

外泌体在胃癌中的研究进展

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摘要

外泌体是直径在30~150 nm的脂质双分子层的小囊泡, 携带多种细胞相关特异性活性物质。在胃癌微环境中胃癌细胞分泌的外泌体参与肿瘤的生长, 细胞增殖, 细胞侵袭转移及血管生成等过程。已有研究表明胃癌细胞外泌体与巨噬细胞增殖、迁移密切相关。但缺氧条件下胃癌细胞外泌体诱导巨噬细胞极化的具体途径和机制尚不明确。本文就胃癌细胞外泌体内容物介导MEK-ERK信号通路对巨噬细胞极化表型的影响及研究进展进行综述, 旨在探讨外泌体在胃癌治疗中的潜在价值, 为胃癌的治疗提供新的靶点。

关键词

胃癌, 外泌体, 肿瘤微环境, MEK-ERK信号通路

Research Progress of Exosome in Gastric Cancer

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Abstract

Exosomes are small vesicles of lipid bilayers with diameters ranging from 30 nm~150 nm, which carry a variety of cell-related specific active substances. Exosomes secreted by gastric cancer cells in the microenvironment of gastric cancer are involved in tumor growth, cell proliferation, cell

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invasion, metastasis, and angiogenesis. Previous studies have shown that gastric cancer exosomes are closely related to macrophage proliferation and migration. However, the specific pathway and mechanism of macrophage polarization induced by exosome in gastric cancer cells under hypoxia are still unclear. This article reviews the effect and research progress of MEK-ERK signaling pathway mediated by exosome contents of gastric cancer cells on the polarization phenotype of macrophages, aiming to explore the potential value of exosome in the treatment of gastric cancer and provide new targets for the treatment of gastric cancer.

Keywords

Gastric Cancer, Exosome, TME, MEK-ERK Signaling Pathway

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1. 引言

恶性肿瘤成为全球第二大常见的死亡原因，胃癌是全球第五大常见癌症，也是全球第四大癌症死亡原因[1]。目前尽管治疗方法有了很大的改进和一些创新性治疗方法，但据数据统计，新病例数每年仍在增加。目前手术、化疗和放疗是胃癌的主要治疗方法，晚期胃癌的治疗方法是新辅助放化疗、分子靶向治疗和免疫治疗相结合[2]。

外泌体是具有脂质双分子层结构的细胞囊泡，所有的细胞均可分泌外泌体。外泌体因其内源性的靶向性与稳定性，作为天然的药物载体在疾病治疗中表现出显著的优势，已被广泛研究为下一代纳米级药物递送系统[3]。肿瘤细胞来源的外泌体可以促进细胞粘附，增殖，凋亡，侵袭和转移以及新生血管生成，在缺氧环境中外泌体的产生增加。差速离心法是外泌体的提取“金标准”[4]，本课题通过提取外泌体后构建缺氧模型，与巨噬细胞共培养后展开机制研究。

肿瘤相关巨噬细胞在肿瘤中的发生和发展中的作用是复杂的，在肿瘤细胞的诱导下，肿瘤相关巨噬细胞分化成不同的极化状态，主要存在两种类型，CD68 阳性的 M1 型巨噬细胞，主要与活化的氮过氧化物相关，具有促炎作用；和 CD206 阳性的 M2 型巨噬细胞，与免疫抑制，组织重塑，细胞外基质降解等相关，表达高水平的抗炎因子如 IL-10，Arg-1 活性，有利于肿瘤细胞生长。在包括胃癌在内的大多数实体肿瘤中，肿瘤微环境主要以 M2 型为主，微环境的浸润数量、类型等与肿瘤的转移、侵袭、耐药等进程密切相关[5] [6]。MEK-ERK 信号通路可以被一系列的细胞外刺激激活，包括生长和分化因子、细胞因子、激素等，将信号从细胞表面传到细胞核，从而调节正常的细胞存活、增殖和分化，是多种信号的交汇点或共同通路。本综述通过胃癌细胞缺氧外泌体内容物介导的 MEK-ERK 信号通路对巨噬细胞极化表型的影响，为胃癌的治疗提供新的靶点。

