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铁死亡在肿瘤中的研究进展

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摘要: 铁死亡是不同于凋亡的一种铁依赖的新的程序性细胞死亡, 与脂质过氧化物的过度积累相关。铁死亡在多种肿瘤细胞中均可发生, 并受基因转录、能量代谢等多种因素的调控。铁死亡可有效抑制肿瘤细胞的生长及转移, 并与其他抗肿瘤药物发挥协同作用, 提高药物敏感性。铁死亡的调控过程为肿瘤治疗提供了潜在靶点, 探索铁死亡的分子机制及其治疗用途具有重要意义。本文以铁死亡的机制为基础, 阐述了其在肿瘤中的作用与治疗进展, 为铁死亡相关研究及肿瘤治疗提供参考。

关键词: 铁死亡; 肿瘤; 治疗; 研究进展

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Research progress of ferroptosis in tumors

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Abstract: Ferroptosis is a new type of iron-dependent programmed cell death different from apoptosis, which is associated with excessive accumulation of lipid peroxides. Regulated by various factors such as gene transcription and energy metabolism, ferroptosis can occur in a variety of tumor cells. It can effectively inhibit the progression and metastasis of tumors, and play a synergistic effect with other anti-tumor drugs to improve drug sensitivity. The regulatory process of ferroptosis provides a potential target for tumor therapy, and it is of great significance to explore the mechanism of ferroptosis and its therapy. Based on the mechanism of ferroptosis, we review its role in tumors and the progress of treatment, in order to provide reference for ferroptosis related research and tumor treatment.

Key words: ferroptosis; tumor; treatment; research progress

铁死亡 (ferroptosis) 是不同于凋亡的一种新型的程序性细胞死亡方式。2003年, Dolma等^[1]发现化合物 erastin 能诱导 RAS 癌基因突变的肿瘤细胞死亡。2008年, Yang等^[2]发现化合物 RSL3 具有与 erastin 相似的作用, 并且使用与凋亡、坏死有关的抑制剂均无法逆转 erastin 所致的细胞死亡, 而铁螯合剂、抗氧化剂却可抑制这种细胞死亡方式。2012年, Dixon等^[3]将 erastin 诱导的具有独特形态学、生物化学、遗传学特征的细胞死亡方式正式命名为铁死亡。发生铁死亡的细胞在形态上表现为线粒体明显萎缩、线粒体嵴减少或消失、线粒体外膜破裂、细胞内谷胱甘肽 (glutathione, GSH) 耗竭、

谷胱甘肽过氧化物酶 4 (glutathione peroxidase 4, GPX4) 活性降低、NADPH 依赖性脂质过氧化以及铁依赖性活性氧生成^[4-5]。铁死亡过程的重要产物是活性氧 (reactive oxygen species, ROS) 和脂质过氧化物。研究发现, 肿瘤细胞内过高水平的 ROS 可诱导铁死亡等多种细胞死亡方式^[6]。脂质过氧化可

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增加膜的通透性, 改变膜的形状和曲率, 使氧化剂更易进入, 最终导致细胞死亡^[7-10]。长期研究表明, 铁死亡在癌症^[11]、缺血-再灌注损伤^[12]、神经退行性疾病^[13]等众多疾病的发生发展与治疗过程中发挥重要作用。本文以阐述铁死亡在肿瘤中的研究进展为基础, 以期铁死亡相关研究及肿瘤治疗提供参考。

1 铁死亡的相关分子机制

铁死亡是一个复杂的过程(图1), 由氧化剂和抗氧化剂之间的氧化还原失衡引起。同时, 铁死亡也受能量代谢、核因子E2相关因子2(nuclear factor erythroid 2-related factor 2, NRF2)与p53、转录因子、非编码RNA等多种因素调控。

