

Oxidative DNA damage correlates with oxygen consumption in humans

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ABSTRACT Generation of reactive oxygen species from mitochondrial respiration has been proposed as an important determinant of longevity and cumulative cancer risk. Interspecies correlations and animal calorie restriction studies of metabolic rate and oxidative DNA damage support this notion. In the present study we have demonstrated a close association between oxidative DNA damage as assessed by the urinary excretion of 8-oxo-7,8-dihydro-2'-deoxyguanosine (8-oxodG) and oxygen consumption in 33 healthy premenopausal women ($r = 0.64$; $p = 0.00007$). In the 12 women who smoked, 8-oxodG excretion was increased by 35%, although oxygen consumption increased only 10% compared with the 21 non-smoking women. Apparently, the rate of oxidative DNA damage relates to mitochondrial respiration in humans and is aggravated by smoking.—Loft, S., Astrup, A., Buemann, B., Poulsen, H. E. Oxidative DNA damage correlates with oxygen consumption in humans. *FASEB J.* 8: 534-537; 1994.

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MITOCHONDRIAL RESPIRATION AS A SOURCE of reactive oxygen species (1) (ROS)² with resulting damage to DNA has been proposed as an important determinant of longevity and cumulated cancer risk (2-4). Indeed, oxidative modifications are abundant in mammalian DNA, amounting to 1-25 8-oxo-7,8-dihydro-2'-deoxyguanosine (8-oxodG) per 10⁵ dG in normal tissue; higher levels are found with advanced age, in malignant tumors, and after treatment with ionizing radiation or chemical carcinogens (2, 5-7). Besides 8-oxodG, a whole series of oxidative DNA modifications are found in human tissue, in particular from cancers (5, 6). The oxidative hit rate has been estimated to 10⁴ to 10⁵ DNA bases per cell per day from the urinary excretion of 8-oxodG and similar biomarkers (8-10). The formation of such urinary or tissue biomarkers of oxidative DNA damage correlates with metabolic rate across species (3, 8, 11) and is reduced by calorie restriction (11, 12), supporting a relationship with mitochondrial respiration. However, for the individual variation among humans the relevance of such an association remains to be established. Recently, the urinary excretion of 8-oxodG in humans was shown to be increased in smokers and correlated with body mass index (BMI) and gender, suggesting an association with the metabolic rate (10). In the present study we have examined the relationship between urinary excretion of 8-oxodG and oxygen consumption in 12 smoking and 21 nonsmoking, healthy premenopausal women.

MATERIAL AND METHODS

After informed consent and approval from the local ethics committee, 33 healthy premenopausal women (age 33 ± 10 years; BMI 20-25 kg m⁻²) were

investigated in the follicular phase of the menstrual cycle. Twenty four-hour oxygen consumption was measured by means of two open-circuit respiratory chambers as previously published along with data on plasma hormones and energy expenditure in some of the subjects (13). The within-subject coefficient of variation for repeated measurements was 2.5%. During the measurement the subjects were kept under continuous surveillance and 24-h urine was collected under metabolic ward conditions. Smokers were allowed to smoke no more than six cigarettes while in the respiratory chamber so as not to contaminate the air filters. A fixed physical activity program included three 10-min bicycling (75 W) sessions. For at least 4 days before the experiment the subjects were instructed by a dietician in a weight maintenance, conventional diet supplying 55% of the energy as carbohydrate, 30% as fat, and 15% as protein. At fixed times during the measurement the subjects were fed a similar diet with an energy content corresponding to an estimated 24-h energy expenditure computed from lean body mass (LBM) measured by the bioimpedance method using an Animeter (HTS-Engineering Inc, Odense, Denmark) (13). The concentration of 8-oxodG in 24-h urine was measured by an automated three-dimensional HPLC method with isocratic separation and electrochemical detection (10). The intra- and interday coefficients of variation for the analysis were 8% and 10%, respectively. All samples were analyzed repeatedly on at least two different days and the average value was used for calculation. The concentration of 8-oxodG was constant in urine samples stored at -20°C for at least 2.5 years.

The 24-h excretion of 8-oxodG was calculated from its concentration and the volume of urine and expressed per subject, body weight (BW), LBM, and oxygen consumption.

Bivariate analysis of the effect of smoking on 8-oxodG excretion and oxygen consumption was done by means of the *t* test. The combined effect of the two factors on 8-oxodG excretion was studied by multifactorial analysis of variance with oxygen consumption as covariate. Linear regression was performed by the method of least squares. Probability values of less than 0.05 were considered significant.

RESULTS

The excretion of 8-oxodG was closely associated with oxygen consumption whether the former was expressed per subject, body weight, or LBM (Fig. 1; Table 1). Linear regression of 8-oxodG excretion on oxygen consumption showed a slope of 0.17 nmol per liter of oxygen ($P = 0.00007$; $r = 0.64$).

