

ATAD2在泌尿系恶性肿瘤中的研究进展

刘辉权^{1,2}, 邹晓峰^{1,2,3,4*}

¹赣南医科大学第一临床医学院, 江西 赣州

²赣南医科大学泌尿外科研究所, 江西 赣州

³赣南医科大学第一附属医院泌尿外科, 江西 赣州

⁴江西省结石防治工程技术研究中心, 江西 赣州

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摘要

泌尿系肿瘤作为严重危害人类健康的疾病类型, 其年发病率持续处于较高水平。在前列腺癌、膀胱癌及肾细胞癌等主要类型中, 相关研究已取得显著进展, 然而晚期的诊断时机、术后复发风险以及耐药性问题仍导致患者预后效果不理想。深入探究其发病机制对实现早期诊治具有重要价值。近年研究发现, ATAD2蛋白在肿瘤进展过程中扮演着关键角色。作为一种进化保守的溴域家族成员, ATAD2通过其ATP酶结构域与溴结构域介导生物学效应, 既能作为表观遗传调控因子, 又可发挥转录辅助激活功能, 进而调控细胞增殖、分化、凋亡及迁移等核心生物学过程。本综述将系统阐述ATAD2在泌尿系肿瘤领域的研究进展。

关键词

ATAD2, AAA + ATP酶结构域, 溴结构域, 泌尿系恶性肿瘤

Research Advances of ATAD2 in Urological Malignancies

Huiquan Liu^{1,2}, Xiaofeng Zou^{1,2,3,4*}

¹First Clinical Medical College of Gannan Medical University, Ganzhou Jiangxi

²Institute of Urology, Gannan Medical University, Ganzhou Jiangxi

³Department of Urology, First Affiliated Hospital of Gannan Medical University, Ganzhou Jiangxi

⁴Jiangxi Province Stone Prevention Engineering Technology Research Center, Ganzhou Jiangxi

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*通讯作者。

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Abstract

Urological tumors, which significantly threaten human health, continue to exhibit a high annual incidence rate. Considerable progress has been made in research on major types, such as prostate cancer, bladder cancer, and renal cell carcinoma. However, late-stage diagnosis, the risk of postoperative recurrence, and issues with drug resistance contribute to unsatisfactory patient outcomes. An in-depth exploration of their pathogenesis holds great value for achieving early diagnosis and treatment. Recent studies have identified the ATAD2 protein as playing a critical role in tumor progression. As an evolutionarily conserved member of the bromodomain family, ATAD2 mediates biological effects through its ATPase domain and bromodomain, functioning both as an epigenetic regulator and a transcriptional co-activator. This regulation impacts core biological processes, such as cell proliferation, differentiation, apoptosis, and migration. This review aims to systematically elucidate the research progress of ATAD2 in the field of urological tumors.

Keywords

ATAD2, AAA + ATPase Domain, Bromodomain, Urological Malignancies

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1. 引言

前列腺癌、膀胱癌及肾癌是泌尿系统恶性肿瘤的主要类型,其日益攀升的发病率和死亡率已构成全球性公共卫生挑战[1]。据2022年流行病学统计,前列腺癌新发病例达1,466,680例,膀胱癌为613,791例,肾癌则为434,419例,对应的死亡病例分别为396,792例、220,349例和155,702例[2]。与历史数据相比,这三种恶性肿瘤的发病率呈现显著上升趋势[3]。流行病学特征分析表明,50岁以上人群的发病率随年龄增长而显著升高,同时存在明显的性别分布差异[4]。随着全球人口老龄化进程的加速,泌尿系统恶性肿瘤的发病率预计将持续攀升,这不仅对公共卫生体系造成巨大压力,也将显著增加医疗系统的经济负担[5]。目前研究表明,遗传易感性、环境暴露及生活方式等多重因素共同参与了泌尿系统肿瘤的发生发展,但各因素间的相互作用机制尚未完全明确[6]。在临床治疗方面,手术切除、放射治疗、化学药物治疗、免疫治疗及靶向治疗等多种手段被广泛应用于泌尿系统肿瘤的治疗,然而由于肿瘤异质性和个体差异,治疗效果存在显著差异。值得注意的是,该类型肿瘤的高复发率仍是临床治疗中的主要难题。基于此,深入探究泌尿系统肿瘤的发病机制并开发新型治疗策略已成为当前研究的迫切需求。

