Characterization of Early Pulmonary Hyperproliferation and Tumor Progression and Their Inhibition by Black Tea in a 4-(Methylnitrosamino)-1-(3-pyridyl)-1-butanone-induced Lung Tumorigenesis Model with A/J Mice

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ABSTRACT

The pathogenesis of pulmonary tumors induced by a tobacco carcinogen, 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK), and its inhibition by black tea have been characterized. Female A/J mice (6 weeks old) were treated with a single dose of NNK (103 mg/kg of body weight, i.p.) on day 0, and the cell proliferation index was measured by the incorporation of bromodeoxyuridine (BrdUrd) immunohistochemically. The number of BrdUrd-labeled cells increased in the broncholar epithelium from day 2 to day 14, with the highest proliferation rate observed on day 5. By day 35, the BrdUrd-labeling index returned to the level of the control group. Further examination of the day 35 samples revealed the presence of foci of hyperproliferative cells in the broncholar epithelium, particularly in the bronchialveolar regions. These proliferating broncholar epithelial cells (Clara cells) may be the initiated sites for pulmonary tumorigenesis. In this short-term model, administration of black tea polyphenols (0.3%) by the drinking water starting 24 h after NNK treatment significantly inhibited NNK-induced early broncholar cell proliferation on day 5. In long-term studies, adenomas were observed in 100% (15 of 15) of the mice at week 16, with 7.8 ± 0.8 tumors per mouse. At week 52, a malignant tumor incidence of 80% (41 of 51 mice) and a malignant tumor multiplicity of 2.39 ± 0.19 were observed. The growth patterns of the malignant tumors, which included solid, papillary, and mixed types, may be associated with the cellular origin of the tumor. The cell proliferation indices, as measured by proliferating cell nuclear antigen immunohistochemistry, were significantly higher in dysplasia within adenoma than in adenoma, and significantly higher in adenoma at week 52 than in adenoma at week 16. Administration of black tea, starting 16 weeks after a single dose of NNK, inhibited the progression of adenoma to adenoacarcinoma as determined by both malignant tumor incidence and multiplicity. The cell proliferation rate in adenomas was also suppressed by black tea treatment. The present work demonstrates the antiproliferative activities of black tea and its polyphenols. Such activities, at the early and late stages of lung tumorigenesis, may be important for the cancer-chemopreventive activities of black tea.

INTRODUCTION

Lung cancer is one of the most common cancers worldwide and has the highest mortality rate among malignant tumors in the United States (1). More than 85% of lung cancers may be attributed directly to cigarette smoking (2). NNK (3) is a potent tobacco carcinogen, and its carcinogenicity has been demonstrated in rats, Syrian golden hamsters, and mice (3–7). The NNK-induced pulmonary tumors in A/J mice is a commonly used animal model for cancer chemoprevention studies, because adenomas can be induced at a high incidence in a relatively short period of time and adenoacarcinomas with papillary or solid growth pattern can be induced within a year (7–9). NNK is known to be activated in the lung, producing methylating and pyridyloxobutylating agents that attack cellular macromolecules (8–10). The subsequent formation of methylated DNA adducts, such as O\(^\alpha\) methylguanine and 7-methylguanine, have been detected predominantly in the bronchial and proximal broncholar epithelium (11, 12). O\(^\alpha\)-Methylguanine is known to induce GC-to-AT transitions, and such transitions have been observed frequently in the mutated Ki-ras gene at the second base of codon 12 found in NNK-induced tumors (9, 13). The cellular origin of such pulmonary tumors (i.e., whether they are derived from alveolar type II cells or broncholar Clara cells), however, is still not clear (9, 11, 12, 14–16). The morphologic progression of NNK-induced pulmonary lesions has been reported to be from hyperplasia to adenoma, adenoacarcinoma arising within adenoma, and finally, adenoacarcinoma (8, 9). Hyperplasia, an early proliferative lesion, has been observed at 6–14 weeks after NNK treatment (8, 9). However, it is not known whether NNK can induce lung cell hyperproliferation at an earlier stage. The cell-proliferative pattern during the progression of the NNK-induced lung tumorigenesis is also not clear. It is important to characterize these pathogenic events to understand how chemopreventive agents can affect the tumorigenic process.

