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Review

L-arginine Supplementation in Breast Cancer Patients

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ABSTRACT

Background: Breast cancer continues to be one of the most common cancers worldwide, prompting growing interest in the potential of nutritional interventions for its management. L-arginine, a semi-essential amino acid, is significant for immune modulation and tumor metabolism due to its role in the production of nitric oxide (NO) and the activation of immune cells. This literature review seeks to assess the effects of L-arginine supplementation on the progression of breast cancer and treatment results, with particular emphasis on its influence within the tumor microenvironment (TME) and its promise as a complementary therapeutic approach.

Methods: A comprehensive literature review was performed utilizing various electronic databases such as PubMed, Scopus, Web of Science, and Google Scholar to locate studies related to L-arginine and breast cancer. The search utilized keywords including “L-arginine,” “breast cancer,” “immune modulation,” and “tumor progression.” Only peer-reviewed articles published from 1990 to 2024 were included in the analysis.

Results: The literature review revealed that L-arginine supplementation may have beneficial effects on breast cancer treatment through the modulation of immune responses and modification of the tumor microenvironment (TME). Research indicates that L-arginine can inhibit tumor growth by improving immune cell activity, reducing the presence of myeloid-derived suppressor cells (MDSCs), and working in conjunction with treatments such as chemotherapy and immune checkpoint inhibitors. Both preclinical and clinical findings suggest that L-arginine enhances the effectiveness of immunotherapy and traditional cancer therapies, especially by facilitating apoptosis and hindering tumor advancement.

Conclusion: L-arginine shows promise as a complementary treatment for breast cancer, especially due to its role in immune modulation and tumor suppression. Additional clinical research is necessary to investigate its therapeutic use, ideal dosage, and long-term effects.

Keywords: L-arginine, breast cancer, tumor microenvironment, immune modulation, nitric oxide

Introduction

Breast cancer is the most prevalent cancer among women worldwide and poses a major public health challenge. In 2020, it was responsible for approximately 2.3 million new cases, accounting for 11.7% of all cancer diagnoses globally [1]. The rates of breast cancer incidence differ by region, with higher occurrences noted in developed nations, often associated with lifestyle and reproductive factors. Significant risk factors include

genetic susceptibility (notably BRCA1 and BRCA2 mutations), age, hormonal influences, dietary habits, and lifestyle choices such as alcohol use, lack of physical activity, and obesity [2]. While advancements in early detection and treatment have led to improved survival rates, the intricate interplay of environmental and biological factors in the progression of breast cancer necessitates ongoing research [3].

L-arginine is classified as a semi-essential amino acid that is vital for numerous physiological functions, such

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as protein synthesis, wound healing, and immune system performance [4]. It acts as a precursor to nitric oxide, a powerful vasodilator that plays a significant role in managing blood circulation and immune responses [5]. L-arginine can be sourced from various foods, including meat, fish, dairy products, and nuts, or it can be produced within the body. Given its role in cellular development and immune regulation, L-arginine has attracted attention in the field of oncology for its potential impact on tumor growth, angiogenesis the process of forming new blood vessels from existing ones, which is crucial for healing but also supports cancer growth by providing tumors with essential nutrients and oxygen and immune function, making it a significant focus in cancer research [6].

The link between L-arginine intake and breast cancer is a subject of ongoing research, with current findings showing inconsistent results [7]. Preliminary studies indicate that L-arginine may enhance immune responses that could help suppress tumor growth. However, nitric oxide's role in tumor development is complex, as it can also promote angiogenesis and metastasis under certain conditions [8]. There is a lack of clinical trials and observational studies focused on the effects of L-arginine supplementation in breast cancer patients, leading to inconclusive findings [9]. Some research suggests it may improve immune function and reduce tumor growth, while other studies warn of its potential to stimulate tumor vascularization [10].

Given the inconsistent evidence regarding the role of L-arginine in breast cancer, this study aims to carry out a detailed review of the existing literature to clarify the possible benefits and risks linked to L-arginine consumption in breast cancer patients. The review will analyze the molecular mechanisms that contribute to L-arginine's effects, assess its therapeutic potential, and provide evidence-based recommendations for its inclusion or exclusion in clinical nutrition plans for breast cancer patients, based on findings from in vivo and preclinical trials and in vitro research.

