

内质网应激反应对肿瘤发生和发展的影响

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摘要

内质网作为一个重要的细胞器, 与蛋白折叠、钙离子稳态等多种细胞功能有关, 缺氧、营养缺乏、化疗药物等多种细胞内、外刺激均可引起内质网应激反应, 研究指出内质网应激反应与多种恶性肿瘤发生、发展、预后及化疗敏感性等密切相关, 故本文拟关于内质网应激反应对肿瘤发生、发展, 尤其是对宫颈癌化疗敏感性影响进行探讨。

关键词

内质网应激反应, GRP78, 恶性肿瘤, 宫颈癌, 顺铂, 化疗敏感性, 钙离子

Effects of Endoplasmic Reticulum Stress Response on Tumorigenesis and Progression

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Abstract

As an important organelle, endoplasmic reticulum is related to protein folding, calcium ion homeostasis and other cellular functions, and various intra- and extra-cellular stimuli such as hypoxia, nutritional deficiency and chemotherapeutic drugs can cause endoplasmic reticulum stress response. The research reported that ER stress is closely related to the occurrence, development, prognosis and chemosensitivity of many kinds of malignant tumors. Therefore, this paper aims to

investigate the effect of endoplasmic reticulum stress on tumorigenesis, development, and chemotherapeutic sensitivity of cervical cancer in particular.

Keywords

Endoplasmic Reticulum Stress Response, GRP78, Malignant Tumors, Cervical Cancer, Cisplatin, Chemotherapy Sensitivity, Calcium Ions

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1. 内质网应激反应

内质网是一个重要的维持细胞稳态的调节器,与蛋白合成、转录、细胞成熟和分泌、膜蛋白折叠、脂类合成、 Ca^{2+} 稳态等多种细胞功能相关[1][2],缺氧、营养缺乏、化疗药物等多种内源性或外源性刺激均可引起内质网应激反应(Endoplasmic reticulum stress, ERS)。在无应激情况下,肌醇需要酶 1 α (Inositol-requiring enzyme 1 α , IRE1 α)、RNA 样内质网激酶(Protein kinase R-like endoplasmic reticulum kinase, PERK)及激活转录因子 6 (Recombinant activating transcription factor 6, ATF6)与葡萄糖相关蛋白 78 (Glucose-regulated protein 78, GRP78)相连,当 ERS 等引起未折叠或错误蛋白累积时,GRP78 将从 IRE1, PERK 和 ATF6 上释放,优先连接未折叠多肽链,激活未折叠蛋白反应(Unfold protein response, UPR),以去除内质网中错误折叠或未折叠蛋白,进而维持内质网稳态,但当内质网受到较强压力或应激持续时间过长,将致细胞反应不足进而诱发细胞凋亡[3]。

ERS 主要由蛋白激酶、PERK、ATF6 和 IRE1 α 三种定位于内质网的传感器蛋白转导,这三个传感器下游的整合信号可以通过激活 C/EBP 同源蛋白(CCAAT enhancer binding protein, CHOP)来诱导促凋亡信号,CHOP 可以下调抗凋亡因子 B 细胞淋巴瘤-2 蛋白(B-cell lymphoma-2, Bcl-2)、上调促凋亡因子 Bcl-2 相关 X 蛋白(Bax),引起细胞凋亡。同时内质网和线粒体接触部位的三磷酸肌醇受体(inositol-1,4,5-trisphosphate receptor, IP3R)和兰尼定受体(ryanodine receptor, RyR)释放 Ca^{2+} ,促进线粒体细胞色素 c 的释放,线粒体细胞色素 c 与凋亡蛋白酶激活因子-1 (APAF-1)、三磷酸腺苷(ATP)和前天冬氨酸蛋白酶-9 (Proaspase-9)相互作用形成凋亡复合体,进而激活 caspase 通路,引起细胞凋亡[4][5]。

