

Membrane receptors in glioblastoma cancer stem cells (GSCs)

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Abstract

Glioblastoma multiforme is the primary tumor most commonly diagnosed in the central nervous system, characterized by being highly angiogenic, proliferative, infiltrative and lethal. Resistance to chemo and radiotherapy further complicates treatment and offer a poor prognosis for the patient. This is due to the fact that it has a subpopulation called glioblastoma stem cells (GSCs), although several membrane proteins involved in the regulation of differentiated tumor cells of non-GSCs glioblastoma are known, there are new specific receptors that have been described in GSCs and the role they play in the origin, maintenance and progression of the disease by downstream regulation of self-renewal, undifferentiated state maintenance and proliferation.

Glioblastoma, GSC, CSC self-renewal, undifferentiation and proliferation

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Introduction

Glioblastoma multiforme (GBM) is a tumor type that originates from glial cells in the central nervous system (CNS) and is considered one of the most aggressive CNS tumors. When its ontogeny begins from a low-grade astrocytoma it is considered secondary glioblastoma, and glioblastomas that are generated from "novo" are called primaries. Although therapeutic management includes immunotherapy, chemotherapy, radiotherapy and surgical resection, the patient remains at mortal risk due to relapses.¹

This is due to a subpopulation called glioma cancer stem cells (GSCs), which have membrane receptors distinct from differentiated glioma tumor cells. The $\alpha 6\beta 1$, CD90, Tfr1 / 2 TLR4, DRD4 and PTPRZ1 receptors play an essential role in chemo and radio resistance, and they also participate to regulate immune system evasion, self-renewal, undifferentiated state maintenance and cell proliferation. It is important to know the downstream signaling of these specific GSCs receptors to better understand the maintenance and expansion mechanisms of GSCs with a view to proposing new therapeutic targets.²⁻⁴

Primary GBM accounts for 16% of malignant neoplasms in CNS, tumor incidence increases on the basis of age, affects on average 7.2 people per 100,000 adults (> 19) per year; the diagnosis in people aged 75-84 years has an annual incidence of 14.6 people per 100,000 and in children (age <19) to 0.8 per 100,000.⁵ In Mexico there is no specific registry of primary neoplasms originating in the CNS. However, reports by GLOBOCAN on primary tumors that originate in the CNS, the incidence comprises 2,998 neoplasias, which is equivalent to 2.3% of malignant tumors.⁶

Cancer stem cells (CSCs)

Cancerous trocal cells were first isolated in 1994 by Bonnet and Dick et. al., being isolated from acute myeloid leukemia. The maintenance of undifferentiated state, self-renewal and proliferation of CSCs is mediated by a number of molecules including membrane receptors that regulate downstream signaling pathways linked to the activation of cell cycle regulatory genes, undifferentiation and Warburg effect. In addition, CSCs increase their survival and mitotic activity in hypoxic environments through the HIF-1 α and HIF-2 α proteins (Hypoxia-induced Factors 1 and 2). However, master receptors that play a key role in maintaining trunkiness are Notch, LRP5 / 6 (Low Density Lipoprotein 5 and 6 Receptor), FDZ5 (Receptor Frizzled 5), CD133 (Cluster Differentiation 133), Thy-1 or CD90 (Cluster of differentiation 90), EpCAM (epithelial cell adhesion molecule) and ABC Transporters.⁷⁻¹⁸ The WNT ligand mediates the activation of one of the most important pathways in CSCs, the β -catenin / GS3K pathway in CSCs. In non-cancerous stem cells (non-CSCs), β -catenin is phosphorylated and polyubiquitinated subsequently to be sent to 20S proteasome degradation, this mechanism is orchestrated by a protein complex called "destructive complex" that has the activity of Axina, APC (adenomatous polyposis coli), GSK3 β (glycogen synthase kinase 3 β) and CKI α (casein kinase I α).¹⁹⁻²⁰

In addition, cytoplasmic proteins such as aldehyde dehydrogenase, BCL2, γ -secretase, JNK (c-Jun N-terminal), STAT3 (signal transducer and transcription activator 3), PKC α (Protein cyanase C alpha), PLC γ phospholipase C- γ) and Smad4, which at the intracellular level play an important role in the activation of genes logged to the trunk, proliferation and survival. In addition, they have the expression of the factors of Yamanaka Oct-4 (Transcription Factor to Octamer 4), Sox2 (Sex Determining Region Y) - Klf4 (Kruppel-like Factor 4), Nanog of transcription Homeobox NANOG) and c-Myc (Viral Avian Myelocytomatosis Oncogen Homologus), which are indispensable for maintaining cell undifferentiation and a pluripotent state.²¹⁻²³

