

姜黄素及其纳米制剂抗肝癌分子机制研究进展

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[摘要] 肝脏移植、切除和射频消融术在肝癌中的应用受到一定限制,因此,需要具有特异性和选择性的新药物来提供更好的治疗。姜黄素是一种疏水性多酚,具有广泛的活性,如抗炎、抗菌、抗氧化和抗肿瘤等特性,其纳米制剂对肿瘤细胞具有更强的生长抑制和促凋亡作用。文献检索发现姜黄素抗肝癌分子机制包括通过调控相关微小RNA(miRNA),乙二醛酶1(GLO1),CD133和血管内皮生长因子(VEGF)表达抑制细胞增殖,通过抑制信号转导及转录激活因子3(STAT3)和Yes相关蛋白(YAP)表达诱导细胞凋亡,调控热休克蛋白70(HSP70)/Toll样受体4(TLR4)信号通路,Wnt/ β -连环蛋白(β -catenin)和转化生长因子(TGF)/上皮间质转化(EMT)通路,核转录因子- κ B(NF- κ B)信号通路及核转录因子E₂相关因子2(Nrf2)/Kelch样环氧氯丙烷相关蛋白1(Keap1)信号通路,通过抑制p38丝裂原活化蛋白激酶(MAPK)磷酸化,降低Lin28B表达,调控磷脂酰肌醇3-激酶(PI3K)/蛋白激酶B(Akt)信号通路和抑制G蛋白偶联受体81(GPR81)/羟基羧酸受体-1(HCAR-1)表达逆转化疗耐药性。姜黄素纳米制剂主要包括聚合物胶束、脂质体、负载微泡、纳米胶囊和纳米粒,主要通过将姜黄素递送至肝癌细胞内,从而快速释放药物,增强抗肝癌药效并降低正常肝细胞的毒副作用,其机制包括激活死亡受体5(DR5)/含半胱氨酸的天冬氨酸蛋白水解酶(Caspase)介导的外源性凋亡途径和VEGF/VEGF受体(VEGFRs)信号通路,线粒体膜电位损失和增加细胞内活性氧(ROS)等。该文从姜黄素及其纳米制剂抗肝癌分子机制两方面进行总结,以进一步明确肝癌分子机制,为其临床诊治提供新参考。

[关键词] 姜黄素; 纳米制剂; 肝癌; 分子机制

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Progress on Molecular Mechanism of Curcumin and Its Nano-preparation Against Liver Cancer

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[Abstract] There are certain limitations in the application of liver transplantation, resection and radiofrequency ablation for liver cancer. Therefore, specific and selective new drugs are needed to provide better treatment. Curcumin is a hydrophobic polyphenol with a wide range of activities, such as anti-inflammatory,

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antibacterial, anti-oxidant and anti-tumor properties. Its nano-preparation has stronger growth inhibition and pro-apoptosis effects on tumor cells. Literature retrieval found that curcumin's anti-liver cancer molecular mechanisms include inhibiting cell proliferation by regulating the expressions of relevant miR, glyoxalase 1 (GLO1), CD133 and vascular endothelial growth factor (VEGF), inhibiting signal transducer and activator of transcription (STAT3) and YAP expression to induce cell apoptosis, regulating the heat shock protein 70 (HSP70)-Toll-like receptor 4 (TLR4) signaling pathway, Wnt/ β -catenin and transforming growth factor(TGF)/epithelial-mesenchymal transition(EMT) pathways, nuclear factor- κ B (NF- κ B) signaling pathway and nuclear factor E₂-related factor 2 (Nrf2)/ Kelch-like ECH-related protein 1 (Keap1) signaling pathway, inhibiting p38 mitogen-activated protein kinase (MAPK) phosphorylation, to reduce Lin28B expression, regulating phosphatidylinositol 3-kinase (PI3K)/protein kinase B (Akt) signaling pathway and inhibiting G protein-coupled receptors (GPR81)/hydroxycarboxylic acid receptor-1 (HCAR-1) expression to reverse transformation therapy resistance. Curcumin nano-preparation mainly includes polymer micelles, liposomes, loaded microbubbles, nanocapsules and nanoparticles. Curcumin is mainly delivered to liver cancer cells to rapidly release the drug, enhance the anti-liver cancer effect and reduce toxic and side effects in normal liver cells. The mechanisms include activation of DR5/Caspase-mediated exogenous apoptosis pathway and VEGF/VEGF receptors (VEGFRs) signaling pathway, loss of mitochondrial membrane potential and increase of intracellular reactive oxygen species (ROS). This paper summarizes the molecular mechanism of curcumin and its nano-preparation against liver cancer, in order to further define the molecular mechanism of liver cancer and provide a new reference for its clinical diagnosis and treatment.

