

Alpha-fetoprotein: origin of a biological marker in rat liver under various experimental conditions

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In the course of phylogenetic and ontogenetic development, proteins are synthesized which are characteristic for the fetus. The emerging protein patterns are associated with histogenesis and organ differentiation. Among those fetal molecules, alpha-1-fetoprotein (AFP) has become one of the most intensively studied substances. It is synthesized in the yolk sac, the gastrointestinal tract and the liver of the fetus from many species. After birth, the protein disappears from body fluids following almost complete suppression of the responsible genes.

Serological and immunohistological detection of AFP gene expression can serve to follow pathways of liver cell differentiation under various conditions. In our experimental design, the studied models included

- liver regeneration after partial hepatectomy (70% resection) in mice and rats,
- liver intoxication by carbon tetrachloride (CCl₄) in mice and rats,
- liver intoxication by N-nitrosomorpholine (NNM) in rats,
- chemical hepatocarcinogenesis by NNM in rats.

From all the injury and hepatocarcinogenesis studies it was deduced that cells at different levels of the hepatic lineage will become involved in both regenerative repair and generation of carcinomas. The role of adult hepatocytes and canalicular epithelial cells including the biliary epithelium as transit compartment in regenerative processes is evident. The cell types which respond are (a) the normal adult and differentiated hepatocytes; (b) the bipotential stem-like cells in the canals of Hering giving rise to populations of oval cells as progenitor cells. The possible role of multipotent progenitor cells of presumed extra-hepatic origin (hematopoietic stem cells, bone marrow) is discussed.

Postnatal AFP gene repression occurs with species and strain dependent strictness. When hepatocytes regenerate, AFP levels will rise. In partial hepatectomy and carbon tetrachloride injury, adult hepatocytes are prolific and regenerative. Stem cells with multilineage differentiation ability are not required in this type of liver regeneration. The concomitant rise of serum AFP is due to its synthesis by adult hepatocytes. The degree of AFP gene expression is also species and strain dependent.

In severe injury when regenerative capacity of hepatocytes is blocked by substances such as N-nitrosomorpholine at high doses, reconstitution of livers occur through biliary epithelial cells which are collectively named oval cells. They are derived most probably from the canals of Hering and the small interlobular bile ducts (as source of intraorgan stem cells). Oval cells exhibit multilineage differentiation potential. It is not yet clear, however, if the regenerated structures differentiate either from stem cells as defined by their capability of self-renewal and multiple differentiation or from lineage-committed cells. At least, oval cells are a population with differentiation potential to functionally mature hepatocytes and bile duct epithelia. Proliferating cells of the bile duct system reach to a level of differentiation with reactivation of foetal genes and significant AFP synthesis (as sign of reversal of ontogeny and of potential stemness).

Development of hepatocellular carcinomas is a multistep process. Tumors arise from a pool of differentiating oval cells or by dedifferentiation of mature hepatocytes because both cell types have stem-like properties. The lineage and phenotype of chemically induced liver carcinoma may arise from a single cell through genetic and epigenetic alterations; a clonal origin and expansion is probable. AFP resurgence is associated with the appearance of hepatocellular carcinoma and reflects a process of retrodifferentiation. Clonality and retrodifferentiation succeed in selecting cell populations with highest autonomy.

The lack of a unique stem cell marker in the research of stem cells in general and also in liver regeneration remains a problem. The possibility of lineage plasticity and transdifferentiation of potential hepatic stem cells is still a matter of controversy, but the value of stem cells seems to be considerable in either conventional studies of differentiation or in studies on self-renewing potential and in therapy.

Experimental models and procedures

Rats of the inbred strain BD X as well as mice of the inbred strains C3H/He and BALB/c/J were used. The genetic regulation of AFP was studied in a great variety of mouse strains (Olsson *et al.* 1977), and it was found that a single Mendelian gene called *Raf* (regulation of alpha-fetoprotein) was involved in the regulation of AFP synthesis under normal conditions.

Tab. 1. Experimental models

Experiments	Treatment	Period of study
Partial hepatectomy ^a 20 week-old mice 8 week-old rats	70% resection	1–7 days after operation
CCl ₄ poisoning ^b 20 week-old mice 8 week-old rats	100 µl CCl ₄ /100 g body weight	1–7 days after oral ingestion
NNM poisoning ^c 8, 12 week-old rats	20 mg NNM/kg/day for 4 weeks	7–60 days from NNM start
Hepatocarcinogenesis 8, 12 week-old rats	6 mg NNM/kg/day for 12 weeks 20 mg/kg/day for 6 weeks	induction phase, hepatoma stage

^a See Brues *et al.* (1936) for mice, Higgins and Anderson (1931) for rats

^b Mode of CCl₄ application see Kuhlmann (1979b)

^c Description of N-nitrosomorpholine (NNM) see Druckrey *et al.* (1967)

Liver slices were fixed in 99% ethanol-1% acetic acid for 12-15 hours at 0-4°C and embedded in paraffin. For immunocytochemical staining, 5-7 µm thick sections were mounted on acetone cleaned slides, deparaffinated and passed into phosphate buffered saline (PBS).

All immunological and immunocytochemical methods including the preparation of anti-AFP antibodies, rabbit anti-mouse IgG, rabbit anti-rat IgG antibodies, sheep anti-rabbit IgG antibodies and the respective peroxidase conjugates have been described earlier (Kuhlmann 1975; Kuhlmann 1978; Kuhlmann 1979). AFP reacted sections were post-stained with haematoxylin or with Gomori's silver impregnation. In the latter case, sections were first photographed because AFP stain was lost during silver impregnation.

