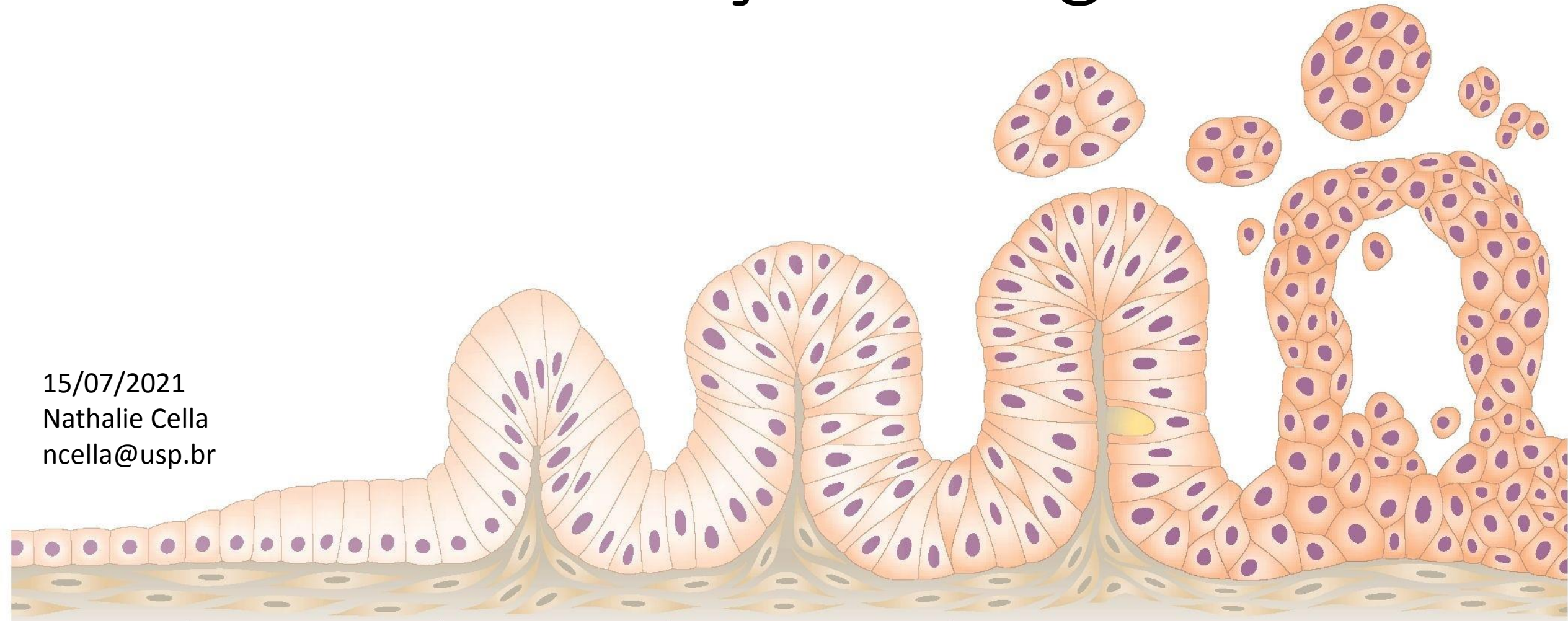
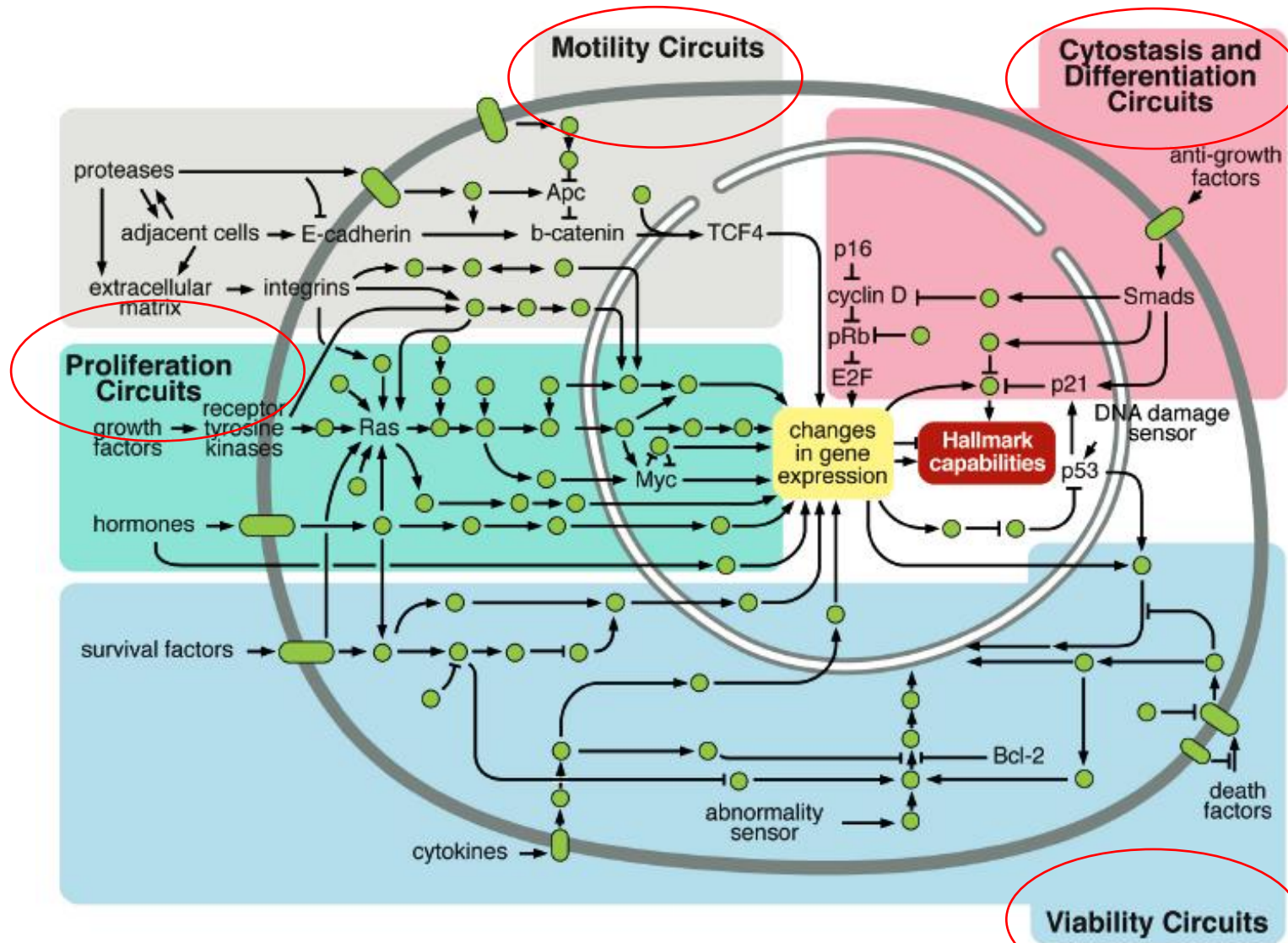


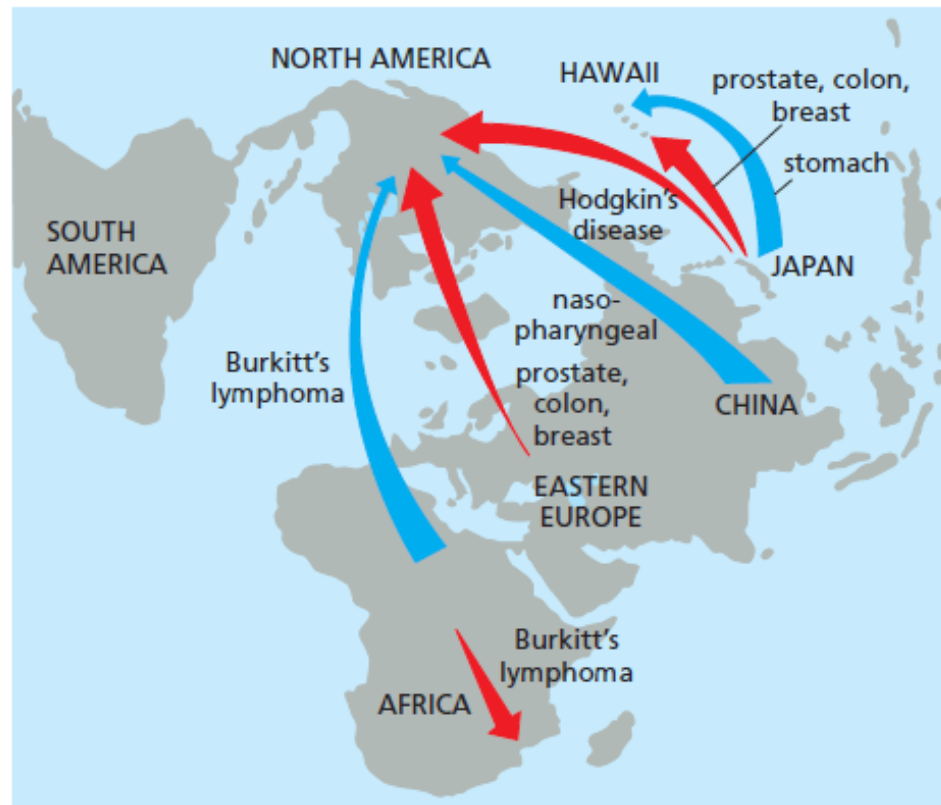
# Transformação Maligna

15/07/2021  
Nathalie Cella  
ncella@usp.br





Vias intracelulares que operam na célula tumoral



(A)

cause	cancers caused (percent of total)	number of deaths in US (annual)	magnitude of reduction possible (percent)
smoking	33	189,000	75
diet, overweight, and obesity	25	143,000	50
lack of exercise	5	28,600	85
viruses	5	28,600	100
alcohol	3	17,200	50
UV and ionizing radiation	2	11,400	50
occupational carcinogens	5	28,600	50

(B)

80-90% dos tumores poderiam ser evitados OU adiados

# Câncer – definição

- Conjunto de doenças resultantes de alterações genéticas que levam ao descontrole da proliferação celular
- As alterações genéticas são principalmente em:
  - oncogenes
  - genes supressores de tumor
  - genes de reparo de DNA
- Alterações na linhagem germinativa – câncer hereditário
- Alterações na linhagem somática – câncer esporádico

✓ Enrique

# classificação e nomenclatura baseado na morfologia dos tumores

- Primário: o primeiro que surge
- Metastático: tumor derivado do tumor primário encontrado em outro local do organismo
- Carcinoma: tumor que surge de células epiteliais (80% dos casos)
- Sarcoma: tumor que se origina de células do tecido conjuntivo (fibroblastos, adipócitos, osteócitos, miócitos)
- Leucemia: tumor de origem hematopoiética
- Hiperplasia: aumento do número de células
- Metaplasia: presença de um tipo celular diferente do que é usual em um dado tecido
- Displasia: alterações morfológicas das células
- Carcinoma *in situ* : a lesão permanece confinada a um local (“encapsulado”)
- Carcinoma invasivo: tumor avança além dos limites normais (primeiro passo para formação de metástase)

# Tumores têm origem monoclonal

(isto é, têm origem em uma única célula)

Como sabemos disso?

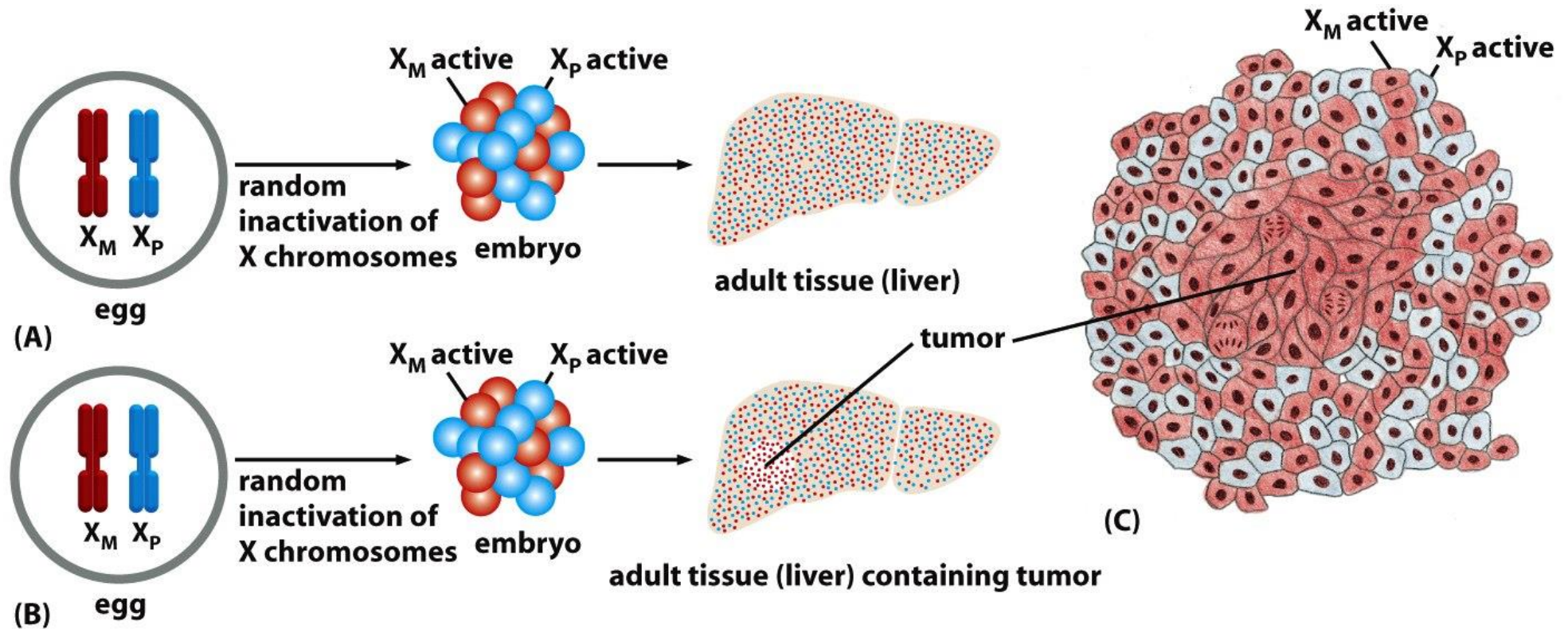


Figure 20-6 Molecular Biology of the Cell 5/e (© Garland Science 2008)

# Tumor benigno e maligno

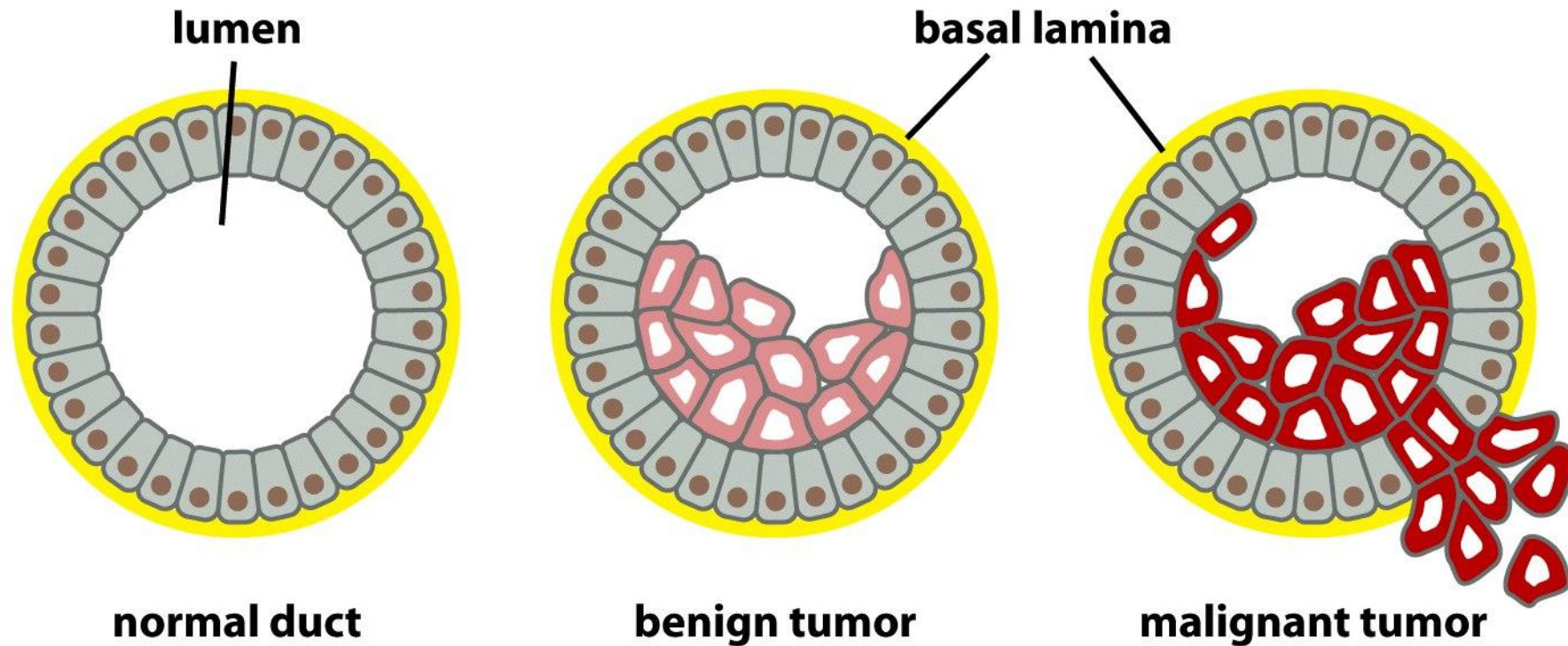


Figure 20-3 Molecular Biology of the Cell 5/e (© Garland Science 2008)

NÃO INVADE

INVADE

# O início – mutações somáticas

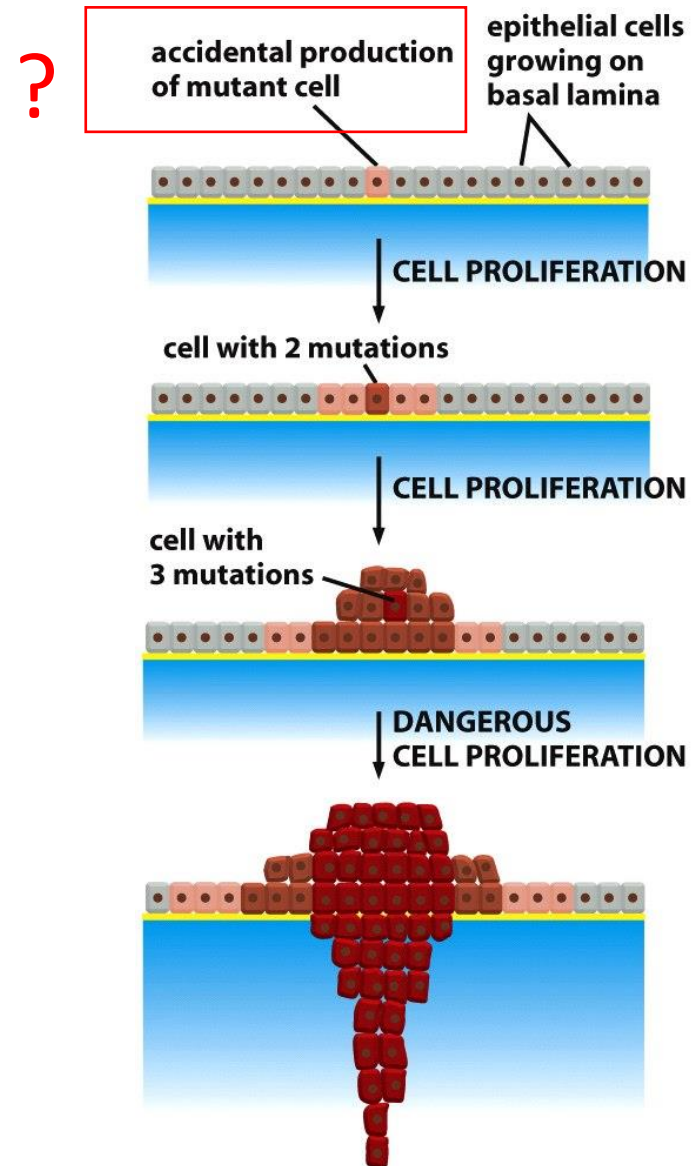


Figure 20-11 Molecular Biology of the Cell 5/e (© Garland Science 2008)



