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· 文献综述 ·

癌相关成纤维细胞在乳腺癌侵袭转移及耐药中的作用 研究进展

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摘要

癌相关成纤维细胞(CAF)是肿瘤微环境中主要的基质细胞。CAF可在血小板源性生长因子、成纤维细胞生长因子、白介素6及肝细胞生长因子等多种分泌因子作用下由正常成纤维细胞转化形成,也可由间充质干细胞、脂肪细胞等多种细胞可通过上皮间质转化(EMT)过程形成,还有部分由癌症干细胞转化而来。近来有研究显示,乳腺癌中的CAF可通过分泌多种细胞因子及外泌体、参与EMT及细胞外基质重塑,进而促进乳腺癌细胞侵袭转移,也可在肿瘤缺氧微环境下通过激活相关信号通路促进乳腺癌细胞生长和侵袭。此外,CAF通过增加了乳腺癌细胞的凋亡阈值、作为抗肿瘤药物的物理屏障、分泌的谷氨酰胺增加乳腺癌细胞的存活率、激活生长因子相关的信号通路或增加线粒体功能产生抗凋亡作用等多种途径介导乳腺癌化疗耐药、内分泌治疗耐药及多药耐药。笔者总结CAF的重要来源及其在乳腺癌侵袭转移与治疗耐药中的研究进展。

关键词

乳腺肿瘤; 癌相关成纤维细胞; 肿瘤浸润; 肿瘤转移; 抗药性, 肿瘤; 综述文献

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Research progress of actions of cancer-associated fibroblasts in invasion, metastasis and drug resistance in breast cancer

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Abstract

Cancer-associated fibroblasts (CAFs) are one of the major stroma cells in tumor microenvironment. CAFs are usually derived from the normal fibroblasts by the actions of various platelet derived growth factor and fibroblast growth factor, interleukin 6 and hepatocyte growth factor, or from the mesenchymal stem cells, fat cells and other cells during the process of epithelial mesenchymal transformation (EMT), and some CAFs are transformed from cancer stem cells. Recent studies have demonstrated that the CAFs in breast cancer can promote the invasion and metastasis of breast cancer cells through secreting a variety of cytokines and exosomes, and participating in EMT and extracellular matrix remodeling, and also promote the growth and invasion of the breast cancer cells under the hypoxic tumor microenvironment through activating the relevant signaling pathways. Moreover, CAFs mediate the chemotherapy resistance, endocrine therapy resistance and multi-drug resistance in breast cancer through various ways such as elevating the apoptosis threshold, serving as a physical barrier against anti-tumor

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drugs, secreting glutamine for increasing the survival rate of breast cancer cells, activating the growth factor-associated signaling pathways or increasing mitochondrial function to produce anti-apoptotic effects. Here, the authors mainly address the research progress in sources of CAFs and its role in invasion/metastasis and treatment resistance of breast cancer.

Key words

Breast Neoplasms; Cancer-Associated Fibroblasts; Neoplasm Invasiveness; Neoplasm Metastasis; Drug Resistance; Neoplasm; Review

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乳腺癌是女性最常见的癌症, 占全球癌症发病率的第二位。据国际癌症研究机构2019年统计, 乳腺癌在各类癌症中发病率为11.6%, 占全球癌症病死率的6.6%^[1]。此外, GLOBOCAN 2018预测显示, 乳腺癌的发病率将从2018年的200万增加至2046年的300多万, 增幅为46%^[1], 呈明显上升趋势, 对广大女性健康和生命安全造成极大威胁。虽然有关乳腺癌的各方面研究近年来发展迅速, 在诊断、手术治疗和抗癌药物开发方面取得了重大进展, 治疗理念亦不断更新, 但有效的治疗仍然受到侵袭转移及耐药的影响, 治疗形势仍十分严峻。侵袭转移和产生耐药严重影响患者治疗效果及远期生存状况, 因此, 对乳腺癌侵袭转移及耐药机制的相关研究至关重要。肿瘤相关成纤维细胞(cancer-associated fibroblasts, CAF)是肿瘤微环境(tumor microenvironment, TME)中最大的基质细胞群, 在形成TME以支持肿瘤细胞存活、扩散、血管生成和治疗耐药性方面发挥积极作用, CAF与乳腺癌发生发展的关系成为备受关注。CAF作为TME的重要组成成分, 可促进非干性肿瘤细胞向干性肿瘤细胞转化及自我更新, 使干细胞比例增加, 在临床研究中其与肿瘤的转移、复发、治疗耐药等不良预后相关^[2]。既往研究指出CAF是肿瘤间质中最主要的细胞类型, 其为受肿瘤影响活化后的成纤维细胞, 主要通过分泌多种生长因子、趋化因子、细胞因子并重塑细胞外基质的途径对肿瘤形成、发展、侵袭、转移及治疗抵抗起着重要作用^[3]。近来有研究^[4]显示, 乳腺癌中的CAF参与了乳腺癌干细胞的形成及转化过程, 从而影响肿瘤的发生发展。另有研究^[5]指出, CAF通过参与DNA损伤修复、肿瘤细胞凋亡、肿瘤细胞黏附、肿瘤间质流体压力调节等机制诱导乳腺癌化疗耐药。此外, 体外研究也发现了一些CAF潜在的治疗靶点, 为耐药的治疗提供了一定的方向。本文对CAF来源及其在乳腺癌侵袭转移及治

