

Stereoisomers of cysteine and its analogs
Potential effects on chemo- and radioprotection strategies

Review Article

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Summary. The thiol-containing amino acid, cysteine, and its analogs are useful for a variety of protective applications, including protecting normal tissues against the unwanted side effects of cancer chemotherapeutic agents and radiation treatment. The protection can result from both direct action of the amino acid and/or after its conversion to glutathione (GSH), sulfate, or other sulfur-based protective substances. Unfortunately, high GSH levels have been implicated in the problematic development of tumor cells' resistance to therapy. Due to numerous differences in the metabolic processing of the cysteine stereoisomers, chemo- and radioprotective strategies might be developed using the D-form of the amino acid, which can participate in protection directly, but which cannot be used to support GSH biosynthesis. In this way, protection of normal tissue may be achieved, while the potential development of resistance in tumor cells is minimized. Greatly enhanced therapeutic efficacy of cancer treatment regimens may be the result.

Keywords: Amino acids – Chemoprotection – Radioprotection – Cysteine – Glutathione – Stereospecificity

Cysteine has been widely studied for its ability to achieve both chemo- and radioprotection of cells, tissues, and organisms against a wide variety of toxic agents and situations. The thiol-containing amino acid can act directly or via conversion to glutathione (GSH), sulfate, or other sulfur-based protective species.

Numerous situations exist where protection strategies are desired or required. In the case of cancer treatment, protection of normal tissues against the unwanted, dose-limiting toxicity of cancer chemotherapeutic agents or radiation therapy would allow more efficacious treatment of a tumor. A major criticism against using cysteine in such a protective strategy is that the amino acid may: (a) promote the biosynthesis of GSH in tumor tissue and, therefore,

