

# The Growth of Hepatocellular Carcinoma Can be Inhibited by Encapsulation of TGF $\beta$ 1 Antagonists

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## ARTICLE INFO

### Article history:

Received: 11 May 2018

Accepted: 23 May 2018

Published: 29 May 2018

### Keywords:

Hepatocellular;

DNA;

TGF $\beta$ 1;

HBV;

HCV

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SL Pharmacol Toxicol

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**Citation this article:** Hanafy NAN. The Growth of Hepatocellular Carcinoma Can be Inhibited by Encapsulation of TGF $\beta$ 1 Antagonists. SL Pharmacol Toxicol. 2018; 1(1):112.

## Mini Review

Physiological behavior of invasive hepatocellular carcinoma (HCC) is in the state of rapid division, aggressive growth and wide dispersion [1]. They are complicated with forming new blood vessels (angiogenesis) [2], separating from mother tumor (migration) and forming new tumor (metastasis). Unfortunately, HCCs are able to enhance their survival growth in spite of their hypoxic tumor environment by increasing their glycolysis rate [3]. HCCs can furthermore resist drug therapies because cells grew in distance far away from blood vessels that can be exposed to low concentrations of drug related to limited drug access [4]. Moreover, some drugs might be less active in hypoxic, acidic or nutrient-deprived microenvironments [5]. Additionally, there are barriers formed by extracellular matrix like collagen fibers, matrix metalloproteinase to prevent drug penetration and diffusion. Un similar to other carcinomas, since mutations in specific oncogenes or tumor suppressors drive tumor initiation and progression. The majority of HCCs are multifactorial and primarily due to infections with hepatitis B virus (HBV), or hepatitis C virus (HCV). However, worldwide cases of non-viral HCC are on the rise due to growing numbers of patients with metabolic liver diseases [6]. The advanced HCCs regardless of type are highly malignant cancer and are characterized by their innate resistance to chemotherapeutic agents that are widely and effectively treatments can be used in other cancer types [7]. HCCs are characteristically hyper-vascular tumor [2] suggesting their growths are associated with neovascularization within growing tumor nodules. However, advanced infiltrative HCCs seldom show hyper-vascularity, although grow more rapidly than mass forming types. Therefore, cancer cells in these advanced infiltrative HCCs are likely to generate signals that enable them to survive in hypoxic conditions [3]. Previous reports revealed to significant insight into the Transforming Growth Factor- $\beta$  (TGF- $\beta$ ) signal transduction network. TGF- $\beta$  is a multifunctional ubiquitous polypeptide cytokine that binds and activates a membrane receptor serine/threonine kinase complex [8]. Many studies revealed recently to the significant TGF $\beta$ 1 inhibitors as therapeutic agents against cancer cells [9]. The issue is that cargo molecules can be lost

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or diluted by blood plasma or inside gastrointestinal tract juice, or can be engulfed by immune-system. Furthermore they can cause complications for healthy cells. In this sense, combination of modern therapeutic agents such as TGF $\beta$ 1 inhibitors with Nano-encapsulation could strengthen their use against cancer cell. In our previous work, many TGF $\beta$ 1 inhibitors have been encapsulated to block TGF $\beta$ 1 signaling pathway in different stages. Activin like kinase (ALK1fc) is a ligand trap targeted for ALK1 signaling pathway [10]. LY2157299 (LY), can block signaling through the heteromeric TGF $\beta$  receptor complex to reduce levels of active phosphorylated SMAD [11,12]. Interference RNAs, transiently transfected into the cell as siRNAs, or stably incorporated to the DNA with a plasmid the complementary sequence of shDNA inhibit translation of TGF $\beta$ 1 by interfering with its specific sequence of mRNA. Also, inhibiting peptides, such as P-17 used in this study, bind to either TGF $\beta$ 1 or its receptors, blocking signal transduction [13].

#### References

1. Edwards BK, Ward E, Kohler BA, Ehemann C, Ann G. Zauber, et al. (2010). Featuring colorectal cancer trends and impact of interventions (risk factors, screening, and treatment) to reduce future rates. *Cancer*. 116: 544-573.
2. Dupuy E, Hainaud P, Villemain A, Bodevin-Phèdre E, Brouland JP, et al. (2003). Tumoral angiogenesis and tissue factor expression during hepatocellular carcinoma progression in a transgenic mouse model. *J. Hepatol*. 38: 793-802.
3. Weinstein-Opppenheimer CR, Henriquez-Roldan CF, Davis JM, Navolanic PM, Saleh OA, et al. (2001). Role of the Raf signal transduction cascade in the *in vitro* resistance to the anticancer drug doxorubicin. *Clin. Cancer Res*. 7: 2898-2907.
4. Durand RE, Raleigh JA. (1998). Identification of nonproliferating but viable hypoxic tumor cells *in vivo*. *Cancer Res*. 58: 3547-3550.
5. Grau C, Khalil AA, Nordmark M, Horsman MR, Overgaard J. (1994). The relationship between carbon monoxide breathing, tumour oxygenation and local tumour control in the C3H mammary carcinoma *in vivo*. *Br J Cancer*. 69: 50-57.
6. Van Thiel DH, Ramadori G. (2011). Non-Viral Causes of Hepatocellular Carcinoma. *J. Gastrointest. Cancer*. 42: 191-194.
7. Matsunaga T, Shirasawa H, Hishiki T, Enomoto H, Kouchi K, et al. (1998). Expression of MRP and cMOAT in childhood neuroblastomas and malignant liver tumors and its relevance to clinical behavior. *Jpn. J. Cancer Res*. 89: 1276-1283.
8. Derynck R, Akhurst R, Balmain A. (2001). TGF-beta signaling in tumor suppression and cancer progression. *Nat Genet*. 29: 117-129.
9. Wahl SM, Hunt DA, Wong HL, Dougherty S, McCartney-Francis N, et al. (1988). Transforming growth factor- $\beta$  is a potent immunosuppressive agent that inhibits IL-1-dependent lymphocyte proliferation. *J. Immunology*. 140: 3026-3032.
10. Hanafy NA, Ferraro MM, Gaballo A, Dini L, Tasco V, et al. (2016). Fabrication and characterization of ALK1fc-loaded fluoro-magnetic nanoparticles for inhibiting TGF  $\beta$ 1 in hepatocellular carcinoma. *RSC Adv*. 6: 48834-48842.
11. Neman A Hanafy, Concetta Nobile, Maria Luisa De Giorgi, Bhavna Ran, Yuan Cao, et al. (2014). LY2157299-Loaded Carriers Inhibiting Wound Healing in Hepatocellular Carcinoma. *Journal of Biotechnology*. 185: S18-S36.
12. Hanafy NAN, Quarta A, Ferraro MM, Dini L, Nobile C, et al. (2018). Polymeric Nano-Micelles as Novel Cargo-Carriers for LY2157299 Liver Cancer Cells Delivery. *Int J Mol Sci*. 6: 19.
13. Hanafy NAN, Quarta A, Di Corato R, Dini L, Nobile C, et al. (2017). Hybrid Polymeric-Protein Nano-Carriers (HPPNC) for Targeted Delivery of TGF  $\beta$ 1 Inhibitors to Hepatocellular Carcinoma Cells. *J. Mater. Sci. Mater. Med*. 28: 120.