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· 文献综述 ·

## Hippo-Yap 信号通路在肝脏疾病中的作用及其研究进展

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### 摘要

河马 (Hippo) 信号通路最初作为一种抑制果蝇组织生长的通路被发现, 主要由 MST1/2、LATS1/2 和 Yap/TAZ 三种激酶级联组成。随着研究的进展, 在哺乳动物中 Hippo 信号通路的同源基因也得到了证实, 并且在控制器官大小和其他生理功能当中也发挥着关键的作用。Hippo 信号通路主要通过调控 Yap 的核移位发生相应的作用。当 Hippo 信号通路的上游激酶失活时, Yap/TAZ 被去磷酸化并且能够作为转录共激活因子进入细胞核, 与相应的转录因子结合发挥作用。既往 Hippo-Yap 信号通路研究主要集中于细胞命运、新陈代谢、肿瘤发生和免疫系统等方面。随着研究的逐步深入以及肝脏疾病的发生率逐步升高, Hippo 信号通路在肝脏疾病的发生与发展过程中的相关研究取得一定的进展。笔者从多种临床常见相关肝脏疾病 (胆汁淤积性肝损伤、肝缺血再灌注损伤、非酒精性脂肪性肝病、酒精性肝病、对乙酰氨基酚诱导肝损伤、肝纤维化以及肝癌) 阐述 Hippo-Yap 信号通路在其中所发挥作用。

### 关键词

肝疾病; Hippo 信号通路; YAP 信号蛋白质类; 综述  
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## Role of Hippo-Yap signaling pathway in liver diseases and its research progress

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### Abstract

The Hippo signaling pathway, initially discovered as a pathway that inhibits tissue growth in *Drosophila*, is mainly composed of three kinase cascades: MST1/2, LATS1/2, and Yap/TAZ. As research progressed, homologous genes of the Hippo signaling pathway were also identified in mammals, and they play a critical role in controlling organ size and other physiological functions. The Hippo signaling pathway mainly exerts its effects by regulating the nuclear translocation of Yap. When the upstream kinases of the Hippo signaling pathway are inactivated, Yap/TAZ becomes dephosphorylated and can enter the cell nucleus as a transcriptional co-activator, where it interacts with specific transcription factors to exert its effects. Previous studies on the Hippo-Yap signaling pathway have mainly focused on cell fate, metabolism, tumorigenesis, and the immune system. As research continues to deepen and the incidence

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of liver diseases increases, significant progress has been made in understanding the role of the Hippo signaling pathway in the occurrence and development of liver diseases. In this context, the authors discuss the involvement of the Hippo-Yap signaling pathway in various clinically common liver diseases, including cholestatic liver injury, liver ischemia-reperfusion injury, non-alcoholic fatty liver disease, alcoholic liver disease, acetaminophen-induced liver injury, liver fibrosis, and liver cancer.

**Key words** Liver Diseases; Hippo Signaling Pathway; YAP-Signaling Proteins; Review  
**CLC number:** R657.3

在过去的20多年里,果蝇生长调节的相关通路被发现并被命名为河马(Hippo)信号通路,相应的通路在哺乳动物中被发现并且也能够调节器官的大小<sup>[1]</sup>。Hippo信号通路已被发现能够调节多种关键的细胞过程,如细胞命运、新陈代谢、肿瘤发生和免疫系统等方面。随着研究的深入,Hippo信号通路被证实在肝脏的许多方面也发挥着重要的作用,包括调节肝脏发育、稳态、再生和癌症等方面<sup>[2]</sup>。笔者就Hippo信号通路在肝脏疾病中的研究进展作一综述,以期能为肝脏疾病研究和治疗提供一些新的角度和参考。

