

Folate deficiency, mismatch repair-dependent apoptosis, and human disease

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Abstract

The vitamin that is most commonly deficient in the American diet is folate. Severe folate deficiency in humans is known to cause megaloblastic anemia and developmental defects, and is associated with an increased incidence of several forms of human cancer. Although the exact mechanisms by which this vitamin deficiency may cause these diseases are not known at the present time, recent work has shown that folate deficiency also causes genomic instability and programmed cell death (or apoptosis). Additionally, it is known that the DNA mismatch repair pathway mediates folate deficiency-induced apoptosis. This review will first describe work suggesting that folate deficiency causes genomic instability and apoptosis, then discuss possible mechanisms by which the mismatch repair pathway could trigger folate deficiency-induced apoptosis, which has either protective or destructive effects on tissue. © 2003 Elsevier Inc. All rights reserved.

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1. Introduction

Folate, one of the water-soluble B vitamins, is an essential carrier of methyl groups within the cell. In this role, folate acts as either a donor or receiver of one-carbon moieties in numerous enzyme-catalyzed reactions [1]. Highlighting the importance of folate in nutrition is the observation that a deficiency of this vitamin in the diet is associated with an increased risk of certain types of cancer and many other diseases, including megaloblastic anemia, neural tube defects, and heart disease [2,3]. Although the mechanisms by which folate deficiency may cause these diseases remains to be elucidated, it has been demonstrated that folate deficiency is associated with genomic instability, defective DNA repair, and programmed cell death (also called apoptosis) (for reviews see [3–7]). Very recently, a functional DNA mismatch repair (MMR) pathway has been shown to be required for folate deficiency induced apoptosis [8]. As one of the primary maintenance systems for the genome, MMR guards genomic stability by correcting biosynthetic errors and by promoting DNA damage-induced apoptosis [9,10]. This review will discuss the molecular link

between folate deficiency and MMR-dependent apoptosis and its implications to human diseases.

2. Folate deficiency causes genomic instability

Folic acid has an important role in DNA metabolism. As depicted in Fig. 1, folate metabolites are cofactors essential for the biosynthesis of nucleotides and for DNA modification. Dietary folate is metabolized into several reduced and methylated forms in the cell, and one of these derivatives, 5,10-methylenetetrahydrofolate (5,10-MTHF), is a required precursor for the *de novo* biosynthesis of thymidylate. In a reaction catalyzed by thymidylate synthase, 5,10-MTHF donates a methyl group to the uracil moiety of deoxyuridine monophosphate (dUMP) to form deoxythymine monophosphate (dTMP). A deficiency of folate decreases the production of dTMP, resulting in an increased cellular dUMP/dTMP ratio [11]. Because DNA polymerases cannot easily discriminate between dTTP and dUTP, an increased ratio of dUMP/dTMP results in an increased amount of DNA polymerase-mediated dUTP incorporation into DNA [12,13].

The presence of uracil in DNA promotes genomic instability in a variety of ways. Uracil, if left uncorrected, can mispair with guanine, producing a point mutation [14,15]. Additionally, there are at least four DNA glycosylases

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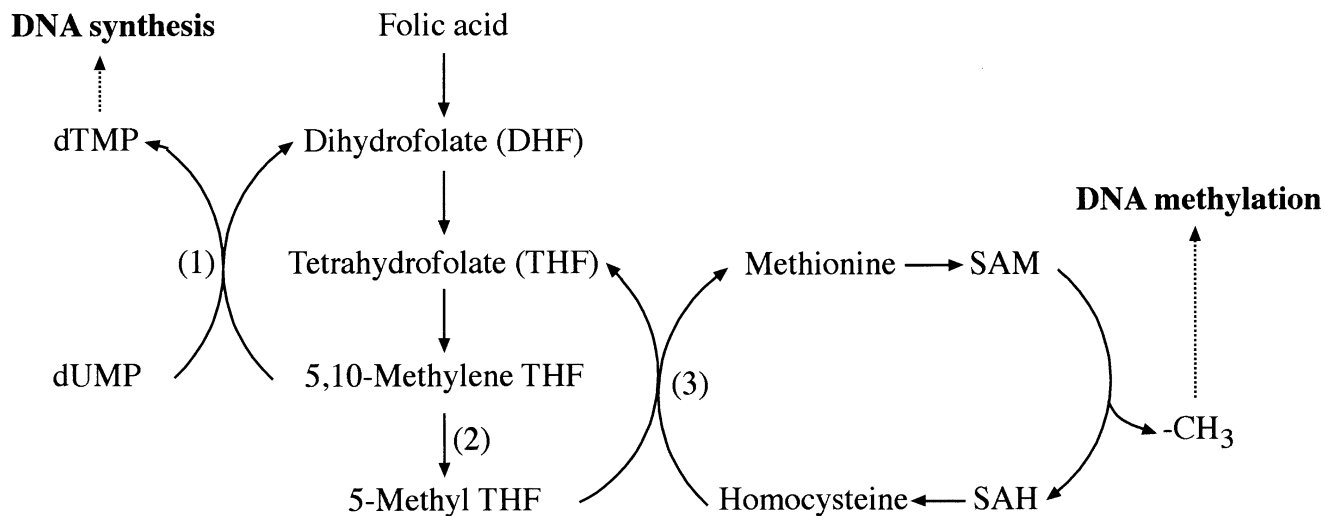


