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· 综述 ·

牙龈卟啉单胞菌在肿瘤发生发展中作用的研究进展

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【摘要】 牙周炎是一种慢性炎症性疾病, 牙周炎致病菌的异位定植可影响全身健康引起全身性疾病。牙龈卟啉单胞菌(*Porphyromonas gingivalis*, *P. gingivalis*)作为牙周炎的关键病原体, 已被证实与口腔鳞状细胞癌(oral squamous cell carcinoma, OSCC)、肺癌、食管癌、胰腺癌、结直肠癌、宫颈癌和前列腺癌的发生发展有关。*P. gingivalis*通过多种机制参与调控OSCC的发生发展:*P. gingivalis*直接调控细胞周期和凋亡相关蛋白促进肿瘤细胞增殖、诱导分化簇44(cluster of differentiation 44, CD44)和分化簇133(cluster of differentiation 133, CD133)的表达增强肿瘤干细胞特性、激活炎性小体和P38/c-Jun NH2末端激酶1(c-Jun N-terminal kinase, JNK)通路以及调控肿瘤相关中性粒细胞(tumor-associated neutrophil, TAN)极化重塑肿瘤微环境、调控上皮-间充质转化(epithelial-mesenchymal transition, EMT)促进肿瘤转移、调控巨噬细胞功能逃避宿主免疫反应、诱导肿瘤细胞耐药以及调控与共生菌间的相互作用等参与OSCC的进展。此外,*P. gingivalis*通过促进细胞增殖、抑制细胞凋亡、诱导慢性炎症、逃避宿主免疫监视等促进食管癌、胰腺癌、结直肠癌和前列腺癌的进展。然而, 口腔微生物组是一个复杂的系统,*P. gingivalis*并非独立存在, 口腔微生物之间的相互作用是否影响肿瘤的进展有待进一步的研究。

【关键词】 牙龈卟啉单胞菌; 牙周炎; 肿瘤; 口腔鳞状细胞癌; 系统性疾病; 菌群失调; 致癌机制; 早期诊疗; 口腔健康

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Research progress on the role of *Porphyromonas gingivalis* in the progression of tumor FENG Yun^{1,2}, FENG Yan^{1,2}, YU Li^{2,3}. 1. Department of Pediatric Dentistry, the Affiliated Stomatological Hospital of Southwest Medical University, Luzhou 646000, China; 2. Oral & Maxillofacial Reconstruction, Regeneration of Luzhou Key Laboratory, Luzhou 646000, China; 3. Department of Periodontics and Oral Mucosal Diseases, the Affiliated Stomatological Hospital of Southwest Medical University, Luzhou 646000, China

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【Abstract】 Periodontitis is a chronic inflammatory disease. The heterotopic colonization of periodontal pathogens results in the development of several systemic diseases. *Porphyromonas gingivalis* (*P. gingivalis*), a key pathogen for periodontitis, has been linked to the development of various cancers, such as oral squamous cell carcinoma (OSCC), lung cancer, esophageal cancer, pancreatic cancer, colorectal cancer, cervical cancer, and prostate cancer. *P. gingivalis* promote the progression of tumor through various mechanisms, *P. gingivalis* regulates proteins targeting cell cycle and apoptosis to promote proliferation of tumor cells directly, enhances tumor stemness by upregulating the expression of cluster of differentiation 44 (CD44) and cluster of differentiation 133 (CD133), activates inflammasome and p38/c-Jun



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N-terminal kinase 1(JNK) pathways, regulates tumor-associated neutrophil (TAN) polarization to remodel the tumor microenvironment, regulates epithelial-mesenchymal transition (EMT) to promote tumor metastasis, remodel macrophage function to evade host immune response, and regulates multi-communicating with symbiotic bacteria. In addition, *P. gingivalis* accelerates the progression of esophageal cancer, pancreatic cancer, colorectal cancer, and prostate cancer by promoting cell proliferation, inhibiting apoptosis, inducing chronic inflammation, and escaping immunity. However, the oral microbiome is a complex system, whether the interactions between oral bacteria affect tumor progression needs to be further investigated.

