

Syndecan在疾病过程中的研究进展

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摘要

Syndecan是一种具有四个成员的跨膜硫酸乙酰肝素蛋白聚糖(HSPGs)。这些蛋白多糖由一个核心蛋白和以共价键方式连接在核心蛋白上的一条或者多条硫酸乙酰肝素糖(GAG)链组成, 它们能够参与多种生命活动的调控, 在生长、发育、微生物和病毒感染、炎症反应、能量代谢及肿瘤的发生和发展等不同的生理病理过程中发挥着重要的作用。

关键词

硫酸乙酰肝素蛋白聚糖, 多配体蛋白聚糖, 炎症相关性疾病, 肿瘤

Research Progress of Syndecan in Disease Process

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Abstract

Syndecan is a transmembrane heparan sulfate proteoglycan (HSPGs) with four members. These proteoglycans are composed of a core protein and one or more GAG chains covalently attached to the core protein. They can participate in the regulation of various life activities and play an important role in different physiological and pathological processes such as growth, development, microbial and viral infection, inflammatory reaction, energy metabolism and the occurrence and development of tumors.

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Keywords

Heparan Sulfate Proteoglycan (HSPG), Syndecan, Inflammation-Related Diseases, Tumour

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1. 背景介绍

Syndecan 是跨膜硫酸乙酰肝素蛋白聚糖(HSPG), 由硫酸乙酰肝素(HS)糖胺聚糖(GAG)链共价连接的核心蛋白组成。目前已发现的 syndecans 类型有 4 种, 分别命名为多配体蛋白聚糖-(syndecan-1, -2, -3 和-4)。

结构: 它们是具有特征性结构域的蛋白质, 其核心暴露于细胞外环境的可变外域含有 3 至 5 个 HS 和在某些情况下存在的特殊的硫酸软骨素链, 并通过疏水跨膜区与细胞膜连接。此外, 还有一个含有肽序列的细胞内结构域, 作为细胞激酶的底物, 使得 syndecan 能够作为信号分子。Syndecan GAG 链的结构和翻译后修饰似乎不仅在细胞之间不同, 在不同的生理病理过程中的功能也不一样, 这种作用的复杂性与蛋白聚糖的结构有着密切的关系, 从而使得 syndecan 功能具有了复杂的多样性。

Syndecan 具有多种生物学功能, 已有相关文献记载。它们在脂质代谢[1]、组织再生[2]、血管生成中发挥作用[3], 并参与多种疾病的发病机制, 包括纤维化和心脏病[4] [5]、宿主 - 病原体相互作用[6]、慢性炎性和自身免疫性疾病[7]、软骨破坏和滑膜炎[8]。因此, 本篇仅简要提及他们的主要作用, 并强调当下在疾病中的一些最新的发现。

2. Syndecan-1 在肿瘤中的作用

syndecan-1 是成人组织中上皮细胞基底外侧表面的主要 syndecan, 在发育过程中由间充质细胞瞬时表达, 也见于淋巴样细胞分化的不同阶段[9]。syndecan-1 主要分布于上皮细胞, 并带有硫酸乙酰肝素链, 能够与大量多肽相互作用, 包括细胞外基质成分和增殖、粘附和迁移的有效介质。在人类的四种 syndecans 中, syndecan-1 是迄今为止在肿瘤进展背景下受到最多关注的, 关于这种蛋白聚糖的报道比其他三种蛋白聚糖的报道加起来还要多。

在恶性转化、癌症进展和转移过程中, 正常上皮细胞会发生多种分子和形态变化, 从而导致间充质特征和迁移表型。上皮 - 间充质转化(EMT)的初始中心步骤之一[10] [11], 是对上皮标志物的转录抑制, 导致 E-钙粘蛋白和 syndecan-1 同时丢失[12] [13]。上皮细胞表面 syndecan-1 的耗竭彻底地改变了它们的形态学和锚定依赖性生长[14], 因此 syndecan-1 是维持上皮表型所必需的。

