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JS-K 抗肿瘤效果机制的研究进展 *

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摘要: 研究显示一氧化氮(NO)在体内参与多种信号通路的传导,在机体的肿瘤形成等多种病理和生理过程中发挥着重要作用。谷胱甘肽-S- 转移酶(GSTs)在很多肿瘤的表达都是升高的,在肿瘤细胞中发挥着维持氧化还原平衡、解毒和促使肿瘤细胞发生耐药等方面的作用;而 JS-K 是近年来新合成的一种一氧化氮(NO)前体药,其可以在体内被谷胱甘肽-S- 转移酶(GSTs)酶解生成 NO,进而发挥抗肿瘤效应。研究显示 JS-K 对机体的多种肿瘤都表现出明显的抑制作用,而对正常的组织则没有明显的损伤作用。由于肿瘤的组织来源不同,JS-K 表现出的杀伤肿瘤的机制也不尽相同。本课题组通过广泛的文献阅读,系统地综述 JS-K 杀伤各系统肿瘤的作用机制,为 JS-K 杀伤肿瘤的进一步的机制研究提供一些有益的思路,和为将来 JS-K 的临床应用提供理论基础。

关键词: 一氧化氮;一氧化氮前体药;抗肿瘤

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Research Progress of JS-K as Anticancer Agents*

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ABSTRACT: Previous studies have shown nitric oxide (NO) is involved in a variety of signal pathways in vivo, and plays an important role in lots of pathological and physiological processes, such as tumorigenesis and so on. The expression of glutathione S-transferase (GSTs) is upregulated in many tumors, which plays an important role in maintaining the balance of redox, detoxification, and resistance to chemotherapeutics for the tumor cells. In recent years, a novel NO prodrug named JS-K was synthesised, and JS-K can be selectively catalysed by GSTs, then NO is released, subsequently showing the anticancer effect. Many studies have demonstrated JS-K can inhibit the growth of a broad spectrum of tumors, while sparing the normal tissue cells. The mechanisms for JS-K to kill tumor cells are not always the same due to the different origins of tumors in different systems. In this study, our team systemically reviewed the mechanisms for JS-K to kill tumors originating from different systems through extensive literature reading, with the purpose to providing some helpful ideas for the further study of JS-K and theoretical foundation for JS-K in the future clinical use.

Key words: NO; NO prodrug; Anticancer

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前言

体内的一氧化氮(NO)是由 L- 精氨酸,在一氧化氮合成酶的作用下生成^[1],文献显示 NO 具有调节血压、调节呼吸、杀菌和抗肿瘤的效果^[2-6]。偶氮二醇烯鎓盐类 JS-K, 化学名(O2-(2,4-dinitrophenyl)1-[(4-ethoxycarbonyl)piperazin-1-yl]diazene-1-ium-1,2-diolate),是一种 NO 的前体药,其化学结构包括三部分- 亲核 NO 供体基团,芳基环和哌嗪残基。研究显示,恶性肿瘤细胞中谷胱甘肽-S- 转移酶(GSTs)的含量增加^[7],而增加的 GST 可以催化谷胱甘肽(GSH)和化疗药物结合,促进入胞的化疗药物外排,使肿瘤细胞产生耐药性^[8,9]。JS-K 就是针对恶性细胞内升高的 GSTs 开发的药物,其在体内可以和谷胱甘肽-S- 转移酶(GSTs)相结合,抑制 GSTs 活性,并产生 NO^[10]。JS-K 抗

肿瘤的机制主要有:一,JS-K 释放的 NO 直接发挥杀伤肿瘤的作用^[11];二,NO 抑制肿瘤细胞的 GSTs,降低肿瘤细胞对化疗药物的抵抗作用^[11];三,抗血管生成^[12]。JS-K 可以和临床常用的化疗药物联合作用,产生协同作用,杀伤肿瘤细胞;又由于降低化疗药的用量,因而也减少化疗相关副作用的发生。

现有的研究发现,JS-K 可以对白血病^[10]、前列腺癌^[13]、肝癌^[14]、肺癌^[15]等多种肿瘤的生长产生抑制作用,而正常的组织则对 JS-K 表现出良好的耐受性^[16,17]。由于各系统肿瘤组织学来源的差异,JS-K 发挥抗肿瘤的机制及其其中涉及的信号通路的传导途径也不尽相同。本文过广泛阅读文献,系统综述 JS-K 杀伤各系统肿瘤的机制,为该药物杀伤肿瘤的机制研究和将来的大规模临床应用及联合用药提供参考。