【Key words】 *Porphyromonas gingivalis*; periodontitis; tumor; oral squamous cell carcinoma; systemic diseases; dysbacteriosis; carcinogenic mechanisms; early diagnosis and treatment; oral health

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研究表明,约13%的癌症发病与微生物感染有关^[1-2]。牙龈卟啉单胞菌(*Porphyromonas gingivalis*, *P. gingivalis*)是革兰氏阴性厌氧的牙周炎致病菌,被证实与肿瘤发生发展相关^[3]。*P. gingivalis*主要毒力因子包括菌毛(FimA)、脂多糖(lipopolysaccharide, LPS),牙龈蛋白酶、血凝素(hemagglutinin, HA)和外膜囊泡(outer membrane vesicles, OMVs)等^[4-6]。口腔菌群稳态对口腔和全身健康均有重要作用,口腔菌群失衡可引起局部慢性炎症和免疫

抑制,不仅可以导致口腔鳞状细胞癌(oral squamous cell carcinoma, OSCC)^[7],还可以通过异位定植,参与肺癌^[8]、食管癌^[9]、胰腺癌^[10]、结直肠癌^[11]、宫颈癌^[12]和前列腺癌^[13]的进展(表1)。其促癌机制涉及调控肿瘤细胞增殖与细胞周期、抑制肿瘤细胞凋亡、促进肿瘤细胞侵袭、诱导炎症反应和化学耐药以及共生菌之间的相互作用。本文将对*P. gingivalis*与肿瘤进展的相关性及其病理机制进行综述。

表1 口腔菌群失衡与全身性疾病
Table 1 Oral dysbacteriosis and systemic disease

Disease	Oral bacteria
Chronic periodontitis	<i>Porphyromonas gingivalis</i> ^[14-15] ; <i>Tannerella forsythia</i> ; <i>Treponema denticola</i> ; <i>Prevotella intermedia</i> ^[14] ; <i>Aggregatibacter actinomycetemcomitans</i> ^[14, 16]
Oral squamous cell carcinoma	<i>Porphyromonas gingivalis</i> ; <i>Treponema denticola</i> ^[14] ; <i>Fusobacterium nucleatum</i> ^[7, 14] ; <i>Prevotella intermedia</i> ^[7, 17]
Pneumonia	<i>Porphyromonas gingivalis</i> ^[18-20] ; <i>Fusobacterium nucleatum</i> ; <i>Aggregatibacter actinomycetemcomitans</i> ^[18] ; <i>Prevotella intermedia</i> ^[21]
Chronic obstructive pulmonary disease	<i>Porphyromonas gingivalis</i> ^[22-23] ; <i>Prevotella intermedia</i> ^[22]
Asthma	<i>Prevotella intermedia</i> ^[24]
Lung cancer	<i>Prevotella intermedia</i> ; <i>Fusobacterium nucleatum</i> ^[22] ; <i>Veillonella</i> ^[25]
Breast cancer	<i>Fusobacterium nucleatum</i> ^[26-27] ; <i>Streptococcus mutans</i> ^[26, 28-29]
Esophageal cancer	<i>Porphyromonas gingivalis</i> ; <i>Fusobacterium nucleatum</i> ^[30]
Gastric cancer	<i>Prevotella intermedia</i> ^[31-32] ; <i>Streptococcus oralis</i> ; <i>Veillonella parvula</i> ^[31] ; <i>Fusobacterium nucleatum</i> ^[33-34]
Pancreatic cancer	<i>Porphyromonas gingivalis</i> ^[10, 14] ; <i>Aggregatibacter actinomycetemcomitans</i> ^[14]
Colorectal cancer	<i>Porphyromonas gingivalis</i> ^[35-36] ; <i>Fusobacterium nucleatum</i> ^[35-38]
Cervical cancer	<i>Porphyromonas gingivalis</i> ; <i>Prevotella intermedia</i> ; <i>Campylobacter rectus</i> ^[12]
Prostate cancer	<i>Porphyromonas gingivalis</i> ^[13]
Atherosclerosis	<i>Porphyromonas gingivalis</i> ^[14, 39] ; <i>Prevotella intermedia</i> ; <i>Prevotella nigrescens</i> ; <i>Prevotella nigrescens</i> ; <i>Campylobacter rectus</i> ^[14] ; <i>Fusobacterium nucleatum</i> ^[40-41]
Alzheimer's disease	<i>Porphyromonas gingivalis</i> ^[14, 42-44] ; <i>Treponema denticola</i> ^[14, 45]
Diabetes mellitus	<i>Treponema denticola</i> ; <i>Streptococcus sanguinis</i> ; <i>Streptococcus intermedius</i> ; <i>Streptococcus oralis</i> ; <i>Prevotella nigrescens</i> ^[14]