Methods

Literature Search Strategy

An extensive literature search was performed to identify studies that explore the link between L-arginine intake and breast cancer. This search was conducted using various electronic databases, including PubMed, Scopus, Web of Science, and Google Scholar. The keywords employed in the search included "L-arginine," "breast cancer," "nitric oxide," "arginine supplementation," and "tumor progression," along with Boolean operators (AND, OR). To ensure a thorough review, MeSH terms related to L-arginine and breast cancer were also applied. The search was limited to peer-reviewed articles published in English from 1990 to 2024. Additionally, the reference lists of the included studies were manually reviewed for further relevant literature.

Inclusion and Exclusion Criteria

Studies were considered for inclusion based on the following criteria: (1) they investigated the impact of

L-arginine consumption on the progression of breast cancer, treatment results, or survival rates; (2) they were original research articles, which encompassed clinical trials, cohort studies, and preclinical investigations; and (3) they were available in full text. Studies were excluded if they (1) concentrated on cancers other than breast cancer, (2) did not specifically evaluate the effects of L-arginine, (3) were review articles, case reports, or conference abstracts, and (4) were published in languages other than English. While studies utilizing animal models were included, those that solely examined in vitro mechanisms were excluded unless they provided translational insights pertinent to clinical outcomes.

Data extraction

Data from the chosen articles were gathered utilizing a standardized form that captured the first author's name, the study's geographical location, the number of participants in both the intervention and control groups, the duration of the intervention, the age and sex of the participants, the type and design of the study, the outcomes associated with L-arginine supplementation, and pertinent information for the meta-analysis.

Results

The present literature review examined the impact of L-arginine intake on individuals diagnosed with breast cancer. Table 1 presents comprehensive details regarding the studies incorporated in this review. Each row corresponds to a distinct study, while the columns outline various attributes, including the author and publication year, study design, methodology, and outcomes.

Cao et al. highlight the potential role of L-arginine as a therapeutic adjunct in breast cancer treatment. Their research indicated that L-arginine supplementation significantly inhibits tumor growth by enhancing both innate and adaptive immune responses. A critical mechanism identified was the reduction of myeloid-derived suppressor cells (MDSCs), which are known to hinder immune responses within the tumor microenvironment. These findings imply that L-arginine may bolster the body's natural defenses against breast cancer, representing a promising direction for supplementary cancer therapies focused on immune system modulation [8].

Zhang et al. emphasize the ability of L-arginine to modify the tumor microenvironment (TME) by boosting immune cell activity and limiting nutrient access for tumor cells. The integration of L-arginine with anti-PD-1 therapy showed a synergistic effect, enhancing the results of immune checkpoint blockade. These results indicate that addressing the metabolic processes of both immune and cancer cells within the TME may pave the way for more effective treatment approaches for cancers such as melanoma and possibly breast cancer, where analogous mechanisms could be involved [11].

Melis et al. explores the intricate role of L-arginine metabolism in cancer, with a particular emphasis on its impact within the tumor microenvironment. The study details how L-arginine is processed through pathways such as nitric oxide synthesis and Arginase-1,

