# Neoplasia 4



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#### 2.TP53: Guardian of the Genome

- The p53 protein is a transcription factor that thwarts neoplastic transformation by three interlocking mechanisms:
  - activation of temporary cell cycle arrest (termed quiescence).
  - induction of permanent cell cycle arrest (termed senescence).
- triggering of programmed cell death (termed apoptosis)
- p53 plays a central role in maintaining the integrity of the genome.



In nonstressed, healthy cells, p53 has a short half-life (20 minutes) because of its association with MDM2, a protein that targets p53 for destruction Reg dw.



Li-Fraumeni syndrome (LFS) is an inherited condition caused by mutation in TP53



Patients with the Li-Fraumeni syndrome have a 25-fold greater chance of developing a malignant tumor by 50 years of age compared with the general population > p53 can be viewed as a central monitor of internal stress, directing the stressed cells toward one of the previous pathways.



#### 3. Transforming Growth Factor-B Pathway

- TGF-B is a potent inhibitor of proliferation.
- Seen in most normal epithelial, endothelial, and hematopoietic cells.
- In many forms of cancer, the growth-inhibiting effects of the TGF-B pathways are impaired by mutations affecting TGF-B signaling.
- Mutations affecting the TGF-B receptor are seen in cancers of the colon, pancreas, stomach, and endometrium

#### 4. Contact Inhibition.

- Normally, nontransformed cells stop proliferating once they form confluent monolayers.
- But
- When cancer cells are grown in the laboratory, their proliferation fails to be inhibited when they come in contact with each other



- E-cadherin binding between cells is important in mediating contact inhibition of proliferation when cells reach confluence.
- Loss of E-cadherin expression results in loss of contact inhibition and is associated with increased cell motility and advanced stages of cancer



#### III Altered Cellular Metabolism

Even in the presence of ample oxygen, cancer cells demonstrate a distinctive form of cellular metabolism characterized by high levels of glucose uptake and increased conversion of glucose to lactose (fermentation) via the glycolytic pathway





• Clinically, the "glucose-hunger" of tumors is used to visualize tumors via positron emission tomography (PET) scanning, in which patients are injected with a glucose derivative that is preferentially taken up into tumor cells







- aerobic glycolysis generates <u>two</u> molecules of ATP per molecule of glucose.
- While
- oxidative phosphorylation generates up to <u>36</u> molecules of ATP per molecule of glucose.
- So why cancer cell rely on seemingly inefficient glycolysis ?
- The answer to this question: Aerobic glycolysis provides rapidly dividing tumor cells with metabolic intermediates that are needed for the synthesis of cellular components



### Beyond the Warburg effect, there are two other links between metabolism and cancer

- 1. Autophagy
- 2. oncometabolism.



#### 1. Autophagy

- Autophagy is a state of severe nutrient deficiency in which cells not only arrest their growth, but also cannibalize their own organelles, proteins, and membranes as carbon sources for energy production

- Tumor cells often seem to be able to grow under <u>marginal</u> environmental conditions without triggering autophagy, suggesting that the pathways that induce autophagy are deranged.
- under conditions of <u>severe</u> nutrient deprivation, tumor cells may use autophagy to become "dormant," a state of metabolic hibernation that allows cells to survive hard times for long periods

#### 2. Oncometabolism

- They are mutations in enzymes that participate in the Krebs cycle.
- Of these, mutations in isocitrate dehydrogenase (IDH) have garnered the most interest, as they have revealed a new mechanism of oncogenesis termed oncometabolism.
- Oncogenic IDH mutations have been described in :
- Cholangiocarcinomas.
- ✤ gliomas.
- acute myeloid leukemias.
- ✤ sarcomas.

mutated IDH acts as an oncoprotein by producing 2-HG, which is considered a prototypical oncometabolite.



#### IV Evasion of Cell Death

- Tumor cells frequently contain mutations in genes that regulate apoptosis, making the cells resistant to cell death.
- evasion of apoptosis by cancer cells occurs mainly by way of acquired mutations and changes in gene expression that disable key components of the intrinsic pathway.









### Major mechanisms by which apoptosis is evaded by cancer cells

- 1. Loss of TP53 function:
- prevents the upregulation of PUMA, a pro-apoptotic BH3only that is a direct target of p53.
- As a result, cells survive levels of DNA damage and cell stress that otherwise would result in their death
- 2. Overexpression of anti-apoptotic members of the BCL2 family:
- Overexpression of BCL2 is a common event leading to the protection of tumor cells from apoptosis, e.g follicular lymphoma



AGING PROCESS

Telomeres shorten with age

#### V. Limitless Replicative Potential (Immortality)





- Tumor cells, unlike normal cells, are capable of limitless replication.
- most normal human cells have a capacity of at most 70 doublings. Thereafter, the cells lose the ability to divide and enter replicative senescence.
- This phenomenon occure due to progressive shortening of telomeres at the ends of chromosomes



 Limitless Replicative Potential (Immortality) of the tumor cells is due to:

telomere maintenance
➢ By: lengthening of telomeres
➢ upregulation of the enzyme telomerase

- Markedly eroded telomeres are recognized by the DNA repair machinery as double-stranded DNA breaks, leading to cell cycle arrest and senescence, mediated by TP53 and RB.
- In cells in which TP53 or RB mutations are disabled by mutations, the nonhomologous end-joining pathway is activated as last effort to save the cell, joining the shortened ends of two chromosomes.



#### VI. Sustained Angiogenesis

- Even if a solid tumor possesses all of the genetic aberrations that are required for malignant transformation, it cannot enlarge beyond 1 to 2 mm in diameter unless it has the capacity to induce angiogenesis.
- <u>Neovascularization has a dual effect on tumor growth:</u>
- perfusion supplies needed nutrients and oxygen.
- angiogenesis contributes to metastasis



• Neovascularization not entirely normal; the vessels are leaky and dilated, and have a haphazard pattern of connection, features that can be appreciated on angiograms





## How do growing tumors develop a blood supply?

- angiogenesis is controlled by a balance between angiogenesis promoters and inhibitors; in angiogenic tumors this balance is directed toward promoters.
- molecular basis of the angiogenesis involves:
- increased production of angiogenic factors.
- E.g proangiogenic basic fibroblast growth factors (bFGF)
- loss of angiogenic inhibitors;
- E.g angiostatin and endostatin

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The local balance of angiogenic and anti-angiogenic factors is influenced by several factors:

- 1. Relative lack of oxygen due to hypoxia stabilizes HIF1α, an oxygen-sensitive transcription factor, which then activates the transcription of proangiogenic cytokines such as VEGF.
- 2. Mutations involving tumor suppressors and oncogenes in cancers also tilt the balance in favor of angiogenesis.
- E.g , p53 stimulates
- expression of antiangiogenic molecules, such as thrombospondin-1
- represses expression of proangiogenic molecules, such as VEGF. Thus, loss of p53 in tumor cells provides a more permissive environment for angiogenesis.



# Thank you.

