



Cardozo, L. F.M.F., Alvarenga, L. A., Ribeiro, M., Dai, L., Shiels, P. G., Stenvinkel, P., Lindholm, B. and Mafra, D. (2021) Cruciferous vegetables: rationale for exploring potential salutary effects of sulforaphane-rich foods in patients with chronic kidney disease. *Nutrition Reviews*, 79(11), pp. 1204-1224.

(doi: [10.1093/nutrit/nuaa129](https://doi.org/10.1093/nutrit/nuaa129))

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Deposited on: 5 January 2021

Cruciferous vegetables: Rationale for exploring potential salutary effects of sulforaphane-rich foods in patients with chronic kidney disease

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- Financial support: Conselho Nacional de Pesquisa (CNPq), Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) and Fundação de Amparo à Pesquisa do Estado do Rio de Janeiro (FAPERJ) support Denise Mafra research.

- There are no conflicts of interest to declare.

- Running title: Sulforaphane and CKD

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Abstract

Sulforaphane is a sulphur-containing isothiocyanate found in cruciferous vegetables (Family: Brassicaceae) and a well-known activator of the nuclear factor-erythroid 2-related factor 2 (Nrf2), considered a master regulator of cellular antioxidant responses. Patients with chronic diseases, such as diabetes, cardiovascular disease, cancer and chronic kidney disease (CKD) present with high levels of oxidative stress and a massive inflammatory burden, associated with diminished Nrf2 and elevated nuclear factor-kB (NF-kB) expression. Due to being a common constituent of dietary vegetables, the salutogenic properties of sulforaphane, especially its anti-oxidative and anti-inflammatory properties, have been explored as a nutritional intervention in a range of diseases of ageing, though data on CKD remains scarce. In this brief review, we describe the effects of sulforaphane as a senotherapeutic agent. With this as a background, we provide a rationale for studies aiming at exploring potential benefits of sulforaphane-rich foods in patients with CKD.

Keywords: chronic kidney disease, sulforaphane, oxidative stress, inflammation, gut microbiota, senescence, nrf2.

Introduction

Cruciferous vegetables belonging to the Brassicaceae family, such as broccoli, broccoli sprouts, Brussels sprouts, cabbage, cauliflower, kale, and green cabbage, are highly nutritious foodstuffs in the diet, as highlighted by numerous clinical (Chan et al., 2015; Charron et al., 2018; Chartoumpekis et al., 2019) and epidemiological (Wang et al. 2014; Riboli & Norat, 2003) studies. These vegetables are rich in vitamins, minerals, (poly)phenolics, and contain sulphur-containing compounds, such as the sulphur-containing isothiocyanate, sulforaphane (SFN) (Vanduchova et al. 2019).

Recent studies have demonstrated that sulforaphane potentially has numerous essential roles as an antimicrobial, antioxidant, anti-inflammatory (Houghton, 2019; Vanduchova et al. 2019; Wang et al., 2020; Liu et al. 2020) and antioncogenic (Calcabrini et al., 2020) agent and as an epigenetic modulator (Hyun 2020; Mitsiogianni et al., 2020; Abbaoui et al., 2017).

Sulforaphane is a nuclear factor-erythroid 2-related factor 2 (Nrf2) agonist and as such, it indirectly can influence the transcription of a battery of antioxidant enzymes (Paunkov et al., 2019). SFN also exhibits cytoprotective properties, through increasing natural killer cell activity and p-53 expression, suppression of NF-κB, increase in inhibition of histone deacetylases, induction of apoptosis, as well as antimicrobial properties. SFN has been reported to act as a bactericidal agent against *Helicobacter pylori* by inhibiting bacterial urease synthesis (Houghton, 2019).

The beneficial properties of SFN have been extensively studied in the context of cancer, (Pham et al., 2004; Gamet-Payrastre et al., 2000; Fimognari et al., 2002; Choi et al., 2007). In addition, SFN may contribute to prevention and mitigation of complications in several other diseases such as diabetes, obesity, and cardiovascular and neurological diseases (Yagishita et al. 2019; Martins et al. 2018; Bai et al., 2015; Klomprens & Ding, 2019).

This review summarizes some of the potential beneficial effects of SFN in various diseases and with this as a background provides a rationale for studies exploring its potentials also in chronic kidney disease (CKD).

Cruciferous vegetables as a source of sulforaphane

Sulforaphane (4-methyl-sulfinyl butyl isothiocyanate) is a naturally occurring oily isothiocyanate found in cruciferous vegetables. Glucoraphanin (4-methyl-sulfinyl butyl) is the inactive and chemically stable biological precursor of SFN, which belongs to a group of phytochemicals termed glucosinolates (GLS) that have a sugar component (i.e. D-glucose or dextrose), built into their structure (Nakagawa et al., 2006, Vanduchova et al. 2019).

When a cruciferous vegetable suffers tissue damage by a microbial attack, mechanical food processing, or chewing, the enzyme myrosinase, which usually is in the plant, is physically segregated from glucosinolates, released, and comes into contact with glucoraphanin. Myrosinase, catalyzes the hydrolysis of glucoraphanin, releasing glucose and sulphate components, the latter forming stable intermediate products, of which the most reactive is sulforaphane isothiocyanate (**Fig. 1**) (Shapiro et al., 1998; Zhen-xin et al., 2012).

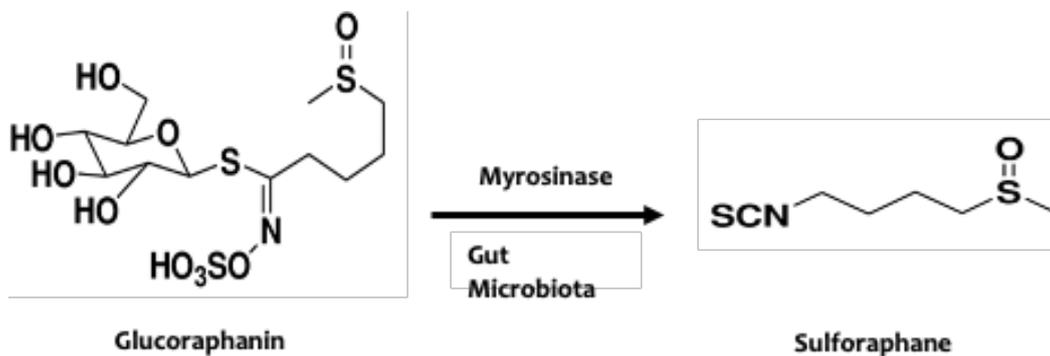


Fig 1. Conversion of glucoraphanin to sulforaphane.

Broccoli, cabbage, cauliflower, and kale are vegetables rich in SFN. Among these vegetables, broccoli contains the highest concentration of SFN (Nakagawa et al. 2006), and broccoli sprouts contain even higher SFN levels than mature broccoli, this being 1153 mg / 100 g dry weight, relative to the mature broccoli with 44-171 mg / 100 g dry weight (**Table 1**).(Nakagawa et al. 2006). SFN is prevalent in fresh vegetable material, but not in vegetable derivatives, such as powder and tablets, where it is not detectable (Nakagawa et al. 2006). Total concentrations of GLS in cruciferous vegetables can be influenced by processing methods and heat treatment (above 70°C), as in routine domestic cooking procedures, such as blanching, boiling and freezing (Cieslik et al. 2007, van Eylen et al. 2007), where the plant's myrosinase is inactivated, interrupting the

formation of sulforaphane (van Eylen et al. 2007). Blanching reduces total GLS concentrations by 13.0% in white cauliflower and 30.0% in Brussels sprouts and broccoli. In boiled vegetables, losses are more significant, reaching 35.3% in white cauliflower and 72.4% in curly kale. For broccoli, the loss of glucoraphanin has been reported as 39.1% by blanching and 60.6% by boiling (Cieslik et al. 2007). Apart from this, cold storage in a domestic refrigerator (temperature 4 to 8 °C) for seven days reduces the concentration of GLS in broccoli (-27%), Brussels sprouts (-20%), cauliflower (-11%) and green cabbage (-14%) (Song & Thornalley 2007). In contrast, microwaving and mild heating in the range of 40 to 60°C has been reported to increase the levels of glucoraphanin and sulforaphane in broccoli compared to raw broccoli (Lu et al. 2020).

