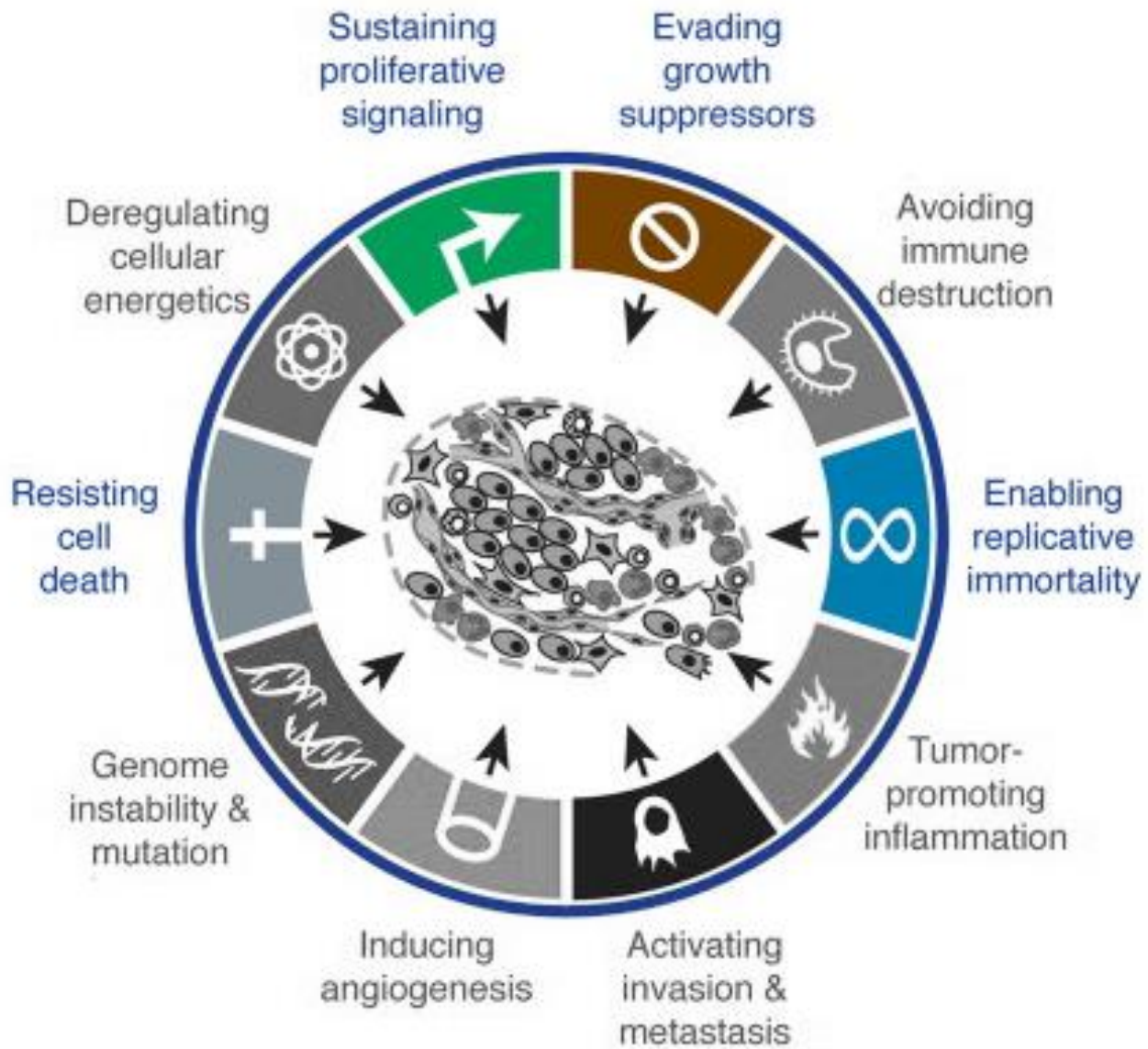


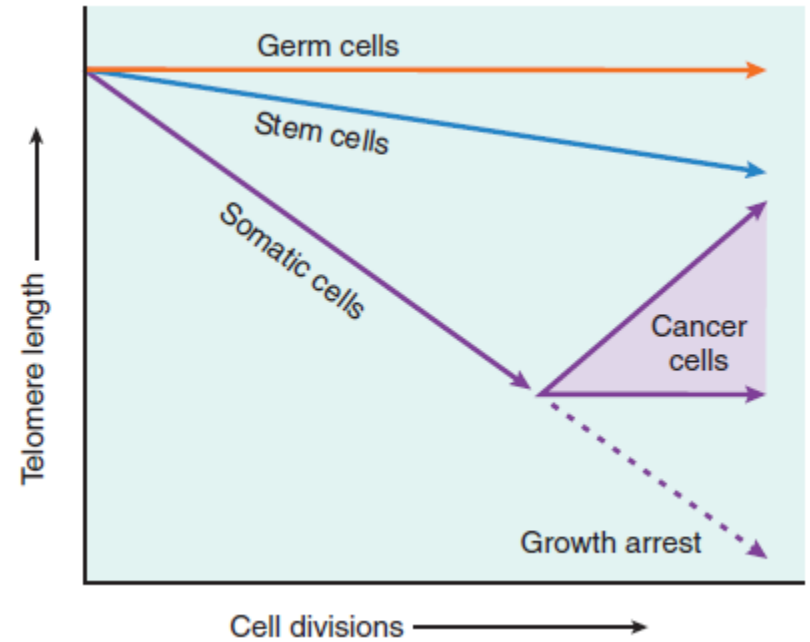
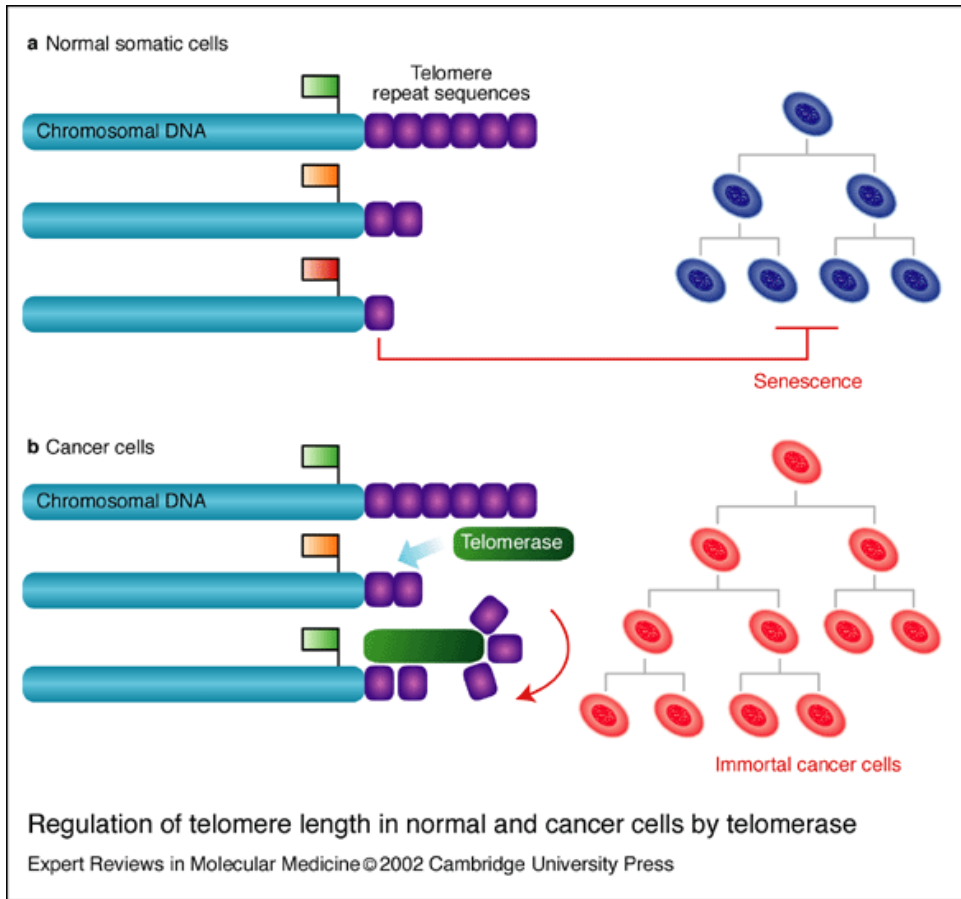


