EFFFECTS OF ASPIRIN INTAKE ON HISTOLOGY OF BREAST IN RABBITS

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ABSTRACT

OBJECTIVE: To determine histological changes in my epithelial cells and ducts in breast tissue after oral administration of Aspirin. **STUDY DESIGN:** Experimental Study

PLACE AND DURATION: The study was conducted at Islamic International Medical College, Rawalpindi, during 1st August 2011 - 31st October 2011.

METHODOLOGY: Twenty adult male rabbits were obtained from national institute of health. Ten rabbits were included in experimental group and 10 were used as their controls. The experimental group was given 500 mg Aspirin / 10 ml of water/day for 30 days through infant feeding tube. Day 0 was taken as day of stat of experiment. After 30 days rabbits were sacrificed and breast tissue was taken.

RESULTS: The number of myoepithelial cells was significantly more as compared to control group. The interlobular connective tissue around the ducts and alveoli was loosely arranged and cellular, whereas that surrounding the larger ducts and lobes (interlobular connective tissue) was variably dense and contained much adipose tissue.

CONCLUSION: A spir in influences normal histology of breast and my oepithelial cells respond to oral intake of a spir in.

KEYWORDS: Aspirin, Histology, Breast, Myoepitheial Cells.

INTRODUCTION

Aspirin a derivative of salicylic acid has long been used to treat body aches and muscle aches¹. Recently, studies have been done to show the effects of aspirin in the prevention of breast cancer². The finding are consistent with earlier research indicating that the regular use of aspirin intake might reduce the risk of so-called estrogen receptor-positive breast cancer, which makes up about three quarters of breast cancer cases³. The researchers discovered that women who used aspirin at least four times a week for at least three months were almost thirty percent less likely to develop breast cancer than women who used no aspirin⁴. This led the researchers to suspect that aspirin reduced the risk of breast cancer by interfering with the body's production of estrogen⁵. For older postmenopausal women, the link with aspirin was strongest when taken seven or more tablets a week. The results provide evidence for the researchers' suspicion of aspirin blocking estrogen production since hormone-fueled breast cancer in more common in older women⁶. Aspirin indirectly lowers levels of estrogen in the breast by producing an enzyme called prostaglandins which induces an enzyme crucial to estrogen production⁷. Several theories have been offered to explain the protective effect of aspirin against the development of breast cancer in past studies. Researchers believed that aspirin may help prevent breast cancer by blocking the COX-2 enzyme, which otherwise could stimulate the growth of cancer cells⁸.A number of researches have been conducted to observe effects of aspirin intake on

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Correspondence to: Khadija lqbal Professor of Anatomy Al-Nafees Medical College, Isra University Islamabad Campus. Email: khadijaiqbal@gmail.com histology of breast in diseased states like cancer but unfortunately, studies have not yet yielded enough information regarding changes in histological structure of normal breast tissue on intake of Aspirin⁹. So this study was conducted to see effects on histology of breast on intake of Aspirin. Whether aspirin has some effects on ductal branching pattern or on content of connective tissue which later on results in improvement of breast cancer was the main concern of study.

METHODOLOGY

Simple random sampling technique was used. This experimental study was conducted at Islamic International Medical College, Rawalpindi, during 1^{st} August 2011 - 31^{st} October 2011. Twenty male rabbits were obtained from national institute of health. Ten rabbits were included in experimental group and 10 were used as their controls. The experimental group was given 500 mg Aspirin / 10 ml of water/day for 30 days through infant feeding tube. Day 0 was taken as day of start of experiment. After 30 days rabbits were sacrificed and breast tissue was taken. The control group was also sacrificed. It was fixed in 10% Formalin and processed for making paraffin block. After processing for making paraffin block and stained with H & E stain. The procedure was done also for control group.

The stained slides were observed for the following parameters:

- 1. Histological changes in shape of cells lining the ducts
- Number of my epithelial cells/unit area The data was analyzed using SPSS version 10. The quantitative data was interpreted with the help of unpaired Student's' test. A p value of p=0.05 was taken as significant and p value of p=.001 was taken as highly significant.

RESULTS

In experimental group specimens obtained from eight rabbits

out of ten showed no change in lining epithelium (Fig 1B). In the control group the main ducts were lined by the stratified epithelium (Fig 1A). In 20% of the slides, the lactiferous sinuses showed that the two-layered stratified cuboidal epithelium was reduced to one layer. In the control group branched my epithelial cells were found between epithelial cells and

basement membrane (Fig 1A). Number of myo epithelial cells was significantly more in the experimental group as compared to control group (Table –I). In experimental group 40% of the slides the ductless and alveoli were surrounded by the loosely arranged connective tissue and the larger ducts and lobes were surrounded by dense C.T. and had adipose cells (Table - II).

TABLE-I: NUMBER OF MYOEPITHELIAL CELLS IN CONTROL AND EXPERIMENTAL GROUP

NUMBER OF MYOEPITHELIAL CELLS/Unit Area	GROUP	P value
15.93±0.63 33.63±0.29	Control Experimental	<.001
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FIGURE-I: PHOTOMICROGRAPH OF RABBIT BREAST TISSUE. IN A CONTROL BREAST TISSUE IS SHOWN AND IN B EXPERIMENTAL BREAST TISSUE IS SHOWN. ARROW SHOWS MYOEPITHELIAL CELLS.

