ABSORPTION AND METABOLISM OF FLAVONOIDS IN THE CACO-2 CELL CULTURE MODEL AND A PERUSED RAT INTESTINAL MODEL

YAN LIU AND MING HU

Department of Pharmaceutical Sciences, College of Pharmacy, Washington State University, Pullman, Washington

(Received July 12, 2001; accepted December 18, 2001)

This article is available online at http://dmd.aspetjournals.org

ABSTRACT:
The purpose of present study was to determine the intestinal absorption and metabolism of genistein and its analogs to better understand the mechanisms responsible for their low oral bioavailability. The Caco-2 cell culture model and a perfused rat intestinal model were used for the study. In both models, permeabilities of aglycones (e.g., genistein) were comparable to well absorbed compounds, such as testosterone and propranolol. In the Caco-2 model, permeabilities of aglycones were at least 5 times higher (p < 0.05) than their corresponding glycosides (e.g., genistin), and the vectorial transport of aglycones was similar (p > 0.05). In contrast, vectorial transport of glucosides favored excretion (p < 0.05). Limited hydrolysis of glycosides was observed in the Caco-2 model, which was completely inhibited (p < 0.05) by 20 mM glucocolactone, a broad specificity glycosidase inhibitor. In the perfused rat intestinal model, genistin was rapidly hydrolyzed (about 40% in 15 min) in the upper intestine but was not hydrolyzed at all in the colon. A glycone was rapidly absorbed (P*eff > 1.5), and absorbed aglycones underwent extensive (40% maximum) phase II metabolism via glucuronidation and sulfation in the upper small intestine. Similar to the hydrolysis, recovery of conjugated genistein was also region-dependent, with jejnum having the highest and colon the lowest (p < 0.05). This difference in conjugate recovery could be due to the difference in the activities of enzymes or efflux transporters, and the results of studies tend to suggest that both of these factors were involved. In conclusion, genistein and its analogs are well absorbed in both intestinal models, and therefore, poor absorption is not the reason for its low bioavailability. On the other hand, extensive phase II metabolism in the intestine significantly contributes to its low bioavailability.

Genistein, a soy isoflavone, is being tested for its ability to prevent prostate cancer (NCI, 1996). Its efficacy is supported by epidemiological evidence and in vitro mechanistic studies (Kurzer and Xu, 1997). However, the bioavailabilities of genistein and its glucoside analog (i.e., genistin, the main natural glucoside form of genistein in soy products such as tofu and soy milk) are poor (Xu et al., 1994, 1995; King et al., 1996; King and Bursill, 1998; Setchell et al., 2001). Poor bioavailability of genistein and its analog is a serious concern since the in vivo plasma concentration of isoflavonoids is typically in the range of 0.01 to 0.1 μM (Setchell et al., 2001), significantly less than the IC50 or EC50 value of 5 to 50 μM commonly reported for their anticancer and other effects in vitro (Kurzer and Xu, 1997; Setchell et al., 2001).

Extensive first-pass metabolism of genistein may be one of the main reasons for its poor bioavailability. In rats, the main metabolites are 7-OH-glucuronic acid and 4′-OH-sulfate (King et al., 1996). In humans, 7-OH-glucuronic acid of genistein is the major metabolite (about 90%), whereas 4′-OH-sulfate (<10%) is the minor metabolite (King and Bursill, 1998; Setchell et al., 2001). Other pathways (e.g., bacteria-mediated metabolism) may also be involved, based on the variety of metabolites recovered in urine (Kurzer and Xu, 1997; King and Bursill, 1998; Watanabe et al., 1998; Setchell et al., 2001). Liver conjugates of genistein are partially excreted into the urine or eliminated through the bile (King et al., 1996). Recently, it was shown that flavone glucuronides and isoflavone glucuronides were secreted by the rat enterocytes (Crespy et al., 1999; Liu et al., 1999; Andlauer et al., 2000), thereby identifying another pathway for the disposition of flavones. This phenomenon of intestinal secretion of glucurononated metabolites of xenobiotics has rarely been shown previously (Fischer et al., 1996).