Although mammals do not possess myrosinases, the conversion of glucoraphanin to sulforaphane still occurs and seems to be carried out by the intestinal microbiota, as will be discussed later.

The GLS fraction that is released from the plant matrix is bio-accessible as it is hydrolyzed by the myrosinase present in plants, or by the myrosinase-like activity of the human gut microbiota. The underlying biochemistry of these processes is exemplified by the mercapturic acid pathway, where isothiocyanates are conjugated to glutathione (GSH) by a reaction catalyzed by glutathione transferase (GST). Several cleavage reactions occur, giving rise to sulforaphane-N-acetylcysteine (Vanduchova et al., 2019; Shapiro et al., 1998). The isothiocyanate conjugates are then actively transported into the extracellular space by multidrug resistance-associated protein 1, 2, and P-glycoprotein (Kim et al., 2015).

Isothiocyanate-glutathione conjugates dissociate in the blood, partly due to the low plasma glutathione concentration and partly through further conjugation with serum albumin, which is a source of free thiol groups. Free isothiocyanate can be absorbed by peripheral organs, where it can accumulate in cells by reacting with thiol groups in glutathione and other proteins, with both forms excreted mainly in the urine (JI & Morris, 2003; Oliviero et al, 2018).

Several small clinical studies have evaluated SFN absorption and excretion in humans, and the evidence points to the fact that absorption is affected by the way SFN is consumed (Cramer et al 2011, Cramer et al 2012, Atwell et al, 2015, Vermeulen et al, 2008). SFN absorption was assessed in healthy individuals after a meal containing air-

dried broccoli sprouts rich in myrosinase, broccoli powder lacking myrosinase and a combination of both. The 24-hour urinary excretion of SFN was 74% for broccoli sprouts, 19% for broccoli powder, and 49% for the combination (Cramer et al, 2011), demonstrating that the presence of myrosinase appears to improve SFN absorption (Cramer et al, 2011; Atwell et al, 2015). Higher levels of sulforaphane were found in human blood and urine after consuming raw broccoli (bioavailability of 37%) compared to cooked broccoli (bioavailability of 3.4%). The time to reach the peak of plasma sulforaphane was also shorter in raw broccoli (1.6 h) compared to cooked broccoli (6 h) (Vermeulen et al, 2008).

In humans, a moderate dose of SFN appears safe, as the metabolites are rapidly eliminated (Hanlon et al 2009; Shapiro et al 2006) and daily administration of broccoli sprout extract for three months in type 2 diabetes patients resulted in no severe adverse effects (Axelsson et al 2017). Notably, in vitro studies have reported that while low doses of SFN (0.25 μ M) protected mesenchymal stem cells (MSCs) from cellular oxidative injuries and inhibited MSCs undergoing senescence (detected with β -galactosidase assay) and apoptosis, high doses of SFN (20 μ M) exerted a cytotoxic effect by boosting DNA damage and resulting in cell cycle arrest, senescence and apoptosis (Zanichelli et al, 2012). This finding suggests that a high dose of SNF potentially could be toxic and pro-oxidant by causing glutathione depletion and superoxide production. A study from Kubo et al (2017) has proposed that such toxic and pro-oxidant SNF activity was related with over-activation of NRF2-mediated Kruppel-like (Klf9) expression and downstream repression of peroxiredoxin 6 (Prdx6) (Nrf2/Klf9/Prdx6 axis), inducing unfavorable oxidative stress and cell death (Kubo et al 2017).

Sulforaphane has gained increased attention due to salutogenic effects mediated through the NRF2 pathway (Paunkov et al, 2019), especially in cancer, but also because of its potential preventive effects in, diabetes, cardiovascular and neurological disease (Yagishita et al. 2019; Bai et al, 2015; Klomparens & Ding, 2019). Here, we will discuss the potential effects of sulforaphane as an anti-inflammatory agent and anti-oxidant, an anti-oncogenic agent, and as a senotherapeutic, all in the context of CKD.

Sulforaphane: Effects on Nrf2 and inflammation

In a bibliometric review of the biological effects of sulforaphane, activation of Nrf2 was the most cited pathway (Paunkov et al, 2019). The Keap-Nrf2-ARE pathway is the primary regulator of cell cytoprotective responses to increased oxidative stress through an inducible expression of detoxification and antioxidant enzymes (Suzuki et al, 2013). Nrf2 is a protein that contains 605 amino acids and is expressed in several tissues and cell types. It belongs to a subgroup of fundamental leucine zipper genes (bZIP) that share a conserved structural domain called Cap-N-Collar (CNC) (Kaspar et al, 2009; Pedruzzi et al, 2012). In the absence of oxidative stress, the cytosolic repressor protein Kelch-like ECH-associated protein 1 (Keap1), an adapter component of the E3 ubiquitin ligase complex based on Cullin 3 (Cul3), inhibits the Nrf2, that then undergoes ubiquitination and promotes Nrf2 proteasomal degradation (Pedruzzi et al, 2012). Thus, Keap1 is a negative cysteine-rich Nrf2 regulator (McMahon et al, 2003), and these reactive cysteine residues act as sensors for oxidants and electrophiles (Dinkova-Kostova et al, 2017).

The main characteristic of sulforaphane is its electrophilicity, which occurs due to the high chemical reactivity of the central carbon of the isothiocyanate group, which reacts with nucleophiles containing a sulfur, nitrogen or oxygen center (Dinkova-Kostova et al, 2017). Thus, the isothiocyanates promote modification of the thiol groups of Keap1, inducing the dissociation of the two proteins and a consequent increase in Nrf2 intracellular levels (Kensler et al, 2013). Nrf2 moves to the nucleus and interacts with small musculoaponeurotic fibrosarcoma (sMAF) proteins and co-activating proteins, activating antioxidant response elements in their promoter regions, activating the transcription of the target gene (Pedruzzi et al, 2012, Takaya et al, 2012), leading to the expression of a high number of cytoprotective proteins with antioxidant and detoxifying functions such as NAD (P) H quinone oxidoreductase 1 (NQO1) and heme oxygenase 1 (HO-1) (Lee & Hu, 2020; Ma 2013). Also, Nrf2 binds to the regulatory regions of these inflammatory cytokine genes and their production (Kobayashi et al, 2016) and is also able to antagonize the nuclear transcription factor-kB (NF-kB), which coordinates the expression of inflammatory genes, by preventing the degradation of its cytosolic repressor (IκB) (Antunes & Han 2009; Kim et al 2010).

In vitro studies have shown a positive regulation of phase II antioxidant enzymes and a downregulation of NF- κ B, decrease of ROS production, ICAM-1, VCAM-1, E-selectin and monocyte adhesion to endothelial expression in cells treated with sulforaphane (Angeloni et al, 2009; Leoncini et al, 2011; Rakariyatham et al 2018; Liu P et al, 2019; Huang et al, 2013).