Cancerous stem cells in glioblastoma (GSCs)

They were described in 2002 by Ignatova et. *al.* In addition, GSCs represent between 0.5% and 0.1% of the tumor mass in tumors obtained by surgical resection and 10% from primary cultures supplemented for the maintenance of truncation and pluripotency. They have the characteristic truncated surface receptors such as Notch, Shh, WNT and CD133 and also present the β -catenin / GS3K pathway in GSCs.²⁴⁻²⁸ The key role of the CD133 receptor in chemoresistance has been demonstrated in in vitro assays because it downstream regulates the PI3K / AKT pathway (Phosphatidylinositol 3 kinase / Protein Kinase B).

PI3K phosphorylates the AKT protein in T308 and DNA-PKcs phosphorylates S437 by promoting AKT-mediated IKK α (Kappa-B subunit kinase inhibitor) phosphorylation. Phosphorylation in IKK α interacts with I κ B (Nuclear Factor Inhibitor Kappa-B subunit alpha kinase), phosphorylated I κ B breaks its interaction with the I κ B / NF- κ B complex (nuclear factor kappa B) by freeing NF- κ B in its active form, is translocated to the nucleus by interacting with the promoter of the MDR1 (Multiple Drug Resistance Protein 1) gene, which promotes its transcription into non-GSCs.²⁹⁻³² Although the activity of these receptors in non-GSCs is known, novel GSCs-specific receptors have also been described that also have tumorigenic activity such as radio resistance and chemotherapy. However, they not only confer these qualities, they also participate in mediating the survival, migration, dedifferentiation, self-renewal and proliferation GSCs.³³ Table 1 shows the main receptors of glioblastoma cancer stem cells and their location in two databases, to expand information.

Integrin alpha 6 subunit (ITGA6)

The membrane protein ITGA6 also known as $\alpha 6\beta 1$, is overexpressed in astrocytoma, meningioma, neuroblastoma and glioblastoma, as opposed to healthy brain tissue.³⁴ However, its presence has been demonstrated in the subventricular zone (SVZ); this region of the brain is very important because it carries out embryonic and postnatal neurogenesis. This has led to the generation of the hypothesis about the possible site of origin of the GSCs.³⁵⁻³⁶ Ligands interacting with ITGA6 are laminins and other extracellular matrix molecules. The presence of ITGA6 in GSCs was demonstrated in 2010 by Justin D.

Lathia *et. al.* who determined that ITGA6 can be found concomitantly in cells with CD133 (+) and CD133 (-), in addition, by siRNA directed to ITGA6 determined that the silencing of it, compromised the auto-renewal and cellular motility of GSCs.³⁷ The ITGA6 protein is indispensable for the increase of proliferation and decrease of apoptosis in vitro and in vivo in glioblastoma, the silencing of ITGA6 allows for apoptosis in GSCs regulated by TNF α / TNF-R1 (Tumor Necrosis Factor alpha / Factor Receptor tumor necrosis 1), downstream activating the p38MAP / JNK pathway (38 / c-Jun N-terminal mitogen-activated protein kinase); and the inhibition of apoptosis is mediated by cFLIP (protein cell inhibitor of FLICE) is activated upstream by ITGA6, as high levels of cFLIP inhibit caspase-8 (apoptosis 8-related protein peptidase) which forms part of DISC (death-inducing signaling complex). In addition, ITGA6 increases in perivascular areas and regulates tumor migration by the downstream activation of laminin-111 and the anti-coagulation factor VIII, enhancing its angiogenic, proliferative and invasive capacity.³⁸⁻⁴¹ UniProt: P23229

Thy-1 cell surface antigen (THY1)

This protein is also known as CD90; was identified by tissue microarrays, analyzing varying degrees of tumor, CD90 expression was significantly higher in high grade tumors. Cells bearing CD90 (+) also co-expressed CD133 (+).⁴² CD90 levels were highly expressed in GSCs but not the same in differentiated tumor cells, the self-renewal assay was performed to observe whether CD90 was in GSCs, CD90 (+) / CD133 (+) cell population required an equal amount of cells for the formation of neurospheres compared to CD90 (-) / CD133 (+) cells which required up to twice as much cell volume to form neurospheres and self-renewal.

