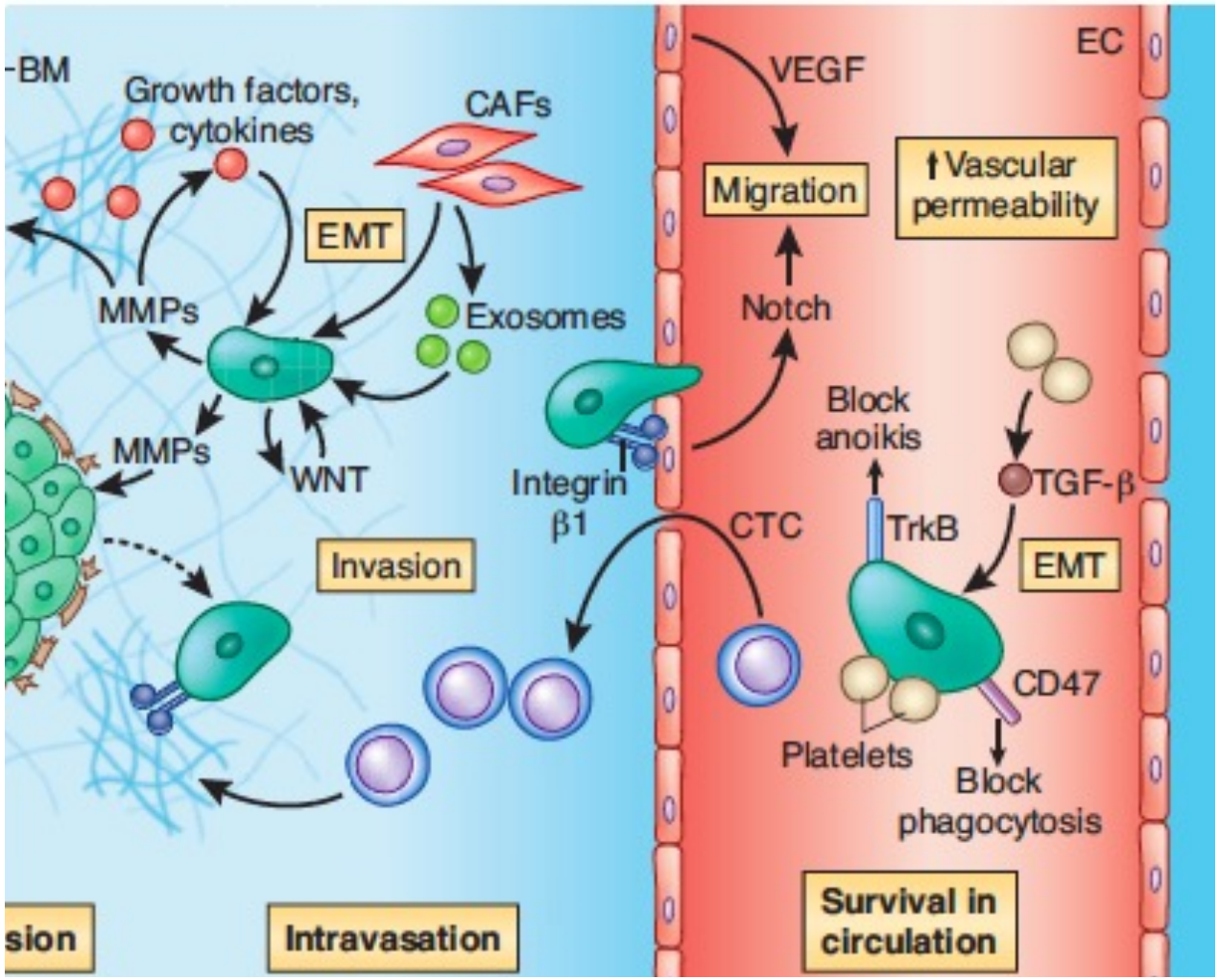
Corso di Biologia Cellulare del Cancro AA 2020-2021

Disseminazione e colonizzazione metastatica

Intravasazione e sopravvivenza nel circolo

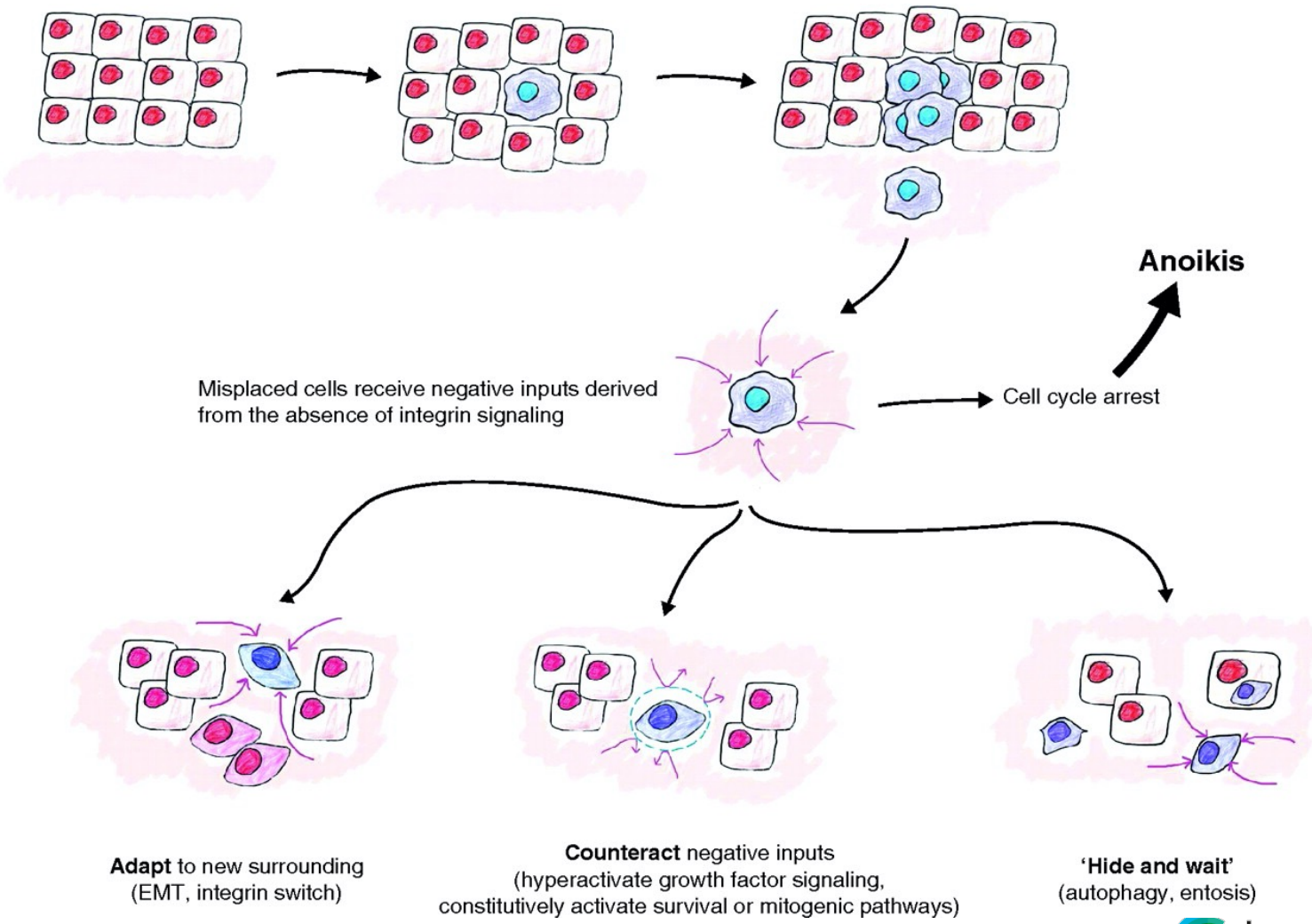


Intravasazione:

- interazione tra cellula tumorale (**N-caderina**) e endoteliali. **fattori secreti** dal microambiente angiopoietin-like 4 (**ANGPTL4**), TGF-β, epiregulin (EREG), cytochrome c oxidase subunit 2 (COX2), MMP1, MMP2, MMP3, ANGPT2, MMP10 e **VEGF.**
- **Sopravvivenza nella circolazione**

Superamento dell'**anoikis** (causa **assenza di adesioni /forze emodinamiche**)

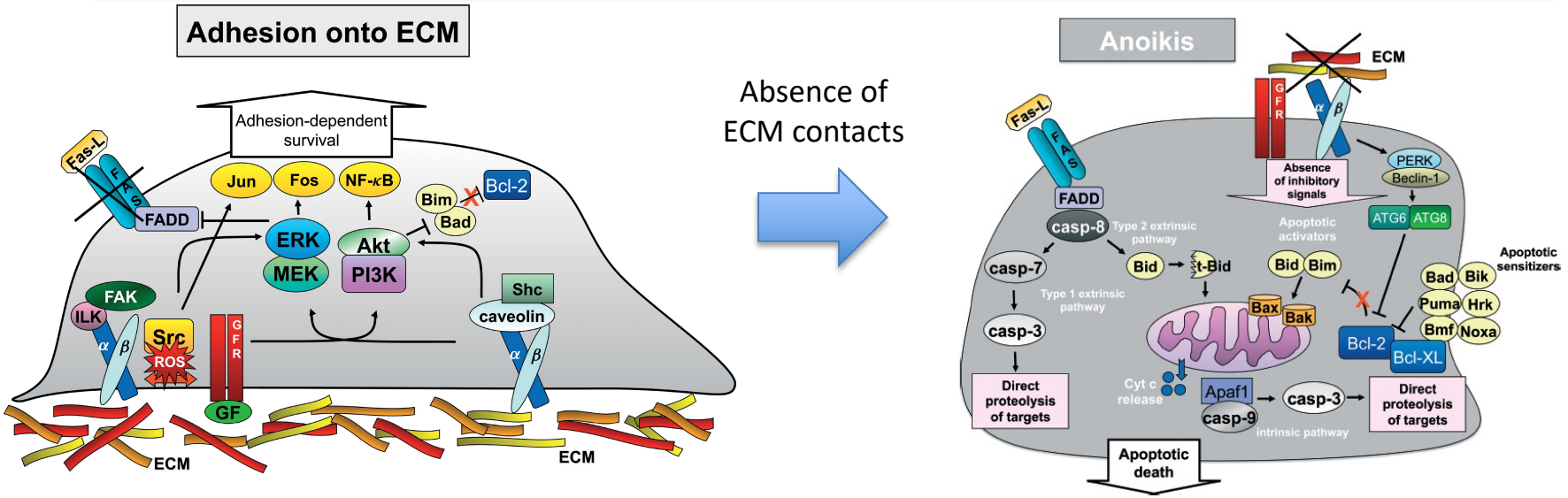
Acquisizione dell'indipendenza dall'ancoraggio