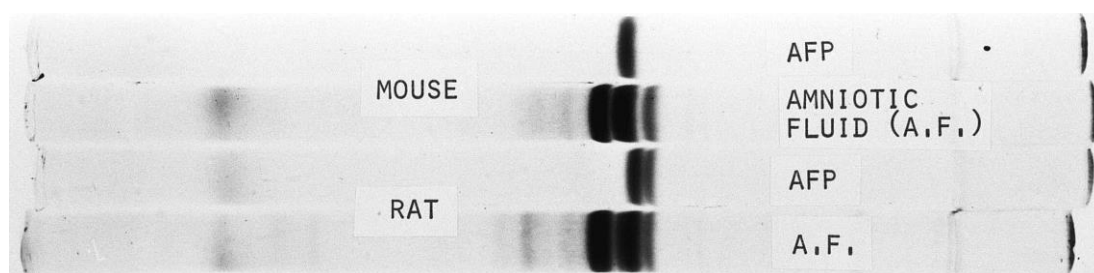


Fig. 1. Polyacrylamide gel electrophoresis of purified mouse and rat AFP; the respective amniotic fluids were also run in parallel.

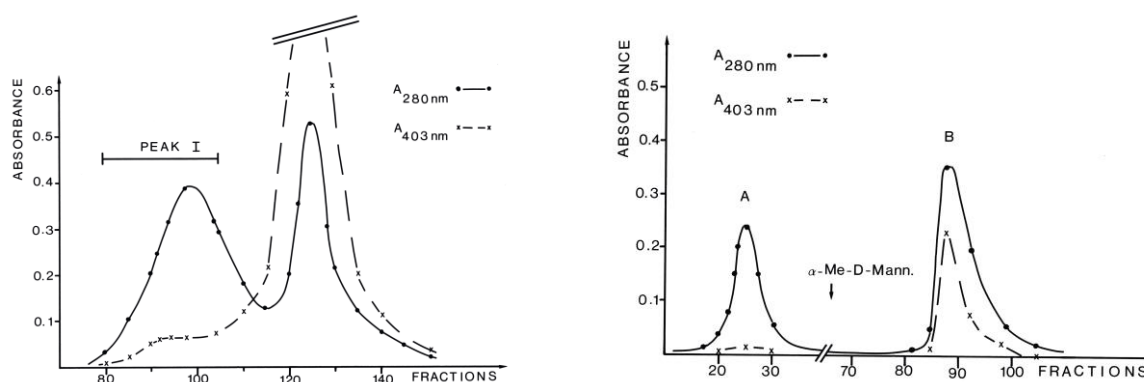


Fig. 2. Purification of peroxidase conjugated antibodies can be achieved on the basis of gel filtration and lectin bindings. In the latter case, we employ a combination of gel filtration and Concanavalin A binding; (a) first step: gel filtration on Sephacryl S-200, and peak I contains labelled and unlabelled antibodies; (b) second step: affinity chromatography of peak I (from the first step) by use of a Sepharose 4B-Concanavalin A column. The column flowthrough (peak A) contains unlabelled antibodies. Then, elution of the peroxidase labelled antibodies (peak B) is performed with 0.01 mol/L alpha-methyl-D-mannoside in starting buffer.

For routine histology, sections were stained with haematoxylin-eosin. Gomori's silver impregnation and toluidine blue staining were also performed. Glycogen accumulation was verified by PAS reaction (overnight starved animals).

All observations are summarized in Table 2; for details of AFP in mice see also a previous paper (Kuhlmann 1979).

Tab. 2. Summary of results

Experiments	AFP in sera ^a (µg/ml)	Cellular localization of AFP	Liver histology (main events)
Normal adult life			
BALB/c/J mice	0.5	— ^b	normal adult liver
C3H/He mice	0.1	—	
BD X rats	0.1	—	
Partial hepatectomy			
BALB/c/J mice	200	hepatocytes	regeneration from residual lobules
C3H/He mice	45		
BD X rats	0.9		
CCl ₄ intoxication			
BALB/c/J mice	700	hepatocytes	centrolobular necrosis regeneration from residual hepatocytes
C3H/He mice	80		
BD X rats	5.5		
NNM intoxication			
BD X rats	1.5	canalic. epith. cells	massive liver necrosis prolif. of canalic. epith. cells
Hepatocarcinogenesis			
BD X rats			
1. induction phase			
6 mg NNM/kg/day	—	—	pre-hepatoma foci ^c NNM intoxication
20 mg NNM/kg/day	1.8	canalic. epith. cells	
2. hepatoma stage	4,000	hepatoma cells	manifestation of hepatocell. carcinoma

^a Mean from at least 10 samples at days of peak concentrations

^b not detected

^c Description by Bannasch (1968) and J. Natl. Cancer Inst. 64, 179–206, 1980

Serological, histological and immunohistological results

Partial hepatectomy – In both strains of mice, AFP increase was slight at 24 hours after partial hepatectomy, then it rose steadily and reached a maximum on day 4; afterwards, serum AFP decreased rapidly. Significant strain differences were observed in mice with serum AFP levels 5 to 10 times higher in the BALB/c/J than in the C3H/He strain. In contrast to mice, partial hepatectomy in BD X rats led only to a slight increase in serum AFP.

Histological aspects of liver regeneration were similar in all animal species. Few mitoses were seen at 24 hours after hepatectomy, and mitotic peaks occurred on day 3 (about 24 hours before serum AFP peak was measured) followed by rapid decline. Through the days 2 to 4, strong immunoexpression of AFP occurred in portal and periportal hepatocytes of mice livers; some hepatocytes in centrolobular and intermediate zones were weakly AFP immunoreactive. Generally, AFP immunoexpression was stronger in BALB/cJ than in C3H/He mice. At any time, no cellular AFP was detected in BD X rats.