[Key words] curcumin; nano-preparation; liver cancer; molecular mechanism

肝癌分为原发性和继发性,其中原发性肝癌(PhC)是世界第七大癌症,也是癌症死亡率的第二大最常见原因之一,2018年估计全球每年肝癌发病率为9.3/10万人,死亡率为8.5/10万人^[1]。调查显示,亚洲和非洲肝癌发病率最高,中国是人口最多的国家,肝癌发病率高达18.3/10万人^[2]。目前,肝癌常用治疗方法包括肝切除、射频消融术、动脉化疗和靶向治疗等,但大部分肝癌被发现时已处于晚期,肝脏移植、切除和射频消融术应用受到一定限制。因此,需要具有特异性和选择性的新药物来提供更好的治疗。

姜黄素(Cur)是从姜科和天南星科部分植物根茎中提取的二酮类化合物,不溶于水,对代谢综合征、皮肤病、癌症、肠道炎症、抑郁、关节炎、脂肪肝和经前期综合征均有较好的治疗作用^[3-5]。而且, Cur对正常细胞具有低细胞毒性的抗肿瘤作用,可调控多种抑癌基因和转录因子及其信号通路^[6-7]。研究表明,植物药物通过调节细胞生长、侵袭、转移和凋亡在肝癌中发挥作用,但其不稳定、水溶性差、吸收率低和代谢快等特性阻碍了其治疗潜力的进一步发挥^[8]。而新的药物传递系统,如脂质体、固体分散体、微乳液、胶束、纳米凝胶和树状大分子逐渐广泛应用于肿瘤治疗,其中脂质体 Cur 配方对癌细

胞有更强的生长抑制和促凋亡作用^[9]。目前肝癌内在发病机制尚未完全明确,本研究从Cur及其纳米制剂治疗肝癌的分子机制2个方面进行总结,为肝癌的临床诊治提供新参考。

1 Cur抗肝癌细胞分子机制

Cur是一种疏水性多酚,具有广泛抗炎、抗菌、抗氧化和抗肿瘤等特性,其化学预防特性增强了Cur作为一种潜在的多酚在癌症治疗中的应用,具有调控多种控制分化、生长和恶性转化的癌变信号通路能力,并通过多种分子机制发挥抗肝癌作用^[10]。

1.1 抑制细胞增殖

1.1.1 调控相关微小RNA(miRNA)表达 正常肝脏和乳腺癌肝转移模型中miRNA-29和miRNA-30家族成员表达升高,每个miRNA家族的多个成员直接靶向并抑制胰岛素样生长因子-1(IGF-1)/IGF-1受体(IGF-1R)信号轴,该轴与降低癌症进展和转移相关^[11]。陈彩萍等^[12]研究发现,培养72h后肝癌HepG2细胞抑制率最好, Cur可能通过升高肝癌细胞miRNA-29表达,降低血管内皮生长因子(VEGF)表达调控肝癌细胞生物学过程。miRNA-21通过靶向下游靶基因,如FASLG,细胞因子信号抑制因子6(SOCS6)和Kruppel样转录因子5(KLF5)等促进肝

细胞癌(HCC)细胞生长、迁移和侵袭^[13]。组织金属蛋白酶抑制因子3(TIMP3)在多种癌症中发挥作用,miRNA-21通过调控TIMP3促进肾癌和食管癌细胞增殖和侵袭^[14]。研究表明,Cur可下调miRNA-21表达,上调TIMP3表达,并抑制转化生长因子 β_1 (TGF- β_1)/重组SMAD家族成员3(SMAD3)信号通路,从而抑制HepG2和HCC LM3细胞增殖^[15]。此外,Cur还可降低miRNA-21-5p表达,增加SOX6表达抑制HCC细胞增殖、迁移和侵袭^[16]。

