

Some parasites that might be related to the occurrence of cancer

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Received: 10.02.21, Revised: 04.03.21, Accepted: 12.04.21

ABSTRACT:

Cancer is a major global cause of death, particularly in developing countries, and which occurs by the uncontrolled division of normal cells to form abnormal growths or tumours. The occurrence of cancer has a direct or indirect linkage to gene expression patterns, and may be affected by different physiological and environmental conditions. Parasites are one such infective agent that might have a certain relationship with the occurrence of cancer. It has been found that some protozoan parasites, for instance, *Cryptosporidium* sp., *Toxoplasma gondii*, *Trichomonas vaginalis*, *Blastocystis hominis* and *Plasmodium falciparum*, as well as certain helminths, for instance, *Schistosoma*, *Opisthorchis* or *Clonorchis* sp. seem to have high incidence in cancer patients and have been related to cancer in infected individuals. Some of these parasites further hinder the efficacy of chemotherapy in cancer patients and make their health worse, whilst cancer itself can have effects on patients' immunity in such a way as to place them at risk from opportunistic parasitic infections and their associated pathogenic consequences.

Keywords: cancer; tumour; parasites; opportunistic; immunocompromised

INTRODUCTION

Globally, cancer is a major cause of death, being responsible for about 7.6 million deaths (that is, 13% of all deaths) in 2008 (1, 2). More than 70% of all cancer deaths occur in less developed countries. It is expected that deaths from cancer worldwide will continue increasing to around 11 million deaths in 2030 (3). The most significant causes of cancer are direct or indirect changes in gene expression patterns. Cancer occurs when normal cells divide in an uncontrolled manner to grow out of control and invade other tissues, and may grow to form a mass called a tumour (4). Tumours can be divided into two categories: 1- cancerous or malignant, which has the ability to grow and extend to other parts of the body, 2- benign, which can grow also but do not extend and spread. Some types of cancer, such as leukaemia, myeloma, and most types of lymphoma, do not form tumours, however (5). Cancer as a disease can be divided into four main categories based on where it begins: Carcinomas: The most common type of cancer forms in the skin or in the covering tissues of internal organs and glands. This kind of cancer usually produces solid tumours, such as colorectal cancer, lung cancer, breast cancer, and prostate cancer. Sarcomas: This develops in the connective tissues which provide required support for the body. It can grow in muscles, fat, nerves, joints, tendons, blood vessels, lymph vessels, bones or cartilage. Leukaemia: This is a blood cancer

which is stimulated when a change and associated uncontrolled growth occurs in healthy blood cells. Lymphomas: These are cancers of the lymphatic system (6).

Cancer may be enhanced by various physiological and environmental conditions. Some forms of human carcinogenicity are thought to be associated with infection by viruses, bacteria, and parasites (7). Many parasites may cause chronic health issues, and might also be the formation of cancer, and some parasites, such as *Schistosoma*, are already recognized to be causative of cancer. Globally, there are public health concerns because there are billions of infected people with various parasites, particularly in cancer patients, which has become a major problem in recent years. Most infections have no symptoms, but these infections may kill patients when they undergo chemotherapy (8,9,10,11). This study will consider parasites that are thought to accompany the formation of cancer.

1- *Cryptosporidium* sp.

The *Cryptosporidium* genus, which causes cryptosporidiosis, contains intracellular parasites that can infect mammalian intestines. Cryptosporidiosis is considered a serious worldwide public health concern. Clinically, it has been reported as a cause of chronic diarrhoea (12). Immunocompromised patients, particularly those who have had neoplasms, are at risk of symptomatic invasion which may lead to such

diarrhoea, and that can threaten the lives of HIV-infected individuals. The prevalence of *Cryptosporidium* sp. in colorectal cancer patients was reported to be comparable to that for patients with immune disorders (12,13).