疗耐药中的作用进行综述, 以期对乳腺癌的治疗及研究提供更好策略和方向。

1 乳腺癌中CAF来源

乳腺癌中CAF分为活化和非活化成纤维细胞两种, 其中活化成纤维细胞占主导地位, 在肿瘤进展中发挥着不可或缺的作用^[6]。然而乳腺癌中CAF的确切起源尚不完全清楚, 包括在乳腺癌不同亚型中的起源有无区别, 以及在乳腺癌发展的不同阶段有无变化均不清楚。但已有研究^[7]认为乳腺癌中正常成纤维细胞(normal fibroblast, NF)是CAF的来源之一, 约80%的NF被激活为CAF, 是肿瘤组织的主要成分, NF向CAF的转化过程受很多因素影响。乳腺癌细胞可通过分泌多种细胞因子如血小板源性生长因子(platelet-derived growth factor, PDGF)、成纤维细胞生长因子(fibroblast growth factor, FGF)、白细胞介素6(interleukin-6, IL-6)及肝细胞生长因子(hepatocyte growth factor, HGF)引起肿瘤细胞周围NF发生遗传学变化而转化为CAF^[8]。相关研究显示, 下调或抑制肿瘤抑制基因如PTEN、caveolin-1、p53和p21的表达以及上调基质细胞衍生因子(stromal cell-derived factor-1, SDF-1)的表达可激活NF转化为CAF^[9]。转化生长因子(transforming growth factor, TGF- β 1)在激活NF转化为CAF过程中扮演着一个重要的角色。乳腺癌相关成纤维细胞在小鼠NF中获取TGF- β 和SDF-1从而介导自分泌信号循环启动, NF一旦被激活成CAF, 便开始生产自己的TGF- β 1, 不断维持CAF激活自分泌循环, 从而促进NF向CAF的分化^[10]。实验证实CD105高表达/CD26低表达的成纤维细胞与CAF表达谱的重叠程度高于CD105低表达/CD26高表达的成纤维细胞, 说明CD105高表达/CD26低表达的成纤维细胞可能是乳腺癌中CAF的

重要来源^[11]。

CAF不仅可以来自正常的成纤维细胞,也可以来自其他类型的细胞,TME中的间充质干细胞(mesenchymal stem cells, MSC)、脂肪细胞等多种细胞可通过上皮间质转化(epithelial-mesenchymal transformation, EMT)形成CAF^[12]。一些研究^[13-14]表明,TME中的MSC很容易分化为CAF,乳腺癌细胞在条件培养基的刺激下,脂肪来源间充质干细胞和骨髓来源间充质干细胞可转化为CAF或类CAF,肿瘤分泌因子是控制MSC或NF向CAF分化的关键因素,其中TGF- β 1、外泌体、骨桥蛋白、Wnt7a、miR-105,脂质介质如前列腺E2被认为是这种转变背后的驱动力。Weber等^[15]已经展示,肿瘤衍生的骨桥蛋白如何诱导MSC中整合蛋白上调TGF- β 1信号通路,导致其分化为CAF。Nair等^[16]已经证明,从乳腺癌细胞系中提取的经条件培养基处理过的多能干细胞可以作为形成小鼠乳腺肿瘤的癌症干细胞,在检查这些肿瘤时发现CAF均来自癌症干细胞,并表达SDF、TGF- β 等CAF表型的标记,且不同于直接从多能干细胞分化而来的成纤维细胞。