Tea (Camellia sinensis) is a popular beverage worldwide, and most of the tea consumed in America and Europe is black tea. The inhibitory action of tea and tea components against carcinogenesis has been demonstrated in many animal models (17, 18). Previous studies have demonstrated that black and green tea inhibited NNK-induced pulmonary adenomas in mice (19–21). The inhibitory effect was observed even when tea was administered (in drinking water) starting 1 or 5 weeks after NNK treatment (19, 20), but the mechanisms of action are not known. Tea is one of the few agents known to inhibit carcinogenesis at the postinitiation stage (19–21). It would be interesting to determine whether tea inhibits the progression of benign to malignant tumors. Tea catechins, especially ECGC, are considered to be the active components by many investigators, but the quantities of catechins are reduced greatly during the manufacturing of black tea. The characteristic black tea polyphenols are theaflavins and the poorly characterized "thearubigins." Whether theaflavins or other black tea polyphenols can inhibit NNK-induced early pulmonary proliferation and the progression of adenoma to adenoacarcinoma is not known.

The purpose of the present study was (a) to investigate the early pulmonary cell proliferation in A/J mice after treatment with NNK, (b) to characterize the morphological progression of adenoma to adenoacarcinoma, and (c) to examine the inhibitory effects of black tea and black tea polyphenols against cell proliferation and tumor progression.
MATERIALS AND METHODS

Materials. NNK was obtained from Chemsyn Science Laboratories (Lenexa, KS). Powdered forms of "black tea solids," "black tea polyphenols," and "theaflavins" were provided by the Thomas J. Lipton Tea Company (Englewood Cliffs, N.J.). The black tea solids were dehydrated water extracts of a blend black tea. One g of the black tea solids contained approximately 15 mg of theaflavins, 70 mg catechins (of which 30 mg were EGCg), 340 mg of unidentified polyphenols (mainly thearubigins), and 50 mg of caffeine. The black tea polyphenols were prepared by extracting black tea water extracts with ethyl acetate, and the ethyl acetate fraction was decaffeinated by methylene chloride and then freeze dried. One g of black tea polyphenols contained 130 mg theaflavins, 175 mg EGCg, 106 mg (−)-epicatechin-3-gallate, 56 mg (−)-epicatechin, and 16 mg (−)-epigallocatechin. The theaflavins were a mixture of theaflavin (21%), theaflavin-3-gallate (30%), theaflavin-3'-gallate (15%), and theaflavin-3,3'-digallate (28%). The AIN-76A diet was purchased from Teklad Co. (Madison, WI). BrdUrd was purchased from Sigma Chemical Co. (St. Louis, MO).

Treatment of Animals. Female A/J mice (6 weeks old, from The Jackson Laboratory, Bar Harbor, ME) were treated with a single dose of NNK (103 mg/kg, i.p.) or saline. The animals were fed an AIN-76A diet and given water ad libitum. They were maintained in air-conditioned quarters with a room temperature of 20 ± 2°C, relative humidity of 50 ± 10%, and an alternating 12-h light/dark cycle.

The purpose of the first experiment was to study early pulmonary proliferation as a response to NNK treatment. The mice were sacrificed on days 1, 2, 3, 5, 7, 14, and 35 (five mice per time point for the NNK treatment groups and three mice per time point for the saline control groups). BrdUrd was dissolved in sterile normal saline and administered i.p. to the mice 2 h before sacrifice at 50 μg/g of body weight. The lungs were removed, inflated, fixed in Carnoy's solution, and embedded in paraffin.

In the second experiment, the effects of black tea polyphenols and theaflavins on NNK-induced early pulmonary proliferation were studied. Solutions of black tea polyphenols (0.3%) and theaflavins (0.1%) were made fresh in warm, deionized water daily and administered to the mice as the sole source of drinking fluid 24 h after NNK treatment until the termination of the experiment. Animals were sacrificed on day 5, and the BrdUrd-labeled pulmonary cell proliferation index was measured.

The purpose of the third experiment was to study the progression of NNK-induced adenoma to adenocarcinoma and its possible inhibition by black tea. At week 16, 15 mice from the NNK treatment group were sacrificed to confirm the expected pulmonary adenoma formation, and the remaining mice were given solutions of black tea solids (0.6%) as the sole source of drinking fluid until the termination of the experiment. The body weight, food intake, and water consumption were monitored biweekly. Because of the lower body weight of the mice found in the tea treatment group, the concentration of tea was changed to 0.3% starting at week 28. The experiment was terminated at week 52. The lungs were inflated and fixed with 10% buffered formalin. Visible tumors greater than 0.5 mm in diameter on the surface of the lungs were counted. The lungs were analyzed further by histopathology and PCNA immunohistochemistry.

