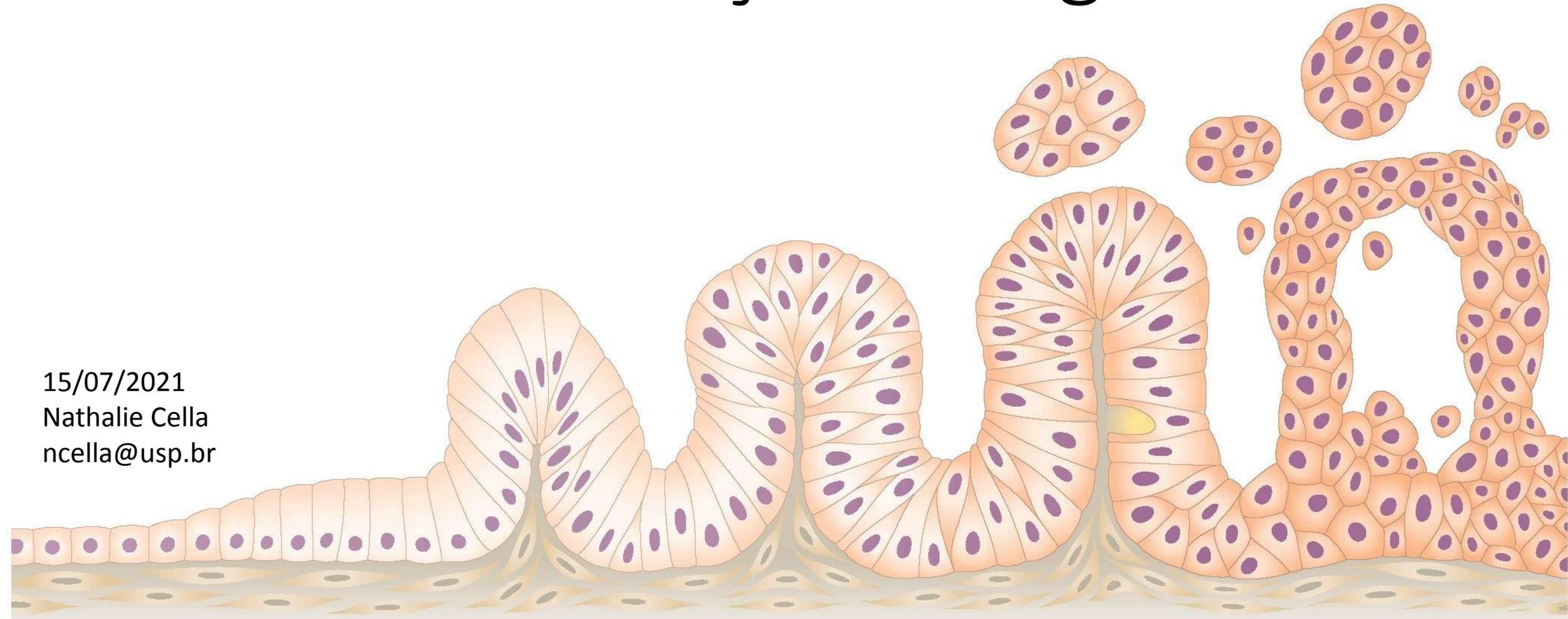
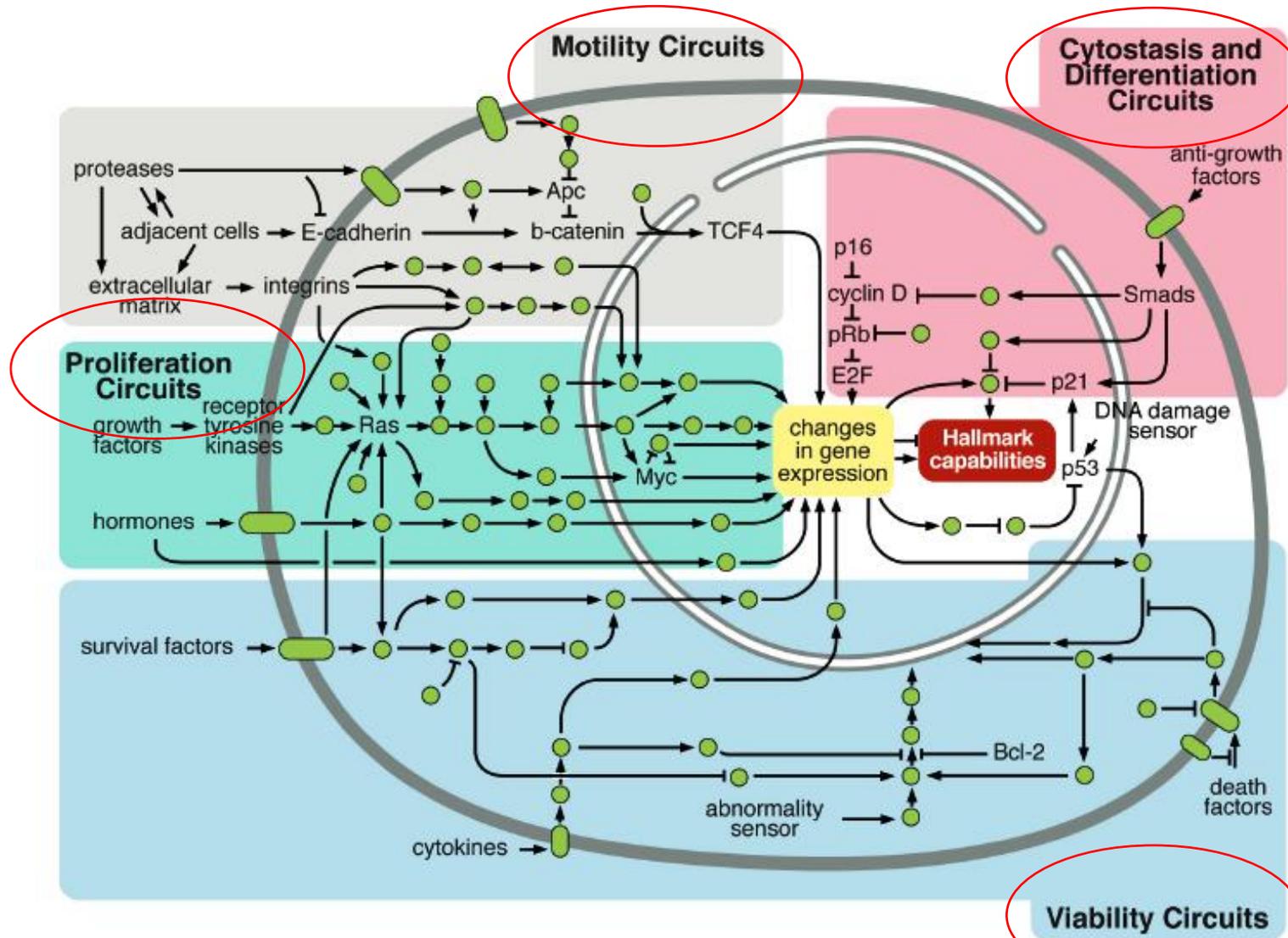


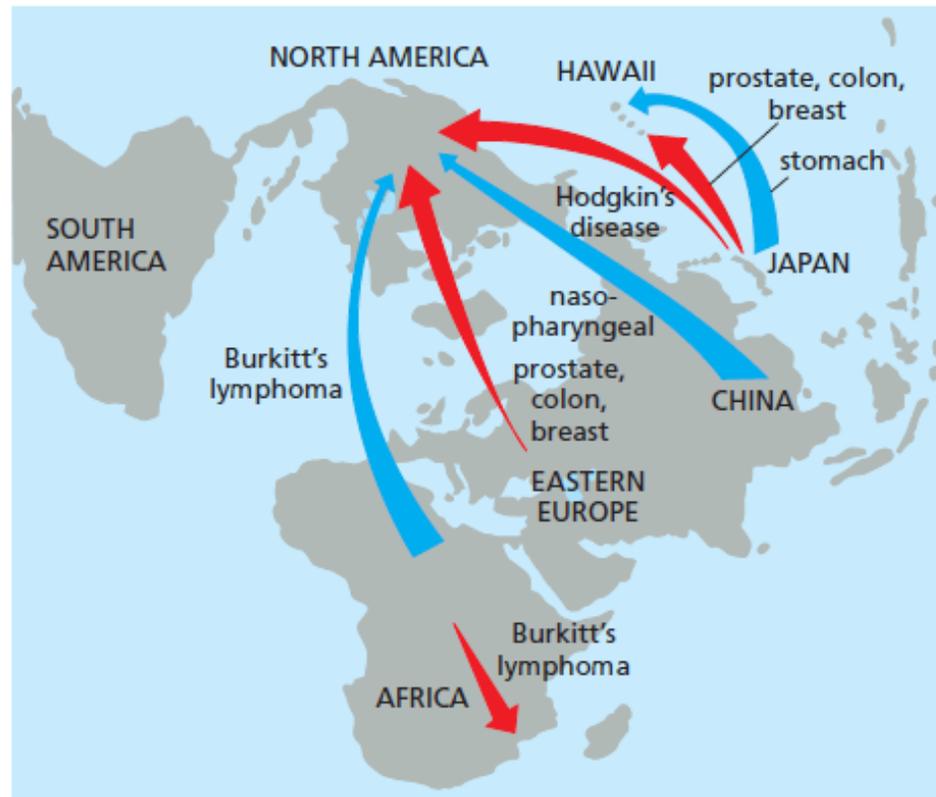
Transformação Maligna

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?

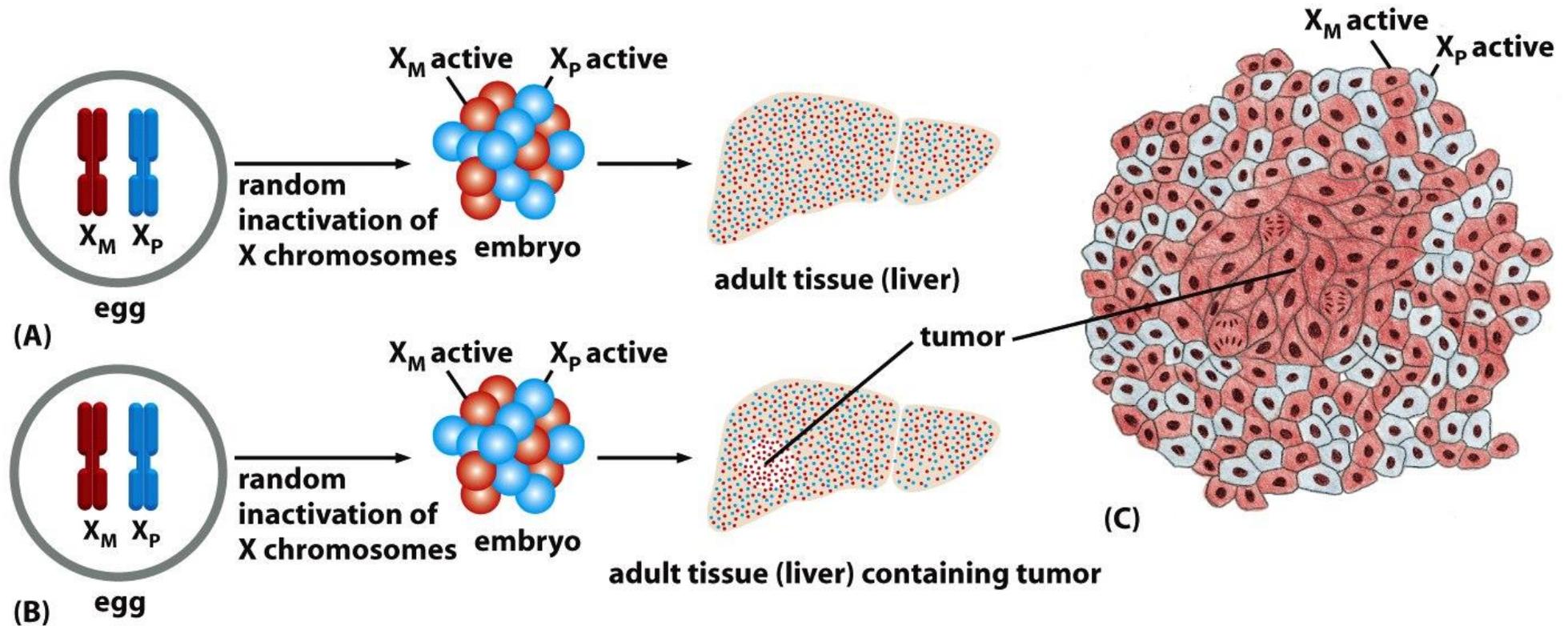


Figure 20-6 Molecular Biology of the Cell 5/e (© Garland Science 2008)

Tumor benigno e maligno

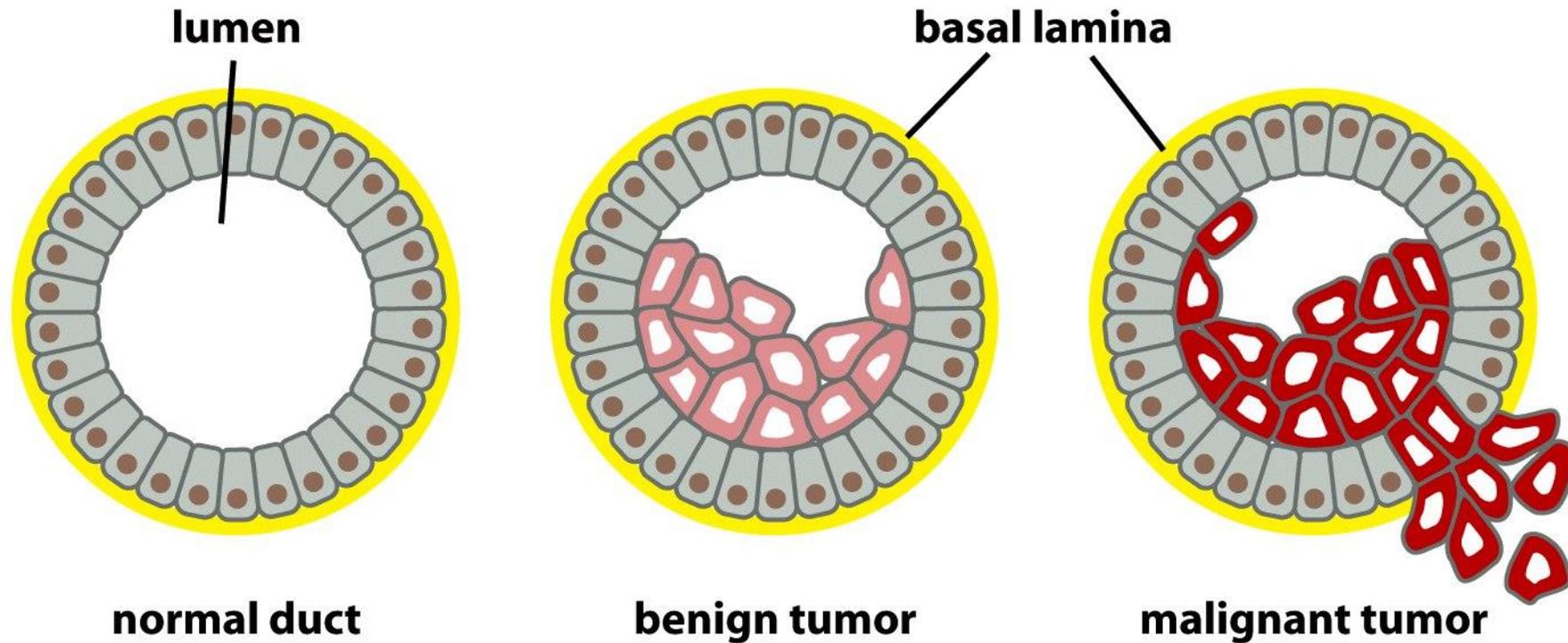


Figure 20-3 Molecular Biology of the Cell 5/e (© Garland Science 2008)

NÃO INVADE

INVADE

O início – mutações somáticas

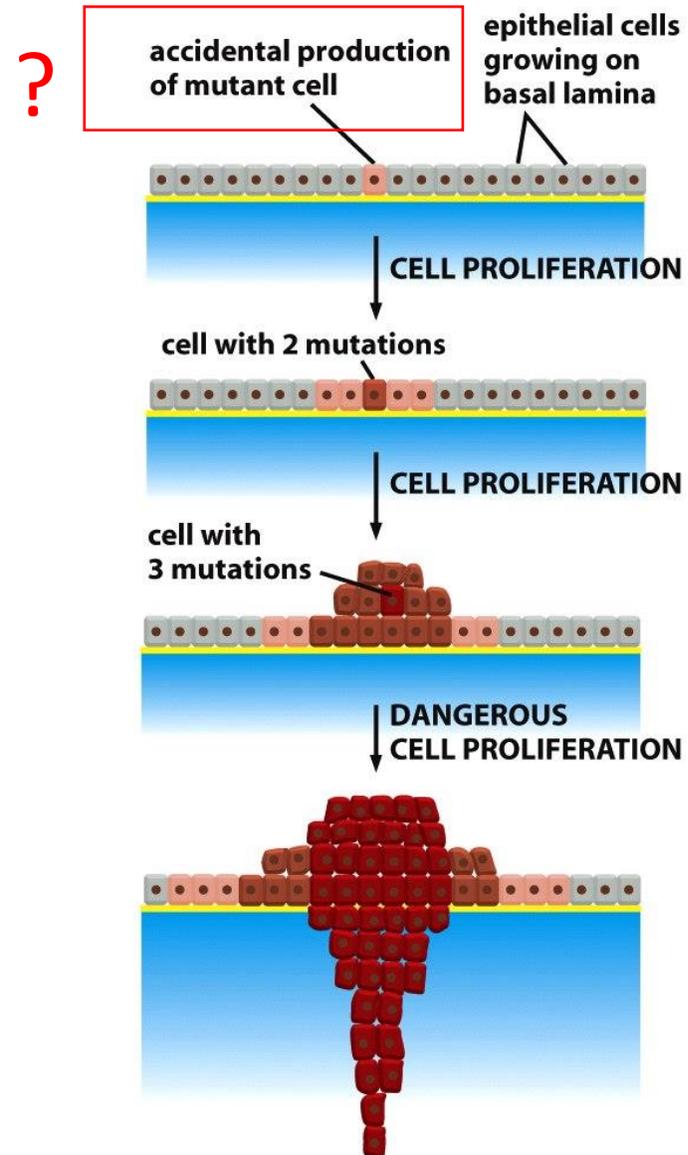


Figure 20-11 Molecular Biology of the Cell 5/e (© Garland Science 2008)

