

NEOPLASIA SHEET

Lectures 5&6



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Neoplasia sheet

(lectures 5&6)

بما يخص المحاضرة الأولى في الشيت الأول, تم اضفاء تعديل بسيط (زيادة معلومات) لم تكن موجودة في الملف الأول القديم, يرجى الاطّلاع عليهم في اخر الملف الأول.

Neoplasia 5:

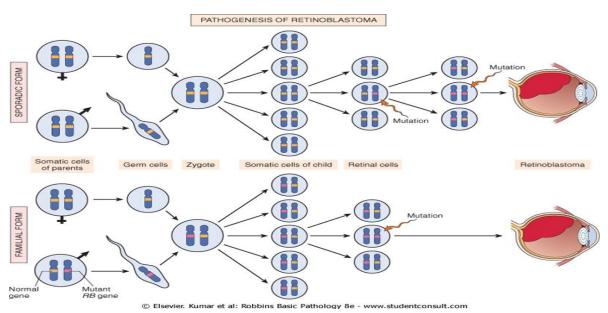
Insensitivity to Growth-Inhibitory Signals:

- The signal of tumor suppressor genes have **anti-growth signals** that can prevent cell proliferation in different mechanisms:
 - 1. May cause dividing cells to enter G0 (quiescence),
 - 2. May cause the **re-entery** of cells in a **postmitotic**, **differentiated pool** and **lose replicative potential**.

Retinoblastoma gene (RB): Governor of the Cell Cycle:

- **RB** gene is a key **negative regulator** of the cell cycle, is **directly** or **indirectly inactivated** in most human cancers.
- Retinoblastoma (*RB*) gene, the **first** and prototypic cancer suppressor gene to be **discovered**.
- Retinoblastoma is an **uncommon** childhood tumor.
- Approximately **60%** of retinoblastomas are **sporadic**, and **40%** are **familial**.
- The **predisposition** to develop the tumor being transmitted as an **autosomal dominant trait.**
- The function of the RB protein is to **regulate the G1/S checkpoint**, <u>the portal</u> <u>through which cells must pass before DNA replication commences.</u>
- The transition from G1 to S is an **extremely important** checkpoint in the cell cycle. (refer to the cell cycle next page)
- To account for the **sporadic** and **familial** occurrence of an **identical tumor**, Knudson, in 1974, proposed his now famous *two-hit* hypothesis.
 - Two mutations (hits) are required to produce retinoblastoma (tumor).
 - These involve the *RB* gene, located on chromosome **13q14**.
 - **Both of the normal** alleles of the *RB* locus must be **inactivated** (two hits) for the development of retinoblastoma.
 - In familial cases, children **inherit one defective copy** of the *RB* gene in the germ line while the **other copy is normal**.
 - Retinoblastoma develops when the normal *RB* gene is lost in retinoblasts as a result of somatic mutation.

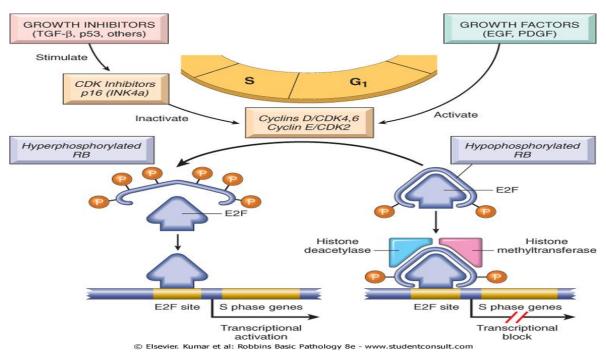
- In retinoblastoma families **only a single** somatic **mutation** is required for **expression** of the **disease**.
- The familial transmission follows an **autosomal** <u>dominant</u> inheritance pattern.
- In sporadic cases, **both** normal *RB* alleles are lost by somatic mutation in one of the retinoblasts.
- A retinal cell that has lost both of the normal copies of the *RB* gene becomes cancerous.
- Although the loss of normal *RB* genes was discovered initially in retinoblastomas, it is now evident that **homozygous** loss of this gene is a fairly common event in several tumors including :
 - 1) Breast cancer
 - 2) Small-cell cancer of the lung
 - 3) Bladder cancer.
- Patients with familial retinoblastoma also are at greatly **increased risk** of developing **osteosarcomas** and **some soft tissue sarcomas**.