SFN also shows anti-inflammatory activity in several contexts, such as human, cell, and animal studies (Table 2) (Rakariyatham et al 2018; Townsend & Johnson, 2016; Navarro et al, 2014; Giacoppo et al 2013). Evidence indicates that it not only activates Nrf2, but also targets other pathways associated with inflammation including direct inhibitory activity on NF- κ B, and direct negative regulation of pro-inflammatory genes and inflammasomes (Henning et al, 2020; Clarke et al, 2008; Cheung & kong 2010; Liu et al, 2008; Greaney et al, 2016).

In cells, the direct activity of SFN in the NF- κ B appears to be through the selective reduction in the DNA binding of NF- κ B without interfering with NF- κ B nuclear translocation as SFN can interact with thiol groups by the formation of dithiocarbamate, preventing redox-sensitive DNA binding and NF- κ B transactivation. Besides, SFN appears to directly inactivate NF- κ B subunits by binding to essential Cys residues or interacting with glutathione, or other redox regulators important to NF- κ B function (Heiss et al, 2001). In another study, SFN also inhibited the nuclear translocation of NF- κ B induced in lymphocytes cells (Checker et al 2015).

In animals, Wang et al. (2014) have demonstrated in mice with diabetes mellitus type 2 that 0.5 mg/kg of SFN subcutaneously for five days per week during four months increased the Nrf2 mRNA expression, with consequent increase of SOD-1 and HO-1, and prevention of changes in the wall thickness and structural derangement of aortic. Also, SFN decreased some inflammatory markers, such as TNF- α and VCAM-1. Giacoppo et al. (2013) have shown in mice model of multiple sclerosis that 10 mg/kg/day of (Rs)-glucoraphanin bioactivated with myrosinase decreased the NF- κ B translocation to the nucleus with decreased of IL-1 β and apoptosis (Bax protein and expression of caspase 3).

Inflammasomes are multiprotein cytoplasmic complexes from the innate immune system, formed in response to stimuli of pathogen-associated molecular patterns

(PAMPs) and danger-associated molecular patterns (DAMPs), in response to infections, tissue damage or cell stress. The inflammasomes promote the activation of Caspase-1, which through cleavages of IL-1 β and IL-18, will give rise to its mature forms leading to local and systemic inflammatory reactions (Kelley et al 2019; Alvarenga et al 2020). Surprisingly, inflammasome inhibition by SFN seems to be independent of the transcription factor Nrf2 and the antioxidant response-element pathway. SFN inhibits the autoproteolytic activation of caspase-1 and IL-1 β maturation and reduces the activation of NLRP1 and NLRP3 inflammasome (Greaney et al, 2016). These findings indicate that SFN can inhibit the inflammasomes and, consequently, the inflammatory process by another mechanism and contributes to understanding the anti-inflammatory effects of SFN. It is essential that the anti-inflammatory effects of SFN, independent of Nrf2, deserve more studies because SFN has a previously overlooked role in many inflammatory pathways (Greaney et al., 2016).

In this context, it is known that inflammation and oxidative stress are intrinsically involved in the pathogenesis of chronic non-communicable diseases such as cardiovascular disease, hypertension, obesity, CKD, diabetes, and cancer (Mazarakis et al., 2020). Accordingly, nutritional strategies have been studied tirelessly to decrease inflammation and oxidative stress, and to improve the quality of life of affected individuals (Tan et al., 2014; Mazarakis et al., 2020). According to previous studies summarized in this review, SFN seems to be an efficient anti-inflammatory and antioxidant strategy as shown the **Fig 2**. Clinical studies in humans should be encouraged since there is so far, a limited number of published reports dealing with this topic in the literature.

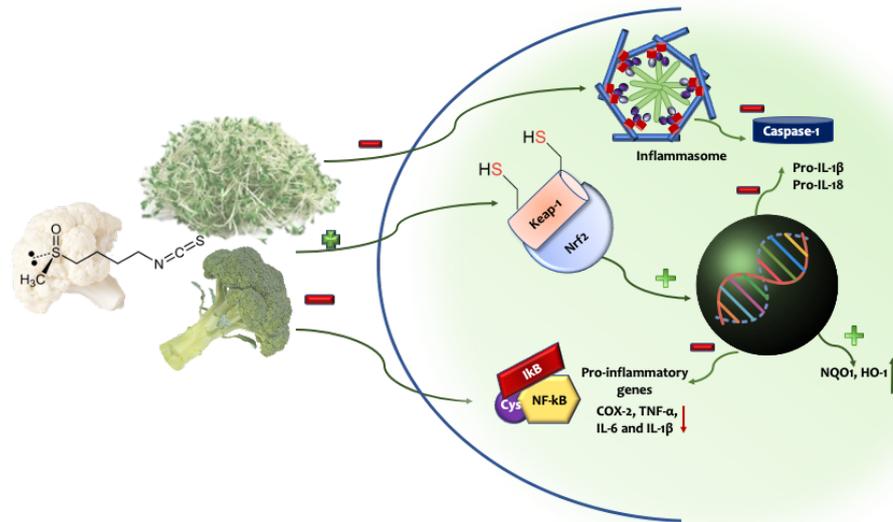


Fig 2: Effects on Nrf2 and inflammatory factors in the cells. Sulforaphane in cruciferous vegetables activates the nuclear factor- erythroid 2-related factor 2 (Nrf2) and through this and other pathways influence inflammatory factors in the cells. Sulforaphane modifies the thiol groups of Keap1, increases the availability of Nrf2 to the nucleus, binds to the essential Cys residues, inactivates NF-κB, and reduces the activation of NLRP3 inflammasome.

Sulforaphane as a modulator of the epigenetic landscape

Ageing is a process characterized by diminished capacity to maintain homeostasis due to unfavorable structure and functional alterations, whereby the human body becomes susceptible to exogenous or endogenous stress stimuli and cellular insults, predisposing individuals at high risk of developing chronic degenerative diseases (e.g., cardiovascular disease, chronic kidney disease, diabetes, cancer, sarcopenia, and neurodegenerative diseases) [1]. One of the prominent features of premature ageing is the imbalanced increment of oxidative stress and the waning of the antioxidant defense system, which eventually lead to oxidative DNA damage and cellular senescence concomitant with chronic inflammation [2]. Accumulating evidence suggests that isothiocyanates, including sulforaphane (SFN), exert a multifaceted profile of counteracting the ageing process, with underlying mechanisms ranging from Nrf2-dependent/independent pathways to epigenetic modifications involved in cellular senescence and ageing [3].

Given the role of Nrf2 pathways in cellular senescence and premature ageing, recently reviewed in [6], it is tempting to speculate on the capacity of SFN in the prevention of ageing-related diseases. Indeed, the Nrf2-dependent anti-ageing potential

of SNF has been widely demonstrated in cardiovascular ageing both in preclinical and clinical studies, whereby SNF-mediated Nrf2 signaling could hurdle endothelial cell activation in the atherosclerotic plaque [7], regulate vascular smooth muscle proliferation [8], and mitigate the inflammatory and thrombosis burden [9]. Such a protective and anti-ageing role of SNF has also been observed in various neuropathological diseases, including Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis, Huntington's disease, and multiple sclerosis [10–14]. Recently, Saleh et al [15] showed that SFN could improve liver ageing and inhibit hepatic fibrosis via Keap-1/Nrf2 pathways in D-galactose-induced liver ageing rats.

