

·综述·

环氧化酶2(COX-2)与小儿恶性实体肿瘤

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环氧化酶(cyclooxygenase, COX)作为人体内一种重要的限速酶,主要参与前列腺素的合成。COX不但可以通过调节前列腺素的分泌水平,参与体内炎症反应,而且有促进细胞增生,抑制细胞凋亡以及刺激新生血管生成等多种作用。近年研究发现,其亚型 COX-2 过表达时有促进肿瘤发生、发展、浸润、转移的作用。目前,众多学者通过研究 COX-2 与肿瘤的发生、浸润、转移机制,以探讨 COX-2 抑制剂对小儿恶性肿瘤的治疗作用。现就 COX-2 与小儿恶性实体肿瘤综述如下。

一、COX-2 的生理特点

前列腺素过氧化合酶又称环氧化酶,是前列腺素合成过程中一个重要的限速酶,主要催化花生四烯酸(arachidonic acid)转变为前列腺素(prostaglandins, PGs)和血栓素等前列腺素物质。目前发现哺乳动物的环氧化酶至少有两种亚型即 COX-1 和 COX-2,虽然两者分子量相同,但其氨基酸序列仅有 61% 的同源性,该差异使 COX-2 编码的多肽与 COX-1 编码的多肽在二级结构和三级结构上均有不同,从而两种酶的底物选择性和活性亦不相同。COX-1 属于结构型基因,大多数正常组织细胞内均有表达,主要功能是促进生理性前列腺素的合成,调节正常组织细胞的生理活动;而 COX-2 属于诱导型基因,静息时不表达,一般只在诱导因素如细胞因子、生长因子以及致瘤物质等的作用下才迅速合成、表达增加,COX-2 过表达又可促进肿瘤的发生发展、浸润、转移。

二、COX-2 与肿瘤发生发展、侵润转移的关系

早期研究证实,COX-2 是炎症过程中一种主要的诱导酶,主要参与体内的炎症反应。近年研究表明 COX-2 过表达可促使肿瘤的发生、发展,并与肿瘤的浸润、转移密切相关,目前的研究主要集中在以下几方面:

1. 活化致癌物

花生四烯酸转变为前列腺素的过程中经过如下 2 个反应步骤:①环氧化酶反应,催化花生四烯酸转变为中间产物前列腺素 E₂(PGE₂);②过氧化酶反应,PGE₂ 获得两个电子被还原成 PGH₂。COX-2 在上述 2 个步骤中起催化作用并产生较多氧自由基,由于氧自由基的增加,外源性异生物素在其作用下易被氧化成致癌物质或中断 PGH₂ 向其它前列腺素的转化并形成可致癌突变物(丙二醛),从而促进肿瘤的发生。Jinyi shao 等^[1]采用细胞培养对人类结肠癌细胞株 LS-174 和 T-84 研究发现,PGE₂ 与 α-转化生长因子(Transforming Growth Factor,α-TGF)相互促进,诱导双向调节蛋白的表达,激活 Ras/Raf/MAPK 通路,诱导双向调节蛋白的转录,COX-2/PGE₂ 通过诱导酪氨酸受体依赖信号传导通路也有诱导致癌的作用。

2. 促进肿瘤细胞增殖,抑制肿瘤细胞凋亡

COX-2 的催化产物 PGE₂ 具有诱导细胞增殖,抑制具有免疫调节功能结构因子的产生,降低机体对肿瘤的局部免疫,抑制细胞凋亡的作用,从而使细胞增殖与凋亡失衡。COX-2 过表达还可引起肿瘤组织局部产生较多的 PGs,PGs 具有发挥类似免疫抑制剂和促血管形成剂样作用,这些作用均可促进肿瘤增殖发展。如果 COX-2 活性受到抑制,其底物花生四烯酸含量增加,可刺激鞘磷脂转化为神经酰胺,诱导组织细胞的凋亡。

Ohsawa 等^[2]采用免疫组织化学方法研究何杰金氏淋巴瘤组织中 COX-2, p53, bcl-2, and Ki-67 的表达,发现 COX-2 的表达与何杰金氏淋巴瘤细胞增殖和血管形成相关,并提示 COX-2 可用于该肿瘤的靶向治疗。已有较多研究^[19-28]证实,成人上皮来源性肿瘤如结肠癌、乳腺癌、甲状腺癌中 COX-2 表达上调,但使用 COX-2 非选择性抑制剂-NAIDs(非甾体类抗炎药)或选择性抑制剂-塞来昔布(celecoxib 又名 celebrex)后体内肿瘤生长受到明显抑制。这些研究均证实 COX-2 具有促进肿瘤细

