



Published in final edited form as:

Curr Opin Pharmacol. 2009 August ; 9(4): 351–369. doi:10.1016/j.coph.2009.06.020.

Inflammation and Cancer: How Friendly Is the Relationship For Cancer Patients?

Bharat B. Aggarwal* and **Prashasnika Gehlot**

Cytokine Research Laboratory, Department of Experimental Therapeutics, The University of Texas M. D. Anderson Cancer Center, Houston, Texas 77030

Abstract

Evidence has emerged in the last two decades that at the molecular level most chronic diseases, including cancer, are caused by a dysregulated inflammatory response. The identification of transcription factors such as NF- κ B, AP-1 and STAT3 and their gene products such as tumor necrosis factor, interleukin-1, interleukin-6, chemokines, cyclooxygenase-2, 5 lipooxygenase, matrix metalloproteases, and vascular endothelial growth factor, adhesion molecules and others have provided the molecular basis for the role of inflammation in cancer. These inflammatory pathways are activated by tobacco, stress, dietary agents, obesity, alcohol, infectious agents, irradiation, and environmental stimuli, which together account for as much as 95% of all cancers. These pathways have been implicated in transformation, survival, proliferation, invasion, angiogenesis, metastasis, chemoresistance, and radioresistance of cancer, so much so that survival and proliferation of most types of cancer stem cells themselves appear to be dependent on the activation of these inflammatory pathways. Most of this evidence, however, is from preclinical studies. Whether these pathways have any role in prevention, progression, diagnosis, prognosis, recurrence or treatment of cancer in patients, is the topic of discussion of this review. We present evidence that inhibitors of inflammatory biomarkers may have a role in both prevention and treatment of cancer.

2. Introduction

Cancer is one disease that fits the paradigm that “more we know, less we understand its intricacies”. That continuous irritation over long periods of time can lead to cancer (called *arbuda*), has been described in Ayurveda (means the science of long life), written as far back as 5000 years ago. Whether this irritation is the same as that Rudolf Virchow referred to as inflammation in the nineteenth century is uncertain. The observable consequences of irritation were first described by Aulus Cornelius Celsus, a Roman medical writer and possibly a physician in the first century (ca 25BC-50 AD), who characterized inflammation as “redness (*rubor*) and swelling (*tumor*) with heat (*calor*) and pain (*dolor*)”. Virchow postulated that microinflammation that results from irritation leads to the development of most chronic diseases including cancer. This inflammation is now regarded as a “secret killer” for diseases such as atherosclerosis, rheumatoid arthritis, multiple sclerosis, asthma, Alzheimer's, depression, fatigue, neuropathic pain, lack of appetite, and cancer (1). With the recent advent of molecular biology, cell signaling, recombinant DNA, and genomics, there has been

*To whom correspondence should be addressed: Bharat B. Aggarwal, aggarwal@mdanderson.org.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

reawakening and tremendous interest in the role of inflammation in cancer and other diseases. This review will focus primarily on the role of inflammation in cancer.

3. Inflammatory network in cancer

In the last two decades numerous molecules have been identified that play a critical role in inflammation. These include tumor necrosis factor (TNF), interleukin-1 (IL-1), interleukin-6 (IL-6), chemokines, cyclooxygenase (COX)-2, 5 lipooxygenase (LOX), matrix metalloproteases (MMP), vascular endothelial growth factor (VEGF), TWIST and cell surface adhesion molecules. What is common to all these molecules is that they are regulated by the transcription factor NF- κ B (Fig. 1). Although initially discovered in the kappa chain of immunoglobulin and in nucleus of B cells, NF- κ B is now known to be a transcription factor that is ubiquitous to all cell types and present in the cytoplasm in its resting stage. Soon after its discovery, certain NF- κ B proteins were shown to exhibit oncogenic activity e.g; v-rel. The activity of NF- κ B itself is regulated by other transcription factors such Notch-1 (2), PPAR-g (3), STAT3 (4), beta-catenin (5) and p53 (6). NF- κ B has been shown to regulate AP-1 through ELK-1-mediated expression of c-fos (7) (Fig. 2).

For many reasons NF- κ B and gene products regulated by it play a critical role in tumorigenesis (8). First, almost all gene products linked with inflammation are regulated by the activation of NF- κ B (e.g; TNF, IL-1, IL-6, chemokines, COX2, 5LOX, CRP). Second, NF- κ B is activated in response to tobacco, stress, dietary agents, obesity, alcohol, infectious agents, irradiation and environmental stimuli, which together account for as much as 95% of all cancers. Third, NF- κ B has been linked with transformation of cells (8). Fourth, NF- κ B is constitutively active in most tumor cells. Fifth, NF- κ B has also been linked with the survival of cancer stem cells, an early progenitor cells that have acquired self-renewal potential (9-14). Sixth, NF- κ B regulates the expression of most antiapoptotic gene products (bcl-2, bcl-xl, c-FLIP, XIAP, IAP-1, IAP-2, and survivin) associated with the survival of the tumor. Seventh, NF- κ B also regulates the gene products linked with proliferation of tumors such as c-myc, cyclin D1, and COX2. Additionally most growth factors (e.g; EGF, TNF, IL-6) linked with proliferation of tumors either activate NF- κ B or are regulated by this transcription factor. Eighth, NF- κ B controls the expression of gene products linked with invasion, angiogenesis and metastasis of cancer (e.g; MMP, adhesion molecules, VEGF, TWIST, CXCR4). Ninth, while most carcinogens activate NF- κ B, most chemopreventive agents have been shown to suppress NF- κ B activation (Fig. 1). Thus based on cell culture and animal models, the role of NF- κ B and the gene products regulated by it are very well established. Because very rarely discoveries in cell culture or animals models translate directly into treatments or preventive for patients (8), we decided to focus in this review on the role of the NF- κ B-regulated inflammatory network in progression, diagnosis, prognosis, recurrence, and treatment of cancer in the patients.

4. Evidence that inflammatory genes/products are overexpressed in cancer patients

Both TNF and NF- κ B, two major mediators of inflammation (isolated around 1984 and 1986, respectively) are now the subjects of around 73,000 and 27,000 citations. The Pubmed database also shows 2300 citation for NF- κ B in patients in general and around 800 in cancer patients alone. Thus it is not possible to cover all this information. Both NF- κ B and NF- κ B gene products have been, however, linked with prognosis and response to therapy in patients with different cancers (see Tables 1-3 (18-270)).

