

# Production of hydrogen sulfide by the intestinal microbiota and epithelial cells and consequences for the colonic and rectal mucosa

Francois Blachier, Mireille Andriamihaja, Pierre Larraufie, Eunyeong Ahn,

Annaig Lan, Eunjung Kim

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- 2 cells and consequences for the colonic and rectal mucosa
- François Blachier<sup>1</sup>, Mireille Andriamihaja<sup>1</sup>, Pierre Larraufie<sup>1</sup>, Eunyeong Ahn<sup>2</sup>,
   Annaïg Lan<sup>1</sup>, Eunjung Kim<sup>2</sup>
- <sup>5</sup> <sup>1</sup>UMR PNCA, Nutrition Physiology and Alimentary Behavior, Université Paris-
- 6 Saclay, AgroParisTech, INRAE, Paris, France
- <sup>7</sup> <sup>2</sup>Department of Food Science and Nutrition, Daegu Catholic University,
- 8 Gyeongsan, South Korea
- 9
- 10 Abbreviated title: Hydrogen sulfide and large intestine
- 11 Corresponding author: François Blachier, <u>francois.blachier@agroparistech.fr</u>,
- 12 UMR914 Nutrition Physiology and Ingestive Behavior, 16 rue Claude Bernard,
- 13 75005 Paris, France.
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#### 29 Abstract

Among bacterial metabolites, hydrogen sulfide (H<sub>2</sub>S) has received increasing 30 attention. The epithelial cells of the large intestine are exposed to two sources 31 32 of H<sub>2</sub>S. The main one is the luminal source that results from specific bacteria metabolic activity towards sulfur-containing substrates. The other source in 33 colonocytes is from the intracellular production mainly through cystathionine 34 beta-synthase (CBS) activity. H<sub>2</sub>S is oxidized by the mitochondrial sulfide 35 oxidation unit, resulting in ATP synthesis, and thus establishing this compound 36 as the first mineral energy substrate in colonocytes. However, when the 37 intracellular H<sub>2</sub>S concentration exceeds the colonocyte capacity for its 38 oxidation, it inhibits the mitochondrial respiratory chain, thus affecting energy 39 40 metabolism. Higher luminal H<sub>2</sub>S concentration affects the integrity of the mucus layer and displays pro-inflammatory effects. However, a low/minimal 41 amount of endogenous H<sub>2</sub>S exerts an anti-inflammatory effect on the colon 42 mucosa pointing out the ambivalent effect of H<sub>2</sub>S depending on its intracellular 43 concentration. Regarding colorectal carcinogenesis, forced CBS expression in 44 late adenoma-like colonocytes increased their proliferative activity, 45 bioenergetics capacity, and tumorigenicity; while genetic ablation of CBS in 46 mice resulted in a reduced number of mutagen-induced aberrant crypt foci. 47 Activation of endogenous H<sub>2</sub>S production and low H<sub>2</sub>S extracellular 48 concentration enhance cancerous colorectal cells proliferation. Higher 49 exogenous H<sub>2</sub>S concentrations markedly reduce mitochondrial ATP synthesis 50 and proliferative capacity in cancerous cells, enhance glycolysis, but do not 51 affect their ATP cell content nor viability. Thus, it appears that, notably through 52 an effect on colonocyte energy metabolism, endogenous and microbiota-53 derived H<sub>2</sub>S are involved in the host intestinal physiology and physiopathology. 54

Key words: hydrogen sulfide, energy metabolism, inflammatory bowel diseases,
 colorectal carcinogenesis

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#### 63 Introduction

The intestinal microbiota in different physiological and pathophysiological 64 situations is characterized by its composition, diversity, and metabolic 65 capacities (93). Regarding the catabolic side of the metabolic activities, the 66 microbial species can produce a variety of compounds by degrading undigested 67 (or not fully digested) alimentary and endogenous substrates (11). Among the 68 substrates used by bacteria for catabolism, the undigested dietary and 69 endogenous proteins are degraded through the protease and peptidase 70 activities releasing amino acids (75). The amino acids are not absorbed to any 71 significant extent by the colonic epithelium except in the neonatal period (90). 72 They can then be used by the intestinal bacteria for their own protein 73 74 synthesis, and in other various metabolic pathways leading to the production of 75 numerous metabolic end products that are released in the large intestine luminal content (23). 76

Among these bacterial metabolites, H<sub>2</sub>S has received increasing attention in the 77 last decades as a compound that was initially considered as a toxic substance 78 79 when present in excess in the environment (73), while acting as a gaseous mediator involved in numerous physiological functions when synthesized 80 endogenously (37). The aim of this review is to present an overview of the 81 experimental and clinical evidence that allow to consider H<sub>2</sub>S as an important 82 player in the communication between some bacterial species in the intestinal 83 microbiota and the large intestine epithelial cells in different physiological and 84 pathophysiological situations. 85

#### 86 Production of luminal H<sub>2</sub>S by the intestinal bacteria

H<sub>2</sub>S is produced by different bacterial species from both dietary and 87 endogenous compounds of organic and inorganic nature (13) (Figure 1). Recent 88 data suggest that H<sub>2</sub>S is mainly produced through cysteine catabolism, and to a 89 lower extent by sulfate reducing bacteria (SRB) (36). Cysteine catabolic bacteria 90 include Fusobacterium, Clostridium, Escherichia, Salmonella, Klebsiella, 91 Streptococcus, Desulfovibrio, and Enterobacter which convert cysteine to H<sub>2</sub>S, 92 93 pyruvate, and ammonia by the enzymatic activity of cysteine desulfhydrase (8). SRB includes Desulfovibrio, Desulfobacter, Desulfobulbus, and 94 Desulfotomaculum. Desulfovibrio is the dominant genera of SRB, and it includes 95 D.piger and D.desulfuricans (72). The numerous microbes belonging to SRB 96 possess the capacity to reduce several compounds including sulfate, sulfite, 97 thiosulfate, elemental sulfur, and several thionates (13). The capacity of some 98

bacteria to cope with surrounding  $H_2S$  may be related to some specific metabolic characteristics. For instance in *Escherichia Coli*, cytochrome bd-type  $O_2$ -oxidases that are relatively insensitive to sulfide allow bacterial oxygen consumption and growth in the presence of this compound (30).