Histopathological Analysis. Formalin-fixed lungs were transferred to 80% ethanol and then embedded with paraffin. Serial sections (5 μm) were cut and mounted on glass slides. Each slide contained sections from all five lobes of the lung. Sections were stained routinely with H&E for histopathological analysis.

Pulmonary lesions were categorized as hyperplasia, adenoma, dysplasia within adenoma, adenocarcinoma within adenoma, and adenocarcinoma based on established criteria (8, 9, 11). Papillary and solid growth patterns of adenocarcinoma were also noted. The number of pulmonary lesions in the first slide of a series of sections was counted, and the presence of these lesions was confirmed on the 20th slide. From the same series, the 2nd and 21st slides were used for PCNA immunostaining.

Immunohistochemistry of BrdUrd- and PCNA-labeled Cells. To study the early pulmonary hyperproliferation induced by NNK, the BrdUrd-labeling indices of the bronchiolar and alveolar cells were determined immunohistochemically. Three slides, each taken from every 10th 5-μm serial paraffin section of each lung, were immunostained using a rat anti-BrdUrd antibody (Harlan BioProducts for Science, Indianapolis, IN) and the avidin-biotin-peroxidase complex method (Elite ABC kit, rat IgG; Vector Laboratories, Burlingame, CA). After quenching the endogenous peroxidase activity with 3% H2O2 and minimizing nonspecific binding by incubation in 1% normal goat serum, the tissue slides were incubated sequentially at room temperature with primary antibody (5 μg/ml anti-BrdUrd rat antibody) for 1 h, biotinylated secondary antibody (goat antirat antibody, 1:200 dilution) for 30 min, and finally avidin-biotin-conjugated peroxidase complex for 45 min. Diaminobenzidine (Sigma Chemical Co., St. Louis, MO) was used as a chromogen. The slides were washed with PBS between incubations and counterstained with hematoxylin. Negative controls were established by replacing the primary antibody with PBS and normal rat serum. The small intestine from the same mouse was used as a positive control on every slide. The proliferation index, i.e., the percentage of BrdUrd-positive cells of the bronchiolar or alveolar cells, was determined using a Nikon research microscope combined with Image-Pro Plus system (Media Cybernetics, Silver Spring, MD). For each slide, at least 10 bronchioli and 10 regions of alveoli were counted, and the total number of cells counted was more than 2000.

For the long-term (third) experiment, the proliferation index of the lungs in mice sacrificed at weeks 16 and 35 were examined immunohistochemically using the 2nd and 21st slides of each series of sections. The staining procedure was the same as above, except 10% buffered formalin and anti-PCNA antibody (1 μg/ml; Oncogene Science, Uniondale, NY) were used in place of Carnoy's fixative solution and anti-BrdUrd antibody, respectively. The percentage of PCNA-positive cells in the lesion region (proliferation index) was determined as above with the image system. More than three fields in each lesion were counted, and the total number of cells counted was more than 2000.

Statistical Analysis. The results on tumor incidence were analyzed by the χ2 test, and the data on proliferation index and tumor multiplicity were analyzed by the Student's t test using the computer software Statview 4.2.

RESULTS

NNK-induced Early Pulmonary Hyperproliferation and Its Inhibition by Black Tea Polyphenols. In the first experiment, A/J mice were treated with NNK (on day 0) and sacrificed on days 1, 2, 3, 5, 7, 14, and 35. In the control group (Fig. 1a), the pulmonary cells labeled by BrdUrd in the alveolar and bronchiolar epithelia accounted for 0.51 and 0.46% of the cells, respectively. In the NNK-treated mice, no significant difference from the control mice was observed in the alveolar epithelial cells (proliferation indices, 0.36–0.76% from days 1–35). On the other hand, hyperproliferation of the bronchiolar epidermal cells was confirmed on the 20th slide. A high proliferation index (0.76%) accounted for more than 2000 cells in the bronchiolar epithelium (Fig. 1b).

