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内质网应激在胃癌中的研究进展

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[摘要] 胃癌是全球最常见的恶性肿瘤之一, 发病率及病死率极高。内质网应激(endoplasmic reticulum stress, ERS)通路的调节作用对于胃癌进展及治疗至关重要。幽门螺杆菌(*Helicobacter pylori*, Hp)及EB病毒(Epstein-Barr virus, EBV)与ERS信号通路相互作用可促进胃癌的进展。内质网伴侣蛋白78(glucose-regulated protein 78, GRP78/BiP)也可以促进胃癌的增殖与转移, 并增强其耐药性。此外, ERS还能够通过加快上皮-间充质转化(epithelial-mesenchymal transition, EMT)促进肿瘤侵袭。因此, 靶向ERS通路关键调节因子的药物来控制胃癌的研究, 可以为胃癌治疗提供新方向。

[关键词] 内质网应激; 胃癌; 幽门螺杆菌; EB病毒; 内质网伴侣蛋白78; 上皮-间充质转化

Research progress of endoplasmic reticulum stress in gastric cancer

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Abstract Gastric cancer is one of the most common cancers in the world, with high incidence rate and mortality rate. The regulation of endoplasmic reticulum stress (ERS) pathway is crucial for the progress and treatment of gastric cancer. The interaction of *Helicobacter pylori* (Hp) and Epstein-Barr virus (EBV) with ERS signaling pathway can promote the progression of gastric cancer. Glucose-regulated protein 78 can also promote the proliferation and metastasis of gastric cancer, and then enhance its drug resistance. In addition, ERS can promote tumor invasion by accelerating epithelial-mesenchymal transition. Therefore, the study of drugs targeting key regulators of the ERS pathway to control gastric cancer can provide a new direction for gastric cancer treatment.

Keywords endoplasmic reticulum stress; gastric cancer; *Helicobacter pylori*; Epstein-Barr virus; glucose-regulated protein 78; epithelial-mesenchymal transition

胃癌是消化道最高发的肿瘤之一^[1], 居男性恶性肿瘤发病率第4位, 病死率第3位; 女性恶性肿瘤发病率第7位, 病死率第5位^[2]。我国是胃癌高发

国家, 发病和死亡人数均约占世界的50%, 是癌症防治的重点^[3]。肿瘤细胞生长迅速, 但由于血管生成不足, 导致其生长受限进而会激活内质网应激

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(endoplasmic reticulum stress, ERS)通路。最近研究发现: ERS在肝癌、胰腺癌等^[4-5]肿瘤组织中被激活且发挥重要调控作用。近年来ERS与胃癌细胞的关系倍受关注, 以ERS通路关键分子为靶点, 将成为针对胃癌治疗的潜在方向。

1 ERS和未折叠蛋白反应通路

内质网(endoplasmic reticulum, ER)是细胞中合成、折叠及运输蛋白质的细胞器, 它所调节的蛋白质平衡, 称为蛋白质稳态。当ER受不良因素影响时, 会导致错误折叠或未折叠蛋白质堆积, 进而激活ERS^[6]。ERS可以通过减少蛋白质合成、促进ER相关降解通路(ER-associated degradation, ERAD)、协助未折叠及错误折叠蛋白正确折叠3个方面维持细胞功能^[5]。这些作用对细胞适应环境提供了很大帮助。ERS所介导的细胞抗凋亡和自噬等保护机制与肿瘤的发生、发展关系十分密切。但若这种适应性机制不能弥补蛋白质折叠缺陷, 则细胞凋亡信号通路被激活。

目前, 已知蛋白激酶样ER激酶(protein kinase like ER kinase, PERK)、肌醇需要酶1(inositol-requiring enzyme 1, IRE1)、激活转录因子6(activating transcription factor 6, ATF6)是ERS信号通路的启动因子。静息状态下, ER伴侣蛋白78(glucose-regulated protein 78, GRP78/BiP)与这3个传感器的内腔部分结合, 处于无活性状态。应激状态下, GRP78与传感器分离, 启动一系列下游信号通路^[7]。

1.1 PERK通路

PERK通过反式自磷酸化激活, 使翻译起始因子2的 α 亚基(eukaryotic translation initiation factor 2 subunit α , eIF2 α)磷酸化, 暂停mRNA的翻译, 减少蛋白质合成。此外, eIF2 α 的磷酸化可以促进激活转录因子4(activating transcription factor 4, ATF4)的表达^[8], ATF4进入细胞核后促进氨基酸合成与转运相关蛋白及ERAD蛋白的表达, 减少蛋白质堆积^[9]。ATF4也可增加促凋亡蛋白同源蛋白(enhancer-binding protein homologous protein, CHOP/GADD153)等蛋白质的表达, 启动致死性ERS通路^[10], 导致细胞凋亡。

