxidative lesions,<sup>[54,55]</sup> yet in yeast, NER is reported to play a major role in processing oxidative DNA damage.<sup>[56]</sup> Whilst removal of these non-bulky lesions would appear to occur due to the non-specific binding of the NER recognition subunits to DNA,<sup>[54]</sup> the differing capacities of XP complementation groups to process 8-oxodG would suggest that more specificity is present than previously thought.<sup>[57,58]</sup> Once bound, the recognition subunits cause conformational changes in the DNA at the site which, if already conformationally altered due to a lesion, produces a higher affinity interaction and a more long-lived complex,<sup>[59]</sup> the result of which becomes an excinuclease target. Thus a process exists in mammalian cells<sup>[60]</sup> whereby oxidative lesions, which induce conformational changes and base mismatches, may be recognised and removed by NER.<sup>[54]</sup> Indeed, Reardon *et al.*<sup>[61]</sup> demonstrated the removal of 8-oxoG by NER to occur 1.5-fold faster than *cis, syn* cyclobutane thymine dimers (T<>T), the reference bulky lesion, concluding this to be physiologically significant. Such a finding adds, in mammalian cells, to the bacterial GO system described by Michaels and Miller<sup>[62]</sup> for preventing 8-oxoG-derived, spontaneous mutagenesis. Furthermore, NER would result in a lesion-containing oligomer, classically some 24–29 nucleotides in length.<sup>[63]</sup> Although again relying on data derived from studies of T<>T, there exists some evidence to suggest that such excised oligomers rapidly become subject to 5' → 3' exonucleolytic attack, which the authors speculate may continue until the lesion is encountered, resulting in a 6- or 7-mer,<sup>[64]</sup> or perhaps, ultimately, the isolated lesion itself. We suggest that such a process would represent another means by which DNA-derived 8-oxodG, or 8-oxodG-containing oligomers, may appear in the urine.

## MISMATCH REPAIR

First demonstrated by Holmes *et al.*<sup>[65]</sup> and later characterised by McGoldrick *et al.*<sup>[66]</sup> MYH, the mammalian homologue of MutY in *E. coli*, removes the mismatched, but undamaged, adenine opposite to an 8-oxoG by a glycosylase action. Failure of this action would induce a G:C → T:A transversion. More recently, the repertoire of this enzyme has been extended to include the removal of guanine, when mismatched opposite 8-oxoG, thus preventing G:C → C:G transversions.<sup>[67]</sup> Removal of 8-oxoG from the parent strand is then performed by hOgg2. The human homologue of the *MutY* gene (*hMYH*) has been cloned and sequenced by Slupska *et al.*<sup>[68]</sup> establishing, along with *hOgg1* and *hMTH*, the human equivalent of the bacterial GO system.

## PREVENTION OF INCORPORATION

The A → C mutation was shown to occur following misincorporation of 8-oxodGTP, from

the nucleotide pool, opposite dA in DNA.<sup>[69]</sup> The existence of a protein, 8-oxodeoxyguanosine triphosphatase or 8-oxo-2'-deoxyguanosine 5'-triphosphate pyrophosphohydrolase (8-oxodGTPase<sup>[70]</sup>), detected in human tissue, (a homologue of *E. coli* MutT protein, known as human MutT homologue, hMTH<sup>[71]</sup>) which hydrolyses the damaged triphosphate to the monophosphate, 8-oxodGMP<sup>[72]</sup> (Figure 2), assigns considerable importance to this mechanism for base lesion appearance in DNA. This is further supported by the finding in *E. coli* of another enzyme, GTP cyclohydrolase II, with the ability to hydrolyse 8-oxodGTP (and 8-oxoGTP, although favouring the former) to their corresponding (deoxy)nucleoside monophosphates.<sup>[73]</sup> Whilst 8-oxodGTP can arise from oxidation of dGTP and the phosphorylation of 8-oxodGMP, it cannot be generated via the repeated phosphorylation of 8-oxodGMP<sup>[74]</sup> (Figure 2). Subsequent digestion of 8-oxodGMP by a 5'(3')-nucleotidase (8-oxodGMPase) generates 8-oxodG which can be transported across the cell membrane and excreted in the urine.<sup>[74]</sup>