Fig. 1. NNK-induced early pulmonary hyperproliferation (BrdUrd-immunostain and hematoxylin counterstain). a. Lung from a control mouse (day 5); one BrdUrd-labeled cell (arrow) was located in the bronchiolar epithelium (magnification, ×400). b, Lung from a NNK-treated mouse (day 5); several BrdUrd-labeled cells (arrows), were observed in the bronchiolar epithelium but not in the alveolar cells (magnification, ×400). c and d, lungs from NNK-treated mice (day 35): BrdUrd-labeled cell foci were found in the bronchiolar (c; magnification, ×400) and bronchiol-alveolar (d; magnification, ×450) regions.
INHIBITION OF NNK-INDUCED CARCINOMA BY BLACK TEA

Polyphenol preparation cannot account fully for the antiproliferative activity and that other components possess such activity. Theaflavins may have antiproliferative activities, but a higher concentration (than 0.1%) may be needed to display a significant effect.

Proliferation and Progression of Lung Tumorigenesis. In the third experiment, all 15 mice in the NNK-treated group sacrificed at week 16 had lung tumors, with a tumor multiplicity of 7.80 ± 0.80 per mouse. All of the tumors were monomorphic adenomas. At week 52, a tumor incidence of 100% and a tumor multiplicity of 8.78 ± 0.39 were found in a total of 51 mice. This included a malignant tumor incidence of 80% with a malignant tumor multiplicity of 2.39 ± 0.19.

It is also confirmed that theaflavin intake (0.87 mg per day) in the black tea polyphenol preparation cannot account fully for the antiproliferative effect of theaflavins in the black tea polyphenol preparation. The results suggest that the theaflavins in the black tea polyphenol preparation cannot account fully for the antiproliferative activity and that other components possess such activity. Theaflavins may have antiproliferative activities, but a higher concentration (than 0.1%) may be needed to display a significant effect.

The proliferation index for adenomas at week 52 was 24.9 ± 0.57%. This was the weight average of the monomorphic adenomas (23.2 ± 1.1%) and adenomas within adenomas was observed in the NNK-treated mice sacrificed on days 2–14 and was rather prominent on day 5 (Fig. 1b). The proliferation index increased significantly from the controls on days 3, 5, and 7 and returned to the control level by day 35. Data are means; bars, SD.

Table 1 Inhibitory action of black tea polyphenols against NNK-induced early bronchiolar epithelial cell proliferation

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Proliferation index (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>0.21 ± 0.07</td>
</tr>
<tr>
<td>NNK</td>
<td>4.63 ± 0.86</td>
</tr>
<tr>
<td>NNK + black tea polyphenols (0.3%)</td>
<td>1.84 ± 0.13</td>
</tr>
<tr>
<td>NNK + theaflavins (0.1%)</td>
<td>3.24 ± 0.42</td>
</tr>
</tbody>
</table>

*Significantly different from control (P < 0.001).
*Significantly different from the NNK group (P < 0.05).

The numbers of lesions and the percentage of PCNA-labeled cells are summarized in Table 2. The proliferation index for adenomas at week 52 was 24.9 ± 0.57%. This was the weight average of the monomorphic adenomas (23.2 ± 1.1%) and adenomas within adenomas.

Table 2 Pulmonary lesions and PCNA-labeling index in the A/J mice treated with NNK

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Lesion No.</th>
<th>Proliferation index (%)</th>
<th>PCNA-labeling index (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alveolar hyperplasia</td>
<td>17</td>
<td>0.33 ± 0.03</td>
<td>0.24 ± 0.03</td>
</tr>
<tr>
<td>Bronchiolar hyperplasia</td>
<td>87</td>
<td>2.71 ± 0.30</td>
<td>0.52 ± 0.03</td>
</tr>
<tr>
<td>Adenoma</td>
<td>267</td>
<td>5.23 ± 0.37</td>
<td>1.15 ± 0.18</td>
</tr>
<tr>
<td>Dysplasia within adenoma</td>
<td>89</td>
<td>2.17 ± 0.24</td>
<td>1.75 ± 0.24</td>
</tr>
<tr>
<td>Adenocarcinoma within adenoma</td>
<td>29</td>
<td>1.56 ± 0.11</td>
<td>0.56 ± 0.11</td>
</tr>
</tbody>
</table>

*Significantly different from alveolar hyperplasia, bronchiolar hyperplasia, and adenoma groups (P < 0.05).

Fig. 1. NNK-induced pulmonary lesions in week 52 (H&E stain). a, alveolar hyperplasia (magnification, ×250); b, adenoma (magnification, ×500); c, adenocarcinoma within adenoma (magnification, ×500); d, adenocarcinoma of solid growth (magnification, ×500) and papillary growth patterns (magnification, ×500). In total, 118 malignant tumors were found in a total of 51 mice. This included a malignant tumor incidence of 80% with a malignant tumor multiplicity of 2.39 ± 0.19.