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胞增殖,抑制肿瘤细胞的凋亡,应用 COX-2 抑制剂取得治疗效果进一步证实了该作用。

3、促进肿瘤血管生成

早期的研究认为,COX-2 由肿瘤细胞产生,近年来研究发现,内皮细胞和间质细胞也可产生 COX-2,可上调血管内皮生长因子(vascular endothelial growth factor, VEGF)的表达,并对肿瘤生长和血管形成有促进作用。

有体外实验^[29]表明,由 COX-2 催化合成的产物 PGE₂,可诱导 VEGF 产生。而在肿瘤血管生成中,内皮细胞的增殖和细胞外基质的降解是两个基本组成部分,因此血管内皮生长因子(VEGF)及其受体是血管生成的关键环节之一。因此由 COX-2 诱导的 VEGF 能直接刺激内皮细胞分裂增殖,直接参与诱导肿瘤血管生成,增强血管的通透性,从而促进肿瘤细胞扩散和转移。

近期研究表明^[31-32],恶性肿瘤组织中 COX-2 表达区域周围聚集着大量微血管,COX-2 和 VEGF 高表达与肿瘤微血管密度(micromvascular density, MVD)高度相关,而高 MVD 则预示着预后不良。体外实验也同样证明,使用 COX-2 抑制剂可以降低肿瘤 MVD,抑制肿瘤生长。这些研究均证实 COX-2 与肿瘤血管的生成密切相关。

4、促进细胞粘附及细胞外基质降解,增强肿瘤浸润、转移能力

细胞外基质(extracellular matrix, ECM) 主要由Ⅳ型胶原组成,是阻碍肿瘤侵袭、转移的天然屏障。癌细胞必须穿透 ECM,才能向外侵袭。基质金属蛋白酶-2(matrix metalloproteinase, MMP-2) 是降解Ⅳ型胶原最主要的酶,其异常表达与肿瘤浸润转移密切相关。已有研究^[3]证实,COX-2 可以促进 MMP-2 的表达,增强肿瘤浸润转移能力。Ito 等^[4]研究横纹肌肉瘤发现,COX-2 可间接调节 MMP-2 的表达和肿瘤侵袭能力。目前研究发现,COX-2 可能引起 MMP-2 表达增加、活性增强,降低 E-黏连素的表达,促进细胞外基质降解及细胞粘附,从而促进肿瘤浸润转移。同样,Dickens DS 等^[7]通过对体外培养的肉瘤组织实验表明,联合使用 COX-2 抑制剂和 MMP 抑制剂,证实可抑制 COX-2 及 MMP-2 表达,并对一些实体肿瘤有明显治疗作用。

三、COX-2 与小儿恶性实体肿瘤

已有研究证实,在许多成人的恶性肿瘤中 COX-2 出现明显过表达,而使用 COX-2 抑制剂后

COX-2 表达出现降低,肿瘤细胞的增殖受到了明显抑制。COX-2 与小儿恶性实体肿瘤的关系是否与成人肿瘤类似,目前研究正逐渐深入,对小儿骨肉瘤、横纹肌肉瘤、神经母细胞瘤、淋巴瘤等已有较深入研究,虽所涉及病种尚不全面,但已初步证实其与小儿恶性实体肿瘤关系密切。

1、COX-2 与肉瘤的关系

小儿肉瘤为一组恶性程度很高的肿瘤,临床以骨肉瘤、尤文氏肉瘤(Ewing'sarcoma)、横纹肌肉瘤常见。骨肉瘤是最常见的原发性恶性骨肿瘤,生长快,短期内迅速发生转移,预后极差,病死率高达 90%以上; 尤文氏肉瘤发病率居原发性恶性骨肿瘤第 2 位,仅次于骨肉瘤,其浸润转移能力很强; 横纹肌肉瘤治疗效果差,容易发生转移,因此大多将其列入肉瘤类肿瘤进行研究。