作为AAA结构域蛋白家族成员,ATAD2(ATPase family AAA domain-containing 2)近年来被证实具有显著的致癌特性,其通过调控表观遗传过程影响肿瘤发生发展[7]。研究表明,该蛋白通过发挥转录共激活因子的作用,能够直接调控多种癌基因及抑癌基因的表达水平。自2007年首次发现以来,多项研究已证实ATAD2在多个关键肿瘤信号转导通路中发挥重要作用,涉及细胞周期调控(Rb/E2F-cMyc通路)、激素信号转导(类固醇激素信号通路)、细胞凋亡调控(p53和p38-MAPK通路)、细胞存活(AKT通路)、发育调控(hedgehog信号通路)、缺氧应激(HIF-1 α 信号通路)以及肿瘤转移(上皮间质转化通路)等多个生物学过程[8]。值得注意的是,在泌尿系统恶性肿瘤领域,ATAD2的研究日益受到关注,但针对其具体作用机制的系统性综述仍显不足。基于此,本研究的重点在于深入探讨ATAD2在前列腺癌、膀胱癌及肾癌中的

生物学功能及其致癌机制, 以期为该领域的后续研究提供更系统的理论依据和研究方向。

2. ATAD2 概述

ATAD2 由 28 个外显子组成, 其蛋白质包含 1390 个氨基酸, 分子质量为 158.5 kDa, 位于 8 号染色体的 q24.13 区域[8]。ATAD2 结构域结构包括 N 末端酸性结构域、AAA + ATP 酶结构域、溴结构域和 C 末端结构域[7]。AAA + ATP 酶和溴结构域(BRD)是其发挥生物学功能的主要结构[9]。AAA+ATP 酶结构域由保守的 Walker A/B 结构域、传感器 I/II 以及精氨酸指结构域组成[10]。这种酶结构包含 ATP 结合位点, 可以催化 ATP 水解成 ADP 和磷酸根离子, 并释放能量[11]。值得注意的是, 这些能量对于生物体维持生物功能至关重要, 例如 DNA 复制、启动和重塑过程; 参与蛋白质合成、修饰和降解; 以及促进营养物质和代谢物的转运[12]。BRD 呈现出特定的三维构象, 由四个 α 螺旋(αZ 、 αA 、 αB 和 αC)以及两个环状结构(ZA 环和 BC 环)组成, 其中包含多个与乙酰化赖氨酸相互作用所需的疏水性氨基酸[13]。该区域能够特异性识别含有乙酰化赖氨酸残基的多肽链, 通过靶向 ATAD2 蛋白激活转录区域, 调控染色质构象, 并募集其他转录因子参与蛋白质的翻译后修饰过程[14]。AAA + ATP 酶结构域通过水解 ATP 来保持 BRD 对乙酰化组蛋白尾部的可及性, 或者有助于多个 BRD 更好地“捕获”蛋白质。这表明 ATAD2 的两个关键结构域在功能上是相关的[15]。

ATAD2 是其他转录因子的共激活因子, 其中包括 E2F 靶基因(如 MYC、细胞周期蛋白 E1 和 EZH2 等)。ATAD2 结合了 E2F 和 MYC 通路, 通过增强 MYC 依赖性转录参与侵袭性肿瘤的发展[16] [17]。雄激素受体(AR)和 E2F1 可能增强蛋白质水平的 ATAD2 基因表达, 表明 ATAD2 是 AR 和 E2F1 的直接靶标[18]。AR 结合序列和 E2F DNA 结合位点分别位于 ATAD2 调节区和 ATAD2 启动子序列的远端增强子[19]。因此, AR 和 E2F1 都可以通过与相应的结合位点结合来调节 ATAD2 基因表达。此后, 对 ATAD2 的研究变得更加全面和深入, 从调节 ATAD2 蛋白表达的上游因子(如 miR-372、miR-302、miR-200b-5p、miR-106b-5p、miR-520、miR-186、miR-217、miR-139-5p)到参与乳腺癌、肺癌、肝癌、胃癌、结直肠癌、胰腺癌、视网膜母细胞瘤等疾病发生发展的作用机制(见表 1) [20]-[31]。特别是, ATAD2 在肿瘤细胞的组蛋白修饰中起重要作用。近年来, 通过解析 ATAD2 及其靶向小分子化合物的蛋白质晶体结构[32], 研究者开发了包括 JQ1、AZ13824374 和 AM879 在内的多种 BRD 调节化合物[33]-[35], 为抗肿瘤药物的研发提供了新的方向。

