

# 53. ULUSAL DİYABET KONGRESİ

19 - 23 Nisan 2017 | Elexus Hotel / Girne - K.K.T.C.



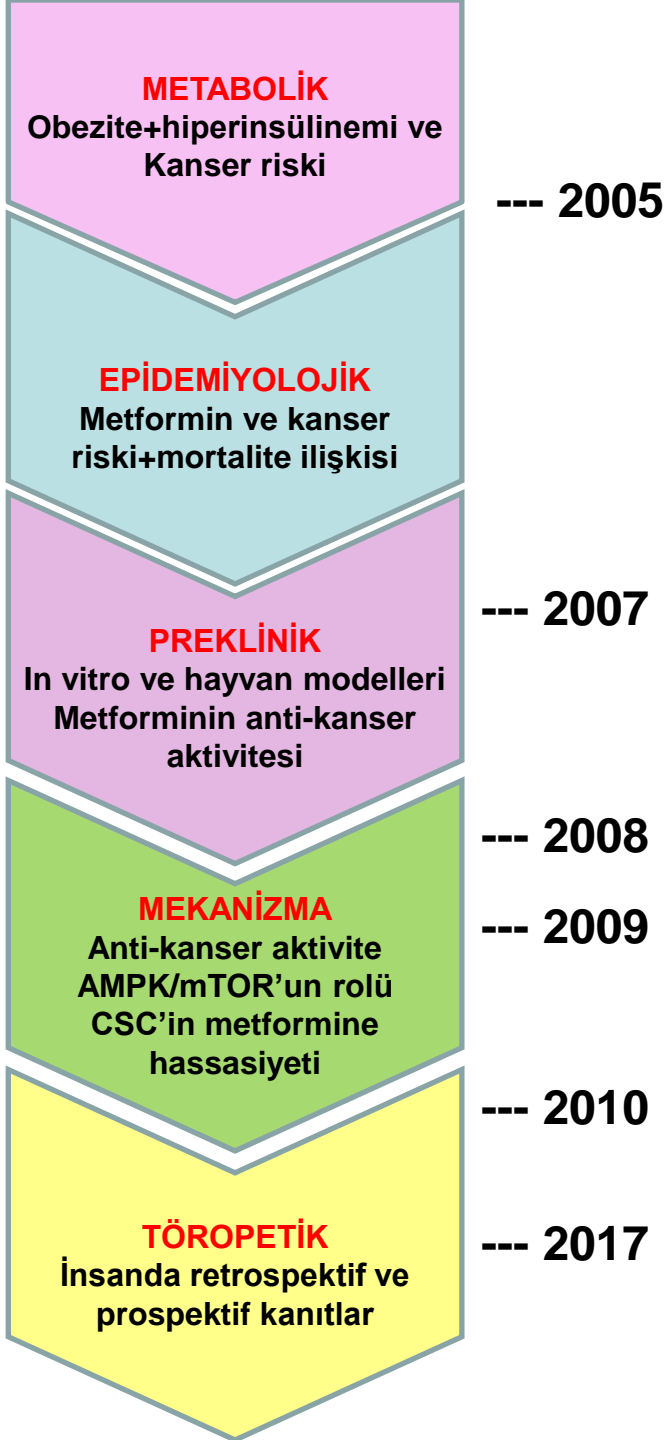
## Metforminin Antikanserojen Etkileri

Dr. Aslı Nar



Başkent Üniversitesi Tıp Fakültesi

# Metforminin Antikanserojen etkileri



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RESEARCH POINTERS

Metformin and reduced risk of cancer in diabetic patients

*BMJ* 2005 ; 330 doi: <https://doi.org/10.1136/bmj.38415.708634.F7> (Published 02 June 2005)

Cite this as: *BMJ* 2005;330:1304

Article

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Metrics

Responses

Josie M M Evans, lecturer in epidemiology ([j.m.m.stansfield@dundee.ac.uk](mailto:j.m.m.stansfield@dundee.ac.uk))<sup>1</sup>, Louise A Donnelly, statistician<sup>1</sup>, Alistair M Emslie-Smith, principal in general practice<sup>2</sup>, Dario R Alessi, principal investigator<sup>3</sup>, Andrew D Morris, professor of diabetic medicine<sup>4</sup>

	No (%)		Unadjusted odds ratios (95% CI)	Adjusted odds ratios (95% CI)
	Cases (n=983)	Controls (n=1846)		
<u>Exposure during year before index date:</u>				
No	587 (63.6)	1114 (60.4)	1.00	1.00
Yes	336 (36.4)	732 (39.7)	0.86 (0.73 to 1.02)	0.85 (0.71 to 1.01)
<u>Any exposure to metformin since January 1993:</u>				
No	547 (59.3)	996 (54.0)	1.00	1.00
Yes	376 (40.7)	850 (46.0)	0.79 (0.67 to 0.93)	0.77 (0.64 to 0.92)
<u>Duration (days):</u>				
0	547 (59.3)	996 (54.0)	1.00	1.00
1-634	127 (13.8)	282 (15.3)	0.81 (0.64 to 1.02)	0.80 (0.62 to 1.02)
635-1806	143 (15.5)	273 (14.8)	0.93 (0.74 to 1.17)	0.92 (0.72 to 1.17)
>1806	106 (11.5)	295 (16.0)	0.62 (0.47 to 0.80)	0.56 (0.43 to 0.74)
<u>Total prescriptions dispensed:</u>				
0	547 (59.3)	996 (54.0)	1.00	1.00
1-11	127 (13.8)	282 (15.3)	0.82 (0.65 to 1.04)	0.82 (0.64 to 1.04)
12-31	122 (13.2)	281 (15.2)	0.77 (0.61 to 0.99)	0.75 (0.58 to 0.97)
>31	127 (13.8)	291 (15.8)	0.76 (0.60 to 0.98)	0.73 (0.56 to 0.94)
<u>Total amount of metformin dispensed (mg):</u>				
0	547 (59.3)	996 (54.0)	1.00	1.00
14 000-672 000	130 (14.1)	279 (15.1)	0.84 (0.67 to 1.06)	0.83 (0.65 to 1.06)
673 000-964 000	138 (15.0)	279 (15.1)	0.88 (0.69 to 1.10)	0.86 (0.68 to 1.10)
>964 000	108 (11.7)	292 (15.8)	0.63 (0.49 to 0.82)	0.57 (0.43 to 0.75)

Karıştırıcı değişken  
yok

# Anti-kanserojen ajan olarak Metformin

<u>Referans</u>	<u>T2DM var mı?</u>	<u>Kanser Tipi</u>	<u>Anti-kanserojen etki</u>
Evans, 2005	+	Herhangibiri	+
Decensi, 2010	+	HCC, Pank	+
Decensi, 2010	+	Kolon, meme, prost	--
Hadad, 2011	--	Meme	+
Tan, 2011	+	NS akciğer	+
Campagnoli, 2012	--	Meme	+
Yin, 2013	+	Herhangibiri	+
Suissa, 2014	+	Herhangibiri	--
Lee, 2015	+	Mide	+
Vissers, 2015	+	Meme	--
Dowling, 2015	--	Meme	+
El-Haggar, 2016	--	Meme	+
Jang WI, 2017	+	Pankreas	+

VOLUME 27 · NUMBER 20 · JULY 10 2009

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

## Metformin and Pathologic Complete Responses to Neoadjuvant Chemotherapy in Diabetic Patients With Breast Cancer

*Sao Jiralerspong, Shana L. Palla, Sharon H. Giordano, Funda Meric-Bernstam, Cornelia Liedtke, Chad M. Barnett, Limin Hsu, Mien-Chie Hung, Gabriel N. Hortobagyi, and Ana M. Gonzalez-Angulo*

# Çalışma grupları arasında Patolojik Tam Cevap (DM olmayan, T2DM, metformin ve T2DM)

Meme kanserinde en yüksek neoadjuvan tedavi cevabı METFORMİN grubunda

2529 hasta neoadjuvan tedavi aldı (MD Anderson)

	2374 Diyabetik olmayan	68 Diyabetik + METFORMİN	87 Diyabetik	
pCR	%16	%24	%8	p=0.02

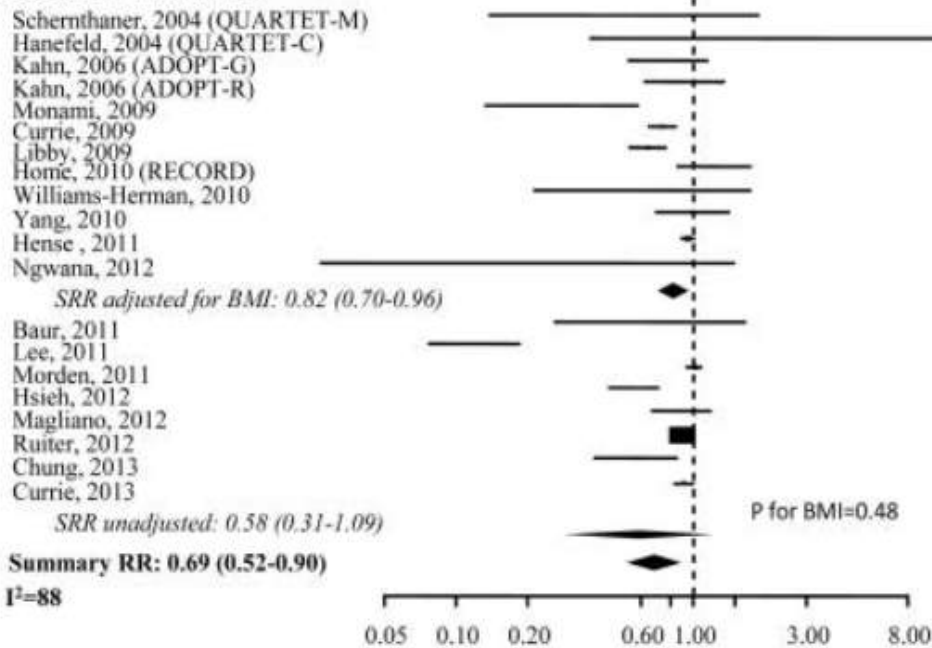
p=0.007 (Diyabetik olmayan vs Diyabetik + METFORMİN)

p=0.04 (Diyabetik olmayan vs Diyabetik)

p=0.10 (Diyabetik + METFORMİN vs Diyabetik)



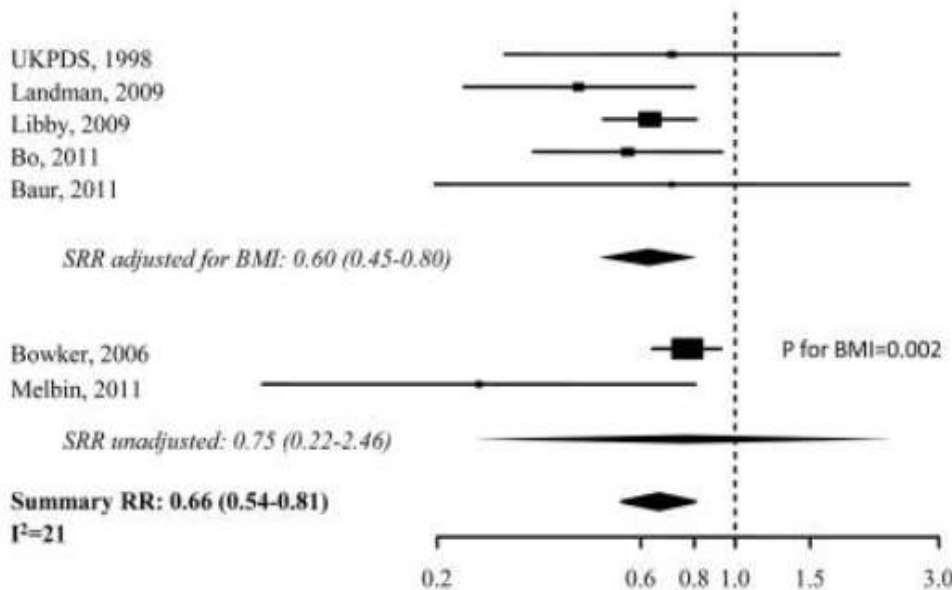
## A. Cancer Incidence



Summary Risk Estimates (SRRs) and 95% Confidence Intervals (95%CI) f

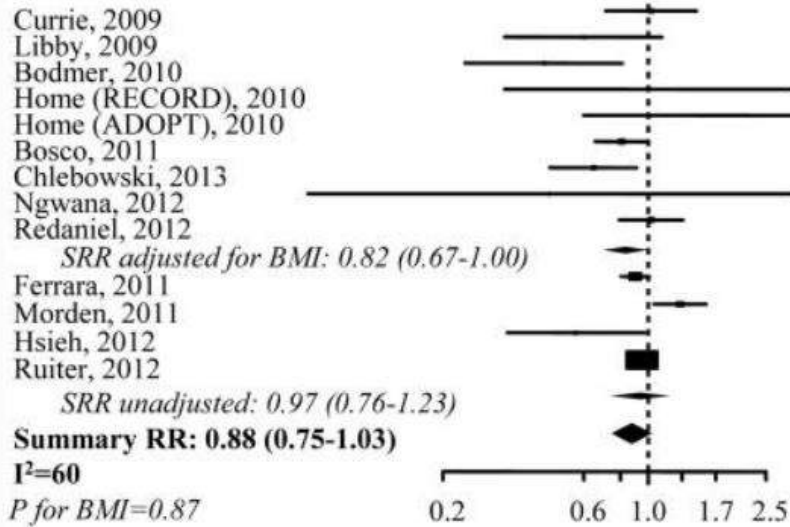
Endpoints	Groups	SRR (95%CI)	I <sup>2</sup>	n studies*
Cancer incidence	All studies	0.69 (0.52, 0.90)	88	19
	Adjusted for BMI	0.82 (0.70, 0.96)	76	11
	Adjusted for time related bias	0.90 (0.89, 0.91)	56	8
	Prospective studies	0.71 (0.47, 1.07)	89	12
	Randomized Clinical Trials	0.95 (0.69, 1.30)	5	5
Cancer mortality	All studies	0.66 (0.54, 0.81)	21	7
	Adjusted for BMI	0.60 (0.45, 0.80)	0	5
	Adjusted for time related bias	0.45 (0.16, 1.26)	0	3
	Prospective studies	0.48 (0.23, 0.97)	0	4

## B. Cancer Mortality

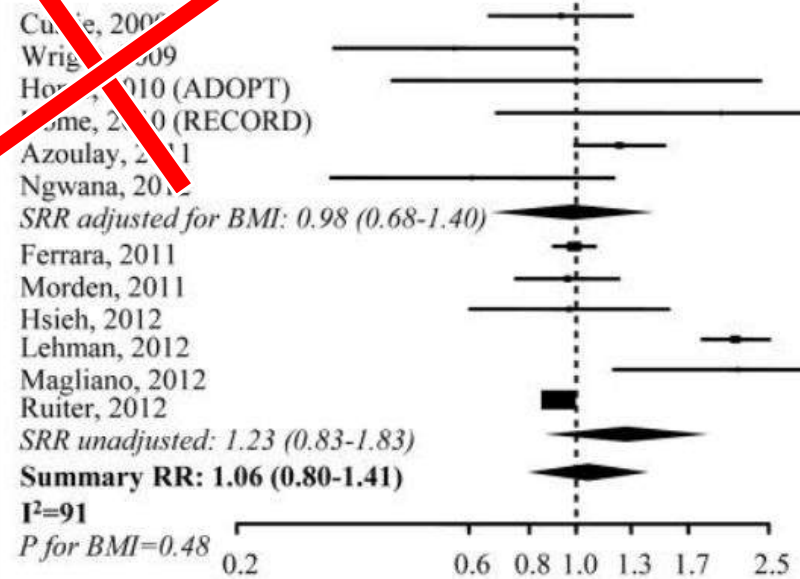


- Meta-analiz
- 1998-2013
- 47 çalışma, 65,540 hasta
- T2DM, metformin vs diğer tedavi
- Kanser riski: %31 ↓
- Kanser mortalitesi: %34 ↓