# Mutações OU alterações epigenéticas

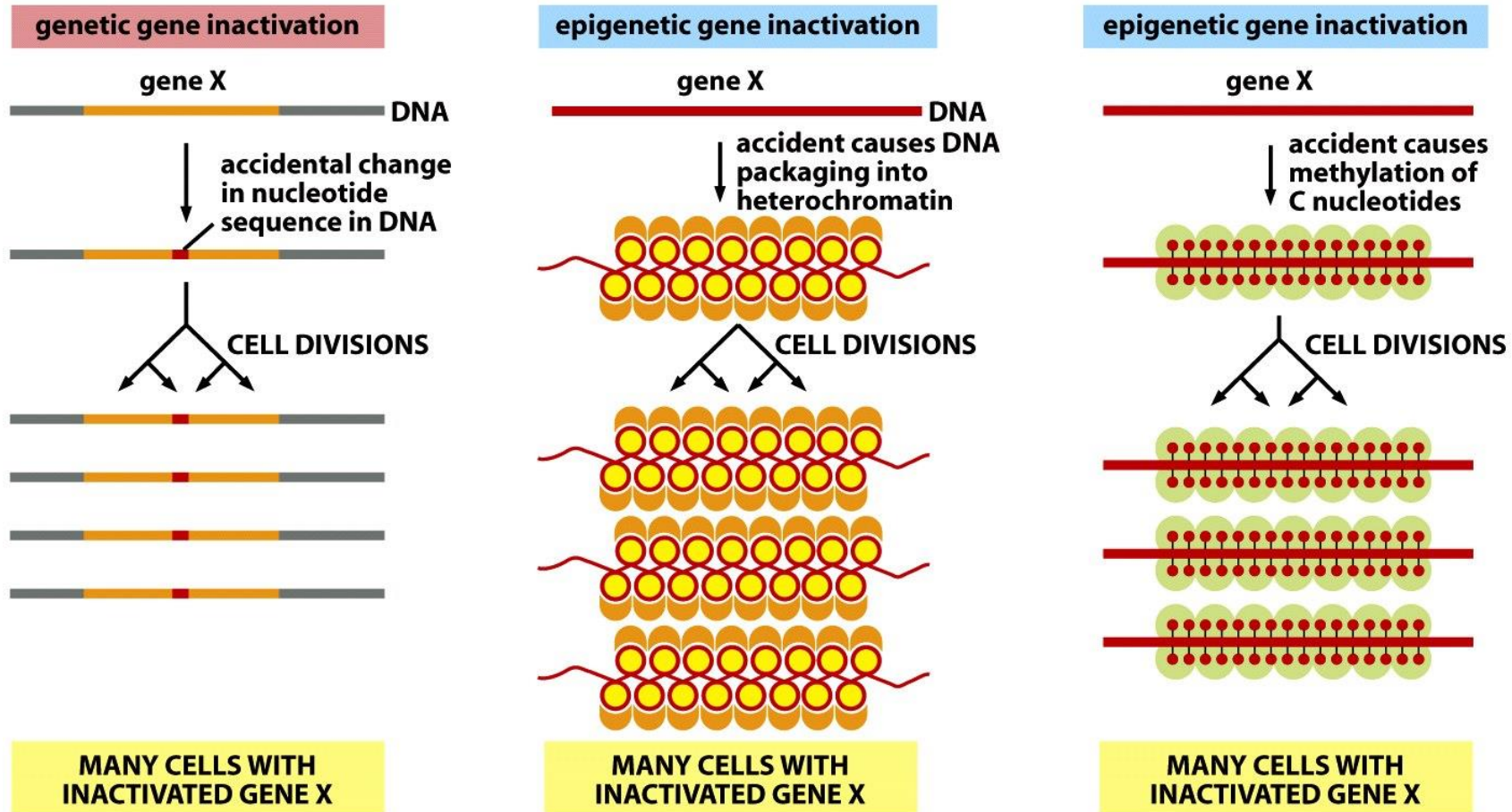


Figure 20-12 Molecular Biology of the Cell 5/e (© Garland Science 2008)

Uma mutação não basta, por isso, na maioria dos casos, tumores demoram para aparecer

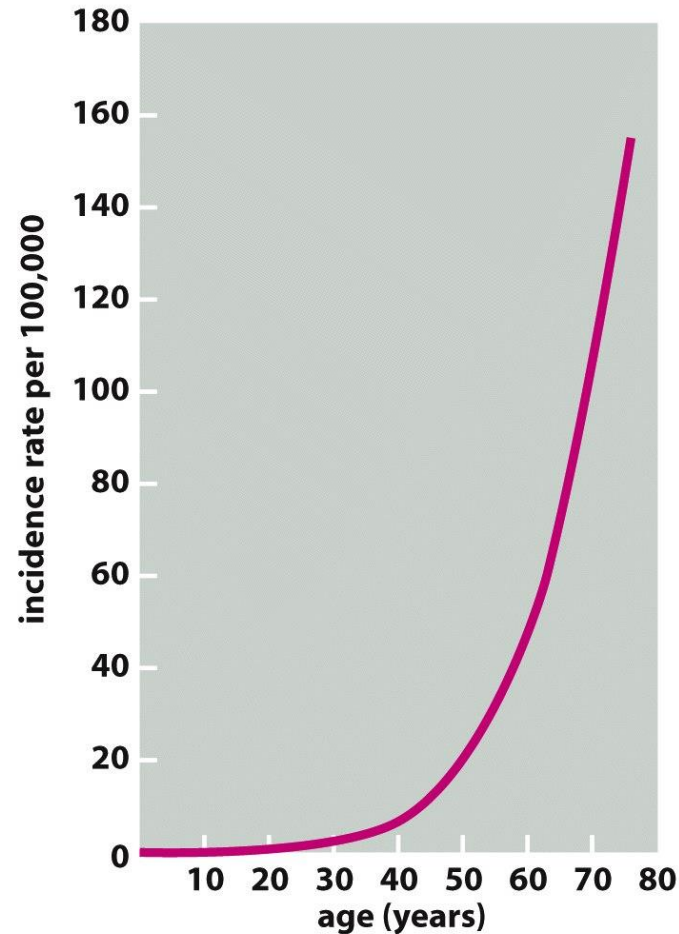
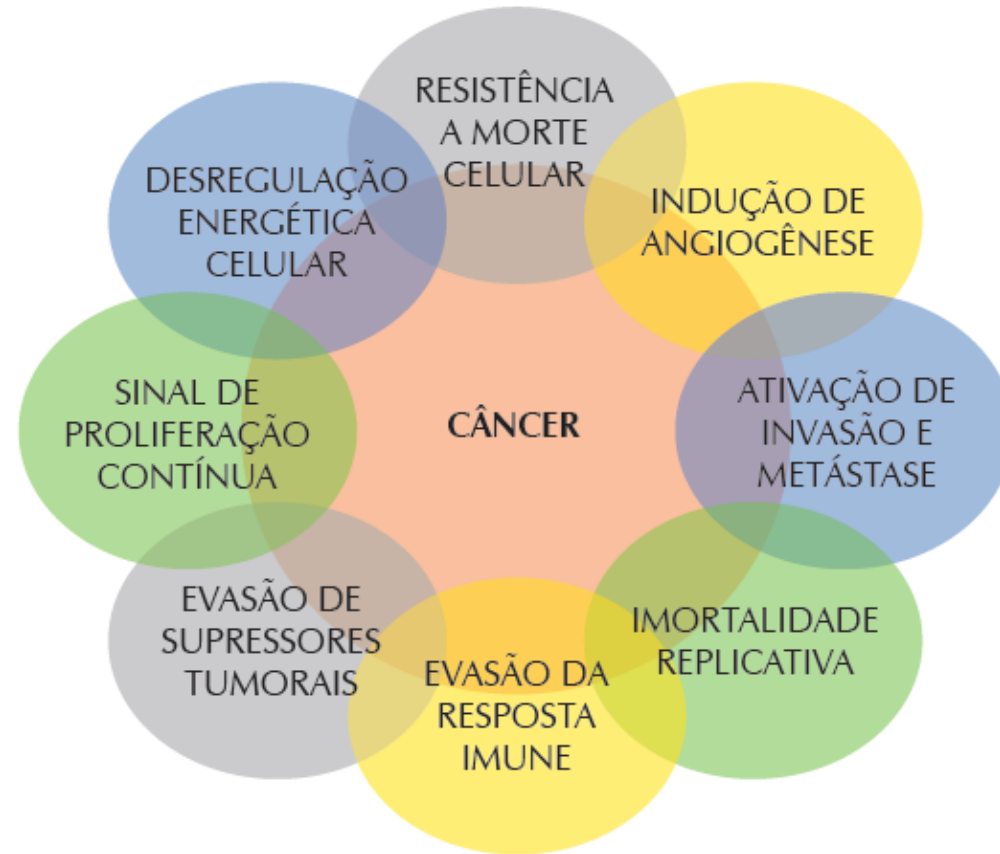


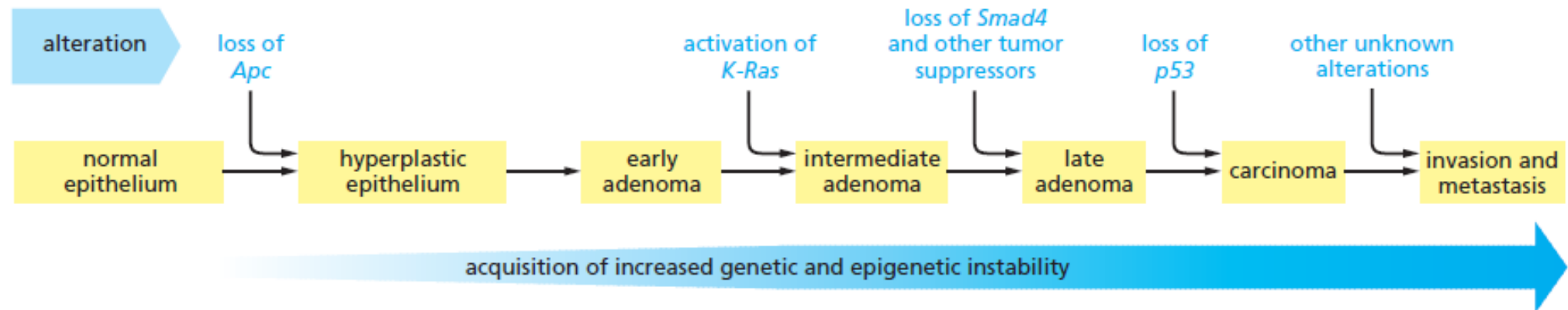
Figure 20-7 Molecular Biology of the Cell 5/e (© Garland Science 2008)

# Para o tumor 'vingar' é preciso..



## PRA REUNIR TODAS ESSAS PROPRIEDADES É PRECISO TEMPO !

# Sequência hipotética de alterações que levam ao desenvolvimento de um tumor

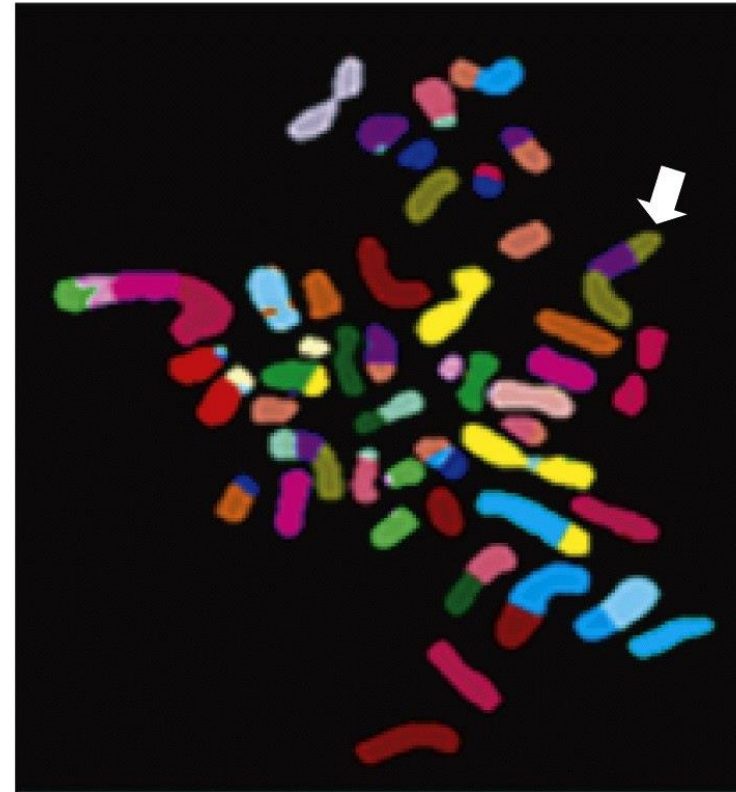


# Muitas alterações se acumulam durante a progressão tumoral



(A)

Figure 20-13 Molecular Biology of the Cell 5/e (© Garland Science 2008)



(B)

# Iniciadores e promotores tumorais

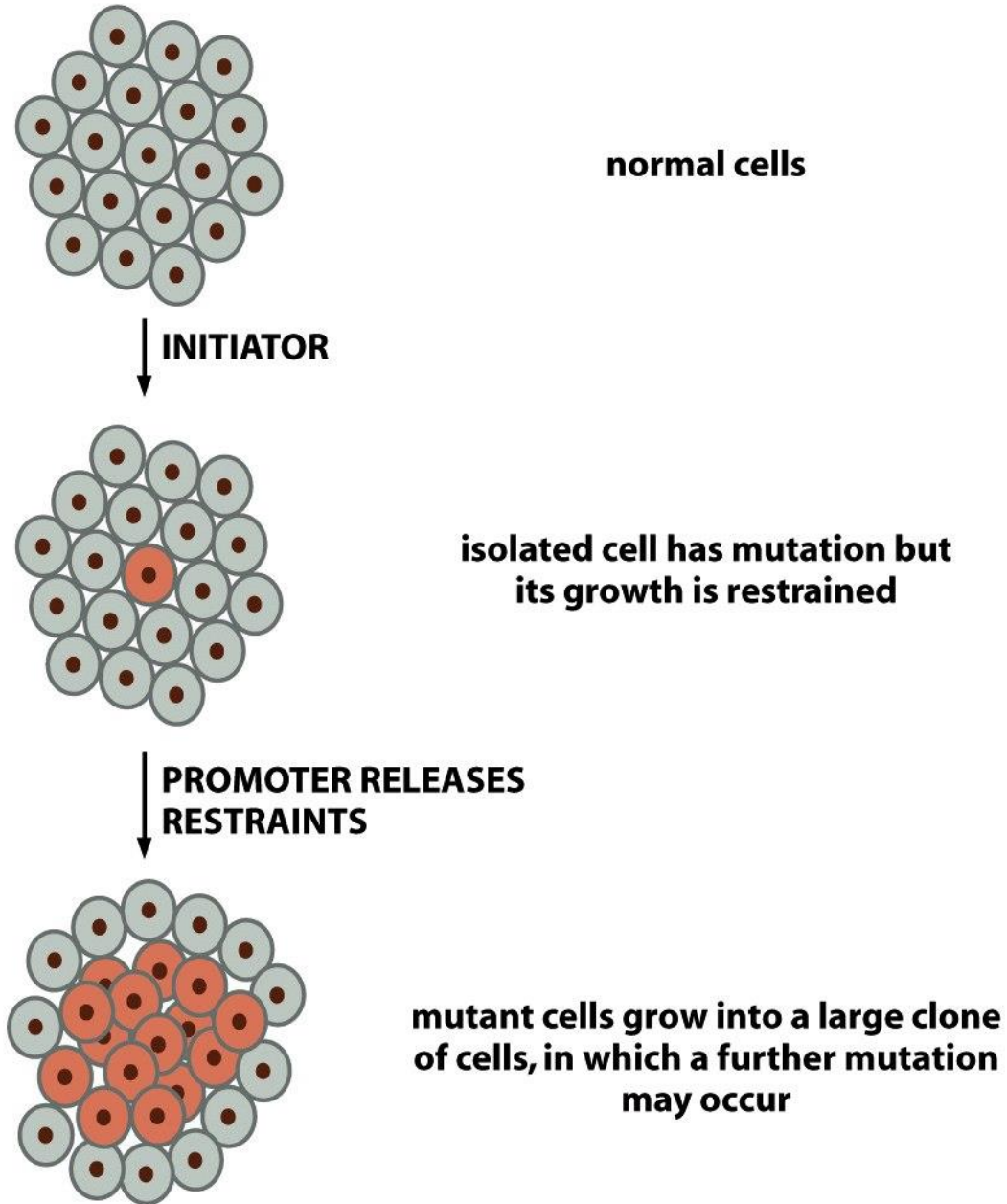


Figure 20-24 Molecular Biology of the Cell 5/e (© Garland Science 2008)

# Indução de tumor na pele de camundongos

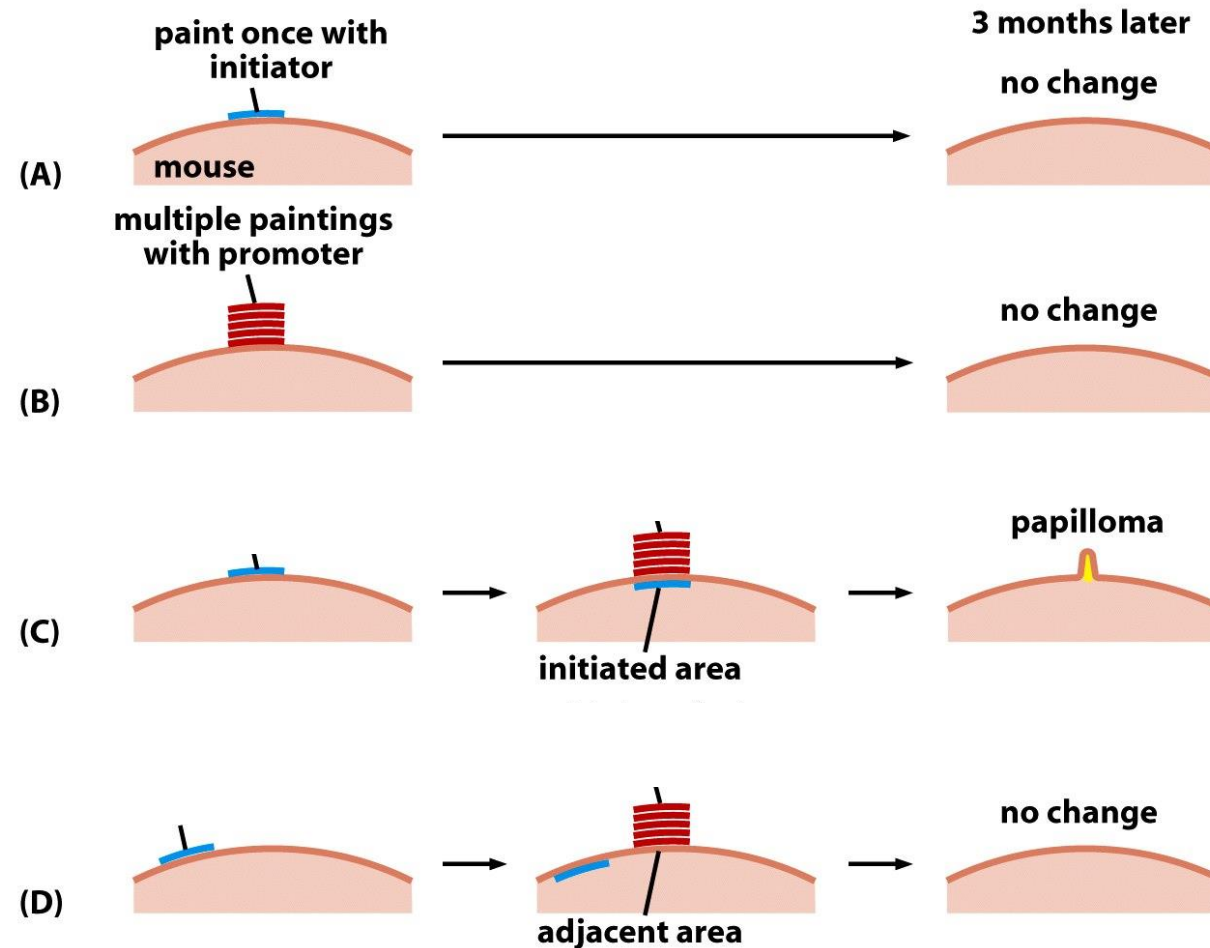


Figure 11-28 part 1 of 2 The Biology of Cancer (© Garland Science 2007)