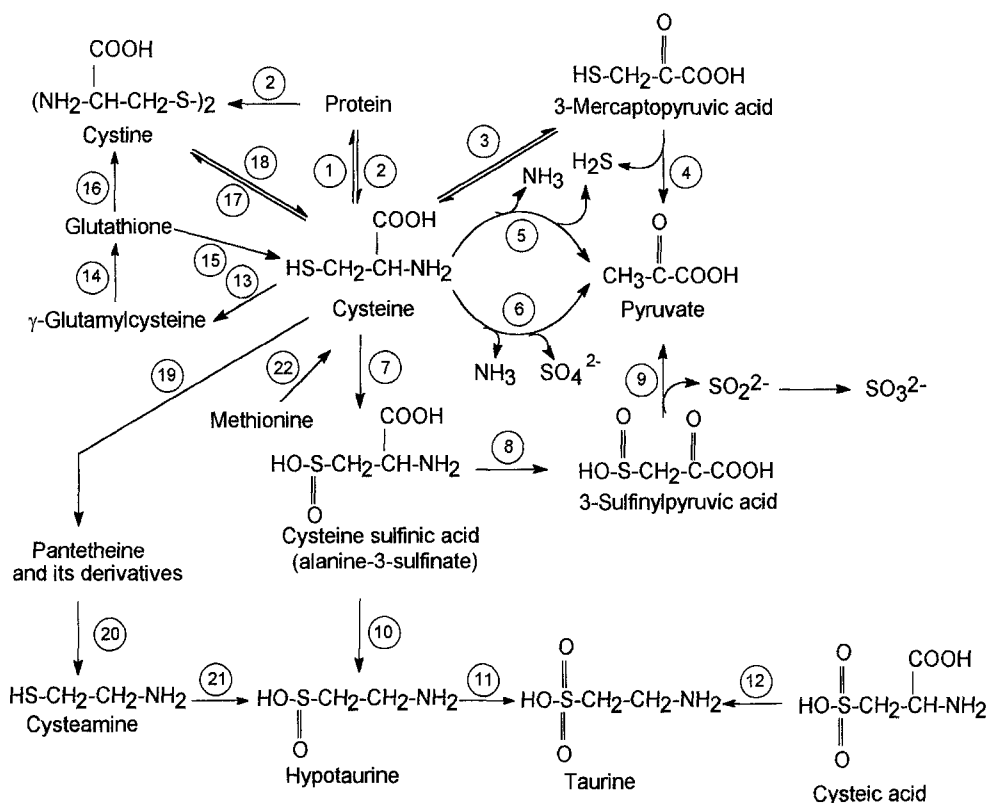


Fig. 1. Mammalian cysteine metabolism. The circled numbers correspond to the following enzymes or metabolic processes: 1, ribosomal protein synthesis; 2, formation of protein disulfide bonds; 3, cysteine aminotransferase and probably other aminotransferases; 4, 3-mercaptopyruvate sulfurtransferase; 5, cystathionine γ -lyase; 6, poorly characterized mitochondrial activity; 7, cysteine dioxygenase; 8, aspartate aminotransferase; 9, spontaneous reaction; 10, cysteinesulfinate decarboxylase; 11, "hypotauroine oxidase"; 12, cysteinesulfinate decarboxylase; 13, γ -glutamylcysteine synthetase; 14, glutathione synthase; 15, combined activities of γ -glutamyltransferase and various dipeptidases; 16, enzymatic and nonenzymatic oxidation of GSH to GSSG followed by cleavage reactions; 17, various thiol oxidases; 18, enzymatic and nonenzymatic transhydrogenations with GSH coupled to glutathione reductase; 19, pantetheine and coenzyme A biosynthesis; 20, pantetheine and coenzyme A catabolism; 21, cysteamine dioxygenase; 22, transsulfuration pathway. (From Griffith, 1987 with permission.)

promote resistance of the tumor to the drug treatment, and (b) achieve comparable protection in the tumor (DeLeve and Kaplowitz, 1991). Recent work (*vide infra*) with the two stereoisomers of cysteine has provided evidence that protection may be achieved against certain toxins (including chemotherapeutic agents) using the unnatural D-form of cysteine, which is incapable of supporting GSH biosynthesis and, therefore, incapable of promoting drug resistance in tumors. In addition, evidence exists that differential protection of normal tissue at the expense of tumor tissue can be achieved with protective compounds (Yuhás and Storer, 1969; Roberts et al., 1991). The differential protection is probably due to differences in blood flow between tumor and normal tissue and the potential active concentration of related agents by normal tissues (Yuhás, 1970). The hydrophilicity of protec-

tive agents also appears to be critical to the differential distribution (Brown et al., 1984).

Central to this issue is the stereospecific or stereoselective processing of cysteine. The complex metabolism of the L-amino acid is shown in Fig. 1 (Griffith, 1987). Two main metabolic routes have been recognized: (1) desulfhydration of cysteine to inorganic sulfate by a variety of enzyme systems commonly referred to as cysteine desulhydrases (cystathionine γ - and β -lyases and cysteine aminotransferase); and (2) oxidation of cysteine to cysteine sulfinate followed by conversion to taurine or pyruvate (Singer, 1975; Simpson and Freedland, 1976; Stipanuk, 1979; Horowitz et al., 1981; Stipanuk and Beck, 1982; Drake et al., 1987; Griffith, 1987; Hosokawa et al., 1988; Coloso et al., 1990). The balance between these two metabolic routes can be altered (Stipanuk et al., 1992). Production of GSH is another important pathway when considering implications to protection strategies.

Considerable study has been done particularly on the production of sulfate and taurine from cysteine stereoisomers and their oxidation products. Feeding L-cysteine to rats caused a dramatic increase in the urinary excretion of inorganic sulfate, cystine, taurine, and hypotaurine, but not of cysteic acid. D-Cysteine, on the other hand, was able to increase sulfate and cystine excretion to the same extent as the L-isomer, but no change in hypotaurine or taurine was observed (Cavallini et al., 1958; Krijghsheld et al., 1981; Glazenburg et al., 1984; Stipanuk and Rotter, 1984). Interestingly, the peak for serum sulfate was maximal by 30 minutes after D-cysteine administration, but required 2 hours to maximize after L-cysteine administration (Krijghsheld et al., 1981). The interpretation of these feeding studies is complicated by as yet undetermined potential differences between the two isomers that could effect the results. For example, the rate of uptake from the gut, the first pass metabolism in the liver, or the rate of sulfoxidation might be different. To avoid these problems, intravenous administration was utilized and resulted in very similar rates of plasma sulfate increase for the two stereoisomers (Glazenburg et al., 1984), in contrast to the data obtained after oral administration. While different paths to sulfate with identical rates could not be ruled out, these data suggested that the same enzyme system catalyzes the production of sulfate from both L- and D-cysteine. *In vitro*, the levels of L-cysteine appear to be critical in its metabolic conversions. High cysteine levels favor the production of sulfate and taurine, while low cysteine favors its incorporation into GSH (Meister, 1975; Stipanuk et al., 1992).