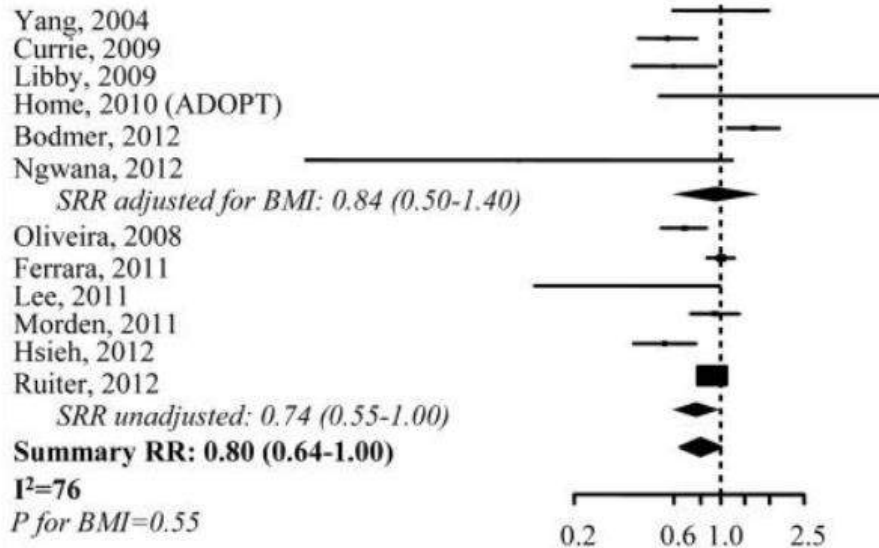
### A. Breast



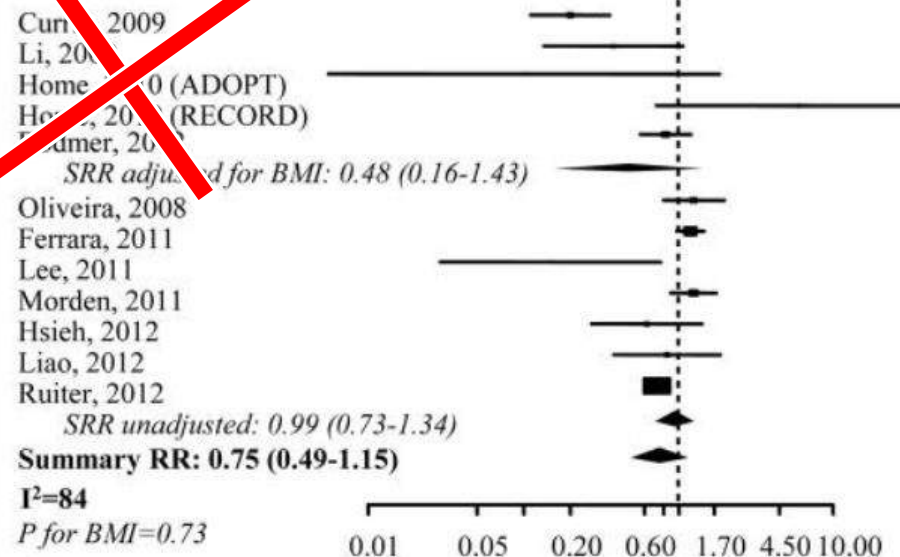
### ~~B. Prostate~~



### C. Colon

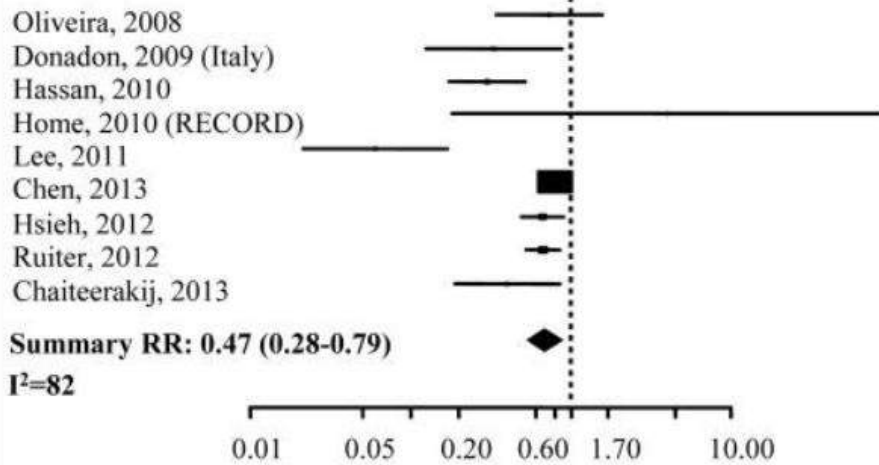


### ~~D. Pancreas~~

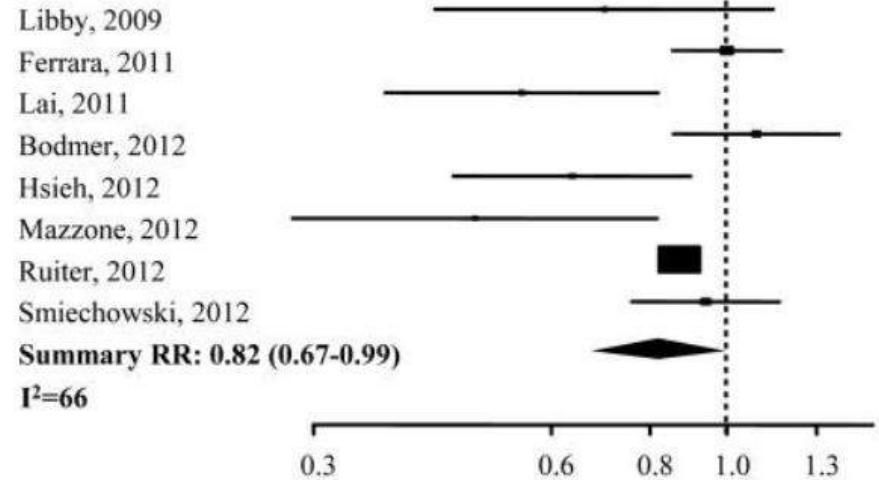




### E. Liver



### F. Lung



# Metformin kanser insidansını azaltmaktadır

➔ Tüm kanserler

➔ Karaciğer

➔ Pankreas

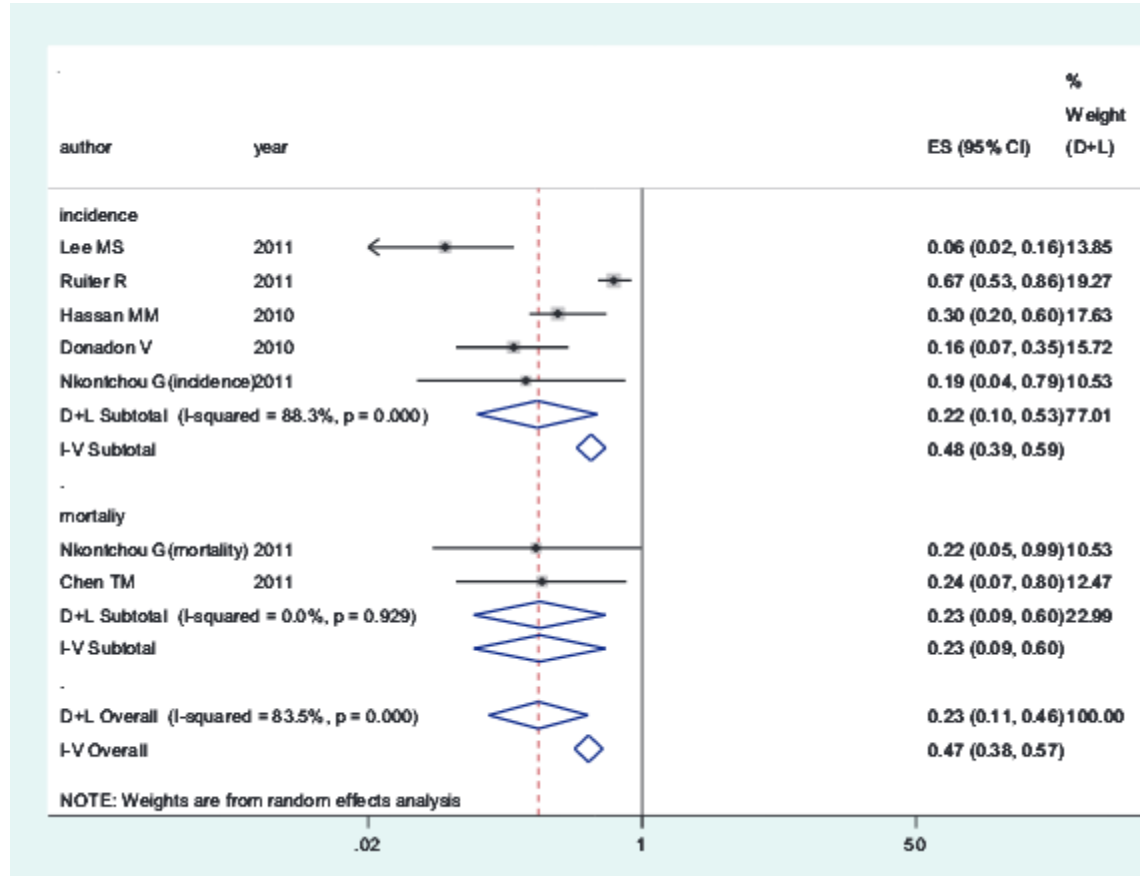
➔ Kolorektal

➔ Meme kanseri

➔ Mide

➔ Ösefagus

➔ Prostat kanseri üzerine etkisi ?

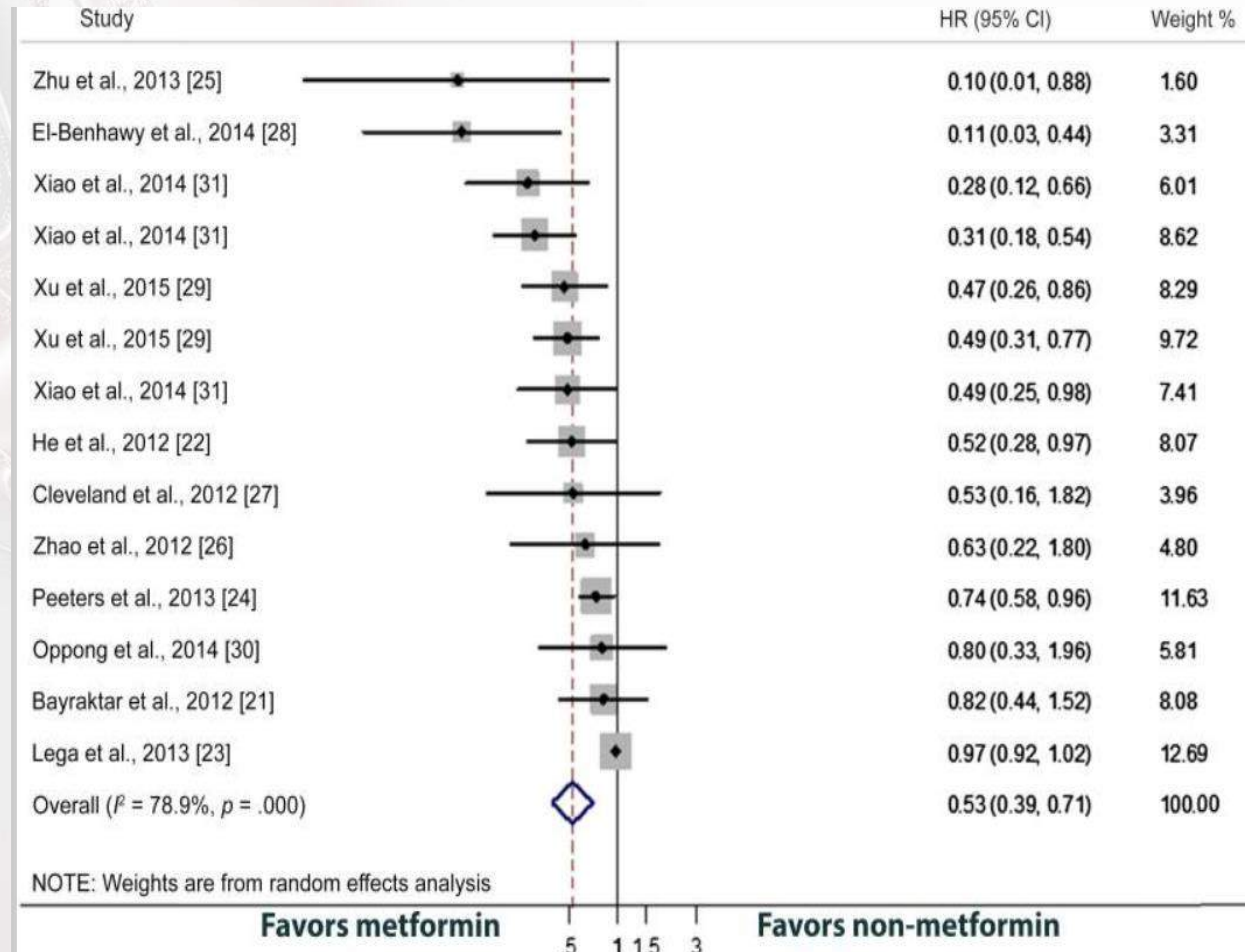


✎ Zhang P, et al. *Cancer Epidemiol.* 2013

✎ Decenci A et al, *Cancer Prev Res*, 2010

# Metformin kanser sürvisini arttırmaktadır

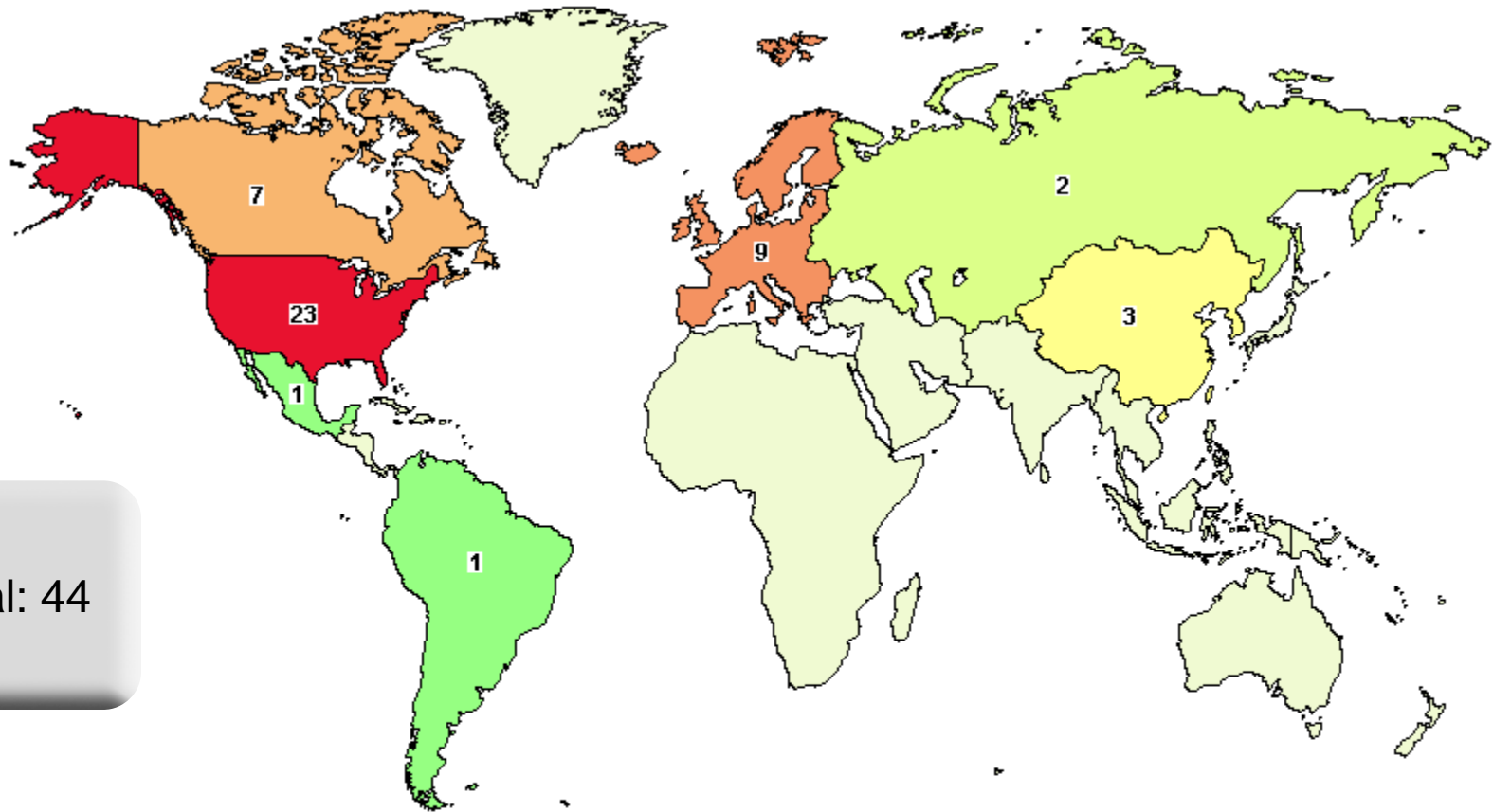
- ➔ Tüm kanserler
- ➔ Pankreas
- ➔ Meme kanseri
- ➔ Over
- ➔ Kolorektal
- ➔ Endometrium
- ➔ Ösefagus
- ➔ Prostat
- ➔ Akciğer




✎ Zhang P, et al. *Cancer Epidemiol.* 2013  
✎ Xu H et al, *Oncologist*, 2015

# Metformin ve Meme Kanseri

<https://ClinicalTrials.gov> 3/4/2017

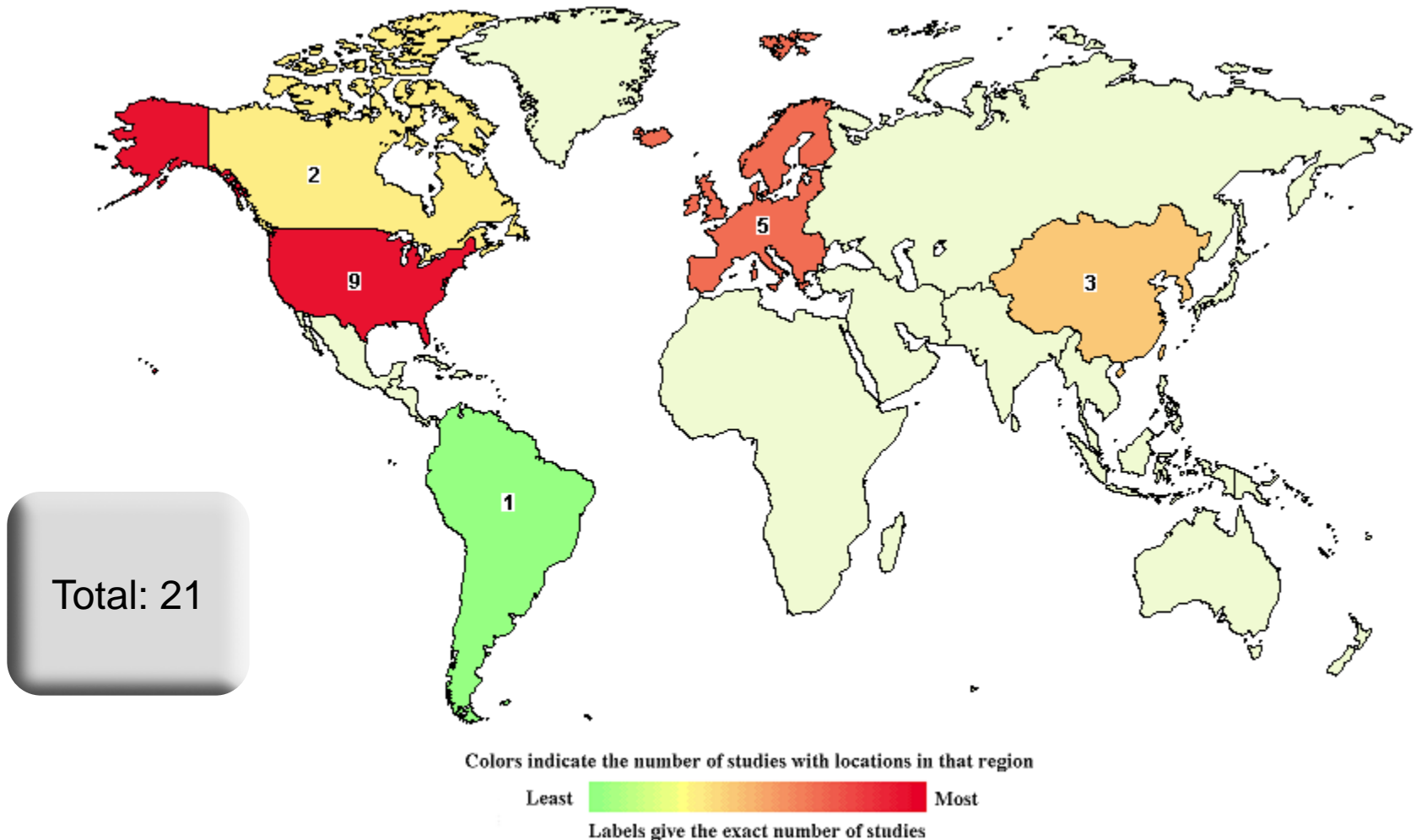


Total: 44

Colors indicate the number of studies with locations in that region  
Least  Most  
Labels give the exact number of studies