The concentrations of sulfide measured in the colon luminal content and in the 103 feces are rather variable depending on the processing of the biological 104 materials and on the technique used for the assay. Some techniques are 105 specific for sulfide detection, like for instance the targeted GC-MS 106 measurement (41); while others are rather unspecific and detect other sulfur-107 containing compounds. Thus, concentrations of sulfide measured in the large 108 intestine content and in faecal material (that latter representing an 109 110 approximation of the concentration in the rectum) in mammals ranges from 0.2 mM up to 2.0 mM (13). This order of magnitude difference, apart from the 111 specificity of the techniques used for measurement, may also be explained by 112 the fact that the luminal concentration of sulfide in the large intestine is 113 dependent on the dietary status of the individuals. For instance, the 114 consumption of a diet with a high protein content, where some dietary and 115 endogenous proteins escape digestion in the small intestine (26) results in an 116 increased amount of sulfide in the colon luminal content, and in the fecal 117 material, when compared with the situation of lower protein intake (9, 59). 118 Sulfide in the luminal content can exist in 3 forms: the H<sub>2</sub>S gas that is partly 119 dissolved in the aqueous phase, and is highly diffusible, hydrosulfide anion HS<sup>-</sup>, 120 and sulfide ion  $S^{2-}$ , this latter being present at a negligible level. Indeed, in 121 aqueous phase,  $H_2S$  dissociate in  $HS^-$  and  $S^{2-}$  and  $H^+$  with pKa values being 7.04 122 and 11.96 respectively (13). In healthy subjects, the pH at the colonic mucosal 123 surface ranges between 7.2 and 7.5 in the descending colon and rectum (14). 124 Thus, considering a pH of 7.4, approximately one third of sulfide is in the form 125 of H<sub>2</sub>S at equilibrium with two third being hydrosulfide anion. However, when 126 the luminal pH is more acidic, the  $H_2S/HS^2$  ratio in the large intestine increases. 127 Taking into account that H<sub>2</sub>S, unlike HS<sup>-</sup> easily penetrates biological membranes 128 (14), lower pH will increase  $H_2S$  concentration, then amplifying its entry in the 129 130 colonic epithelial cells. Lastly, measurement in human faeces showed that 8% of sulfide are in unbound form (45), representing a concentration around 60 131  $\mu$ M, while measurement in the rat caecal content suggests that 0.2% of total 132 luminal sulfide is in unbound form (55). Several compounds from dietary origin 133 that are not fully absorbed by the small intestine have been shown to bind  $H_2S$ . 134 These compounds include zinc (83), heme (43), and polyphenols (1). 135

Incidentally, by comparing both free  $H_2S$  and bound sulfane sulfur concentrations in blood plasma recovered from conventional and germ-free rodents, it was found that these concentrations are markedly lower in animals with no intestinal microbiota, thus suggesting that the circulating  $H_2S$  is largely originating from the microbiota metabolic activity (79). This result is in accordance with the fact that fecal  $H_2S$  synthesis in germ-free mice represents approximately half of that observed in colonized mice (28).

#### 143 H<sub>2</sub>S and the absorbing colonic epithelial cells

The colonic epithelium is a monolayer of cells that make the border between 144 the outer and the inner media. This epithelium is structurally organized as 145 colonic crypts and surface epithelium. This structure that is continuously 146 renewed within few days, contains stem cells located at the crypt bottom, and 147 differentiated cells with specialized functions including absorbing colonocytes, 148 enteroendocrine cells, goblet cells, and Tuft cells (64, 89). These different cell 149 phenotypes are polarized with a luminal side being protected by mucous layers 150 that face the luminal content (44), and a baso-lateral side in close contact with 151 the basal lamina, lamina propria and the capillaries (95). The fully mature 152 colonocytes are finally exfoliated into the luminal content mainly by apoptosis 153 (78). The renewal of the colonic epithelium is depending on a coordinated 154 155 sequence of events that allow to maintain the epithelium homeostasis (24).

The absorbing colon epithelial cells, often referred as colonocytes, are 156 responsible for water absorption, and electrolyte absorption and secretion (6). 157 These cells are characterized by relatively high energy requirement due to 158 intense anabolism and the catalytic activity of the Na/K ATPase involved in 159 sodium absorption (12). The colonocytes are equipped with the so-called 160 sulfide-oxidizing unit (SOU), a mitochondrial multi-enzymatic system 161 responsible for the oxidation of  $H_2S$  (Figure 2). When the extracellular 162 163 concentration of NaHS, a rapid H<sub>2</sub>S donor, is below a threshold value, approximately equal to 50  $\mu$ M, the colonocytes are able to oxidize sulfide to 164 thiosulfate in three steps (33) allowing the production of ATP (16). The first 165 enzyme of the SOU is sulfide quinone reductase (SQR) that injects electrons 166 into the mitochondrial respiratory chain through quinone before transfer to 167 complex III cytochrome c, and finally reduction of oxygen to water at the level 168 of complex IV (cytochrome oxidase). The persulfide formed in the first step of 169 SOU activity is oxidized by the sulfur dioxygenase ETHE1 to sulfite. Disruption of 170 the mitochondrial ETHE1 in mice is lethal 5 weeks after birth, indicating sulfide 171