<u>RB Gene and Cell Cycle:</u>

- The *RB* gene product is a **DNA-binding protein** that is expressed in every cell type examined.
- It exists in an *active <u>hypophosphorylated</u>* and an **inactive** <u>hyperphosphorylated</u> state.
- The importance of RB lies in its enforcement of G₁, or the gap between mitosis (M) and DNA replication (S).
- In embryos, cell divisions proceed with DNA replication beginning immediately after mitosis ends. (M Phase-S Phase-M Phase-S Phase ...)

- However, as development proceeds, two **gaps** are incorporated into the cell cycle:
 - 1) Gap 1 (G₁): between mitosis (M) and DNA replication (S).
 - 2) Gap 2 (G_2): between DNA replication (S) and mitosis (M).
- Although each phase of the cell cycle circuitry is **monitored carefully,** the transition from G_1 to S is believed to be an extremely important checkpoint in the cell cycle clock.
- Once cells cross the G₁ checkpoint they can **pause** the cell cycle for a time, but they are **obligated to complete mitosis**.
- In G_1 cells can exit the cell cycle:
 - 1) Temporarily, called quiescence (سكون).
 - Permanently, called senescence (شيخوحة).
- In G₁, therefore, diverse **signals** are integrated to **determine** whether the cell should **enter** the cell cycle, **exit** the cell cycle and differentiate, or <u>die</u>.
- RB is a key factor in this decision process.



Cell cycle and mitogenic signaling:

- The **initiation** of DNA **replication** requires the activity of **cyclin E/CDK2** complexes, and **expression** of **cyclin E** is dependent on the **E2F** family of transcription factors.
- Early in G₁, RB is in its **hypophosphorylated** active form and it binds to and **inhibits** the **E2F** family of transcription factors **preventing transcription of cyclin E**.
- 븆 Hypophosphorylated RB **blocks** E2F-mediated transcription in **at least two ways** :
 - 1) It sequesters E2F, preventing it from interacting with other transcriptional activators.
 - RB recruits chromatin remodeling proteins, such as ^(a)histone deacetylases and ^(b)histone methyltransferases, which bind to the promoters of E2F-responsive genes such as cyclin E.

- These enzymes (A & B) modify chromatin at the promoters to make DNA insensitive to transcription factors, so no transcription.
- This situation is **changed** upon **mitogenic signaling**.
- Growth factor signaling leads to cyclin D expression and activation of cyclin D-CDK4/6 complexes.
- These complexes **phosphorylate** RB **inactivating** the protein and **releasing E2F** to **induce** target genes such as **cyclin E**.
- Expression of cyclin E then stimulates DNA replication and progression through the cell cycle.
- When the cells enter S phase, they are **committed to divide** <u>without</u> additional growth factor <u>stimulation</u>.
- During the ensuing M phase, the phosphate groups are removed from RB by cellular phosphatases, regenerating the hypophosphorylated (active) form of RB.
- ✓ E2F is not the sole target of RB.
- The versatile RB protein has been shown to **bind to a variety of other transcription factors** that regulate cell differentiation, examples:
 - RB stimulates myocyte-, adipocyte-, melanocyte-, and macrophage-specific transcription factors.
- RB pathway is important to:
 - 1) Control of cell cycle progression at G_1
 - 2) Induce cell differentiation
 - 3) Induce senescence
 - Mutations in other genes that control RB phosphorylation can mimic the effect of RB loss.
 - Genes are mutated in many cancers that seem to have normal *RB* genes.
 Examples,

- Mutational activation of CDK4 or overexpression of cyclin D would **favor cell proliferation** by facilitating **RB phosphorylation and inactivation**.

• **Cyclin D is overexpressed** in many tumors because of **gene amplification** or **translocation**.

- Mutational **inactivation of CDKIs** also would drive the cell cycle by **unregulated activation of cyclins and CDKs.**

- Simian virus 40 and polyomavirus large-T antigens, adenovirus EIA protein, and human papillomavirus (HPV) E7 protein all **bind to the hypophosphorylated form of RB.**
- The RB protein, unable to bind to the E2F transcription factors, is **functionally deleted**, and the cells **lose** the ability to be **inhibited by antigrowth signals**.

