

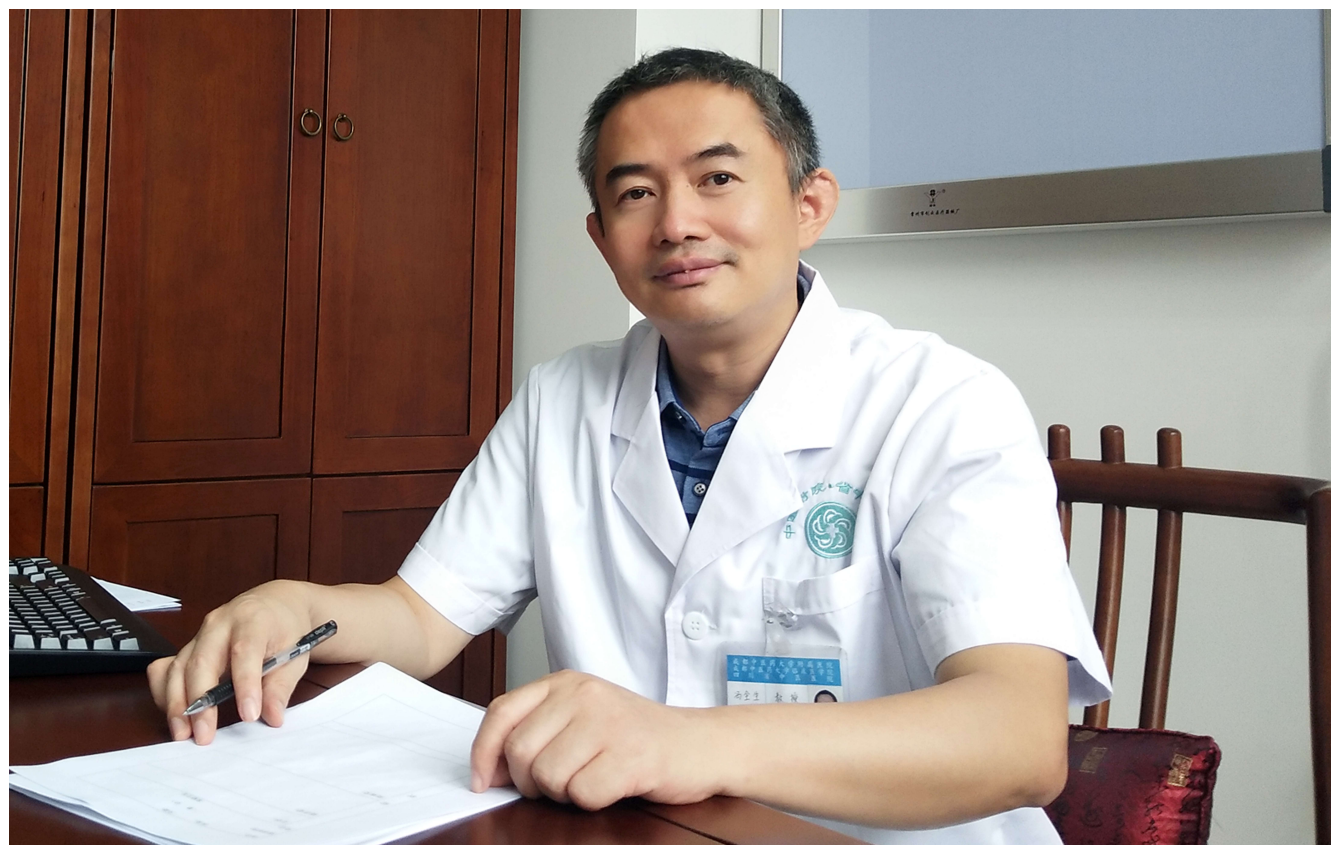
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胃癌耐药形成中微小RNA作用机制的研究进展

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Role of microRNAs in drug resistance of gastric cancer cells

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Abstract

Drug therapy is an important component of comprehensive treatments for gastric cancer (GC), but drug resistance of cancer cells often leads to treatment failure.

It is significant to explore the drug resistance mechanism of GC cells. It has been reported that microRNAs (miRNAs) are closely related to drug resistance in GC. However, there are many kinds of microRNAs, which possess complex mechanisms and are not widely applied in clinical patients, so there are still many areas to be investigated about the relationship between microRNAs and drug resistance in GC. In this review, we review the role of miRNAs in the formation of drug resistance and discuss the existing problems and future directions.