2- *Toxoplasma gondii*

Toxoplasma gondii is an opportunistic intracellular protozoan parasite that can cause toxoplasmosis disease, particularly in immunocompromised patients and cancer patients (14). Toxoplasmosis can result in a wide range of pathogenicity, such as miscarriage and pneumonia, and it is recognised to be related to certain forms of cancers that include primary eye tumours, meningioma, leukaemia, and lymphoma (15). An association between lung cancer and *T. gondii* infection that occurs with high frequency has been reported in the literature (16, 17). Also, there are two known cases of pituitary adenoma that have been related to *T. gondii* which have been described in the literature, and it is believed that overstimulation of the pituitary gland against parasites may lead to the formation of adenoma (18). On the other hand, both cancer and chemotherapy themselves weaken the immune system, making people with cancer vulnerable to infection by various opportunistic pathogens, including toxoplasma (19).

3- *Trichomonas vaginalis*

Trichomoniasis disease that caused by *Trichomonas vaginalis* is one of the possible sources among a number of factors that are thought to be linked to the risk of developing prostate cancer. *Trichomonas vaginalis* is a non-viral sexually transmitted infection with an estimated worldwide number of new cases in the region of 276 million infections annually (20). Chronic infection with *T. vaginalis* may lead to an inflammatory response that may lead to prostate cancer (21, 22). There are many studies that have examined the relationship between infection with *T. vaginalis* and cervical neoplasia, where most such studies have demonstrated a significant positive association between them (23). Serological and histopathological studies provide additional evidence for the link between cervical cancer and trichomoniasis, as it has been found that a large number of women with cancer have trichomoniasis (24, 25). Individuals with *Trichomonas vaginalis*, especially those with papilloma virus, are at greater risk of developing cervical cancer than others (26).

4- *Blastocystis hominis*

Blastocystis is an intestinal parasite commonly found in the stool swabs in people with diarrhoea, especially immunocompromised individuals and those with colorectal cancer (CRC) (27, 28). Some

studies have indicated that intestinal parasites, particularly *B. hominis* and microsporidia, may reduce the effectiveness of chemotherapy in infected cancer patients (29, 30).

5- *Plasmodium falciparum*

It has been recorded that infection with *Plasmodium falciparum* is linked to Endemic Burkitt lymphoma (31,32). Burkitt, during his studies in the 1960s, found that there was a relationship between the incidence of sarcomatous lymphoma and its geographical distribution in East and Southern Africa, and further recognized that this kind of lymphoma was correlated with the same infectious conditions as malaria. It is believed that the endemic Burkitt lymphoma, which accounted for about 70% of cancers among equatorial African children, is connected to infection with *Plasmodium falciparum* (33, 34). Another study conducted in 2010, depending on data on malaria outbreaks collected from the US Disease Control and Prevention Centres in 2004, illustrated that there was indeed a relationship between malaria and brain tumour incidence (35). It is thought that the ability of *Plasmodium* spp. to stimulate immune system inhibition leads to a predisposition to secondary infections, which may explain the relationship between malaria and cancer mortality (36).

6- *Schistosoma*

This comes immediately after malaria in terms of its prevalence (37, 38). Infection with schistosomiasis occurs when people are exposed to the larval stage of the genus *Schistosoma* during their routine activities in infested water (39). Its lifecycle requires two hosts: a definitive mammalian and an intermediate invertebrate, usually a freshwater snail. After the cercaria grow inside the infected snails, they are released into the water from where they can penetrate the skin of the definitive host when it enters water containing infected snails. (39,40).

There are five species that infect humans which are *S. haematobium*, *S. mansoni*, *S. japonicum*, *S. intercalatum*, and *S. mekongi*. The adult worm of *S. japonicum* lives in the superior and inferior mesenteric vein, *S. mansoni* lives in the inferior mesenteric vein, and *S. haematobium* in the pelvic plexus and terminal veins in the wall of the bladder and urogenital system. It was found that schistosomiasis leads to cancer, as it was reported that hematoma causes hypersensitivity due to the formation of granulomas around the eggs deposited in the tissues, leading to serious complications, the most significant of which is cancer (41).

7- *Opisthorchis* or *Clonorchis* sp.

