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一、会议报告论文

特邀报告摘要

细胞非整倍体化和肿瘤发生

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摘要 细胞非整倍体化 (aneuploidy), 或称染色体组成异常 (abnormal chromosome content), 是实体瘤中最为常见和显著的细胞学特征之一。在正常人体内, 每天都会有成百上千非整倍体细胞产生。一百多年前, 就有人根据观察到的现象做出猜测: 细胞的非整倍体化有可能是肿瘤发生的关键因素。目前一般认为, 染色体组的不稳定性变化 (chromosomal instability) 多是由多极纺锤体形成、纺锤体微管对染色体捕捉的失败、染色体姐妹单体未能分离、有丝分裂检验点异常或前一周期胞质分裂失败 (从而产生多倍体) 所导致的细胞异常分裂而产生的; 而这些异常又和基因突变, 尤其是癌基因或抑癌基因突变密切相关。然而值得注意的是, 在相当一部分肿瘤中并没有发现人们想象的基因突变, 而很可能是其他因素导致了肿瘤的发生。异常的中心体过量复制 (centrosome aberrant amplification)、非整倍体细胞产生以及肿瘤发生 (tumorigenesis) 之间的关系近年来已成为人们研究的重点与热点。关于多极纺锤体产生的机制, 目前大多数人认为, 是中心体复制过度所导致的。我们实验室近期的工作发现, 除中心体过量复制能够导致多极纺锤体形成之外, 可能还存在一个非中心体复制依赖性的多极纺锤体形成机制。我们采用以微管为作用靶点的药物处理细胞, 发现可以有效地诱导非中心体依赖性多极纺锤体形成, 并通过多极细胞分裂, 产生异倍体细胞; 这些异倍体细胞可以进一步分裂, 形成异倍体细胞群; 这些异倍体细胞可能是肿瘤发生的开端之一。我们对多极纺锤体极的形成机制进行了较为深入的研究, 证明多种微管组装因子, 如 TPX2、NuMA、Aurora A 激酶、 γ -微管等, 参与了除中心体之外的新极的装配。因此我们认为, 当正常细胞接触 (甚至是非常短时的接触) 到某些不良因素 (包括药物) 后, 可能会导致非中心体复制依赖性的多极纺锤体的形成和细胞分裂, 进一步导致非整倍体细胞群的形成和肿瘤发生。我们的工作可能为研究肿瘤发生提供一个新思路, 并对改善环境和指导饮食等具有引导性意义。

MCP - 1 mediates TGF - β - induced angiogenesis by stimulating vascular smooth muscle cell migration

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Transforming growth factor - β (TGF - β) and its signaling mediators play important roles in vascular formation during embryogenesis and in cardiovascular homeostasis in the adult. Despite a wealth of genetic information, however, the molecular basis of TGF - β function in angiogenesis is largely unknown. Our previous studies with microarray analysis identified that TGF - β and its type I receptor ALK5 induce the expression in endothelial cells (ECs) of monocyte chemoattractant protein 1 (MCP - 1), a chemokine that is shown to induce migration of monocytes, lymphocytes and ECs. Here we provide evidence that MCP - 1 participates in TGF - β - induced angiogenesis in chick chorioallantoic membrane (CAM) assay. We further demonstrated that MCP - 1 stimulates migration of vascular smooth muscle cells (VSMC) and mesenchymal precursor cells 10T1/2 as shown by wound healing assay and transwell migration assay. Moreover, the condition media of TGF - β - treated ECs promoted VSMCs migration in a MCP - 1 - dependent manner. Consistently, the activity of the MCP - 1 promoter is enhanced by TGF - β , constitutively active forms of ALK5, Smad3 and Smad4, but inhibited by Smad7. Smad3 and Smad4 protein can specifically bind to the MCP - 1 promoter. These results suggest that TGF - β induces ECs to secrete MCP - 1, which then promotes the recruitment of VSMC and mesenchymal cells onto ECs and facilitates blood vessel maturation.

