

# SELECTED DIETARY APPROACHES TO COUNTERACT AFLATOXIN EXPOSURE ASSOCIATED HEALTH HAZARDS

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# The aflatoxins

- Turkey "X" Disease
  - Fungal infection by *Aspergillus flavus* and *Aspergillus parasiticus*
  - Primary contamination
    - High energy content foods e.g. grain, nut and soy products
  - Secondary contamination
    - Dairy products, meat & eggs



# Available options for solving the problem

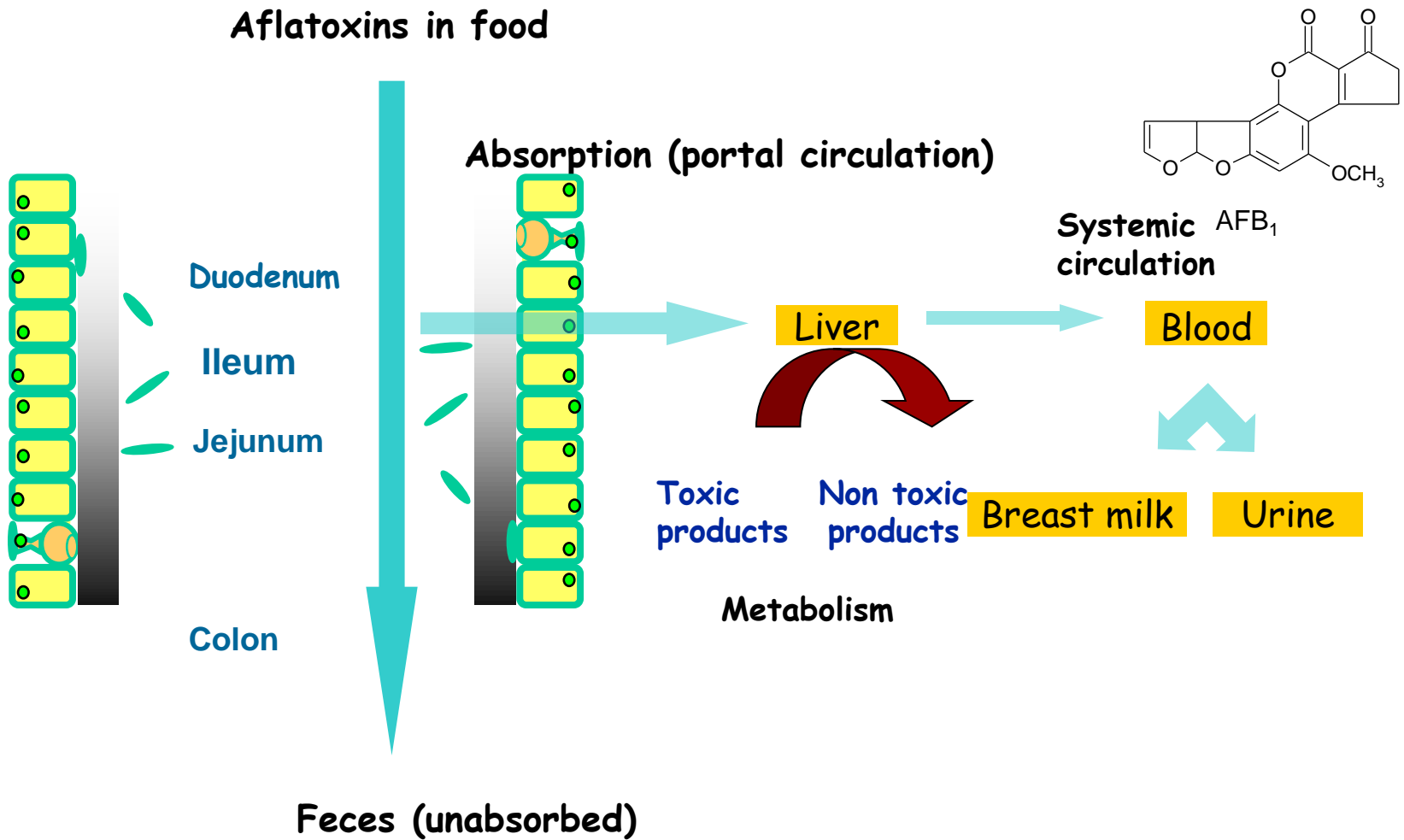
Once food is contaminated with toxins, there are only two options if the food is to be used:

- the toxin can be removed
- the toxin can be degraded into less toxic or non-toxic compounds

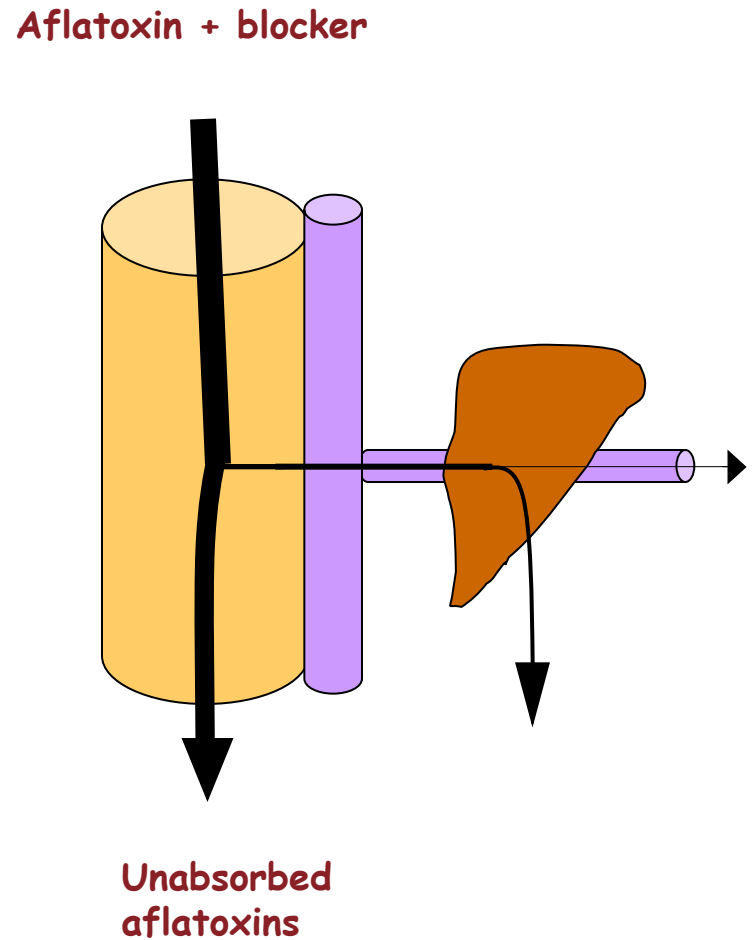
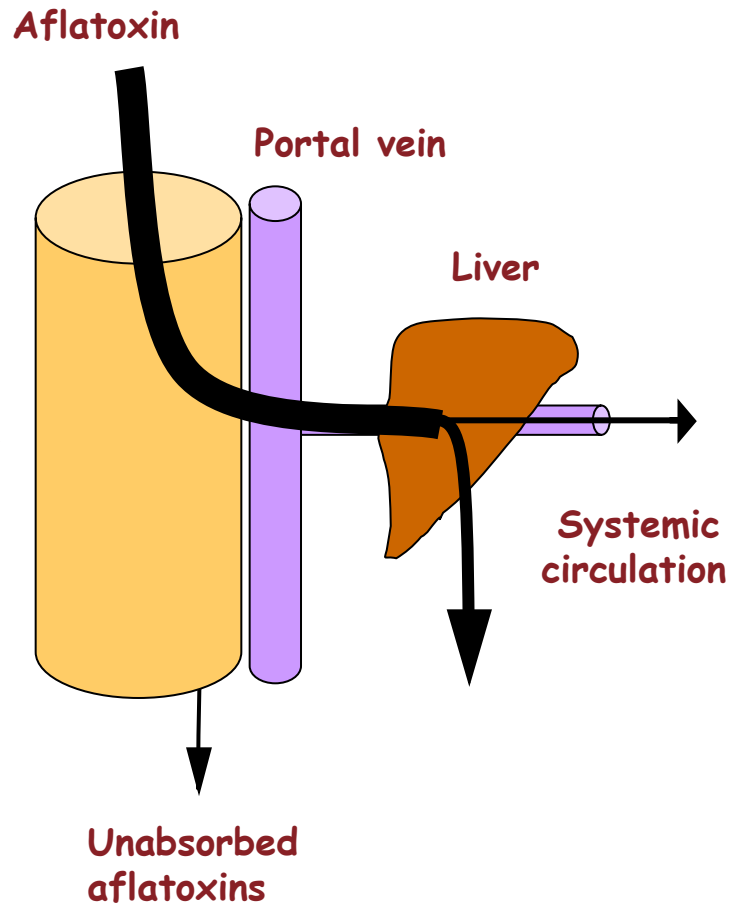
# Control measures