Marta C. Guadamillas et al. J Cell Sci 2011;124:3189-3197

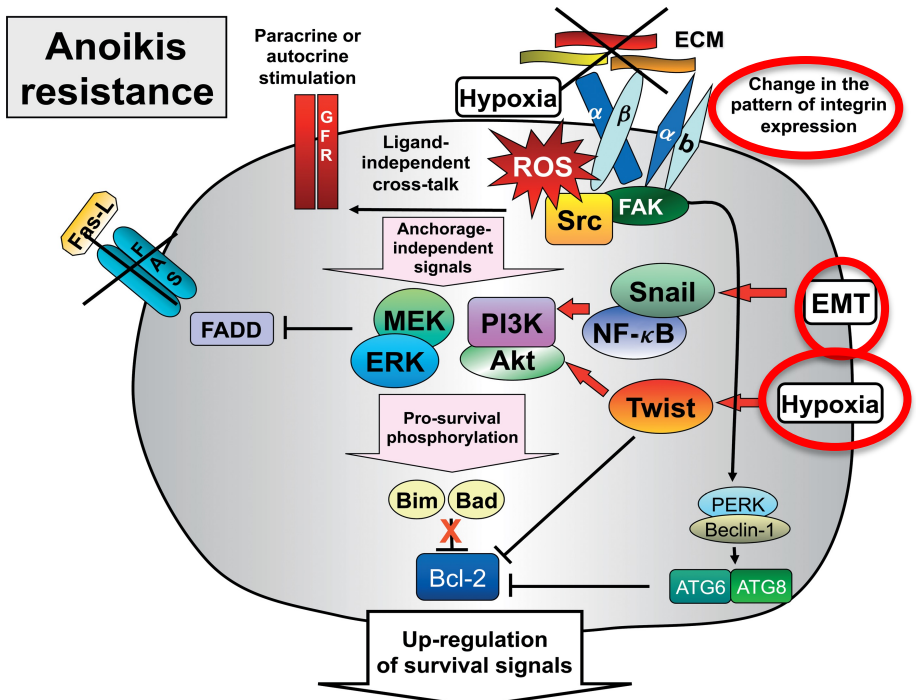
Journal of Cell Science

Acquisizione dell'indipendenza dall'ancoraggio

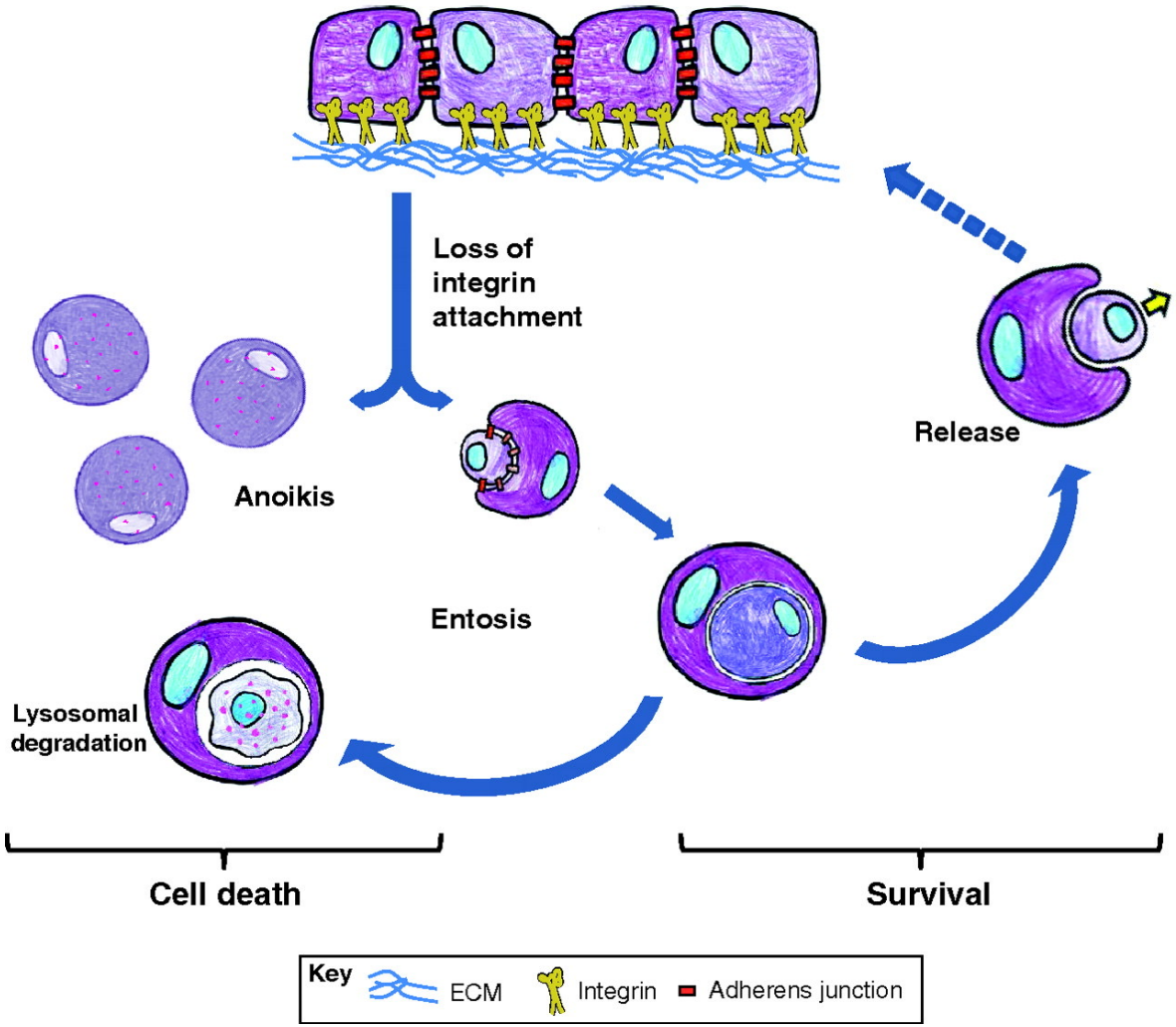


Integrin engagement by ECM triggers several pro-survival pathways through the activation of key players, such as **FAK**, integrin-linked kinase (ILK), **Src** tyrosine kinase, **PI3K**, ERK and the adaptor protein Shc, finally leading to the transcription of Jun, Fos and NF-κB.

In addition, pro-apoptotic proteins are inhibited, preventing both the extrinsic and intrinsic pathways of cell death. **Growth factor receptors collaborate with integrin in promoting cell survival, largely converging on the same pathways.**

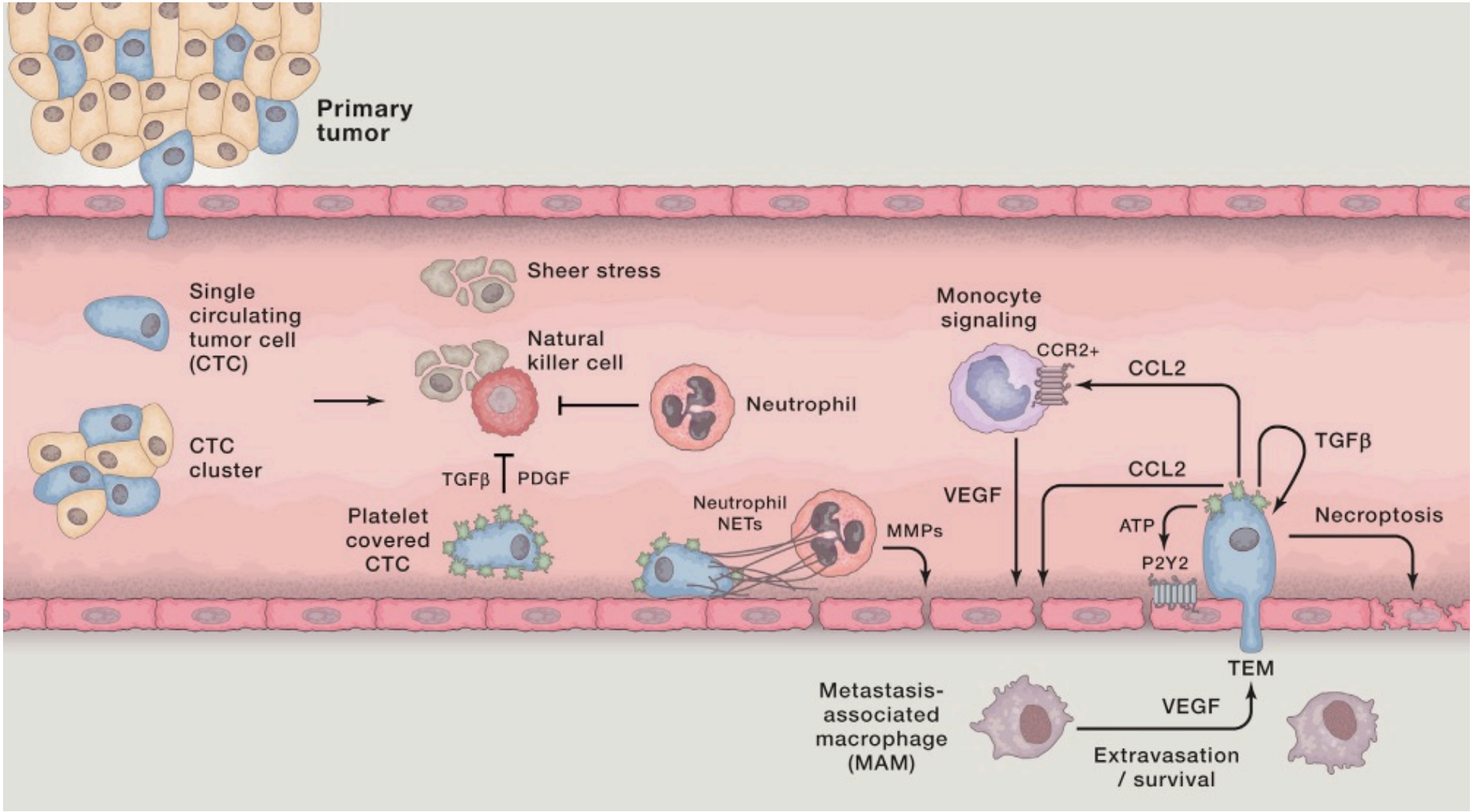


L'entosi può proteggere le cellule tumorali in circolo



Marta C. Guadamillas et al. J Cell Sci 2011

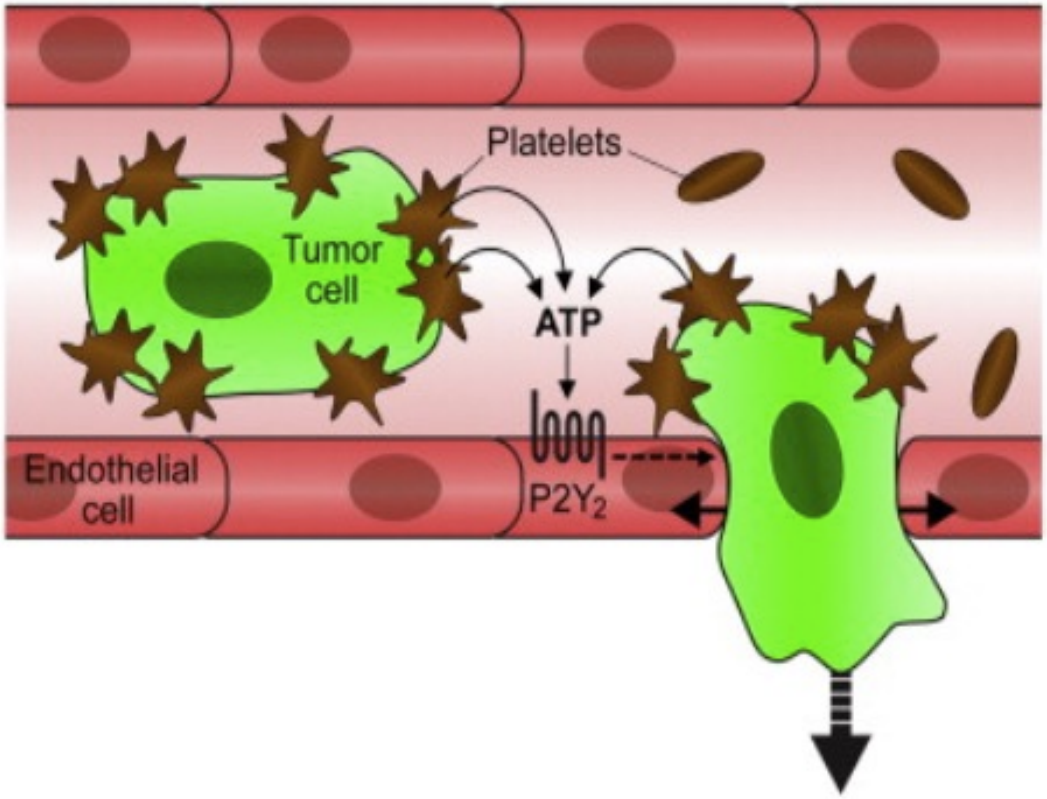
Sopravvivenza in circolo ed extravasazione



L'interazione con le piastrine sostituisce l'assenza dello stroma nel circolo

Lambert et al Cell 2017

Migrazione transendoteliale ed extravasazione



Platelets activated by cancer cells may signal to endothelial cells via ATP and **make endothelial cells more permeable via PyP2 Receptor**
In addition **selectin present on platelets may interact with endothelial cells trapping platelets/CTC clusters to** the walls of the vasculature.

CTCs rapidly associate with platelets, an interaction that is triggered by tissue factors displayed on the surface of the carcinoma cells.