Published studies have suggested that genistein-7-O-glucoside (or genistin) is not absorbed from the intestine, which contributes to its poor oral bioavailability. For example, a recent study has suggested that genistin is not transported across the Caco-2 model (Walle et al., 1999). Walle and his coworkers further suggested that the presence of a multidrug resistant protein 2 (MRP2) countered the absorption of genistin in the Caco-2 model (Walle et al., 1999; Walgren et al., 2000). The same research group later showed that a glucose transporter (SGT1) facilitated the transport of quercetin-4′-β-glucoside (a flavone glucoside) (Walgren et al., 2000b), especially when the function of MRP2 was suppressed. Since genistein is absorbed after administration of genistin (either in soy products or as pure genistin),...
an activation mechanism must be present. Previously, the proposed mechanism responsible for this activation is hydrolysis of glucosides by bacteria glucosidase. Results of recent studies have suggested the involvement of intestinal glycosidases (Day et al., 1998, 2000; Andlauer et al., 2000).

The purpose of the present studies was to determine how intestinal disposition of genistein and its glycoside (genistein or genistein-7-O-glucoside; Fig. 1) contributes to their low bioavailability by investigating their transport across the Caco-2 cell monolayer (Hidalgo et al., 1989) and their absorption and metabolism in the rat intestine (Hu et al., 1988). Both model systems were used here because they have complementary characteristics (Kim et al., 1993; Zheng et al., 1994) and none of these two models when used alone is sufficient to achieve the goals of the study. For example, the Caco-2 model is excellent for studying the mechanism of transepithelial transport but often lacks or poorly expresses phase I and phase II enzymes. On the other hand, the rat perfusion model, an in situ model with intact circulation, is very suited to study regional absorption and metabolism but not secretory transport. Genistein and genistin were chosen because they are the main active ingredients in a formulation used for chemoprevention trials and many soy isolavone products. Apigenin and apigetin (apigenin-7-O-glucoside; Fig. 1), which are flavonoid analogs of genistein and genistin, respectively, were chosen to gain some perspective on the effects of structural change on the intestinal transport and metabolism processes. Lastly, studies were performed to identify the glucosidase responsible for hydrolysis of glucosides.

**Experimental Procedures**

**Materials.** Cloned Caco-2 cells (TC7) were a kind gift from Dr. Moniqué Rouset (Institut National de la Santé et de la Recherche Médicale U178, Villejuif, France). Genistein, genistein (genistein-7-O-glucoside), apigenin, and apigetin (apigenin-7-O-glucoside) were purchased from Indofine Chemicals (Somerville, NJ). β-Glucuronidase, α-glucosidase, β-glucosidase, sulfatase, and Hanks’ balanced salt solution (HBSS; powder form) were purchased from Sigma (St. Louis, MO). [14C]PEG4000 was obtained from PerkinElmer Life Sciences (Boston, MA). All other materials (typically analytical grade or better) were used as received.

**Animals.** Male Sprague-Dawley rats aging between 70 to 110 days old and weighing between 260 to 350 g (Simonsen Laboratory, Gilroy, CA) were used. The rats were fasted overnight before the date of the experiment to determine which enzyme may hydrolyze the glucosides. Each enzyme was incubated with glucuroni-
we then used the following equation to calculate the relative errors of our estimation:

\[ \delta^2 = \left( \frac{\text{Calculated ABS}_{\text{ave}} - \text{Observed ABS}_{\text{total}}}{\text{ABS}_{\text{ave}}} \right) \times 100\% \]

where \( \text{ABS}_{\text{ave}} \) is the average of calculated \( \text{ABS}_{\text{total}} \) and observed \( \text{ABS}_{\text{total}} \). A similar procedure was used to calculate total amount of genistein, apigenin, and apigetrin remaining in the relevant perfusate using the additional mathematical relationships shown in Table 1. The concentration of compound in the perfusate before hydrolysis was used to calculate an effective permeability (\( P_{\text{eff}} \)) and an unbiased intestinal wall permeability (\( P_{\text{w}} \)), which were designated as calculated permeability values. On the other hand, the concentration of compound in the perfusate after hydrolysis using glucuronidase was used to calculate corrected \( P_{\text{eff}} \) and \( P_{\text{w}} \), which were designated as corrected permeability values.