Fig. 1. Role of folate coenzymes in DNA synthesis and modification. Arrows indicate natural biosynthetic pathways. dTMP, deoxythymidine monophosphate; dUMP, deoxyuridine monophosphate; THF, tetrahydrofolate; SAM, S-adenosylmethionine; SAH, S-adenosylhomocysteine. Enzymes: [1], thymidylate synthase; [2], 5,10-methylene-THF reductase; [3], methionine synthase.

(UNG, TDG, hSMUG1, and MBD4) in human cells that can remove uracil from DNA in concert with an apyrimidinic endonuclease [15,16]. This process creates transient single-strand breaks that could lead to double-strand breaks if two uracil residues that are closely located on the opposite strands are excised by this base excision repair mechanism [17]. The double-strand breaks generated by this mechanism have been shown to be associated with gene deletions and could lead to chromosomal breakage [17,18].

In addition to single base modifications and chromosomal breaks, folate deficiency has recently been shown to cause insertion or deletion of small repetitive sequences in the genomic DNA of colon tissue [19]. Changes in the number of simple repetitive sequences is known as microsatellite instability (MSI), and was initially identified in patients with colorectal cancer about ten years ago [20,21]. Cravo et al. [19] have demonstrated that intracellular folate levels influence microsatellite status in the non-neoplastic mucosa of patients with ulcerative colitis, a condition known to be associated with both folate deficiency and an increased risk of colorectal neoplasia. In this study, folate levels and MSI statuses in the colonic mucosa of 26 patients with chronic ulcerative colitis and 10 patients with Crohn's colitis were determined. MSI was found in 3 patients with ulcerative colitis and in none of the patients with Crohn's colitis. Interestingly, all three patients with MSI exhibited lower levels (30–50% lower) of folate concentrations in their serum, whole blood, and colonic mucosa. However, after one of the patients with MSI received folate supplementation for 6 months, three of six microsatellite markers tested became stable, implicating a role of folate in stabilizing microsatellite sequences. Since defects in DNA mismatch repair (MMR) are known to cause MSI [22–24], this study suggests that intracellular folate concentrations may regulate the MMR function [7].

While folate is indispensable for maintaining the integrity of the base sequence of genomic DNA, it is also important for DNA methylation, a modification that controls gene expression. This is because 5,10-MTHF, a precursor for dTTP synthesis (see Fig. 1), is also the primary source of methyl groups for cytosine methylation (through S-adenosylmethionine, or SAM, see Fig. 1). In human cells, DNA methylation usually occurs in cytosines of palindromic CpG sequences, particularly in the promoter region. Whether or not this epigenetic modification can initiate repression of gene expression is still a controversial issue [25,26]. However, the amount of cytosine methylation in the promoter region of a gene is, in general, inversely correlated with its transcription level. The pattern of cytosine methylation in genome is tightly controlled through the cell cycle [27], but the amount of methylation is directly affected by the intracellular folate level. *In vivo* studies have shown that feeding rats a severely methyl deficient diet causes DNA hypomethylation and leads to elevated expression of several oncogenes, including *c-myc*, *c-fos*, and *c-Ha-ras* [28]. DNA hypomethylation caused by a diet deficient only in folate has also been shown to be associated with instability and decreased expression of tumor suppressor genes. For example, Kim and co-workers showed that, in rats, a folic acid deficient diet can cause hypomethylation and strand breaks specific to the p53 gene in the absence of genome-wide alterations [29], and a decreased level of its transcription [30]. It is not known for certain whether hypomethylation can promote mutagenesis, but hypomethylated DNA is known to be more susceptible to the action by nucleases compared to methylated DNA [31]. The increased expression of oncogenes and impaired expression of tumor suppressor genes in folate deficient cells suggest at least one way in which folate deficiency may promote tumorigenesis.