- **Physical control (e.g. UV radiation, electronic sorting)**
  - suitable for very limited products
- **Chemical control (e.g. ammoniation)**
  - health effects are not fully studied
- **Monitoring AF levels and rejection of produce**
  - extremely costly option

# Strategies for intervention at individual level



# Blocking/reducing absorption of AFB<sub>1</sub> from the small intestine



# Requirements for dietary tools of blocking/ reducing aflatoxin absorption in humans

- Part of normal human diet
- Long history of safe use
- Able to bind a range of harmful compounds including aflatoxins
- Binding takes place immediately and is stable under GIT conditions
- No effect on absorption of micro and macro nutrients
- Inexpensive and practical for food enrichments



## Microorganisms capable of inhibiting the production and degrading mycotoxins

*Corynebacterium rubrum*

*Trichoderma viride*

*Dactylium denroides*

*Absidia repens*

*Rhizopus arrhizus*

*Rhizopus stolonifer*

*Aspergillus niger*

*Mucor ambigus*

*Mucor griseo-cyanus*

*Mucor alternans*

*Rhizopus oryzae*

*Tetrahymena pyriformis*

A range of lactic acid bacteria (LAB), and *animal microflora*

# Lactic acid bacteria (LAB)

- LAB involved in the production of fermented foods
  - one quarter of our diet
  - characterised by safe history
  - extended shelf life compared to raw materials
- LAB has some health effects
  - growth inhibition of food spoiling bacteria
  - production of antimicrobial compounds
  - probiotic effects as live organisms in food

Selection of bacteria with GRAS status  
(available commercially or isolated from microflora of  
healthy humans)

*In vitro* binding assays with AF

Kinetic studies on binding  
and release of toxins  
(dose-response)

Mechanisms of binding  
(chemical and structural factors)

*In vitro* toxicity studies  
(to examine if the binding  
will detoxicate the AFs)

Selection of bacteria with good binding properties  
of AFs and ability to deactivate AFs

