

# The Anticancer Properties of Dietary Polyphenols and its Relation with Apoptosis

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**Abstract:** Aberrantly regulated apoptosis is involved in the pathogenesis of several diseases and defective apoptosis leads to uncontrolled cell proliferation and tumorigenesis. Cancer is an example of a pathologic condition where the normal mechanisms of cell cycle regulation are dysfunctional either by excessive cell proliferation, inhibited/suppressed apoptosis or both. Dietary habits are estimated to contribute to, at least, one third of all human cancers, showing that dietary components can exacerbate or interfere with carcinogenesis. However, several epidemiological studies have revealed that some dietary factors can decrease the risk of different types of cancer. Apoptosis is suggested to be a crucial mechanism for the chemopreventive properties associated with several dietary factors by eliminating potentially deleterious (damaged/mutated) cells. Food, a readily available item, contains several promising chemopreventive agents. Polyphenols are serious candidates since they are responsible for the cancer protective properties of a diet rich in vegetables and fruits: numerous phenolic compounds showed antiproliferative and cytotoxic effects and, more specifically, pro-apoptotic activities, in several cancer cells lines and animal tumor models. The aim of the present review is to analyze and summarize several aspects related to the molecular mechanisms of apoptosis induced by dietary factors with particular emphasis on polyphenols. Dietary factors that can activate cell death signals and induce apoptosis, preferentially in precancerous or malignant cells, and the study of their apoptotic inducing targets can represent a mean to devise new strategies for cancer prevention in the future.

**Keywords:** Apoptosis, cancer, chemoprevention, diet, polyphenolic compounds.

## 1. INTRODUCTION

With more than 10 million new cases each year, cancer is, at present, one of the most devastating diseases worldwide with an immense disease burden not only for affected individuals, their relatives and friends but also representing heavy challenges to health care systems [1]. In the year 2000, cancer was responsible for 12% of the nearly 56 million deaths worldwide and in many countries this percentage is even higher with more than a quarter of deaths attributable to cancer. Moreover, it is expected that cancer rates can further increase by 50% to 15 million new cases in the year 2020, mainly due to steadily ageing populations in both developed and developing countries.

The World Cancer Report also reveals areas where action by governments and health practitioners could stem this trend, and prevent as many as one third of cancers worldwide. Examples of areas where action can make a difference to stem the increase of cancer rates and prevent new cases (requiring the coordinated involvement of governments, community health organizations, health care professionals and individuals) are i) reduction of tobacco consumption, ii) early detection through screening and iii) implementation of nutrition (high intake of fruits and vegetables) and physical activity goals through population-based interventions [1].

Dietary habits are increasingly recognized as closely related with the development/maintenance or, by opposition, prevention of chronic diseases such as cancer, coronary heart disease, stroke or diabetes [2,3].

Some dietary factors have been convincingly identified to increase cancer risk: excess alcohol consumption (more than 2 units a day), some forms of salting and fermenting fish, consumption of very hot drinks and food or aflatoxins (fungal contaminants found on foods such as grains or nuts). By opposition, accumulating evidence suggests that several other dietary habits are related with a

putative cancer risk decrease: consumption of fruit and vegetables, fish, omega-3 fatty acids, carotenoids, vitamins B2, B6, folate, B12, C, D, E, calcium, zinc, selenium and non-nutrient plant constituents such as polyphenols. Several epidemiological studies have been carried out showing that intake of fruits and vegetables [4,5], polyunsaturated fats (rich in omega-3 fatty acids) [6-8] and fibers [9,10] has been used successfully in the prevention of diseases associated with oxidative stress conditions, namely cancer. Furthermore, these studies had led to the establishment of a relation between fruit and vegetable consumption and a reduction of risk of cancer and cardiovascular diseases. A correlation between daily intake of fruits or vegetables and a 4% risk reduction for coronary heart disease [11], a reduction of stroke risk [12] and protection against several types of cancer such as lung, colon and breast cancer [13], oral cancer [14] and bladder cancer [15] was found. Other studies suggested that reduction of meat consumption can represent an important approach to reduce the incidence of kidney cancer [16]; dietary fiber intake is inversely associated with risk of colorectal cancer [10], low fat intake may help in the prevention of bladder cancer [17]; a diet rich in linoleic acid and  $\beta$ -carotene has been inversely related with hepatocellular carcinoma [18] and high consumption of selenium has been associated with a reduced prevalence of colorectal adenomas [19]. In fact, several compounds found in human diet are increasingly viewed as having a crucial role in the prevention of cancer: compounds such as carotenoids, fatty acids, heterocyclic amines, vitamin C and D, boron and selenium, fruits and vegetables were reported to contribute to the preventing properties ascribed to diet [20,21]. This implies that many cancers may be prevented by changes in dietary habits.

The fruit and vegetable cancer preventing properties have been ascribed, at least in part, to their high content in polyphenols [22]. Polyphenols are integral part of the human diet with flavonoids and phenolic acids representing the majority of polyphenols present in food. In addition to fruits and vegetables, leaves, nuts, seeds, barks and flowers are also rich sources of polyphenols [22,23].

In the last decade, numerous laboratory studies, using both cancer cell lines and several animal tumor models, unequivocally showed that polyphenols have cancer-preventing activities and have been considered as promising chemopreventive agents [23-25].

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These compounds can influence important cellular and molecular mechanisms related to carcinogenesis such as inhibition of key proteins in signal transduction pathways (such as MAP-kinases or AP-1), inhibition of the transcription factor NF- $\kappa$ B and related activities, modulation of cell-cycle regulation or induction of apoptosis [25], affecting cell differentiation, proliferation and apoptosis, immune response and chemical metabolism [22].

Apoptosis, a regulated form of cell death, is a complex process involving active participation of affected cells in a self-destruction cascade and, in addition to its importance as a biological phenomenon, defective apoptotic processes have been implicated in an extensive variety of diseases: excessive apoptosis causes hypotrophy involved in pathologies such as in myocardial infarction, atherosclerosis or Parkinson's disease, whereas inhibition of apoptosis leads to uncontrolled cell proliferation, resulting in events related to autoimmune disorders and cancer [20,26]. Apoptosis is conceivably the most potent defense against cancer since it is the mechanism used for metazoans to eliminate deleterious cells. Furthermore, growing evidence suggests that a large number of chemopreventive agents can induce apoptosis in transformed cells both *in vitro* and *in vivo*, which appears to be associated with their effectiveness in modulating the carcinogenesis process [27]. Since apoptosis provides a physiologic mechanism for eliminating abnormal cells, dietary factors affecting apoptosis can present important effects on carcinogenesis. Conceivably, activation of apoptosis in pre-cancerous cells offers a prevention mechanism of cancer (chemoprevention) by dietary factors [28].

## 2. APOPTOSIS

The term apoptosis was first used in 1972 [29] to describe a morphological distinct form of cell death, although certain components of the concept have only recently explicitly described. This process of programmed cell death is characterized by distinct morphological characteristics and energy-dependent biochemical mechanisms. Apoptotic cells show morphological changes such as cell shrinkage, pyknosis and extensive plasma membrane blebbing with the formation of apoptotic bodies. Apoptotic bodies are subsequently phagocytosed by macrophages, parenchymal or neoplastic cells. Apoptosis hardly causes any inflammatory response because i) apoptotic cells do not release their constituents into the surrounding interstitial tissue; ii) apoptotic cells are quickly phagocytosed by surrounding, preventing secondary necrosis and iii) the engulfing cells do not produce inflammatory cytokines [30]. Expression and activation of tissue transglutaminase leads to extensive protein cross-linking, DNA breakdown (occurring by activation of Ca<sup>2+</sup> and Mg<sup>2+</sup> dependent DNases) and the phagocytic recognition seems to result both from movement of normally inward facing phosphatidylserine and the exposure of Annexin I and calreticulin to the outer layer, representing signals for phagocytic recognition of apoptotic cells [31].

In contrast, the alternative to apoptotic cell death, necrosis is considered as a toxic process which follows an energy-independent mode of cell death with different morphological characteristics such as cell swelling, formation of vacuoles, distended endoplasmic reticulum (ER), altered mitochondria, rupture of cell organelles and eventually, of cell membrane [32]. When this happens, cytoplasmic content is released into surrounding tissues sending chemotactic signals with eventual recruitment of inflammatory cells.

Apoptosis can be initiated upon receiving extracellular or intracellular signals, including growth factor withdrawal, UV- or  $\gamma$ -irradiation, chemotherapeutic agents, heat shock, nutrient deprivation, or by a family of transmembrane proteins called death receptors (DR). These signals are transduced to adapter proteins and transmitted to specific cysteine proteases called "initiator caspases". At this point the cell is committed to undergo apoptosis, followed by "execution of cells" (mediated by sequential activation

of the so called "executioner caspases", systematic disintegration of cell structure and phagocytosis of the cell corpses [20,31]).