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Key Words: Gastric cancer; Drug resistance; microRNA; Review

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摘要

药物治疗是胃癌(gastric cancer, GC)综合治疗中的重要措施, 但肿瘤细胞存在的耐药性常导致治疗失败. 探讨GC细胞的耐药机制有重要的意义. 研究发现微小RNA(microRNA, miRNA)与GC耐药有密切关系. 但由于microRNA种类繁多、作用机制复杂、且在临床应用并不广泛, 因此有关microRNA与GC耐药的关系还存在很多需要探讨的领域. 本文综述了microRNA在GC耐药形成中的作用, 对其中存在的问题及今后的进展方向进行了预测.

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关键词: 胃癌; 耐药; 微小RNA; 综述

核心提要: 胃癌(gastric cancer, GC)耐药是导致治疗失败的重要原因, GC耐药的药物不但包括化疗药物, 也包括靶向治疗药物. 因此探讨GC耐药机制并进行逆转对于改善GC治疗效果有重要的临床价值.

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0 引言

胃癌(gastric cancer, GC)是我国常见的消化系统恶性肿瘤, 其发病率和死亡率均居恶性肿瘤第二位, 给患者及家庭带来沉重的负担^[1]. 由于GC无特异性症状, 大多数患者就诊时已处于进展期^[2], 40%的GC患者首次就诊时就已处于晚期(局部不可切除或已存在远处转移)^[3]. 这些患者的综合治疗措施中药物治疗(化疗药物和靶向治疗药物)是重要的手段, 但肿瘤耐药性的存在常导致治疗失败、肿瘤复发或转移, 这是GC患者预后差的重要原因^[4,5]. 因此, 探讨GC的耐药的分子机制对改善GC的综合治疗效果有重要价值.

1 微小RNA简介

微小RNA(microRNA, miRNA)是非编码RNA(noncoding RNA, ncRNA)之一, 是一种小分子的单链RNA, 由21-23个碱基组成. miRNA不具有编码蛋白质的功能, 其主要作用是在转录水平通过与靶基因的mRNA特定序列进行互补结合, 实现阻止靶基因的mRNA翻译或诱导其剪切, 因此miRNA发挥着多种生物学功能^[6]. 研究表明, 在多种肿瘤中miRNA都发挥着重要的调控作用, 与肿瘤的进展关系密切. 有报道显示, miRNA-487a、miRNA-485、miRNA-384与食管癌、肺癌、胰腺癌的增殖、侵袭有关^[7-9]. 临床研究显示, 高表达的miRNA-141是前列腺癌的复发的高危因素^[10], miRNA-200c可作为多种实体肿瘤的预后评价因素^[11]. 这些研究都证实miRNA与恶性肿瘤关系密切, 在包括肿瘤药物抵抗形成等各个方面都发挥了重要作用.

2 miRNA在GC经典耐药途径中发挥的作用

在GC化疗耐药的经典途径中, 多药耐药基因1(multidrug resistance 1, MDR1)是最早受到关注的基因, 该基因编码的蛋白质为P-糖蛋白(P-glycoprotein, P-gp)^[12], 能通过主动转运的耗能方式将药物从细胞内运输到细胞外, 导致耐药. Zou等^[13]研究表明, miRNA-495能够通过抑制MDR1基因的表达而增强GC细胞对阿霉素和紫

杉醇的敏感性. 我们的研究也发现, 锌指蛋白139(zinc finger protein 139, ZNF139)可抑制miRNA-185的表达, miRNA-185可抑制MDR1等多个MDR的表达而抑制GC细胞的耐药性^[14]. Jin等^[15]的研究显示, miRNA-21可通过调控P-gp的表达而影响GC细胞对紫杉醇的耐药性. 多药耐药蛋白1(multidrug resistance protein 1, MRP1)是GC经典耐药途径中的另一个重要基因, 其主要功能与MDR1类似^[16]. Nie等^[17]研究发现, miRNA-195能够通过调控MRP1的表达而参与GC细胞耐药的形成. 谷胱甘肽-S-转移酶(glutathione S-transferase, GST)能通过解毒作用使进入GC细胞的药物代谢成无毒的物质, 从而导致耐药^[18]. 本课题组研究发现miRNA-185能够抑制GC细胞中的GST表达而增强GC细胞对化疗药物的敏感性^[14]. 拓扑异构酶II α (topoisomerase II α , TOPO II α)是许多化疗药物的作用靶点, 其表达的变化也是GC耐药形成的原因之一^[19,20], 但尚未见GC细胞中miRNA直接调控TOPO II α 的报道, miRNA是否存在调控TOPO II α 的功能还有待进一步研究.