4A. Role of NF- κ B in cancer patients

The presence of constitutively active NF- κ B has now been identified in tissue of most cancers including leukemia, lymphoma, and cancers of the prostate, breast, oral cavity, liver, pancreas, colon, and ovary (Table 1;). The role of NF- κ B in cancer patients has also been examined. Activation of NF- κ B has been linked with metastasis of prostate cancer to the lymph nodes (15) and it predicts patient outcomes in prostate cancer (16). Similarly, it is associated with high recurrence and poor survival in squamous cell carcinoma of the tonsil (17) and with oral tumor progression (18); it is a prognostic indicator in esophageal cancer (19), and is associated with chemoradiation resistance in patients with this tumor (20). Progression of lung cancer (21) reduced survival in ovarian cancer (22), aggressiveness of breast cancer (23,24) and response to chemotherapy in breast cancer (25) have all been linked to NF- κ B activation. Why NF- κ B is expressed constitutively in these tissues is not clear. Whole-genome structure analysis revealed that the kinase needed for NF- κ B activation (IKKe) is amplified and overexpressed in patient -derived breast cancer tissue (7 of 20) (26). In multiple myeloma, high-density oligonucleotide array CGH and gene expression profiling data revealed ten genes causing the inactivation of TRAF2, TRAF3, CYLD, and IAP1/cIAP2, and activation of NFKB1, NFKB2, CD40, LTBR, TACI, and NIK was linked to constitutive activation of the noncanonical NF- κ B pathway (27). Constitutive activation of NF- κ B in multiple myeloma patients has also been ascribed to elevated expression of NIK due to genomic alterations or protein stabilization ((28). All these studies suggest that NF- κ B plays important in most human cancers and thus that suppression of NF- κ B should have therapeutic potential.

4B. Role of STAT3 in cancer patients

Unlike NF- κ B, very little is known about the status of STAT3 in cancer patients. Various growth factors for cancer cells can activate STAT3, including IL-6 and EGF. Constitutively active STAT3 has been reported in multiple myeloma (29), chronic lymphocytic leukemia (30), gastric cancer (31), lung cancer (32), and laryngeal carcinoma (33). Its constitutive activity has been correlated with unfavorable treatment outcome in acute myelogenous leukemia (34): constitutive STAT3 activity was detected in samples from 44% of patients. Disease-free survival (DFS) was significantly shorter in patients with constitutive STAT3 activity (median 8.7 vs 20.6 months), although overall survival did not differ significantly. The subgroup of patients with constitutive STAT3 activity and the STAT3 beta isoform had the shortest DFS and overall survival of all the patients.

4C. Role of COX2 in cancer patients

COX2 has emerged as another major mediator of inflammation, accounting for over 15,000 citations in the medical literature. Overexpression of COX2 has been shown in patients with various cancers (Table 2). Its overexpression has been linked with poor survival in prostate cancer (35), with a high probability of recurrence of this cancer (36), with shorter survival of lung cancer patients (37), with pathogenesis and progression of oral cancer (38) and progression of esophageal cancer (39). Angiogenesis in Hodgkin's disease (40), shorter progression-free survival in multiple myeloma (41), and lymphoangiogenesis and poor prognosis in invasive breast cancer (42) likewise have been linked to COX overexpression. Levels of COX-2 expression were significant prognostic factors for patients with multiple myeloma (43): overall survival of those patients with negative or weak-moderate COX-2 expression was significantly better than that of patients with strong COX-2 immunoreactivity. Overexpression of COX-2 is also associated with a poor prognosis in patients with SCC of the uterine cervix treated with radiation and concurrent chemotherapy (44). COX-2 expression was also found to be related to nuclear grade in ductal carcinoma in situ, and it was increased in its normal adjacent epithelium (45).

4D. Role of TNF in cancer patients

Although TNF is the most potent activator of NF- κ B, elevated levels of TNF in tissue or serum are not very common in cancer patients. One of the first reports of a possible role for TNF in cancer was presented by (46). TNF was detected in 50% of 226 freshly obtained serum samples from cancer patients with active disease. In contrast, only 3% of 32 samples from normal subjects and 18% of 39 samples from cancer patients with no clinically evident disease were positive for this factor, with low activity. Greater proportions of serum samples from patients with ovarian or oat-cell carcinoma were positive (69% and 63%) than those from patients with lymphoma (26%). TNF mRNA was found in 8 of 11 samples of PBMC from cancer patients, but only 1 of 8 normal subjects, and in 2 of 6 colorectal tumors. The similarity in production of TNF both in patients with ovarian tumors (47) and in patients with benign tumors supports the conclusion that the production of these cytokines is more a nonspecific indicator of an inflammatory process than a specific response to a malignant process. In contrast to these studies, the clinical significance of TNF plasma level in patients with chronic lymphocytic leukemia has been reported (48); and acts as an autocrine and paracrine growth factor in this disease. In CLL patients TNF was significantly higher than in the healthy control population (16.4 versus 8.7 pg/mL). The TNF-alpha level was a predictor of survival, and in fact patients with a TNF level above the mean value of 14 pg/mL had significantly shorter survival duration.

4E. Role of IL-1 in cancer patients

IL-1 β is another cytokine that is regulated by NF- κ B. This cytokine has been associated with growth and progression of human gastric carcinoma (49), colorectal cancer (50), esophageal cancer (51) and ovarian cancer (47). In one study, surgical removal of the ovarian tumor and resolution of ascites was followed by declines in serum levels of IL-1beta (52).

4F. Role of IL-6 in cancer patients

IL-6 is another cytokine that is regulated by NF- κ B and serves as a growth factor for various tumors through the upregulation of STAT3. An overproduction of IL-6, indicated by increased plasma C-reactive protein levels, is found in 37% of multiple myeloma patients at diagnosis and is associated with disease aggressiveness, myeloma-cell proliferation, and poor prognosis (53). A systemic inflammatory response predicts prognosis in patients with advanced-stage colorectal cancer. (54). Inflammatory markers were measured at baseline in 52 patients with stage IV colorectal cancer. Significantly elevated levels of IL-6 and sgp130 were observed in patients with colon cancer, and inflammatory markers paralleled clinical outcome. Use of these markers could improve prognostication and allow for intervention strategies to reduce tumor-associated inflammation. Malignant ascites of epithelial ovarian cancer patients contains high levels of IL-6 (55).