Aside from targeting Nrf2 signaling mediated oxidative DNA damage and inflammation, low dose treatment with SNF (1 μ M, once per week), was shown to delay and counter fibroblast senescence by repressing cellular glucose uptake and downregulating glycolysis, exerting a caloric restriction mimetic-like response [16]. Such anti-senescence activity of SNF has also been reported in mesenchymal stem cells (MSCs) culture under oxidative stress conditions (300 μ M H₂O₂), whereby, intriguingly, a hormetic (biphasic dose response) behavior of SNF was observed [17].

Indeed, a dosage of SNF matters when it comes to prevent or to promote senescence; a different consideration should be made about SNF in the scenario of cancer. High concentrations of SNF can promote cancer cells undergoing senescence and apoptosis, thereby inhibiting the proliferation of cancer cells and favoring anti-cancer treatment. SNF acts as an epigenetic modulator in inducing cell cycle arrest and senescence in various cancer cell lines [19–21], which can be distinct from Nrf2-mediated redox signaling. Lewinska et al [19] showed that SNF (5-10 μ M) promoted cell cycle arrest and senescence in breast cancer cells with elevated levels of p21 and p27 and further induced apoptosis concentration of SNF 20 μ M.

Moreover, these cellular effects were accompanied by epigenetic modifications of DNA hypomethylation, decreased DNA methyltransferases and changes in microRNA profiles and SNF, and like other phytochemical-mediated therapeutic approaches, it can be considered as an epigenetic anti-cancer therapy. Another vivid example of SNF in epigenome-targeted cancer chemoprevention effect is attributed to its role as an inhibitor of histone deacetylase (HDAC), whereby it can re-activate the repressed genes of p21 and Bax in cancer cells and facilitate cells undergoing senescence and apoptosis

[22,23]. During in vitro treatment of SNF in human colon and prostate cancer cells, decreased HDAC activity was accompanied by increased histone H3 and H4 acetylation on the promoter of the p21 gene [20,21]. In vivo, a SFN rich diet retarded prostate cancer growth with significantly decreased HDAC activity both in localized prostate tissue and peripheral blood mononuclear cells, indicating an inhibited HDAC effect both locally and systemically [24].

The epigenetic landscape comprises canonical features such as DNA methylation and chromatin modification, as well as non-canonical features such as reciprocal regulatory networks of non-coding RNAs (Shiels et al., 2017). This landscape enables rapid genomic responses to environmental changes without the requirement to fix these in the DNA sequence, which would otherwise take many generations (Tortorella et al., 2015; Gianfredi et al, 2017). Dysregulation of the epigenome can lead to multistage carcinogenesis, accelerated ageing, and the development of chronic diseases (Shiels et al 2017; Kooman et al NRN 2014; Tortorella et al., 2015; Hyun 2020).

Cancer cells also display several DNA alterations, such as site-specific DNA hypermethylation, altered cellular histone deacetylase (HDAC) activity, and altered miRNA expression. DNA methyltransferases (DNMTs), enzymes that methylate DNA cytosine residues, and HDACs, function to enable stable gene repression (Watson et al., 2013). In this context, SFN has been characterized as a modulator of epigenetic enzymes, via inhibition of HDAC expression (Watson et al., 2013; Biersak, 2016).

Abbaoui et al. (2017) have shown in an in vitro study with bladder cancer that SFN inhibits HDAC, specifically HDACs 1, 2, 4, and 6 by decreased histone acetyltransferase activity. Additionally, SFN decreases the phosphorylation status of histone H1 and increases phosphatase PP1 β and PP2A activity. These data support the assertion that SFN modulates histone status through HDAC inhibition and increase of phosphatase activity (Abbaoui et al., 2017). Additionally, a study with melanoma cell lines has shown that SFN reduced cell viability, total histone deacetylase activity, and modulated the expression levels of histone deacetylases, acetyl, and methyltransferases. These results indicate that SFN regulates the epigenetic response by modulation of acetylation and methylation in melanoma cells (Mitsiogianni et al., 2020).

A study on colorectal cancer in rats has shown that the single administration of 60 mg/kg of SFN by gavage decreased the HDAC3 expression, histone acetyltransferase

(HAT) activity, and increased pH2AX levels, a marker of DNA damage. These results have shown that SFN causes DNA damage in colon cancer cells and decreases their proliferation (Okonkwo et al., 2018). This hypothesis is an essential caveat for strategies using SFN to treat cancers, especially Nrf2 positive cancers, and that dosing requirements and demonstrate that signs of any hormetic effects need more investigation, robust data, and data analysis.

In another *in vitro* study, SFN has been described as affecting the hypomethylation of tensin homolog (PTEN) and retinoic acid receptor beta 2 (RARbeta2) promoters, which led to concomitant tumor suppressor gene upregulation. The PTEN and RARbeta2 promoters are involved in the tumor suppressor genes that are silenced in breast cancer cells. It is thus essential to recognize that PTEN and RARbeta2 promoters can decrease DNMT expression through negative regulation of the MAPKAP1 signaling pathway, an intracellular oncogenic (Lubecka-Pietruszewska et al., 2015). Another study in breast cancer cells has shown that the anti-cancer effects of SFN were mediated by global DNA hypomethylation, decreased levels of DNMT1, DNMT3B, and diminished N6-methyladenosine (m6A) RNA methylation. Additionally, SFN upregulated expression of sixty microRNAs and downregulated expression of thirty-two microRNAs (Lewinska et al., 2017).

Another study using human hepatocellular carcinoma cells has shown that SFN can downregulate DNA damage, and modulate expression of histone deacetylases, leading to downregulated genes involved in inflammatory signaling (HDAC5 and HDAC11) as well as upregulated and hypomethylated genes linked to the Nrf2 pathway, including NAD(P)H quinone oxidoreductase-1 (NQO1), heme oxygenase 1 (HO-1), glutamate-cysteine ligases, and thioredoxin reductase 1 (TXNRD1) (Dos Santos et al., 2020). Epigenetic regulation of Nrf2 through SFN promotes the transcription of Nrf2 and its nuclear translocation and activation (Su et al., 2018). Also, in primary effusion lymphoma cells, SFN was able to decrease cell viability and inhibit the phosphorylation of p38 mitogen-activated protein kinase (p38MAPK) and AKT, both of which are involved in the inflammatory response. Consequently, there was a reduction in cell growth and enhanced apoptosis (Ishiura et al., 2019).

In a study in dendritic cells, which have a pivotal role in host immune responses, SFN inhibited the lipopolysaccharide-induced HDAC6, HDAC10, and DNMT3a gene

expression. Moreover, SFN upregulated the expression of the DNMT1 gene and inhibited the global HDAC activity. SFN altered the induction of toll-like 4 receptor (TLR4) gene expression, consequently regulating the TLR4-induced activity of transcription factor NF- κ B and leading to decrease of pro-inflammatory cytokine secretion (Qu et al., 2015).

Another epigenetic action of SFN is by inhibition of telomerase reverse transcriptase (hTERT) expression and activity. hTERT, a catalytic subunit of telomerase responsible for changes in chromatin structure and composition (Abbas et al., 2016) is elevated in 90% of cancers and essential for their proliferation (Martin et al., 2018). SFN mediates changes in histone post-translational modifications levels (Abbas et al., 2016), which is pertinent as HDAC1 regulates hTERT mRNA levels and expression (Martin et al., 2018). Moreover, SFN has been reported to down-regulate telomerase protein expression levels and enzymatic activity. These effects lead to inhibition of cell viability and induced apoptosis of the colorectal cancer cells.