Dickens 等^[5-6] 分别通过免疫组织化学法及 cDNA 微点阵法分别检测上述 3 种肉瘤组织中 COX-2 的表达时发现,不同检测方法其 COX-2 表达阳性率分别为 82.8%(48/58 例)、88.1%(52/59),在伴有肿瘤转移的骨肉瘤、横纹肌肉瘤中,COX-2 表达还有增加趋势,但其表达与年龄、性别及肿瘤病理组织学类型无明显相关性。其后 Dickens DS^[5-6] 又通过免疫组织化学法对上述肿瘤进行了相似研究,结果证实,COX-2 总体阳性表达率为 66%(94/142),其中骨肉瘤、横纹肌肉瘤、尤文氏肉瘤表达阳性率分别为 67%(66/99)、60% (21/35)、88% (7/8),COX-2 的阳性表达不能用于评价骨肉瘤、横纹肌肉瘤远期预后。

2、COX-2 与淋巴瘤的关系

淋巴瘤原发于淋巴结或其它淋巴组织,分为何杰金和非何杰金淋巴瘤,在儿童时期比较多见,晚期何杰金和非何杰金淋巴瘤疗效较差。Ohsawa 等^[2]用免疫组织化学法分别检测了 33 例何杰金氏淋巴瘤组织中 COX-2、p53、bcl-2 和 Ki-67 的表达,何杰金氏淋巴瘤 R-S 细胞中 COX-2 阳性表达率为 45.5%(15/33),并证实 COX-2 阳性表达与细胞增殖和血管形成相关,p53 及 bcl-2 的表达与 COX-2 的表达无明显相关性。Shim 等^[2]用免疫组织化学法检测 COX-2 在结外 NK/T 细胞淋巴瘤细胞中的表达,回顾性分析 34 例该肿瘤阳性表达组及阴性表达组的治疗反应及预后情况,结果证实,COX-2 阳性表达率为 70.6%(24/34),阳性表达组治疗反应及预后均较阴性表达组差,因此认为

COX-2 的表达可作为一种预测因子, 可作为评价治疗反应差、复发率高、预后不良的结外 NK/T 细胞淋巴瘤的一个指标。

3、COX-2 与神经母细胞瘤的关系

神经母细胞瘤是小儿常见肿瘤, 目前主要通过大剂量化疗药物及手术切除等综合措施治疗, 但疗效仍不满意, 复发率高, COX-2 过表达与该肿瘤浸润转移密切相关。John^[8]等采用免疫组织化学方法及 Western Blotting 检测发现, 96% 肿瘤细胞浆中出现 COX-2 的表达, 使用 COX-2 非选择性抑制物 NAIDs (非甾体类抗炎药) 可以促进肿瘤细胞的凋亡, 抑制肿瘤细胞的生长, 也证实 COX-2 与神经母细胞瘤发生发展密切相关。

4、COX-2 与肾母细胞瘤的关系

肾母细胞瘤(Wilms'tumor)是小儿腹部最常见的恶性实体肿瘤, 也是小儿主要的肾肿瘤, 随着综合治疗措施的不断改进, 治愈率已有明显提高, 但晚期患儿仍然易出现远处转移导致预后不良。

Lee 等^[9] 通过体外培养的肾母细胞瘤进行研究, 结果证实, COX-2 可以促进肿瘤内皮细胞的增殖, 而使用 COX-2 抑制剂 SC-236 则影响内皮细胞的稳定性, 从而使肿瘤细胞生长受到明显抑制。此研究不但提示 COX-2 可促进肾母细胞瘤增生, 同时 COX-2 抑制剂可抑制肿瘤生长, 为肾母细胞瘤的治疗提供了新的途径, 即用 COX-2 抑制剂进行针对肿瘤血管内皮细胞靶向治疗, 抑制肿瘤血管的形成及肿瘤增殖的新方法。

综上所述, 环氧化酶是催化花生四烯酸转变为前列腺素和其他前列腺素物质的限速酶, 其 2 个亚型之一 COX-1 在大多数正常组织细胞内均有表达, 调节正常组织细胞的生理活动; 但 COX-2 属于诱导型基因, 静息时不表达。目前体外实验及临床研究均已经证实, COX-2 的过表达与小儿多种常见实体肿瘤的发生、发展、浸润以及转移密切相关, 且其过表达与大部分肿瘤的治疗反应以及预后具有一定的相关性。因此, 在恶性实体肿瘤的治疗中, 联合运用 VEGF 抑制剂、基质金属蛋白酶抑制剂等药物有可能增强抗肿瘤药物的疗效并减少化疗药物的剂量, 从而降低化疗的毒副作用, 同时 COX-2 的检测亦可能作为某些肿瘤远期预后的一项评价指标, 为探索肿瘤的治疗方法拓展了新的途径。

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