4G. Role of chemokines in cancer patients

Among the chemokines, IL-8 has been linked with progression of colorectal cancer (CRC) (56), metastasis of CRC to liver (57,58), metastasis of hepatocellular carcinoma (HCC) (59), progression of prostate cancer (60), poor prognosis of nasopharyngeal carcinoma (61), prognostic marker for gastric cancer (62), and tumor progression and time to relapse of lung cancer (63), ovarian cancer (64) and malignant melanoma (65). The expression of the chemokine receptor CXCR4, which binds to stem cell-derived factor (SDF)-1, has also been linked with metastasis, poor prognosis, and short survival of patients with a wide variety of cancers (Table 3). These include breast (66), prostate (67), esophagus (68), CRC (69), lung (70), thyroid (71), astrocytoma (72) and neuroblastoma (73). In addition, the metastatic potential of a cancer stem cell is determined by the expression of CXCR4 (74,75). The SDF-1 and the G-protein-coupled seven-span transmembrane receptor CXCR4 axis regulates the trafficking of both normal and cancer stem cells. Moreover, functional CXCR4 is also

expressed on nonhematopoietic tissue-committed stem/progenitor cells (TCSCs); hence, the SDF-1-CXCR4 axis emerges as a pivotal regulator of trafficking of various types of stem cells in the body. Furthermore, because most if not all malignancies originate in the stem/progenitor cell compartment, cancer stem cells also express CXCR4 on their surface and, as a result, the SDF-1-CXCR4 axis is also involved in directing their trafficking/metastasis to organs that highly express SDF-1 (e.g., lymph nodes, lungs, liver, and bones). Consequently, strategies aimed at modulating the SDF-1-CXCR4 axis could have important clinical applications both in regenerative medicine to deliver normal stem cells to the tissues/organs and in clinical hematology/oncology to inhibit metastasis of cancer stem cells.

4H. Role of 5LOX in cancer patients

The expression of 5-lipoxygenase is also regulated by NF- κ B and it has been linked with progression and development of cancer of the kidney ((76), breast (77) and pancreas (78). Besides 5-LOX, 12-LOX, has also been linked with progression of breast (79) and prostate cancer (80).

4I. Role of VEGF in cancer patients

VEGF is another cytokine that plays an essential role in proliferation of endothelial cells and angiogenesis. The expression of VEGF has been linked with metastasis, poor prognosis and relapse of numerous cancers in pts including those of the lung (81,82), liver (83), CRC (84), ovary (85), papillary thyroid (86), stomach (87), nasopharyngeal space (88) and pancreas (89) and melanoma (90). Four most common organs of tumor metastasis are lung, bone, lymph node, and brain. Whether VEGF expression in the tumor tissue or the surrounding normal tissue can selectively regulate metastasis to any of these organs is a subject of investigation. VEGF has also been found to activate NF- κ B in hematopoietic progenitor cells and mediate their survival (91).

4J. Role of iNOS in cancer patients

iNOS, whose expression is regulated by NF- κ B, mediates the production of NO. Overexpression of iNOS has been linked with gastric cancer progression (92), brain tumor (93), Barrett's associated neoplastic progression (94), poor survival for stage III melanoma patients (95) and progression of transitional cell carcinoma (96). Some of the effects of iNOS are mediated through the suppression of apoptosis.

4K. Role of CRP in cancer patients

C-reactive protein (CRP), an NF- κ B-regulated gene product first linked to cardiovascular diseases, has recently been linked with prognosis of cancers of the breast (97), colon (98), kidney (99), ovary (100) lung (101) and stomach (51), and multiple myeloma (102), melanoma (103), and non-Hodgkin's lymphoma (104). Thus CRP is emerging as an important prognostic marker in a wide variety of cancers.

4L. Role of MMP-9 and UPA in cancer patients

The invasion of vital organs by a tumor is regulated by matrix metalloproteases (MMP) and urinary plasminogen activator (UPA). Both of these proteins are regulated by NF- κ B. Expression of MMP-9 has been correlated with prognosis, aggressiveness, and survival in cancer of the lung (105,106), stomach (107), and esophagus (108), and in non-Hodgkin's lymphoma NHL (109), renal cell carcinoma (110), and liposarcoma (111). The role of UPA under these conditions is less well understood.

4M. Role of cyclin D1 in cancer patients

Cyclin D1, whose expression is regulated by NF- κ B, is involved in the transition of cells from G1 to S phase. Mantle cell lymphoma (MCL), which accounts for 5-10% of all non-Hodgkin lymphomas and has the worst prognosis among all lymphomas, The hallmark of MCL is a t(11;14) translocation that results in overexpression of cyclin D1 by tumor cells of virtually all patients (5). Cyclin D1 is also a prognostic marker for other type of cancers but the relationship is highly variable. Approximately 30% of myeloma patients express cyclin D1. The low incidence of translocation t(11;14) detected by conventional cytogenetics suggests that the up-regulation of cyclin D1 protein might result from other mechanisms as well as from gene amplification(112).

5. Inhibitors of inflammation in the clinic for treatment of cancer patients

From these studies, it is clear that various inflammatory markers are expressed in various cancers and they mediate progression of the diseases. Thus agents which suppress these inflammatory markers or the pathways activated by them have a potential for prevention and treatment of cancer (Fig. 3). Some of the agents that have potential to suppress these pathways and are being tested include steroids (such as dexamethasone and predensilon), proteasome inhibitors (such as velcade), TNF inhibitors (such as thalidomide, enbrel, humira and remicade), NF- κ B inhibitors (such as curcumin), and COX2 inhibitors (such as aspirin and celecoxib). In addition most nutraceuticals derived from fruits, vegetables, legumes, and spices have been shown to suppress both constitutive and inducible NF- κ B activation pathways, thus leading to suppression of various inflammatory biomarkers.

A model for regulation of inflammatory biomarkers is proposed (Fig. 3). Disease is normally due to dysregulation of numerous inflammatory biomarkers (represented by each bulb). Complete inhibition of a single biomarker (such as COX2) is more likely to be toxic and unlikely to cure the disease. However, downregulation of several biomarkers “*partially*” is more likely to inhibit the dysregulated inflammation and be less toxic and more efficient in treating the disease.

6. Conclusion

All the studies described above provide conclusive proof that inflammation is a critical mediator of cancer. Thus antiinflammatory agents should be explored for both prevention and treatment of cancer. Although numerous cell culture and animal studies have identified several natural anti-inflammatory agents, their true potential will be recognized only through well-controlled clinical trials. Such studies are urgently needed. Curcumin, a component of turmeric, is one such agent that has been shown to suppress all the pathways indicated above. But its full clinical potential remains to be recognized.

Acknowledgments

We thank Walter Pagel for carefully proofreading the manuscript and providing valuable comments. Dr. Aggarwal is the Ransom Horne, Jr., Professor of Cancer Research. This work was supported by a grant from the Clayton Foundation for Research (B.B.A.), a core grant from the National Institutes of Health (CA-16 672), a program project grant from National Institutes of Health (NIH CA-124787-01A2), and grant from Center for Targeted Therapy of M.D. Anderson Cancer Center.