2 CAF与乳腺癌侵袭转移

诸多临床研究表明,约90%癌症患者并非死于原发性肿瘤,而是死于肿瘤的侵袭转移^[17]。侵袭转移是恶性肿瘤的特征,是非常复杂的连续多步骤过程,包括组织浸润、血管内灌注、血液及淋巴系统外渗和组织定植、远处器官的转移克隆,可导致患者病情恶化,是乳腺癌患者死亡的主要原因。CAF是一种异质性的细胞群,广泛参与肿瘤侵袭转移过程^[18]。

2.1 CAF与其分泌因子

CAF分泌多种细胞因子及蛋白分子促进乳腺癌细胞侵袭转移。文献^[19]指出CAF分泌的SDF-1可以促进肿瘤细胞的转移,SDF-1导致mDia2下调和F-肌动蛋白细胞骨架破坏,进而提高细胞运动能力。Ahirwar等^[20]也发现SDF-1与乳腺癌细胞转移相关,研究显示CAF特异性SDF-1表达的缺失延长了肿瘤的潜伏期,并阻止了远处转移。此外,SDF-1通过调节血管通透性促进肿瘤细胞的血管内灌注。研究^[21]发现IL-32在CAF中是一个富含RGD基序的信号蛋白,介导CAF与乳腺癌细胞之间相互作用,在乳腺肿瘤侵袭过程中起到至关重要的作

用。数据显示CAF分泌的IL-32在乳腺癌细胞表面与整合素 β 3结合,从而激活下游p38/MAPK途径,提高纤连蛋白、N-钙黏着蛋白、波形蛋白表达,促进乳腺癌细胞的侵袭和转移。

2.2 CAF与EMT

EMT是恶性肿瘤上皮细胞向间质表型转化的启动过程,是乳腺癌细胞获得转移能力的重要机制,可促进恶性肿瘤的侵袭转移,CAF通过多种途径参与乳腺癌细胞EMT。研究显示SDF-1、TGF- β 1、PDGF、HGF、表皮生长因子(epidermal growth factor, EGF)和基质金属蛋白酶(matrix metalloproteinase, MMP)是乳腺癌中CAF诱导EMT的相关因子^[22-23]。此外,趋化因子是一种大小在8~14kDa之间的蛋白,是一种与肿瘤细胞EMT相关的CAF分泌因子,通过创建一个表达相应受体的细胞类型沿其移动的梯度来刺激细胞定向迁移^[24]。已有研究^[25]表明,上皮细胞趋化因子CXCL14过表达的CAF刺激乳腺癌EMT,促进乳腺癌细胞的迁移侵袭,其作用依赖于氧化氮合酶-1,并涉及刺激巨噬细胞的血管生成和募集过程^[26]。

2.3 CAF与细胞外基质(extracellular matrix, ECM)

ECM是肿瘤微环境中重要成分,与肿瘤进展相关。CAF特征之一是ECM异常产生和重构,I型胶原被认为是乳腺肿瘤中主要的ECM成分,与肿瘤细胞的存活和转移相关。研究^[27]表明I型胶原纤维能促进乳腺癌CAF中MMP-9的表达,从而导致迁移和转移增强。乳腺癌细胞系中过表达MMP-9的CAF,主要通过激活TGF- β /SMAD信号通路显著增强肿瘤侵袭性^[28]。CAF还可产生一系列其他MMP和纤溶酶原激活物来直接降解ECM,从而促进乳腺癌细胞侵袭转移,这还能为肿瘤细胞提供迁移途径,促进癌细胞侵入血液和淋巴管系统^[29]。纤维连接蛋白(fibronectin, FN)是多种恶性肿瘤中重要的ECM分子,影响肿瘤细胞增殖、迁移、上皮间质转化和血管生成^[30-31]。CAF可诱导FN表达增加,还可使FN纤维排列改变,导致肿瘤细胞定向迁移^[32]。通过负性调控因子PEDF过表达抑制纤连蛋白产生,或减少纤连蛋白- α 5 β 1整合素信号转导过程,降低乳腺癌细胞体外迁移和体内转移^[33]。

