

The *in vivo* preventive and therapeutic properties of curcumin in bile reflux-related oncogenesis of the hypopharynx



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Background:

Hypopharyngeal cancer is considered one of the most aggressive forms of head and neck malignancies with poor prognosis.^{1,2} The prevalence of GERD (gastroesophageal reflux disease) has increased significantly in the United States over the last two decades, ranging from 18.1% to 27.8%. Moreover, biliary reflux, a variant of GERD is not uncommon, is linked to inflammatory and neoplastic process.^{3,4} The carcinogenic effect of acidic bile in hypopharynx was recently documented by our *in vivo* model, with NF- κ B playing a central role by mediating the activation of an oncogenic mRNA phenotype.^{5,6} Using an *in vitro* model we previously documented that curcumin, a dietary inhibitor of NF- κ B, can effectively inhibit the acidic bile-induced cancer-related mRNA phenotype in human hypopharyngeal primary cells⁷ similarly to pharmacologic inhibitor of NF- κ B.^{8,9}

Aim:

Here, we aimed to investigate the *in vivo* preventive and therapeutic properties of curcumin to hypopharynx under acidic bile effect, by blocking NF- κ B and its related oncogenic molecular events.

Methods:

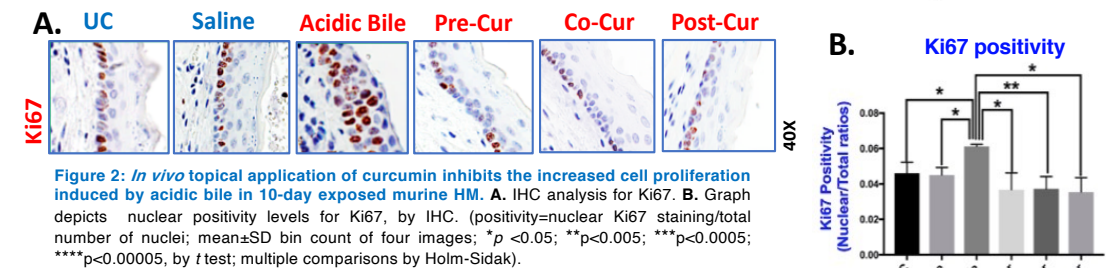
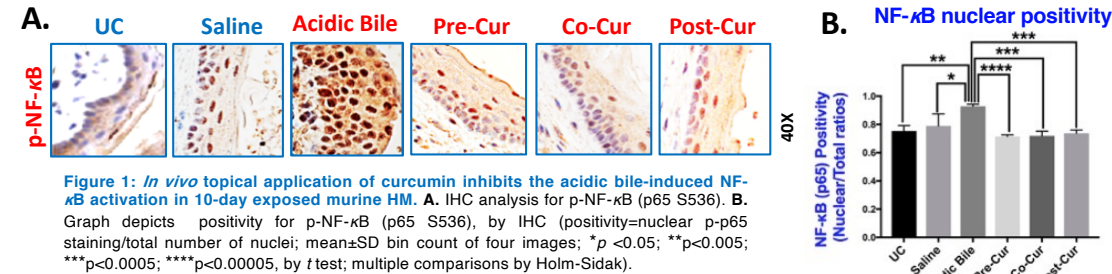
We used 48 wild-type mice, *Mus Musculus* (C57B16J; 24-male, 24-female; 8 mice/group). We performed topical application of bile at pH 3.0 (**Acidic Bile**) (10 mmol/L in buffered saline), or curcumin (250 μ mol/L; three times per day; 10 days; 6-hour interval) 15-min before (**Pre-Cur**), 15-min after (**Post-Cur**) or in combination (**Co-Cur**) with acidic bile to hypopharyngeal mucosa (HM), and controls (saline-treated-HM at pH 7.0, **Saline**; untreated HM, **UC**, as negative control). We performed histological staining (hematoxylin and eosin, H&E); immunohistochemical (IHC) analysis for p-NF- κ B (S536) and cell proliferation marker Ki67, and gene expression analysis, by qPCR, for *Rela(p65)*, *Bcl2*, *Il6*, *Tnf*, *Egfr*, *Wnt5a*, *Rela*, *Stat3*, *Ptgs2*, *Mtor*, *Akt1*.