1.1 铁死亡的发生机制

1.1.1 脂质过氧化

作为细胞膜的主要成分, 脂质的过度氧化会改变细胞膜的物理性质, 并可导致蛋白质和核酸的共价修饰。脂质过氧化物可分为两大类: 脂质内过氧化物和脂质氢过氧化物, 它们在炎症、阿尔茨海默病、癌症等许多疾病中起重要作用^[14]。

脂质氧化的主要底物是多不饱和脂肪酸(polyunsaturated fatty acids, PUFAs), 其碳链上含有两个或两个以上双键, 例如花生四烯酸(AA)和肾上腺素(AdA)。其中, 含有双烯丙基的PUFAs易发生过氧化, 该过程是促发铁死亡的重要步骤^[15-16]。

酰基辅酶A合成酶长链家族成员4(acyl-CoA synthetase long-chain family member 4, ACSL4)将游离PUFAs与CoA连接生成AA/AdA-CoA, 溶血卵磷脂酰基转移酶3(lysophosphatidylcholine acyltransferase 3, LPCAT3)将AA/AdA-CoA掺入磷脂酰乙醇胺(PE)^[17]。在各种膜磷脂中, PE-AA和PE-AdA更易发生脂质过氧化^[17]。脂质过氧化主要通过两种途径发生: 酶促脂质过氧化和非酶促自发氧化。目前已发现脂氧合酶(lipoxygenases, LOXs)、环氧合酶(cyclooxygenases, COXs)参与酶促脂质过氧化过程。COXs主要作用于游离PUFAs, 最终促进形成前列腺素^[18]。LOXs是一种含非血红素铁的双加氧酶, 可催化游离PUFAs生成脂质氢过氧化物^[19]。发生非酶促脂质过氧化时, 由于存在不饱和双键, PUFAs中双烯丙基上的氢原子易与自由基(如ROS)^[20]发生反应, 从而启动脂质过氧化过程。PUFAs与ROS发生链式反应后产生的脂质过氧化物又进一步促进链式反应, 直到自由基被抗氧化剂分解或生成稳定的非自由基产物, 链式反应终止^[18]。

1.1.2 铁代谢

正常情况下细胞内的铁处于动态平衡中, 而细胞内铁过量时可促使发生铁死亡。目前研究已发现, 当细胞从外环境吸收过量的Fe²⁺时, 可与H₂O₂结合发生芬顿反应生成Fe³⁺和大量ROS, 从而促使PUFAs生成脂质过氧化物。含铁酶如LOXs^[21]也可催化游离PUFAs生成脂质氢过氧化物。除芬顿反