Table 1. Related upstream RNA of ATAD2 and its mechanism of action

表 1. ATAD2 的相关上游 RNA 及其作用机制

肿瘤类型	相关 MicroRNA/lncRNA	与 ATAD2 的关系	结果	参考文献
非小细胞肺癌	miR-139-5p	负调控	miRNA-139-5p 通过靶向 ATAD2 抑制非小细胞肺癌细胞的增殖和促进细胞凋亡	[31]
肝细胞癌	miR-372	负调控	miR-372 下调 ATAD2 的表达以影响肝细胞癌的增殖和转移	[21]
肝细胞癌	PCAT-14	正调控	PCAT-14 通过 miR-372 调节 ATAD2 的表达和 Hedgehog 通路的激活诱导肝细胞癌细胞的增殖和侵袭	[20]
甲状腺癌	NEAT1	正调控	NEAT1_2 可以作为竞争性内源性 RNA, 通过下调 miR-106b-5p 来调节 ATAD2 的表达	[25]
结直肠癌	miR-520a	负调控	ATAD2 抑制通过增加 miR-520a 水平来抑制结直肠癌中血管内皮生长因子 A 的分泌	[27]

续表

卵巢癌	miR-372	负调控	miR-372 下调 ATAD2 的蛋白表达, 抑制卵巢癌细胞的增殖	[22]
卵巢癌	miR-302	负调控	miR-302 通过调节卵巢癌中的 ATAD2 抑制上皮-间充质转化和顺铂耐药	[23]
卵巢癌	miR-200b-5p	负调控	miR-200b-5p 通过靶向抑制 ATAD2 表达和调节 PI3K/Akt 信号通路来抑制卵巢癌细胞增殖并促进细胞凋亡	[24]
乳腺癌	miR-302	负调控	miR-302 通过下调 ATAD2 抑制乳腺癌细胞的增殖、迁移和侵袭	[30]
视网膜母细胞瘤	miR-186	负调控	miR-186 的过表达通过下调 ATAD2 来失活 Hedgehog 信号通路, 从而抑制视网膜母细胞瘤中的血管生成	[28]
胃癌	miR-520f	负调控	miR-520f 通过下调 ATAD2 的表达以抑制胃癌细胞的增殖	[26]
胰腺癌	miR-217	负调控	miR-217 介导的 ATAD2 表达抑制通过失活 AKT 信号通路减少胰腺癌细胞增殖和迁移, 并诱导胰腺癌细胞凋亡和细胞周期停滞	[29]

3. ATAD2 与前列腺癌

前列腺癌作为男性群体中发病率最高的恶性肿瘤, 在 65 岁以上人群中尤为显著, 已成为导致癌症相关死亡的重要因素。该疾病的病理演变通常经历从雄激素依赖性向去势抵抗性的转变, 这一过程为临床治疗带来了严峻挑战[36]。在前列腺癌的分子机制中, AR 扮演着核心角色, 其通过调控雄激素介导的基因表达网络, 对肿瘤细胞的增殖、存活及分化产生重要影响。研究表明, ATAD2 在前列腺癌组织中呈现显著高表达[37], 其表达调控机制涉及远端增强子区域的 AR 结合序列, 同时受到 E2F1 转录因子的双重调控[38] [39]。值得注意的是, ATAD2 对组蛋白甲基转移酶 NSD2 具有调控作用, 后者作为 NF- κ B 信号通路的关键染色质调节因子, 通过介导细胞因子自分泌环路, 在肿瘤细胞增殖、存活及肿瘤生长过程中发挥重要作用[40]。作为 MYC 的共激活因子, ATAD2 在前列腺癌细胞的增殖、生存和分化过程中具有显著影响[14] [41]。通过建立前列腺癌骨转移的基因工程小鼠模型, 并结合多个人类队列研究, Dutta 等[42]证实 ATAD2 在骨转移灶中的表达水平显著高于原发肿瘤, 且与转移进展密切相关, 其表达特征与患者数据中 MYC 通路的激活状态具有显著相关性。

4. ATAD2 与膀胱癌

作为泌尿系统最常见的恶性肿瘤之一, 膀胱癌主要分为非肌层浸润性和肌层浸润性两种类型, 其中前者约占新发病例的 70%。临床数据显示, 这类患者中复发率高达 50%~70%, 且 10%~20%会发展为预后较差的肌层浸润性膀胱癌[43]。虽然目前对膀胱癌的发病机理、诊断技术及治疗方法有了显著进展, 但肌层浸润性膀胱癌患者的生存率依然较低, 复发问题亟待解决。研究表明, c-MYC 基因在膀胱癌的发病和转移过程中发挥着重要的调控作用[44]。同时, AR 的活性可能影响膀胱癌的发展进程和复发风险, 这在一定程度上解释了该疾病存在的性别差异现象[45]。值得注意的是, 尽管 ATAD2 已被证实是 MYC 和 AR 的共同辅助因子, 但其在膀胱癌中的表达特征及其生物学功能尚未得到充分研究。因此, 深入探讨 ATAD2 在膀胱癌发生发展中的分子机制将具有重要的科研价值。