Results:

Topically applied curcumin on HM, either before (Pre-Cur), after (Post-Cur) or in combination (Co-Cur) with acidic bile, can effectively

- ❖ (i) inhibit the acidic bile-induced NF- κ B activation, throughout its mucosal thickness (**Figure 1**),
- ❖ (ii) suppress cell proliferation in HM, as indicated by the decreased levels of Ki67 in its regenerating epithelial cells (**Figure 2**).
- ❖ (iii) Curcumin blocks the acidic bile-induced transcriptional activation of *Rela(p65)*, *Stat3*, *Bcl-2*, *Egfr*, *Tnf*, *Il6*, *Ptgs2* *Wnt5a* (**Figures 3 & 4**), as similarly observed by pharmacologic inhibitors.⁹

Results:



UC: untreated control
 Saline: Saline-DMSO
 Acidic Bile: bile at pH 4.0
 Pre-Cur: curcumin 15-min before acidic bile
 Co-Cur: acidic bile plus curcumin
 Post-Cur: curcumin 15-min after acidic bile

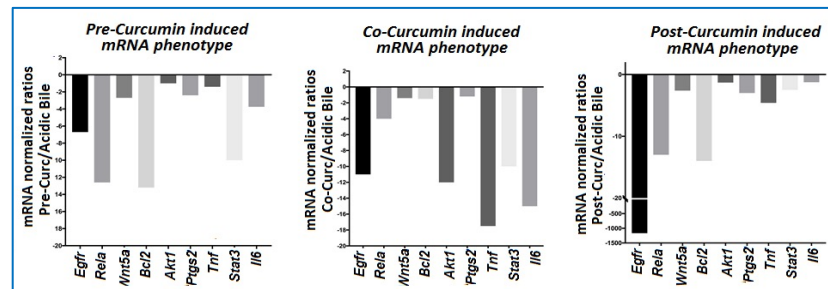


Figure 3. *In vivo* topical application of curcumin suppresses the acidic bile-induced mRNA oncogenic phenotype in murine HM. Columns of graphs depict mRNA phenotype caused by topical exposure to curcumin when it is applied 15 minutes before (Pre-Curcumin), simultaneously (Co-Curcumin), or 15 minutes after (Post-Curcumin) to acidic bile (pH 4.0) vs. acidic bile alone. mRNA phenotypes expression ratios of NF- κ B-related genes, by qPCR analysis (reference gene: *Gapdh*).

Results:

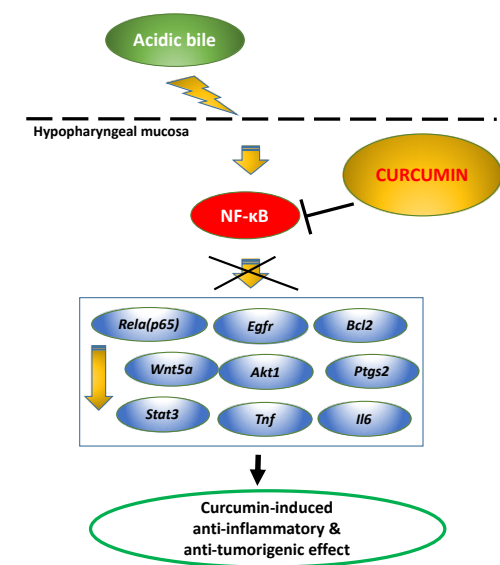


Figure 4: Schematic representation of *in vivo* preventive and therapeutic properties of curcumin on acidic bile-induced hypopharyngeal carcinogenesis.

Conclusions:

- ✓ We provide evidence into the **preventive and therapeutic properties of topically applied curcumin** in acidic bile-induced early oncogenic molecular events in hypopharyngeal mucosa, by inhibiting NF- κ B.
- ✓ Our findings shape future translational development of **effective targeted therapies using topical non-pharmacologic NF- κ B inhibitors**.
- ✓ It is clear that **topical administration of curcumin** is overall capable of suppressing the induced oncogenic mRNA phenotype, **even if not precisely synchronized with each reflux event**.

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