# Indução de tumor na pele de camundongos

DMBA – dimethylbenzanthraceno

TPA- tetraecanoylphorbol-13-acetate

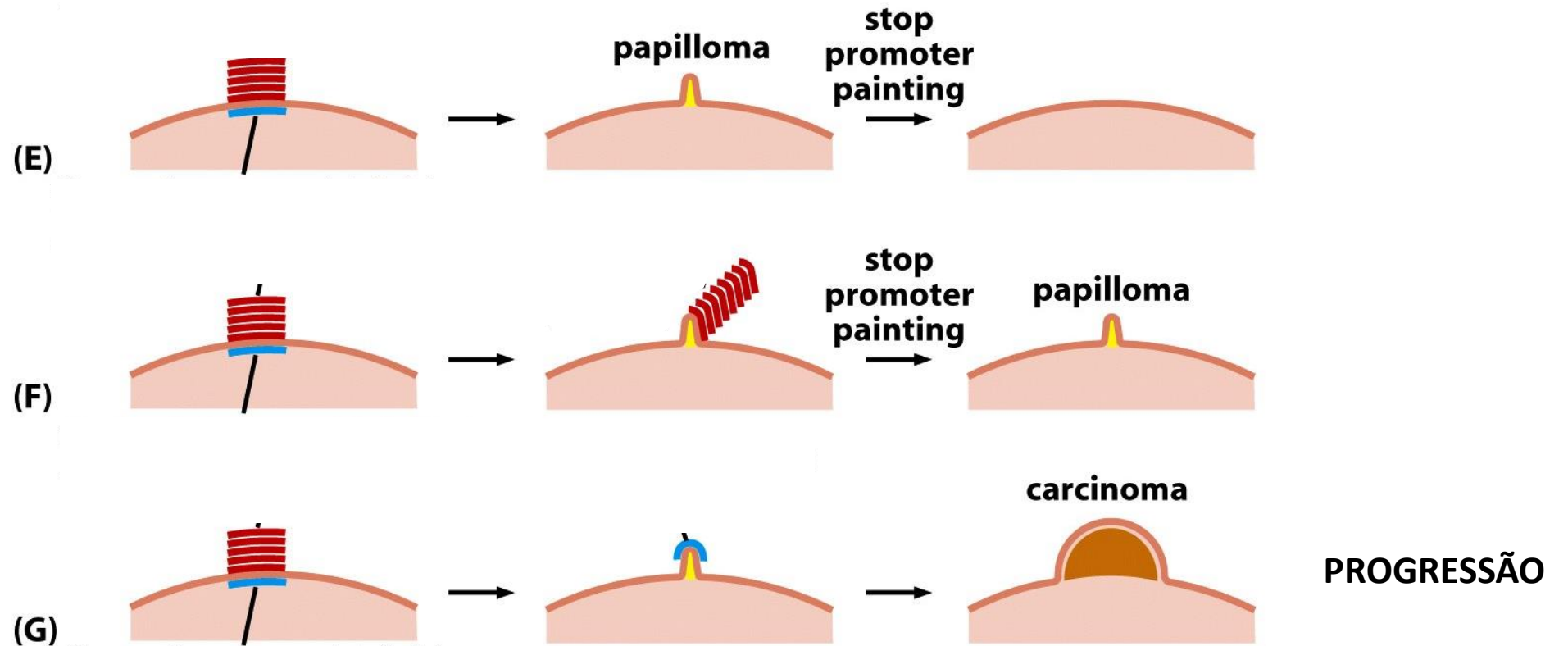


Figure 11-28 part 2 of 2 The Biology of Cancer (© Garland Science 2007)

# Interpretação do ensaio:

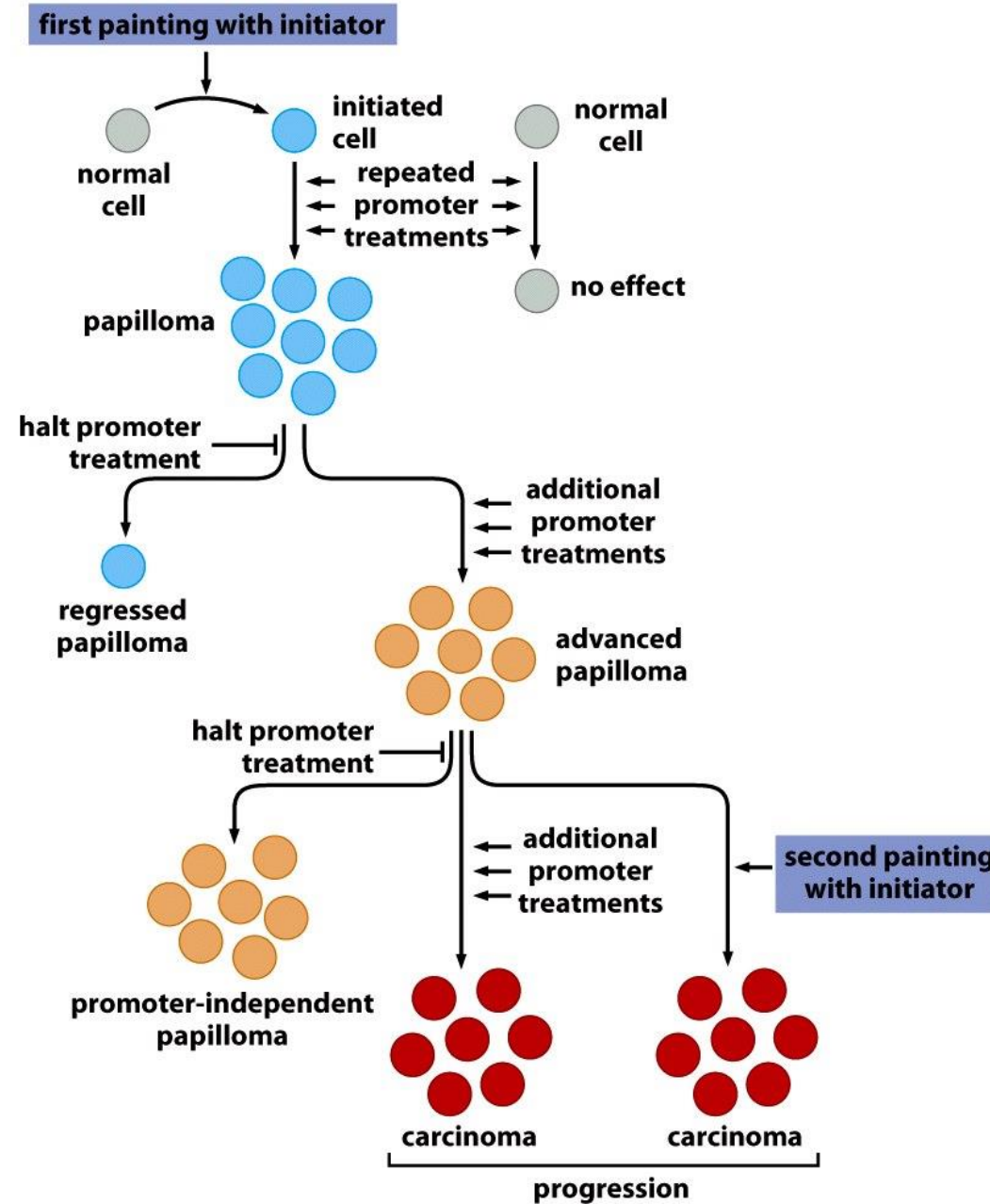


Figure 11-29 The Biology of Cancer (© Garland Science 2007)

- Iniciadores – agentes carcinogênicos
- Promotores – agentes tóxicos ou mitógenos

Table 11.3 Known or suspected human tumor promoters and their sites of action

alcohol

Agent or process	Cancer site
<b>Hormones</b>	
Estrogen	endometrium
Estrogen and progesterone	breast
Ovulation	ovary
Testosterone	prostate
<b>Drugs</b>	
Oral contraceptives, anabolic steroids	liver
Analgesics	renal pelvis
Diuretics	kidney
<b>Infectious agents</b>	
Hepatitis B/C viruses	liver
<i>Schistosoma haematobium</i> —blood fluke	bladder
<i>Schistosoma japonicum</i> —blood fluke	colon
<i>Clonorchis sinensis</i> —liver fluke	biliary tract
<i>Helicobacter pylori</i> —bacterium	stomach
Malarial parasites	B cell
Tuberculosis bacillus	lung
<b>Chemical agents</b>	
Betel nut, lime	oral cavity
Chewing tobacco	oral cavity
Bile	small intestine
Salt	stomach
Acid reflux	esophagus
<b>Physical or mechanical trauma</b>	
Asbestos	mesothelium, lung
Gallstones	gallbladder
Coarsely ground corn	stomach
Head injury	meninges
<b>Chronic irritation/inflammation</b>	
Tropical ulcers	skin
Chronic ulcerative colitis	colon
Chronic cystitis	bladder
Chronic pancreatitis	pancreas

Adapted in part from S. Preston-Martin, M.C. Pike, R.K. Ross et al., *Cancer Res.* 50:7415–7421, 1990.

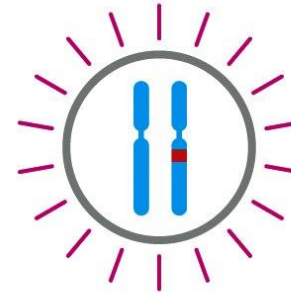
# Relembrando...

## oncogenes e genes supressores de tumor

(A) **overactivity mutation** (gain of function)



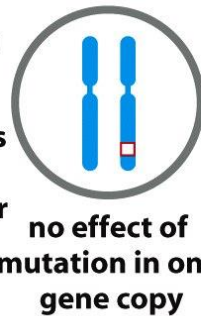
single mutation event  
creates oncogene



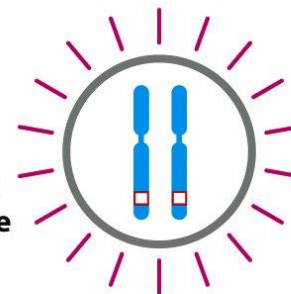
(B) **underactivity mutation** (loss of function)



mutation  
event  
inactivates  
tumor  
suppressor  
gene



second  
mutation  
event  
inactivates  
second gene  
copy



cells  
en route to  
cancer

# Relembbrando:

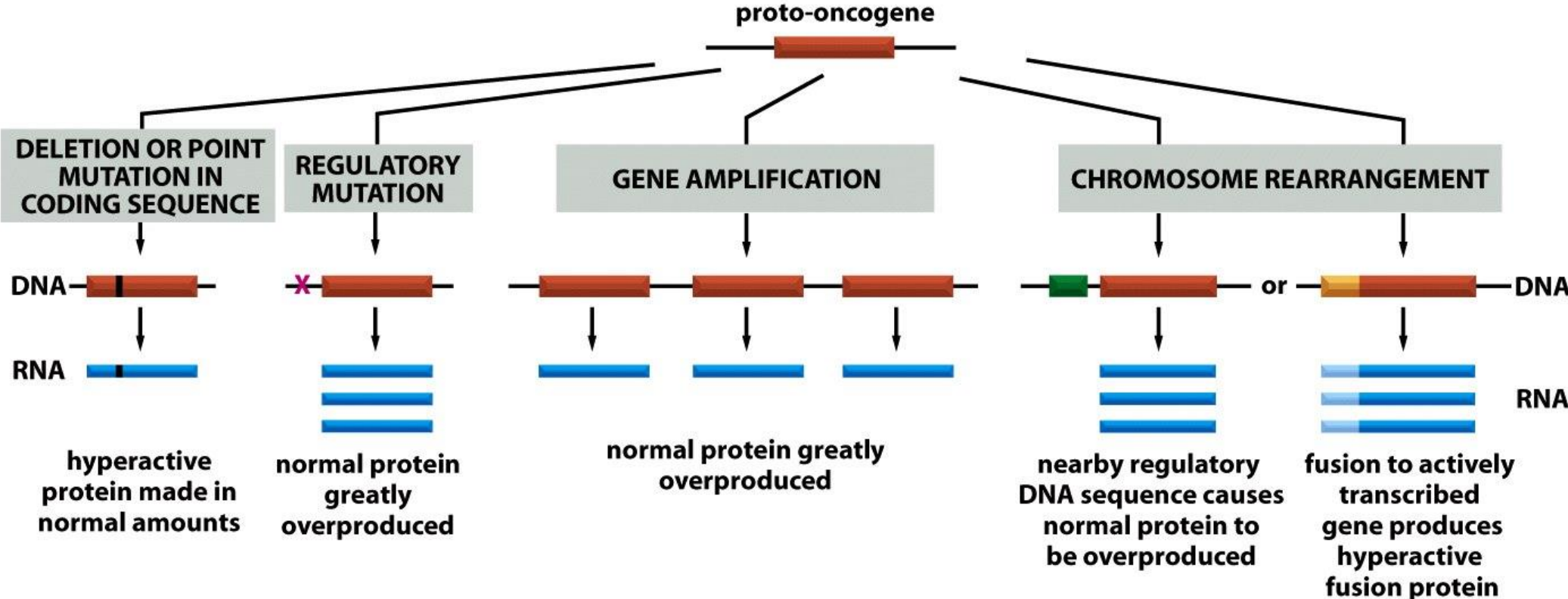


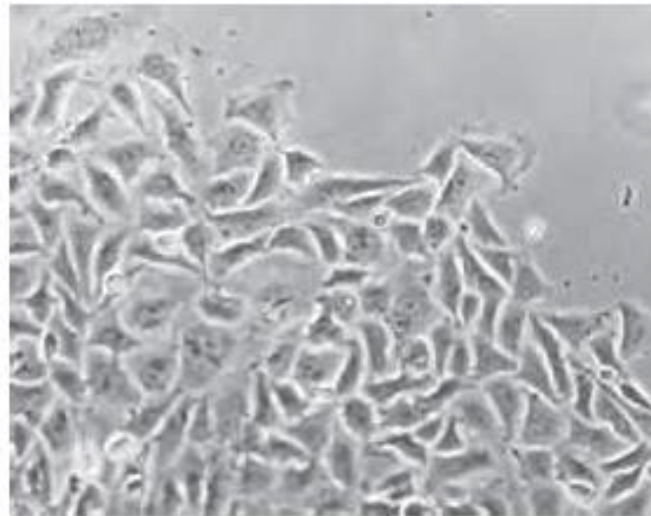
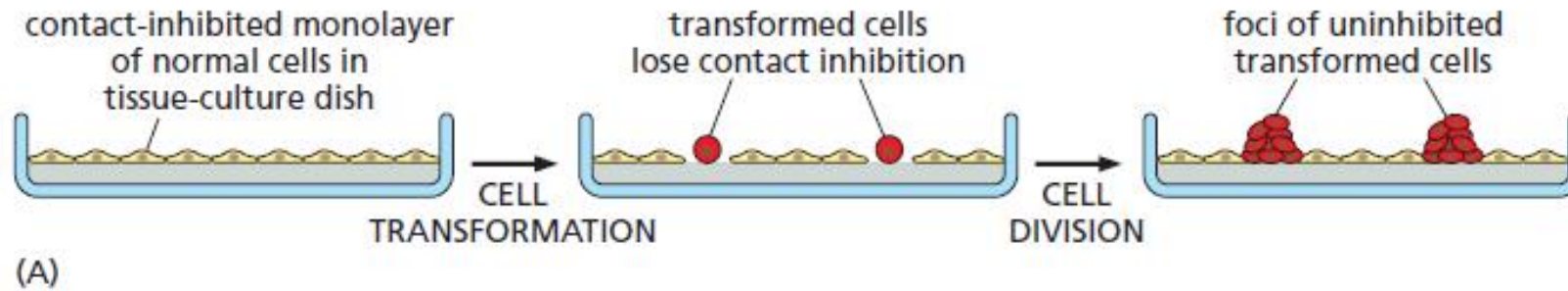
Figure 20-33 Molecular Biology of the Cell 5/e (© Garland Science 2008)

# Imortalidade replicativa vida eterna!

- Proliferar continuamente = não morrer, não diferenciar e não tornar-se quiescente - COMO ?
  - Evadir os sinais de parada do ciclo celular pelos genes supressores de tumor
  - Evadir os sinais indutores de morte celular
  - Ser independente de fatores de proliferação = ativação de oncogenes
  - Ajuste metabólico para sustentar a demanda energética imposta pela replicação

Células tumorais são também chamadas células transformadas

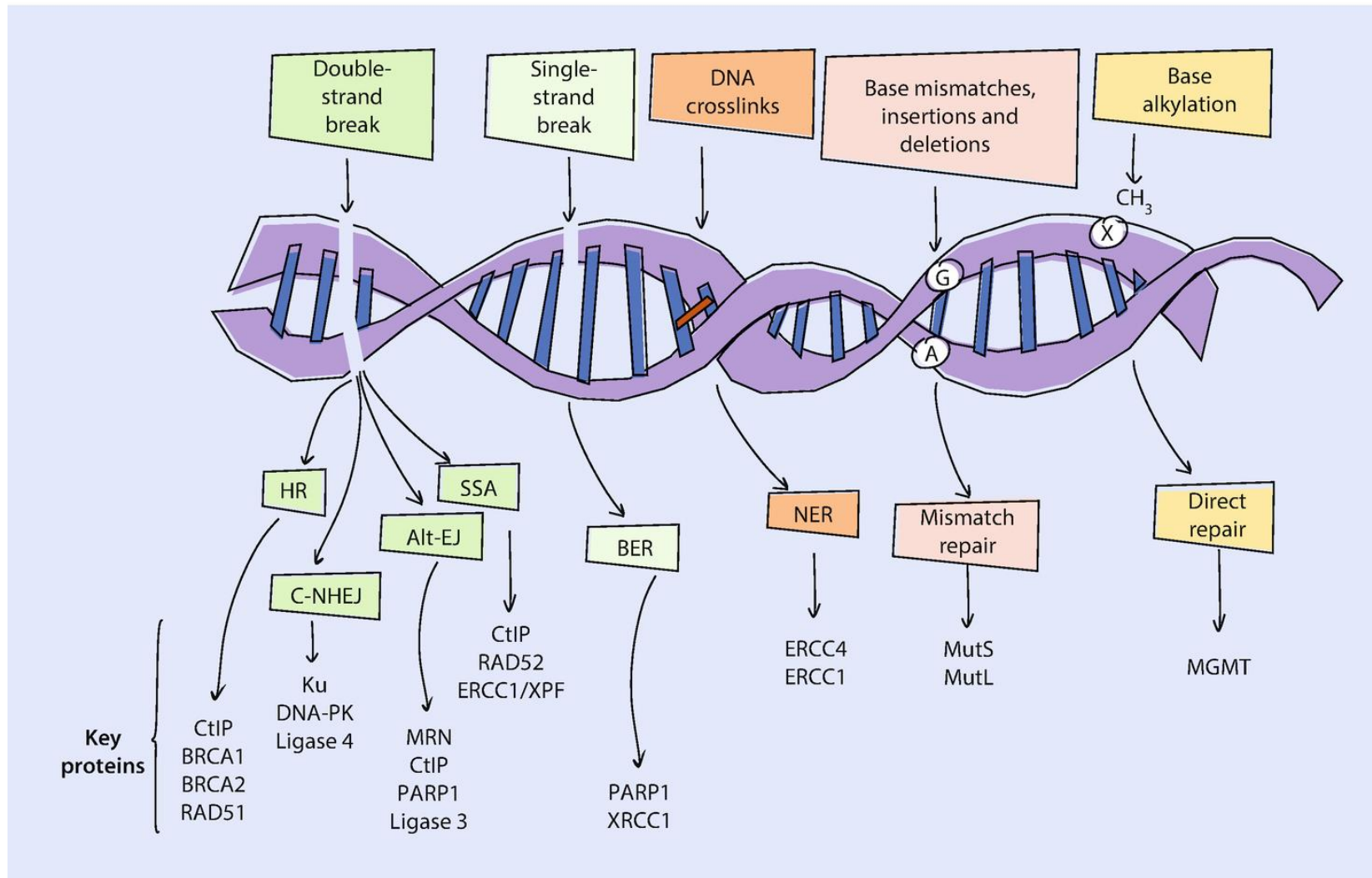
Células tumorais proliferam de forma independente e sem controle



Células **normais** "respeitam" seus limites, células **tumorais** NÃO



Quanto mais uma célula vive e PROLIFERA, mais exposta ela está:



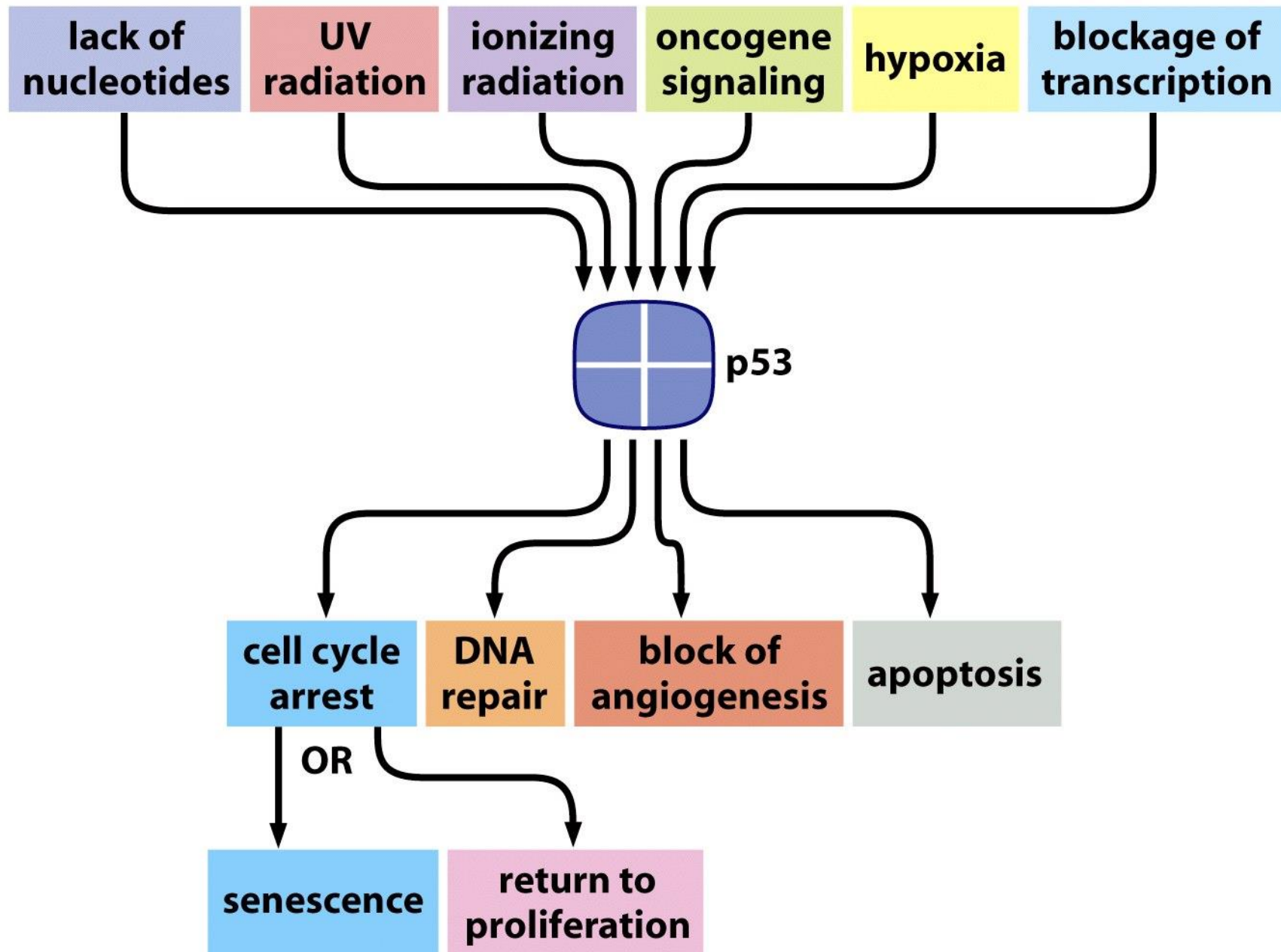
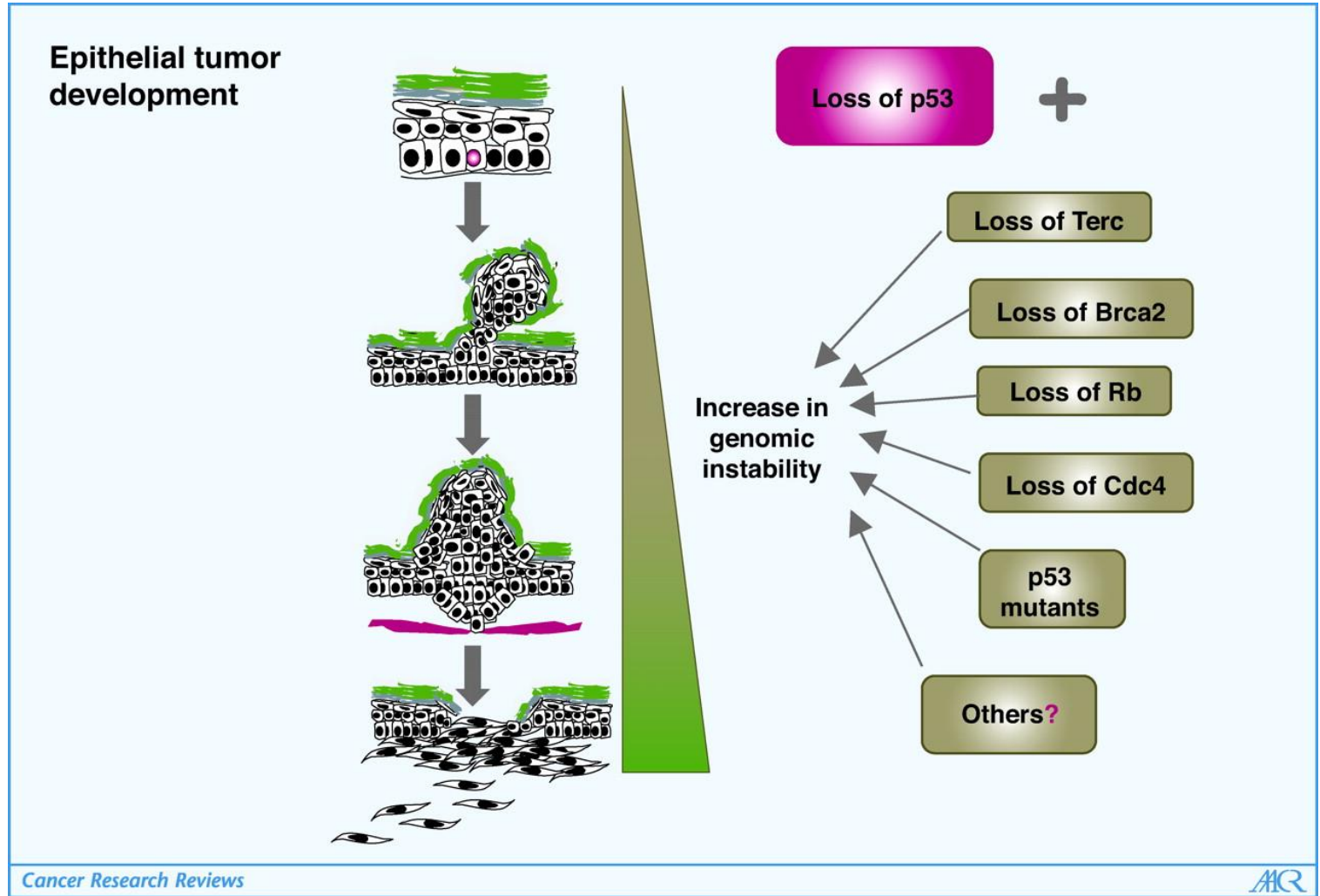


Figure 9-8 The Biology of Cancer (© Garland Science 2007)



Jesus Perez-Losada et al. *Cancer Res* 2005;65:6488-6492

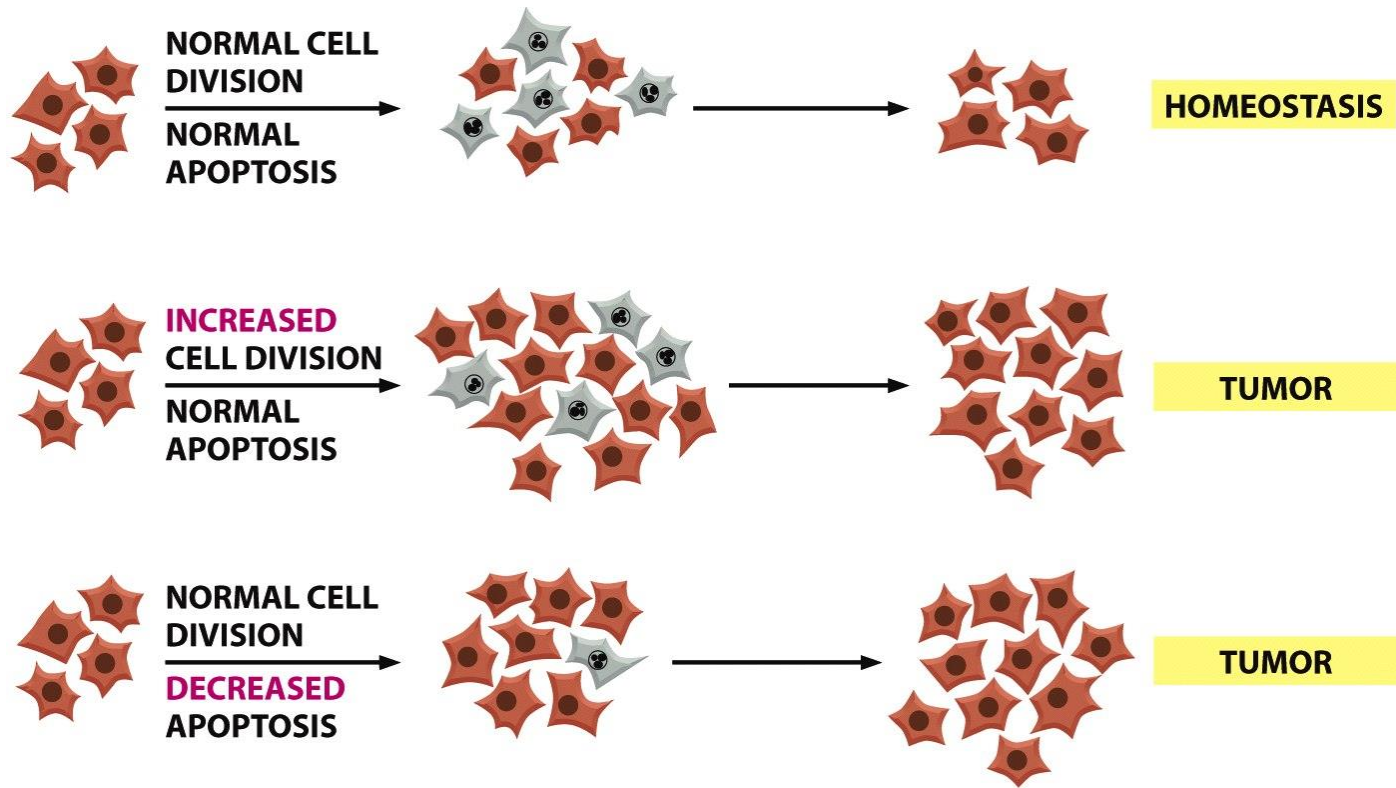
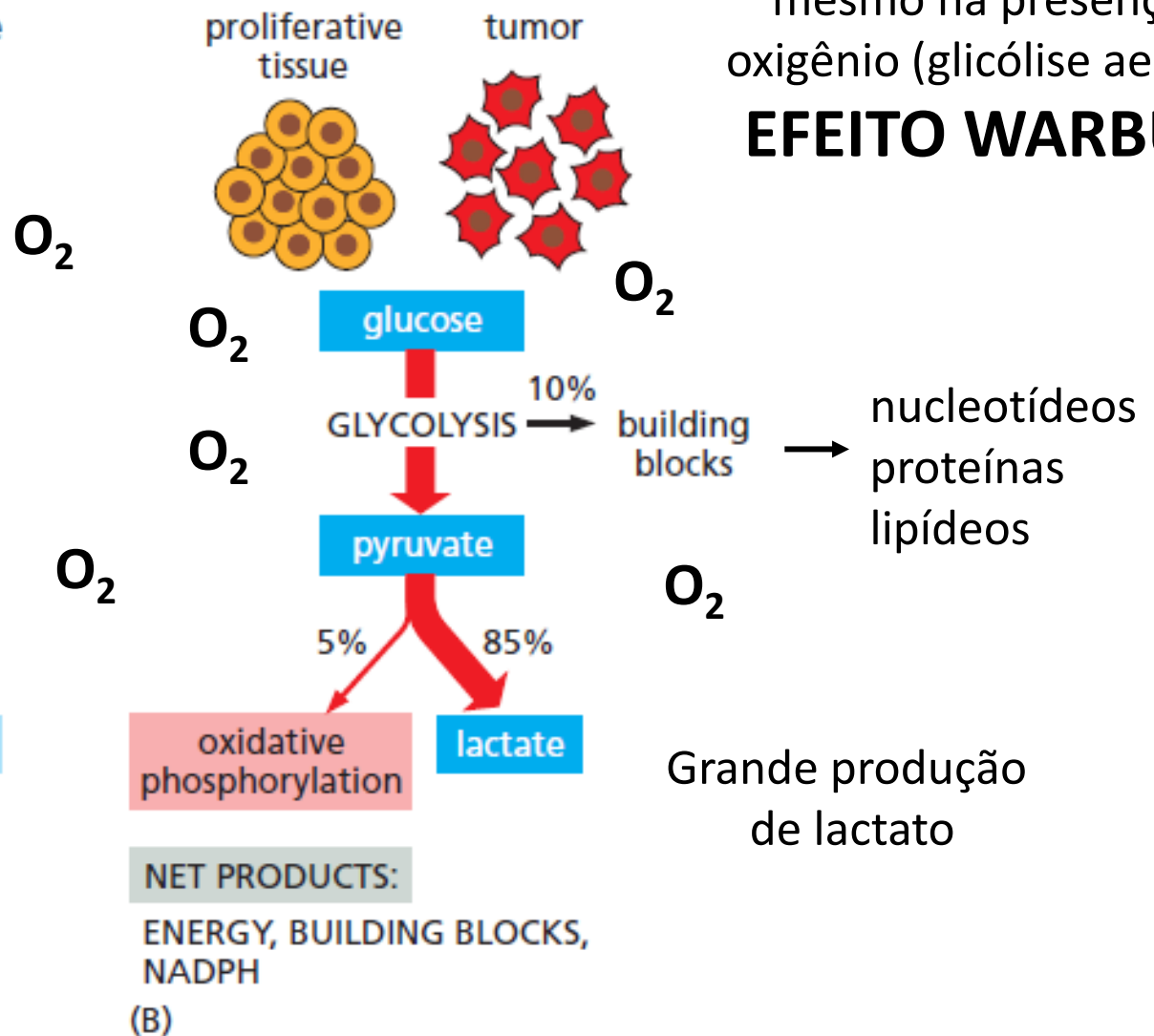
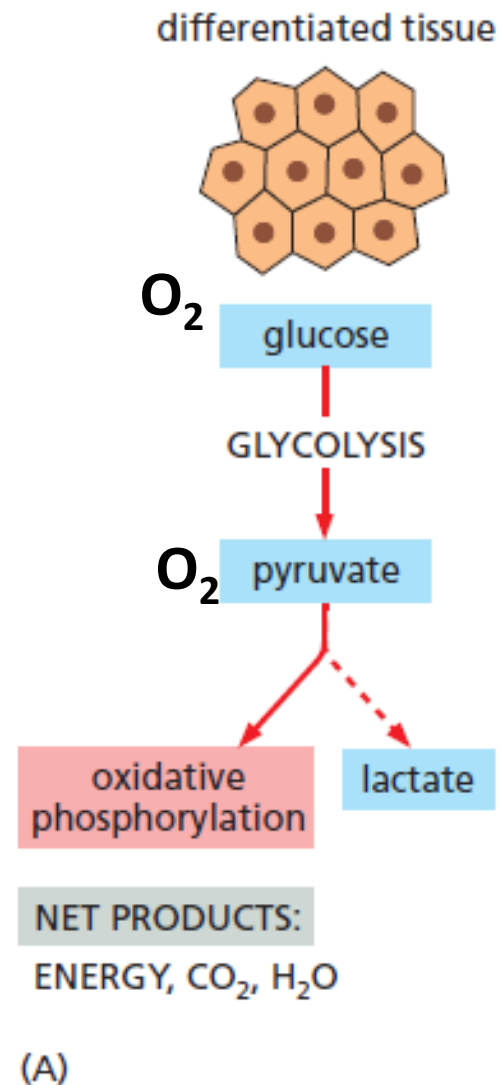


Figure 20-14 Molecular Biology of the Cell 5/e (© Garland Science 2008)

# Imortalidade replicativa vida eterna!

- Proliferar continuamente = não morrer, não diferenciar e não tornar-se quiescente - COMO ?
  - Evadir os sinais de parada do ciclo celular pelos genes supressores de tumor
  - Evadir os sinais indutores de morte celular
  - Ser independente de fatores de proliferação = ativação de oncogenes
  - Ajuste metabólico para sustentar a demanda energética imposta pela replicação

Células tumorais importam glicose do sangue a uma taxa 100X maior do que células normais



Células tumorais degradam a glicose na via glicolítica mesmo na presença de oxigênio (glicólise aeróbica)

**EFEITO WARBURG**

# O início – mutações somáticas

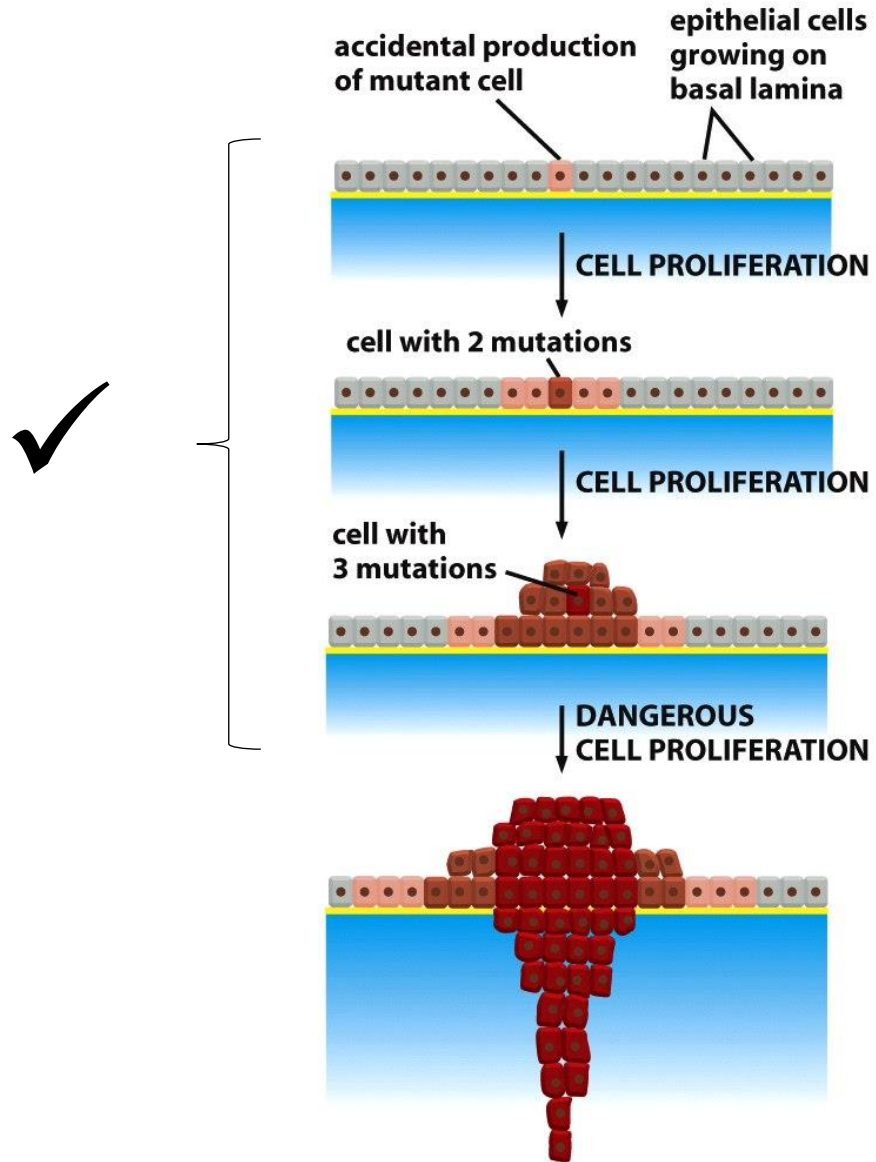
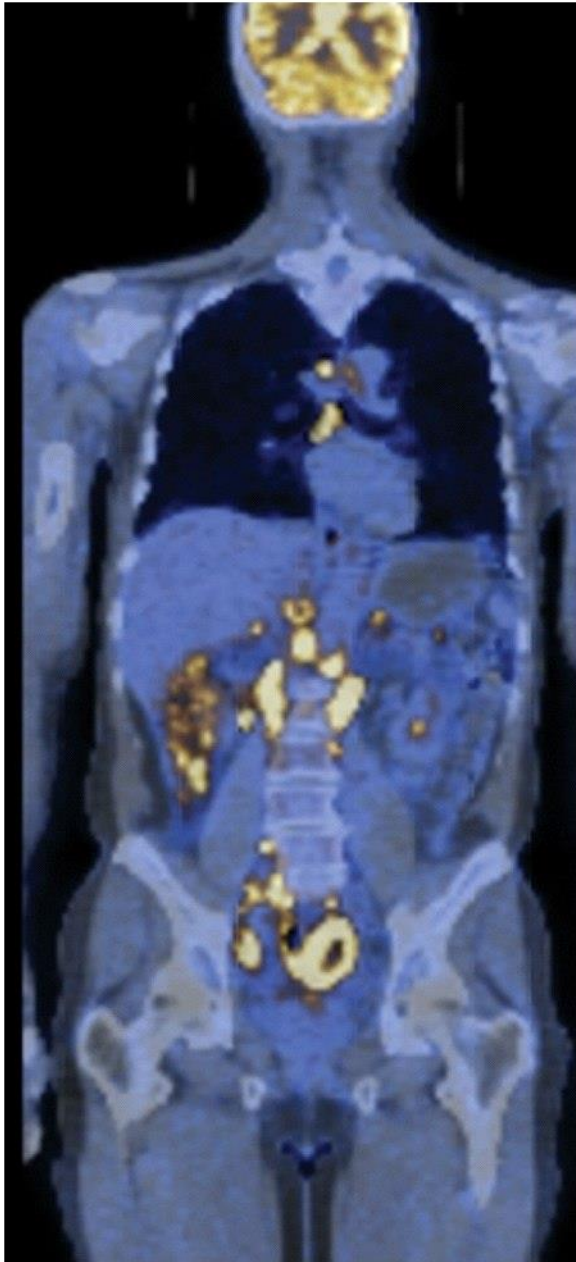