O. viverrini, *O. felinus*, and of the phylum platyhelminths infect the human liver (42). It is considered a serious public health problem in endemic areas. It causes biliary liver disease and is linked to bile duct cancer, which is one of the most prevalent complications due to infection with these parasites. It has also been noted that *O. felinus* causes liver cancer in infected individuals. Other studies have found that there is a certain relationship between infection with *Clonorchis sinensis* and bile duct cancer (43). It is believed that the cause of cancer may be due to the occurrence of glandular changes and hyperplasia in the epithelium of the bile ducts resulting from inflammation and chronic irritation caused by infection with the flukes, resulting in DNA damage during the active cell proliferation process (44). It is also believed that inflammatory cells produce nitric oxide in the chronic inflammation area around the bile ducts, which causes the formation of N-nitroso compounds, and then tumours as a result of exposure of epithelial cells in the ducts due to the continuous exposure to high concentrations of these compounds (45).

Infection with other parasitic types may be associated with the occurrence of cancer, but confirmation of this relationship needs more intensive studies.

CONCLUSIONS:

Cancer is a worldwide concern for which there is no active treatment to date, as is the case with parasites which remain a major health issue worldwide. There is a certain relationship between infection with certain parasites such as *Cryptosporidium* sp., *Toxoplasma gondii*, *Trichomonas vaginalis*, *Blastocystis hominis*, *Plasmodium falciparum*, *Schistosoma*, *Opisthorchis* and *Clonorchis* sp., and the occurrence of cancer, It is believed that infection with these parasites induces or develops into cancer in most cases; some of these species are opportunistic parasites affecting immunosuppressed patients, especially cancer patients, resulting in major problems, and which can consequently reduce the efficiency of chemotherapy in cancer patients so infected.

REFERENCES:

1. Ferlay, J., Shin, H. R., Bray, F., Forman, D., Mathers, C., & Parkin, D. M. (2010). Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. *International journal of cancer*, 127(12), 2893-2917.
2. Jemal, A., Bray, F., Center, M. M., Ferlay, J., Ward, E., & Forman, D. (2011). Global cancer

- statistics. *CA: a cancer journal for clinicians*, 61(2), 69-90.
3. Alwan, A. (2011). Global status report on noncommunicable diseases 2010. World Health Organization.
4. Stransky, N., Vallot, C., Rey, F., Bernard-Pierrot, I., De Medina, S. G. D., Segraves, R., ... & Radvanyi, F. (2008). Corrigendum: Regional copy number-independent deregulation of transcription in cancer (*Nature Genetics* (2006) 38,(1386-1396)). *Nature Genetics*, 40(3), 373.
5. Fayed, L., & Seong, J. (2020). Differences Between a Malignant and Benign Tumor.
6. Van Tong, H., Brindley, P. J., Meyer, C. G., & Velavan, T. P. (2017). Parasite infection, carcinogenesis and human malignancy. *EBioMedicine*, 15, 12-23.
7. Higginson, J., Muir, C. S., & Munoz, N. (1992). *Human cancer: epidemiology and environmental causes*. Cambridge University Press.
8. Vento, S., & Cainelli, F. (2003). Infections in patients with cancer undergoing chemotherapy: aetiology, prevention, and treatment. *The lancet oncology*, 4(10), 595-604..
9. Neshar, L., & Rolston, K. V. (2014). The current spectrum of infection in cancer patients with chemotherapy related neutropenia. *Infection*, 42(1), 5-13..
10. Gucalp, R. (1991). Management of the febrile neutropenic patient with cancer. *Oncology (Williston Park, NY)*, 5(7), 137-44.
11. Machicado, C., & Marcos, L. A. (2016). Carcinogenesis associated with parasites other than *Schistosoma*, *Opisthorchis* and *Clonorchis*: A systematic review. *International journal of cancer*, 138(12), 2915-2921.
12. Certad, G., Ngouanesavanh, T., Guyot, K., Gantois, N., Chassat, T., Mouray, A., ... & Creusy, C. (2007). *Cryptosporidium parvum*, a potential cause of colic adenocarcinoma. *Infectious agents and cancer*, 2(1), 1-11.
13. Sulzyc-Bielicka, V., Kołodziejczyk, L., Jaczewska, S., Bielicki, D., Safranow, K., Bielicki, P., ... & Rogowski, W. (2018). Colorectal cancer and *Cryptosporidium* spp. infection. *PLoS One*, 13(4), e0195834.4.
14. Ahmed, D. F., & Mustafa, M. (2020). Correlation of latent toxoplasmosis in cancer patients in Iraq and its neighboring countries (2010–2019). *Diyala Journal of Medicine*, 19(1), 68-78.
15. Kalantari, N., Rezanejad, J., Tamadoni, A., Ghaffari, S., Alipour, J., & Bayani, M. (2018). Association between *Toxoplasma gondii* exposure and paediatrics haematological malignancies: a case–control study. *Epidemiology & Infection*, 146(15), 1896-1902.
16. Bajnok, J., Tarabulsi, M., Carlin, H., Bown, K., Southworth, T., Dungwa, J., ... & Hide, G. (2019). High frequency of infection of lung cancer