In *in vitro* studies, Chen et al. (2019) observed antitumor activities of SFN in nasopharyngeal carcinoma (NPC) and concluded that SFN could be useful in suppressing the development of NPC cells through the DNMT1/WIF1 axis pathways.

Nutraceutical combinations have been evaluated as a potent treatment for colon cancer, and among these substances, SFN has been evaluated. For its antioncogenic capabilities in HT-29 and Caco-2 colon cancer cells, wherein the combination with dihydrocaffeic acid was shown to be more effective. Subsequently, this combinatorial therapy has been proposed for use as a basis for the creation of effective food products in the prevention and even co-treatment of colon cancer (Santana-Gálvez et al., 2020).

Corroborating this, Lan et al. (2017) have evaluated the apoptotic potential of SFN in colon cancer cells. SW480 cells with P53 deficiency were treated with varying concentrations of SFN (5, 10, 15, and 20 μ M). They observed that all studied concentrations of SFN were able to cause apoptosis and concluded that SFN might be a therapeutic strategy in the co-treatment of patients with p53-deficient colon cancer.

Lewinska et al. (2017) have observed the effects of SFN (concentrations of 5, 10, and 20 μ M) on breast cancer cells. SFN at 5 and 10 μ M was effective in stopping the cell cycle, increasing the levels of p21 and p27 and inducing cellular senescence, while at 20 μ M it induced apoptosis. They also observed nitro-oxidative stress, genotoxicity,

reduced AKT signaling, negative regulation of microRNAs, and a significant reduction in the levels of miR-23b, miR-92b, miR-381 and miR-382 in three types of cancer cells, showing that SFN can exert its effect via the epigenetic landscape.

Sulforaphane and Cancer: Studies in animals and humans

According to the World Health Organization cancer is one of the top ten causes of morbidity and mortality in the world, accounting for 7.6 million deaths annually, and that statistical data foresees a significant increase in these numbers in the coming years (Gupta et al., 2014; McGuire, 2016). Given these alarming projections, researchers have been looking at strategies for cancer prevention using bioactive compounds in the diet that could be promising chemopreventive agents, as they can act in the DNA repair mechanism, in cell growth, in response to apoptosis, and as cell signaling inducing transcription factors, in addition to effects on oxidative stress and inflammation (Remely et al., 2015; Braicu et al., 2017; Santos et al., 2019).

In this context, SFN has shown some benefits in preventing several types of cancer including pancreatic cancer, colon cancer, leukemia and prostate cancer (Gamet-Payrastre et al, 2000; Fimognari et al, 2002; Pham et al, 2004; Choi et al., 2007; Vanduchova et al., 2018).

Its chemopreventive potential can be explained by the fact that SFN can modulate several pathways that attenuate or modify compounds that damage DNA and favor the formation of cancer, including the phase I and phase II enzyme pathways (Gupta et al., 2014; Mokhtari et al., 2018). In general, SFN can inhibit phase 1 metabolizing enzymes, especially the cytochrome P450 enzyme complex, which causes the activation of detoxification enzymes in phase 2 and attenuates inflammation in the cell (Langouet et al., 2000). Furthermore, it acts secondarily by inducing epigenetic changes within the cell, enabling the transcription of apoptotic genes and cell cycle interruption, such as p21 and cyclin D1 (Kallifatidis et al., 2011).

Corroborating this, Pryia et al. (2011) have evaluated in an experimental study the anti-initiating potential of SFN concerning lung cancer induced by benzo (a) pyrene [B (a) P] in rats, and explored whether its ingestion was able to reach the lung tissue and increase the functional activity of detoxification enzymes. They concluded that the administration of SFN led to the reduction of phase I enzyme activity and the induction

of phase II enzymes and intensified the transcription of Nrf2, in addition to reducing the stress caused by carcinogens, thus elucidating the potential anti-initiator action of sulforaphane in the pre- and post-initiation stage of lung cancer.

Zhang et al (1994) have evaluated the chemopreventive effects of SFN in rats with mammary tumors, induced by dimethylbenzanthracene and after 150 days of SFN intervention, at 75, 100 and 150 μM per day, observed a decrease in the progression of tumor development, as well as weight reduction.

Xu et al. (2006) have elucidated the chemopreventive efficiency of SFN by stimulating antioxidant and detoxifying enzymes through transcription factor 2 related to nuclear factor E2 (Nrf2) in an experimental study. Skin carcinogenesis was induced using 7,12-dimethylbenz (a) anthracene in mice, and they were treated with topical use of 100 nmol SFN once daily for 14 days before induction to estimate the incidence. They reported a lower incidence and number of skin tumors per rat. Besides, they observed an increase in the expression of Nrf2 in the pretreatment with SFN and concluded that the chemopreventive potential also occurs through Nrf2.

Corroborating these findings, Dinkova-Kostova et al. (2006) induced skin cancer by UV irradiation (30 mJ / cm^2 per session twice a week for 20 weeks) in 30 mice and after irradiation treated for five days (for 11 weeks) topically with broccoli extract in concentrations of 0.3 μmol (low dose) or 1.0 μmol (high dose) SFN. At the end of the study, they observed that the topical SFN extract was able to induce the phase 2 reaction in the mouse skin, prevent cytokine-dependent iNOS induction in RAW 264.7 macrophages, inhibit carcinogenesis as well as tumor burden, incidence, and plurality, which showed a decrease of up to 50% in mice that were treated with a high dose of broccoli extract.

In human clinical studies, Lozanovski et al. (2014) have observed in a prospective, randomized, double-blind pilot study, the efficacy of lyophilized broccoli sprouts in the treatment of advanced pancreatic ductal adenocarcinoma. Forty patients were selected and received fifteen capsules a day (containing 90 mg of active sulforaphane) over a follow-up year. At the end of the study, they concluded that the intervention with 90 mg of sulforaphane per day, for one year, was effective in inhibiting the development and sensitivity of advanced pancreatic ductal adenocarcinoma.

Traka et al. (2019) evaluated in a randomized, double-blind, three-arm study, the effects of broccoli consumption on the progression of prostate cancer in 49 men under active surveillance diagnosed with low or medium risk prostate cancer for 12 months. One control group and two other groups were established with increased amounts of glucoraphanin, 3 and 7 times more than the control, and individuals were offered 300 mL of broccoli soup. They observed that there was a reduction in alterations in the expression of genes in non-neoplastic tissue and a reduction in expression in pathways with cancer potential, and thus, the consumption of broccoli was inversely associated with prostate development cancer.

In a recent systematic review, it was shown that the use of SFN in conjunction with anti-cancer therapy is useful in improving the pharmaco-toxicological scenario of chemotherapy (Calcabrini et al. 2020). Another review ratified the protective effects of broccoli concerning cancer, detaching its potential to protect cells and the arrangement of DNA through the activation of Nrf2, which occurs possibly through the binding of sulforaphane with one of the active sites of KEAP1 (suppressor protein of Nrf2) (Kaboli et al. 2020). This leads to the gathering of the ubiquitinated Nrf2 / Keap1 complex in cells, causing apoptosis by leading to intracellular toxic space, and thus can lead to intracellular toxic space. Furthermore, although further studies are needed to elucidate the anti-cancer efficacy of sulforaphane, it is plausible that sulforaphane may be a possible adjunct to anti-cancer therapy associated with other agents already known (DeJesus et al., 2019; Corssac et al., 2018; Ahmed et al., 2015; Bertrand et al., 2015; Hu et al., 2010).