多项研究表明, 癌中 syndecan-1 的表达与肿瘤细胞分化和预后显著相关[15]。在头颈部癌的上皮细胞中 syndecan-1 表达的减少与鳞状细胞头颈癌中的肿瘤聚集性和生存率有关[16] [17] [18]。其表达水平可能是头颈部癌症的一个新的预后因素。在胃肠道恶性肿瘤中 syndecan-1 的表达与预后不良相关, syndecan-1 的上皮表达与淋巴结转移呈负相关[19], 并与生存期延长相关, 而其基质 syndecan-1 的表达则与生存期缩短相关[20], syndecan-1 的低表达与胃癌的侵袭和转移显著相关[21]; syndecan-1 在人正常肝中表达, 失去 syndecan-1 表达是具有高转移潜能的肝细胞癌的典型特征, 并且 syndecan-1 表达在 mRNA 和蛋白水平上都降低[22]; 在乳腺癌中乳腺癌与细胞膜 syndecan-1 增加有关[23], 而在癌旁的基质细胞中也诱导其表达, 特别是在表现出侵袭性表型的肿瘤中[24], 这被发现是一个潜在的显著不良因素[25]; 在

前列腺癌中, syndecan-1 水平与肿瘤分级呈负相关[26], 而正常前列腺组织中, syndecan-1 主要由上皮细胞表达, 而在肿瘤中, 我们观察到肿瘤基质中 syndecan-1 表达总体增加, 同时其从肿瘤上皮细胞中消失[27]。总之, 与 syndecan-1 及其不同定位相关的分子功能的多样性突出了一种复杂的组织特异性和发育相关的表达模式, 肿瘤细胞中较高水平的 syndecan-1 与体外抑制侵袭性相关, syndecan-1 表达减少与组织学分化差、淋巴结转移和手术切除后预后差相关[28]。

3. Syndecan-2 在成骨细胞中的作用

与其他 syndecan 相比, syndecan-2 在浓缩的软骨形成前核心和软骨周组织中的表达较高, 但在软骨细胞分化过程中会降低, 与此同时 syndecan-2 在成骨开始时就在骨膜中表达, 而且在成骨细胞分化过程中表达的更明显。因此 syndecan-2 可能更多的参与了成骨细胞的分化过程并可能在骨中具有特定作用。从机制上看, 成骨细胞中 syndecan-2 的表达受到 Wnts、FGF (成纤维细胞生长因子)和 TGF- β (转化生长因子)信号通路的严格调控[29] [30], 这可能与它是成纤维细胞生长因子和 Wnt 蛋白的共受体有关。

在骨中, 有研究表明[31] [32] syndecan-2 在骨肉瘤细胞中具有促凋亡作用, 且在化学敏感性骨肉瘤细胞中, 我们发现细胞毒性药物通过激活 FoxO 转录因子从而增加 syndecan-2 的表达, 导致细胞凋亡。这可能与 syndecan-2 在功能上对粒细胞-巨噬细胞集落刺激因子(granulocyte-macrophage colony-stimulating factor, GM-CSF)的促有丝分裂作用有关, 从而控制了成骨细胞谱系细胞的增殖有关。GM-CSF 在刺激细胞后, 会使得 GM-CSF 受体 α 链相关的 syndecan-2 中酪氨酸残基的磷酸化增加。且特异性降低 syndecan-2 表达的反义寡核苷酸抑制 GM-CSF 的促有丝分裂活性和细胞因子诱导的细胞外信号调节激酶-1 的激活[33]。