- patients with the parasite *Toxoplasma gondii*. ERJ open research, 5(2).
17. Yuan, Z., Gao, S., Liu, Q., Xia, X., Liu, X., Liu, B., & Hu, R. (2007). *Toxoplasma gondii* antibodies in cancer patients. *Cancer Letters*, 254(1), 71-74.
 18. Khurana, S., Dubey, M. L., & Malla, N. (2005). Association of parasitic infections and cancers. *Indian Journal of Medical Microbiology*, 23(2), 74-79.
 19. Klastersky, J., & Aoun, M. (2004). Opportunistic infections in patients with cancer. *Annals of oncology*, 15, iv329-iv335.
 20. Menezes, C. B., Frasson, A. P., & Tasca, T. (2016). Trichomoniasis-are we giving the deserved attention to the most common non-viral sexually transmitted disease worldwide?. *Microbial cell*, 3(9), 404..
 21. Twu, O., Dessí, D., Vu, A., Mercer, F., Stevens, G. C., De Miguel, N., ... & Johnson, P. J. (2014). *Trichomonas vaginalis* homolog of macrophage migration inhibitory factor induces prostate cell growth, invasiveness, and inflammatory responses. *Proceedings of the National Academy of Sciences*, 111(22), 8179-8184.
 22. Seo, M. Y., Im, S. J., Gu, N. Y., Kim, J. H., Chung, Y. H., Ahn, M. H., & Ryu, J. S. (2014). Inflammatory response of prostate epithelial cells to stimulation by *Trichomonas vaginalis*. *The Prostate*, 74(4), 441-449.
 23. Gram, I. T., Macaluso, M., Churchill, J., & Stalsberg, H. (1992). *Trichomonas vaginalis* (TV) and human papillomavirus (HPV) infection and the incidence of cervical intraepithelial neoplasia (CIN) grade III. *Cancer Causes & Control*, 3(3), 231-236.
 24. Belfort, I. K. P., Cunha, A. P. A., Mendes, F. P. B., Galvão-Moreira, L. V., Lemos, R. G., de Lima Costa, L. H., ... & Monteiro, S. C. M. (2021). *Trichomonas vaginalis* as a risk factor for human papillomavirus: a study with women undergoing cervical cancer screening in a northeast region of Brazil. *BMC Women's Health*, 21(1), 1-8.
 25. Menezes, C. B., Frasson, A. P., & Tasca, T. (2016). Trichomoniasis-are we giving the deserved attention to the most common non-viral sexually transmitted disease worldwide?. *Microbial cell*, 3(9), 404.
 26. Yang, S., Zhao, W., Wang, H., Wang, Y., Li, J., & Wu, X. (2018). *Trichomonas vaginalis* infection-associated risk of cervical cancer: A meta-analysis. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 228, 166-173.
 27. Esteghamati, A., Khanaliha, K., Bokharaei-Salim, F., Sayyahfar, S., & Ghaderipour, M. (2019). Prevalence of intestinal parasitic infection in cancer, organ transplant and primary immunodeficiency patients in Tehran, Iran. *Asian Pacific journal of cancer prevention: APJCP*, 20(2), 495.
 28. Mohamed, A. M., Ahmed, M. A., Ahmed, S. A., Al-Semany, S. A., Alghamdi, S. S., & Zaglool, D. A. (2017). Predominance and association risk of *Blastocystis hominis* subtype I in colorectal cancer: a case control study. *Infectious agents and cancer*, 12(1), 1-8.
 29. Chandramathi, S., Suresh, K., Anita, Z. B., & Kuppusamy, U. R. (2012). Infections of *Blastocystis hominis* and microsporidia in cancer patients: are they opportunistic?. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 106(4), 267-269.
 30. Yersal, O., Malatyali, E., Ertabaklar, H., Oktay, E., Barutca, S., & Ertug, S. (2016). *Blastocystis* subtypes in cancer patients: analysis of possible risk factors and clinical characteristics. *Parasitology international*, 65(6), 792-796.
 31. Quintana, M. D. P., Smith-Togobo, C., Moormann, A., & Hviid, L. (2020). Endemic Burkitt lymphoma—an aggressive childhood cancer linked to *Plasmodium falciparum* exposure, but not to exposure to other malaria parasites. *Apmis*, 128(2), 129-135.
 32. Moormann, A. M., Snider, C. J., & Chelimo, K. (2011). The company malaria keeps: how co-infection with Epstein-Barr virus leads to endemic Burkitt lymphoma. *Current opinion in infectious diseases*, 24(5), 435.
 33. Geser, A., Brubaker, G., & Draper, C. C. (1989). Effect of a malaria suppression program on the incidence of African Burkitt's lymphoma. *American journal of epidemiology*, 129(4), 740-752.
 34. Rainey, J. J., Omenah, D., Sumba, P. O., Moormann, A. M., Rochford, R., & Wilson, M. L. (2007). Spatial clustering of endemic Burkitt's lymphoma in high-risk regions of Kenya. *International journal of cancer*, 120(1), 121-127.
 35. Skarbinski, J., James, E. M., Caser, L. M., Barber, A. M., Mali, S., Nguyen-Dinh, P., ... & Newman, R. D. (2006). Malaria surveillance—United States, 2004. *MMWR Surveill Summ*, 55(4), 23-37.
 36. Lehrer, S. (2010). Association between malaria incidence and all cancer mortality in fifty US States and the District of Columbia. *Anticancer research*, 30(4), 1371-1373.
 37. Sulieman, Y., Eltayeb, R. E., Pengsakul, T., Afifi, A., Zakaria, M., & Khairala, M. (2017). Schistosomiasis as a disease and its prevalence in Sudan: An overview. *Journal of Coastal Life Medicine*, 5(3), 129-133.
 38. Semenya, A. A., Sullivan, J. S., Barnwell, J. W., & Secor, W. E. (2012). *Schistosoma mansoni* infection impairs antimalaria treatment and immune responses of rhesus macaques infected with mosquito-borne *Plasmodium coatneyi*. *Infection and immunity*, 80(11), 3821-3827.
 39. World Health Organization. (2011). Helminth control in school-age children: a guide for