CD90 is co-localized with CD31 in endothelial cells lining the tumor vasculature creating an angiogenic niche favoring the production of Notch by paracrine regulation of self-renewal of GSCs.⁴³⁻⁴⁶ UniProt: P04216

Receptors 1 (TFRC) and Transferrin 2 (TFR2) and Ferritin Light Chain (FTL)

TFCR and TFR2 receptors are known as Tfr1 / Tfr2, and are commonly expressed in glioblastoma both in vitro and in vivo; are activated by interacting with Fe²⁺ and transferrin particles.⁴⁷ TFRC plays an important role in the chemoresistance and as surface marker of GSCs was determined by Mi Kyung *et. al.*⁴⁸ TFRC levels are high in GSCs, being activated induces the synthesis of FTH1 (Ferritin heavy chain 1) and FTL (light ferritin chain). FTL interacts with FTH1 and handles the processing and catabolism of the Fe²⁺. It regulates downstream the STAT3 pathway, which phosphorylates FoxM1 (M1 Fork Box), favoring cell cycle activation in CSCs and GSCs. The presence of FoxM1 is regulated positively in different types of cancer and is also highly expressed in GSCs; also interacts with c-Myc enhancing cell proliferation, in GSCs. The STAT3 and FoxM1 proteins appear to be dependent on ferritin receptors, since the inhibition of TFRC promotes the generation of free radicals and reactive oxygen species that trigger the response of the antioxidant response elements (AREs). When the active AREs repress the activity of the ferritin, however, this is neutralized by the PIAS3 (E3 sumo-protein ligase) a protein repressor of STAT3 this generates a loop of self-regulation, in addition, TFRC compromises the proliferation, self-renewal and promotes the differentiation of GSCs both in vitro and in vivo and decreases their ability to form tumors in xenotransplants.⁴⁹⁻⁵³

TFR2 promotes resistance to temozolomide since the silencing of TFR2 sensitizes the cells treated in culture with temozolomide, in addition, it activates downstream the ERK1 / ERK2 pathway (Kinase related to extracellular signaling 1 and 2) which is overexpressed in GBM and GSCs.^{54, 55} UniProt: P02786; Q9UP52; P02792.

Protein tyrosine phosphatase Z1 receptor (PTPRZ1)

It was described during a microarray analysis in glioblastoma and differences between the expression levels of differentiated cells and GSCs were identified; the presence of the protein was corroborated by western blotting.⁵⁶⁻⁵⁷ The PTPRZ1 receptor is highly expressed in glial progenitors and is responsible for regulating self-renewal.⁵⁸⁻⁵⁹ M2 (type 2 macrophages) and TAMs (tumor associated macrophages) secrete PTN (pleiotrophin) to stimulate GSCs through interaction with PTPRZ1. The PTPRZ1 protein mediates activation downstream of PI3K / AKT by promoting phosphorylation of serine 437 in AKT and phosphorylation in tyr 416 in Src cyanase, which belongs to the SFK (Src kinase family). The phosphorylation of AKT is carried out by Fyn kinase (FYN tyrosine protein cyanase) and Src (V-Src Avian sarcoma) are at the same time phosphorylated when the upstream signal is induced by PTPRZ1 because they share the same site of phosphorylation in Tyr416, its inhibition compromises the pluripotent state, proliferation and self-renewal.⁶⁰⁻⁶⁵ UniProt: P23471

Toll-like receptor 4 (TLR4)

TLR4 is highly expressed in neuronal stem cells (NPCs), the absence of the TLR4 receptor potentiates neuronal differentiation and proliferation.⁶⁶⁻⁶⁷ In GSCs TLR4 is inactive, because high levels of TLR4 inhibit proliferation; the decrease of TLR4 allows the maintenance of undifferentiated state and self-renewal. The TLR4 receptor mediates downstream phosphorylation of TBK1 (serine / threonine protein kinase 1) and interacts with RBBP5 (retinoblastoma binding protein 5) which inhibits its activity, thereby reducing the mRNA levels of SOX2, OCT4 and NANOG . The absence of TLR4 is vital for the maintenance of GSCs, proliferation and self-renewal, by activating the retinoblastoma binding protein 5 (RBBP5) that interacts with MLL1 (myeloid / lymphoid or mixed lineage leukemia) that is part of the protein complex WRAD (Romano-Ward Syndrome) and can modify the epigenome in GSCs. Alterations in MLL1 affect the epigenetic state in the promoter regions of the pluripotency genes SOX2, OCT-4, NANOG, where the methylation marks associated with the lysine 4-mediated transcriptional activation of H3_{me}³ (histone 3 trimethylated).⁶⁸ UniProt: O00206.