References

1. Heidland A, Klassen A, Rutkowski P, Bahner U. The contribution of Rudolf Virchow to the concept of inflammation: what is still of importance? J Nephrol 2006;19:S102–9. [PubMed: 16874721]

2. Vilimas T, Mascarenhas J, Palomero T, et al. Targeting the NF-kappaB signaling pathway in Notch1-induced T-cell leukemia. *Nat Med* 2007;13:70–7. [PubMed: 17173050]**An important evidence for the role of NF-kB in leukemia.
3. Lee KJ, Kim HA, Kim PH, et al. Ox-LDL suppresses PMA-induced MMP-9 expression and activity through CD36-mediated activation of PPAR-g. *Exp Mol Med* 2004;36:534–44. [PubMed: 15665586]
4. Grivennikov S, Karin E, Terzic J, et al. IL-6 and Stat3 are required for survival of intestinal epithelial cells and development of colitis-associated cancer. *Cancer Cell* 2009;15:103–13. [PubMed: 19185845]
5. Wang M, Sun L, Qian J, et al. Cyclin D1 as a universally expressed mantle cell lymphoma-associated tumor antigen for immunotherapy. *Leukemia*. 2009
6. Monteghirfo S, Tosetti F, Ambrosini C, et al. Antileukemia effects of xanthohumol in Bcr/Abl-transformed cells involve nuclear factor-kappaB and p53 modulation. *Mol Cancer Ther* 2008;7:2692–702. [PubMed: 18790751]
7. Fujioka S, Niu J, Schmidt C, et al. NF-kappaB and AP-1 connection: mechanism of NF-kappaB-dependent regulation of AP-1 activity. *Mol Cell Biol* 2004;24:7806–19. [PubMed: 15314185]
8. Aggarwal BB, Vijayalekshmi RV, Sung B. Targeting inflammatory pathways for prevention and therapy of cancer: short-term friend, long-term foe. *Clin Cancer Res* 2009;15:425–30. [PubMed: 19147746]
9. Guzman ML, Neering SJ, Upchurch D, et al. Nuclear factor-kappaB is constitutively activated in primitive human acute myelogenous leukemia cells. *Blood* 2001;98:2301–7. [PubMed: 11588023]
10. Guzman ML, Rossi RM, Neelakantan S, et al. An orally bioavailable parthenolide analog selectively eradicates acute myelogenous leukemia stem and progenitor cells. *Blood* 2007;110:4427–35. [PubMed: 17804695]
11. Braun T, Carvalho G, Coquelle A, et al. NF-kappaB constitutes a potential therapeutic target in high-risk myelodysplastic syndrome. *Blood* 2006;107:1156–65. [PubMed: 16223780]
12. Birnie R, Bryce SD, Roome C, et al. Gene expression profiling of human prostate cancer stem cells reveals a pro-inflammatory phenotype and the importance of extracellular matrix interactions. *Genome Biol* 2008;9:R83. [PubMed: 18492237]
13. Widera D, Kaus A, Kaltschmidt C, Kaltschmidt B. Neural stem cells, inflammation and NF-kappaB: basic principle of maintenance and repair or origin of brain tumours? *J Cell Mol Med* 2008;12:459–70. [PubMed: 18182066]
14. Zhou J, Zhang Y. Cancer stem cells: Models, mechanisms and implications for improved treatment. *Cell Cycle* 2008;7:1360–70. [PubMed: 18418062]
15. Ismail HA, Lessard L, Mes-Masson AM, Saad F. Expression of NF-kappaB in prostate cancer lymph node metastases. *Prostate* 2004;58:308–13. [PubMed: 14743471]**Provides first evidence for the role of NF-kB in prostate cancer.
16. Lessard L, Begin LR, Gleave ME, Mes-Masson AM, Saad F. Nuclear localisation of nuclear factor-kappaB transcription factors in prostate cancer: an immunohistochemical study. *Br J Cancer* 2005;93:1019–23. [PubMed: 16205698]
17. Zhang PL, Pellitteri PK, Law A, et al. Overexpression of phosphorylated nuclear factor-kappa B in tonsillar squamous cell carcinoma and high-grade dysplasia is associated with poor prognosis. *Mod Pathol* 2005;18:924–32. [PubMed: 15920558]
18. Mishra A, Bharti AC, Varghese P, Saluja D, Das BC. Differential expression and activation of NF-kappaB family proteins during oral carcinogenesis: Role of high risk human papillomavirus infection. *Int J Cancer* 2006;119:2840–50. [PubMed: 16998793]
19. Izzo JG, Malhotra U, Wu TT, et al. Clinical biology of esophageal adenocarcinoma after surgery is influenced by nuclear factor-kappaB expression. *Cancer Epidemiol Biomarkers Prev* 2007;16:1200–5. [PubMed: 17548685]
20. Izzo JG, Malhotra U, Wu TT, et al. Association of activated transcription factor nuclear factor kappaB with chemoradiation resistance and poor outcome in esophageal carcinoma. *J Clin Oncol* 2006;24:748–54. [PubMed: 16401681]
21. Tang X, Liu D, Shishodia S, et al. Nuclear factor-kappaB (NF-kappaB) is frequently expressed in lung cancer and preneoplastic lesions. *Cancer* 2006;107:2637–46. [PubMed: 17078054]