- managers of control programmes. World Health Organization.
40. Colley, D. G., Bustinduy, A. L., Secor, W. E., & King, C. H. (2014). Human schistosomiasis. *The Lancet*, 383(9936), 2253-2264.
 41. Khurana, S., Dubey, M. L., & Malla, N. (2005). Association of parasitic infections and cancers. *Indian Journal of Medical Microbiology*, 23(2), 74-79.
 42. Hill, D. S. (2002). Pests: Phylum Platyhelminthes: Tapeworms and Flukes. *Pests of Stored Foodstuffs and Their Control*, 317-325.
 43. Hill, D. S. (2002). Pests: Phylum Platyhelminthes: Tapeworms and Flukes. *Pests of Stored Foodstuffs and Their Control*, 317-325.
 44. Choi, B. I., Han, J. K., Hong, S. T., & Lee, K. H. (2004). Clonorchiasis and cholangiocarcinoma: etiologic relationship and imaging diagnosis. *Clinical microbiology reviews*, 17(3), 540-552.
 45. Haswell-Elkins, M. R., Satarug, S., Tsuda, M., Mairiang, E., Esumi, H., Sithithaworn, P., ... & Elkins, D. B. (1994). Liver fluke infection and cholangiocarcinoma: model of endogenous nitric oxide and extragastric nitrosation in human carcinogenesis. *Mutation Research/Fundamental and Molecular Mechanisms of Mutagenesis*, 305(2), 241-252..