Sulfate production from D-cysteine may also arise by the action of D-amino acid oxidase, which produces 3-mercaptopyruvate. This enzyme has been found in the brain (Goldstein, 1966), kidney (Momoi et al., 1990; Krejci et al., 1991), liver (Schellens et al., 1992; Fahimi et al., 1993; Frederiks et al., 1993), retina (St. Jules et al., 1992), small intestine (Brachet and Puigserver, 1992; Cable et al., 1993), and normal and cancerous breast tissue (el Bouhtoury et al., 1992), primarily in the peroxisomes. The main role of this oxidase is thought to be the detoxication of D-amino acids before levels are reached that compromise the production of essential enzymes or other proteins or the normal growth of the organism (D'Aniello et al., 1993). The 3-

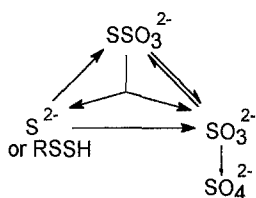


Fig. 2. Thiosulfate cycle (Stipanuk, 1979)

mercaptopyruvate produced by this enzyme may be transaminated to L-cysteine (Cooper et al., 1982), but this reaction seems unlikely because little or no taurine, a normal metabolite of the L-form, is observed after D-cysteine administration. Further metabolism of 3-mercaptopyruvate is more likely, producing pyruvate, thiosulfate, sulfide, or sulfate. These intermediates can go on to produce more sulfate through the "thiosulfate cycle" (Fig. 2, Sörbo, 1975; Stipanuk, 1979). Other products of 3-mercaptopyruvate have also been identified (Cooper et al., 1982). On the other hand, the similar toxicity of D- and L-S-(1,2-dichlorovinyl)cysteine has been associated with the D-amino acid oxidase-catalyzed conversion of the D- to the L-isomer (Wolfgang et al., 1989; Krejci et al., 1991).

Another possible route to sulfate from D-cysteine may be direct desulfhydration. Bacterial and liver cysteine desulfhydrases have been shown to be non-stereospecific. In addition, the presence of both a D- and an L-cysteine desulfhydrase has been proposed for bacteria (Cavallini et al., 1958). However, Krijgheld et al. (1981) state that desulfhydration of L-cysteine takes place by some as yet unidentified pathways, with little or no information available about the D-form.

The oxidation of cysteine to cysteine sulfinic acid is also of critical importance, in particular because sulfate can be an end product of this reaction as well. The stereospecificity of the process remains very controversial. Early work concluded that the enzyme involved, cysteine dioxygenase, was non-stereospecific (Cavallini et al., 1958). However, subsequent work has led to the conclusion that cysteine dioxygenase is highly specific for the L-form of the amino acid (Ewetz and Sörbo, 1966; Stipanuk, 1979; Krijgheld et al., 1981). Glazenburg et al. (1984), on the other hand, believe that the stereospecificity observed in taurine production from L- and D-cysteine is not due to cysteine dioxygenase, but rather due to enzymes responsible for the subsequent decarboxylation to hypotaurine. These authors state, "The first step in the metabolic pathway from L-cysteine to both inorganic sulfate and taurine is catalyzed by the same enzyme, cysteine dioxygenase, leading to the first intermediate, alanine-3-sulfinic acid [cysteine sulfinic acid]. From this intermediate different pathways lead to sulfate or taurine." Stipanuk (1979), however, outlines many different pathways to sulfate (desulfhydration) that do not require prior oxidation to cysteine sulfinic acid, the common intermediate for taurine production. Because of these facts, interpretation of the Glazenburg information remains unclear.