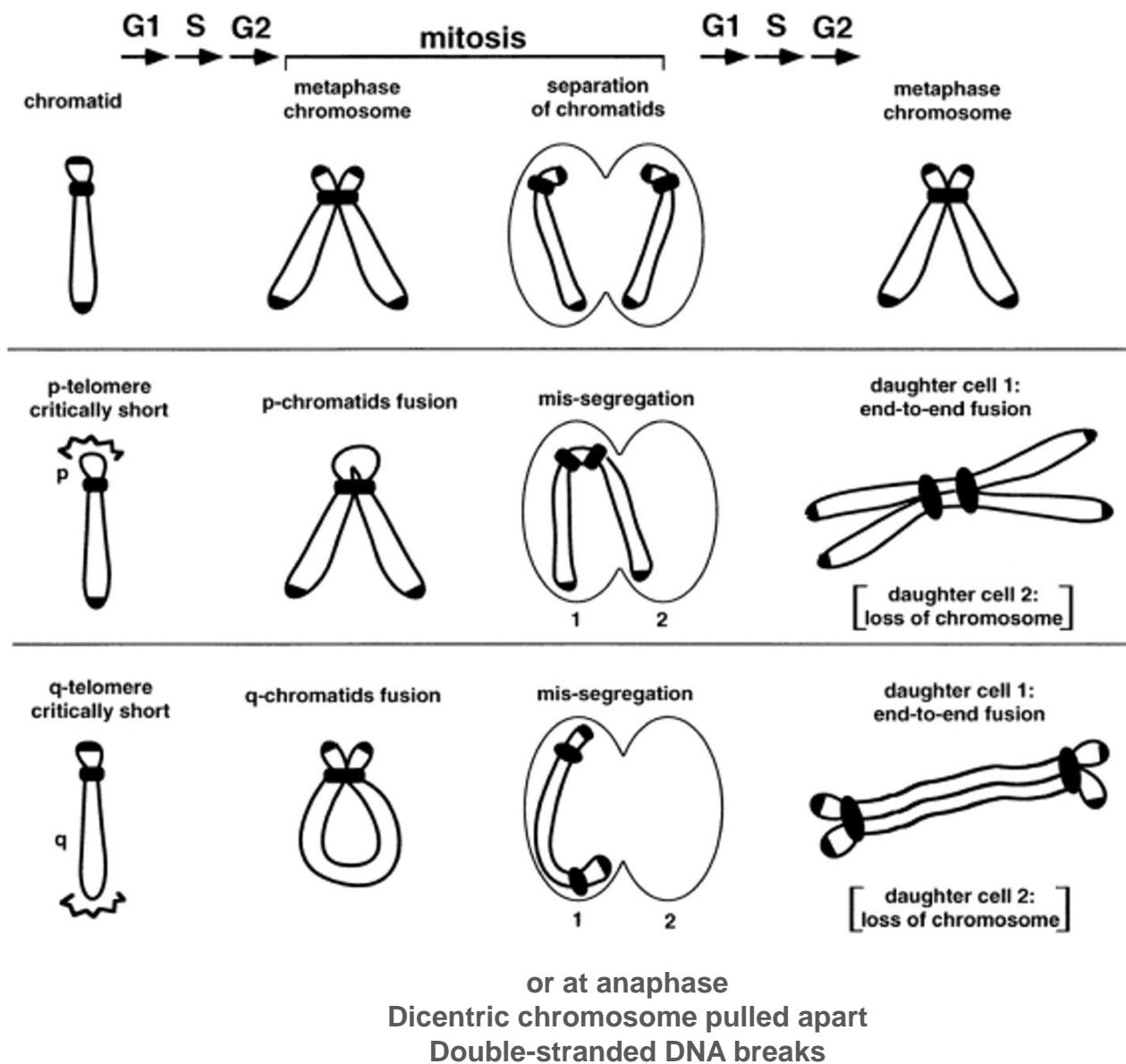
Hallmarks of Cancer

Immortality



Cell Senescence & Telomeres





BFB cycle

Short telomeres detected as double-stranded DNA breaks → cell cycle arrest & senescence (requires p53/RB)

Mutant p53/RB → non-homologous end joining repair (inappropriate)

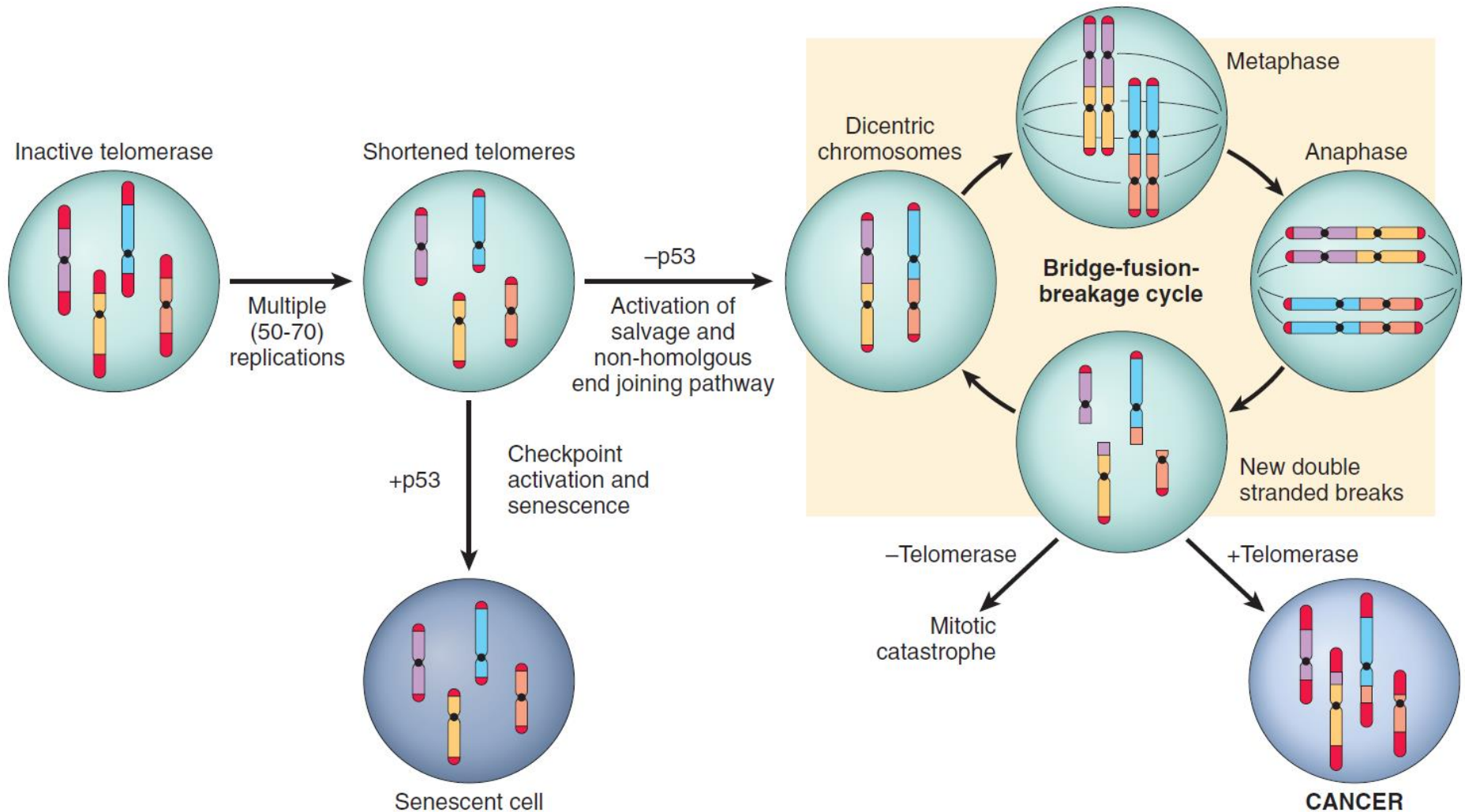
Anaphase: new real double-stranded breaks

Repeat

Bridge-fusion-breakage cycles (genomic instability)