Fig. 2. NNK-induced early hyperproliferation curve of the bronchiolar epithelial cells. As compared to the lungs of control mice, a significant increase in the proliferation index was observed on days 3, 5, and 7 (P < 0.01), and the proliferation returned to control level by day 35. Data are means; bars, SD.

Fig. 3. NNK-induced pulmonary lesions in week 52 (H&E stain). a, alveolar hyperplasia (magnification, ×500); b, adenoma (magnification, ×250); c, dysplasia within adenoma (magnification, ×500); d, adenocarcinoma within adenoma (magnification, ×500); e, solid growth pattern of adenocarcinoma (magnification, ×500); f, papillary growth pattern of adenocarcinoma (magnification, ×500).
carcinomas (26.6 ± 0.7%). The proliferation index for adenomas at week 16 (Fig. 4c) was 6.90 ± 0.4% from a total of 54 adenomas in 11 mice, and this value was significantly lower (P < 0.05) than that observed for adenomas at week 52 (Fig. 4d). In malignant tumors, the proliferation index was 52.9 ± 1.9% for adenocarcinoma within adenoma, 54.1% for papillary growth adenocarcinoma, and 50.9% for solid growth adenocarcinoma (Fig. 4, a and b). The mean proliferation index for all malignant tumors was 52.5 ± 1.5%. The cell proliferation index was significantly higher for dysplasia within adenoma and malignant tumors than it was for adenomas (Table 2). The microfoci of dysplasia (Fig. 4e) and adenocarcinoma (Fig. 4f) in adenoma exhibited both a higher density and a higher number of PCNA immunostaining-positive cells. Fig. 4, g and h, illustrates the PCNA-positive cells in bronchiolar hyperproliferation (an epithelial region with proliferation index higher than 5% but without changes in the cell morphology) and hyperplasia lesions, respectively.

Inhibition of Tumor Progression by Black Tea. Black tea solution (0.6%) was administered to mice as the sole source of drinking fluid starting 16 weeks after NNK treatment. A significantly lower body weight in the tea-treated group was observed at week 20 (average body weight of 20.6 g versus 22.8 g for the controls; Fig. 5). Therefore, 0.3% black tea was used beginning week 28 until week 52. On average, the body weights of the mice in the tea treatment group were 9% lower during the period of weeks 24–52. Other than the lower body weights, the animals in the black tea-treated group remained healthy and active. At week 52, lung tumors were observed in all the mice in both the NNK-treated positive control group and the tea treatment group, but the tea treatment group had significantly lower tumor multiplicity and tumor volume (Table 3). The inhibitory action of black tea against the development of pulmonary malignant tumors is summarized in Table 4. The malignant tumor incidence and multiplicity were inhibited by 28% and 51%, respectively. Black tea treatment also reduced the proliferation index by 54% in adenomas and 24% in dysplasias within adenoma (Table 4).

DISCUSSION

The results of this study indicate that the induction of early cell proliferation by NNK occurs with the bronchial and bronchiolar epithelial cells, but not with the alveolar epithelial cells. The observation that bronchiolar cell proliferation started on day 2, reached peak values on day 5, and returned to the control level by day 35 suggests that NNK-induced proliferation is not merely a response to cellular damage. Almost all of the NNK metabolic activation process is known to be completed within 24 h following carcinogen administration to mice (22). In our study, based on general histopathology, cellular injury was not observed on days 1 and 2. Similarly, Belinsky et al. (9, 11) reported that mild or infrequent cell damage caused by NNK could only be detected by electron microscopy, not by histology. Our results on bronchiolar cell hyperproliferation are consistent with the immunohistochemical localization of DNA adducts in the

Table 3 The inhibitory effects of black tea on gross tumor incidence, multiplicity, and volume

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Tumor incidence (%)</th>
<th>Tumor multiplicity (tumor number/mouse)</th>
<th>Tumor volume (mm³) per mouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNK</td>
<td>100</td>
<td>22.5 ± 0.14</td>
<td>5.1 ± 0.17</td>
</tr>
<tr>
<td>CNK + tea</td>
<td>100</td>
<td>15.4 ± 0.17</td>
<td>2.2 ± 0.05*</td>
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</tbody>
</table>