Carbon tetrachloride intoxication – Histotoxic patterns were similar in all animal strains. Cell and organelle oedema occurred within 24 h after poisoning followed by focal lesions with necrotic hepatocytes and cell infiltrates on the second day. The marginal zone between viable

and necrotic areas contained most of the dividing mature hepatocytes; the highest mitotic activity was between day 2 and day 6 after a single oral dose of CCl₄.

On all days and in all animals studied the AFP increase was always higher than after partial hepatectomy. Peak values were reached on day 4, afterwards AFP decreased again. In BALB/c/J and C3H/He mice, the slopes of AFP curves were in parallel but here AFP concentrations in sera of BALB/c/J mice also reached levels 10-fold higher or more than in C3H/He mice.

In BALB/c/J mice, few AFP-positive hepatocytes (in portal and periportal zones) were seen 24 hours after poisoning. On subsequent days, their number and staining intensity increased and reached a maximum on days 3 and 4, afterwards AFP positivity decreased. AFP was exclusively manifested in hepatocytes of nondamaged liver areas. Hepatocytes adjacent to the necrotic areas often contained the strongest AFP staining. In C3H/He mice, the histological distribution of positive hepatocytes was the same as seen BALB/c/J mice, but the number and staining intensity of AFP-positive hepatocytes were lower than in the latter.

In BD X rats, liver regeneration led also to an increase in serum AFP which, however, was much lower than in the mice. Rat liver regeneration was similar to that in mouse with a mitotic peak on day 2. AFP-positive hepatocytes were only detected on days 3 and 4 and occurred either as single stained cells or in small groups of cells in midlobular zones near to the necrosis and in portal areas.

NNM intoxication in early stages of hepatocarcinogenesis – In the course of low dose NNM feeding, no serum AFP elevation was measured in the carcinoma induction phase. In contrast, an increase of serum AFP was noted with the application of high NNM doses. At the time of the third bleeding (day 21), serum AFP levels ranged from 1.1 to 2.3 µg/ml and peak values were attained between days 21 and 35 from onset of NNM application. These concentrations were maintained until NNM feeding was stopped. Then, AFP levels dropped within 2 weeks and reached background concentrations as observed in control rats.

Histotoxic patterns were dose-dependent. In rats chronically fed low concentrations of NNM, necroses were rare and no proliferative activity occurred. Serum AFP remained at normal during the induction phase and no cellular AFP was detected.

In high dose NNM feeding experiments, extensive necrosis of hepatocytes developed within 14 days reaching portal areas. Then, inflammatory infiltrates were present and consisted mainly of histiocytes. From day 21, proliferation of small oval-shaped cells occurred within the zones of necroses exhibiting high [³H]thymidine incorporation. Hepatocytes were not involved in [³H]thymidine incorporation. When NNM feeding was stopped, necroses and oval cell proliferations decreased. Finally, livers showed heavy distortion of the original lobular architecture and a cirrhotic pattern.

When AFP reappeared for the first time, the fetal protein was detected in the cytoplasm of the proliferating oval cells. Their morphology corresponded to bile ductular cells. AFP-positive oval cells were seen either as small single cells or as strings of cells which formed rosettes and ductular structures with bile duct aspect. During the following weeks, the phenotype of AFP-positive oval cells changed and indicated the development towards small-sized hepatocytes. While their bile ductular feature disappeared, foci of hyperplastic appearance occurred. At his developmental stage, AFP-staining vanished even if cells were proliferating: in pulse-labelling as well as in pulse-chase labelling experiments with [³H]thymidine, cells in

the hyperplastic areas were still actively engaged in DNA synthesis. In the later stages, nodules with a clear-cut hepatocytic phenotype were found.

Hepatocarcinogenesis (induction phase and hepatoma stage) – The induction time of hepatocellular carcinomas in the BD X rats varied from 90 to 150 days. They usually developed later with low dose NNM than with high dose NNM feeding. In some rats with the experiments of low NNM doses, AFP-producing carcinomas were observed as late as 200 days after the carcinogen ingestion was started. At the carcinoma stage and when significant amounts of serum AFP were detected for the first time in weekly bleedings, its concentrations were in the range of 0.04 µg to 10 µg AFP/ml; the minimum detectable concentration of AFP was estimated to be 5 ng/ml. AFP levels rose steadily during the following 10 to 12 weeks and reached serum levels which were usually found between 50 and 1,000 µg AFP/ml. In rare cases, concentrations even exceeded amounts of 4,000 µg AFP/ml serum. The dynamics of serum AFP levels over the time were highly heterogenous as controlled by weekly measurements: slow but continuous increases within a period of several weeks, and sometimes very steep increases over the time. Increases up to 10-fold within one week were also observed. At a given concentration, AFP could level off to reach plateau values, mainly in the order of 10^2 and 10^3 µg AFP/ml. These were maintained for a short time (one to two weeks) and then followed by further increases. Once AFP has appeared in the rats, AFP levels never dropped until the animals were sacrificed for histology. However, endpoint studies were not performed. For reasons of animal care, experiments were finished at least when rats showed signs of severe illness.

