Gene Expression-Targeted Isoflavone Therapy: Facts, Questions and Further Possibilities





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Lysosomal storage diseases (LSD)

- A group of over 50 diseases
- Each disease is caused by a deficiency in:
- (i) a specific lysosmal hydrolase (leading to an inability to degrade particular macromolecules, for example: sphingolipids, glycoproteins, glycosaminoglycans)
- (ii) a protein involved in transport of particular compounds through lysosomal membranes
- (iii) an enzyme that modifies lysosomal proteins, ensuring their proper localization and function
- (iv) an activator of particular lysosomal enzyme



Normal fibroblast LSD fibroblast

The deposition of undegraded substrates in tissues throughout the body leads to a multisystemic disease



Growth deficiency (dwarfism)



Central nervous system

and sensory organs affetced





(Disostosis multiplex)

Visceral organs' dysfunctions

Pathogenic cascades in LSD



Nature Reviews | Molecular Cell Biology

Mucopolysaccharidoses (MPS): a group of lysosomal storage diseases

Glycosaminoglycans (GAGs) are accumulated in MPS

Different kinds of GAGs, whose degradation is inhibited at different steps, are accumulated in various MPS types.

Degradation of dermatan sulfate



MPS are chronic, progressive and lifethreatening diseases

Clinical features include:

- organomegaly (e.g. liver, spleen, tongue)
- dysostosis multiplex
- obstructive airway disease
- impaired cardiovascular functions
- impaired hearing and vision
- joint stiffness
- hernias
- spinal cord compression
- hydrocephalus
- mental retardation (in some cases)

SINGNIFICANY SHORTENED LIFE SPAN (death usually within a childhood)

Potential therapies for LSD:

- Enzyme replacement therapy (ERT)
- Bone marrow (or stem cell) transplantation
- Gene therapy
- Stop codon read-through
- Small chaperones
- Substrate optimization therapy
- Substrate reduction therapy

Potential therapies for LSD:

- Enzyme replacement therapy (ERT)
- Bone marrow (or stem cell) transplantation
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- Substrate reduction therapy

The idea of substrate reduction therapy



NORMAL (Synthesis = Degradation)

The idea of substrate reduction therapy



The idea of substrate reduction therapy



SRT for LSD (Synthesis = Degradation)

Facts

PEDIATRIC RESEARCH

Pediatric Research (2006) **60,** 309-314

Inhibition of glycosaminoglycan synthesis using rhodamine B in a mouse model of mucopolysaccharidosis type IIIA

Roberts A.L., Thomas B.J., Wilkinson A.S., Fletcher J.M., Byers S.



Rodamine B is an inhibitor of GAG synthesis but the mechanism of its action in unknown

Reduction of GAG accumulation in MPS fibroblasts treated with rhodamine B for 14 days



MPS IIIA mouse treated with rhodamine B (weekly infusions of 1 mg/kg) for 6 months



Untreated MPS IIIA mouse

Control (a healthy mouse)



European Journal of Human Genetics (2006) 14, 846–852

Genistein-mediated inhibition of glycosaminoglycan synthesis as a basis for gene expression-targeted isoflavone therapy for mucopolysaccharidoses

Ewa Piotrowska, Joanna Jakobkiewicz-Banecka, Sylwia Baranska, Anna Tylki-Szymanska, Barbara Czartoryska, Alicja Wegrzyn and Grzegorz Wegrzyn



5, 7-dihydroxy-3- (4-hydroxyphenyl)-4*H*-1-benzopyran-4-one 4', 5, 7-trihydroxyisoflavone **Genistein**

MPS IIIA cell



Inhibition of glycosaminoglycan (GAG) synthesis by genistein

Piotrowska et al. (2006) Eur. J. Hum. Genet. 14: 846-852



Inhibition of EGF receptor phosphorylation (long term experiment - 24 h)





Stimulation of gene expression (transcription)

Jakobkiewicz-Banecka et al. (2009) J. Biomed. Sci. 16: 26



Short-term experiment

AIM: To establish the most effective and non-toxic dose of genistein which can significantly reduce GAG storage in MPS IIIB mice and be used as substrate reduction therapy for Sanfilippo syndrome

Total GAGs



Malinowska et al. (2009) Mol. Genet. Metabol.