22. Niesporek S, Weichert W, Sinn B, et al. NF-kappaB subunit p65/RelA expression in ovarian carcinoma: prognostic impact and link to COX-2 overexpression. *Verh Dtsch Ges Pathol* 2007;91:243–9. [PubMed: 18314621]
23. Lerebours F, Vacher S, Andrieu C, et al. NF-kappa B genes have a major role in inflammatory breast cancer. *BMC Cancer* 2008;8:41. [PubMed: 18248671]
24. Zhou Y, Eppenberger-Castori S, Marx C, et al. Activation of nuclear factor-kappaB (NFkappaB) identifies a high-risk subset of hormone-dependent breast cancers. *Int J Biochem Cell Biol* 2005;37:1130–44. [PubMed: 15743683]
25. Garg AK, Hortobagyi GN, Aggarwal BB, Sahin AA, Buchholz TA. Nuclear factor-kappa B as a predictor of treatment response in breast cancer. *Curr Opin Oncol* 2003;15:405–11. [PubMed: 14624221]**Shows NF-kB as a predictor of response in breast cancer.
26. Boehm JS, Zhao JJ, Yao J, et al. Integrative genomic approaches identify IKBKE as a breast cancer oncogene. *Cell* 2007;129:1065–79. [PubMed: 17574021]
27. Keats JJ, Fonseca R, Chesi M, et al. Promiscuous mutations activate the noncanonical NF-kappaB pathway in multiple myeloma. *Cancer Cell* 2007;12:131–44. [PubMed: 17692805]
28. Annunziata CM, Davis RE, Demchenko Y, et al. Frequent engagement of the classical and alternative NF-kappaB pathways by diverse genetic abnormalities in multiple myeloma. *Cancer Cell* 2007;12:115–30. [PubMed: 17692804]
29. Bharti AC, Shishodia S, Reuben JM, et al. Nuclear factor-kappaB and STAT3 are constitutively active in CD138+ cells derived from multiple myeloma patients, and suppression of these transcription factors leads to apoptosis. *Blood* 2004;103:3175–84. [PubMed: 15070700]
30. Frank DA, Mahajan S, Ritz J. B lymphocytes from patients with chronic lymphocytic leukemia contain signal transducer and activator of transcription (STAT) 1 and STAT3 constitutively phosphorylated on serine residues. *J Clin Invest* 1997;100:3140–8. [PubMed: 9399961]
31. Kanda N, Seno H, Konda Y, et al. STAT3 is constitutively activated and supports cell survival in association with survivin expression in gastric cancer cells. *Oncogene* 2004;23:4921–9. [PubMed: 15077160]
32. Haura EB, Zheng Z, Song L, Cantor A, Bepler G. Activated epidermal growth factor receptor-Stat-3 signaling promotes tumor survival in vivo in non-small cell lung cancer. *Clin Cancer Res* 2005;11:8288–94. [PubMed: 16322287]
33. Liu B, Ren Z, Shi Y, Guan C, Pan Z, Zong Z. Activation of signal transducers and activators of transcription 3 and overexpression of its target gene CyclinD1 in laryngeal carcinomas. *Laryngoscope* 2008;118:1976–80. [PubMed: 18758380]
34. Benekli M, Xia Z, Donohue KA, et al. Constitutive activity of signal transducer and activator of transcription 3 protein in acute myeloid leukemia blasts is associated with short disease-free survival. *Blood* 2002;99:252–7. [PubMed: 11756179]
35. Khor LY, Bae K, Pollack A, et al. COX-2 expression predicts prostate-cancer outcome: analysis of data from the RTOG 92-02 trial. *Lancet Oncol* 2007;8:912–20. [PubMed: 17881290]
36. Cohen BL, Gomez P, Omori Y, et al. Cyclooxygenase-2 (COX-2) expression is an independent predictor of prostate cancer recurrence. *Int J Cancer* 2006;119:1082–7. [PubMed: 16557596]
37. Khuri FR, Wu H, Lee JJ, et al. Cyclooxygenase-2 overexpression is a marker of poor prognosis in stage I non-small cell lung cancer. *Clin Cancer Res* 2001;7:861–7. [PubMed: 11309334]
38. Pannone G, Bufo P, Caiaffa MF, et al. Cyclooxygenase-2 expression in oral squamous cell carcinoma. *Int J Immunopathol Pharmacol* 2004;17:273–82. [PubMed: 15461861]
39. Yang GZ, Li L, Ding HY, Zhou JS. Cyclooxygenase-2 is over-expressed in Chinese esophageal squamous cell carcinoma, and correlated with NF-kappaB: an immunohistochemical study. *Exp Mol Pathol* 2005;79:214–8. [PubMed: 16202995]
40. Ohsawa M, Fukushima H, Ikura Y, et al. Expression of cyclooxygenase-2 in Hodgkin's lymphoma: its role in cell proliferation and angiogenesis. *Leuk Lymphoma* 2006;47:1863–71. [PubMed: 17064999]
41. Trojan A, Tinguely M, Vallet S, et al. Clinical significance of cyclooxygenase-2 (COX-2) in multiple myeloma. *Swiss Med Wkly* 2006;136:400–3. [PubMed: 16847764]
42. Zhang XH, Huang DP, Guo GL, et al. Coexpression of VEGF-C and COX-2 and its association with lymphangiogenesis in human breast cancer. *BMC Cancer* 2008;8:4. [PubMed: 18190720]

43. Cetin M, Buyukberber S, Demir M, et al. Overexpression of cyclooxygenase-2 in multiple myeloma: association with reduced survival. *Am J Hematol* 2005;80:169–73. [PubMed: 16247750]
44. Kim YB, Kim GE, Cho NH, et al. Overexpression of cyclooxygenase-2 is associated with a poor prognosis in patients with squamous cell carcinoma of the uterine cervix treated with radiation and concurrent chemotherapy. *Cancer* 2002;95:531–9. [PubMed: 12209745]
45. Shim SJ, Yang WI, Shin E, et al. Clinical significance of cyclooxygenase-2 expression in extranodal natural killer (NK)/T-cell lymphoma, nasal type. *Int J Radiat Oncol Biol Phys* 2007;67:31–8. [PubMed: 17049184]
46. Balkwill F, Osborne R, Burke F, et al. Evidence for tumour necrosis factor/cachectin production in cancer. *Lancet* 1987;2:1229–32. [PubMed: 2890853]*An earliest reported indication about the role of inflammation in cancer.
47. Punnonen J, Heinonen PK, Kuoppala T, Jansen CT, Punnonen R. Production of interleukin-1 beta and tumour necrosis factor-alpha in patients with benign or malignant ovarian tumours. *J Cancer Res Clin Oncol* 1991;117:587–92. [PubMed: 1744165]
48. Ferrajoli A, Keating MJ, Manshoury T, et al. The clinical significance of tumor necrosis factor-alpha plasma level in patients having chronic lymphocytic leukemia. *Blood* 2002;100:1215–9. [PubMed: 12149200]
49. Kai H, Kitadai Y, Kodama M, et al. Involvement of proinflammatory cytokines IL-1beta and IL-6 in progression of human gastric carcinoma. *Anticancer Res* 2005;25:709–13. [PubMed: 15868900]
50. Miki C, Konishi N, Ojima E, Hatada T, Inoue Y, Kusunoki M. C-reactive protein as a prognostic variable that reflects uncontrolled up-regulation of the IL-1-IL-6 network system in colorectal carcinoma. *Dig Dis Sci* 2004;49:970–6. [PubMed: 15309885]
51. Deans DA, Wigmore SJ, Gilmour H, Paterson-Brown S, Ross JA, Fearon KC. Elevated tumour interleukin-1beta is associated with systemic inflammation: A marker of reduced survival in gastro-oesophageal cancer. *Br J Cancer* 2006;95:1568–75. [PubMed: 17088911]
52. Abramov Y, Anteby SO, Fasouliotis SJ, Barak V. The role of inflammatory cytokines in Meigs' syndrome. *Obstet Gynecol* 2002;99:917–9. [PubMed: 11975958]
53. Klein B, Bataille R. Cytokine network in human multiple myeloma. *Hematol Oncol Clin North Am* 1992;6:273–84. [PubMed: 1582974]
54. Sharma R, Zucknick M, London R, Kacevska M, Liddle C, Clarke SJ. Systemic inflammatory response predicts prognosis in patients with advanced-stage colorectal cancer. *Clin Colorectal Cancer* 2008;7:331–7. [PubMed: 18794066]
55. Offner FA, Obrist P, Stadlmann S, et al. IL-6 secretion by human peritoneal mesothelial and ovarian cancer cells. *Cytokine* 1995;7:542–7. [PubMed: 8580370]
56. Rubie C, Frick VO, Pfeil S, et al. Correlation of IL-8 with induction, progression and metastatic potential of colorectal cancer. *World J Gastroenterol* 2007;13:4996–5002. [PubMed: 17854143]
57. Terada H, Urano T, Konno H. Association of interleukin-8 and plasminogen activator system in the progression of colorectal cancer. *Eur Surg Res* 2005;37:166–72. [PubMed: 16088182]
58. Haraguchi M, Komuta K, Akashi A, Matsuzaki S, Furui J, Kanematsu T. Elevated IL-8 levels in the drainage vein of resectable Dukes' C colorectal cancer indicate high risk for developing hepatic metastasis. *Oncol Rep* 2002;9:159–65. [PubMed: 11748475]
59. Kubo F, Ueno S, Hiwatashi K, et al. Interleukin 8 in human hepatocellular carcinoma correlates with cancer cell invasion of vessels but not with tumor angiogenesis. *Ann Surg Oncol* 2005;12:800–7. [PubMed: 16132378]
60. Murphy C, McGurk M, Pettigrew J, et al. Nonapical and cytoplasmic expression of interleukin-8, CXCR1, and CXCR2 correlates with cell proliferation and microvessel density in prostate cancer. *Clin Cancer Res* 2005;11:4117–27. [PubMed: 15930347]
61. Horikawa T, Kaizaki Y, Kato H, Furukawa M, Yoshizaki T. Expression of interleukin-8 receptor A predicts poor outcome in patients with nasopharyngeal carcinoma. *Laryngoscope* 2005;115:62–7. [PubMed: 15630368]
62. Kido S, Kitadai Y, Hattori N, et al. Interleukin 8 and vascular endothelial growth factor -- prognostic factors in human gastric carcinomas? *Eur J Cancer* 2001;37:1482–7. [PubMed: 11506954]