3 miRNA在GC凋亡相关耐药途径中发挥的作用

与经典耐药途径有关的化疗药物多为植物碱类药物, 其他一些药物如铂类药物、氟尿嘧啶(flourouracil, FU)类药物的GC耐药机制则有所不同, 肿瘤细胞存在的凋亡抵抗能力在对这些药物的耐药形成中发挥了重要作用. 在此过程中, 已发现一些miRNA能够通过调控肿瘤细胞的凋亡相关基因表达而改变其对化疗药物的耐药性. 本课题组的研究发现, 增强GC细胞株MGC803中的miRNA-185表达能够促进GC细胞凋亡^[21]. 我们的研究还表明, miRNA-185与GC细胞对奥沙利铂(oxaliplatin, L-OHP)的耐药形成有关^[14], 证实miRNA-185在铂类药物的耐药形成中发挥了作用. 还有证明显示, 线粒体途径的凋亡基因Bcl-2和Bcl-xL与GC对酪氨酸激酶抑制剂(tyrosine kinase inhibitors, TKI)的耐药形成有关^[22]. Jiang等^[23]的研究显示, 增强miRNA-200c能提高顺铂抵抗的GC细胞SGC7901/DDP对顺铂的敏感性. 有的miRNA在GC铂类耐药中具有导致耐药形成的作用. Yan等^[24]的研究发现, miRNA-135a能够促进GC细胞对L-OHP的耐药形成, 提示miRNA在GC细胞的凋亡相关耐药形成中发挥着多种作用. FU类药物是GC化疗中的一线药物, GC细胞对FU同样存在耐药, 研究发现miRNA-429能够通过调控Bcl-2而增强FU对肿瘤细胞的凋亡诱导能力, 改善化疗效果^[25]. 这些结果都表明miRNA通过凋亡调控参与了GC对一些化疗药物的耐药形成, 调控这些miRNA的表达可能逆转GC对这些药物的耐药性.

4 miRNA在GC其他耐药途径中发挥的作用

GC对化疗药物的耐药形成机制复杂, GC细胞对一种药物可能存在多种耐药机制; 同样, 每个耐药途径可能涉及多种药物的耐药。除了经典耐药途径及凋亡相关耐药途径外, 还有一些其他途径在GC化疗药物的耐药形成中发挥了作用, 在这些途径中miRNA也发挥了作用。Ge等^[26]研究发现, miRNA-320a能够通过抑制ADAM10的表达而增强GC细胞对顺铂的敏感性。Huang等^[27]的结果表明, miRNA-874能够抑制肿瘤细胞的自噬, 还可以通过调节自噬相关基因ATG16L1表达而增强GC细胞对化疗药物的敏感性。Wang等^[28]研究发现, miRNA-17-5p能够通过抑制增殖调控基因p21而促进GC的耐药形成。Cao等^[29]的研究结果发现, miRNA-647可直接抑制AKN2, 这条miRNA647-ANK2通路可缓解GC细胞的耐药性, 还可抑制肿瘤细胞的转移。He等^[30]发现在顺铂耐药的GC细胞株中miRNA-25表达增高, miRNA-25通过抑制FOXO3a而增强GC细胞对顺铂的耐药性, miRNA-25可能成为GC顺铂耐药形成的治疗靶基因。还有研究显示^[31], 在GC细胞中增强miRNA-31的表达可增强肿瘤细胞对FU的敏感性, 其机制与miRNA-31抑制RhoA表达有关。类似研究发现miRNA-149、miRNA-493也均与GC细胞的耐药性形成有关^[32,33]。这些研究丰富了miRNA与GC化疗耐药形成的关系及机制, 具有较好的临床价值。但这些研究目前仍较为分散, 系统性不强, 且缺乏临床转化的实践研究, 在这些方面应进一步深入研究。