Caspases (cysteine-dependent aspartate-specific proteases) are typically activated in the early stages of apoptosis. This family of proteins is synthesized as inactive zymogens but, once activated, can begin a proteolytic cascade with resultant cleavage of key cellular components required for normal cellular function, including structural proteins in the cytoskeleton and nuclear proteins such as DNA repair enzymes. Caspases can also activate other degradative enzymes such as DNAases, which begin to cleave the DNA in the nucleus. So far, 14 different members of the caspase-family have been described in mammals [31,33,34]. The ten major pro-apoptotic caspases can be classified as initiators (caspase-2, -8, -9, -10), effectors or executioners (caspase-3, -6, -7) and inflammatory caspases (caspase-1, -4, -5) [31,35]. Other caspases identified to date, caspase-11, -12, -13 and -14, are involved in specific apoptotic processes or are expressed solely in specific types of tissues [31].

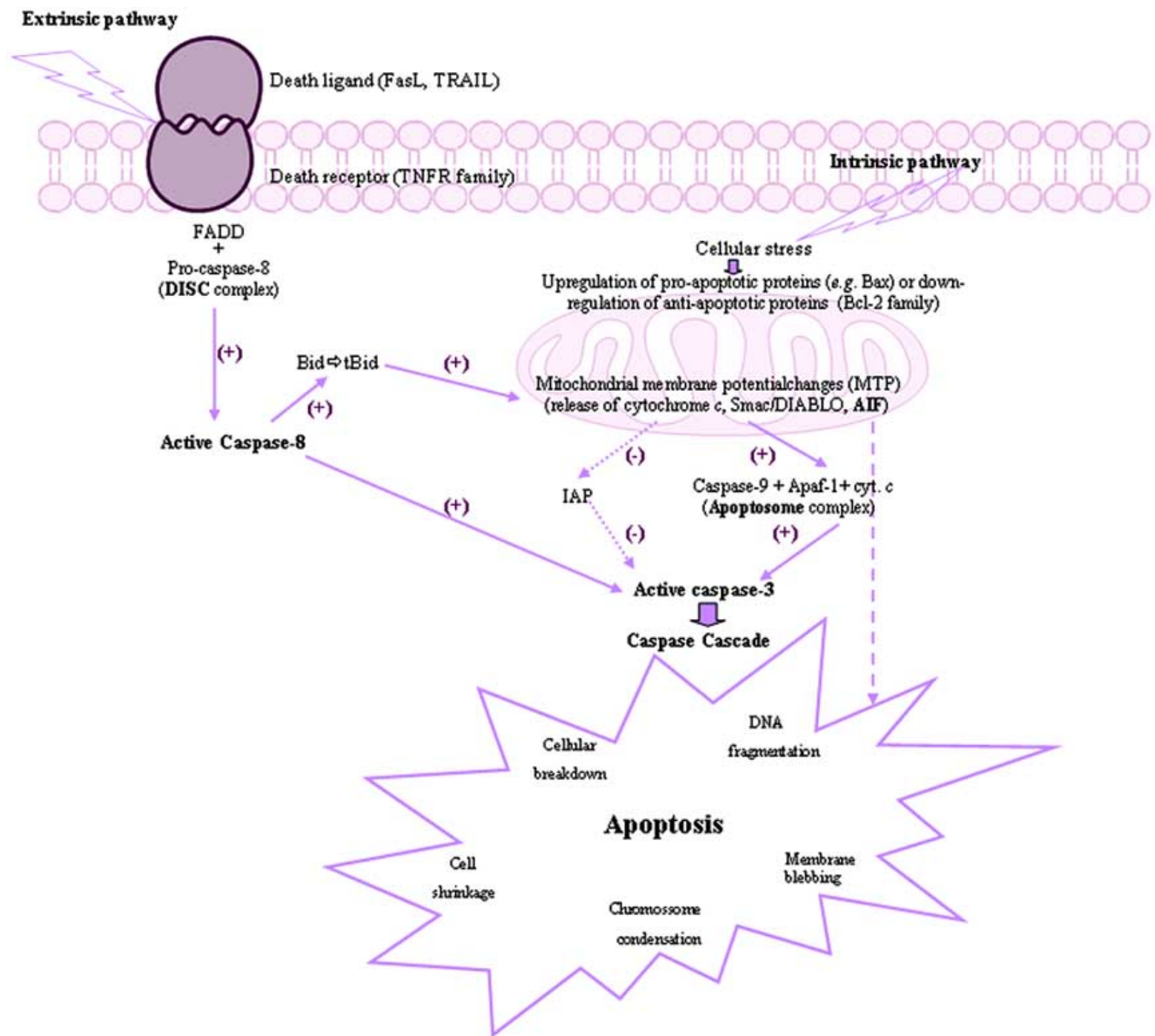
It is currently accepted that apoptosis can occur through two major complex and energy-dependent apoptotic pathways, the extrinsic (or death receptor) pathway and the intrinsic (or mitochondrial) pathway, as depicted in Fig. (1). Another pathway has also been described, the perforin-granzyme pathway. The perforin-granzyme pathway can induce apoptosis either *via* granzyme B, sharing the same executioner pathway of the extrinsic and intrinsic pathways (caspase activation), or granzyme A, activating a parallel, caspase-independent cell death pathway by single stranded DNA damage [34]. Additionally, there is evidence showing that the two major pathways are linked and molecules from one can influence the other [20,36].

### The Extrinsic or Death Receptor Pathway

It involves binding of signal molecules (ligands) released by other cells to transmembrane death receptors, members of the tumor necrosis factor receptor gene (TNFR) superfamily [37,38] on the target cell to induce apoptosis. These receptors present similar cysteine-rich extracellular domains and a cytoplasmic one (80 amino-acids) called the "death domain" (DD) which plays a crucial role in transmitting the death signal from the cell surface to intracellular signalling. The best characterized ligands and corresponding receptors include FasL/FasR, TNF- $\alpha$ /TNFR1, Apo3L/DR3, Apo2L/DR4 and Apo2L/DR5 [29]. Apo2 ligand (also referred in the literature as TRAIL or TNF-related apoptosis inducing ligand) has sparked growing interest in oncology due to its reported ability to selectively trigger cancer cell death [39-41]. The best characterized sequence of events to date are those of FasL/FasR and TNF- $\alpha$ /TNFR1 where clustering of receptors and binding with the homologous trimeric ligand occurs. Upon binding, cytoplasmic adapter proteins, exhibiting corresponding death domains, are recruited (FADD and TRADD, respectively) [26,33]. These will then associate with procaspase-8 via dimerization of the death effector domain, forming a death-inducing signalling complex (DISC) [42,43]. Caspase-8 becomes activated and, in turn, directly activates caspase-3 (effector protein) to initiate degradation of the cell. Active caspase-8 can also cleave Bid (pro-apoptotic) to tBid, which acts as a signal on the membrane of mitochondria to facilitate the release of cytochrome *c* in the intrinsic pathway [34], representing a "cross-talk" of the two main pathways, amplifying the apoptotic signalling from death receptors [31].

### The Intrinsic or Mitochondrial Pathway

The intrinsic pathway is triggered by several non-receptor mediated stimuli that produce intracellular signals that act directly on intracellular targets, initiated on the mitochondria, the Bcl-2 family members are being closely implicated in a regulatory role. Some stimuli involved include cellular stress, specifically mitochondrial stress caused by factors such as DNA damage or UV radiation [34]. Stimuli produce intracellular signals which can work



**Fig. (1).** Schematic drawing of the two major apoptotic pathways: the Extrinsic (or death receptor) and Intrinsic (or mitochondrial) pathways to caspase activation. The extrinsic pathway is triggered by activation of cell surface death receptors of the tumor necrosis factor receptor (TNFR) superfamily by ligands such as FasL or TNF-related apoptosis-inducing ligand (TRAIL), results in the recruitment to a trimerized receptor-ligand complex (DISC) through an adaptor protein with a death domain (e.g. FADD) and activation of initiator caspase-8. In the intrinsic pathway, cellular stress such as oncogene activation or DNA damage causes activation of the tumor suppressor p53 which leads to upregulation of several pro-apoptotic proteins (e.g. Bax, Bak) or inhibit (e.g. NOXA and PUMA) anti-apoptotic members of the Bcl-2 family, causing changes in the mitochondrial membrane potential, and the release of pro-apoptotic molecules such as cytochrome *c*, Smac/DIABLO and apoptosis-inducing factor (AIF), from the inter-mitochondrial membrane space. The release of the cytochrome *c* is regulated, at least in part, by the balance between pro-apoptotic (Bax, Bax and tBid) and anti-apoptotic (Bcl-2, Bcl-XL) members on the mitochondrial membrane. Once released, cytochrome *c* binds to apoptotic-protease-activating factor 1 (Apaf-1), which results in the formation of the Apaf-1-caspase-9 apoptosome complex and activation of initiator caspase-9 (or induces apoptosis through a caspase-independent mechanism (e.g. AIF)). The activated initiator caspases-8 and -9 then activate effector caspase-3, -6 and -7, which are responsible for the cleavage of crucial cellular substrates, resulting in the classical biochemical and morphological associated with the apoptotic phenotype.