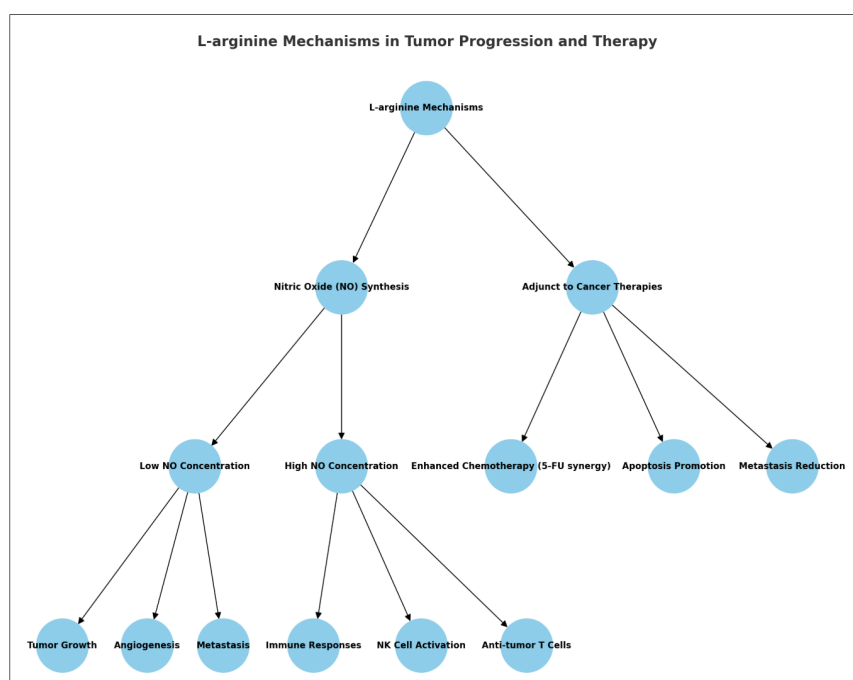


Figure 1
L- arginine Mechanisms in Tumor Progression and Therapy

both of which play crucial roles in tumor growth and immune suppression. By influencing the functions of immune cells, L-arginine fosters tumor advancement by establishing a microenvironment that avoids immune detection. The article highlights the potential for targeting these metabolic pathways to improve cancer treatments, especially immunotherapies, by reinstating immune surveillance against tumors. These insights are particularly pertinent for cancers like breast cancer, where altering L-arginine pathways may present new therapeutic opportunities [7, 12].

Jahani et al. illustrate that L-arginine markedly enhances the anticancer properties of 5-FU in breast cancer cells, primarily by promoting apoptosis and diminishing activities associated with metastasis. The synergistic effect of L-arginine and 5-FU also modified the metabolic processes within the cells, creating an environment conducive to cell death. These results indicate that L-arginine may serve as a beneficial adjunct in breast cancer chemotherapy, especially in improving the effectiveness of 5-FU [10].

Cendan et al. in their research underscore the significance of L-arginine in the survival of breast cancer cells by affecting the tumor microenvironment. They point out that the metabolism of L-arginine, especially via nitric oxide synthesis, may enhance the proliferation of cancer cells. These results indicate that focusing on L-arginine transport or its metabolic pathways could serve as a viable therapeutic approach to hinder the growth of breast cancer cells and trigger apoptosis, highlighting a promising avenue for future cancer treatment investigations [12].

This clinical investigation by Eremin et al. examined the impact of L-arginine supplementation on the natural cytotoxicity of breast cancer patients receiving neoadjuvant chemotherapy. The study revealed a notable increase in the activity of natural killer (NK)

cells, which are essential for the immune system's response to tumors. This indicates that L-arginine may enhance immune function and potentially lead to better chemotherapy results by fortifying the innate immune system. These results advocate for additional studies on the application of L-arginine as a complementary treatment in breast cancer therapy, especially in enhancing the immune system's capacity to target cancer cells during chemotherapy [13].

The study by Heys et al. demonstrated that L-arginine supplementation boosts host defenses in breast cancer patients by improving NK cell activity and modulating cytokine production. This immune-enhancing effect may support conventional cancer treatments, such as chemotherapy, by reinforcing the patient's ability to fight tumor cells. The findings suggest that L-arginine could play a complementary role in the management of breast cancer, but further studies are necessary to explore its clinical benefits in larger patient populations [14].

Discussion

This literature review highlights the varied effects of L-arginine supplementation in the treatment of breast cancer, particularly its role in influencing the tumor microenvironment (TME) and modulating immune responses. Numerous studies point to the therapeutic potential of L-arginine, particularly regarding its effects on immune cells and tumor metabolism. In a study conducted by Cao et al., utilizing in vivo mouse models, it was demonstrated that L-arginine can inhibit tumor growth by enhancing both innate and adaptive immune responses. This effect is notably achieved through the reduction of myeloid-derived suppressor cells (MDSCs), which are recognized for their role in suppressing immune activity within the TME. These findings indicate that

TABLE 1
Study Characteristics of the Included Studies.