*In vivo* binding  
of AF

*Ex vivo* ligated loop in chicks

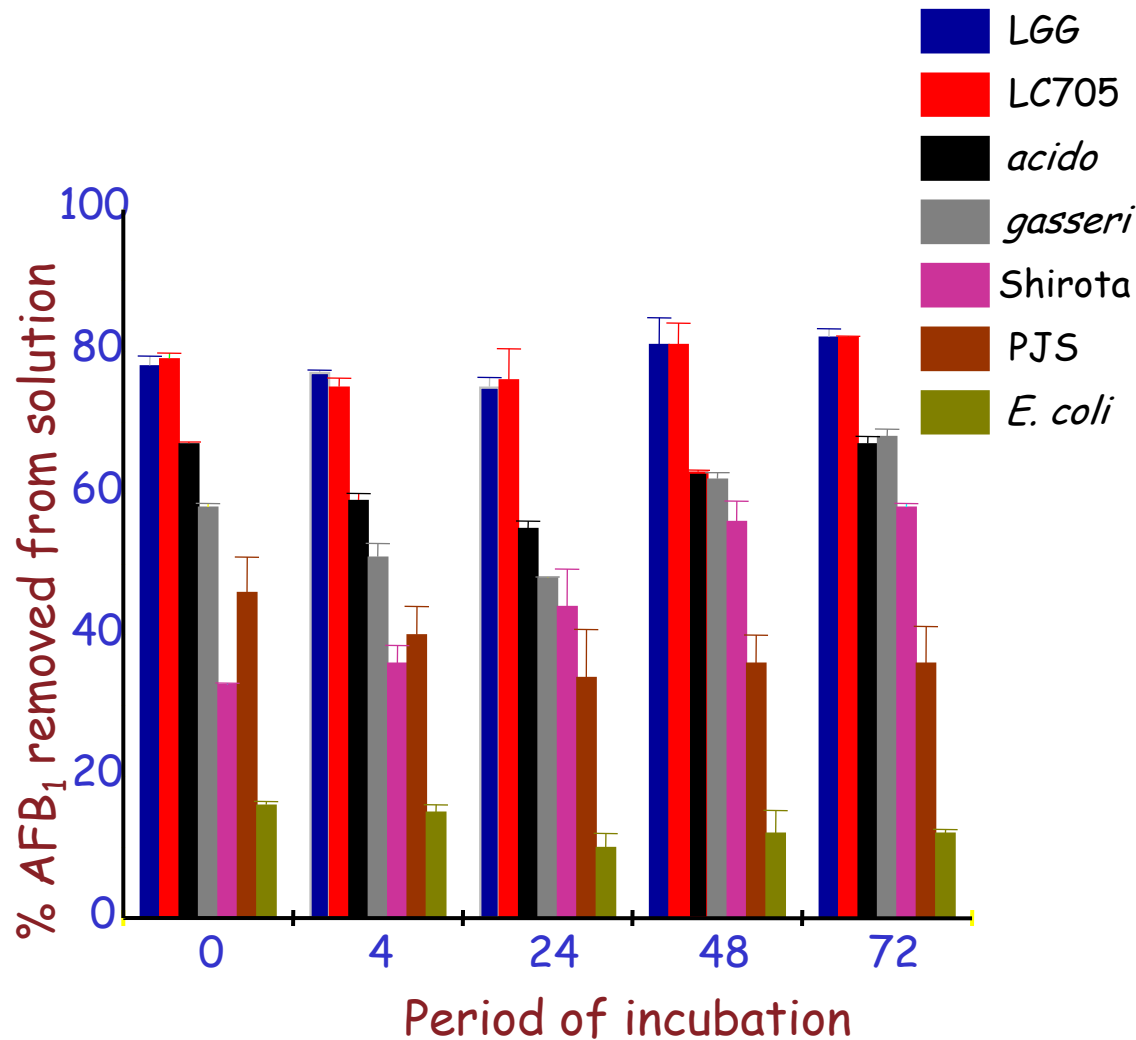
Feeding studies  
in animals

Stability of complex,  
effect on absorption and bioavailability

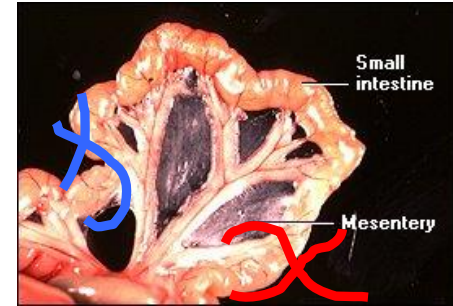
Clinical trials in populations exposed to AFs  
(body burden and biomarkers)

# Aflatoxin is bound by probiotic bacteria - *in vitro* evidence

- Certain strains of lactobacilli are capable of binding up to 80% of AFB<sub>1</sub> *in vitro* (El-Nezami *et al*, 1996, 1998a,b,c), Fusarium toxins (El-Nezami *et al*, 2002a,b, 2004), PhIP and Trp-P-1 (Haskard *et al*, 2001)
- AFB<sub>1</sub> is predominantly bound to a carbohydrate moiety on the surface of the bacteria (Haskard *et al*, 2002)
- The complex formed between the bacteria and AFB<sub>1</sub> is stable under different conditions (Haskard *et al*, 2002, Lee *et al*, 2003)