1.1.2 抑制乙二醛酶1(GLO1)蛋白表达 GLO1参与甲基乙二醛(MG)解毒作用,分布在所有哺乳动物细胞的胞浆中,在多种癌症中均呈现过表达,如结肠癌、前列腺癌、乳腺癌、肺癌、胃癌和胰腺癌,且GLO1过表达与癌症化疗中的多药耐药(MDR)有关^[17]。研究表明,与非肿瘤组织相比,HCC中GLO1表达上调,沉默GLO1表达可显著抑制HCC细胞增殖,且可能与MG积累有关^[18]。何玉娇等^[19]研究亦证实,Cur可通过抑制GLO1活性,导致MG含量升高,从而抑制HepG2细胞增殖。

1.1.3 降低CD133表达 CD133已被用于识别肿瘤起始细胞或癌症干细胞,CD133⁺HCC具有干细胞样特性,其异种移植显示出与母瘤的组织学相似性和自我更新能力,并产生具有一定增殖能力的子细胞。针对CD133的抗体可以抑制细胞增殖,通过诱导自噬,细胞对CD133⁺胶质瘤细胞产生耐药,而自噬抑制剂可以抑制这种耐药^[20]。雷帕霉素靶蛋白信号通路类调节因子(TIPRL),微管相关蛋白1轻链3(LC3)和CD133可以共同或单独作为肝癌早期检测的潜在侵袭性生物标志物^[21]。雯博等^[22]研究显示,Cur可通过降低HepG2干细胞标志物CD133表达,并导致Oct4表达降低,从而抑制肝癌细胞HepG2增殖。

1.1.4 调节VEGF表达 VEGF及其受体VEGFR2在血管生成过程中发挥重要作用,VEGF表达水平与肿瘤生长相关,可诱导附近正常毛细血管形成新的毛细血管,从而促进肿瘤生长和肿瘤间质形成^[23-24]。肝癌患者VEGF水平随着病情加重而显著升高,其中中晚期肝癌组最高^[25]。研究表明,Cur可通过降低VEGF表达在体内外抑制HCC细胞增殖^[26]。

1.2 诱导细胞凋亡

1.2.1 抑制STAT3表达 信号转导及转录激活因子3(STAT3)转录能力主要通过两面神激酶(JAK),SRC,RTK或磷脂酰肌醇3-激酶(PI3K)CA对

Tyr705磷酸化激活,STAT3信号通路的异常激活促进了肿瘤的发生和进展^[27]。研究表明,通过阻断STAT3 Ser727位点磷酸化或pSer727 STAT3蛋白核定位来阻断其抗凋亡功能,是治疗人类肝癌甘氨酸脱氧胆酸钠(GCDA)诱导化疗耐药性的新策略^[28]。Cur可通过抑制STAT3表达,从而上调内质网应激标志蛋白葡萄糖调节蛋白78(GRP78),磷酸化真核细胞起始因子2 α (p-eIF2 α),磷酸化c-Jun氨基末端酶(p-JNK),CCAAT增强子结合蛋白同源蛋白(CHOP),含半胱氨酸的天冬氨酸蛋白水解酶-4(Caspase-4)表达,下调p-STAT3表达,进而诱导人肝癌BEL-7404细胞发生凋亡^[29]。

1.2.2 下调Yes相关蛋白(YAP)表达 过表达YAP基因易引起肝脏肿大和肿瘤发生,因此调控YAP表达对于保持肝脏稳态至关重要。部分转录因子,例如GABP,c-Jun, β -连环蛋白(β -catenin)/T细胞因子4(TCF4)复合物和环腺苷单磷酸反应元件结合蛋白(CREB)可直接结合YAP启动子,在小鼠组织或HCC细胞系中促进基因转录Hippo通路关闭,YAP/TAZ转位至细胞核,与转录增强缔合域(TEAD)蛋白形成功能杂交转录因子,开启促增殖和促生存基因,防止细胞死亡^[30-31]。有研究证实,Cur通过下调YAP表达,进而促进氧化应激,发挥诱导HepG2肝癌细胞系凋亡的作用^[32]。