In the smokers, 8-oxodG excretion per BW or LBM was 35% higher than in the abstainers. Although smoking increased oxygen consumption by only 10% ($P < 0.05$), its effect on 8-oxodG excretion lost statistical significance ($P > 0.5$) when oxygen consumption was included as covariate. Corrected for consumed oxygen, the smoking-related difference in 8-oxodG excretion was 29% and just failed to reach statistical significance ($P = 0.08$).

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²Abbreviations: 8-oxodG, 8-oxo-7,8-dihydro-2'-deoxyguanosine; ROS, reactive oxygen species; BMI, body mass index; LBM, lean body mass; BW, body weight; Fpg, formamidopyrimidine-DNA glycosylase.

8-oxodG excretion

DISCUSSION

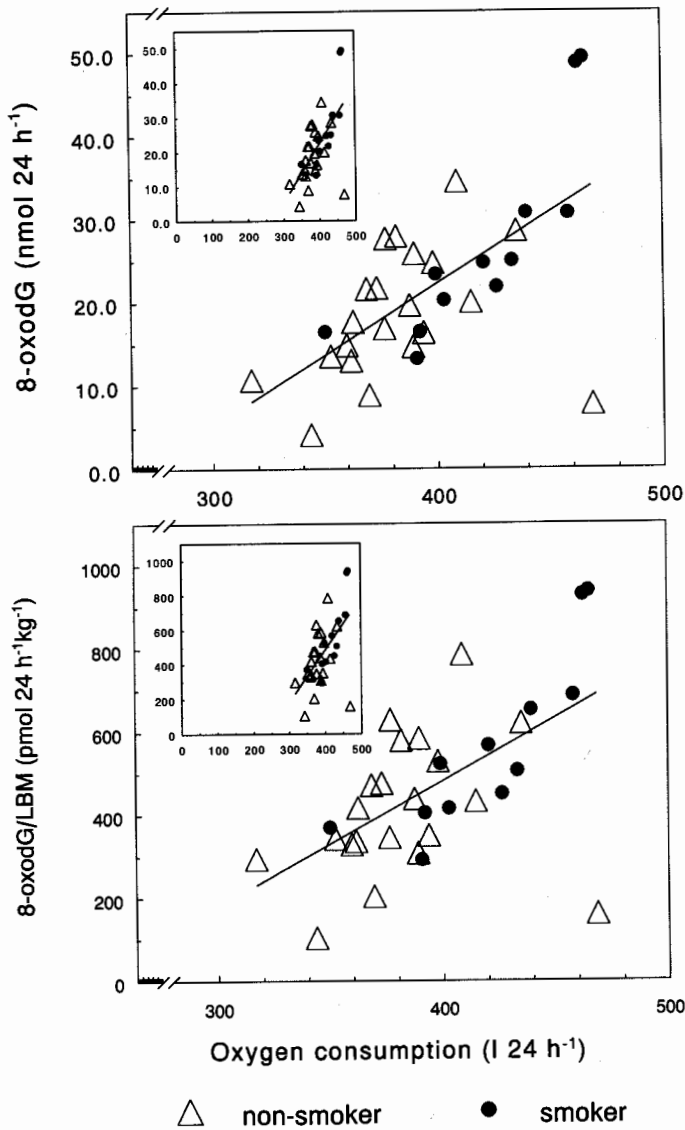


Figure 1. Relationship between oxygen consumption and oxidative DNA damage as assessed by the urinary excretion of 8-oxodG in 33 healthy premenopausal women. 8-OxodG excretion was expressed per subject (top) and per lean body mass (LBM; bottom). The lines of regressions are shown. Inserts show the relationships with full abscissa.

In the present study 8-oxodG excretion was closely associated with oxygen consumption whether the former was expressed per subject, body weight, or LBM. Indeed, the slope of linear regression of 8-oxodG excretion on oxygen consumption was compatible with interspecies comparisons of metabolic rate and biomarkers of oxidative DNA damage, including 8-oxodG (3, 11), whereas another interspecies correlation showed a much less steep slope (8).

Although the present data precluded elaborate testing of alternatives to a linear model, a negative intercept of 8-oxodG excretion is without biological meaning. Rather, the relationship with oxygen consumption may be shaped like a hockey stick, reflecting limited capacity of antioxidant defences (3) and/or nonlinear production of ROS with increasing metabolic rate. Thus, the 1–5% fraction of consumed oxygen undergoing single electron transfers to generate ROS during mitochondrial respiration (1) may differ between species and between human individuals. In fact, both the hydrogen peroxide formation per milligram of mitochondrial protein (4) and the summed mitochondrial surface area (14) have been shown to correlate with the metabolic rate, suggesting that total ROS production from leakage in the respiratory chain correlates with a power, e.g., the square, of the oxygen consumption. Moreover, the inverse relationship between longevity and metabolic rate appears to have different coefficients within various groups of mammals, e.g., humans and some primates, other primates, and nonprimates, hypothetically related to differences in antioxidant defence systems (3).