toxicity, and vital importance of ETHE1 for sulfide disposal (85). Finally, the 172 173 sulfur transferase rhodanese converts sulfite into the metabolic end product thiosulfate (Figure 2) (56). Sulfide oxidation pathway is mainly localized apically 174 in human colonic crypts (58). When the expression of the genes coding for the 175 3 enzymes of the SOU was measured in human biopsies recovered from 176 different anatomical parts of the large intestine, the rhodanese was found to 177 178 be much less expressed in the rectum than in more proximal parts (that are caecum, ascending, transverse and descending colon), suggesting a lower 179 180 capacity for sulfide disposal in the rectum (60).

Thus,  $H_2S$  can be considered as an inorganic fuel for colonocytes in addition to 181 the usual main organic energy substrates provided through the luminal and 182 183 baso-lateral sides, and used by colonocytes (e.g. short-chain fatty acids at the luminal side, and glutamine, and glucose at the baso-lateral side). H<sub>2</sub>S in fact 184 represents the first inorganic energy substrate for mammalian cells (34). 185 However, in in vitro studies, when the extracellular concentration of NaHS is 186 above 50  $\mu$ M, an inhibition of the colonocyte respiration is observed (9). This is 187 due to an inhibition of the catalytic activity of the cytochrome c oxidase, one of 188 the complex in the mitochondrial respiratory chain (complex IV) (65) (Figure 2). 189 In addition, in isolated human colonocytes, H<sub>2</sub>S inhibits butyrate oxidation (5). 190 Thus overall, the capacity of colonocytes to oxidize limited amount of sulfide in 191 mitochondria appears to represent a way to detoxify this compound while 192 recovering energy from it. Such a capacity can be altered by other gaseous 193 mediator like nitric oxide (NO). Indeed, the NO donor MAMA NONOate, which 194 markedly inhibits oxygen consumption in rat colonocytes by inhibiting 195 mitochondrial cytochrome c oxidase activity (9, 22), prevents H<sub>2</sub>S detoxification 196 in colonocytes. 197

Several processes have been described regarding the adaptive capacity of 198 colonocytes to face an increased concentration of H<sub>2</sub>S in the extracellular 199 medium. By feeding rodents with high-protein diet, and thus by increasing the 200 cysteine availability for H<sub>2</sub>S production by the large intestine microbiota, an 201 increased content of H<sub>2</sub>S was recorded as expected in the caecal and colonic 202 luminal fluids, and this increased concentration coincided with an increased 203 expression in colonocytes of the Sqr gene that is coding for SQR, the first 204 enzyme in SOU (9). 205

However, it is worth noting that colonocytes are not only exposed to  $H_2S$  from their luminal side, but can also synthesize this mediator intracellularly from

cysteine and other co-substrates. The major pathway in colonocytes, appears 208 209 to be through the activity of cystathionine beta-synthase (CBS), a versatile enzyme that is able to convert cysteine to H<sub>2</sub>S and serine, but also 2 molecules 210 211 of cysteine into  $H_2S$  and lanthionine, and cysteine and homocysteine into  $H_2S$ and cystathionine (36). NO has been shown to interfere with  $H_2S$  endogenous 212 synthesis through the binding to CBS heme, a process that results in inhibition 213 of CBS catalytic activity (33, 91). This indicates that the cellular metabolism of 214 215 H<sub>2</sub>S may depend on the local concentration of NO.

Thus, the intracellular  $H_2S$  concentration in colonocytes depends on the diffusion of luminal  $H_2S$  through the brush-border membrane, on the intracellular synthesis from cysteine, and on the capacity of colonocytes for its oxidation.

#### 220 H<sub>2</sub>S and the enteroendocrine cells

Among intestinal epithelial cells, enteroendocrine cells (EECs) secrete gut 221 hormones that regulate many functions in the host, including food intake, 222 insulin secretion or intestinal motility and epithelial barrier (35). EECs express a 223 high number of receptors and channels that enable them to secrete hormones 224 in response to different stimuli. Secretion is highly stimulated in the small 225 intestine by nutrients arriving in the lumen of the gut after food intake, but 226 227 many other compounds, including the ones present in the bloodstream, have been shown to stimulate gut hormone release. Moreover, different EEC 228 subtypes differ by their hormonal production, but also according to the 229 receptors they express, enabling a fine control of the different hormone 230 secretion (10). EECs in the colon have also been shown to be involved in the 231 regulation of metabolic functions despite not being directly stimulated by 232 nutrients (57, 82), but rather by microbial derived compounds (3, 52, 86). 233

However, little is known on the impact of H<sub>2</sub>S on EEC physiology or secretion in 234 the large intestine. In GluTag cells, a murine colonic L-cell model, Pichette and 235 collaborators have showed that slow- and rapid-releasing sulfide donors dose-236 dependently increased GLP-1 secretion, with an effect dependent on p38 237 238 MAPK signalling (70). Interestingly, in this study, the authors by using the prebiotic chondroitin sulfate, that increases the abundance of the SRB D-piger 239 and sulfate moiety in the distal intestine, measured an increased H<sub>2</sub>S 240 production. Such increased production was associated with metabolic 241 improvements through increased GLP-1 secretion during oral glucose tolerance 242 243 tests.