Figure 20-11 Molecular Biology of the Cell 5/e (© Garland Science 2008)



metástase

pósitron-emission tomography (fluoredeoxicose)



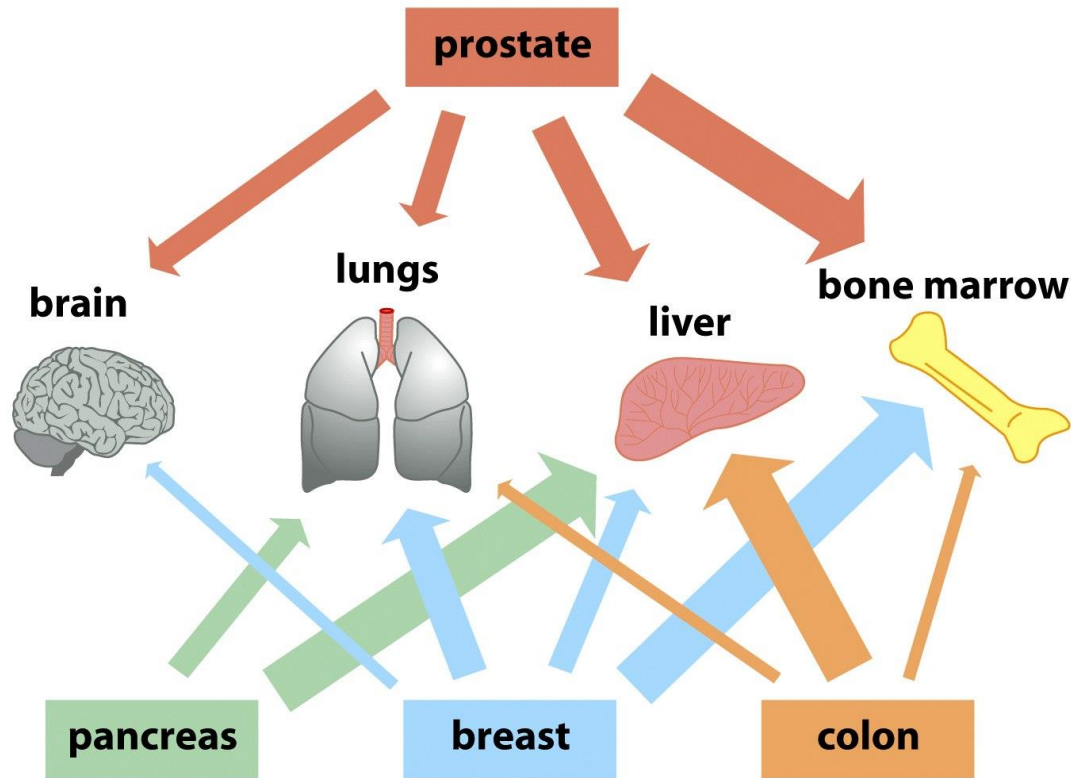


Figure 14-42 The Biology of Cancer (© Garland Science 2007)

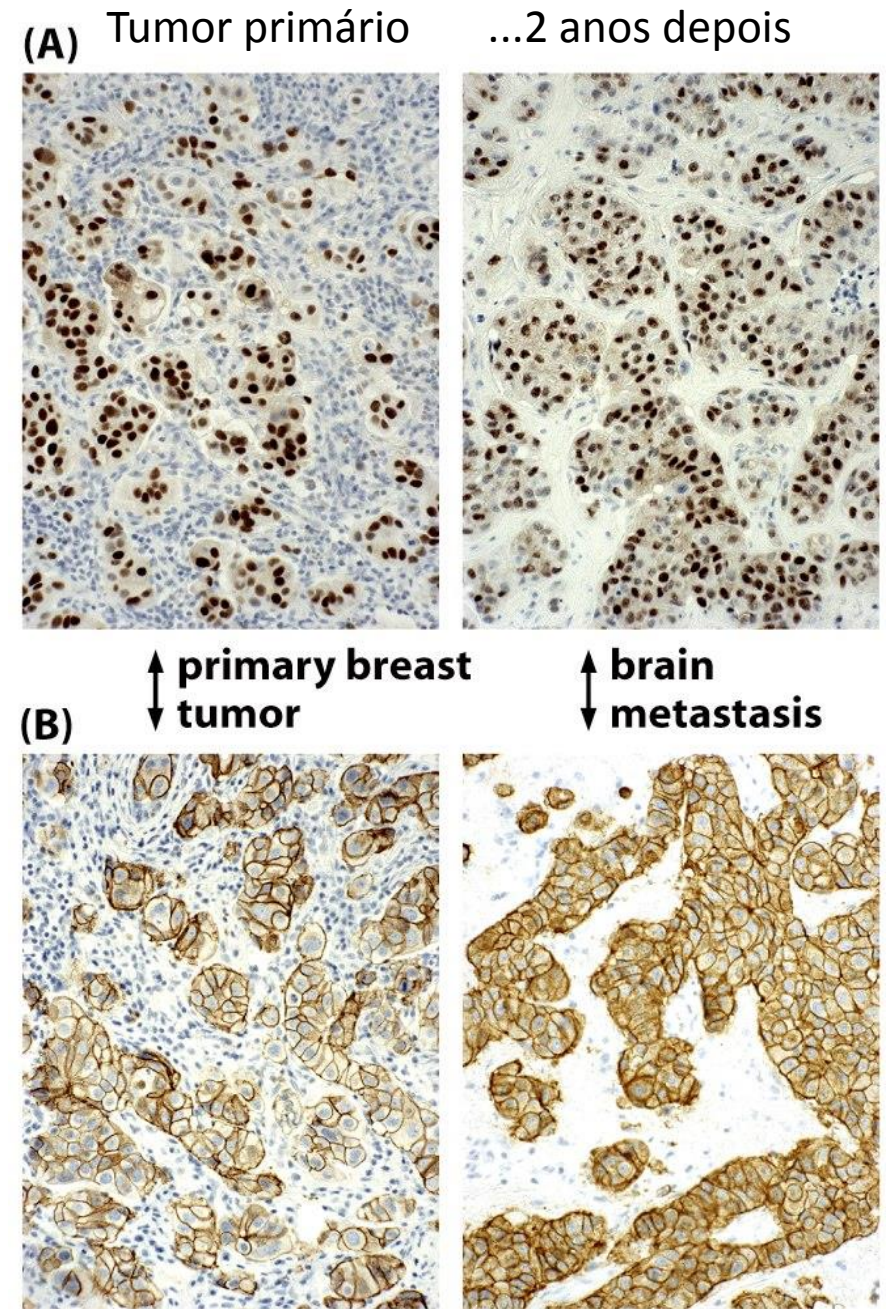


Figure 14-18 The Biology of Cancer (© Garland Science 2007)

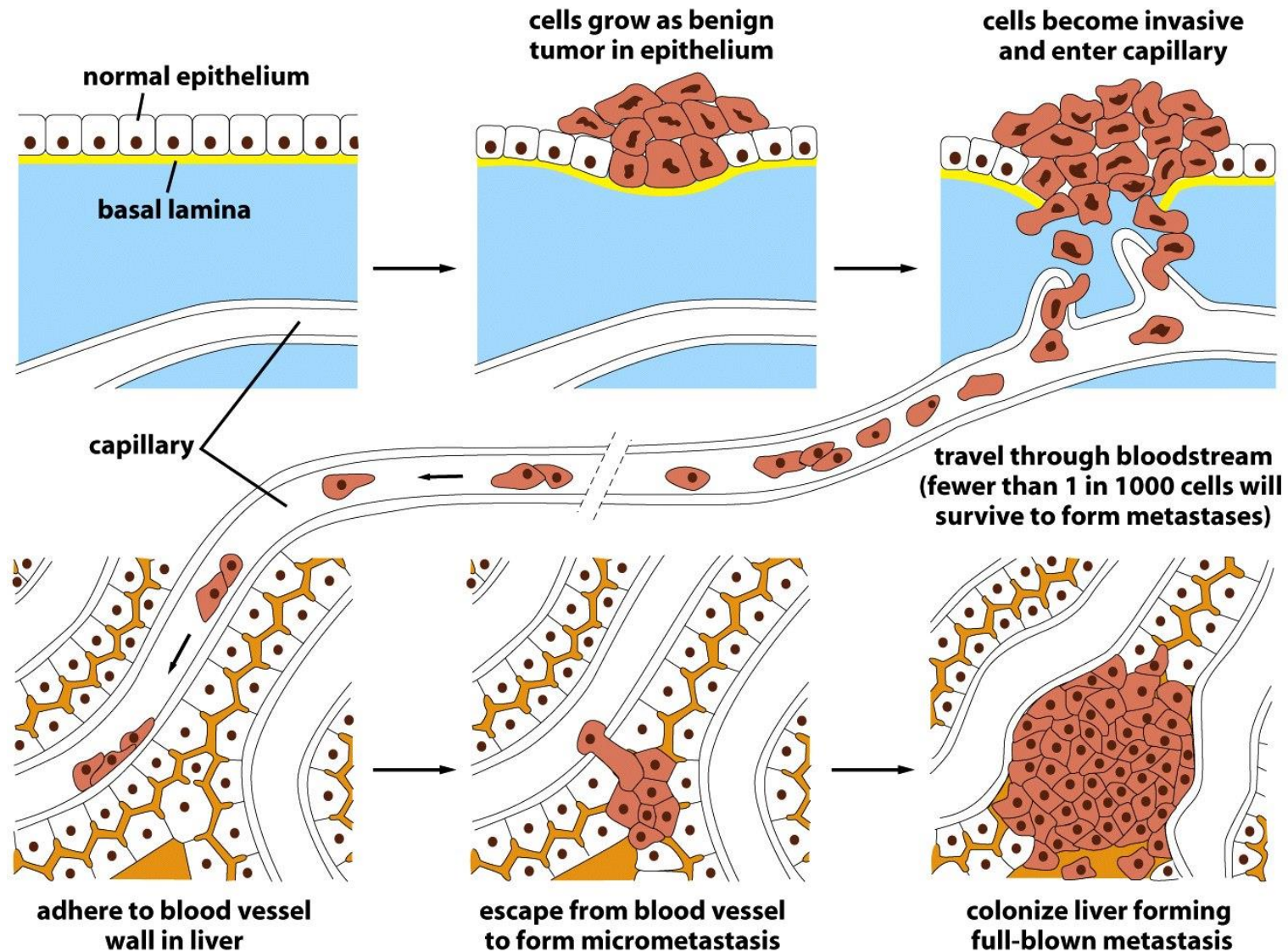


Figure 20-17 Molecular Biology of the Cell 5/e (© Garland Science 2008)

# Transição epitélio-mesenquimal – EMT

## Transição mesenquimo-epitelial – MET

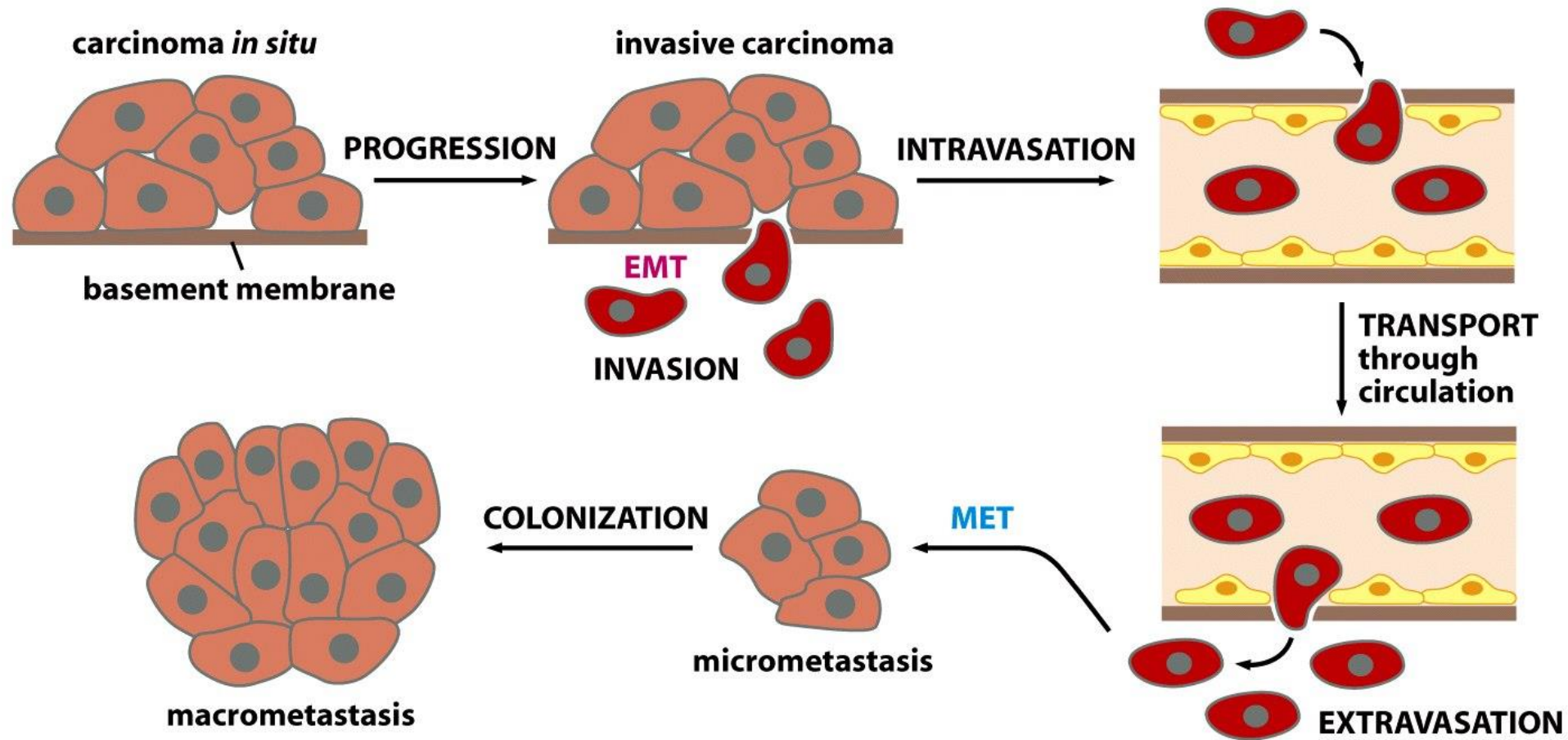
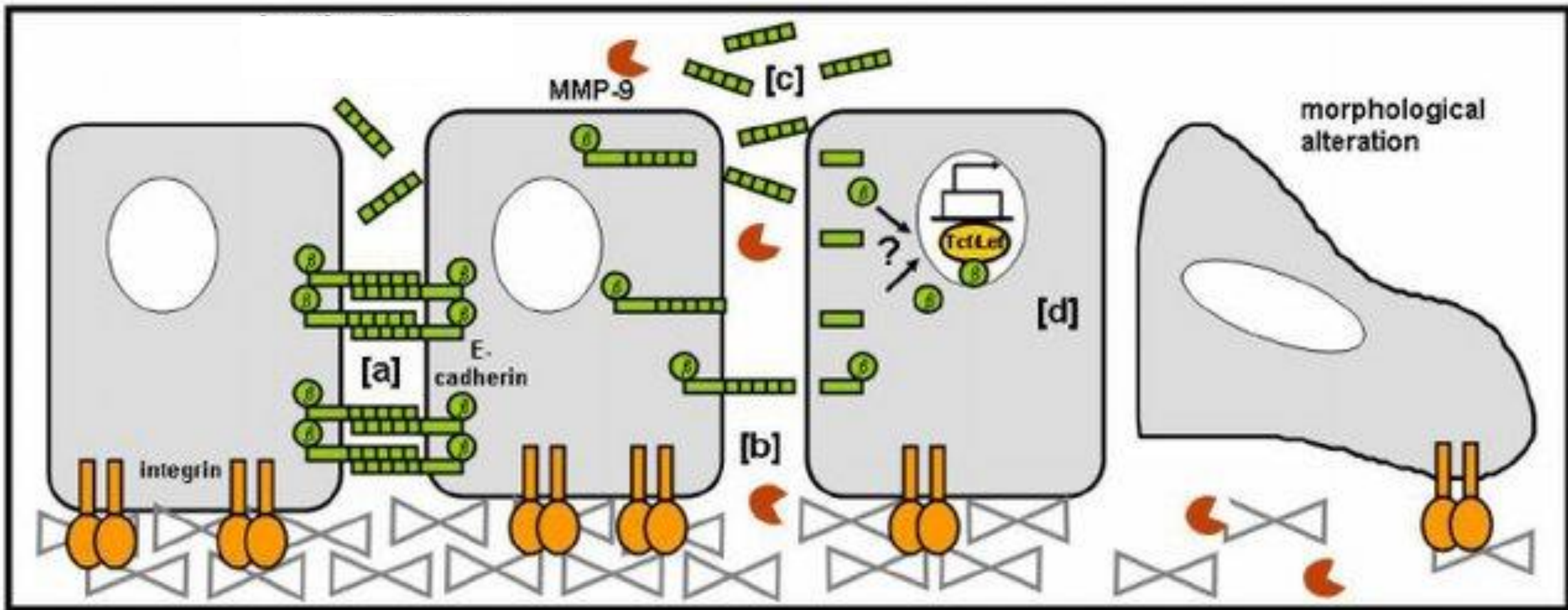


Figure 14-17b The Biology of Cancer (© Garland Science 2007)

Na EMT ocorre perda da adesão célula-célula mediada por E-caderina e degradação da matriz extracelular