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1 血液系统

1.1 髓细胞白血病

急性髓细胞白血病(AML)是一种生物学行为复杂且危及生命的恶性血液系统肿瘤^[18,19]。诱导分化是NO前体药物抗白血病治疗的一个重要机制^[20]。Shami等^[10]的研究发现JS-K可以选择性地抑制髓细胞白血病细胞株HL-60的生长,并促进HL-60细胞向正常单核细胞分化;进一步研究发现JS-K在体内和体外试验中均可以杀伤白血病HL-60细胞,其主要杀伤机制为caspase依赖性的凋亡,因为泛caspase抑制剂C-VAD-FMK可以逆转JS-K的杀伤作用,在体内试验中,4 μmol/kg可以对移植瘤产生明显的抑制作用,而JS-K在发挥这一作用的时候并不对正常的细胞产生伤害作用;Udupi等^[21]的研究也得到相似的结论,他们认为JS-K的杀伤HL-60的作用主要是通过诱导细胞释放细胞色素C启动内源性凋亡途径所致。而在随后的研究中,Liu等^[22]发现JS-K在杀伤HL-60细胞时可以引起一系列的分子事件的变化,除上述外还包括急性期蛋白基因(EGR1、c-fgr、JNK和PIG7)、抗血管生成基因(TSP-1、CD36)和抗细胞迁移基因(MMP11、TIMP1、TIMP2和TIMP3)的表达,这显示JS-K具有抗肿瘤转移和浸润的潜在效力。而在联合用药方面,JS-K和阿糖胞苷在杀伤急性髓细胞白血病(AML)HL-60细胞时表现出显著的协同作用效果,其具体机制是阿糖胞苷诱导DNA发生损伤,而低剂量的JS-K释放的NO可以抑制一系列DNA损伤修复酶^[23,24],进一步扩大阿糖胞苷的杀伤效果,产生协同效应。有研究显示蛋白的谷胱甘肽化可以在翻译后水平调控蛋白的功能^[25],Kaur等^[26]的研究显示JS-K可以显著诱导核内蛋白的谷胱甘肽化,而靶蛋白的翻译后的谷胱甘肽化是否是JS-K杀伤HL-60细胞的可能机制,值得下一步认真研究。

而在鼠红白血病细胞SFFV-MEL中,研究显示^[27]JS-K主要通过其芳基化能力而非自身释放的NO,诱导细胞发生caspase依赖性的凋亡来发挥抗肿瘤的作用;而在JS-K发挥作用的过程中,JS-K通过抑制PI3K和MAPK信号通路的活性,上调激活抑癌基因FoxO3a^[28]的表达,而FoxO3a可以激活一系列caspase的表达,诱导细胞发生凋亡,从而导致细胞发生死亡。

1.2 淋巴细胞白血病

T淋巴细胞白血病(T-ALL)恶性程度高^[29,30],主要影响儿童和青少年,预后差^[31-33],在高表达β-catenin的T淋巴细胞白血病(T-ALL)Jurkat细胞中^[34],Nath等^[35]发现JS-K可以使Jurkat细胞增殖活性显著降低,并发生G2/M期阻滞;亚硝基化作用可以影响细胞内很多重要蛋白的功能^[36],而在机制研究中作者^[35]发现JS-K可以先使细胞核中的β-catenin发生亚硝基化,进而降解细胞核中的β-catenin,从而抑制β-catenin/TCF-4的转录活性,降低下游靶蛋白的表达,从而发挥JS-K杀伤Jurkat细胞的作用。

1.3 淋巴瘤

谷胱甘肽(GSH)是广泛存在于细胞内的抗氧化物质^[37],谷胱甘肽(GSH)和它的氧化形式-氧化型谷胱甘肽(GSSG)组成的氧化还原平衡体系在维持细胞内氧化还原平衡,解毒,信号传导等方面发挥着重要作用^[38-40],已有报道耗竭细胞内的GSH可以增强肺癌细胞对放疗的敏感性^[41],而抑制GSH的合成可

以抑制结肠癌细胞在肝脏的定植及诱导细胞死亡^[42]。MAPKs信号通路功能多样,广泛地调节着细胞的增殖、分化和凋亡等生物学行为^[43-46]。在淋巴瘤U937细胞中,Maciag等^[47]发现JS-K可以通过高效地消耗细胞内的GSH来破坏肿瘤细胞内的氧化还原平衡状态,导致氧化应激的产生,进而激活MAPK/JNK通路,降低c-MYC的表达,启动目的细胞的凋亡过程,从而证明GSH的耗竭、氧化还原状态失衡是JS-K发挥杀伤肿瘤细胞的重要起始步骤。