## 1 Hippo信号通路

### 1.1 Hippo信号通路的概述

Hippo信号通路在21世纪初被提出,是一种抑制果蝇组织生长的关键通路。在使用基因嵌合的无偏倚突变筛选中,根据是否作为纯合功能丧失突变体拥有促进过度生长的能力,确定了四种肿瘤抑制因子分别为Warts、Salvador、Mob以及Hippo,对应到哺乳动物中即为大肿瘤抑制激酶1/2(LATS1/2)、辅因子Sav1(human salvador homology 1)、Mps结合者激酶激活因子样1A(MPS One Binder 1, MOB1)及STE2样蛋白1/2(MST1/2)<sup>[1]</sup>。在果蝇的相关研究<sup>[1]</sup>中,这些肿瘤抑制物能够构成一个激酶级联,作用于转录辅助激活因子Yorkie(哺乳动物中的Yap和TAZ)。Yorkie随后被证明能与Scalloped(哺乳动物中的TEAD1-4)结合,Scalloped可以作为转录因子与DNA结合并控制基因转录<sup>[1,3]</sup>。由于在该途径被发现的上游激酶含有肿瘤抑制因子Hippo并且能够调节组织的大小,因此被称为Hippo信号通路。在果蝇中发现Hippo信号通路的相关基因后,在哺乳动物中Hippo信号通路的同源基因也得到了证实,并且在控制器官大小和其他

生理功能当中Hippo信号通路也发挥着关键的作用<sup>[4]</sup>。同时,Hippo信号通路核心蛋白的进化和复制的保守也证明了它的重要性,值得在该通路的相关分子机制或者调控方法上进行更进一步的研究。

### 1.2 Hippo信号通路的调控

Hippo信号通路主要由MST1/2、LATS1/2和Yap/TAZ三种激酶级联组成。在Hippo信号通路被激活后,Sav1与MST1/2相互作用并且被MST1/2磷酸化,随后两者共同促进LATS1/2的磷酸化<sup>[5-6]</sup>。MST1/2能够通过多种方式磷酸化LATS1/2,首先MST1/2可以直接在C端疏水基上磷酸化LATS1/2。此外,MST1/2可以磷酸化MOB1,然后MOB1与LATS1/2的自身抑制域结合,导致LATS1/2的激活<sup>[1,7-8]</sup>。同时也有研究<sup>[9]</sup>表明,神经纤维素2(neurofibromin 2, NF2)可以直接与LATS1/2相互作用,并通过MST1/2将LATS1/2募集到质膜上进行磷酸化。LATS1/2被激活后能够磷酸化Yap/TAZ中HXRXXS基序上的丝氨酸<sup>[10]</sup>。当Yap上Ser127位点和TAZ Ser89位点被磷酸化后会与14-3-3蛋白结合导致细胞质隔离<sup>[11]</sup>。同时,Yap上Ser381位点和TAZ Ser311位点的磷酸化会促进酪蛋白激酶1的磷酸化,导致SCF $\beta$ -TRCP E3泛素化连接酶的募集以及Yap和TAZ的蛋白酶体降解<sup>[12-13]</sup>。当Hippo信号通路的上游激酶失活时,Yap/TAZ被去磷酸化并激活。Yap/TAZ激活后能够作为转录共激活因子进入细胞核,与TEAD家族转录因子结合,诱导靶基因结缔组织生长因子(connective tissue growth factor, CTGF)、半胱氨酸丰富血管生成诱导因子61、锚蛋白重复域1(ankyrin repeat domains1, Ankrd1)、透明同源物3、两性调节蛋白和生存素(survivin)的表达,从而促进细胞增殖,抑制细胞死亡<sup>[14-15]</sup>。最近有研究<sup>[14,16-17]</sup>表明,一些以再生反应受损为特征的慢性肝病与Yap积累有关。在部分肝脏疾病的

发展过程中,也发现Yap的表达在各种肝细胞中增加,但是Yap的作用可能因细胞类型而异。此外,有研究<sup>[18]</sup>提出肝细胞Yap水平存在非细胞自主效应,这可能会影响局部微环境并导致炎症、纤维化、肝硬化和癌症。因此,Hippo信号通路在肝脏疾病有着紧密的联系。