Data Analysis: Perfusion Study. \( P_{\text{eff}} \) and \( P_{\text{w}} \) were obtained as described previously (Hu et al., 1988, 1995). The mathematical principle of this analysis method is well established (Hu et al., 1988, 1995). This method measured the steady-state uptake of test compounds to calculate \( P_{\text{w}} \). At steady-state, \( P_{\text{w}} \) was calculated using the following equations:

\[ P_{\text{w}} = \frac{P_{\text{eff}}}{1 - \frac{C_{\text{w}}}{C_{\text{o}}}} \]

\[ P_{\text{eff}} = \frac{1}{4Gz} \]

\[ P_{\text{eff}} = (A \cdot (Gz)^{1/3}) - 1 \]

\[ A = 4.5 \text{ Gz} + 1.065 \]

In eqs. 3 to 6, \( C_{\text{o}} \) and \( C_{\text{w}} \) are inlet and outlet concentrations, respectively; Gz, or the Graetz number, a scaling factor that incorporates flow rate and intestinal length to make the permeability dimensionless, is the same as previously defined (Hu et al., 1988, 1995); and \( A \) is a correction factor for aqueous resistance of the intestine (Hu et al., 1988). \( C_{\text{o}} \) was adjusted for water flux as indicated by the concentration of \([\text{PEG}4000]\), a nonabsorbable marker compound, and data points were discarded if the water flux exceeded 0.55%/cm of intestine (Hu et al., 1988, 1995).

The \( P_{\text{w}} \) values are a better representation of the intestinal membrane permeability than \( P_{\text{eff}} \) because the contribution of the unstirred water layer (\( P_{\text{w}} \)) is factored out (Hu et al., 1988, 1995). Previous publications have indicated that compounds with a \( P_{\text{w}} \) larger than 1 are generally well absorbed (>75%) (Johnson and Amidon, 1988). However, when drug permeates rapidly, \( P_{\text{w}} \) could approach infinity as \( P_{\text{w}} \) does. Under such circumstance, a change in \( P_{\text{w}} \) does not significantly impact the overall permeation, whereas a change in \( P_{\text{w}} \) does.

Enzyme-Catalyzed Hydrolysis. Rates of hydrolysis of genistin and apigetrin by \( \beta \)-glucosidase may be described by the classical Michaelis-Menten equation. The values of \( K_m \) and \( V_{\text{max}} \) were obtained through nonlinear regression (Sigma Plot) by using the following equation:

\[ \text{Initial Rates of Hydrolysis} = V_{\text{max}}C/(K_m + C) \]

In eq. 7, \( V_{\text{max}} \) is the maximum rate of hydrolysis, \( K_m \) is the affinity constant, and \( C \) is the initial concentration of the substrate.

One-way ANOVA or a unpaired Student’s \( t \) test (Microsoft Excel; Redmond, WA) was used to analyze the data. The prior level of significance was set at 5% or \( p < 0.05 \).

Results

Absorption and Metabolism Studies in the Caco-2 Model. Vectorial transport of genistein and apigenin in Caco-2 cell culture model. Vectorial transport experiments are used to determine the involvement of carrier-mediated transport, and a difference in absorptive and secretory transport often signals the involvement of a transport carrier. The results showed that absorptive transport of aglycones...
Transport and Metabolism of Flavonoids in the Perused Rat Intestinal Model. Absence of soy isoflavonoids in fasted rat intestine.

To address the concern that soy isoflavones may be present in the Teklad diet consumed by the rats, buffer was perfused through a segment of rat jejunum to yield blank perfusate. Neither genistin nor any of its phase II metabolites was expected to be absorbed slowly in the jejunum based on Caco-2 transport data. Therefore, a flow rate of 0.191 ml/min was chosen for the determination of glucoside permeabilities in the rat model. Surprisingly, the apparent permeabilities of genistin and apigetrin were not low in jejunum (Table 3). In addition, significant amounts (25% of original) of highly permeable aglycones were found in perfusate, jejunal segment of rat jejunum to yield blank perfusate. Neither genistein nor its phase II metabolites was found in the perfusate (Table 4). After correcting for metabolites found in perfusate, jejunal $P_{\text{eff}}$ and $P_{\text{w}}$ of genistin were found to be 0.623 ±