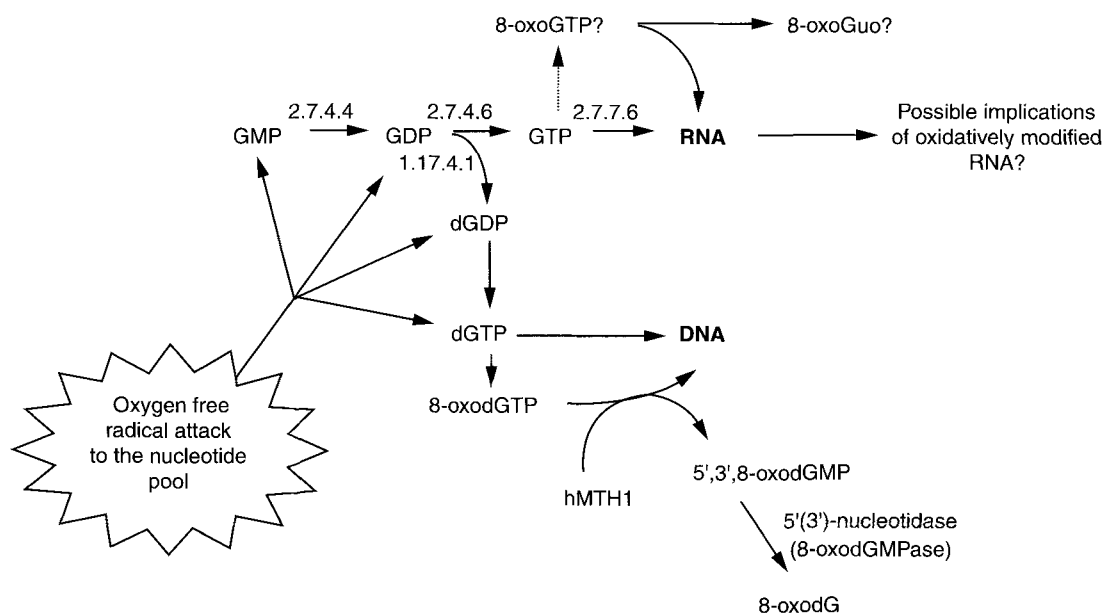


FIGURE 2 Illustration of how oxidative insult to the nucleotide pool may give rise to urinary 8-oxodG via the action of hMTH1 (human MutT homologue) (EC2.7.4.4: Nucleoside-phosphate kinase; EC2.7.4.6: Nucleoside 5'-diphosphatephosphotransferase; EC2.7.7.6: DNA-directed RNA polymerase; EC1.17.4.1: Ribonucleotide-diphosphate reductase).



Given that oxidation of the free deoxynucleotide occurs more rapidly than as a paired polynucleotide,<sup>[69]</sup> it might be implied that the deoxynucleotide pool represents a greater source of 8-oxodG than DNA. Also, mitochondrial sources of deoxynucleotides are disproportionately large compared to the nuclear/cytosolic pool when corrected for corresponding DNA content (*cellular pool*: 8.0 pmol dGTP/ $\mu$ g cellular DNA versus *mitochondrial pool*: 18.0 pmol dGTP/ $\mu$ g cellular DNA)<sup>[75]</sup> which, given the potential for elevated oxygen radical production in mitochondria, could result in significant oxidation of deoxynucleotides. In keeping with this, mitochondrial levels of hMTH1 are reported to be high.<sup>[76]</sup> Equally, it may be argued that the nucleotide pool is so large that any possible modulation of 8-oxodG levels would not be seen, unless the technique was extremely sensitive. However, whilst the total nucleotide pool is indeed likely to be large (800.8 pmol/cell<sup>[75]</sup>), the deoxynucleotide pool would represent only a fraction of this (10.8 pmol/cell<sup>[75]</sup>), easily influenced by prooxidant/antioxidant factors. It may be that these factors combined contribute significantly to urinary 8-oxodG levels, but the questions of their quantitative and qualitative importance compared to DNA, remains to be elucidated.

