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Archives of Pharmacal Research

ISSN 0253-6269

Arch. Pharm. Res. DOI 10.1007/s12272-016-0787-8

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REVIEW

Inflammatory fibroblasts in cancer

Hyesol $Lim¹ \cdot$ Aree Moon¹

Received: 24 April 2016 / Accepted: 22 June 2016 © The Pharmaceutical Society of Korea 2016

Abstract The association between inflammation and cancer has been studied widely. Indeed, the tumor microenvironment is influenced by inflammatory cells and affects tumor progression, tumor growth, and the survival of cancer cells. Also, the tumor microenvironment is essential to invasion and metastasis of cancer. Fibroblasts, immune cells, the extracellular matrix and other various components all constitute the tumor stroma, ordinarily referred to as the 'reactive stroma'. Cancer-associated fibroblasts (CAFs), which are activated fibroblasts and one of the components of the tumor microenvironment, are associated with cancer progression, invasiveness and metastasis, and their functional contributions to these processes are beginning to emerge. CAFs mediate tumor-promoting inflammation through various signaling pathways. Epithelial–mesenchymal transition is a process for producing mesenchymal cells during invasion and metastasis of cancer cells. Fibroblasts have been identified as a key player in this mechanism. In the present review, we summarize the relationships between fibroblasts, inflammatory response, the tumor microenvironment and cancer progression. This review provides useful information for the development of cancer prevention and treatment therapies through controlling the inflammatory responses.

Keywords Fibroblasts - Cancer-associated fibroblasts (CAFs) - Tumor microenvironment - Epithelial– mesenchymal transition (EMT)

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Introduction

Cancer cells do not exist alone; they exist in a tumor microenvironment that is composed of various types of non-cancer cells, such as fibroblasts, immune cells, mesenchymal stem cells and endothelial cells (Semenza and Ruvolo [2016\)](#page-11-0). These tumor stromal components are crucial for supporting the malignant cancer cells (Yamaguchi and Sakai [2015\)](#page-12-0). Many studies have identified that stromal cells in the tumor microenvironment contribute to cancer progression.

Cancer-associated fibroblasts (CAFs), one of the principal constituents of the tumor stroma, play powerful roles in the tumor microenvironment. CAFs release the signaling factors to promote cancer cell invasion in the tumor microenvironment and remodel the extracellular matrix (ECM) by secreting components and degrading enzymes (Karagiannis et al. [2012](#page-10-0)). In particular, recent studies have shown that breast cancer-associated fibroblasts induce breast cancer development including initiation, proliferation, invasion and metastasis (Buchsbaum and Oh [2016](#page-8-0)).

CAFs mediate cancer-related inflammation by expressing pro-inflammatory and tumor promoting factors (Sharon et al. [2015\)](#page-11-0). Inflammation plays an important role in tumor growth, and some of the molecular mechanisms are well understood (Karin [2006\)](#page-10-0). In addition, the role of inflammation in tumorigenesis is widely recognized (Mantovani et al. [2008\)](#page-10-0).

CAFs act on motility of cancer cells through remodeling the ECM (Giannoni et al. [2011\)](#page-9-0). CAFs are required for the malignancy of adjacent carcinoma epithelial cells by inducing EMT in tumor microenvironment (De Wever and Mareel [2003\)](#page-9-0). The EMT refers to the loss of carcinoma epithelial phenotype and the acquisition and mesenchymalassociated features by inducing activation of a signaling

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pathway. During EMT, epithelial cells acquire cell motility, increase matrix degradation, reorganize cytoskeletons, distribute adhesion molecules, change their polarity, and express mesenchymal markers (e.g., vimentin, Snail, a-SMA, fibronectin, and N-cadherin) (Radisky [2005;](#page-11-0) Gout and Huot [2008;](#page-9-0) Son and Moon [2010;](#page-11-0) Lee and Nelson [2012\)](#page-10-0). Data from in vitro studies and experimental animal models now assist the role of EMT in cancer biology (Iwatsuki et al. [2010\)](#page-10-0).