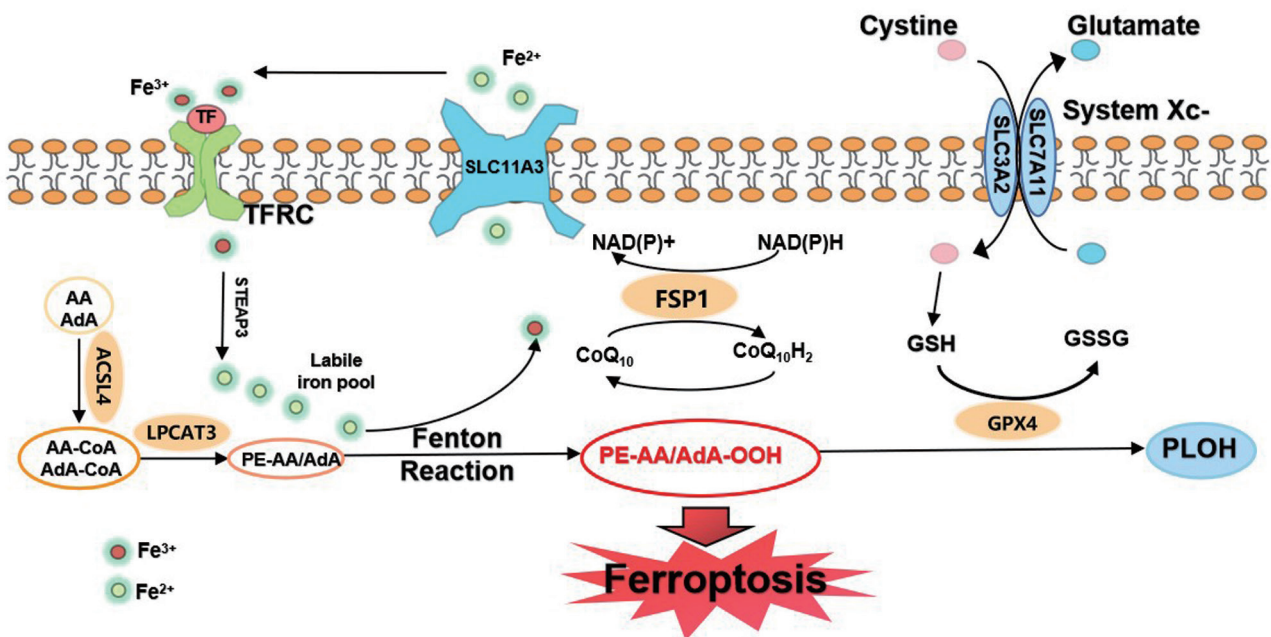


图1 铁死亡过程的相关分子机制(根据参考文献[11]绘制)

应外, Fe^{2+} 也可与脂质过氧化物反应生成 Fe^{3+} 。 Fe^{3+} 可通过转铁蛋白受体 (TFRC) 进入细胞, 并聚集于内体。在内体中, STEAP3 金属还原酶将 Fe^{3+} 还原为 Fe^{2+} 。 Fe^{2+} 通过 SLC11A2/DMT1 从内体释放到细胞质内的不稳定铁池中^[22]。过量的铁可储存于铁蛋白中, 也可进入血液循环^[23]。

1.1.3 抗氧化系统代谢

为了抵抗铁死亡, 细胞内存在抗氧化系统及其辅因子, 包括 GPX4、铁死亡抑制蛋白 1 (ferroptosis inhibitor protein 1, FSP1)、四氢生物蝶呤 (tetrahydrobiopterin, BH4)、二氢乳清酸脱氢酶 (dihydroorotate dehydrogenase, DHODH)。GPX4 是一种硒蛋白, 可以减少细胞膜中的 H_2O_2 , 并以 GSH 作为辅因子^[24]。谷氨酸-胱氨酸逆向转运系统 (glutamate-cystine antiport system, System Xc⁻) 由催化亚基溶质载体家族 7 成员 11 (solute carrier family 7 member 11, SLC7A11) 和 SLC3A2 共同组成。System Xc⁻ 可介导细胞内的谷氨酸与细胞外的胱氨酸相交换, 通过 GSH 的合成调节铁死亡^[25]。GSH 作为细胞抗氧化系统的重要成员, 其合成依赖于半胱氨酸。此外, 半胱氨酸由 System Xc⁻ 转运提供, 也可由蛋氨酸通过转硫化途径合成^[26-27]。最终, 合成的 GSH 通过减少 ROS 和活性氮类来保护细胞免受氧化损伤。谷氨酰胺-半胱氨酸合成酶活性、半胱氨酸浓度可调节 GSH 合成, 从而影响 GPX4 活性^[28-30]。GPX4 可将有毒的磷脂过氧化氢物 (PE-AA/AdA-OOH) 还原为相应的无毒磷脂醇 (PL-OH)。因此, GPX4 缺失将可增加磷脂过氧化氢物, 进而促进脂氧合酶介导的脂质过氧化, 最终导致铁死亡^[23, 31]。2019 年, Doll 等^[32] 发现 FSP1-CoQ 通路作为一个独立的抗氧化系统, 可与 GPX4 和 GSH 协同抑制磷脂过氧化和铁死亡。泛醌 (ubiquinone, CoQ₁₀)^[33] 是一种流动的亲脂性电子载体, 属于内源性合成脂溶抗氧化剂, 并在质膜中充当亲脂性自由基捕捉剂。FSP1, 原名凋亡诱导因子线粒体相关蛋白 2 (apoptosis-inducing factor mitochondrial-related 2, AIFM2), 是一种铁死亡抑制因子^[33]。FSP1 被招募到质膜上, 并利用 NAD(P)H 将泛醌 (ubiquinone, CoQ₁₀)^[34] 还原为其自由基捕获抗氧化剂形式泛醇 (panthenol, CoQ₁₀H₂)。这将减少磷脂氧化, 并直接抑制脂质过氧化^[35]。FSP1-CoQ 通路受 BH4 与 DHODH 的调节。Soula 等^[36] 研究发现 BH4 是一种有效的内源性自由基捕获抗氧化剂, BH4 通过促进 CoQ₁₀ 的形成和阻断特定脂质的过氧化来抑制铁死亡, 该过程不依赖 GPX4。DHODH