Reduction of GAG storage in liver of MPS IIIB mice

MPS IIIB untreated

Wild-type

MPS IIIB genistein (160 mg/kg for 8 weeks)



Electron Microscopy



Long-term experiment







Behavioral tests



Inverted screen test



Bar crossing test

Home cage behavior



Behavioral tests



A Genetic Model of Substrate Reduction Therapy for Mucopolysaccharidosis*

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Background: Treatment of neuropathology in mucopolysaccharidoses may be possible by substrate reduction therapy. Results: A genetic model of substrate reduction therapy for mucopolysaccharidosis type IIIa ameliorates disease pathology in the brain.

Conclusion: Partial inhibition of glycosaminoglycan biosynthesis may be useful for treating mucopolysaccharidoses type III. **Significance:** Proof of principle is presented that inhibition of heparan sulfate synthesis might prove beneficial for treating mucopolysaccharidoses.

Mice:

Sgsh^{-/-} (IIIa) Sgsh^{-/-}Ext1^{+/-} (IIIaE1) Sgsh^{-/-}Ext1^{+/-}Ext2^{+/-} (IIIaE1E2)



gSRT ameliorates lysosomal storage in MPS IIIa mice

Lamanna W C et al. J. Biol. Chem. 2012;287:36283-36290


gSRT reduces hepatomegaly in MPS IIIa mice

Lamanna W C et al. J. Biol. Chem. 2012;287:36283-36290



gSRT ameliorates markers of neuropathology in MPS IIIa mice

Lamanna W C et al. J. Biol. Chem. 2012;287:36283-36290



Ext1/Ext2 heterozygosity improves the efficacy of ERT in MPS IIIa cells and mice

Lamanna W C et al. J. Biol. Chem. 2012;287:36283-36290



Questions

J Inherit Metab Dis DOI 10.1007/s10545-009-9029-2

ORIGINAL ARTICLE

Storage correction in cells of patients suffering from mucopolysaccharidoses types IIIA and VII after treatment with genistein and other isoflavones

Audrey Arfi • Magali Richard • Christelle Gandolphe • Daniel Scherman

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Genistein reduces heparan sulfate accumulation in human mucolipidosis II skin fibroblasts

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ABSTRACT

Genistein, a soy isoflavone, reduces glycosaminoglycan synthesis and its effect on mucopolysaccharidoses has been tested. In this report, we examined the effect of genistein in human mucolipidosis II skin fibroblasts *in vitro*. Heparan sulfate was accumulated within both cells and in extracellular spaces in mucolipidosis II. Genistein reduced the amount of heparan sulfate in cultured cells dose dependently and also inhibited cell growth dose dependently.

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RESEARCH PAPER

Genistein reduces glycosaminoglycan levels in a mouse model of mucopolysaccharidosis type II

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ORIGINAL ARTICLE

Genistein increases glycosaminoglycan levels in mucopolysaccharidosis type I cell models

Sandra D. K. Kingma · Tom Wagemans · Lodewijk IJlst · Frits A. Wijburg · Naomi van Vlies

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Abstract Mucopolysaccharidosis type I (MPS I) is a lysosomal storage disorder characterized by diminished degradation of the glycosaminoglycans (GAGs) heparan sulfate and dermatan sulfate, which results in the accumulation of these GAGs and subsequent cellular dysfunction. Patients present with a variety of symptoms, including severe skeletal disease. Genistein has been shown previously to inhibit GAG synthesis in MPS fibroblasts, presumably through inhibition of tyrosine kinase activity of the epidermal growth factor receptor (EGFR). To determine the potentials of genistein for the treatment of skeletal disease, MPS I fibroblasts were induced into chondrocytes and osteoblasts and treated with genistein. Surprisingly, whereas tyrosine phosphorylation levels (as a measure for tyrosine kinase inhibition) were decreased in all treated cell lines, there was a 1.3 and 1.6 fold increase in GAG levels in MPS I chondrocytes and fibroblast, respectively (p<0.05). Sulfate incorporation in treated MPS I fibroblasts was 2.6 fold increased (p<0.05), indicating increased GAG synthesis despite tyrosine kinase inhibition. This suggests that GAG synthesis is not exclusively regulated through the tyrosine kinase activity of the EGFR. We hypothesize that the differences in outcomes between studies on the effect of genistein in MPS are caused by the different effects of genistein on different growth factor signaling pathways, which regulate GAG synthesis. More studies are needed to elucidate the precise signaling pathways which are affected by genistein and alter GAG metabolism in order to evaluate the therapeutic potential of genistein for MPS patients.

