

葡萄糖代谢重编码调控Correa级联反应：中医防治胃癌的重要策略

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摘要

胃癌是最常见的恶性肿瘤之一, Correa级联反应模式将胃癌的发展大致分为胃炎、胃癌前病变和胃癌三个阶段。在影响胃癌Correa级联反应发展的各类因素中, 葡萄糖代谢重编码发挥着重要作用。本文总结了葡萄糖代谢重编码在胃癌Correa级联反应中的动态变化和分子机制, 葡萄糖代谢重编码与自噬、上皮间充质转化、铁死亡和氧化应激通过相互串扰促进胃癌Correa级联反应。综上所述, 中医在靶向葡萄糖代谢调控防治胃癌的Correa级联反应方面具有多靶点、多途径、疗效确切和副作用少的特点。

关键词

胃癌, Correa级联反应, 葡萄糖代谢重编码, 中医治疗

Glucose Metabolism Recoding Regulates the Correa Cascade Response: An Important Strategy for Gastric Cancer Prevention and Treatment in Traditional Chinese Medicine

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Abstract

Gastric cancer is one of the most common malignant tumors, and the Correa cascade response model broadly classifies the development of gastric cancer into three stages: gastritis, gastric precancerous lesions and gastric cancer. Among the factors affecting the development of Correa cascade response in gastric cancer, glucose metabolic recoding plays an important role. In this paper, we summarize the dynamic changes and molecular mechanisms of glucose metabolic recoding in the Correa cascade response of gastric cancer, and glucose metabolic recoding and autophagy, epithelial mesenchymal transition, iron death and oxidative stress promote the Correa cascade response of gastric cancer through mutual crosstalk. It is concluded that TCM has the characteristics of multi-targets, multi-pathways, precise efficacy and few side effects in targeting glucose metabolism regulation to prevent and control Correa cascade response in gastric cancer.

Keywords

Gastric Cancer, Correa Cascade Response, Glucose Metabolism Recoding, Traditional Chinese Medicine Treatment

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1. 引言

胃癌(Gastric cancer, GC)是常见的恶性肿瘤, 由于其缺乏特异性的症状体征、检查方式相对单一等, 导致被诊断为 GC 患者的五年生存率不足 38%, 若能够早期诊治, 患者的五年生存率可达到 77% [1]。根据 Lauren 分型[2], 肠型 GC 具有典型的 Correa 级联反应, 即从正常胃粘膜组织微小粘膜病变发展为慢性非萎缩性胃炎(Chronic nonatrophic gastritis, NAG)、慢性萎缩性胃炎(Chronic atrophic gastritis, CAG)、肠化生和上皮瘤变/异型增生。因此, 阻断或逆转 Correa 级联反应可能是防治 GC 的关键。糖代谢异常是多步骤致癌过程中的早期事件[3], 在各种慢性炎症的影响及糖代谢关键酶、转运蛋白、癌基因、信号通路的刺激下, 正常胃粘膜组织可发生“损伤-修复-失代偿-异常增殖”的病理过程。在此期间, 胃粘膜细胞糖代谢途径发生异常, 促进肿瘤微环境形成, 为细胞异常增殖提供原料和能量。这种糖代谢变化通过一种或多种机制发生, 并与氧化应激、自噬、上皮间充质转化和铁死亡交互, 促进 GC 发展。

2. 葡萄糖代谢促进 Correa 级联反应

2.1. 糖代谢与慢性胃炎

NAG 是以幽门螺杆菌(*Helicobacter pylori*, Hp)感染为主的多种病理因素引起的胃粘膜发生淋巴细胞、浆细胞浸润为主的病变。长期的炎症刺激使得胃粘膜充血水肿、皱襞肿胀增粗, NAG 患者胃粘膜受损导致细胞质 NAD/NADH 比率降低、葡萄糖和氧气消耗增加, 氧化磷酸化增强[4]。当 Hp 急性感染损害胃粘膜时, 葡萄糖-6 磷酸脱氢酶、苹果酸脱氢酶表达[5], 促进磷酸戊糖途径(Pentose phosphate pathway, PPP)、三羧酸循环(Tricarboxylic acid cycle, TAC)和无氧糖酵解[6]。代谢通量向 PPP 途径转移, 产生高水平的谷胱甘肽[7], 增强清除活性氧能力, 并激活 AMPK 信号通路, 促进细胞自噬, 使胃上皮细胞免受幽门螺杆菌诱导的细胞凋亡[8], 有利于胃黏膜的恢复。Hp 慢性感染时, 糖代谢关键酶表达上调, 导致 AMPK 失