# Metformin ve Pankreas Kanseri

<https://ClinicalTrials.gov> 3/4/2017



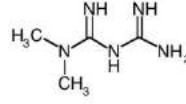
Total: 21



# **Metforminin Antikanserojen Etkileri Mekanizmalar**



# Metformin



Kanser hücresi

nukleus

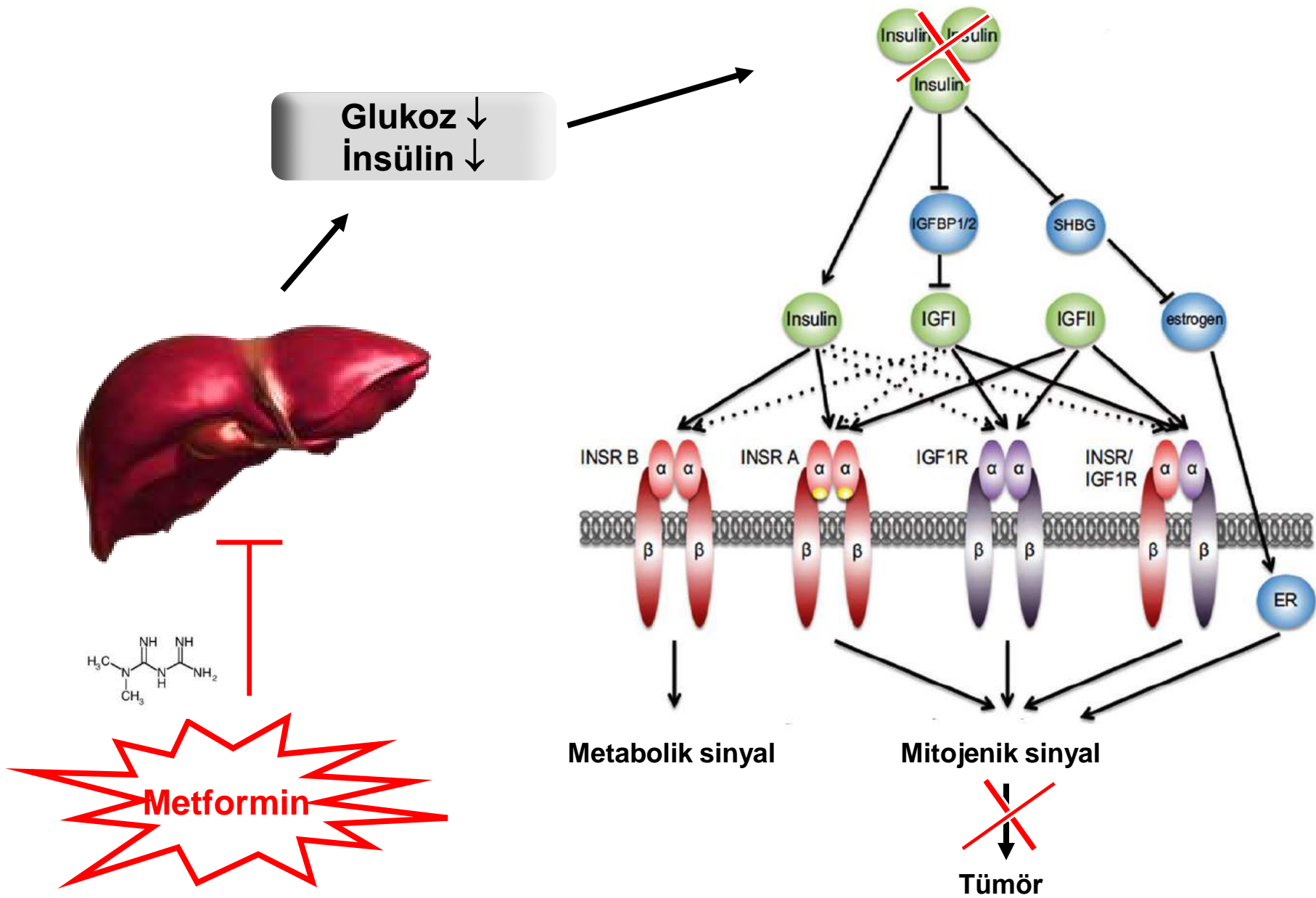
**Dolaylı**  
(İnsülin düşürücü etki)

**Direkt**  
(insülin bağımsız)

**AMPK-bağımlı**

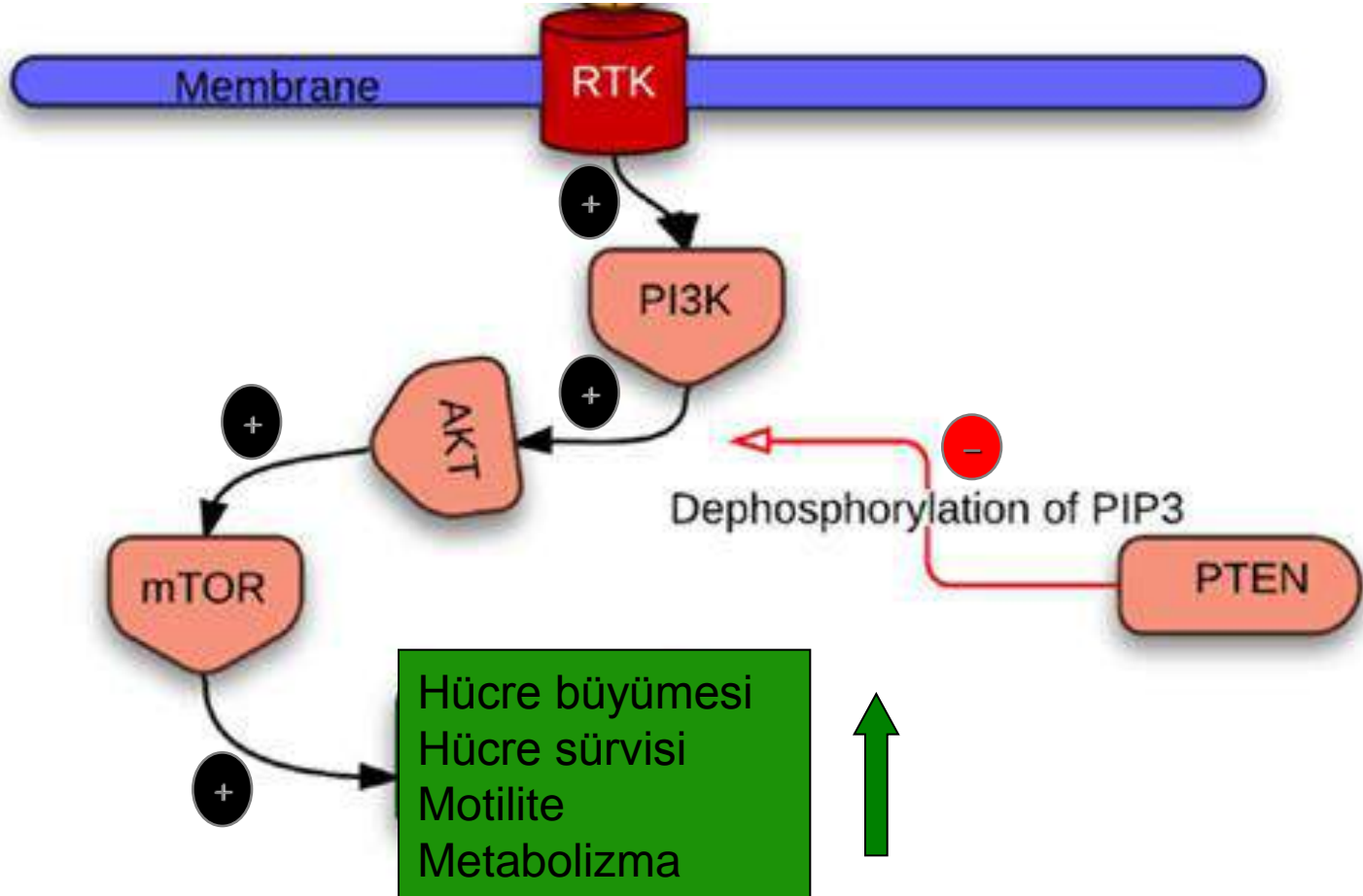
**AMPK-bağımsız**

**Antikanserojen etkiler**

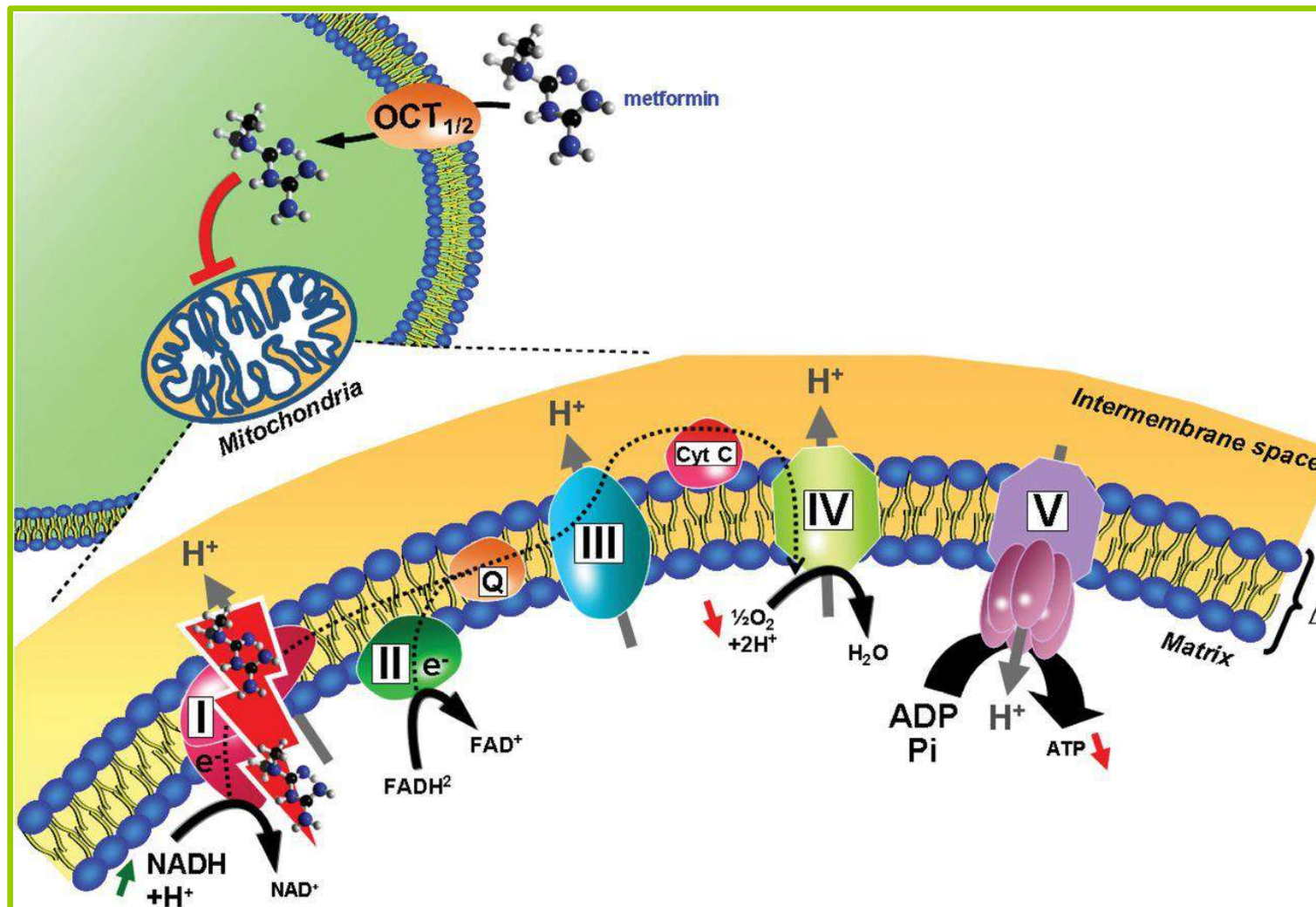


# LKB1-AMPK sinyal yolađı

# PI3K/PTEN/AKT/mTOR sinyal yolađı mutasyonları, kanser gelişiminde önemlidir

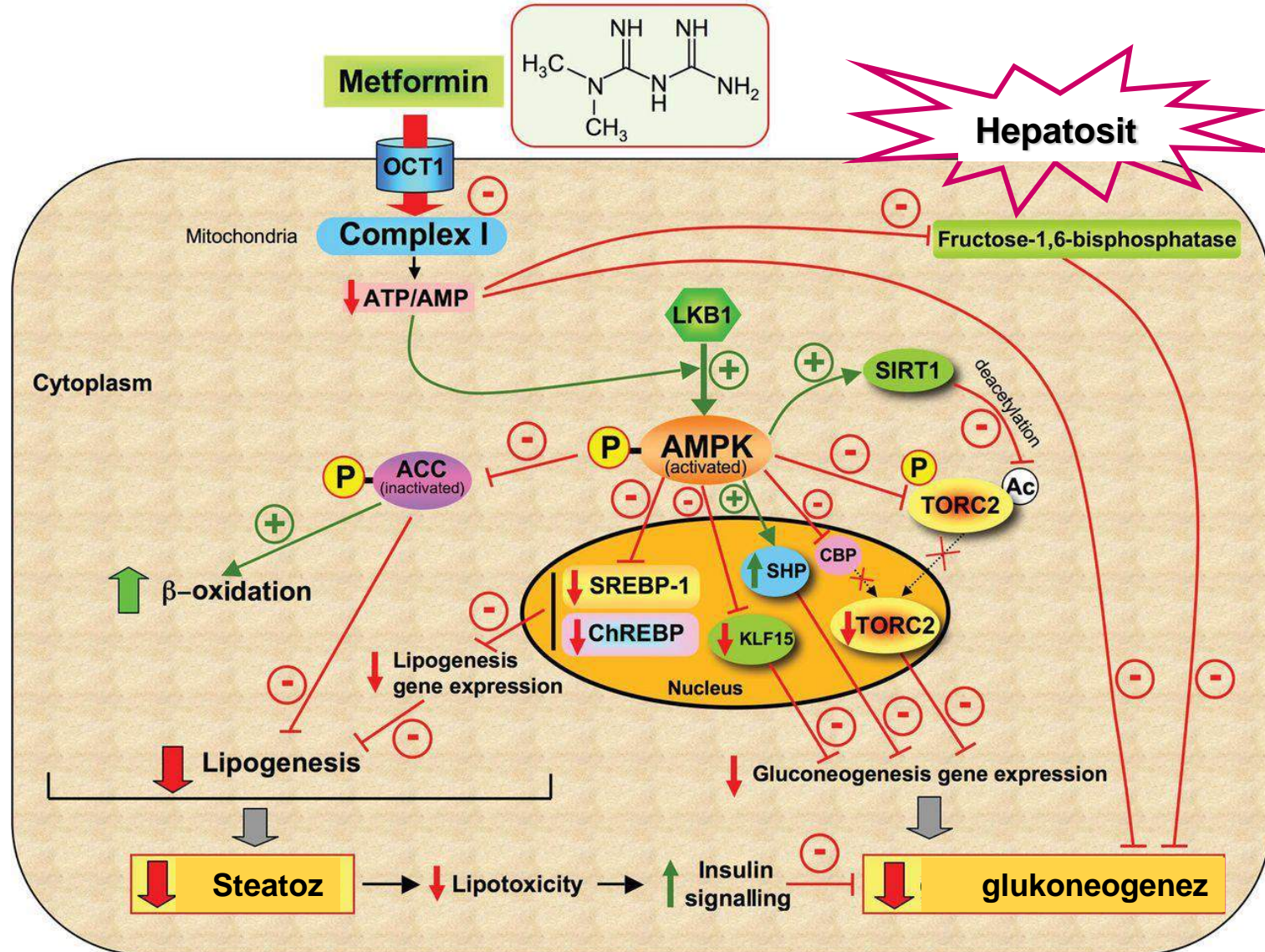


# Metforminin primer hedefi: Mitochondrial Respiratory Chain Complex I





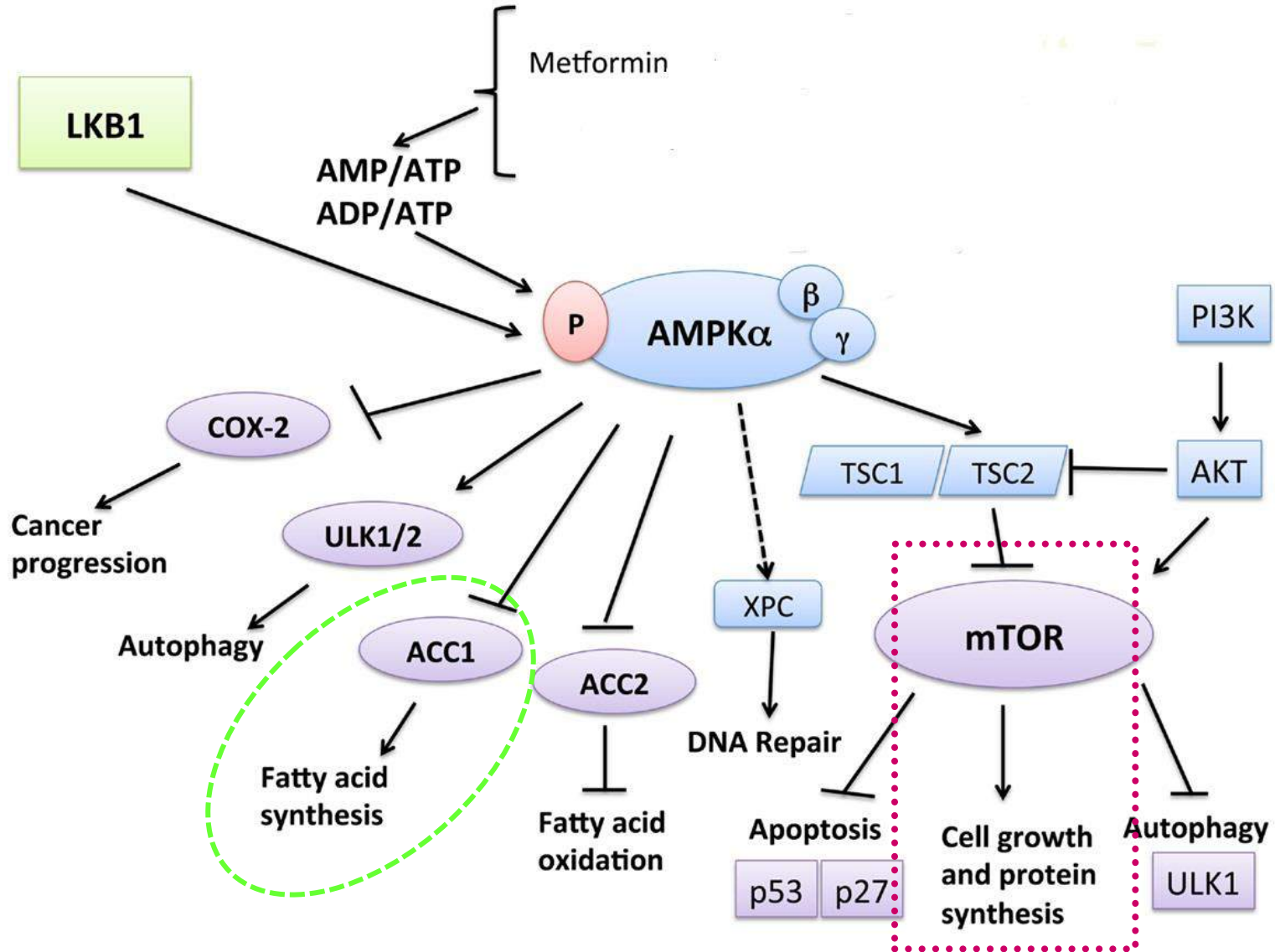
# Metformin LKB1'ye bağlı AMPK sinyal yolağını aktive eder