All of these roles of CAFs make tremendous contributions to cancer invasion and metastasis. Several experimental drugs targeting CAFs are in preclinical/clinical trials for various cancers. We believe that CAFs are a potential target for anti-cancer therapy and should be the focus of further studies. In this study, we summarize studies on tumor-enhancing inflammation mediated by CAFs in various cancers.

Inflammation and cancer

Inflammation plays a crucial role in tumor development, and this relationship has been recognized since the nineteenth century (Balkwill and Mantovani [2001\)](#page-8-0). As such, researchers have supported the conclusion that chronic inflammation is a major risk factor in cancer etiology (Balkwill and Mantovani [2001\)](#page-8-0). Chronic inflammation is caused by a variety of factors such as activated cytokines, chemokines, matrix-degrading enzymes and infiltrating leukocytes, and is highly correlated with diverse types of human cancers (Assenat et al. [2006;](#page-8-0) Allavena et al. [2008](#page-8-0); Germano et al. [2008](#page-9-0); Erez et al. [2010\)](#page-9-0). Chronic inflammation is connected with cancer progression in several vital organs of body such as the breast, colon, stomach, and liver (Ames [1995](#page-8-0); Platz and De Marzo [2004](#page-11-0); Hojilla et al. [2008\)](#page-10-0). Recent studies are aiming to more precisely define how inflammation is involved in cancer.

Well-known oncogenes such as ras and myc have been connected with tumor angiogenesis in diverse ways (Borrello et al. [2008\)](#page-8-0). Oncogene-induced tumorigenesis is able to elicit an inflammatory response. In addition, cytokines are produced by activated innate immune cells that stimulate tumor growth and progression. For example, IL-6 is a potent pro-inflammatory cytokine that is considered a major growth-promoting and anti-apoptotic factor (Ishihara and Hirano [2002\)](#page-10-0). A published study suggested that IL-6 gene polymorphism is a predisposing genetic factor that increases the probability of breast cancer prognosis (Berger [2004\)](#page-8-0). Recently, IL-6 gene polymorphism has been associated with HBV-related hepatocellular carcinoma in a male Chinese Han population (Tang et al. [2014\)](#page-11-0). Immune cells affect malignant cells through the production of cytokines, chemokines, growth factors, reactive oxygen

and nitrogen species (Karin [2006](#page-10-0)). Several recent studies have implicated the activation of nuclear factor- κ B (NF- κ B) as a key modulator between inflammation and cancer (Pikarsky et al. [2004;](#page-11-0) Lu et al. [2006\)](#page-10-0). Thus, the production of cytokines, such as TNF- α and IL-6, may activate NF- κ B in cancer cells and induce chemokines that attract more inflammatory cells to the tumor (Zhou et al. [2003;](#page-12-0) Mantovani et al. [2008](#page-10-0)).

Additionally, immune cells were shown to be infiltrated into tumors of lung cancer patients (Johnson et al. [2000](#page-10-0)). Intratumoral infiltration by high levels of $CD3+$ and S100+ immune cells were associated with longer postoperative survival (Johnson et al. [2000\)](#page-10-0). In patients with renal cell carcinoma, high amounts of immune cells expressing PD-1 and B7-H1 were observed in clinically aggressive forms of renal cell carcinoma (Thompson et al. [2007](#page-11-0)). Both PD-1 and B7-H1 lead to immune dysfunction and cancer progression (Thompson et al. [2007](#page-11-0)). All of these factors contribute to the complicated formation and progression of cancer.

Fibroblasts in the tumor microenvironment

Fibroblasts play major roles in human cancer progression. Cancer is a complex milieu of malignant cancer cells, fibroblasts, myeloid cells and all within a dynamic tumor stroma (Kessenbrock et al. [2010](#page-10-0)). Thus, the tumor microenvironment consists of a plethora of key modulators including stromal fibroblasts, infiltrating immune cells such as macrophages, blood vessels, components of the lymphatic vascular network, and the extracellular matrix (Joyce [2005;](#page-10-0) Qin et al. [2015\)](#page-11-0).