Matriz extracelular



metalo



E-caderinas

**Table 14.2** Cellular changes associated with the epithelial–mesenchymal transition

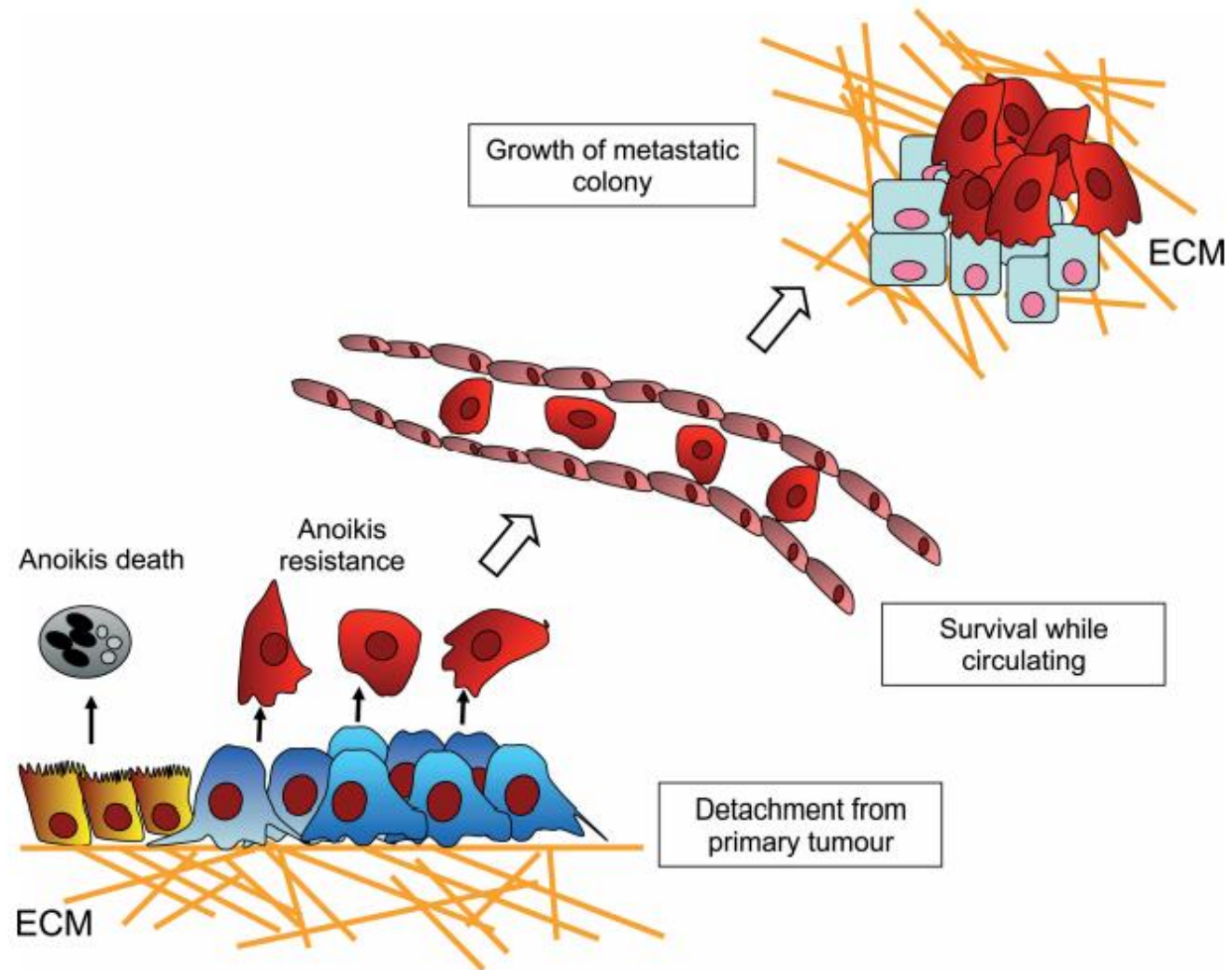
**Loss of**

**Cytokeratin (intermediate filament) expression**  
**Epithelial adherens junction protein (E-cadherin)**  
**Epithelial cell polarity**

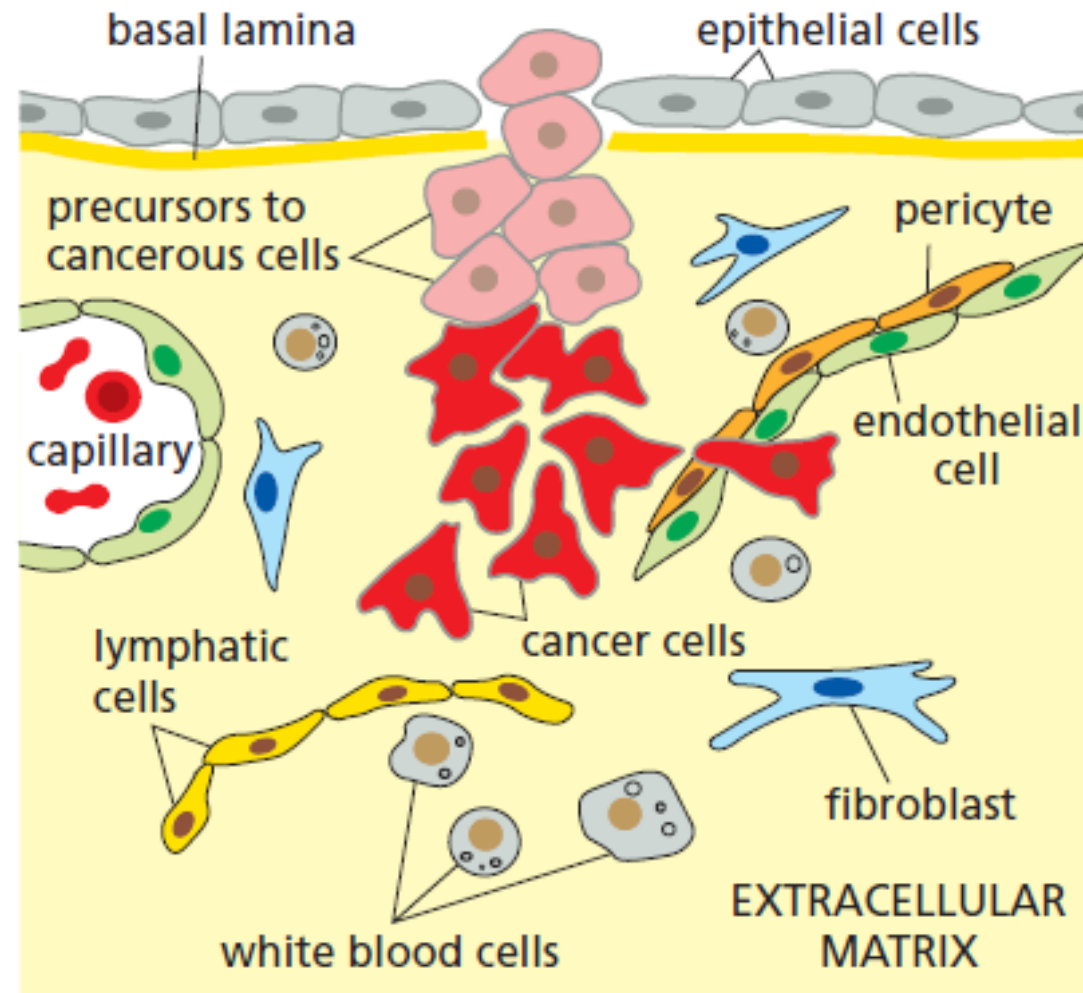
**Acquisition of**

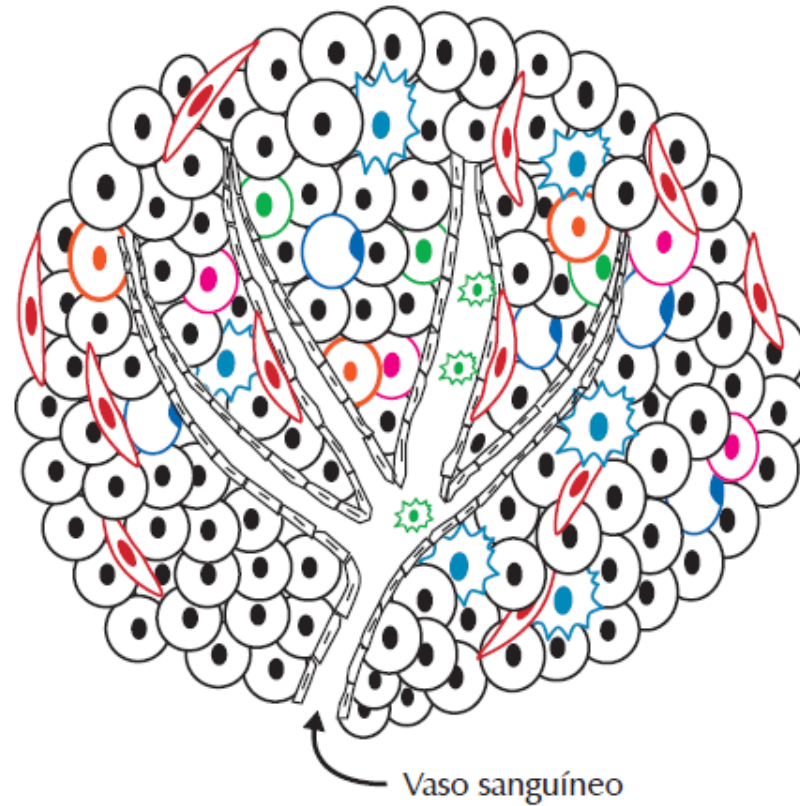
**Fibroblast-like shape**  
**Motility**  
**Invasiveness**  
**Mesenchymal gene expression program**  
**Mesenchymal adherens junction protein (N-cadherin)**  
**Protease secretion (MMP-2, MMP-9)**  
**Vimentin (intermediate filament) expression**  
**Fibronectin secretion**  
**PDGF receptor expression**  
 **$\alpha$ v $\beta$ 6 integrin expression**

Células tumorais são resistentes à *anoikis* (= morte celular induzida por perda de adesão à matriz):



# A metástase depende da interação do tumor com o seu microambiente





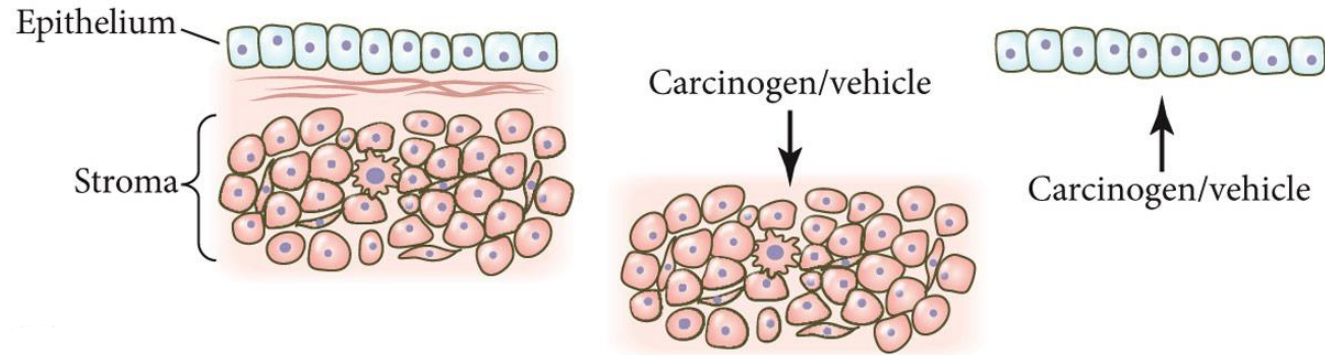
- Células tumorais
- Células - tronco tumorais
- Macrófagos associados ao tumor (TAM)
- Fibroblastos associados ao câncer (CAP)
- Células mesenquimais
- Células T
- Abipócitos
- ▭ Células endoteliais
- Plaquetas



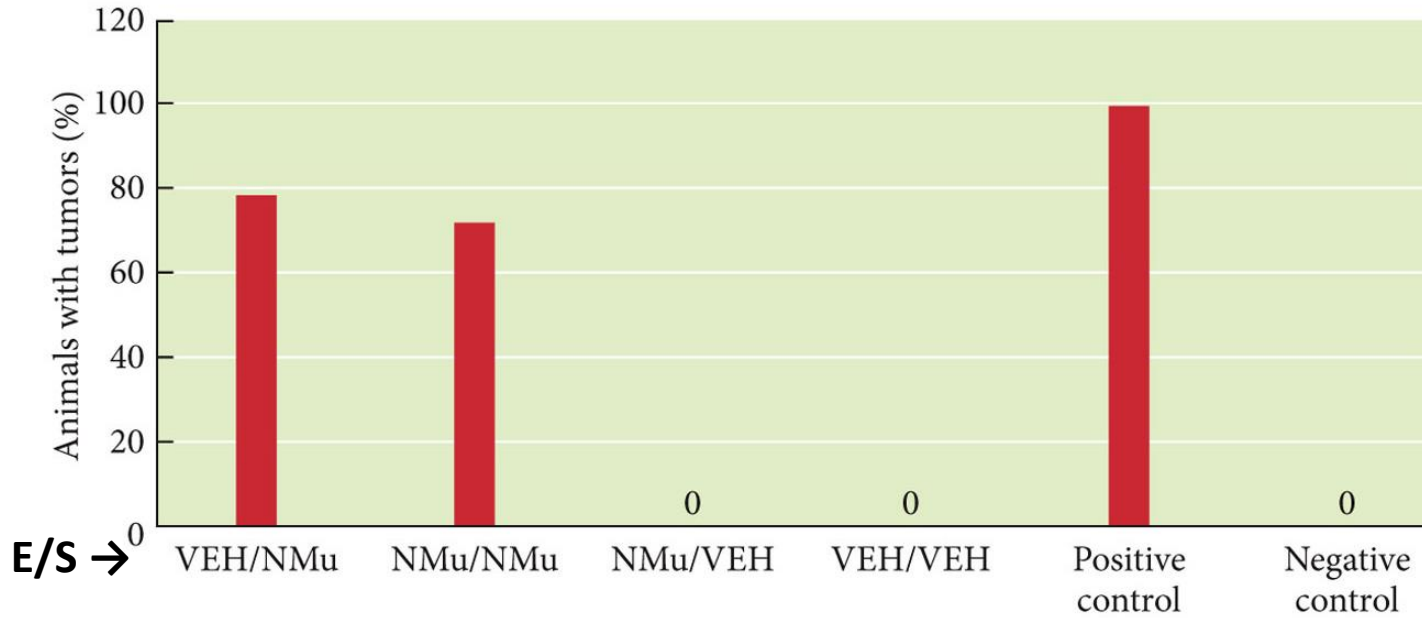
# Exemplos da importância do microambiente tumoral

NMu – carcinógeno  
VEH - veículo

(A)



(B)



Somente quando o estroma (= microambiente) é exposto ao carcinógeno ocorre formação de tumor

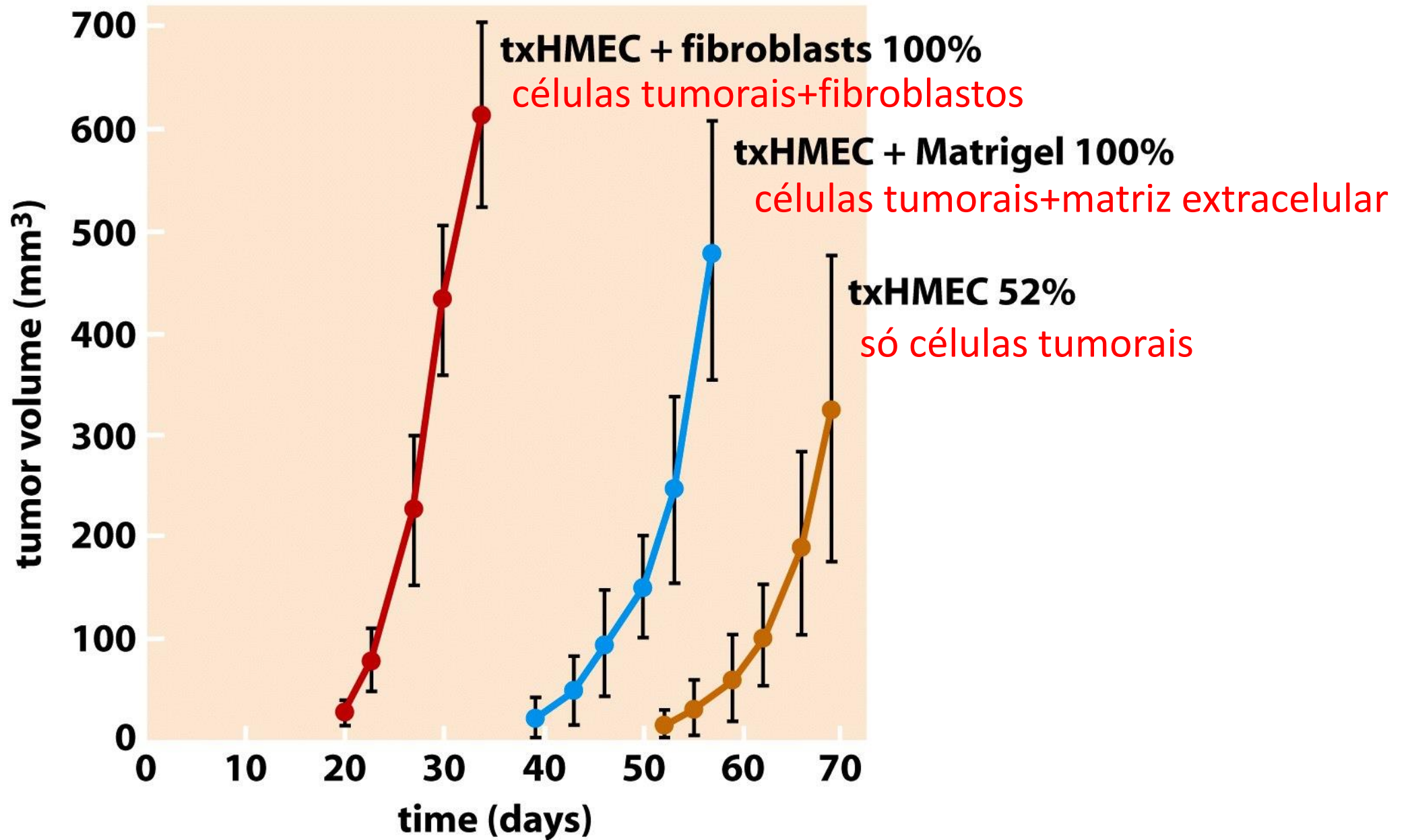
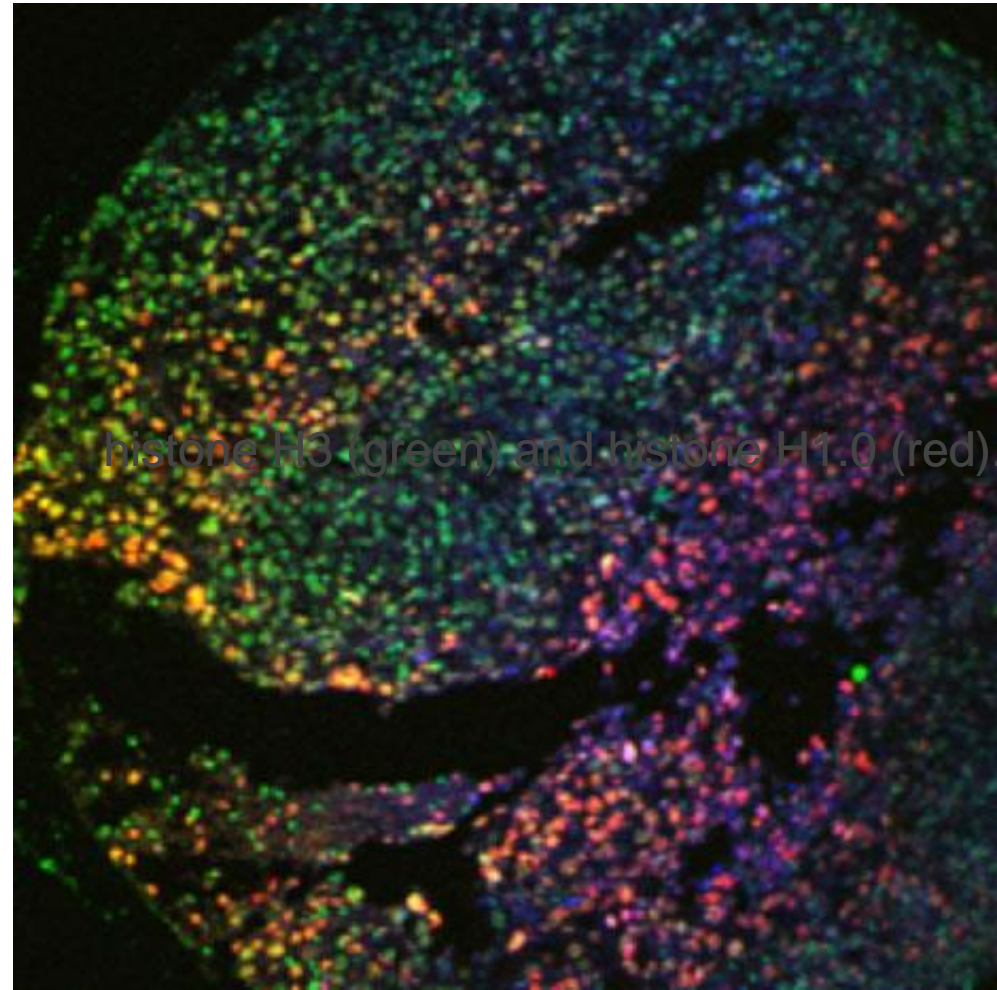


Figure 13-20 The Biology of Cancer (© Garland Science 2007)

# Tumores são heterogêneos

**methylated histone H3**  
**methylated histone H1**



Heterogeneidade **intratumoral**  
Heterogeneidade **intertumoral**

Tumores têm origem em  
uma única célula...

De onde vem a  
heterogeneidade?