Mutações OU alterações epigenéticas

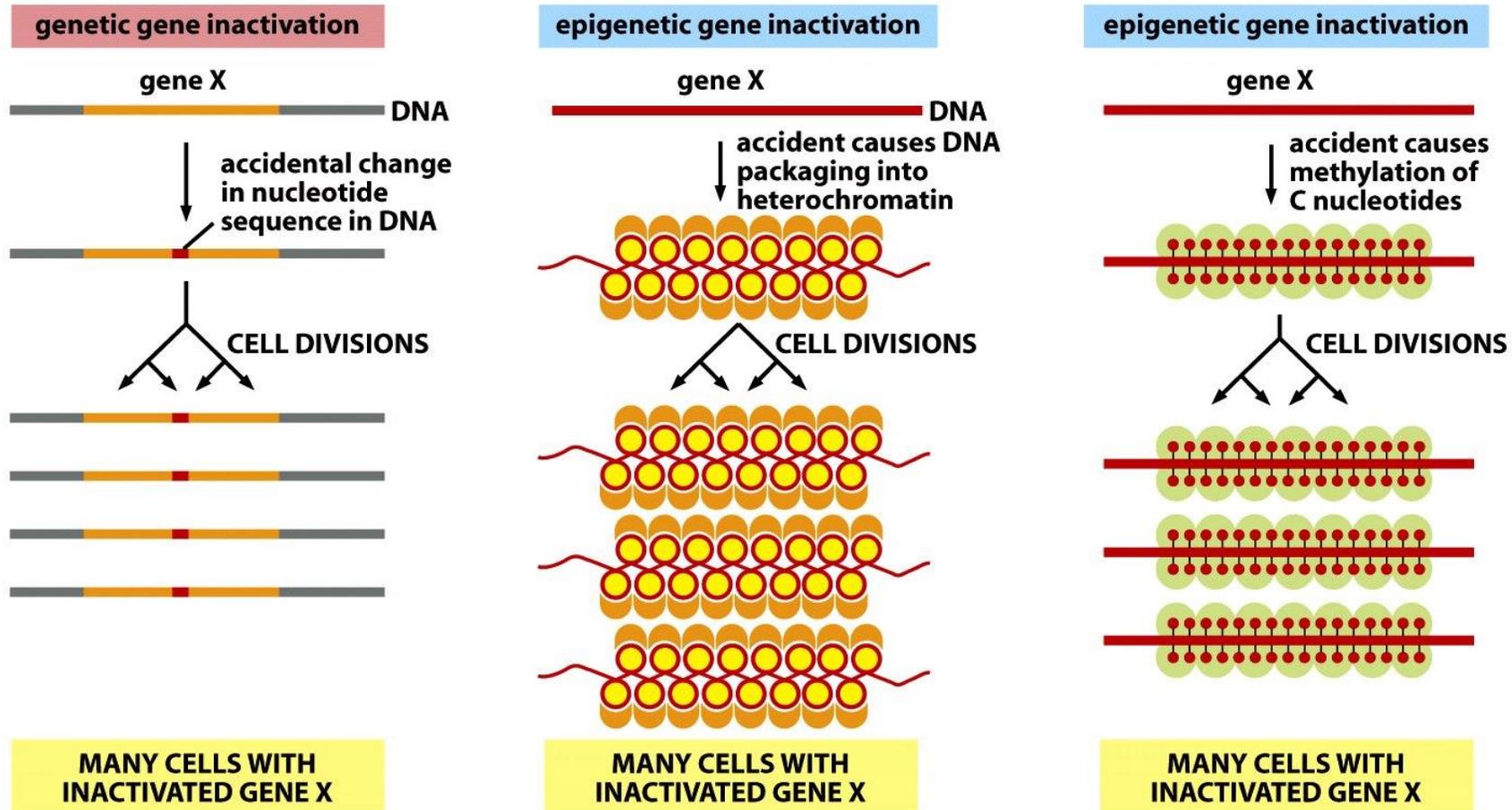


Figure 20-12 Molecular Biology of the Cell 5/e (© Garland Science 2008)

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

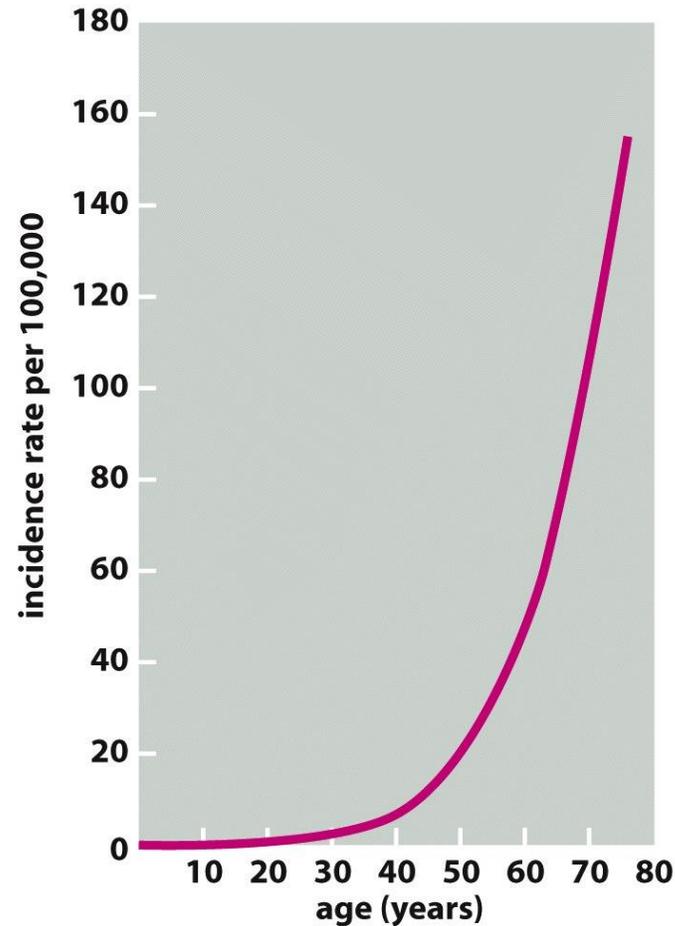
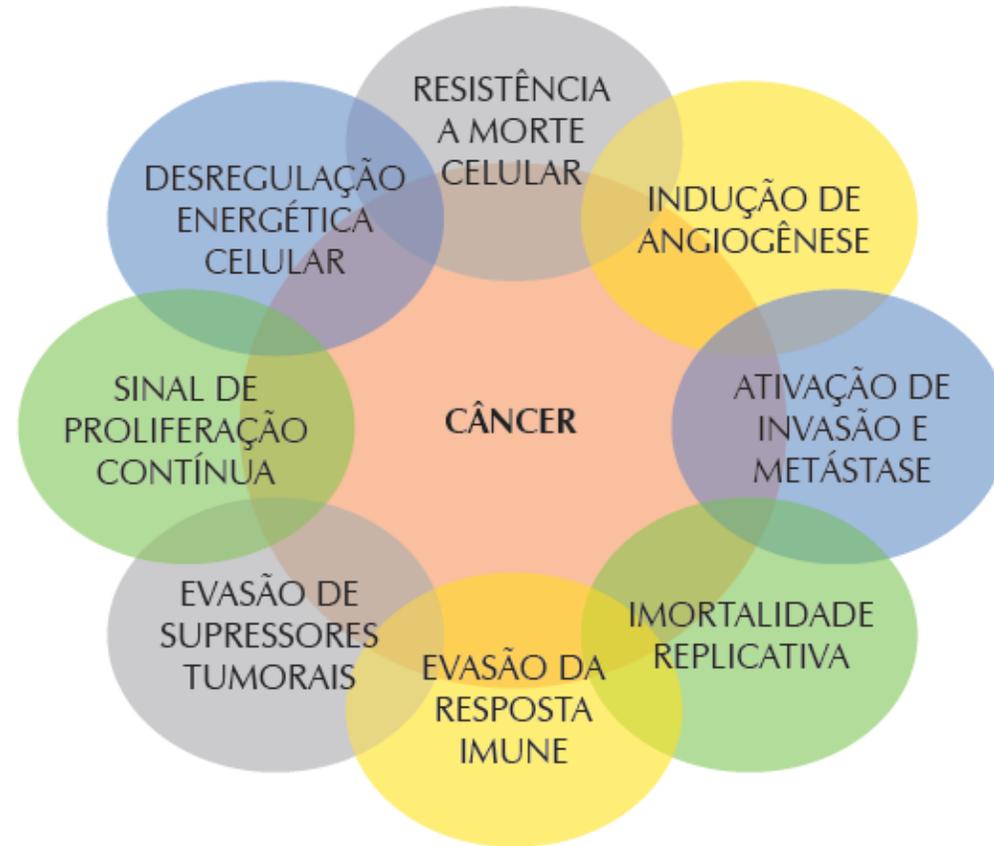


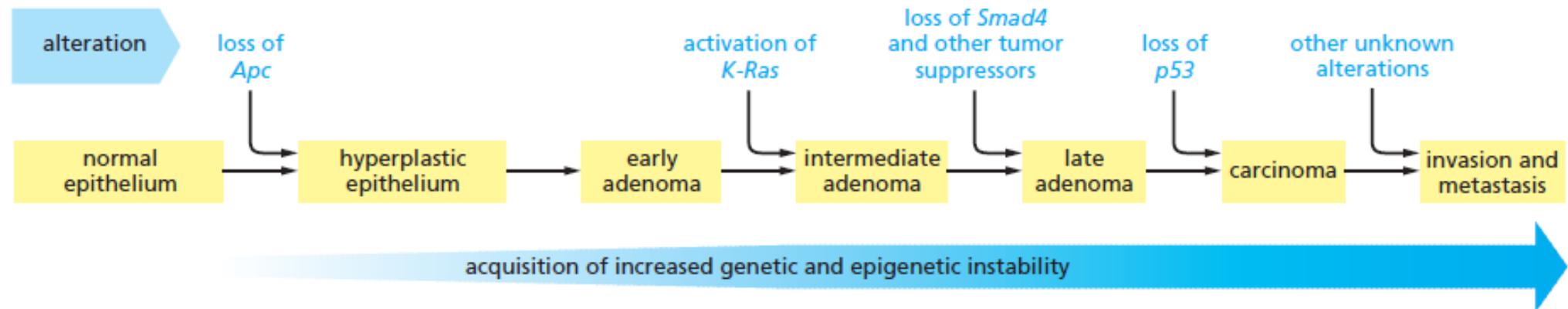
Figure 20-7 Molecular Biology of the Cell 5/e (© Garland Science 2008)

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

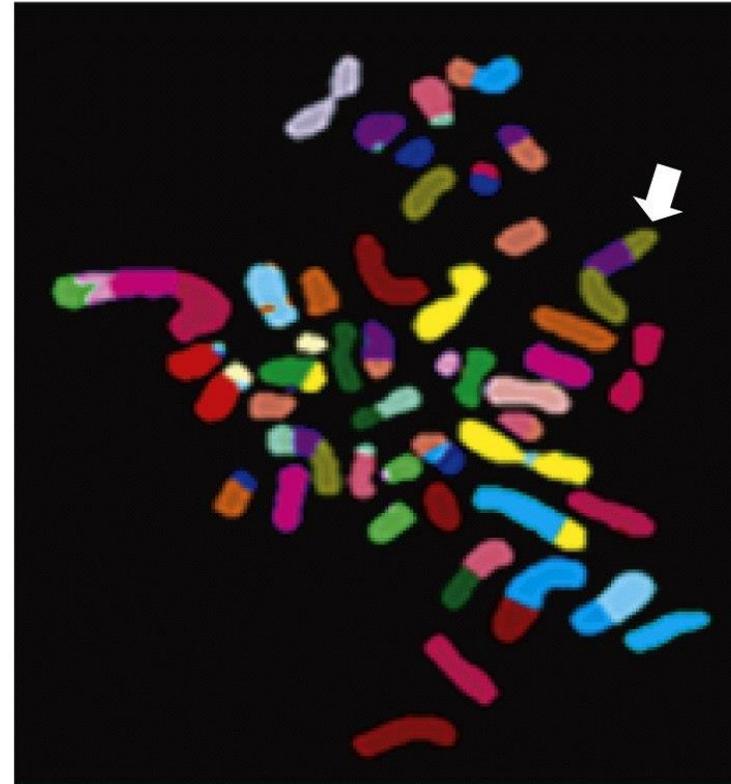


Muitas alterações se acumulam durante a progressão tumoral



(A)

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



(B)

Iniciadores e promotores tumoriais

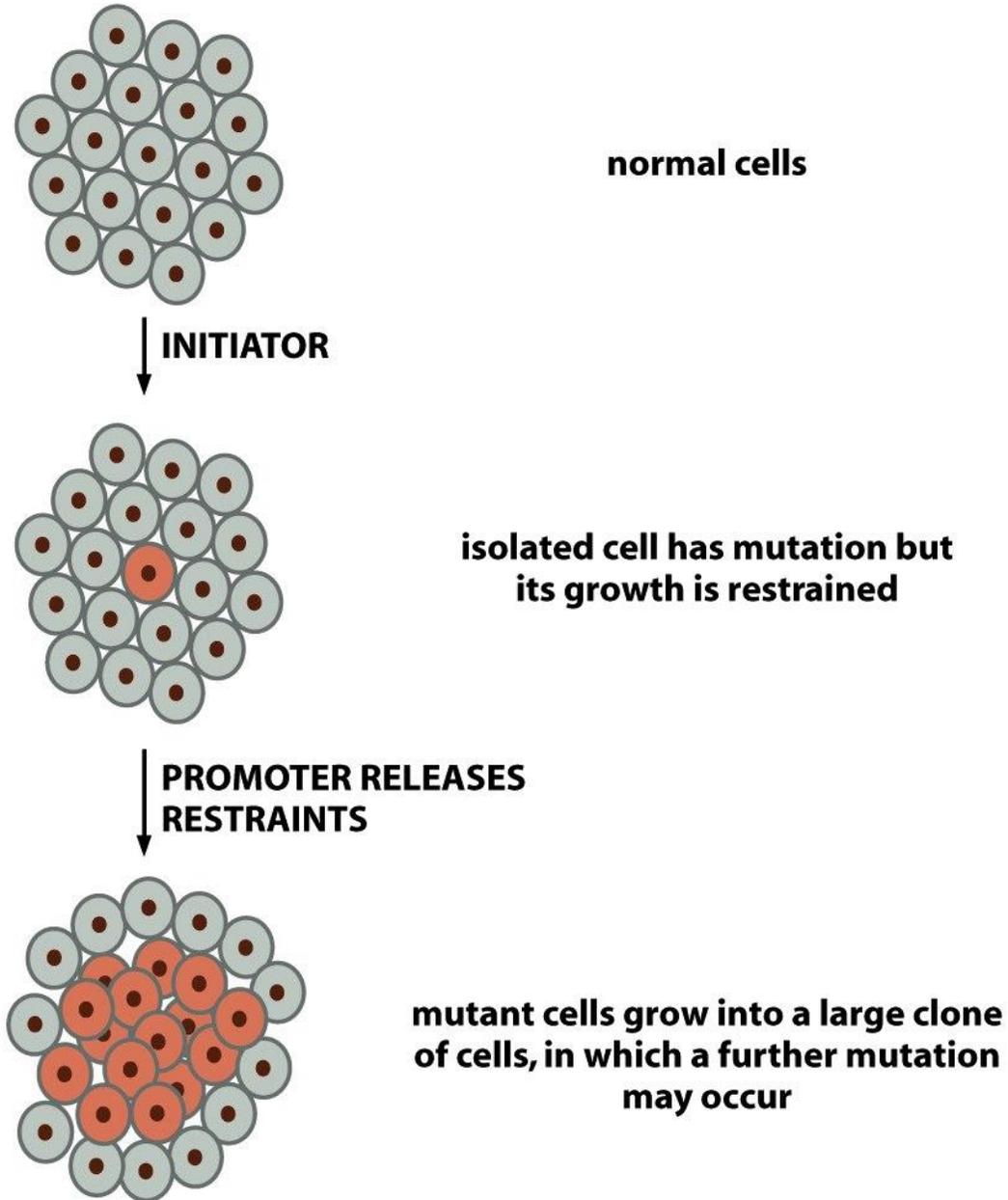
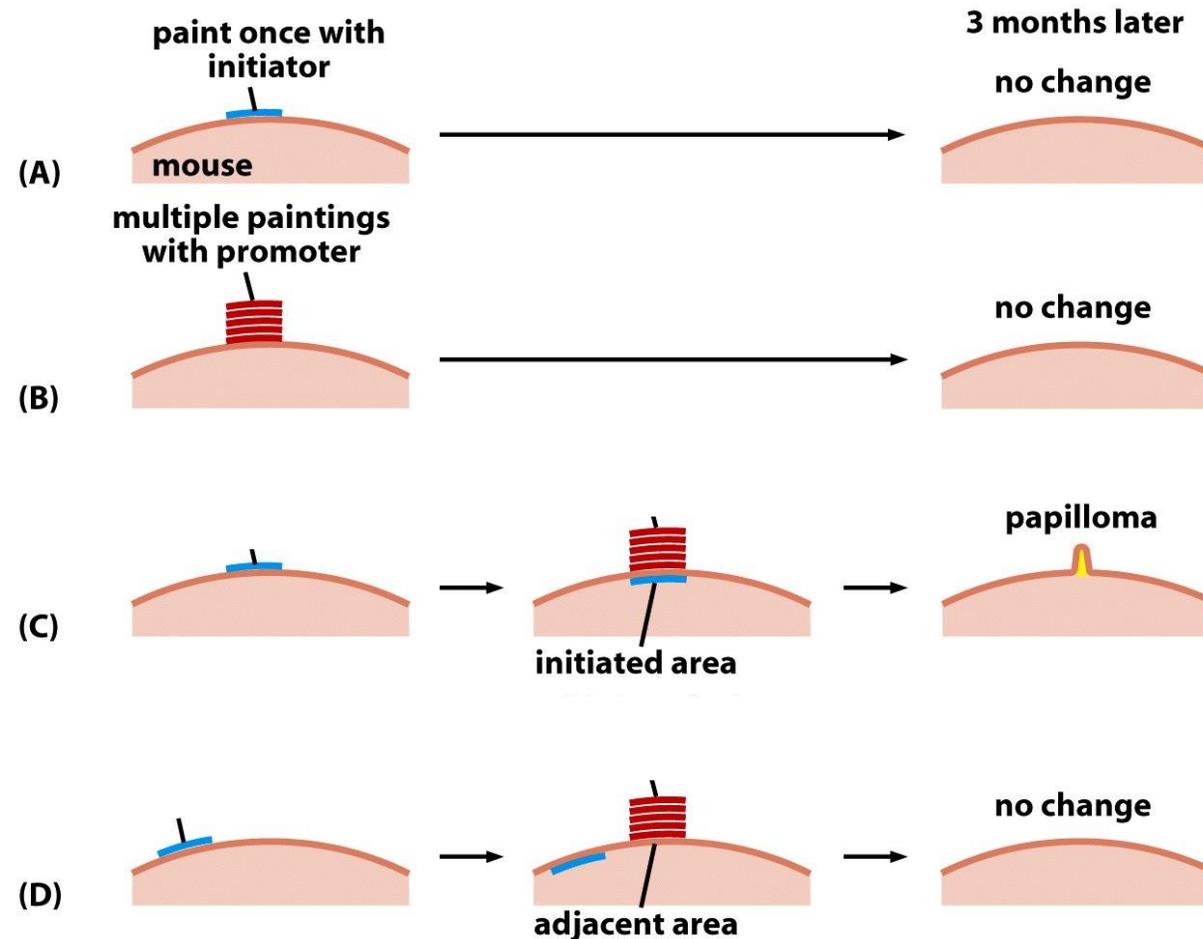


Figure 20-24 Molecular Biology of the Cell 5/e (© Garland Science 2008)

Indução de tumor na pele de camundongos



Indução de tumor na pele de camundongos

DMBA – dimethylbenzanthraceno

TPA- tetraecanoylphorbol-13-acetate

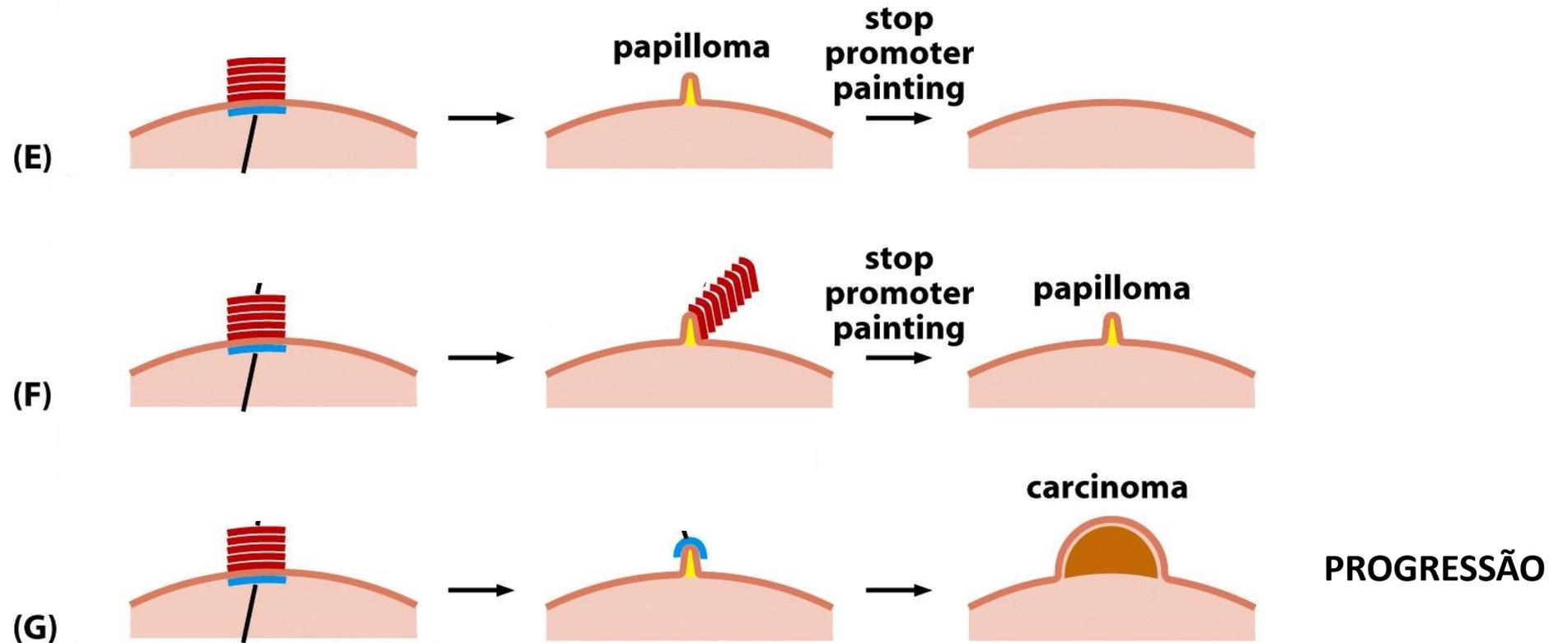


Figure 11-28 part 2 of 2 The Biology of Cancer (© Garland Science 2007)