p53 Gene: Guardian of the Genome

- The *p53* **tumor suppressor gene** is <u>one of the most commonly mutated</u> genes in human cancers.
- *P53 induces neoplastic transformation by three interlocking mechanisms:*
 - 1) Activation of temporary cell cycle arrest (termed quiescence),
 - 2) Induction of permanent cell cycle arrest (termed senescence),
 - 3) Triggering of programmed cell death (termed apoptosis).
- ✓ p53 can be viewed as a central monitor of stress, directing the stressed cells toward an appropriate response.
 - A variety of stresses can **trigger the** *p53* response pathways including :
 - 1) Anoxia.
 - 2) Inappropriate oncogene expression (e.g., *MYC* or *RAS*).
 - 3) Damage to the integrity of DNA.
 - In **nonstressed** healthy cells **p53 has a short half-life** (20 minutes) because of its **association with MDM2**, a <u>protein that targets it for destruction</u>.
 - When the cell is **stressed** (for example by an assault on its DNA), **p53** undergoes **post-transcriptional modifications** that **release** it from MDM2 and **increase its half-life**.
 - During the process of being unshackled from MDM2, **p53 also becomes** activated as a transcription factor.
 - Dozens of genes whose transcription is triggered by p53 have been found, they can be grouped into two broad categories:
 - 1) Those that cause cell cycle arrest.
 - 2) Those that cause apoptosis.
 - If **DNA damage can be repaired** during cell cycle arrest, the **cell reverts to a normal state**; if the repair **fails**, p53 induces **apoptosis or senescence**.
 - The manner in which p53 senses DNA damage and determines the adequacy of DNA repair are not completely understood.
 - The key initiators of the **DNA-damage pathway** are two related protein kinases:
 - 1) Ataxia-telangiectasia mutated (ATM).
 - 2) Ataxia-telangiectasia mutated related (ATR).
 - Patients with this disease (Mutations in ATM and ATR), which is characterized by an inability to repair certain kinds of DNA damage, suffer from an increased incidence of cancer.
 - The types of damage sensed by ATM and ATR are different, but the downstream **pathways they activate are similar**.
 - Once **triggered**, both ATM and ATR **phosphorylate** a variety of targets, including **p53 and DNA repair proteins**.

- Phosphorylation of these two targets leads to a pause in the cell cycle and stimulation of DNA repair pathways respectively.
- *p53-mediated cell cycle arrest may be considered the primordial response to DNA damage.*
- It occurs late in the G₁ phase and is caused mainly by *p53*-dependent transcription of the CDKI CDKN1A (p21)- recall inhibitors.
- The *CDKN1A* gene **inhibits** cyclin-CDK complexes and **prevents phosphorylation of RB essential** for cells to enter G₁ phase.
- Such a **pause** in cell cycling gives the cells **time to repair DNA damage.**
- ✓ p53 also helps the process by inducing certain proteins, such as GADD45 (growth arrest and DNA damage), that help in DNA repair.
 - If DNA damage is **repaired successfully**, p53 **up-regulates** transcription of **MDM2**, leading to **destruction of p53 and relief of the cell cycle block**.
 - If the damage **cannot** be repaired, the cell may enter **p53-induced senescence or undergo p53-directed apoptosis**
- More than 70% of human cancers have a defect in this gene, and the remaining malignant neoplasms have defects in genes up-stream or down-stream of *p53*.
 - Homozygous loss of the *p53* gene is found in virtually every type of cancer, including:
 - 1) carcinomas of the lung.
 - 2) carcinoma of colon.
 - 3) carcinoma of breast.
 - Less commonly, some individuals **inherit a mutant** *p53* **allele**; this disease is called the *Li-Fraumeni syndrome*.
 - Inheritance of one mutant allele **predisposes** individuals **to develop** malignant tumors because only one additional hit is needed to <u>inactivate</u> the second, normal allele.
 - Patients with the *Li-Fraumeni syndrome* have a **25 X** greater chance of developing **a malignant tumor** by age 50 compared with the general population.
 - In contrast to patients **who inherit a mutant** *RB* **allele**, the spectrum of tumors that develop in patients with the Li-Fraumeni syndrome **varies**.
 - The most common types of tumors are:
 - sarcomas, breast cancer, leukemia, brain tumors, and carcinomas of the adrenal cortex.

Here's a quiz on this lecture.