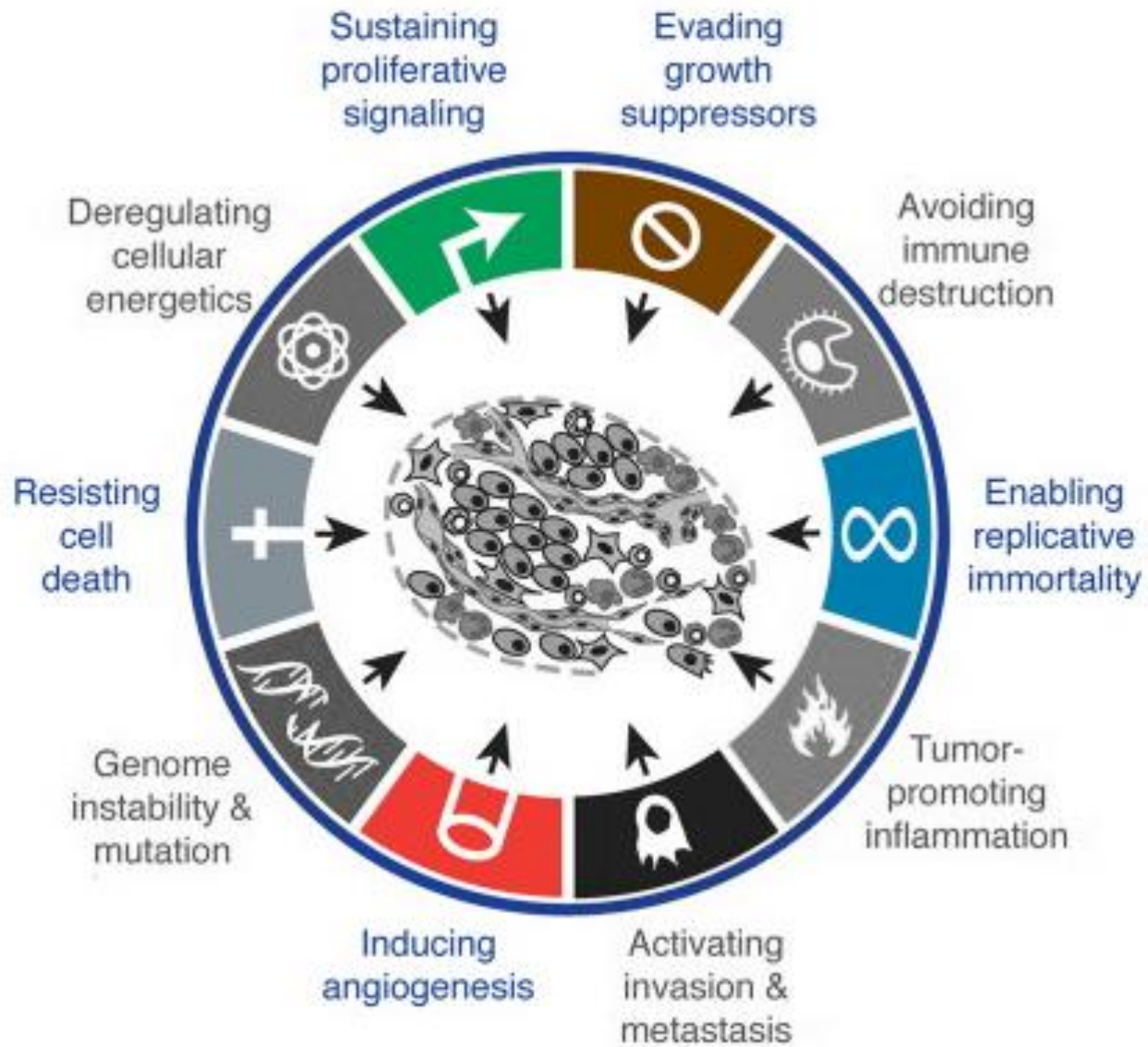


BFB cycles & Telomerase activation

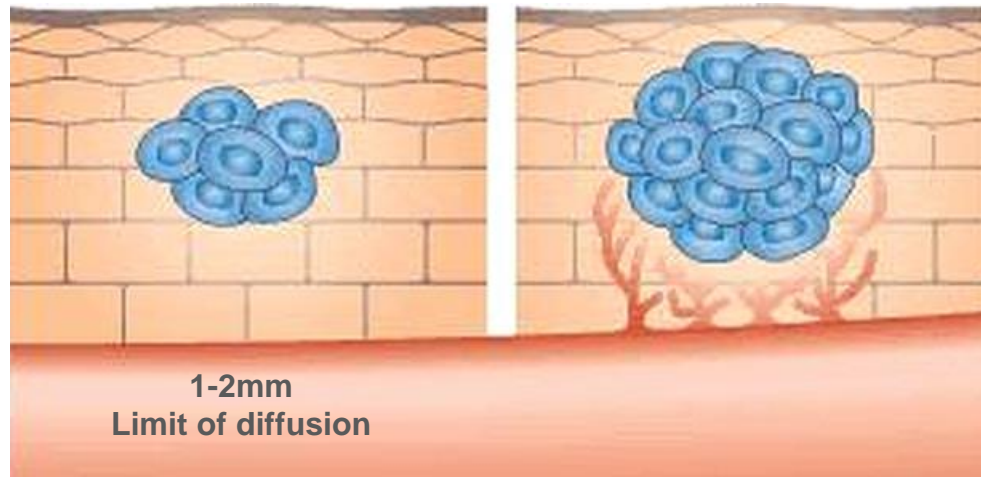
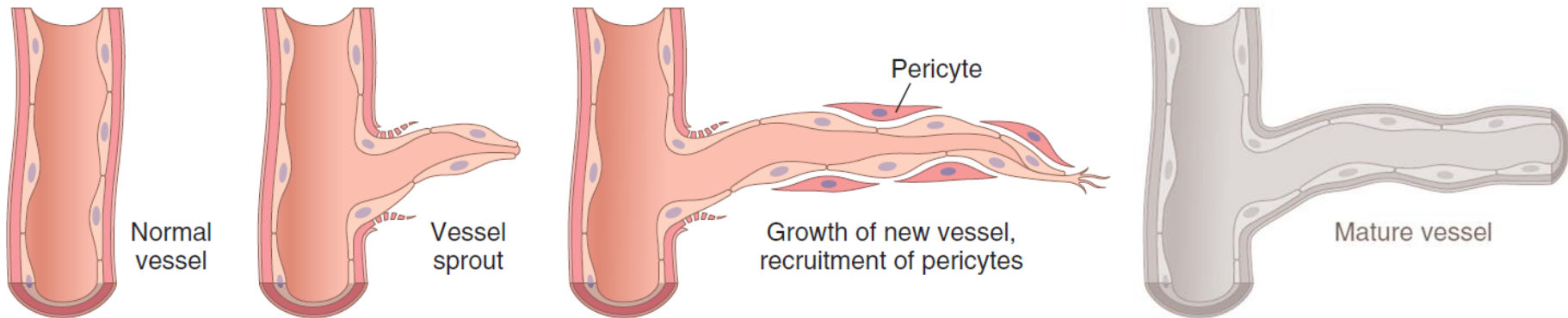




Hallmarks of Cancer
Angiogenesis



Angiogenesis

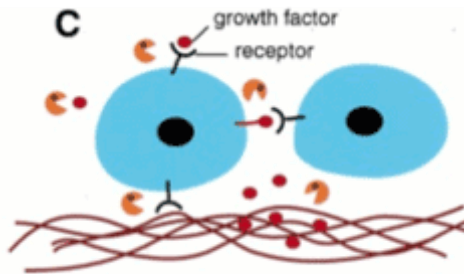


Abnormal vessels

- Leaky
- Dilated
- Haphazard connections

Functions

- Nutrients, O₂
- Growth factors (ILGF, PDGF, GM-CSF)
- Metastasis



Angiogenic balance & switch

Increased production of angiogenic factors and/or loss of angiogenesis inhibitors

Factor production:

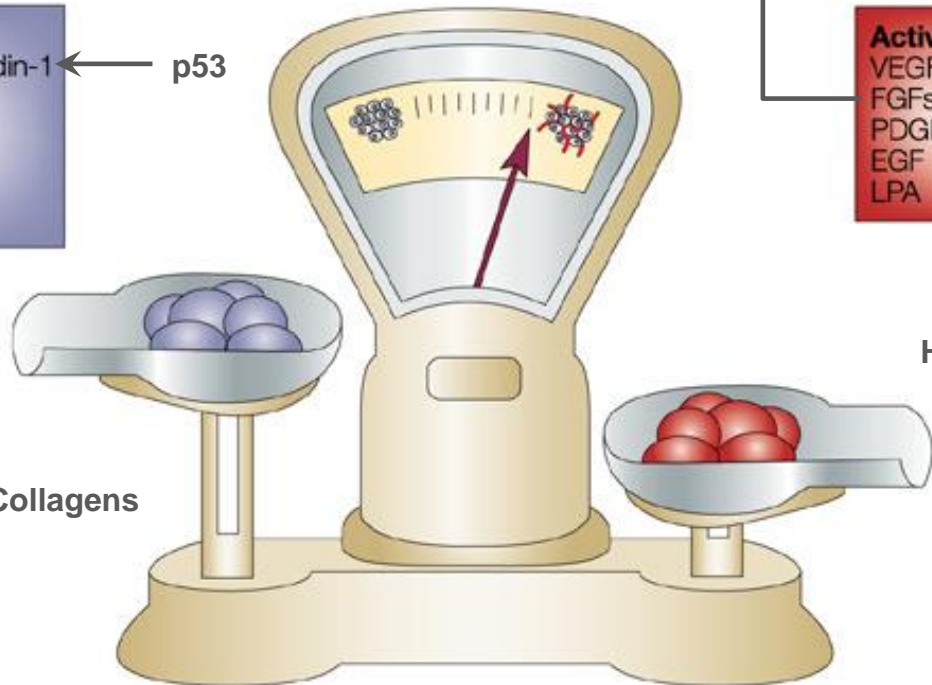
- Tumor cells
- Inflammatory cells (e.g., macrophages)
- Tumor associated stromal cells

Cleavage of Plasminogen

Inhibitors:
 Thrombospondin-1 ← p53
 The statins:
 Angiostatin
 Endostatin
 Canstatin
 Tumstatin

Activators
 VEGFs
 FGFs
 PDGFB
 EGF
 LPA

Hypoxia

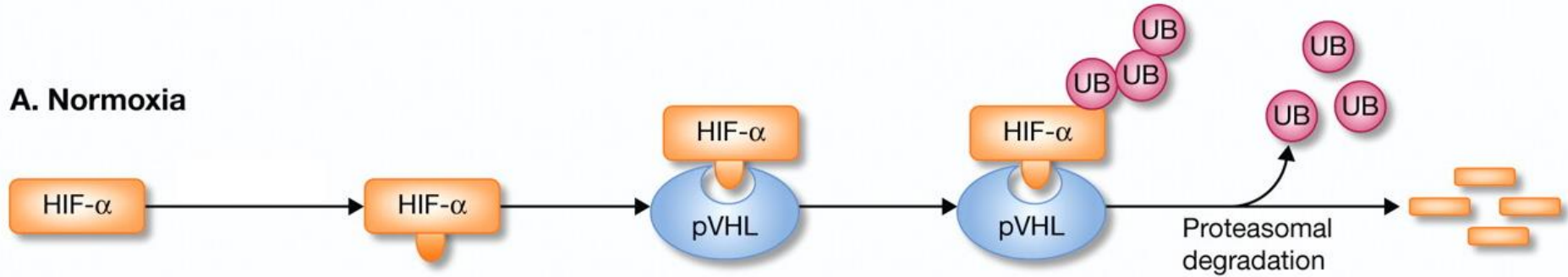


Cleavage of Collagens

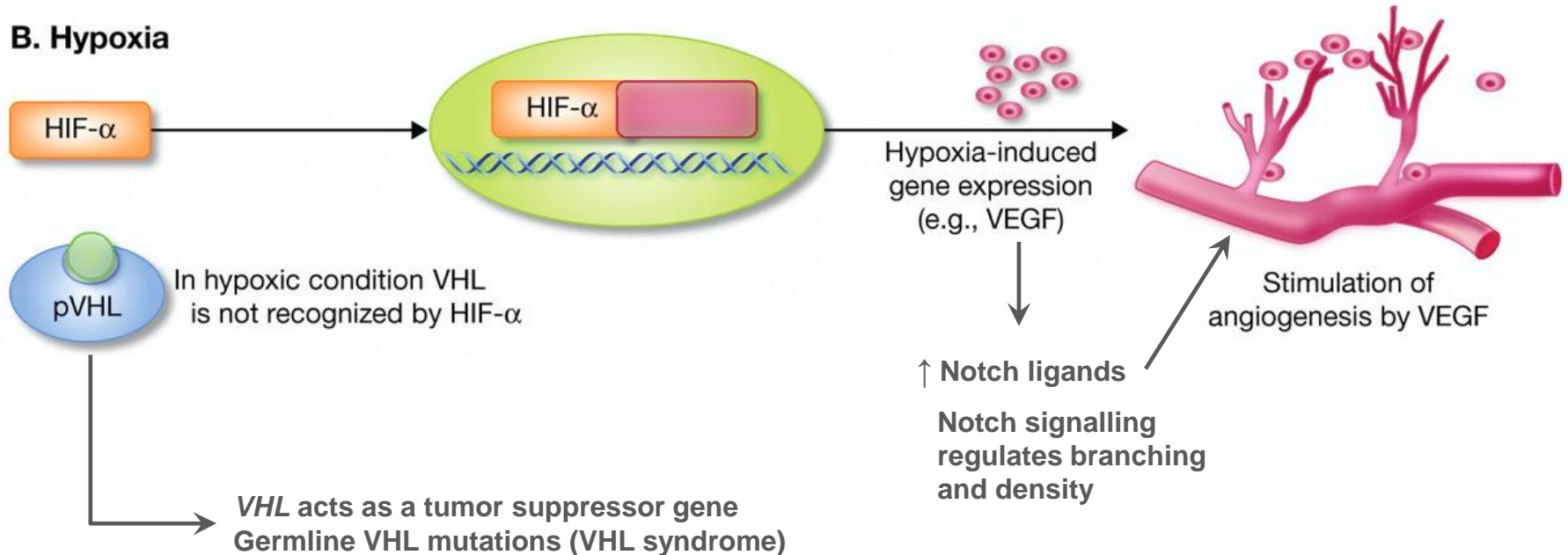
Vasculostatin from cleavage of Brain angiogenesis inhibitor-1