# Modelo de evolução clonal

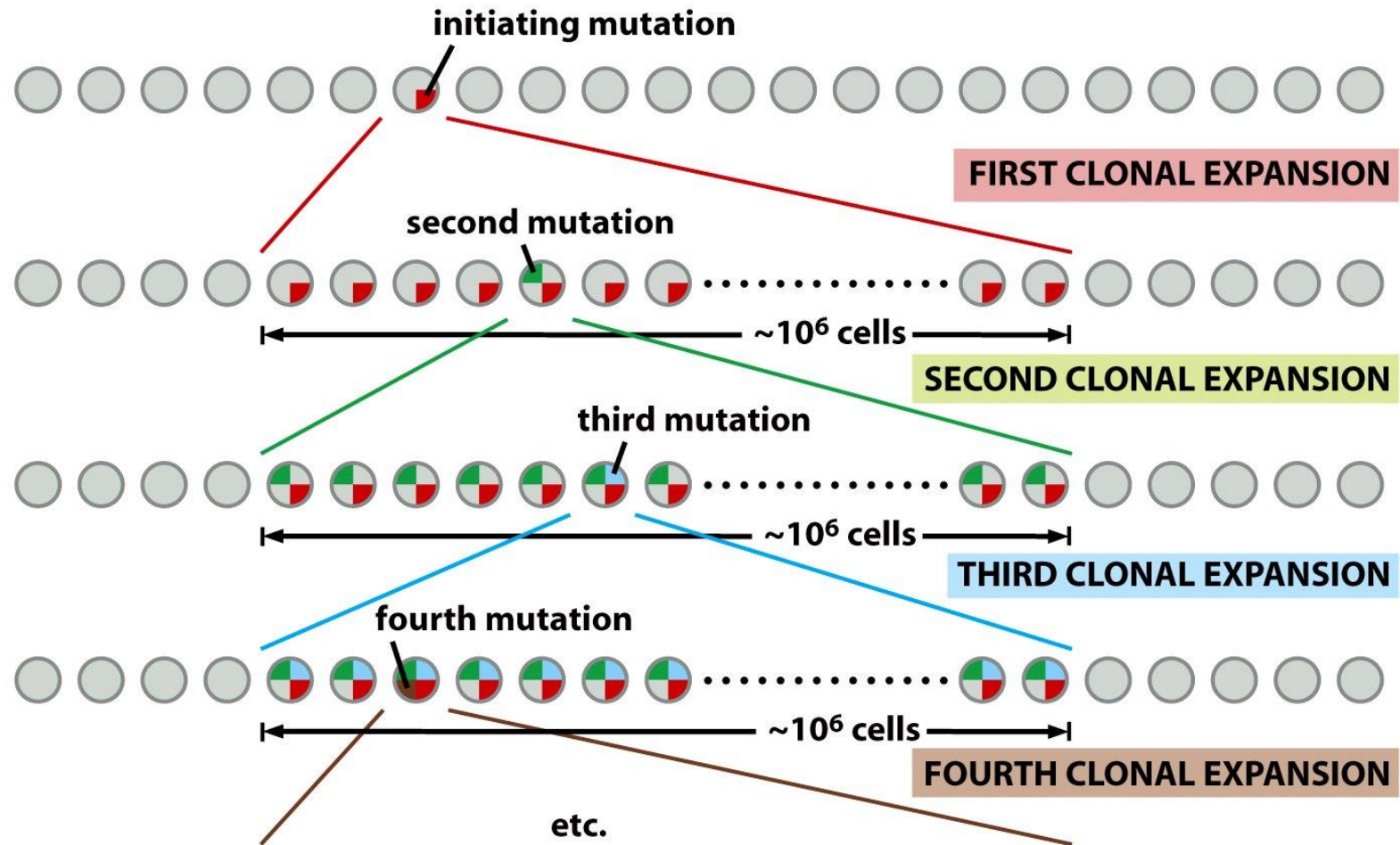


Figure 11-12 The Biology of Cancer (© Garland Science 2007)

# Modelo de célula-tronco tumoral

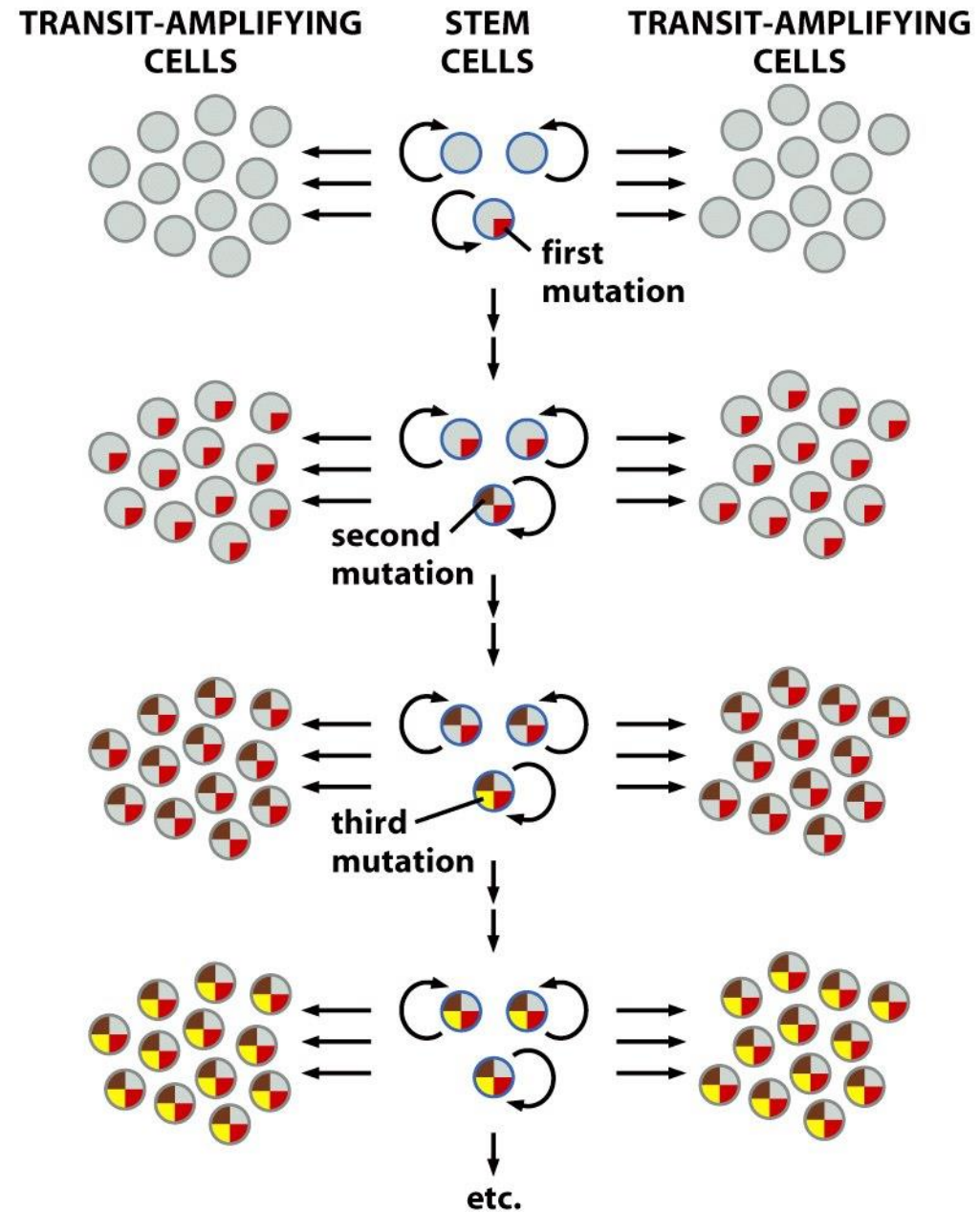


Figure 11-17 The Biology of Cancer (© Garland Science 2007)

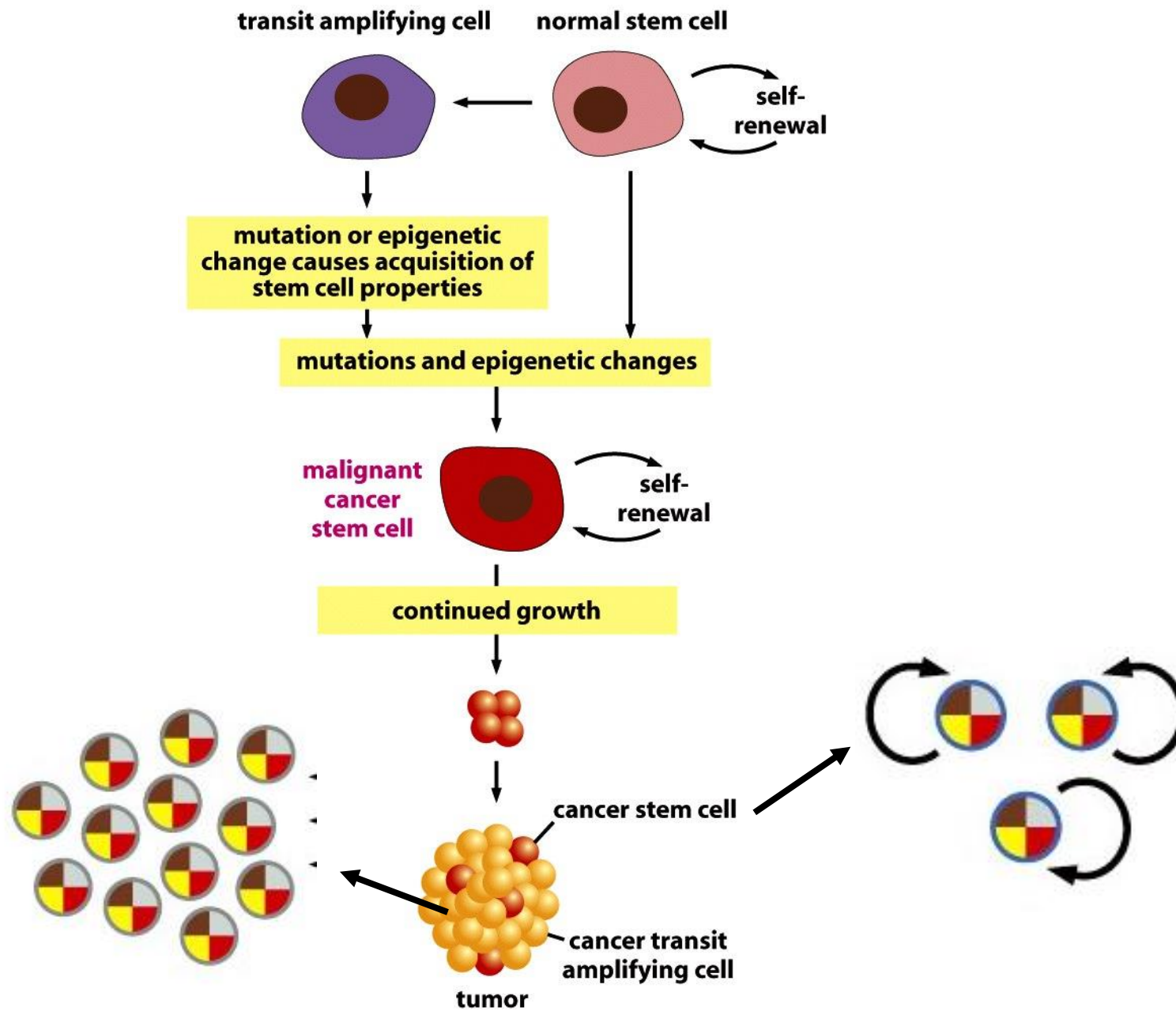


Figure 20-16 Molecular Biology of the Cell 5/e (© Garland Science 2008)



# Como se identifica células-tronco tumorais?

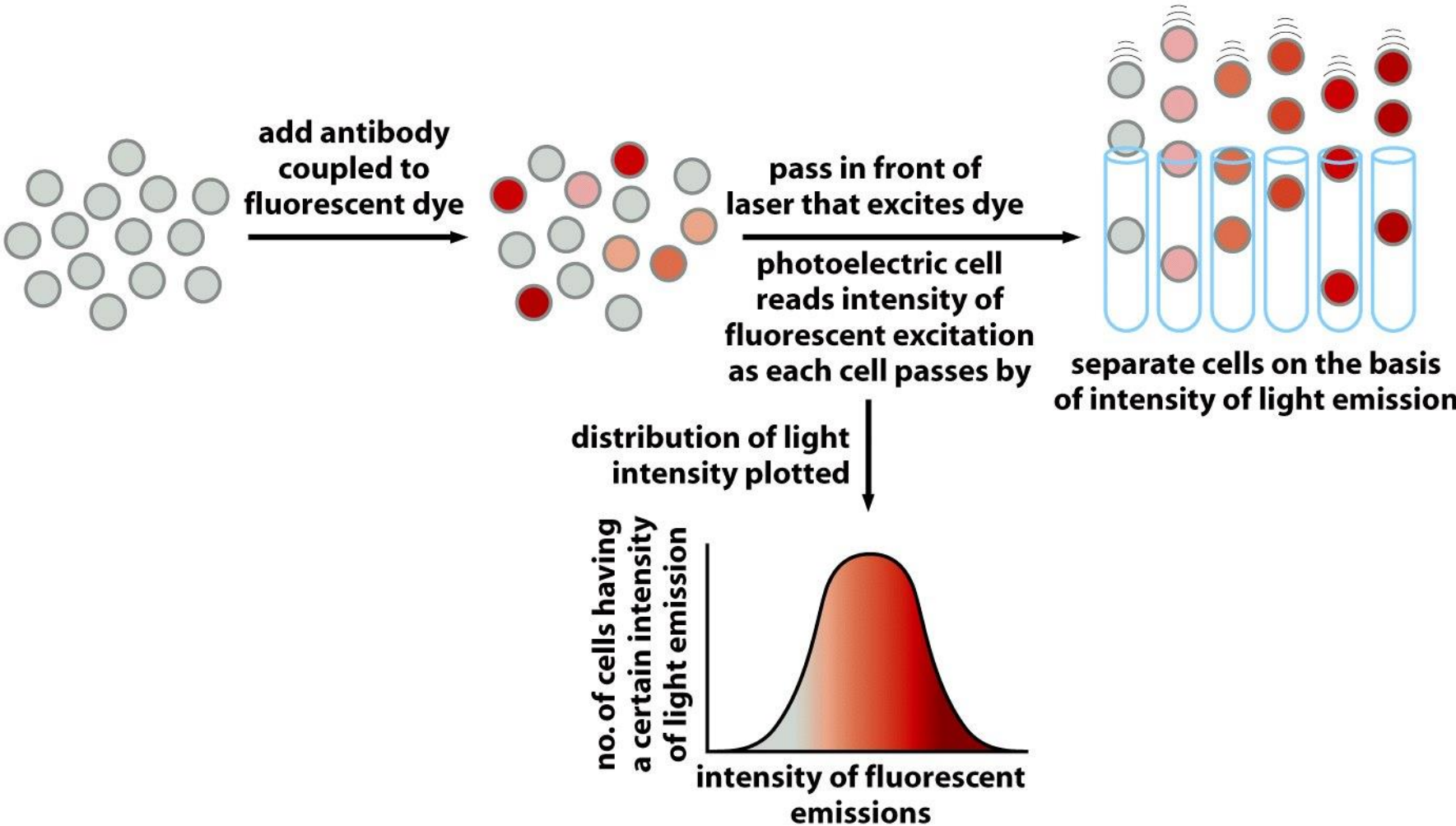


Figure 11-13 The Biology of Cancer (© Garland Science 2007)

CD133 –  
marcador de  
célula-tronco  
neuronal

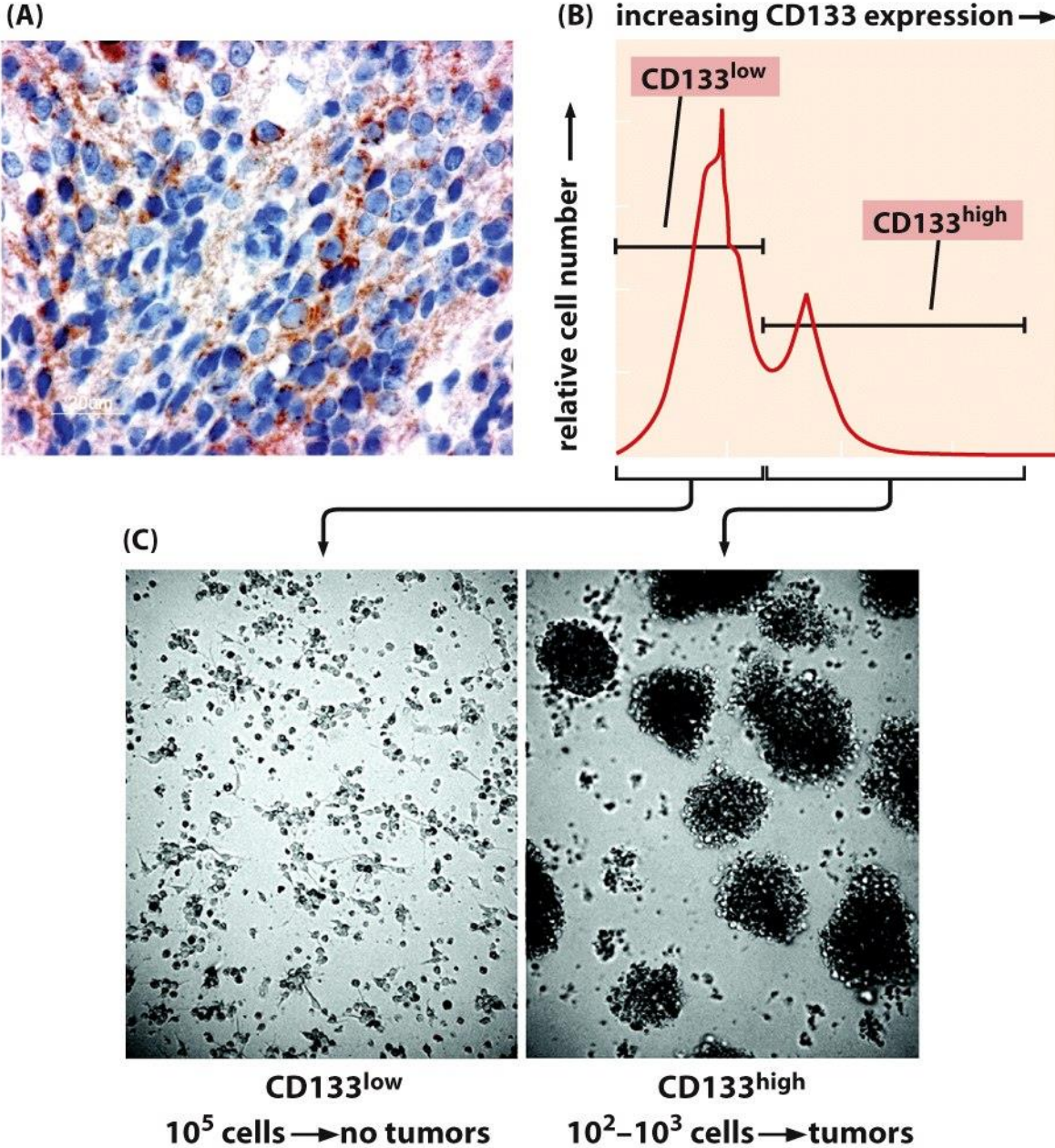
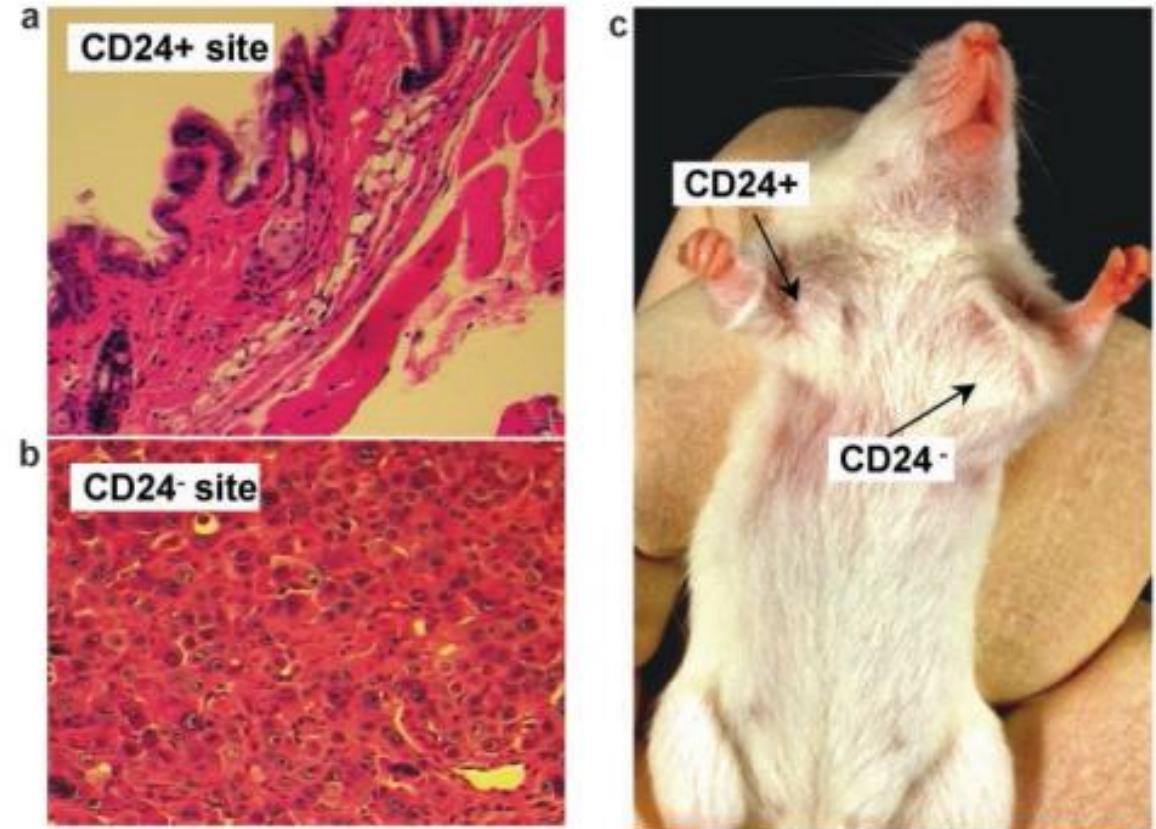