When cysteic acid was fed to rats instead of cysteine, only the L-form was decarboxylated to taurine, confirming the belief that no known decarboxylase

can utilize D-amino acids (Cavallini et al., 1958). Feeding cysteine sulfinic acid to rats resulted mainly in elevated sulfate levels in the case of the L-form, while the D-form increased sulfate to only a limited extent. Unexpectedly, feeding studies with D-cysteine sulfinic acid also resulted in the excretion of a relatively large amount of taurine (Cavallini et al., 1958). This may indicate the stereospecific deamination and reamination to the L-sulfinic acid, in contrast to the situation with cysteine itself. In general, Cavallini and co-workers (1958) concluded that production of sulfate is carried out by non-stereospecific processes. The conversion to taurine or hypotaurine, however, is catalyzed by stereospecific enzymes. In contrast, recent work has characterized D-cysteine sulfinic acid as an inhibitor of cysteine sulfinic acid decarboxylase (Weinstein and Griffith, 1987; Weinstein et al., 1988).

Other physiologically important differences between the cysteine stereoisomers have been studied as well. Differential uptake of L- and D-amino acids across the blood-brain barrier (Oldendorf, 1973), erythrocyte membrane (Winter and Christensen, 1964), and intestinal epithelia (Gibson and Wiseman, 1951) has been documented, although cysteine stereoisomers were not specifically studied in these cases. D-Amino acids cannot function as substrates for cysteine conjugate β -lyase (Tateishi and Shimizu, 1981). D-Cysteine was found to be a poor inhibitor of cysteine-specific lysosomal transport, indicating stereospecificity of the system (Pisoni et al., 1990). This unnatural isomer suppresses growth in mice, while L-cysteine supports normal function and development and demonstrates a sparing effect on L-methionine levels (Friedman and Gumbmann, 1984; Friedman, 1991). Interestingly, contamination of commercial preparations of L-amino acids, including L-cysteine, with the D-enantiomer has been reported (Armstrong et al., 1991). This could have interesting ramifications on any biochemical or therapeutic studies that have been conducted using these preparations.

L-Cysteine has been shown to be mutagenic in the Ames assay, under numerous metabolic conditions, and very toxic to neonatal rats (White et al., 1993). In contrast, D-cysteine did not exhibit measurable mutagenicity and, in fact, actually decreased the number of revertant colonies per plate from control levels. This fact was explained by the probable bacteriotoxicity of the D-enantiomer (Glatt and Oesch, 1985).

L-Cysteine is also a well known neurotoxin (Olney et al., 1990). Considerable evidence has pointed to the role of cysteine sulfinic acid and cysteic acid in this toxicity (Lehmann et al., 1993), further emphasizing the importance of the cysteine oxidative enzyme system. The excitotoxic response, primarily seen in the cerebral cortex, was eliminated by pretreatment with an N-methyl-D-aspartate (NMDA) receptor antagonist, MK-801. Other studies have also implicated glutamate receptors in the toxic action of L-cysteine, as well as the amino acid's effects on intracellular calcium, inositol phosphate, and cGMP levels (Frandsen et al., 1993; Porter and Roberts, 1993; Gorman and Griffiths, 1994). In hippocampal slices, both L-cysteine and L-cysteic acid produced profound toxicity in energy-deprived preparations, which was again blocked with NMDA receptor antagonists (Schurr et al., 1993). Both cysteine sulfinic acid and cysteic acid caused an enhancement of ethanol's depressant activity in the

central nervous system in mice (Ferko, 1993). Using taurine receptor preparations from mammalian brain, cysteic acid was shown to be a powerful inhibitor of ^3H -taurine binding, the physiological significance of which is not understood (Wu et al., 1992). The effects of the D-form on these parameters has not been reported.