The tumor microenvironment is shown to be controlled by various tumor-induced factors (Whiteside [2008\)](#page-12-0). Interactions between tumor cells and inflammatory cells are regulated by cytokines and chemokines in breast carcinoma (Jin et al. [1997](#page-10-0); Ben-Baruch [2003\)](#page-8-0). In the tumor microenvironment, activation of released factors, such as CXCL14 and CXCL12, enhanced tumor progression (Fig. [1\)](#page-4-0) (Allinen et al. [2004](#page-8-0); Chiodoni et al. [2010](#page-8-0)). Matricellular proteins, which are secreted into the extracellular environment or matrix, but do not play a role in formation of structural elements (Bornstein [2009\)](#page-8-0). Matricellular proteins regulate cell–matrix interactions, are produced by both tumor cells and surrounding stromal cells, such as fibroblasts and macrophages (Allinen et al. [2004](#page-8-0); Chiodoni et al. [2010](#page-8-0)).

Fibroblasts are significant modifiers of cancer development in the tumor microenvironment. They are mostly established by their spindle-shaped morphology (den Braber et al. [1996](#page-9-0)). Fibroblasts have been identified in the tumor burden zone, the distal normal zone and the interface

Fig. 1 CAFs lead to cancer cell invasion by releasing various cytokines

zone between normal tissue and tumor tissue in breast carcinomas; as such, these cells are referred to as CAFs, normal fibroblasts (NFs), and interface zone fibroblasts (INFs), respectively (Gao et al. [2012](#page-9-0)). When tissues are injured, fibroblasts differentiate into myofibroblasts (Balkwill et al. [2012\)](#page-8-0). Differentiation of fibroblasts into myofibroblasts is regulated through various signaling cascades. Differentiation can also be triggered by transforming growth factor-beta (TGF- β) or SMAD signaling (Webber et al. [2010](#page-12-0)). In addition, differentiation is modulated by the cardiac glycoside ouabain by the fibroblast-induced cyclooxygenase-2 (COX-2) expression and protein kinase A (PKA) activation (La et al. [2016](#page-10-0)).

Activated fibroblasts are termed peritumoral fibroblasts, myofibroblasts and CAFs in tumor stroma (De Wever et al. [2008\)](#page-9-0). In a non-cancerous environment, myofibroblasts play a key role in the reconstruction of connective tissue during wound healing and fibrosis development (Des-moulière et al. [2005](#page-9-0)). Myofibroblasts possess identifying markers such as α -smooth muscle actin (α -SMA), vimentin, collagen I, platelet derived growth factor receptor (PDGFR), neuron-glial antigen-2 (NG2) chondroitin sulfate proteoglycan and fibroblast-specific protein-1 (FSP1) (Ryan et al. [1974;](#page-11-0) Sugimoto et al. [2006](#page-11-0)). Specifically, α -SMA is one of the most significant markers of myofibroblast differentiation; it is the actin isoform that controls vascular smooth muscle actin and plays a crucial role in fibrogenesis (Yazhou et al. [2004;](#page-12-0) Yamashita et al. [2012](#page-12-0)). Contractile myofibroblasts that form de novo α -SMAcontaining stress fibers in the tumor microenvironment are converted from fibroblasts (Hinz and Gabbiani [2003\)](#page-10-0). In addition, fibroblast-activated protein (FAP) is an N-glycosylated, type II integral membrane protein that belongs to a

family of plasma membrane-bound serine proteinases with gelatinase activity (Ariga et al. [2001](#page-8-0)). FAP silenced-SKOV3 cells significantly decreased the rate of tumor growth in xenograft mouse models and 4T1 murine breast carcinoma models (Lai et al. [2012](#page-10-0); Cai et al. [2013](#page-8-0)).

Myofibroblasts modulate the surrounding environment through the secretion of matrix metalloproteases (MMPs), ECM components, cytokines, chemokines, and growth factors, as well as expression of their specific receptors (Powell et al. [2005;](#page-11-0) Hinz [2007](#page-10-0)). In addition to their effects on the tumor stroma, the fibroblasts play roles in the regulation of differentiation and homeostasis in adjacent epithelia (Mueller and Fusenig [2004](#page-11-0)). They are responsible for remodeling much of the ECM in tumor stroma (Bhowmick et al. [2004\)](#page-8-0), and are also acknowledged as a source of growth factors that influence the growth of cancer cells (Bhowmick et al. [2004\)](#page-8-0). Myofibroblast and fibroblast populations promoted the growth of bone marrow using a mouse model of pancreatic insulinoma (Direkze et al. [2004](#page-9-0)).