It is therefore clear that, due to the potential for 8-oxodG to be derived from the nucleotide pool, urinary measurements of this lesion do not reflect solely excision repair of DNA, but also the processes which prevent incorporation of damaged deoxynucleotides during DNA synthesis (Figure 2). Indeed, this argument is unlikely to be unique for 8-oxodG, as DNA polymerase incorporation of other oxidatively-modified deoxynucleotide triphosphates and their potential for mutation, have both been shown.<sup>[77,78]</sup> Although recent work has extended the substrate repertoire of hMTH to include oxidised dATP,<sup>[79]</sup> it is likely that enzymes, functionally analogous to hMTH, will be identified for other deoxynucleotides.

A further possible source of urinary 8-oxodG may be that derived from dead cells. Lindahl<sup>[80]</sup>

asserted that, as 8-oxodG cannot be produced from repair via a glycosylase action, its source in the urine is presumably due to the action of non-specific nucleases and phosphatases upon DNA released from dead cells. Such processing would yield free deoxynucleosides, oxidation of which would give rise to urinary 8-oxodG. Whilst this may indeed represent a contributory pathway for urinary 8-oxodG generated intra-cellularly prior to or during cell death, there is evidence to suggest that free deoxynucleosides are not subject to oxidative modification in the systemic circulation.<sup>[81]</sup> In this thorough study, Shigenaga *et al.*<sup>[81]</sup> demonstrated that intra-venous immunisation with 2'-deoxyguanosine leads to rapid incorporation into the cellular nucleotide pools, with no 8-oxodG production. Furthermore, oxidation of the trace dG quantities present in the urine was also shown to be insignificant.<sup>[81]</sup> The same workers showed that 8-oxodG is not generated from free 2'-deoxyguanosine when incubated with liver cytosolic enzymes or microsomal enzymes (cytochrome P-450), nor is 8-oxodG degraded in the circulation or through prolonged incubation in urine.<sup>[81]</sup> Therefore, whilst the potential exists for 8-oxodG derived from dead cells to contribute to urinary levels, its artefactual production or loss through metabolism or exposure to the circulation is insignificant, establishing its stability for use as a biomarker. Repair-based mechanisms for the generation of 8-oxodG are illustrated in Figure 3.

#### METHODOLOGY FOR THE MEASUREMENT OF URINARY 8-oxodG

It is generally accepted that a consequence of repair is the appearance of lesions, or their derivatives, in the urine. On this basis, the development of assays which measure urinary levels of damage products would provide a non-invasive approach to the monitoring of *in vivo* repair. The technique of HPLC-EC, has been applied to the analysis of