In the smokers, 8-oxodG excretion per BW or LBM was 35% higher than in the abstainers. Although smoking increased oxygen consumption by only 10% its effect on 8-oxodG excretion lost statistical significance when oxygen consumption was included as covariate. Apparently, the effect of smoking on 8-oxodG excretion was not exclusively related to an increase in mitochondrial respiration and a proportional increase in ROS generation. Thus, smoking may increase ROS formation by a partial decoupling of the respiratory chain as shown in heart muscle mitochondria from rabbits exposed to tobacco smoke (15). In addition, tobacco smoke contains large amounts of oxidants and induces oxidative DNA damage in vitro (16). Indeed, smokers notoriously have low plasma antioxidant levels due to increased utilization and decreased intake (17).

From a previous study of women aged 40–64 years (10) the average excretion of 8-oxodG per BW was 33% lower than

TABLE 1. Urinary 8-oxodG excretion in relation to smoking and oxygen consumption in 33 healthy premenopausal women

	All, <i>n</i> = 33	Smokers, <i>n</i> = 12	Nonsmokers, <i>n</i> = 21	Coefficient of covariation O ₂ consumption (l 24 h ⁻¹)
O ₂ consumption (l 24 h ⁻¹)	396 ± 33	420 ± 35 ^a	382 ± 32	
8-oxodG excretion per				
subject (nmol 24 h ⁻¹)	21.5 ± 10.0	26.7 ± 11.7 ^{a,b}	18.6 ± 7.8	0.16 (<i>F</i> = 20.7)
BW (pmol 24 h ⁻¹ ·kg ⁻¹)	359 ± 191	431 ± 168 ^{a,b}	318 ± 130	2.14 (<i>F</i> = 15.2)
LBM (pmol 24 h ⁻¹ ·kg ⁻¹)	469 ± 194	562 ± 207 ^{a,b}	416 ± 168	2.75 (<i>F</i> = 15.8)
O ₂ consumption (pmol l ⁻¹)	53 ± 20	62 ± 23	48 ± 19	

^a*P* < 0.05 vs. nonsmoker value in *t* test.

^b*P* > 0.5 (*F* < 0.5) for effect of smoking with inclusion of O₂ consumption as covariate in multifactorial analysis of variance.

in the younger women studied more recently. This difference could be related to the well-known age-related decrease in energy expenditure (18). Indeed, 8-oxodG excretion has been reported to decrease with age in rats along with the decreasing rate of metabolism (2). Accordingly, a study of oxidative DNA damage estimated by, for example, 8-oxodG excretion in a homogeneous population with a broad age range is warranted.

In vivo 8-oxodG in DNA is extensively repaired but the relative importance of the two possible products, 8-oxodG and the corresponding base (8-oxoguanine), is yet undetermined (2, 7, 9, 19). In *Escherichia coli* the formamidopyrimidine-DNA glycosylase (Fpg) enzyme repair 8-oxodG in DNA by initial liberation of the base (20), which is also found in larger quantities than 8-oxodG in the spent medium (19). However, studies of repair-deficient *E. coli* mutants suggest that nucleotide excision by the UvrABC complex may also be a repair pathway with 8-oxodG as the putative end product (21). In mammalian cells an enzyme complex similar to the *E. coli* Fpg has been shown to repair by excision at a different site, i.e., the proximal and distal phosphodiester bond at the 3' and 5' side of lesion, respectively, although the end product is yet unknown (22). Indeed, studies with repair-deficient cell lines suggest that nucleotide excision is an important pathway for 8-oxodG in humans (23). In addition, digestion of damaged DNA from cell renewal and mitochondrial turnover will liberate 8-oxodG. Mitochondrial DNA contains relatively more 8-oxodG, presumably due to its proximity to the respiratory chain, lack of histones, and poor repair, but the total amounts are small compared with nuclear DNA (24). The cellular pools of nucleosides and nucleotides may be oxidized and lead to mutations if incorporated into DNA (25, 26). In fact, a human enzyme corresponding to the *E. coli* MutT protein hydrolyzes the phosphates of 8-oxodGTP with high affinity (27). Injected 8-oxodG is readily excreted unchanged into the urine whereas 8-oxodG in the diet or oxidation of dG during excretion does not contribute (9, 19). Thus, although the exact importance as a DNA repair product remains to be determined, the urinary excretion of 8-oxodG reflects the general average risk of a promutagenic oxidative adduct in DNA of all tissues and organs.

In replicating DNA, 8-oxodG leads to G-T A-C transversions as well as other mutations and codon 12 activation of c-Ha-ras or K-ras oncogenes in mammalian systems (25, 26, 28, 29). In human tumors G-T transversions are among the most frequent hot spot mutations in the p53 suppressor gene (30). Reports of exponential accumulation of 8-oxodG and a correlation with deletions in mitochondrial DNA from human heart muscle indicate a role of oxidative DNA damage from the respiratory chain in the muscle weakness associated with aging (31). Accordingly, the presently demonstrated close association between oxygen consumption and excretion of 8-oxodG in humans further supports the suggested relationship between mitochondrial respiration and oxidative DNA damage and, by inference, the risk of cancer and rate of aging (2-4). Moreover, this association is aggravated by smoking. FJ

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