3. Folate deficiency induces apoptosis

Although folate deficiency is associated with increased cancer risk, historically the principal marker of folate deficiency has been megaloblastic anemia. This association can be traced back to the 1930's, when a macrocytic anemia in Indian women with pregnancy could be cured by the treatment of a product derived from folate-rich autolyzed yeast [32]. Megaloblastic anemia is a disorder characterized by dramatic changes in the morphology of both developing and mature blood cells. Under conditions of folate deficiency, hematopoietic cells in the marrow, such as proerythroblasts and metamyelocytes (the progenitors of erythrocytes and neutrophils, respectively), appear to have enlarged cytoplasm and disfigured nuclei. This morphology is likely caused by the uncoupling of cell growth from division; hence, the cytoplasm in these cells is relatively "mature" (due to normal RNA and protein synthesis) while the nuclei are "immature" (due to inhibited DNA synthesis). As a result, these cells either die in the marrow, or are arrested (as megaloblastic cells) at the S and G₂ phases of the cell cycle. A large fraction of the mature erythrocytes and neutrophils that are released into the circulation under these conditions also have a distorted morphology (reviewed in [33]). Studies utilizing *in vitro* cell culture suggest that cells other than blood cells have similar morphology when grown under conditions of folate depletion (see below for details), and either survive with serious genomic abnormalities (discussed above), or undergo programmed cell death (or apoptosis).

Koury and colleagues have developed an *in vitro* mouse model of megaloblastic anemia, and have used it to demonstrate that folate deficiency-induced anemia causes erythroblasts to undergo apoptosis [34–36]. A hematopoietic disease with characteristics similar to megaloblastic anemia can be induced in mice by first feeding them a folate-deficient diet and then infecting them with a particular strain of Friend virus that causes erythroblasts to proliferate rapidly. Proerythroblasts isolated from the spleens of the infected mice and cultured in a folate-deficient medium were found to accumulate in the S-phase of the cell cycle and underwent apoptosis, whereas control proerythroblasts grown in normal medium survived and differentiated into reticulocytes over a period of two days [34,36]. These observations suggest that apoptosis of erythroblasts during differentiation leads to decreased erythrocyte production and to anemia. Additionally, the apoptotic cell death of the folate-deficient erythroblasts can be prevented by the addition of folic acid or thymidine to the folate-deficient medium, implicating decreased thymidylate synthesis and/or uracil misincorporation into DNA as the main cause of apoptosis in the folate-deficient erythroblasts [34,35]. Although a slight accumulation of p53 was associated with folate deficiency-induced apoptosis [35], more recent work has shown that folate-induced apoptosis occurs in a p53-independent manner. Proerythroblasts also undergo apopto-

sis when harvested from folate-deficient, Friend virus-infected p53 knockout mice and cultured in a folate-deficient medium [36].

A methyl deficient diet has also been shown to induce apoptosis in tissues other than blood tissue. James et al. [37] investigated the effect of a methyl deficiency on rat liver and observed increased apoptotic bodies in rat livers after two days on a methyl deficient diet, and that this increase continued over the 9-week feeding period. Additionally, folate deficiency induces apoptosis not only in experimental animals, but also in established cell lines. When a human hepatoma cell line was cultured in folate-deficient media for one week, an accumulation of cells in the S- and G₂/M-phases was observed [38]. Like mouse proerythroblast cells, these folate-deficient hepatoma cells underwent nucleosomal DNA fragmentation, a classical characteristic of apoptosis. Folate supplementation in the medium, however, was able to normalize the cell cycle and diminish DNA fragmentation in these cells [38]. Similar observations have also been made in Chinese hamster ovary cells [37,39] and human cytotrophoblastic cells [40] under conditions of folate deficiency. Taken together, these *in vitro* data clearly indicate that folate deficiency induces cell cycle arrest and programmed cell death.

