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## 胰腺癌中 Hedgehog 通路与其他通路间相互作用的研究进展

### Hedgehog pathway in pancreatic cancer and its cross-talk with other pathways

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[摘要] Hedgehog(HH)通路不仅在胰腺发育过程中起重要作用,而且在胰腺导管细胞癌(pancreatic ductal adenocarcinoma, PDAC)发生、发展过程中也出现异常活化。其转录因子 Glis 蛋白家族的活化,尤其是 Gli1 的活化可启动下游基因表达,主要起到促进癌细胞增殖、迁移、侵袭等作用。HH 通路可以和包括核因子- $\kappa$ B(nuclear factor- $\kappa$ B, NF- $\kappa$ B)、K-RAS、表皮生长因子受体(epidermal growth factor receptor, EGFR)、Wnt 通路、转化生长因子  $\beta$ (transforming growth factor  $\beta$ , TGF- $\beta$ )、丝裂原活化蛋白激酶 3K10(mitogen-activated protein kinase kinase kinase 10, MAP3K10)和 P53 等在内的信号通路因子,通过不尽相同的机制相互作用,共同促进胰腺癌的发生和发展。本文就近年来对胰腺癌中的 Hedgehog 通路及其与其他通路相互作用的研究进展进行综述。

[关键词] 胰腺癌;Hedgehog 通路;交互作用

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胰腺导管细胞癌(pancreatic ductal adenocarcinoma, PDAC)恶性程度极高,早期发现困难,5年生存率低于5%<sup>[1]</sup>,对于晚期患者,目前尚无真正有效的治疗方法<sup>[2]</sup>。虽然吉西他滨的应用使治疗取得一定疗效,但因其机制复杂,频发耐药,治疗效果仍不佳,临床中仍然缺乏特异的早期诊断及有效的治疗手段。Hedgehog(HH)通路在胰腺癌发病全过程中发挥着重要作用,它通过肿瘤上皮细胞自分泌和间质旁分泌大量配体以保持持续活化<sup>[2]</sup>。深入研究探讨胰腺癌中 HH 通路的作用机制,可能会为临床胰腺癌的治疗提供更有效的早期诊断靶点和更可行的治疗方法。

### 1 HH 通路概况

哺乳动物经典 HH 通路活化起自三种 HH 配体 Sonic Hedgehog(Shh)、Indian Hedgehog(Ihh)和 Desert Hedgehog(Dhh)的异常活化。其中,人以 Shh 最为重要。上述配体与 12-穿膜蛋白受体 Patched(Ptch)结合后启动了 HH 通路活化<sup>[3]</sup>。在配体缺失时, Ptch 与七次跨膜蛋白 Smoothened(Smo)结合,抑制其作用。当 Shh 活化后,结合 Ptch 使其失去对 Smo 的抑制作用<sup>[4]</sup>,使得 Smo 被释放,进而促进 HH 通路的锌指转录因子(glioma-associated oncogene, Glis)和其抑制因子 Suppressor of fused(Sufu)分离<sup>[5]</sup>,进而入核,启动对下游基因的转录。通常, Sufu 对 Gli1 的抑制作用可分为两种: Sufu 和 Gli s 以首尾相连的方式结合,并将 Glis 固定在细胞质

中<sup>[6]</sup>; Sufu 和 Gli s 共同入核,抑制 Glis 的作用<sup>[7]</sup>。但目前, Sufu 的具体作用机制尚不清楚。Glis 家族主要有三个成员: Gli1/2/3。其中 Gli1 是主要活化因子,常被视作 HH 通路活化的标志。虽然 Gli2 和 Gli3 都存在活化状态和抑制状态,但 Gli2 以活化作用为主,而 Gli3 则主要起抑制作用<sup>[8]</sup>。

转录因子 Glis 入核后,调控 HH 效应基因的调控。除 Cyclin D1、C-Myc 和 Wnt 蛋白之外<sup>[9-11]</sup>, Glis 还可实现对 Ptch 和 Glis 自身的调控<sup>[12]</sup>。HH 信号通路的活化也可以使 Gli2 和 Gli3 激活,直接作用于 Gli1 的启动子从而进一步提高其表达水平<sup>[9,13-14]</sup>。Gli1 表达的增加能通过 Gli1 蛋白结合 Gli2 启动子方式之外的间接方式导致 Gli2 水平的上调<sup>[15]</sup>。即 HH 通路存在着自身正反馈调控系统,使 HH 通路在脱离配体刺激后保持活化状态。