Interpretação do ensaio:

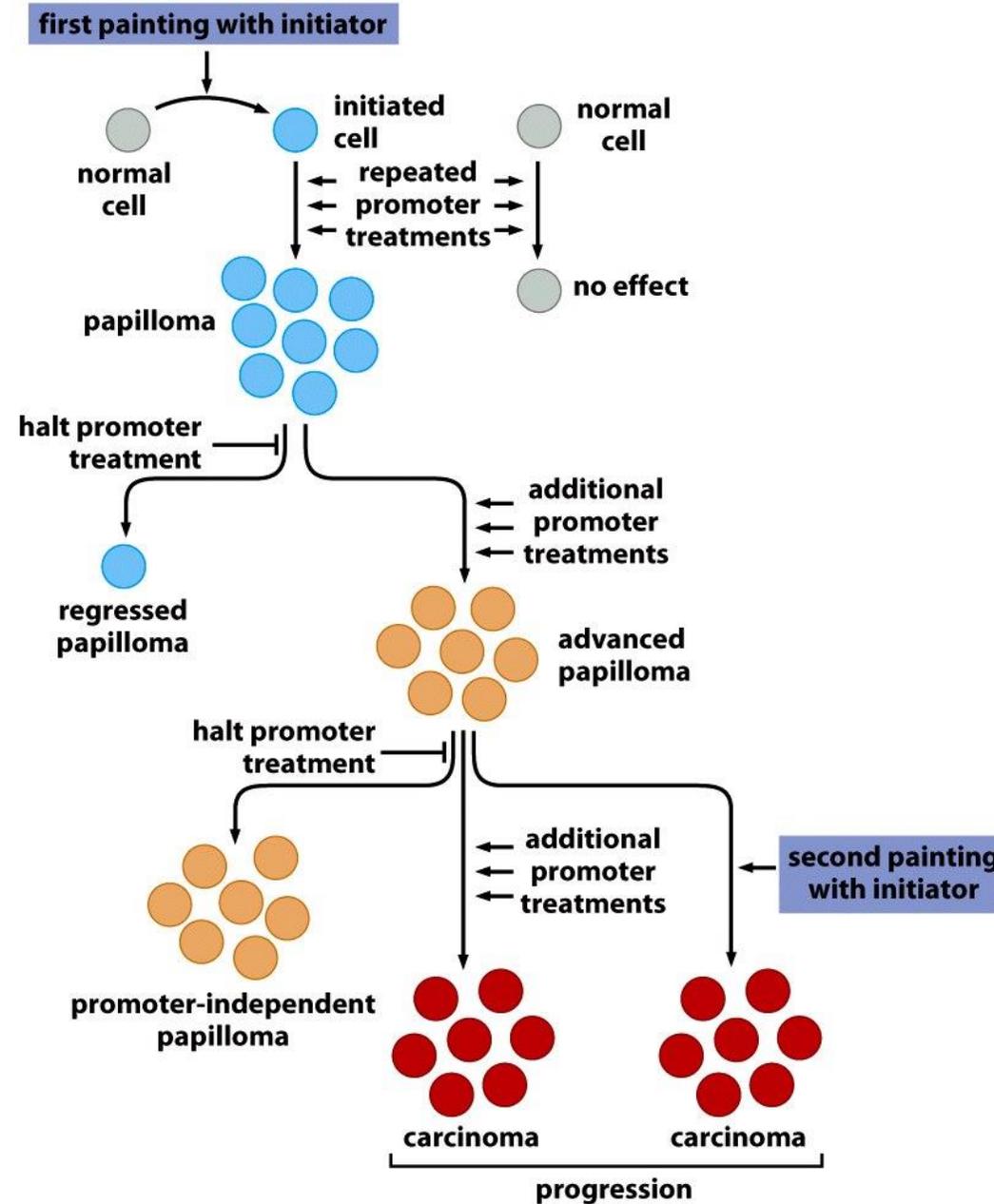


Figure 11-29 The Biology of Cancer (© Garland Science 2007)

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

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

alcohol

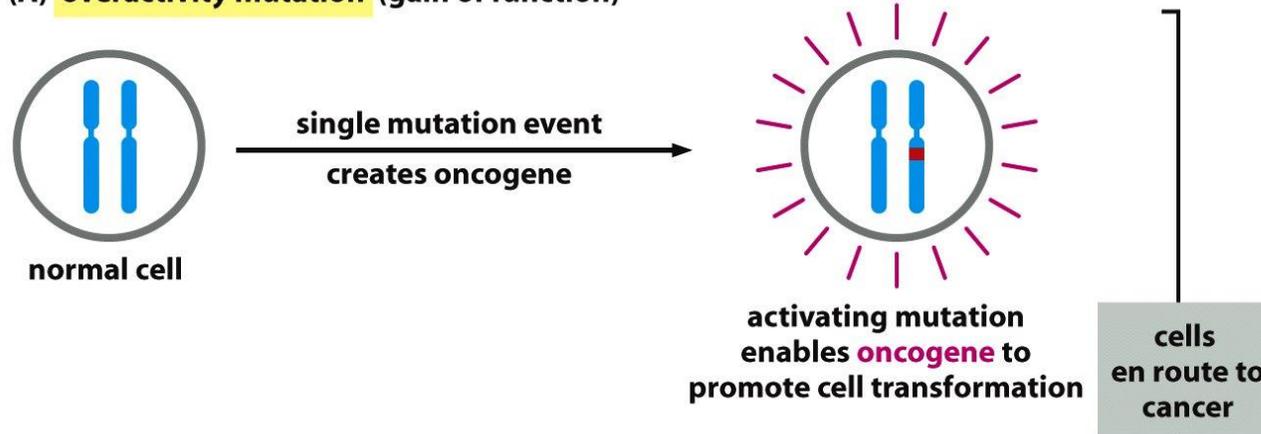
| Agent or process | Cancer site |
|---------------------------------------------|-------------------|
| Hormones | |
| Estrogen | endometrium |
| Estrogen and progesterone | breast |
| Ovulation | ovary |
| Testosterone | prostate |
| Drugs | |
| Oral contraceptives, anabolic steroids | liver |
| Analgesics | renal pelvis |
| Diuretics | kidney |
| Infectious agents | |
| 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 |
| Chemical agents | |
| Betel nut, lime | oral cavity |
| Chewing tobacco | oral cavity |
| Bile | small intestine |
| Salt | stomach |
| Acid reflux | esophagus |
| Physical or mechanical trauma | |
| Asbestos | mesothelium, lung |
| Gallstones | gallbladder |
| Coarsely ground corn | stomach |
| Head injury | meninges |
| Chronic irritation/inflammation | |
| 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.

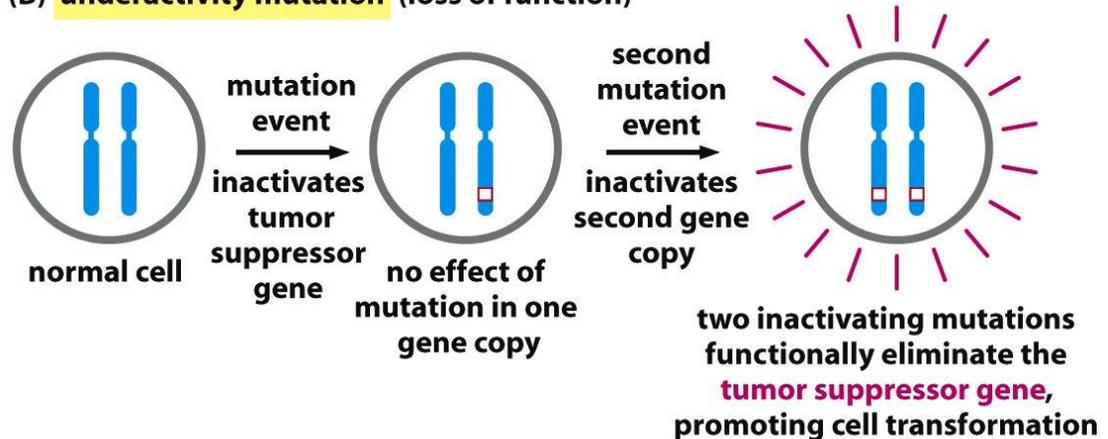
Relembrando...

oncogenes e genes supressores de tumor

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



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



Relembbrando:

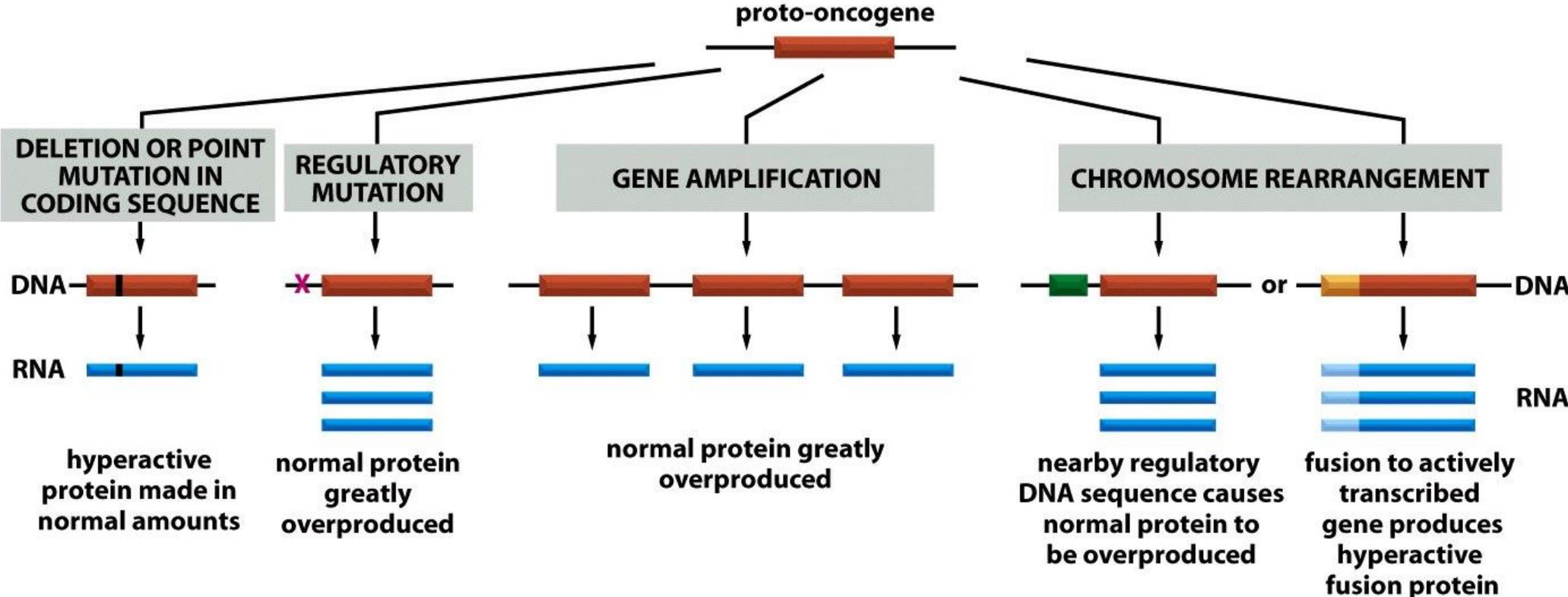


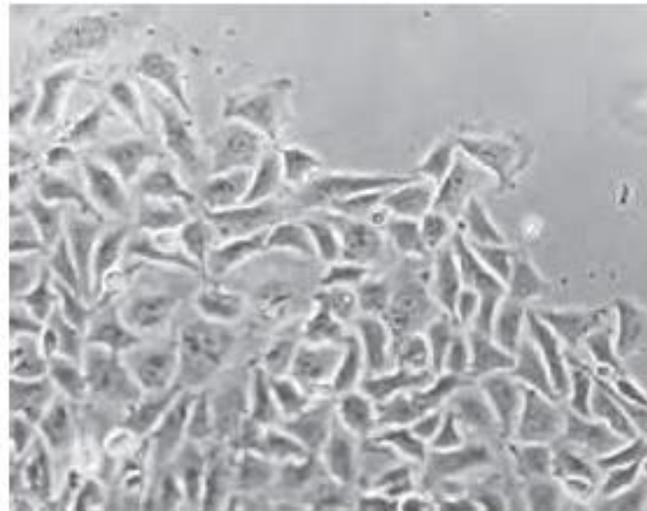
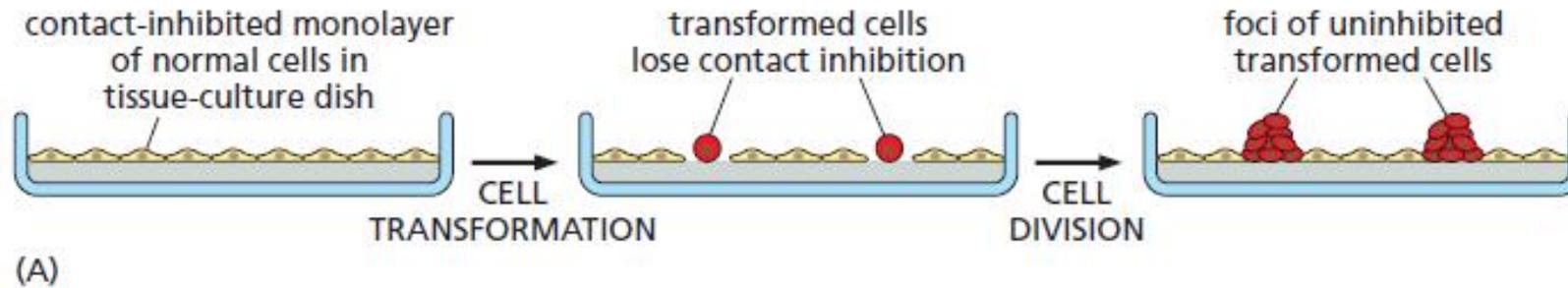
Figure 20-33 Molecular Biology of the Cell 5/e (© Garland Science 2008)

Imortalidade replicativa vida eterna!

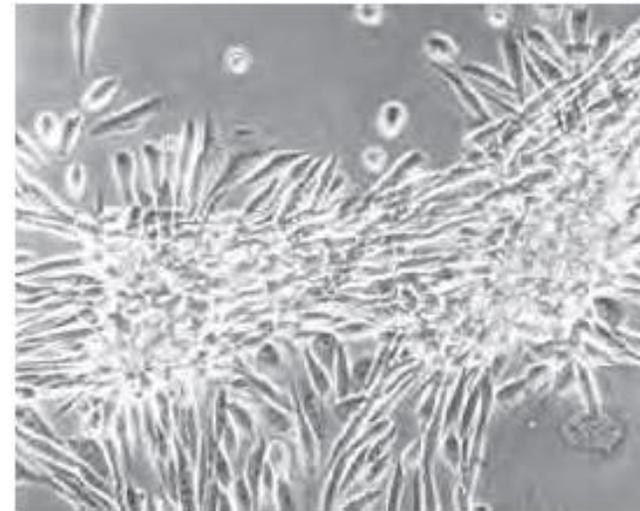
- Proliferar continuamente = não morrer, não diferenciar e não tornar-se quiescente - COMO ?
 - Evadir os sinais de parada do ciclo celular pelos genes supressores de tumor
 - Evadir os sinais indutores de morte celular
 - Ser independente de fatores de proliferação = ativação de oncogenes
 - Ajuste 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



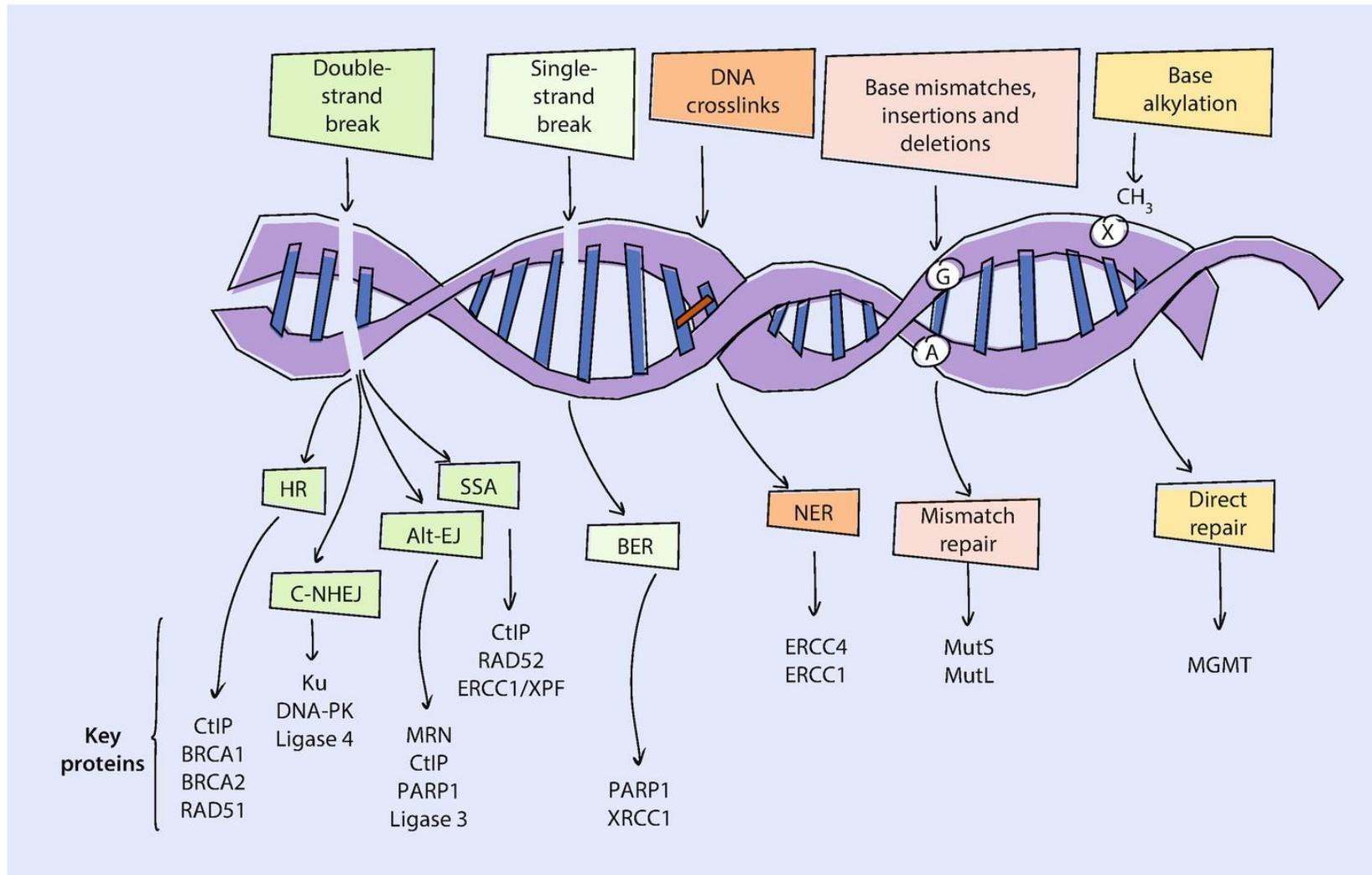
(B)



(C)