With the AFP appearance in serum, livers contained one or more distinct hepatocellular carcinomas. Some but not all of them would stain for AFP. AFP immunoexpression was always restricted to hepatocellular carcinomas with their neoplastic hepatocytes. Normal liver tissue, dysplastic foci and hyperplastic nodules did not stain for AFP. In serial tissue sections processed by conventional histological stains, AFP positive cells exhibited a basophilic character. They were free of glycogen (PAS negative). The high proliferation activity was revealed by incorporation of [3 H]thymidine. Typically, up to 50% of the neoplastic hepatocytes became labelled in a 24 h pulse experiment while the percentage of labelled nuclei in normal hepatocytes stayed below 1%.

AFP in response to injury

Adult hepatocytes proved their inherent capacity for regeneration, and at no time was there progenitor cell activation which might have led to lineage regeneration. Thus, adult hepatocytes are believed to be functional stem cells as discussed earlier (Alison 1986; Fausto 2000). Furthermore, rising serum AFP levels and concomitant cellular AFP immunoexpression have shown that this function is coupled with induced AFP gene expression, with the extent of induced AFP gene expression being strongly species and strain dependent. The restriction of AFP immunostaining to hepatocytes underlined the reappearance of AFP as due to a cell-specific gene expression.

Because AFP was synthesized in small quantities before mitoses reached their maximum, a direct connection between AFP and DNA synthesis was not evident. On the other hand, some correlation between hepatocyte mitosis and amount of newly synthesized AFP will exist. In CCl₄ intoxication, moderate increase of AFP mRNA by the remaining hepatocytes was described and suggested to be linked to their reentry into the proliferative cycle (Tournier *et al.* 1988). Also, in Sprague-Dawley rat experiments with partial hepatectomy, moderate

increase in AFP gene expression was observed in the course of regeneration which could be attributed to replicative cycles (Bernuau *et al.* 1988). It seems then that the cell cycle *per se* is linked with the regulating principle of AFP gene expression, however, the degree of this linkage remains to be defined. The great difference in the AFP levels during the recovery phase (partial hepatectomy and carbon tetrachloride) of both mouse strains used in this study and between mouse and the BD X rat strain must have further reasons. In any case, the AFP levels did not merely reflect the number of hepatocytes engaged in repair because liver injury and subsequent regeneration occurred to the same extent under both experimental conditions (and irrespective of strains and species). Some mechanism inherent to carbon tetrachloride as hepatotoxin must further contribute to the expression of AFP (Taketa *et al.* 1975).

The biliary epithelium as progenitor compartment

Putative stem cells are supposed to participate in liver regeneration of injury models other than partial hepatectomy and carbon tetrachloride intoxication. To this aim, conditions must be chosen in which cell damage is very extensive or chronic so that regeneration by mature hepatocytes is impeded. For example, NNM (at least in sufficiently high doses) are substances by which the biliary system proved to possess regenerative capacity with multi-lineage differentiation potential. While normal quiescent bile ducts failed to stain for AFP, proliferating biliary epithelial cells led to a marked AFP immunoexpression, and the bile duct system was regarded as a reservoir of tissue-specific stem and progenitor cells.

During proliferation of bile duct progenitors (oval cells), these cells will reach to a level of cytodifferentiation with reactivation of fetal genes. Significant AFP synthesis by oval cells is then signalling a certain degree of retrodifferentiation (reversal of ontogeny) and a potential stemness. This observation suggests to us the existence of a mechanism different from the above described AFP gene activation in adult hepatocytes during regeneration after partial hepatectomy and CCl₄ induced liver injury: proliferation of cells from the biliary epithelium with concomitant AFP expression and the appearance of a new phenotype, i.e. the proliferation of oval cells. Under the microscope, the enhanced mitotic activity of biliary epithelial cells led to pictures of increased numbers of bile ductular cross-sections which may correspond to a higher amount of biliary ducts, extensive arborization of expanding ductules, or alternatively to prolongation of ductular structures. This phenomenon was related to the term oval cell proliferation that originates in the terminal branches of the bile ductular system and in the canals of Hering at the hepatocyte-biliary interface (Alison *et al.* 1997; Kuhlmann and Wurster 1980; Saxena *et al.* 1999; Roskams *et al.* 2004; Sell 2003). Support for the role of some intraportal stem cells in liver repair comes also from studies with allyl alcohol (Yavorovsky *et al.* 1995). The authors concluded from their experiments that restitutive proliferation of periportal necrosis by allyl alcohol might be accomplished by proliferation of intra-portal cells whose progeny differentiate and eventually repopulate the necrotic zone. Although proliferation of surviving hepatocytes adjacent to the injured zones could not be ruled out, proliferation of periportal and intraportal “stem cells” was predominant to replace necrotic areas. The importance of hepatic oval cells to be facultative stem cells that arise as a result of certain forms of liver injury has also been found in mouse models (Petersen *et al.* 2003).

The significant role of bile ducts in restitutive response is strongly supported, and oval cells will function as facultative liver stem cells. This is in agreement with the concept that proliferating cells in the liver include the original tissue-determined stem cells which are represented in the adult organ by cells of the canal of Hering (Sell 2001). When oval cells can

be regarded as functional progenitors for hepatocytes and cholangiocytes which can differentiate into hepatocytes or bile duct epithelia, i.e. the mature forms of the two hepatic epithelial cell lines, then, at least the terminal branches of the bile ductular system and the canals of Hering harbor the *intrahepatic* or *ductular stem cells*. With respect to the same embryonic origin of bile ducts and hepatocytes, the biliary epithelium and its proliferating oval cells have a defined role in liver regeneration as transit and amplification compartment.