1.3 调控相关信号通路

1.3.1 抑制细胞外热休克蛋白70(HSP70)/Toll样受体4(TLR4)信号转导 HSP70可刺激免疫细胞和肿瘤细胞表面TLR4表达,两者结合激活核转录因子- κ B(NF- κ B),促进细胞因子、趋化因子和生长因子转录。已有报道显示,Cur抑制NF- κ B转录,而NF- κ B通路在肿瘤发生和发展中起着重要作用^[33]。REN等^[34]研究显示,Cur可抑制HSP70/TLR4信号转导,通过降低诱导型热休克蛋白70(eHSP70)水平抑制肿瘤细胞,从而抑制TLR4信号传导引发的NF- κ B途径,成为肝癌治疗的潜在靶标。

1.3.2 Wnt/ β -catenin和转化生长因子(TGF)/上皮间质转化(EMT)通路 UNC119可调控细胞周期蛋白D₁(CCND₁)和细胞周期蛋白E₁(CCNE₁)表达促进细胞增殖,而Wnt/ β -catenin信号通路异常激活与包括HCC在内的许多实体肿瘤有关联^[35-36]。研究显示,Cur通过抑制UNC119表达,激活Wnt/ β -catenin信号通路和TGF/EMT通路发挥抑制肝癌作用^[37]。

1.3.3 抑制NF- κ B信号通路 在慢性肝病和肝癌

发生过程中NF- κ B信号通路频繁上调,并通过保护癌细胞免受应激诱导的细胞死亡而给癌细胞带来生存获益^[38]。此外,NF- κ B信号通路的激活经常与HCC进展相关,而NF- κ B信号通路的中断已被证明可诱导肝癌中肿瘤启动细胞(TICs)的发展^[39]。MARQUARDT等^[40]证实Cur特异性破坏NF- κ B信号通路是预后不良的肝细胞癌的潜在治疗方法。

1.3.4 调控Nrf2/Keap1信号通路 核转录因子E₂相关因子2(Nrf2)是一种胞质转录因子,可调节抗氧化和应激相关酶,Kelch样环氧氯丙烷相关蛋白1(Keap1)与Nrf2结合后,可加速Nrf2泛素化和蛋白酶体依赖降解^[41]。Nrf2/Keap1通路在肿瘤发生和耐药发展中发挥重要作用。抑制Nrf2的永久激活,尤其是联合化疗治疗癌症时,可能是抑制肿瘤生长和克服化疗耐药性的重要策略^[42]。牟海军等^[43]研究显示,Cur可通过降低Keap1蛋白及mRNA表达,升高Nrf2蛋白及mRNA表达,从而激活下游抗氧化反应元件(ARE)信号减轻肝癌小鼠的肝损伤,并改善胆汁酸肝肠循环。Cur可能通过上调Nrf2和谷胱甘肽(GSH)诱导的活性氧(ROS)清除,从而抑制结缔组织生长因子表达,发挥对HCC的保护作用^[44]。

1.4 逆转化疗耐药性

1.4.1 抑制p38丝裂原活化蛋白激酶(MAPK)磷酸化 化疗耐药性在HCC治疗中仍然是一个很大的挑战,肝癌细胞对包括紫杉醇在内的化疗药物高度耐药,Lin28同源基因(Lin28)A和Lin28B表达水平在细胞分化过程中显著下调,并参与肿瘤发生^[45]。研究显示,Cur可抑制p38 MAPK磷酸化,继而抑制肝癌耐药细胞HepG2/ADM增殖,还可逆转其阿霉素耐药性^[46]。

1.4.2 降低Lin28B表达 Lin28B蛋白表达水平在细胞分化过程中显著下调,并参与肿瘤发生发展过程,在人肝癌细胞和临床样本中过表达,通过促进恶性转化而发挥致癌基因的作用^[47]。Lin28B通过下调多种肿瘤相关miRNA表达等参与肝癌发生^[48]。研究显示,Lin28B显著提高肝癌细胞系的紫杉醇化疗耐药性,Cur通过下调Lin28B表达,降低Hep3B和HepG2肝癌细胞的紫杉醇化疗耐药性^[49]。