除外在骨中的发现外, 来自耶鲁大学心血管研究中心的 Federico Corti 团队, 在缺血性卒中相关脑水肿中发现人源性抗 syndecan-2 单克隆抗体用于治疗的可能性。研究人员发现[34]在缺血性卒中小鼠模型(大脑中动脉闭塞 45 分钟后再灌注)中, 在再灌注 30 分钟后注射抗 syndecan-2 抗体可以显著减少血管源性水肿体积, 提示在缺血性卒中中, 抗 syndecan-2 抗体治疗可以起到减少脑水肿的作用。该机制从选择性地抑制和血脑屏障破坏相关的 VEGF-R2 (血管内皮生长因子)信号通路出发, 并保留 VEGF-R2 相关的有益信号通路的同时阻断 VEGF-A 诱导的脑水肿。相较于当下传统的治疗方案通过完全阻断 VEGF-R2 的激活而言, 新的举措能够保留血管保护作用, 从而避免微血管的稀疏, 血管生成的抑制和神经保护作用的降低, 所以该研究的新发现有望对脑水肿的治疗提供更加完美的治疗方案。并且该团队已经在非人类灵长类动物脑卒中模型中使用了该抗体, 抗 syndecan-2 抗体治疗后减少了卒中后脑水肿的体积。与此同时在此次以及既往的回顾分析中均未发现该治疗的副作用, 提示该抗 syndecan-2 抗体治疗可能具有较好的安全性。

4. Syndecan-3 在炎症相关性疾病中的发现

目前我们已知 Syndecan-3 主要在脑和神经组织中表达, 在发育、细胞粘附和迁移中起关键作用。但是 Syndecan-3 的表达并不局限于神经元组织, 在类风湿性关节炎等炎性疾病、血管生成等疾病相关过程以及在癌症中的表达模式和意义中也具有重要作用。

Syndecan-3 对内皮细胞的作用正在炎症反应中显现[35], 内皮 Syndecan-3 的选择性表达已在慢性炎症滑膜中得到探索, 其中 Syndecan-3 通过结合细胞因子和调节白细胞的迁移和滞留而在关节炎病理生理学中发挥作用[36]。例如在类风湿性关节炎进展过程中, 炎症血管内皮上表达的 Syndecan-3 结合白细胞和趋化因子[37], 进一步推进了炎症的过程; 最近一项关于阿尔兹海默症(AD)的研究显示 Syndecan-3 可能是新的生物标志物[38], 该研究从 TNF- α (抗肿瘤坏死因子 α)对 AD 中的两类必需细胞的模型细胞系

SH-SY5Y (代表了广泛应用于神经生物学的神经元样细胞)与 hCMEC/D3 (是研究血脑屏障衍生内皮细胞的金标准细胞系)对 Syndecan-3 表达的影响入手, 该结论表明 TNF- α 增加 SH-SY5Y 和 hCMEC/D3 细胞系的 Syndecan-3 表达, 并且该结论得到了小鼠模型与人脑 AD 的数据证实。正如研究中所检测到的, 血液单核细胞 Syndecan-3 表达的增加证实了单核细胞活化是由于与 AD 相关的全身炎症所致。外周单核细胞 Syndecan-3 表达变化与 A β (突变 β 淀粉样前体蛋白)病理的相关性强调了单核细胞 Syndecan-3 作为 AD 进展预测性生物标志物的相关性[39]。

除外炎症相关性疾病, 有研究已显示 Syndecan-3 表达在几种癌症类型中上调, 特别是在已知为缺氧的实体瘤中。癌症基因组图谱计划(TCGA)的数据表明, 肿瘤微环境中的 Syndecan-3 表达与缺氧基因信号呈正相关。

所有类型实体肿瘤的共同特征是癌细胞增殖与血供失衡, 从而导致缺氧。细胞中的缺氧反应由缺氧诱导因子(HIF)转录因子家族介导, 在缺氧环境下, 瘤细胞中大量参与细胞生长、代谢、转移和免疫的靶基因被激活[40] [41], 缺氧还可调节不同免疫群体的命运和功能, 包括 T 细胞和巨噬细胞[42], 以及影响其迁移和渗透的 ECM (细胞外基质)组织[43]。