1.2 IRE1通路

IRE1同样通过自磷酸化激活, 活化的IRE1具有丝/苏氨酸蛋白激酶内切酶活性^[11], 进而从X盒

结合蛋白-1(X-box binding protein1, XBP1)mRNA剪切出26个内含子, 生成活性转录因子XBP1s, 促进蛋白质折叠能力的恢复、ERAD、蛋白质分泌基因的转录^[7,12], 减轻ER的负荷。同时, IRE1参与了ER相关RNA的降解以缓解ERS, 这一过程被称为受调节的IRE1依赖的衰退(IRE1 α -dependent decay, RIDD)^[13]。此外, 调节凋亡信号调节激酶1(apoptosis signal regulating kinase, ASK1)和c-Jun氨基末端激酶(c-Jun-N-terminal kinase, JNK)^[14]也可被活化的IRE1激活, 从而诱导细胞凋亡。

1.3 ATF6通路(图1)

ATF6是含有cAMP反应元件结合蛋白的II型跨膜蛋白^[15]。在ERS状态下, ATF6进入高尔基体并被蛋白酶S1P(site 1 protease)和S2P(site 2 protease)降解^[16], 降解后形成的pATF6(N)转移到细胞核内, 与ERS反应元件(ERS response element, ERSE)结合, 并且调节ER蛋白57(ER protein 57, ERP57)等分子伴侣基因的转录, 促进错误折叠蛋白的降解^[17]。此外, 活化的ATF6也可激活CHOP, 诱导凋亡。

2 ERS在促进胃癌发生发展中的作用

2.1 ERS与幽门螺杆菌感染相关胃癌之间的关系

幽门螺杆菌(*Helicobacter pylori*, Hp)感染是胃癌的明确致病因素, 大量研究表明, Hp可以通过与ERS通路相互作用促进胃癌进展。ERS通路的激活与Hp阳性胃癌显著相关^[18], 这可能涉及以下机制: 在慢性Hp感染情况下, GRP78在黏液化生细胞和胃癌细胞中高表达^[19], 并且在黏液化生细胞中, GRP78过表达与Hp分布有关, 而在胃癌细胞中两者无关。这间接表明ERS通路可以在慢性炎症期间促进胃上皮细胞增殖, 并使其获得潜在的恶性特征, 进而形成癌前病变。此外, Hp通过空泡毒素(vacuolating cytotoxin A, VacA)和分泌型抗原HP0175激活PERK-ATF4-CHOP通路诱导胃上皮细胞自噬, 促进萎缩性胃炎和胃异型增生的发生^[20-21]。Hp感染的胃黏膜中可见大量树突状细胞(dendritic cells, DCs), DCs是专职的抗原提呈细胞, 在诱导免疫中起关键作用, 但VacA可通过激活ERS诱导DCs凋亡^[17,22], 导致Hp的清除障碍, 加速癌症进展。上述研究共同佐证了Hp感染与ERS在胃癌发生、发展中的作用密切关系, 然而其详细相互作用机制仍需进一步探讨。