5 miRNA在GC耐药形成的信号通路调控中发挥的作用

信号通路在GC细胞的各种生物学行为中发挥了重要作用, 信号通路指能将细胞外的分子信号经细胞膜传入细胞内发挥效应的一系列酶促反应通路。研究显示^[34], 上调GC细胞中miR-34a可以改善细胞对顺铂的耐药性, 在该过程中, PI3K/Akt和Wnt/ β -catenin信号通路参与其中并发挥了重要作用。Zhang等^[35]研究发现, miRNA-939具有抑癌基因的功能, 能够通过调控SLC34A2/Raf/MEK/ERK信号通路而影响GC细胞的耐药形成。Chen等^[36]研究发现, miRNA-26通过调控GC细胞中MAPK信号转到通路的活性促进了细胞凋亡并减轻了肿瘤细胞对顺铂的耐药性。Li等^[37]则发现miRNA-495具有影响mTOR信号通路活性的作用, 能够通过该作用增强GC细胞对化疗药物的敏感性。这些研究反映出miRNA虽然只能在转录水平通过调节其靶基因的mRNA表达而发挥作用, 但该作用能够间接影响多条信号转导通路。这些结果进一步提示GC耐药机制的复杂性和多样性, 同时也显示出miRNA在GC化疗药物耐药中发挥了重要作用。

6 miRNA在GC靶向药物耐药形成中的作用

靶向药物应用是近年来在肿瘤治疗中受到关注的热点, 但由于GC的分子靶点(主要是Her2基因)阳性表达率不高, 因此GC的靶向治疗应用不及乳腺癌及肺癌广泛。在我国GC治疗中应用较为广泛的靶向药物有曲妥珠单抗(trastuzumab)和甲磺酸阿帕替尼(apatinib mesylate), 这些药物目前仅用于晚期GC的治疗。虽然应用的时间不长, 但已有研究显示GC细胞对曲妥珠单抗存在耐药现象。Huang等^[38]研究发现, 在对曲妥珠单抗存在耐药的GC细胞中有包括miRNA-29b、miRNA-124等在内的多种miRNA表达差异, 提示这些miRNA可能参与了GC细胞对曲妥珠单抗的耐药形成。Eto等^[39]等研究的结果显示, miRNA-21能通过抑制PTEN调节HER2阳性的GC细胞对曲妥珠单抗的敏感性。Zhou等^[40]研究发现, miRNA-200c能够调控ZEB1和ZEB2而改变GC细胞对曲妥珠单抗的敏感性。这些研究初步证实miRNA在GC细胞曲妥珠单抗耐药中发挥了作用。但本领域研究尚处于起步阶段, 具体机制还不明确。关于阿帕替尼、贝伐单抗、雷莫单抗、瑞格非尼等药物在GC中耐药形成及miRNA作用的报道目前尚未发现, 需要在这些药物有一定推广应用规模后再行评价。

7 在GC耐药形成中miRNA的临床应用

关于GC中miRNA表达与肿瘤的关系已有一些临床报道。Cheng等^[41]的研究结果表明, miRNA-124和miRNA-29b与GC的进展有关, 可作为GC分子分型及治疗的依据。还有报道发现外周血miRNA-196的检测对早期GC的诊断有价值^[42]。Qi等^[43]对92例存在转移的GC患者进行分析, 发现其中25例患者存在化疗耐药, 检测miRNA-21表达与GC化疗耐药的关系, 提示miRNA-21可作为肿瘤标志物预测转移性GC的化疗敏感性。还有研究显示^[44], 血清miRNA-106、miRNA-15a、miRNA-93、miRNA-664检测对铂类药物化疗的患者预后有价值。此类研究还很不断完善, 仍有较多问题没有解决, 需要深入探讨。

8 目前GC耐药形成中miRNA研究的不足及前景

miRNA在GC耐药中的研究已成为当前研究的热点, 循环miRNA的检测对于GC的诊断及治疗有良好的潜在应用价值^[45]。研究miRNA在GC耐药形成中的机制有可能为GC综合诊治研究提供新的思路。但该领域的研究还存在较多不完善的方面。一是miRNA与GC耐药的研究虽然已有较多报道, 但大多结论都是由基础研究得到, 临床研究相关报道还不多见。二是由于GC耐药机制

复杂, 耐药形成是在多种分子间网络调控模式作用下发生的, 因此miRNA在其中的具体机制还不明确。三是miRNA的种类繁多, 且受其调节的基因也多, 当前研究多存在研究范围较广而研究深度不足的问题。

9 结论

miRNA由于其具有分子结构简单、作用效果广泛的优势, 因此有良好的应用前景。在今后关于miRNA与GC耐药性关系的研究中, 应当注重将基础研究的成果进行临床转化及验证; 对于重点miRNA分子应当深入研究, 探讨其作用机制, 分析该miRNA作为耐药预测指标及靶点的可能性。通过这些研究, 阐明miRNA与GC耐药的关系, 从而达到逆转GC耐药、改善GC综合诊治水平的目的。

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