

SDC1在乳腺癌及其他肿瘤中作用的研究进展

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摘要

多配体蛋白聚糖-1 (SDC1)是硫酸乙酰肝素蛋白多糖(HSPG)的主要成员之一, 具有调节代谢、转运和信息传递等功能。SDC1通过其胞外段硫酸乙酰肝素(HS)链, 与多种配体结合, 参与相应细胞信号的转导, 在肿瘤发生发展中发挥着重要作用。乳腺癌是一种具有复杂异质性的恶性肿瘤, 其发生发展与多种因素密切相关。尽管乳腺癌的诊断和治疗水平有明显提高, 但它仍然是女性肿瘤死亡的第二大原因。因此, 探知新的乳腺癌生物标志物和新的治疗靶标具有重要价值。多种研究发现SDC1在乳腺癌的诊断和治疗中具有重要意义, 可作为乳腺癌潜在的分子标志物和治疗靶点。现就SDC1分子的结构、功能及其对乳腺癌的调控作用作一综述。

关键词

乳腺癌, SDC1, 治疗靶点, 研究进展

Research Progress on the Role of SDC1 in Breast Cancer and Other Tumors

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Abstract

Syndecan-1 (SDC1) is one of the main members of heparin sulfate proteoglycan (HSPG), which has functions of regulating metabolism, transporting and information transmission. As co-receptor,

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SDC1 combines with many ligands by the heparin sulfate on the extracellular domain, participates in cellular signal transduction and plays an important role in the occurrence and development of many malignant tumors. Breast cancer is a malignant tumor with complex heterogeneity, and its occurrence and development are closely related to many factors. Despite significant improvements in diagnosis and treatment of breast cancer, it remains the second leading cause of cancer death in women. Therefore, it is of great value to explore new biomarkers and therapeutic targets for breast cancer. Various studies have shown that SDC1 was of great significance in the diagnosis and treatment of breast cancer and could be used as a potential prognostic marker and therapeutic target for breast cancer. In this review, we focus on the structure, function and regulation of SDC1 in the breast cancer.

Keywords

Breast Cancer, SDC1, Therapeutic Target, Research Progress

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1. 引言

乳腺癌是影响全球女性身心健康的最常见恶性肿瘤,在所有女性癌症中的比例高达 16% [1],也是与女性癌症相关死亡的第二大原因[2]。乳腺癌高度的异质性使其转移率高、易复发、治疗困难且预后不良。虽然近年来乳腺癌患者的总体生存率和预后有所改善,但乳腺癌的治疗仍然是亟待解决的难题。因此,深入探究乳腺癌发生发展的分子机制,寻找新的乳腺癌生物标志物和治疗靶点对于乳腺癌的临床诊治具有重要价值。

硫酸乙酰肝素蛋白聚糖(heparan sulfate proteoglycans, HSPG)是由一个核心蛋白和若干条硫酸乙酰肝素(heparan sulfate, HS)侧链构成的蛋白聚糖,根据核心蛋白的种类可将 HSPG 分为 4 类:多配体蛋白聚糖,磷脂酰肌醇蛋白聚糖,串珠蛋白聚糖和集聚蛋白。硫酸乙酰肝素蛋白聚糖家族是细胞表面和细胞外基质(extracellular matrix, ECM)中的重要组分,可与生长因子等多种配体结合并参与配体与受体的结合和相互作用,在细胞表面信号转导和细胞基质互作中发挥作用[3],从而调节细胞各种信号通路和功能活动[4]。

多配体蛋白聚糖 Syndecans (SDCs)是一个结构保守的 I 型跨膜蛋白家族,存在于上皮和间质组织的表面。哺乳动物主要有 4 种多配体蛋白多糖,分别为 SDC1, SDC2, SDC3, SDC4。SDC1 是最关键的 HSPG,也是目前研究最为深入的 SDC 分子。SDC1 通过调控细胞增殖、凋亡和迁移等活动参与了广泛的生物学过程,在多种组织、疾病的生理病理过程及肿瘤的发生发展中发挥重要作用[5]。研究发现 SDC1 能够调节肺癌细胞释放外泌体中的 miRNA 谱,SDC1 表达缺失增加了促肿瘤途径的信号传导[6]。还有临床研究显示在非缺血性扩张型心肌病和心衰患者中,SDC1 水平与心脏纤维化和炎症密切相关,是心血管不良事件发生的独立危险因素[7]。SDC1 也参与银屑病的发生,研究表明 SDC1 敲除小鼠的 IL-17 细胞反应比野生型小鼠更强,皮肤炎症也显著增加[8]。本文就 SDC1 在乳腺癌及其他肿瘤中的作用作一综述,以期对乳腺癌的诊断和治疗提供新思路。