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

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



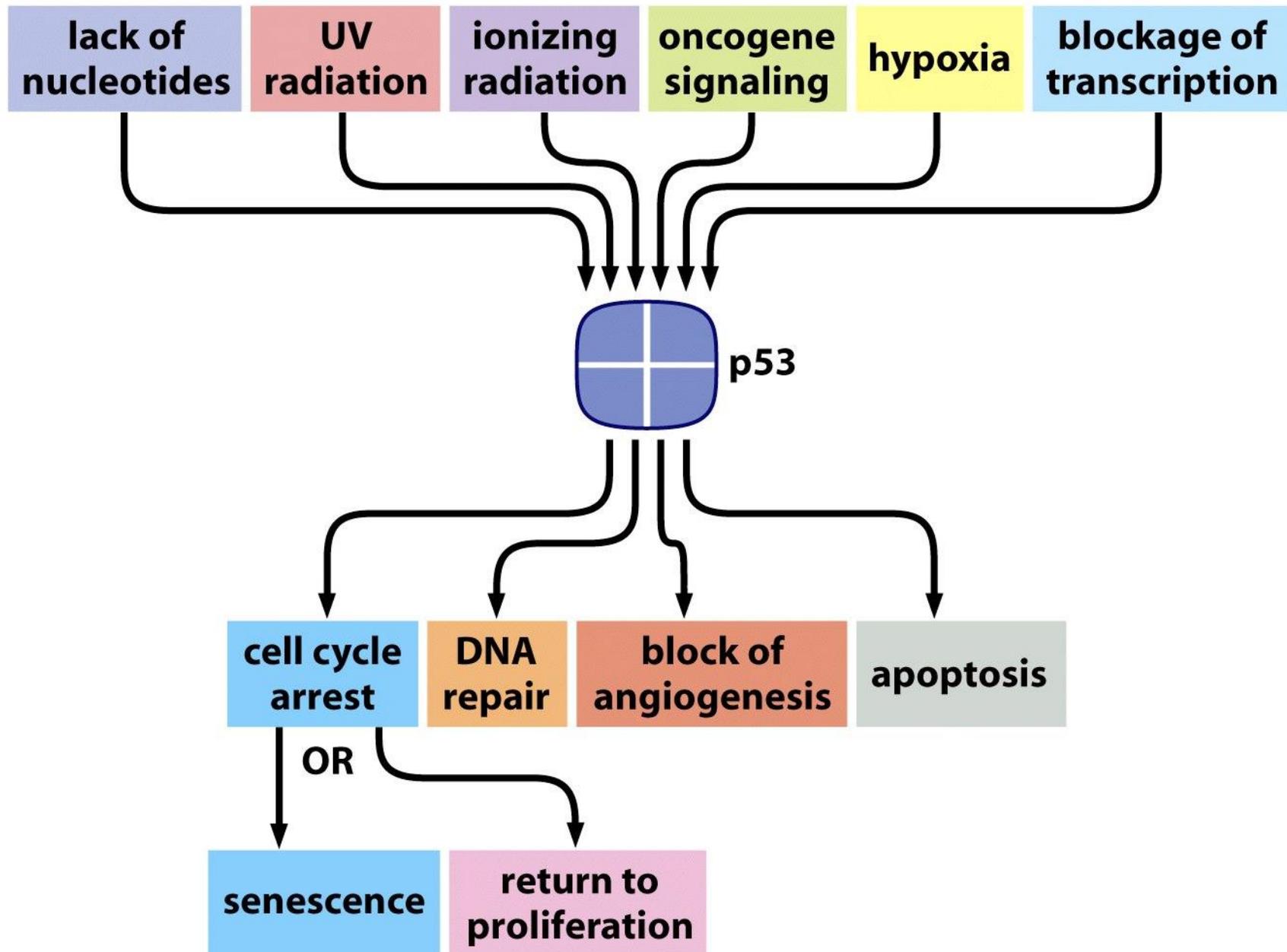
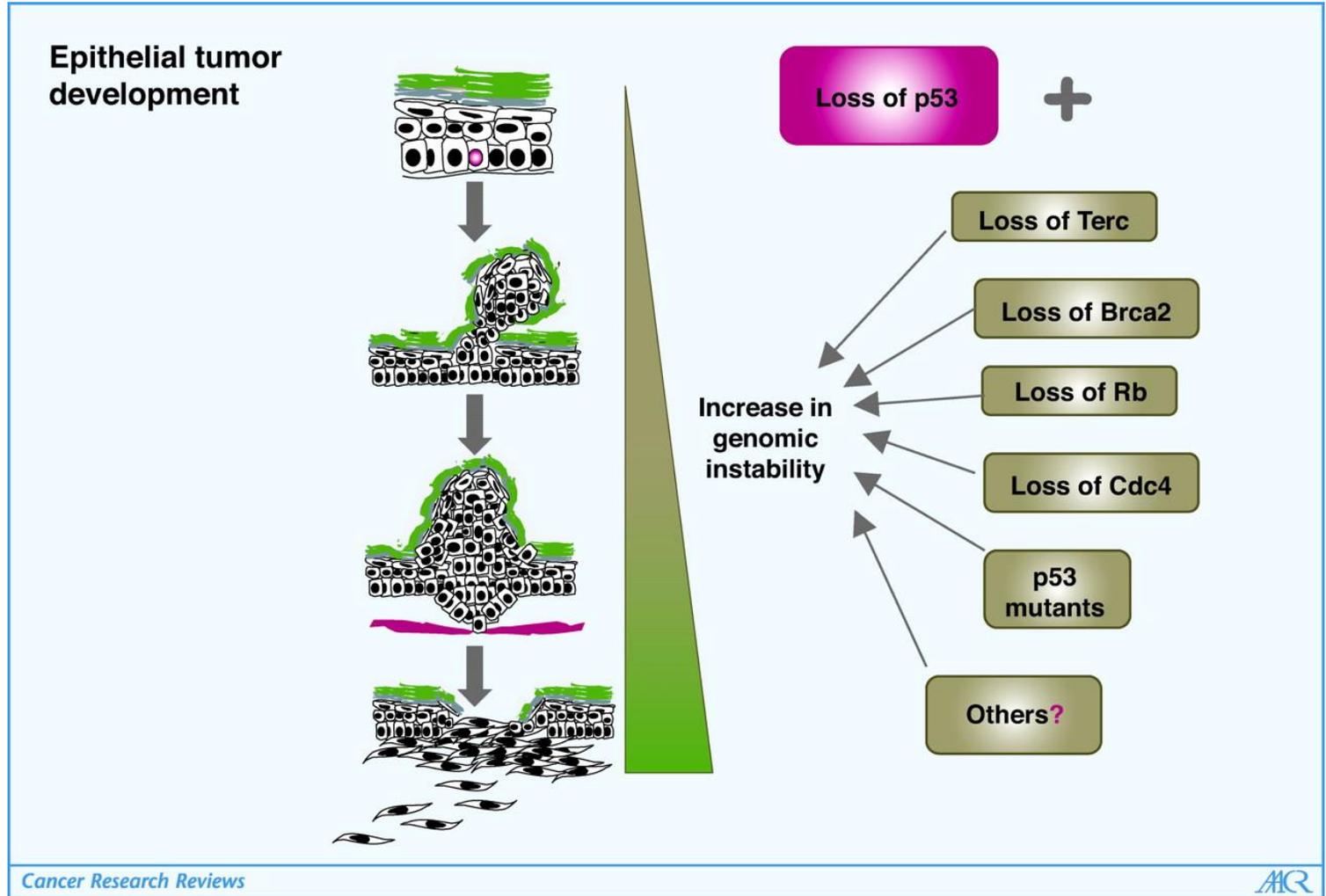


Figure 9-8 The Biology of Cancer (© Garland Science 2007)



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

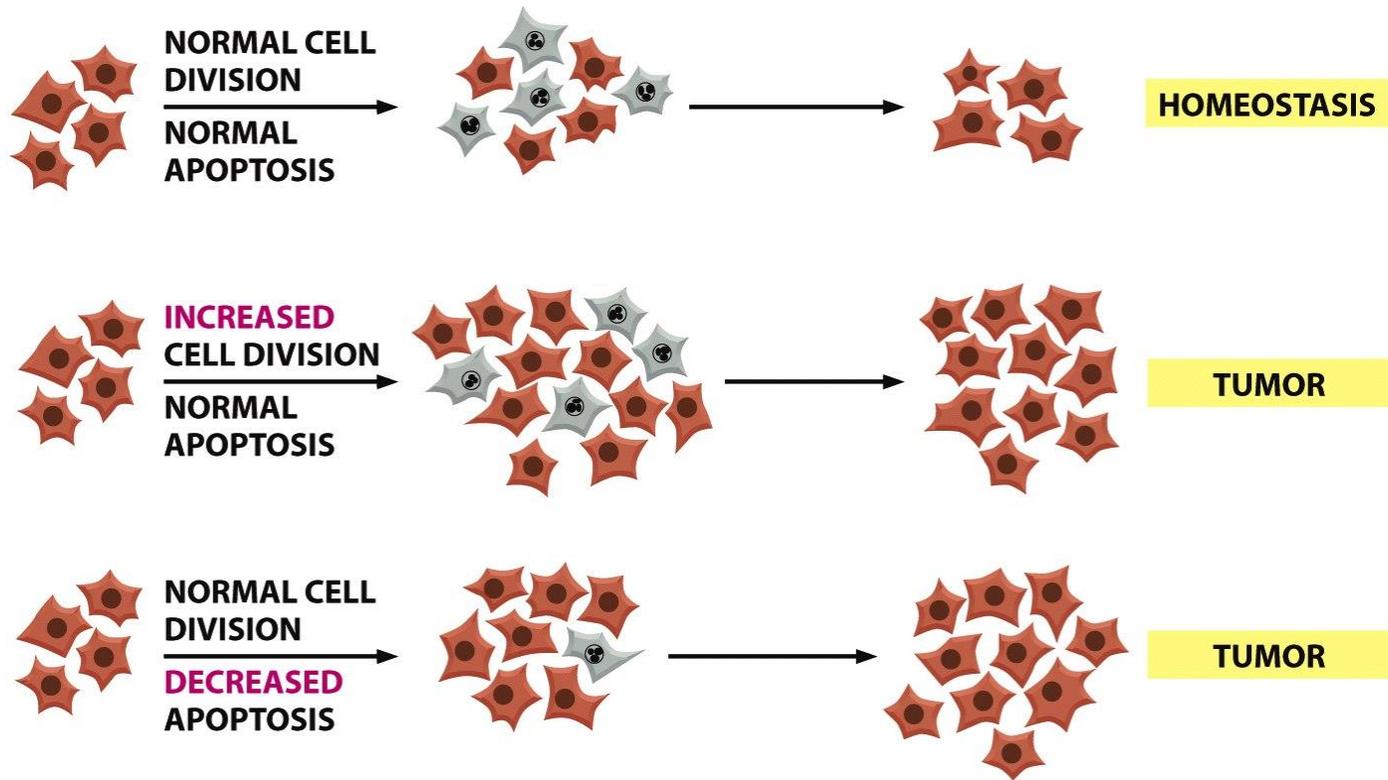
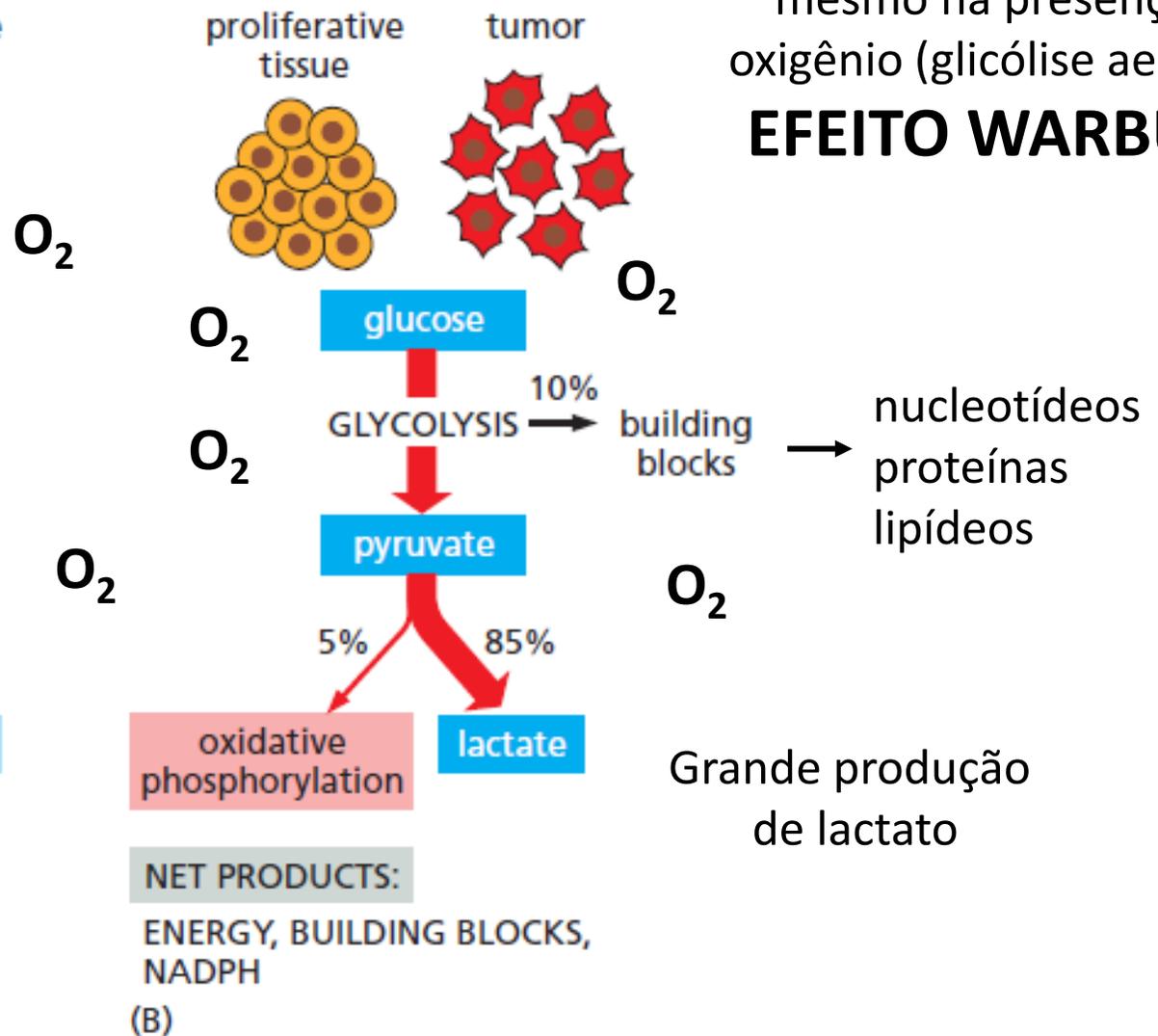
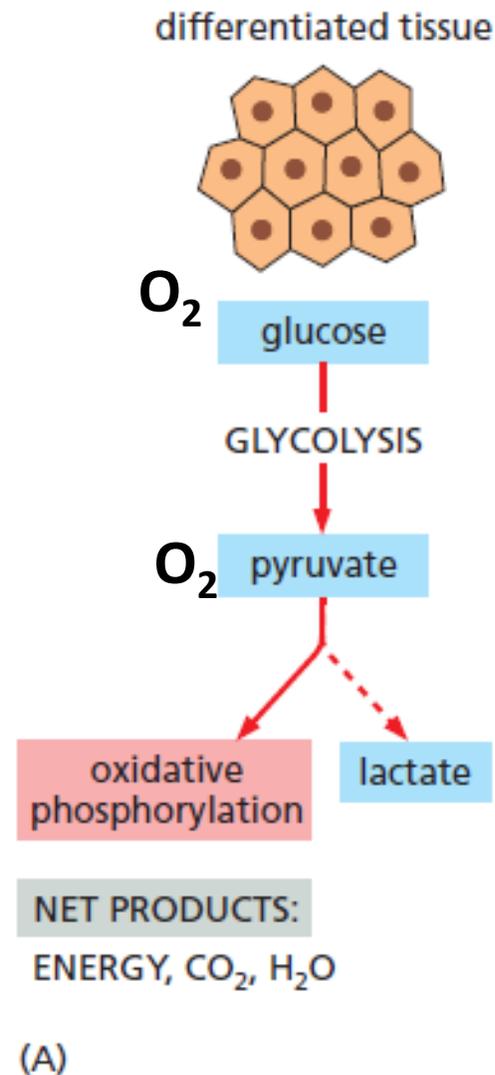


Figure 20-14 Molecular Biology of the Cell 5/e (© Garland Science 2008)

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

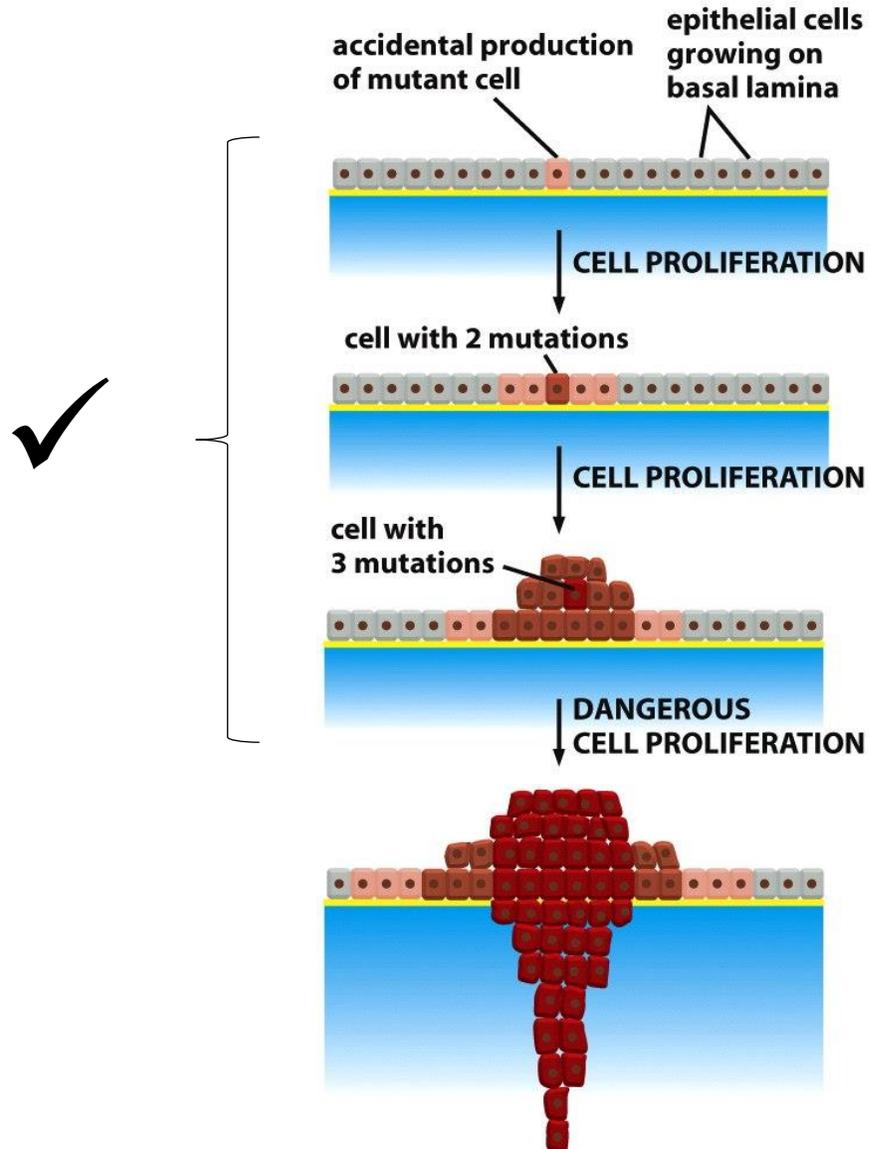
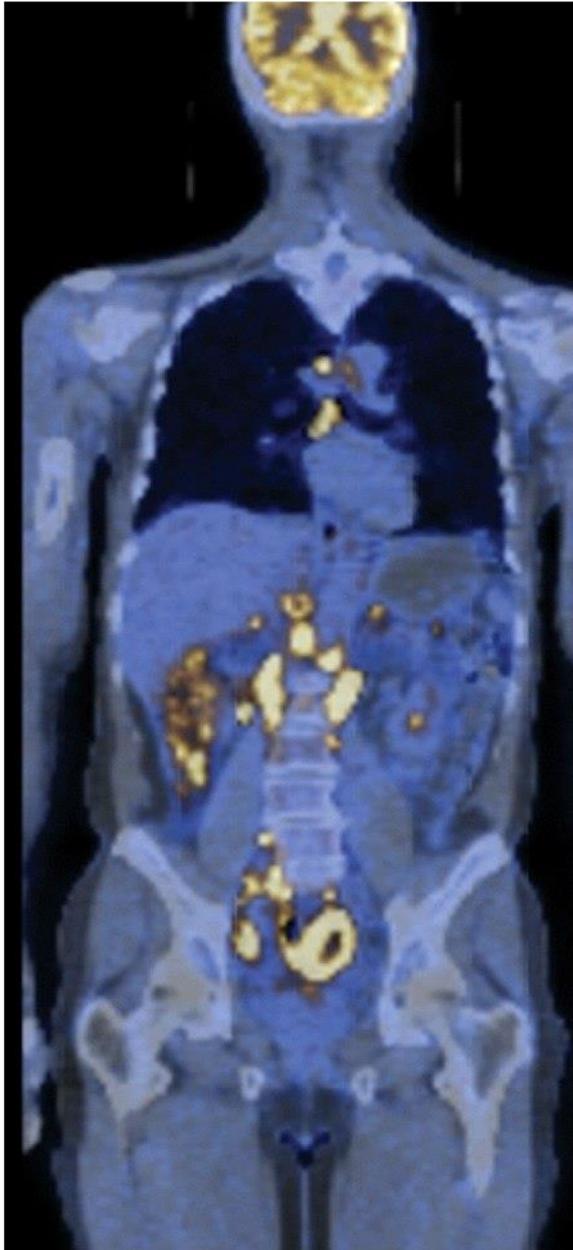