• Unbalance in the normal homeostatic controls on coagulation resulting in certain **clotting** symptoms that are seen in patients with cancer, specifically **microthrombi, disseminated intravascular coagulation, large pulmonary emboli**

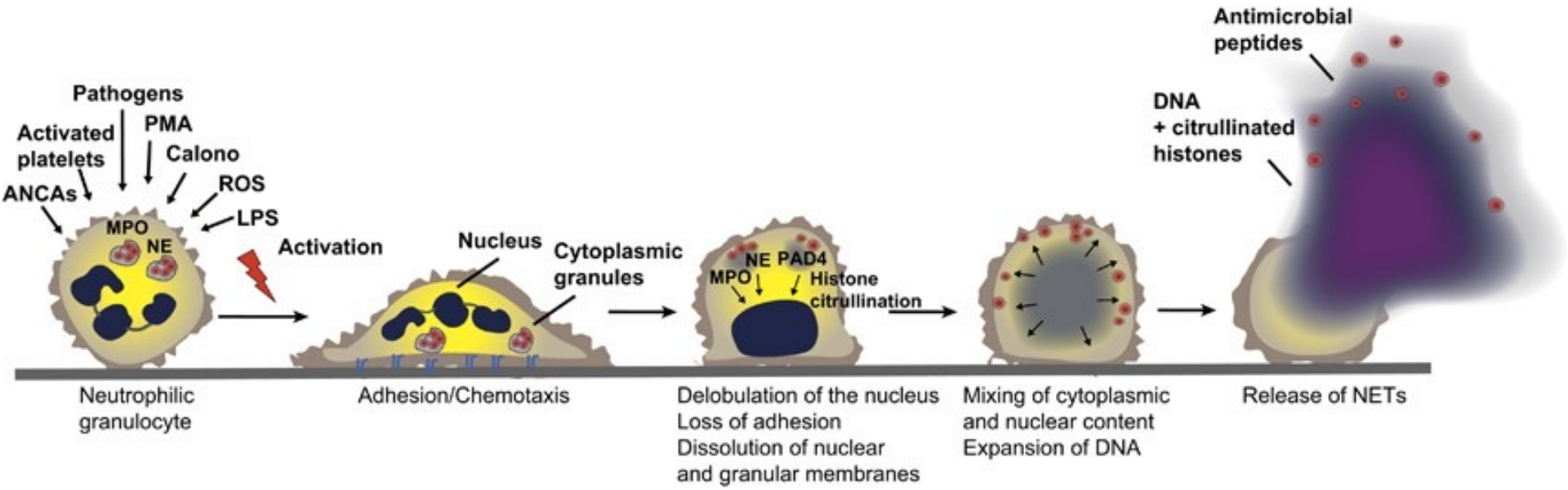
• Platelets facilitate also tumor metastasis by **bioactive molecules** impacting on cancer progression. Platelets prevent tumor cell recognition and lysis by **NK** via **TGFβ and PDGF** produced by platelets.

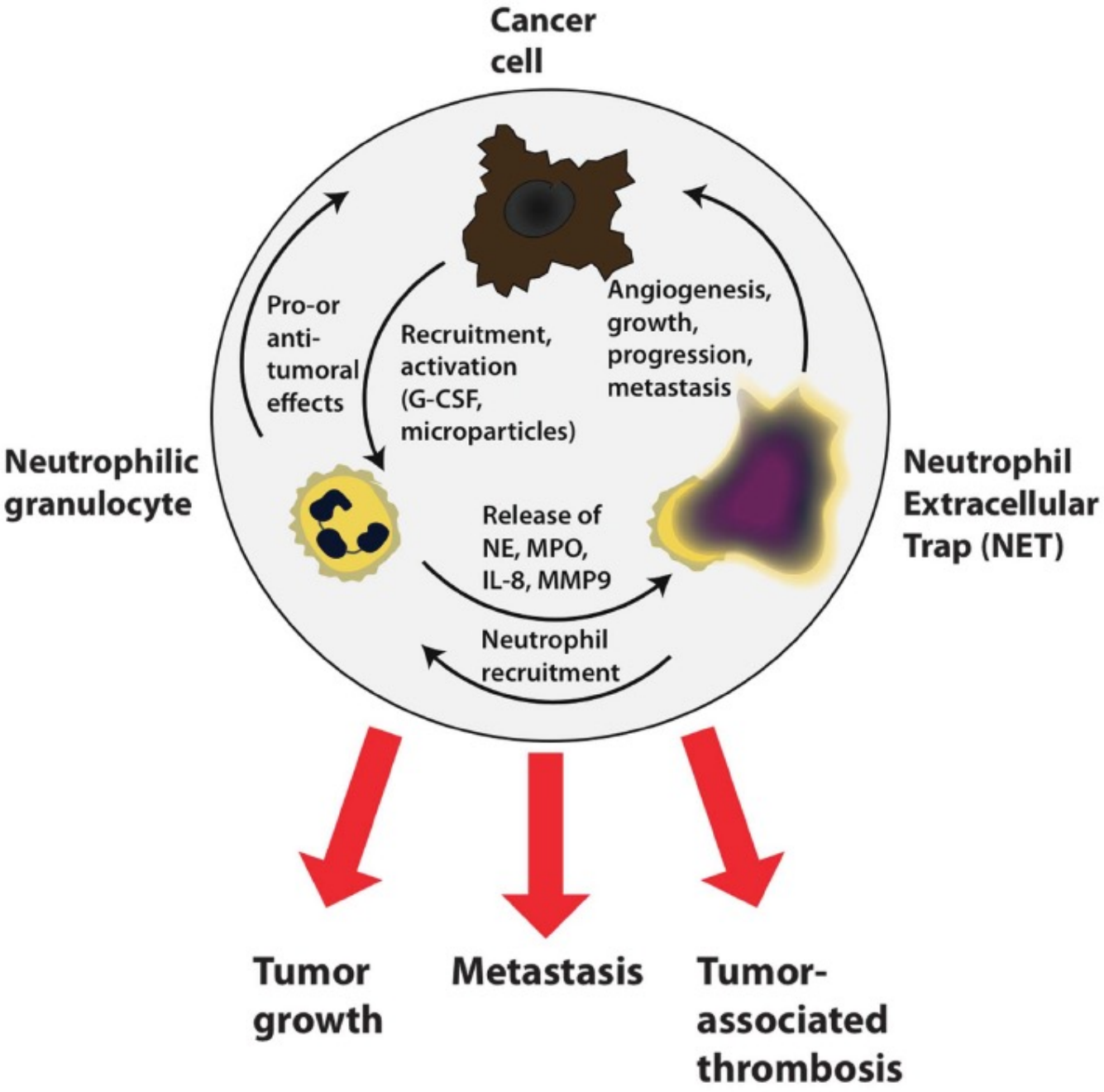
They may **physically shield cancer cells from NK** by a formation of a **fibrinogen coat** on CTC. (this is an important benefit from platelets to CTC).

• **TGFβ** secreted from platelets can stimulate cancer cells to **sustain EMT**.

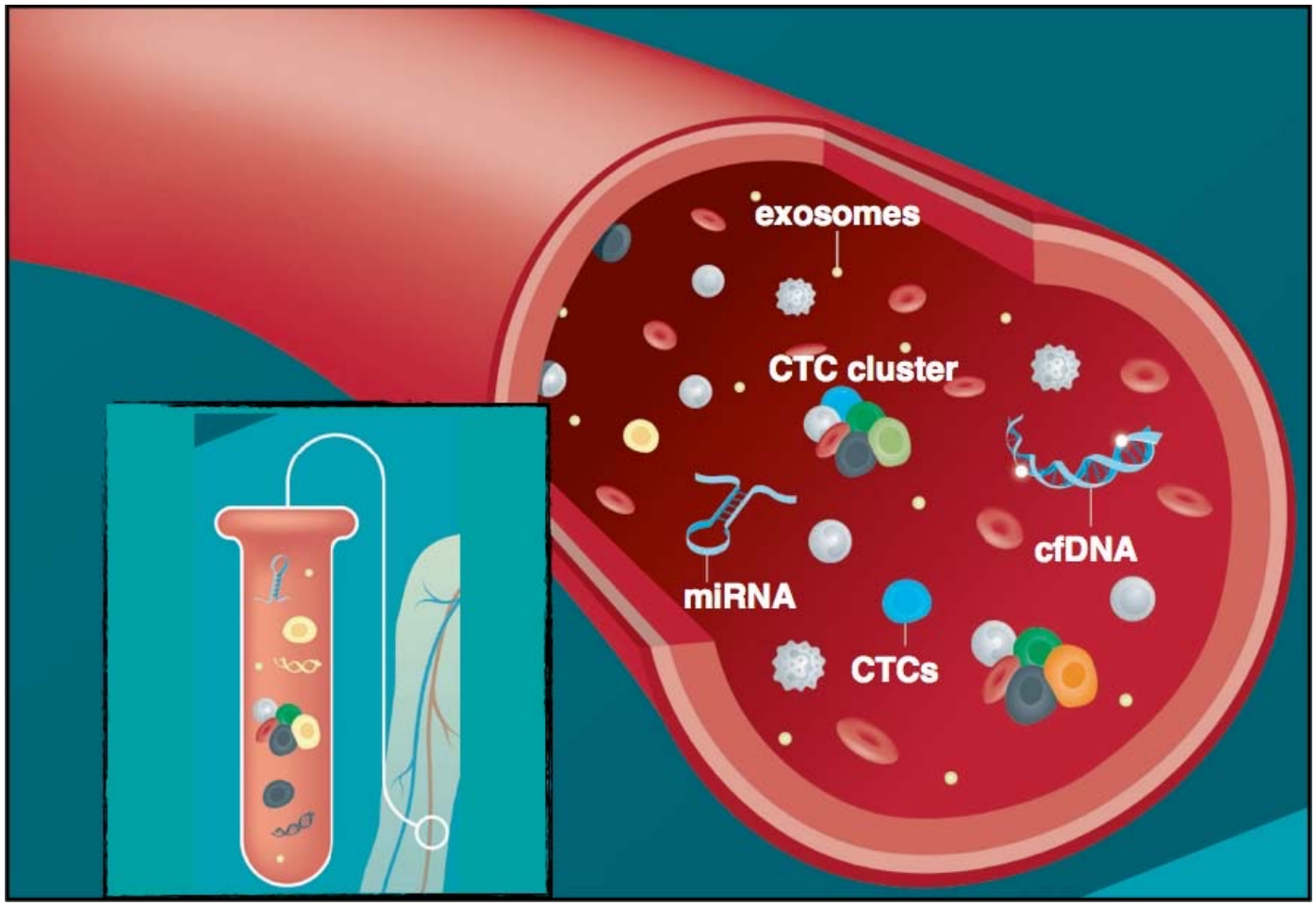
The **interaction with platelets thus substitutes the absence of stroma during the journey into the blood circulation. Without** this interactions the metastatizing cells could revert to **MET thus loosing EMT and tumor initiating traits capability necessary for extravasation and colonization.**

Neutrophil extracellular traps (NETs)



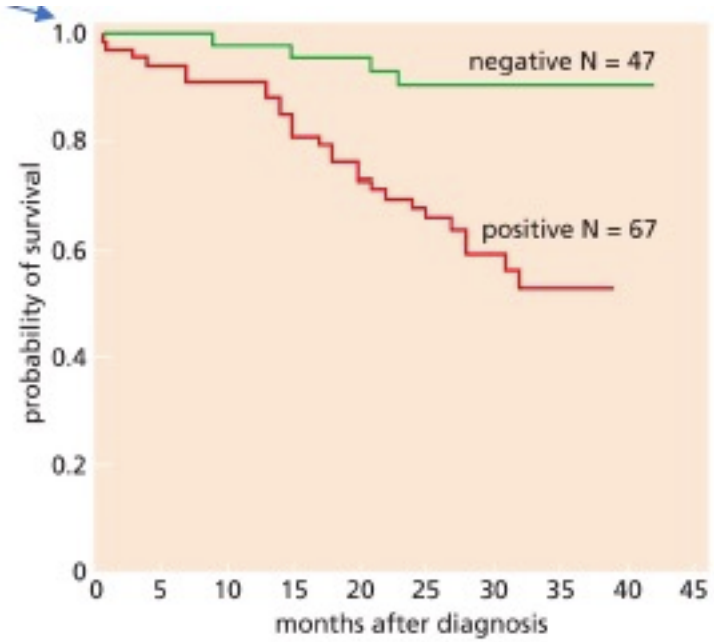

Cancer cell
Pro-or anti-tumoral effects
Recruitment, activation (G-CSF, microparticles)
Angiogenesis, growth, progression, metastasis
Neutrophilic granulocyte
Neutrophil Extracellular Trap (NET)
Release of NE, MPO, IL-8, MMP9
Neutrophil recruitment
Tumor growth
Metastasis
Tumor-associated thrombosis

Analisi di CTC mediante BIOPSIA LIQUIDA



Le CTC non sono necessariamente metastatiche

Number of **Disseminated tumor cells (DTC) in the marrow seems to be a better prognostic marker than the concentration** of **CTC (Circulating Tumor cells) in the blood**



Cytokeratin –positive cells in the marrow (Micrometastatis) of a BC patients Have a bad prognosis (50% of them dying In 3 years from diagnosis)