1 *P. gingivalis* 在口腔鳞状细胞癌发生发展中的作用机制

与健康个体相比, OSCC 患者肿瘤组织中 *P. gingivalis* 显著富集^[7, 46-47], 是正常组织的 600 倍^[48]。Chang 等^[46]发现 *P. gingivalis* 与 OSCC 患者临床晚分期、低分化及淋巴结转移呈正相关, 且 *P. gingivalis* 可通过结肠癌相关转录因子 1/三四脯氨酸/丝裂原活化蛋白激酶激活的蛋白激酶 2 感染口腔上皮细胞抑制锌指蛋白 36 的表达, 从而促进其恶性转化^[49]。综上, 表明 *P. gingivalis* 与 OSCC 之间可能存在着密切的关系(图 1)。

1.1 *P. gingivalis* 促进细胞增殖

肿瘤细胞具有无限增殖的能力, 细菌可通过增强肿瘤细胞增殖而促进肿瘤的进展^[50]。*P. gingivalis* 通过调控 miR-21/程序性细胞死亡 4 (programmed cell death 4, PDCD4)/激活蛋白 1 (activator protein 1, AP-1) 负反馈通路, 驱动细胞周期蛋白 (cyclin) D1 的表达, 诱导细胞周期阻滞于 S 期^[51-52]。同时, *P. gingivalis* 的毒力因子牙龈蛋白酶通过激活 NOTCH 信号传导促进细胞增殖。*P. gingivalis* 还可通过促进细胞自噬^[53]和抑制凋亡蛋白 Bad 并激活 B 淋巴细胞瘤-2 (B-cell lymphoma 2, Bcl-2) 的表达抑制细胞凋亡促进 OSCC 细胞增殖^[54]。此外, *P. gingivalis* 可以通过上调钙结合蛋白 1 (calbindin 1, CALB1) 表达诱导牙龈上皮癌细胞增殖^[55]。Zeng 等^[56]发现 *P. gingivalis*-OMVs 可能通过下调抑癌基因锌指蛋白 292 (zinc finger protein 292, ZNF292) 和 ATRX (alpha thalassemia/mental retardat) 表达促进 OSCC 细胞增殖。研究表明 FimA 通过依赖磷酸化蛋白激酶 B 1 (phosphorylated protein kinase B 1, pAkt1)、磷酸化叉头状转录因子 O1 (phosphorylated forkhead box transcription factor O1, pFOXO1) 通路^[57]以及靶向结合微管相关蛋白 1 轻链 3B (microtubule-associated protein 1 light chain 3 B, LC3B)-鞘氨醇 (ceramide) 复合物抑制线粒体自噬^[58], 促进 OSCC 细胞增殖。研究发现 *P. gingivalis* 分泌的核苷二磷酸激酶可增加细胞外三磷酸腺苷 (adenosine triphosphate, ATP) 水解, 从而激活 ATP-嘌呤能离子通道 (purinergic ligand-gated ion channel 7, P2X7) 信号通路, 上调 P2X7 的表达和激活钙离子通道, 导致细胞内钙离子累积促进 OSCC 细胞增殖^[59]。目前尚未报道 *P. gingivalis* 其他毒力因子对 OSCC 细胞增殖影响的机制, 需要进一步研究。