### 2 HH 通路在胰腺癌发病中的作用

在胰腺器官形成的早期, HH 通路沉默,而在后

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期,胰腺组织 HH 通路表达稍上调;大多数正常胰腺中 HH 通路是沉默的<sup>[16]</sup>。

HH 通路异常活化出现在胰腺癌发生早期<sup>[17]</sup>。其活化机制又可大致分为两种<sup>[18-19]</sup>:一种是上皮肿瘤细胞刺激产生过多配体。配体可以是自分泌产生,也可以由间质细胞旁分泌产生<sup>[20-21]</sup>。Shh 在正常发育中的胰腺及成熟胰腺器官中并不表达<sup>[16]</sup>,而在胰腺癌早期病变胰腺上皮内瘤变(pancreatic intraepithelial neoplasia, PanIN)中即出现表达,且表达水平与病变的恶化程度呈正相关<sup>[17, 22]</sup>。在大多胰腺癌细胞株中,Shh 表达也异常升高,维持 HH 通路活化状态<sup>[17]</sup>。胰腺癌细胞中 Shh 的分泌可促进胰腺肿瘤的嗜神经侵袭作用<sup>[23]</sup>。另一种则是 HH 信号通路成员发生突变导致 HH 通路活性增高,但其发生率极低。在胰腺肿瘤中,通过配体异常高表达导致 HH 通路异常活化,可能促进了 PanIN 早期形成<sup>[24]</sup>;肿瘤间质旁分泌 Shh,在胰腺癌中异常表达和疾病的发生和转归密切相关<sup>[25-26]</sup>;胰腺癌中 Gli1/2 高表达,其中 Gli1 表达的量直接反映了 HH 通路的活性,与患者预后密切相关<sup>[27]</sup>。另有研究证明,HH 通路活化可以促进胰腺癌细胞增殖和转移<sup>[28]</sup>。

在 KRAS 突变及 P53 被抑制的小鼠研究中发现,敲除 Gli1 可促进胰腺癌细胞增殖,抑制其凋亡,使人们重新认识 Gli1 及 HH 通路在胰腺癌形成晚期的作用,及 HH 通路在胰腺癌发展中的复杂性<sup>[29]</sup>。

此外,HH 通路可通过一些非经典途径实现活化<sup>[30-31]</sup>。目前,很多研究通过抑制 HH 通路治疗胰腺癌,收到良好疗效<sup>[26, 32-35]</sup>,这预示着 HH 可能成为胰腺癌新的治疗靶标。

### 3 HH 通路与其他通路在胰腺癌发生中的交互作用

HH 通路在胰腺癌发生过程中的作用不是孤立存在的,它与许多因素间存在相互作用。

核因子- $\kappa$ B(nuclear factor- $\kappa$ B, NF- $\kappa$ B)和 HH 通路是胰腺癌发生中发生异常活化的两个重要通路。通过对胰腺癌标本研究发现,NF- $\kappa$ B 和 Gli1 表达密切相关( $P < 0.001$ ),且两者高表达的患者预后差<sup>[36]</sup>。活化的 NF- $\kappa$ B 能与 Shh 启动子相结合,从而上调正常和恶性细胞中 Shh 表达水平,促进细胞增殖<sup>[30, 37-38]</sup>。而胰腺癌中对 HH 导致 NF- $\kappa$ B 活化的机制研究甚少,仍需要更进一步探索。

KRAS 突变在胰腺癌发生率达 75%~95%<sup>[39]</sup>。胰腺癌中 HH 和 KRAS 突变间存在相互作用<sup>[17, 40-42]</sup>。HH 通路可与 KRAS 共同作用以促进胰