Metabolic reprogramming in disseminated cells

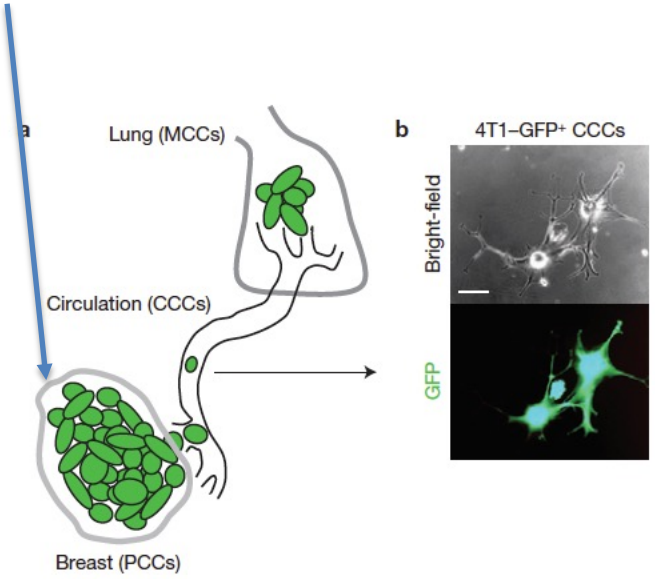
Lara Crow / NPG

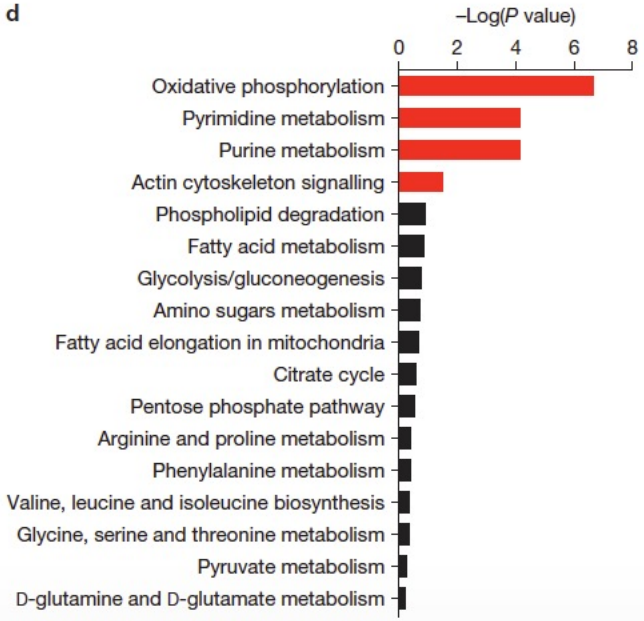
OxPhos

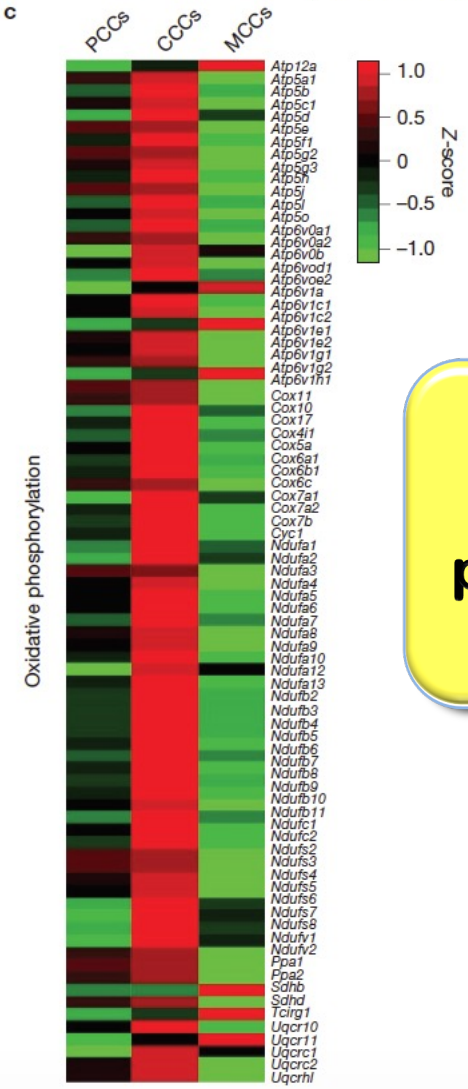
nature cell biology

4T1-GFP tumor cells

PGC-1α mediates mitochondrial biogenesis and oxidative phosphorylation in cancer cells to promote metastasis

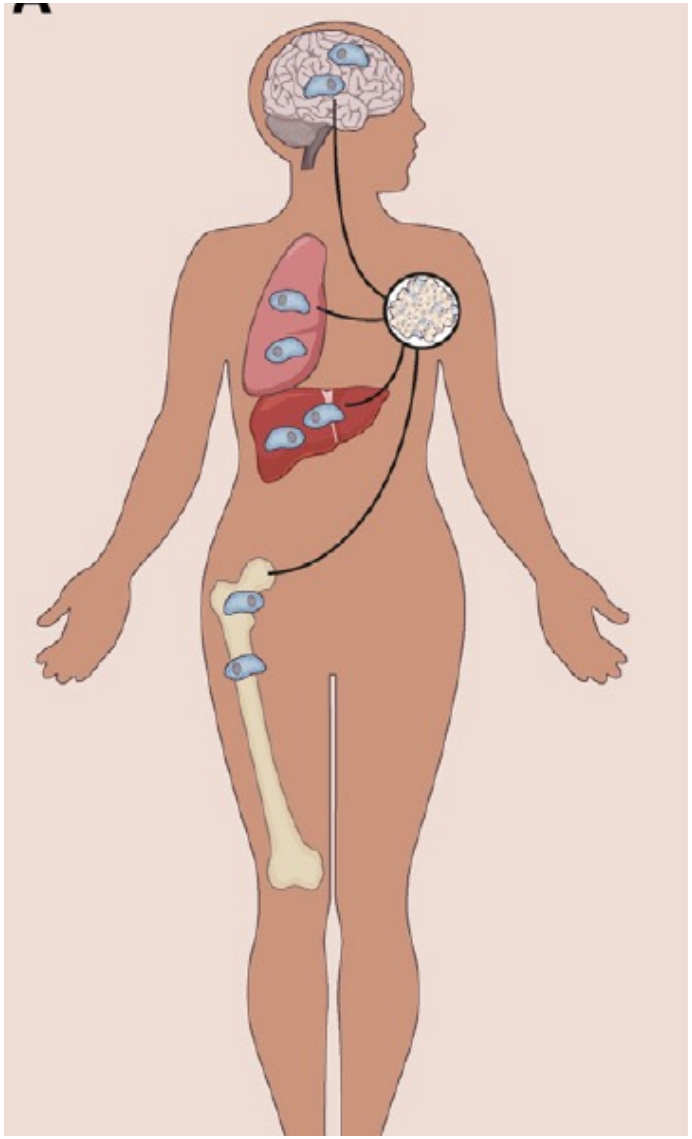


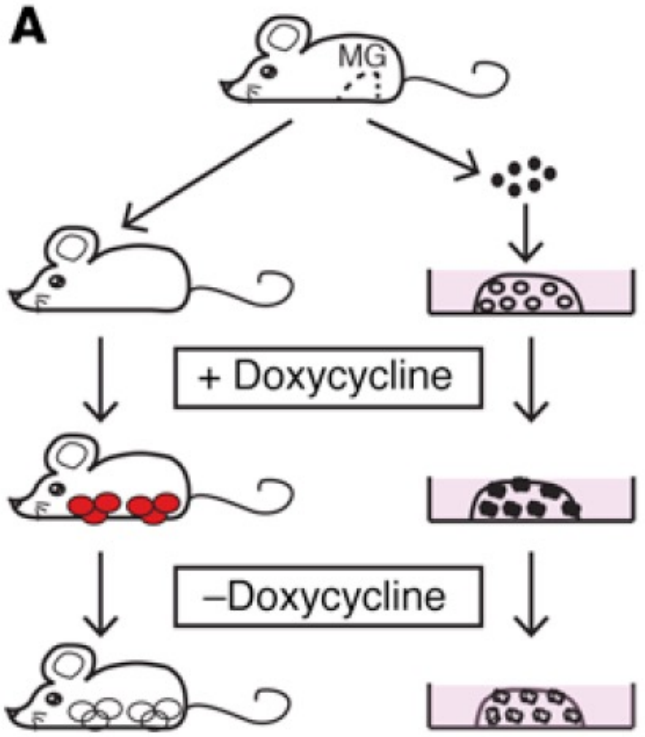




Le CTCs hanno un metabolismo volto a produrre ATP anzichè biomassa

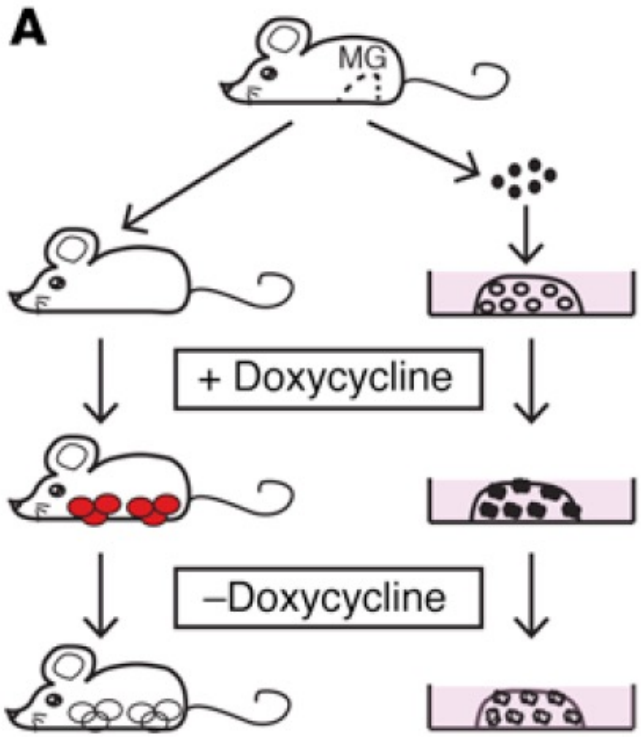
Disseminated tumor cells DTCs (minimal residual disease)

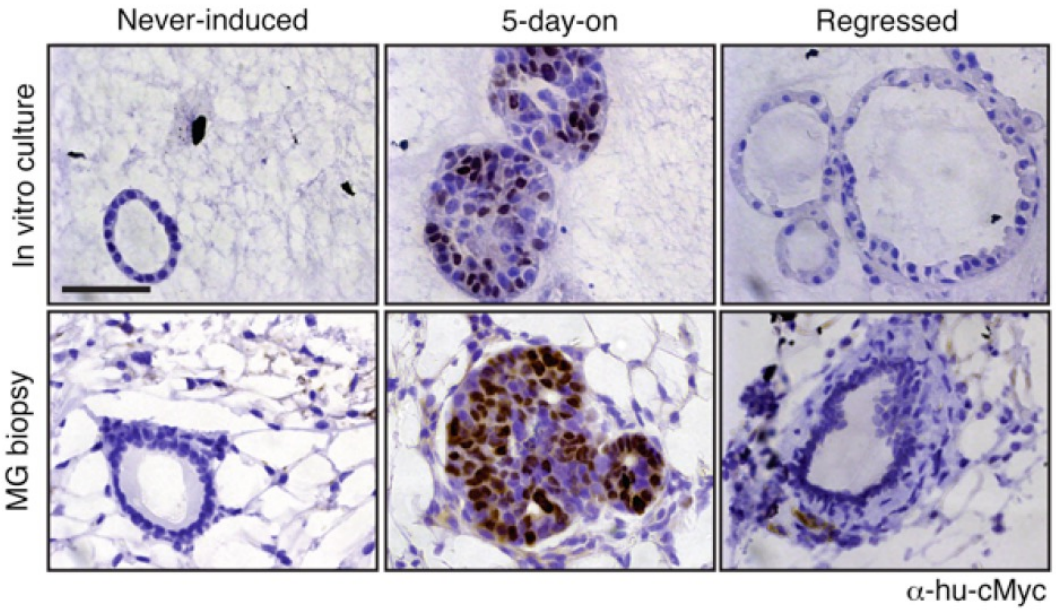




Metabolic shifts in residual breast cancer drive tumor recurrence

Kristina M. Havas,[1,2] Vladislava Milchevskaya,[3] Ksenija Radic,[3] Ashna Alladin,[3] Eleni Kafkia,[3] Marta Garcia,[3] Jens Stolte,[1] Bernd Klaus,[3] Nicole Rotmensz,[4] Toby J. Gibson,[3] Barbara Burwinkel,[5] Andreas Schneeweiss,[6] Giancarlo Pruneri,[7] Kiran R. Patil,[3] Rocio Sotillo,[1,8,9] and Martin Jechlinger[1,3]





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Tumor recurrence is the leading cause of breast cancer–related death. Recurrences are largely driven by cancer cells that survive therapeutic intervention. This poorly understood population is referred to as minimal residual disease. Here, using mouse models that faithfully recapitulate human disease together with organoid cultures, we have demonstrated that residual cells acquire a transcriptionally distinct state from normal epithelium and primary tumors. Gene expression changes and functional characterization revealed altered lipid metabolism and elevated ROS as hallmarks of the cells that survive tumor regression. These residual cells exhibited increased oxidative DNA damage, potentiating the acquisition of somatic mutations during hormonal-induced expansion of the mammary cell population. Inhibition of either cellular fatty acid synthesis or fatty acid transport into mitochondria reduced cellular ROS levels and DNA damage, linking these features to lipid metabolism. Direct perturbation of these hallmarks in vivo, either by scavenging ROS or by halting the cyclic mammary cell population expansion, attenuated tumor recurrence. Finally, these observations were mirrored in transcriptomic and histological signatures of residual cancer cells from neoadjuvant-treated breast cancer patients. These results highlight the potential of lipid metabolism and ROS as therapeutic targets for reducing tumor recurrence in breast cancer patients.