活并刺激糖酵解、自噬的负向调节因子 BECN1、ATG12 [9] 被激活, 促进糖酵解、抑制自噬, 抑制细胞修复, 促进胃粘膜细胞和腺体的萎缩。

2.2. 葡萄糖代谢异常促进胃癌前病变的发生发展

随着慢性胃炎的反复发作, 胃粘膜反复经历受损、修复, 胃粘膜发生由正常上皮细胞向肠上皮化生、异型增生表型(又称上皮内瘤变或非浸润性肿瘤)的转变。在此阶段, TAC 进一步增强[10], 糖酵解已非常活跃, 大量炎症因子[11]的产生及糖代谢关键酶的表达上调促进缺氧诱导因子 1- α (HIF-1 α)、信号传导及转录激活蛋白 3 (Signal transduction and activation protein 3, STAT3)激活, 诱导 p53 半衰期缩短。同时, NF- κ B 作为关键信号通路被活性氧(Reactive oxygen species, ROS)、糖代谢酶激活, 促进葡萄糖蛋白转运体 3 (Glucose protein transporter 3, GLUT3)表达, 调节 TAC, 激活 AKT/ β -catenin 信号通路。PI3K/AKT 关键信号通路持续激活[12], 进一步促进糖代谢关键酶表达上调, 并激活下游靶点 HIF-1 α , 促进胃组织、细胞葡萄糖代谢重编码, 进一步诱导抑癌基因失活, 促进胃癌前病变(Gastric precancerous lesions, GPL)向 GC 转变。

2.3. 胃癌阶段代谢重编码促进胃癌的发生发展

在胃癌阶段, 糖酵解速率进一步增加, TAC 增强, 琥珀酸盐代谢诱导炎症因子、炎症介质和 GLUT 表达上调[13]。丙酮酸激酶 2 (Pyruvate kinase 2, PKM2)作为上游靶点在 GC 阶段持续过表达, 可诱导 HIF-1 α 转录、与致癌基因相协调促进 AKT 磷酸化。HIF-1 α 作为重要上游靶点, 抑制丙酮酸的转化, 并促进糖酵解靶基因的转录, 诱导糖酵解酶和单羧酸盐转运蛋白 4 (Monocarboxylate transporter 4, MCT4)表达上调, 共同作用介导乳酸通量, 促进巨噬细胞 M2 样极化, 促进 GC 细胞肿瘤微环境和葡萄糖代谢重编码。PI3K/AKT/mTOR 作为关键信号通路进一步激活, 促进 p53 突变, 解除其对糖酵解关键酶和蛋白[14]和下游靶基因[15]的抑制, 诱导 Snail/EBP1、c-Myc 表达, 提高 GC 细胞糖酵解速率, 并参与自噬损伤, 促进 GC 细胞上皮间充质转化(Epithelial-mesenchymal transition, EMT)。NF- κ B 作为关键信号通路被激活, 进一步激活 AKT/ β -连环蛋白信号轴, 促进致癌细胞扩增, 参与 GC 细胞的增殖、侵袭。