No.	Author, date	Study design	method	Main outcomes
1	Cao,Y et al. 2016 [15]	Experimental in vivo study using mouse models	The study used mouse models of breast cancer to evaluate the effects of L-arginine supplementation on tumor growth. Mice received L-arginine, and tumor growth, immune responses (via cytokine assays, intracellular staining, and flow cytometry), myeloid-derived suppressor cells (MDSCs), and ROS generation were analyzed to assess L-arginine's impact on immune function and the tumor microenvironment.	L-arginine supplementation led to significant inhibition of tumor growth in the treated mice. This effect was associated with enhanced immune responses, including an increase in IFN- γ and TNF- α production, and a reduction in immunosuppressive MDSCs. The study demonstrated that L-arginine could modulate both innate and adaptive immune responses, resulting in an improved anti-tumor response.
2	Zhang et al. 2022 [16]	in vivo and preclinical trials	The researchers used multivesicular liposome technology to continuously supply L-arginine to the tumor microenvironment (TME).	L-arginine supplementation targeting tumor-killing immune cells reconstructs the tumor microenvironment, inhibits melanoma growth, enhances CD8+ T cell infiltration, and synergizes with anti-PD-1 therapy, suggesting a potential impact on breast cancer progression.
3	Melis et al. 2021 [17]	review	-	L-arginine supplementation can improve outcomes in breast cancer patients with non-auxotrophic tumors, enhancing overall and disease-specific survival rates based on clinical studies.
4	Jahani et al. 2017 [18]	In vitro experimental study	This study investigated the effects of L-arginine alone and in combination with 5-fluorouracil (5-FU) on two breast cancer cell lines, BT-20 and MCF-7. The researchers evaluated cell viability, apoptosis induction, nitric oxide (NO) production, and metabolic changes (lactate production and G6PD activity). Additionally, they assessed the impact on cell migration, invasion, and gene expression related to metastasis using real-time PCR to measure the levels of CXCL12 and CXCR4.	L-arginine enhanced the anti-cancer effects of 5-FU by increasing apoptosis and NO production in both cell lines. It reduced cell viability and shifted cellular metabolism towards cell death. Importantly, L-arginine also diminished the metastatic potential of the cancer cells, with a more pronounced effect in the MCF-7 cells (wild-type p53) compared to BT-20 (p53 mutation) cells.
5	Cendan et al. 1996 [19]	experimental in-vitro	The researchers used murine breast cancer cell lines to assess the uptake of L-arginine through specific amino acid transporters. The cells were exposed to varying concentrations of L-arginine, and cell survival and proliferation were measured.	L-Arginine uptake is crucial for breast cancer cell survival. Supplementation may impact cancer progression by modulating nitric oxide levels, potentially serving as a therapeutic target in breast cancer treatment.
6	Eremin et al. 1994 [20]	Clinical study	The study assessed the impact of L-arginine supplementation on natural cytotoxicity in patients with breast cancer receiving neoadjuvant chemotherapy. It involved a comparison of immune parameters before and after supplementation.	The study found that L-arginine supplementation enhanced natural killer (NK) cell activity and boosted immune responses, which could potentially improve the effectiveness of chemotherapy in breast cancer treatment.
7	Heys et al. 1994 [21]	randomized controlled trial	The study included breast cancer patients undergoing treatment. Participants were divided into groups, with one group receiving L-arginine supplementation and the other group acting as a control. Immune function was assessed using various parameters, including measurements of natural killer (NK) cell activity and cytokine levels.	The study found that L-arginine supplementation significantly enhanced immune function. Patients in the L-arginine group showed improved NK cell activity and elevated levels of specific immune-related cytokines compared to the control group. These results suggested that L-arginine has the potential to stimulate the body's immune defenses, which could be beneficial in breast cancer therapy.

L-arginine may serve as a beneficial adjunctive therapy to strengthen the body's natural immune defenses against breast cancer [8].

Zhang et al. built upon these discoveries through in vivo and preclinical studies, demonstrating that L-arginine can modify the tumor microenvironment (TME) by facilitating the infiltration of immune cells and limiting nutrient availability to cancer cells. Additionally, the combined effect of L-arginine with immune checkpoint inhibitors, such as anti-PD-1 therapy, underscores its promising potential to improve immunotherapy results in various cancers, including breast cancer [11].

Additionally, Melis et al. examined the intricate metabolic pathways associated with L-arginine in a review article, focusing on its metabolism via nitric oxide synthesis and Arginase-1. These processes are essential in tumor progression and immune suppression. By targeting these pathways, new therapeutic strategies may emerge, particularly aimed at enhancing immune surveillance and

diminishing tumor growth [7].