1.4.3 调控PI3K/蛋白激酶B(Akt)信号通路 研究表明,HCC的MDR与PI3K/Akt通路激活有关,索拉非尼通过抑制肝癌中MAPK信号通路,对EMT和MDR发挥强大的抑制活性^[50]。然而,长期暴露于索拉非尼后,HCC细胞出现EMT并对索拉非尼产生耐药性。魏蔚等^[51]研究证实,Cur可能通过抑制

PI3K/Akt信号通路活化,下调PI3K/Akt蛋白表达,降低细胞对阿霉素的耐受性。Cur已被证明可以影响多种来源的癌细胞的化疗耐药性。

1.4.4 抑制HCAR-1/GPR81表达 乳酸通过刺激其G蛋白偶联受体81(GPR81)/羟基羧酸受体-1(HCAR-1)。调节MDR家族的DNA修复机制^[52]。HCAR-1通过调节MDR-1等参与化疗耐药的发生,MDR-1可通过HCAR-1信号诱导乳酸刺激的宫颈癌细胞发生凋亡。MDR-1的表达也与缺氧诱导因子-1(HIF-1)的表达相关。Cur通过下调HCAR-1/GPR81表达,从而降低乳酸诱导的肝癌HepG2细胞对阿霉素的耐药性^[53]。

2 Cur纳米制剂抗肝癌分子机制

化疗在癌症治疗中发挥着重要作用,但由于缺乏特异性和对正常细胞的高毒性,其疗效有限。Cur水溶性较低,体内药代动力学差,限制了其临床应用,而利用聚合物胶束、脂质体、固体脂质纳米粒(NPs)和水凝胶等来传递Cur,可改善中药本身溶解性低、吸收不好、新陈代谢快和生物利用度有限等问题,进一步通过控制释放、靶向给药、改善稳定性和增加细胞摄取来实现对肿瘤的靶向治疗^[54]。

2.1 胶束

2.1.1 聚合物 Cur载药胶束对于提高抗肿瘤效果和被动靶向肿瘤组织等方面具有一定优势,但早期研制的胶束尚存在部分不足。有研究显示,分离的大鼠肝细胞对Cur聚甲基丙烯酸二甲氨基乙酯-聚己内酯-聚甲基丙烯酸二甲氨基乙酯(PDMAEMA-PCL-PDMAEMA)聚合物胶束更敏感,且雄性Wistar大鼠急性和反复治疗14 d均未引起明显的毒性反应和肝脏病理改变^[55]。宋基正^[56]成功构建了基于F68的甘草次酸主动靶向和pH敏感的混合胶束,可明显提升Cur水溶性,并将Cur递送至肝癌细胞内,从而响应弱酸环境快速释放药物,增强抗肝癌药效并降低正常肝细胞的毒副作用。

2.1.2 阿拉伯树胶 SARIKA等^[57]研究发现,新型阿拉伯树胶(GA)-Cur偶联物的溶解度比游离Cur高900倍,GA-Cur在水介质中自组装成胶束,Cur在胶团内层被保护起来,成功地将药物转运到HepG2和MCF-7细胞胞浆中发挥抗肿瘤作用。

2.1.3 叶酸 研究显示,Cur负载叶酸-聚乙二醇-聚乳酸胶束(Cur-FPPs)可通过叶酸介导靶向HepG2细胞,延长Cur在血液中的循环时间,提高Cur的溶解性和抗癌活性^[58]。

2.1.4 聚乙二醇 维生素E(VE)和VE片段可作为

P-糖蛋白(P-gp)抑制剂,克服MDR,从而提高疏水药物的口服生物利用度^[59]。Cur通过二硫键与VE结合形成前药,再与甲氧基聚乙二醇2000-1,2-二硬脂酰甘油磷酰乙醇胺(mPEG2000-DSPE)混合,通过纳米沉淀法在水溶液中自组装成新型聚乙二醇化前药纳米胶束(PPNMs),经1 mm GSH预处理后PPNMs对HepG2的细胞毒性显著增加,表现出良好的生物相容性和生物利用度,表明PPNMs是一种很有前途的药物输送系统来提高Cur癌症细胞吸收和生物利用度。