In other measures of toxicity, the administration of L-cysteine under certain conditions caused a decrease in hepatic GSH content (Viña et al., 1983). The observed effect was less pronounced when the amino acid was administered orally. This toxic effect of L-cysteine was attributed mainly to autoxidation of the amino acid. Such an oxidative process generates hydroxyl and thiyl radicals, which result in GSH depletion and other signs of cell damage, either directly or through the metal-catalyzed Fenton reaction from hydrogen peroxide (Held and Biaglow, 1993). Autoxidation is particularly pronounced after intravenous administration. If L-cysteine is administered orally, however, the gastric pH maintains the amino acid predominantly in its reduced form (Estrela et al., 1983). Oxidation and production of free radicals should be independent of configuration. Related information on the D-form is limited to the work of Dewey and Gaugas (1980) who reported similar toxicities between the two stereoisomers that could only be explained by similarities in chemical autoxidation rather than in any enzymatic process. The observed toxicity, in most cases, is more pronounced at low doses and disappears at higher, more physiological levels of cysteine. In addition, oxidative products of L-cysteine and dopamine conjugates that form in the brain showed profound toxicity *in vivo*, and have been linked to the progression of Parkinson's disease (Zhang and Dryhurst, 1994).

The interrelationship between cysteine and GSH can be very important in the context of protective experiments. It is known that D-cysteine readily enters hepatocytes, but it does not support GSH biosynthesis (Glazenburg et al., 1984; Wong and Corcoran, 1990). Acetaminophen hepatotoxicity has been widely used as a model for assessing requirements for protection. L-Cysteine exhibits protective capabilities against acetaminophen hepatotoxicity, but D-cysteine does not; therefore, GSH must be required for protection (Corcoran and Wong, 1986; McLean et al., 1989). An identical situation was seen using the two stereoisomers after 2-cyclohexene-1-one intoxication (Masukawa et al., 1989). These parameters have been extensively examined using N-acetylcysteine (NAC), a prodrug of cysteine that liberates the free amino acid after enzymatic deacylation. NAC is widely used as an antidote for acetaminophen overdose. Numerous mechanisms exist by which NAC could exhibit its protective effects. Studies using NAC synthesized from both L- and D-cysteine have demonstrated that the prodrug's protective abilities stem from the release of L-cysteine, which provides a critical precursor for GSH biosynthesis (Corcoran and Wong, 1986; Wong et al., 1986). Direct effects of the free sulfhydryl groups were ruled out. However, Burgunder et al. (1989) report that the levels of free cysteine seen after L-NAC administration are at least partly due to disulfide exchange with endogenous cystine, which liberates a molecule of L-cysteine. Such chemical reduction should occur to an equivalent degree for the two stereoisomers. In any case, the vast majority of

free L-cysteine resulting from NAC is the result of enzymatic deacylation, a reaction which proceeds very slowly if at all with D-amino acids (Birnbaum et al., 1952). In similar studies, both isomers were found to be equipotent as antidotes to acrylonitrile intoxication (Benz et al., 1990).

The effect of L-NAC administration on hepatic GSH varies widely. Results outlining GSH increase, decrease, or no change have been reported following the administration of NAC (Estrela et al., 1983; Karg et al., 1990), depending upon the experimental protocol. GSH depletion by NAC has been linked to the production of the reactive radicals generated by autoxidation, similar to the situation with cysteine itself. D-NAC produces dose-dependent toxicity *in vitro* as did L-NAC, but to a much smaller extent than the L-enantiomer. The stereoisomers were not compared with respect to their extent of autoxidation. In addition, L-NAC, but not its D-isomer, significantly increased plasma and urine sulfate levels in mice (Wong et al., 1986).

Another prodrug of cysteine, 2-oxothiazolidine-4-carboxylate (OTZ), was synthesized with both L- and D-cysteine, and the properties of the two derivatives were compared (Williamson and Meister, 1981; Williamson and Meister, 1982). The L-isomer was found to be a good substrate for 5-oxo-L-prolinase, resulting in the release of L-cysteine from the prodrug. No reaction was observed when the substrate was replaced by the D-form. In addition, L-OTZ caused a 2-fold increase in hepatic GSH 4 hours after intraperitoneal administration; inorganic sulfur and taurine represented other metabolic products (Coloso et al., 1991). No such stimulation was observed when equivalent doses of the D-form of OTZ were administered. Increases in GSH production appear to be best achieved at low OTZ and, therefore, low L-cysteine concentrations, while high OTZ leads to increased taurine and sulfate instead of GSH (Stipanuk et al., 1992).