1.2 *P. gingivalis* 增强肿瘤干细胞特性

脂质是细胞的重要组成部分, 其代谢异常有助于癌细胞获得干细胞特性。脂质硬脂酰辅酶 A 去饱和酶 1 (stearoyl-coA desaturase 1, SCD1) 是一种参与脂质去饱和的酶, 是癌细胞生存的重要调节因子^[60]。Zang 等^[61]发现 *P. gingivalis* 通过含核苷酸结合寡聚结构域蛋白 1 (nucleotide-binding oligomerization domain-containing protein 1, NOD1)/Krüppel 样因子 5 (Krüppel-like factor 5, KLF5) 轴上调 SCD1 的表达, 促进 OSCC 细胞脂质合成, 诱导癌症干细胞标志物簇分化抗原 (cluster of differentiation 44, CD44) 和簇分化抗原 (cluster of differentiation 133, CD133) 的表达, 增强 OSCC 的干性和致瘤性, 提示 *P. gingivalis* 在 OSCC 发生发展中具有重要的作用。靶向 SCD1 抑制肿瘤细胞干性有望抑制肿瘤进展、复发和耐药。

1.3 *P. gingivalis* 重塑炎症微环境

研究发现 *P. gingivalis* 感染口腔内皮细胞后促进口腔内皮细胞分泌促炎 OMVs, 激活 Toll 样受体 4 (Toll-like receptor, TLR4)/核因子- κ B (nuclear factor kappa B, NF- κ B) 信号通路, 诱导炎症反应^[62]。同时还发现 *P. gingivalis* 通过激活炎性小体 NLRP3 过表达引起白细胞介素 (interleukin, IL)-1 β (IL-1 β) 大量释放, 形成慢性炎症微环境^[52], 其毒力因子 LPS 通过激活 P38/c-Jun NH2 末端激酶 1 (c-Jun N-terminal kinase, JNK) 通路, 促进炎症反应^[63]。此外, *P. gingivalis* 诱导免疫细胞分泌趋化因子, C-C 趋化因子 2 (C-C motif ligand 2, CCL2) 和 C-X-C 趋化因子 2 (C-X-C motif chemokine ligand 2, CXCL2) 以及细胞因子 IL-6、IL-8 等, 激活髓系抑制细胞 (myeloid-derived suppressor cells, MDSC)^[64] 和肿瘤相关中性粒细胞 (tumor-associated neutrophil, TAN)^[54], TAN 可通过释放中性粒细胞外陷阱 (neutrophil extracellular traps, NETs) 改变肿瘤微环境从而促进 OSCC 进展^[65]。TAN 分为肿瘤抑制型 TAN1 和肿瘤促进型 TAN2, 有研究发现 *P. gingivalis* 下调黏蛋白-1 和 C-X-C 趋化因子 17 (C-X-C motif ligand 17, CXCL17) 的表达^[66], 其中 CXCL17 可能激活 N1 型 TAN, 释放活性氧和活性氮直接杀死肿瘤细胞, 从而抑制 OSCC 生长, 提示 *P. gingivalis* 在 OSCC 发生发展中具有双重作用。因此, 通过诱导 TAN 极化为 TAN1, 从而可能开发基于 TAN 极化的肿瘤治疗新方法。