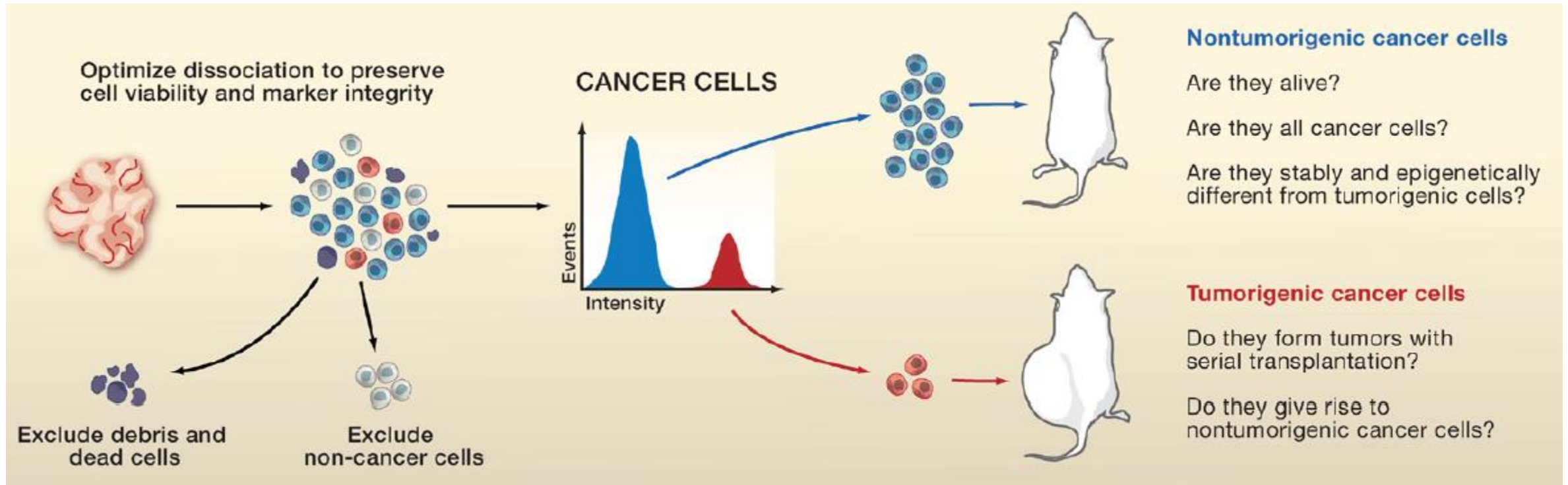
Figure 11-15 The Biology of Cancer (© Garland Science 2007)

**Table 2. Tumor formation ability of sorted cells**

	Tumors/injections		
	$8 \times 10^5$	$5 \times 10^5$	$2 \times 10^5$
<b>Passaged T1</b>			
CD44 <sup>-</sup>	0/2	0/2	—
CD44 <sup>+</sup>	2/2	2/2	—
B38.1 <sup>-</sup>	0/2	0/2	—
B38.1 <sup>+</sup>	2/2	2/2	—
CD24 <sup>+</sup>	—	—	1/6
CD24 <sup>-</sup>	—	—	6/6
<b>Passaged T2</b>			
CD44 <sup>-</sup>	0/2	0/2	—
CD44 <sup>+</sup>	2/2	2/2	—
B38.1 <sup>-</sup>	0/2	0/2	—
B38.1 <sup>+</sup>	2/2	2/2	—
CD24 <sup>+</sup>	—	—	1/6
CD24 <sup>-</sup>	—	—	6/6

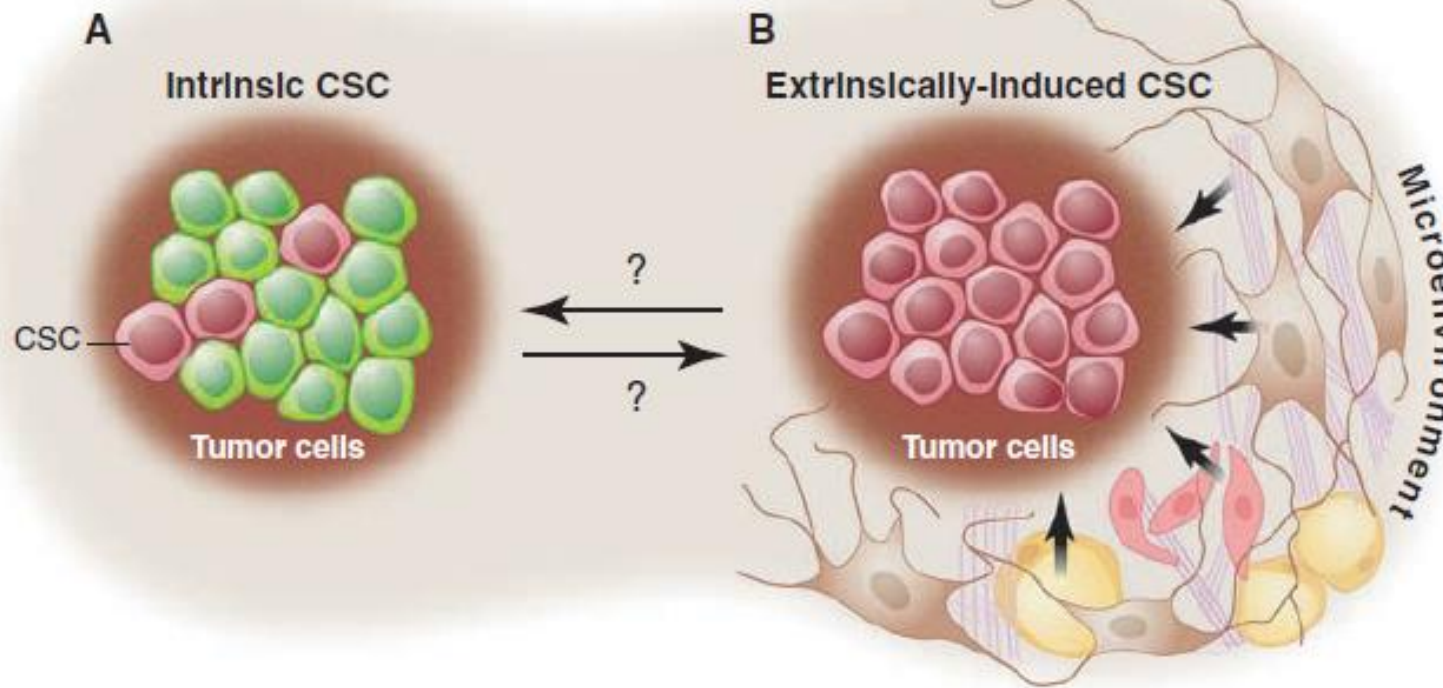


# Em resumo:



# Regulação das células-tronco tumorais

EMT  
Alterações epigenéticas



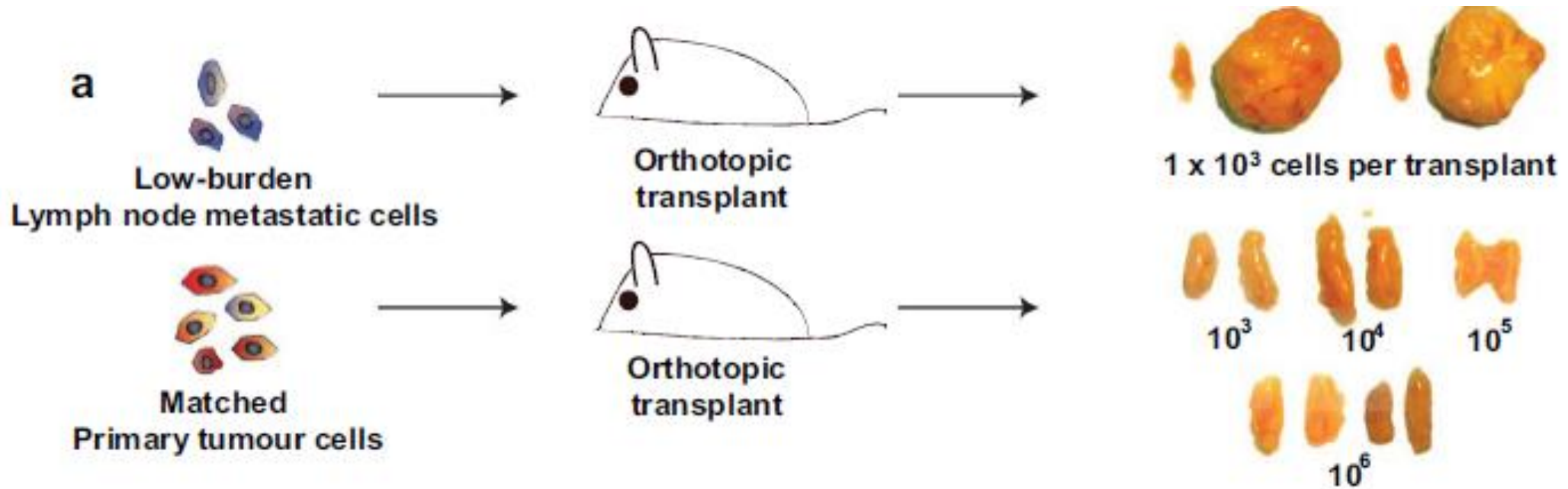
Microambiente:

Células endoteliais  
Matriz extracelular  
Hipóxia  
Inflamação  
Fibroblastos

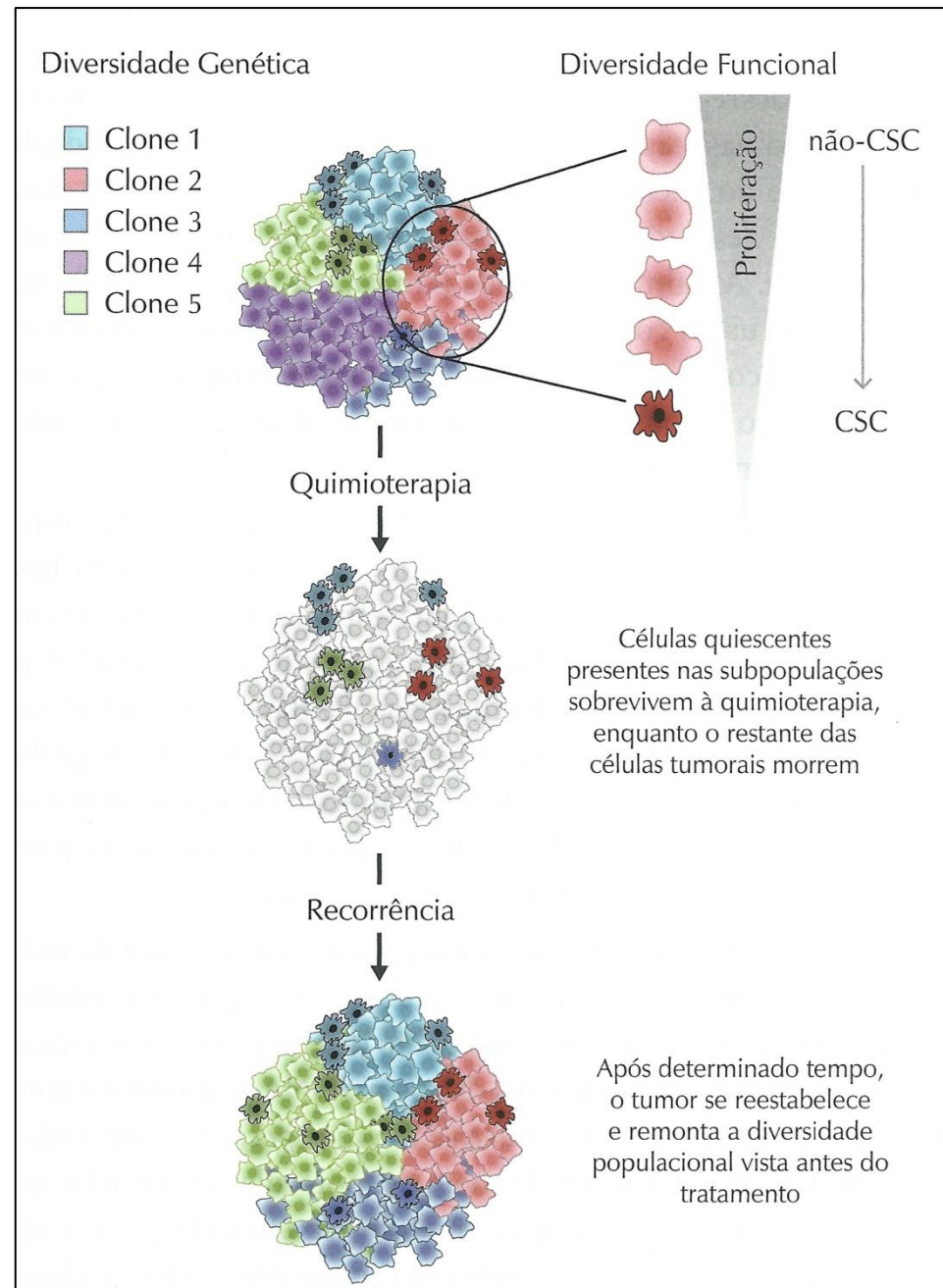
As células-tronco tumorais têm algum papel na metástase?

# Single-cell analysis reveals a stem-cell program in human metastatic breast cancer cells

Devon A. Lawson<sup>1†</sup>, Nirav R. Bhakta<sup>2</sup>, Kai Kessenbrock<sup>1,3†</sup>, Karin D. Prummel<sup>1†</sup>, Ying Yu<sup>1</sup>, Ken Takai<sup>1†</sup>, Alicia Zhou<sup>3</sup>, Henok Eyob<sup>3</sup>, Sanjeev Balakrishnan<sup>3</sup>, Chih-Yang Wang<sup>1,4</sup>, Paul Yaswen<sup>5</sup>, Andrei Goga<sup>2,3</sup> & Zena Werb<sup>1</sup>

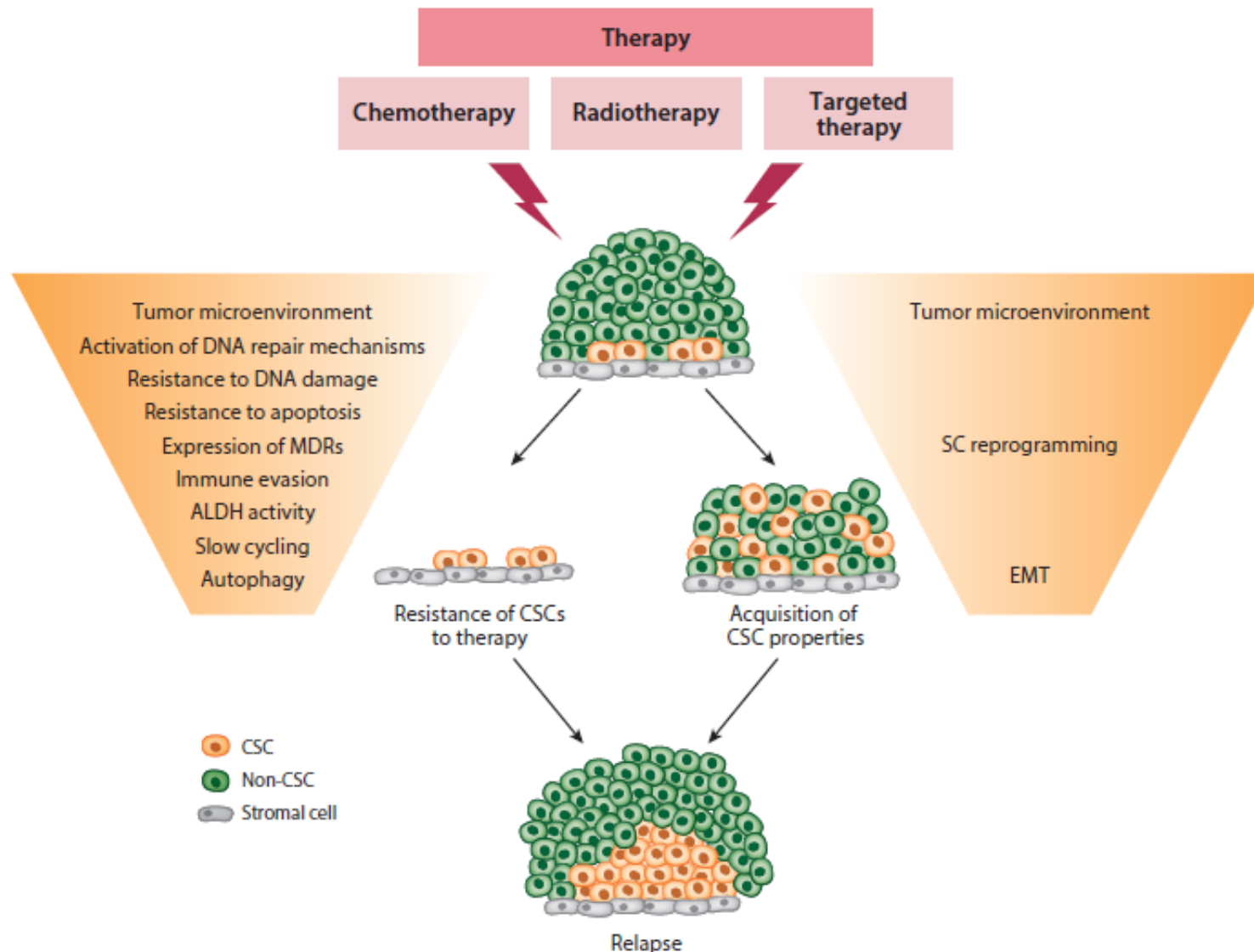


# Diversidade tumoral e resposta ao tratamento



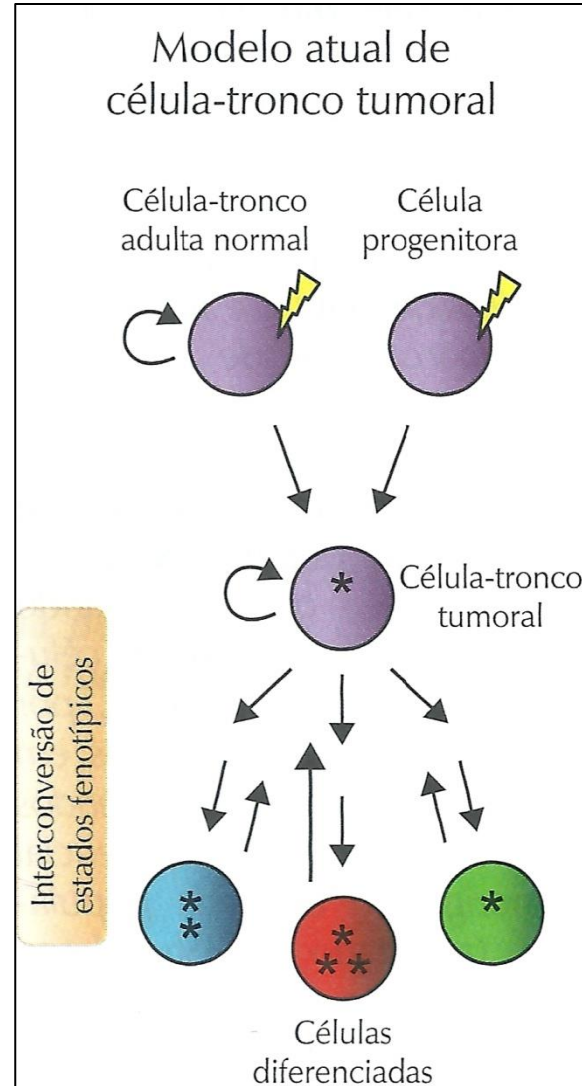


# Resistência das células-tronco tumorais à terapia



# Modelo atual de células-tronco tumorais

GRANDE PLASTICIDADE



## Capítulos 20