# Ex vivo study in chicks

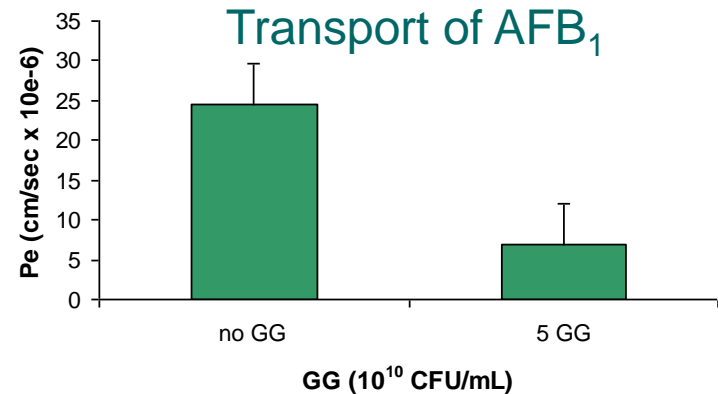
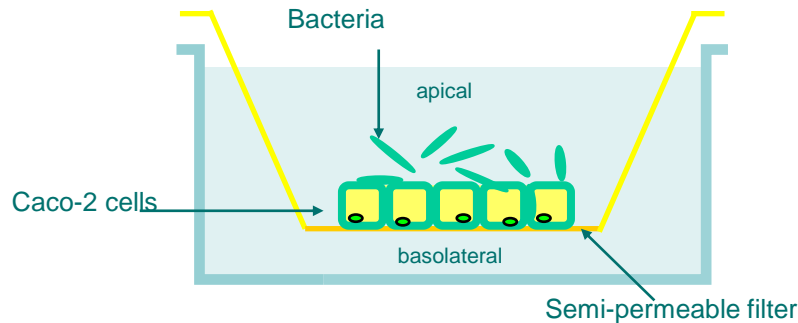


The concentration of AFB<sub>1</sub> ± SD extracted from

Group	Duodenal tissue <sup>b</sup>		Soluble fraction <sup>c</sup> of luminal fluid		Insoluble fraction of luminal fluid	
	1 min	60 min	1 min	60 min	1 min	60 min
AFB <sub>1</sub> only	0.27 ± 0.09	ND	1.04 ± 0.36	0.05±0.01	ND	ND
LBGG+AFB <sub>1</sub>	0.07 ± 0.05	ND	0.48 ± 0.15	ND	0.76±0.04	1.38±0.16
LC705+AFB <sub>1</sub>	0.17 ± 0.11	ND	0.58 ± 0.10	0.08 ± 0.06	0.54±0.10	1.07±0.12
PJS+AFB <sub>1</sub>	0.10 ± 0.05	ND	0.67 ± 0.13	0.13 ± 0.02	0.55±0.11	1.24±0.06

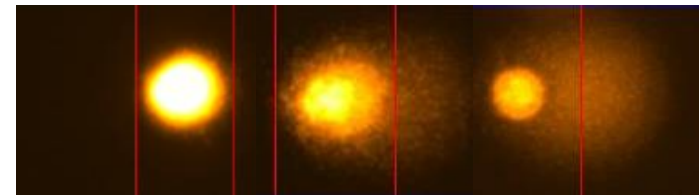
El-Nezami et al. (2000) ): Journal of Food Protection. , JGratz S. et al. (2005): Journal of Food Protection.