1.4 *P. gingivalis* 促进肿瘤细胞侵袭

P. gingivalis 介导 IL-8 上调基质金属蛋白酶 1 (matrix metalloprotease 1, MMP-1) 和基质金属蛋白酶 10 (matrix metalloprotease 10, MMP-10) 的表达^[67], 增强 OSCC 侵袭。同时, *P. gingivalis* 菌毛蛋白 FimA 激活锌指 E-box 结合同源框 1 蛋白表达, 上调间充质标志物如波形蛋白和基质金属蛋白酶 9 的表达, 诱导上皮-间充质转化 (epithelial-mesenchymal transition, EMT)^[68], 协同增强 OSCC 细胞迁移和侵袭的能力。Liu 等^[69] 首次发现 *P. gingivalis*-OMVs 中 sRNA23392 可下调 OSCC 细胞中桥粒蛋白 2 (desmocollin-2, DSC2), 进一步促进 EMT、细胞迁移和侵袭。本课题组^[70] 还发现 *P. gingivalis*-OMVs 可以通过 NF- κ B 信号通路抑制铁死亡从而促进 OSCC 的 EMT 进程。此外, 精氨酸特异性半胱氨酸蛋白酶 R 牙龈蛋白酶 (arginine-specific cysteine proteinase R gingipain, Rgp) 通过降解宿主屏障蛋白促进细胞侵袭和诱导细胞凋亡^[71]。LPS 还可以诱导程序性死亡配体 1 (programmed death ligand 1, PD-L1) 的表达和 EMT 促进 OSCC 的侵袭^[72]。不同毒力因子对肿瘤细胞侵袭能力的调控不同, 抑制或敲除促癌成分 (FimA、Rgp、OMVs 和 LPS) 是达到精准治疗目的的有效途径。肿瘤细胞侵袭表型的获得是肿瘤细胞从原发灶向远处转移的基础, 也是治疗失败的主要原因。基于上述, 发现 *P. gingivalis* 毒力因子在 OSCC 进展中发挥着重要作用, 因此通过靶向 *P. gingivalis* 毒力因子抑制细胞的侵袭可能可以提高治疗效果。

1.5 *P. gingivalis* 促进肿瘤细胞逃避宿主免疫反应

研究发现 *P. gingivalis* 在 OSCC 免疫逃避中具有重要作用, *P. gingivalis* 上调巨噬细胞中的 DOK3^[73], 抑制巨噬细胞对 OSCC 细胞的吞噬作用, 并诱导巨噬细胞极化为 M2 肿瘤相关巨噬细胞^[74], 有助于 OSCC 免疫逃逸从而促进 OSCC 进展。此外, Ren 等^[75] 发现 *P. gingivalis* 可通过蛋白激酶 B (protein kinase B, Akt)-信号转导与转录激活因子 3 (signal transducer and activator of transcription 3, STAT3) 信号通路上调树突状细胞上的 PD-L1 的表达, 促进 PD-1 与其配体 PD-L1 结合, 抑制 CD8⁺ T 细胞毒性以逃避免疫攻击; 同时, *P. gingivalis* 细胞壁表面的肽聚糖可激活受体相互作用蛋白激酶 2 (receptor-interacting protein kinase 2, RIP2)-丝裂原活化激酶 (mitogen-activated protein kinases, MAPK) 轴, 上调 PD-L1 的表达^[76], 从而促进肿瘤细胞逃

逸。此外, *P. gingivalis* 通过募集趋化因子受体 6 (chemokine receptor 6, CCR6) 阳性 (CCR6⁺) 调节性 T (regulatory T cells, Treg) 细胞以减少 CD8⁺ T 细胞的占比^[77], 而 CD8⁺ T 细胞是抑制 OSCC 进展的重要防线和预后指标, 因此, 靶向抑制 *P. gingivalis* 有望抑制 OSCC 进展。

