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Liu Ming, Ren Dunqiang, Zheng Lixia, et al. Role of TGF- $\beta$ 1-induced epithelial-mesenchymal transition in resistance to gefitinib in non-small cell lung cancer[J]. J Third Mil Med Univ, 2013, 35(15): 1558-1561.

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## TGF- $\beta$ 1介导的上皮-间质转分化在Gefitinib耐药中的作用

《第三军医大学学报》[ISSN:1000-5404/CN:51-1095/R] 卷: 35 期数: 2013年第15期 页码: 1558-1561 栏目: 论著 出版日期: 2013-08-15

**Title:** Role of TGF- $\beta$ 1-induced epithelial-mesenchymal transition in resistance to gefitinib in non-small cell lung cancer

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**关键词:** 肺肿瘤; TGF- $\beta$ 1; 上皮-间质转化; 表皮细胞生长因子受体; 耐药

**Keywords:** lung neoplasms; TGF- $\beta$ 1; epithelial-mesenchymal transition; epidermal growth factor receptor; resistance

**分类号:** R329.24; R734.2; R965

**文献标志码:** A

**摘要:** 目的 调查上皮-间质转化(epithelial-mesenchymal transition, EMT)在非小细胞肺癌(non-small cell lung cancer, NSCLC)患者接受吉非替尼(Gefitinib)治疗反应性中的作用及机制。方法 突变富集PCR法检测NSCLC患者EGFR突变状况;免疫组化法检测癌组织中上皮钙粘蛋白(E-cadherin)和纤维连接蛋白(Fibronectin)的表达情况,探讨EMT与表皮生长因子受体酪氨酸激酶抑制剂(epidermal growth factor receptor tyrosine kinase inhibitors, EGFR-TKIs)治疗敏感性的关系。体外选取人肺腺癌细胞系PC9细胞,经TGF- $\beta$ 1反复处理4周,观察细胞形态学变化;MTT检测TGF- $\beta$ 1处理后细胞对Gefitinib敏感性的影响;Western blot验证EMT相关标记蛋白表达变化并检测EGFR信号通路下游蛋白的变化。结果 43例NSCLC标本中,EGFR 19、21外显子突变率为58.14%(25/43)。具有EGFR基因突变的肿瘤E-cadherin的表达水平显著高于EGFR野生型(70.00% vs 30.00%,  $P < 0.05$ )。接受Gefitinib总体有效率为46.51%(20/43),具有E-cadherin阳性表达的患者治疗反应性明显好于Fibronectin阳性的患者(65.00% vs 30.43%,  $P < 0.05$ )。TGF- $\beta$ 1可诱导PC9细胞向间质型细胞形态转化,上调Fibronectin的表达;与亲本PC9细胞相比,TGF- $\beta$ 1处理的细胞对Gefitinib的敏感性下降( $P < 0.05$ );这

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种敏感性的下降伴随着AKT和STAT3的持续活化。 结论 EMT在EGFR-TKI耐药中发挥着重要作用, TGF- $\beta$ 1诱导的EMT可影响PC9细胞对Gefitinib的敏感性, 这种效应可能是通过持续活化AKT和STAT3而发挥作用。

**Abstract:** **Objective** To clarify the role and mechanism of epithelial-mesenchymal transition (EMT) in the sensitivity of non-small cell lung cancer (NSCLC) patients treated with gefitinib. **Methods** Epidermal growth factor receptor (EGFR) mutations were detected by mutant-enriched PCR assay, and the expression of E-cadherin and fibronectin were evaluated by immunohistochemistry (IHC). Cultured PC9 cells were treated with TGF- $\beta$ 1 for 4 weeks, and the morphological changes were observed by phase-contrast microscopy. MTT assay was used to detect the sensitivity of cells to gefitinib. In addition, the expression of EMT-related marker proteins (E-cadherin and fibronectin) and EGFR downstream signaling molecules (p-ERK, p-AKT and p-STAT3) were assessed by Western blotting. **Results** EGFR gene mutations were identified in 25 of 43 samples (46.51%). The frequency of E-cadherin-positive samples was significantly higher in the samples with EGFR mutants than in those with wild-type EGFR (70.00% vs 30.00%,  $P < 0.05$ ), and the overall response rate to gefitinib was 46.51% (20/43). The treatment responsiveness in the E-cadherin-positive patients was significantly higher than that in the fibronectin-positive patients (65.00% vs 30.43%,  $P < 0.05$ ). TGF- $\beta$ 1 could induce an EMT morphological alteration and up-regulate the expression of fibronectin in PC9 cells. The sensitivity to gefitinib was decreased in the PC9 cells treated with TGF- $\beta$ 1, and the activation of AKT and STAT3 were observed *in vitro*. **Conclusion** EMT plays an important role in the resistance to EGFR-tyrosine kinase inhibitors (TKIs). Induction of EMT by TGF- $\beta$ 1 may contribute to the decreased efficacy of gefitinib therapy through sustaining activation of AKT and STAT3.

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