CAFs

CAFs are key determinants in the development, invasiveness and metastasis of diverse cancers. Activated fibroblasts that are found in association with cancer cells are called CAFs. CAFs are derived from multiple resident precursors, such as mesenchymal stem cells (MSCs), endothelial cells and myoepithelial cells (Tomasek et al. [2002](#page-12-0); Spaeth et al. [2009](#page-11-0)).

Healthy fibroblasts are reprogrammed into CAFs via several microRNAs (miRNAs) (Tang et al. [2016\)](#page-11-0). The miRNAs which are small noncoding RNA molecules involved in the post-transcriptional and translational regulation of gene expression (Hur [2015](#page-10-0); Lee et al. [2016](#page-10-0)). Cancer cell invasion was promoted by stromal miR-200 s through CAFs activation and ECM remodeling in breast cancer (Tang et al. [2016](#page-11-0)). The miRNA-reprogrammed fibroblasts and CAFs enhance chemokine production, thereby activating their function. One of the most highly upregulated chemokines, CCL5, became a direct target of miR-214 in ovarian cancer (Fig. 1) (Mitra et al. [2012\)](#page-11-0).

CAFs and tumor stromal components enhance tumor growth by stimulating angiogenesis, cancer cell proliferation, and invasion in human cancer (Choi et al. [2014;](#page-9-0) Jung et al. [2016](#page-10-0)). When A549, NCIH358 lung cancer cells, and CAFs were co-injected into the mice, significantly enhanced tumor formation was observed, compared with injection of both of these cancer cells without CAFs (Shintani et al. [2013](#page-11-0)). CAFs contributed to the invasion of cancer cells in ovary, breast and prostate cancers (Studebaker et al. [2008](#page-11-0); Hwang et al. [2008;](#page-10-0) Zhang et al. [2011\)](#page-12-0). In

rat model of colon carcinoma, CAFs induced tumor invasion of non-invasive epithelial tumor cells when CAFs were co-injected with colon tumor cells (Dimanche-Boitrel et al. [1994\)](#page-9-0).

CAFs can be distinguished from normal fibroblasts by unique characteristics. In general, CAFs highly express α -SMA, p53, podoplanin, CD10, FAP, fibroblast specific protein 1 (FSP1), MMPs, tenascin-C and PDGFR α/β and lose expression of caveolin-1 (Cav-1) and cytokeratin (Garin-Chesa et al. [1990;](#page-9-0) Mao et al. [2013](#page-10-0); Herrera et al. [2013;](#page-10-0) Luo et al. [2015](#page-10-0); Shiga et al. [2015\)](#page-11-0). Studies have demonstrated that increased expression of a-SMA in breast cancer stroma is associated with metastasis and poor overall survival rates (Yazhou et al. [2004](#page-12-0); Yamashita et al. [2012\)](#page-12-0).

CAFs play a role in rebuilding the ECM by expressing members of MMP family, which are well-known for their contribution to the degradation of ECM components when cancer cells invade and migrate (Kim et al. [2009\)](#page-10-0). Recruitment of MMP-9 to the fibroblast cell surface leads to activation of TGF-b and fibroblasts (Dayer and Stamenkovic [2015\)](#page-9-0). Extracellular matrix metalloproteinase inducer (EMMPRIN), which is involved in tumor progression, promotes expression of MMPs that enhance tumor invasiveness and metastasis in co-culture model with human malignant melanoma cells and dermal fibroblasts (Fig. 2) (Kanekura et al. [2002\)](#page-10-0). In a recent study, curcumin inhibited CAF-induced invasion, EMT, expression of CXCR4, and expression of the IL-6 receptor in prostate cancer through a monoamine oxidase A (MAOA)/mammalian target of rapamycin

Fig. 2 CAFs affect tumor microenvironment consisting of endothelial cells, macrophages, ECM and lymphocytes by releasing various factors

 $(mTOR)/hvooxia-inducible factor-1\alpha$ (HIF-1 α) signaling pathway (Du et al. [2015\)](#page-9-0).