63. Yuan A, Yang PC, Yu CJ, et al. Interleukin-8 messenger ribonucleic acid expression correlates with tumor progression, tumor angiogenesis, patient survival, and timing of relapse in non-small-cell lung cancer. *Am J Respir Crit Care Med* 2000;162:1957–63. [PubMed: 11069840]
64. Kassim SK, El-Salahy EM, Fayed ST, et al. Vascular endothelial growth factor and interleukin-8 are associated with poor prognosis in epithelial ovarian cancer patients. *Clin Biochem* 2004;37:363–9. [PubMed: 15087251]
65. Nurnberg W, Tobias D, Otto F, Henz BM, Schadendorf D. Expression of interleukin-8 detected by in situ hybridization correlates with worse prognosis in primary cutaneous melanoma. *J Pathol* 1999;189:546–51. [PubMed: 10629556]
66. Woo SU, Bae JW, Kim CH, Lee JB, Koo BW. A significant correlation between nuclear CXCR4 expression and axillary lymph node metastasis in hormonal receptor negative breast cancer. *Ann Surg Oncol* 2008;15:281–5. [PubMed: 17763975]
67. Darash-Yahana M, Pikarsky E, Abramovitch R, et al. Role of high expression levels of CXCR4 in tumor growth, vascularization, and metastasis. *Faseb J* 2004;18:1240–2. [PubMed: 15180966]
68. Kaifi JT, Yekebas EF, Schurr P, et al. Tumor-cell homing to lymph nodes and bone marrow and CXCR4 expression in esophageal cancer. *J Natl Cancer Inst* 2005;97:1840–7. [PubMed: 16368946]
69. Yoshitake N, Fukui H, Yamagishi H, et al. Expression of SDF-1 alpha and nuclear CXCR4 predicts lymph node metastasis in colorectal cancer. *Br J Cancer* 2008;98:1682–9. [PubMed: 18443596]
70. Su L, Zhang J, Xu H, et al. Differential expression of CXCR4 is associated with the metastatic potential of human non-small cell lung cancer cells. *Clin Cancer Res* 2005;11:8273–80. [PubMed: 16322285]
71. Wagner PL, Moo TA, Arora N, et al. The chemokine receptors CXCR4 and CCR7 are associated with tumor size and pathologic indicators of tumor aggressiveness in papillary thyroid carcinoma. *Ann Surg Oncol* 2008;15:2833–41. [PubMed: 18696160]
72. Woerner BM, Warrington NM, Kung AL, Perry A, Rubin JB. Widespread CXCR4 activation in astrocytomas revealed by phospho-CXCR4-specific antibodies. *Cancer Res* 2005;65:11392–9. [PubMed: 16357147]
73. Russell HV, Hicks J, Okcu MF, Nuchtern JG. CXCR4 expression in neuroblastoma primary tumors is associated with clinical presentation of bone and bone marrow metastases. *J Pediatr Surg* 2004;39:1506–11. [PubMed: 15486895]
74. Kucia M, Reza R, Miekus K, et al. Trafficking of normal stem cells and metastasis of cancer stem cells involve similar mechanisms: pivotal role of the SDF-1-CXCR4 axis. *Stem Cells* 2005;23:879–94. [PubMed: 15888687]
75. Gelmini S, Mangoni M, Castiglione F, et al. The CXCR4/CXCL12 axis in endometrial cancer. *Clin Exp Metastasis* 2009;26:261–8. [PubMed: 19199057]
76. Faronato M, Muzzonigro G, Milanese G, et al. Increased expression of 5-lipoxygenase is common in clear cell renal cell carcinoma. *Histol Histopathol* 2007;22:1109–18. [PubMed: 17616938]
77. Jiang WG, Douglas-Jones AG, Mansel RE. Aberrant expression of 5-lipoxygenase-activating protein (5-LOXAP) has prognostic and survival significance in patients with breast cancer. *Prostaglandins Leukot Essent Fatty Acids* 2006;74:125–34. [PubMed: 16364620]
78. Hennig R, Grippo P, Ding XZ, et al. 5-Lipoxygenase, a marker for early pancreatic intraepithelial neoplastic lesions. *Cancer Res* 2005;65:6011–6. [PubMed: 16024599]
79. Jiang WG, Douglas-Jones A, Mansel RE. Levels of expression of lipoxygenases and cyclooxygenase-2 in human breast cancer. *Prostaglandins Leukot Essent Fatty Acids* 2003;69:275–81. [PubMed: 12907138]
80. Gao X, Grignon DJ, Chbihi T, et al. Elevated 12-lipoxygenase mRNA expression correlates with advanced stage and poor differentiation of human prostate cancer. *Urology* 1995;46:227–37. [PubMed: 7624992]
81. Maekawa S, Iwasaki A, Shirakusa T, et al. Correlation between lymph node metastasis and the expression of VEGF-C, VEGF-D and VEGFR-3 in T1 lung adenocarcinoma. *Anticancer Res* 2007;27:3735–41. [PubMed: 17970036]
82. Li J, Li BL, Zhang HQ, et al. Relationship between vascular endothelial growth factor C expression level and lymph node metastasis in non small cell lung cancer. *Zhonghua Yi Xue Za Zhi* 2008;88:2982–5. [PubMed: 19080076]