4. Involvement of mismatch repair proteins in folate deficiency-induced apoptosis

It is well established that folate deficiency induces apoptosis, but the molecular mechanism of the process is less understood. Given that the addition of thymidine to cell culture prevents folate deficiency-induced cell death, DNA damage (*i.e.*, uracil misincorporation) seems to play a major role in the initiation of apoptosis caused by folate deficiency. Interestingly, recent work from several groups has suggested that DNA mismatch repair (MMR) proteins not only recognize base-base mismatches, but also recognize many forms of DNA damage and are required to trigger DNA damage-induced apoptosis (reviewed in [9]).

MMR is best known for its role in correcting DNA mispairs formed during DNA replication and recombination (for reviews see [41–44]). In *Escherichia coli*, MMR is carried out by eleven activities including MutS and MutL [45,46]. In eukaryotic cells, an MMR system homologous to the *E. coli* MutS- and MutL-dependent pathway has been characterized. Both the *E. coli* and the eukaryotic pathways involve mismatch recognition (by the proteins MutS and MutL or their homologues), removal of the mismatch by excision (by exonucleases), and DNA resynthesis (by replicative DNA polymerases). While only a single form of MutS or MutL has been identified in *E. coli*, there are multiple forms of MutS and MutL homologs in eukaryotic cells, each of which is a heterodimer. The MutS homolog MSH2 interacts with two other MutS homologs, MSH6 and MSH3, to form MutS α and MutS β , respectively [47–50].

Like the *E. coli* MutS protein, MutS α and MutS β are mismatch recognition proteins in eukaryotes. The MutL homolog MLH1 interacts with three other MutL homologs, PMS1, PMS2, and MLH3, to constitute three MutL heterodimers in eukaryotic cells [51–55]. It has been demonstrated that defects in MMR cause genome-wide instability, particularly in microsatellite sequences, and are the genetic basis for certain types of cancer, including hereditary non-polyposis colon carcinoma (HNPCC) [56–62].

Recently, a novel genome maintenance function of MMR, *i.e.*, mediating DNA damage-induced apoptosis, has been identified. Cells proficient in MMR are much more sensitive to killing than their isogenic MMR-deficient cells by many physical and chemical agents, including *N*-methyl-*N'*-nitro-*N*-nitrosoguanidine (MNNG) [63–65], cisplatin [66,67], ionizing radiation [68], and environmental chemical carcinogens [69]. All these agents are known to directly react with DNA bases to form DNA adducts [14]. Upon treating MMR proficient cells with these DNA damaging agents, cells were found to undergo apoptosis. The requirement for both MutS and MutL homologs in this process was proven by showing that cell lines deficient in either *MSH2* or *MLH1* did not undergo significant amounts of apoptosis in response to treatment with DNA-damaging agents [64,69–71]. Additionally, it has also been documented that MutS and its eukaryotic homologs (*e.g.*, MutS α) specifically recognize many DNA adducts. Among these DNA adducts are O⁶-methyl guanine [72–74], cisplatin [72,75], 2-aminofluorene [76], *N*-acetyl-2-aminofluorene [76], benzo[*a*]pyrene dihydrodiol epoxide [69], cyclobutane pyrimidine dimers [77,78], 8-oxo-guanine [79,80], and exocyclic DNA adducts [81]. The recognition of DNA adducts by MMR proteins has led to a hypothesis that MMR proteins function as a DNA damage sensor to initiate apoptosis [9,82,83].

Based on these previous studies, Gu *et al.* [8] hypothesized that apoptosis caused by folate deficiency is initiated in a manner similar to that of apoptosis caused by DNA damage agents; *i.e.*, mismatch recognition proteins recognize folate deficiency-induced DNA damage (uracil-containing base pairs), and then signal damaged cells to switch on the apoptotic pathway. In fact, this hypothesis was found to be correct. First, MutS α , the major mismatch recognition protein in human cells, was found to specifically bind DNA containing U:A or U:G pairs [8]. These investigators then compared the cellular responses of MMR-proficient and deficient cells to folate deficiency under conditions of *in vitro* culture. Cells proficient in MMR indeed underwent apoptosis after 4 days in folate-free medium, as evidenced by the observation of DNA fragmentation in these cells. However, the apoptotic response was not detected in cells deficient in either MutL α (a heterodimer of MLH1 and PMS2) or MutS α [8], suggesting that folate deficiency does require a functional MMR system to induce apoptosis.