Hypoxia, *HIF-1 α* , *VHL*, & *VEGF*

A. Normoxia

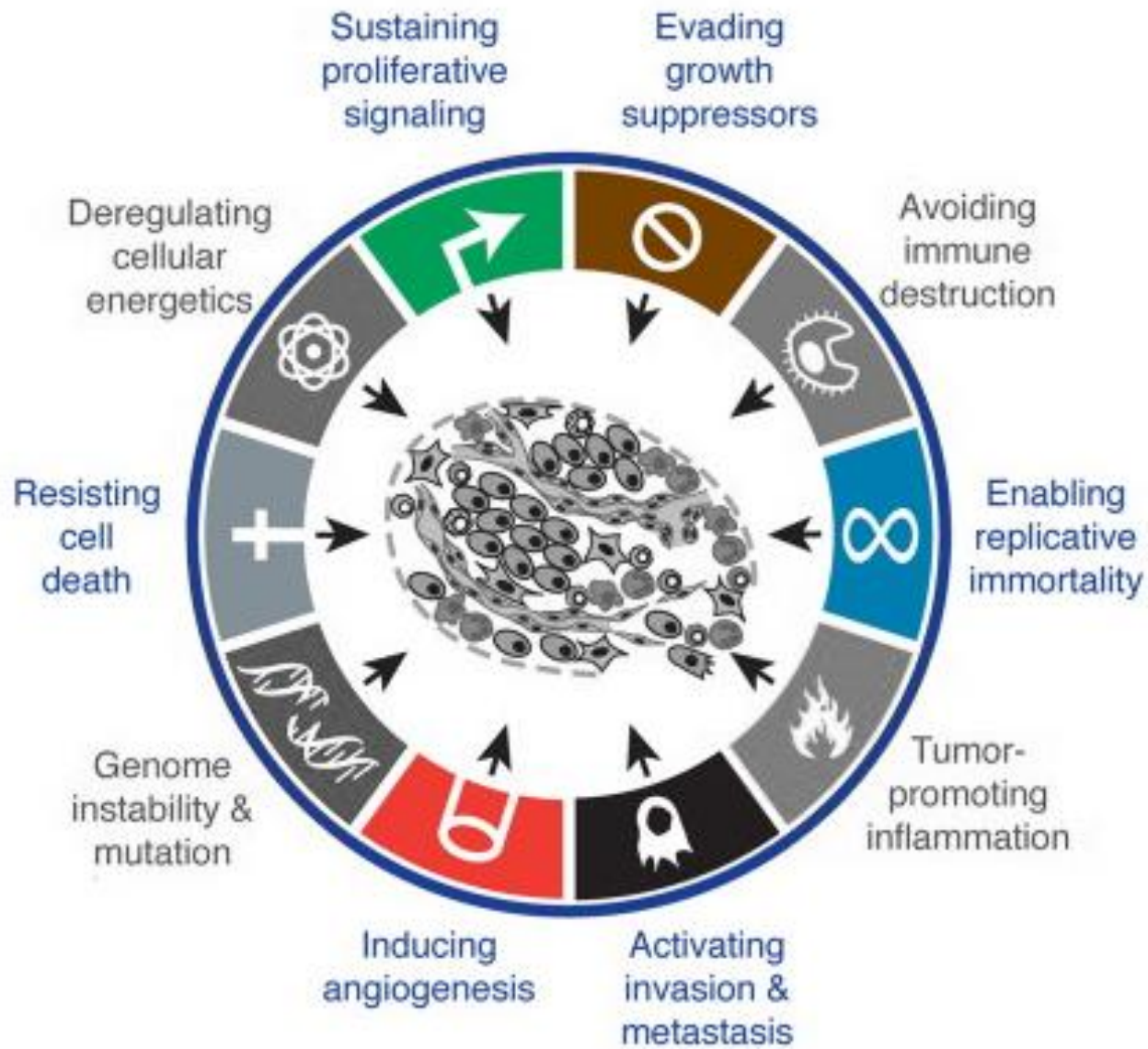


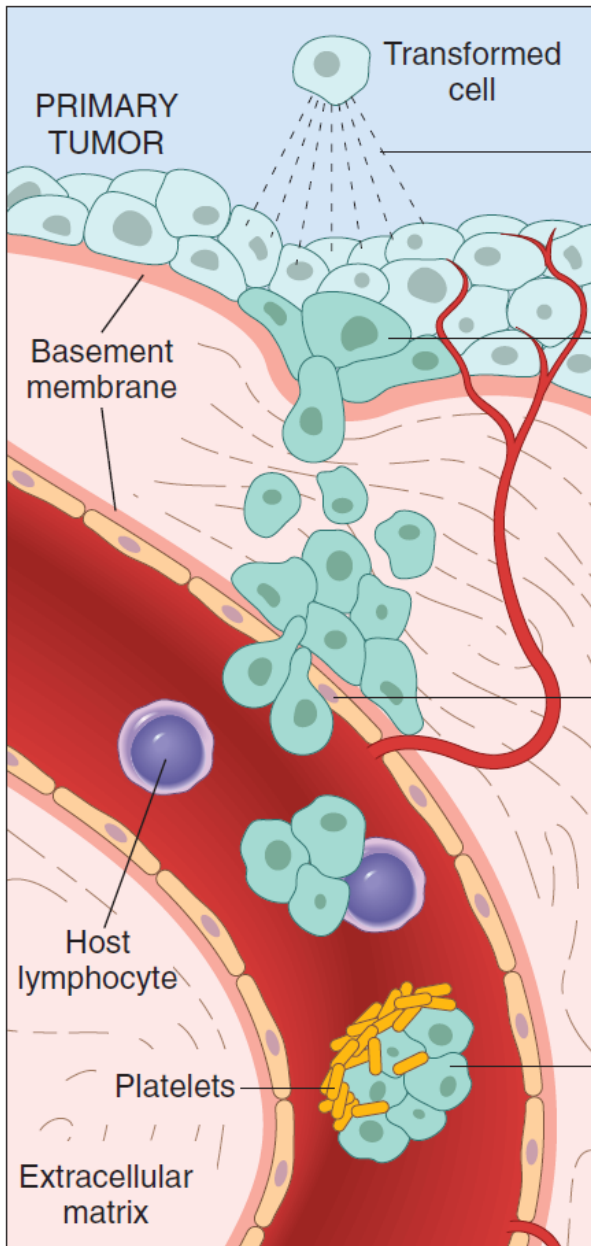
B. Hypoxia





Hallmarks of Cancer
Invasion & Metastasis





Clonal expansion,
growth, diversification,
angiogenesis

Metastatic subclone

Adhesion to and
invasion of basement
membrane

Passage through
extracellular matrix

Intravasation

Interaction with host
lymphoid cells

Tumor cell
embolus

Invasion-metastasis cascade

Local invasion

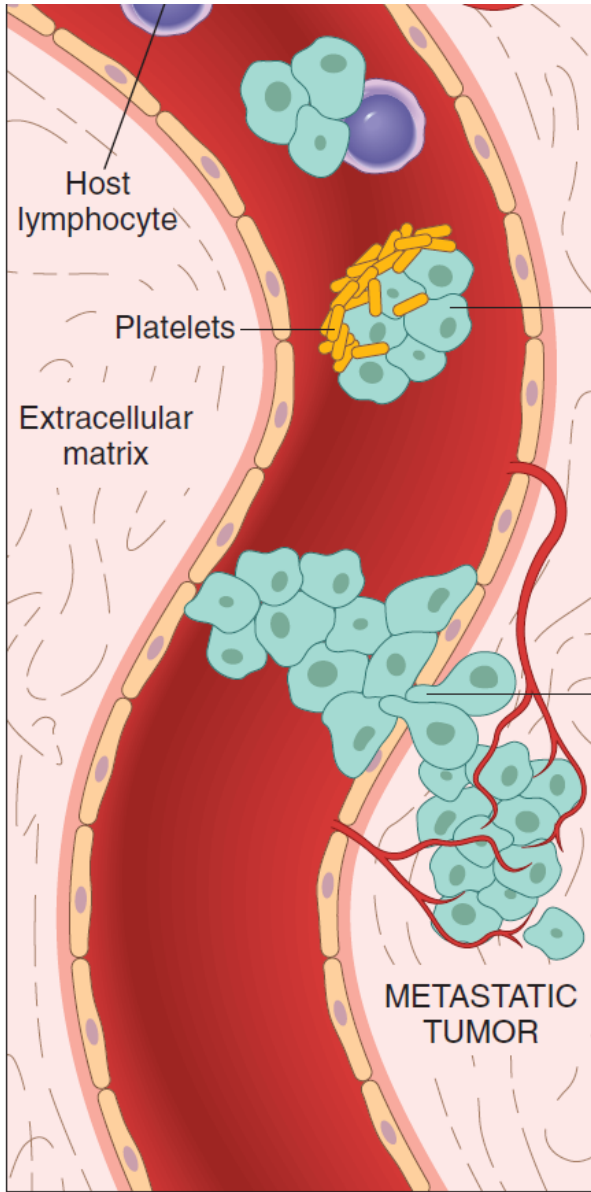
Intravasation
(Blood/Lymph vessels)

Transit

Extravasation

Micrometastasis

Growth



Interaction with host lymphoid cells

Tumor cell embolus

Adhesion to basement membrane

Extravasation

Metastatic deposit

Angiogenesis

Growth

Invasion-metastasis cascade

Local invasion

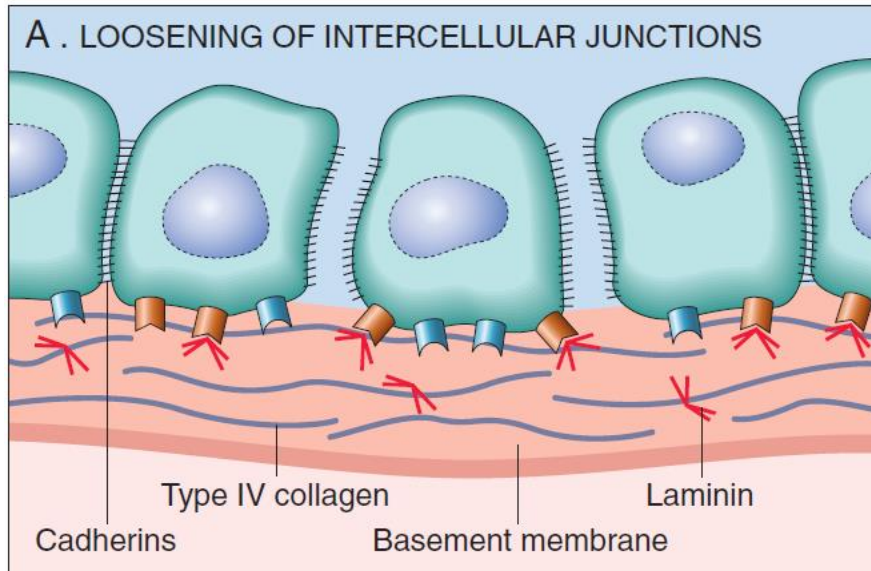
Intravasation
(Blood/Lymph vessels)