## 2 Hippo信号通路在肝脏疾病的关系

### 2.1 Hippo信号通路在胆汁淤积性肝损伤中的作用

常见可导致胆汁淤积性肝病的原因有慢性胆石症、原发性硬化性胆管炎、原发性胆汁性肝硬化和胆道闭锁<sup>[19-20]</sup>。胆汁淤积性肝病的特征是由于肝细胞分泌受损或胆汁流经肝内或肝外胆管受阻导致胆汁流量减少。胆汁淤积可诱发导管增生、肝细胞损伤和肝纤维化<sup>[21]</sup>。既往有研究<sup>[9]</sup>表明小鼠发育晚期Yap的缺失会导致胆管缺乏,导致胆汁淤积损伤。同样,当LATS1/2的特异性缺失后会促进Yap的激活进而导致导管细胞的异常增生<sup>[22]</sup>。在经典的胆汁淤积性小鼠构建模型中,能够发现Yap缺失的肝脏更易受到胆管结扎所诱导的损伤<sup>[14]</sup>。近期,Xie等<sup>[23]</sup>表明,维生素D受体的激活能够提高Yap的表达,调控胆汁淤积条件下的胆管细胞的增殖,通过促进适应性胆管重塑来限制肝损伤。

### 2.2 Hippo信号通路在肝缺血再灌注损伤(ischemia reperfusion injury,IRI)中的作用

在肝切除及肝移植等手术过程当中大部分的患者都会面临IRI,是早期移植物衰竭、组织损伤、器官排斥甚至肝衰竭的重要原因<sup>[24]</sup>。肝IRI的机制非常复杂,近年来一直是研究的重点,许多因素被确定具有特定的功能。作为Hippo信号通路的关键效应因子,有报道<sup>[25-27]</sup>认为Yap在肝IRI模型中起保护作用,也有报道发现表达Yap的肝细胞通过Yap/TAZ/CYR61轴激活炎症和肝纤维化。这些相互矛盾的发现表明,Yap的功能机制在肝IRI中尚未完全阐明。有研究<sup>[28]</sup>通过杂交小鼠构建肝细胞条件性敲除Yap模型,实验结果表明当肝细胞中Yap敲除后会导致IRI加重,提示Yap在肝IRI中起到关键的作用。同时,Yuan等<sup>[25]</sup>还揭示了Yap在肝IRI能够通过调节CD47标记阳性的细胞外囊泡的分泌对肝IRI起到保护作用。随着Yap在肝IRI中研究的进展,有研究<sup>[29]</sup>表明TNFAIP3相互作用蛋白3是一种新型的肝IRI损伤调节因子,能够促进LATS2

的泛素化和降解,导致Yap的核内转移增多,减轻肝IRI中的炎症反应和细胞死亡。最近有研究<sup>[30]</sup>表明奥曲肽能够上调Yap转录,通过激活自噬和抑制凋亡,对肝IRI起到保护作用。

### 2.3 Hippo信号通路在非酒精性脂肪性肝病(non-alcoholic fatty liver disease,NAFLD)中的作用

NAFLD是指在没有过量酒精摄入的情况下脂肪堆积为特征的一类病理性肝脏疾病,其变化由可逆性单纯肝脂肪变性到进行性非酒精性脂肪性肝炎(nonalcoholic steatohepatitis,NASH),最后演变发展为肝硬化<sup>[31]</sup>。在NAFLD的相关研究当中能够发现反应性导管细胞(reactive ductal cells,RDC)的积累<sup>[18]</sup>,并且NAFLD患者的肝脏经常表现出肿大<sup>[16]</sup>,而Yap被激活后会同样也能导致RDC的增加和调控肝脏的增大。因此,Machado等<sup>[16]</sup>通过病态肥胖受试者在减肥手术时获得的肝脏样本分析以及对2种不同动物NASH模型的实验发现,在NASH期间RDC中存在一个维持Yap激活的正反馈环,从而揭示了Yap可作为NAFLD的诊断以及治疗靶点。Hippo信号通路的下游靶点CTGF也被证实可视为预测NAFLD供体的脂肪变性程度的潜在生物标志物<sup>[32]</sup>。近期有研究<sup>[33]</sup>表明,益生菌和益生元单独或联合使用,可以通过上调LATS1负调控Yap的表达,导致其被排除在细胞核外。Yap从胞核内转位可抑制细胞增殖,并抑制IL-6、TGF- $\beta$ 1和 $\alpha$ -SMA的表达减缓NASH进展,改善纤维化和肝脏炎症。