1.4 多发性骨髓瘤

抗血管生成是药物抗肿瘤的重要机制,在多发性骨髓瘤的治疗中,Kiziltepe等的研究^[12]显示JS-K在杀伤多发性骨髓瘤时可以明显减少肿瘤中的血管生成;而Kiziltepe等^[20]的研究显示,JS-K可以先诱导DNA双链断裂,激活DNA损伤应答通路,随后通过JNK通路的激活使多发性骨髓瘤细胞发生caspase依赖和caspase非依赖性的凋亡,且JS-K在杀伤多发性骨髓瘤细胞时可以克服细胞因子(IL-6和IGF-1)和骨髓微环境对多发性骨髓瘤细胞的保护作用,体内试验也显示JS-K可以显著抑制OPM1细胞所成的皮下瘤的生长并延长荷瘤小鼠的生存时间。

综上,JS-K对血液系统常见的恶性肿瘤都有良好的抗肿瘤效用,其在治疗血液系统疾病方面的前景值得期待。

2 呼吸系统

过往的研究表明,很多肿瘤细胞,尤其是晚期肿瘤细胞都有活性氧水平升高的现象发生^[48],而这些活性氧(ROS)升高的肿瘤细胞相比于正常细胞更容易被外源性活性氧杀伤^[49];活性氧可以激活细胞内很多信号传导通路,这些通路可以调节细胞中包括细胞凋亡在内的一系列生物学行为^[50]。非小细胞肺癌(NSCLC)是临床最常见的肺癌类型^[51-53],预后不佳^[52,54,55];Maciag等^[15]的研究发现JS-K对约1/3的非小细胞肺癌细胞系都有良好的杀伤效果,其杀伤效果与细胞内的活性氧(ROS)的产生量呈正相关关系,而活性氧清除剂N-乙酰半胱氨酸(NAC)和氧化剂丁硫氨酸亚砷亚胺(BSO)可以分别抑制和增强JS-K的杀伤作用;且在他们的研究中他们还发现过氧化氢还原酶1(PRX1)和8-氧桥-脱氧鸟苷酸糖基化酶(OGG1)的含量可以用作JS-K对非小细胞肺癌敏感性的检测指标;在随后的研究中Maciag等^[56]又发现JS-K可以通过激活SAPK/JNK通路,上调其下游的效应蛋白ATF3的表达,进而诱导非小细胞肺癌细胞的发生凋亡。

而在非小细胞肺癌A549细胞中,Kitagaki等^[57]的研究显示JS-K可以增加细胞中Pdc4(Programmed Cell Death 4)蛋白的含量,而Pdc4是一个抑癌蛋白^[58-61],其在体内可以抑制多种肿瘤的形成和生长^[62-66]。

以上结果显示,JS-K可以通过多种机制发挥杀伤非小细胞肺癌的作用,这可能在一定程度上可以避免肿瘤耐药性的发生,进一步改善肿瘤的治疗效果。

3 泌尿生殖系统

Wnt/β-catenin通路是细胞内的一条重要的信号传导通路,广泛地调节着体内炎症、肿瘤形成和代谢等一系列生物事件。前列腺癌是一种在男性人群中常见的肿瘤^[67-69],在疾病早期早

期手术联合各种雄激素阻断疗法在治疗初期很有效,但当前列腺癌进展到去势难治性前列腺癌时雄激素阻断疗法的效果不佳,预后很差^[70]。在 Laschak 等^[13]的研究中 JS-K 对去势难治性前列腺癌细胞株有明显的杀伤作用,其杀伤效果好于对普通前列腺癌的杀伤效果;作者发现 JS-K 可以抑制经典的 Wnt/ β -catenin 信号通路,降低雄激素受体基因的活性,进而降低前列腺癌细胞中雄激素受体的蛋白含量,从而达到降低去势难治性前列腺癌细胞活性的目的。在体内试验中 Shami 等^[10]也发现 JS-K 对前列腺癌具有明显的抑制作用。

