Polysaccharide peptide induces a tumor necrosis factor-α-dependent drop of body temperature in rats

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Abstract

Polysaccharide peptide (PSP) extracted from the *Coriolus versicolor* mushroom is frequently suggested as an adjunct to the chemo- or radiotherapy in cancer patients. It improves quality of the patients’ life by decreasing pain, fatigue, loss of appetite, nausea, and vomiting. However, the effect of PSP on body temperature has not thus far been studied, although it is well known that treatment with other polysaccharide adjuvants, such as lipopolysaccharides, may induce fever. The aim of the present study, therefore, was to investigate the influence of PSP on temperature regulation in rats. We report that intraperitoneal injection of PSP provoked a dose-dependent decrease of temperature in male Wistar rats equipped with biotelemetry devices to monitor deep body temperature (Tb). The response was rapid (i.e., with latency of 15-20 minutes), transient (lasting up to 5 hours post-injection), and accompanied by a significant elevation of the blood tumor necrosis factor-α (TNF-α) level. Pretreatment of the rats with anti-TNF-α antibody prevented the PSP-induced drop in Tb. Based on these data, we conclude that rats may develop an anapyrexia-like response to the injection of peptidopolysaccharide rather than fever, and the response was TNF-α-dependent.

Key words: rats, body temperature, biotelemetry, polysaccharide peptide, anapyrexia, tumor necrosis factor-α.
1. Introduction

Polysaccharide peptide of the *Coriolus versicolor* mushroom (Cui and Chisti, 2003) has been recommended as an adjuvant in the treatment of cancer (Zaidman et al., 2005) and several other disorders, such as chronic hepatitis and infections of the upper respiratory, urinary, and digestive tracts (Eliza et al., 2012). The doses usually used range from 1 to 3.6 grams per day and the duration of therapy is from 1 to 36 months, depending on the patient's condition (Kid, 2000). Experimental and clinical studies demonstrate that PSP extracts show non-toxic effects (Cheng and Leung, 2008), inhibit the growth of cancer cells in *in vitro* and *in vivo* settings (Tsang et al., 2003; Lau et al., 2004), and decrease cancer treatment-related symptoms such as fatigue, loss of appetite, nausea, vomiting, and pain (Chan and Yeung, 2006). It is suggested that the compound exerts its activity primarily via immunomodulation (Dong et al., 1996), therefore has been classified as a ‘biological response modifier’ (Ng, 1998). Indeed, data demonstrate that PSP induces synthesis of pro-inflammatory cytokines, eicosanoids, histamine, reactive oxygen and nitrogen intermediates (Chan and Yeung, 2006; Schepetkin and Quinn, 2006), activates complement-3, and stimulates the NK activities and T-cell proliferation (Sekhon et al., 2013) among others. Immunomodulatory activities of the PSP, especially those data that show *in vitro* synthesis of interleukin-1β (IL-1β) and TNF-α by macrophages co-cultured with PSP (Schepetkin and Quinn, 2006) implicate that the use of the compound may exert a profound influence on the regulation of body temperature in men and in laboratory animals. These cytokines are particularly involved in the mechanism of fever induced by a large variety of the pathogen-associated molecular patterns also called ‘exogenous pyrogens’, including another polysaccharide ‘biological response modifier’, i.e., lipopolysaccharides (LPS) extracted from the Gram-negative bacteria (Kluger, 1991; Kozak et al., 2000; Kozak et al., 2006a). However, to the best of our knowledge, the effect of PSP on body temperature regulation has not been studied. Based on experimental data reported from other laboratories using PSP we have put forward a hypothesis that polysaccharide peptide, similar to the action of LPS on body temperature, induces fever and the compound can be classified to the family of exogenous pyrogens. We report that instead of fever, PSP provokes a significant decrease of body temperature (Tb) in the rat. Since the *in vitro* studies showed that PSP stimulates the synthesis of TNF-α by macrophages (Schepetkin and Quinn, 2006), and *in vivo* research demonstrated that this cytokine can exert an anapyretic effect in rats (Evans et al., 1994; Klir et al., 1995) and mice (Kozak et al., 1995), our present studies are focused on the role of TNF-α in
decreasing of body temperature of the rats treated with PSP. We demonstrate that PSP-provoked drop of Tb was prevented by treatment of rats with anti-TNF-α antibody.