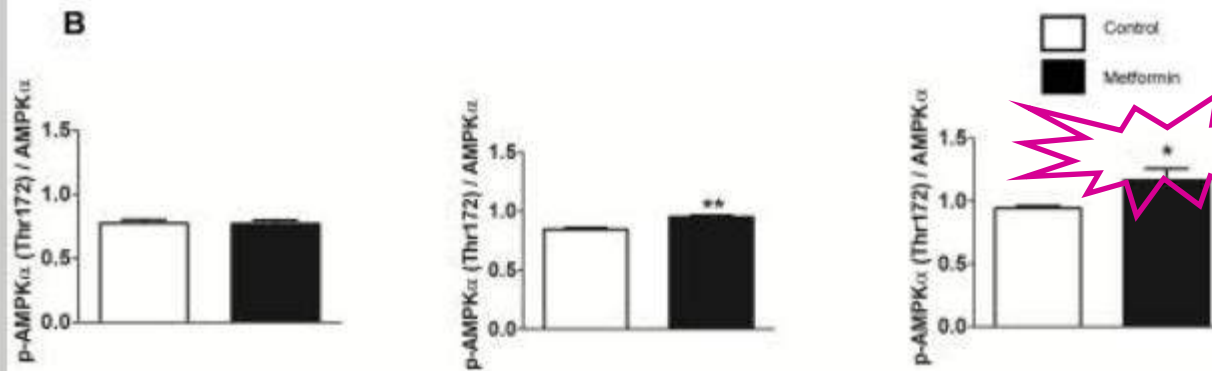
# AMPK

→ mTOR sinyali inhibisyonu → protein sentez inhibisyonu



- Meme kanser hücreleri
- 10 mM metformin; 24, 48, 72. saat,

western blot

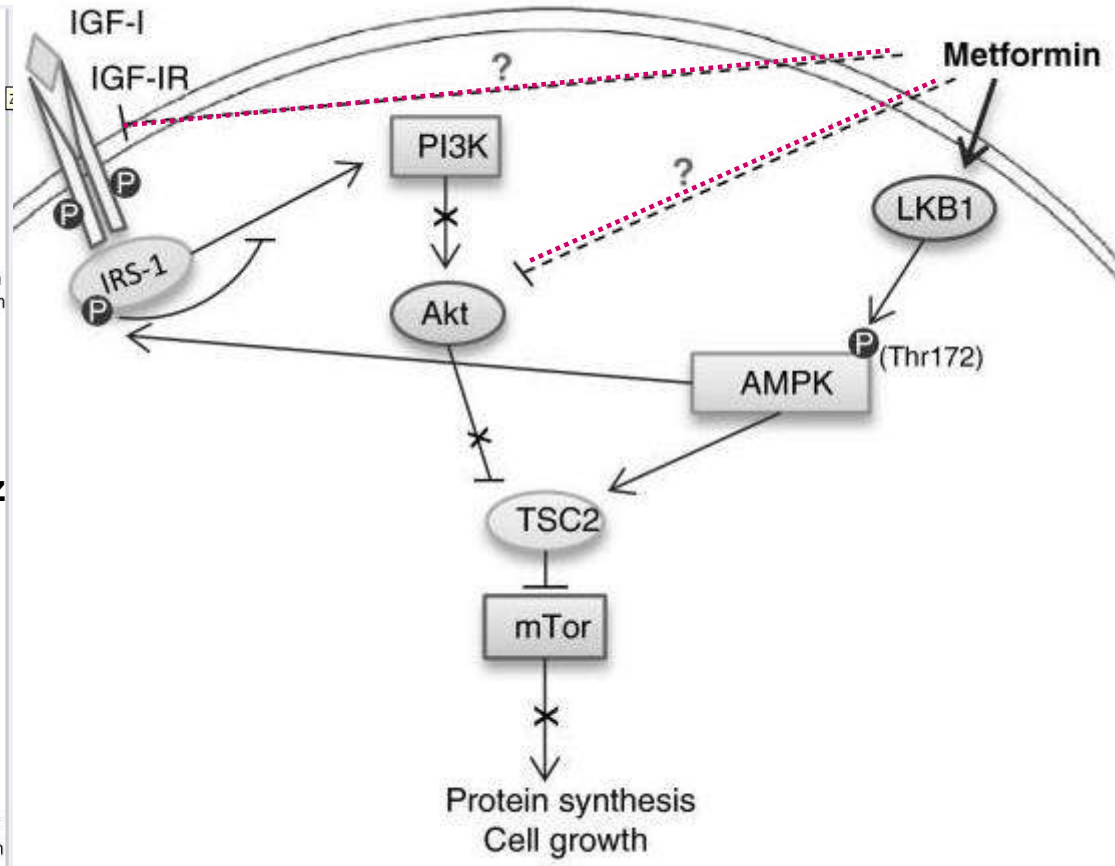
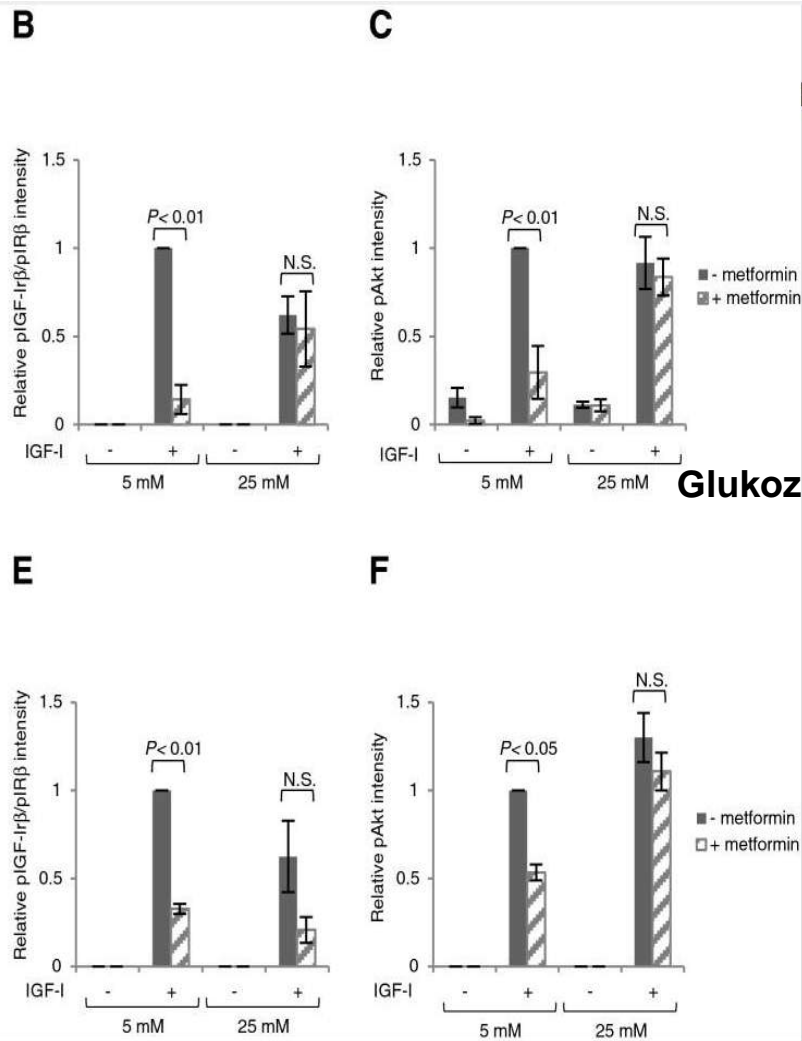


**Metformin meme kanseri hücrelerinde (MCF-7) AMPK aktivitesini ↑**

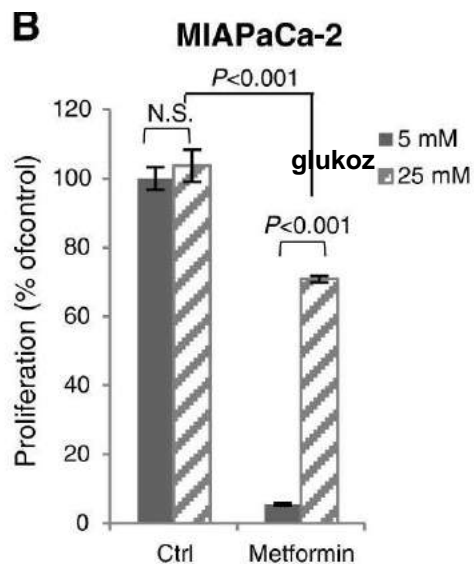
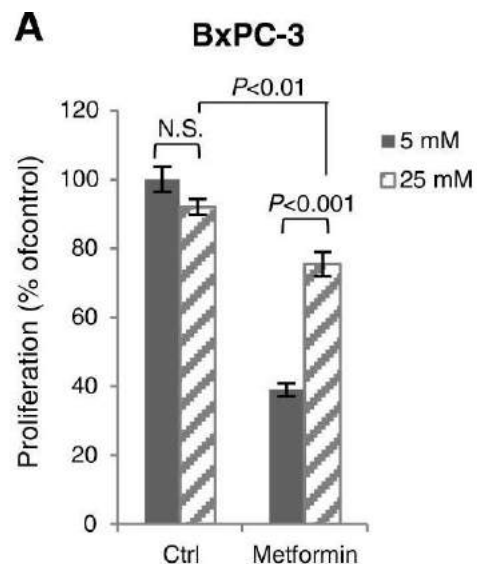
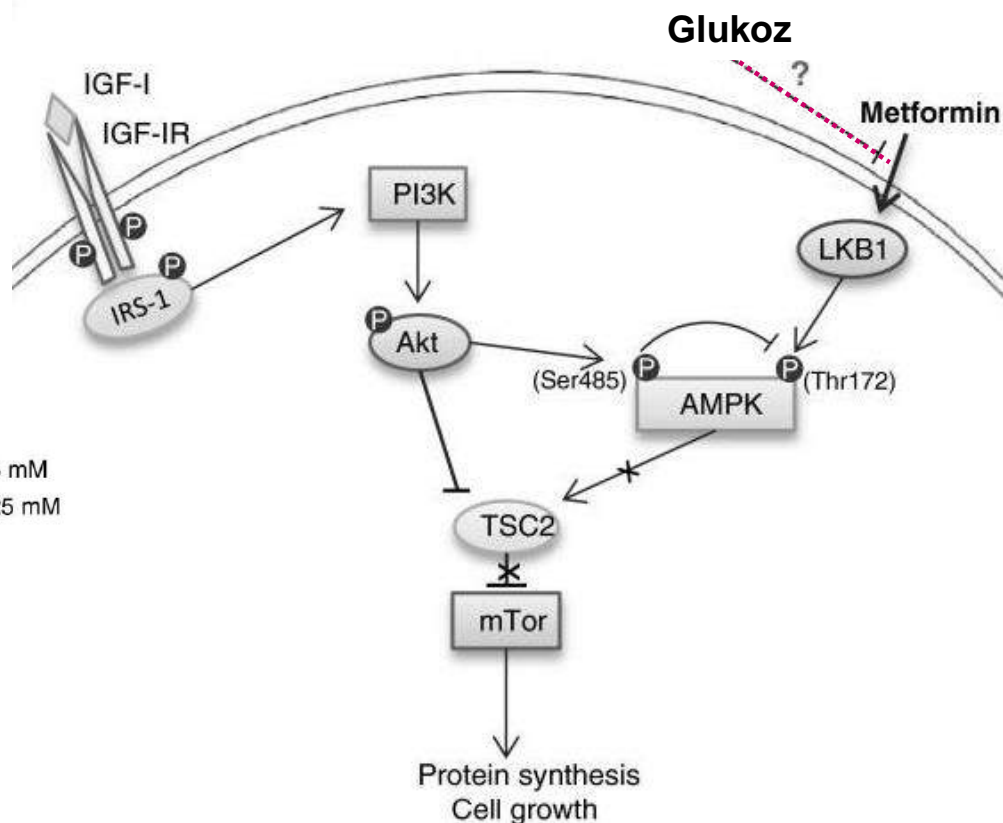
# İnsülin/IGF sinyal yolađı

# Metformin, AMPK<sup>Thr172</sup> aktivasyonu ile insülin/IGF sinyal yolağını suprese eder

Pankreas kanseri hücreleri

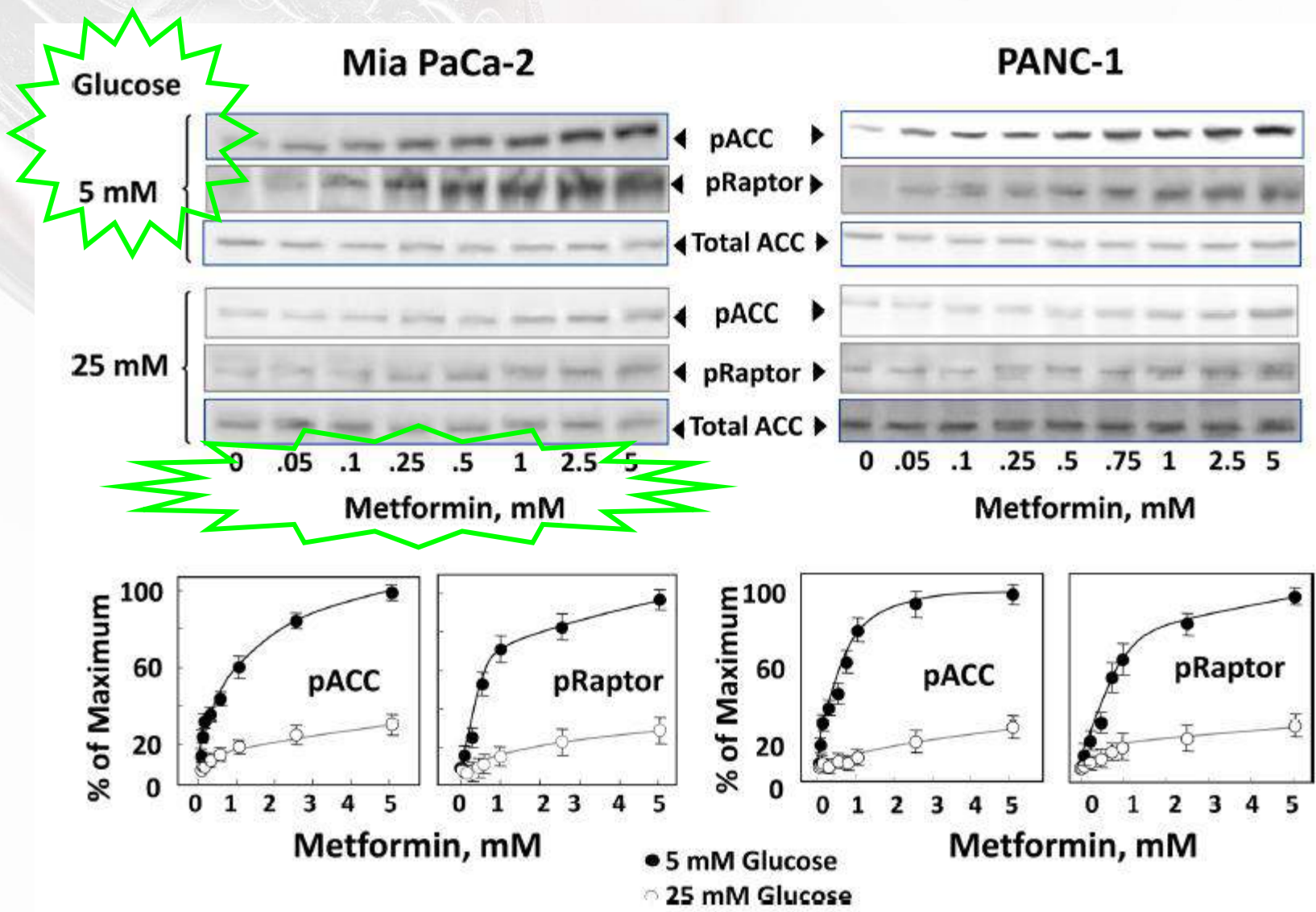


# İnsulin/IGF-I cevabı artmakta → AMPK aktivasyonunda sorun → Metformin pankreas kanser hücrelerinde büyüme sinyallerini tam bloke edemez





# Pankreas kanser hücrelerinde metformine bağlı AMPK aktivasyonu fizyolojik glukoz varlığında artmıştır





# Metformin dozunun etkileri

## Ortamdaki glukoz konsantrasyonunun etkileri

*in vitro*;

- ➔ **Metformine bağı mTOR inhibisyonu fizyolojik glukoz konsantrasyonlarında suprafizyolojik düzeylere göre ↑**
  - **Hiperglisemi** → IGF-IR yolağının stimülasyonu  
→ inhibitör AMPK Ser485 fosforilasyonuna neden olur → AMPK Thr172 aktivasyonunu inhibe eder
- ➔ **Metformin → Doza bağı mTOR inhibisyonu**
- ➔ **Metforminin çok düşük dozları da etkili:  
(0.05 mM)**