Ruolo dei lipidi nella progressione tumorale

Tumour progression and drug resistance

Migration

- Biophysical properties of structural lipids alter membrane fluidity
- Prostaglandin E_2 (PGE_2) production by transforming growth factor-β induces epithelial-to-mesenchymal transition
- Small GTPases are prenylated via the mevalonate pathway

Angiogenesis

- PGE_2 secretion by cancer cells induces blood vessel outgrowth
- Free FAs induce vascular endothelial growth factor (VEGF) expression by binding to and activating peroxisome proliferator-activated receptor-γ (PPARγ)

Immunosuppression

- PGE_2 induces reprogramming of macrophages to the M2 subtype
- Release of PGE_2 blocks the type 1 interferon-dependent innate immune response
- Secretion of linoleic acid causes loss of T helper cells
- Metabolic competition between cancer cells and immune cells restricts immune cell function

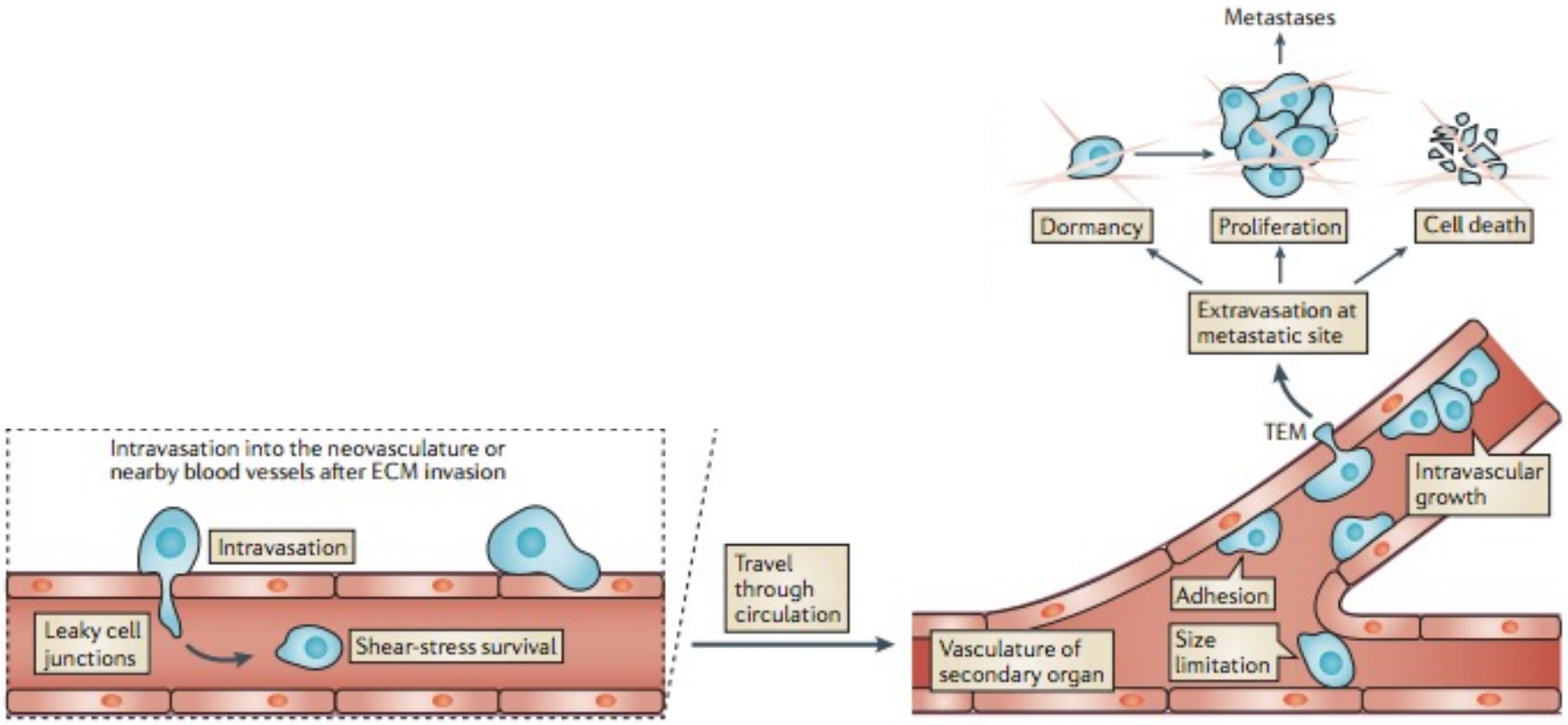
Metabolic symbiosis

- Cancer cells induce lipolysis in adipocytes to obtain substrates for energy generation
- Lipids may participate in the exchange of metabolites between different cell populations

Drug resistance

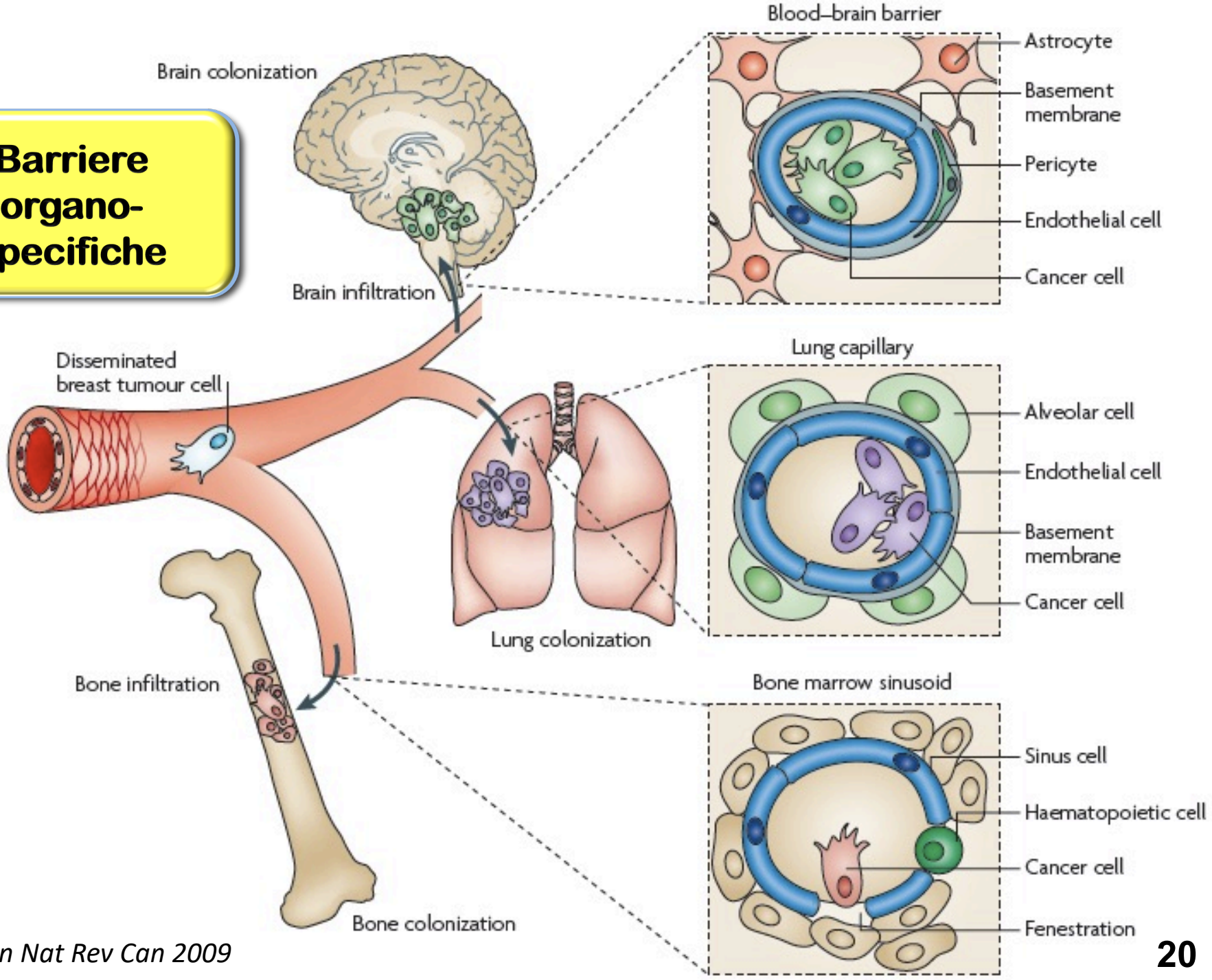
- Lipid composition of the mitochondrial membrane determines chemosensitivity of cancer cells
- Degree of saturation of membrane lipids increases oxidative stress tolerance