Figure 20-11 Molecular Biology of the Cell 5/e (© Garland Science 2008)



metástase

pósitron-emission tomography (fluoredeoxiciglicose)

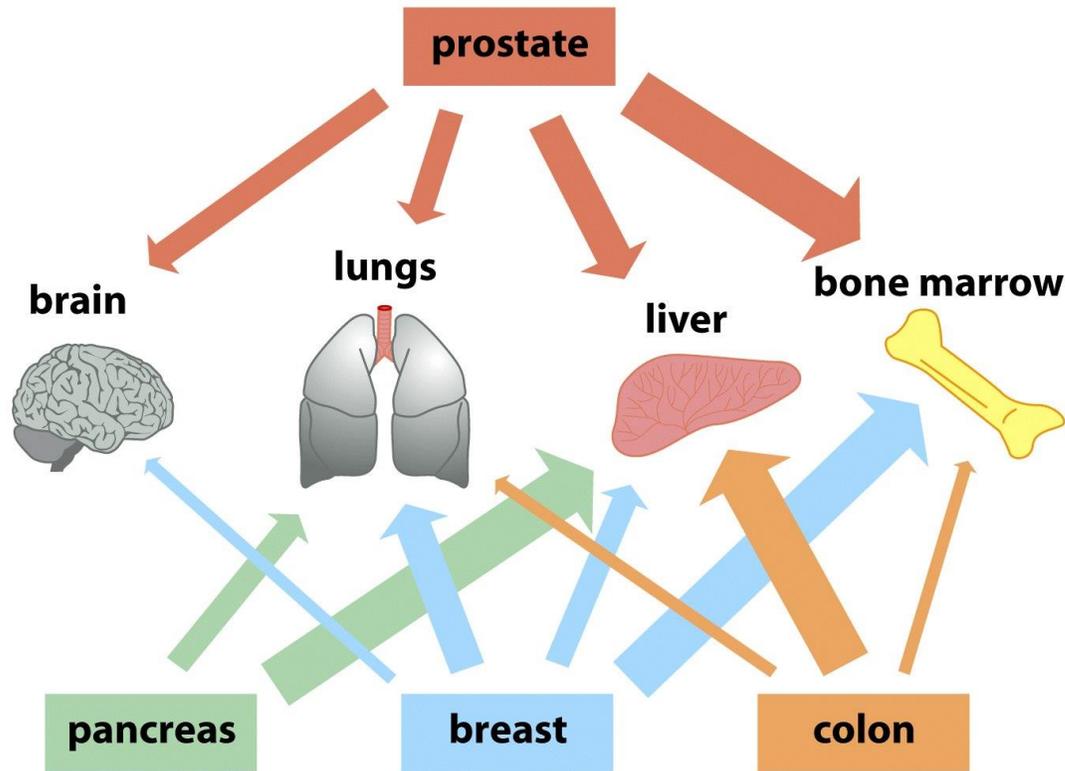
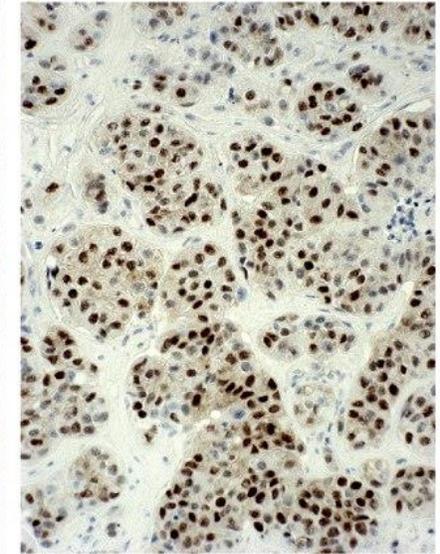
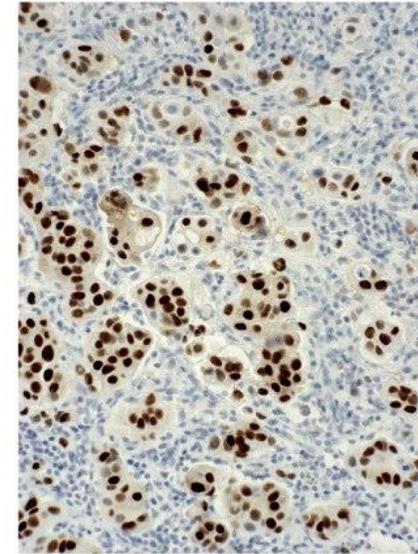


Figure 14-42 The Biology of Cancer (© Garland Science 2007)

(A) Tumor primário

...2 anos depois



↑ primary breast
↓ tumor

↑ brain
↓ metastasis

(B)

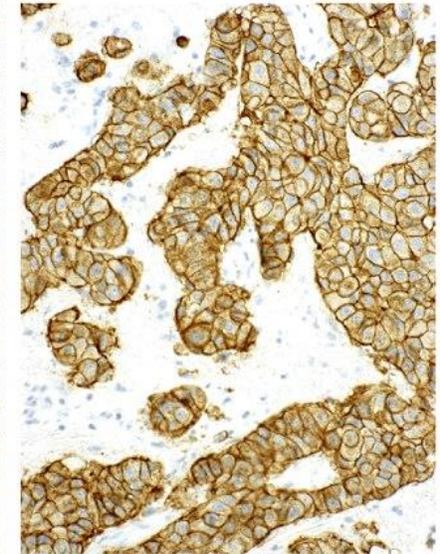
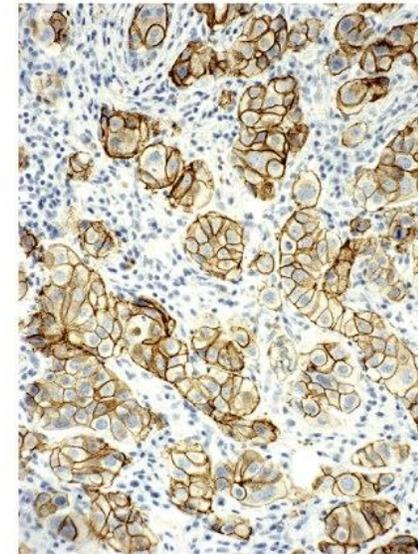


Figure 14-18 The Biology of Cancer (© Garland Science 2007)

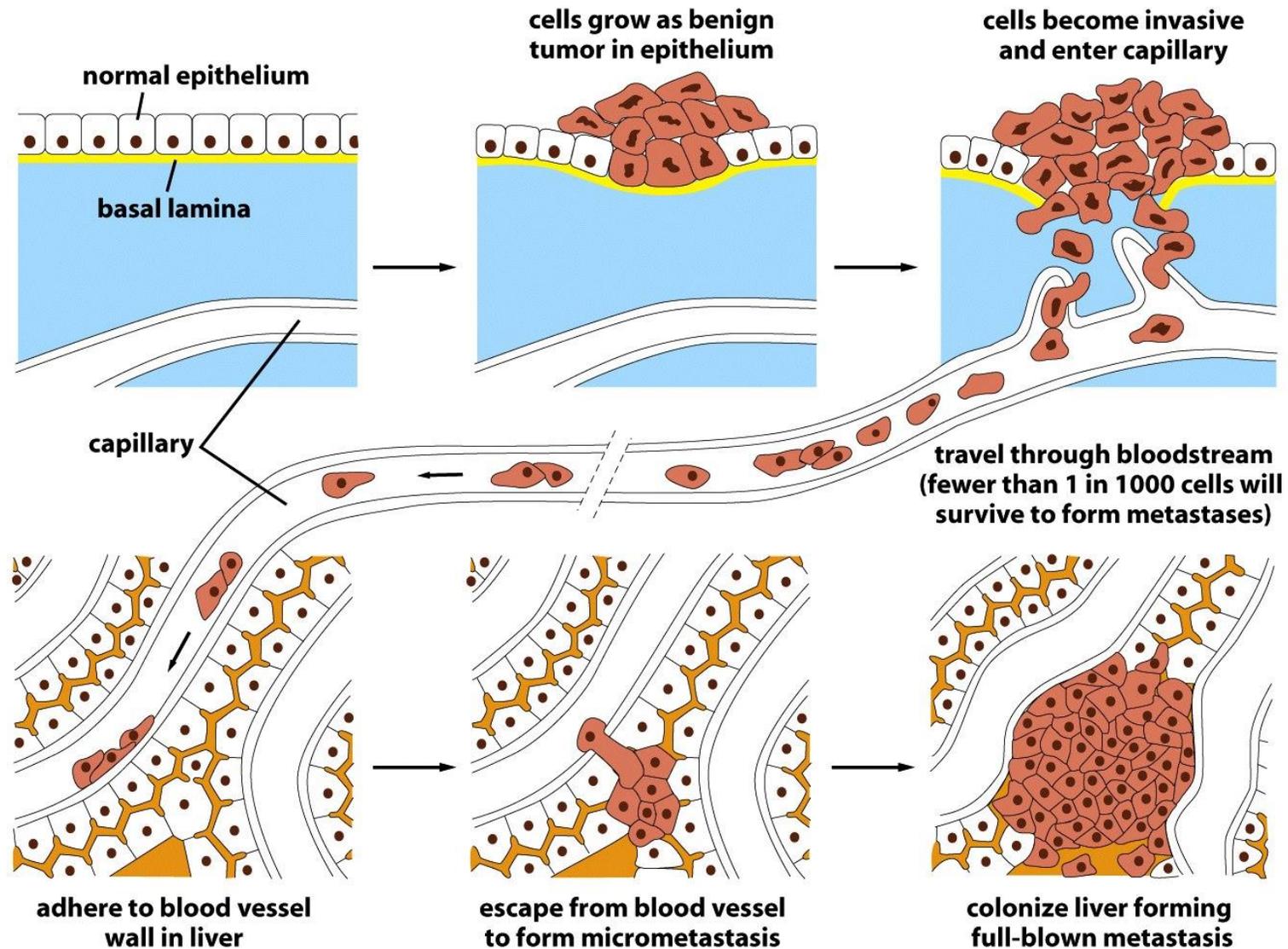


Figure 20-17 Molecular Biology of the Cell 5/e (© Garland Science 2008)

Transição epitélio-mesenquimal – EMT

Transição mesenquimo-epitelial – MET

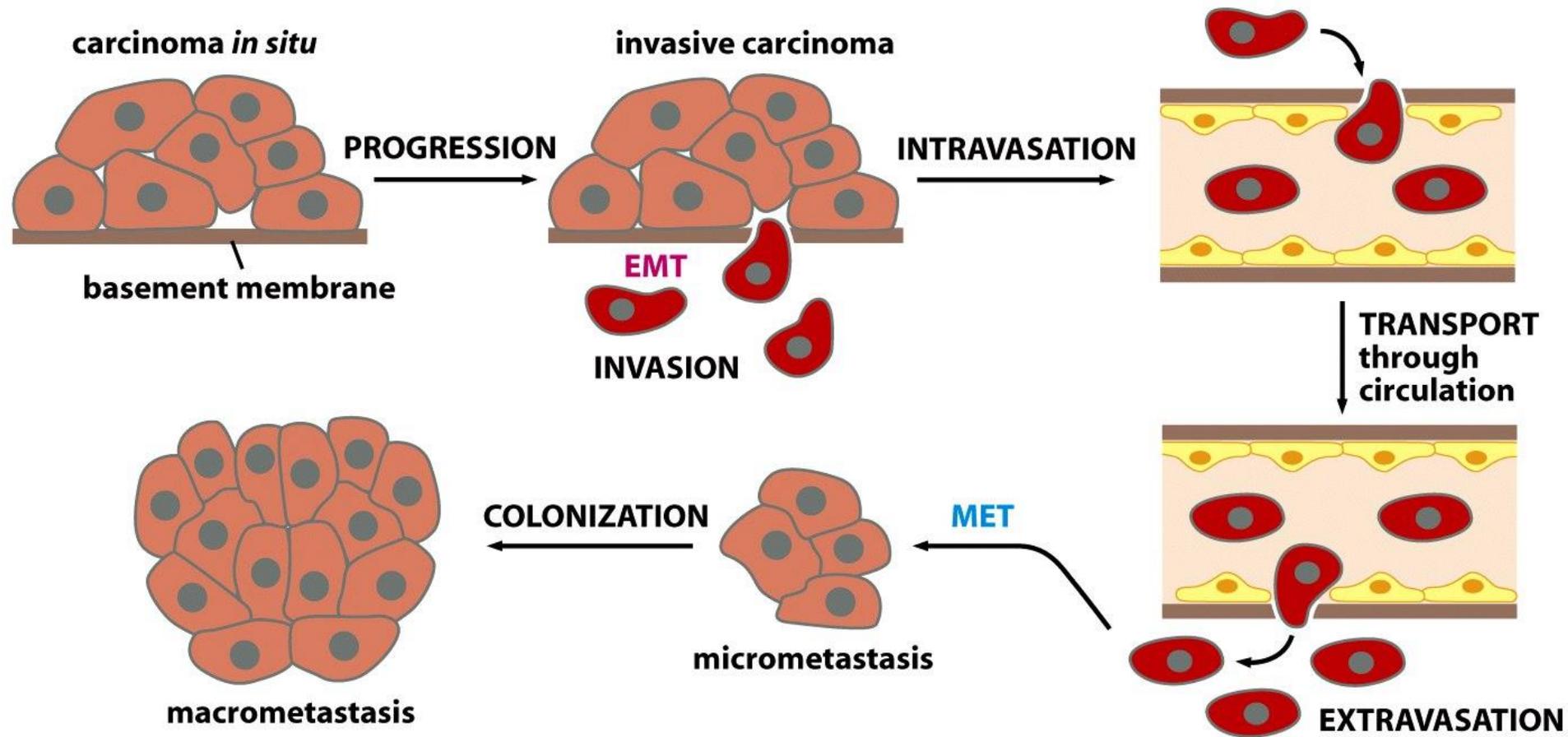
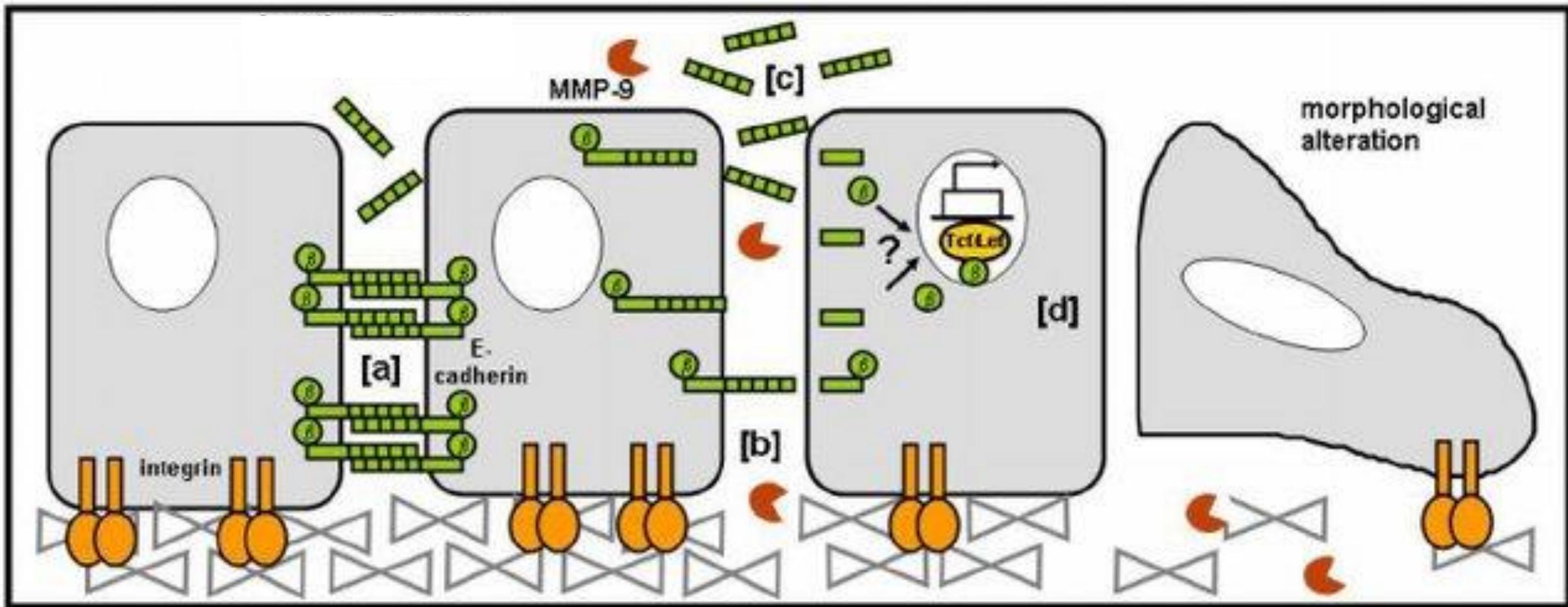


Figure 14-17b The Biology of Cancer (© Garland Science 2007)

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



Matriz extracelular



metalo proteases



E-caderinas

Table 14.2 Cellular changes associated with the epithelial–mesenchymal transition