2. Materials and Methods

2.1. Experimental animals and body temperature measurement

Male Wistar rats weighing from 200 g to 250 g were obtained from the Mossakowski Medical Research Centre Polish Academy of Sciences (Warsaw, Poland). Animals were housed in individual plastic cages and maintained in a temperature/humidity/light-controlled chamber set at $23 \pm 1^\circ$C, 12:12 h light:dark cycle, with light on at 07:00 a.m. Rodent laboratory food and drinking water were provided ad libitum. A week after the shipment, the rats were implanted under sterile conditions with battery-operated miniature biotelemeters (PhysioTel® model TA10TA-F40, Data Sciences International, USA) to monitor deep body temperature (Tb) with accuracy $\pm 0.1^\circ$C as described previously (Wrotek et al., 2011). Described experiments were started 10 days after surgery. All procedures were approved by the Local Bioethical Committee for Animal Care in Bydgoszcz (Poland; permission no. 17/2013).

2.2. Treatment of the animals

Polysaccharide peptide (PSP; extract from the Cov 1 strain of Coriolus versicolor; MycoMedica, Czech Republic) was dissolved in sterile 0.9% sodium chloride (saline) and injected intraperitoneally (i.p.) at a dose of 50, 100 and 200 mg kg$^{-1}$. Control group of rats was treated i.p. with an equivalent volume of a pyrogen-free saline. TNF-α antibody (rabbit polyclonal IgG anti rat TNF-α; Thermo Scientific; cat. no. PRTNFAI) was injected i.p. at a dose of 50 µg/rat in a volume of 500 µl of phosphate buffered saline (PBS, pH 7.4) 1 h prior to the injection of PSP. Rabbit IgG (Rockland Immunochemicals; cat. no. 011-001-297) was used as control injection. Rats were restrained and not anesthetized during i.p. injections.

2.3. TNF-α assay

Blood samples were collected via cardiac puncture onto the solution of ethylenediamine tetraacetic acid disodium salt (Na$_2$EDTA, Sigma-Aldrich; cat. no. E 5134) two hours post-injection of PSP and/or pyrogen-free saline from rats anesthetized with a mixture of ketamine/xylazine (87 mg kg$^{-1}$ and 13 mg kg$^{-1}$, respectively, intramuscular injection). After centrifugation (20 min, 1500 x g), the resulting plasma was stored at -20°C until assay.
The levels of TNF-α were determined by a standard sandwich ELISA kit from R&D Systems (cat. no. RTA00; sensitivity of assay less than 5 pg ml⁻¹) according to the manufacturer’s instructions. Colorimetric changes in the assay were detected using Synergy HT Multi-Mode Microplate Reader (BioTek Instruments, USA).

2.4. Statistical analysis
All values are reported as means ± standard error mean (S.E.M.) and were analyzed by analysis of variance (ANOVA) followed by the Student’s t-test with the level of significance set at P<0.05. ANOVA was used to compare the mean values in the all tested groups, whereas the Student’s t-test was used to calculate the difference only between the two selected groups. For the conclusions of our study we used the Student’s t-test. For the Tb measures, the data were recorded and computed at 5-min intervals using Data Acquisition Programme (Data Sciences International, USA). For data presentation, these 5-min temperature recordings were pooled into 20-min averages.

3. Results
3.1. Injection of PSP provokes a decrease in body temperature and elevation of blood TNF-α of rats
Effect of PSP on changes of Tb in male Wistar rats is illustrated in Fig. 1. Three doses of the PSP (50, 100 and 200 mg kg⁻¹) were injected intraperitoneally into the separate groups of rats. In the case of all doses of PSP, the response was rapid with latency of 15-20 min and transient (lasting up to 5 hours post-injection). Moreover, the maximum drop in Tb of rats was maintained from 45 min to 2 h after PSP administration. However, the decrease in Tb was dose-dependent. PSP at a dose of 50 mg/kg induced a decrease in Tb to 36.3 ± 0.2°C (measured at 90 min post-injection), whereas the doses of 100 mg kg⁻¹ and 200 mg kg⁻¹ provoked a similar greater drop in Tb to 35.8 ± 0.2°C and 35.6 ± 0.1°C, respectively at the same time (P<0.05). Dose of 100 mg kg⁻¹ of PSP was selected for further experiments.
Injection i.p. of sterile saline (solvent for PSP) did not induce any alterations in Tb of rats (data not shown).

(Insert Figure 1 here)

Rats injected i.p. with saline (control vehicle) as well as non-treated animals did not show any significant elevation of TNF-α at 2 h post-injection (Fig. 2). Plasma concentration of the cytokine in these two groups of rats was below the lowest standard of ELISA kit (respectively 3.07 ± 0.2 pg ml⁻¹ and 2.13 ± 0.2 pg ml⁻¹; sensitivity of assay less than 5 pg ml⁻¹)
In contrast, however, the levels of TNF-α in plasma of the rats treated with PSP at a dose of 100 mg kg\(^{-1}\) 2h post-injection were significantly higher (225 ± 4 pg ml\(^{-1}\)). Blood for analyses was collected at the time of the greatest decrease in body temperature of rats.