Extravasazione



Reymond et al. Nat Rev Cancer 2013

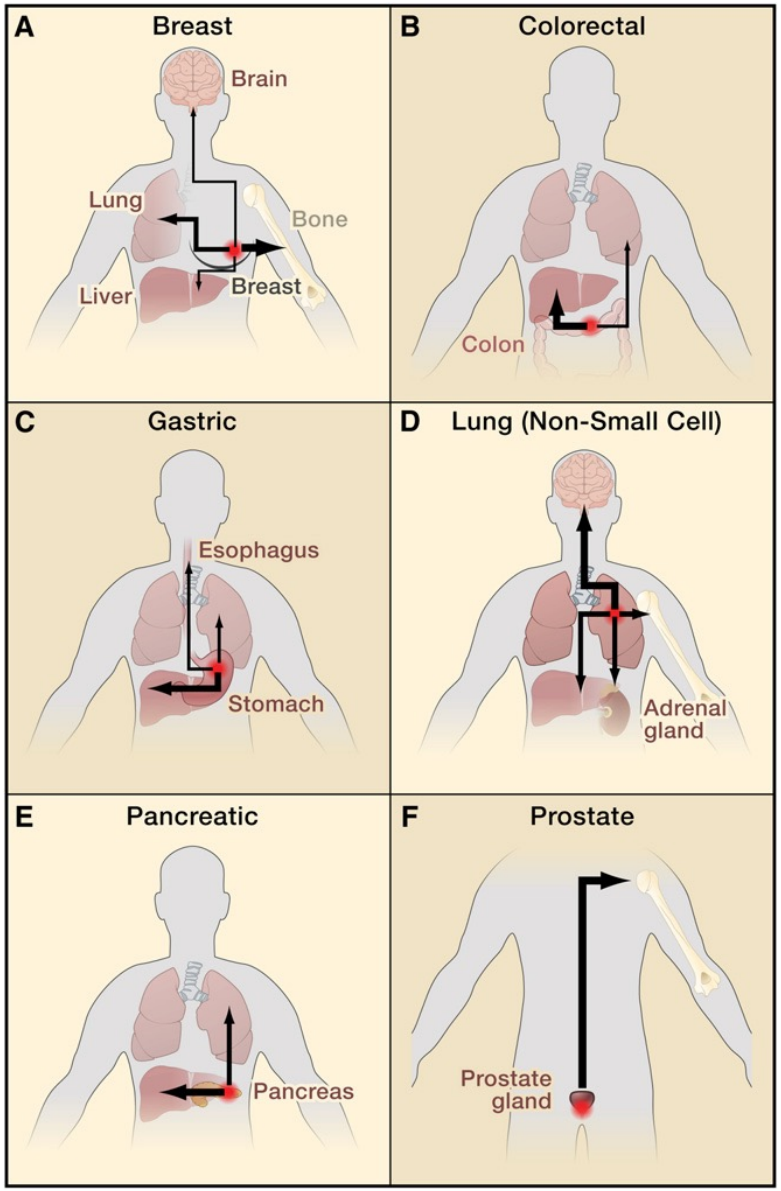
Barriere organo-specifiche

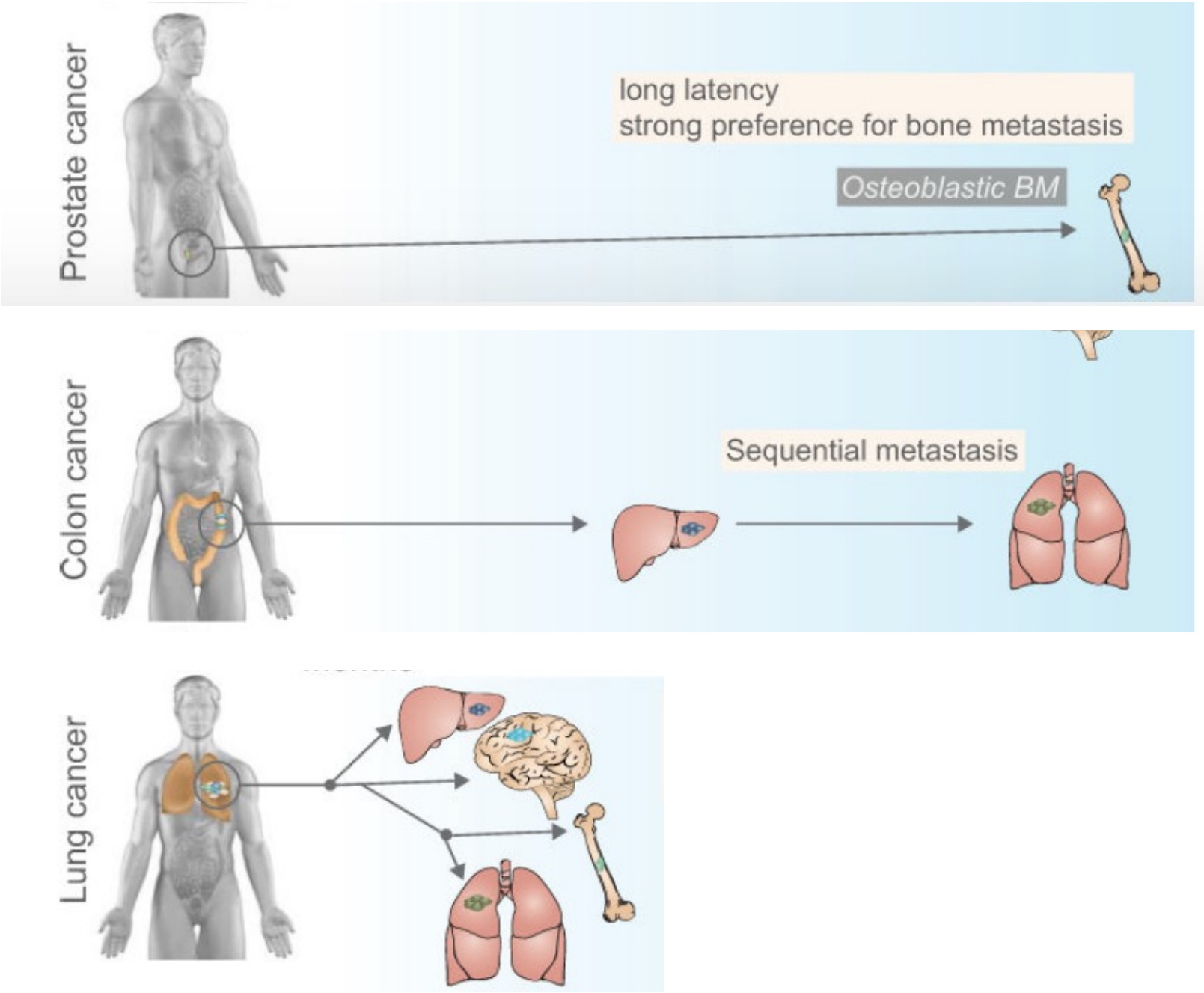


Nguyen Nat Rev Can 2009

Tropismo metastatico: processo passivo o attivo?

I carcinomi di un particolare tessuto epiteliale formano metastasi diagnosticabili solo in alcuni organi tra tutti quelli teoricamente raggiungibili




Prostate cancer
long latency
strong preference for bone metastasis
Osteoblastic BM
Colon cancer
Sequential metastasis
Lung cancer

The seed and soil hypothesis

Metastasis results from disseminated cancer cells that initiate new tumors at distant organ sites. The metastatic cascade involves multiple steps, including invasion, entry into the circulation from the primary tumor, systemic dissemination, arrest and extravasation in secondary organs, settlement into latency, reactivation, outgrowth, and potential seeding of tertiary metastasis.

The pattern of affected organs is remarkably variable depending on the cancer type. Some cancer types predominantly spread to one organ (e.g. prostate cancer to bone, pancreatic cancer and uveal melanoma to liver), or show **sequential** organ specific colonization (e.g. colorectal cancer, CRC, frequently metastasizes first to the liver, later to lungs and brain). Other cancer types, such **as breast cancer, lung cancer, or melanoma, are able to colonize many different organ sites, either sequentially or synchronously**.

What determines the organ tropism of metastases? Each organ varies in its physical accessibility, vascular and nutrient supply, and stromal composition, thus placing different demands on infiltrating cancer cells. The organ-specific **circulation pattern** and the anatomy of vessels certainly influence metastatic spread. However, **this does not fully explain** the organ-specific pattern of metastasis clinically observed in most cancers.

Discrepancy between anatomy and metastasis in different organs has long been observed and forms the basis for the **'seed and soil' hypothesis**, according to which, **cancer cell seeds have intrinsic compatibilities with certain, welcoming organ microenvironment soils.**

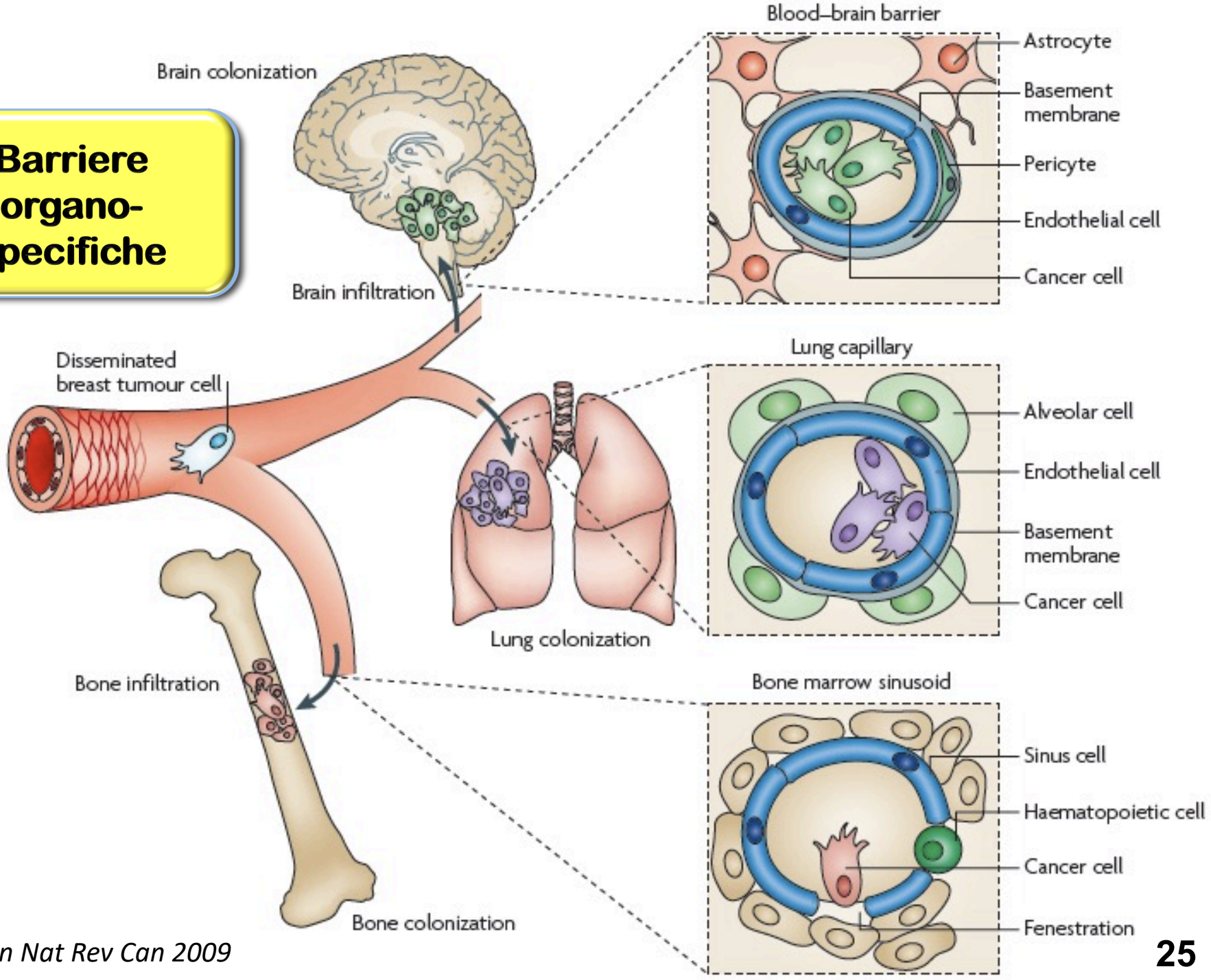
EVOLUZIONE METASTATICA

Metastasis is above all a **Darwinian selection** process in which **cancer cells with distinct metastatic traits that enable them to overcome metastatic bottlenecks**, are being selected from a genetically and epigenetically heterogeneous tumor cell population.

General mediators of metastasis, such as those supporting invasion, ability to amplify survival pathways, or immune evasion **increase the probability** of cancer cells to adapt and, consequently, survive through multiple specific challenges in multiple organs.
In contrast, **certain genes and pathways enable passage through critical organ-specific barriers,** such as crossing the blood-brain barrier, or mediate beneficial interactions with organ-specific cell types, such as the osteoclasts in the bone marrow.

Anna C. Obenauf and Joan Massagué
Trends Cancer. 2015

Barriere organo-specifiche



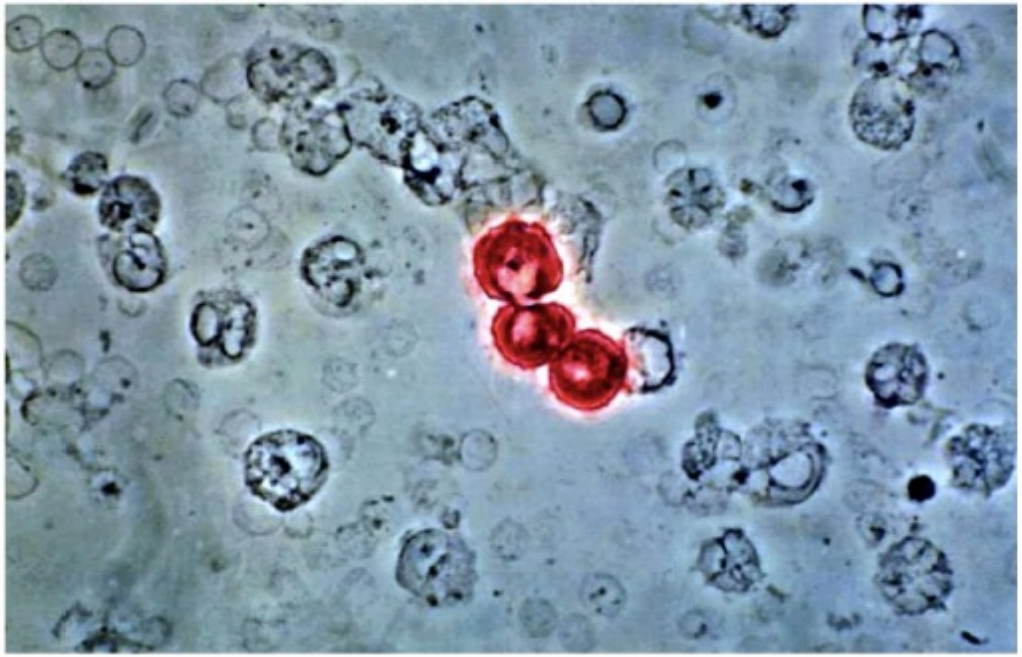
Nguyen Nat Rev Can 2009

Formazione di micrometastasi

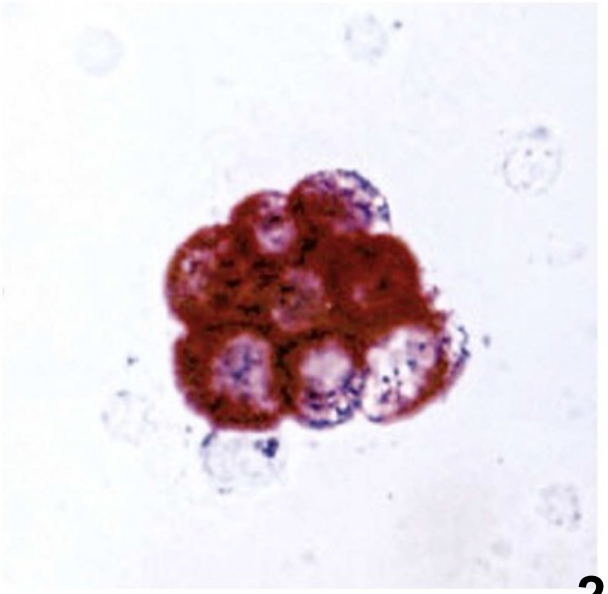
La maggiorparte delle CTC (circulating tumor cells) che extravasano sono eliminate dal parechima (apoptosi o killing dal sistema immunitario) oppure entrano in uno stato di dormienza a lungo termine (settimane, mesi, anni): DTC (disseminated tumor cells)