CAFs and EMT

CAFs are key mediator of the EMT. The EMT plays a crucial role in the induction of invasion in breast cells (Cha et al. [2015;](#page-8-0) Koh et al. [2015](#page-10-0)) and is associated with various human cancer progression and metastasis (Thiery [2002](#page-12-0); Polyak and Weinberg [2009\)](#page-11-0).

CAFs and surrounding normal fibroblasts were able to induce EMT of breast cancer cells in a co-culture system (Soon et al. [2013](#page-11-0)). CAFs also stimulated prostate cancer cells to secrete MMPs and IL-6, resulting CAF-induced EMT (Giannoni et al. [2010](#page-9-0); Doldi et al. [2015\)](#page-9-0). Extracellular acidification by CAF-mediated carbonic anhydrase IX, which is a transmembrane enzyme and correlates with poor prognosis in various cancers, induced EMT, cell survival and stemness in prostate cancer (Fiaschi et al. [2013](#page-9-0)). In urinary bladder cancer, conditioned media (CM) of CAFs induced EMT through the $TGF\beta1-ZEB2NAT-$ ZEB2 axis (Zhuang et al. [2015](#page-12-0)). As a result, mRNA expression of TGF β 1 was positively associated with the ZEB2NAT transcript and ZEB2 protein levels in human bladder cancer (Zhuang et al. [2015\)](#page-12-0).

Inflammatory CAFs in cancer

CAFs modulate tumor-promoting inflammation and alter the components of the inflammatory microenvironment that promote tumor initiation, progression, and metastasis (Servais and Erez [2013\)](#page-11-0). Specifically, inflammatory CAFs facilitate tumor growth, invasion and metastasis by indirectly or directly stimulating tumor cells proliferation in various cancer.

CAFs released the inflammatory factors such as IL-6, COX-2 and CXCL1, leading to tumor cell invasion in in vivo breast cancer models (Erez et al. [2013\)](#page-9-0). Liao et al. demonstrated that CAFs promoted tumor growth and metastasis by expressing high levels of IL-2 and IL-7 in a breast metastatic cancer model (Liao et al. [2009\)](#page-10-0). In a recent study, CAFs enhanced cancer cell invasion by secreting IL-6 in colon cancer (Fig. [1](#page-4-0)) (Shiga et al. [2015](#page-11-0)).

The differentiation of macrophages toward tumor-associated macrophages (TAM, M2 macrophages) is promoted by CAFs via secretion of IL-6 and monocyte chemoattractant protein 1 (MCP-1) (Chiarugi [2013\)](#page-8-0). The interplay between CAFs and M2 macrophages cooperated in increasing tumor cell motility, fostering cancer cell invasion (Chiarugi [2013](#page-8-0)). In contrast, it was reported that $CAF-ER\alpha(+)$ suppressed the migration and infiltration of

M2 macrophages, inhibiting neighboring pancreatic cancer cell invasion via CAF-secreted CCL5 (Yeh et al. [2016](#page-12-0)). CAFs also inhibited the invasion of pancreatic cancer cells into M2 macrophages by reducing IL-6 expression (Yeh et al. 2016). Elimination of the TGF β R2 in mammary CAFs secreted a high level of CCL2, promoting tumor growth and metastasis through the recruitment of M2 macrophages (Hembruff et al. [2010\)](#page-10-0).

Lymphocytes including a subset of T helper cells (i.e., Th2, Th17 and T-regulatory cells) infiltrate tumor sites for cancer progression. The process stimulates CAFs to secrete the pro-inflammatory cytokines such as Fsp1, CXCL9, CXCL10 and CXCL12 (van de Veerdonk et al. [2009](#page-12-0); De Monte et al. [2011](#page-9-0); Wilke et al. [2011;](#page-12-0) Raz and Erez [2013](#page-11-0); Servais and Erez [2013](#page-11-0)). CAFs-induced the pro-inflammatory cytokines facilitated the recruitment of lymphocytes, promoting tumor growth and metastasis (Fu et al. [2013;](#page-9-0) Raz and Erez [2013](#page-11-0)).