in a positive or negative way. Negative signals are, for instance, the absence of certain growth factors, hormones and cytokines which normally suppresses apoptosis. Positive stimuli can be radiation, toxins, hypoxia, hyperthermia, free radicals (ROS/RNS) or others. These stimuli will cause changes in the inner mitochondrial membrane resulting in the opening of a mitochondrial permeability transition pore (MPT), loss of mitochondrial potential and release of normally sequestered pro-apoptotic molecules. Upon the stress

signal, the pro-apoptotic proteins in the cytoplasm, Bax and Bid, bind to the outer membrane of the mitochondria to signal the release of the internal content. However, the signal of Bax and Bid is not enough to trigger a full release. Bak, another pro-apoptotic protein that resides within the mitochondria, is also needed to fully promote the release of cytochrome *c* and the intramembrane content from the mitochondria. Following the release, cytochrome *c* forms a complex in the cytoplasm with ATP and apoptotic protease-activa-

ting factor-1 (Apaf-1). This complex will activate caspase-9 which will then form an apoptosome together with the complex of cytochrome *c*, ATP and Apaf-1 which, in turn, activates caspase-3, the effector protein that initiates degradation. Besides the release of cytochrome *c* from the intramembrane space, the intramembrane content also contains Smac/DIABLO proteins [44] and the serine protease HtrA2/Omi, reported to promote apoptosis by inhibiting IAP (inhibitor of apoptosis proteins) activity [45]. Another group of pro-apoptotic proteins released from mitochondria during apoptosis (as a late event) includes AIF (apoptosis-inducing factor) [46], which translocates to the nucleus and causes DNA fragmentation and chromatin condensation [47], endonuclease G [48] and caspase activated DNase (CAD) [48,49].

The Bcl-2 family of proteins is responsible for the control and regulation of these apoptotic mitochondrial events [50,51], which the tumor suppressor protein *p53* playing a critical role in the regulation of their expression [34]. The members of the Bcl-2 family are categorized into two main groups. The first group consists of the anti-apoptotic members that share high structural and functional homology with Bcl-2, while the second includes proteins that share less homology to Bcl-2 and display pro-apoptotic activity. The latter group is further divided into two subgroups, the Bcl-2-associated X protein (Bax)-like death factors and the BH3-only proteins [51]. Some of the anti-apoptotic proteins include Bcl-2, Bcl-x, Bcl-XL, Bcl-XS, Bcl-w, BAG and some pro-apoptotic include Bcl-10, Bax, Bak, Bid, Bad, Bim, Bik and Blk, with at least 25 genes identified to date [31]. The anti-apoptotic gene products are initially integral membrane proteins, localized mainly in the mitochondrial outer membrane and have been also detected in the membranes of the ER and nucleus [52,53]. Their main role is to stabilise the mitochondrial membrane, preventing cytochrome *c* release and its subsequent binding to Apaf-1 [54,55]. By contrast, the pro-apoptotic Bcl-2 family members localise to cytosol or cytoskeleton, in a healthy cell. However, following a death signal, they usually interact with the anti-apoptotic proteins, resulting in their inhibition and the initiation of the apoptotic machinery. It is accepted that the main mechanism of action of these proteins is the regulation of cytochrome *c* release via alteration of the permeability of the mitochondria membrane. Overall, the relative ratio of pro-survival (Bcl-2-like) and pro-apoptotic (Bax-like and BH3-only) proteins seems to determine the cell sensitivity or resistance to the apoptotic stimuli [31,51].

The extrinsic and intrinsic pathways will both end at the point of the execution phase: execution caspases activate cytoplasmic endonuclease which degrades nuclear material and proteases that degrade nuclear and cytoskeletal proteins. Such executioners include caspase-3 (considered the most important executioner caspase [20,31,33]) that can be activated by any of the initiator caspases (caspase-8, -9 or -10). Gelsolin, an actin binding protein, is a key regulator of actin filament assembly, linking actin organization and signal transduction, and inhibits apoptosis. Caspase-3 will cleave gelsolin and the resultant fragments will cleave actin in a  $Ca^{2+}$ -independent manner causing disruption of cytoskeleton, intra-cellular transport, cell division and signal transduction [56].

In addition to *p53*, the extrinsic and intrinsic apoptotic pathways are also regulated by NF- $\kappa$ B, ubiquitin proteasome system and PI3K pathways [57].

*p53* is a transcription signal which regulates downstream effectors important in cell signalling arrest, DNA repair and apoptosis; after DNA damage, *p53* holds the cell at the checkpoint until damage is repaired. If damage is irreversible then apoptosis is triggered [58].

NF- $\kappa$ B is a nuclear transcriptional factor that regulates expression of a large number of genes involved in apoptosis regulation, viral replication, tumorigenesis, inflammation and many autoimmune diseases [59]. It is activated by several stimuli such as

cytokines, lymphokines, radiation, pharmacologic agents and oxidative stress. It is present in its inactive form bound to I $\kappa$ B inhibitory proteins but once activated can present both anti-apoptotic and pro-apoptotic functions: physiologically it induces resistance to apoptosis through activation of IAP and X-linked IAP. However, some stimuli leading to NF- $\kappa$ B activation may induce apoptosis probably due to the activation of pro-apoptotic proteins such as c-myc, *p53* and caspase-1 [60].

The ubiquitin/proteasome system is constituted of a large proteinase complex, responsible for the turnover of most intracellular proteins and, consequently, regulates cell growth and apoptosis: protein regulation proceeds by recognition of proteins by multiple ubiquitin molecules and posterior digestion by 26S proteasome; many cell cycle regulators and transcription factors, namely *p53*, cyclins and cyclin-dependent kinase inhibitors and NF- $\kappa$ B and many of the Bcl-2 proteins, are regulated by this system [61,62].

PI3K is a kinase playing crucial roles in signalling pathways important to cell survival, proliferation, motility and tissue neovascularization and is up-regulated in many cancers [63]. In simple terms, PI3K activates kinase Akt, which in turn is involved in the activation of proteins that promote cell survival, namely NF- $\kappa$ B. Phosphorylation of Bad or caspase by Akt also blocks apoptosis [57].

One of the hallmarks of apoptosis is the cleavage of chromosomal DNA into nucleosomal units. Caspases play an important role in this process by activating DNases, inhibiting DNA repair enzymes (poly (ADP-ribose) polymerase (PARP) by caspase-3) and breaking down structural proteins (e.g. lamins by caspase-6) in the nucleus. The fragmentation of DNA into nucleosomal units is caused by CAD, existing as an inactive complex with ICAD (inhibitor of CAD). During apoptosis, ICAD is cleaved by caspases (e.g. caspase 3) releasing CAD which then leads to the rapid fragmentation of the nuclear DNA.

### 3. CANCER, APOPTOSIS AND CHEMOPREVENTION

Apoptosis is a genetically regulated form of cell death that occurs in response either to physiological, pathogenic or cytotoxic stimuli. Apoptotic processes are of widespread biological significance, being involved in e.g. development, differentiation, cell proliferation/homeostasis, regulation and function of the immune system and in the removal of harmful cells (cells damaged by aging or by exposure to DNA-damaging agents or viruses) [20, 26,31]. As such, dysfunction or deregulation of apoptosis has been implicated in the pathogenesis of a variety of pathological conditions, namely autoimmune diseases, spreading of viral infections, neurodegenerative diseases, ischemic damage and cancer [20,26,31]. The role of apoptosis in cancer has probably received the greatest research effort [44,57,64-69].

Cancer is an example of a pathologic condition where the normal mechanisms of cell cycle regulation are dysfunctional either by excessive cell proliferation, insufficient apoptosis or both [26,65,67]. More than 35 years ago, when apoptosis was first described, authors have already suggested that this type of cell death was important not only for the elimination of potentially malignant (DNA-damaged), and for therapeutically induced tumor regression but also for tumor progression [67]. Suppression/inhibition of apoptosis during carcinogenesis is accepted to play a role in the development and progression of cancers [67-69]. At present, it is accepted that cell populations are tightly regulated by their rates of proliferation, differentiation and death. When the homeostatic balance is disturbed in such a way that clonal outgrowth of mutated cell populations may occur, the development of a tumor will proceed [67-69].