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The Phytoestrogen Genistein Modulates Lysosomal Metabolism and Transcription Factor EB (TFEB) Activation*

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Background: Genistein is a potential drug for certain inherited lysosomal disorders.

Results: Genistein influences molecular cross-talk in the cell responsible for lysosomal enhancement.

Conclusion: Genistein potentiates lysosomal metabolism by activating transcription factor EB (TFEB).

Significance: The explanation of genistein action offers more adequate therapeutic procedures for the treatment of some lysosomal storage diseases.

Microarray analyses using HumanHT-12 Expression BeadChip

Transcriptomes of human fibroblasts treated with genistien

Gene expression	Modulation	No. of genes								
modulation	targets	Genistein concentration [µM]								
		30		60		100				
		Ті			me of exposure [h]					
		1	24	48	1	24	48	1	24	48
▲ up-regulated	whole genome	7	12	25	1	110	155	6	231	291
genes	GAG metabolism	1	1	0	2	7	6	2	10	6
	GSL metabolism	0	1	2	1	7	10	1	6	10
▼ down-regulated	whole genome	18	21	34	8	149	215	23	236	370
genes	GAG metabolism	0	0	0	0	4	1	0	4	3
	GSL metabolism	0	2	0	0	2	0	0	2	1

Expression of genes coding for enzymes involved in GAG synthesis and degradation is response to genistein, as assessed by microarray analyses and qRT-PCR





Expression of genes coding for enzymes involved in glycosphingolipids' (GSL) synthesis and degradation is response to genistein, as assessed by microarray analyses and qRT-PCR



Expression *TFEB*, a gene coding for the master positive regulator of lysosomal biogenesis, is stimulated by genistein





K 30 60 100 μ M genistein, 48h



TFEB

Protein level



GAPDH

24 h







Genistein stimulates lysosomal biogenesis in HDFa cells

Control – no genistein

30 µM genistein

60 µM genistein

100 µM genistein

48h



24 h







Genistein stimulates lysosomal biogenesis in MPS I cells

Control – no genistein

30 µM genistein

60 µM genistein

100 µM genistein



Volume 69, Number 2, April 2008

Brief Report

Genistin-Rich Soy Isoflavone Extract in Substrate Reduction Therapy for Sanfilippo Syndrome: An Open-Label, Pilot Study in 10 Pediatric Patients

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Figure 1. Urinary heparan sulfate (HS) concentrations in patients with mucopolysaccharidosis (MPS) IIIA or IIIB treated with a genistin-rich isoflavone extract. (Median values are shown by the dashed horizontal bars at baseline and 12 months.) P = 0.028 versus baseline. Significant changes were found in patients IIIA-1, IIIA-2, IIIA-3, IIIA-4, IIIA-5, IIIB-3, and IIIB-5.

Table II. Hair morphology assessed using electron microscopy and cognitive function assessed using the Brief Assessment Examination (BAE) at baseline and after 12 months of treatment with genistin-rich isoflavone extract.^{21–23}

Patient No.	Hair Morph	ology Score*	BAE Score*		
	Baseline	12 Months	Baseline	12 Months	
IIIA-1	1	O [‡]	19	23 [†]	
IIIA-2	1	O*	14	19 [‡]	
IIIA-3	2	1‡	36	36	
IIIA-4	2	1‡	0	4†	
IIIA-5	3	1‡	11	17 [†]	
IIIB-1	1	1	9	12*	
IIIB-2	1	1	33	36†	
IIIB-3	2	1*	12	12	
IIIB-4	3	2*	4	6*	
IIIB-5	3	1*	27	32*	

*Scale: 0 = normal to 5 = most abnormal.