A crucial role of angiotensin converting enzyme 2 (ACE2) in SARS coronavirus – induced lung injury

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During several months of 2003, a newly identified illness termed severe acute respiratory syndrome (SARS) spread rapidly through the world^[1-3]. A new coronavirus (SARS – CoV) was identified as the SARS pathogen^[4-7] which triggered severe pneumonia and acute, often lethal, lung failure^[8]. Moreover, among infected individuals influenza such as the Spanish flu^[9,10] and the emergence of new respiratory disease viruses^[11,12] have caused high lethality resulting from acute lung failure^[13]. In cell lines, angiotensin – converting enzyme 2 (ACE2) has been identified as a potential SARSCoV receptor^[14]. The high lethality of SARS – CoV infections, its enormous economic and social impact, fears of renewed outbreaks as well as the potential misuse of such viruses as biologic weapons make it paramount to understand the pathogenesis of SARS – CoV. Here we provide the first genetic proof that ACE2 is a crucial SARS – CoV receptor *in vivo*. SARS – CoV infections and the Spike protein of the SARS – CoV reduce ACE2 expression. Notably, injection of SARS – CoV Spike into mice worsens acute lung failure *in vivo* that can be attenuated by blocking the renin – angiotensin pathway. These results provide a molecular explanation why SARS – CoV infections cause severe and often lethal lung failure and suggest a rational therapy for SARS and possibly other respiratory disease viruses.

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Recently, ACE2 was identified as a functional SARS coronavirus receptor in cell lines^[14]. But a possible second receptor, CD209L (L - SIGN), has also been identified from *in vitro* studies^[15]. Thus, it was not known whether ACE2 is indeed crucial for SARS - CoV infections *in vivo*. To address this question genetically, we infected *Ace2* knockout^[16] and control wild - type mice with SARS - CoV. As reported previously^[17], SARSCoV infections of wild - type mice result in viral replication in the lungs and the recovery of large amounts ($> 10^7$ the tissue culture - infectious dose, which will infect 50% of the cell monolayers (TCID₅₀T) per gram lung tissue) of infectious virus (Fig 1a). In *Ace2* knockout mice, only a very low quantity of infectious SARS - CoV virus could be recovered (< 102 TCID₅₀ per gram lung tissue; Fig 1a), and the copy numbers of SARS - CoV Spike RNA were greatly reduced (Fig 1b). SARS - CoV infection of mice is associated with the development of mild pathological changes in the lungs (Fig 1c, d). Moreover, pathologic alterations in lungs were reduced in *Ace2* mutant mice compared to wild - type mice (Fig 1c, d). These data provide the first genetic proof that ACE2 is indeed a crucial *in vivo* SARS receptor required for effective replication of infectious SARS - CoV.

We have recently shown that the renin - angiotensin system has a crucial role in severe acute lung injury and that the SARS - CoV receptor ACE2 has a protective role in acute lung failure^[18] (Fig 2a). Notably, experimental SARS - CoV infections of wild - type mice *in vivo* resulted in considerably reduced ACE2 expression in the lungs (Fig 2b) suggesting that reduced ACE2 expression might have a role in SARS - CoV - mediated severe acute lung pathologies. By contrast, ACE lung expression levels were not overtly changed in SARS - CoV - infected mice (Fig 2b). We therefore speculated that SARS - CoV might affect lung pathologies through ACE2. To test this idea, we established a defined model system using recombinant SARS - CoV surface - Spike protein, which is the essential ligand for ACE2 binding^[14]. This model system allowed us to avoid possible secondary effects resulting from viral replication or infections *in vivo* and to directly test whether SARS - CoV Spike protein might adversely affect acute lung injury through modulation of ACE2.

We first tested whether recombinant SARS - CoV Spike protein (Supplementary Fig 1 online) binds to human as well as mouse ACE2 protein using *in vitro* pull - down assays. Our recombinant Spike - Fc protein indeed pulled down both human and mouse ACE2 (Fig 2c). SARS - CoV Spike - Fc binding to human and mouse ACE2 was confirmed by FACS binding assays of Spike - Fc to 293 cells overexpressing human or mouse ACE2 (Fig 2d). Moreover, Spike - Fc bound to endogenous ACE2 in Vero E6 cells (Fig 2e). Notably, binding of Spike - Fc to endogenous ACE2 in Vero E6 cells resulted in downregulation of ACE2 surface expression (Fig 2e and Supplementary Fig 1 online). Spike - Fc also decreased surface levels of human and mouse ACE2 overexpressed in 293 cells (data not shown) and triggered syncytia formation of mouse ACE2 - transfected but not control CD4 - transfected 293 cells (not shown). Thus, analogous to other virus - receptor interactions^[19], SARS - CoV Spike protein binding to ACE2 in cell lines or SARS - CoV infections *in vivo* results in reduced ACE2 protein expression.

Because ACE2 is a crucial SARS - CoV receptor (Fig 1), SARS - CoV Spike protein binding to ACE2 downmodulates ACE2 expression (Fig 2), and loss of ACE2 expression results in severe acute respiratory failure¹⁸, we tested whether SARS - CoV Spike protein, which is the crucial ACE2 binding protein^[20,21], could affect the severity of acute lung injury *in vivo*. Notably, treatment with Spike - Fc