# Intestinal AFB<sub>1</sub> transport and toxicity

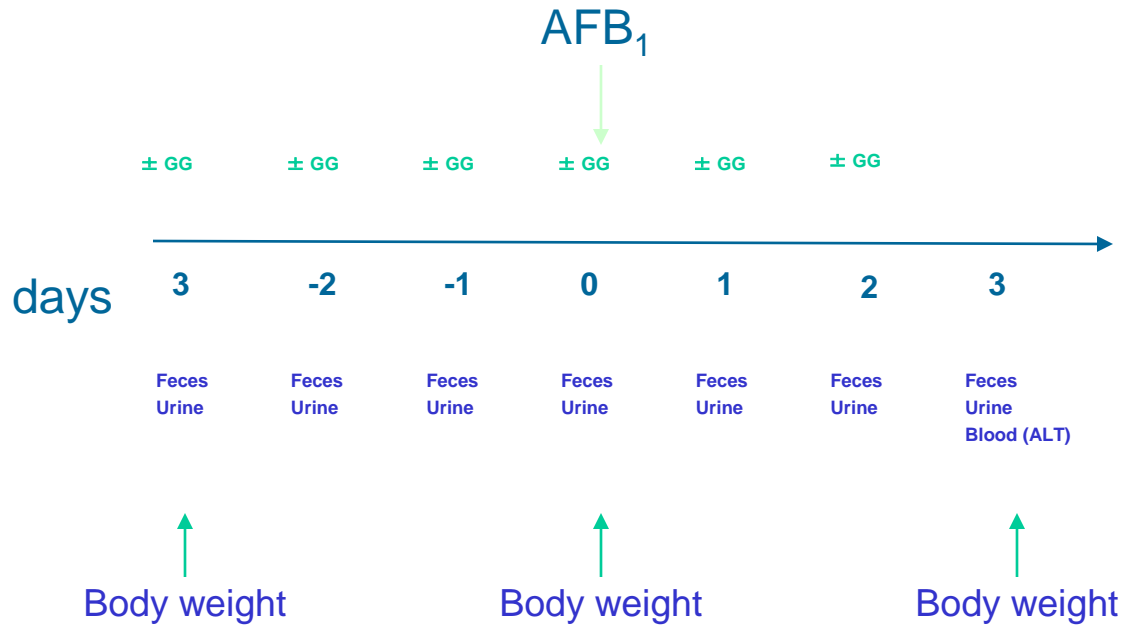


- Transport of AFB<sub>1</sub> through monolayer was reduced by GG
- AFB<sub>1</sub> induced TER (membrane integrity) reduction was attenuated
- AFB<sub>1</sub> induced DNA damage was attenuated

Gratz S., et al. (2007) Applied and Environmental Microbiology.



# Single dose study in rats



AFB<sub>1</sub> (1.5 mg/kg bw, single dose on day 0)

GG (5x10<sup>10</sup>CFU, daily for 6 days)

# Rat results



## GG administration:

- Increased fecal AFB<sub>1</sub> by 122%
- Increased fecal AFM<sub>1</sub> by 152%
- Decreased plasma AFB<sub>1</sub>-albumin by 29%
- Decreased change in liver function (ALT) by 54%
- Prevented body weight loss

Gratz S., et al. (2006): Applied and Environmental Microbiology.



# WHY CHINA?

- Primary liver cancer (PLC) is one of the most common cancers in China.
- There more than 250,000 new cases diagnosed yearly with liver cancer in China.
- The mortality rates both in rural and urban areas are 25 and 21 per 100 000, respectively, in the EU 3 per 100,000.
- The main 3 factors for the development of liver cancer are prevalent in China. Aflatoxins are consistent contaminants of the food supply in China, HBV and HCV are endemics in China.
- 500,000,000 individual infected with HBV  
(250,000,000 in China)
- 170,000,000 individuals infected with HCV  
(10,000,000 in China)
- 1,000,000 individuals dies annually because of complication associated with HBV, similar figure also expected for HCV  
(250,000 in China)

# Probiotic intervention in China

## Recruitment

300 healthy Chinese men screened for urinary AFM<sub>1</sub>

142 subjects had detectable level of AFM<sub>1</sub> in their urine

90 recruited based on physician's examination and blood chemistry

## Intervention and sampling

The subjects were randomized in two groups receiving either 2 placebo or 2 probiotic capsules/d for 5 weeks

\*Bioprofit® containing 10<sup>10</sup> cfu/capsule

Fecal, urine and blood samples were collected at baseline (day 1), and during intervention (days 21 and 35). Additional fecal samples were collected at days 2,3,5.