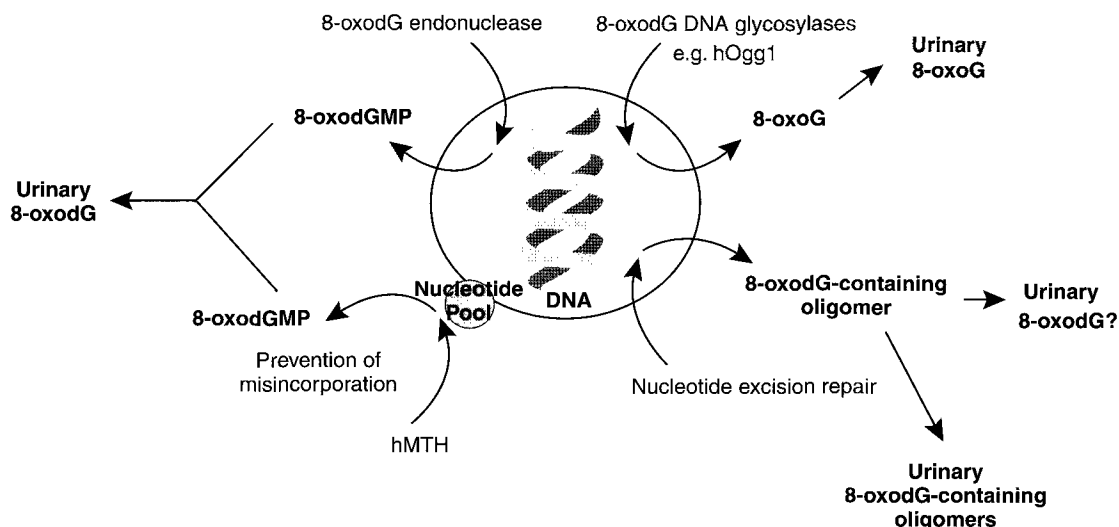


FIGURE 3 Schematic for possible sources of urinary 8-oxodG (hOgg1: human homologue of the Ogg enzyme; hMTH human MutT homologue).

8-oxodG in urine. However being a complex mixture of constituents, the urine requires considerable prepurification, which include; solid-phase clean-up of the urine,<sup>[81]</sup> column coupling,<sup>[82,83]</sup> carbon column capture<sup>[84]</sup> and immunoaffinity clean-up.<sup>[85]</sup> The latter principle was extended by Park *et al.*<sup>[86]</sup> using a monoclonal antibody column to enrich for 8-oxodG in blood plasma and culture medium. Whilst such antibodies may represent an improvement in the HPLC method for urinary 8-oxodG measurement, they also appear to be a respectable alternative to HPLC methodology,<sup>[87]</sup> with good correlation between the two techniques (Ref. [88], Ochi *et al.*\*). Urinary 8-oxodG has also been measured by GC-MS and, although this has required extensive sample work-up including both solid-phase extraction and/or HPLC prepurification,<sup>[89,90]</sup> it does represent a means by which multiple lesions may potentially, be simultaneously measured.<sup>[91]</sup> Preliminary analysis of five urinary oxidative DNA products, 8-oxodG

included, by GC-MS with HPLC prepurification, indicated an approximately constant ratio between the levels of each lesion.<sup>[91]</sup> Such a result would support suggestions that lesions other than 8-oxodG may also be suitable urinary markers of oxidative stress. Conversely, HPLC with tandem mass spectrometry requires comparatively little sample work-up, whilst offering both measurement and confirmatory identification of 8-oxodG.<sup>[92]</sup>

#### URINARY MEASUREMENT OF OXIDATIVE DAMAGE REPAIR PRODUCTS

TG was one of the first ROS-induced DNA lesions to be studied and found to be a significant marker of oxidative stress.<sup>[93]</sup> However, there is a 1000-fold greater sensitivity associated with the detection of 8-oxodG by HPLC with electrochemical detection, compared to the UV detection of

\* Ochi, H., Yoshikawa, T., Cutler, R., Takeuchi, M. and Ramarathnam, N. Development of a monoclonal antibody ELISA for the quantification of 8-hydroxy-2'-deoxyguanosine (submitted for publication).

TG<sup>[94]</sup> and this has led to urinary measurements of TG being superseded by 8-oxodG. This simple rationale highlights a number of *caveats* which should be noted when measuring a lesion in urine and interpreting the results.

### Dietary Contribution

Only a small amount of TG in urine is derived from the diet,<sup>[95]</sup> whereas the diet represents a major contributor to urinary 8-oxoG.<sup>[85]</sup> Measurement of the modified deoxynucleoside (thymidine glycol and 8-oxodG) appears to overcome this problem, although it is argued that this prevents the assay from being directly reflective of DNA repair. Such a view assigns considerable input from the deoxynucleotide pool and minimal contribution from the DNA directly. Furthermore, it implies that 8-oxoG-generating, DNA repair processes are of primary quantitative importance.