Using cells originating from a more proximal region of the gastrointestinal tract, 244 245 Slade and collaborators showed that the slow-releasing sulfide donor GYY4137 dose-dependently reduced the secretion of ghrelin in rat gastric primary 246 247 culture. Ghrelin represents the main gut orexigenic hormone that regulates adiposity and gastrointestinal motility. Its secretion pattern is opposite to most 248 gut hormones, as its secretion is inhibited by food intake. As ghrelin producing 249 cells are present in the stomach, it is likely that the main source of H<sub>2</sub>S there is 250 through endogenous production. In fact, these cells express high level of 251 252 cystathionine-gamma lyase (CSE), one of the enzymes involved in H<sub>2</sub>S endogenous production (81). Inhibition of endogenous H<sub>2</sub>S production 253 increased ghrelin secretion. Similar inhibitory effects of H<sub>2</sub>S on EEC secretion 254 has been described by Bala and collaborators (7). Sulfide donors at high 255 concentration strongly inhibited glucagon-like peptide 1 (GLP-1) and peptide-YY 256 (PYY) secretion induced by Takeda-G-protein-receptor-5 (TGR5) stimulation in 257 STC-1 cells, a cellular EEC model of murine small intestine that are poorly 258 differentiated (7). Interestingly, L-cysteine, which increases H<sub>2</sub>S endogenous 259 production, also inhibited GLP-1 and PYY stimulated secretion. 260

#### 261 $H_2S$ and colonic inflammation

Chronic inflammatory bowel diseases (IBD), mainly Crohn's disease and 262 263 ulcerative colitis (UC) are characterized by alternating episodes of remission and relapse, resulting from inappropriate mucosal immune responses against 264 luminal intestinal components in genetically predisposed individuals (48). 265 266 Although Crohn's disease and UC have different clinical features (67), the inflammation of the intestinal mucosa is often observed in the distal parts of 267 the intestine (32). Etiology of IBD, although still largely elusive, is related to 268 genetic (50), and environmental factors including the ones from dietary origin 269 (92). The concept that excessive concentration of  $H_2S$  in the intestinal luminal 270 content, notably in a context of diminished capacity for sulfide disposal in the 271 mucosa (2), may participate in the etiology of mucosal inflammation has been 272 proposed more than 2 decades ago (54). Severity of mucosal inflammation in 273 the colon and rectum of patients with active UC is believed to be related to the 274 concentration ratio of deleterious vs. beneficial bacterial metabolites. This ratio 275 is notably depending on the substrate availability for production of these 276 metabolites. Following for one year UC patients in remission, it was found that 277 patients with high consumption of meat, dietary protein and sulfur/sulfate 278 279 experienced an increased rate of relapse when compared with patients with low consumption of these compounds (46). This indicates that increased intake 280

of dietary substrates known to be used by the intestinal microbiota for H<sub>2</sub>S 281 282 synthesis, is associated with increased risk of relapse. In anesthesized rats, after preliminary evacuation of the luminal content, intracolonic instillation of 283 NaHS used for 1 hour at concentrations between 0.5 and 1.5 mM, increased in 284 colonocytes the expression of inflammation-related genes, namely those 285 coding for the inducible form of nitric oxide synthase (iNOS), and interleukin-6 286 (9). Overexpression of iNOS is measured in colonic samples originating from 287 patients with UC (80), and NO production in excess, notably through increased 288 peroxynitrite formation, appears to play a role in the process of mucosal 289 inflammation. 290

Ijssennagger and collaborators have shown that microbiota-derived H<sub>2</sub>S at high 291 292 concentration destabilizes the protective mucus layer covering the intestinal epithelium through the reduction of disulfide bonds linking the mucin 2 293 network (42) (Figure 3), a process that would increase the interactions between 294 bacteria and the epithelium. Mottawea and coworkers have studied the 295 microbiota composition of new-onset pediatric Crohn's disease patients, and 296 found that this microbiota is characterized by high abundance of Atopobium, 297 Fusobacterium, Veillonella, Prevotella, Streptococcus, and Leptotrichia, several 298 members of those genera being known to produce H<sub>2</sub>S through the catabolism 299 of sulfur-containing amino acids (63). Importantly, in this cohort, the 300 abundance of H<sub>2</sub>S producers from cysteine was correlated with the severity of 301 mucosal inflammation. To document the possible causal link between H<sub>2</sub>S 302 production and intestinal inflammation, the authors colonized Interleukin-10<sup>-/-</sup> 303 mice with the H<sub>2</sub>S producer Atopobium parvulum and measured a worsening of 304 colitis, such a deleterious effect being attenuated by the H<sub>2</sub>S scavenger 305 bismuth. In addition, in the same Crohn's disease pediatric cohort, the colonic 306 mucosa biopsies displayed decreased expression of the mitochondrial enzymes 307 involved in H<sub>2</sub>S detoxification. Overall, the results from this study strongly 308 suggest that diminished capacity for sulfide disposal in the colonic mucosa of 309 pediatric Crohn's disease patients amplify the pro-inflammatory effect of H<sub>2</sub>S 310 overproduction by the intestinal microbiota (Figure 3). 311