2.4 CAF与外泌体

外泌体是一种微小蛋白质,细胞间外泌

体相互交换影响肿瘤细胞的行为,有助于形成TME^[34]。研究^[35]显示CAF释放的外泌体通过多种机制增加乳腺癌细胞的转移潜能,p85 α 缺失导致PI3K活性增强的CAF衍生外泌体Wnt10b,通过典型Wnt信号通路促进肿瘤细胞的EMT,导致体内外迁移转移。Luga等^[36]研究表明,CD81和含有Wnt11-的外泌体通过PCP信号传导增强乳腺癌细胞活动和迁移。此外,成纤维细胞中金属蛋白酶组织抑制因子的缺失促进一种CAF表型的产生,这种表型能够通过释放含ADAM10的外泌体来增加肿瘤细胞的增殖和迁移^[37]。此外,Nabet等^[38]证明,CAF和肿瘤细胞之间的NOTCH-MYC信号通路导致含有未屏蔽RNA的外泌体释放。正常情况下,RNA被RNA结合蛋白屏蔽,以防止识别和激活导致抗病毒反应发生的视网膜诱导基因(RIG-I)通路,含有未屏蔽RNA的间质外泌体可调节免疫细胞,一旦被免疫细胞摄取,再被肿瘤细胞摄取时可激活RIG-I通路,从而激活干扰素反应基因的转录激活和NOTCH信号通路,促进肿瘤细胞增殖和转移。

2.5 CAF与细胞缺氧

缺氧条件下的CAF可促进肿瘤细胞侵袭转移。据报道^[39]缺氧诱导的氧化共济失调-毛细血管扩张症突变蛋白激酶ATM通过磷酸化S490位点的葡萄糖转运体GLUT1,增加PKM2的表达,增强CAF糖酵解活性,促进乳腺癌细胞侵袭和转移。此外,来源于缺氧CAF的乳酸作为CAF和乳腺癌细胞之间的代谢偶联介质,通过激活TGF β 1/p38 MAPK/MMP2/9信号通路促进乳腺癌细胞生长和侵袭,增加癌细胞的线粒体活动。由此可见,氧化ATM可能是乳腺癌的潜在治疗靶点。De Francesco等^[40]证实,缺氧条件下乳腺癌中CAF通过上调HIF-1 α /GPER信号参与调控VEGF的表达,导致新生血管形成,促进肿瘤侵袭。

CAF可通过多种方式促进乳腺癌细胞侵袭转移,靶向CAF产生的细胞因子及分泌蛋白有望成为乳腺癌治疗的新策略,相关靶向药物的开发可能是未来乳腺癌治疗的新方向。

3 CAF与乳腺癌耐药

尽管新型抗癌疗法的不断发展和现有药物更加个性化的使用,但耐药性问题仍然是有效治疗乳腺癌的一个主要障碍。除了肿瘤本身的耐药机制外,CAF在治疗反应中的作用也越来越明显。因

此,了解导致其耐药的机制至关重要,可为改进乳腺癌治疗提供方向。多种研究^[41-42]表明CAF与乳腺癌治疗效果有直接联系,CAF可通过维持肿瘤细胞增殖或提供支持性ECM,促进耐药性的产生,ECM可阻碍药物渗透或诱导黏附导致耐药。下面就CAF对乳腺癌化疗及内分泌治疗耐药的作用机制做以介绍。

3.1 CAF与化疗耐药

乳腺癌的治疗中无论在疾病的早期还是复发转移阶段,化疗都占有重要地位,CAF介导的化疗耐药严重影响治疗效果。Armornsupak等^[43]研究表明,CAF衍生的条件培养基通过上调高迁移率族蛋白水平,增加乳腺癌细胞对阿霉素的耐药性。另有研究证实过表达MMP-1的CAF通过TGF- β 通路保护乳腺癌细胞免受多西他赛诱导的细胞死亡,进而产生耐药。CAF中IV型胶原与MMP-1产生协同作用进一步削弱了多西他赛对乳腺癌细胞的化疗作用^[44]。最近基于GPR77和CD10表达的新型CAF亚型的研究发现GPR77⁺/CD10⁺ CAF在耐药乳腺癌肿瘤中被发现,并在体外诱导乳腺癌细胞对多西紫杉醇产生耐药性。此外,GPR77⁺/CD10⁺ CAF通过分泌IL-6和IL-8促进了肿瘤细胞干细胞特性的维持,进一步增加耐药^[45]。Marusyk等^[46-47]发现,在不同的乳腺癌细胞系中,CAF对拉帕替尼诱导的细胞凋亡具有保护作用,CAF增加了乳腺癌细胞的凋亡阈值,从而产生耐药性。CAF产生的FN和IV型胶原被认为是HER-2+扩增乳腺癌细胞中拉帕替尼耐药的重要因素^[48],CAF可作为抗肿瘤药物的物理屏障,降低其对肿瘤细胞的可获得性。