位于线粒体, 可将 CoQ₁₀ 还原为 CoQ₁₀H₂ 从而抑制铁死亡^[37-38]。

1.2 铁死亡的基因转录调节

铁死亡是一个比较复杂的过程, 可受多种基因以及转录因子的调控。Dodson 等^[39] 研究发现, NRF2 是一种主要的抗氧化剂转录因子。NRF2 可通过调控 SLC7A11 和 GPX4 从而抑制铁死亡过程, 也参与调节细胞的 GSH 合成、铁代谢和中间代谢物。Wang 等^[40] 发现激活转录因子 3 (ATF3) 是 SLC7A11 的转录抑制因子。另外, 研究发现抑癌基因 p53 对铁死亡具有双重调节作用。一方面, p53 是 SLC7A11 的转录抑制因子, 可通过抑制半胱氨酸摄取促进铁死亡^[41]。p53 还通过促进亚精胺/精胺 N¹-乙酰转移酶 1 (spermidine/spermine N¹-acetyltransferase 1, SAT1) 表达^[25, 31], 从而增强 15-LOX 的活性。而 15-LOX 作为铁结合酶, 可以氧化 PUFAs 并促进脂质过氧化^[42]。另一方面, p53 可通过直接抑制二肽基肽酶 4 (dipeptidyl peptidase 4, DPP4) 的活性来抑制铁死亡^[25]。p53 也可通过 p53/p21 转录通路诱导 p21 表达抑制铁死亡, 从而保护癌细胞在胱氨酸不足的情况下存活^[43]。固醇调节元件结合蛋白 1^[44] 是调节脂质代谢的中心转录因子, 它通过调控硬脂酰辅酶 A 去饱和酶 1 产生单不饱和脂肪酸, 从而抑制铁死亡。也有研究报道, 在内质网应激下, 激活的转录因子 ATFs 可转录激活铁死亡相关基因^[16]。铁死亡除受到多种基因的调控之外, 很多非编码 RNA 也参与调控铁死亡过程。Yang 等^[45] 发现在口腔鳞癌中, circRNA FNDC3B 可通过调节 miR-520d-5p/SLC7A11 轴抑制铁死亡。Lu 等^[46] 发现 MiR-27a-3p 通过靶向 SLC7A11 调控非小细胞肺癌的铁死亡过程。

1.3 铁死亡的能量代谢调控

近年的研究表明, 细胞的能量代谢活动参与调节铁死亡过程。由于肿瘤细胞增殖快速和代谢速率增强, 肿瘤能量代谢已成为破坏氧化还原动态平衡和引起铁死亡的靶点^[47]。Xie 等^[48] 研究证明, 中等温度 (45 °C) 可以显著降低抗氧化剂的表达, 并可在载有氧化铁纳米颗粒 (Fe₃O₄ NPs) 的肿瘤细胞中触发脂代谢重编程。这将破坏肿瘤的氧化还原动态平衡, 并诱发脂质过氧化, 从而使肿瘤细胞对铁死亡敏感, 最终协同诱发铁死亡。值得注意的是, 肿瘤细胞可以激活适应性代谢反应来抑制铁死亡从而实现自我保护, 如激活糖酵解和磷酸戊糖途径。AMPK 是感知与调节细胞能量代谢平衡的重要枢纽。当细胞内能量代谢不足时, ATP 含量的降低将