In simple terms, one can define carcinogenesis as a multistage process where a normal cell becomes transformed into one with a

malignant phenotype. Cells become initiated by the acquisition of an activating mutation in an oncogene or an inactivation mutation in a tumor suppressor gene (*Initiation*). Several additional factors confer these cells a growth advantage (*Promotion*), which survive accumulating abnormal characteristics and ultimately progressing to a metastatic tumor (*Progression*) [70]. It has been suggested that, at least, six essential alterations in cell physiology are needed in order to malignant growth occur: self-sufficiency in growth signals, insensitivity to growth inhibitory signals, evasion of cell death, limitless replicative potential, sustained angiogenesis and metastasis formation [70]. Carcinogenesis is, therefore, a complex process driven by tight interaction between oncogene activation, tumor suppressor inactivation and cell death machinery. Early in transformation, activated oncogenes that drive the cell to uncontrolled proliferation simultaneously triggers apoptosis, probably as a safety mechanism that removes cells carrying mutations in oncogenes [71]. Later in tumorigenesis, the supply of nutrients and oxygen becomes limited, with the tumor cells undergoing hypoxia-induced apoptosis [72]. In order to survive, tumor cells acquire apoptotic-inhibiting mutations (reduced apoptosis) [72]. Failures in normal apoptosis pathways contribute to carcinogenesis by creating a permissive environment for genetic instability and accumulation of mutations, promoting resistance to immune-based destruction, disobedience of cell-cycle checkpoints (that would normally induce apoptosis), facilitating growth factor/hormone-independent cell survival, supporting anchorage-independent survival during metastasis, reducing dependence on oxygen and nutrients, and conferring resistance to cytotoxic anticancer drugs and radiation [67]. In summary, inhibition of apoptosis can allow tumor development: in animal models, most chemical initiators are not able to cause tumors unless a promoter is subsequently applied. Many tumor promoters inhibit apoptosis *in vitro* [73]. This represents the main reason why activation of apoptosis is being considered one of the most promising therapeutic approaches in cancer therapy [57, 67,74]. Tumor cells can acquire resistance to apoptosis, for instance, by overexpressing anti-apoptotic proteins such as Bcl-2 or down-regulate/mutate pro-apoptotic proteins such as Bax, the expression of both being regulated by the *p53* tumor suppressor gene [75,76]. The tumor suppressor gene *p53* is a transcription factor essential for the prevention of cancer formation and it can be damaged by radiation, several chemicals and viruses such as the HPV. The *p53* pathway is ubiquitously lost in human cancer either by *p53* gene mutation (60% of cancers) or by loss of cell signalling upstream and downstream of *p53* in the remaining cancers expressing WT*p53* gene [77]. Therefore, despite enthusiasm towards apoptosis based-drugs, possible difficulties are also being anticipated such as selection of apoptosis-resistant tumor cells and systemic toxicity [74].

Several epidemiological studies, later evaluated by meta-analysis, had identified associations between certain dietary factors and cancer either increasing or decreasing cancer risk [78-80]. It is currently accepted that diet can affect the overall process of carcinogenesis by different mechanisms: its constituents may contain cancer causing substances but can also present many cancer preventive agents. These dietary agents can retard or prevent the process of carcinogenesis by multiple mechanisms, namely i) enhanced detoxification of the carcinogenic intermediates through induction of Phase 2 drug metabolizing enzymes ii) reduced carcinogen activation due to suppression of cytochrome P450-dependent monooxidases, iii) perturbations in cell cycle progression, iv) selective promotion of apoptosis in cancerous or pre-cancerous cells and v) inhibition of angiogenesis and metastasis formation [81]. Since apoptosis provides a physiologic mechanism for eliminating abnormal cells, dietary factors affecting apoptosis can present important effects on carcinogenesis. Conceivably, activation of apoptosis in pre-cancerous cells offers a prevention mechanism of cancer by dietary factors. In fact, most initiated cells are destroyed by apoptosis before they became malignant and part

of a tumor [69]. Research and increasing understanding in the field of cancer has led to the conviction that most human malignancies should be fought on multiple fronts: in addition to cancer therapy cancer prevention has become an important means of controlling cancer [1,27]. Common prevention strategies include avoiding exposure to known cancer-causing agents, enhancement of host-defense mechanisms against cancer, life style modifications and chemoprevention [27].

The term *chemoprevention* refers to the use of agents to slow the progression of, reverse or inhibit carcinogenesis and was first introduced by Sporn and co-workers in the mid-1970's. In respect to cancer chemoprevention, animal studies, clinical trials and *in vitro* studies have studied the anticancer activity of numerous putative chemopreventive agents. These studies strongly suggest that apoptosis induction is associated with anti-cancer activity of many of these compounds supporting the notion that apoptosis is a novel target for cancer chemoprevention [27,82]. Moreover, the pro-apoptotic properties of a variety of chemopreventive agents, like those of many conventional and experimental cancer chemotherapeutic agents, appear to be related to alterations of mitochondria in tumor cells [82,83]. In fact, several classes of chemopreventive agents contain members that trigger mitochondrial disruption and/or mitochondrial-mediated apoptosis (intrinsic pathway) in tumor cells *in vitro* although other may induce apoptosis via death receptor pathway [28].

Chemotherapy aims to kill cancer cells, in the hope of preventing further cancer progression. Chemoprevention, on the other hand, involves administering non-toxic agents to individuals who may be at increased risk for cancer. Moreover, surgical and traditional therapeutic approaches (chemotherapy and radiation) are, at present, unable to control most cancer types. This urges the need of developing new chemopreventive strategies [82,84-87]. Chemopreventive compounds can be classified into two major groups: blocking agents, which prevent carcinogens from reaching or reacting with critical target sites and suppressing agents which stop the evolution of the pre-neoplastic process. Given that the *Initiation* and *Progression* phases are relatively transient and irreversible events, it seems logical that chemopreventive agents should intervene at the prodromal *Promotion* phase. Three decades of research suggested chemoprevention as a promising strategy to reduce the incidence of cancer, both in well-defined high-risk groups and in the general population [82, 84-88]

#### 4. CHEMOPREVENTIVE DIETARY COMPONENTS

An effective chemopreventive agent should preferably intervene early in the process of carcinogenesis to eliminate pre-malignant cells before they become malignant. Many chemopreventive agents are able to block or delay the promotion and/or progression of malignant cells by modulating cell proliferation and/or differentiation [27,82] and, therefore, these should be chronically administered to individuals with higher risk of cancer development. Using this approach, even minor adverse effects would be unacceptable: obstacles to the use of chemoprevention for many cancers can be issues like long-term toxicity and the development of chemoresistance [27]. These issues can limit the feasibility and success of conventional forms of chemoprevention for many cancers. Alternative approaches involves the use of agents that eliminate cells through an expedite way. Using agents capable of inducing apoptosis in tumor cells (preferably using targeted delivery) would also prevent the need for chronic exposure, limiting the risk of long term toxicity and/or the development of chemoresistance [27].

An ideal chemopreventive agent should be selective for damaged or transformed cells, display a significant bioavailability in the target region and have more than one mechanism of action. Moreover, it should be highly effective, easy to administer, and inexpensive. Dietary compounds are particularly attractive because

of human long-standing exposure to them, their relative lack of toxicity, and encouraging indications from epidemiological studies [87], an important drawback being, however, their possible low bioavailability after ingestion [88,89]. In addition to conventional therapeutic agents, numerous dietary components and micronutrients are emerging, with considerable potential for hindering *in vivo* deleterious oxidative processes and inducing apoptosis of cancer cells.

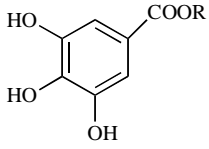
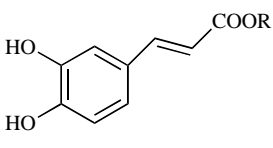
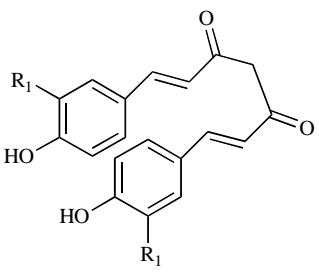
Food, a readily available item, contains several promising chemopreventive compounds [20,78,81]. Plant polyphenols, ubiquitous in a diet rich in vegetables and fruits, are serious candidate for being responsible for the cancer protective effects ascribed to this type of diet [22,23,89]. In fact, numerous phenolic compounds were shown to display antiproliferative and cytotoxic effects towards several tumor cells, presenting toxicity-specific for cancer cells comparing to normal cells [90-93]. Dietary polyphenols are mainly consumed through fruits and beverages (juice, wine, tea, coffee, chocolate and beer), apart from vegetables, cereals and olive derivatives, food components mainly associated to the mediterranean diet [95-99]. Their average daily intake has been reported to be around 1g [89,100], which is much higher than intake of all other classes of dietary antioxidants: for instance it is approximately 10 times higher than vitamin C intake and 100 times the intakes of vitamin E and carotenoids [100].