Thus, evidence from both experimental and clinical studies have highlighted that high  $H_2S$  concentrations, i.e. above the capacity of the intestinal mucosa to detoxify this bacterial metabolite, increase the risk of inflammation. However, it appears from experimental studies using pharmacological inhibitors of  $H_2S$ synthesis or  $H_2S$ -releasing compounds, that a minimal amount of sulfide is likely necessary to limit the risk of colonic mucosal inflammation. Then, the concept

that H<sub>2</sub>S is a double-edge sword for the intestinal epithelium has been 318 319 proposed (15). Indeed, several in vivo studies found that inhibition of  $H_2S$ endogenous synthesis favors intestinal inflammation and delays colitis 320 resolution (40, 94). The capacity for H<sub>2</sub>S production was markedly elevated 321 after colitis induction in rat, and inhibition of H<sub>2</sub>S synthesis in colon 322 exacerbated the colitis. Interestingly, H<sub>2</sub>S has been shown to exert some 323 antioxidant activity, notably by persulfidation of cysteine residues that protects 324 325 these residues from oxidative damage (33). This action may contribute to the anti-inflammatory effect of low production of H<sub>2</sub>S in colonocytes. Regarding 326 colitis resolution, H<sub>2</sub>S-releasing compounds have been shown to promote this 327 process through Hypoxia-Inducible factor-1alpha signaling pathway (29) 328 Endogenous synthesis of H<sub>2</sub>S was found to offer some protection against 329 dextran sodium sulfate (DSS)-induced colitis in rodents partly by inhibiting the 330 activation of NLRP3 inflammasome pathway (71). Also, the slow-releasing 331 sulfide donor GYY4137 was shown to reduce in vitro the lipopolysaccharide or 332 TNF-alpha/IFN-gamma induced increased permeability in colonocyte 333 monolayer (21), and the intraperitoneal injection of GYY4137 in endotoxemic 334 animals protects against intestinal barrier dysfunction in vivo (100). In addition, 335 this H<sub>2</sub>S donor improves mesenteric perfusion and intestinal injury in an 336 experimental model of necrotizing enterocolitis, and these beneficial effects 337 appear to be mediated through constitutive endothelial nitric oxide synthase 338 (e-NOS)-dependent pathways (25). Lastly, endogenous production of H<sub>2</sub>S 339 appears to contribute to mucus production thus favoring segregation between 340 luminal bacteria and the intestinal mucosa (62). From the different available 341 results, it appears that the effects of the diffusible compound H<sub>2</sub>S on the 342 inflammatory process in the intestinal mucosa depend both on the exogenous 343 production by the microbiota, and on the endogenous production by the host 344 345 colonic tissue.

#### 346 *H*<sub>2</sub>*S* and colon carcinogenesis

Some recent experimental and clinical studies suggest that both endogenous 347 synthesis of H<sub>2</sub>S in colonic epithelial cells and luminal exogenous H<sub>2</sub>S are 348 implicated in the process of colorectal carcinogenesis. Gene and protein 349 expression has revealed that the H<sub>2</sub>S-synthesizing enzyme CBS is increased in 350 colonic tumors when compared with the surrounding mucosa (66, 84), 351 suggesting an increased capacity for H<sub>2</sub>S synthesis in the cancerous samples. 352 353 However, since colonic tumors and surrounding tissues contained numerous different cell phenotypes, it would be important to determine the expression of 354

this enzyme in colonic epithelial cells and other cell types. Upregulation of CBS 355 356 in human biopsies of precancerous adenomatous polyps has been measured, and forced upregulation of CBS in late adenoma-like colonic epithelial cells was 357 358 associated with differences in the expression of genes involved in colorectal cancer development, notably genes involved in NFkappa B, KRAS, and p53 359 signaling (69). Also these cells overexpressing CBS were characterized by 360 increased proliferative capacity, and enhanced cellular bioenergetics capacity 361 in terms of respiration and glycolysis. This increased CBS expression reinforced 362 363 cell tumorigenicity in athymic nude mice. Of equal importance, genetic ablation of CBS in mice resulted in a reduction of the number of mutagen-induced 364 aberrant crypt foci (69). Thus, increased endogenous production of H<sub>2</sub>S within 365 adenomatous colonocytes increases their proliferative capacity (Figure 4) and 366 their ability to promote tumor formation. 367

Increased supply of H<sub>2</sub>S produced by the intestinal microbiota has been 368 implicated in the process of colorectal carcinogenesis. Indeed, by collecting 369 feces and tissues samples collected on and off the tumor site in the same 370 individuals, and by using multiomic data and community metabolic models to 371 assess H<sub>2</sub>S production in colorectal cancer, Hale et al. obtained data indicating 372 373 an increased H<sub>2</sub>S production by the gut bacteria in colonic cancer samples compared to non- cancerous samples (38). The predicted increased H<sub>2</sub>S 374 production at the tumor site was associated with the relative abundance of 375 Fusobacterium nucleatum, a known H<sub>2</sub>S producer largely suspected to promote 376 colorectal cancer (18, 51, 74, 96, 97). By using paired colon tumor and normal 377 adjacent tissues from volunteers, it was found that sulfidogenic Fusobacterium 378 nucleatum was enriched in the colon tumors of patient with deficient mismatch 379 repair colorectal cancer (39). In accordance with these results, in African 380 Americans, sulfidogenic bacteria abundance was higher in colonic tissue 381 biopsies recovered from patients with colorectal cancer when compared with 382 healthy subjects (99), thus further reinforcing the view that these bacteria 383 represent a risk factor for colorectal cancer development. In addition, sulfur-384 containing compounds in the samples of flatus recovered from patients with 385 386 colorectal cancer were more abundant when compared with samples recovered from healthy subjects (98). 387