Sulforaphane and mitochondria

Mitochondria are known as the most important providers of energy to the cell through cellular ATP and metabolic intermediaries. This organelle participates in several signaling processes leading to ROS production. As an adaptation against stress, mitochondria are dynamic, and they can build extensive interorganelle networks among themselves and isolated fragments (Bhargava et al., 2017). Maintenance of mitochondrial mass is an essential homeostatic function within the cell to optimize cellular metabolic capacity (Briones-Herrera et al., 2020).

Mitochondrial biogenesis is responsible for the increase in mitochondrial mass, which is mediated by the nuclear respiratory factors (Nrf2). Nrf2 are a group of transcription factors, whose targets are subunits of the electron transport system proteins and the mitochondrial transcription factor A. Nrf2 are activated by the peroxisome proliferator-activated receptor- γ co-activator 1- α (PGC-1 α) (Palikaras et al., 2014). The reorganization of the mitochondrial dynamics (i.e., fusion and fission) is carried out by mitofusins 1 and 2 (MFN1 and MFN2) and the optic atrophy protein-1 (OPA1). Any associated mitochondrial spoilage is attended to via mitophagy, mediated by the protein p62, and followed by recruitment to the autophagosome by the light-chain protein 3 (LC3). In the autophagosome, mitochondria are hydrolyzed and their components are recycled (Briones-Herrera et al., 2020).

In this context, some studies have reported that SFN acts as a protector for mitochondrial function and proteins and enzymes involved in mitochondrial biogenesis. This is supported by data from in vitro studies, where SFN induced mitochondrial biogenesis and stabilized the Nrf2 (Oliveira et al., 2018; Negrette-Guzman et al., 2017; Zhang and Jiang, 2020). Mitochondrial biogenesis has also been reported to play an essential role in cancer cell death (Negrette-Guzman et al., 2017). Furthermore, the induced knockdown of the nuclear respiratory factor-1 (NRF1) attenuated the sulforaphane activity on the cancer cells (Negrette-Guzman et al., 2017). These data indicate that SFN can induce the Nrf2 directly or by a transient increase of ROS. Nrf2 is an inducer of Nrf1 expression. Nrf1 activation leads to the production of proteins involved in mitochondrial biogenesis, such as mitochondrial transcription factor-A (TFAM) (Negrette-Guzman et al., 2017).

Oliveira et al. (2018) have shown that the pretreatment with SFN on mitochondria from human neuroblastoma cells exposed to hydrogen peroxide, prevented the loss of viability in these cells, decreased lipid peroxidation, protein carbonylation, and protein nitration in mitochondrial membranes. Also, SFN increased the levels of cellular and mitochondrial glutathione, maintained the mitochondrial bioenergetics state and increased the expression of Nrf2. The authors conclude that SFN abrogates mitochondrial impairment in a Nrf2-dependent manner.

Another study in human umbilical vein endothelial cells observed protective effects of SFN against angiotensin II. It was observed that angiotensin II decreased human

umbilical vein endothelial cells viability and mitochondria membrane potential by impaired cytochrome c release, activation of caspase 3/9, and induction of ROS production. Also, there was increased cell apoptosis. SFN was able to decrease the oxidative stress and mitochondrial apoptosis induced by angiotensin II through ROS scavenger, induction of Nrf2 activation, and expression (Zhang and Jiang, 2020).

Carrasco-Pozo et al. (2017) have shown that SFN prevented cholesterol-induced alterations in the efficiency of mitochondrial respiration, improved ATP turnover, and averted the impairment of the electron flow at complexes I, II, and IV. Also, SFN decreased the activation of the NF- κ B pathway and normalized the expression of pro-inflammatory cytokines. Additionally, SFN inhibited the decrease of sirtuin-1 expression and increased PGC-1 α expression in pancreatic β - cells. Moreover, SFN increased the expression of Nrf2 with a consequent increase of antioxidant enzyme expression, and prevented lipid peroxidation induced by cholesterol.

In a study of bladder dysfunction in diabetic rats, 12.5 mg/kg/day of SFN increased nuclear Nrf-2/HO-1 expression, decreased bladder ROS amount, mitochondrial Bax translocation, cytochrome c release, and caspase 3 activity/poly-(ADP-ribose)-polymerase (PARP)/apoptosis (Lin et al., 2019). The authors suggested that SFN can preserve mitochondrial function via modulation of the Nrf2/HO-1 pathway, with a consequent decrease of ROS production from damaged mitochondria (Lin et al., 2019). Usually, the increase of ROS produced by the mitochondrial damage leads to apoptosis by translocation of cytosolic Bax to mitochondria and release of mitochondrial cytochrome c into the cytosol while increase of caspase 3 activity leads to consequent PARP cleavage and, finally, apoptosis (Chung et al., 2012).

In a study with a lipid metabolism model in HHL-5 cells treated with SFN; and rats with the non-alcoholic fatty liver disease treated with 20 mg/kg of sulforaphane three times per day for ten weeks, have shown that SFN alleviates the swelling of mitochondria and stimulates mitochondrial biogenesis. SFN induced the expression of NRF1 and TFAM. Also, SFN increased the levels of antioxidant enzymes (SOD, HO-1, GST, NQO-1, and GSH), reduced the production of ROS, and kept the mitochondrial membrane potential ATP, and increased PGC-1 α expression (Lei et al., 2019).

Sulforaphane and microbiota

Trillions of bacteria colonizing the intestinal microbiota can metabolize food components that have not been digested by enzymes, showing the potentials of microbiota modulation. Among the food components known as essential modulators of the gut microbiota, dietary fibers, and phytonutrients stand out (Holscher et al., 2018; Kaczmarek et al., 2018).

The consumption of cruciferous vegetables can alter the composition of the gut microbiota and lead to the growth of specific bacteria, thereby increasing the production of microbial SFN (Li et al., 2009; Liu et al., 2017) as gut microbiota can metabolize glucosinolates (GLS) into SFN (Angelino et al 2015; Kaczmarek et al., 2018). The evidence for this mechanism has been supported by data indicating that the suppression of intestinal microbiota with antibiotics and mechanical cleaning of the intestine, made the conversion of GLS into SFN insignificant (Shapiro et al.,1998).

Humblot et al. (2005), in a pioneering study on the effect of brussels sprouts, inulin, and fermented milk on the diversity of the fecal microbiota of rats associated with the human microbiota, observed that the brussels sprouts led to the homogeneity of lactobacillus levels and the increase of levels of butyrate and acetate, showing that cruciferous vegetables are capable of altering the variety and metabolic functions of the intestinal microbiota of rats.

Liu et al (2017) observed that the consumption of broccoli altered the composition of the cecal microbiota in rats, especially the genera of the phylum Clostridiales (*Blautia*, *Clostridium*, *Dorea*, *Ruminococcaceae*, *Oscillospira*), and led to an increase in the hydrolysis of glucoraphanin (the main glucosinolate of broccoli) to bioactive isothiocyanate.

According to these observations, Wu et al (2018) evaluated the effects of broccoli ingestion on the hydrolytic action of myrosinase, the NQO1 enzyme, and on the diversity and composition of the intestinal microbiota of rats fed diets containing cooked and hydrolyzed broccoli. At the end of the study, they observed that the ingestion of broccoli for six weeks increased the activity of the hydrolytic action of myrosinase present in the colon and cecum and intensified the NQO1 activity of the colon mucosa. Besides, it strongly interfered in the bacterial composition of the rat microbiota; both cooked broccoli and hydrolyzed broccoli led to a significant increase in the Bacteroidetes and firmicutes phyla and significantly decreased Proteobacteria.