2. 胃癌研究进展

胃癌是世界上五大常见的恶性肿瘤，在中国，胃癌在癌症发病率中居第二位，死亡率居第三位。据相关数据统计分析，中国胃癌的患病率和病死率约占全球病例和死亡人数的一半[1] [7]。胃癌的发展与多种环境和遗传因素有关，包括幽门螺杆菌感染、年龄、高盐摄入量以及水果和蔬菜摄入量低的饮食等[8]。大部分胃癌患者在早期阶段并无明显症状，在中晚期发生局部侵袭进展后，才最常被诊断出来[9]。临床上常用的诊断胃癌的方法有：胃内窥镜检查、影像学诊断、组织病理学检测、血清标志物检测。联合以

上几种诊断方法帮助胃癌早期检测,诊断及预后,胃癌的发病率较过去有所下降,但其5年生存率仍然很低。目前,单纯原发胃癌的手术切除仍是治疗胃癌的首选方法,但整体治疗效果不明显,且术后复发率高。临床上用于胃癌早期检测的最常见肿瘤标志物包括癌胚抗原(carcino-embryonic antigen, CEA)、CA125、CA50、胃蛋白酶原以及甲胎蛋白(α -fetoprotein, AFP)等特异性和敏感性较差[10] [11]。晚期胃癌的主要治疗方法是新辅助放化疗、分子靶向治疗和免疫治疗相结合[2]。可见,早期发现和诊疗是改善胃癌预后的必要条件,因此,继续寻找新的胃癌治疗靶点,探索胃癌发病机制对临床诊疗具有重要意义。

3. 外泌体与肿瘤研究进展

外泌体是一种起源于胞内多囊体、由细胞主动分泌的大小约30~150 nm的脂质双分子层的小囊泡,外泌体内携带多种细胞相关特异性活性物质(miRNA、mRNA、蛋白质、脂质等),可作为载体与靶细胞进行信息传递及物质交换[3] [12] [13]。几乎所有类型的正常细胞都可以产生外泌体,如人脐静脉内皮细胞,间充质干细胞(MSC),T细胞,B细胞,巨噬细胞,树突状细胞(DC),自然杀伤(NK)细胞[14] [15] [16] [17] [18]。蛋白质作为外泌体主要成分之一,可分为两类,一类是外泌体中普遍存在的外泌体标志物蛋白,如膜蛋白(CD9、CD63和CD81)和胞内蛋白(热休克蛋白70和肿瘤敏感基因101)等[19];另一类是与细胞来源相关的蛋白,如肿瘤细胞和免疫细胞来源的外泌体,它们能够调控肿瘤的发生发展和调节机体的免疫功能等。肿瘤细胞在其发生、发展的过程中不断释放肿瘤特异性的外泌体到胞外,并可通过其携带的肿瘤细胞的DNA,RNA及蛋白质等生物物质调节催化肿瘤微环境[20]。研究发现,肿瘤细胞来源的外泌体可以促进细胞粘附,增殖,凋亡,侵袭和转移以及新生血管生成[21] [22]。外泌体在缺氧环境下,细胞释放外泌体的丰度显著提升[23],肿瘤细胞可以通过激活缺氧诱导因子来适应组织缺氧,增加外泌体的产生,进而介导局部和远处位点的细胞间通讯增加[24] [25]。缺氧诱导因子上调并介导转录重编程,导致肿瘤血管生成、侵袭转移、治疗耐药等癌症的侵袭性表型[26]。外泌体在胰腺癌、肝癌、头颈鳞癌、鼻咽癌以及乳腺癌中均有研究,但在胃癌的机制研究中较少。但外泌体在分离和提纯方法上还缺乏标准化,浓度较低,在临床治疗上有所限制[27]。