3. 糖代谢重编码与自噬、上皮细胞间充质转化、铁死亡和氧化应激相交互促进 Correa 级联反应

3.1. 糖酵解与自噬交互促进 Correa 级联反应

自噬即一个吞噬自身细胞质蛋白或细胞器并使其包被进入囊泡, 与溶酶体融合形成自噬溶酶体, 降解其所包裹的内容物, 在响应细胞内应激、细胞稳态维持中起着关键作用[16]。爱泼斯坦-巴尔二氏病毒或 Hp 感染时会有效地激活自噬[17], 有利于细胞内病原体的快速清除。PI3K-AKT-mTOR 信号通路可调节细胞的凋亡、增殖和细胞自噬等[18], 并可通过能量产生活动(如 Warburg 效应), 维持 GC 的增殖需求[19], 自噬缺陷促进胃癌细胞糖酵解和转移[20]。在胃癌的 Correa 级联反应中, PI3K-AKT-mTOR 信号通路被解除控制, Hp 急性感染损害胃粘膜时, AMPK 信号通路激活[21], 抑制 mTORC1、磷酸化磷脂酰肌醇 3 激酶催化亚基 3, 直接刺激自噬。Hp 慢性感染期间, 肌肉丙酮酸激酶同工酶 2 (Pyruvate kinase isozyme type M2, PKM2)过表达使得 AMPK 失活, 抑制自噬[22]; PI3K/AKT 信号通路激活, 进一步激活 mTORC1、Beclin-1 [23]表达上调, 进一步抑制胃粘膜细胞自噬、诱导其糖酵解[24]。在 GPL 和 GC 阶段, PI3K-AKT-mTORC1 信号通路持续解除控制[25] [26], 并诱导糖酵解相关酶己糖激酶 2 (Hexokinase 2, HK2)、磷酸果糖激酶 2 (Fructose phosphate kinase 2, PFK2)、PKM2、乳酸脱氢酶 A (Lactate dehydrogenase A, LDHA)及 GLUT1 的表达[27]-[29], 增加葡萄糖摄取和糖酵解速率。PKM2 过表达促进 PI3K-AKT-mTORC1 激活以

抑制 GPL 和 GC 细胞的自噬[30]。在 GPL 阶段, 胃粘膜中炎症水平较高, 耗氧量增加, HIF-1 α 表达上调, 诱导 p53 突变。p53 作为抑癌基因, 介导胃癌细胞的自噬并通过调节糖酵解关键酶和转运蛋白抑制糖酵解[31]。在 GC 阶段, PKM2 的过表达使得 p53 半衰期缩短、PI3K-AKT 通路激活, 进一步诱导 mTOR、STAT3 表达, STAT3 作为 c-Myc 上游靶标[32], 被激活后诱导 c-Myc 表达。c-Myc 在 Correa 级联反应后期驱动多种糖酵解酶的表达以促进糖酵解[33]-[35]。

3.2. 葡萄糖代谢和上皮细胞间充质转化交互促进 Correa 级联反应

EMT 是指上皮细胞通过特定程序, 转化为具有间质表型细胞的生物学过程, 其特征是细胞黏附分子(如 E 钙黏蛋白)表达减少, 角蛋白细胞骨架转化为波形蛋白为主的细胞骨架[36]。其活性影响肿瘤细胞的葡萄糖代谢重编程和侵袭性[37]。Hp 的毒力因子 γ -谷氨酰转移酶消耗胃中的谷氨酰胺, 以减少 TAC 代谢物 α -酮戊二酸, 激活 PI3K-AKT 信号通路[38], 促进间充质干细胞转移到胃中, 并通过分化成上皮细胞或促进血管生成来参与 GC 的发展。Snail 家族基因是 EMT 的关键转录调节因子[37], 可调节葡萄糖通量并促进糖酵解和 PPP, 使癌细胞在代谢应激下存活。Snail 在胃癌 Correa 级联反应中表达上调, Hp 感染时, ROS 介导的 Erk 活化和人胃癌细胞中糖原合成酶激酶 3 β 通过 Ser9 位点的磷酸化而失活, 进而诱导 Snail 表达并调节 EMT [39] [40]。果糖双磷酸酶 1 (Fructose biphosphatase 1, FBP1)可逆转 Snail 诱导的胃癌细胞的糖酵解和 EMT [41]。Snail 的过表达增加了葡萄糖的利用率、乳酸聚集, 抑制 FBP1 表达, 促进 Correa 级联反应的糖酵解和 EMT。