CAFs modulate the tumor immune microenvironment by inducing a shift from Th1- to Th2-type immunity in vivo models of metastatic breast cancer (Liao et al. [2009\)](#page-10-0). Ablation of CAFs correlated with an increase in Th1 cytokine expression and noticeably inhibited the recruitment of $CD8+$ cytotoxic T lymphocytes in the tumor microenvironment (Liao et al. [2009](#page-10-0)).

CAFs secrete pro-angiogenic factors, such as IL-8, CXCL12, VEGF and FGF, into other stromal cell types including endothelial cells to promote tumor angiogenesis (De Veirman et al. [2014](#page-9-0)). These reactions lead to enhanced activity of endothelial cells and *de novo* angiogenesis, promoting tumor cell motility, metastatic tumor spread (Comito et al. [2014](#page-9-0)).

CAFs induce the production of pro-invasive proteases (e.g., stromelysin-3) that degrade the ECM (Basset et al. [1990;](#page-8-0) De Wever et al. [2008](#page-9-0)). CAF-secreted TGF-β as a competent ECM modulator leads to reduction of cancer cell adhesion (Van Bockstal et al. [2014\)](#page-12-0). Cancer-derived stromal cells, including fibroblasts, in the tumor microenvironment provide an essential communication network between cancer cells and ECM components (Mbeunkui and Johann [2009\)](#page-11-0). Increased secretion of TNF- α or TGF-β in mammary CAFs induces MMPs expression via PI3-kinase, ras, and SMAD signaling (Stuelten et al. [2005](#page-11-0)). CAFs contribute to tumor growth or suppression by releasing various factors in tumor microenvironment consisting of lymphocytes, macrophages, endothelial cells and ECM (Fig. [2\)](#page-5-0).

CAFs in breast cancer

Breast cancer is the most common disease in women worldwide (Ham and Moon. [2013](#page-9-0); Lee and Moon. [2016](#page-10-0); Qiao et al. [2016\)](#page-11-0). Metastasis of cancer cells is the primary cause of mortality in breast cancer patients (Chambers et al. [2002](#page-8-0); Cha et al. [2012](#page-8-0)). Thus, breast cancer patients may have difficulty recovering completely if cancer cells have started to metastasize. Recently, the role of cellstroma interactions is emphasized in the etiology of breast cancer (Rozenchan et al. [2015a,](#page-11-0) [b\)](#page-11-0).

Fibroblasts are prominent cellular components of connective tissue and play a crucial role in the tumor microenvironment. Specifically, CAFs are involved in various features of breast cancer, including tumorigenesis, carcinogenesis, tumor progression, invasion, metabolism, therapy resistance, and prognosis (Jung et al. [2016](#page-10-0)). Although many therapies are used to treat breast cancer, such as chemotherapy, immunotherapy, targeted therapy, radiation and surgery, it is not rare for the cancer to recur or metastasize (Mao et al. [2013](#page-10-0)) (Table [1](#page-7-0)).

CAFs influence the growth and differentiation of normal breast epithelial cells (i.e., MCF10A cells) and precancerous breast cells (i.e., MCF10AT1-EIII8 cells) and support the estrogen response of MCF10AT1-EIII8 cells in a three-dimensional model (Shekhar et al. [2001\)](#page-11-0). In contrast, CAFs inhibited the proliferation of MCF10A cells (Sadlonova et al. [2005\)](#page-11-0). Expression of CAF-specific TGF β R2, a binding ligand of the TGF- β family, is related with enhanced recurrence-free survival. In addition, coinjection of TGF β R2 knockdown-CAFs and MCF7 cells caused an increase in tumor size in mouse xenograft models (Busch et al. [2015\)](#page-8-0).