He et al (2018) in a study in 90 rats with bladder cancer induced by N-butyl-N- (4-hydroxybutyl) -nitrosamine found that rats treated with SFN showed a reduction of IL-6, secretory immunoglobulin A, and less dysbiosis of the normalized intestinal microbiota. They also observed a significant increase in *Bacteroides fragilis*, one of the most abundant species in the mucosa that acts on the appearance and evolution of the immune system, and an increase in *Clostridium* cluster I, a fundamental phylum in the degradation of carbohydrates and production of butyric acid. Furthermore, rats treated with SFN showed increased levels of butyric acid and isobutyric acid in the colon and positive regulation of the expression of junction proteins and GLP2, which led to the restoration of the lesion of the mucosal epithelium of the colon and cecum (He et al., 2018). It should be noted that butyric and isobutyric acids are essential sources of energy used by intestinal cells, help in the formation of the intestinal barrier, and in the development of the intestinal epithelium (Eareal et al., 2006; Wang et al., 2008).

Corroborating these findings, Xu et al. (2020), in a recent study mentioned above, evaluated the impact of glucoraphanin from broccoli seeds on the intestinal microbiota and lipid parameters of 36 mice with a high-fat diet during 8-week. In conclusion, the glucoraphanin present in the broccoli was able to reduce the Firmicutes / Bacteroidetes fraction, and there was a reduction in total cholesterol, triglycerides, and LDL-cholesterol. They also observed a reduction in the weight of the liver and visceral fat, a reduction in the concentrations of inflammatory markers, and the actions of the genes of FAS, in addition to a significant increase in the liver in the expression of the PPAR α , CPT1, ACOX genes. Finally, they emphasized that glucoraphanin can be a potent adjuvant in preventing obesity and can be used as a functional food in the form of flour, made from the seeds of cruciferous vegetables.

In human studies, Li et al (2009) conducted a randomized, crossover, controlled study with 17 participants who received for 14 days a regular diet with a low content of phytochemicals and fibers (refined grains without fruits or vegetables) versus a diet rich in cruciferous vegetables (14g / kg of weight). At the end of the study, they observed that the ingestion of cruciferous vegetables was able to modify the bacterial composition of the intestinal microbiota, especially the phyla of *Eubacterium hallii*; *Phascolarctobacterium faecium*; *Alistipes putredinis* and *Eggerthella* spp, such bacteria

use the glycosinolate present in cruciferous vegetables as a metabolic substrate (Clavel et al., 2005; Li et al., 2009).

Kellingray et al. (2017) in a randomized crossover study on the relationship between consumption of a diet rich in Brassica vegetables and a decrease in sulfate-reducing bacteria, showed that consumption for two weeks of a diet rich in Brassica (consisted of 6 portions of 84 g of broccoli, six 84g portions of cauliflower and six 300g portions of a broccoli and sweet potato soup) interfered with the bacterial composition of the microbiota of 10 healthy adults. Specifically, in the Brassica rich diet group, there was a significant reduction in the proportions of five bacterial taxa (four members of the phylum Clostridiales and one member of the phylum Bacteroidales).

Kaczmarek et al. (2018) evidenced in a controlled and randomized study, that broccoli can be a crucial piece in the modulation of the intestinal microbiota and, consequently, health promotion. These authors analyzed the effects of the intervention of 200g of cooked broccoli and 20g of raw radish a day on the intestinal microbiota of 18 healthy individuals in a study consisting of two 18-day sessions, interspersed with a 24-day washout period. At the end of the analyses, they found that the intervention with broccoli was able to modulate the intestinal microbiota of these individuals, leading to a significant reduction in the phylum Firmicutes and a significant increase in the phylum Bacteroidetes, concerning the control (Kaczmarek et al., 2018).

Sulforaphane in chronic kidney disease

The loss of renal function is accompanied by several physiological, biochemical, and anatomical changes in the body of the CKD patient (Stevens et al., 2013). Chronic inflammation and oxidative stress are common findings and associate with the uremic phenotype in patients with CKD. These patients have a decreased Nrf2 expression and translocation to the nucleus, with a consequent decrease in the production of antioxidant enzymes and greater ROS production. The increased ROS concentration is one of the triggers for the overexpression of NF- κ B, which generates greater production of pro-inflammatory cytokines. This whole process generates an addictive cycle between oxidative stress and inflammation in CKD (Pedruzzi et al., 2012; Pedruzzi et al., 2015). The presence of inflammation and oxidative stress worsens the underlying unregulated ageing process, mitochondrial dysfunction, and gut dysbiosis in CKD and

increases the risk of cardiovascular events and mortality (Dai et al 2020, Kooman et al 2014; Mafra et al., 2019; Glorieux et al, 2020).

Moreover, patients with CKD have a gut microbiota imbalance, called uremic dysbiosis, that leads to overproduction of bacteria species responsible for the production of uremic toxins such as indoxyl sulfate (IS), p-cresyl sulfate (pCS), and indole-3 acetic acid (IAA) (Cigarran Guldris et al., 2017). The accumulation of these uremic toxins is linked with changes in the gut barrier, contributing to an increase of LPS production and of local and systemic inflammation and oxidative stress (Mafra & Fouque, 2015).

Some studies have shown that mitochondrial dysfunction is linked to CKD pathogenesis (Mafra et al., 2018; Fontecha-Barriuso et al., 2020; Bai et al., 2019). Therefore, in CKD, there is an overproduction of ROS, a decrease in ATP generation, loss of inner mitochondrial membrane potential, cytochrome C release, and PGC-1 α (Enoki et al., 2017). All these factors together lead to cell apoptosis or cell injury and DNA mitochondrial damage, which stimulates the activation of Toll-like receptor (TLR) and inflammation in CKD (Galvan et al. 2017; Duann and Lin et al., 2017). Both acute kidney injury (AKI) and CKD associate with defects in mitochondrial biogenesis, demonstrated by the low PGC-1 α levels, mitochondrial transcription factor A (TFAM), and Mfn2 (Fontecha-Barriuso et al., 2020; Su et al., 2017). Mitochondrial dysfunction is linked with CKD progression, muscle dysfunction, and sarcopenia in CKD (Gamboa et al., 2016; Enoki et al., 2017; Bai et al., 2019).

Additionally, in a recent review, Mafra et al. (2019) have described that in CKD, there are several epigenetic alterations linked with the uremic state. These include hypermethylation of the RAS protein activator like 1 (Rasa1) gene induced by the overproduction and retention of uremic toxins. This leads to kidney fibrosis and suppression of Klotho activity, which is a significant regulator of anti-ageing defenses (Kato et al., 2019; Mafra et al., 2019). Another factor in the epigenetic changes in CKD is the MTHFR gene, which leads to the production of methyl radical synthesis and provides methyl groups for global genomic methylation. This factor is associated with an increased cardiovascular disease risk and an increase in biological age (Mafra et al., 2019). In another literature review, Kato et al. (2019) have described the links between

CpG DNA methylation and CKD, where the DNA methylation in the glomerular and proximal tubular epithelial cell leads to dysregulation of functions.

Currently, studies using dietary components and their potent bioactive compounds to improve the alterations found in CKD patients are critical. Several studies have shown that bioactive compounds such as curcumin, prebiotics, and Brazilian nuts, among others, can be an adjuvant therapy to the CKD patient (Cardozo et al., 2016; Esgalhadó et al., 2018; Mafra et al., 2019; Alvarenga et al., 2020a; Alvarenga et al., 2020b). As described above, SFN has been shown to be a promising nutritional therapy in several diseases. As far as we know, there are no studies about the SFN in CKD. However, some in vivo and in vitro studies have investigated the effects of this compound in the kidney and renal cells, as a renoprotective agent in CKD and AKI (Table 3).