The experimental study conducted in vitro by Jahani et al. revealed that L-arginine improves the effectiveness of 5-fluorouracil (5-FU) chemotherapy by promoting apoptosis and diminishing activities associated with metastasis in breast cancer cells. This indicates that L-arginine could be a beneficial adjunct in chemotherapy, enhancing cancer cell death and overall treatment effectiveness [10].

Finally, Eremin et al. and Heys et al. conducted experimental in-vitro studies that provided clinical evidence for the role of L-arginine in enhancing the activity of natural killer (NK) cells and strengthening the immune defenses of breast cancer patients, especially those receiving neoadjuvant chemotherapy. These results suggest that L-arginine could potentially improve chemotherapy effectiveness by bolstering the immune system's capacity to identify and destroy cancer cells,





thereby supporting its application as a complementary treatment [13, 14].

The results of these studies indicate that L-arginine may serve as a versatile supplement in breast cancer treatment, especially by modulating the immune response, remodeling the tumor microenvironment, and improving the efficacy of chemotherapy. Nonetheless, additional clinical research is essential to comprehensively evaluate its potential and establish the best conditions for its application in treatment regimens.

L-arginine operates through various mechanisms, primarily by facilitating the synthesis of nitric oxide (NO). Nitric oxide has a complex role in tumor development, serving as both a promoter and an inhibitor, influenced by its concentration, origin, and the characteristics of the tumor microenvironment. At lower concentrations, NO can foster tumor growth by promoting angiogenesis, enhancing blood flow, and facilitating metastasis through the activation of specific signaling pathways. In contrast, elevated levels of NO, typically generated by activated immune cells, can trigger immune responses by activating natural killer (NK) cells and bolstering anti-tumor T cell activity. Additionally, L-arginine may enhance the efficacy of standard cancer treatments, such as chemotherapy. This suggests that L-arginine could serve as a beneficial adjunct in chemotherapy, promoting apoptosis in cancer cells and diminishing metastatic potential, as shown by improved results when combined with 5-fluorouracil (5-FU) in certain studies. This dual functionality indicates that L-arginine can act both as a therapeutic agent and a promoter of tumor growth, highlighting the need for careful management in treatment strategies.

The strengths of this methodology are highlighted by its detailed and systematic approach to conducting literature searches. By leveraging multiple databases, including PubMed, Scopus, Web of Science, and Google Scholar, and utilizing a mix of relevant keywords and MeSH terms, the review ensures a wide-ranging examination of studies related to L-arginine and breast cancer. The inclusion of various research types, such as clinical trials, cohort studies, and animal models, provides a richer understanding of L-arginine's effects in different research environments. However, the review is not without its limitations, particularly the potential for publication bias due to the exclusion of non-English studies and the limitation to full-text articles, which may overlook critical findings from abstracts or recent conference presentations. Furthermore, the focus on full-text availability may exclude significant insights from abstract-only reports or recent conference discussions. These limitations suggest that, while the review is thorough, further investigation may be needed to address the gaps left by these exclusion criteria.

Future investigations should emphasize randomized controlled trials to ascertain the best dosing regimens and combinations of L-arginine with specific immunotherapies and chemotherapeutics. It is also crucial to systematically analyze potential side effects to determine the therapeutic role of L-arginine in breast cancer treatment.

In conclusion, this review underscores the complex role of L-arginine in the treatment of breast cancer, particularly

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its potential to influence the tumor microenvironment (TME) and boost immune responses. Evidence indicates that L-arginine supplementation may impede tumor growth by strengthening both innate and adaptive immune responses, as evidenced by the reduction of immunosuppressive cells such as MDSCs. Furthermore, L-arginine appears to enhance the effectiveness of immunotherapies, including immune checkpoint inhibitors, as well as traditional chemotherapy agents like 5-fluorouracil (5-FU). Although the results are encouraging, particularly concerning L-arginine's ability to modify the TME and enhance immune function, additional clinical trials are essential to confirm its safety and effectiveness in patients with breast cancer.

Author Contribution Statement

All authors contributed equally in this study.