## Follow-up and aflatoxin measurement

Follow-up sample at day 70 (5 weeks after discontinuation of the treatments)

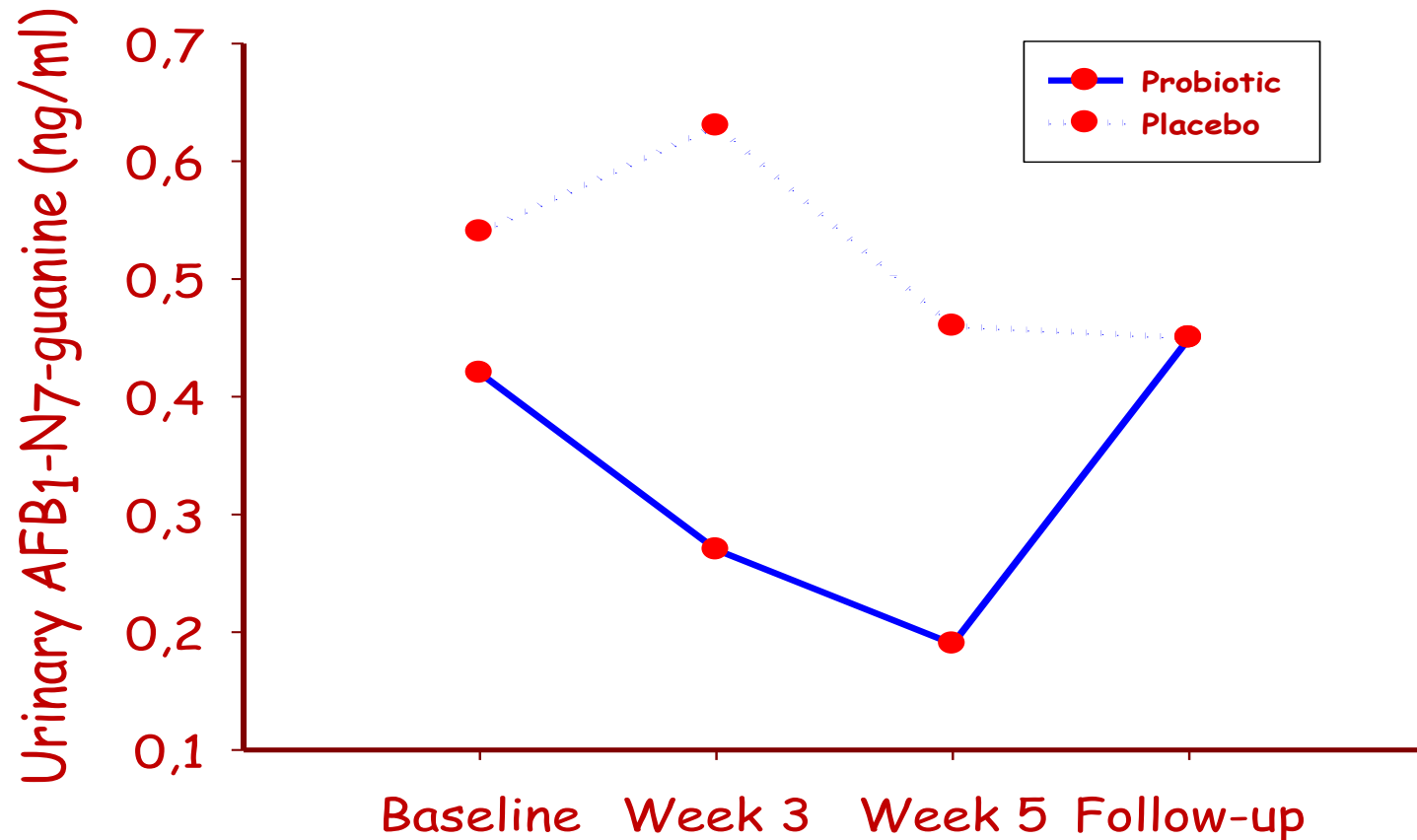
Fecal and urinary aflatoxin M<sub>1</sub> and Q<sub>1</sub> concentrations were measured by HPLC. AFB-N7-guanine was used as a validated biomarker for reduction in HCC.