Neoplasia 6:

Transforming Growth Factor-β Pathway:

- **TGF-**β, a member of a family of **dimeric** growth factors that includes bone morphogenetic proteins and activins.
- In most normal epithelial, endothelial, and hematopoietic cells, TGF-β is a **potent inhibitor** of proliferation.
- It regulates cellular processes by **binding** to a **complex** composed **of TGFβ receptors** I and II.
- **Dimerization** of the receptor upon ligand binding leads to a **cascade** of events that result in the **transcriptional activation** of CDKIs with <u>growth-suppressing activity</u> as well as <u>repression of growth-promoting genes</u> such as **MYC** and **CDK4**.
- In many forms of cancer the **growth-inhibiting effects** of the TGF-β pathways are **impaired by mutations** affecting TGF-β signaling.
- These mutations may **alter** the **type II TGF-β receptor** or **SMAD** molecules that <u>serve to transduce anti-proliferative signals</u> from the receptor to the nucleus.
- Mutations affecting the type II receptor are seen in:
 - 1. Colon cancer.
 - 2. Stomach cancer.
 - 3. Endometrium cancer.
 - 4. Pancreatic cancer (mutational inactivation of SMAD4).
- Loss of TGF-β-mediated growth control occurs at a level downstream of the core TGF-β signaling pathway; for example, there may be loss of p21 expression and/or overexpression of *MYC*.
- These tumor cells can then **use other elements of the TGF-β induced program**, including immune system suppression or promotion of angiogenesis to **facilitate tumor progression**.
- TGF-β can function to **prevent** or **promote** tumor growth <u>depending on the</u> <u>state of other genes in the cell.</u>

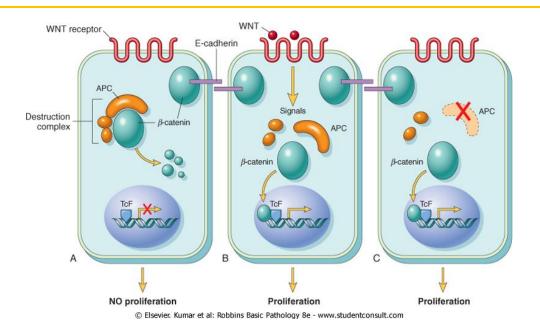
Contact Inhibition, NF2, and APC:

- When cancer cells are grown in the laboratory their proliferation fails to be inhibited when they come in contact with each other. (definition)
- This is in sharp contrast to **nontransformed cells** which **stop** proliferating once they **form confluent monolayers**.
- Cell-cell contacts in many tissues are mediated by homodimeric interactions between transmembrane proteins called *cadherins*.
- E-cadherin (E for epithelial) mediates cell-cell contact in epithelial layers.

- Two mechanisms have been proposed to explain how E-cadherin maintains contact inhibition:
 - 1. <u>One mechanism is mediated by the tumor suppressor gene *NF2*.</u>
 - **Neurofibromin-2** (called *merlin*) acts downstream of E-cadherin in a signaling pathway that helps for **maintain contact inhibition**.
 - Homozygous loss of *NF2* is known to cause certain neural tumors as neurofibromatosis type 2.
 - 2. <u>E-cadherin may regulate contact inhibition through β-catenin</u> signaling pathway.
 - APC gene mutation and adenomatous polyposis coli.

Adenomatous Polyposis Coli-β-Catenin Pathway:

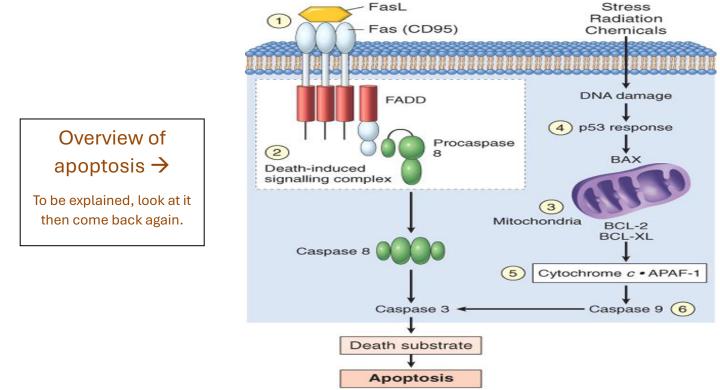
- The APC gene exerts antiproliferative effects in an unusual manner.
- It is a cytoplasmic protein whose dominant function is to **regulate the intracellular levels of β-catenin**.
- β-catenin is a protein with many functions:
 - 1. β-catenin binds to the cytoplasmic portion of E-cadherin, a cell surface protein that mediates intercellular interactions.
 - 2. It can translocate to the nucleus and activate cell proliferation.
- β-catenin is an important component of the so-called WNT signaling pathway that regulates cell proliferation.
- WNT is a soluble factor that can induce cellular proliferation.
- It does so by binding to its receptor and transmitting signals that prevent the degradation of β-catenin, allowing it to translocate to the nucleus where it acts as a transcriptional activator in conjunction with another molecule called TcF.
- In **quiescent** cells which are **not exposed to WNT**, cytoplasmic β-catenin is **degraded** by a *destruction complex*, of which APC is an integral part.
- With loss of APC (in malignant cells), **β-catenin degradation is prevented** and the **WNT signalin**g response is **inappropriately** activated in the absence of WNT.
- This leads to **transcription of growth-promoting genes** such as **cyclin D1** and **MYC**.
- **APC** behaves as a typical tumor suppressor gene. Individuals born with **one mutant allele** develop hundreds to thousands of **adenomatous polyps in the colon** during their teens or 20s which show loss of the other *APC* allele.
- Almost invariably one or more polyps undergo **malignant transformation** upon **accumulation** of other **mutations** in the cells <u>within the polyp</u>.



