## **UNIVERSITI TEKNOLOGI MARA**

# PRESERVATION OF CYCLOPHOSPHAMIDE-COMPROMISED FERTILITY IN FEMALE MICE BY TOCOTRIENOL SUPPLEMENTATION

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Thesis submitted in fulfillment of the requirements for the degree of **Doctor of Philosophy** 

**Faculty of Health Sciences** 

May 2015

## **AUTHOR'S DECLARATION**

I declare that the work in this thesis was carried out in accordance with the regulations of Universiti Teknologi MARA. It is original and is the results of my own work, unless otherwise indicated or acknowledged as referenced work. This thesis has not been submitted to any other academic institution or non-academic institution for any degree or qualification.

I, hereby, acknowledge that I have supplied with the Academic Rules and Regulations for Post Graduate, Universiti Teknologi MARA, regulating the conduct of my study and research.

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#### ABSTRACT

Cyclophosphamide (CPA) chemotherapy has been known to cause ovarian failure. CPA therapy leads to infertility via oxidative stress induced apoptosis of ovarian cells. Tocotrienols (T3), vitamin E isoform, is a much more potent antioxidant compared to tocopherols. T3 is a potent antioxidant and anti-inflammatory agent. The role of T3 in ovarian protection throughout chemotherapy remains un-elucidated, hence this study has been undertaken to investigate the role of T3 in the maintenance of normal female reproductive system from temporal infertility due to CPA administration. The alteration and regulation of ER and PR, genes and proteins, expression were investigated to ascertain the deleterious effect of CPA and whether co-administration with T3 showed any difference. That was hoped to explain the involvement of ER and PR signaling pathway as biomarker in maintaining fertility during chemotherapy treatment. 60 female ICR mice, aged between 8 to 10 weeks were divided into 5 treatment groups: CPA, CPA&T3, normal saline, T3 only, and corn oil only. The treatment was given for 30 consecutive days, followed by administration of pregnant mare serum gonadotrophin and human chorionic gonadotrophin to induce super ovulation. The mice were sacrificed at 14 to 16 hours post induction, after which all animal were euthanized. At dissection, both ovaries were removed, fixed in 10% formalin, processed and embedded in paraffin to form tissue blocks. Histological processing and Terminal deoxynucleotidyl transferase-mediated dUTP nick-end labeling (TUNEL) assays were performed on the tissue blocks. Both ovaries were dissected and immediately preserved in liquid nitrogen and then RNA extraction and cDNA synthesis were performed. Real-time quantitative PCR was performed using the syper green probe real time PCR. Concentration of the forward, reverse primers, probes, cDNA template, as well as the annealing temperature were optimized using real time PCR involvement caspase3, Bcl-2, ER, PR, GAPDH and b-actin genes. All IHC reactions included peroxidase for mouse Biotinylated primary antibody code (k3954) and horseradish peroxidase as secondary antibody. All data were subjected to statistical analysis by one-way ANOVA. The histological changes seen in the ovaries of CPA group include increase in degeneration of primary and secondary follicles, with a decrease in their total numbers; large follicles had incomplete and sometimes absent antrum. Whereas in CPA+T3 group, folliculogenesis was near normal, with regular antrum formation in large follicles and increased number of follicles in all stages. There was a significant reduction of TUNEL positive cells in the combined CPA&T3 group compared to CPA group by 11.23% (p<0.05). Our results established that combine CPA+T3 administration significantly up-regulated the gene expression of Bcl-2 (p<0.01) by 0.36 fold and caspace3 gene expression level was also significantly reduced (p<0.01) and suppressed by 2.12 fold, compared to treatment with CPA alone. CPA+T3 also significantly reduced the expression of ER, PR genes and protein in the ovary of CPA-exposed mice (p<0.05). The results therefore indicated that co-administration of T3 with CPA confers protection against apoptosis and modulate altered genes and protein expression in ovaries. T3 is a potential candidate for ovarian preservation in chemotherapy-associated damage.

### ACKNOWLEDGMENTS

"In the name of Allah, the Most Merciful and the Most Compassionate"

I firmly believe in what the Greek philosopher Aristotle stated, "The roots of education are bitter, but the fruit is sweet". The completion of this study would not be possible without the direct and indirect contribution and unconditional support of many people.

I would like to express my deepest gratitude to my supervisor, Associate Professor Dr. Rozzana Mohd Said who has been helpful and supportive throughout this study. Her critical comments and valuable insights have guided me in the conduct of the research and preparation of this thesis. I am grateful to her for her guidance and advice that have motivated me to become a better student and researcher.

I would also like to express my sincere gratitude to my supervisor, Associate Professor Dr. Gabriele Anisa for her continuous advice and guidance throughout this research project.

I would also like to thank my supervisor, Dr. Effat Omer for her guidance and support during my study, professionally as well as personally. I am grateful to her in evolving me into a person that I am today and for her kindness

I am also indebted to my parents, my sisters (Effad and Hajras) and my brothers in law (Mohammad Suhail), whom I will never be independent of, thank you for putting up with me and making all these more meaningful.

My special thanks to my husband Dr. Ahmed Fadhil and my best friend Asia mohddin and Samara, for their encouragement during my study in lab work. To all my friends, thank you to all of them for their assistance and support.

Finally, my gratitude also goes to Faculty of Health Science and Faculty of Medicine, IMMB (Institute of Medical Molecular Biotechnology), UiTM for providing the Research Facilities.

Thank you all. This process would have been impossible without you all.

# CHAPTER ONE INTRODUCTION

#### 1.1 RESEARCH BACKGROUND

Infertility has become a global problem affecting approximately 15% of both men and women of reproductive age. Anti-cancer therapy is one of the factors leading to decreased fertility (Poirot et al., 2002). According to the recent cancer statistics, the most common cancers diagnosed in women under the age of 40 are breast cancer, melanoma, cervical cancer, non-Hodgkin's lymphoma and leukemia (Jemal et al., 2005). Current therapy of childhood cancer makes long-term survival a realistic outcome for most patients. The majority of young female cancer patients are expected to be cured and become long-term survivors (Jemal et al., 2011).

The improved long-term survival of adolescents and young women treated for cancer has resulted in increased focus on the effects of chemotherapy on ovarian function and its preservation. No established method for preservation of female fertility is currently available. Thus, investigation on ways to preserve fertility of women who had undergone such treatment is of utmost importance. In addition, increasing numbers of patients with autoimmune diseases, such as rheumatoid arthritis or systemic lupus erythematosus (Sonmezer and Oktay, 2004) are being treated successfully with chemotherapy.

Fertility management is recommended for women of fertile age undergoing chemotherapy, as the treatment has implications on family formation (Kirkman et al., 2013). Chemotherapy leads to reduced fertility in women by inducing or hastening menopause (Hickey et al., 2009). In general, all chemotherapeutic drugs act by interrupting vital cell processes and arresting normal cell proliferation. The ovary is commonly affected by these drugs as it contained many rapidly dividing cells, especially those involved in oogenesis.

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