Additionally to their antioxidant properties, polyphenols display very interesting biological effects in animal models and *in vitro* systems. These compounds are able to trap and scavenge free radicals, decrease leukocyte immobilization, induce apoptosis, inhibit

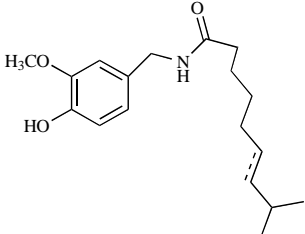
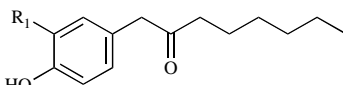
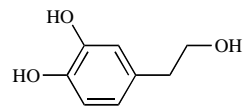
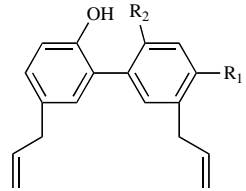
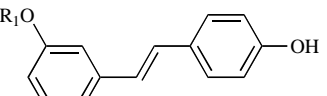
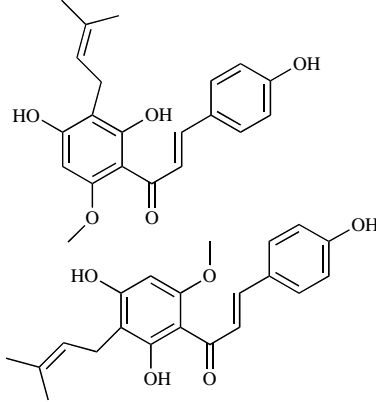
cell proliferation and angiogenesis and exhibit phytoestrogenic activity [101-103]. The possible biological mechanisms and signal transduction pathways related to the chemopreventive properties of dietary polyphenols were also addressed by our group in a recent review [25]. Laboratory works published between 1995 and 2005 were reviewed and revealed that these dietary compounds have the ability to interfere with signal transduction pathways related to the carcinogenesis process, acting as chemopreventive agents: suppression of NF- $\kappa$ B transcription factor activation; suppression of AP-1 transcription factor activation, suppression of mitogen activated protein kinases (MAPK), suppression of protein kinases (PKs), suppression of growth-factor receptor (GFR)-mediated pathways, cell cycle arrest and induction of apoptosis, antioxidant and anti-inflammatory effects and suppression of angiogenesis [25].

As previously stated, the pro-apoptotic properties, most probably mitochondrial-induced apoptosis, of a variety of compounds can be directly related to their chemopreventive properties, [27,82]. Pro-apoptotic diet-derived compounds can conceivably protect from cancer by enhancing elimination of initiated, precancerous cells. Polyphenols present pro-apoptotic ability towards malignant or pre-malignant cells. A large variety of plant polyphenols exist in human diet, including phenolic acids and analogues, stilbenes, chalcones and tannins (Table 1), flavonoids and analogues, coumarins, anthocyanins and lignans (Table 2). Tables 1 and 2 show the chemical structures of the different polyphenols families, trivial names of representative compounds from each family, their dietary source and apoptosis induction marker studied.

**Table 1. Diet-Derived Phenolic Compounds with Pro-Apoptotic Properties**

Family	General Structure/ Trivial Name	Apoptotic Induction Marker	Dietary Source References
PHENOLIC ACIDS Benzoic acids and derivatives	 <p>Gallic acid and its alkyl esters</p>	ROS production Caspase activation PARP cleavage Calcium influx Calmodulin activation	Vegetables Fruits Beverages Additives [104,105]
Cinnamic acids and derivatives	 <p>Caffeic acid and derivatives (e.g. chlorogenic acid and caffeic acid phenethyl ester-CAPE)</p>	ROS production Caspase activation Up-regulation of Bax	Vegetables Fruits Propolis (honeybee resin) Cocoa, Rice Oat Mustard seed Beverages (coffee, wine, tea, cider) Roasted Coffee [23,106-108]
ANALOGUES Curcuminoids	<p>Curcumin and derivatives</p>  <p>(e.g. Yakuchinone A and Yakuchinone B)</p>	Mitochondrial pathway Caspase activation PARP cleavage TRAIL-mediated apoptosis Down-regulation of Bcl-2, Bcl-XL	Turmeric (rhizome of <i>Curcuma longa</i> linn) Curry Zingiberaceae Curry spice [109-112]

(Table1) Contd....

Family	General Structure/ Trivial Name	Apoptotic Induction Marker	Dietary Source References
Vanilloids	Capsaicin and derivatives 	Mitochondrial pathway ROS production Down-regulation of Bcl-2 Up-regulation of Bax	Hot chili pepper Hot red pepper [113-115]
	 [6]-Gingerol Paradol and derivatives	Caspase activation Down-regulation of IAP TRAIL-mediated apoptosis	Ginger root <i>(Zingiber officinale Roscoe)</i> Grains of Paradise [116-119]
MISCELLANEOUS Hydroxytyrosol		Caspase activation PARP cleavage	Olive oil Edible oils Wine [120,121]
Biphenyls	 R <sub>1</sub> =OH; R <sub>2</sub> =H; Honokiol R <sub>1</sub> =H; R <sub>2</sub> =OH; Magnolol	Mitochondrial pathway Caspase activation Down-regulation of Bcl-2	Rhubarb, apricot seed, Peony ginger, licorice, Ginger, ginseng [122,123]
STILBENES	Resveratrol and derivatives  R <sub>1</sub> =R <sub>2</sub> =H; <i>trans</i> -resveratrol R <sub>1</sub> =H, R <sub>2</sub> =Gluc; <i>trans</i> -piceid R <sub>1</sub> =CH <sub>3</sub> , R <sub>2</sub> =CH <sub>3</sub> ; <i>trans</i> -pterostilbene Vaticanol C (see structure in ref. 135)	Mitochondrial pathway Caspase activation Down-regulation of Bcl-2 Up-regulation of p53, p21 and Bax. PARP cleavage TRAIL-mediated apoptosis	Grapes Wine Peanuts Ko-jo-kon (root <i>Polygonum cuspidatum</i> ) [124-129]
CHALCONES	 Xanthohumol and isoxanthohumol	Caspases activation PARP cleavage Down-regulation of Bcl-2	Fruits Vegetables Kava extract Hops extract Beer Hops <i>(Humulus lupulus L.)</i> [130-133]

(Table 1) Contd....

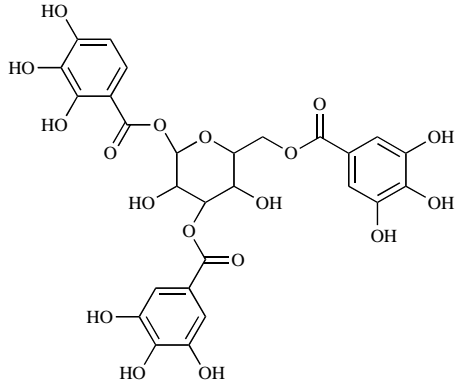
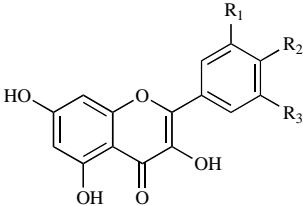
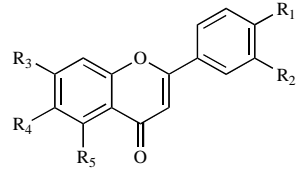
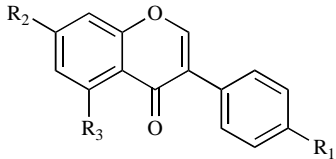
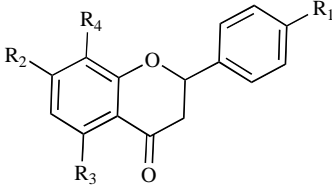
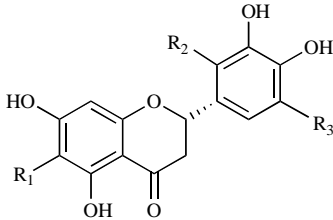
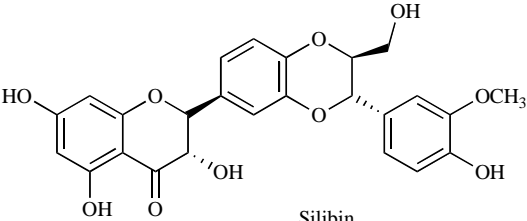
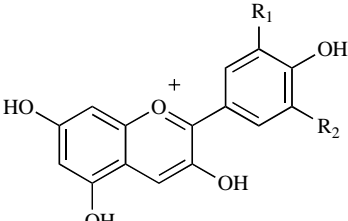
Family	General Structure/ Trivial Name	Apoptotic Induction Marker	Dietary Source References
TANNINS Gallotannins	 <p style="text-align: center;">Tannic acid</p> <p style="text-align: center;">Rugosin E, Punicalagin</p>	Mitochondrial pathway Caspase activation Down-regulation of Bcl-2 and Bcl-XL	Fruits Vegetables Wine and oak-aged red wine Tea, coffee, cocoa, chocolate, cider Nuts, haricot bean [133-135]