4. 巨噬细胞与肿瘤研究进展

巨噬细胞来源于髓细胞系、卵黄囊或造血起源的未成熟的单核细胞,经过血液循环,进入到组织,分化成组织巨噬细胞,具有良好的增殖能力[28] [29] [30]。肿瘤相关巨噬细胞在肿瘤中的发生和发展中的作用是复杂的,在肿瘤细胞的诱导下,巨噬细胞分化成不同极化状态的肿瘤相关巨噬细胞主要存在两种类型,CD68阳性的M1型巨噬细胞,产生炎症和免疫刺激细胞因子,分泌活性氧和氮中间体,具有抗炎作用,参与宿主先天防御,并对转化细胞具有细胞毒性作用,主要参与Th1型免疫应答,抵御病原体入侵,监视肿瘤病变,因此具有抗肿瘤作用,对宿主较友好[31] [32]。在白介素(IL-4、IL-10和IL-13)诱导分化的[33] CD206阳性的M2型巨噬细胞,与免疫抑制,组织重塑,细胞外基质降解等相关,表达高水平的抗炎因子如IL-10、Arg-1活性,有利于肿瘤细胞生长[34] [35]。胃癌来源的外泌体对巨噬细胞的极化起着重要作用,参与了胃癌细胞的免疫逃避、侵袭转移、增殖、细胞周期的进展以及免疫反应;还可以改变肿瘤微环境,肿瘤微环境在肿瘤进展期的表型是可调节的,M1型巨噬细胞主要处在初期,发展到晚期以M2型为主[36],并且肿瘤微环境主要通过促进肿瘤的侵袭增加细胞外基质和基底膜的降解,可见肿瘤相关巨噬细胞的浸润程度与肿瘤密切相关[37];并且能够招募受体细胞来支持肿瘤细胞的生长发育。胃癌来源的外泌体对巨噬细胞作用后,激活巨噬细胞相关信号通路表达,诱导巨噬细胞表型的极化[38]。研究表明,缺氧条件下胃癌细胞来源的外泌体能够显著促进巨噬细胞的增殖,侵袭和转移等。但是,在缺氧条件下肿瘤细胞来源的外泌体对肿瘤的功能和机制目前未见大量报道。因此,在缺氧微环境中阐明

胃癌细胞来源外泌体如何诱导巨噬细胞极化促进肿瘤的生长和转移成为靶向治疗胃癌的关键。

5. MEK-ERK 信号通路在肿瘤中的作用机制研究进展

MEK-ERK 信号通路的异常改变会引起肿瘤的发生。被激活后的 MEK 和 ERK 可导致细胞内某些蛋白的改变, 激活多种转录因子, 从而影响细胞迁移、周期、增殖乃至细胞凋亡[39] [40]。已有的证据显示 MEK/ERK 信号转导通路参与调控了多种恶性肿瘤的发生、淋巴转移等过程, 且也可能与药物治疗的效果密切相关[41]。有研究表明, 1,25-二羟基维生素 D3 可通过抑制 MEK-ERK 通路进而调节腺癌的增殖和凋亡[42]; 重组蛋白 Betacellulin 可通过 MEK-ERK 信号通路向上调节 Connexin43 来促进卵巢癌细胞的迁移[43]; 在结肠癌中敲低重组蛋白 FABP7 可通过 MEK/ERK 信号通路降低结肠癌细胞增殖并促进细胞凋亡[44]。MEK/ERK 信号转导通路的主要家庭成员包括 ras、raf、MRK、ERK 等, 其中 ERK 蛋白包括 ERK1 和 ERK2 蛋白[45]。活化的 Raf 与 MEK 结合后使 MEK 激活, 活化的 MEK 可使丝氨酸、苏氨酸和酪氨酸发生磷酸化, 最终激活 ERK 实现信号的传导[46]。活化后的 ERK 进入核内可使相应的转录因子磷酸化, 也在多个水平上增加了 G1 晚期 CDK 抑制剂的活性, 影响细胞周期进展, 调控相关基因和蛋白的表达, 从而介导细胞增殖和凋亡过程[47] [48] [49]。有研究发现, 巨噬细胞分泌细胞因子 TNF- α 会增强 ERK 信号通路的活化程度, 抑制剂抑制后也显著抑制该通路的激活情况[50], 表明巨噬细胞分泌细胞因子与 MEK-ERK 信号通路具有相关性。

6. 总结与展望

综上所述, 外泌体介导肿瘤细胞之间的双向信号转导, 在肿瘤侵袭性、血管生成、增殖、化疗、免疫逃避、代谢等发挥重要作用。外泌体作为免疫治疗试剂或药物传递平台的潜在应用已经获得了大量的研究, 也为肿瘤治疗提供了新的思路。

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