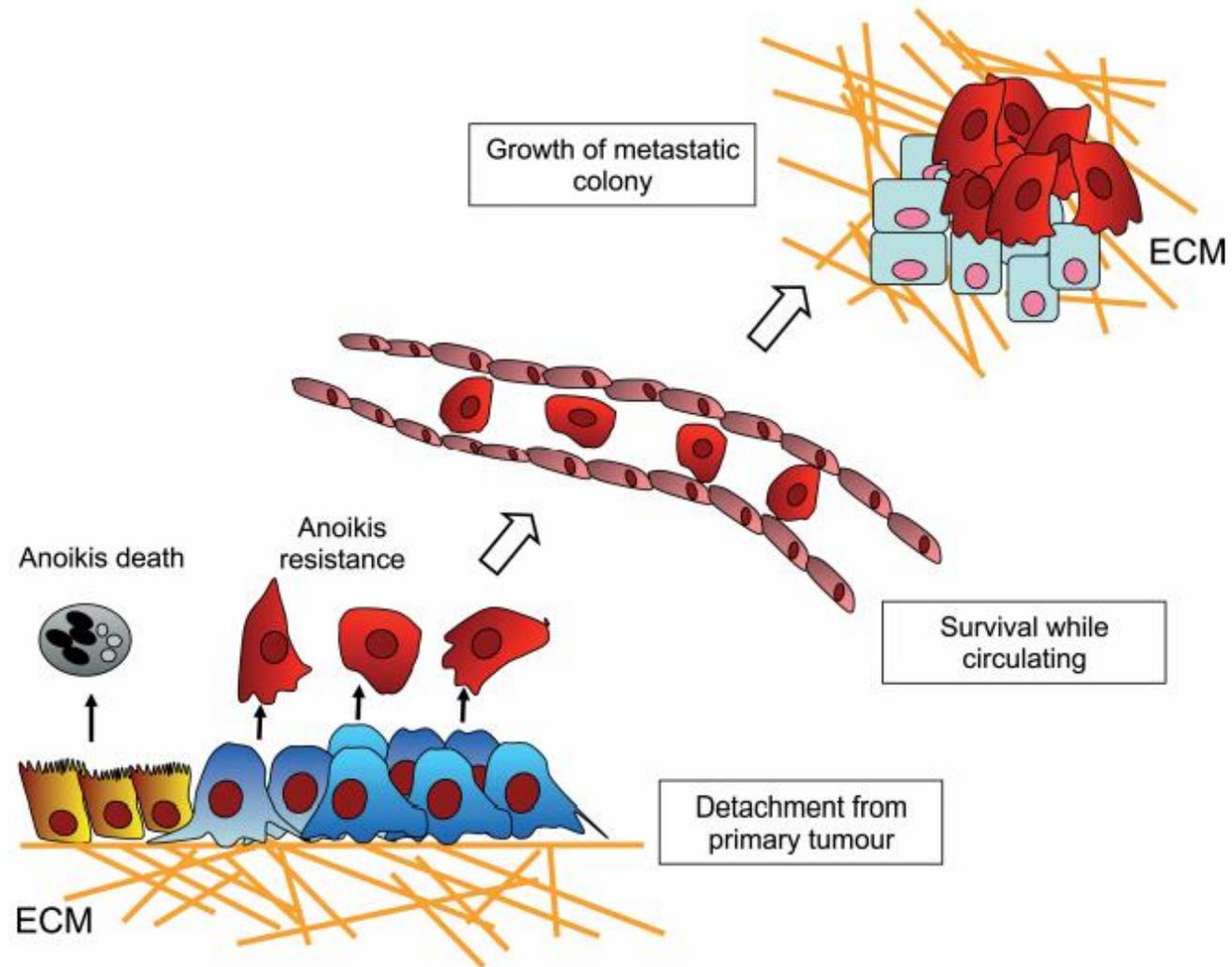
Loss of

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

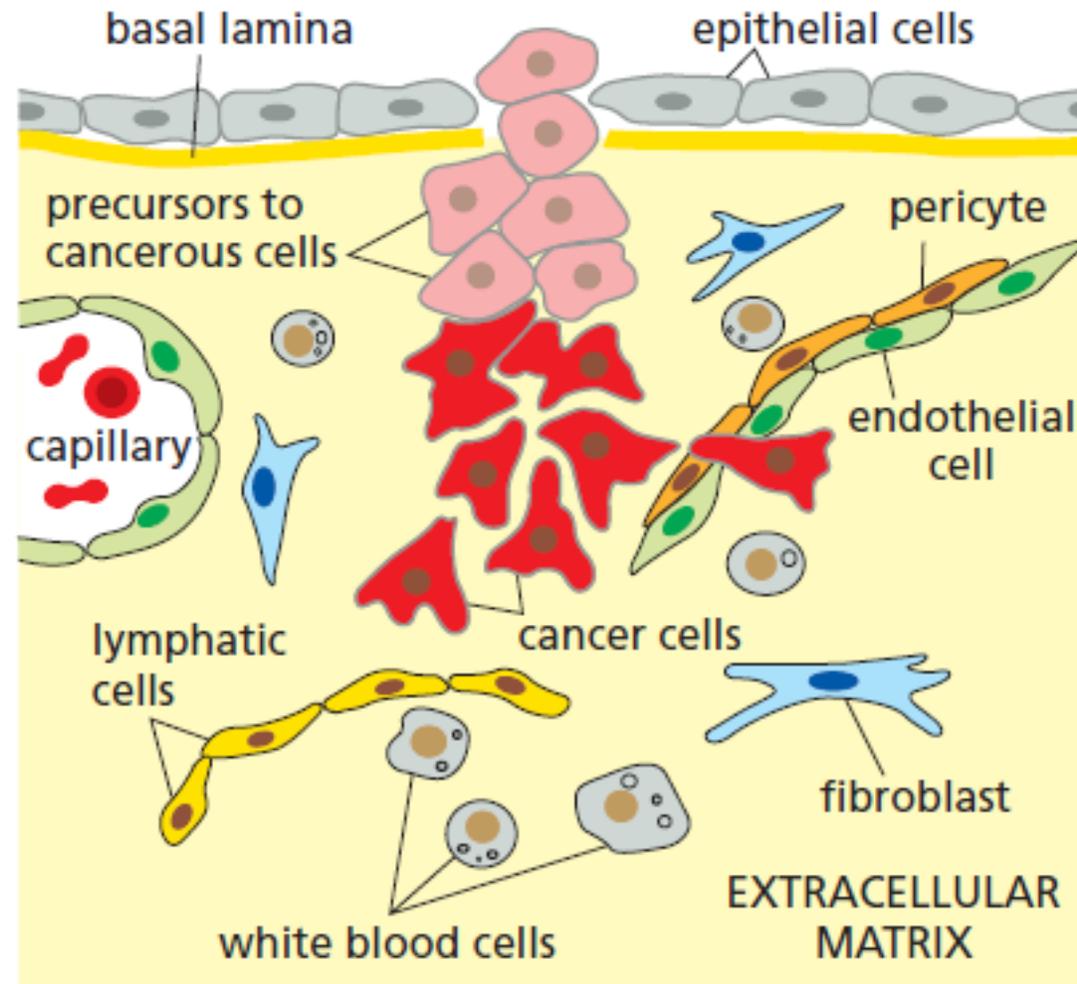
Acquisition of

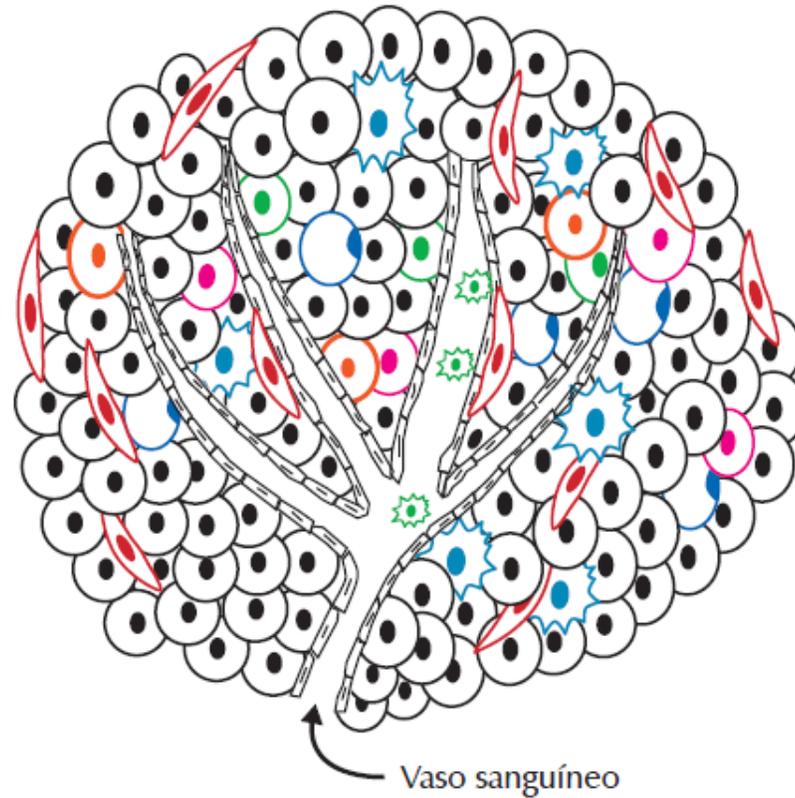
Fibroblast-like shape
Motility
Invasiveness
Mesenchymal gene expression program
Mesenchymal adherens junction protein (N-cadherin)
Protease secretion (MMP-2, MMP-9)
Vimentin (intermediate filament) expression
Fibronectin secretion
PDGF receptor expression
 α v β 6 integrin expression

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



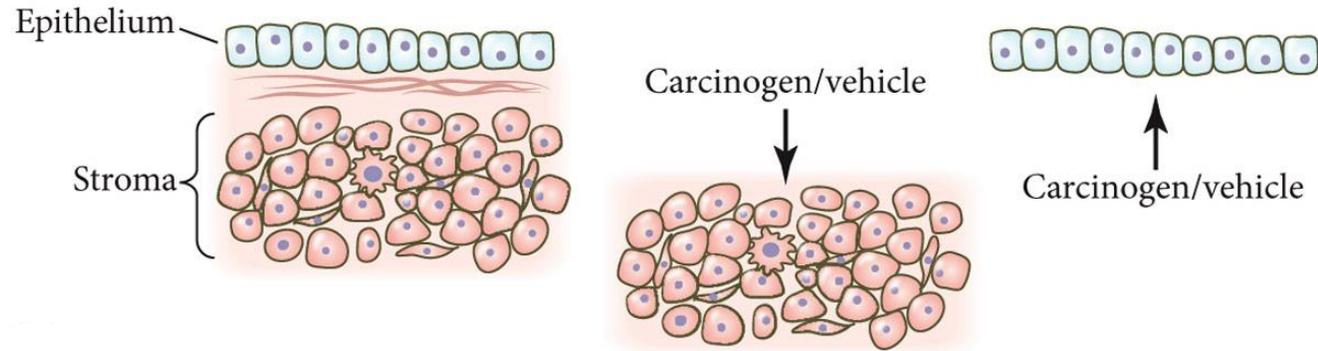


-  Células tumorais
-  Células - tronco tumorais
-  Macrófagos associados ao tumor (TAM)
-  Fibroblastos associados ao câncer (CAP)
-  Células mesenquimais
-  Células T
-  Abipócos
-  Células endoteliais
-  Plaquetas

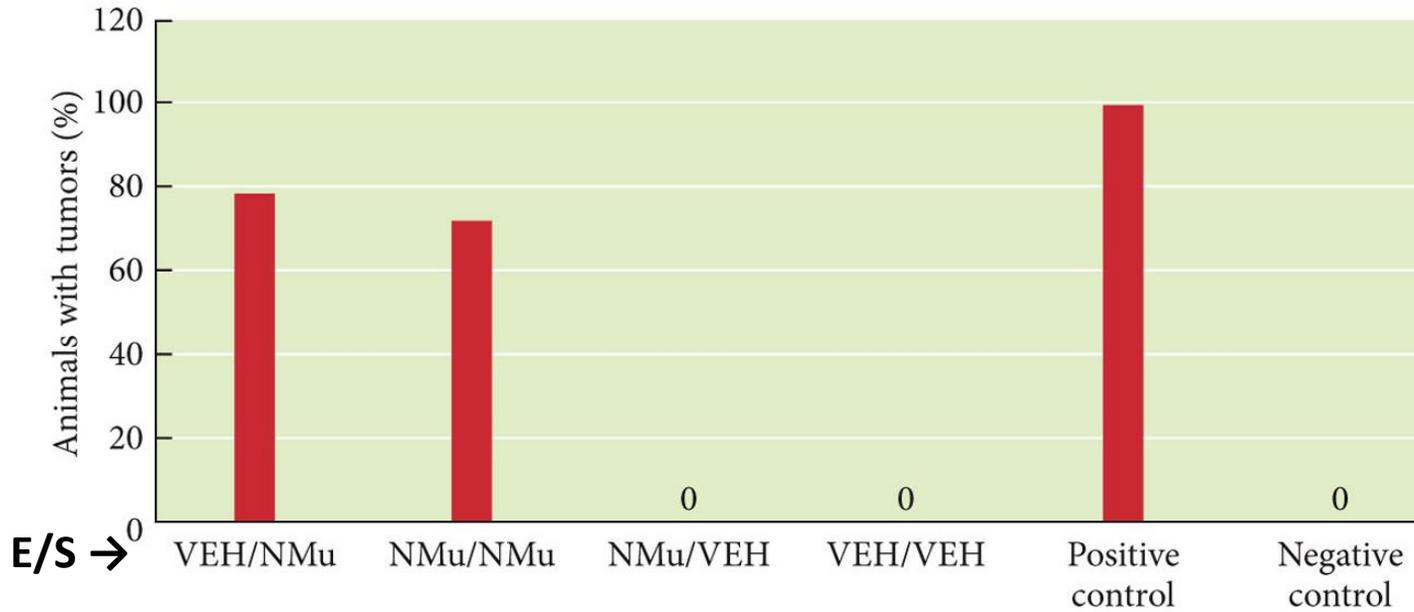
Exemplos da importância do microambiente tumoral

NMu – carcinógeno
VEH - veículo

(A)



(B)



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

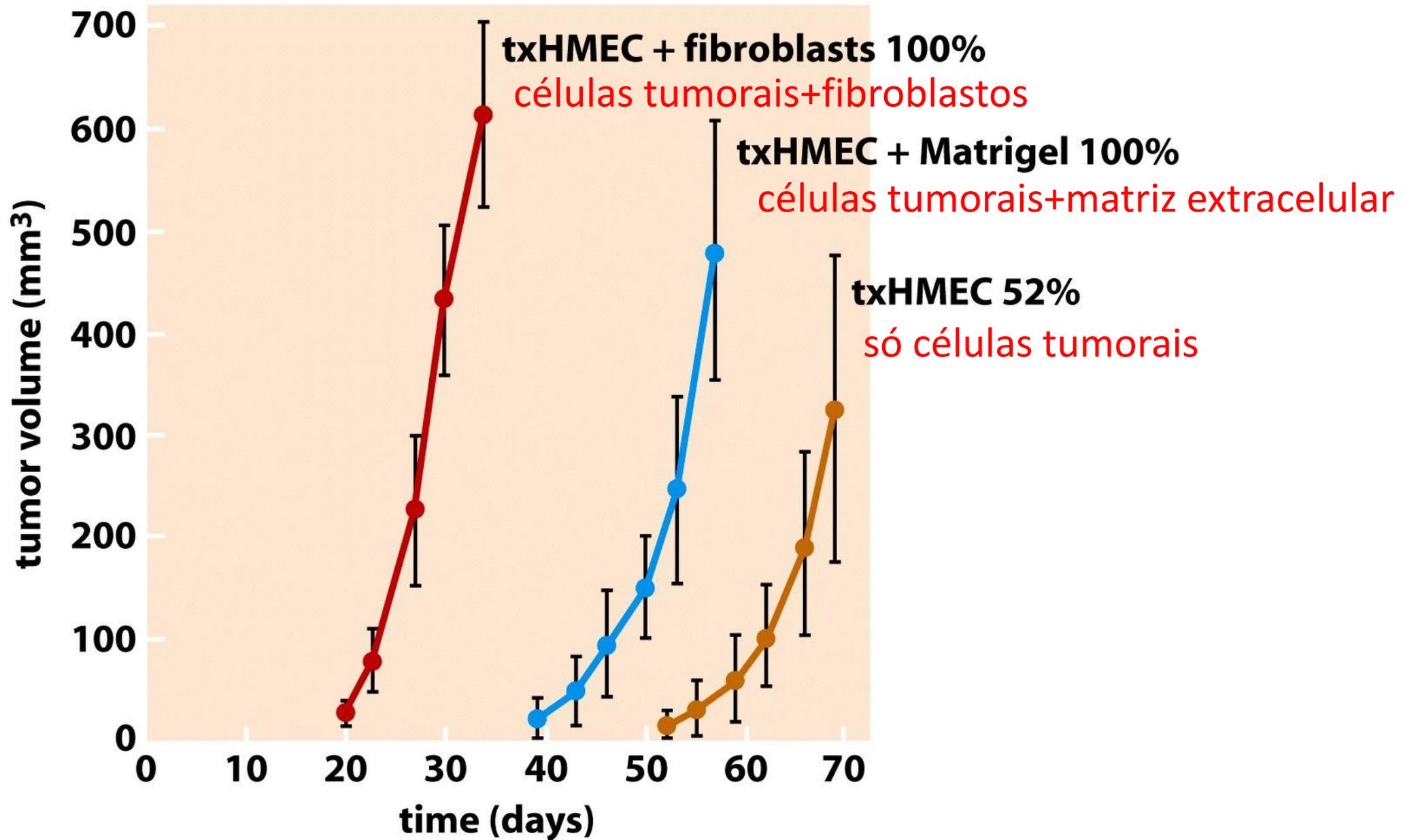
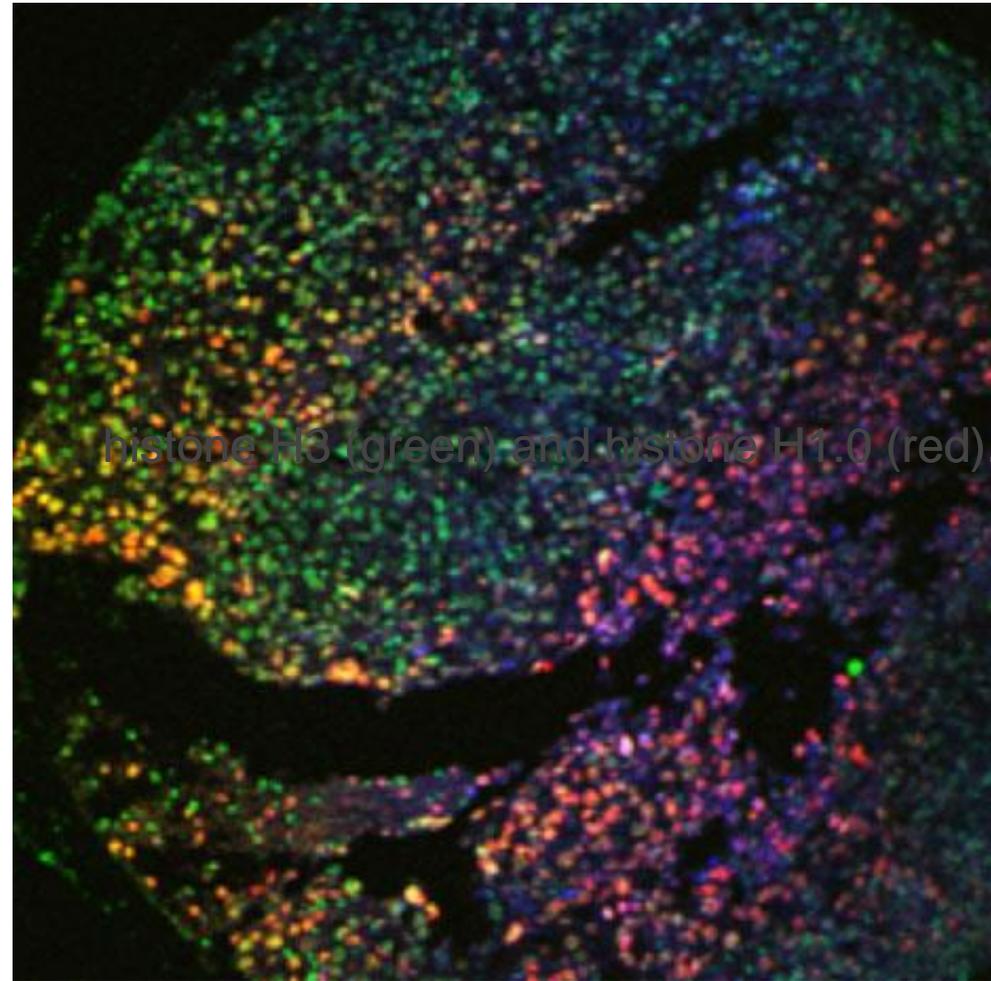


Figure 13-20 The Biology of Cancer (© Garland Science 2007)