### Levels of Lesion in Urine

8-oxodG predominates over thymidine glycol in human urine.<sup>[94]</sup> Reasons for this are believed to include the relative instability of the TG, resulting in its decomposition, site-specific hydroxyl radical formation in DNA (largely in guanine-rich regions) and selectivity in the occurrence or repair of damage.<sup>[94]</sup> Furthermore, the stability of 8-oxodG allows the frozen storage of urine for up to one year prior to analysis.<sup>[83]</sup>

### Artefactual Oxidation

The possibility of 8-oxodG arising from enzymatic or chemical oxidation of dG has been rigorously examined by Shigenaga *et al.*<sup>[81]</sup> who concluded that neither of these routes, nor exposure of dG to the systemic circulation, give rise to 8-oxodG.

### Renal Function

Urinary levels of any oxidative lesion rely on renal excretion of damage products<sup>[96]</sup> and this raises the issue of "in which units should the lesion be expressed?" Whilst some groups favour expression of urinary 8-oxodG in terms of pmol/kg/24 h,<sup>[83,97]</sup> others express relative to creatinine.<sup>[82,98,99]</sup> Tagesson *et al.*<sup>[100]</sup> later suggest that creatinine levels co-vary with 8-oxodG independently of urine concentration. However, creatinine is used routinely to correct for variations in urine concentration and also acts as an indicator of renal function, particularly important when examining urinary 8-oxodG in patient groups with disease. Furthermore a study by Bogdanov *et al.*<sup>[84]</sup> showed close correlation between total 8-oxodG output per 24 h and "spot" urines corrected for creatinine, demonstrating low intra-individual variability. It was subsequently concluded that 8-oxodG measurements of these "spot" urines were excellent markers in intervention studies.<sup>[84]</sup> This is supported by Poulsen *et al.*,<sup>[101]</sup> given the *caveat* that the creatinine concentrations are unchanged in paired experiments and comparable in unpaired experiments.

A major drawback of either unit is that it prevents comparison of data between the "two schools' of thought". Other problems, associated with the 24 h collections, are the stringency with which the 24 h is timed and the logistics of collection (large volumes of urine etc.).

### Specificity of the Technique

A frequent criticism of antibody techniques relates to their specificity. In our studies (Refs. [88,98], Evans *et al.*<sup>†</sup>), we employed an antibody which has been thoroughly characterised.<sup>[102]</sup> No recognition of DNA or RNA bases was shown, whether modified or not. Whilst some recognition of the ribonucleoside, 8-oxoguanosine (8-oxoGuo) was reported, it was at a concentration at least

<sup>†</sup>Evans, M.D., Cooke, M.S., Akil, M. and Lunec, J. Aberrant processing of 8-oxo-2'-deoxyguanosine in Systemic Lupus Erythematosus (Submitted).



two orders higher than for 8-oxodG. The relative amounts of urinary 8-oxodG and 8-oxoGuo have not yet been accurately demonstrated preventing quantitative comparison. Even if this still represents a significant contribution from RNA and/or the nucleotide pool, it does not, as discussed below, preclude this as an assessment of oxidative stress.

The antibody used in the above studies (and others<sup>[87,103-108]</sup>) has a demonstrated ability to detect "free", monomeric 8-oxodG and that contained within oligomers and indeed isolated DNA itself<sup>‡</sup>. Given that the urinary products of NER may be 8-oxodG-containing oligomers, the potential of the antibody to detect these highlights a limitation of assays such as HPLC-EC and GC-MS which are strictly limited to monomeric 8-oxodG, thereby not detecting 8-oxodG derived from a potentially important repair pathway. Although no literature precedent exists for the presence of 8-oxodG-containing oligomers in the urine, experiments within the authors' laboratory confirm the presence of oligomers<sup>§</sup> with work to identify potential lesions on-going. This may also account, in part, for the difference in basal levels of 8-oxodG noted by enzyme-linked immunosorbant assay (ELISA) and HPLC-EC techniques, the ELISA-derived values being higher (Table I). The HPLC-EC method is not without analytical

difficulties, Bogdanov *et al.*<sup>[84]</sup> recently reported the presence of peaks which co-elute with 8-oxodG, identified by multi-channel coulometric electrochemical detection. Despite these issues, within technique agreement of levels in control subjects between labs appears strong (Table I). Furthermore, in longitudinal or comparative studies, the significance of absolute levels is superseded by the ability to detect variation.