5. Mechanism and implications of MMR-dependent apoptosis induced by folate deficiency

The involvement of MMR proteins in folate deficiency-induced apoptosis underscores the importance of the MMR system in maintaining genomic stability. However, the molecular events involved in this response have not yet been established. This apoptotic response probably involves a signaling cascade, possibly with the recognition of uracil by MutS α /MutL α as the upstream initiating event and with cell death as the downstream terminal event. Two possible mechanisms for this signaling pathway are depicted in Fig. 2, and are based on models previously proposed on how chemically-induced DNA damage may trigger apoptosis [9,82,83]. One model proposes that massive misincorporation of uracil into newly synthesized DNA causes a futile repair cycle, which triggers apoptosis. As diagrammed in Fig. 2A, uracils are incorporated into DNA in the newly synthesized strand during DNA replication under conditions of folate deficiency. Because uracil-adenine base pairs are recognized by the MMR proteins MutS α and MutL α [8], strand-specific excision to remove uracils from DNA is provoked. However, given an unbalanced nucleotide pool under conditions of folate deficiency, uracils are immediately added back into the DNA during the resynthesis step of the MMR reaction, which will lead to another round of attempted repair by the MMR system. This futile repair cycle may signal cells to switch on apoptotic machinery. A “futile cycle” model has also been suggested to explain the triggering of apoptosis induced by chemical/physical agents [9,82,83]; it is worth mentioning, however, that the locations of DNA damage in these two cases are different. While uracils are expected to be added only to the newly synthesized strand, DNA adducts caused by chemical and physical agents are located in the template DNA strand. Thus, the futile repair cycle is provoked in the later case by an un-removable offending adduct in the template strand (because MMR only occurs in the newly synthesized strand), but in the former case by the reoccurrence of uracil incorporations in the newly synthesized strand. Alternatively, another model (Fig. 2B) hypothesizes that the death signal could come from the binding of MutS α /MutL α to uracil in the replication fork and may be unrelated to the repair process. These protein/uracil complexes may block DNA transactions such as replication, transcription, and repair, and could be recognized as a signal for cell cycle arrest and cell death [9,83].

What is the mechanism by which the MMR system activates the apoptotic pathway? Both p53 and p73 are known to be mediators of programmed cell death in response to DNA damage [84–87], and previous studies have implicated p53 and/or p73 in MMR-mediated apoptosis [9,67,88,89]. Additionally, phosphorylation of these two proteins is associated with MMR-dependent apoptosis [67,88,89]. It has been postulated that the MMR-processing of DNA damage activates certain protein kinases to phos-