83. Jia JB, Zhuang PY, Sun HC, et al. Protein expression profiling of vascular endothelial growth factor and its receptors identifies subclasses of hepatocellular carcinoma and predicts survival. *J Cancer Res Clin Oncol* 2009;135:847–54. [PubMed: 19066962]
84. Kim JG, Chae YS, Sohn SK, et al. Vascular endothelial growth factor gene polymorphisms associated with prognosis for patients with colorectal cancer. *Clin Cancer Res* 2008;14:62–6. [PubMed: 18172253]
85. Duncan TJ, Al-Attar A, Rolland P, et al. Vascular endothelial growth factor expression in ovarian cancer: a model for targeted use of novel therapies? *Clin Cancer Res* 2008;14:3030–5. [PubMed: 18483368]
86. Tian X, Cong M, Zhou W, Zhu J, Liu Q. Relationship between protein expression of VEGF-C, MMP-2 and lymph node metastasis in papillary thyroid cancer. *J Int Med Res* 2008;36:699–703. [PubMed: 18652765]
87. Tang H, Wang J, Bai F, et al. Positive correlation of osteopontin, cyclooxygenase-2 and vascular endothelial growth factor in gastric cancer. *Cancer Invest* 2008;26:60–7. [PubMed: 18181047]
88. Li YH, Hu CF, Shao Q, et al. Elevated expressions of survivin and VEGF protein are strong independent predictors of survival in advanced nasopharyngeal carcinoma. *J Transl Med* 2008;6:1. [PubMed: 18171482]
89. Zhang B, Zhao WH, Zhou WY, Yu WS, Yu JM, Li S. Expression of vascular endothelial growth factors-C and -D correlate with evidence of lymphangiogenesis and angiogenesis in pancreatic adenocarcinoma. *Cancer Detect Prev* 2007;31:436–42. [PubMed: 18061373]
90. Boone B, Blokx W, De Bacquer D, Lambert J, Ruiter D, Brochez L. The role of VEGF-C staining in predicting regional metastasis in melanoma. *Virchows Arch* 2008;453:257–65. [PubMed: 18679715]
91. Dikov MM, Oyama T, Cheng P, et al. Vascular endothelial growth factor effects on nuclear factor-kappaB activation in hematopoietic progenitor cells. *Cancer Res* 2001;61:2015–21. [PubMed: 11280761]
92. Rajnakova A, Moochhala S, Goh PM, Ngoi S. Expression of nitric oxide synthase, cyclooxygenase, and p53 in different stages of human gastric cancer. *Cancer Lett* 2001;172:177–85. [PubMed: 11566494]
93. Broholm H, Rubin I, Kruse A, et al. Nitric oxide synthase expression and enzymatic activity in human brain tumors. *Clin Neuropathol* 2003;22:273–81. [PubMed: 14672505]
94. Wilson KT, Fu S, Ramanujam KS, Meltzer SJ. Increased expression of inducible nitric oxide synthase and cyclooxygenase-2 in Barrett's esophagus and associated adenocarcinomas. *Cancer Res* 1998;58:2929–34. [PubMed: 9679948]
95. Ekmekcioglu S, Ellerhorst JA, Prieto VG, Johnson MM, Broemeling LD, Grimm EA. Tumor iNOS predicts poor survival for stage III melanoma patients. *Int J Cancer* 2006;119:861–6. [PubMed: 16557582]
96. Hayashi H, Kuwahara M, Fujisaki N, Furihata M, Ohtsuki Y, Kagawa S. Immunohistochemical findings of nitric oxide synthase expression in urothelial transitional cell carcinoma including dysplasia. *Oncol Rep* 2001;8:1275–9. [PubMed: 11605048]
97. O'Hanlon DM, Lynch J, Cormican M, Given HF. The acute phase response in breast carcinoma. *Anticancer Res* 2002;22:1289–93. [PubMed: 12168939]
98. Cahlin C, Lonnroth C, Arvidsson A, Nordgren S, Lundholm K. Growth associated proteins in tumor cells and stroma related to disease progression of colon cancer accounting for tumor tissue PGE2 content. *Int J Oncol* 2008;32:909–18. [PubMed: 18360718]
99. Jabs WJ, Busse M, Kruger S, Jocham D, Steinhoff J, Doehn C. Expression of C-reactive protein by renal cell carcinomas and unaffected surrounding renal tissue. *Kidney Int* 2005;68:2103–10. [PubMed: 16221209]
100. Zakrzewska I, Poznanski J. Changes of serum il-6 and CRP after chemotherapy in patients with ovarian carcinoma. *Pol Merkuri Lekarski* 2001;11:210–3. [PubMed: 11761812]
101. Yudoh K, Matsui H, Kamanori M, et al. Prognostic value of the doubling time of serum C-reactive protein and alkaline phosphatase levels in primary bone and soft tissue tumors. *Jpn J Cancer Res* 1996;87:1288–95. [PubMed: 9045965]
102. Kamble R, Wilson CS, Fassas A, et al. Malignant pleural effusion of multiple myeloma: prognostic factors and outcome. *Leuk Lymphoma* 2005;46:1137–42. [PubMed: 16085553]

