



**EARLY DETECTION OF SKIN SQUAMOUSCELL CARCINOMA USING H₂O₂
BIOMARKER**

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ABSTRACT

Skin squamous cell carcinoma (SCC) is growing and a method for an early detection of this disease is vital. One of the harming causes which lead to SCC is exposure in UV radiation. Peroxidation of lipids and protein crosslinking with UV, results in lesions which some of them are SCC. The damaging effects of UV radiation are DNA destruction. Visible light and UVA radiation are liable to cause DNA destruction indirectly by producing reactive oxygen species such as superoxide anion, singlet oxygen, and hydrogen peroxide via biochemical reactions. As a result the presence of hydrogen peroxide in patient's urine can be an indication of SCC. A new biomarker based on reaction between potassium iodide and hydrogen peroxide was prepared and the presence of hydrogen peroxide in urine of patients was tested using this biomarker. Results from this study indicated that H₂O₂ in urine of SCC patients can be detected by this biomarker.

Keywords: Skin squamous cell carcinoma; urine; biomarker; H₂O₂

INTRODUCTION

Skin cancer is prevailingly the most common type of human cancer and its extent is expanding every year [1]. Squamous cell carcinomas (SCC) are originated from stratified epithelia of the skin and oral cavity. Some cases of aggressive SCC become metastatic and give rise to death [2]. The rate

of metastasis in skin SCC ranges from 0.1% to 10% [3]; cutaneous SCC is the second most common non-melanoma skin cancer and is growing up every year due to environmental conditions. The rising incidence of SCC is a reason for increased urgent requirement for any medical care

related to skin cancer [4]. Raising public awareness involves creating the concern of skin cancer as a potentially fatal disease should be fostered, and the growing economic burden of rising skin cancer incidence to the societies should be taken into consideration in medical care's [5-6]. In routine practice, diagnosis is based on clinical evaluation plus histologic examination of a biopsy specimen. In the past decade, several noninvasive diagnostic tools for the diagnosis of SCC have been developed [7]. One group of noninvasive detection includes fluorescence detection with instruments. The use of PpIX fluorescence for the diagnosis of SCC is known as photo dynamic diagnosis (PDD) [8]. To develop a rapid non invasive method for early detection are valuable to dermatologists. The most rapid noninvasive methods are the usage of biomarkers. Investigating about novel biomarkers to improve the accuracy of diagnosis for progression of SCC is very important. It can be deduced that a single biomarker probably will not be sufficient, but a panel of biomarkers is needed for making clinical decisions, since SCC is not a uniform disease but rather a heterogeneous group of tumors [9]. H_2O_2 is one of most abundant ROS in human cells [10]. This compound would

serve as an essential signaling molecule which can regulates cellular biological processes. This aspect of H_2O_2 allows it to be an important intra- and intercellular second messenger in signaling events. It was shown that endogenously produced H_2O_2 directly contributes to a signaling response. The idea that this molecule is an important component of biology was highlighted in 1990s with the development of molecular biology techniques. These new tools revealed that increased expression of manganese superoxidizedismutase suppresses the malignant and dangerous phenotype of human melanoma cells [11]. Indeed, cancer initiation and progression have been linked to oxidative stress by increasing DNA mutations or inducing DNA damage, genome instability, and cell proliferation [12]. The use of urine samples provides many advantages in research studies as their collection does not require any invasive technique [13,14]. In this project, we introduce the reaction between H_2O_2 and KI in the presence of peroxidase to detect H_2O_2 in human urine. It seems that H_2O_2 detected in SCC patients' urine can be a new biomarker for early detection of skin SCC disease.

MATERIALS AND METHODS:

Ten cases of skin SCC and ten cases of healthy people were nominated for detecting the presence of H₂O₂ in freshly voided urine.

Chemicals

Pure cellulose filter paper (0.22 μm), potassium iodide and peroxidase from horseradish were obtained from GE Health care life sciences, MP Biomedicals Netherlands and Fluka, respectively.

Hydrogen peroxide used in this study was obtained from MP Biomedicals Netherlands.