Similar results were obtained with another prodrug of cysteine, 2-methylthiazolidine-4-carboxylic acid (2-MTCA) (Nagasawa et al., 1984; Hazelton et al., 1986). The L-form protected against acetaminophen's hepatotoxicity while the D-isomer was completely without protective abilities, confirming the requirement for GSH in acetaminophen detoxication.

Other thiazolidine prodrugs of cysteine have been synthesized using aldose monosaccharides as the carbonyl donor for heterocyclic ring formation (Roberts et al., 1986). Of the eight analogs tested, the prodrug constructed from L-cysteine and D-ribose (RibCys) showed the greatest ability to protect against acetaminophen-induced hepatotoxicity (Roberts et al., 1986; Roberts et al., 1992). In addition, RibCys was shown to be an effective chemoprotective agent against cyclophosphamide-induced toxicity to the bladder (production of dose-limiting hemorrhagic cystitis) without compromising the anticancer activity of the drug (Roberts et al., 1991; Roberts and Francetic, 1994). Further studies in the area included the preparation of RibCys using D-cysteine (D-RibCys), which, along with D-cysteine itself, showed equal or slightly better uroprotective activity than their L-analogs (Roberts et al., 1994). These results are in direct contrast to those found for protection against acetaminophen's hepatotoxicity and suggest that GSH cannot be required for detoxication in this case.

Summary

The L- and D-forms of cysteine are converted to inorganic sulfate to a very similar extent, but only the L-isomer is capable of producing taurine as a metabolite or of being incorporated into GSH. The importance of the many pathways available to cysteine for sulfate production is not clear. It is important to determine which enzymes in the pathways exhibit stereospecificity toward their substrate in order to sort out potential effects of cysteine stereoisomers in therapeutic applications such as chemo- and radioprotection. If cysteine dioxygenase only accepts L-cysteine, then the other less well understood pathways to sulfate, not passing through cysteine sulfinic acid, are major ones for the D-form. In this scenario, the conversion to hypotaurine/taurine may or may not exhibit stereospecificity. If cysteine dioxygenase is not stereospecific, more pathways are available to D-cysteine for the production of sulfate. In this scenario, the conversion of cysteine sulfinic acid to hypotaurine must be stereospecific.

With respect to protection experiments, numerous interesting points emerge. One possible explanation for the protective effects of D-cysteine and D-RibCys against cyclophosphamide urotoxicity is the conversion of the amino acid to 3-mercaptopyruvate. Apparently this transformation can be carried out by D-amino acid oxidase; little information is available about the properties of cysteine aminotransferase, which is also capable of carrying out the reaction (Friedman and Gumbmann, 1984). Transamination of this intermediate produces L-cysteine, which could be responsible for the protective effects. However, as stated above, other products of L-cysteine, namely taurine, are not observed after D-cysteine administration, making this possibility unlikely.

Taken together, literature information, as well as recent experimental data, suggests that protection against cyclophosphamide urotoxicity proceeds by a different mechanism than does protection against acetaminophen hepatotoxicity. Without question, GSH is a required agent in acetaminophen detoxication, and D-cysteine is incapable of protection because it cannot support GSH biosynthesis. However, in the case of cyclophosphamide, direct detoxication of the toxic metabolite, acrolein, by sulfhydryl-containing compounds, perhaps in the urine itself, appears to be the major route of protection. This may explain the similar abilities of D- and L-cysteine and D- and L-RibCys to protect the bladder. Accessibility of the intact amino acids of either configuration to the bladder is an unresolved issue, although extensive urinary excretion is likely in both cases. While this may be a fortuitous combination of circumstances unique to cyclophosphamide, further study with other chemotherapeutic agents is warranted.

Choosing a protection strategy particularly for a cancer treatment situation will depend on many things, including the nature of the therapeutic agent and its mechanisms of clearance. For those substances not requiring GSH to mediate detoxication, using the D-isomer of cysteine or its analogs in chemoprotection offers a superior approach because these compounds are incapable of supporting GSH biosynthesis in the tumor cells, a phenomenon

linked to the development of resistance to treatment. Increased efficacy of cancer treatment regimens may be the result.

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