Micro-metastasis in bone marrow: colon cancer

(anti-cytokeratin antibody stain)



Micro-metastasis in bone marrow: breast cancer



Caratteristiche delle DTCs competenti per la colonizzazione

- They must possess **tumor-initiating ability** (CSC feature)

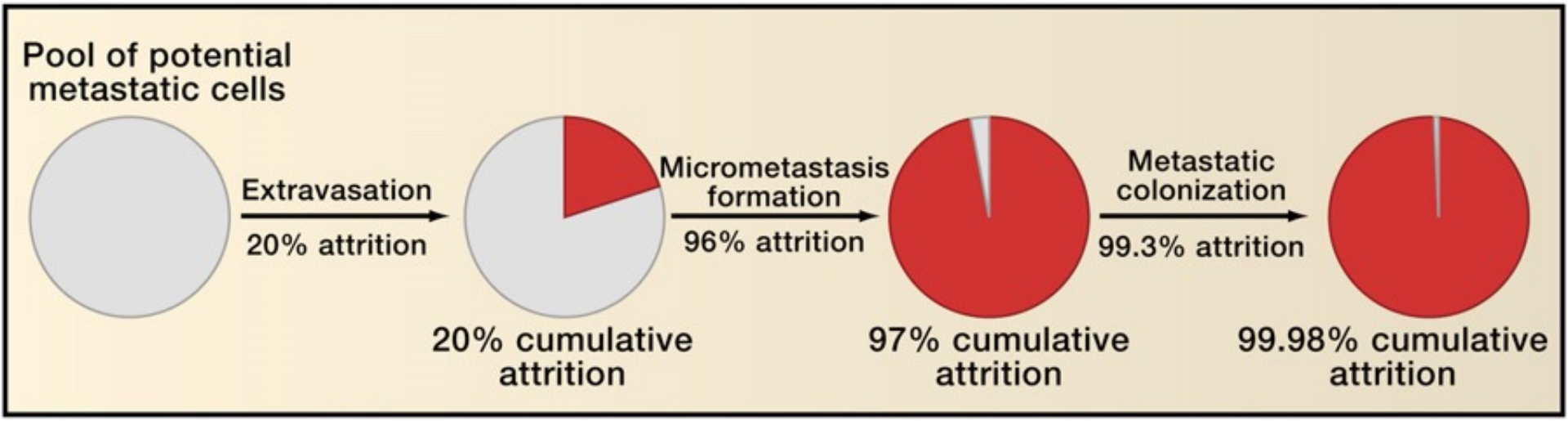
- They must build **adaptive programs enabling them to survive and grow in the microenvironment** present in the parenchyma of distant tissues.

- in certain cases, the organ-specific tropism of metastatic cells is **influenced by the design of the circulatory system**. Es Colorectal carcinoma (CRC) metastasis to the liver is strongly favored simply because the portal vein draining the gut empties directly into the liver and thus the cells are trapped there.

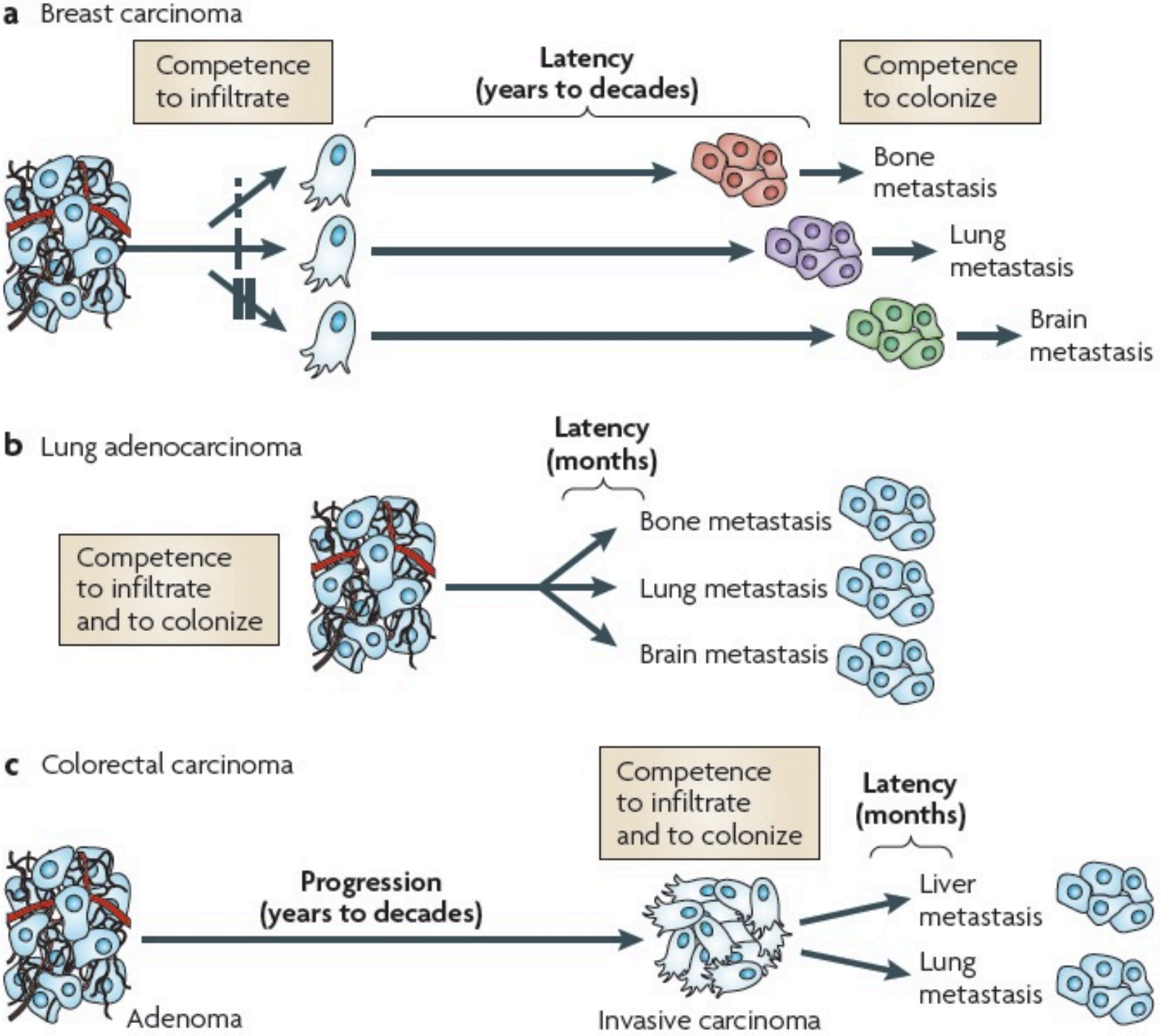
- a **diverse array of organ-specific metastatic programs** that mediate colonization of the bone, lung, liver, and brain have been reported

Acquisizione della competenza alla colonizzazione

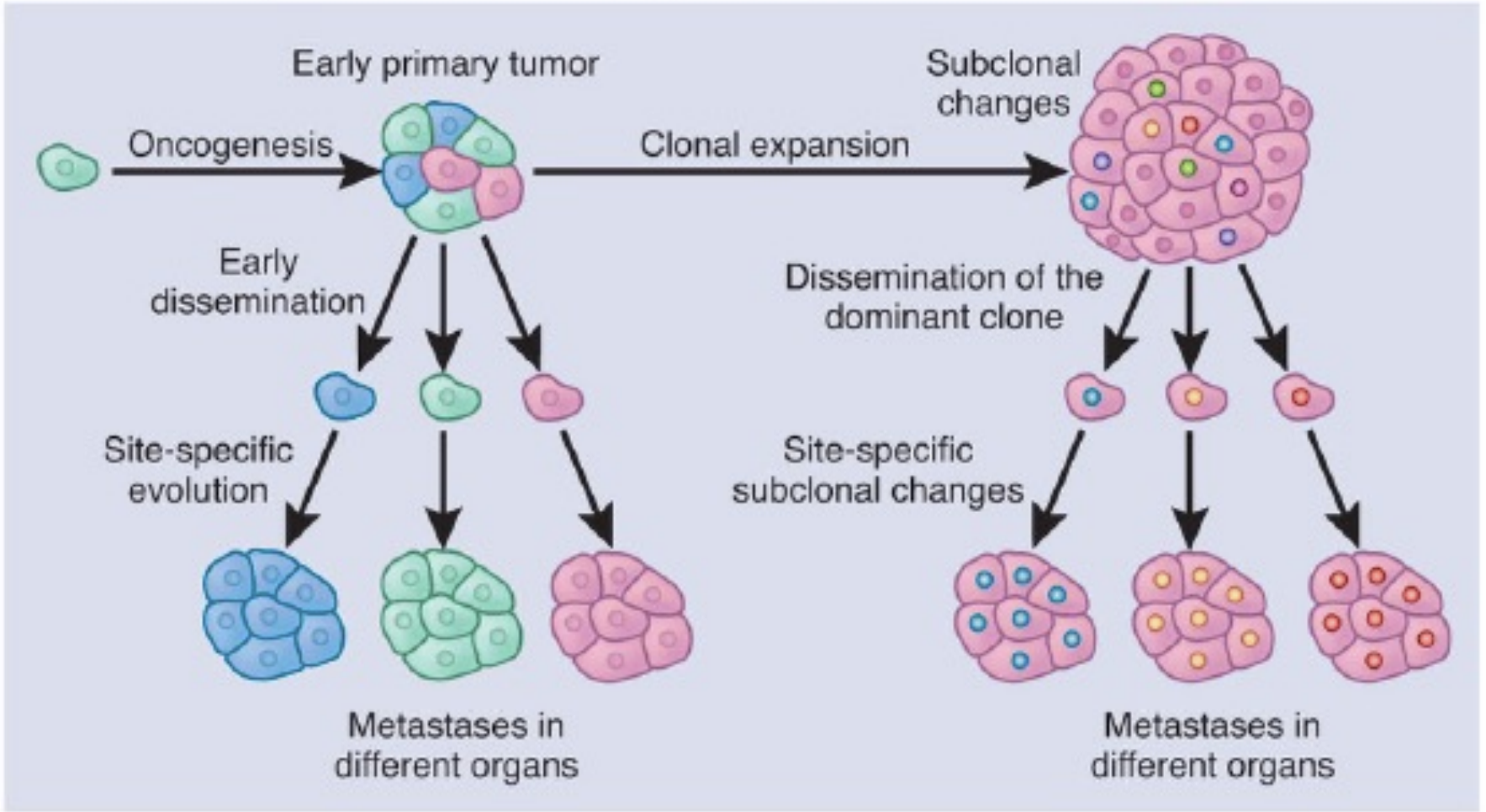
Il processo di COLONIZZAZIONE è poco efficiente (rate-limiting step della cascata metastatica)



Valastyan & WeinbergCell 2011


a Breast carcinoma
Competence to infiltrate
Latency (years to decades)
Competence to colonize
Bone metastasis
Lung metastasis
Brain metastasis
b Lung adenocarcinoma
Latency (months)
Competence to infiltrate and to colonize
Bone metastasis
Lung metastasis
Brain metastasis
c Colorectal carcinoma
Competence to infiltrate and to colonize
Latency (months)
Progression (years to decades)
Liver metastasis
Lung metastasis
Adenoma
Invasive carcinoma

2 modelli di progressione metastatica: PARALLELO E LINEARE



PROGRESSIONE PARALLELA **PROGRESSIONE LINEARE**

- **Parallel progression model**

  dissemination starts early, and different tumor cell clones are seeded in **parallel** to different organs. These DTCs remain dormant or develop into overt metastasis after **considerable genetic evolution that occurs independently**

- **Linear progression model**

  tumor cells undergo **clonal selection**, during which the advantageous clones expand and dominate over the others, with additional subclonal and mutational changes occurring within the clonal populations, hence resulting in different degrees of tumor heterogeneity. When disseminated, these heterogeneous cells seed and colonize different organs. Additional site-specific subclonal changes could occur that endow these DTCs with additional metastatic properties that are needed for the formation of overt metastases.