果糖 - 二磷酸醛缩酶 A (Fructose-1,6-bisphosphate aldolase A, ALDOA)是主要存在于发育中的胚胎和成人肌肉中的裂解酶之一, 参与糖的有氧氧化、无氧酵解和糖异生[42], 在 GC 中显著上调, 并与胃癌预后相关[43]。在胃癌中, ALDOA 的表达与波形蛋白、N-钙粘蛋白、Snail 和锌指转录因子 1 呈正相关[44], ALDOA 的表达可以增加 HIF-1 α 的活性[44], 进一步调控 LDHA、ZEB2 的表达。随着乳酸聚集, ZEB2 可通过防止厌氧和有氧条件下乳酸的降解来提高 HIF-1 α , 促进胃癌细胞糖酵解和 EMT [45] [46]。PKM2 作为 HIF-1 α 的靶向基因, 促进 HIF-1 反式活化[47], 调控原癌基因 BCL-6 的表达, 促进 E-钙粘蛋白的下调, 波形蛋白和 N-钙粘蛋白表达上调[48]。6 磷酸果糖 2 激酶在胃癌细胞系中表达上调[49], 激活下游 Smad 蛋白、TGF- β , 产生 EMT 允许状态, 增强癌细胞中的 Snail 表达, 诱导 NF- κ B 上调, E-钙粘蛋白水平降低, N-钙粘蛋白和波形蛋白表达增加, 促进 EMT [49] [50]和糖酵解。含有蛋白-1 的己糖激酶结构域在胃癌组织中上调[51], 通过增加葡萄糖消耗、乳酸的产生, 触发 I κ B α 降解来激活 NF- κ B 信号传导[52], 同时上调锌指转录因子 1、N-钙粘蛋白、波形蛋白和 Snail 的水平, 诱导胃癌细胞 EMT [51]。

3.3. 糖代谢重编码与铁死亡交互促进 Correa 级联反应

铁死亡是一种以铁依赖性脂质过氧化物死亡为主要特征的细胞程序性死亡方式, 与癌症密切相关[53]。肿瘤细胞可以激活适应糖酵解、PPP 以满足肿瘤细胞对能量和生物合成日益增长的需求, 维持氧化还原稳态以防止铁死亡。铁死亡与 GC 患者预后相关[54]。CAG 患者和大鼠在胃组织中表现出铁沉积, 谷胱甘肽过氧化物酶 4 和铁蛋白重链 1 FTH 水平降低以及 4-羟基壬烯醛水平升高[55], 表明在 CAG 中存在铁死亡。PKM2 通过下调原癌基因 BCL-6 抑制铁死亡[56]。葡萄糖-6 磷酸脱氢酶促进 PPP, 诱导 NADPH 合成增多, 支持介导的胱氨酸摄入, 并将其进一步转化为半胱氨酸用于谷胱甘肽合成, 避免胃肿瘤细胞脂质活性氧的消除, 从而抑制铁死亡[57] [58]。在 GPL 和 GC 阶段, PKM2、HK2、LDHA、血小板磷酸果糖激酶、葡萄糖-6 磷酸脱氢酶表达上调, PKM2、HK2 调节 Yes 相关蛋白[59], 糖酵解、PPP 增强, 导致胃癌细胞铁死亡抗性增加。胃癌阶段, Wnt/ β -catenin 信号转导通过靶向胃癌中的谷胱甘肽过氧化物酶 4 [60], 赋予铁死亡抗性。STAT3 在胃癌阶段被激活, 促进 C-myc 转录, 调控胃癌中铁死亡负调节特征基因抑制铁死亡[61]。