Transit

Extravasation

Micrometastasis

Growth



ECM Invasion

E-cadherin function is lost in almost all epithelial cancers:

- E-cadherin mutation
- Activation of β -catenin genes

genes

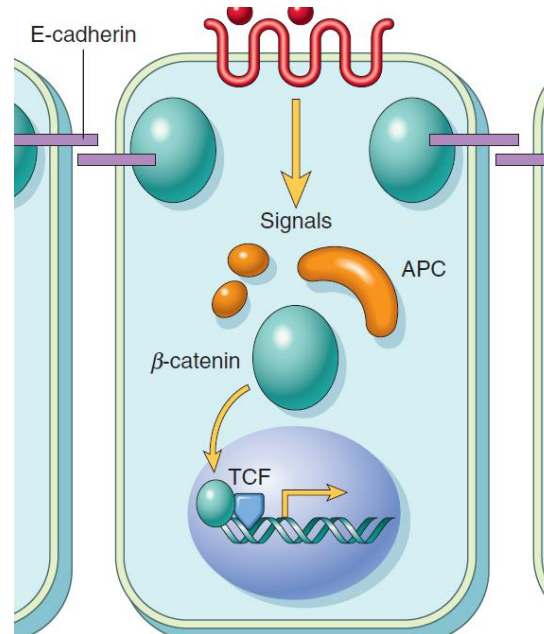
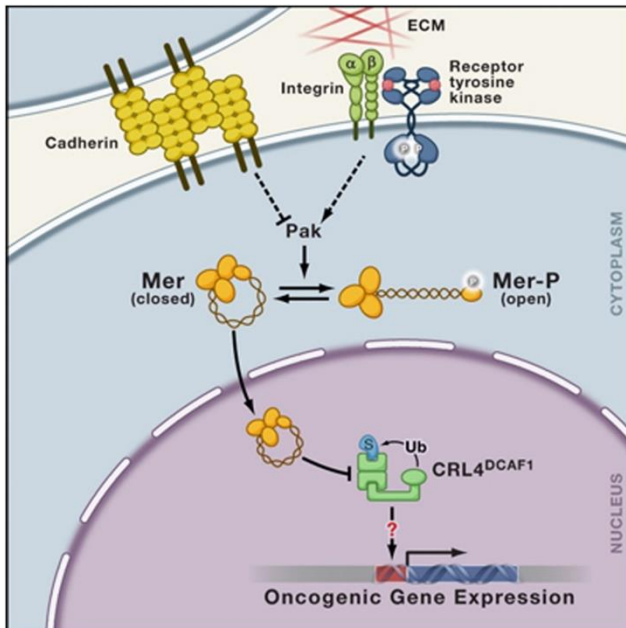
↑ SNAIL/SLUG & TWIST

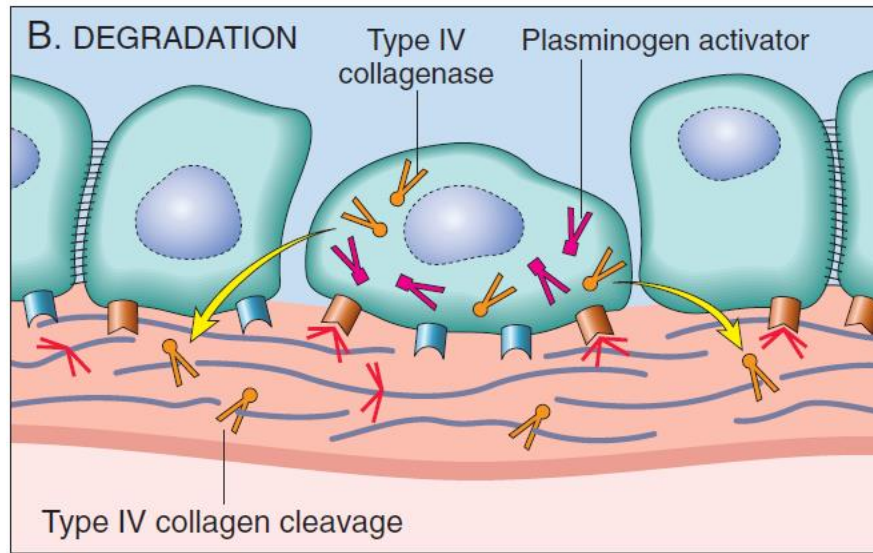


↓ E-cadherin expression

→ ↓ Contact inhibition

Role in **EMT**





ECM Invasion

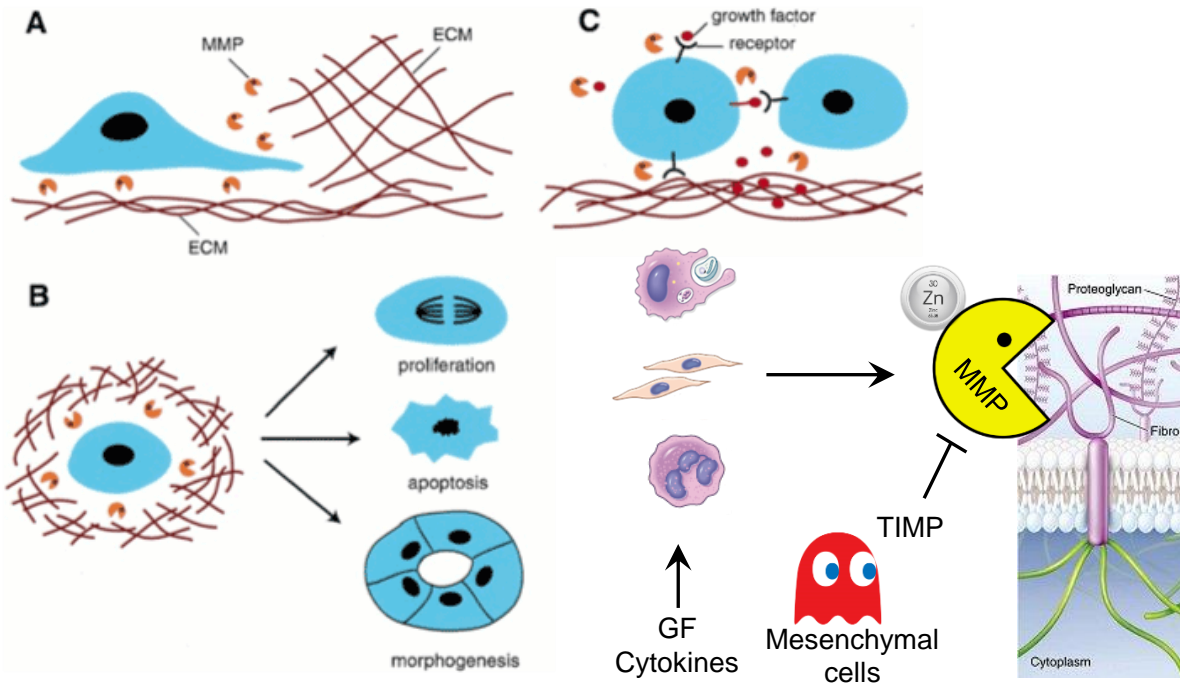
Degradation of the
BM/IM:

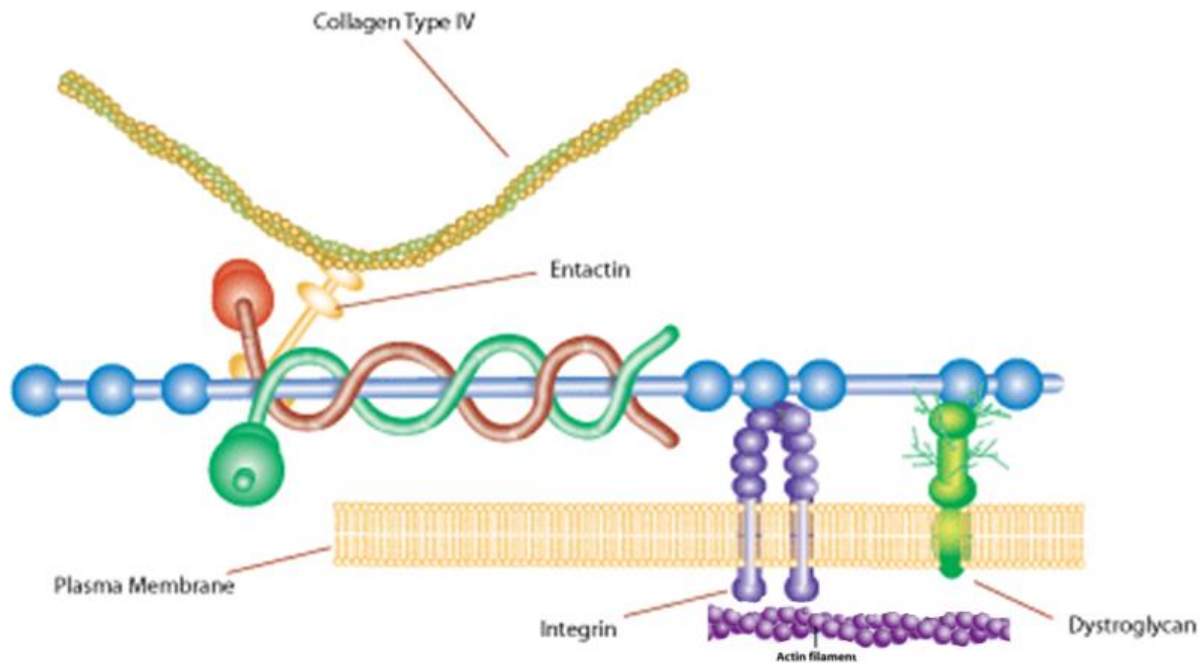
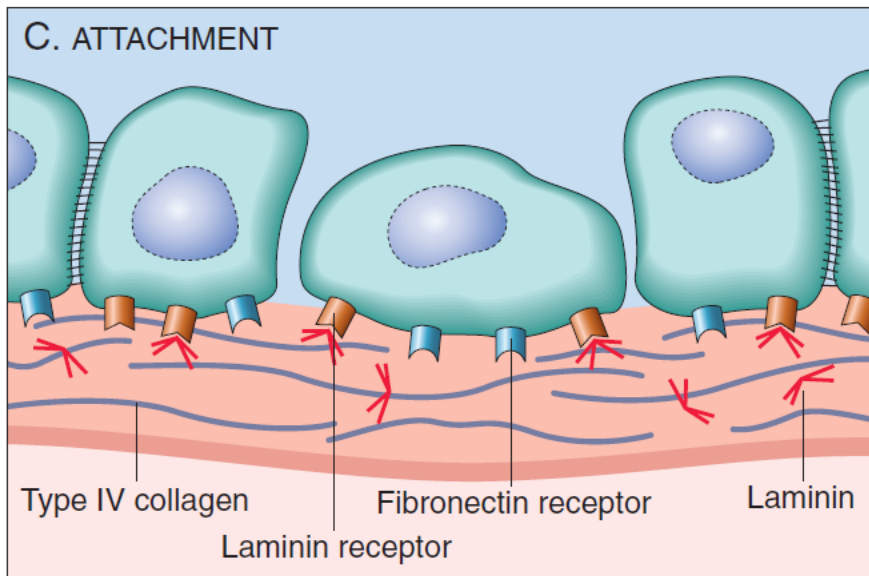
- Increased proteases
(cancer/stroma)



Remodelling
Release of GF
ECM degradation:
(Chemotactic,
Angiogenic,
↑ Growth)

- Reduced TIMPs

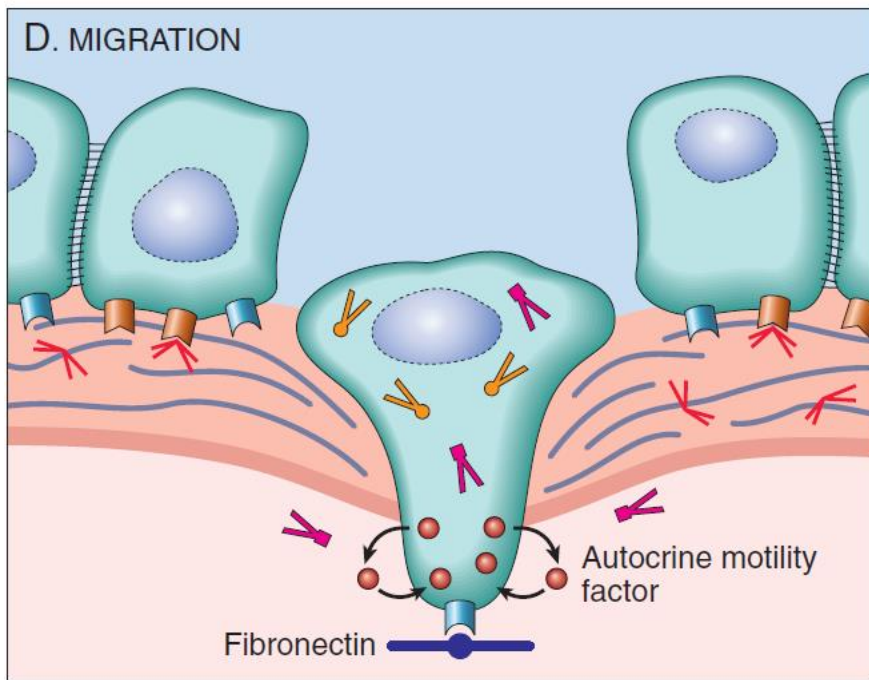




ECM Invasion

Changes in attachment of tumor cells to ECM proteins

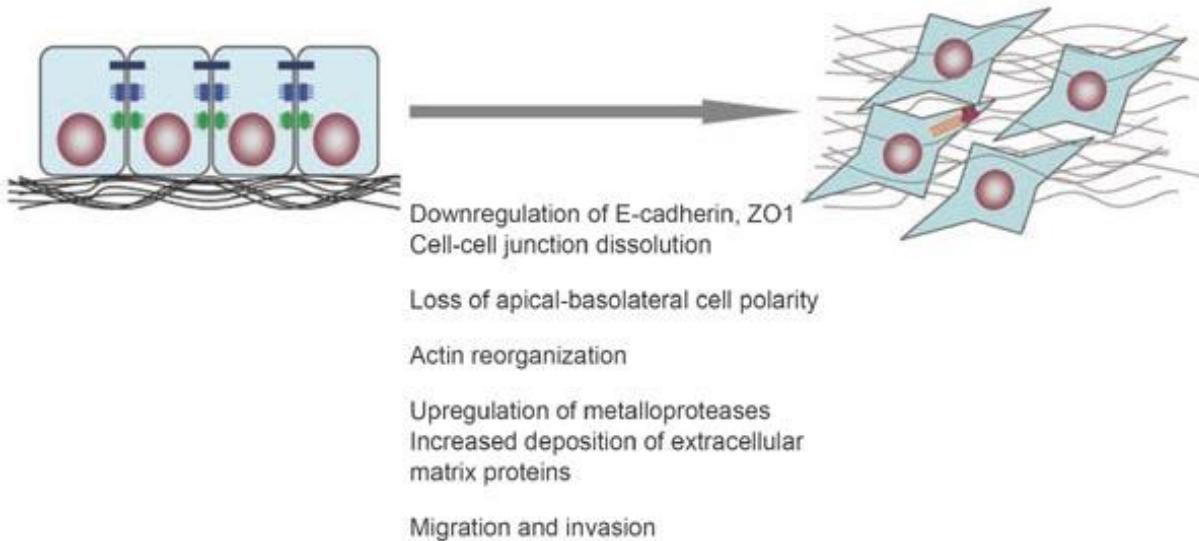
- Integrin signalling change (resistance of apoptosis)
- New binding sites on degraded ECM stimulates migration