1.6 *P. gingivalis* 诱导化学耐药

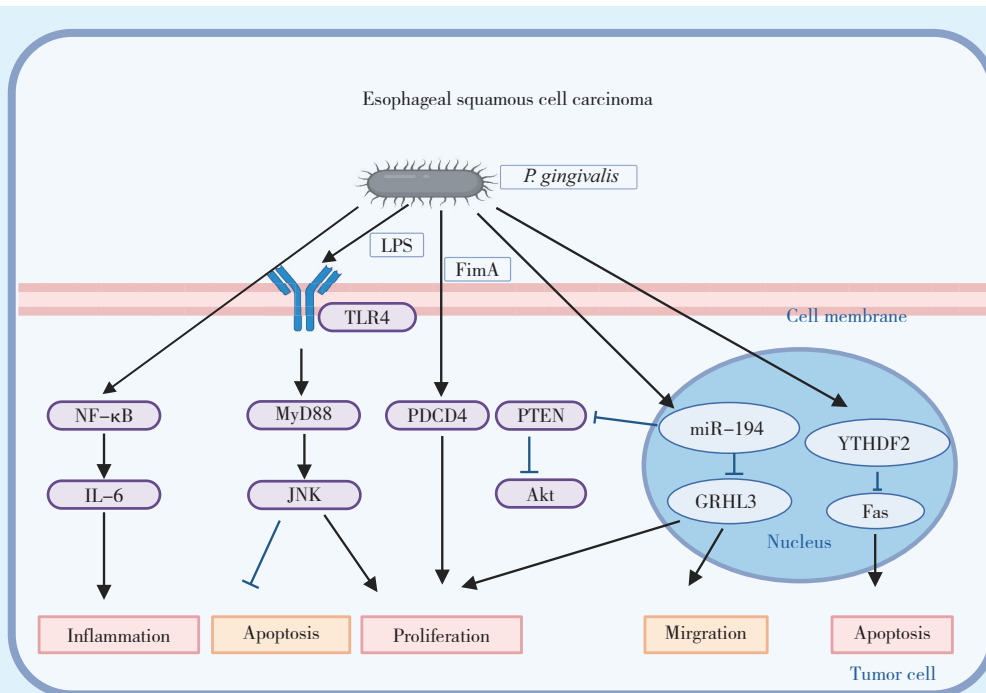
研究发现, *P. gingivalis* 通过 FimA 与膜联蛋白 A2 (annexin A2, ANXA2) 结合, 靶向 OSCC 细胞中的 LC3B-ceramide 复合物抑制线粒体自噬, 导致 OSCC 细胞产生耐药^[58]。*P. gingivalis* 感染 OSCC 后诱导 OSCC 细胞中 NOTCH1 的激活导致 OSCC 细胞对紫杉醇耐药^[78]。同时, *P. gingivalis* 还可通过磷脂酰肌醇-3-激酶 (phosphoinositide 3-kinase, PI3K)/Akt 信号通路诱导口腔角质细胞失巢凋亡耐药^[79]。此外, 还发现 *P. gingivalis* 可以引发小鼠炎症反应且促进肿瘤生长, 炎症是肿瘤耐药的促进因素, 抗炎治疗不仅可以抑制 *P. gingivalis* 的聚集, 还可以增强荷瘤的小鼠对化疗药物的敏感性^[80], 提示控制 *P. gingivalis* 及其相关炎症对治疗 OSCC 耐药具有重要作用。

1.7 *P. gingivalis* 与口腔共生菌间的相互作用

研究发现 *Fn* 与 OSCC 进展密切相关^[81], 将 *P. gingivalis* 和 *Fn* 共培养后, *Fn* 通过激活烟酰胺腺嘌呤二核苷酸磷酸氧化酶 1 (nicotinamide adenine dinucleotide phosphate oxidase, NOX1) 和烟酰胺腺嘌呤二核苷酸磷酸氧化酶 2 (nicotinamide adenine dinucleotide phosphate oxidase, NOX2)^[82], 增加 *P. gingivalis* 对牙龈上皮的黏附和侵袭能力, 促进 OSCC 进展, 但 Zhang 等^[83] 发现, *P. gingivalis*-OMVs 中的蛋白酶通过降低 *Fn* 表面黏附相关蛋白梭杆菌黏附素 A (Fusobacterium adhesin A, FadA) 和具核梭杆菌外膜蛋白 A (Fusobacterium nucleatum outer membrane protein A, FomA) 的表达, 抑制 *P. gingivalis* 侵入口腔上皮细胞, 从而可能抑制 OSCC 进展。此外, Fukuda 等^[84] 还发现奈瑟球菌属也能通过其与 *P. gingivalis* 之间的相互作用抑制 *P. gingivalis* 侵入上皮而抑制 OSCC 进展, 尤其是黏液奈瑟球菌和延长奈瑟球菌抑制效果最显著, 但 *P. gingivalis* 与奈瑟球菌属之间相互作用的机制尚不清楚需要深入研究, 以期为治疗 OSCC 寻找新策略。因此, 深入研究细菌间的相互作用对控制 OSCC 的发生发展具有重要作用, 但目前对于 *P. gingivalis* 与口腔其他细菌间的作用研究较少。