Making H₂O₂ detection indicator

Potassium iodide solution (2%): 2 g of KI was dissolved in 98 g of deionized water.

Peroxidase solution: 10 mg of horseradish peroxidase was dissolved in deionized water.

The solutions were stored in brown bottles to protect from the light.

Pure cellulose filter paper was cut in to strips. 1 μL of KI solution was placed on the filter paper. After drying, 1 μL of peroxidase solution was applied to the coated filter paper and allowed it to be dried completely.

Study design

For treatment group patients referred to Emam Khomeini Hospital, Tehran, Iran, during the year 2014 for skin SCC were considered for eligibility in the study. The inclusion criterion was the existence of skin SCC. Patients with other types of skin disorders or those who were receiving other

chemical drugs at the time of admission were excluded.

For control group 10 healthy people were included in the study.

Patients admitted to Emam Khomini Hospital were asked to be included in the study. Provided the patients met the eligibility criteria, they signed the informed consent before to be included in the study.

Eligible participants were then given the sample bottle and were instructed, by a trained pre-instructed nurse, to collect their urine. In addition, the pre-instructed nurse was constantly in contact with the patients monitoring patient condition and recording all the findings.

The same pre-instructed nurse also treated participants, who were in control group. For either case, a data collection form was filled out, recording the patient's disorder, age, gender, color change of strips.

Ethical considerations

Before being included in the study, the eligible participants accepted to sign the informed consent. Each participant was allowed to withdraw from the study whenever they desired. The used strips and sample bottles were provided for the participants free of charge. Finally, all of the patients' information was classified and the findings were reported anonymously.

Study procedure

1 µL of urine samples from both treatment and control groups were placed on the prepared indicator.

Deionized water and pure hydrogen peroxide were applied to the indicator strip as negative and positive controls, respectively.

All above procedures were carried out on polyethylene substrate, under sterile condition.

RESULTS

A total of 10 patients complied with the eligibility criteria and were included in the study. The result for each patient was compared with healthy samples.

H₂O₂ presents in patient's urine react with KI and also peroxidase enzyme. Cellulose filter paper turned dark brown in the edges (figure 1).

Pure hydrogen peroxide creates a more intense brown color than urine samples (figure 2).

Impregnated cellulose filter paper used for control group urine did not go in to any reaction and just wash the indicator like water as negative control (figure 3).

DISCUSSION

This study was conducted aiming to explore the significance of H₂O₂ as biomarker for skin SCC in patients with these abnormal cells. Results from this study indicated that

H₂O₂ in urine of SCC patients can be detected using the biomarker prepared.

It is well known that oxidative stress is an important cause of cell damage associated with the initiation and progression of many diseases including cancer. Hydrogen peroxide acts as a signaling molecule in the regulation of different biological processes.

In this study we investigate H₂O₂ as a probable biomarker for early detection of skin SCC.

H₂O₂ in the patients' urine would react with KI in the presents of peroxidase enzyme. This reaction release iodine (I₂):



I₂ in the present of water and KI are brown and its intensity is depending on initiate H₂O₂ concentration. Since pure peroxide hydrogen has more concentration that urine samples, the more intensive brown color would cause.

Although the effectiveness of H₂O₂ as biomarker has been evaluated in previous studies [15, 16], none of them had sought to investigate its effectiveness in SCC.

This work was the first comparative study exploring the effectiveness of investigating H₂O₂ in urine of patient and health people.

CONCLUSION

It appears hydrogen peroxide can be a biomarker in SCC patients. We investigate that it can be detected in patients' urine.

Obtained results from this test can be used for further medical studies.

ACKNOWLEDGMENTS

The authors appreciate Tehran Medical Genetics Laboratory, dr. Parvin Mansoori and dr. Shirkhoda for their kind support.