### Contribution from RNA

Whilst not an issue for TG, urinary levels of 8-oxoG may include a contribution from RNA, particularly if mechanisms exist to maintain the integrity of RNA molecules. Indeed, damage to RNA may play a significant role in pathology through abnormal protein translation and defects in protein synthesis.<sup>[110,111]</sup> As described above, contribution from the diet suggests that measurement of urinary 8-oxoG renders this marker invalid. A study reported by Witt *et al.*<sup>[112]</sup> examined the effects of exercise and vitamin supplementation upon oxidative damage, as monitored by urinary 8-oxoGuo measurement. This is further supported as a suitable marker of oxidative stress by findings which show there to be a negligible contribution of urinary modified ribonucleosides from the diet.<sup>[113,114]</sup> Again, measurement of the deoxynucleoside avoids the involvement of any RNA derivatives.

It has therefore been proposed that urinary levels of 8-oxodG can be used to non-invasively monitor *in vivo* oxidative stress,<sup>[115,116]</sup> assuming an appropriate method of analysis exists, which takes the above points into account.

### SIGNIFICANCE OF URINARY 8-oxodG MEASUREMENTS

The quantitation of 8-oxodG in urine has been used to assay *in vivo* oxidative DNA damage.<sup>[68]</sup>

TABLE I Inter-laboratory and inter-technique comparison of baseline levels of urinary 8-oxodG in healthy individuals, as measured by ELISA and HPLC-EC

Technique	
ELISA (ng 8-oxodG/ mg creatinine)	HPLC-EC (ng 8-oxodG/mg creatinine)
20.5 ± 7.5 <sup>[98]</sup>	3.8 ± 1.9
19.4 ± 8.5 <sup>[87]</sup>	2.2 ± 0.9
18.61 <sup>[106]</sup>	5.0 ± 1.1
24.3 ± 15.2 <sup>[107]</sup>	2.4 ± 1.3

Values are derived from those tabulated by Loft and Poulsen.<sup>[109]</sup>

<sup>‡</sup> Unpublished observations.

<sup>§</sup> Manuscript in preparation.

These workers demonstrated a correlation between levels of urinary 8-oxodG and species-specific metabolic rate and longevity, consistent with the hypothesis of a steady-state level of oxidative damage. Urinary 8-oxodG has also been examined in relation to smoking, gender and body mass index.<sup>[83]</sup> The general finding, reviewed by Loft *et al.*,<sup>[117]</sup> was that metabolic rate appeared to be a factor accounting for inter-species and subject variations in 8-oxodG excretion and that smoking increased urinary levels of this lesion. Furthermore, this lesion and presumably others, has been shown to accumulate in tissue in an age-dependent manner, perhaps due to either a decrease in repair/antioxidant defence efficiency<sup>[118]</sup> or an increased rate of oxidant production.<sup>[22]</sup>

It has been shown that individuals with malignant disease (affecting breast, colon, lymphoma and teratoma) have a significantly higher excretion of 8-oxodG compared to healthy controls, hypothesised to be due to increased oxidative damage.<sup>[82,100]</sup> However, this increase may largely be due to the therapy which the patients are undergoing,<sup>[119]</sup> perhaps due to increased cell turnover. Elevated levels of urinary 8-oxodG and presumably DNA damage, as determined by HPLC, have been proposed as an explanation for the higher incidence of malignancy in patients with cystic fibrosis.<sup>[120]</sup> It is important to note that a rise in urinary 8-oxodG does not necessarily reflect more DNA damage, but can reflect a lowering or lower steady-state levels in tissue DNA, perhaps due to repair.<sup>[121]</sup> Thus far, few studies have attempted to correlate increased urinary oxidative biomarkers with disease, perhaps due to a possible multi-factorial explanation for elevated levels of oxidative stress in disease, or the drawbacks of analytical techniques available. In particular, strong data for the much postulated role of oxidative DNA damage in carcinogenesis<sup>[122]</sup> remains most elusive, although observational/epidemiological evidence is growing (reviewed by Poulsen and Loft<sup>[123]</sup>). It therefore seems reasonable to suggest that dietary antioxidants may play a role in cancer prevention, although