[†] Scale: 0 = no contact with the tested child to 52 = normal score for properly developed child at the age of 3 years.

 $^{\dagger}P = 0.012$ versus baseline.

J Inherit Metab Dis (2011) 34:1039–1044 DOI 10.1007/s10545-011-9342-4

ORIGINAL ARTICLE

Genistein supplementation in patients affected by Sanfilippo disease

Verónica Delgadillo • Maria del Mar O'Callaghan • Rafael Artuch • Raquel Montero • Mercedes Pineda

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	Baseline			12 months			
	Mean	Standard deviation	Reference values	Mean	Standard deviation	Wilcoxon test	
GAGs (mg/mmol creat.)	27.54	13.94	(0.36–6.4) 6 ^a	35.30	19.48	n.s	
CoQ10 (µmol/L)	0.42	0.16	(0.41-1.12) 0.70	0.36	0.11	n.s.	
Cholesterol (mmol/L)	3.8	0.75	(2.47-5.20) 2.73	4.07	0.99	n.s.	
Vitamin E (µmol/L)	20.16	5.89	(13.4–36.4) 23	27.67	7.73	n.s.	
Disability score	9.5	6.27		10.85	6.2 ^b	P=0.012	

Table 3 Clinical and biochemical results at baseline and after 12 months of treatment

GAG Glycosaminoglycan, n.s. not significant

^aGAG reference values are average values for 6 year old

^b Significant worsening in disability scores was observed after 12 months of therapy

Patient	Hair morphology score ^a				
	Baseline	After first year			
III A - 1	2	0			
III A - 2	1	0			
III A - 3	3	1			
III A - 4	2	0			
III A - 5	1	0			
III A - 6	3	1			
III A - 7	0	0			
III A - 8	4	2			
III A - 9	2	0			
III A - 10	1	0			
III B - 2	2	0			
III C - 1	3	0			
III C - 3	0	0			
III C - 5	2	0			
III C - 6	2	0			

Table 4 Hair morphology determined with electron microscopy at baseline and after 12 months of treatment with genistein-rich isoflavone extract

^aScores range from 0 (normal) to 5 (most abnormal)

CLINICAL REPORT





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Received 25 May 2010; Accepted 23 April 2011

Baseline



26 weeks of genistein administration



Active shoulder abduction





Passive shoulder abduction



Active shoulder flexion





Passive shoulder flexion

Genistein in Sanfilippo Disease: A Randomized Controlled Crossover Trial

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Grzegorz Wegrzyn, PhD,² Wim Kulik, PhD,³ Lodewijk IJlst, BASc,³

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Objective: Sanfilippo disease (mucopolysaccharidosis type III [MPS III]) is a rare neurodegenerative metabolic disease caused by a deficiency of 1 of the 4 enzymes involved in the degradation of heparan sulfate (HS), a glycosaminoglycan (GAG). Genistein has been proposed as potential therapy but its efficacy remains uncertain. We aimed to determine the efficacy of genistein in MPS III.

Methods: Thirty patients were enrolled. Effects of genistein were determined in a randomized, crossover, placebocontrolled intervention with a genistein-rich soy isoflavone extract (10mg/kg/day of genistein) followed by an openlabel extension study for patients who were on genistein during the last part of the crossover.

Results: Genistein resulted in a significant decrease in urinary excretion of total GAGs (p = 0.02, slope -0.68mg GAGs/mmol creatinine/mo) and in plasma concentrations of HS (p = 0.01, slope -15.85ng HS/ml/mo). No effects on total behavior scores or on hair morphology were observed. Parents or caregivers could not predict correctly during which period of the crossover a patient was on genistein.

Interpretation: Genistein at 10mg/kg/day effectively reduces urinary excretion of GAGs and plasma HS concentration in patients with MPS III. However, the absolute reduction in GAGs and in HS is small and values after 12 months of treatment remain within the range as observed in untreated patients. No clinical efficacy was detected. Substantially higher doses of genistein might be more effective as suggested by recent studies in animal models.