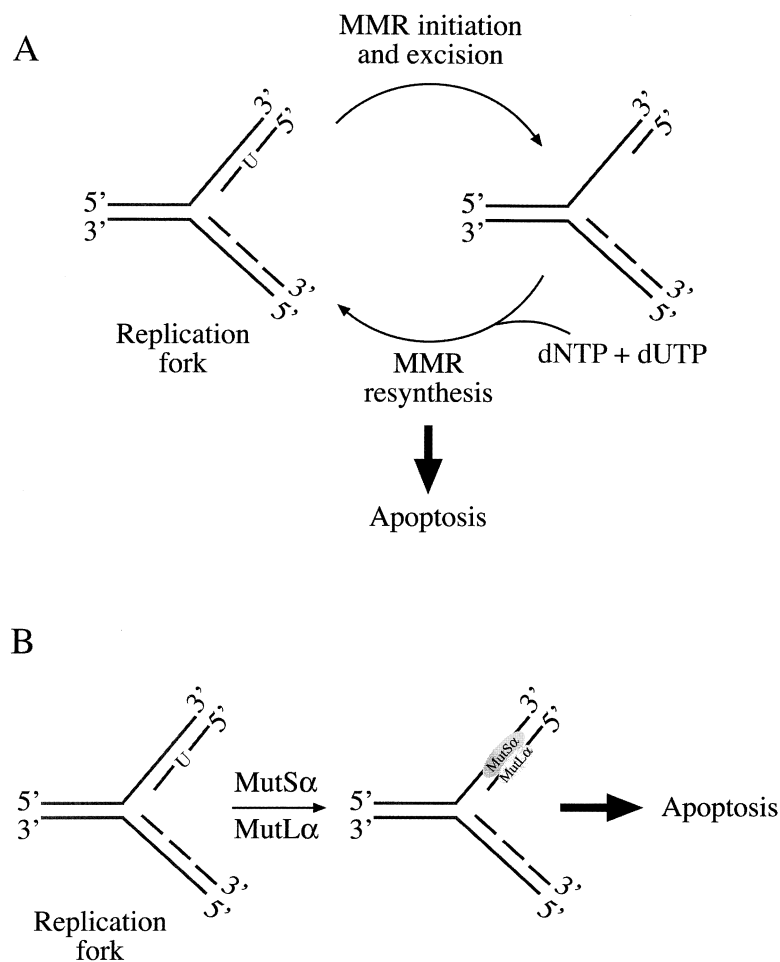


Fig. 2. Possible mechanisms for MMR-mediated apoptosis induced by folate deficiency. A, The futile repair model. Uracil misincorporation into DNA provokes strand-specific MMR excision to remove uracil (*upper arrow*). However, because of a high ratio of dUTP/dTTP under conditions of folate deficiency, uracil is immediately inserted into DNA by polymerases during the MMR resynthesis step (*lower arrow*). This leads to repeated cycles of repair initiation, excision, and resynthesis, triggering apoptosis. B, Alternative model. MMR proteins (*e.g.*, MutS α and MutL α) bind to uracil-containing base pairs at locations in the replication fork where they cannot be displaced. The complexes block other DNA transactions (*e.g.*, replication), which triggers apoptosis. In both models, the MMR processing of uracil may activate protein kinase(s) that phosphorylate an apoptotic mediator (*i.e.*, p73) to execute cell death.

phorylate p53 and/or p73, which in turn activate the apoptotic machinery [9]. Folate deficiency-induced apoptosis, however, seems to be independent of p53 since cells deficient in p53 undergo apoptotic cell death under conditions of folate depletion [36,38]. It remains to be established whether the folate deficiency-induced apoptotic process uses p73 or other proteins to execute apoptosis.

The MMR pathway is well known for its function of promoting genomic stability by correcting base-base mispairs [41–44,57,59–62]. The newly identified apoptotic function of MMR, however, is thought to be as important as its repair function for maintaining genomic stability. Normally, base excision repair and nucleotide excision repair pathways are responsible for repair of DNA damage induced by physical and chemical agents [14,15]. However, when excision repair pathways are not available or there is too much damage to be repaired, genomic DNA is in danger of accumulating a large number of mutations, which are

believed to be the cause of cancer. Therefore, eliminating these damaged cells from the body would be beneficial. It is the MMR system that eliminates these pre-tumorigenic cells by promoting apoptosis, and the inability of this system to commit damaged cells for apoptosis is thought to be the molecular basis for HNPCC and other cancers [9,10].

It is generally accepted that MMR-dependent apoptosis is a mutation avoidance system necessary for cancer prevention. However, in the case of folate deficiency, the apoptotic function of MMR appears to have both positive and negative effects on human health. The positive effect of folate deficiency induced, MMR-mediated apoptosis is to prevent cells with severe DNA damage from growing, reducing cancer risk. On the other hand, several folate deficiency-induced diseases including megaloblastic anemia and developmental disorders appear to be caused by MMR-mediated apoptosis (see above). Interestingly, these diseases occur in vigorously growing tissues or organs. For example,

megaloblastic anemia occurs in the proliferating bone marrow and developmental diseases occur during embryonic development. The exact reasons for the disparate effects of apoptosis on different tissues are not clear. It is likely, however, that at least a part of the pathology caused by folate deficiency on rapidly proliferating tissue is due to the large scale destruction of it by apoptosis, so that it can no longer create cells to form developing tissues, or to replace ones lost during the normal processes of cellular maturation. Hence, while folate deficiency induced apoptosis is likely beneficial to slowly proliferating tissue, it is apparently destructive to rapidly proliferating tissue.

Acknowledgments

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