(Insert Figure 2 here)

3.2. Administration of TNF-α antibody inhibited a decrease in body temperature of rats injected with PSP

To determine whether or not the TNF-α is involved in a PSP-induced decrease of Tb, in separate experiments rats were treated i.p. with an anti-TNF-α immunoglobulin G (IgG) at a dose of 50 µg/rat 1 h prior to the injection of PSP at a dose 100 mg kg\(^{-1}\). As can be seen in Fig. 3, administration of TNF-α antibody inhibited the decrease of Tb provoked by the injection of PSP. The Tb of rats treated i.p. with TNF-α antibody and then injected with PSP was similar to that observed in the control rats injected i.p. with rabbit IgG 1 h prior to the administration of 0.9% saline (37.1 ± 0.1°C and 37.2 ± 0.1°C, respectively; P=0.38; counting from 0 min to 240 min post-injection). On the other hand, the Tb of rats injected i.p. with rabbit IgG at a dose of 50 µg kg\(^{-1}\) 1 h prior to the injection of PSP (100 mg kg\(^{-1}\)) was significantly lower in this period of time (36.1 ± 0.4°C; P<0.001). Moreover, the rats injected with IgG and then with PSP responded with a similar drop in Tb as the group of animals treated i.p. only with PSP. In both groups of animals, the response was similarly rapid (with latency of 15-25 min), transient (lasting up to 5 hours post-injection) and with the same maximum drop in Tb (35.6 ± 0.1°C and 35.8 ± 0.2°C, respectively; measured at 90 min post-injection).

(Insert Figure 3 here)

4. Discussion

In the present report we demonstrate for the first time that polysaccharide peptide, a bioactive component derived from the mushroom *Coriolus versicolor*, which exhibits antitumor and immunomodulatory properties, provoked also a dose-dependent decrease in body temperature of rats (*Fig. 1*). Moreover, we have shown that the drop in Tb was accompanied by a significant elevation of the blood TNF-α level of rats 2h post-injection (*Fig. 2*), and was prevented by an i.p. injection of anti-TNF-α antibody 1h prior to the PSP administration (*Fig. 3*).

Nowadays, PSP is considered as an useful adjuvant especially combined with chemotherapy in clinical treatment of cancer patients (Qian et al., 1997). The *in vivo* studies
revealed that PSP is able to restore weakened immune response observed in patients with
cancer or during chemotherapy (Chu et al., 2002). Moreover, PSP stimulates an element of
the innate immune system, which markedly influences the host’s ability to respond to various
external stimuli, including pathogenic microorganisms. Phagocytic cells such as neutrophils
and macrophages are a key component of the innate immune system. They represent the first
line of the defense and are involved in all phases of the immune response (phagocytosis,
antigen presentation, cytokine secretion) (Dempsey et al., 2003; Wynn et al., 2013). Data
indicate that PSP is capable to restore and enhance the phagocytic function of macrophages
and it stimulates these cells to the release of pro-inflammatory cytokines (IL-6, TNF-α, IL-1)
and prostaglandin E₂ (PGE₂) (Chan and Yeung, 2006). It is well-known that all these
activities are temperature-dependent. Based on these data one may conclude that
understanding of the effect of PSP on body temperature is very important, especially when
considering PSP as an useful adjuvant in clinical treatment of cancer patients or during the
severe infections.

PSP is used as an anticancer and immunomodulatory agent. Although the mechanism
of its antitumor action is still not completely clear, this polysaccharide is suggested to enhance
cell-mediated immune response in vivo and in vitro and act as biological response modifiers.
PSP is considered as multi-cytokine inducer that is able to induce gene expression of various
immunomodulatory cytokines, such as IL-1β, TNF-α, IFN-γ (Ooi and Liu, 2000; Lee et al.,
2006). Moreover, PSP regulates gene expression and cytokine secretion related to Toll-like
receptors (TLRs) signaling pathway. In human peripheral blood mononuclear cells, TRAM-
TRIF-TRAF6 subsignaling pathway of TLR seems to be one of the key associated signaling
pathways in the immunomodulation of PSP (Li et al., 2010). Thus, polysaccharide peptide
may constitute the pathogen-associated molecular patterns (PAMPs) recognized by TLRs. It
is well-known that many PAMPs activate a common downstream pathway operating in the
signal transduction via TLRs, that leads to the upregulation of the nuclear factor-κB (NF-κB)
- one of the most important transcription factors which can induce cytokine genes expression,
including TNF-α (Kozak et al., 2006a; Kaisho and Akira, 2001; Baeuerle and Henkel, 1994).