### TABLE 1

<table>
<thead>
<tr>
<th>Compound</th>
<th>Hydrolyzed Peak</th>
<th>Original Peak</th>
<th>Regression Equation</th>
<th>Average δ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genistein</td>
<td>Genistein $\text{ABS}_{\text{total}}$</td>
<td>$\text{ABS}_{\text{genistein}}$</td>
<td>$\text{ABS}<em>{\text{genistein}} = \text{ABS}</em>{\text{genistein}} + 0.716$</td>
<td>2.54 ± 2.38%</td>
</tr>
<tr>
<td>Genistein</td>
<td>Genistein $\text{ABS}_{\text{total}}$</td>
<td>$\text{ABS}_{\text{genistein}}$</td>
<td>$\text{ABS}<em>{\text{genistein}} = \text{ABS}</em>{\text{genistein}} + 0.890$</td>
<td>3.15 ± 2.01%</td>
</tr>
<tr>
<td>Apigenin</td>
<td>Apigenin $\text{ABS}_{\text{total}}$</td>
<td>$\text{ABS}_{\text{apigenin}}$</td>
<td>$\text{ABS}<em>{\text{apigenin}} = \text{ABS}</em>{\text{apigenin}} + 0.732$</td>
<td>1.7 ± 1.5%</td>
</tr>
<tr>
<td>Apigenin</td>
<td>Apigenin $\text{ABS}_{\text{total}}$</td>
<td>$\text{ABS}_{\text{apigenin}}$</td>
<td>$\text{ABS}<em>{\text{apigenin}} = \text{ABS}</em>{\text{apigenin}} + 1.410$</td>
<td>1.11 ± 0.58%</td>
</tr>
</tbody>
</table>

### Absorption and Metabolism of Flavonoids in the Perused Rat Intestinal Model.

The average δ is the average of 16 determinations using four rats at four time points each.
All studies were conducted in the absence of 20 mM pAH except when gluconolactone (20 mM) was also used in a glucose-free media. The concentration of genistin was 100 μM. The experiments were performed at 37°C using a protocol described under Experimental Procedures. One-way ANOVA analysis was used to analyze the data and showed that there is significant (p < 0.05) inhibition of glucoside transport as the glucose concentration increased from 0 to 25 mM and that there is a significant increase in uptake (p < 0.05) but not in the transport (P > 0.1) of glucoside in the presence of gluconolactone and pAH.

Recovery of original and metabolites of perfused compounds (i.e., genistein and apigetrin) as a function of time

The recovery was expressed as percentage of original compound in the perfusate (flow rate, 0.382 ml/min). Glucuronide was quantified by using sulfatase-free glucuronidase, and sulfate was quantified by using glucuronidase-free sulfatase.

**TABLE 2**

<table>
<thead>
<tr>
<th>Compound</th>
<th>Perfusate Sample</th>
<th>Aglycone</th>
<th>Glucuronide</th>
<th>Sulfate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genistein</td>
<td>0–10</td>
<td>50 ± 7</td>
<td>10 ± 4</td>
<td>2 ± 1</td>
</tr>
<tr>
<td>10–20</td>
<td>60 ± 10</td>
<td>12 ± 3</td>
<td>1 ± 1</td>
<td></td>
</tr>
<tr>
<td>20–30</td>
<td>52 ± 14</td>
<td>14 ± 5</td>
<td>2 ± 2</td>
<td></td>
</tr>
<tr>
<td>30–40</td>
<td>40 ± 11</td>
<td>16 ± 3</td>
<td>2 ± 1</td>
<td></td>
</tr>
<tr>
<td>Apigenin</td>
<td>0–10</td>
<td>36 ± 6</td>
<td>12 ± 3</td>
<td>N.D.</td>
</tr>
<tr>
<td>10–20</td>
<td>42 ± 8</td>
<td>11 ± 2</td>
<td>N.D.</td>
<td></td>
</tr>
<tr>
<td>20–30</td>
<td>41 ± 3</td>
<td>11 ± 2</td>
<td>N.D.</td>
<td></td>
</tr>
<tr>
<td>30–40</td>
<td>40 ± 4</td>
<td>11 ± 2</td>
<td>N.D.</td>
<td></td>
</tr>
</tbody>
</table>

N.D., not detected.

* Peaks converted to parent compound then compared with the blank perfusate.