- APC mutations are seen in 70-80% of sporadic colon cancers.
- Colonic cancers **that have normal** *APC* genes show <u>activating mutations</u> of β -catenin that render them refractory to the degrading action of APC.

Evasion of Apoptosis:

- There are two distinct programs that activate apoptosis:
 - 1) The extrinsic pathway (death receptor CD95/Fas).
 - 2) The intrinsic pathway (DNA damage).



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1) Extrinsic pathway:

- The extrinsic pathway is initiated when CD95 is bound to its ligand, CD95L → <u>trimerization</u> of the receptor and thus its cytoplasmic death domains α → attract the intracellular adaptor protein FADD → recruits procaspase 8 to form the death-inducing signaling complex.
- <u>Procaspase 8 is activated by cleavage into smaller subunits generating caspase 8.</u>
- Caspase 8 then **activates** down-stream **caspases** such as **caspase 3** a typical **executioner caspase** that <u>cleaves DNA and other substrates to cause</u> <u>cell death.</u>

2) Intrinsic pathway:

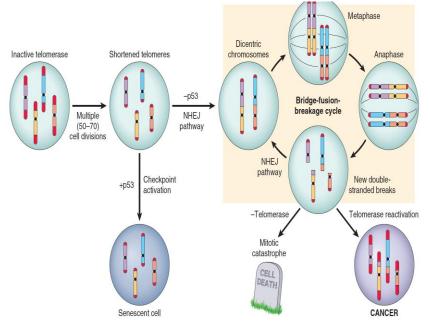
- The intrinsic pathway of apoptosis is **triggered** by a variety of stimuli, including:
 - 1) Withdrawal of survival factors.
 - 2) Stress.
 - 3) Injury.
- Activation of this pathway leads to **permeabilization** of mitochondrial outer membrane, with resultant **release** of molecules such as **cytochrome c that initiate apoptosis.**
- ✓ The integrity of the mitochondrial outer membrane is regulated by proapoptotic and anti-apoptotic members of the BCL2 family of proteins.
- The **pro**-apoptotic proteins, *BAX and BAK*, are required for apoptosis and **directly promote mitochondrial permeabilization**.
- Their action is **inhibited** by the anti-apoptotic members of this family exemplified by *BCL2* and *BCL-XL*.
- A third set of proteins (so-called **BH3-only proteins**) including *BAD*, *BID*, and *PUMA*, regulate the balance between the pro- and anti-apoptotic members of the BCL2 family of proteins.
- The BH3-only proteins **promote apoptosis** by **neutralizing the actions of antiapoptotic proteins** like BCL2 and BCL-XL.
- When the sum total of all **BH3 proteins** expressed "overwhelms" the antiapoptotic BCL2/BCLXl protein barrier, **BAX and BAK are activated and form pores in the mitochondrial membrane.**
- Cytochrome c leaks into the cytosol where it binds to **APAF-1**, <u>activating</u> <u>caspase 9.</u>
- Like caspase 8 of the extrinsic pathway, caspase 9 can **cleave** and **activate** the **executioner caspases**.