导致 AMP/ATP 比率增加, 最终激活 AMPK^[49]。Lee 等^[50-51] 研究发现能量应激可激活 AMPK, AMPK 可抑制乙酰辅酶 A 羧化酶 (acetyl-coenzyme A carboxylase, ACC) 从而减少 PUFAs 的合成, 最终抑制铁死亡。Song 等^[52] 发现 AMPK 也可介导 Beclin 1 (BECN1) 的磷酸化, 促进 BECN1-SLC7A11 复合体的形成从而抑制 System Xc⁻, 最终促进铁死亡。Song 等^[53] 通过 siRNA 筛选, 将丙酮酸脱氢酶激酶 4 (pyruvate dehydrogenase kinase 4, PDK4) 确定为介导铁死亡代谢抵抗的关键基因。PDK4 可以阻断丙酮酸氧化从而限制单糖进入三羧酸循环和脂肪酸合成, 从而减少 PUFAs 的产生, 其方式类似于 AMPK 的激活。

2 铁死亡在肿瘤中的意义

2.1 铁死亡对肿瘤发生发展及转移的影响

目前已发现, 铁死亡过程中的相关基因、蛋白质以及铁稳态可影响肿瘤的发生发展与转移。与正常癌细胞相比, 肿瘤干细胞 (cancer stem cells, CSCs) 对铁死亡更敏感^[54]。CSCs 中铁稳态的改变通常表现为细胞内铁含量升高^[55]。铁可调节铁死亡过程, 并在维持 CSCs 的干性中起作用^[56]。虽然 CSCs 对铁死亡敏感, 但 CSCs 也可通过升高 GSH 水平来抑制铁死亡^[57]。铁转运蛋白 (ferroportin, FPN) 是唯一的铁输出蛋白, 参与调节细胞内铁浓度^[58]。FPN 通过破坏铁稳态影响肿瘤的进展, 抑制 FPN 表达可引起镭诱导的 MDA-MB-231 细胞增殖、上皮间充质转化和迁移^[59]。

Liu 等^[60] 通过分析 19 个铁死亡相关基因与迁移相关基因之间的关系, 发现铁死亡与胶质瘤细胞迁移呈正相关。铁死亡可以通过调节肿瘤侵袭能力来影响卵巢癌的进展。You 等^[61] 发现铁死亡相关基因高表达的样本可以在肿瘤微环境中募集多个免疫细胞和基质细胞, 以促进肿瘤的侵袭和转移。非编码 RNA 也可调节铁死亡相关基因从而影响铁死亡与肿瘤的进展、转移。Xu 等^[62] 发现 CircIL4R 可通过调节 miR-541-3p/GPX4 抑制铁死亡并促进肝细胞癌的肿瘤发生。Zhang 等^[63] 发现抑制 miR-339 可导致铁死亡相关基因 SLC7A11 表达增加, 从而抑制铁死亡并促进肺腺癌转移。上皮间质转化 (epithelial-mesenchymal transition, EMT) 参与介导多种肿瘤的治疗抵抗过程, 与肿瘤转移、铁死亡相关。Mani 等^[64] 发现, 在人乳腺上皮细胞 (HMLEs) 中诱导 EMT 可使其获得间充质细胞表型, 还可获得干性。目前, 获得间充质细胞状态的肿瘤细胞 (例如