3.2 CAF与内分泌治疗耐药

对于激素受体阳性的乳腺癌,内分泌治疗的作用更加重要,CAF对乳腺癌内分泌治疗的耐药机制的研究备受重视。研究^[49]表明CAF通过激活PI3K/AKT和MAP-K/ERK通路在他莫昔芬耐药中发挥了重要作用。Yuan等^[50]进一步研究发现CAF通过G蛋白偶联雌激素受体GPCER-整合素 β 1依赖方式介导乳腺癌细胞对他莫昔芬耐药,GPCER/GFP/ERK通路上调 β 1-整合素表达从而增强CAF相关的EMT,进而引起乳腺癌细胞对他莫昔芬耐药。Brechtuhl等^[51]发现CD146在ER+乳腺癌患者中标记两个不同的CAF群体,并表明与CD146⁺ CAF共培养的肿瘤细胞相比,CD146⁻ CAF与MCF-7乳腺癌细胞共培养降低了MCF-7细胞的ER表达和他莫昔芬敏感性。还有研究^[52]显示,CAF分

泌的谷氨酰胺增加了乳腺癌上皮细胞的存活率和他莫昔芬的耐药性。此外,CAF通过激活生长因子相关的信号通路或增加线粒体功能产生抗凋亡作用进而而在三苯氧胺耐药性中发挥了关键作用^[53]。

3.3 CAF与多药耐受

癌细胞中能量代谢方式的转变被认为是由于癌细胞对低氧微环境的适应,其引起的能量代谢重构(energy metabolism remodeling, EMR)效应用于促进肿瘤进展和耐药性至关重要。既往研究^[53]显示CAF可经历有氧糖酵解,并输出可被上皮癌细胞吸收的乳酸和丙酮酸,在肿瘤细胞EMR等生物学行为中起关键作用。最近研究^[54]指出G蛋白偶联受体(G protein coupled receptor, GPER)诱导的信号对于乳腺癌干细胞的存活至关重要。GPER被证明可以介导包括CAF在内的正常和恶性细胞的多种雌激素信号通路,这些由GPER介导的雌激素信号通路被认为是不依赖于转录活性的快速非基因组信号通路,即雌激素与GPER结合后,下游的级联信号通路被激活。GPER与乳腺肿瘤无复发生存期呈负相关,与他莫昔芬治疗的耐药呈正相关^[55]。分解代谢的CAF与合成代谢的肿瘤细胞之间能量代谢耦联,通过增加线粒体活性使乳腺癌细胞具有多重耐药性。间质成纤维细胞的GPER/cAMP/PKA/CREB途径与肿瘤代谢活性和临床治疗反应之间密切相关,肿瘤细胞在体外诱导乳腺癌CAF的细胞质GPER易位,对肿瘤细胞的耐药性和能量代谢具有影响。这些结果表明GPER可能作为预测患者预后和多药耐药的有效生物标志物,可能成为乳腺癌的潜在治疗靶点^[56]。

CAF在调节乳腺癌治疗耐药方面的作用正逐渐变得清晰起来,更好地理解其潜在的分子机制将为改进抗癌治疗提供新的机遇。

4 小结与展望

综上所述,癌症治疗的发展过程正在经历着从一个以“癌细胞为中心”到“CAF为中心”的方向演变,乳腺癌中CAF通过多种途径参与肿瘤细胞侵袭转移及治疗耐药,严重影响临床治疗效果。目前,CAF尚没有明确的分子标志物及细胞类型,其候选标志物在不断的研发中。CAF在未来改善肿瘤治疗效果方面显示了一定的潜力,通过诱导CAF凋亡或CAF靶向疗法可能成为一种治疗乳腺癌更有效的方法,但CAF作用机制的复杂性使得为患者设

计具有足够特异性和可控副作用的靶向策略变得困难,有关CAF靶向药物的研究仍面临严峻挑战。

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