2.2 纳米颗粒

2.2.1 牛血清白蛋白(BSA) BSA NPs被广泛应用于制药领域,BSA NPs表面有许多官能团羧基和氨基,具有较高的化合物共价结合能力,可以有效结合Cur和其他黄酮类化合物,其用于药物递送的多功能蛋白载体具有无毒、无免疫原性、成本低、生物相容性好、易于体内代谢和水中溶解等优点^[60]。Cur半乳糖基化牛血清白蛋白纳米颗粒(Gal-BSA-Cur NPs)更容易被HepG2细胞中抗去唾液酸糖蛋白受体抗体(ASGPR)内化,从而抑制HepG2细胞增殖和迁移,诱导细胞凋亡,其机制与抑制HepG2细胞NF- κ B p65表达有关^[61]。

2.2.2 聚乙二醇 Cur聚乙二醇(PEG)-聚己内酯(PCL)-NPs具有缓释特性,能延长血中滞留时间,且对HepG2细胞抑制作用更强,为后续肝癌治疗提供实验参考^[62]。负载Cur NPs可被HepG2细胞成功内化,并发挥协同抑制肝癌细胞生长的作用,在体内表现出较高的靶器官积累、优越的抗肿瘤效率和较低的毒性^[63]。有研究表明,聚L-赖氨酸(PLL)-脱氧胆酸(DOCA)-MPEG-菁5.5/Cur NPs可提高人肝癌Hep3B细胞系对Cur的吸收,并有效延长血液循环时间,进而增加肿瘤高通透性和滞留效应(EPR)^[64]。

2.2.3 壳聚糖 死亡受体5(DR5)和(或)DR4通过TNF相关的凋亡诱导配体(TRAIL)促进细胞死亡,既往研究表明,Cur促进DR5上调,伴随ROS产生,使细胞对TRAIL的细胞毒活性更加敏感。Cur纳米颗粒通过刺激DNA片段化,而壳聚糖与二氧化硅共包覆Cur纳米颗粒(CSCNP)比Cur和二氧化硅包裹的Cur纳米粒子(SCNP)造成更多的DNA片段化,从而促进HepG2细胞凋亡;Cur处理的细胞中DR5表达高于纳米颗粒。纳米颗粒不干扰DR5表达。由此可见,纳米包埋改善了Cur的不稳定性,并通过促进细胞膜渗漏和DNA损伤来促进其抗氧化和抗

肿瘤特性^[65]。

2.2.4 硒 Cur表面修饰硒纳米颗粒(Se@Cur)具有增强药物溶解度、抑制细胞增殖和抑制细胞迁移的能力。Se@Cur能显著抑制HepG2细胞增殖和迁移,对正常细胞具有较低的毒性。Se@Cur通过激活Caspase-3, p53和Akt信号通路,升高细胞内ROS含量,诱导细胞凋亡。研究发现,在异种移植裸鼠模型中,Se@Cur抑制了肿瘤生长,有望为肝癌的化疗提供一种新的、安全的策略^[66]。

2.3 脂质体 虽然阳离子脂质体可以改善Cur的物理局限性,但将其传递到特定靶点仍然是一个重大挑战,为增加脂质体在靶组织中的分布,通常需要用配体或小分子修饰脂质体表面^[67]。

有研究显示,甘草次酸修饰脂质体对肝细胞具有明显的高亲和力,显著增强对肿瘤细胞的增殖抑制,表明Cur与甘草次酸结合增强了HepG2细胞增殖抑制作用,促进了细胞凋亡^[68]。此外,脂质体Cur与索拉非尼联合使用可显著抑制肝癌Huh7细胞的增殖和迁移,是肝癌治疗的一种潜在策略^[69]。Cur纳米脂质体还可以通过激活DR5/Caspase介导的外源性凋亡途径和VEGF/VEGFRs信号通路诱导人HepG2细胞凋亡^[70-71]。顺铂和Cur共载脂质体具有最佳的协同作用,体外细胞毒性更高,体内抗肿瘤活性更强,无明显肾毒性和肝毒性;Cur通过ROS途径调控刺激蛋白(Sp1)和p-ERK1/2蛋白表达,增强顺铂抗肝癌HepG2细胞作用^[72]。阿霉素(DOX)/Cur-NPs诱导Caspase-3和B淋巴细胞瘤-2相关X蛋白(Bax)/B淋巴细胞瘤-2(Bcl-2)值升高,并降低C-myc,增殖细胞核抗原(PCNA)和VEGF表达,对肝癌细胞凋亡、增殖和血管生成有协同作用。DOX/Cur-NPs中MDR1, Bcl-2和HIF-1 α mRNA水平以及P-gp, Bcl-2和HIF-1 α 蛋白水平均低于DOX-NPs,提示Cur可能通过这些途径逆转多药耐药^[73]。