* Significantly different from the NNK group (P < 0.05), as analyzed by the Student t test.
The bronchial and proximal bronchiolar epithelial cells in mice 6 h after treatment with NNK (14). The time-dependent relationship between DNA adduction and cell proliferation remains to be investigated. Because Clara cells are the only cell type capable of proliferation in the bronchiolar epithelia (23, 24), the observation of NNK-targeted formation of microfoci occurred in adenomas that are categorized as microdysplasia or adenocarcinoma. Even in adenomas in vitro, hyperproliferative foci may lead eventually to tumorigenesis (25), especially in the formation of papillary growth adenocarcinoma. Alternatively, hyperproliferative cells in the foci may grow along the alveolar wall, differentiating into the bronchiolar cell type and entrapping resident alveolar type II cells (25). In either case, inhibition of the early cell hyperproliferation is expected to suppress tumor development.

In the present study, solid and papillary adenocarcinomas represented 17.8 and 19.5% of malignant tumors, respectively. The two patterns of malignant tumors exhibited similar proliferation indices. In adenocarcinoma within adenoma, 91% had the solid growth pattern, and 9% showed a mixed solid and papillary growth pattern, indicating histological heterogeneity in malignant tumors. The cellular origins of solid and papillary growth adenocarcinomas are unclear. Whether these two types of adenocarcinomas are derived independently from different cell types or whether the papillary pattern is a more advanced stage of solid tumor progression remains to be determined.

PCNA, a commonly used marker for proliferation, is a cofactor of DNA-polymerase and is required for DNA replication and DNA nucleotide excision repair (26–28). The apparent increase in PCNA immunostaining-positive cells is a general feature of tumor progression. Hyperproliferation of microfoci occurred in adenomas that are categorized as microdysplasia or adenocarcinoma. Even in adenomas with no dysplasia, the PCNA labeling index was much higher at week 52 than at week 16, suggesting that there was an increased cell proliferation with tumor progression.

Previous studies conducted by us and others have indicated that the administration of black and green teas or tea polyphenols such as EGCG inhibited NNK-induced lung adenoma formation (17, 18). The present study demonstrates that even after the lung adenomas were formed (at week 16 when there was a 100% adenoma incidence in a parallel group of mice), administration of black tea was still effective in inhibiting the progression of adenomas to adenocarcinomas (Table 4). Black tea inhibited both the malignant tumor incidence and multiplicity. These inhibitory actions of black tea may be enacted, at least in part, by inhibiting the cell proliferation in adenomas. The cell proliferation indices in the lesions with adenoma and dysplasia were decreased significantly in the black tea treatment group. This result, together with the suppression of NNK-induced early hyperproliferation by black tea polyphenols, suggests that the antiproliferative activity is important in the inhibitory action of black tea against carcinogenesis. The effective components in black tea responsible for this activity are not known. Because the black tea polyphenol preparation showed an antiproliferative effect (Table 1), theaflavins, catechins, and other unidentified constituents may all contribute to the antiproliferative and antitumorigenic activity of black tea.

In the long-term experiments, the body weights of the animals in the tea treatment group on average were about 10% lower than those in the control group (Fig. 5). It is not known whether the lower body weights contribute to the inhibition of tumor progression in the tea treatment group. It has been demonstrated that moderate caloric restriction of 20–30% below the ad libitum intake level can lower the incidence and delay onset of tumorigenesis (29–31). In our experiment, the lower body weight was not due to lower amounts of food intake. It may be a result of decreased nutrient absorption or utilization due to the tea polyphenols or of increased metabolic rates caused by caffeine.

Black tea is one of the most commonly consumed beverages worldwide. The present studies clearly demonstrate that black tea suppresses cell hyperproliferation at early and late stages of carcinogenesis and that it inhibits the progression from adenoma to adenocarcinoma in the mouse lung. These properties may be very useful for cancer prevention. Epidemiological studies concerning the relationship between tea consumption and cancer risk have been inconclusive (17). One recent report suggested that high consumption of black tea is inversely associated with the risk of lung cancer (32), whereas another study reported that tea consumption had no effect on human lung cancer risk (33). The potential use of tea in the chemoprevention of human lung cancer requires further investigation.

**ACKNOWLEDGMENTS**

The authors thank the Thomas J. Lipton Company for providing the tea preparations and Dorothy Wang for excellent secretarial assistance in the preparation of this manuscript.

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