TABLE-II: HISTOLOGICAL CHANGES IN CONTROL AND EXPERIMENTAL GROUP

	Presence of Loose Connective Tissue	Presence of Adipose Cells	Changes In Lining Epithelium of Lactiferous Sinus
Control Group	60%	60%	None
Experimental Group	40%	40%	20%

DISCUSSION

In this study it was seen that aspirin intake affected the number of myoepithalial cells in breast tissue. Some of the other authors have shown that aspirin affects the normal histology of breast tissue¹⁰. Some studies have shown that patients with estrogendependent breast cancer have definitely shown improvement on intake of aspirin¹¹. This study was done to show whether aspirins has some effects on normal breast histology. Loose connective tissue was present around the interlobular connective tissue and the ductless (Table-II). Recent studies have shown that mutations occur in stromal component which are independent of mutations in the neoplastic epithelium^{12,13}. There was no change in lining epithelium of ducts and this is in accordance with previous findings. However it is yet not proved that it is just aspirin which controls the cancer or some other biological change which causes mutations¹⁴. However studies have shown that Aspirin may improve symptoms in cancer patients by bringing inflammatory changes¹⁵⁻¹⁷. Inflammatory chemicals are produced in large quantities in breast cancers¹⁸. It has been proved that aspirin intake prevents breast tumor cells from invading and destroying other tissue¹⁹. COX-2 inhibitors have been shown to decrease aromatase activity in breast cancer cells which converts androgens to estrogens. In this study adipose tissue was found in increased amounts as compared to control group and it has been proved that adipose tissue contains aromatase which helps in controlling estrogen levels in postmenopausal women and helps in improving breast cancer prognosis. The histological changes in breast tissue in rabbits shown in this study can be used further to highlight role of Aspirin intake during and before development of breast cancer.

CONCLUSION

The intake of Aspirin does not significantly affect the normal histology of breast but increased number of myoepitheial and adipose cells can be a clue to better prognosis of breast cancer.

In order to have a clear understanding of effect of Aspirin intake the electron microscopic study is needed.

REFERENCES

- Holmes MD, Olsson H, Pawitan Y, Holm J. Aspirin intake and breast cancer survival - a nation-wide study using prospectively recorded data in Sweden. BMC Cancer2014; 2:391-93
- 2. Zhang SM, Cook NR, Manson JE, Lee IM. Low-dose aspirin and breast cancer risk: results by tumor characteristics from a randomized trial. Br J Cancer 2008; 11:989-91.
- Allred DC, Mohsin SK, Fuqua SA. Histological and biological evolution of human premalignant breast disease. Endocr Relat Cancer 2001; 8:47-61
- 4. Dubois R.N. Aspirin and breast cancer prevention: The estrogen connection. JAMA 2004; 291:286-89.
- Gierach GL, Lacey JV Jr, Schatzkin A, Leitzmann MF, Richesson D, et al. Nonsteroidal anti-inflammatory drugs and breast cancer risk in the National Institutes of Health-AARP Diet and Health Study. Breast Cancer Res. 2008; 10(2):38-40.
- Chang SH, Liu CH, Conway R. Role of prostaglandin E2dependent angiogenic switch in cyclooxygenase 2-induced breast cancer progression. Proc Natl Acad Sci U S A 2004; 101:591-96.
- Arpino G, Laucirica R, Elledge RM.Premalignant and in situ breast disease: biology and clinical implications.Ann Intern Med. 2005 20;143(6):446-45
- 8. Terry MB, Gammon MD, Zhang FF. Association of frequency and duration of aspirin use and hormone receptor status with breast cancer risk. JAMA 2004; 291:433-40.
- Daling K. E. "Age-specific incidence rates of in situ breast carcinomas by histologic type, 1980 to 2001," Cancer Epidemiology Biomarkers and Prevention 2005;14: 1008-11.
- 10. Rostom A, Dube C, Lewin G. Nonsteroidal antiinflammatory drugs and cyclooxygenase-2 inhibitors for

primary prevention of colorectal cancer: a systematic review prepared for the U.S. Preventive Services Task Force. Ann Intern Med 2007; 146:376-89.

- 11. Rothwell PM, Price JF, Fowkes FG. Short-term effects of daily aspirin on cancer incidence, mortality, and non-vascular death: analysis of the time course of risk and benefits in 51 randomised controlled trials. Lancet 2012;3:1602-12.
- 12. Li S, Miner K, Fannin R. Cyclooxygenase-1 and 2 in normal and malignant human ovarian epithelium. Gynecol Oncol 2004;92:622-27.
- 13. Agrawal A, Fentiman IS. NSAIDs and breast cancer: a possible prevention and treatment strategy. Int J Clin Pract 2008; 62(3):444-49.
- Abdel-Fatah TM, Powe DG, Hodi Z. High frequency of coexistence of columnar cell lesions, lobular neoplasia, and low grade ductal carcinoma in situ with invasive tubular carcinoma and invasive lobular carcinoma. Am J Surg Pathol 2007;31(3):417-26
- 15. Cui Y, Deming-Halverson SL, Shrubsole MJ. Use of nonsteroidal anti-inflammatory drugs and reduced breast cancer risk among overweight women. Breast Cancer Res Treat. 2014;146(2):439-46.
- 16. Virnig T,Tuttle T, Shamliyan, R. L. "Ductal carcinoma in Situ of the breast: a systematic review of incidence, treatment, and outcomes," Journal of the National Cancer Institute 2010; 3:170-78.
- 17. Harris RE, Beebe-Donk J. Aspirin, ibuprofen, and other nonsteroidal anti-inflammatory drugs in cancer prevention: a critical review of non-selective COX-2 blockade Oncol Rep 2005; 13(4):559-63.
- Baron J A. Epidemiology of non-steroidal antiinflammatory drugs and cancer Prog Exp Tumor Res 2003; 37:22-24.
- 19. Fortner RT, Daugherty SE. Analgesic use and patterns of estrogen metabolism in premenopausal women Horm Cancer 2014; 5(2):104-12.