2. 内质网应激相关蛋白——GRP78

葡萄糖调节蛋白 78 (glucose regulated protein 78, GRP78),也叫免疫球蛋白重链结合蛋白 (immunoglobulin heavy chain binding protein, Bip),在蛋白正确折叠、加工、蛋白酶体介导的细胞裂解、攻击并靶向错误折叠蛋白等细胞活动中发挥重要作用。Hass 和 Wabl 在 1983 年首次定义该蛋白,由于该蛋白定位于内质网,且与非分泌 Ig 蛋白重链相连,故命名为连接免疫球蛋白。1987 年, Lee 等在高增殖转化细胞中发现 p78 表达,由于其消耗葡萄糖酶体,故称该蛋白为 GRP78,也称为热休克蛋白 50 [6];进一步研究发现 Bip 和 GRP78 为同种蛋白,且与未折叠或不完全 Ig 中间体相连,并将 GRP78 作为第一个 ER 伴侣蛋白,GRP78 从此成为内质网应激反应的标志物、UPR 的基本调节器[7]。

3. 内质网应激反应与恶性肿瘤

研究指出 ERS、GRP78 与多种恶性肿瘤密切相关。研究指出实体瘤分泌 GRP78 与激活肿瘤细胞增

殖、血管生成、骨髓中胚层干细胞的分化和肿瘤相关巨噬细胞的极化等各种细胞过程相关[8]。Thakur 等[9]指出与正常健康组织相比, 胰腺导管腺癌组织中 GRP78 的表达水平较胰腺炎、健康的胰腺组织明显升高; Xu 等[10]通过基因富集分析(Gesa)发现, 与正常肺、胸膜组织相比, 内质网应激相关基因在晚期恶性胸膜间皮瘤患者的肿瘤组织中显著富集; Lee 等[11]发现乳腺癌标本中 GRP78 的高表达预示患者无复发生存期较短; GRP78 通过影响蛋白激酶 B 和 p38 有丝分裂原活化蛋白激酶(p38 Mitogen-Activated Protein Kinase, MAPK)通路导致人直肠癌发生和癌变[12]。Luo [13]等通过检测 105 位宫颈癌患者肿瘤组织中 GRP78 水平, 发现 GRP78 高表达与低生存率相关, 且发现动物实验中 GRP78 表达水平增高具有较高的细胞增值率和低凋亡率。不难看出 ERS 与多种肿瘤发生、发展及预后相关。

4. 内质网应激反应与细胞内游离钙离子间关系

细胞内 Ca^{2+} 包括内质网 Ca^{2+} 、线粒体 Ca^{2+} 、内质网 Ca^{2+} 等。内质网是 Ca^{2+} 的主要储存部位, 任何干扰钙离子蓄积的因素均可导致内质网应激的发生。细胞内 Ca^{2+} 浓度受三个跨膜通道调节: 负责胞浆 Ca^{2+} -ATP 酶转运的肌浆钙泵、在骨骼肌细胞中起重要作用的兰尼定受体和三磷酸肌醇受体, 以上三个通道均负责 Ca^{2+} 流出[14]。细胞内 Ca^{2+} 是重要的第二信使, 在调控基因表达、蛋白质合成和凋亡等多种细胞过程的信号转导通路中起关键作用。细胞内 Ca^{2+} 稳态对于正常细胞和癌细胞的正常功能至关重要, 细胞内 Ca^{2+} 水平升高诱导或调节凋亡反应。线粒体 Ca^{2+} 摄取对调节有氧代谢、ATP 合成和细胞存活至关重要, 线粒体 Ca^{2+} 超载可导致线粒体肿胀和 $\Delta\psi_m$ 降低, 进而诱导线粒体凋亡因子(如细胞色素 c)释放到胞浆中, 从而激活线粒体凋亡途径[15]。

内质网应激与细胞 Ca^{2+} 稳态: 任何干扰 Ca^{2+} 稳态的因素均可通过引起内质网应激反应, 进而诱导 UPR 反应, GRP78/Bip mRNA 和蛋白水平受 Ca^{2+} 浓度的调节, 内质网应激诱导的自噬依赖于细胞内 Ca^{2+} 稳态[16], 同时 GRP78 作为一个内质网 Ca^{2+} 连接蛋白, 可以抑制内质网钙离子外流, 进而促进线粒体凋亡途径[17] [18], 胞浆或细胞器中 Ca^{2+} 的耗竭或超载可能导致应激和 Ca^{2+} 细胞毒性, 导致细胞死亡[19]。