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

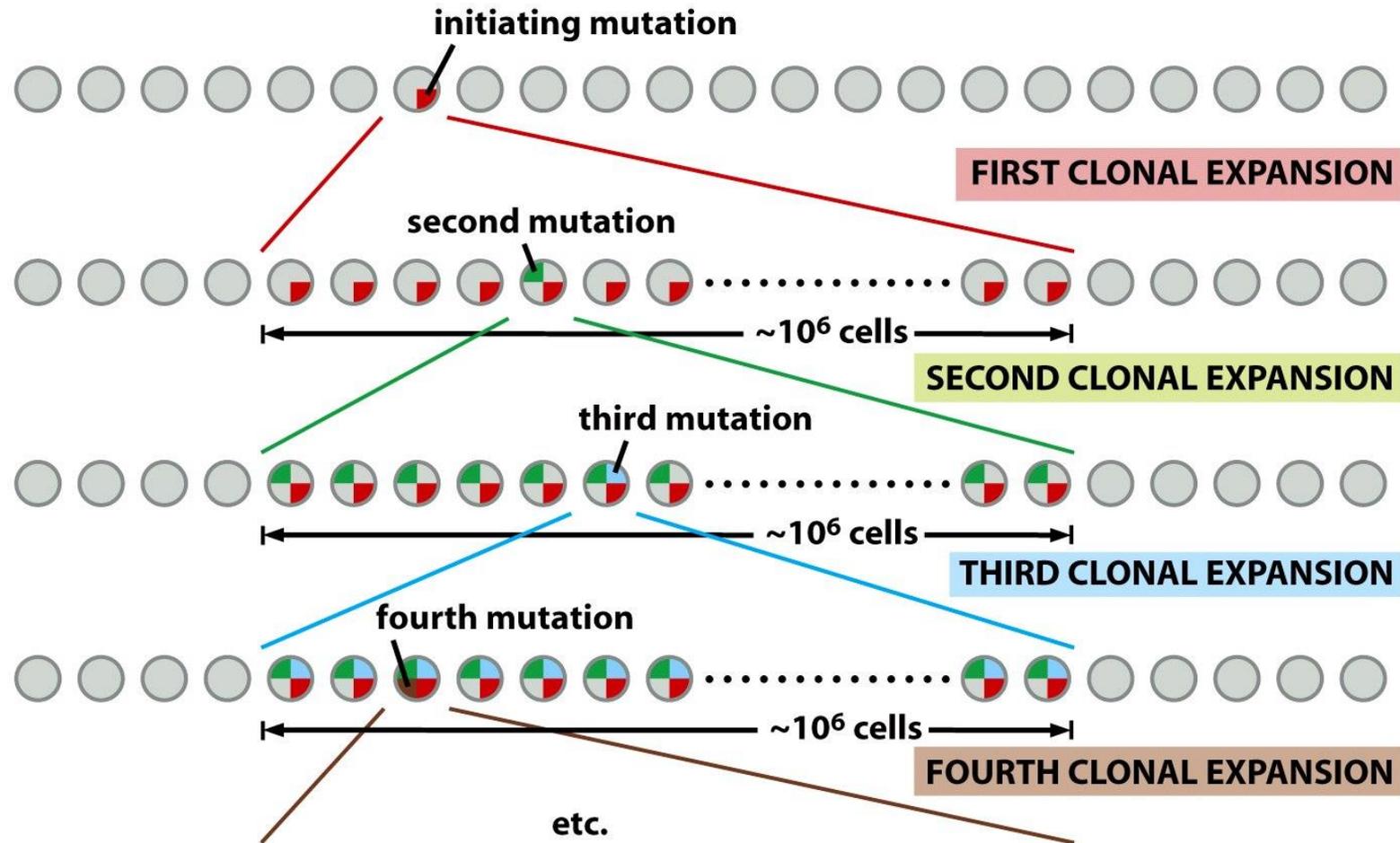


Figure 11-12 The Biology of Cancer (© Garland Science 2007)

Modelo de célula-tronco tumoral

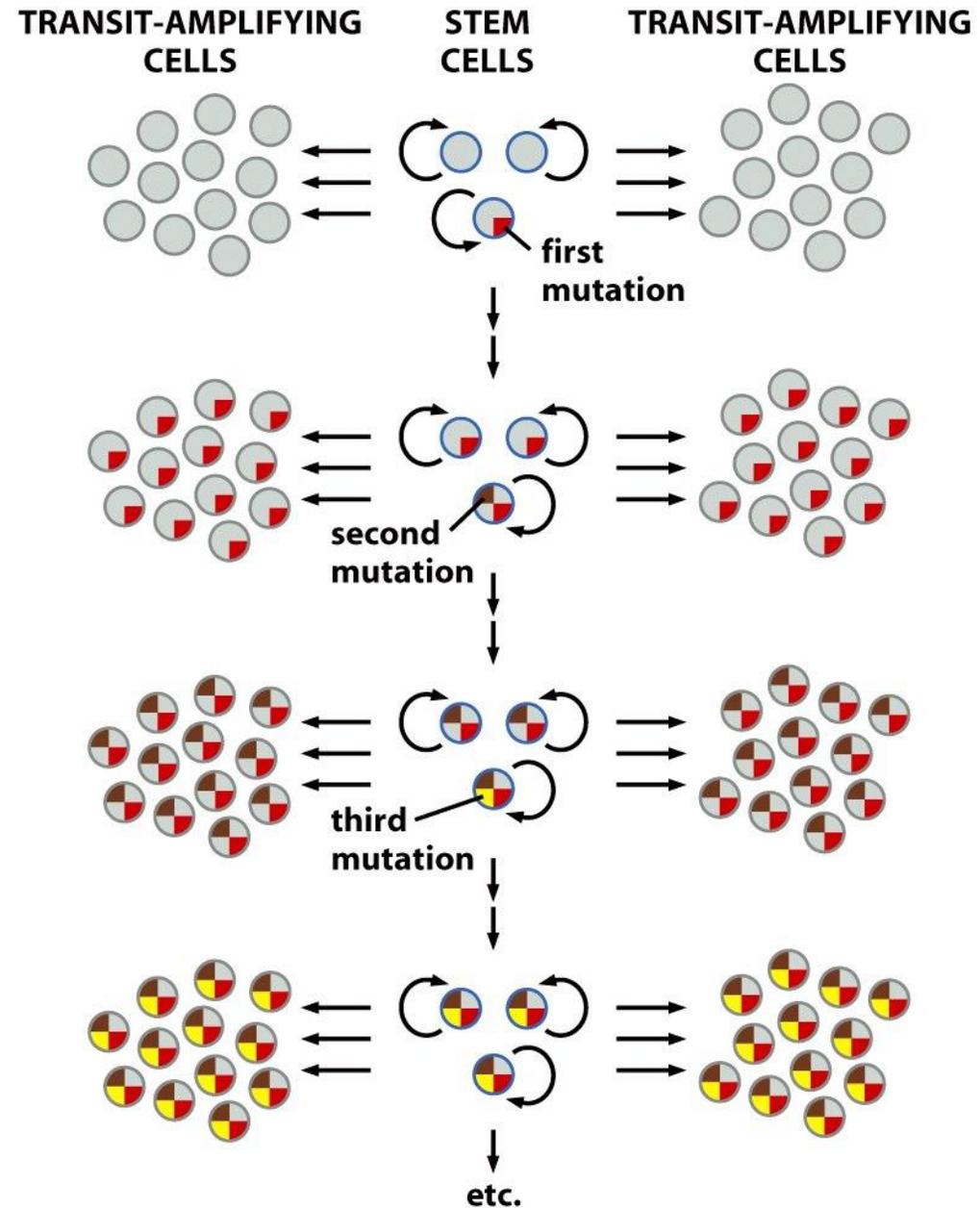


Figure 11-17 The Biology of Cancer (© Garland Science 2007)

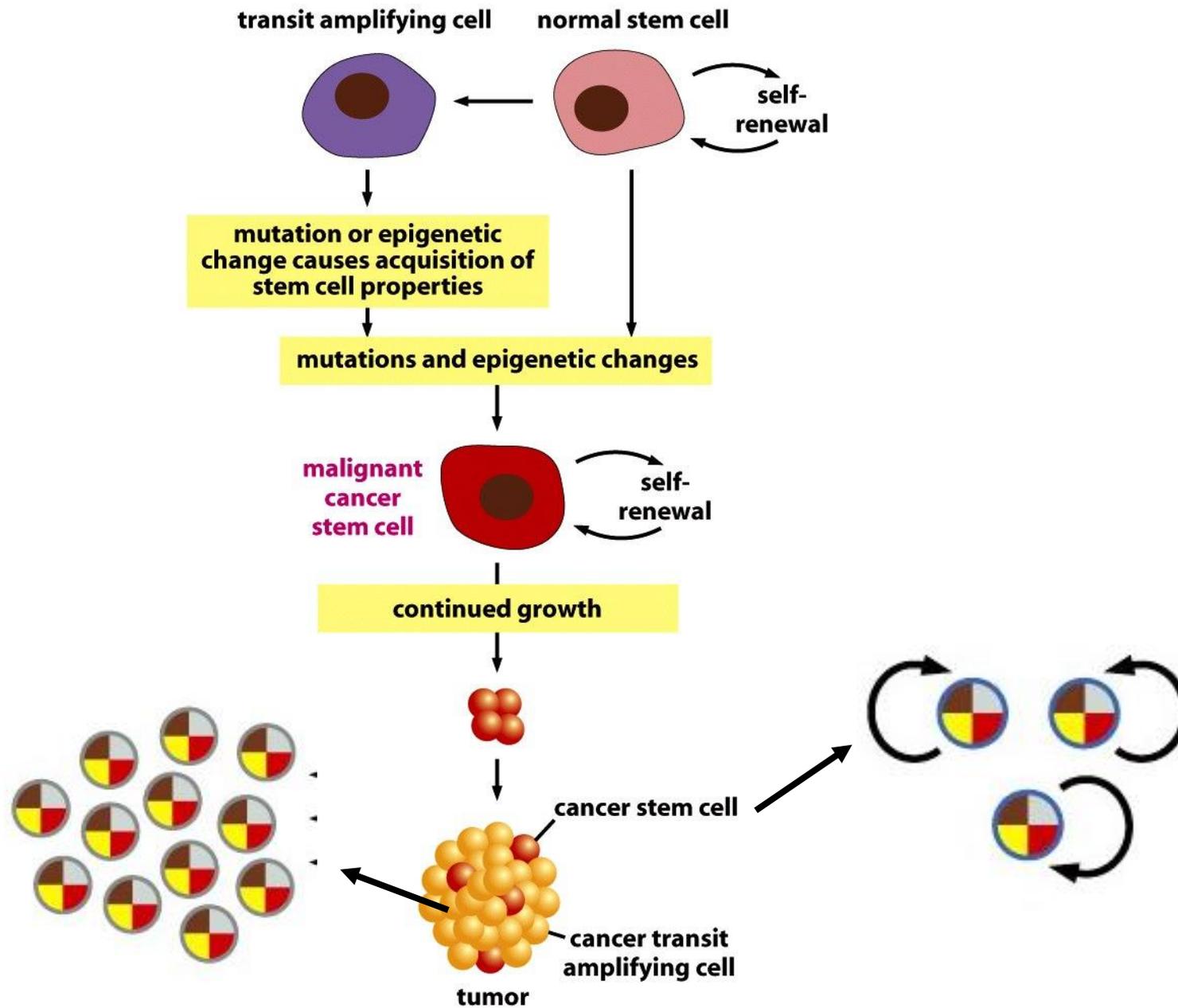


Figure 20-16 Molecular Biology of the Cell 5/e (© Garland Science 2008)

Como se identifica células-tronco tumorais?

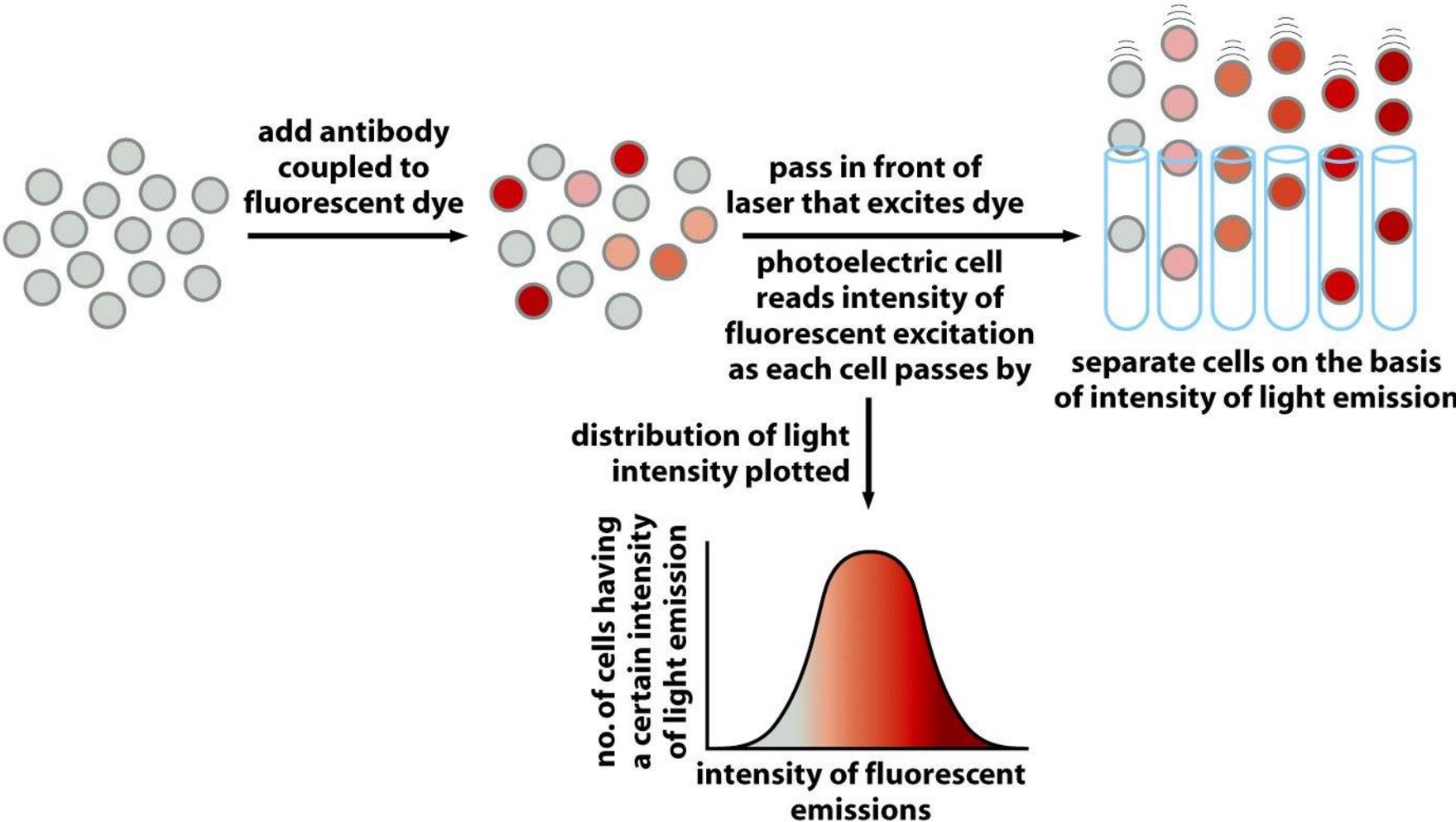


Figure 11-13 The Biology of Cancer (© Garland Science 2007)

CD133 –
marcador de
célula-tronco
neuronal

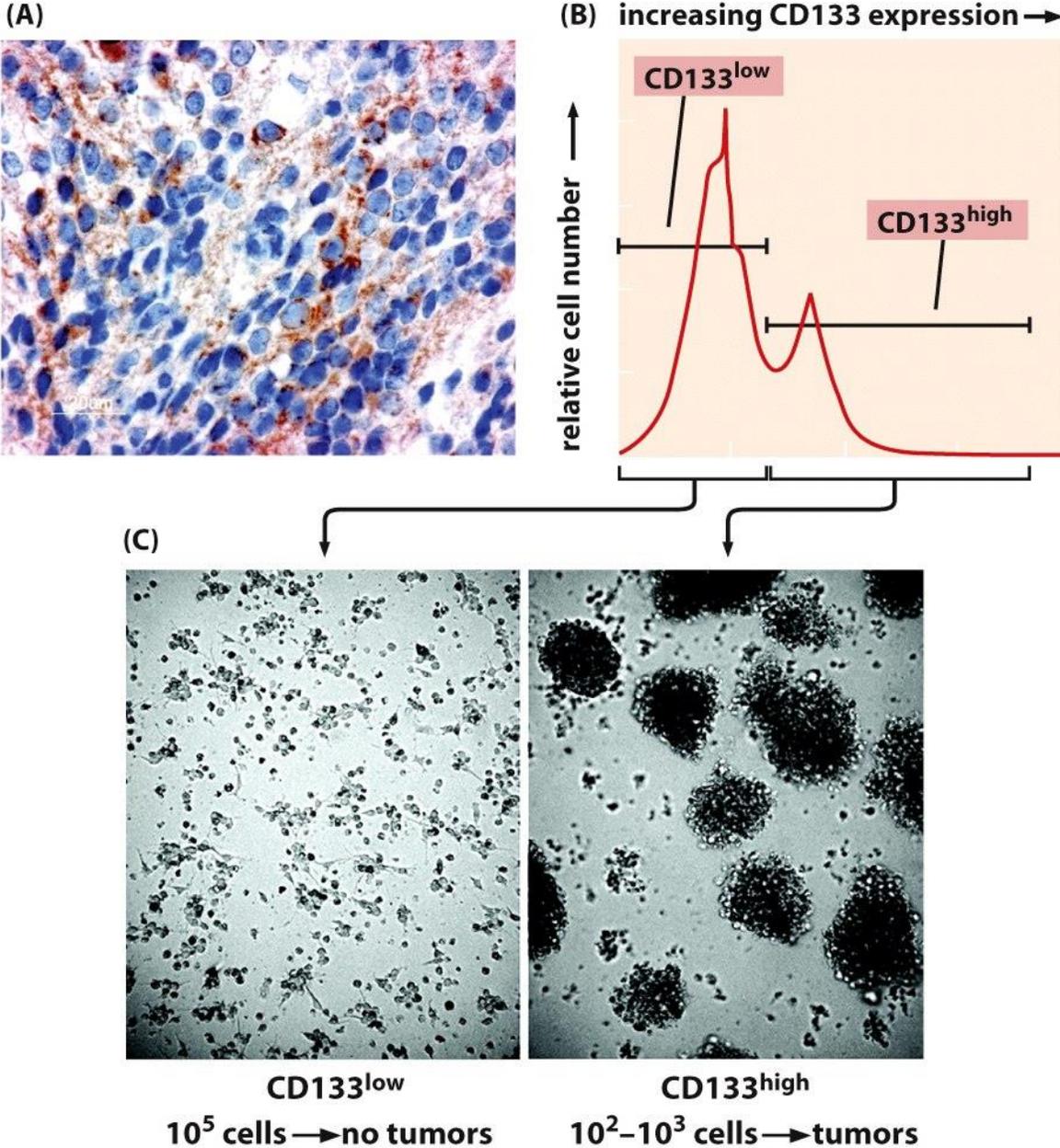
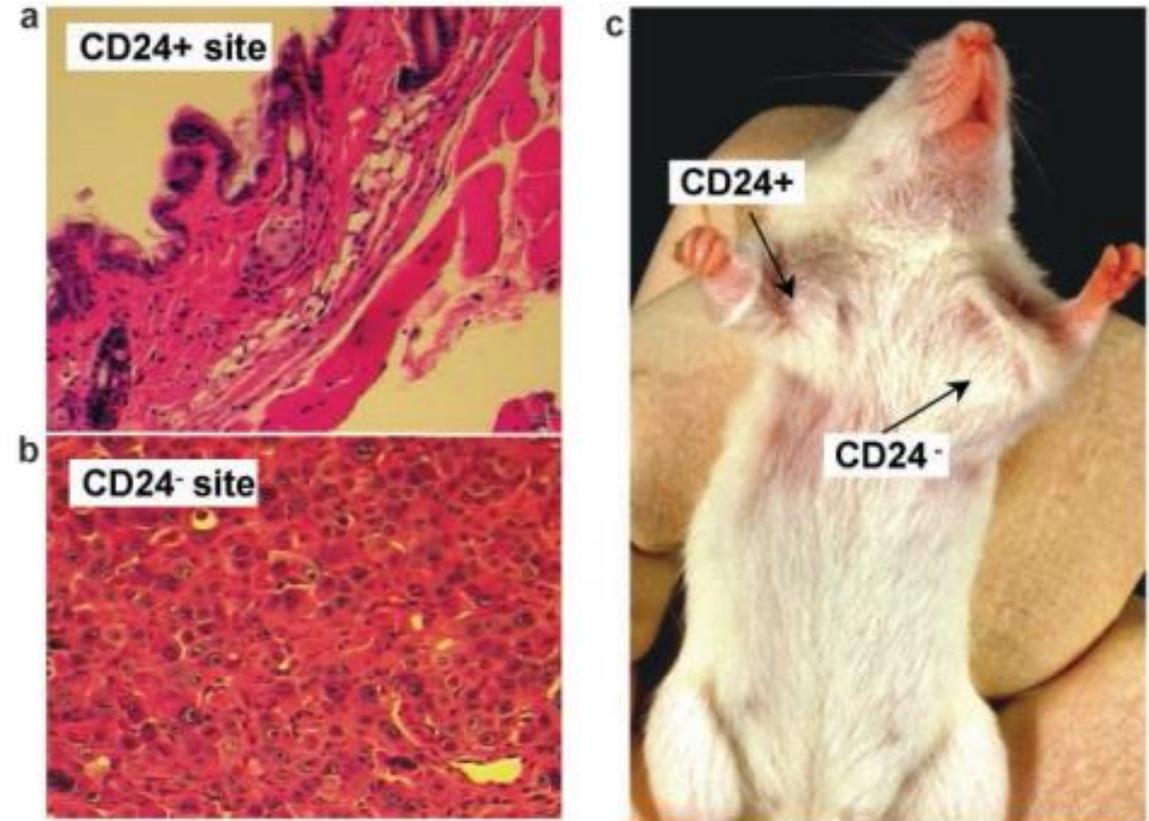