Table 2. Diet-Derived Phenolic Heterocyclic Compounds with Pro-Apoptotic Properties

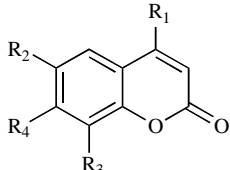
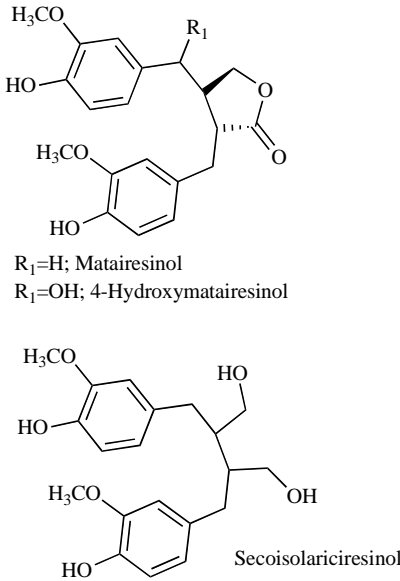
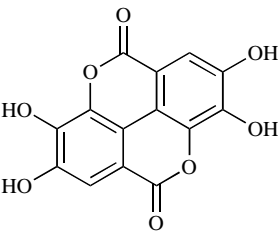
Family	Structure /Trivial Name	Apoptotic Induction Marker	Dietary Source References
FLAVONOIDS Flavonols	 <p>R<sub>1</sub>=R<sub>2</sub>=R<sub>3</sub>=H; Kaempferol R<sub>1</sub>=R<sub>2</sub>=OH; R<sub>3</sub>=H; Quercetin R<sub>1</sub>=R<sub>2</sub>=R<sub>3</sub>=OH; Myricetin R<sub>1</sub>=OCH<sub>3</sub>; R<sub>2</sub>=OH; R<sub>3</sub>=H; Isorhamnetin</p>	ROS production Caspases activation TRAIL-mediated apoptosis Down-regulation of Bcl-2, c-myc and H-ras Up-regulation of Bax, c-fos and p53	Fruits (grapes, citrus fruits, berries) Vegetables Olive oil Red wine Tea Cocoa [136-142]
Flavones	 <p>R<sub>1</sub>=R<sub>2</sub>=R<sub>3</sub>=R<sub>4</sub>=R<sub>5</sub>=H; Flavone R<sub>1</sub>=R<sub>2</sub>=R<sub>4</sub>=H; R<sub>3</sub>=R<sub>5</sub>=OH; Crysine R<sub>1</sub>=R<sub>3</sub>=R<sub>5</sub>=OH; R<sub>2</sub>=R<sub>4</sub>=H; Apigenin R<sub>1</sub>=R<sub>2</sub>=R<sub>3</sub>=R<sub>5</sub>=OH; R<sub>4</sub>=H; Luteolin R<sub>1</sub>=OCH<sub>3</sub>; R<sub>2</sub>=R<sub>4</sub>=H; R<sub>3</sub>=R<sub>5</sub>=OH; Acacetin R<sub>1</sub>=R<sub>2</sub>=R<sub>4</sub>=R<sub>5</sub>=OH; Eupalitin R<sub>1</sub>=R<sub>2</sub>=H; R<sub>3</sub>=R<sub>4</sub>=R<sub>5</sub>=OH; Baicalin</p>	ROS production Mitochondrial pathway Caspase activation Down-regulation of Bcl-2 Up-regulation of Bax, p53 and p21 PARP cleavage Up-regulation of IAP 5	Fruits Olives, Cherries Vegetables Legumes Broccoli Celery Spices (parsley, thyme, oregano, rosemary) [143-150]
Isoflavones	 <p>R<sub>1</sub>=R<sub>2</sub>=OH; R<sub>3</sub>=H; Daidzein R<sub>1</sub>=R<sub>2</sub>=R<sub>3</sub>=OH; Genistein</p>	Caspase activation Activation of calcium dependent endonuclease TRAIL-mediated apoptosis	Soy, soybeans Soy milk and other soy products Flour-processed products Legumes Citrus fruits Grape seed [151-153]



(Table 2) Contd....

Family	Structure /Trivial Name	Apoptotic Induction Marker	Dietary Source References
Flavanones	 <p> <math>R_1=R_4=H, R_2=R_3=OH</math>; Pinocembrin  <math>R_1=R_2=R_3=OH, R_4=H</math>; Naringenin  <math>R_1=R_2=R_3=OH, R_4=CH_2CH=C(CH_3)_2</math>; 8-Prenylnaringenin         </p>	Mitochondrial pathway Caspase activation Up-regulation of Bax	Fruits (citrus fruits and juices) Vegetables Peppermint Hops ( <i>Humulus lupulus</i> L), [154-159]
Proanthocyanidins Theaflavins	 <p> <math>R_1=CH_2CH=C(CH_3)(CH_2)_2CH=C(CH_3)_2, R_2=R_3=H</math>; Propolin C  <math>R_1=R_3=H, R_2=CH_2CH=C(CH_3)(CH_2)_2CH=C(CH_3)_2</math>; Propolin D  <math>R_1=R_2=H, R_3=CH_2CH=C(CH_3)(CH_2)_2CH=C(CH_3)_2</math>; Propolin F  <math>R_1=CH_2CH=C(CH_3)_2, R_2=CH_2CH=C(CH_3)(CH_2)_2CH=C(CH_3)_2, R_3=H</math>; Propolin G         </p>	ROS production Mitochondrial pathway Caspase activation Up-regulation of Bax Down-regulation of Bcl-2 and Bcl-XL	Fruits Tea Leaves of <i>Camellia sinensis</i> Red and white wine Chocolate [94,160-162]
ANALOGUES	 <p>Silibin</p> <p>Silymarin (a mixture of flavonoid type compounds)</p>	TRAIL-mediated apoptosis Caspase activation Up-regulation of bax Down-regulation of Bcl-2	Fruits <i>Silybum marianum</i> [163-165]
ANTHOCYANINS	 <p> <math>R_1=R_2=H</math>; Pelargonidin  <math>R_1=OH, R_2=H</math>; Cyanidin  <math>R_1=OCH_3, R_2=H</math>; Peonidin  <math>R_1=R_2=OH</math>; Delphinidin  <math>R_1=R_2=OCH_3</math>; Malvidin  <math>R_1=OCH_3, R_2=OH</math>; Petunidin         </p>	Mitochondrial pathway Caspase activation Up-regulation of Bax Down-regulation of Bcl-2 and Bcl-XL PARP cleavage	Fruits (grapes, berries, pomegranate, plums) Red wine [166-168]

(Table 2) Contd....

Family	Structure /Trivial Name	Apoptotic Induction Marker	Dietary Source References
COUMARINS	 <p> <math>R_1=H</math>; <math>R_2=OCH_3</math>; <math>R_3=O\text{Gluc}</math>; <math>R_4=OH</math>; Fraxin  <math>R_1=CH_3</math>; <math>R_2=H</math>; <math>R_3=R_4=OH</math>; DHMC  <math>R_1=R_2=R_3=H</math>; <math>R_4=(E)\text{-}3, 7\text{-Dimethylocta-}2, 6\text{-dienyloxy}</math>;            Auraptene            (7-Geranyloxy coumarin)         </p>	ROS production Mitochondrial pathway Caspase activation Down-regulation of Bcl-XL Up-regulation of Bax	Fruits Vegetables [169-171]
LIGNANS	 <p> <math>R_1=H</math>; Matairesinol  <math>R_1=OH</math>; 4-Hydroxymatairesinol              Secoisolariciresinol         </p>	Mitochondrial pathway Caspase activation Down-regulation of Bcl-2 and Bcl-XL	Fruits Vegetables Legumes Grains, nuts, seeds, Beverages [172-174]
MISCELLANEOUS Ellagic		Mitochondrial pathway Caspase activation Down-regulation of Bcl-XL	Berries Walnut Pecans Pomegranate Oak-aged red wine [175]

Overwhelming evidence can be found in the literature on the proapoptotic properties of dietary polyphenols against numerous types of human cancer cell lines, from colon and prostate cancers, to breast adenocarcinoma and leukaemia [176,177]. Among many others apoptosis was reported to be induced by anthocyanidins [166] and epicatechin in hepatoma cell lines; by epigallocatechin-3-gallate (EGCG) [178] and pterocarnin [179] in breast adenocarcinoma MCF-7 cells; by quercetin in oral squamous carcinoma [137], leukaemia [180,181], breast [182,183], lung [184], prostate [185,186] and colon cancer cell lines [187]; by gallotannin in human colon cancer cell lines [188]; by resveratrol in prostate cancer [189]; by genistein in breast [190,191], prostate [192,193], gastrointestinal [194], lung [195], and head and neck cancer cell lines [196,197]; by persimmon extract (*Diospyros kaki*) and related

polyphenols in lymphoid leukaemia cells [198] or by olive oil polyphenol-rich extract in AGS stomach cancer cells [199].