# **P53 aktivasyonu**

# Metformin tümör supresör p53'ü aktive etmektedir

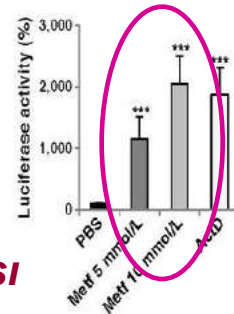
## Metforminin anti-melanom etkileri

5 ve 10 mmol/L metformin

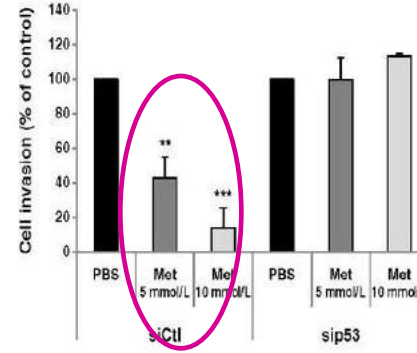


10-20 X p53 promoter aktivite artışı

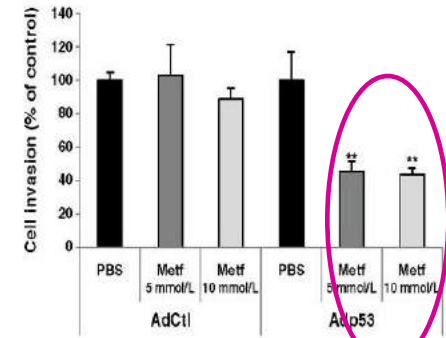
**A** A375 Cells



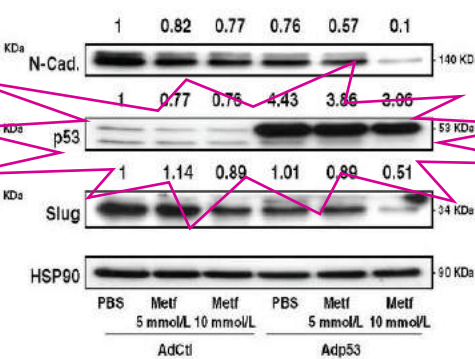
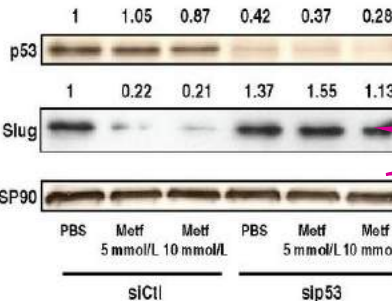
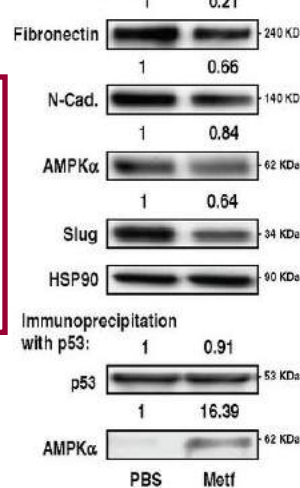
**C** 1205Lu Cells



**D** Mewo Cells -mutated for p53



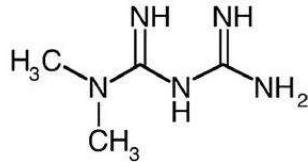
**B** 1205Lu Cells



- AMPK bağımlı veya bağımsız p53 aktivasyonu:
- Otofaji
- Hücrel yaşlanma

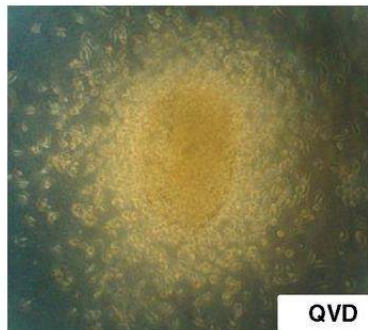
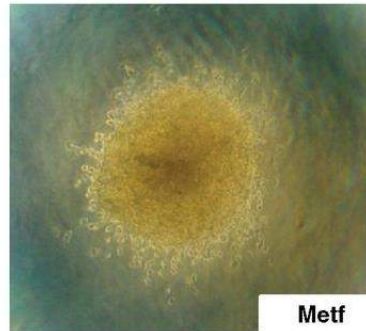
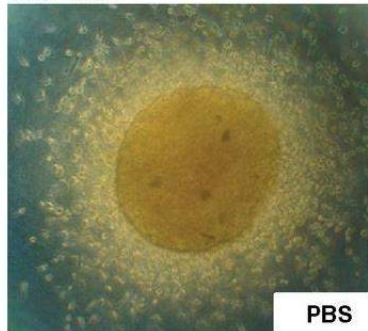
# Metformin melanom invazyonunu p53 aracılığıyla inhibe etmektedir

**A**

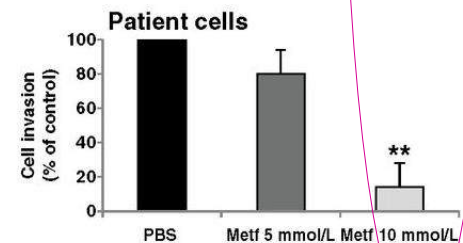
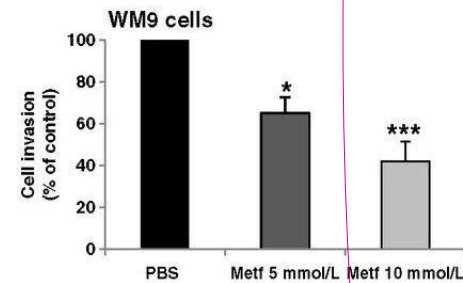
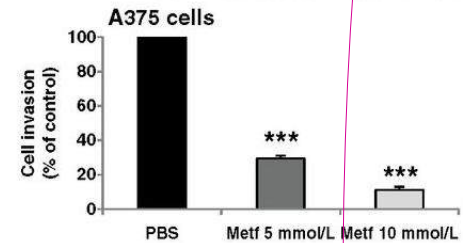
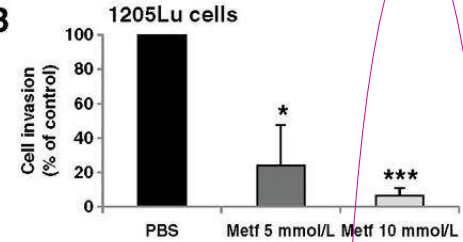


**C**

WM9 cells



**B**





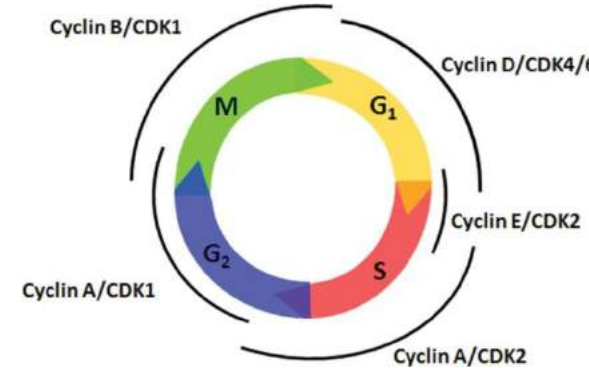
# **Hücre siklus arresti**

## **Apoptozis**



# Hücre siklus arresti

## Apoptozis

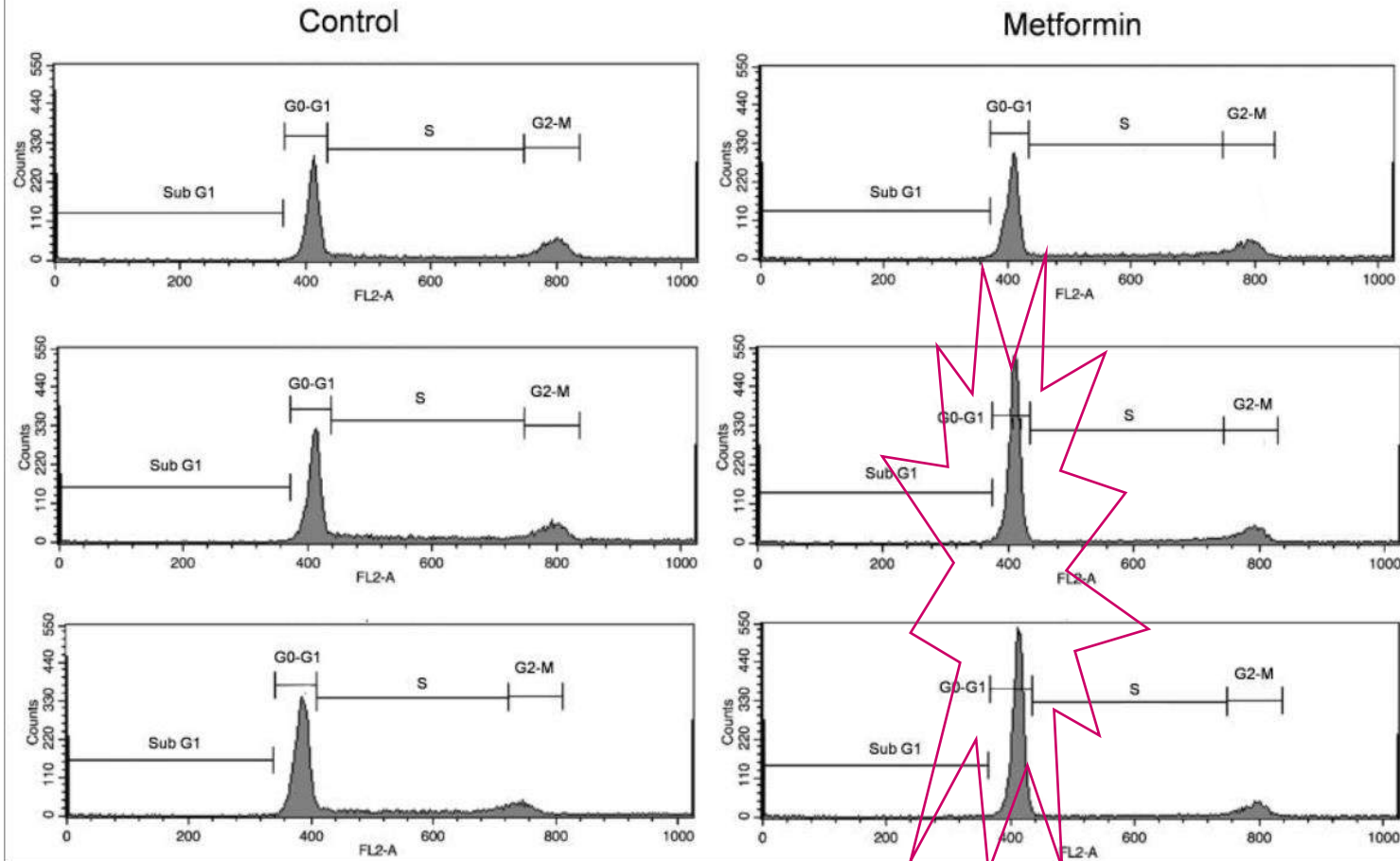


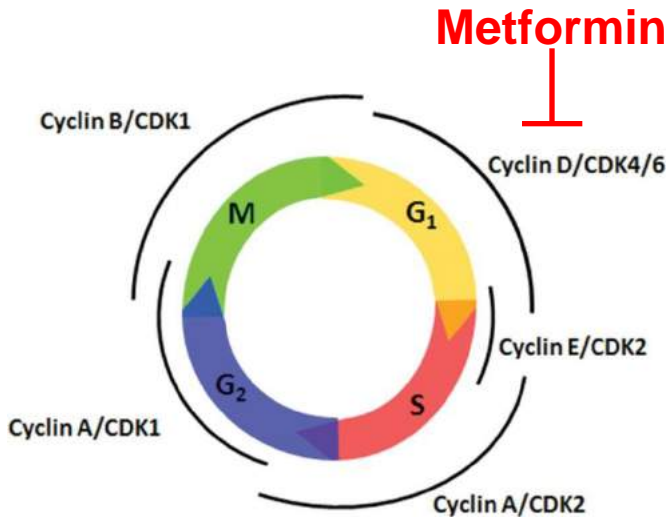
- ➔ **Metformin;**
  - G<sub>0</sub>-G<sub>1</sub> fazda hücre siklus arresti↑
  - apoptotik hücre sayısı (sub-G<sub>1</sub> faz)↑
  - hücre nekrozu↑
- ➔ **FOXO3a (tümör supresyonu sağlayan transkripsiyon faktörü) ile ilişkili hücre apoptozisi ↑**
- ➔ **Metformin → p27, Bax, Bcl-2 ve cleaved caspase-3 ↑ → hücre apoptozisi göstergeleri**
- ➔ **Oksidatif stres (ROS↑) aracılı antiproliferatif etkisi +**

# Metformin G<sub>0</sub>-G<sub>1</sub> fazda hücre siklus arrestini, apoptotik hücre sayısını (sub-G<sub>1</sub> faz) indüklemektedir

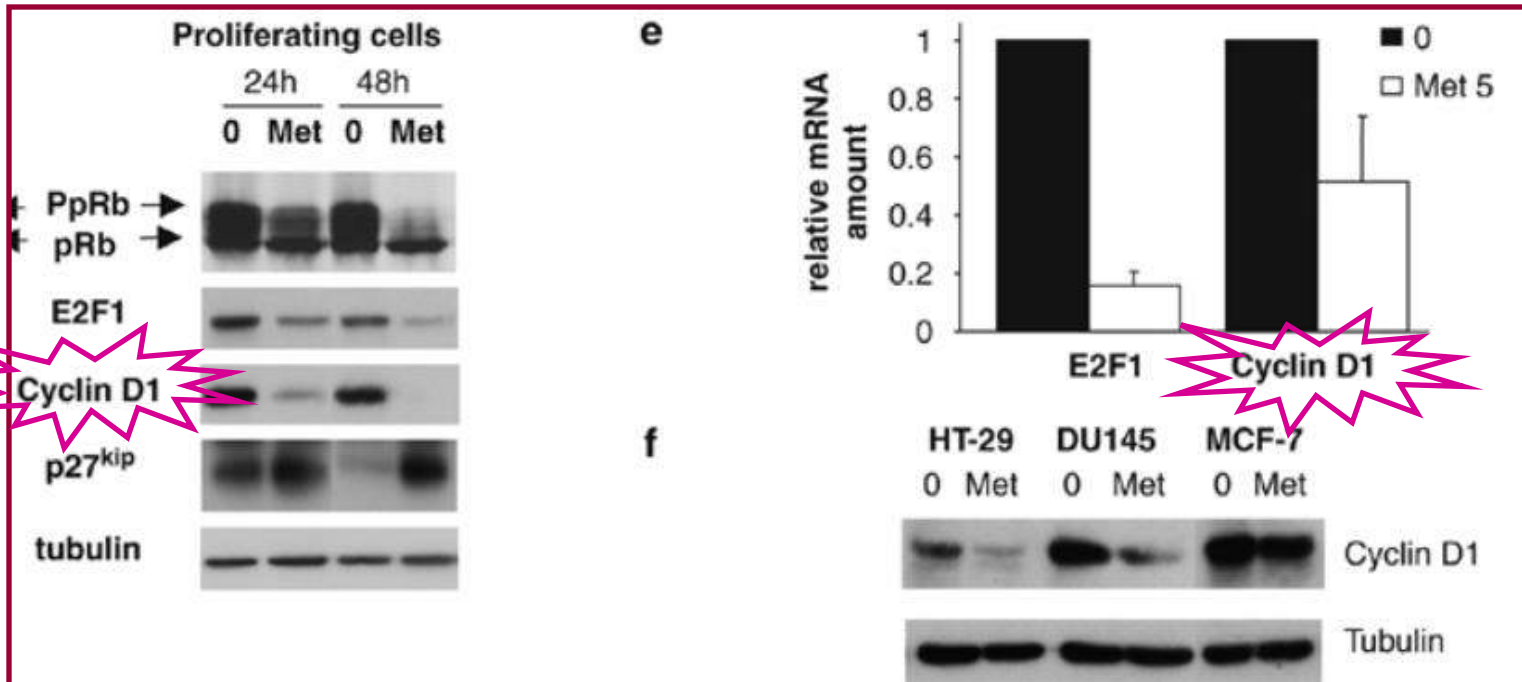
- Meme kanser hücreleri
- 10 mM metformin; 24, 48, 72. saat
- Sub G<sub>1</sub> ( $\rightarrow \times 2$ ), G<sub>0</sub> – G<sub>1</sub> (%43  $\rightarrow$  69), S %18  $\rightarrow$  3), ve G<sub>2</sub>-M faz analizi

flow cytometry

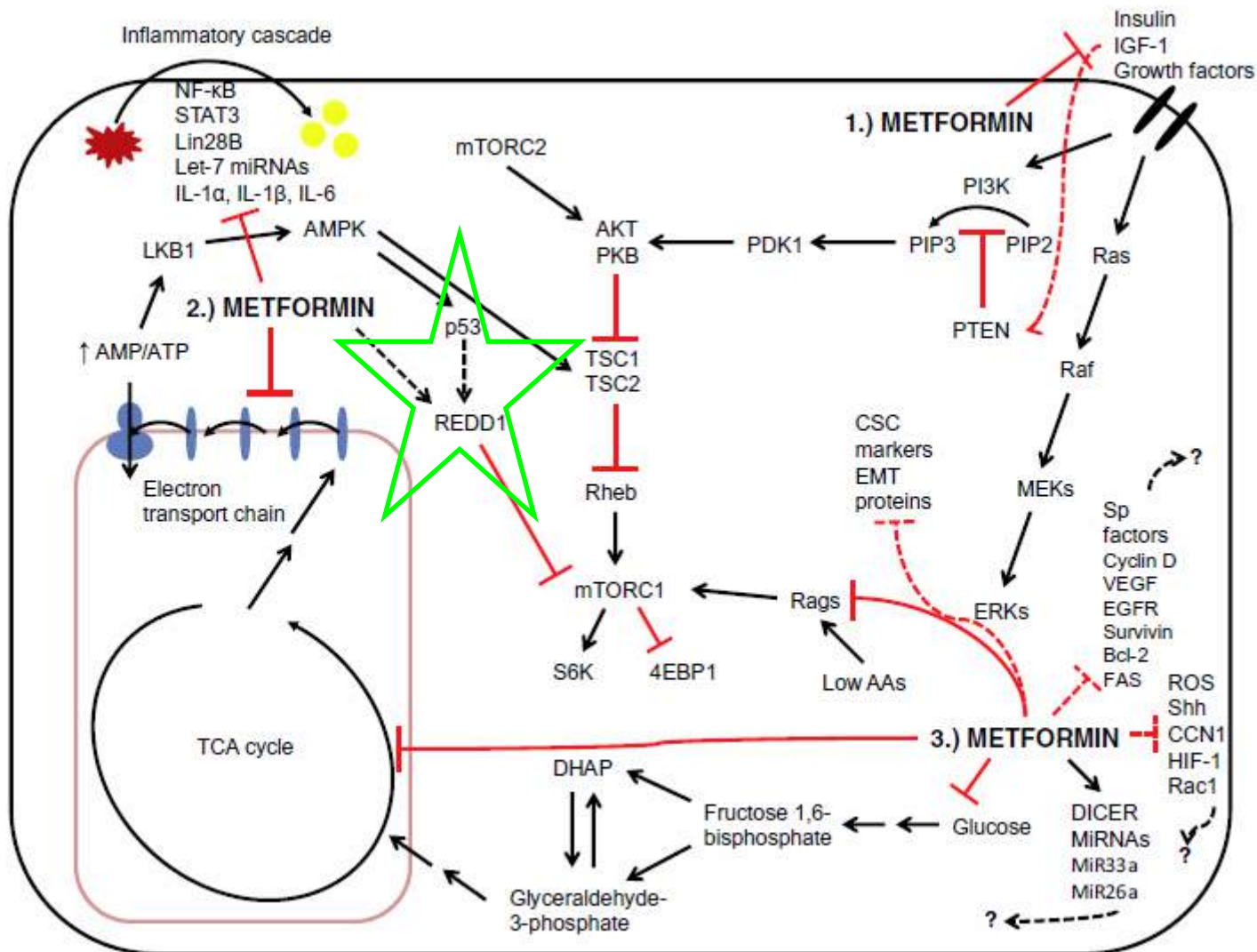




**Metformin AMPKdan bağımsız cyclin D1'i inhibe ederek insan prostat hücre hattında proliferasyonu %50 azaltır (G0/G1 blokajı ile)**