- Because of the pro-apoptotic effect of BH3 only proteins, efforts are underway to develop of BH3 mimetic drugs.
- ✓ So now, how do malignant cells evade apoptosis?
 - Malignant cells can escape apoptosis through different ways:
 - 1. Reduced levels of CD95 may render the tumor cells less susceptible to apoptosis by Fas ligand (FasL).
 - 2. Some tumors have high levels of FLIP, a protein that can bind deathinducing signaling complex and prevent activation of caspase 8.
 - 3. Reduced egress of cytochrome c from mitochondrion as a result of upregulation of BCL2.
 - 4. Reduced levels of pro-apoptotic BAX resulting from loss of p53.
 - 5. Loss of APAF-1.
 - 6. Up-regulation of inhibitors of apoptosis.
 - Of all these genes the role of **BCL2** in protecting tumor cells from apoptosis is best established.
 - 85% of B-cell lymphomas of the follicular type carry a characteristic **t(14;18)** (q32;q21) translocation.
 - **14q32**, the site where **immunoglobulin heavy-chain genes** are found, is also involved in the **pathogenesis of Burkitt lymphoma**.
 - Juxtaposition of this transcriptionally active locus with *BCL2* (located at 18q21) causes overexpression of the BCL2 protein.
 - This in turn increases the BCL2/BCL-XL buffer protecting lymphocytes from apoptosis and allowing them to survive for long periods.
 - Steady accumulation of B lymphocytes resulting in lymphadenopathy and marrow infiltration.
 - BCL2-overexpressing lymphomas arise in large part from reduced cell death rather than explosive cell proliferation they tend to be **indolent** (slow growing) compared with many other lymphomas.

Limitless Replicative Potential:

- Most normal human cells have a capacity of 60-70 doublings.
- After this, the cells lose the capacity to divide and enter **senescence**.
- This phenomenon is due to **progressive shortening of** *telomeres* **at the ends of chromosomes.**
- Tumor cells, unlike normal cells, are capable of limitless replication.
- Markedly shortened 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 in a last effort to save the cell joining the shortened ends of two chromosomes
- Short telomeres are recognized by the DNA repair machinery leading to cell cycle arrest mediated by *p53* and *RB*.
- Cells in which the **checkpoints are disabled** by *p53* or *RB* mutations the **nonhomologous end-joining pathway** is **activated** as a last effort **to save the cell joining the shortened ends of two chromosomes.**
- This inappropriately activated repair system results in **dicentric chromosomes** that are pulled apart at anaphase, resulting in **new doublestranded DNA breaks.**
- The resulting **genomic instability** from the repeated bridge-fusion-breakage cycles eventually produces **mitotic catastrophe**, characterized by **massive cell death (apoptosis).**
- It follows that for tumors to grow **indefinitely**, as they often do, **loss of growth restraints is not enough.**
- Tumor cells must also develop ways to **avoid** both **cellular senescence** and **mitotic catastrophe**.



• If during crisis a cell manages to **reactivate telomerase the bridge-fusion-breakage cycles cease**, and the cell is able to **avoid death**.

 During this period of genomic instability that precedes telomerase activation, numerous mutations could accumulate.

• Passage through a period of genomic instability probably explains the complex karyotypes frequently seen in human carcinomas.

Fig. 6.26 Escape of cells from replicative senescence and mitotic catastrophe caused by telomere shortening.

- Telomerase, active in normal stem cells, is **normally absent** from, or at very **low levels** in, <u>most somatic cells</u>.
- Telomere maintenance is seen in virtually all types of cancer.
- In 85-95% of cancers due to up-regulation of the enzyme telomerase.

- A few tumors use other mechanisms, termed alternative lengthening of telomeres, which probably depend on DNA recombination.
- In the **progression** from colonic adenoma **to colonic adenocarcinoma**, early lesions had a **high degree of genomic instability with low telomerase expression**.
- **Malignant** lesions had **complex karyotypes** with <u>high levels of telomerase</u> activity consistent with a model of **telomere-driven tumorigenesis** in human cancer.

Here's a quiz on this lecture.

OVERALL QUIZ (LECTURES 5 AND 6)

FEEDBACK

- * Resources used and for you to use:
- 1. lecture 5 (DR. Maha Shomaf)
- 2. lecture 5- pt.1 (2022)
- 3. lecture 5- pt.2 (2022)
- 4. <u>lecture 6</u> pt.1 (2022)
- 5. lecture 6 pt. 2 (2022- skip start)

V1	Overall quiz link not working \rightarrow link fixed.