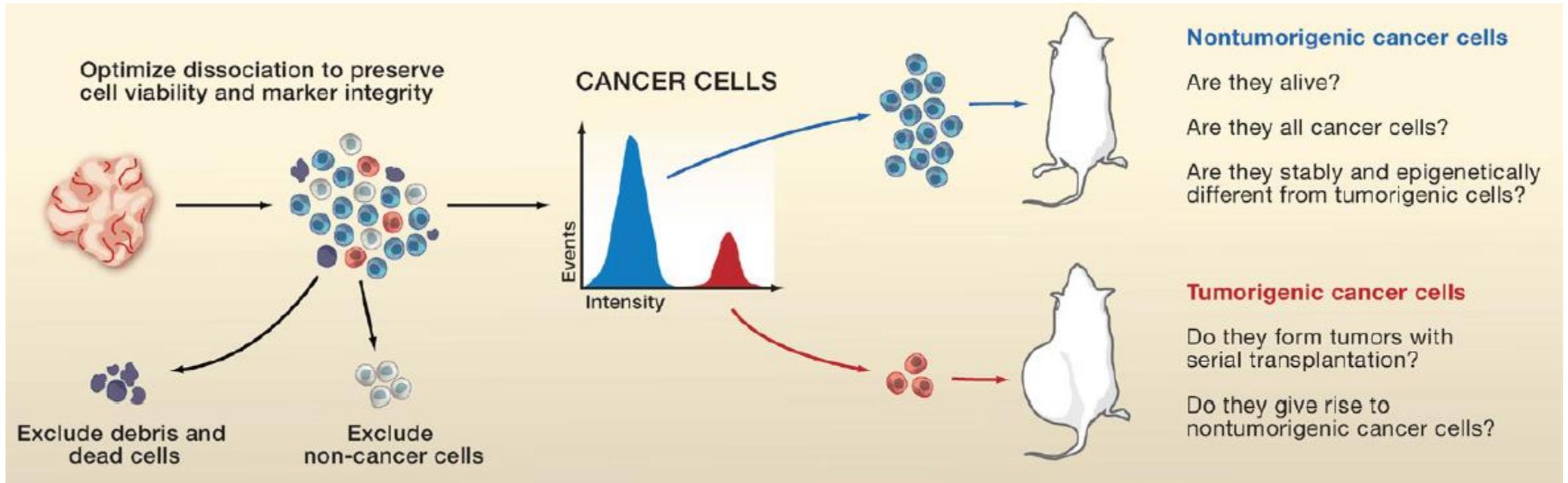
Figure 11-15 The Biology of Cancer (© Garland Science 2007)

Table 2. Tumor formation ability of sorted cells

| | Tumors/injections | | |
|--------------------|-------------------|-----------------|-----------------|
| | 8×10^5 | 5×10^5 | 2×10^5 |
| Passaged T1 | | | |
| CD44 ⁻ | 0/2 | 0/2 | — |
| CD44 ⁺ | 2/2 | 2/2 | — |
| B38.1 ⁻ | 0/2 | 0/2 | — |
| B38.1 ⁺ | 2/2 | 2/2 | — |
| CD24 ⁺ | — | — | 1/6 |
| CD24 ⁻ | — | — | 6/6 |
| Passaged T2 | | | |
| CD44 ⁻ | 0/2 | 0/2 | — |
| CD44 ⁺ | 2/2 | 2/2 | — |
| B38.1 ⁻ | 0/2 | 0/2 | — |
| B38.1 ⁺ | 2/2 | 2/2 | — |
| CD24 ⁺ | — | — | 1/6 |
| CD24 ⁻ | — | — | 6/6 |

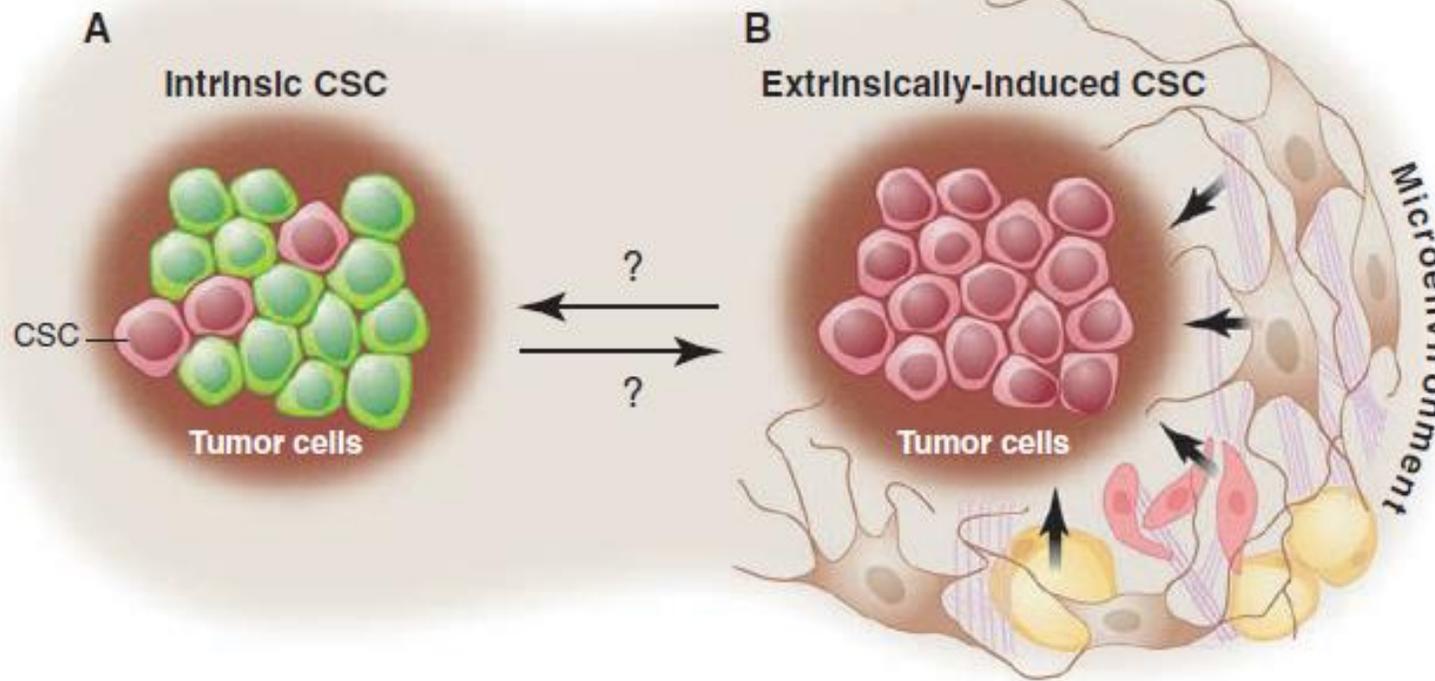


Em resumo:



Regulação das células-tronco tumorais

EMT
Alterações epigenéticas



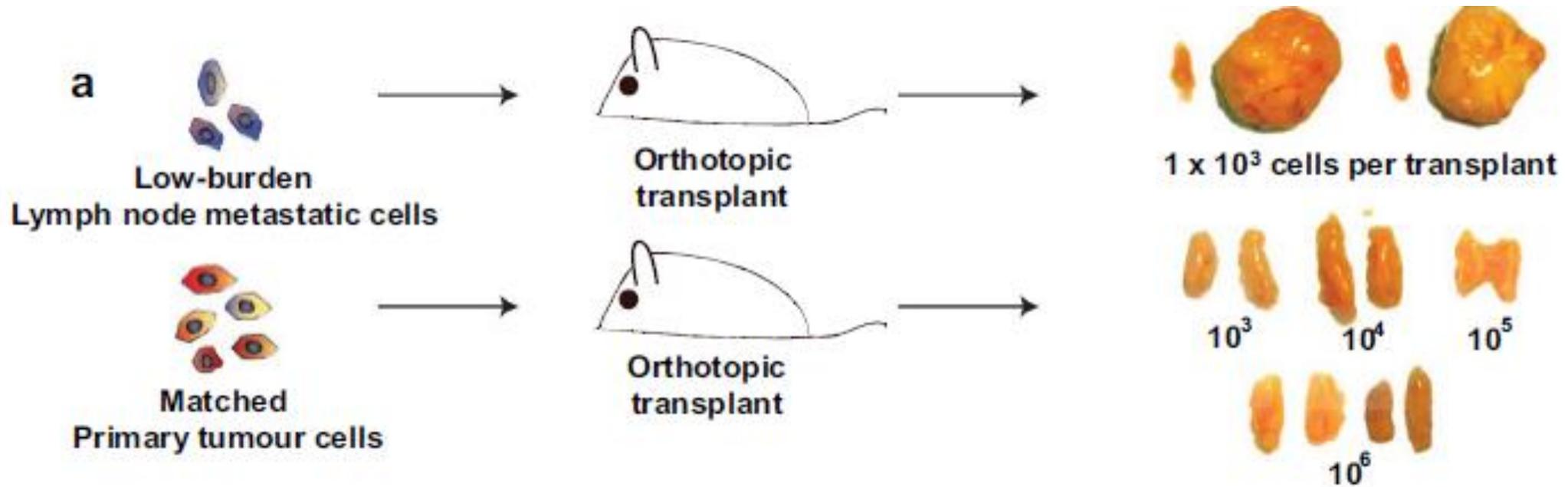
Microambiente:

Células endoteliais
Matriz extracelular
Hipóxia
Inflamação
Fibroblastos

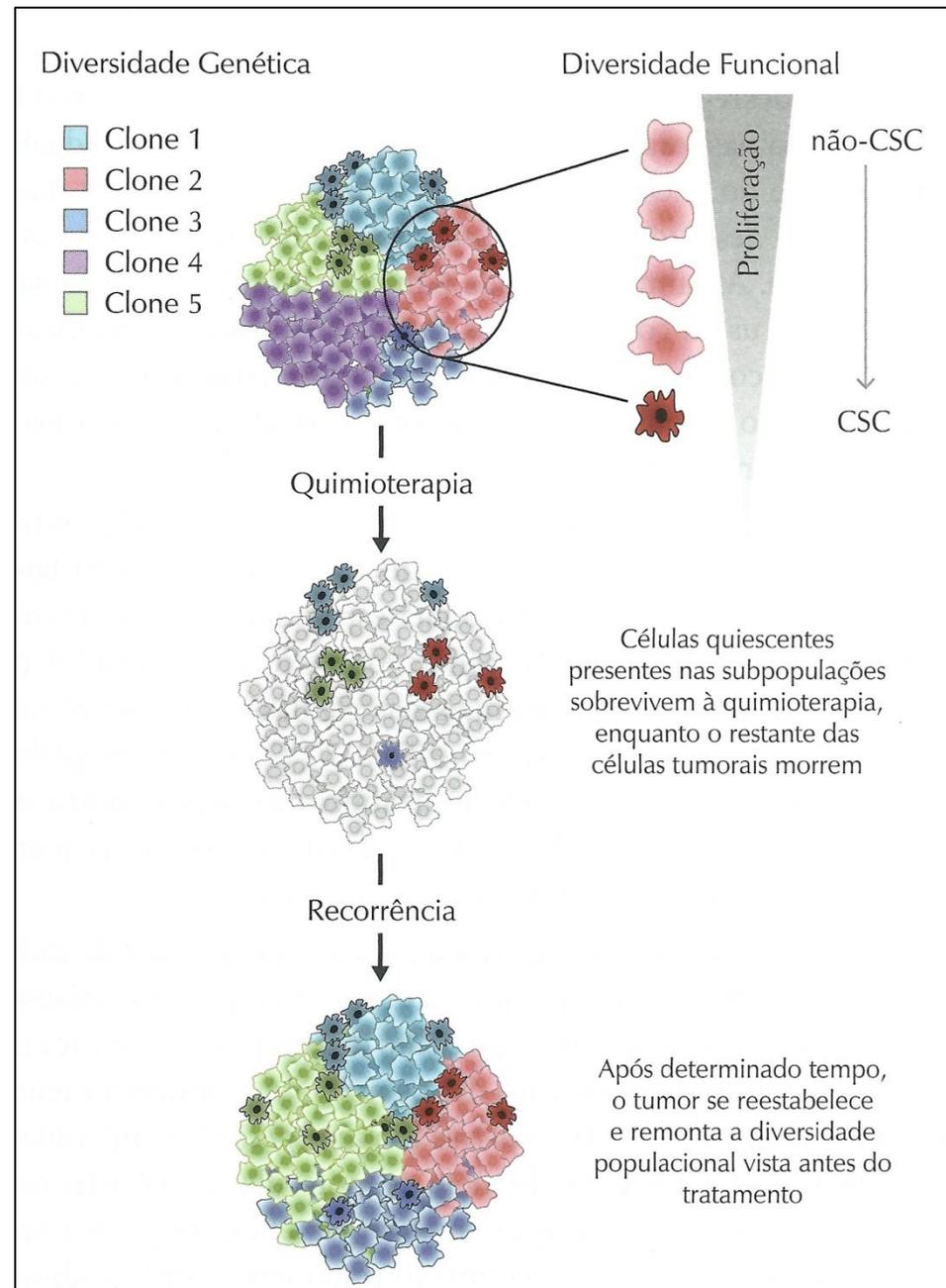
As células-tronco tumorais têm algum papel na metástase?

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

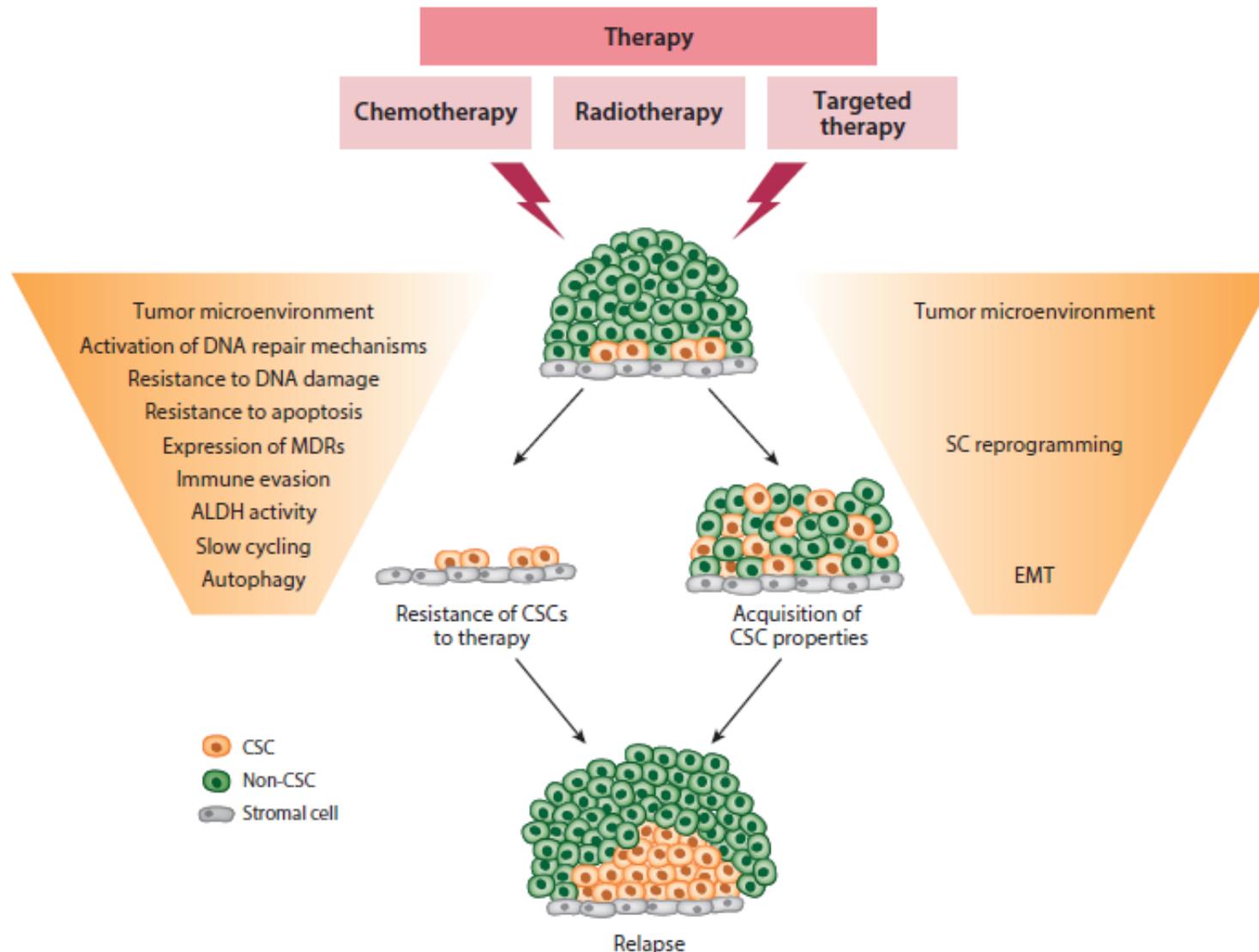
Devon A. Lawson^{1†}, Nirav R. Bhakta², Kai Kessenbrock^{1,3†}, Karin D. Prummel^{1†}, Ying Yu¹, Ken Takai^{1†}, Alicia Zhou³, Henok Eyob³, Sanjeev Balakrishnan³, Chih-Yang Wang^{1,4}, Paul Yaswen⁵, Andrei Goga^{2,3} & Zena Werb¹



Diversidade tumoral e resposta ao tratamento

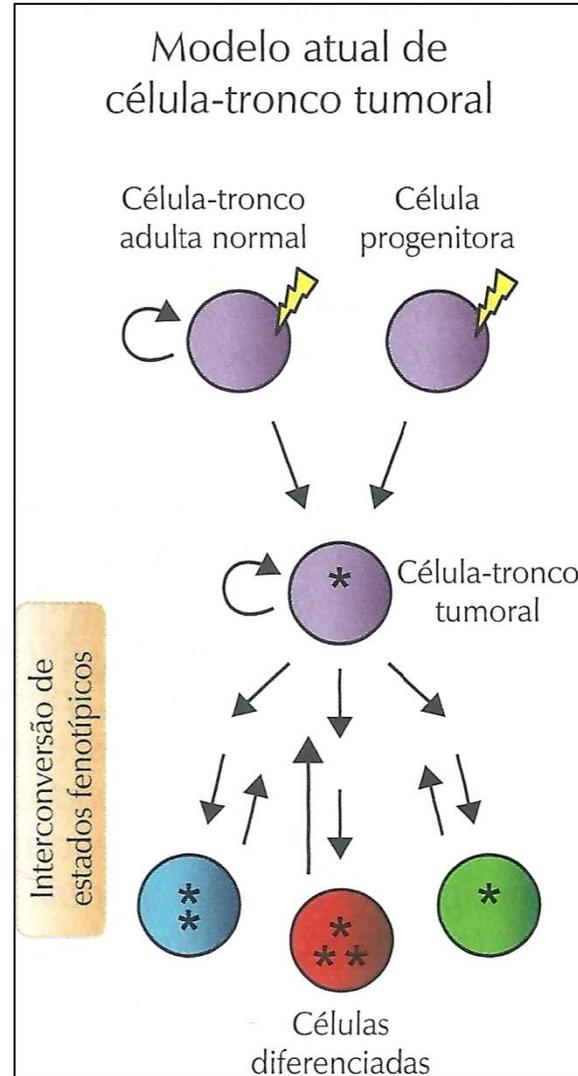


Resistência das células-tronco tumorais à terapia



Modelo atual de células-tronco tumorais

GRANDE PLASTICIDADE



Capítulos 20