2. SDC1 的结构

SDC1 基因定位于人类 2 号染色体,由 5 个外显子组成。SDC1 蛋白由 310 个氨基酸组成,核心蛋白

由三个结构域组成,即胞外结构域(ectodomain, ED)、跨膜结构域(transmembrane domain, TMD)和细胞质结构域(cytoplasmic domain, CD) [9]。Syndecans 的短的高度保守的 CD 可以进一步划分为位于 V 区两侧的保守的 C1 (膜 - 近端)和 C2 (膜 - 远端)区。V 区序列在四种 Syndecan 家族成员蛋白中都是不同的,可能具有独特的功能特征[10]。C1 区与肌动蛋白结合蛋白相互作用并参与内吞作用,而 C2 区与各种 PDZ 蛋白相互作用,如 Syntenin,从而在外切体形成和细胞质运输中发挥作用[11] [12]。V 区对于薄层脂膜伸展、肌动蛋白捆绑和细胞迁移至关重要[13]。肌动蛋白细胞骨架的维持和膜转运主要由 CD 调控[14]。SDC1 的 ED 经过翻译后加工过程通过共价键与相应的糖胺聚糖、硫酸乙酰肝素(HS)和硫酸软骨素(chondroitin sulfate, CS)结合[15]。这些多糖的一个决定性特征是存在硫酸盐和糖醛酸残基,这使它们具有显著的阴离子性质,因此许多含有碱性氨基酸簇的蛋白质能够与 HS 链相互作用[16]。ED 的蛋白水解性脱落将膜结合的 SDC1 转化为脱落形式,从而显著影响信号功能。脱落 SDC1 保留了其 HS 链以及结合的配体,使其能够以旁分泌或自分泌方式发挥作用,并具有作为竞争抑制物的功能[17]。

3. SDC1 在肿瘤中的作用

SDC1 通过其硫酸肝素侧链与一系列细胞外配体结合发挥其共受体的功能,并通过其膜结合和脱落等形式来调节细胞活动,参与肿瘤细胞的增殖、凋亡、血管生成、迁移侵袭和耐药等过程。

SDC1 介导的信号在肿瘤细胞生长和增殖中的作用已被多种研究证实。在多发性骨髓瘤中, HGF 与 SDC1 的结合加强了 MET 信号,导致 PI3 蛋白激酶 B 和 Ras-MAP 激酶通路的激活,从而促进了细胞的生长[18]。SDC1 还作为一种促增殖配体(a proliferation-inducing ligand, APRIL)和跨膜激活剂、钙调节剂和亲环素配体相互作用因子(transmembrane activator and calcium modulator and cyclophilin ligand interactor, TACI)的共同受体,激活 APRIL/TACI 途径,诱导细胞增殖和存活[19]。SDC1 也被报道与肿瘤细胞的凋亡有关。在骨髓瘤中,研究表明细胞表面 SDC1 在凋亡时丢失。RNAi 抑制 SDC1 导致细胞生长停滞和骨髓瘤细胞凋亡[20]。研究还发现在缺乏 SDC1 的情况下, TRAIL 可诱导骨髓瘤的细胞凋亡[21]。肿瘤需要产生新的血管网络,为癌细胞带来营养和氧气, SDC1 通过多种机制参与肿瘤的血管生成。在骨髓瘤中,肝素酶促进 HGF 和 VEGF 的表达上调,而 SDC1 胞外域与 VEGF 结合,将 VEGF 呈递给启动血管生成的内皮细胞,促进血管生成[22]。在被诊断为胶质母细胞瘤的患者中,过度表达的分泌型糖蛋白 YKL-40 导致 SDC1 和整合素 $\alpha v \beta 5$ 的表达上调,然后通过局部细胞黏附激酶(FAK)酪氨酸 397 (Tyr397)、细胞外信号相关激酶(ERK)-1 和 ERK-2 的磷酸化信号级联反应,增加了 VEGF 信号,促进了血管生成[23]。肿瘤的转移和耐药是肿瘤难治的主要原因,而 SDC1 与肿瘤细胞的迁移和耐药显著相关。层粘连蛋白-1 衍生的合成肽 AG73 (LQVQLSIR)通过上调整合素 $\beta 1$ 和 SDC1 的表达,从而激活 MAPK、ERK 和 PI3 激酶/AKT 信号通路,进而促进卵巢癌的转移[24]。化疗耐药被发现与更高水平的脱落 SDC1 有关,用阿霉素、地塞米松、顺铂和卡菲佐米治疗后,发现缺乏 CD 的脱落 SDC1 水平显著增加[25]。此外,化疗被发现可能通过 SDC1 的脱落促进 HGF/c-Met/IL-11 的激活,加剧骨髓瘤的骨破坏[26]。脱落和全长 SDC1 的 HS 链竞争结合下游的上皮生长因子受体(EGFR),从而促进结直肠癌细胞对化疗的耐药性[27]。还有研究表明 SDC1 的膜表达同样通过 PI3K/AKT 通路的改变增加肝癌细胞化疗耐药性[28]。