Genistein decreases levels of total GAGs and heparan sulfate in MPS III patients



JIMD Reports DOI 10.1007/8904_2011_87

RESEARCH REPORT

The Use of Elevated Doses of Genistein-Rich Soy Extract in the Gene Expression-Targeted Isoflavone Therapy for Sanfilippo Disease Patients

Věra Malinová • Grzegorz Węgrzyn • Magdalena Narajczyk

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Further Possibilities



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High dose genistein aglycone therapy is safe in patients with mucopolysaccharidoses involving the central nervous system

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ABSTRACT

Genistein (4,5,7-trihydroexyisoflavone), a soy derived isoflavone, has been proposed as a substrationary in patients with mucopolysaccharidoses (MPS) disorders with central nervous system based on studies in cultured fibroblasts demonstrating that this agent inhibits glycosaminoglyc. Several studies have reported treatment of MPS III patients with low dose genistein (5–15 mg/l no serious adverse effects and variable neurocognitive outcomes. Mice with MPS IIIB treated wi (160 mg/kg/day) genistein exhibited a significant decrease in heparan sulfate accumulation and neuroin the brain and improvement of the behavioral phenotype. No study to date has been performed us genistein treatment in MPS patients. We initiated an open label study to assess the safety of high d treatment in MPS patients with neurological impairment. Twenty-two eligible patients were tree 12 months with pure synthetic genistein at a dose of 150 mg/kg/day. Safety labs, urine GAG levels, the safety of t







Sanfilippo Clinical Trial

A Phase III, Double Blinded, Randomised, Placebo Controlled Clinical Tr High Dose Oral Genistein Aglycone in Patients with Sanfilippo Synd (Mucopolysaccharidosis III A, B and C) - GENiSIS2013.

Released November 26 2013

The Universit of Mancheste

Stem Cell & Neurotherapies Group, Centre for Genomic Medicine, University of Manchester Willink Biochemical Genetics Unit, Centre for Genomic Medicine, St Mary's Hospital, C Manchester University Hospitals NHS Foundation Trust

We will soon be recruiting for a phase III, double blinded, randomised, placebo controlled clinical t high dose oral genistein aglycone in Sanfilippo diseases (MPSIIIA, B and C). This is funded by th society for Mucopolysaccharide Diseases, The National MPS society and the GEM appeal in a grant Brian Bigger and sponsored by the Central Manchester Universities Hospitals NHS Foundation Trus expect to begin recruiting in early 2014, primarily from within the UK.

The trial will be regulated by the UK MHRA, performed at the NIHR/Wellcome Trust Clinical Res facility in Manchester using GMP grade genistein aglycone. The trial will be one year placebo cont with one year open label extension with robust efficacy and safety endpoints. Metab Brain Dis (2011) 26:1-8 DOI 10.1007/s11011-011-9233-2

ORIGINAL PAPER

Effects of flavonoids on glycosaminoglycan synthesis: implications for substrate reduction therapy in Sanfilippo disease and other mucopolysaccharidoses

Anna Kloska • Joanna Jakóbkiewicz-Banecka • Magdalena Narajczyk • Zyta Banecka-Majkutewicz • Grzegorz Węgrzyn

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Fig. 3 Effects of mixtures of natural flavonoids (K—kaempferol, N naringenin, D—daidzein, G—genistein, at 10 μ M concentration each) on kinetics of glycosaminoglycan synthesis in fibroblasts. Relative ³⁵S incorporation into GAGs after 3-day exposure to mixtures of various flavonoids is presented. Labeling was conducted for 24 h with 20 μ Ci/ml H₂[³⁵S]O₄. Radioactivity of incorporated ³⁵S was measured in a scintillation counter, calculated per DNA amount [dpm/ng DNA], and expressed as the percentage of control (ctrl = cell culture treated with 0.05% dimethylformamide). The results presented are average values obtained for three different cell *lines with bars* indicating standard deviation. Statistical analysis was performed by using the *t*-Student twotailed test. Values of p < 0.05 (*) or p < 0.01 (**) are indicated Kloska et al. Journal of Translational Medicine 2012, **10**:153 http://www.translational-medicine.com/content/10/1/153



RESEARCH

Open Access

Synthetic genistein derivatives as modulators of glycosaminoglycan storage

Anna Kloska¹, Magdalena Narajczyk², Joanna Jakóbkiewicz-Banecka¹, Grzegorz Grynkiewicz³, Wiesław Szeja⁴, Magdalena Gabig-Cimińska^{1,5} and Grzegorz Węgrzyn^{1*}