在膀胱癌中, Qiu 等^[9]发现 JS-K 可以通过增加细胞内活性氧的水平(ROS)来诱导膀胱癌细胞发生线粒体依赖的死亡,但 JS-K 对正常的肾小管细胞没有明显的杀伤作用,这和 Maciag 等^[15]发现的 JS-K 杀伤非小细胞肺癌的机制相似,但在膀胱癌中, JS-K 和阿霉素在杀伤肿瘤方面具有协同效应, JS-K 可以增强阿霉素对膀胱癌的杀伤作用;这为 JS-K 和阿霉素在膀胱癌治疗中的联合用药提供了试验基础,值得在临床实践中进一步验证其疗效。

乳腺癌是女性最常见的恶性肿瘤^[71-73],有远处转移的患者预后较差^[74],乳腺癌已成为威胁女性生命的主要原因之一^[69,75],由于乳腺肿瘤高表达 GST- π ^[76],且 GST 和乳腺癌的化疗耐药有关^[77],这就使 JS-K 在治疗乳腺癌的过程中具有良好的应用前景。之前的体内试验的结果^[10]发现 JS-K 可以明显抑制乳腺肿瘤细胞的生长。而一项在美国开展的研究^[78]发现 JS-K 在非致死的低剂量时就可以显著抑制乳腺癌的侵袭浸润,在这一过程中 JS-K 可以增加基质金属蛋白酶组织抑制因子 2(TIMP-2)的表达含量,调节基质金属蛋白酶(MMPs)活性,保护组织的基底膜免受降解,抑制癌细胞的侵袭浸润;而在 TIMP-2 的上游, JS-K 可以激活 MAPK 信号通路,活化的 MAPK 通路降低 p38 的磷酸化(活性标志),p38 活性降低可以使 TIMP-2 表达升高^[79],从而发挥 JS-K 抑制癌细胞的侵袭浸润的作用。细胞的自噬负责清除细胞内的大分子物质和受损的细胞器^[80],其在维持细胞内蛋白和细胞器数量和质量方面起着重要作用,在肿瘤细胞中根据不同的情况,自噬分别起着抑癌和促癌的作用^[81]。Mc-Murtry 等^[17]研究发现 JS-K 可以显著抑制乳腺癌细胞的活力,但对正常的乳腺上皮细胞的活力则没有明显的影响;进一步的机制研究显示 JS-K 杀伤乳腺癌细胞的作用是通过诱导细胞产生凋亡和自噬(LC3-II 升高)这两种程序性细胞死亡的方式实现的。乳腺癌的术后治疗主要有放疗、化疗、内分泌治疗和靶向药物治疗等方式,而 JS-K 可以抑制乳腺癌细胞的生长浸润并通过不同的途径诱导细胞发生死亡,这可以为乳腺癌的术后治疗提供了一个新的选择,效果值得进一步评估。

4 神经系统

诱导凋亡是药物发挥抗肿瘤作用的主要机制。神经胶质母细胞瘤是常见的脑部肿瘤,恶性程度高^[82,83],预后差^[84-86],迫切需要新的治疗方法。在 Weyerbrock 等^[87]的研究中,作者首次证实 JS-K 在体内和体外对神经胶质母细胞瘤都由明显的抗肿瘤效果,在其研究中由于神经胶质瘤高表达 GSTs^[88],JS-K 在 GSTs 作用下产生高浓度的 NO,使胶质瘤细胞产生坏死;NO 可以活化 caspase 并激活 MAPK 信号通路,使细胞发生 caspase 依赖

性和 caspase 非依赖性的凋亡,从而产生明显的抗肿瘤效果。

如前所述,诱导凋亡是药物发挥抗肿瘤效果的主要机制,但 JS-K 还可以为有耐药性的肿瘤的治疗提供一种新的靶向治疗策略^[89]。Gunzle 等^[89]发现,在星形胶质母细胞瘤中,JS-K 通过增加细胞内环磷酸鸟苷(cGMP)的量并激活 Akt 通路,pAkt 含量增加,抑制 caspase3、caspase8 和 caspase9 的活化,进而抑制肿瘤细胞发生凋亡;但同时 JS-K 可以诱导星形胶质母细胞瘤发生一种新的坏死方式 - 有丝分裂障碍 (mitotic catastrophe)进而导致肿瘤细胞发生死亡,在他们的研究中,JS-K 作用星形胶质母细胞瘤后,随着 JS-K 浓度的增加,发生凋亡的细胞数量保持相对稳定(<20%),而发生有丝分裂障碍的细胞则明显增加(>50%),从而发挥抗肿瘤作用。