3.4. 葡萄糖代谢重编码和氧化应激交互促进 Correa 级联反应

氧化应激是 ROS 产生和天然抗氧化防御失衡的结果, 使中性粒细胞炎症浸润, 蛋白酶分泌增加, 产生大量氧化中间产物。ROS 信号传导可以通过诱导 DNA 突变以及激活癌变促进肿瘤发生[62]。研究表明, 胃癌组织氧化应激反应降低, 氧化解毒能力减弱, 诱导细胞死亡增加, 促进 GC 发展[63]。去乙酰化酶 Sirtuin 3 (SIRT3) 是 NAD⁺ 依赖性脱乙酰酶家族, 具有调控细胞增殖、DNA 修复、线粒体能量稳态和抗氧化活性等多种生理功能[64]。SIRT3 与 LDHA 相互作用并脱乙酰化, 增强 LDHA 活性, 加速胃癌细胞糖酵解[65]。SIRT3 过表达可以使胃肠细胞中的 ROS 水平降低, 激活锰超氧化物歧化酶, 重新平衡细胞内 ROS 稳态, 保护细胞免受氧化应激诱导损伤[65]。G6PD 是 PPP 中起着催化作用的酶, 促进 NADPH 的合成[66], 合成核糖核苷酸和维持细胞内氧化还原稳态。在 G6PD 敲低的细胞中检测到 ROS 和 NADPH 氧化酶 2 活化增加和 AMPK 的激活, 导致胃癌细胞中的 NADPH 降低, 刺激氧化应激[67], 二者可以协调癌细胞代谢[67]。

4. 中医药靶向调控 Correa 级联反应的葡萄糖代谢重编码

在胃癌的 Correa 级联反应中, 除了遗传和表观遗传学改变, 还依赖于持续的能量供应, 其中葡萄糖代谢重编码发挥了重要作用, 其与自噬、EMT、铁死亡、氧化应激等相交互, 促进胃癌肿瘤微环境形成、为胃癌的增殖提供能量、诱导肿瘤细胞的侵袭和转移[14]。在 NAG 时期, 胃部的炎症或感染促进 PPP 和 AMPK 的激活, 促进 ROS 的清除和启动自噬, 促进胃黏膜细胞的修复[8]。在炎症介质介导 GC 的各类影响因素中, Hp 感染和炎症与非贲门胃癌发病密切相关[68]。长期使用非甾体抗炎药一定程度上能够有效减少 CAG 患者远期癌症发展[69]。因此, 在 Correa 级联反应早期, 可以通过根除 Hp 或使用抗炎药物以缓解炎症状态, 减少炎症介质释放引起的葡萄糖代谢重编码。如雷贝拉唑通过靶向抑制胃上皮细胞 STAT3/HK2 抑制其糖酵解, 改善 Hp 感染[70]; 丁香提取物抑制 Hp 感染引起的 PI3K/AKT/mTOR 信号通路的解除、干扰 TAC [71]; 小檗碱通过促进 TAC 介导的花生四烯酸代谢促进胃溃疡的愈合[72]; 苍术提取物提高了抗炎因子相关的 IL-10、I kappa B α 的表达, 抑制 NF- κ B, 显著改善胃组织的病理损伤[73]。

在 GPL 时期, 炎症因子大量产生诱导糖代谢关键酶表达进一步上调、关键信号通路激活与抑癌基因的失活。GPL 是胃的炎症转化的重要步骤, 一旦达到该阶段, GC 的发生概率大大增加[74]。因此, 在 GPL 时期及时进行葡萄糖代谢重编码的干预非常重要。除了内镜检查、根除 Hp、胃粘膜保护剂、抗氧化维生素等常规措施外, 一些天然化合物及中医药对于 GPL 的靶向葡萄糖代谢重编码也展现出了潜在价值。如人参皂苷 3 抑制 TIGAR 的表达和 NADP 的产生, 导致胃黏膜上皮中 ROS 浓度进一步升高, 进而诱导胃黏膜上皮细胞凋亡[75]; 黄芪甲苷 IV [76]通过靶向抑制 p53、HIF-1 α 、MCTs 和 LDHA 以阻断 GPL 的异常糖酵解; 党参通过靶向抑制 LDH 和肌酸激酶表达, 调控 GPL 的糖酵解和 TAC [77]; 胃痞消抑制 PI3K/AKT/mTOR 和 HIF-1 信号通路激活[78], 四君子汤诱导胃粘膜细胞的氧化磷酸化抑制 GPL [79], 黄芪建中汤靶向调节 TAC、糖酵解抑制 GPL 代谢重编码[80] [81]; 复方阿胶浆通过抑制 PI3K/AKT/HIF-1 α 信号通路的过度激活调节能量代谢紊乱; 小建中汤改善胃黏膜缺氧和调节 PI3K/AKT/mTOR 和 p53/AMPK/ULK1 信号通路来抑制 GPL 胃黏膜细胞的自噬和糖酵解[29]; 乐胃饮加味方通过 PI3K/AKT/mTOR 信号通路调控糖酵解干预慢性萎缩性胃炎[82]。