Dopamine D4 Receptor (DRD4)

The DRD4 receptor has recently been reported in glioblastoma and plays an important role in clonogenic potentiation. The DRD4 gene is not methylated in glioblastoma; however, inhibition of methylation favors the therapeutic efficacy of temozolomide in patients with GM. It reduces levels of adenylate cyclase and inhibits cAMP (cyclic AMP). Cells treated with DRD4 antagonists carry genes involved in DNA replication, cell cycle, and on the contrary, genes related to autophagy are activated.

It also increases the expression of genes involved in lipid biosynthesis. DRD4 antagonists increase the synthesis of LC3-1 / 2 (light chain proteins associated with 1/2 microtubules), which are markers of the autophagosome. They also increase p62 (nucleosporin) and LAMP1 (lysosome-associated membrane protein), both of which are key regulatory proteins for autophagy. The PDGFR β -ERK1 / 2 signaling pathway (Factor Receptor derived from beta platelets and kinase related to extracellular signaling 1 and 2) is transactivated by DRD4, so the inhibition of DRD4 affects the phosphorylation of S6 in mTOR which leads to the induction of caspases 6/7 (apoptosis-related peptidase protein 6 and 7), cell cycle arrest followed by apoptosis.⁶⁹⁻⁷⁰ UniProt: P21917

TLR4	Self-renewal, proliferation, undifferentiation and activation of genes linked to pluripotency.	Absence of the receptor in GSCs.	69	O00206	NX_O00206
DRD4	Inhibition of autophagy, proliferation, undifferentiation, anti-apoptotic, transactivation of the PDGFR β -ERK1/2 pathway, activation of mTOR.	Dopamine	71	P21917	NX_P21917

Table 1 Principal recipients of glioblastoma cancer stem cells

Conclusion

Stem cells or glioma stem cells, GSCs, are capable of self-renewing in culture, and give rise to neurons and glia both in vivo and in vitro. Therefore, they are considered multipotential cells whose function is tissue replacement and regeneration; that for it to be carried out effectively requires complex processes involving targeted migration and growth that ensure connections at a distance.

Knowing the receptors described so far in the glioma stem cells allow to better describe the mechanisms involved in the origin, maintenance and progression of the disease, as shown in Figure 1; with the inherent unveiling of new therapeutic targets. This is a brief description of the main receptors of GSC, which allows the reader to have a first approach with these molecules and prepares them to delve into the molecular processes that are mediated by receptors of glioblastoma cancer stem cells.

Receptor	Function	Ligands	Reference	UniProt ¹¹	neXtProt ¹⁷
ITGA6	Self-renewal, proliferation, cell motility, angiogenesis, anti-apoptotic and biomarker.	Laminin-111 and extracellular matrix components.	37	P23229	NX_P23229
THY1	Self-renewal, biomarker, angiogenesis.	CD45 (Cluster of differentiation 45)	42	P04216	NX_P04216
TFRC1	Activation of the cell cycle, self-renewal, proliferation, undifferentiation, biomarker.	Fe ²⁺ and Transferrin	47	P02786	NX_P02786
TFRC2	Biomarker, chemoresistance, activation of the ERK1/2 pathway.	Fe ²⁺ and Transferrin	48, 55, 57	Q9UP52	NX_Q9UP52
PTPRZ1	Self-renewal, undifferentiation, proliferation.	Pleiotrophin	60, 61, 62	P23471	NX_P23471

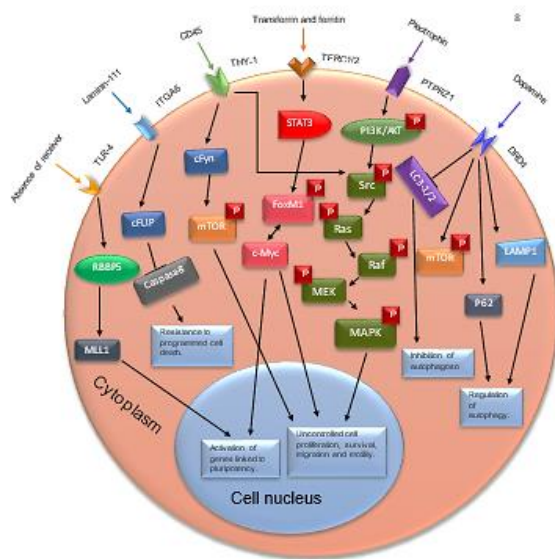


Figure 1 Scheme of GSCs with different membrane receptors, ligand and transduction of signals that exert downstream and at cytoplasmic and nuclear level

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