腺癌的发展<sup>[39, 41, 43]</sup>。KRAS 突变能通过增加 Gli1 表达<sup>[44]</sup>,诱导胰腺上皮细胞恶变<sup>[45]</sup>。而 KRAS 诱导的上皮细胞分化部分通过增加 Shh 表达来实现<sup>[17, 40-41]</sup>。KRAS 可以抑制胰腺癌细胞株中 Gli1 的入核<sup>[43]</sup>。抑制 KRAS 可下调 Gli1 的表达<sup>[46]</sup>。两者间的相互作用在胰腺癌发生、发展中起举足轻重的作用。

研究<sup>[47]</sup>认为,胰腺癌中 HH 通路和表皮生长因子受体(epidermal growth factor receptor, EGFR)通路之间也存在协同作用。有研究<sup>[21]</sup>对 49 例匹配的临床标本进行免疫组化分析发现,在胰腺癌中,Shh 和 EGFR 阳性明显比癌旁高,两者间存在相关性。Hu-etal 等<sup>[48]</sup>发现 HH 和 EGFR 在胰腺癌细胞株中高表达,抑制 HH 通路可致 EGFR 表达下调,易瑞沙抗肿瘤治疗效果明显增加。这样的相互作用研究,为临床治疗提供了新的思路。

HH 通路和 Wnt 通路都参与了胰腺的发育,且他们在胰腺癌中都呈现异常上调<sup>[49-50]</sup>。研究<sup>[50]</sup>表明,在胰腺导管细胞中,HH 通路的活化可以上调 Wnt 通路的活性,而 Wnt 通路活化不能有效增加 Gli1 的表达。据此上述研究认为 HH 和 Wnt 通路的这种作用参与了胰腺癌的发生发展过程。

在胰腺癌中,HH 通路和转化生长因子  $\beta$ (transforming growth factor  $\beta$ , TGF- $\beta$ )间存在正反馈作用<sup>[51]</sup>。在 TGF- $\beta$  诱导胰腺癌细胞上皮间质化(epithelial mesenchymal transition, EMT)过程中,它上调了 Shh 的表达,活化了 Gli1<sup>[52]</sup>。而同时也有研究<sup>[53-54]</sup>证明,Shh 也可以上调 TGF- $\beta$ 2 和转化生长因子  $\beta$  受体 3(transforming growth factor  $\beta$  receptor, TGF- $\beta$ R 3)。

丝裂原活化蛋白激酶 3K10(mitogen-activated protein kinase kinase kinase 10, MAP3K10)的过表达可以促进胰腺癌细胞增殖并降低吉西他滨的敏感性,而同时 Gli1/2 的表达也上调。由此说明,MAP3K10 可通过调节 HH 通路而参与胰腺癌的形成过程<sup>[55]</sup>。P53 是胰腺癌发生中的重要抑制因子,有数据表明, Gli1 敲除可以上调野生型 P53 胰腺癌细胞中 P53 的表达<sup>[56]</sup>;这也从另一方面说明了他们两者间的作用参与了胰腺癌的形成和发展。

另外,miRNA 也通过参与 HH 通路的调控,影响胰腺癌的发生。研究<sup>[57]</sup>证明,miRNA-212 可与 HH 通路中的受体 Ptch1 通过靶作用而促进胰腺癌细胞增殖和迁移。miRNA-3548 和它的二倍体 Duplex-3548,可以通过抑制 HH 通路起到促进胰腺癌细胞增殖的作用<sup>[58]</sup>。

此外,在其他肿瘤的研究中 HH 通路和其他通路间还存在不同机制的相互作用,其中值得一提的是,蛋白激酶 A (protein kinase A, PKA) 和糖原合成酶 3b (glycogen synthase kinase 3b, GSK3b) 可通过磷酸化 Glis 蛋白,使其处于不稳定和/或失活化的状态<sup>[59]</sup>从而负向调控 HH 通路。但这种作用及机制在胰腺癌中是否存在尚不明确。

虽然胰腺癌中 HH 通路的研究已经较为深入,但是其各因子的具体作用机制并非十分明确,该通路与其他通路之间相互作用的分子机制也尚不明了。故此,仍要对其病因和机制进行深入研究,以期最终为胰腺癌的临床治疗提供新的、有效的靶点和方向。

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