Studies carried out indicate that phenolic concentrations leading to apoptosis are within the micromolar range: for example concentrations ranging from 29  $\mu\text{M}$  to 150  $\mu\text{M}$  have been reported for quercetin [200,201], and 30-200  $\mu\text{M}$  for genistein [190,191]. In general, the effective concentrations required for induction of apoptosis are higher than those leading to growth inhibition. However, there are some reports on induction of apoptosis without inhibition of cell proliferation (*e.g.* EGCG effect on H661 lung cancer cells [202]). Further increases in polyphenol concentration may cause necrosis of all cells tested (*i.e.* loss of specificity for malignant cells occurs). In addition, decreased cell viability can be

**Table 3. Examples of Phenolic Diet Extracts with Pro-Apoptotic Properties**

Extracts	Phenolic Content	References
Grape seed Wine Beer	Phenolic acids, Stilbenes, Proanthocyanins, Anthocyanins, Flavonoids, Chalcones, Tannins	[203-208]
Berries, Pomegranate Prune, Avocado	Anthocyanins, Flavonols, Flavanols, Gallotannins, Proanthocyanidins, Phenolic Acids	[209-212]
Tea (black and green), Decaffeinated tea Chamomile	Theaflavins Epicatechin, Epicatechin gallate Epigallocatechin, Tannins	[213-215]
Roasted Coffee	Cinnamic acids Ellagic acid	[216]
Propolis	Phenolic acids, CAPE, Flavonoids	[217]
Rice	Phenolic acids	[218]
Ginger	Vanilloids, Biphenyls	[219]
Soy, soybean and hole-grain	Flavonoids (Isoflavones)	[220]
Olives, Edible oils	Tirosol derivatives	[221,222]
Sesame seed	Lignans	[223]
Potato	Anthocyanins, Phenolic acids	[224]

due both to polyphenol-induced apoptosis and necrosis (at high concentrations), sometimes after 48 hours of exposure to the phenolic agent [192].

In this section the pro-apoptotic properties of diet components, with particular emphasis on polyphenols, were reviewed. Table 3 describes the polyphenol composition of several dietary extracts with proved pro-apoptotic activity.

Recent evidence suggests the occurrence of a synergistic effect of different dietary phenolic compounds, and a possible role as enhancers of effects of established anticancer agents [225,226]: EGCG and curcumin towards premalignant and malignant human oral epithelial cells [227]; resveratrol and quercetin in human pancreatic cancer cells [200]; quercetin and ellagic acid in human leukaemia MOLT-4 cells [228]; EGCG and sulindac or tamoxifen against human PC-9 lung cancer cells [229]; quercetin and cisplatin towards human laryngeal Hep2 cells [230] and HeLa adenocarcinoma cells [231]. This recognized synergy among dietary phenols and conventional synthetic drugs provides an interesting approach to combination therapy or to pre-treat neoplastic cells with polyphenolic agents. This strategy has been able, in some cases, to even overcome chemoresistance [232]. At present, several phytochemicals (vincristine, vinorelbine, teniposide, paclitaxel, docetaxel and some water-soluble analogs of camptothecin [233]) are used in mainstream cancer therapy strategies. However, commercial plant-derived anticancer formulations represent only one-fourth of the available treatment options.

Research has shown that anti-carcinogenic and cytotoxic activities of polyphenols are largely determined by structural parameters, as much as their antioxidant potency [93, 234-237]. Despite their close resemblance, their bioactivity varies considerably upon minor structural modifications, since these often induce significant conformational changes [25,238-244]. This implies an important drawback in the understanding of the effects

of polyphenols in human health if one considers the huge number of different compounds (> 8000; [88]).

Their bioavailability, is also strongly affected by structural factors, namely the extent, localisation and/or nature of the ring substitution, or the length and saturation degree of ester/amide alkyl chains but may also be influenced by intracellular metabolic processes, conjugation with other biomolecules (e.g. polyamines and glycosides), or *in vivo* absorption and transport mechanisms. Nevertheless, studies which indicate those factors which would lead to a better bioavailability are still scarce at present. Most *in vitro* studies use native polyphenols which may well be totally different from those found in the body. Polyphenols can be metabolized by bacteria before absorption and are also extensively conjugated in the body [88]. Very little is known, at present, related to the activity of these conjugated metabolites but, for instance, glucuronides of isoflavones have much weaker anti-estrogenic activity and provided no protection against oxidative stress in cells [278]. These facts explain the need to re-evaluate many of the *in vitro* studies published to date. Further studies are needed to tailor rational design of polyphenolic derivatives with improved chemopreventive properties [25].

In addition to the accepted beneficial effects of polyphenols against oxidative stress in normal cells (anti-oxidant, anti-inflammatory, anti-cancer) [25,245,246], these compounds can also cause pro-oxidant deleterious effects, depending on the specific system and conditions investigated. One possible, although insufficiently investigated, mechanism explaining phenol toxicity can be related to their pro-oxidant properties, which can accelerate oxidative processes *in vitro*, damaging DNA, proteins or carbohydrates in the cell [93,247-251]. The same phenolic compound can behave both as antioxidant and pro-oxidant, stimulating or inhibiting the oxidative damage processes to biomolecules, depending

**Table 4. Examples of Diet-Derived Compounds with Pro-Apoptotic Properties**

Family	Compound (s) Trivial Names	Apoptotic Induction Marker	Dietary Source References
RETINOIDS CAROTENOIDS	All-trans-retinoid acid Retinyl esters, Retinol $\alpha$ -Carotene, $\beta$ -Carotene $\gamma$ -Carotene Lutein, lycopene $\beta$ -Cryptoxanthin, astaxanthin, zeaxanthin	ROS production Mitochondrial pathway Caspase activation Down-regulation of Bcl-2 Up-regulation of Bax	Yellow/orange fruits (Tomato, carrots) Vegetables Marine food Salmon [262-265]
SULFUR-CONTAINING COMPOUNDS	Isothiocyanates (allyl isothiocyanate, benzyl isothiocyanate, phenethyl isothiocyanate, sulforaphane) Organo sulfur compounds (diallyl sulfide, diallyl disulfide, diallyl trisulfide S-allyl cysteine (allium), allicin (garlic))	ROS production Caspase activation Down-regulation of Bcl-2 Up-regulation of Bax	Cruciferous vegetables Garlic, brussels sprouts, broccoli, watercress, garden cress, turnips, Onions, callions Essential oils [266-268]
INDOLES	Indole phytoalexins (e.g. Brassinin) Indole-3-carbinol	Mitochondrial pathway Caspase activation Down-regulation of Bcl-2 Up-regulation of Bax	Cruciferous vegetables [269-271]
VITAMINS	Tocopherols, Tocotrienols Riboflavin Vitamin D Vitamin K	ROS production Mitochondrial pathway Caspase activation PARP cleavage	Fruits Vegetables [272-274]
INORGANIC MICRONUTRIENTS	Selenium derivatives	ROS production Mitochondrial pathway Caspase activation	Meat, wheat, dairy, fish [275-277]
DIETARY FIBRE	Lignin or suberin Phenolic acids Inositol hexaphosphate	Caspase activation	Unrefined plant foods [278]
TERPENOIDS	Citral Limonene, Perillyl alcohol Betulinic acid Ursolic acid Geranylgeraniol Farnesol	Mitochondrial pathway Caspase activation Up-regulation of Bax Down-regulation of Bcl-2 and Bcl-XL	Plants Citrus fruits and oils Essential oils Apples, pears, prunes Chamomile Hops [279-285]
METHYLYXANTHINES	Caffeine, theophylline, theobromine	Controversial	Tea, coffee, cola, cacao (cocoa and chocolate) [286,287]
ALKALOIDS	Solamargine Solasodine glycosides	Mitochondrial pathway Caspase activation Up-regulation of Bax Down-regulation of Bcl-2 and Bcl-XL	Potatoes Eggplants Tomatoes, [288]

(Table 4) Contd....

Family	Compound (s) Trivial Names	Apoptotic Induction Marker	Dietary Source References
POLYSACCHARIDES	Carboxymethylated $\beta$ -glucan Chitin, chitosan	Caspase activation Up-regulation of Bax Down-regulation of Bcl-2 and Bcl-XL	Food in general Crustaceans Mushrooms [289-292]
FATTY ACIDS	Polyunsaturated fatty acids (PUFA) Omega-3 acids Docosahexaenoic acid (DHA), eicosapentaenoic acid (EPA) Conjugated linoleic acid (CLA) $\alpha$ -linolenic acid (ALA)	Mitochondrial pathway Caspase activation Up-regulation of Bax Down-regulation of Bcl-2 and Bcl-XL	Vegetable oils Fish oils Flaxseed oil Canola, soy, perilla and walnut oils Beef Cheese, Whole milk [293-296]
GLYCOPROTEINS	Lactoferrin	Caspase activation Up-regulation of Bax Down-regulation of Bcl-2 and Bcl-XL	Milk [297,298]

on its concentration, target molecule(s) and environmental conditions (e.g. free radical sources available) [252]. The pro-oxidant activity (ROS production) may be a mechanism for induction of apoptosis by polyphenols, preventing tumor growth [22,24,25,87] (See Tables 1-3).