5. ATAD2 与肾癌

肾细胞癌(renal cell carcinoma, RCC)作为泌尿系统高发恶性肿瘤, 具有显著的致死风险。其中, 肾透明细胞癌(clear renal cell carcinoma, ccRCC)作为主要病理类型, 其发病率占 RCC 总病例的 80%左右[46]。与正常肾脏相比, ATAD2 在原发性 RCC 中的表达增加, 而与原发性肿瘤相比, 在转移性 RCC 中的表达增加[47]。临床证据显示, ATAD2 可作为 RCC 患者预后评估的独立风险指标, 其表达水平对个体化治疗方案的选择和随访策略的制定具有重要参考价值。在分子机制层面, ATAD2 的表达受到 miR-372 的负向调控, 两者呈现显著负相关关系, 且已被证实为 miR-372 的直接作用靶点[22]。这种调控关系直接影响 RCC 细胞的侵袭迁移能力及上皮间质转化过程[48]。从基因组定位来看, ATAD2 位于 8q24 染色体区域, 与 MYC 基因相距 4.3Mb, 作为 MYC 的共激活因子, 通过增强 MYC 依赖性转录来促进肿瘤的恶性进展[19][49]。最新研究揭示, ATAD2 与 TWIST1 协同作用于 MYC 启动子区域, 通过相互作用激活 MYC, 从而调控结直肠癌细胞的增殖过程[50]。在 RCC 中, ATAD2 通过调节 c-Myc 转录活性, 促进糖酵解相关基因表达, 诱导 Warburg 效应, 最终影响肿瘤的生长[51]。鉴于上述机制, ATAD2 在 ccRCC 的靶向治疗领域展现出重要的临床应用前景。此外, ATAD2 与 RCC 对酪氨酸激酶抑制剂耐药性相关。ccRCC 中癌症干细胞使用由血管周细胞来源的蛋氨酸在 ATAD2 mRNA 中产生稳定的 N6-甲基腺苷, 以及产生的 ATAD2 蛋白复合物与 SRY-box 转录因子 9 来组装超级增强子, 从而决定其在癌症干细胞中突出的靶基因, 并影响 ccRCC 对酪氨酸激酶抑制剂治疗敏感性[52]。

6. 总结与展望

ATAD2 在泌尿系统恶性肿瘤中普遍呈显著高表达特征, 其致癌机制涉及 AAA+ATP 酶结构域与 BRD 的分子协同效应, 并通过调控 AR、c-MYC 及 E2F1 等重要转录因子, 协同促进肿瘤演进并介导相关治疗耐药。相对于其致癌作用, 进一步评估 ATAD2 作为抗癌靶点的潜力并了解其在癌症中的生物学作用至关重要。而针对 ATAD2 的抗癌治疗存在一定的问题和挑战。最难的问题之一是靶向 ATAD2 的新型强效小分子抑制剂的设计。首先, ATAD2 中的 BRD 是一个很有前途的靶标。然而, 与经典的 BRD4 结构域不同的是, ATAD2 中的 BRD 具有更灵活和亲水性的特性, 导致在设计配体时进行富有成效的相互作用更具挑战性。此外, ATAD2 的 ZA 环比 BRD4 短两个残基, 进一步影响其蛋白质发生赖氨酸乙酰化修饰位点的相对溶剂的暴露和亲水性。同样, AAA+ATP 酶结构域作为药物靶点也面临一定的挑战。例如, 该结构域缺乏详细的空间晶体结构, 并且与其他 AAA+ATP 酶家族成员的高度相似性, 这意味着可能会发生选择性差和相关副作用等一系列情况。其次, 已报道的小分子抑制剂仍处于起步阶段, 应进一步探索抗癌机制和药效学研究, 以便于其更好地运用于抗癌治疗中。总之, 进一步研究 ATAD2 在泌尿系肿瘤中的致癌机制以及开发靶向 ATAD2 抑制剂仍然是一项艰巨的任务, 需要开展更多的研究, 以为深入理解并有效治疗泌尿系肿瘤提供思路。

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