CSCs) 被认为与肿瘤的转移和化疗耐药相关^[65-66]。Shi 等^[67] 发现 EMT 和铁死亡相关基因 PCOLCE 和 HOXC11 与结肠腺癌患者的肝脏和淋巴浸润相关。研究发现, 在对 GPX4 有依赖性的细胞系中, EMT 相关标记物的表达不同^[68]。耐药间充质细胞典型特征是锌指 E 盒结合同源异型盒 1 (Zinc finger E-box-binding homeobox 1, ZEB1) 的表达, 并可对 GPX4 抑制引起的铁死亡高度敏感^[69]。ZEB1 被认为是一种生脂因子, 调节脂质代谢, 在间充质基因表达和脂质过氧化易损性之间架起桥梁。处于高度间充质状态的耐药细胞, 其生存依赖于 GPX4^[70]。Lee 等^[71] 研究发现, EMT 标志物的表达与铁死亡易感性密切相关。

2.2 铁死亡在耐药机制中的作用

化疗耐药性和放疗耐药性是传统癌症治疗失败的主要原因。研究发现, 参与铁死亡过程的 System Xc⁻、GSH、ACSL4 参与调节肿瘤化疗耐药性。破坏 ATP 结合盒 (ABC) 家族转运蛋白多药耐药蛋白 1 (MRP1) 可通过减少 GSH 流出细胞, 从而抑制铁死亡^[72]。GSH 的增加导致细胞对化学药物, 如阿霉素^[73]、顺铂^[74]、5-氟尿嘧啶^[75] 更具耐药性。抑制 System Xc⁻ 可诱导顺铂耐药的头颈部癌^[76] 和胰管腺癌^[77] 细胞发生铁死亡。ACSL4 已被证明通过调节 ABC 转运蛋白表达参与乳腺癌细胞的化疗耐药^[78]。电离辐射可诱导表达 ACSL4 并引起脂质过氧化产物的积聚, 最终导致铁死亡^[79]。抑制 12-LOX 可以调节人前列腺癌细胞的放射敏感性^[80]。

2.3 铁死亡在抗肿瘤免疫中的作用

铁死亡是调节肿瘤免疫的一把双刃剑。一方面, 铁死亡可影响免疫细胞的表型与功能, 免疫细胞也可调节肿瘤细胞的铁死亡过程。例如, 活化的 CD8⁺ T 细胞分泌的 IFN- γ 可抑制 Xc⁻ 最终促使肿瘤细胞发生铁死亡, 从而发挥抗肿瘤作用。发生铁死亡的细胞还可释放花生四烯醇和损伤相关分子模式蛋白 (DAMP) 之一的高迁移率族盒 1 (HMGB1) 等特异性信号, 介导抗肿瘤免疫^[81]。另一方面, 铁死亡可导致慢性炎症状态, 这与肿瘤的发生发展密切相关。为了帮助邻近的肿瘤细胞生存或逃避免疫, 发生铁死亡的肿瘤细胞与肿瘤浸润性免疫细胞可产生前列腺素 E2 (prostaglandin E2, PGE2) 等免疫抑制介质, 从而抑制抗肿瘤免疫, 最终促进肿瘤生长。例如, GPX4 受抑制后虽可增加细胞内的脂质过氧化产物促使肿瘤细胞发生铁死亡, 但同时也可促进 PGE2 介导的肿瘤免疫逃避^[82]。近期研究发现, 发

生铁死亡的肿瘤细胞可能会介导促肿瘤免疫微环境的形成,从而导致肿瘤发生发展^[83]。

3 铁死亡在肿瘤治疗中的意义

3.1 纳米药物

目前的铁死亡诱导剂生物降解性和生物相容性较差,而基于铁死亡的纳米颗粒诱导剂疗效更好、副作用更少。其基于芬顿反应可引发铁死亡过程,目前已经开发出各种纳米材料助力于癌症治疗^[84]。其中,大部分已报道的可用于癌症治疗的纳米材料都是铁基纳米材料,因为它们能够特异性聚集于肿瘤部位,并且铁可以 Fe^{2+} 或 Fe^{3+} 的形式在酸性溶酶体中释放,参与芬顿反应并诱导铁死亡,杀死肿瘤细胞^[85]。