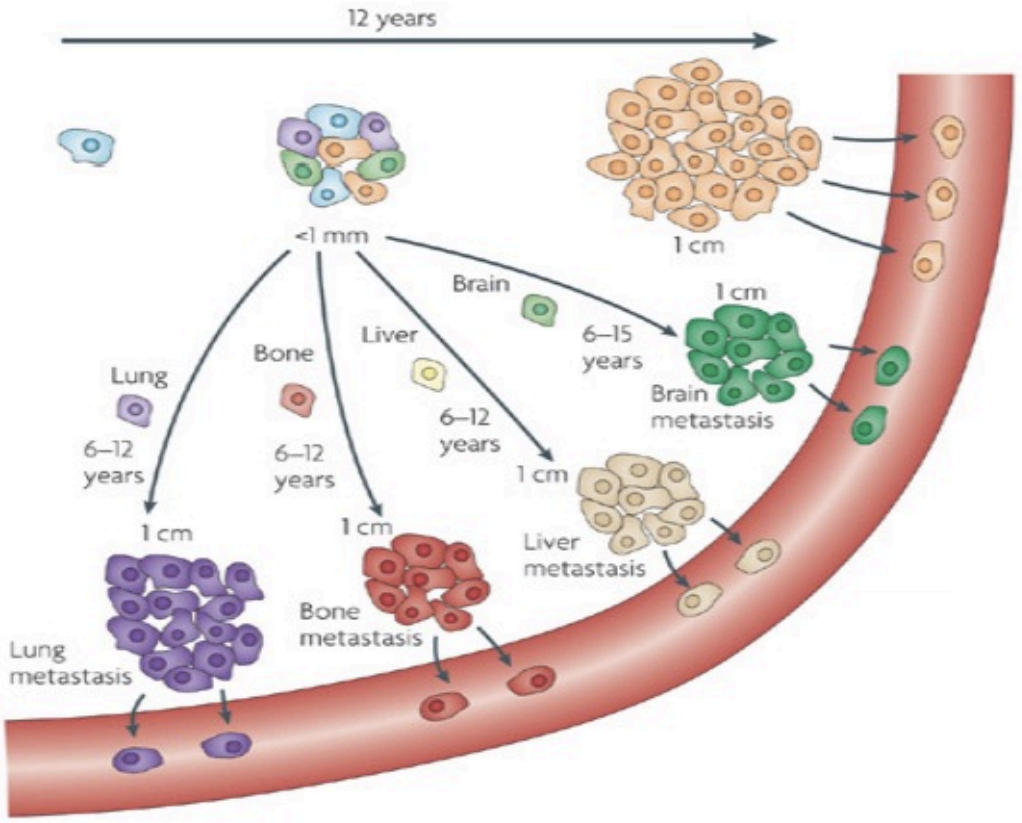
Progressione parallela

Le cellule tumorali disseminano PRIMA di aver acquisito la COMPETENZA METASTATICA
La acquisiscono durante o dopo la disseminazione

a) Accumulation of mutations indipendently and parallel to the primary cancer

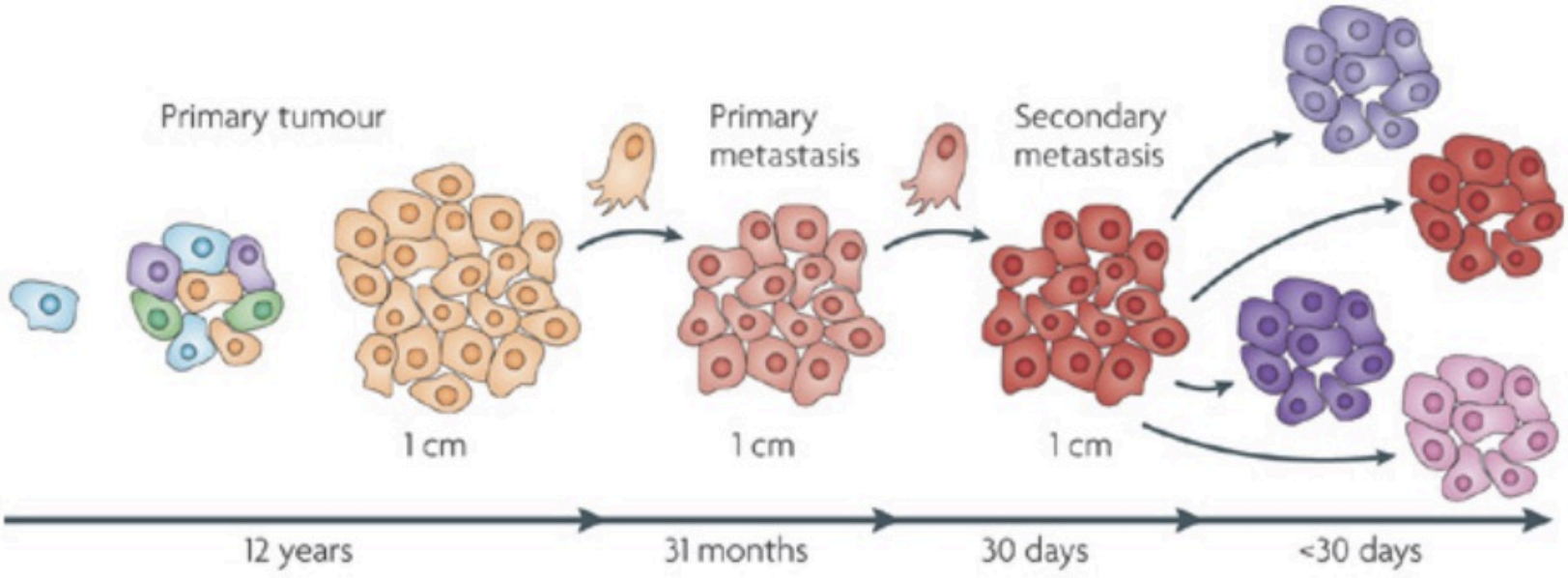
b) During dissemination acquire the capability to growth in different microenvironment

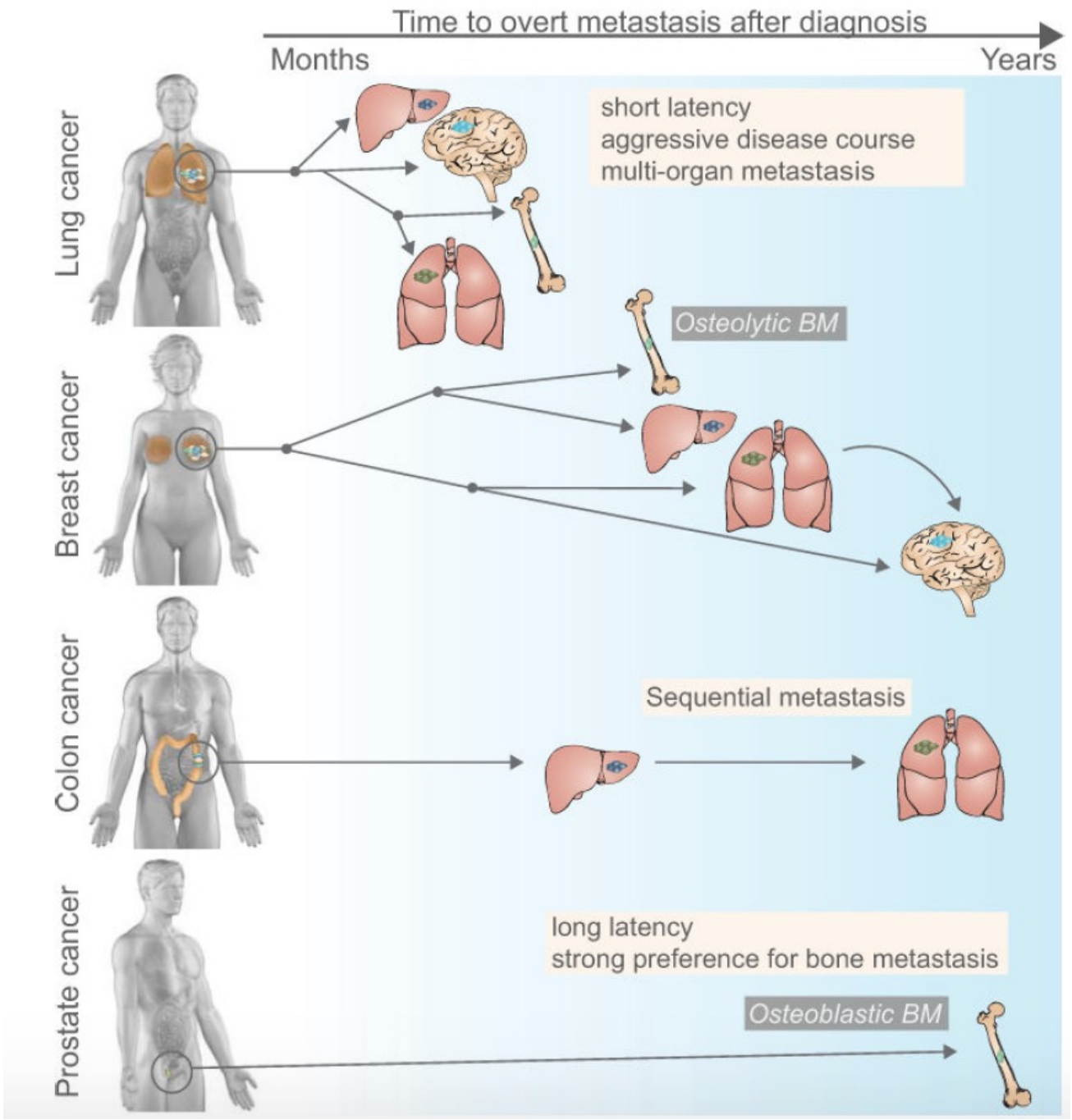
c) The maturation of the metastatic phenotype can occur at different times



Progressione lineare

Le cellule tumorali disseminano DOPO aver acquisito la COMPETENZA METASTATICA nel tumore primario




Time to overt metastasis after diagnosis
Months
Years
Lung cancer
short latency
aggressive disease course
multi-organ metastasis
Osteolytic BM
Breast cancer
Colon cancer
Sequential metastasis
Prostate cancer
long latency
strong preference for bone metastasis
Osteoblastic BM

The course of metastasis can vary according to the tumour type.

a | In oestrogen receptor-positive breast tumours,
Cancer cells can be competent to disperse and infiltrate distant organs at early stages but they frequently enter a prolonged period of latency. During this period, disseminated cancer cells can remain dormant or enter a proliferative state that is counterbalanced by cell death. Through unknown mechanisms, a subset of these latent tumour cells (or their microenvironment) can accumulate the full set of functions that are required for overt colonization. In this model, **disseminated breast cancer cells complete their evolution into metastatic entities under selection in a particular host microenvironment, producing organ-specific metastases.**
b | Lung adenocarcinoma cells also target the brain, bone and contralateral lung but do so without a long intervening lag between infiltration and colonization. This course of metastasis implies the existence of **mechanisms that render lung adenocarcinoma cells competent for infiltration and colonization of multiple organs**.
c | Colorectal adenomas can take decades to develop into locally invasive carcinomas but, once this stage is reached, dissemination and colonization of the liver and, less frequently, of the lungs rapidly ensue.

Therefore, the different courses of metastasis in these types of cancer **imply different mechanisms for the acquisition of infiltration, survival and colonization functions**.

Nguyen Nat Rev Can 2009