Loft *et al.*<sup>[83]</sup> concluded that intake of antioxidants does not influence 8-oxodG excretion and, by implication, DNA damage.

## DNA DAMAGE AND ANTIOXIDANTS

It has been postulated that prevention of damage to DNA, through antioxidant pathways, is an important approach to the prevention of carcinogenesis, suggesting that supplementation with antioxidants may significantly decrease levels of damage. However, whilst epidemiological studies suggest fruit and vegetables have protective effects against cancer, this may not be specifically due to antioxidants such as vitamins C and E.<sup>[124,125]</sup> Furthermore the experimental evidence for the benefits of antioxidant vitamins has not shown a consensus. Several groups have reported no effect of antioxidants, such as vitamin C or E, on oxidative DNA damage<sup>[126–128]</sup> and yet there remains evidence for a profound protective effect.<sup>[129–131]</sup> Such contradictory findings are exemplified in our recent report in which vitamin C supplementation displayed an apparent antioxidant effect, reducing 8-oxoG in lymphocyte DNA with a concomitant prooxidant effect, increasing levels of 8-oxoA in the same sample.<sup>[132]</sup> This novel finding, whilst surprising, maintained that vitamin C possesses an overall protective effect due to the different mutagenic abilities of 8-oxoG compared to 8-oxoA.<sup>[132]</sup> Further work, which has suggested a possible explanation for this dichotomy, measured levels of 8-oxodG in DNA, serum and urine<sup>[98]</sup> from the same supplemented subjects as described by Podmore *et al.*<sup>[132]</sup> The report described the reduction of DNA levels of 8-oxodG, whilst serum and urinary levels increased significantly. Additional support for this observation may be derived from two other reports which noted an appreciable, if non-significant, increase in urinary 8-oxodG of subjects with a diet high in fruit and vegetables<sup>[133]</sup> and those supplemented, twice daily, with 250 mg vitamin C.<sup>[134]</sup> Cooke *et al.*<sup>[98]</sup>

concluded by extending the adaptive response hypothesis of Rehmann *et al.*<sup>[134]</sup> providing experimental evidence that vitamin C may positively influence the repair of DNA and/or sanitisation of the deoxynucleotide pool. Measurement of 8-oxodG in all three biological matrices (DNA, serum and urine) clearly facilitated such a conclusion, reiterating the importance of 8-oxodG measurements other than in DNA. Example of other studies, in which dietary intervention modulated urinary 8-oxodG excretion, describe the reduction of urinary 8-oxodG levels upon a diet rich in Brussels sprouts.<sup>[135,136]</sup> Although potentially due to the antioxidant content of the Brussels sprouts, the authors postulate that the reduction seen might be due to the induction of xenobiotic metabolism enzymes by phytochemicals in cruciferous vegetables,<sup>[135]</sup> the consequence of which is removal of oxidative stress-inducing agents and hence reduction of the steady-state level.

There is, at present, no precedent to suggest what proportion of urinary 8-oxodG is derived from the deoxynucleotide pool or DNA. Therefore the increases in serum and urinary 8-oxodG may be derived from either source (or both). However, recent evidence from our laboratory may provide a clue. Our study, in which serum levels of 8-oxodG in the autoimmune disease, systemic lupus erythematosus (SLE), were examined, revealed an attenuated response to vitamin C supplementation, compared to control subjects (Evans *et al.*<sup>||</sup>). A reduced purine 5'-nucleotidase activity<sup>[137]</sup> may account for this difference between the subject groups, assuming this enzyme acts upon modified, as well as native, mononucleotides. As illustrated in Figure 3, the purine 5'-nucleotidase is required to convert 5',8-oxodGMP, derived from the nucleotide pool, to 8-oxodG, allowing excretion of the lesion. Given that this is the rate limiting step,<sup>[136]</sup> we

speculate that processes requiring this activity to generate 8-oxodG could partly account for the quantitative differences in response between the SLE and control subjects.