**TABLE 3**

Effective (P*eff) and wall permeability (P*w) of genistein and analogs before (calculated) and after correction (corrected) for the excretion of phase II metabolites

<table>
<thead>
<tr>
<th>Compound</th>
<th>P*eff Calculated</th>
<th>P*eff Corrected</th>
<th>P*w Calculated</th>
<th>P*w Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genistein</td>
<td>2.99 ± 0.61</td>
<td>&gt;7</td>
<td>&gt;7</td>
<td></td>
</tr>
<tr>
<td>Apigenin</td>
<td>4.41 ± 0.52</td>
<td>2.02 ± 0.77</td>
<td>&gt;7</td>
<td>&gt;7</td>
</tr>
<tr>
<td>Genistein</td>
<td>1.85 ± 0.26</td>
<td>0.62 ± 0.38</td>
<td>&gt;7</td>
<td>1.16 ± 0.87</td>
</tr>
<tr>
<td>Apigenin</td>
<td>6.17 ± 0.53</td>
<td>0.49 ± 0.18</td>
<td>&gt;7</td>
<td>0.72 ± 0.36</td>
</tr>
</tbody>
</table>

0.379 and 1.160 ± 0.872, respectively; and those of apigetrin were 0.493 ± 0.181 and 0.717 ± 0.360, respectively (Table 3).

We also determined the absorption and metabolism of genistin in other segments of the small intestine (Fig. 6). The results indicated that apparent permeabilities of genistin were much higher (p < 0.05) in duodenum and jejunum than ileum and colon (Fig. 6A). This pattern of permeability difference is matched by amount of genistein found in the perfusate (Fig. 6B).

In Vitro Stability and Hydrolysis Studies. Stability of genistin and apigetrin in blank perfusate. Stability studies of genistin and apigetrin in HBSS buffer and in blank perfusate were performed to minimize the bias that may have existed when the disappearance rates of glycosides were used to calculate the permeability. The results indicated that genistin was stable in HBSS buffer solution and in the perfusate for at least 4 h. The results also indicated that apigetrin was stable in HBSS buffer but not in the perfusate buffer. Additional studies suggested that the hydrolysis was not affected by centrifugation at 13,000 rpm for 15 min. This suggested that the enzyme was not associated with whole cells, eliminating the possibility that intact bacteria are responsible for the hydrolysis. Thus, it is likely that a small amount of glucosidase sloughed off the enterocytes and was responsible for the hydrolysis of apigetrin. To stabilize the apigetrin, perfusate samples were immediately acidified to pH 2.0, which eliminated all hydrolysis.
Isoflavones undergo complex biotransformation and transport processes after oral administration (Fig. 8). Presently, the vast majority of information in the literature is based on analysis of blood and urine samples (Xu et al., 1994, 1995; King et al., 1996; Kurzer and Xu, 1997; King and Bursill, 1998; Setchell et al., 2001). That work established the importance of biotransformation in the disposition of genistein and other isoflavones. However, these studies could not be used to differentiate the contribution of intestine versus liver and other organs in the biotransformation of genistein and its isoflavone analogs.

Intestinal contribution to this complex network of biotransformation and disposition pathways has started to emerge only recently. For example, we first reported on the importance of intestinal conjugation and disposition processes after oral administration (Fig. 8). Presently, the vast majority of information in the literature is based on analysis of blood and urine samples (Xu et al., 1994, 1995; King et al., 1996; Kurzer and Xu, 1997; King and Bursill, 1998; Setchell et al., 2001). That work established the importance of biotransformation in the disposition of genistein and other isoflavones. However, these studies could not be used to differentiate the contribution of intestine versus liver and other organs in the biotransformation of genistein and its isoflavone analogs.

Intestinal contribution to this complex network of biotransformation and disposition pathways has started to emerge only recently. For example, we first reported on the importance of intestinal conjugation and disposition processes after oral administration (Fig. 8). Presently, the vast majority of information in the literature is based on analysis of blood and urine samples (Xu et al., 1994, 1995; King et al., 1996; Kurzer and Xu, 1997; King and Bursill, 1998; Setchell et al., 2001). That work established the importance of biotransformation in the disposition of genistein and other isoflavones. However, these studies could not be used to differentiate the contribution of intestine versus liver and other organs in the biotransformation of genistein and its isoflavone analogs.