In vitro studies on the effects of H<sub>2</sub>S on different cancerous colonic epithelial cell lines have used different H<sub>2</sub>S donors (either fast- or slow releasing donors) at different concentrations and for different period of times. The interpretation and comparison of the different studies with different experimental protocols

on that topic is complicated by the fact that  $H_2S$  in the culture medium is 392 393 rapidly released in the gas phase in the culture flasks, thus decreasing within hours the H<sub>2</sub>S concentration in the extracellular medium (53). In addition, the 394 capacity of colonic epithelial cells to oxidize H<sub>2</sub>S may affect, depending on their 395 density in the flasks, the  $H_2S$  concentration in the culture media. Lastly, since 396 some components of the culture media may bind H<sub>2</sub>S, the concentration of 397 bioavailable hydrogen sulfide may differ from the theoretical values. With 398 these reservations in mind, from the available studies, it appears that low 399 400 concentrations of H<sub>2</sub>S (micromolar) generally increase cell growth while higher concentrations (low millimolar) inhibit it. In the HCT116 colonic carcinoma cells, 401 the  $H_2S$  donor GYY4137, used at 300  $\mu$ M concentration, enhanced cell 402 respiration and glycolysis, as well as cell proliferation (87) (Figure 5). The 403 stimulatory effect of H<sub>2</sub>S on glycolysis was due to the persulfidation of lactate 404 dehydrogenase, thus enhancing its catalytic activity. Using 200 µM NaHS on the 405 same cell line, the H<sub>2</sub>S donor stimulated cell proliferation through an increased 406 Akt and ERK activation (19). This effect was associated with a decreased 407 expression of the cell cycle inhibitor p21/waf1/cip1. In good accordance with 408 these latter results, increased endogenous production of H<sub>2</sub>S in colorectal 409 carcinoma cells was associated with increased proliferative capacity, since the 410 allosteric CBS activator S-adenosyl-L-methionine, which increases as expected 411 H<sub>2</sub>S production in HCT116 cells, increased oxygen consumption and cell 412 proliferation (61). Of note, in the cancerous subpopulation of parental HCT116 413 cells that are resistant to the chemotherapeutic agent 5-fluorouracil, CBS is 414 upregulated leading to increased capacity of these cells to produce H<sub>2</sub>S (88). In 415 addition, decreased expression of CBS in HCT116 cells reduces the cell growth, 416 and the growth rate and size of HCT116 xenografts (84). In accordance with 417 these results, pharmacological inhibition of CBS catalytic activity inhibits 418 419 HCT116 oxygen consumption and glycolysis, an effect that was paralleled by a G0/G1 arrest responsible for a reduction of cell growth without loss of cell 420 viability (20). In vivo, the silencing or pharmacological inhibition of CBS activity 421 attenuate the growth of colon carcinoma cell xenografts in nude mice, as well 422 as neovessel density, suggesting a role of endogenous H<sub>2</sub>S in colorectal cancer 423 cell growth and tumor angiogenesis (84). 424

Overall, the available studies suggest that an increased CBS activity and resulting increased  $H_2S$  production in colonic epithelial cells, or moderate supply of exogenous  $H_2S$ , may participate in the promotion of colon carcinogenesis. However, increased CBS activity may not be the unique way by

which colonocyte increase their  $H_2S$  production in the carcinogenesis process. 429 430 Indeed, increased H<sub>2</sub>S production in the CSE pathway is involved in the growth of colorectal cells. In fact, silencing or pharmacological inhibition of CSE in the 431 432 colorectal cancer cells SW480 decreased the capacity of colorectal cancer cell to proliferate in vitro, and decreased tumor xenograft growth in vivo (27). 433 Incidentally, the interpretation of the data are complicated by the fact that CBS 434 and CSE pathways has been demonstrated as competing reactions for the 435 production of  $H_2S$  (47). 436

In contrast, higher concentration of GYY4137 (3.0 mM) inhibited markedly the 437 proliferation of HCT116 cells (66). In the cancerous HT-29 colonic epithelial 438 cells, NaHS at 1 mM concentration inhibited cell respiration and oxidation of 439 440 glutamine and butyrate (53). These  $H_2S$  effects that coincided with a marked 441 reduction of the cell proliferative capacity without cell viability loss, was paralleled by a spectacular increase of the glycolytic pathway. In this latter 442 study, since the cells maintained their ATP cell content, it was proposed that by 443 reducing cell growth, and thus ATP-consuming anabolic metabolism, and by 444 enhancing glycolysis, the cell maintained their viability under restriction of 445 mitochondrial ATP production (Figure 6). Spontaneous or butyrate-induced 446 differentiated HT-29 cells were characterized by an increased capacity for 447 sulfide oxidation when compared to highly proliferative cells, suggesting that 448 high concentration of sulfide would affect more severely oxidative energy 449 metabolism in proliferative than differentiated cancerous colon epithelial cells 450 (60). 451

The *in vitro* studies by Attene-Ramos et al (4) have shown that exogenous  $H_2S$  is able to induce *in vitro* DNA single and double breaks in mammalian cells. However, recent *in vivo* studies have shown that  $H_2S$  at concentration found in the colonic luminal content are unlikely to be genotoxic for colonocytes in short-term experiments with rats (9). Further work is required to determine in what condition and context  $H_2S$  may alter genomic and mitochondrial DNA in colonic epithelial cells.