TNF-α is a circulating 17-kDa protein that interacts with two distinct transmembrane
signaling receptors, termed the type I (p55) and the type II (p75), to induce its biological
effects (Schall et al., 1990). Injection of exogenous TNF-α is capable of causing fever in
healthy animals of several species (Netea et al., 2000). The pyrogenic properties of the
cytokine are induced by binding TNF-α with the type II receptor (Leon et al., 1997; Kozak et
al., 1995). On the other hand, there are data indicating that TNF-α can also have a cryogenic
or antipyretic effect when this cytokine is bound with type I receptor (Evans et al., 1994; Klir et al., 1995). Anaptyrexia is defined as a regulated decrease in core temperature distinct from hypothermia in that thermoregulatory responses indicate a defense of the anaptyretic level of core temperature (Glossary of Terms for Thermal Physiology, 2001). There are conditions under which anaptyrexia appears to be adaptive rather than pathologic (Kozak, 1997). For instance, upon hypoxic circumstances (i.e., during anemia, ischemia, cardiac arrhythmias, hypotension) anaptyrexia protects tissues from the lack of oxygen by decreasing its consumption and by slowing the rate of cellular damage that occurs from the formation of free radicals, chemical metabolites and tissue edema (Steiner and Branco, 2002; Kozak et al., 2006b). It’s assumed that the process may be mediated or initiated by a “cryogen”, defined as an endogenous or exogenous substance that lowers the set point of deep body temperature (Kluger, 1991). Our studies demonstrate that PSP may induce an anaptyrexia-like effect, which may be mediated by TNF-α. However, in order to fully investigate this phenomenon it is necessary to measure the behavior and autonomic responses to determine the regulated nature of the hypothermia following treatment with PSP. Because of the fact that anti-tumor properties of PSP are postulated, we hypothesized that this phenomenon is associated with the rise in plasma TNF-α.

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References


**Figures legend**

**Figure 1.** Changes of body temperature (°C) over time (min) of rats injected intraperitoneally (i.p.) at 0 time (arrowhead) with PSP at a dose 50 mg kg\(^{-1}\) (open triangles), 100 mg kg\(^{-1}\) (close diamonds) and 200 mg kg\(^{-1}\) (open circles) in comparison to non-treated animals (close circles). Values are means ± S.E.M. at 20-min averages (n indicates sample size in a respective group).

**Figure 2.** Plasma levels of TNF-α (pg ml\(^{-1}\)) at 2 h post-injection of PSP at a dose of 100 mg kg\(^{-1}\) and control injection of saline in comparison to non-treated animals (control). Values are expressed as means ±S.E.M; n depicts sample sizes for each group. Asterisk indicates significant difference compared to the control and saline i.p. (**P<0.001; *P<0.05, respectively).

**Figure 3.** Changes of body temperature (°C) over time (min) of rats injected i.p. at -60 time (black arrowhead at 08:00 a.m.) with anti-rat TNF-α IgG (50 μg/rat) or IgG (50 μg/rat) and then treated i.p. at 0 time (white arrowhead at 09:00 a.m.) with PSP (100 mg kg\(^{-1}\)) or with 0.9% saline in comparison to rats injected i.p. with PSP (100 mg kg\(^{-1}\)) at 0 time. Values are means ± S.E.M. at 20-min averages. Letter n indicates sample size in a respective groups.
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molecular mechanisms of fever, acute phase response and inflammation.
Highlights

- we examine the effect of polysaccharide peptide (PSP) on rat body temperature (Tb)
- injection of PSP provokes a dose-dependent decrease of body temperature in rats
- decrease of temperature is accompanied by an elevation of the blood TNF-α level
- rats pretreatment with anti-TNF-α antibody prevents the PSP-induced drop in Tb
- rats developed an anapyrexia-like response to the injection of PSP
Figure 2

The diagram illustrates the levels of TNF-α (pg ml⁻¹) in different groups: control (n=4), saline i.p. (n=4), and PSP i.p. (n=4). The y-axis represents TNF-α levels, while the x-axis shows the different groups. The control group has a level of 2.13, the saline i.p. group has a level of 3.07, and the PSP i.p. group shows a significantly higher level of 225.25, marked with an asterisk (*) and a triple asterisk (***) indicating statistical significance.
Figure 3

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