样细胞分化因子(Myeloid differentiation factor 88, MyD88)/JNK 信号通路^[90]以及上调 MicroRNA-194, 抑制果蝇头状因子(Grainy head-like 3, GRHL3)/磷酸酯酶与张力蛋白同源物(phosphatase and tensin homolog, PTEN)/Akt 信号通路^[91]促进 ESCC 增殖^[89, 92]。同时, *P. gingivalis* 定植引起菌群失调诱导食管黏膜慢性炎症^[93], 激活 NF-κB^[87], 促进 IL-6 分泌^[94], 形成慢性炎症微环境促进 ESCC 进展。此

外, *P. gingivalis* 还通过 YTH N6-甲基腺苷 RNA 结合蛋白 2(YTH N6-methyladenosine RNA binding protein 2, YTHDF2)抑制凋亡相关因子 Fas 的表达, 协助 ESCC 细胞逃避宿主免疫监视, 从而促进 ESCC 的进展^[95](图 2)。食管微生物失衡可作为检测食管疾病的标志物, 直接靶向 FimA 或 MicroRNA-194 可能是治疗食管癌的新策略。



P. gingivalis: Porphyromonas gingivalis; LPS: lipopolysaccharide; PDCD4: programmed cell death factor 4; MyD88: Myeloid differentiation factor 88; JNK: c-Jun N-terminal kinase; GRHL3: grainy head-like 3; TLR4: Toll-like receptor 4; MiR-194: microRNA-194; PTEN: phosphatase and tensin homolog; Akt: protein kinase B; NF-κB: nuclear factor kappa B; IL-6: interleukin-6; YTHDF2: YTH N6-methyladenosine RNA binding protein 2; Fas: Fas Antigen

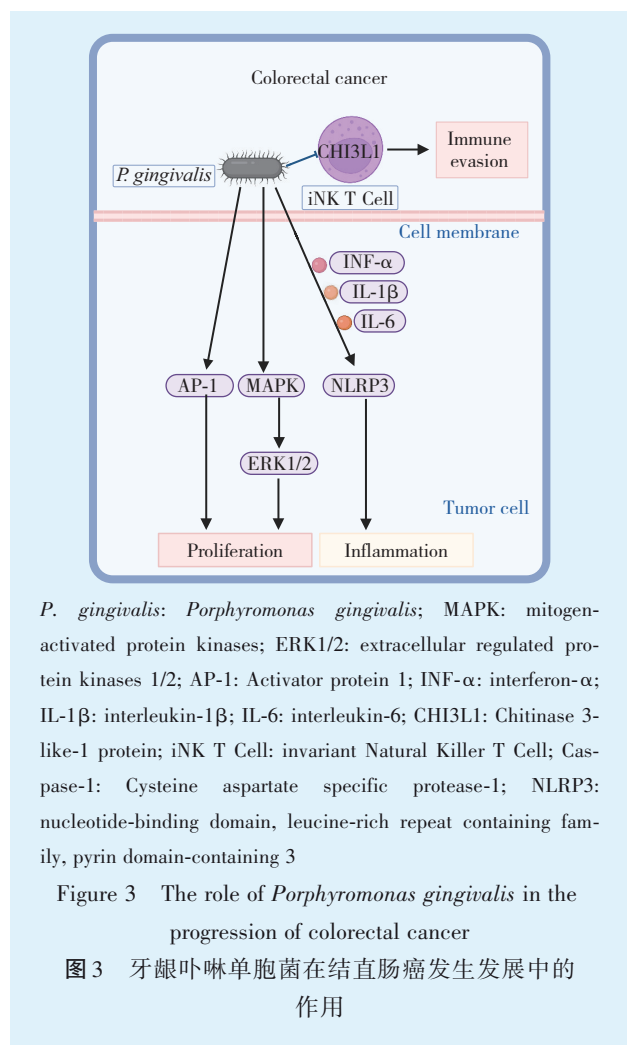
Figure 2 The role of *Porphyromonas gingivalis* in the progression of esophageal squamous cell carcinoma