459

#### 460 *Conclusion and perspectives*

Among the numerous compounds released by the microbiota in the colon and rectum,  $H_2S$  has emerged as one typical example of a metabolic end product that have an impact on the host colonic mucosa energy metabolism. The

capacity of the colonocytes to cope with increasing concentration of unbound 464 H<sub>2</sub>S in the luminal content is dependent on its ability to oxidize this compound 465 in the mitochondria by the SOU. This process allows to control the intracellular 466 467 concentration within colonocytes and to use it as a rapid mineral energy substrate allowing it to participate to ATP production in a context of rapid 468 epithelium renewal and associated intense anabolism. However, the capacity 469 for sulfide disposal is intrinsically limited, and thus, in condition of increased 470 unbound H<sub>2</sub>S luminal concentration, the intracellular sulfide concentration may 471 472 exceed the detoxifying capacity of colonocytes. In such a case, the surplus of H<sub>2</sub>S concentration inhibits colonocyte respiration and ATP production in the 473 mitochondria. However, colonocytes are not only exposed to H<sub>2</sub>S originating 474 from the lumen, but also from the one produced endogenously. Mostly due to 475 inherent technical difficulties, there is still little information on the endogenous 476 and exogenous origin of the intracellular H<sub>2</sub>S concentration within colonocytes 477 in different physiological and pathophysiological contexts. However, it is highly 478 likely that the gut microbiota contributes much more than endogenous 479 synthesis to H<sub>2</sub>S intracellular concentration value (15). 480

- Regarding the implication of H<sub>2</sub>S in the process of chronic inflammatory bowel 481 diseases, there are evidence from both clinical and experimental data that an 482 excess of sulfide over the oxidative capacity of colonocytes participates in the 483 inflammatory process. In addition, such an excessive luminal concentration of 484 sulfide destabilizes the mucus layers, thus decreasing the protection of the 485 colonic epithelium against this (and other) deleterious luminal compounds. 486 However, restricting markedly the endogenous production of H<sub>2</sub>S within 487 colonocytes appears counterproductive as it favours the inflammatory process. 488 Further work is needed to determine possible differences in the action of H<sub>2</sub>S 489 on colonic epithelial cells depending on its intracellular or extracellular origin. 490
- Regarding the implication of H<sub>2</sub>S in the process of colorectal carcinogenesis, 491 recent studies have suggested that increased H<sub>2</sub>S synthesis in adenoma-like 492 colonic epithelial cells through higher CBS activity, increased their energy 493 metabolism, proliferation, and tumorigenicity in animal models. From colonic 494 biopsies recovered from volunteers, it appears that H<sub>2</sub>S production is increased 495 in colorectal cancer when compared with adjacent healthy tissues. The 496 experiments performed in vitro with various cell lines recovered from 497 colorectal cancer indicate that H<sub>2</sub>S at micromolar concentration favours cell 498 499 energy metabolism and proliferation. In such condition, cell energy metabolism is enhanced at the mitochondrial level, but also at the glycolytic level. 500

Interestingly, such an increased glycolytic capacity was due to the persulfidation of lactate dehydrogenase, thus enhancing its catalytic activity. The meaning of this increased glycolysis for cell growth remains unclear giving the low ATP production from this metabolic pathway when compared to the mitochondrial ATP production from the respiratory chain, but it may relate to the synthesis of ribonucleotides and NADPH in the pentose phosphate pathway that is derived from glycolysis (68).

The process of protein persulfidation in colonic epithelial cells, as shown for 508 LDH (86), may play an important role for explaining some of the H<sub>2</sub>S effects. 509 Thus, it appears plausible, but remained to be tested, that other cellular targets 510 in colonocytes would be modified by this post-translational biochemical 511 512 process. Just to take a first and stimulating example, a study performed in noncolonic cells, namely macrophages, has shown that H<sub>2</sub>S-linked persulfidation of 513 NFkappaB is linked to an antiapoptotic signal in these cells (77). Also of 514 interest, in colonic smooth muscle cells, H<sub>2</sub>S acts through the persulfidation 515 process as an allosteric modulator of the ATP-sensitive  $K^+$  channels (31). 516

In contrast, higher H<sub>2</sub>S concentrations in the low millimolar range inhibited 517 cancerous colonocyte proliferation, an effect that may be seen at a first glance 518 at a beneficious effect of H<sub>2</sub>S in the context of the development of colorectal 519 520 cancer. However, it appears that in such conditions, cancerous cells are able to maintain their ATP content by decreased proliferation and increased glycolysis, 521 thus maintaining their viability. It is then tempting to propose from these 522 523 experiments, that such processes would allow the cancerous cells to survive to an enhanced extracellular supply of H<sub>2</sub>S. It is worth noting however that 524 conditions in which these *in vitro* experiments were performed are obviously 525 very different from the *in vivo* conditions, considering the great heterogeneity 526 of cells in the colorectal tumors (76) and of their microenvironment (17, 49). 527

528 Regarding the effects of endogenous and exogenous H<sub>2</sub>S on the process of stimulus-secretion coupling in enteroendocrine cells of the colon, the 529 mechanisms involved in such a process remains poorly known. Advantages 530 could be taken in future studies from some comparison with studies devoted to 531 the role of H<sub>2</sub>S on insulin secretion, because of some proximity between EEC 532 and pancreatic beta cells. Also, taking into account that H<sub>2</sub>S can either, 533 depending on its concentration, stimulates or inhibits mitochondrial ATP 534 production, it would be of interest to determine to what extent modulation of 535

energy metabolism in EEC may participate in the effect of  $H_2S$  on enteroendocrine hormone secretion in the colon.