由于血 - 脑屏障的存在,常规的化疗药物不容易通过血管进入脑组织中,限制了化疗在脑肿瘤中的应用,Weidensteiner 等^[90]使用大鼠原位脑胶质瘤模型,通过动态对比增强 MRI 技术发现 JS-K 可以通过激活 NO/cGMP 信号通路打开脑部的血 - 肿瘤屏障,这为药物进入脑肿瘤组织内提供了一个新的途径。由于 JS-K 上述独特的药物作用,这就为常规化疗药物和 JS-K 的联合用药在脑部肿瘤化疗中应用提供了一个思路,而上述研究尚未见诸报道,值得后续进一步的深入研究。

5 消化系统

肝细胞肝癌约占原发性肝脏恶性肿瘤的大部分(70% - 85%)^[91],预后较差^[92,93],手术切除是治疗肝细胞肝癌的行之有效的,但对于那些不适合手术的患者,找寻有良好治疗效果的药物就显得尤为迫切。线粒体在细胞凋亡中发挥着重要作用,而 JS-K 作为一种新型的抗肿瘤药物,Liu 等^[14]的研究就显示 JS-K 可以显著地抑制肝癌细胞 HepG2 的生长,其抑制效果有赖于 JS-K 释放的 NO,在随后的机制研究中作者发现 NO 通过诱导细胞内 Ca^{2+} 浓度的高,导致线粒体损伤,细胞色素 C 释放进入细胞浆,活化 caspase9 和 caspase3,进而启动细胞的凋亡过程,而 NO 清除剂 Carboxy-PTIO 可以拮抗 JS-K 的上述作用。而 Ren 等^[94]在 Hep 3B 细胞中发现 JS-K 抑制 Hep 3B 细胞生长的作用是通过激活 MAPK 家族中的 ERK、JNK 和 p38 以及他们下游的效应蛋白 c-Jun 和 AP-1 进而导致细胞发生凋亡来实现的。

肿瘤细胞通过各种机制使入胞的化疗药物外排,可以使肿瘤的耐药性增加,而抑制这一过程可以增加肿瘤细胞对化疗药物的敏感性。Liu 等的研究^[95]发现在致癌性的 CAsE 细胞中(来源于大鼠肝脏上皮),JS-K 可以通过抑制 GSTs,抑制化疗药物的外排,导致化疗药物在细胞内聚集,继而导致细胞死亡;且 JS-K 还可以增强化疗药物诱导的 MAPK 信号通路的活化,使磷酸化的 JNK1/2 和磷酸化的 ERK1/2 的含量增加,进而导致细胞死亡增加。

由以上的研究结果我们可以发现 JS-K 在杀伤肝脏来源的肿瘤时既可以通过自身的作用诱导细胞发生凋亡又可以增强肿瘤对其他药物的化疗敏感性,这就使得 JS-K 在治疗肝脏肿瘤方面的前景非常值得期待。

哺乳动物的硫氧化还原蛋白系统包括硒代硫氧化还原蛋白(Tr),硫氧化还原蛋白(Trx)和 NADPH,该系统参与机体

的多种反应,包括 DNA 合成和氧化还原依赖的信号传导;研究显示 TR 和 Trx 可以促进肿瘤细胞的生长^[96]。许多临床常用的化疗药物的作用靶点就是硫氧化还原蛋白酶(TR),比如顺铂,环磷酰胺和阿霉素等^[97,98];Edes 等^[99]的体外研究显示,在 TR 基因敲除后,结肠癌 RKO 细胞对 JS-K 杀伤作用的敏感性显著增加(增加约 6 倍),这为 JS-K 在结肠癌治疗中的应用并走向临床提供了试验基础。

6 问题与展望

之前的研究都表明 JS-K 对多种肿瘤细胞都表现出良好的抗肿瘤效应,但其水溶性较差^[100],限制了其在临床中的应用;而随着科技的进步,有研究证实将 JS-K 和特殊纳米颗粒共融合^[26,100],极大提高了其溶解性和稳定性,这为 JS-K 的临床应用打下了良好的基础。

通过前述,我们发现 JS-K 的抗肿瘤机制在不同的肿瘤中不尽相同,本文通过广泛的文献阅读,系统总结了 JS-K 现有已明了的抗肿瘤机制,这可以为 JS-K 在以后其他肿瘤中的效用研究提供一些有益的思路以及为抗肿瘤药物的开发和联合用药提供新的途径和想法,也可以为 JS-K 将来可以走向临床应用提供一些理论基础。总之,JS-K 作为一种新型的抗肿瘤药物,具有良好的临床应用前景,值得进一步的研究。

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