# Metformin → REDD1'i arttırarak AMPK'dan bağımsız mTOR complex 1 inhibisyonu (p53 bağımlı)



REDD1= mTORun negatif regulatorü

Gong J et al, Targ Oncol, 2016



**Anti-inflamatuvar etkiler:**

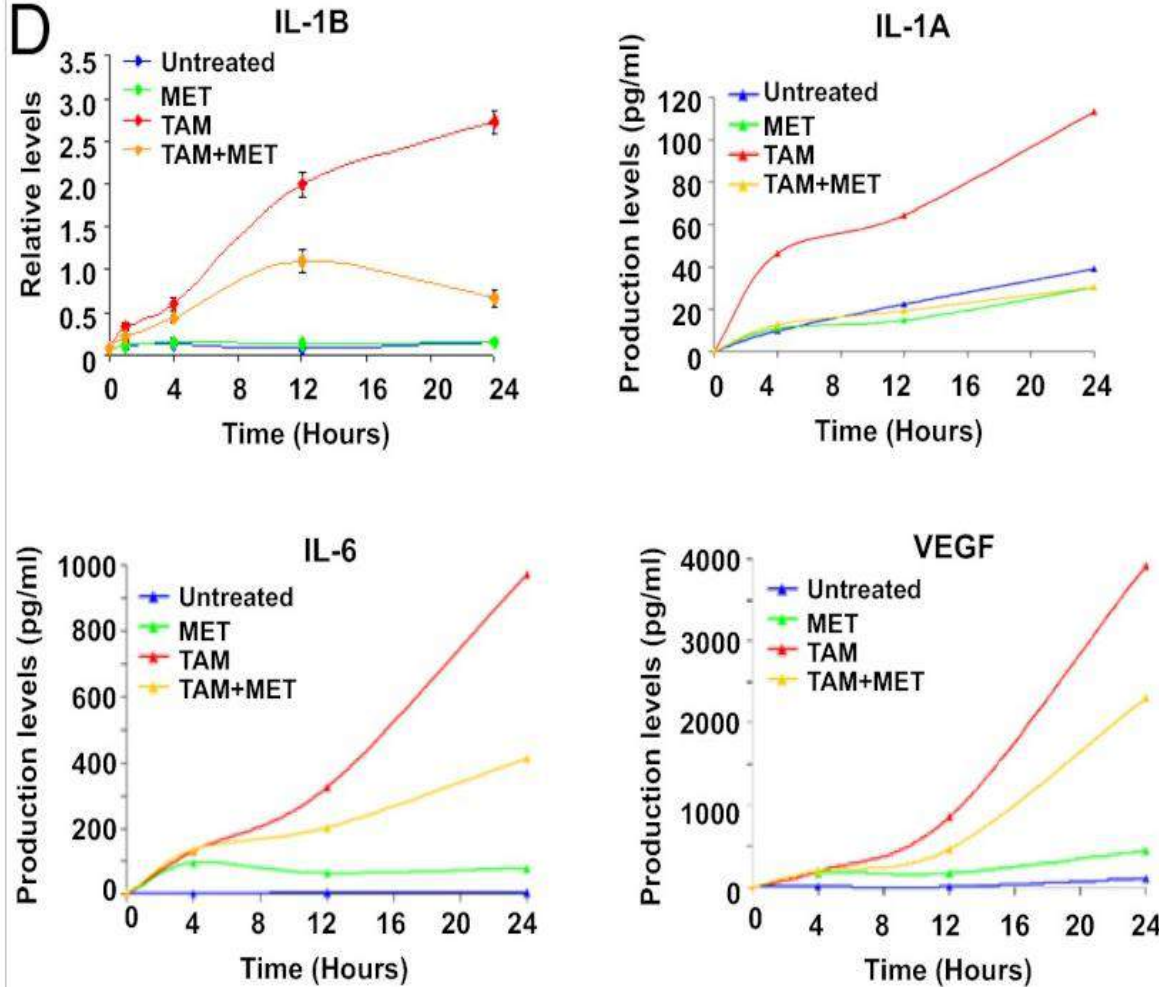
**Hücreesel transformasyonun engellenmesi**



# Metformin hücresel transformasyon sırasında gelişen anti-inflamatuvar cevabı engeller

Meme kanser hücreleri

Metformin ± tamoxifen kullanılan hücrelerde IL1 $\beta$ , IL1 $\alpha$ , IL6 ve VEGF düzeyleri (ELISA)



- Vasküler inflamatuvar mediatörler ↓
- AMPK-mTOR bağımlı VEGF ↓ HIF-1 ↓ PAI-1 ↓



**Anti-anjiyojenik etki**

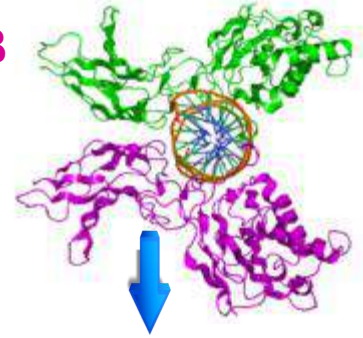
# Metforminin Anti-inflamatuvar etkileri

## Kanser kök hücre dediferansiyonunu engeller

### ➔ AMPK'ya bağlı inaktivasyon:

- **NF-κB**
- **STAT3** (signal transducer and activator of transcription 3)
- **HIF-1α** (hypoxia induced factor)

NF-κB



### ➔ Pro-inflamatuvar sitokin inhibisyonu:

- TNF-α
- IL-6, IL-8
- VEGF

Proliferasyon  
Anjiojenez  
Adhezyon/invazyon/  
metastaz  
İnflamasyon  
Hücre sürvisi

### ➔ İmmün-modülatuvar etkileri

- CD8+ tümör infiltre eden hücreler↑
- Memory CD8T hücr ↑
- İmmünosüpresif regl T hücr ↑



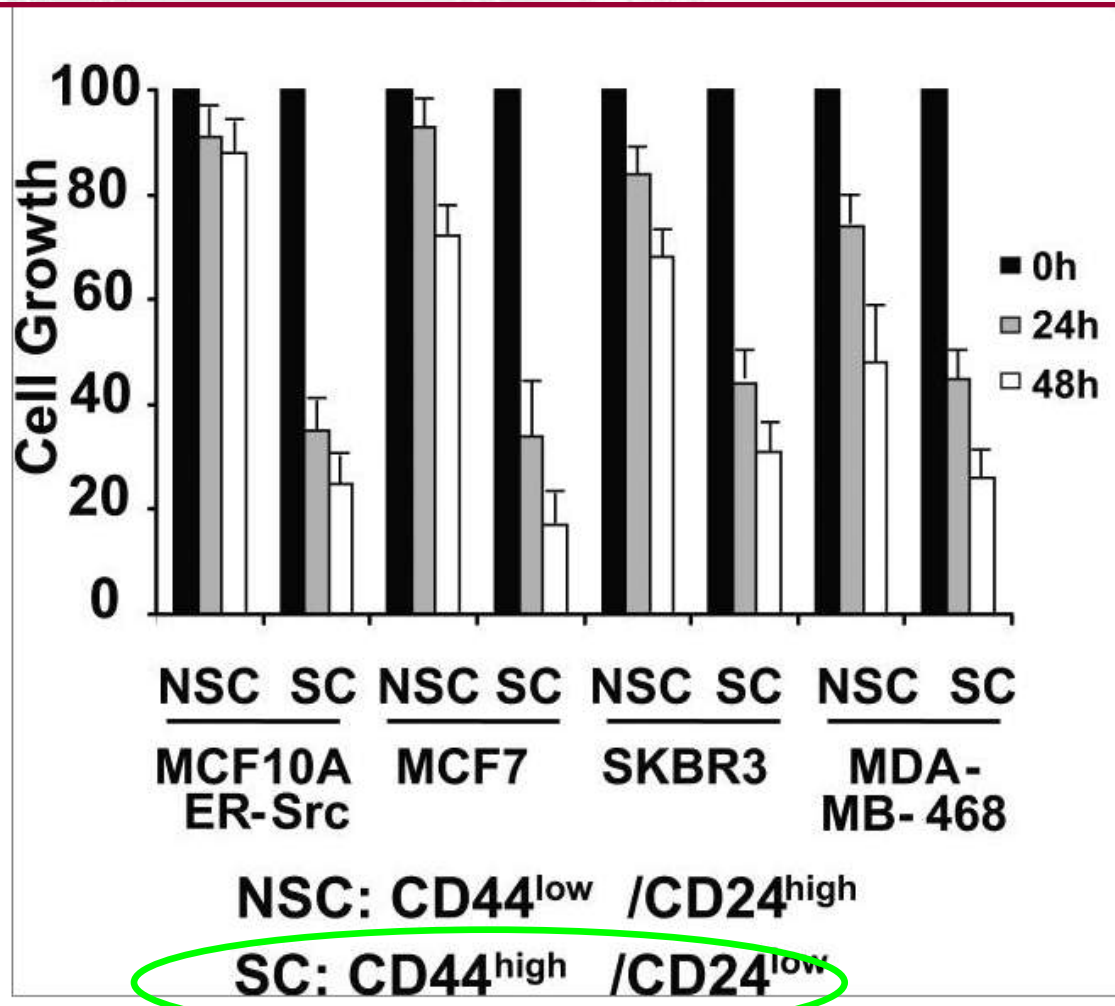
# **Kanser kök hücreleri üzerine etkileri**

# Kanser kök hücreleri (CSC)

- CSC= Kanser başlatan hücreler
- DNA yapımı hızlı, anti-apoptotik, kendini yenileyen hücre
- Kemo- ve radyo-rezistan hücreler
- Rezistan metastatik hastalıkla ilişkili
- İlk kez 2009'da metforminin doğrudan CSC hedefleyerek tümör gelişimini engellediği gösterilmiştir
- CSC mitokondrial fonksiyona bağımlı → metforminin mitokondrial complex 1 inhibisyonu etkilemekte
- Metformin → Warburg etkisinin engellenmesi (oksidatif fosforilasyon-->glikoliz)



# Metformin 4 farklı genetikteki meme kanser hücrelerinde hücresel transformasyonu engellemektedir

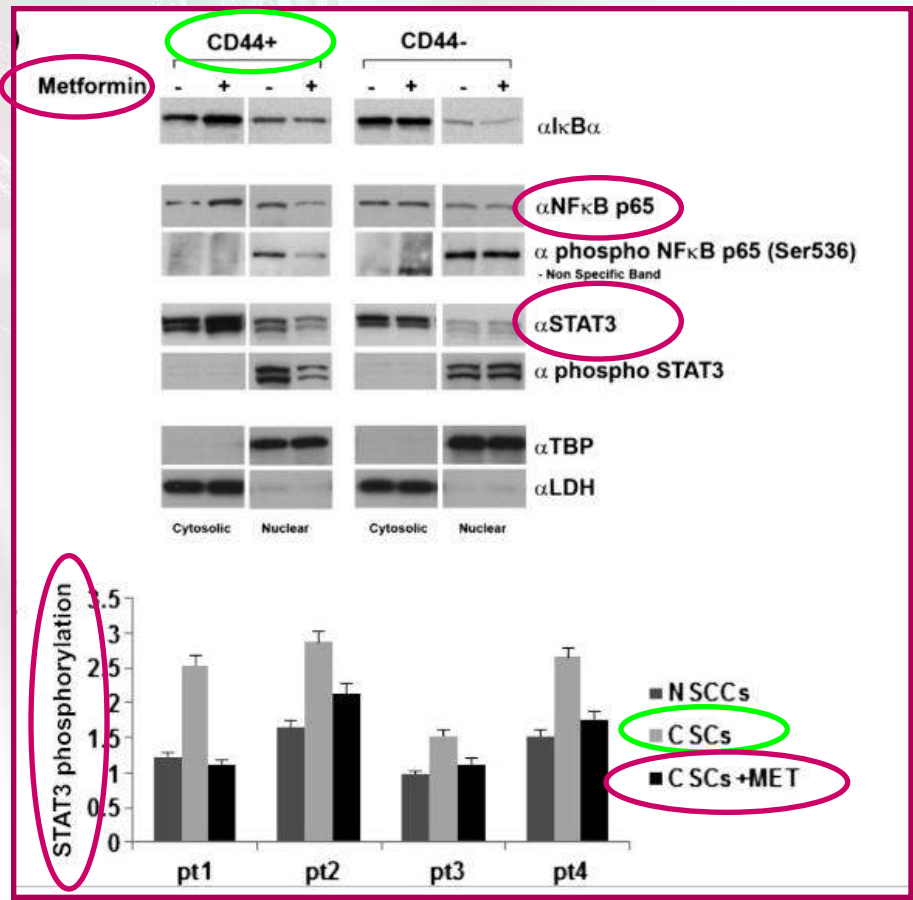


- Meme kanseri hücreleri
- Farede MCF10A-ER-Src CSC enjeksiyonu
- Enjeksiyondan 1 saat önce 0.1 mM metformin ile tedavi
- CSC inhibisyonu



# Metformin, Kanser Kök Hücrelerinde İnflamatuvar cevabı inhibe etmektedir

4 farklı genetikteki meme kanser hücreleri  
CD44+ Kanser kök hücreleri



NF- $\kappa$ B ↓  
STAT3 ↓



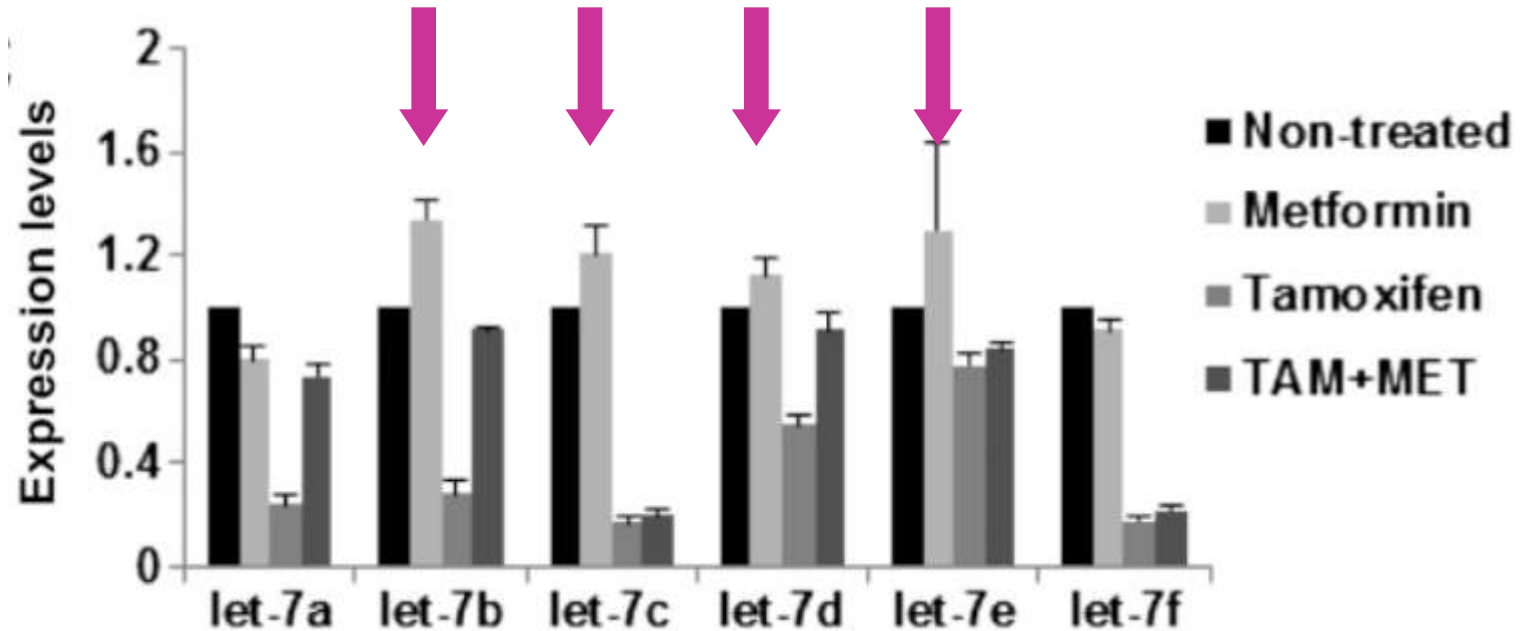
# MikroRNA modülasyonu

# MikroRNA

- ➔ Küçük kodlama yapmayan RNA'lar (20-25 nükleotid)
- ➔ Post-transkripsiyonel gen ekspresyonunu düzenler
- ➔ Hedef mRNA'lara bağlanarak
  - hücre proliferasyonu,
  - diferansiasyon,
  - apoptozis,
  - stres cevap ve
  - anjiogenezi düzenler
- ➔ **Onkogen veya tümör supresor gen olarak davranır**
- ➔ **Kanserde mikroRNA ekspresyonu regülasyon bozuklukları+**