The fate of progenitor cells with respect to their differentiation into hepatocytes or bile ducts will be governed by the liver microenvironment. In this connection, the observed inflammatory stress with its associated cytokine secretions will certainly play a role. Cytokines were suggested in cross-regulation of epithelial and mesenchymal elements by the formation of a regenerative unit in which hepatopoiesis will take place (Craig *et al.* 2004). The importance of growth modulators and cytokine signalling to stimulate proliferation, migration and differentiation of liver cells is well established. For example, the onset of hepatocyte proliferation after partial hepatectomy was shown to be accompanied by increased NF- κ B activity (FitzGerald *et al.* 1995). Also, NF- κ B activity is required for HGF-induced proliferation in a hepatic stem-like cell line (Yao *et al.* 2004). Furthermore, at the time when hepatocyte proliferation is blocked by toxic agents and when oval cells begin to proliferate, an expression of stem cell factor (SCF) and its receptor (c-kit) can be observed in the oval cell compartment (Fujio *et al.* 1996). This suggests that the SCF/c-kit system in combination with other growth factor system, f.e. growth and transforming growth factors (e.g. HGF, EGF; TGF), cytokines (TNF, IL, interferon γ network) and signalling pathways, are involved in the activation of hepatic stem-like cells as well as in their expansion and differentiation (Hu *et al.* 1996; Lemaigre 2003; Lowes *et al.* 2003).

Stem cells of extra-hepatic origin in liver regeneration

Oval cells are considered as progeny of intrahepatic stem cells. Now, there is also some evidence that hematopoietic stem cells can contribute to the development of hepatocytes. Indeed, a link between hematopoietic and hepatic cells is likely, at least during fetal development where the liver is the principal hematopoietic organ (Timens and Kamps 1997). In adult life, hematopoiesis can reemerge in liver during extreme stress and, this phenomenon may suggest the existence of a common stem cell (Masson *et al.* 2004). In any case, the observation of transdifferentiation or so-called plasticity of adult stem cells is of considerable interest. Most experiments which could show plasticity usually used cells derived from bone marrow with some evidence of reprogrammed adult stem cells to differentiate into other cell types, e.g. into hepatocytes and other epithelial cells including hepatic oval cells (Bjornson *et al.* 1999; Petersen *et al.* 1999; Alison *et al.* 2000; Clarke *et al.* 2000; Lagasse *et al.* 2000; Anderson *et al.* 2001; Krause *et al.* 2001; Holden and Vogel 2002; Korbiling *et al.* 2002; Oh *et al.* 2002; Schwartz *et al.* 2002; Wagers and Weissman 2004). Apart from these findings, recent data have shown that the sources of oval cells are endogenous liver progenitors and that they do not arise through transdifferentiation from bone marrow cells (Menthena *et al.* 2004).

Some support of relationship between liver lineage cells and bone marrow comes from facts inasmuch as hepatic oval cells and hematopoietic stem cells share common markers such as CD34, Thy-1 and C-kit mRNA and protein (Fujio *et al.* 1994; Omori *et al.* 1997; Petersen *et al.* 1998; Crosby *et al.* 2002). Furthermore, the relationship between hematopoietic stem cells and liver could be deduced from combined transplantation and liver injury studies: for example, after transplantation of male bone marrow into lethally irradiated syngeneic females, the male Y-chromosome could be observed in the hepatocytes of the female recipient animal after liver

injury; or in transplantation experiments with different donor/recipient expression of marker molecules where the marker molecules were detected in the recipient hepatocytes. Hence, an extrahepatic source for liver repopulation seems possible (Petersen *et al.* 1999; Alison *et al.* 2000; Theise *et al.* 2000a; Theise *et al.* 2000b).

An alternative explanation for the development of plasticity may be the formation of hybrids by spontaneous cell fusion which gives rise to heterokaryons (Terada *et al.* 2002). Transplantation experiments and cytogenetic analyses support the possibility that hepatocytes being derived from bone marrow will arise from cell fusion instead of differentiation of haematopoietic stem cells. Such cells were able to divide and, also, the expression of previously silent genes became induced (Ying *et al.* 2002; Wang *et al.* 2003).

AFP in hepatocarcinogenesis

Irrespective of low- or high-dose NNM feeding, hepatocellular carcinomas developed in each experimental group. With AFP appearance in serum, livers contained one or more distinct hepatocellular carcinomas. Some but not all of them would stain for AFP. Immunoexpression of AFP was restricted to hepatocellular carcinomas with their neoplastic hepatocytes. Normal liver tissue, dysplastic foci and hyperplastic nodules did not stain for AFP. In serial tissue sections processed by conventional histological stains, AFP positive cells exhibited a basophilic character. They were free of glycogen (PAS negative). The high proliferation activity was revealed by incorporation of [³H]thymidine. Typically, up to 50% of the neoplastic hepatocytes became labelled in a 24 h pulse experiment while the percentage of labelled nuclei in normal hepatocytes stayed below 1%.

The heterogenous character of AFP producing hepatomas was reflected by measurements of transient rises and plateaus in serum AFP levels and by the behaviour of immunohistological stainings: (a) AFP-positive and AFP-negative carcinomas occurred side by side in a given histological preparation; (b) more or less stained carcinomas were seen in a given animal.

Apart from dose-dependent acute toxicity which is followed by regeneration, a multistep process of hepatoma induction is started. In the toxic stages with NNM application, hepatocyte necrosis was accompanied by massive proliferation of ductular epithelial cells together with AFP reappearance. Since both NNM schedules lead to hepatocellular carcinomas, oval cell proliferation and transitory AFP synthesis cannot be regarded as a prerequisite for conversion to cancer. Merely, oval cells resulted from restitution of damaged liver due to acute toxic injury by high dose NNM feeding. However, these present findings do not exclude that oval cells can be also a target for hepatoma development.