### 2.4 Hippo信号通路在酒精性肝病(alcoholic liver disease,ALD)中的作用

ALD具有一系列的组织病理学异常,包括脂肪变形、脂肪性肝炎和肝硬化<sup>[34]</sup>。ALD最重要的治疗方法就是戒酒,但是目前还没有专门针对治疗ALD的相关药物。因此了解ALD发病过程中相关靶点是非常重要的,可制定针对性的治疗措施。酒精性肝炎(alcoholic hepatitis,AH)作为ALD中最危险的一种类型,目前受到了较多的研究<sup>[35]</sup>。肝细胞的无效再生和代偿性导管反应是AH的关键性特征<sup>[36]</sup>。在小鼠中,肝细胞的异位Yap激活会促进其向一种中间表型转分化,该表型能够表达肝细胞和胆道细胞标志物并且能够产生导管反应<sup>[28,37]</sup>,这些表现正好与AH的相关特征相符。同时,一种肝细胞核因子4 $\alpha$ (hepatocyte nuclear factor 4 $\alpha$ ,HNF4 $\alpha$ )被发现在AH的肝组织中强烈表达,

而 Yap 的激活能够取消 HNF4a 诱导的肝细胞静止和分化<sup>[38-39]</sup>。因此, 有研究<sup>[35]</sup>证明 Hippo/Yap 信号通路的紊乱与 AH 中的肝细胞转分化和再生缺陷密切相关。也有实验<sup>[40]</sup>发现 ALD 发病机制中一个新的 FKBP5-Yap-TEAD1-CXCL1 调节通路。Jin 等<sup>[41]</sup>研究发现, oroxylin A 可通过 Yap 的激活抑制乙醇诱导的肝细胞衰老来改善酒精性肝损伤。未来, 在 ALD 患者治疗中, Yap 相关研究可能是有前景的方向。

## 2.5 Hippo 信号通路在对乙酰氨基酚 (N-acetyl-p-aminophenol, APAP) 诱导肝损伤中的作用

APAP 是世界上应用最广泛的解热镇痛药之一, 按说明服用疗效明显。然而, 在西方国家中 APAP 过量是急性肝衰竭 (acute liver failure, ALF) 的主要原因<sup>[42]</sup>。APAP 诱导的 ALF 可以分为三个过程, 包括损伤的开始、损伤的进展以及恢复和再生<sup>[42-44]</sup>。在药物性相关的急性肝损伤当中, 早期持续的肝再生刺激对损伤恢复起到至关重要的作用<sup>[45-46]</sup>。同时有研究<sup>[45]</sup>表明  $\beta$ -catenin 的激活对于 APAP 过量后刺激的肝脏再生也起到重要的作用。Poudel 等<sup>[47]</sup>研究表明, 在 APAP 诱导的小鼠模型中, Yap 特异性敲除小鼠相比与野生型小鼠的细胞增殖启动速更早, 持续时间更长, 损伤后恢复速度更快。并且 Yap 特异性敲除小鼠中  $\beta$ -catenin 蛋白的激活也较野生型小鼠更快更持续。因此, Hippo 信号通路中的关键靶点 Yap 是 APAP 诱导的 ALF 的一种新的治疗靶点。同时有研究<sup>[48]</sup>表明, 大黄素能够通过 Hippo 信号通路减少 APAP 诱导的肝脏损伤。