Given the 8-oxodG sources described in this review, it would be pertinent to re-examine how vitamin C may modulate levels of 8-oxodG in both DNA and urine. Cooke *et al.*<sup>[98]</sup> postulated a number of explanations for the effects upon 8-oxodG following vitamin C supplementation:

1. Vitamin C acts as a prooxidant for guanine moieties not contained within DNA perhaps due to a particular cellular localisation of vitamin C. The increases seen in 8-oxodG would therefore be derived from the nucleotide pool *i.e.* oxidation of dGTP.

2. Equally, if vitamin C promotes the "purging" of 8-oxodG from the cell, again this would most likely come from the nucleotide pool. In the case of this and the above points, this would suggest that vitamin C is having some form of residual effect, detectable long after plasma values have returned to baseline and that it is the processing of these lesions which explains the delay between their removal and appearance in the urine.

3. Given that DNA levels of 8-oxoG are reduced by vitamin C<sup>[132]</sup> this would support the, largely *in vitro*, evidence for an activity which scavenges radicals,<sup>[1]</sup> preventing damage to DNA. In combination with steady-state repair, a decrease in DNA levels of 8-oxoG would be seen. This would not account for the concomitant increase in 8-oxoA.

4. Our favoured hypothesis suggests that vitamin C positively influences the removal of 8-oxodG from the DNA and/or nucleotide pool, most likely, via the upregulation of repair enzymes. Recent *in vitro* evidence from the authors' laboratory supports a role of vitamin C in both the activation of transcription factor binding and 8-oxodG removal (Holloway *et al.*<sup>¶</sup>). This may be

<sup>||</sup> Evans, M.D., Cooke, M.S., Akil, M. and Lunec, J. Aberrant processing of 8-oxo-2'-deoxyguanosine in Systemic Lupus Erythematosus (Submitted).

<sup>¶</sup> Holloway, K., Cooke, M.S., Faux, S., Griffiths, H.R. and Lunec, J. (in preparation).

associated with vitamin C's prooxidant/redox properties, also accounting for the increase in DNA levels of 8-oxoA.

## SUMMARY AND CONCLUSIONS

The most reported technique for the measurement of urinary 8-oxodG is HPLC-EC, however, more recently an ELISA-based method has increased in use. Whilst agreement between the HPLC and ELISA techniques is not established for baseline urinary levels, strong agreement is seen between laboratories using the same technique. Literature references to urinary 8-oxodG measurements have clearly illustrated the apparent involvement of oxidative stress in numerous pathological conditions and its generation following toxic insult. However, proof of a defined role is still absent. The question: "from where does urinary 8-oxodG derive?" is central to the meaningful interpretation of results derived from the above assays and an important prerequisite for proving a defined role. This review has addressed the question of source, suggesting that an endonuclease action and NER may yield 8-oxodG from DNA, whilst the hMTH system sanitises the nucleotide pool, giving rise to 8-oxodG. Furthermore cell death/turnover either through apoptosis or necrosis, may also contribute to the background levels of lesion. With the sources identified, it will be important to know what the relative contribution to total urinary 8-oxodG these processes represent and how their action may be modulated. Such a finding would show, in terms of cellular importance, how measurements of urinary 8-oxodG, as a marker of oxidative stress compares with DNA levels of 8-oxodG and DNA repair capacity. Significant work still needs to be performed to link more closely these three parameters and hence further elucidate the kinetics of 8-oxodG formation and clearance *in vivo*. Upon establishment of these details, urinary 8-oxodG measurements may become more than a reflection of generalised oxidative stress.

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