In their early proliferation stage, oval cells and ductular-like cells were heavily engaged in DNA synthesis ([³H]thymidine labelling experiments). Moreover, pulse-chase experiments gave evidence for their development into hepatocytes. While still forming ductular-like structures, the AFP-positive cells reached the appearance of small-sized hepatocytes. Finally, areas of hyperplasia and nodular structure were found in cirrhotic livers. At this stage, DNA synthesis has come to a standstill and glycogen accumulation occurred.

From the above we have seen that oval cells will function as facultative progenitor cells for hepatocytes and biliary tract cells. In experimental hepatocarcinogenesis they can also give rise to regenerated hepatocytes with a high risk for transformation, and, also, to foci of altered hepatocytes (Dunsford *et al.* 1989). The latter are usually considered to be preneoplastic (Pitot

1990) with growth advantage over normal cells (Rabes *et al.* 1982). These properties are indicators of distinct stages of carcinogenesis. The role of oval cells in the histogenesis of liver carcinomas, however, is still debated. Some reports have evidence of an important role of oval cells in this direction (Tian *et al.* 1997; Libbrecht and Roskams 2002), while other experiments (without signs of liver injury and oval cell proliferation) concluded that precursor lesions will not originate from oval cells. Then, early foci and nodules must be derived from resistant hepatocytes (Anilkumar *et al.* 1995). The same conclusion was drawn from experiments in which parenchymal necrosis and massive oval cell proliferation were produced, but the development of foci of altered hepatocytes and hepatocellular adenomas led to phenotypes without the expression of cytokeratin 19 (a marker for bile duct epithelia). Consequently, this observation was reported as not to support a precursor-product relationship between oval and parenchymal cells; only the hepatocyte cell lineage being involved in the development of hepatocellular tumors (Steinberg *et al.* 1991).

Hepatocellular carcinoma, retrodifferentiation and clonality

At the carcinoma stage when AFP appeared in our rat sera, AFP was stained in the cytoplasm of cells which by routine histology were typical basophilic and PAS-negative neoplastic hepatocytes. AFP was unequivocally caused by the carcinoma cells, and these cells were easily distinguished by their size and shape from normal adult hepatocytes. Most often, both AFP-positive and AFP-negative hepatocellular carcinomas were observed as circumscribed areas within the liver of a given animal. Hence, not every carcinoma was an AFP producer. Moreover, AFP-positive and AFP-negative nodules could be observed side by side. In [³H]thymidine pulse labelling experiments, both AFP-positive and AFP-negative carcinoma cells showed active proliferation. Based on the observations in the present study, we suggest that the AFP-positive population represents distinct neoplastic hepatocytes with a certain degree of differentiation and of clonal origin. Serum AFP levels are the result from synthesis, secretion and turnover of this marker, respectively, and the rising rates of serum AFP in the developmental course of hepatocellular carcinomas are indeed useful indicators for production and secretion of this oncofetal protein by the carcinoma cells. The heterogeneity of phenotypic cell markers and differences in growth rates of foci and precancerous nodules is known from most of the experimental models, and this heterogeneity will point to different cellular origins as well as to variations of malignant potency of preneoplastic lesions. In any case, the possibility of a random clonal origin of hepatocellular carcinomas from mature hepatocytes was definitively shown by a recently published method which used genetic labelling of hepatocytes (Bralet *et al.* 2002).

Neoplasia may be preceded or accompanied by molecular and morphologic patterns which are characteristic for cells with variable degree of maturity. Thus, fetal patterns of gene expression are observed which led to the hypothesis that the emergence of tumors correlates with a process of retrodifferentiation (Uriel 1976; Uriel 1979). Retrodifferentiation is inverse to differentiation, i.e. reversing the maturation process and programming of mature cells backwards along the normal developmental pathway. This formulation was inferred from the dynamics of fetospecific antigens and isozymic patterns during ontogenic and neoplastic growth. Although foetal antigens such as AFP are reexpressed in hepatoma cells, they are not considered as characteristic of malignancy because such molecules can emerge in tissues undergoing nonmalignant growth. Hence, the term “transitory cell antigens” appears to be more significant for these biomolecules which are usually restricted to a transient period of cell differentiation. Clonality and retrodifferentiation succeed in selecting cell populations

with highest autonomy and unresponsiveness to regulatory principles operating in normal organisms.

Finally, the development of hepatocellular carcinomas is a multistep process. Tumors arise from a pool of differentiating oval cells or by dedifferentiation of mature hepatocytes because both cell types have stem-like properties. The lineage and phenotype of chemically induced liver carcinoma may arise from a single cell through genetic and epigenetic alterations; a clonal origin and expansion is probable. AFP resurgence is associated with the appearance of hepatocellular carcinoma and reflects a process of retrodifferentiation. Clonality and retrodifferentiation succeed in selecting cell populations with highest autonomy.

The lack of a unique stem cell marker in the research of stem cells in general and also in liver regeneration remains a problem. The possibility of lineage plasticity and transdifferentiation of potential hepatic stem cells is still a matter of controversy, but the value of stem cells seems to be considerable in either conventional studies of differentiation or in studies on self-renewing potential and in therapy.