## 2.6 Hippo 信号通路在肝纤维化中的作用

肝纤维化的特征是细胞外基质 (extracellular matrix, ECM) 过度沉积, 这是由血吸虫病、慢性病毒性肝炎感染、NAFLD、ALD、胆汁淤积性和自身免疫性肝病引起的慢性肝损伤<sup>[49-50]</sup>。当损伤发生时, 肝星状细胞 (hepatic stellate cells, HSC) 向肌成纤维细胞样细胞转分化并被激活, 活化的 HSC 能够表达  $\alpha$ -平滑肌肌动蛋白 ( $\alpha$ -SMA), 释放过量的 ECM, 包括纤维连接蛋白以及胶原蛋白<sup>[51-52]</sup>。在肝纤维化的相关研究<sup>[53]</sup>中发现, 通过相关技术特异性减少 Yap 的表达, 可以发现 HSC 的激活和纤维化的进展能够被抑制。在药物诱导的小鼠肝纤维化模型中发现 Yap 在 HSC 中能够从细胞质转移到细胞核, 导致 HSC 的激活<sup>[54]</sup>。Yap 转移到胞核后能够上调相应的靶基因, 如 Ankrd1 和 CTGF。Ankrd1 受 TGF- $\beta$  的调节, 而 TGF- $\beta$  能够导致 Yap 的激活诱导

CTGF 的表达上调<sup>[55]</sup>。CTGF 是一种富含半胱氨酸的 ECM 蛋白, 能够促进纤维连接蛋白、胶原蛋白的表达增加, 同时 CTGF 也能够促进 HSC 的激活和增殖<sup>[49]</sup>。更重要的是, Yap 的靶基因 Ankrd1 和 CTGF 的激活时间较  $\alpha$ -SMA 更早<sup>[50]</sup>, 这意味着 Yap 调控了肝纤维化的早期阶段。因此, 调控 Hippo 信号通路抑制 Yap 的表达可能是预防肝纤维化或改善其预后的有效途径。Qing 等<sup>[56]</sup>研究表明, 在肝纤维化动物模型中, 多巴胺受体 D2 拮抗后能够选择性地阻断巨噬细胞中的 Yap 并阻止肝纤维化。同时, Zhao 等<sup>[57]</sup>研究表明中国传统医学中的益气活血方能通过调控 Hippo 信号通路中 Yap/TAZ 的表达减轻肝纤维化。杨挺等<sup>[58]</sup>通过苦蕒睡茄内酯提取物下调 Yap 抑制 HSC 激活改善了小鼠肝纤维化进展。越来越多的研究都表明了调控 Hippo 信号通路对肝纤维化具有较理想的疗效, 进一步明确在肝纤维化进展过程中, Yap 在不同时期所发挥的作用, 或许能够根据精准地选择有效的调控窗口。

## 2.7 Hippo 信号通路在肝细胞癌 (hepatocellular carcinoma, HCC) 中的作用

肝癌是全球癌症死亡的主要原因之一, 也是全球所面临的一个公共卫生挑战<sup>[59]</sup>。HCC 占据肝癌病例中大多数, 中国历来是 HCC 高危地区之一<sup>[60]</sup>。HCC 通常发生于病毒感染、饮酒及代谢紊乱相关的慢性肝炎患者。尽管诊断和治疗方案不断改进, 但许多患者由于早期症状轻微, 在病程后期才被确诊出来。即使早期诊断, 治疗仍有许多局限性<sup>[61]</sup>。因此, 研究 HCC 发生和发展的潜在机制对其早期防治具有重要意义。

据报道<sup>[62-63]</sup>, Hippo 信号通路的失调和其关键靶点 Yap 的变化推动了多种人类肿瘤类型的癌变。Yap 激活通过 TEAD 依赖的细胞增殖基因 CTGF 的转录促进癌细胞增殖。有研究<sup>[64]</sup>表明, 在胃癌当中 Yap 表达的升高与不良临床病例特征密切相关。在 62% 的 HCC 病例中能够检测到 Yap 的过表达, 同时 Yap 能够作为无病生存率和总生存率的独立预后标志物<sup>[65]</sup>。在人和小鼠肝癌细胞系中抑制 Yap 的表达能够有效抑制肿瘤的生长<sup>[66]</sup>。因此干预 Yap 的表达可能是 HCC 一种有效的治疗策略。有研究<sup>[67]</sup>表明罗氟司特通过抑制选择性 4 型磷酸二酯酶 (PDE-4) 介导 Yap 的细胞质隔离与降解, 从而抑制 HCC 的生长。同时还发现 Yap 能够促进 PDE-4 的表达, 两者之间存在着正反馈循环。Yap 和 PDE-4 的相互作