4. SDC1 在乳腺癌发生发展中的作用

4.1. SDC1 与乳腺癌的相关性

如上所述,SDC1 在肿瘤中具有复杂的功能,其同样参与了乳腺癌的发展过程。当 SDC1 缺陷(SDC1^{-/-})小鼠与在乳腺中表达原癌基因 wnt-1 的转基因小鼠杂交时,后代的乳腺组织中的增殖减少,这表明 SDC1 在 wnt-1 诱导的肿瘤发生中发挥了作用[29]。在人乳腺癌细胞异种移植模型和 SDC1 转基因成纤维细胞移

植到小鼠体内的模型中, SDC1 的间质表达与显著更高的微血管密度和更大的血管面积相关[30]。在 MCF-7 乳腺癌中, 人重组 SDC1 胞外域诱导细胞凋亡。通过 n-3 多不饱和脂肪酸(n-3PUFA)激活的过氧化物酶体增殖物激活受体 γ (PPAR γ)信号也可上调 SDC1 的表达, 从而促进乳腺癌细胞的凋亡[31]。K-ras 基因突变的 MDA-MB231 乳腺癌细胞显示 SDC1 (和 SDC4)、 $\alpha 2\beta 1$ 和膜型金属蛋白酶 1 (MT1-MMP) 的表达增加, 这一特征似乎增强了侵袭和转移的表型[32]。在乳腺癌组织化疗前活检获得的细胞中研究发现, 对环磷酰胺和表阿霉素治疗的反应性降低与更高水平的 SDC1 有关[33]。脱落 SDC1 可以促进 EMT, 在乳腺癌和胰腺癌模型中高水平的脱落 SDC1 被发现上调 EMT-TFs 如 ZEB1、Snail1 和 Snail2 的表达, 从而诱导干细胞因子 SOX2、BMI1 和 OCT4 的表达, 进而促进化疗耐药[34]。

4.2. SDC1 是乳腺癌有价值的治疗靶点

由于 SDC1 在肿瘤中复杂的功能使其成为一个有吸引力的治疗靶点, 这在许多相关研究中已有报道。许多细胞通路是抑制 SDC1 致癌作用的潜在靶点。完全人源化的 SDC1 重组抗体 OC-46F2 可以降低肿瘤微环境中 SDC1/VEGFR2 的活性, 从而在恶性黑色素瘤和卵巢癌实验模型中阻止血管成熟和肿瘤生长[35]。Batimastat (BB-94)是一种广谱的基质金属蛋白酶抑制剂, 可以抑制 SDC1 的脱落, 减少腹水, 抑制乳腺癌、卵巢和结直肠癌的发生[36]。NCS405020 是另一种小分子抑制剂, 可以防止 MT1-MMP 同型二聚化, 在体内阻断这种复合体的活性, 减少 SDC1 的脱落[37]。同时, 有研究发现 SDC1 具有作为乳腺癌尤其是三阴性乳腺癌抗肿瘤治疗靶点的潜力[38]。此外, SDC1 膜结合和脱落形式在肿瘤不同阶段发挥独特的作用, 在乳腺癌进展过程中, SDC1 的表达从肿瘤细胞转移到间质细胞或释放分子的胞外结构域, 因此为了有效对抗乳腺癌的进展, 联合应用 SDC1 活性抑制剂、基质金属蛋白酶抑制剂和乙酰肝素酶抑制剂可能效果更好。这些研究显示, SDC1 可以作为乳腺癌治疗的靶点, 改善患者预后, 提高乳腺癌的整体生存率。

5. 总结与展望

乳腺癌是一种具有复杂异质性的恶性肿瘤, 其发生发展与多种因素密切相关。SDC1 是与肿瘤发生发展关系最紧密的 HSPG 分子之一, SDC1 通过多种分子机制, 调节细胞增殖、凋亡和迁移等活动, 在肿瘤的发生发展中发挥重要作用, 参与乳腺癌的增殖、转移和耐药等过程。因此, SDC1 有望成为乳腺癌新的分子标志物和治疗靶点, 为乳腺癌的个体化、精准化治疗贡献价值。尽管目前对于 SDC1 的研究已经取得了很大进展, 但其复杂的作用机制还远未明确, 例如 SDC1 的糖链合成和修饰在肿瘤进展中是否发生改变, 这种改变是否能够参与调节细胞功能仍不清楚; SDC1 是否还存在其他重要的转录后或翻译后修饰, 这些修饰对其功能产生什么影响仍需进一步探究等。未来对这些问题的探索将丰富我们对 SDC1 的作用的认识, 为肿瘤的诊断和治疗提供更多理论依据。

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