Compound	Number of structures per 100 μ m ² of cellular cross section ± SD										
	lamellar	complexed	amorphous	total number							
	MPS IIIA										
None	0.40±0.17	0.35 ± 0.35	0.38 ± 0.27	1.13 ± 0.50							
IFG-032	0.14±0.08 *	0.22±0.11	0.17±0.16 *	0.53±0.19*							
IFG-034	0.17±0.09 *	0.27 ± 0.14	0.17±0.09 *	0.61 ± 0.20 *							
IFG-036	0.19±0.14 *	0.28 ± 0.16	0.22 ± 0.11	0.73±0.31*							
IFG-038	0.32±0.16	0.27±0.13	0.21 ± 0.13	0.80±0.24 *							
IFG-066	0.13±0.10 *	0.16 ± 0.08	0.18±0.19*	0.48±0.17*							
IFG-071	0.28±0.13	0.26 ± 0.09	0.25 ± 0.11	0.79±0.22*							
IFG-072	0.20±0.10 *	0.28 ± 0.10	0.34 ± 0.17	0.82 ± 0.23							
		MF	PS IIIB								
None	0.44±0.18	0.14±0.10	0.17 ± 0.12	0.75 ± 0.31							
IFG-032	0.17±0.11 *	0.10 ± 0.07	0.12 ± 0.08	0.40±0.20*							
IFG-034	0.20±0.16 *	0.06 ± 0.05	0.15 ± 0.08	0.41 ± 0.16 *							
IFG-036	0.25±0.21 *	0.12±0.11	0.15 ± 0.18	0.50 ± 0.34							
IFG-038	0.21 ±0.12 *	0.10 ± 0.10	0.09 ± 0.09	0.41 ± 0.18 *							
IFG-066	0.15±0.10 *	0.11 ± 0.14	0.08 ± 0.06	0.34±0.23 *							
IFG-071	0.07±0.07 *	0.07 ± 0.06	0.13 ± 0.09	0.26±0.13*							
IFG-072	0.11±0.12*	0.16±0.08	0.14 ± 0.10	0.41 ± 0.20 *							

Table 3 Effect of synthetic derivatives of genistein at 30 µM concentration on the number of different lysosomal structures in MPS IIIA and MPS IIIB fibroblasts

Asterisks (*) indicate statistically significant differences (one-way ANOVA with Tukey's multiple comparisions as a post-hoc test, p < 0.05) relative to control MPS IIIA and MPS IIIB cells (None) where no tested compound was added into culture medium.

Microarray analyses using HumanHT-12 Expression BeadChip

Transcriptomes of human fibroblasts treated with genistien, kaempferol, daidzein, and their combinations

Gene	Modula- tion targets		No. of genes																		
expres- sion modula- tion		Genistein [<i>µ</i> M]					Kaempferol [<i>µ</i> M]						Genistein + Kaempfer ol [µM]		Daidzein [<i>µ</i> M]				Genistein + Daidzein		
			30	6	60	1	00	3	0	6	0	1	00	30 -	+ 30	(60	1	00	30	+ 30
										Time	e of ex	posi	ıre [h]							·	
		24	48	24	48	24	48	24	48	24	48	24	48	24	48	24	48	24	48	24	48
▲ up- regulated genes	whole genome	12	25	110	155	231	291	286	284	220	538	421	812	209	496	75	287	26	112	38	463
	GAG metabo- lism	1	0	7	6	10	6	1	7	1	8	6	13	6	10	0	5	0	4	1	6
	GSL metabo- lism	1	2	7	10	6	10	6	12	5	13	11	19	8	20	1	5	3	10	4	15
▼ down- regulated genes	whole genome	21	34	149	215	236	370	266	221	120	439	279	697	154	835	27	232	31	443	46	139
	GAG metabo- lism	0	0	4	1	4	3	4	0	3	3	5	5	2	3	1	3	1	7	2	2
	GSL metaboli sm	2	0	2	0	2	1	4	1	2	3	6	6	3	5	0	2	0	3	1	2