在 GC 阶段, PI3K/AKT/mTOR 信号通路持续激活, 诱导糖代谢关键酶、致癌基因激活及抑癌基因的失活, 胃癌细胞葡萄糖代谢重编码进一步增强, 并与抑制胃癌细胞自噬、促进 EMT 相互影响, 为 GC 细胞的增殖、浸润、转移提供能量。抑制 PI3K/AKT/mTOR 激活已经证明可以导致肿瘤的消退[83], 有望成为治疗 GC 的新靶点。目前可通过葡萄糖类似物 FDG 的 PET 观察肿瘤葡萄糖代谢, 预测癌症细胞代谢活性和抗癌治疗的反应[84]。目前, 已有部分药物在 GC 患者中展现出良好的靶向抗葡萄糖代谢重编码的

作用, 如 2-脱氧葡萄糖作为糖酵解抑制剂通过抑制糖酵解并阻止乳酸生成来抑制胃肿瘤细胞生长[85], 热解脱乙酰酮姜黄素 GO-Y022 与 2DG 合用对抑制糖酵解具有协同作用[86], 丹参酮 IIA [87]、人参皂苷 Rg3 可通过上调 miR-429 靶向抑制 PI3K/AKT/mTOR 信号通路以提高胃癌铂类化疗的敏感性, 并减轻其耐药[88]。儿茶素抑制乳酸生成和 LDHA 活性[89], 干姜和黄连抑制 LDH、HIF1A、PKM 表达[90], 红景天提取物水景苷靶向抑制 PKM2、ENO1 和 GLUT1 [91], 甘草查尔酮 A 抑制 HK2、Akt、NF- κ B 信号通路抑制胃癌细胞异常糖代谢和乳酸生成[92]。改良的健脾养正汤通过调控 PKM2/HIF-1 α 信号转导, 减少 PKM2 依赖性糖酵解来抑制 GC 细胞生长和 EMT [93]。

5. 小结

基于以上葡萄糖代谢重编码在 Correa 级联反应中的作用机制和分子特性: 在胃癌发展的前期, 应重视炎症对糖代谢主要途径的影响和作用, 对于 Hp 感染或其他因素引起的胃炎患者, 尽早根除 Hp 或进行积极的抗炎治疗, 抑制炎症因子对糖代谢上游通路、关键靶点和自噬抑制因子的激活, 减轻胃黏膜损伤。在 GPL 阶段, p53、糖代谢关键酶、PI3K/AKT、NF- κ B 信号通路可作为抑制胃的炎症转化的重要治疗靶点。在 GC 阶段, 葡萄糖代谢进一步增强并与自噬、上皮间充质转化、铁死亡等交互, 抑制 Wnt/ β -catenin、PI3K/AKT、Snail/FBP1 信号通路和糖酵解关键酶表达是阻止胃癌发展的重要靶点。目前西医治疗主要通过改变饮食习惯、根除 Hp、胃粘膜保护剂、环氧合酶-2 抑制剂和内窥镜切除术或粘膜剥脱术等进行治疗[94]。这些干预措施对于降低 GC 的发生具有一定的积极意义, 但其多局限于 Correa 级联反应的某一阶段, 且效果存在争议[95]。而中医药在防治胃癌 Correa 级联反应的葡萄糖代谢重编码方面具有多靶点、多途径、多阶段、疗效确切且副作用少的特点, 在防治胃癌的 Correa 级联反应中发挥了重要作用, 为胃癌的防治提供了新思路。

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