Studies have also addressed the pro-apoptotic activities of other dietary components. Examples of such dietary compounds include Phase 2 enzyme inducers (some of them are polyphenols), butyric acid (high fiber diets), monoterpenes (citrus oil and mint), omega-3 fatty acids (fish oil) and sphingolipids (dairy and soy products) which were found to induce apoptosis in cancer cell lines and to protect from cancer in animal models [20]. A very recent review of studies carried out both in cancer cell lines and in animal models of cancer revealed pro-apoptotic effects of different polyunsaturated fatty acids (PUFAs) found in dairy products, meat, fish, vegetable seeds and oils, known to affect the incidence and progression of cancer [253]. It is also becoming clear that naturally occurring organosulfur compounds, namely diallyl sulphide, diallyl disulfide and diallyl trisulfide, from dietary intake of *Allium* vegetables (e.g. garlic, onions) can suppress proliferation of cancer cells in culture and inhibit growth of transplanted tumor xenografts by inducing apoptosis and/or causing cell cycle arrest [254].  $\beta$ -carotene, a carotenoid existent in orange vegetables, also presents growth inhibitory and pro-apoptotic effects in various tumor cells from human colon, breast and prostate cancers and leukaemia cells, whereas normal cells are largely resistant to apoptosis [255]. There is evidence showing that vitamin E [256], selenium [257] and vitamin C [258] also selectively induce apoptosis in tumor without affecting normal cells. Recently, extracts of tomatoes and the associated phytochemical lycopene have been shown to induce apoptosis in human prostate cancer cells [259] and also in clinical trials [260].

As for polyphenols, several other antioxidants such as vitamin C or  $\beta$ -carotene can act as pro-oxidants (causing oxidative stress and apoptosis) depending on the cellular redox status [28,261].

Table 4 show representative studies using different dietary components which probed to induce apoptosis, their trivial names, dietary sources and apoptosis induction markers studied.

## 5. SUMMARY AND PERSPECTIVES

The pathogenesis of many diseases, including cancer has been associated with aberrantly regulated apoptosis [20,26,67,68,299]. The synergic combination of an undesirable proliferative stimulus and an associated defect in the apoptotic pathway(s) seems universal in cancer [65, 67-70]. Dietary habits are estimated to contribute to, at least, one third of all human cancers [300], showing that dietary components can exacerbate or interfere with carcinogenesis. Apoptosis is likely to be a crucial mechanism in the chemopreventive properties associated with several dietary factors [20], by eliminating potentially deleterious cells.

In addition to the conventional therapeutic agents, numerous dietary components and micronutrients are emerging, with considerable potential for hindering *in vivo* deleterious oxidative processes and inducing apoptosis of cancerous or pre-cancerous cells [86,300-302], therefore being considered as promising chemopreventive agents. A range of dietary compounds can modulate apoptosis and those with pro-apoptotic properties showed beneficial effects in animal and *in vitro* studies by eliminating cancerous cells [20,28,84,86]. Moreover, some have also showed beneficial effects in clinical trials [85]

Apoptosis, however, is a very complex process with numerous specific targets within each arm of apoptotic pathway targets. Nevertheless, it is very encouraging that single bioactive dietary agents can directly and indirectly influence most of myriad targets within apoptosis. Additionally, many of these dietary agents appear to exhibit some degree of specificity for neoplastic, while sparing normal cells. Furthermore, the protective effects of single agents can be potentiated/synergized by other dietary factors suggesting the possibility of combinatorial approaches for chemoprevention. While dietary interventions seem encouraging for devising new chemopreventive strategies, there are several issues remaining to be fully understood: the dose of each agent, duration of exposure, relative bioavailability of each dietary compound and potentially adverse side effects and/or interactions.

Further research is definitively needed to identify phytochemical-specific molecular targets and to understand the underlying molecular mechanisms of the huge number of already

recognized bioactive dietary chemopreventive agents. The potential benefits of cancer chemoprevention appear promising given the results obtained in clinical trials, animal carcinogenesis models and *in vitro* studies. Collectively, these considerations support the need for chemoprevention to manage cancer both at present and in the future.

Since apoptosis can be at the origin of tumorigenesis and of resistance to chemotherapy, it is important to advance our knowledge of this process of programmed cell death and, therefore, find agents that can selectively manipulate specific steps, namely targeting mitochondria-mediated apoptosis [82,87].

As implied above, chemoprevention is not a simple issue, and success may not come swiftly. However, for individuals at high risk of cancer (and possibly the general population in the future), chemoprevention has the potential of providing an important means for cancer risk reduction.

In the last decade, dietary polyphenols, which are the most abundant antioxidants present in a normal human diet, have received increasing interest from researchers, food manufacturers and also consumers as one of the most promising groups of dietary chemopreventive agents. Functional foods have been recently introduced in the market as a group of products containing high amounts of one or more compounds with particular biochemical functions (bioactive components), considered beneficial to the human health. Indeed, polyphenols are anti-oxidant agents, capable of protecting tissues against deleterious oxidative stress (along with other dietary antioxidants as vitamins C and E, and carotenoids) and are able to induce apoptosis in damaged cells. Moreover, despite their unquestionable beneficial effects, consumption of phenolic compounds as dietary supplements should be followed with care, since their activity is strongly dose-dependent and they can lead to toxic interactions at high concentrations. Although looking at the different anti-oxidant and pro-oxidant properties towards normal and pre-cancerous cells, the production of ROS is now considered one of the main mechanisms for chemopreventive agents as apoptosis inducers [87]. Critical thinking on the use of functional foods is thus essential, since they can fail to be beneficial, under certain conditions, and a real pharmacological approach is required in order to consolidate their implementation.

As with other dietary components, much evidence of the chemopreventive activities of polyphenols came from *in vitro* or animal studies [25]. Information on their clinical properties, which might help to evaluate their efficacy as human cancer chemopreventive agents, is still scarce [303]. The present available epidemiologic studies on the effects of polyphenols focused in ingestion of flavonoids and lignans showed no decrease in risk of cancer except, possibly, for lung cancer [21]. In fact, the careful design of epidemiological prospective studies on the effects of polyphenols and other dietary components in chemoprevention/human health, resembling the large epidemiological intervention studies performed for other anti-oxidants (namely  $\beta$ -carotene) [304] is urgently needed.

This should lead to the establishment of dietary recommendations, supplementation aimed at particular population groups, namely those presenting enhanced cancer risk due to environmental, behavioural or genetic factors.

#### ABBREVIATIONS

AIF	=	Apoptosis inducing factor
Akt	=	Protein kinase B
AP-1	=	Activator protein-1
Apaf-1	=	Apoptosis-activating factor 1
Apo2L TRAIL	=	Tumor necrosis factor-related apoptosis-inducing ligand

Apo3L	=	Tumor necrosis factor-related weak inducer of apoptosis
CAD	=	Caspase activator DNA
CAPE	=	Caffeic acid phenethyl ester
c-myc	=	Protooncogene
DD	=	Death domain
DISC	=	Death inducing signalling complex
DR	=	Death receptor
EGCG	=	Epigallocatechin-3-gallate
FADD	=	Fas associated protein with death domain
FasL	=	Fas ligand
FasR	=	Fas receptor
GFR	=	Growth factor receptor
HtrA2/Omi	=	Mitochondrial serine protease
HeLa	=	Cervical cancer cells
Hep2	=	Epidermoid carcinoma cells
HPV	=	Human papilloma virus
IAP	=	Inhibitor of apoptosis protein
ICAD	=	CAD inactive complex
I $\kappa$ B	=	Inhibitory factor kappa B
MAP	=	Mitogen activated protein
MAPK	=	MAP kinase
MCF-7	=	Human breast adenocarcinoma cells
MOLT-4	=	Human leukaemia cells
MPT	=	Mitochondrial membrane permeability transition
NF- $\kappa$ B	=	Nuclear factor kappa B
NOXA	=	Pro-apoptotic BH3-only member of the Bcl-2 protein family
PARP	=	Poly(ADP-ribose)polymerase
PC-9	=	Lung cancer cells
PI3K	=	Phosphoinositide kinase 3
PK	=	Protein kinase
PUMA	=	p53-up-regulated modulator of apoptosis
RNS	=	Reactive nitrogen species
ROS	=	Reactive oxygen species
Smac/DIABLO	=	Mammalian protein that binds to IAP
TNF	=	Tumor necrosis factor
TNFR	=	TNF receptor
TRADD	=	TNFR1 associated protein with death domain

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