Discussion

Hydrolysis of genistin and apigetrin by glucosidases. In the perfusion study, genistin and apigetrin were hydrolyzed to their corre-
Hydrogen bonds (Conradi et al., 1991) are possible reasons for poor uptake of glycosides, such as genistin and other flavonoids. Poor lipid solubility and the presence of multiple hydroxyl groups (for example, genistein and other flavonoids) make them less likely to be absorbed by humans and rats. Glycosides (Day et al., 1998, 2000; Ioku et al., 1998) and is expressed in the upper small intestine than in the colon. Previously, regional differences among all the intestinal segments were not reported. Since glycosides seemed to be poorly permeable (Fig. 2), these results tend to suggest that intestinal glycosidases are brush-border enzymes. A search of the literature suggests that lactase phlorizin hydrolase or LPH is probably the enzyme that lactase phlorizin hydrolase or LPH is probably the enzyme responsible for the hydrolysis of genistein (Walle et al., 1999). It is also supported by the fact that the addition of 100 pM verapamil (a potent P-glycoprotein inhibitor) to the jejunal perfusate did not change the recovery pattern of glucuronide metabolites (data not shown). Therefore, this hypothesis is well supported as long as the formation rates of glucuronidated metabolites followed the same pattern or were equal in all parts of the small intestine.

Reverse transcription-polymerase chain reaction analysis indicated that rat intestine expresses UGT1A1, UGT1A2, UGT1A6, and UGT2B10. As depicted in Fig. 8, small intestinal disposition of genistein is a complex network of various absorption, metabolism, and efflux processes, which cannot be described accurately via the use of systemic and urine sampling. In the large intestine, microflora metabolism may introduce additional complexity to the intestinal disposition and bio- transformation in vivo.

For isoflavone glucosides, hydrolysis of glucuronides to release the aglycones is a critical step in their disposition because it serves as the initiator of all subsequent disposition processes. Our data further suggest that intestinal hydrolysis of glycosides is rapid (about 50% in 15 min) when compared with intestinal transit times of 2 to 4 h. If this hydrolysis in humans occurs as fast as we had observed in the rats, the role played by intestinal microflora in hydrolyzing monoglycosides of isoflavones could diminish significantly. Previously, the role of this intestinal glucosidase was not well recognized, and therefore, glycosides were not expected to be absorbed until activated by intestinal microflora (NCI, 1996; Kurzer and Xu, 1997). To characterize the enzymes responsible for the hydrolysis in rat intestine, activities of glucosidase were determined in all segments of the intestine, and it was found that more glycosides were hydrolyzed in the upper small intestine than in the colon. Previously, regional differences among all the intestinal segments were not reported. Since glycosides seemed to be poorly permeable (Fig. 2), these results tend to suggest that intestinal glycosidases are brush-border enzymes. A search of the literature suggests that lactase phlorizin hydrolase or LPH is probably the enzyme responsible for the hydrolysis of genistein (Day et al., 1998). LPH has been shown to hydrolyze flavonoid glycosides (Day et al., 1998, 2000; Ioku et al., 1998) and is expressed by humans and rats.

The reasons for poor uptake of glycosides, such as genistin and apigenin, are not entirely clear. Possible mechanisms include 1) very slow passive diffusion, 2) poor substrate of glucose transporters, and 3) efflux by intestinal efflux transporters, such as MDR1 and MRPs. Poor lipid solubility and the presence of multiple hydroxyl groups (for hydrogen bonds) (Conradi et al., 1991) are possible reasons for poor absorption. In the absence of efficient uptake via passive diffusion, uptake of glycosides is dependent on the presence of a carrier transporter. A glucose transporter (e.g., SGLT1) has been proposed to be responsible for the transport of glycosides in Caco-2 cells (Walgren et al., 2000b). However, transport of glycosides is very slow even in the absence of glucose (Fig. 3). The maximal permeabilities of these glycosides in the Caco-2 model are much less than mannitol, a paracellular leakage marker with 15% absorption (Artursson and Karlsson, 1991). Since the permeability of labeled glucose was at least 100 times faster in the Caco-2 cells (not shown), the amounts of glycosides transported via SGLT1 in the Caco-2 cells are fairly limited. It is possible that MRP2-mediated efflux makes a larger contribution to the poor uptake of glycosides by the intestinal cells (Walle et al., 1999). For example, uptake and transport of glycosides were increased up to 100% in the presence of tested MRP2 inhibitors (Walgren et al., 2000b). However, the maximal permeability, even after doubling, is still less than the permeability of mannitol. Taken together, slow passive diffusion, poor uptake via SGLT1, and the presence of an efflux carrier for glycosides render the intestinal hydrolysis as the critical first step in the intestinal disposition of glycosides.