用促进了HCC的进展。

索拉非尼作为晚期HCC患者的一线治疗用药能够提高HCC患者的总体生存率<sup>[68]</sup>,但是部分患者存在耐药导致药物的疗效并不令人满意<sup>[69]</sup>。因此,了解索拉非尼的耐药机制是非常必要的。既往研究<sup>[70]</sup>表明,Hippo信号通路和Yap的失调参与了癌细胞的化疗耐药,例如Yap能够促进胰腺癌细胞的上皮-间充质转化(epithelial-mesenchymal transition, EMT)和化疗耐药。最近有研究<sup>[60]</sup>表明,索拉非尼增强了Yap的核内转移及表达,从而通过抑制肝癌细胞凋亡来促进索拉非尼耐药。同时还发现survivin作为Yap的下游介质,可抵抗索拉非尼诱导的细胞凋亡,进而减少索拉非尼对癌细胞的杀伤作用导致耐药反应。

当原发癌细胞扩散到不同器官时,就会发生转移,这是癌症治疗的一个关键障碍。转移的主要表现为迁移、侵袭、EMT和干细胞特性等<sup>[71]</sup>。而Yap的去磷酸化能够激活EMT促进HCC的转移和进展<sup>[72]</sup>。最近有研究<sup>[73]</sup>表明,脂肪非典型钙黏蛋白4能够调控Yap的表达促进EMT的进程,为癌症的转移创造条件。Sun等<sup>[74]</sup>表明,程序性细胞死亡因子10通过与蛋白磷酸酶2的相互作用促进Yap的激活,进而促进EMT和HCC的进展,为HCC的转移提供了新的见解。同时,张小路等<sup>[75]</sup>实验结果证明miR-375能够靶向调控Yap的表达对肝癌细胞增殖和侵袭能力起到调控作用。

Hippo-Yap信号通路一直是肝癌中的研究热点,本文通过HCC的进展、耐药、转移三个方面介绍该通路的相关研究进展。这三个方面并不是独立存在的,深入了解Hippo-Yap信号通路在不同方面之间的相互调节及串扰方式,能够更深刻了解该通路在肝癌中发挥的作用,更加精确地通过该通路调节肝癌发生发展。

### 3 总结与展望

目前对Hippo信号通路的研究正在如火如荼地进行着,关于其关键靶点和通路调控的研究越来越深入,但国内对Hippo信号通路在肝脏疾病中的研究还比较少。Hippo信号通路在不同的肝脏疾病中发挥着不同的作用。本文中在肝癌、APAP诱导的肝损伤、肝纤维化和NAFLD这四种疾病中能够观察到,当Hippo信号通路被激活后通过抑制Yap

的表达发挥着保护作用;在酒精性肝病、肝IRI和胆汁淤积性肝损伤这三种疾病中能够观察到,当Hippo信号通路被激活后通过抑制Yap的表达发挥着促损伤作用。在既往的研究中Hippo信号通路即使在同一种疾病当中,也可能发挥截然相反的作用。因此,若要通过Hippo信号通路制定肝脏疾病的诊疗策略,需要先明确Hippo信号通路在疾病中发挥的作用是至关重要的。在各种肝脏疾病当中Hippo信号通路发挥作用通常会与其他相关通路产生串扰,可进一步探讨在肝脏疾病中Hippo信号通路与其他通路相互关联的重要靶点,更加精确和有效地调控通路相关变化。目前关于Hippo信号通路的研究多局限于基础研究,在临床转化上仍需进一步研究验证。随着多学科联合发展及相互应用,在明确Hippo信号通路对疾病的作用后,期待Hippo信号通路中的新疗法早日应用到临床当中,提高肝脏疾病患者的预后。

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