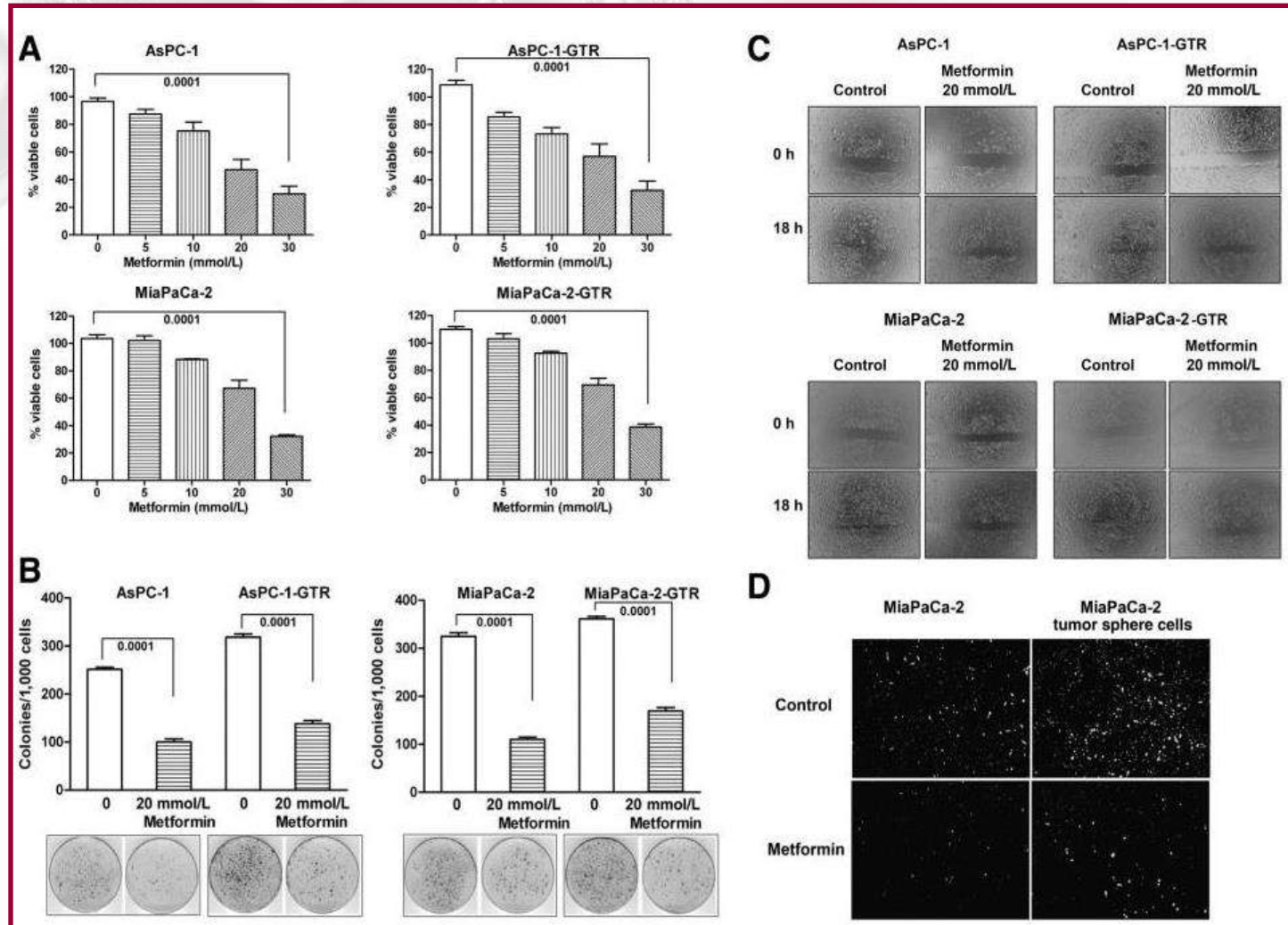
# Metformin Let-7 miRNA ailesinden çoğunun down-regülasyonunu engellemektedir

Meme kanseri hücreleri



# Metformin, pankreatik kanser hücrelerinde CSC fonksiyonunu miRNA regülasyonunu etkileyerek inhibe eder

## → Hücre proliferasyonu, migrasyon ve invazyon inhibisyonu



Metformin,

A-Hücre sürvisi ↓

B-Klonlaşma ↓

C- Yara iyileşmesi ↓

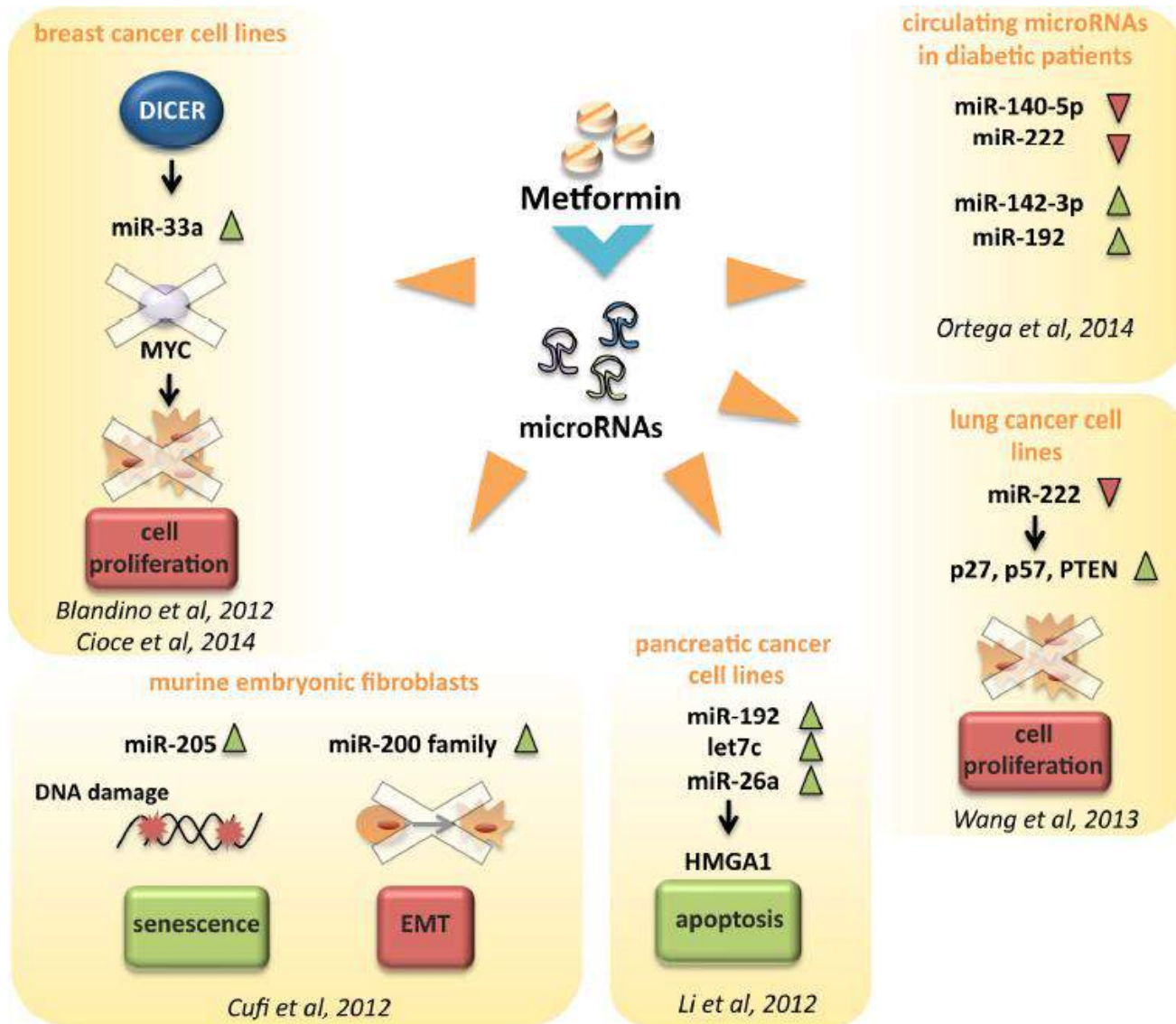
D- İnvazyonu ↓

inhibe eder

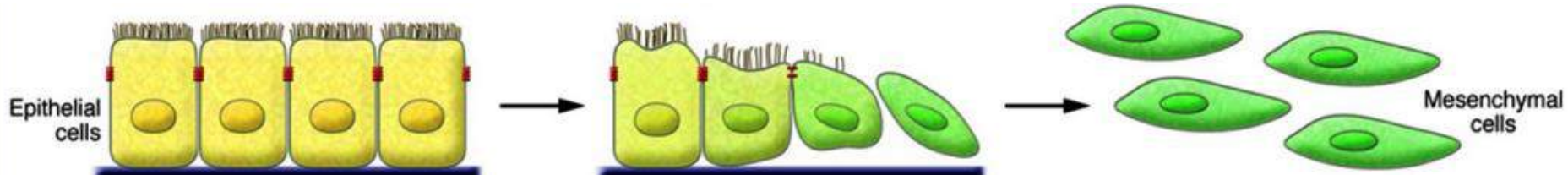




# Metforminin mikroRNA modülasyonu



# Epitelden mezenkimale tranzisyon üzerine etkiler



# Epitelden mezenkimale tranzisyon

- ➔ Metastaz oluşumunda epitelden mezankimale tranzisyonun rolü önemli
- ➔ Diferansiye tümör hücresi motil mezenkimal hücreye dönüşmektedir
- ➔ Mezenkimal hücrelerin sürvi ve migrasyon avantajları vardır
- ➔ Metformin, **mTOR** sinyal blokajı, transforming growth factor- $\beta$ , **IL-6**, **NF- $\kappa$ B**, **MMP-2/9**, **Akt** ve **Erk1/2** yolaklarının inhibisyonu ile bu tranzisyonu inhibe etmektedir

*Samy Lamouille et al. J Cell Sci 2012*

*Jing Yang, Robert A. Weinberg, Developmental Cell 2008*

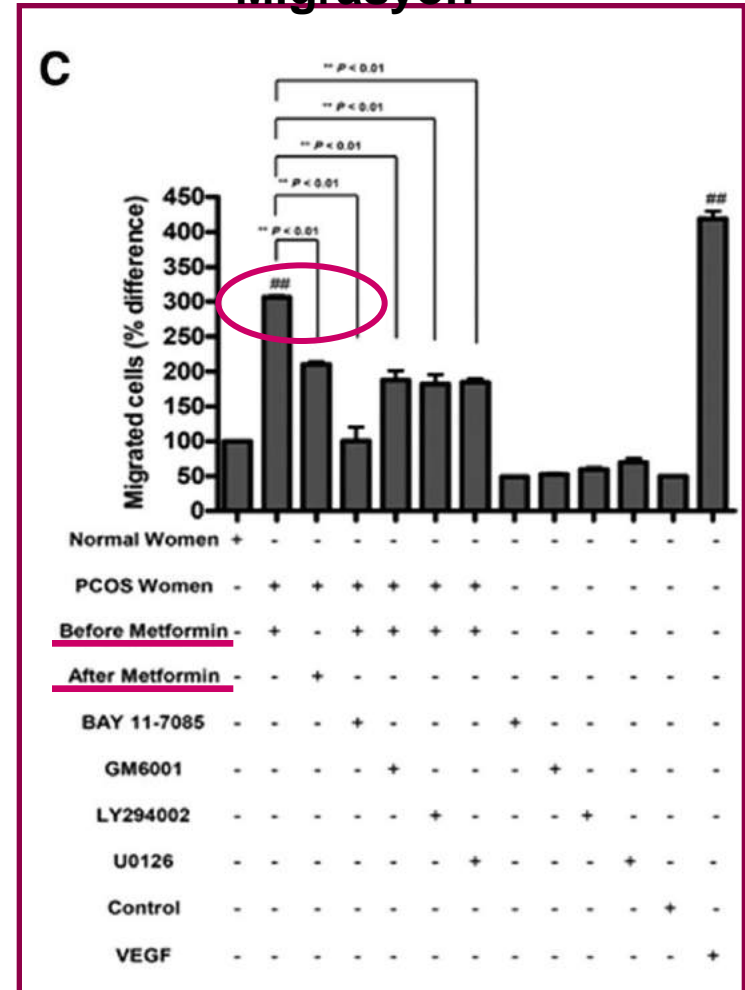
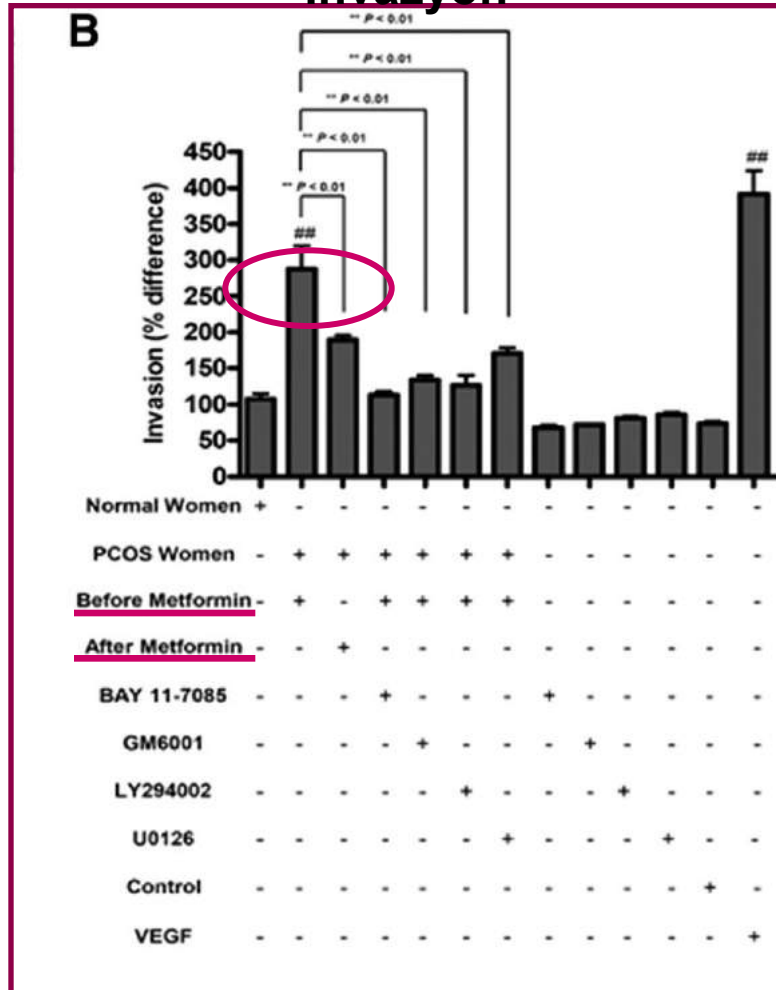
*Rattan R et al, J Oncol, 2012*