5. 内质网应激反应与顺铂耐药

顺铂作为一种细胞周期非特异性药物, 已在临床中运用 30 多年, 可通过与 DNA 构成嘌呤间产生交联作用, 影响 DNA 修复机制, 引起 DNA 损伤, 从而引起肿瘤细胞凋亡[20]。顺铂在临床中广泛用于不同类型的肿瘤, 包括: 软组织、骨、肌肉等肉瘤, 氧化应激是顺铂细胞毒性的主要机制之一; 顺铂影响 Ca^{2+} 稳态起始阶段(例如脂质过氧化、酶抑制), 这些活动相关分子机制将进一步引起线粒体损伤, 抑制线粒体功能, 消耗 ATP 及其辅因子[21]。

目前, 化疗耐药机制主要包括药物摄取的减少、药物靶点的改变、药物解毒机制的诱导、药物所致损伤的修复以及对药物所致细胞死亡的不敏感等。已知的顺铂耐药的分子机制包括 DNA 修复增加、药物细胞积聚改变、药物胞质失活增加等[22]。其内在分子机制复杂, 通常与以下特征有关: 1) 铂化合物在细胞内的积累减少; 2) DNA 损伤修复增加; 3) 凋亡失活; 4) 上皮-间充质转化激活; 5) DNA 甲基化改变、microrna 图谱、癌症干细胞特征和应激反应伴侣蛋白的表达[23]。研究指出内质网应激反应与顺铂耐药也密切相关。GRP78 对化疗耐受的影响与肿瘤具体类型相关。内质网应激反应相关蛋白 GRP78 通过调节 PI3K/Akt/mTOR、蛋白激酶通路(c-Jun N-terminal kinase, JNK)以及核因子激活的 B 细胞的 k-轻链增强通路、PERK-eIF2 α 通路、ATF4 通路等信号通路诱导细胞自噬和细胞凋亡, 进而改变卵巢癌、视网膜母细胞瘤、人肾母细胞瘤、肝细胞癌等肿瘤细胞对抗肿瘤药物的反应[24] [25] [26] [27] [28]; 锌指蛋白 263 (ZNF263)作为是 ERS 特异性转录因子之一, 与 ERS 相关自噬相关, 导致肝癌顺铂耐药[29]; 研究认为 GRP78 表达水平上调可以增加 SPCA1 肺癌细胞、EC9706 食管癌细胞对顺铂化疗的敏感性[30] [31]。Belfi

等[32]也认为上调 GRP78 表达水平可以增加直肠癌细胞株(HCT116、SW480、VACO-8)对包括顺铂在内的通过损伤细胞 DNA 发挥作用的肿瘤化疗药物的敏感性。故内质网应激反应与顺铂耐药明显相关。

6. 内质网应激与宫颈癌

宫颈癌是女性生殖系统常见的恶性肿瘤,为女性第四大常见肿瘤,2018 年新发病例约为 570,000 例,占有女性肿瘤的 6.6%,且约 90%宫颈癌死亡发生在中低收入国家[33]。宫颈癌的发生、进展与高危型 HPV 持续感染有关,中国大陆女性中常见 HPV 感染类型包括 HPV16、18、52、33 等,不同地区型别分布和感染率不同[34]。研究发现宫颈癌组织中,GRP78 在高危型人乳头状瘤病毒(Human papillomavirus, HPV)感染阳性组织中表达率显著高于低危型 HPV 及 HPV 阴性组织[35]。也有研究指出 HPV16、18 宫颈癌患者 ERS 相关蛋白表达水平(GRP78 等)明显高于 HPV-6 和 HPV 阴性宫颈癌患者[36]。徐治等[37]发现内质网应激诱导剂能增加内质网应激水平,可以显著增加顺铂对 HeLa 细胞的杀伤,且与顺铂诱导 HeLa 细胞自噬途径有关。Luo 等[38]认为 GRP78 或是可代表宫颈癌的关键因子,且 GRP78 沉默或可增加顺铂耐药,GRP78 或可成为宫颈癌治疗的靶点,且推测 GRP78 高水平表达与宫颈癌预后较差、预后类型较差相关。

但目前关于内质网应激与宫颈癌化疗敏感性的研究尚且不足,关于内质网应激与不同亚型宫颈癌细胞化疗敏感性的相关性研究更为缺乏,关于内在机制的研究基本处于空白状态;但随着宫颈癌发病率增高,且呈年轻化趋势,我们需不断探索宫颈癌化疗耐药的机制,寻找新的治疗方向和治疗靶点,有效改善宫颈癌患者预后,为全球消灭宫颈癌计划作出贡献。

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