Our results clearly showed that all aglycones are rapidly absorbed with permeabilities comparable to compounds with 100% absorption. Therefore, absorption is not a critical step in the intestinal disposition of aglycones. Rather, phase II conjugation of aglycones and subsequent secretion of these phase II conjugates into the lumen are the most important because approximately 30% of absorbed aglycones are conjugated and subsequently excreted into the intestinal lumen. Hydrolysis and subsequent conjugation were very efficient processes, considering the fact that the average residence time of the perfusate in the intestinal segment (10 cm on average) was less than 15 min. Although these data alone do not prove the relative importance of gut versus liver metabolism of orally dosed genistein, they clearly suggest that intestinal glucuronidation is more important than previously thought.

In the rat perfusion studies, the amounts of phase II conjugates recovered from the perfusate were region-dependent, with the highest recovery in the jejunum, followed closely by the duodenum, the terminal ileum at distant third, and none in the colon. There are at least two possible mechanisms for these observed differences. First, the amounts of conjugates recovered in the intestinal perfusate are directly related to the amounts of conjugates formed in that intestinal segment. Second, the amounts of conjugate recovered were mainly dependent on the activities of efflux transporters that secrete phase II conjugates in that segment. Obviously, a combination of these two mechanisms could also be responsible.

MRP2 is present in the intestinal tract (Taipelansuu et al., 2001) and has been shown to excrete phase II conjugates (e.g., glucuronidated metabolites) in liver, intestine, and kidneys (Ayrton and Morgan, 2001). We hypothesized that MRP2 is involved in the excretion of phase II isoflavone conjugates. This is supported by the fact that the recovery pattern of genistein conjugate in the rat small intestine agrees with the expression pattern of MRP2, which has the highest expression level in jejunum and lowest in the terminal ileum (Mottino et al., 2001). It is also supported by the fact that the addition of 100 µM verapamil (a potent P-glycoprotein inhibitor) to the jejunal perfusate did not change the recovery pattern of glucuronide metabolites (data not shown). Therefore, this hypothesis is well supported as long as the formation rates of glucuronidated metabolites followed the same pattern or were equal in all parts of the small intestine.

Reverse transcription-polymerase chain reaction analysis indicated that rat intestine expresses UGT1A1, UGT1A2, UGT1A6, and UGT2B10. As depicted in Fig. 8, small intestinal disposition of genistein is a complex network of various absorption, metabolism, and efflux processes, which cannot be described accurately via the use of systemic and urine sampling. In the large intestine, microflora metabolism may introduce additional complexity to the intestinal disposition and bio-transformation in vivo.
UGT1A7 (Grams et al., 2000). Although the distribution pattern of UGT1A1s in the gastrointestinal tract is isoform specific, of the four isoforms found in the rat intestine, only UGT1A6 has a slightly higher expression level in the rectum. Otherwise, all UGT1A levels either decreased (UGT1A2 and UGT1A7) or stayed relatively unchanged (UGT1A2 and UGT1A6) from duodenum to colon. The distribution of some UGT2Bs might follow that of UGT1s. For example, UGT2B7 also had higher expression in the upper small intestine than colon (Czernik et al., 2001). Taken together, we believe that our data strongly support the hypothesis that absence or reduced level of MRP2 expression in the terminal ileum and colon is the most likely reason why there was significant difference in the recovery of genistein conjugates in the perfusate of proximal versus distal intestinal segments. Further studies are necessary and are underway to test and confirm this hypothesis.

Finally, glucosidase of bacteria origin ordered from Sigma can rapidly hydrolyze genistin and apigetrin to their perspective aglycones, suggesting that the roles played by the microflora should not be totally discounted. An interesting side note about our studies is that β-glucosidase was presented in glucuronidase and glucurononidase/sulfatase preparations purchased from Sigma. This may provide some explanation why previous studies have not detected intact glycosides in various biological samples after sample treatment with β-glucuronidase.

In conclusion, our data clearly showed that intestinal glycosidases play a more important and prominent role than previously thought in the intestinal disposition of isoflavone and flavone glycosides. Our data also clearly showed that intestinal secretion of glucuronidated isoflavone and flavone was very rapid and efficient. Since conjugated compounds are poorly permeable, these metabolites were expected to be reabsorbed or metabolized. This "intraintestinal" recycling process may play a significant role in the disposition of flavonoids and isoflavonoids. Coupled with known enterohypertrophic recycling of genistin and other flavonoids (King and Bursill, 1998; Watanabe et al., 1998), these processes could explain why flavonoids in general and genistin in particular have poor oral bioavailability.

References