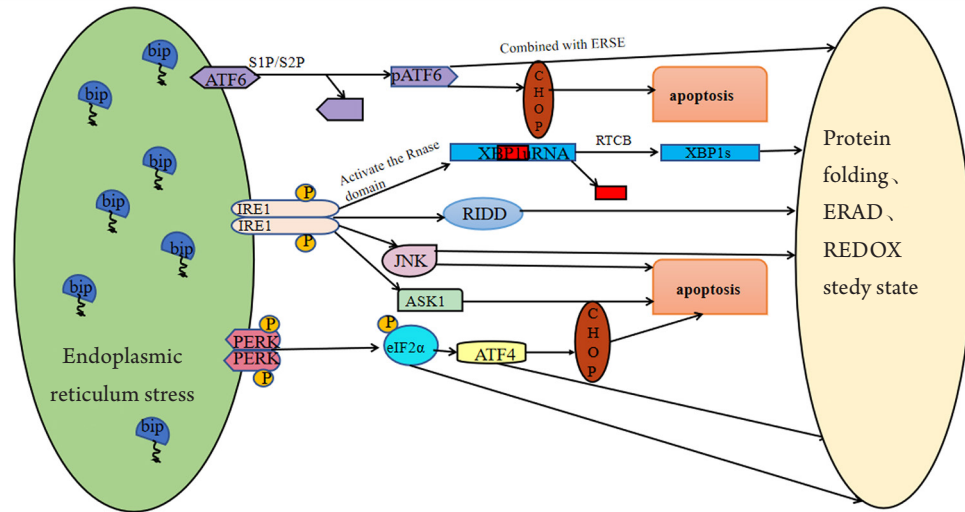


图1 内质网应激信号通路示意图

Figure 1 Diagram of endoplasmic reticulum stress signal pathway

2.2 ERS在EB病毒诱发胃癌中的作用机制

2014年《自然》杂志^[23]报道的一项癌症基因组图谱(The Cancer Genome Atlas, TCGA)计划中正式提出了EB病毒(Epstein-Barr virus, EBV)感染型胃癌。研究^[24]表明:EBV可以通过两种方式直接或间接促进胃癌的进展:病毒潜伏性感染表达EBNA1、LMP2A、EBERs、BARFs等促癌基因;在肠型胃癌中,EBV通过促进慢性炎症反应,使局部病毒激活增强从而导致组织损伤,间接地促进了胃癌的发生^[25]。在EBV诱发胃癌的机制中,ERS发挥了重要作用。首先,在EBV潜伏性感染过程中,EBV所释放的EBER可以发挥抗病毒免疫作用,其茎环结构可以结合并抑制蛋白激酶R(protein kinase R, PKR)的活化,而活化的PKR可以激活ERS通路中的eIF2 α ,进而引发细胞凋亡,因此,EBER可以间接抑制eIF2 α 的活性以发挥抗免疫作用^[26]。其次,Li等^[27]提出EBV感染所激活的ERS通路更倾向于保护被感染的细胞免受凋亡,表明ERS可能作为一种EBV的保护性机制促进胃癌的进展。在EBV引起的慢性炎症中,ERS通路的关键因子也同样扮演着不可或缺的角色。研究^[28-29]表明:XBP1可以激活EBV的裂解基因转录,并使病毒DNA复制增加,这可能通过扩大潜伏感染细胞的数量促进肿瘤发展,并且增加了潜伏感染细胞发展为胃癌的概率。此外,Cárdenas-Mondragón等^[30]观察到进入裂解期的EBV还可以释放裂解蛋白病毒衣壳抗原(virus capsid antigen, VCA),较高的抗VCA滴度胃癌癌

前病变及胃恶性肿瘤密切相关。综上,ERS信号通路在EBV感染相关胃癌中通过多种机制介导胃恶性肿瘤进展。

2.3 ERS促进胃癌上皮-间充质转化

上皮-间充质转化(epithelial-mesenchymal transition, EMT)是恶性肿瘤细胞迁移和侵袭的重要步骤。最近的研究^[31]发现:ERS可以促进不同细胞系的EMT进程,表明ERS也是引发EMT的重要因素之一。Feng等^[32]发现:EMT状态的细胞通过激活PERK-eIF2轴,使细胞合成和分泌大量细胞外基质蛋白,提高肿瘤的侵袭能力。在严重缺氧条件下,PERK、ATF4、ATF6蛋白使胃癌细胞分泌转化生长因子- β (transforming growth factor- β , TGF- β),激活SMAD2/3和PI3K/Akt信号通路,并上调血管生成因子(vascular endothelial growth factor, VEGF)等转移相关蛋白^[33],提高胃癌细胞EMT能力。此外,Yan等^[34]研究发现信号转导和转录激活因子3(signal transducers and activators of transcription 3, STAT3)及信号转导和转录激活因子6(signal transducers and activators of transcription 6, STAT6)通路可协同激活IRE1 α ,增加巨噬细胞组织蛋白酶的分泌,促进EMT及胃癌转移。另有研究^[35]发现:ATF6可进入细胞核使钙网蛋白(calreticulin, CRT)表达升高,进而增加钙黏蛋白表达来增强肿瘤细胞的迁移,促进胃癌细胞转移。总的来说,ERS信号通路在胃癌EMT中通过多方面发挥重要调控作用,抑制其关键分子是抑制