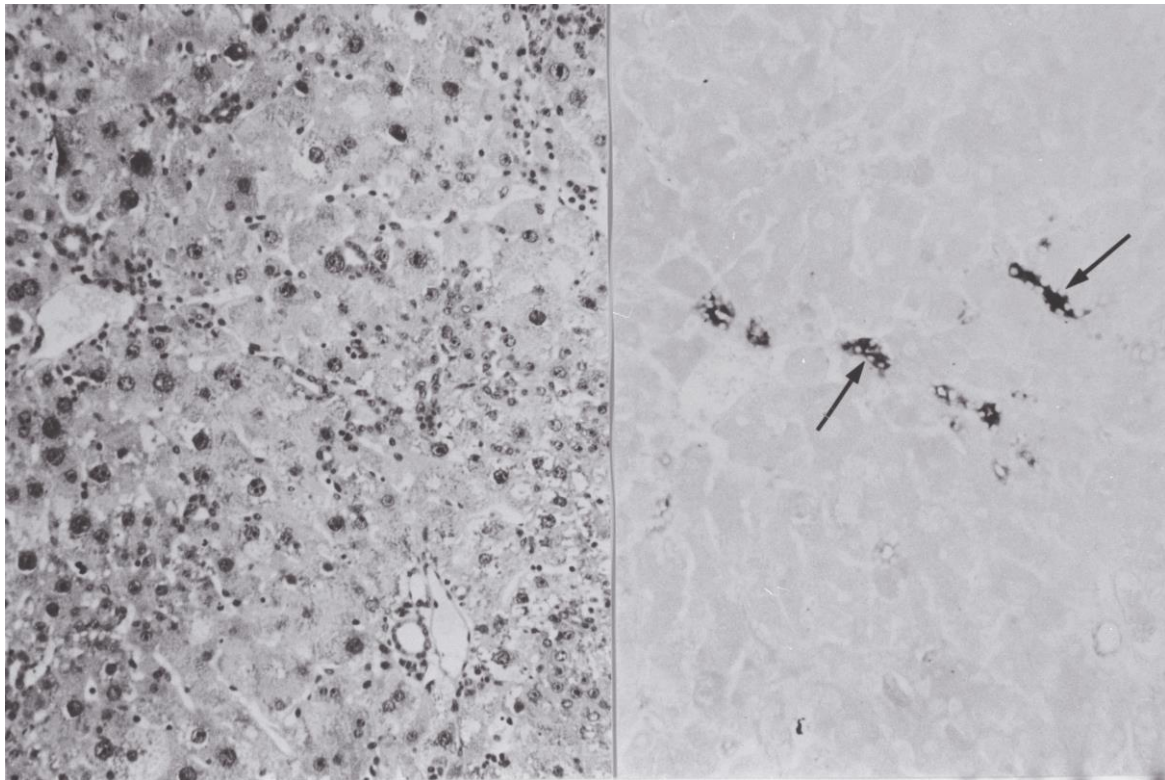


Fig. 3a-b. Liver from rat after 28 days of NNM feeding (20 mg/kg). Serial sections stained with HE (a) and for AFP (b). Note nests of small, oval-shaped cells (←) with cytoplasmic AFP staining.