图 2 牙龈卟啉单胞菌在食管鳞状细胞癌发生发展中的作用

牙周病主要是由口腔正常菌群生态失调引起, 最近研究发现牙周病可增加胰腺癌的发病风险^[96]。一项荟萃分析表明 *P. gingivalis* 与胰腺癌相关^[10]。Tan 等^[97]发现 *P. gingivalis* 通过诱导趋化因子募集中性粒细胞, 促进中性粒细胞弹性蛋白酶分泌, 加速胰腺癌的进展。*P. gingivalis* 还可激活 Toll 受体(Toll-like receptor, TLR)信号通路, TLR9 诱导胰腺癌细胞纤维化并产生刺激上皮细胞增殖的细胞因子, 促进肿瘤纤维化和上皮细胞异常增殖^[98]。虽然 *P. gingivalis* 能促进胰腺癌的发生发展, 但目前仍缺乏明确口腔微生物可以作为胰腺癌风险评估的研究。

研究发现 *P. gingivalis* 在结直肠癌(colorectal cancer, CRC)组织中富集^[35, 99], 其可通过血行或经肠道途径在肠道定植^[100]。Mu 等^[101]通过建立侵袭 CRC 感染模型, 发现 *P. gingivalis* 激活丝裂原活化激酶(mitogen-activated protein kinases, MAPK)/细胞外调节蛋白激酶(extracellular regulated protein kinases, ERK)信号通路促进 CRC 细胞增殖, 同时上调 AP-1 的表达调节肿瘤细胞周期。还可通过募集 IL-1β、IL-6 和干扰素 α, 激活炎性小体 NLRP3 形成炎性微环境, 促进 CRC 进展^[11]。此外 *P. gingivalis* 上调几丁质酶 3-like-1 蛋白(Chitinase 3-like-1 protein, CHI3L1)表达, 损害抑制性天然 T 细胞毒性功

能,促进肿瘤免疫逃逸^[102](图3)。因此,开发靶向CHI3L1的治疗策略有望克服CRC免疫逃逸。



有研究表明阴道细菌与宫颈癌(cervical cancer, CC)之间存在一定的联系, Wu等^[12]通过分析宫颈黏液微生物,发现 *P. gingivalis* 是CC的生物标志物之一,然而目前对于 *P. gingivalis* 如何定植于阴道的研究有限,其致癌机制尚未明确,需要进一步探索 *P. gingivalis* 在CC发生发展中的作用。

最近一项荟萃分析明确了牙周炎与前列腺癌(prostate cancer, PCa)风险的相关性^[103], *P. gingivalis* 通过肽聚糖介导PCa细胞中PD-L1的表达,诱发慢性炎症和肿瘤细胞免疫逃逸促进PCa的进展^[13]。前列腺与口腔在生理上没有连续性,如果能够明确 *P. gingivalis* 与前列腺癌之间的致癌机制,则可以此为靶点引入新的治疗方法。

3 小结

本文综述了 *P. gingivalis* 与肿瘤发生发展之间

的密切关系及其作用机制。该菌不仅可以通过多种机制参与OSCC的发生发展,还可通过异位定植影响肺癌、消化道及生殖系统肿瘤的发生发展。目前对于 *P. gingivalis* 在肺癌、宫颈癌和前列腺癌中的致癌机制研究相对较少,需要深入探索具体机制,寻找特异性靶点。在致癌过程中,唾液中细菌群落组成在定性和定量上都会发生变化,收集唾液或牙菌斑简单且无创,分析唾液或牙菌斑中的细菌群落组成,有望成为癌症风险评估的一种有效检验手段。因此,明确 *P. gingivalis* 在全身肿瘤中发生发展的生物机制至关重要,为未来治疗癌症提供诊断和治疗的新思路,还有助于通过识别相应部位致病性微生物。

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