Studies have shown that SNF can prevent cell death and renal and mitochondrial damage induced by cisplatin treatment (Guerrero-Beltrán et al, 2010a; Guerrero-Beltrán et al, 2010b). Also, SFN improves the nuclear translocation of Nrf2 in the cells, attenuating processes leading to renal dysfunction, structural damage, oxidative/nitrosative stress, and glutathione depletion, and decrease the activity of catalase, glutathione peroxidase, and glutathione-S-transferase (Guerrero-Beltrán et al, 2010a; Kim et al., 2015). Additionally, cisplatin-induced nephropathy leads to the activation of inflammation in the kidneys. The pretreatment with SFN can prevent renal injury and attenuate activation of inflammation pathway signaling (Guerrero-Beltrán et al, 2012).

Another study demonstrated in vitro and in vivo that Nrf2 plays a protective role against intravascular hemolysis-mediated AKI caused by hemoglobin (Hb)/heme-induced renal damage. SFN was able to activate Nrf2 expression, which led to protection against Hb toxicity in mice and cultured tubular epithelial cells, leading to amelioration of kidney injury, cell stress and death, and improvement in renal function (Rubio-Navarro et al., 2019). Some animal studies and in vitro studies in diabetic nephropathy with chronic renal dysfunction have shown that SFN can decrease the production of ROS and inflammation (IL-6 and caspase 3) in kidney tissues by activation of Nrf2-HO-1/NQO-1 and reduction in the activity of the glycogen synthase kinase 3beta (GSK3 β) signaling pathway, with the improvement of renal function, prevention of

fibrosis and tubular atrophy (Shang et al., 2015; Daoyuan Lv et al., 2018; Shin et al., 2019; Khaleel et al., 2019; Kim et al., 2019).

In an animal model of renal injury, SFN increased Nrf2 pathway, reduced inflammation and apoptotic markers, and improved renal function. Animals receiving SFN also showed a significant increase in GSH and SOD activities, with a decrease in MDA levels in renal tissues (Shokeir et al, 2015; Zhao et al., 2018). Renal protection of SFN was deleted in diabetic Nrf2-null mice, confirming the central role of Nrf2 in the protection of SFN (Wu et al, 2015; Zheng et al 2011). Current evidence suggest that Nrf2 renal expression plays an essential role in SFN action to prevent renal damage and that the most critical effect of SFN on chemical or ischemia-induced renal damage is exerted by the induction of NRF2 (Dadras and Khoshjou, 2013; Cui et al., 2017; Choi et al., 2014).

SFN reduces ROS production and increases cytoprotective enzymes, quinone oxidoreductase 1 (NQO1), and γ -glutamyl cysteine ligase (γ GCL). In maleic acid (MA)-induced nephropathy, SFN can avoid the decrease in fatty acid-related oxygen consumption rate, oxidative phosphorylation on proximal kidney tubule, and mitochondrial membrane potential, with consequent better control of respiratory index and decreased mitochondrial production of hydrogen peroxide (Briones-Herrera et al., 2018).

Cekauskas et al. (2013) have shown that SFN can decrease kidney injury in transplanted rats. SFN decreased reperfusion damage in the kidney and decreased blood urea nitrogen and creatinine serum levels. Moreover, mitochondrial microstructure was preserved and there was an increase in SOD 2 gene expression. Gigliotti et al. (2019) showed that supplementation with cruciferous broccoli powder improved kidney injury in a glutathione S-transferase m-1 (GSTM1) knockout mice line CKD model.

There are so far no clinical studies that explore the effects of SFN in patients with CKD (Table 2). The African American Study of Kidney Disease and Hypertension (AASK Trial) and the Atherosclerosis Risk in Communities (ARIC) studies suggest that deletion of GSTM1 (part of the superfamily of phase 2 antioxidant enzymes) is linked with CKD progression (Gigliotti et al., 2019). This could provide a mechanism whereby high vs. low consumption of cruciferous vegetables are associated with fewer kidney failure events and suggest an effect of protective metabolites from dietary intake when there is

GSTM1 deficiency (Tin et al., 2017). SFN can activate the Nrf2 signaling pathway and induce phase 2 detoxification enzymes indirectly (Gigliotti et al., 2019).

In toto, SFN could act in several pathways in renal injuries, especially in ameliorating inflammation and oxidative stress (**Fig 3**). SFN may represent an alternative strategy for improving the prognosis of patients with CKD by preventing progression of CKD and targeting common complications such as cardiovascular disease in these patient population. More studies on the effects of SFN in CKD are warranted.

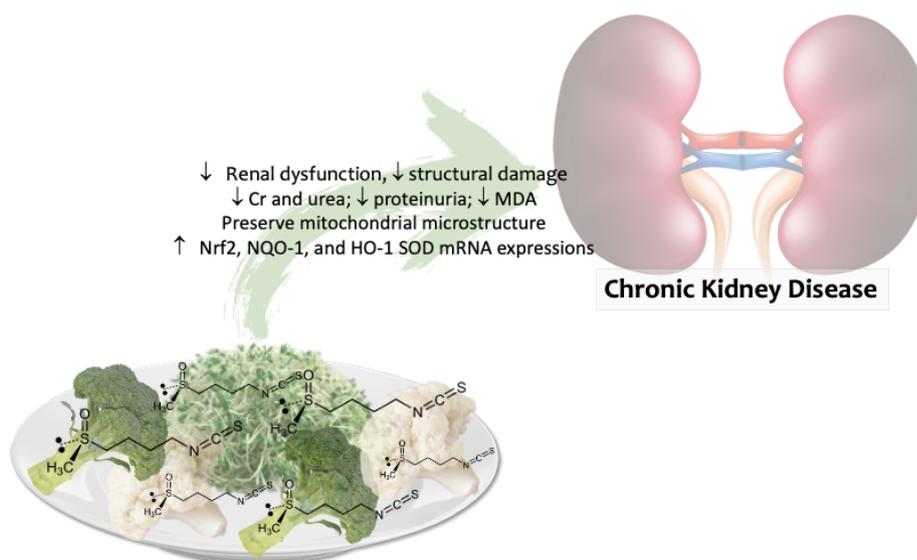


Fig 3: Possible effects of sulforaphane in chronic kidney disease. Sulforaphane seems to prevent structural damage in the kidney and reduce renal dysfunction including proteinuria by mitigating inflammation, increasing Nrf2, NQO-1, HO-1 SOD mRNA expressions and reducing oxidative stress.

Summary and Conclusions

SFN is an important bioactive compound present in cruciferous vegetables. Throughout scientific studies in different diseases, several beneficial functions of the SFN have been observed regarding chronic non-communicable diseases. An extensive literature shows that the main route of action of SFN is by its antioxidant potential and activation of the transcription factor Nrf2 that has a key role in the antioxidant response. Also, actions of SFN modulate the epigenetic landscape, protect against mitochondrial damage, and improve the gut microbiota, and suggest a promising role of SFN for the control of several diseases.

In this context, CKD is characterized by several changes, from inflammation and oxidative stress to epigenetic changes due to disease. Although there are no clinical studies demonstrating an effect of SFN in these patients, the studies in other disease areas presented here suggest that SFN could be a promising adjunctive therapy for CKD. The SFN proved to be able to improve renal function, decrease inflammatory markers, and mitochondrial damage. In addition to beneficial epigenetic changes in various models of kidney injury. Clinical studies with CKD patients and SFN should be encouraged in order to promote improvement in patients' quality of life.

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