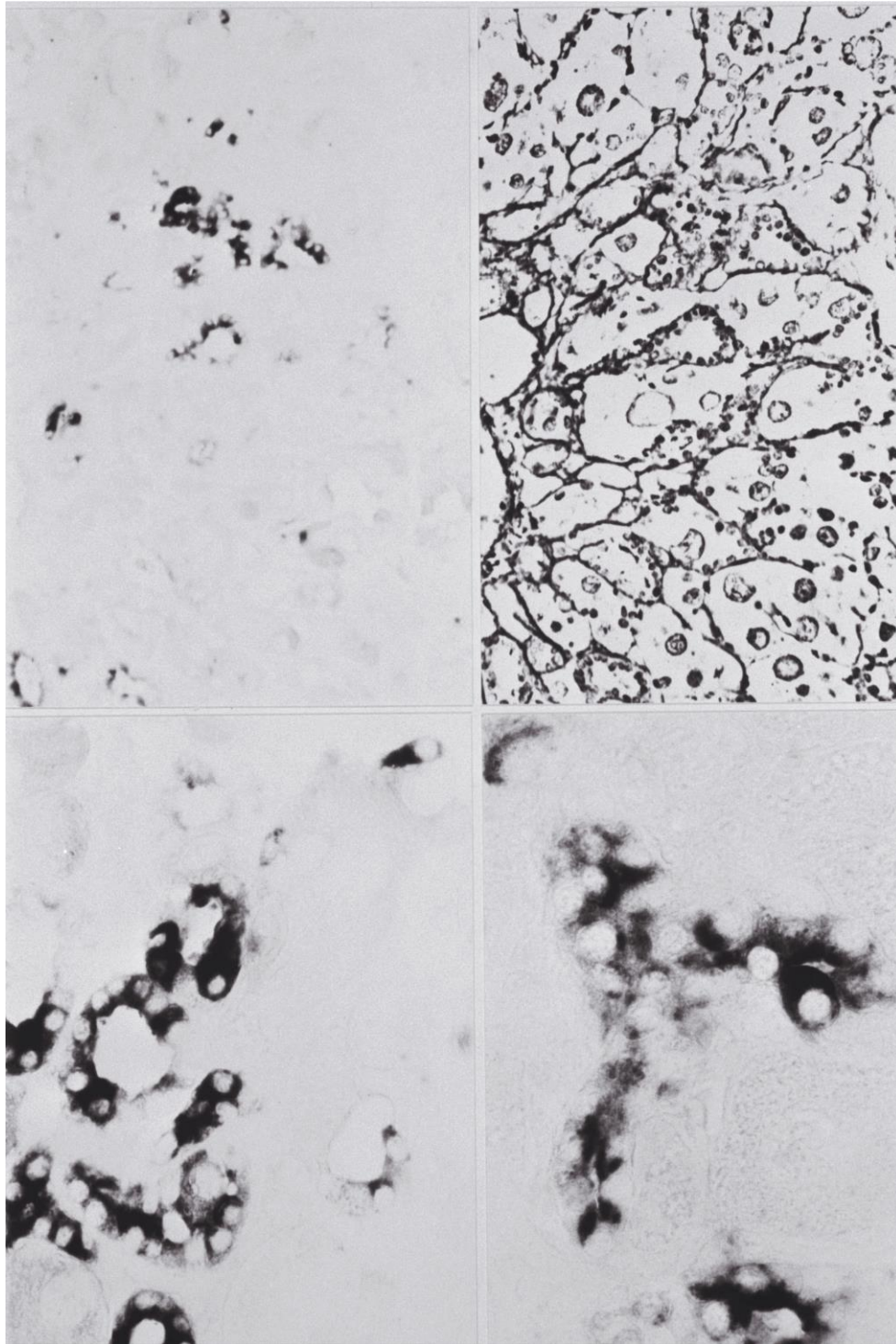


Fig. 4a-b. Liver from day 35 of NNM intoxication. Note localization of AFP in grouped cells which form canalicular epithelial structures. (a) Immunoperoxidase labelling of AFP. (b) Same preparation as (a) after Gomori's silver impregnation.

Fig. 5a-b. Higher magnification view of AFP staining in canalicular epithelial cells, bile duct epithelium.

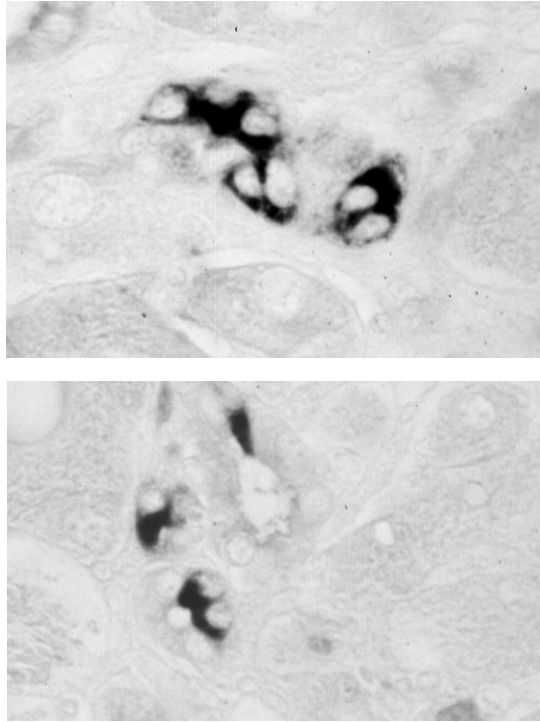


Fig. 6a-b. Liver from day 35 of NNM intoxication. Immunoperoxidase labelling of AFP; note nests of oval-shaped cells which form canalicular epithelial structures.

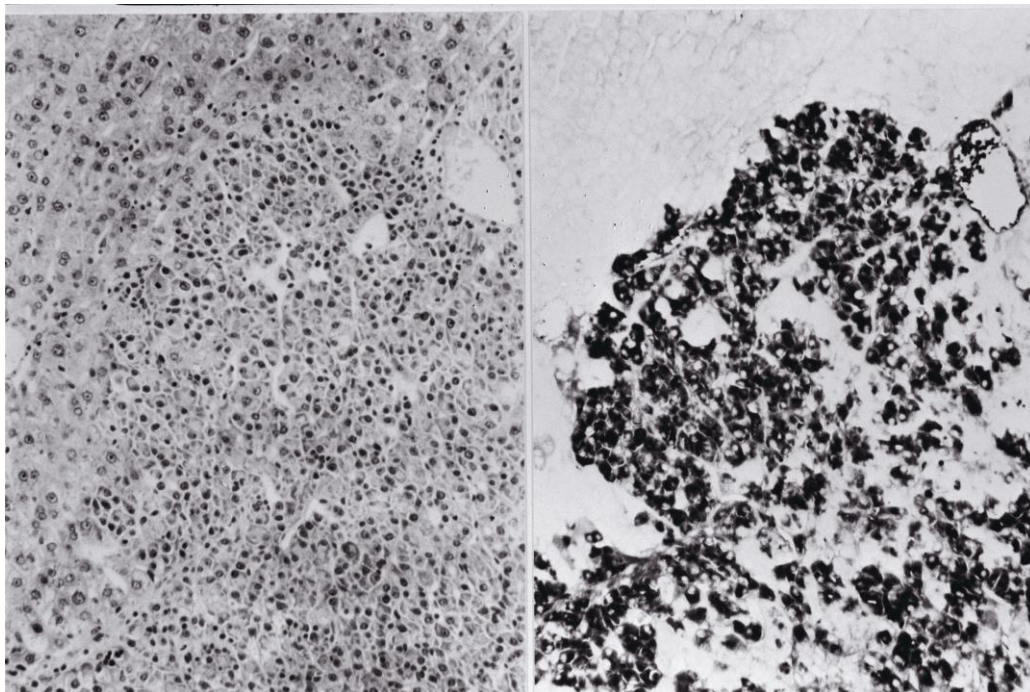


Fig. 7 a-b. Localization of AFP at the hepatoma stage. (a) Liver section stained by HE. (b) Serial section from same tissue and reacted for AFP; note AFP-staining in cells of hepatocellular carcinoma while normal hepatocytes do not stain.

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