CAFs enhance invasion of breast cancer cells through expression of hepatocyte growth factor (HGF), which has been shown to promote with breast tumorigenesis compared to NFs isolated from the same patients and xenograft models (Tyan et al. [2011;](#page-12-0) Chen et al. [2012\)](#page-8-0). HGF, in turn, improves the growth of ERa-positive breast cancer cells such as MCF7 and BT474 in xenograft mouse models (Studebaker et al. [2008](#page-11-0)). CAFs that display features of myofibroblasts play an important role in accelerating tumor progression through secretion of stromal cell-derived factor 1 (SDF-1) in invasive human breast cancer (Orimo et al. [2005](#page-11-0)). Also, CAFs express high levels of RhoA and Rac1, well-known adhesion molecules, compared to normal fibroblasts. CAFs promote the invasion of cancer cells into lymph nodes in breast cancer (Rozenchan et al. [2015](#page-11-0)).

Therapeutical approaches targeting CAFs

Herein, we discuss how CAFs are dominant components of stroma and how they play central roles in sustaining a tumor microenvironment that promotes carcinogenesis. We summarize the immunosuppressive mechanisms of CAFs and systematically investigate the alteration of cancer-associated immune responses by CAF-targeted therapies.

Target factor	Drug	Function	Clinical trials	References
FAP	Sibrotuzumab	Anti-FAP antibody	Phase I and II	Scott et al. (2003)
				Kloft et al. (2004)
				Cheng and Weiner (2003)
	DPP-IV	FAP inhibitor	Phase III	Van der Veken et al. (2007)
	Sc40-FasL	Inducing apoptosis of FAP^+ cells	Preclinical	Samel et al. (2003)
Activated fibroblasts	NK4	HGF inhibitor	Preclinical	Matsumoto and Nakamura (2003)
				Tomioka et al. (2001)
				Saga et al. (2001)
PDGF	Imatinib	PDGFR inhibitor	Phase II	Bauman et al. (2012)
	Sorafenib	PDGFR inhibitor	Phase III	Haas et al. (2016)
				Jiang et al. (2015)
	Sunitinib	PDGFR inhibitor	Phase III	Wiedmann and Mössner (2012)

Table 1 Drugs that target CAFs in clinical trials

There are several ways to target CAFs: (1) ablation of FAP which is fibroblast-activated protein by CAFs, (2) normalization of activated fibroblast, (3) inhibition of PDGF receptor (Kalluri and Zeisberg [2006](#page-10-0)). Depleting FAP-expressing CAFs causes the suppression of cancer cell growth in a mouse model of pancreatic ductal adenocarcinomas (Kraman et al. [2010](#page-10-0)). In vivo mouse models, vaccination of CAF-expressed FAP led to a reduction in tumor growth and the antitumor response was predominant against tumor cell-expressed antigens (Lee et al. [2005](#page-10-0)). Moreover, deletion of FAP inhibited proliferation of tumor cells, decreased the number of activated fibroblasts, and promoted accumulation of collagen in vivo mouse models (Santos et al. [2009](#page-11-0)). Also, in mouse models of colon cancer and K-Ras mutant lung cancer, genetic deletion of FAP hindered tumor growth (Santos et al. [2009\)](#page-11-0). Growth of K-RasG12D-deriven lung cancer was inhibited by protease dipeptidyl peptidase IV (DPP-IV) (Santos et al. [2009\)](#page-11-0). The prolyl peptidases related to DPP IV was suggested to have a therapeutic potential to inhibit FAP and thus treat various cancers as well (Van der Veken et al. [2007](#page-12-0)). Sibrotuzumab, an antibody to FAP, is now undergoing phase I and II clinical trials in patients with advanced colorectal carcinoma or non-small-cell lung cancer (Cheng and Weiner [2003;](#page-8-0) Scott et al. [2003](#page-11-0); Kloft et al. [2004\)](#page-10-0). Sc40-FasL as Anti-FAP fusion protein, which consists of the amino-terminus of FAP and the carboxyl-terminus of the extracellular domain of FasL, has also shown therapeutic potential in preclinical models (Samel et al. [2003\)](#page-11-0). The FasL fusion protein induced apoptosis and inhibited FAP-positive tumor growth (Samel et al. [2003](#page-11-0)).