胃癌转移的关键步骤。

2.4 GRP78高表达促进胃癌进展

GRP78, 即ER伴侣蛋白, 是ERS通路中的启动因子, 可以通过调节信号转导通路影响胃癌的发生发展。在胃癌患者的血清中可以检测到GRP78及其自身抗体^[36]。Zheng等^[37-39]发现GRP78在胃癌中过表达, 并且与浸润深度、疾病分期、淋巴结转移、分化、淋巴浸润和血管侵犯呈正相关, 而与胃癌患者总生存率呈负相关。进一步研究^[40]发现GRP78 siRNA转染的胃癌细胞凋亡率显著高于对照组, 反向证明GRP78基因高表达能够促进胃癌细胞增殖。此外, GRP78表达下调明显抑制胃癌细胞G₁期的比率^[33], 表明GRP78可能通过影响G₁期调控胃癌细胞生长。因此, GRP78可以作为预测胃癌患者预后的生物学标志物。龚军等^[41]发现进展期胃癌组织中叉头框M1(forkhead box M1, FOXM1)和GRP78均呈高表达, 并且呈正相关, 猜测二者协同参与了胃癌的发生发展, FOXM1可能成为另一新的ERS通路关键因子。此外, GRP78表达的增加介导抗癌药物或其他小分子抑制剂的耐药性, 给癌症治疗带来了新的挑战。一项三磷酸腺苷肿瘤药敏试验^[42]表明: GRP78高表达可增加胃癌细胞对化疗药物的耐药性, 而GRP78低表达可增加药物敏感性。另有研究^[43]发现GRP78过表达部分抑制CHOP的诱导, 降低塞来昔布对胃癌细胞的凋亡作用。因此, GRP78的靶向抑制剂不仅可以阻遏其促癌功能, 而且可以提高肿瘤细胞对其他化疗药物的敏感性。

3 针对胃癌ERS信号转导的靶向治疗

ERS通路中的部分关键环节已成为癌症治疗的潜在药理靶点。近年来, 利用小分子化合物调控IRE1 α -XBP1通路已被证明是一种有效的治疗方式: 如多发骨髓瘤细胞中, 丰加霉素能抑制ERS诱导的XBP1表达, 且与硼替佐米具有协同作用, 诱导肿瘤细胞凋亡^[44]。现已有研究^[45]表明: 硼替佐米同样可介导胃癌细胞凋亡, 因此, 在胃癌治疗中, 联用丰加霉素与硼替佐米是否会取得更好疗效将成为一研究热点。另外, 针对GRP78的靶向治疗药物也不断出现, Yang等^[33]发现紫杉碱类药物通过改变或干扰GRP78的功能, 抑制胃癌进展, 提高胃癌患者的中位生存期。

然而正如上文所述, 适应性ERS通路超过一定阈值, 会激活致死性通路。因此, 激活ERS通

路诱导肿瘤细胞凋亡也将成为靶向治疗胃癌的新方法。有研究^[46]显示: 山奈酚通过激活IRE1-JNK-CHOP信号来诱导胃癌细胞凋亡。另有研究^[47]显示: 氧化苦参碱对人胃癌细胞系有明显的生长抑制作用, 这可能是通过激活致死性ERS, 引起细胞周期阻滞, 最终诱导细胞凋亡。同时, Zhang等^[48]发现脱氢罗非索(dehydroeffusol, DHE)可以通过上调ATF4, 促进DNA损伤诱导转录因子3(DNA damage-inducible transcript 3, DDIT3)的过度表达, 抑制肿瘤细胞的进展, 表明DHE可能作为一种新型抗癌药物。此外, DHE可下调ATF6, 抑制癌细胞存活, 同时, GRP78的表达也可被DHE抑制, 这就导致DDIT3与GRP78的比值增加, 引起强烈的肿瘤抑制作用。研究^[49]表明: 胡椒碱通过促进p-eIF2 α 、ATF4、CHOP的表达激活致死性ERS促进胃癌细胞的凋亡。综上, 调控ERS的靶点药物在肿瘤治疗中意义重大, 将是治疗胃癌的一个热门研究方向。

4 结语

近年来, ERS通路在胃癌中的作用及机制越来越受到关注, ERS在不同胃癌发展阶段中作用各不相同。在早期胃癌中, PERK、ATF4和ATF6通路被激活, 促进胃癌的进展。其次, Hp及EBV与ERS通路的相互作用在胃癌发生发展中也具有重要意义。GRP78通过多种机制促进胃癌进展, 且GRP78已被视为预测胃癌患者预后的有效标志物。以上均表明ERS在胃癌进展中的重要地位。与此同时, ERS可被缺氧、营养缺乏等不利状态激活, 通过多方面影响不同肿瘤的进展及转归。因此, 深入探索ERS机制及其影响因素, 以ERS通路关键因子为靶点研发治疗胃癌及其他癌种相关药物有望为肿瘤治疗提供新的方向。

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