2.4 负载微泡 由填充有六氟化硫的脂质微泡(MBs)组成的SonoVue是超声介质的一种形式,广泛用于肝脏局灶性病变的研究。基于空化效应和细胞膜通透性的增强,磷脂MBs可以用作药物载体,并将药物释放到靶癌组织中。LI等^[74]发现载有羟基喜树碱的MBs与超声的结合在荷瘤小鼠中具有显著抗肿瘤作用。磷脂酰肌醇蛋白多糖-3(GPC3)在70%以上的肝细胞癌中高表达,但在良性肝脏病变中不表达^[75]。ZHU等^[76]成功制造了高药物载荷的GPC3-Cur-MBs,并且发现在肝癌的声光动力疗法(SPDT)中具有良好的HepG2细胞特异

性靶向作用,表明GPC3-Cur-MBs-SPDT可能是一种潜在的肝癌治疗方法。Cur负载乳酸/乙醇酸共聚物(PLGA)-MB-SPDT在HepG2肝癌细胞中的应用显示,其载药能力明显提升,且对HepG2细胞几乎无细胞毒性,潜在机制与线粒体膜电位损失和细胞内ROS生成增加有关^[77]。

2.5 纳米囊 在先进的纳米技术中,多糖由于其与生物膜的简单黏附,可能渗入黏液层及其被生物酶的简单消化而引起了科学家的关注^[78]。有学者利用胶囊化的Cur制备了多分枝或花状黏接聚合物的生物交联剂,不仅可以保存其生物功能,而且为水凝胶体系提供了一种新的生物交联剂,增加了其在黏膜层内的黏附性,提高了其渗透性,具有抑制肝癌细胞增殖的作用^[79]。

3 结语与展望

综上所述,Cur抗肝癌分子机制主要包括抑制细胞增殖(调控相关miRNA, GLO1, CD133和VEGF表达),诱导细胞凋亡(抑制STAT3和YAP表达),调控相关信号通路(HSP70/TLR4信号通路, Wnt/ β -catenin, TGF/EMT通路, NF- κ B信号通路及Nrf2/Keap1信号通路)和逆转化疗耐药性(抑制p38 MAPK磷酸化,降低Lin28B表达,调控PI3K/Akt信号通路和抑制HCAR-1/GPR81表达)。Cur纳米制剂主要包括聚合物胶束、脂质体、负载微泡、纳米胶囊和纳米粒,主要通过将Cur递送至肝癌细胞内,从而快速释放药物,增强抗肝癌药效并降低正常肝细胞的毒副作用,其机制包括激活DR5/Caspase介导的外源性凋亡途径和VEGF/VEGFRs信号通路、线粒体膜电位损失和增加细胞内ROS等。

肝癌发展演化是一个极其复杂的过程,其内在机制多种多样,阻碍了肝癌临床治疗的进展。前期Cur治疗肝癌相关研究大多集中在细胞和动物水平,其纳米制剂大多由合成聚合物制成,在肝癌细胞、荷瘤动物模型中均呈现出良好疗效,很大程度上提高了Cur生物利用度,但对人体临床试验相关评估较少,其药理学、毒理学效果亟待进一步研究。目前大多纳米制剂制备工艺相对复杂,载药系统稳定性、质量控制有待进一步深究。但是,就目前的研究来看Cur及其纳米制剂在肝癌治疗中仍然具有巨大的潜力和优势。

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