Recently, the process of normalization of activated fibroblasts has been suggested as another way to target CAFs (Kalluri and Zeisberg [2006](#page-10-0)). Several growth factors and hormones were used to inhibit normalization of activated fibroblasts in tissue fibrosis (Kalluri and Zeisberg [2006](#page-10-0)). Among these growth factors, HGF, which promotes cancer progression, inhibited activation of tissue fibrosis by liver myofibroblasts in animal models of chronic cirrhosis (Kim et al. [2005](#page-10-0)). The therapeutic potential of NK4, an antagonist of HGF, has been suggested to suppress tumor growth in vivo in pancreatic and ovarian cancers (Saga et al. [2001;](#page-11-0) Tomioka et al. [2001](#page-12-0); Matsumoto and Nakamura [2003](#page-11-0)). The peptide hormone, relaxin, decreased the number of activated fibroblasts, and inhibits fibrosis (Heeg et al. [2005\)](#page-9-0). Interestingly, increased concentration of serum relaxin correlated with a poor prognosis of breast cancer patients (Binder et al. [2004](#page-8-0)). The apparent discrepancy observed in the effect on diseases implicates that further detailed studies are required for therapeutic approaches of targeting CAFs.

The inhibition of PDGF receptor has been used for the way as a promising candidate for specifically targeting CAFs. Restoration of down-regulated PDGF receptors by TGF- β enhances activation of fibroblasts (Psarras et al. [1994](#page-11-0)). CAF derived PDGF-C has been shown to play a major role in stimulating VEGF production and antibodies targeted against PDGF-C were synergistic with anti-VEGF-A antibodies (Crawford et al. [2009\)](#page-9-0). Currently, several PDGF receptor inhibitors are common in clinical use. Imatinib (brand name Gleevec), sorafenib (brand name Nexavar) and sunitinib (brand name Sutent) are used in the treatment of gastrointestinal stromal tumors, renal cell carcinoma, hepatocellular carcinoma and chronic myeloid leukemia (Escudier et al. [2007;](#page-9-0) Llovet et al. [2008](#page-10-0); Gugliotta et al. [2016](#page-9-0); Haas et al. [2016](#page-9-0)). The combination of sorafenib and DE605, which is a novel c-MET (epithelial– mesenchymal transition factor) inhibitor, caused meaningful tumor growth inhibition in vitro and in tumor xenograft models of hepatocellular carcinoma by inhibiting Raf, VEGF and PDGF receptors (Jiang et al. [2015](#page-10-0)). Sunitinib targets the tyrosine receptor kinase to reduce

tumor proliferation and angiogenesis; it has demonstrated progression-free survival and overall survival benefits in phase III pancreatic neuroendocrine tumors (Vinik and Raymond [2013](#page-12-0)). Notably, these ongoing studies are shedding light on the potential for CAFs to be pharmaceutical targets and can play pivotal roles in the development and optimization of anti-cancer therapies.

Conclusions

Inflammation can affect the progression and development of diverse tumors. Specifically, chronic inflammation is a risk factor for cancer metastasis after recurrence (Knupfer and Preiss [2007](#page-10-0)). In the tumor microenvironment, inflammatory fibroblasts are crucial contributors to cancer progression. In tumor growth, invasion and metastasis, they coordinate tumor-enhancing inflammation by performing functional roles and secreting essential factors. Franco et al. [\(2010](#page-9-0)) identified the tumor-promoting action of CAFs in the study that targeted them for anti-cancer therapy. Targeting CAFs as a therapeutic strategy against cancer is promising, but detailed functional mechanisms are needed through further understanding of their pathways and effects. In the present review, we highlight the importance of the interaction between stromal and malignant tumor cells, with a focus on the inflammatory CAFs and their therapeutic targets.

Acknowledgments The present study was supported by Priority Research Centers Program (No. 2016R1A6A1A03007648), and the Bio & Medical Technology Development Program (No. 2015M3A9 B6074045) of the NRF funded by the Korean government.

Compliance with ethical standards

Conflict of interest The authors declare no conflict of interest.

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