Study days 1 2 3 5  
(Baseline)

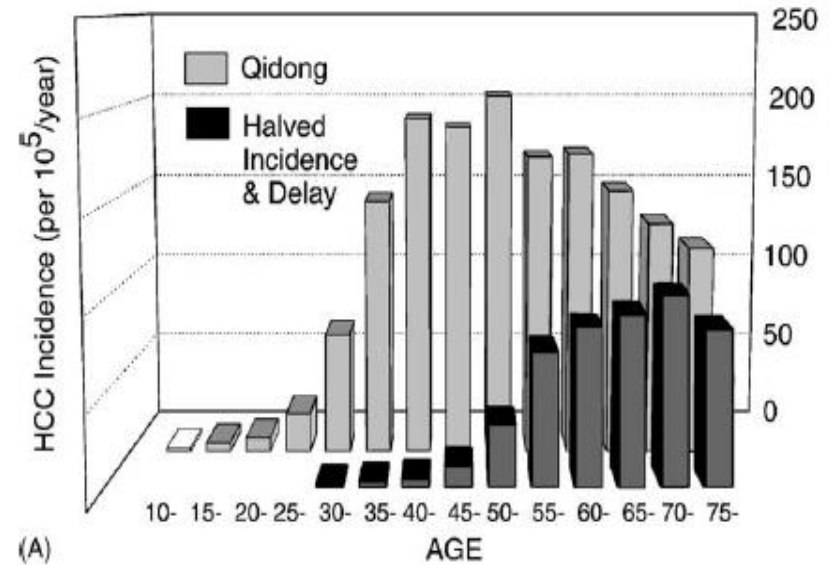
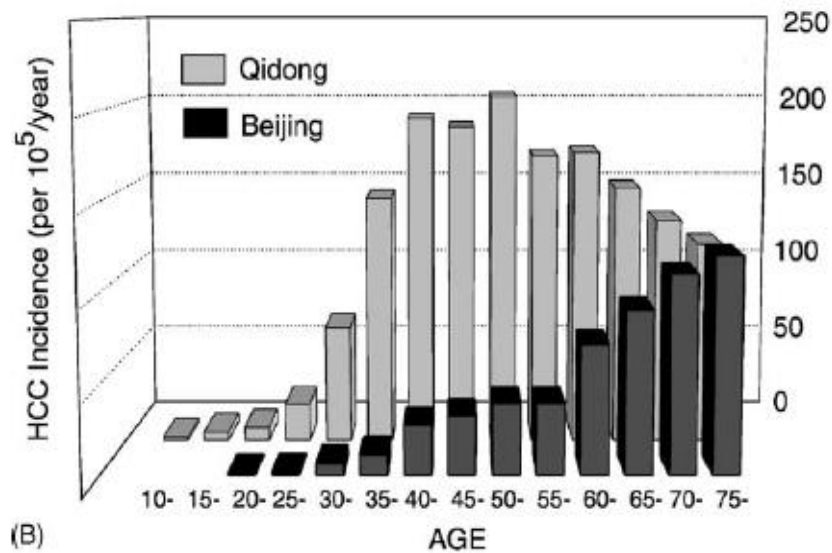
21 35  
(Probiotic/placebo)

70  
(Follow-up)

Probiotic supplementation reduces the urinary excretion of AFB<sub>1</sub>-N<sup>7</sup>-guanine, a biomarker of biologically effective dose of exposure to AFB<sub>1</sub>



# What our findings mean?



Egner et al, Mutation Res 523-524:209-216, 2003

# Research team and collaborators

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