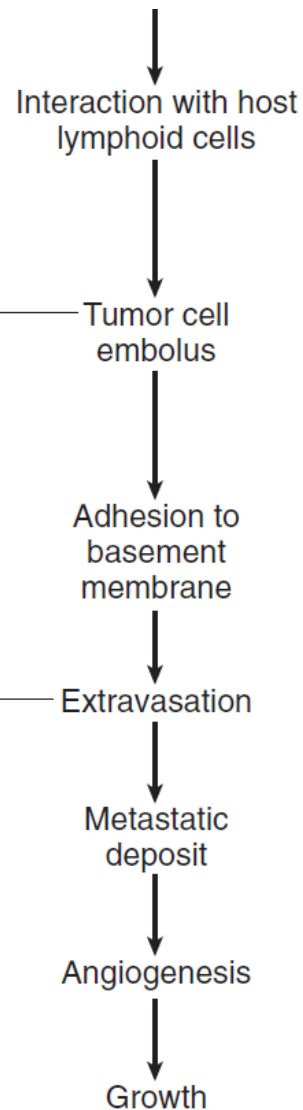
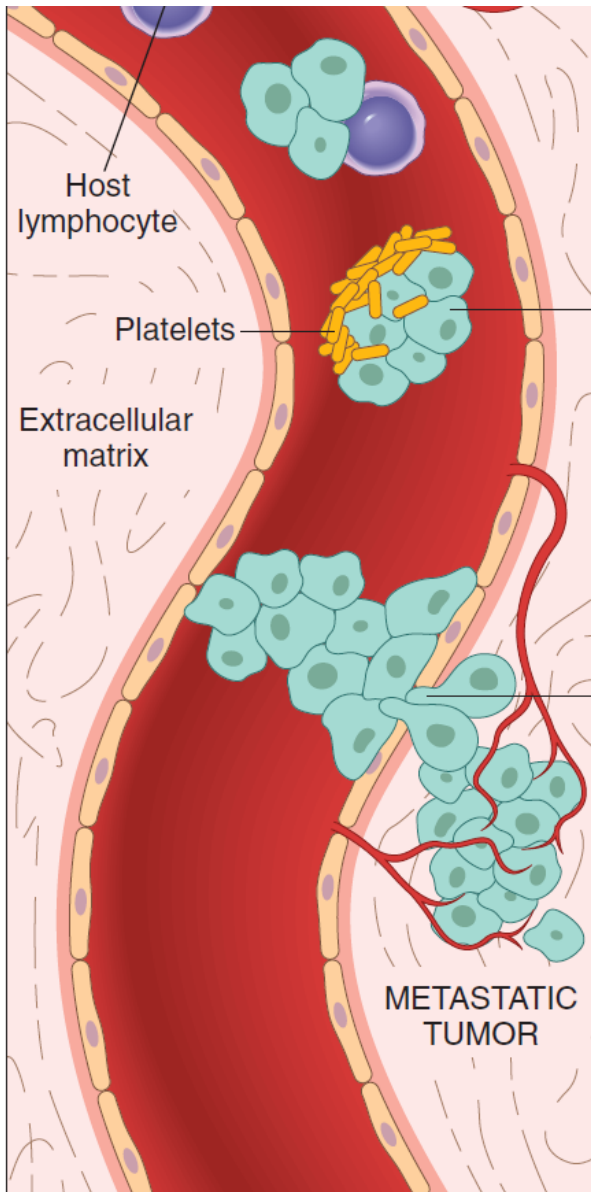


ECM Invasion

Migration

- Complex signalling
 - Autocrine (cytokines)
 - Paracrine (HGF/SCF)
 - Chemotactic ECM
 - Chemotactic GFs
- Actin reorganization





Vascular Dissemination & Homing

Single circulating cells vs emboli

Avoidance of host immunity

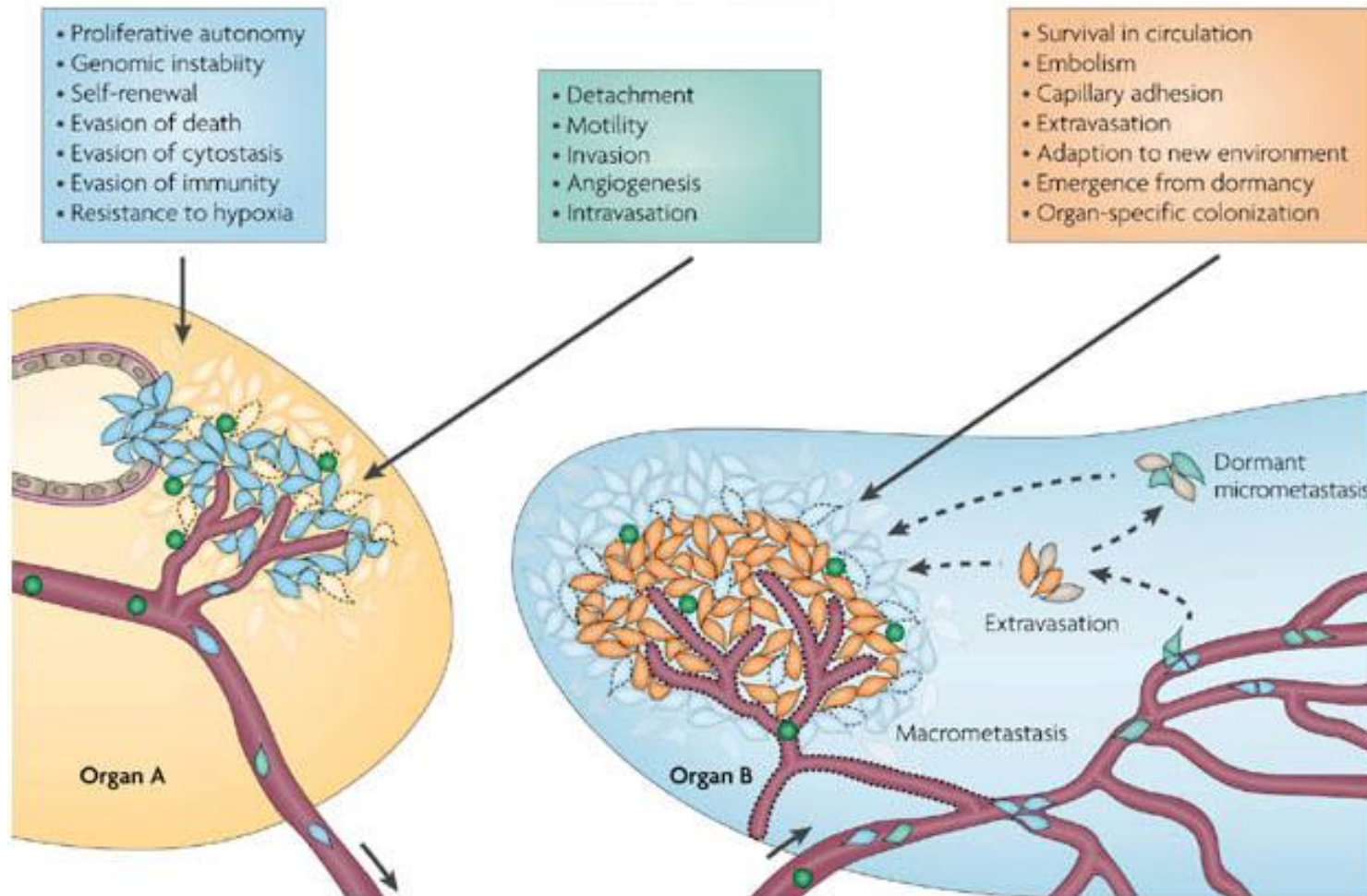
Extravasation site:

- Vascular/lymphatic anatomy
- Tumor biology

1. Adhesion molecules
2. Chemokine homing
3. Permissive stroma

Cancer Dormancy

Genetic alterations required for metastasis early vs late? (SMT vs contradicting experimental evidence)



Acquisition of a metastatic phenotype through interactions with the stroma (TOFT)

“Precise localization of metastases cannot be predicted with any form of cancer”