5. Syndecan-4 在炎症作用中的两种反向结果

抗凝血酶与硫酸乙酰肝素蛋白聚糖的结合可传递抗炎效应, 且该机制目前已得到实验支持。主要是抗凝血酶通过其肝素结合结构域与 syndecan-4、细胞表面的整联蛋白家族的受体相互作用, 使得抗凝血酶与内皮肝素样 GAGs (如硫酸乙酰肝素)结合诱导内皮前列腺素 I₂ 的释放[44], 抑制血小板活化并抑制白细胞在内皮细胞上的粘附和滚动[45]。尽管抗凝血酶也单独发挥抑制活性, 但其与肥大细胞衍生的肝素或内皮 GAGs 的结合[46], 启动构象变化, 导致 AT 活性增加几个数量级[47]。除此之外, 在多项炎症疾病模型中, 例如在敲除 syndecan-1 和 syndecan-4 的小鼠的肾炎和肺部炎症疾病模型中[48] [49]以及通过局部注射乙酰肝素酶导致白细胞粘附到提睾肌内皮上增加[50], 我们也能发现 HSPGs 可能具有抗炎作用。

此外 syndecan-4 还可在某些刺激下, 如细胞外细胞因子、金属蛋白酶(MMP)和氧化应激, 分泌显著增加, 而可溶性 syndecan-4 还可促进炎症和新的 syndecan-4 合成, 这一点与炎症的级联反应似乎很像。例如在此之前的多份研究经曾表明, 在骨关节炎动物模型中, 缺失 syndecan-4 可保护小鼠免受软骨损伤[51]和 RA (类风湿性关节炎), 且在 RA-FLS (成纤维细胞样滑膜细胞)中, 高表达的 syndecan-4 导致炎症的开始和凋亡的减少, 二者均表明在关节炎早期, syndecan-4 显著参与滑膜成纤维细胞的活化及其与软骨的附着[52]。最近的一次实验还发现 RA 患者的血清 syndecan-4 浓度高于 OA (骨性关节炎)患者和健康对照者, 且 RF (类风湿因子)阳性 RA 患者的血清 syndecan-4 浓度显著高于 RF 阴性 RA 患者。血清 syndecan-4 度均与 RA 患者的疾病活动性呈正相关[53]。尽管出现两种截然相反的作用, 但是 Syndecan 是促炎还是抗炎可能与它们表达的特定组织或炎症状态有关, 其进一步探究还需要更多的临床试验研究来探索。

在一项关于胆固醇诱导的 LRP3 (低密度脂蛋白受体相关蛋白 3)下调通过靶向 syndecan-4 促进骨性关节炎软骨变性的研究中有了新的发现。该研究提出[54]敲除 LRP3 会通过激活 Ras/Raf/MEK/ERK 信号通路导致 syndecan-4 上调的假设。然后, 他们进行了 western blot 以验证该假设。结果表明, 敲除 LRP3 能显著增加 Ras/Raf 的表达, 以及 MEK1/2 和 ERK1/2 的磷酸化水平, 同时 syndecan-4 也显著增加。此外, 在 TNF- α 诱导的大鼠 OA 软骨细胞中, Ras 信号通路明显被激活, 而 LRP3 的过表达同时抑制 Ras 信号通路的激活和 syndecan-4 的表达。综上所述得出结论是 LRP3 通过 Ras/Raf/MEK/ERK 信号通路负调控软骨细胞中 syndecan-4 的表达。由于脂质代谢对骨性关节炎的机制过于复杂, 该研究目前并没有确切的证据, 但模型试验给出的结果令我们对未来该领域的研究充满希望。

综上所述, syndecan 在疾病发展的生理病理过程中有着重要的作用, 无论是疾病前的诊断还是治疗上的方方面面它都展现出十分远大的前景。由于硫酸乙酰肝素蛋白聚糖分子结构的特殊性, 目前在功能及分布上任存在一些分歧, 例如在炎症中的促进与抗炎作用, 及癌症中的表达与升高, 这或许可能与它们的起源和功能上的重叠有关, 随着对其研究的深入, 这一切都有望被逐一揭开。

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