*Tan BK et al, J Clin Endocrinol Metab. 2011*

# Metformin tedavisi insan endometrial karsinom hücrelerinde invazyon ve metastazı engellemektedir

## İnvazyon

## Migrasyon

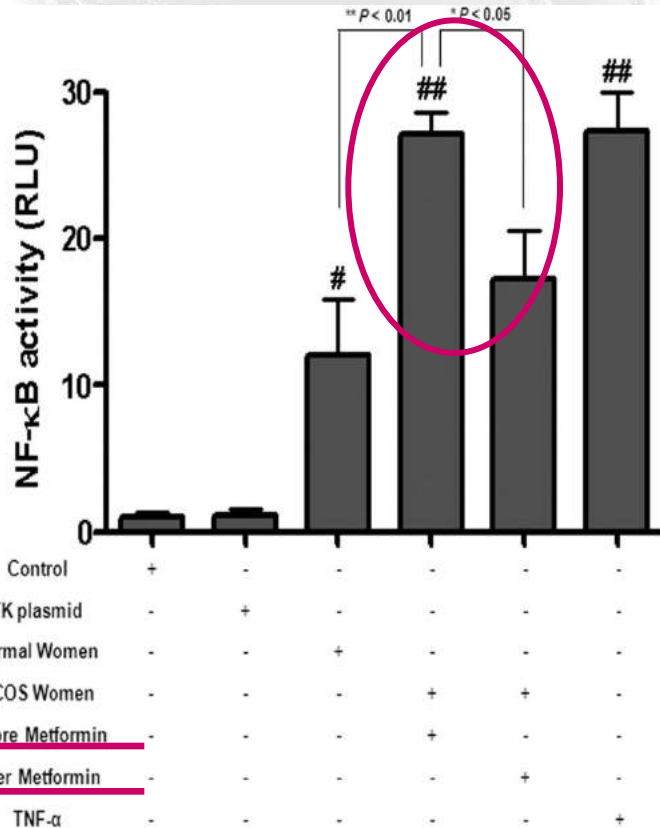


• *in vitro*

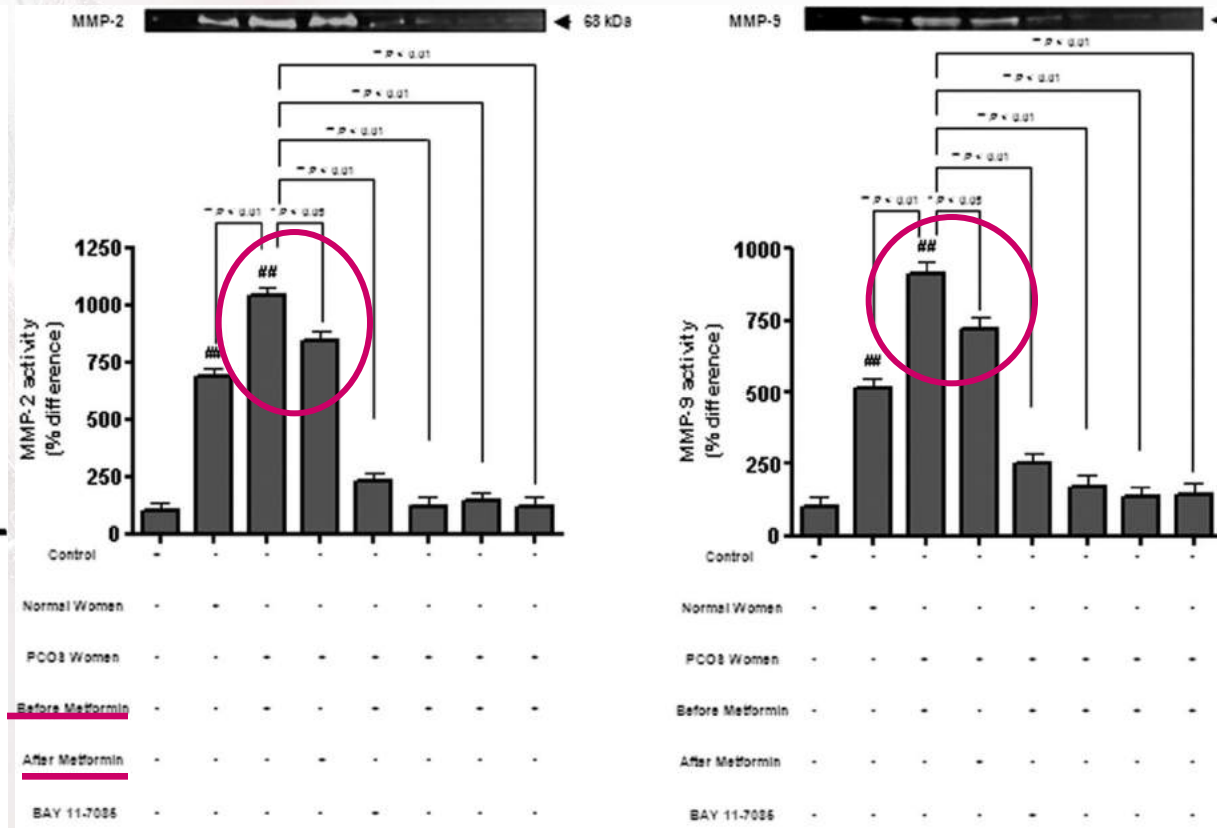
• 6 ay metformin 2x850 mg, n= 21

# Metformin NF-κB, MMP-2 ve MMP-9'u inhibe ederek invazyon ve metastazı engellemektedir

## NF-κB



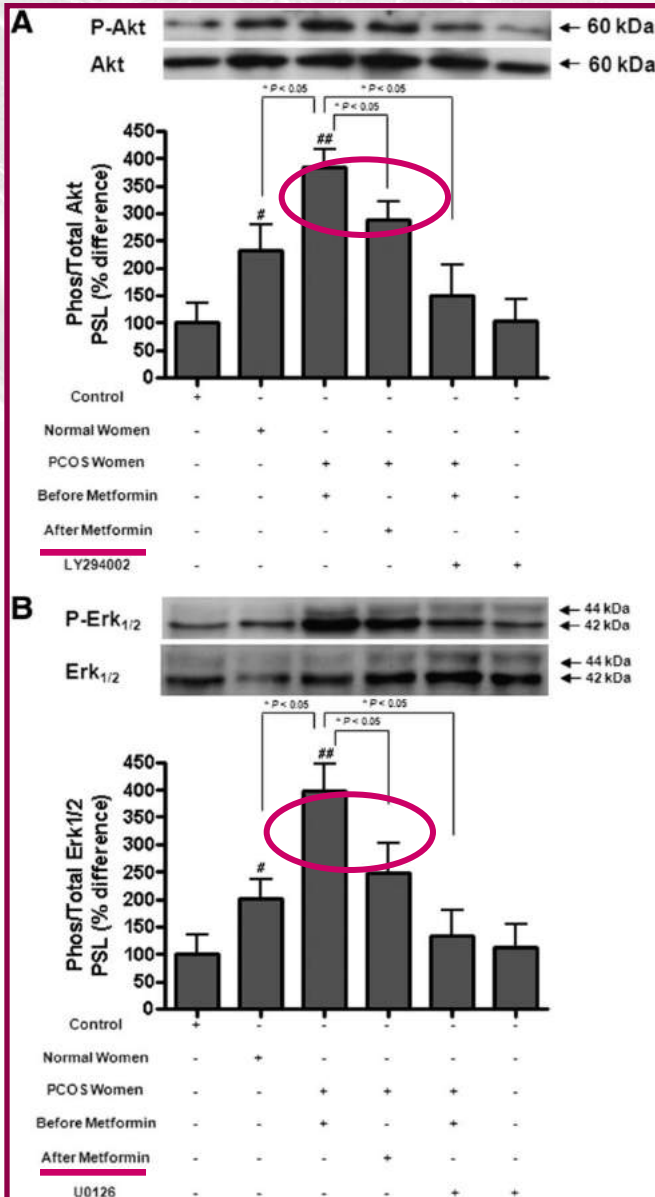
## Matrix Metalloproteinler



- *in vitro*
- 6 ay metformin 2x850 mg, n= 21



# Metformin AKT, ERK yollarını inhibe ederek invazyon ve metastazı engellemektedir



Extracellular signal-regulated kinases (Erk1/2)

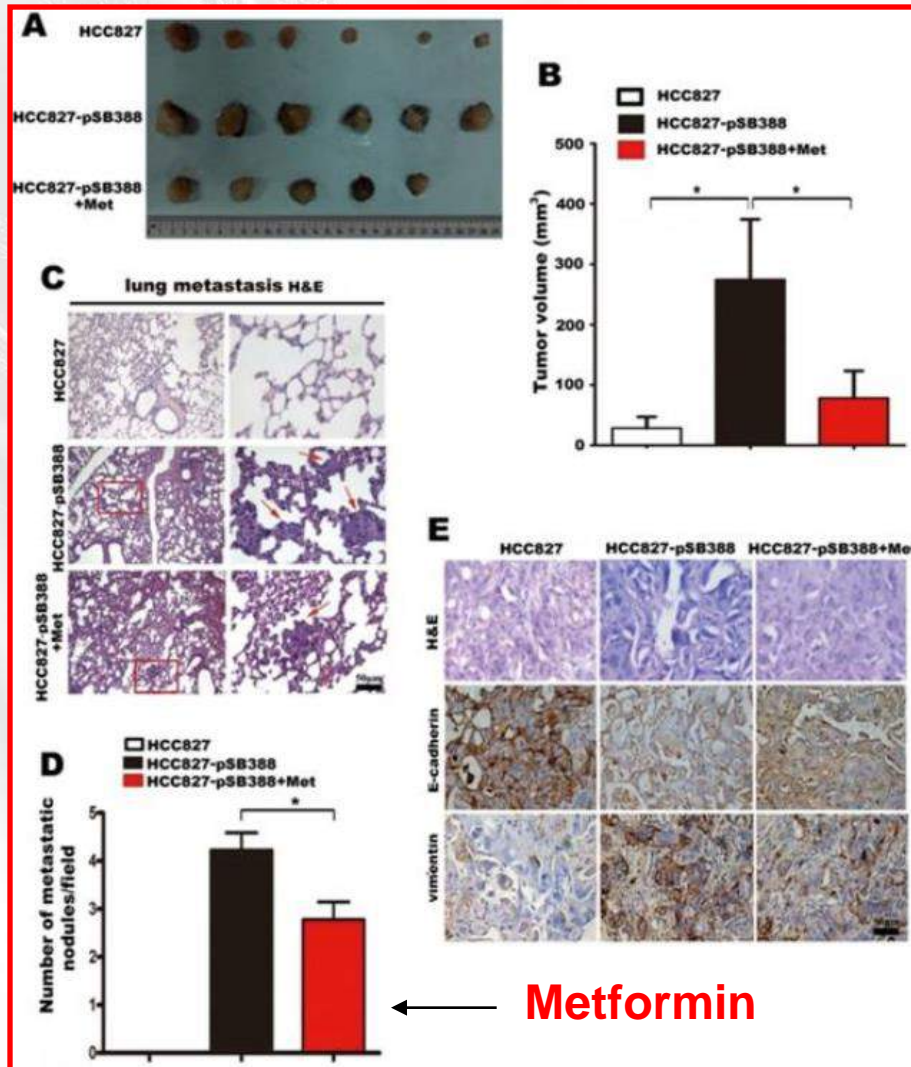
v-akt murine thymoma viral oncogene homolog 1 (Akt)

- *in vitro*
- 6 ay metformin 2x850 mg, n= 21

# Metformin IL-6'ya bağlı akciğer adenokarsinom büyümesini, epitelden mezenkimale tranzisyonu ve metastazı inhibe etmektedir

Xenograflar

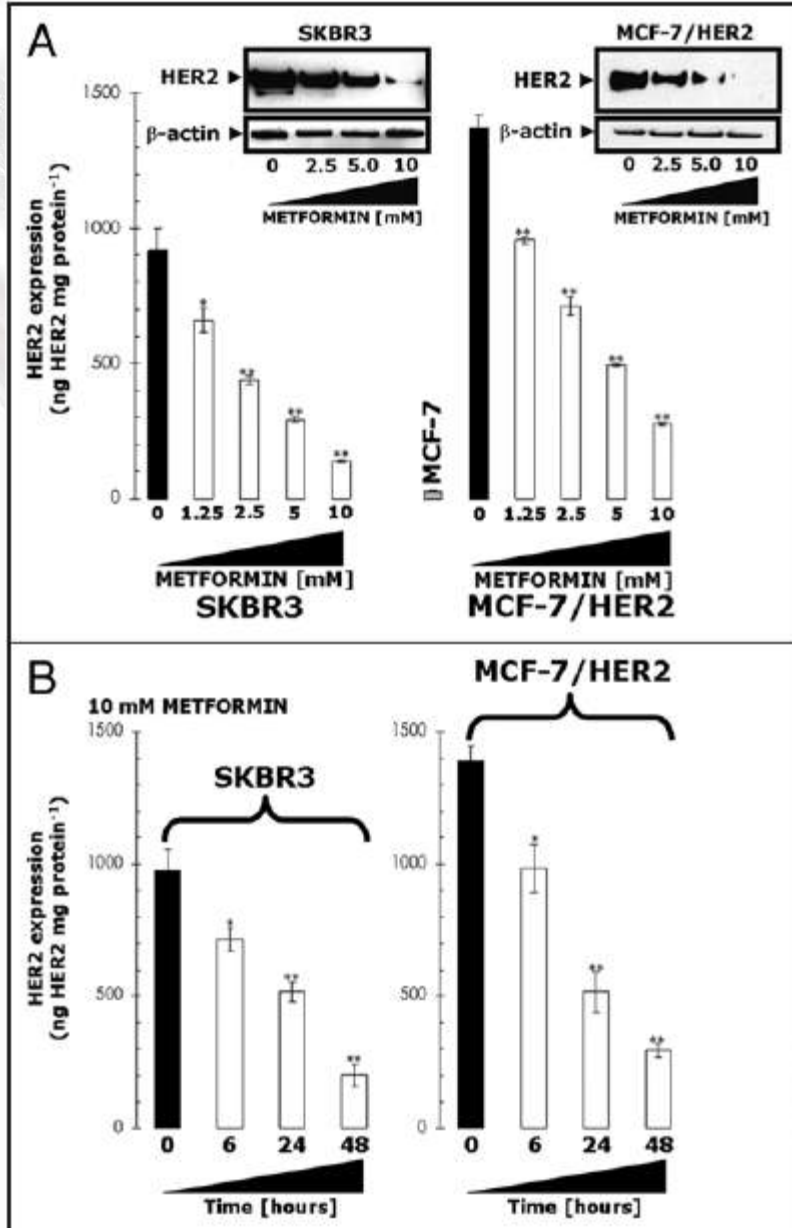
Metformin



Metformin

Metformin

# Metformin, meme kanseri hücrelerinde HER2 onkoproteini doz ve zamana bağlı olarak %85'e kadar inhibe etmektedir



- HER2 (human epidermal growth factor receptor 2) pozitif meme kanser hücreleri
- Metformine bağlı HER2 overekspresyonu supresyonu direkt p70S6K1 (mTOR indükleyici) aktivitesinin inhibisyonuna bağlıdır (AMPK-bağımsız)

10 mM metformin for 0, 6, 24 and 48 hours

# Kanser hücresi sensitivitesi

➔ Metformin kanser hücrelerinin kemotöropetik ajanlara hassasiyetini ↑

– Cisplatin, Doxorubicin, Paclitaxel

➔ Meme, over,

➔ akciğer, pankreas, prostat ca

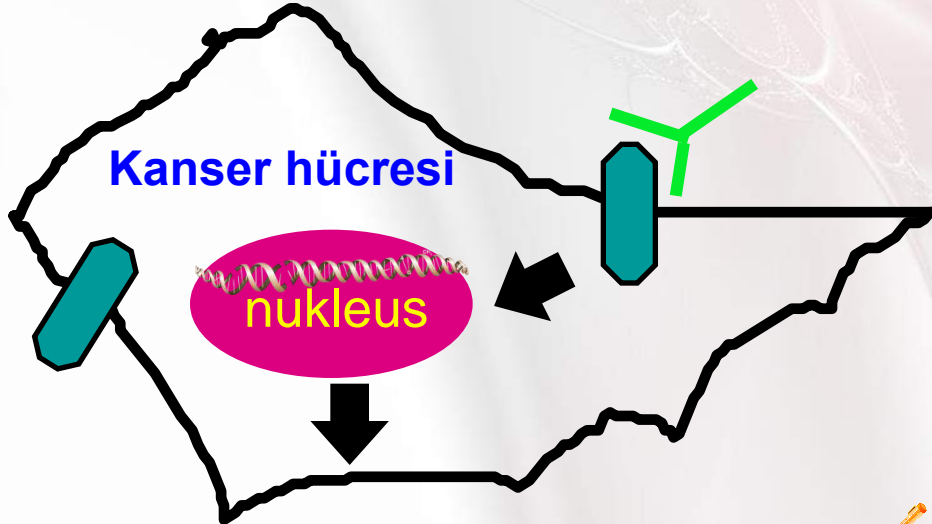
➔ Kanser hücrelerinin radyo-sensitivitesini ↑ (AMPK-bağımlı) →

– akciğer,

– prostat,

– Kolon ca,

– fibrosarkom



🔪 Gotlieb WH, et al. *Gynecol Oncol* 2008

🔪 Hirsch HA et al. *Cancer Res.* 2009

🔪 Hanna RK, et al. *Gynecol Oncol* 2012

🔪 Storozhuk Y, et al. *Br J Cancer.* 2013

🔪 Nur Atiqah Binte Samsuri, *Cancer Treat Rev*, 2017

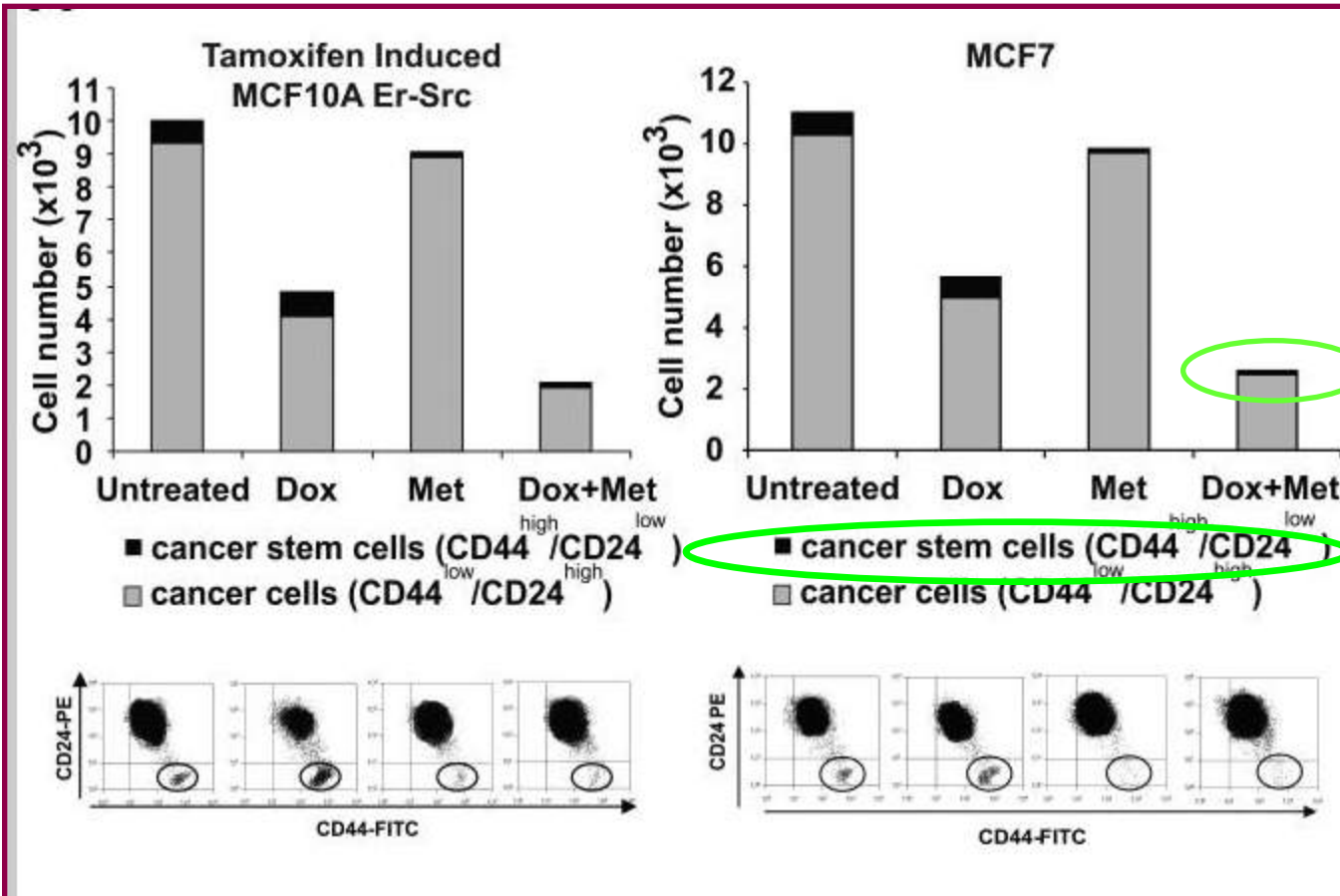


# Metformin+doxorubicin kombinasyonu

Metformin CD44<sup>+</sup>/CD24<sup>-</sup> kanser kök hücrelerini inhibe etmekte

Doxorubinin sitotoksik etkisi ↑

Tümör remisyon süresi ↑, kemoterapi dozu ↓



- Xenograft fare çalışması
- Meme kanseri
- Birlikte kullanım tek kullanıma göre daha fazla tümör kitlesinde küçülme ve relapsı engelleyici etkiyi sağlar





**Metformin**

**Antikanseröz etkileri**

**Dolaylı**  
(insülin bağımlı)

**Direkt**  
(insülin bağımsız)

**AMPK-bağımlı**

**AMPK-bağımsız**

↓ **Glukoz**  
↓ **İnsülin**  
↓ **IGF-1**

↓ mTOR  
↑ p53  
↓ NF-κB  
↓ STAT3 fosfri  
İns/IGF yolak inh  
↓ FA sentezi  
↓ Kolesterol sentezi  
↓ VEGF ↓ HIF-1 ↓ PAI-1

↓ Cyclin D1  
Hücre siklus arresti  
= Apoptozis  
↓ mTORc1  
↑ p53 (REDD1)  
↓ CSC, EMT  
miRNA re-ekspresyonu  
– Otofaji  
– Anti-tümör immünite

# Neden tüm çalışmalarda metforminin antikanserojen etkisi gözlenmiyor ?



- Tümör tipi, klinik evre
- Çalışmadaki hasta sayısı
- Hasta ilişkili faktörler
  - İnsülin rezistansı, T2DM varlığı ve süresi
  - Yaş, cinsiyet
- Retrospektif çalışma olması
- Hasta takip süresi, zaman ile ilişkili biaslar
- Hastadaki genetik mutasyonlar (p53 mutasyonu)

# Klinik ve preklinik çalışmalarda kullanılan metformin konsantrasyonları

## Metformin konsantrasyonu





Teşekkürler