基于铁死亡的纳米药物与阻断免疫疗法可产生协同的抗肿瘤作用。例如, FePt 纳米粒子可以通过芬顿反应诱导铁死亡。Zhang等^[86]发现使用 FePt/MoS_2 纳米复合材料并结合化疗、光热疗法可协同增强肿瘤免疫治疗疗效。Zhang等^[87]设计的磁小体可促进铁死亡与免疫调节间的协同作用,从而有助于提高癌症的治疗疗效。用血小板膜包被只负载柳氮磺胺吡啶的磁性纳米粒子($\text{Fe}_3\text{O}_4\text{-SAS@PLT}$)诱导肿瘤细胞铁死亡并阻断程序性细胞死亡1(programmed cell death 1, PD-1)免疫检查点后,肺转移明显减少,而联合PD-1抗体可完全抑制肺转移^[88]。其他研究发现,纳米粒子可协助化疗、光热、光动力、声动力等多种疗法。因此,设计多功能纳米粒子用于肿瘤治疗或将是未来趋势^[89]。

3.2 其他药物

纳米粒子也可与其他药物组成纳米系统联合使用,从而增强疗效。Xiong等^[90]设计了一种药物-有机物-无机物组装的纳米系统,该系统联合激光可通过一系列反应显著降低细胞内GSH水平。这种联合疗法可提高治疗的特异性和给药效率,并降低毒性。在Zheng等^[91]的研究中,包裹p53质粒的金属-有机网络(MON-p53)与铁离子结合也可以通过释放铁和p53质粒来抑制System Xc⁻,最终诱导铁死亡。还有团队开发了一种纳米探针,这种纳米探针只能在弱酸性的肿瘤微环境中释放 Fe^{3+} ,从而准确有效地引发铁死亡^[92]。

天然产物也是新型抗肿瘤活性成分的重要资源^[93]。部分天然产物如青蒿素及青蒿素衍生物等对铁死亡具有调节作用。与一些经典的铁死亡诱导剂相比,天然产物调控靶点更多、结构更稳定、毒性

与成本更低^[94]。目前研究表明,青蒿素对肿瘤细胞具有良好的治疗作用,它通过增加ROS水平、降低GSH水平、干扰铁代谢、增加肿瘤细胞内 Fe^{2+} 浓度来诱导肿瘤细胞铁死亡^[95]。Yamaguchi等^[96]发现胡椒碱可通过增加细胞内ROS水平诱导人胰腺癌细胞铁死亡。黄芩素是一种天然的铁死亡抑制剂,可以有效抑制胰腺癌细胞中erastin诱导的铁死亡^[97]。

4 未来展望与总结

本文综述了铁死亡的发生过程、调控机制及其在肿瘤与肿瘤治疗中的意义。铁死亡过程受基因转录、能量代谢调控,目前尚未完整地理解部分调控因子在铁死亡与肿瘤中的具体作用,但已发现铁死亡过程中的部分基因、蛋白质与肿瘤发生发展、转移及耐药相关。同时,作为调节肿瘤免疫的一把双刃剑,如何区别铁死亡的肿瘤抑制作用与肿瘤促进作用将至关重要。基于铁死亡过程,结合纳米医学设计联合疗法也是一种很有吸引力的研究方向。天然产物如黄酮类、醌类、生物碱类、苷类、萜类、皂苷类、多糖类、多酚类和木脂素类,可以增加细胞内的活性氧并破坏氧化还原稳态,是非常有前景的铁死亡诱导物质^[93]。我国中药资源丰富,可望从上述成分中筛选出有效干预肿瘤细胞铁死亡的药物。

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