REFERENCES

1. Weinberg AS, Ogle CA, Shim EK (2007). Metastatic cutaneous Squamous cell carcinoma: an update. *DermatolSurg.***33**(8):885–899.
2. Friedman HI, Cooper PH, Wanebo HJ (1985). Prognostic and therapeutic use of microstaging of cutaneous squamous cell carcinoma of the trunk and extremities. *Cancer.***56**(5):1099–1105.
3. Ratushny V, Gober MD, Hick R, Ridky TW, Seykora JT (2012). From keratinocyte to cancer: the pathogenesis and modeling of cutaneous squamous cell carcinoma. *J Clin Invest.***122**(2):464–472.
4. Berman B, Cohen DE, Amini S. (2012). What is the role of field-directed therapy in the treatment of actinic keratosis. Part 1: overview and investigational topical agents. *Cutis.***89**:241-250.
5. Oliveria SA, Heneghan MK, Cushman LF, Ughetta EA, Halpern AC (2011). Skin cancer screening by dermatologists, family practitioners, and internists: barriers and facilitating factors. *Arch Dermatol.***147**:39-44.
6. Belkin D, Carucci JA. Mohs (2011). surgery for squamous cell carcinoma. *Dermatol Clin.***29**:161-74.
7. M. Ulrich, S. Lange-Asschenfeldt, S. González (2012). In vivo reflectance confocal microscopy for early diagnosis of nonmelanoma skin cancer. *Actas Dermosifiliogr.***103**(9):784-789.
8. Nick van der Beek, Jaap de Leeuw, Claire Demmendaal, Peter Bjerring, H.A. Martino Neumann (2012). PpIX Fluorescence Combined With Auto-Fluorescence is More Accurate Than PpIX Fluorescence Alone in Fluorescence Detection of Non-Melanoma Skin Cancer: An Intra-Patient Direct Comparison Study. *Lasers in Surgery and Medicine* **44**:271–276.
9. Rowe DE, Carroll RJ, Day CL. (1992). Prognostic factors for local recurrence, metastasis, and survival rates in squamous cell carcinoma of the skin, ear, and lip. Implications for treatment modality selection. *J Am Acad Dermatol.***26**:976-990.

10. Antunes F, Cadenas E (2000). Estimation of H₂O₂ gradients across biomembranes. *FEBS Lett.* **475**: 121–126.
11. Church SL, Grant JW, Ridnour LA, Oberley LW, Swanson PE, Meltzer PS, Trent JM (1993). Increased manganese superoxide dismutase expression suppresses the malignant phenotype of human melanoma cells. *Proc Natl Acad Sci U S A.* **90**:3113–3117.
12. Visconti, R.; Grieco, D (2009). New insights on oxidative stress in cancer. *Curr. Opin. Drug Discov. Dev.* **12**:240–245.
13. C. Campos et al. (2011). Evaluation of urinary biomarkers of oxidative/nitrosative stress in adolescents and adults with Down syndrome. *Biochimica et Biophysica Acta* **1812**:760–768.
14. Arabshahi, S (2014). Evidence of merkel cell carcinoma polyomavirus in prostate cancer tissue using nested PCR assay. *Sci. J. Microbiol.*, **3**(8): 82-87. doi:10.14196/sjmi.v3i8.1588
15. Elizabeth A. Veal, Alison M. Day, and Brian A. Morgan (2007). Hydrogen Peroxide Sensing and Signaling. *Molecular Cell* **26** (1): 1-14.
16. Yuen JW1, Benzie IF (2003). Hydrogen peroxide in urine as a potential biomarker of whole body oxidative stress. *Free Radic. Res.* **37**(11):1209-13.



Figure 1: patient's Urine: Cellulose filter paper turned dark brown in the edges



Figure 2: pure hydrogen peroxide as positive control: Cellulose filter paper turned dark brown entirely

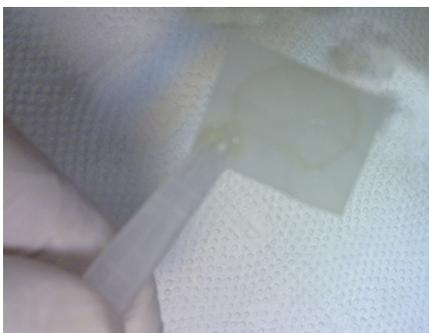


Figure 3: control group urine: Cellulose filter paper did not go in to any reaction