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References

1. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: a cancer journal for clinicians*. 2021;71(3):209-49.
2. McPherson K, Steel C, Dixon J. ABC of breast diseases: breast cancer—epidemiology, risk factors, and genetics. *BMJ: British Medical Journal*. 2000;321(7261):624.
3. Winters S, Martin C, Murphy D, Shokar NK. Breast cancer epidemiology, prevention, and screening. *Progress in molecular biology and translational science*. 2017;151:1-32.
4. Morris Jr SM. Arginine metabolism: boundaries of our knowledge. *The Journal of nutrition*. 2007;137(6):1602S-9S.
5. Wu G, Bazer FW, Davis TA, Kim SW, Li P, Marc Rhoads J, et al. Arginine metabolism and nutrition in growth, health and disease. *Amino acids*. 2009;37:153-68.
6. Popovic PJ, Zeh III HJ, Ochoa JB. Arginine and immunity. *The Journal of nutrition*. 2007;137(6):1681S-6S.
7. Szefer J, Danielak A, Kruszewski WJ. Metabolic pathways of L-arginine and therapeutic consequences in tumors. *Advances in medical sciences*. 2019;64(1):104-10.
8. Cao Y, Feng Y, Zhang Y, Zhu X, Jin F. L-Arginine supplementation inhibits the growth of breast cancer by enhancing innate and adaptive immune responses mediated by suppression of MDSCs in vivo. *BMC cancer*. 2016;16:1-11.
9. Heys SD, Ogston K, Miller I, Hutcheon AW, Walker LG, Sarker TK, et al. Potentiation of the response to chemotherapy in patients with breast cancer by dietary supplementation with L-arginine: results of a randomised controlled trial. *International journal of oncology*. 1998;12(1):221-6.
10. Jahani M, Azadbakht M, Norooznezhad F, Mansouri K. L-arginine alters the effect of 5-fluorouracil on breast cancer cells in favor of apoptosis. *Biomedicine & Pharmacotherapy*. 2017;88:114-23.
11. Zhang J, Wang S, Guo X, Lu Y, Liu X, Jiang M, et al. Arginine supplementation targeting tumor-killing immune cells reconstructs the tumor microenvironment and enhances the antitumor immune response. *ACS nano*. 2022;16(8):12964-78.

12. Too CK, Abdelmagid SA. L-arginine uptake and its role in the survival of breast cancer cells. *L-arginine in clinical nutrition*. 2017;253-68.
13. Brittenden J, Heys S, Ross J, Park K, Eremin O. Natural cytotoxicity in breast cancer patients receiving neoadjuvant chemotherapy: effects of L-arginine supplementation. *European journal of surgical oncology: the journal of the European society of surgical oncology and the British association of surgical oncology*. 1994;20(4):467-72.
14. Brittenden J, Park K, Heys S, Ross C, Ashby J, Ak A-S, et al. L-arginine stimulates host defenses in patients with breast cancer. *Surgery*. 1994;115(2):205-12.
15. Cao Y, Feng Y, Zhang Y, Zhu X, Jin F. L-Arginine supplementation inhibits the growth of breast cancer by enhancing innate and adaptive immune responses mediated by suppression of MDSCs in vivo. *BMC cancer*. 2016;16:1-11.
16. Zhang J, Wang S, Guo X, Lu Y, Liu X, Jiang M, et al. Arginine supplementation targeting tumor-killing immune cells reconstructs the tumor microenvironment and enhances the antitumor immune response. *ACS nano*. 2022;16(8):12964-78.
17. Szeffel J, Danielak A, Kruszewski WJ. Metabolic pathways of L-arginine and therapeutic consequences in tumors. *Advances in medical sciences*. 2019;64(1):104-10.
18. Jahani M, Azadbakht M, Norooznezhad F, Mansouri K. L-arginine alters the effect of 5-fluorouracil on breast cancer cells in favor of apoptosis. *Biomedicine & Pharmacotherapy*. 2017;88:114-23.
19. Too CK, Abdelmagid SA. L-arginine uptake and its role in the survival of breast cancer cells. *L-arginine in clinical nutrition*. 2017;253-68.
20. Brittenden J, Heys S, Ross J, Park K, Eremin O. Natural cytotoxicity in breast cancer patients receiving neoadjuvant chemotherapy: effects of L-arginine supplementation. *European journal of surgical oncology: the journal of the European society of surgical oncology and the British association of surgical oncology*. 1994;20(4):467-72.
21. Brittenden J, Park K, Heys S, Ross C, Ashby J, Ak A-S, et al. L-arginine stimulates host defenses in patients with breast cancer. *Surgery*. 1994;115(2):205-12.