In conclusion, the available data from clinical and *in vivo/in vitro* experimental 538 works indicate that endogenous and microbiota-derived H<sub>2</sub>S have major impact 539 on the colonic epithelial cells, notably in terms of energy metabolism. This is 540 observed in healthy situation but also in the context of inflammatory bowel 541 diseases and colorectal carcinogenesis. Then, reduction of excessive luminal 542 H<sub>2</sub>S concentration and/or excessive endogenous production by targeted 543 pharmacological approaches in colonic epithelial cells, may prove to have some 544 efficacy in reducing its deleterious effects on the colonic mucosa. However, 545 given the ambivalent nature of the effects of  $H_2S$  on these cells, either 546 547 beneficial or deleterious according to its intracellular concentration in a given physiological or pathophysiological context, this strategy can be considered as 548 risky. Thus, in condition of excessive production, reduction of the number of 549 H<sub>2</sub>S producing-intestinal bacteria and/or limitation by dietary means of the 550 supply of S-containing substrates for H<sub>2</sub>S production, may represent a more 551 strategic approach. 552

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983 Figure legends

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Figure 1. Production of hydrogen sulfide by the colonic microbiota and by the colonic absorptive epithelial cells. This schematic representation recapitulates the main luminal substrates that are used by the colonic microbiota for  $H_2S$ synthesis, the different forms of  $H_2S$  in the luminal content, and the main metabolic pathway for endogenous  $H_2S$  synthesis in colonocytes. CBS, cystathionine beta-synthase.

Figure 2. Mitochondrial oxidation of hydrogen sulfide in mammalian cells. This schematic representation recapitulates the sulfide oxidation unit that allows the conversion of low concentrations of endogenous or exogenous  $H_2S$  into thiosulfate, and the synthesis of ATP in the mitochondrial respiratory chain (left part of the figure); and the inhibition of complex IV by high concentration of exogenous  $H_2S$  (right part of the figure). ETHE1, persulfide dioxygenase;  $H_2S_2O_3$ , thiosulfate; SQR, Sulfide Quinone Reductase.

Figure 3. Schematic representation of the inflammatory effect of luminal 998 hydrogen sulfide in excess on colonocytes. When the metabolic capacity for  $H_2S$ 999 synthesis by the colonic microbiota, due to either changes in microbiota 1000 1001 composition and/or increased metabolic capacity for conversion of cysteine to H<sub>2</sub>S, and/or increased availability of cysteine as precursor for H<sub>2</sub>S synthesis, the 1002 H<sub>2</sub>S luminal content may increase. An increased H<sub>2</sub>S luminal concentration may 1003 destabilize the mucous layer, and increase the H<sub>2</sub>S concentration in 1004 colonocytes. In situation of decreased capacity of the colonocytes for H<sub>2</sub>S 1005 disposal by the Sulfide oxidation Unit (SOU), the gaseous mediator intracellular 1006 concentration may increase, then reducing the mitochondrial ATP synthesis, a 1007 process that, together with an increased expression of the proinflammatory 1008 interleukin IL-6, and of the inducible form of Nitric Oxide Synthase (iNOS), likely 1009 participates in the inflammatory response in colonocytes. In contrast, complete 1010 inhibition of the tiny intracellular production of H<sub>2</sub>S in colonocytes by the 1011 cystathionine beta-synthase (CBS) is counterproductive, as a minimal amount 1012 1013 of H<sub>2</sub>S is likely necessary to limit the risk of colonic mucosal inflammation, raising the view that H<sub>2</sub>S, depending on its intracellular concentration, is a 1014 double-edge sword for the intestinal epithelium. 1015

Figure 4. Schematic representation of the effect of increased intracellular production of hydrogen sulfide on the development of late-adenoma colonic epithelial cells. When cystathionine beta-synthase (CBS) activity is increased in late adenoma colonocytes, the endogenous production of  $H_2S$  from cysteine increases, thus stimulating mitochondrial oxygen consumption and thus ATP production. This increased ATP production from mitochondrial oxidative phosphorylation, together with increased glycolysis would favor the cell proliferative capacity.

Figure 5. Schematic representation of the effect of low luminal hydrogen 1024 sulfide concentration and increased endogenous production of H<sub>2</sub>S in 1025 colonocytes originating from colorectal carcinoma. Low H<sub>2</sub>S luminal 1026 concentration together with increased endogenous H<sub>2</sub>S production through 1027 increased cystathionine beta-synthase (CBS) activity, are associated with H<sub>2</sub>S 1028 oxidation by the sulfide oxidizing unit (SOU), and thus stimulation of 1029 mitochondrial oxygen consumption, and ATP production. When H<sub>2</sub>S 1030 accumulates in cancerous cells, it modifies lactate deshydrogenase by S-1031 sulfhydration, thus enhancing its catalytic activity and thus glycolysis. This 1032 increased ATP production in the mitochondria, and increased glycolysis would 1033 favor the proliferative capacity of cancerous colonocytes. 1034

Figure 6. Schematic representation of the effects of high luminal hydrogen 1035 sulfide concentration in colonocytes originating from colorectal carcinoma. 1036 1037 High H<sub>2</sub>S luminal concentration above the capacity of the sulfide oxidizing unit (SOU) for H<sub>2</sub>S disposal, markedly reduces mitochondrial oxygen consumption, 1038 and thus ATP mitochondrial synthesis. Meanwhile, high H<sub>2</sub>S concentration 1039 inhibits the cell proliferative capacity, and thus ATP utilization in the anabolic 1040 pathways associated with cell growth. This process, together with increased 1041 glycolysis, allow to maintain the ATP cell content, thus allowing the cancerous 1042 cells to maintain their viability. 1043

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