103. Reichle A, Bross K, Vogt T, et al. Pioglitazone and rofecoxib combined with angiostatically scheduled trofosfamide in the treatment of far-advanced melanoma and soft tissue sarcoma. *Cancer* 2004;101:2247–56. [PubMed: 15470711]
104. Bien E, Balcerska A. Clinical significance of erythrocyte sedimentation rate, C-reactive protein and serum lactate dehydrogenase levels in the diagnosis, prognosis and treatment monitoring of children suffering from cancer. *Med Wieku Rozwoj* 2004;8:1081–9. [PubMed: 15951603]
105. Chen XL, Wang LC, Zhang WG, Chen XY, Sun ZM. Correlations of S100A4 and MMP9 expressions to infiltration, metastasis and prognosis of non-small cell lung cancer. *Nan Fang Yi Ke Da Xue Xue Bao* 2008;28:1254–8. [PubMed: 18676277]
106. Guo CB, Wang S, Deng C, Zhang DL, Wang FL, Jin XQ. Relationship between matrix metalloproteinase 2 and lung cancer progression. *Mol Diagn Ther* 2007;11:183–92. [PubMed: 17570740]
107. Hu ZL, Wen JF, Shen M, Liu Y. Expressions of TGIF, MMP9 and VEGF proteins and their clinicopathological relationship in gastric cancer. *Zhong Nan Da Xue Xue Bao Yi Xue Ban* 2006;31:70–4. [PubMed: 16562680]
108. Gu ZD, Li JY, Li M, et al. Matrix metalloproteinases expression correlates with survival in patients with esophageal squamous cell carcinoma. *Am J Gastroenterol* 2005;100:1835–43. [PubMed: 16086722]
109. Sakata K, Satoh M, Someya M, et al. Expression of matrix metalloproteinase 9 is a prognostic factor in patients with non-Hodgkin lymphoma. *Cancer* 2004;100:356–65. [PubMed: 14716772]
110. Kallakury BV, Karikhalli S, Haholu A, Sheehan CE, Azumi N, Ross JS. Increased expression of matrix metalloproteinases 2 and 9 and tissue inhibitors of metalloproteinases 1 and 2 correlate with poor prognostic variables in renal cell carcinoma. *Clin Cancer Res* 2001;7:3113–9. [PubMed: 11595703]
111. Benassi MS, Gamberi G, Magagnoli G, et al. Metalloproteinase expression and prognosis in soft tissue sarcomas. *Ann Oncol* 2001;12:75–80. [PubMed: 11249053]
112. Hoechtlen-Vollmar W, Menzel G, Bartl R, Lamerz R, Wick M, Seidel D. Amplification of cyclin D1 gene in multiple myeloma: clinical and prognostic relevance. *Br J Haematol* 2000;109:30–8. [PubMed: 10848779]
113. Munzert G, Kirchner D, Ottmann O, Bergmann L, Schmid RM. Constitutive NF-kappaB/Rel activation in philadelphia chromosome positive (Ph+) acute lymphoblastic leukemia (ALL). *Leuk Lymphoma* 2004;45:1181–4. [PubMed: 15359998]
114. Zaninoni A, Imperiali FG, Pasquini C, Zanella A, Barcellini W. Cytokine modulation of nuclear factor-kappaB activity in B-chronic lymphocytic leukemia. *Exp Hematol* 2003;31:185–90. [PubMed: 12644014]
115. Hewamana S, Lin TT, Jenkins C, et al. The novel nuclear factor-kappaB inhibitor LC-1 is equipotent in poor prognostic subsets of chronic lymphocytic leukemia and shows strong synergy with fludarabine. *Clin Cancer Res* 2008;14:8102–11. [PubMed: 19088025]
116. Hewamana S, Lin TT, Rowntree C, et al. Rel a is an independent biomarker of clinical outcome in chronic lymphocytic leukemia. *J Clin Oncol* 2009;27:763–9. [PubMed: 19124804]
117. Martinez-Delgado B, Cuadros M, Honrado E, et al. Differential expression of NF-kappaB pathway genes among peripheral T-cell lymphomas. *Leukemia* 2005;19:2254–63. [PubMed: 16270046]
118. Kuo SH, Chen LT, Yeh KH, et al. Nuclear expression of BCL10 or nuclear factor kappa B predicts Helicobacter pylori-independent status of early-stage, high-grade gastric mucosa-associated lymphoid tissue lymphomas. *J Clin Oncol* 2004;22:3491–7. [PubMed: 15337797]
119. Yeh KH, Kuo SH, Chen LT, et al. Nuclear expression of BCL10 or nuclear factor kappa B helps predict Helicobacter pylori-independent status of low-grade gastric mucosa-associated lymphoid tissue lymphomas with or without t(11;18)(q21;q21). *Blood* 2005;106:1037–41. [PubMed: 15845895]
120. Valnet-Rabier MB, Challier B, Thiebault S, et al. c-Flip protein expression in Burkitt's lymphomas is associated with a poor clinical outcome. *Br J Haematol* 2005;128:767–73. [PubMed: 15755279]
121. Ruiz-Ballesteros E, Mollejo M, Rodriguez A, et al. Splenic marginal zone lymphoma: proposal of new diagnostic and prognostic markers identified after tissue and cDNA microarray analysis. *Blood* 2005;106:1831–8. [PubMed: 15914563]

122. Bargou RC, Leng C, Krappmann D, et al. High-level nuclear NF-kappa B and Oct-2 is a common feature of cultured Hodgkin/Reed-Sternberg cells. *Blood* 1996;87:4340–7. [PubMed: 8639794]
123. Emmerich F, Meiser M, Hummel M, et al. Overexpression of I kappa B alpha without inhibition of NF-kappaB activity and mutations in the I kappa B alpha gene in Reed-Sternberg cells. *Blood* 1999;94:3129–34. [PubMed: 10556199]
124. Houldsworth J, Petlakh M, Olshen AB, Chaganti RS. Pathway activation in large B-cell non-Hodgkin lymphoma cell lines by doxorubicin reveals prognostic markers of in vivo response. *Leuk Lymphoma* 2008;49:2170–80. [PubMed: 19021061]
125. Santhi WS, Sebastian P, Varghese BT, Prakash O, Pillai MR. NF-kappaB and COX-2 during oral tumorigenesis and in assessment of minimal residual disease in surgical margins. *Exp Mol Pathol* 2006;81:123–30. [PubMed: 16822500]
126. Logan RM, Gibson RJ, Sonis ST, Keefe DM. Nuclear factor-kappaB (NF-kappaB) and cyclooxygenase-2 (COX-2) expression in the oral mucosa following cancer chemotherapy. *Oral Oncol* 2007;43:395–401. [PubMed: 16979925]
127. Rhodus NL, Cheng B, Myers S, Bowles W, Ho V, Ondrey F. A comparison of the pro-inflammatory, NF-kappaB-dependent cytokines: TNF-alpha, IL-1-alpha, IL-6, and IL-8 in different oral fluids from oral lichen planus patients. *Clin Immunol* 2005;114:278–83. [PubMed: 15721838]
128. Rhodus NL, Ho V, Miller CS, Myers S, Ondrey F. NF-kappaB dependent cytokine levels in saliva of patients with oral preneoplastic lesions and oral squamous cell carcinoma. *Cancer Detect Prev* 2005;29:42–5. [PubMed: 15734216]
129. Izzo JG, Correa AM, Wu TT, et al. Pretherapy nuclear factor-kappaB status, chemoradiation resistance, and metastatic progression in esophageal carcinoma. *Mol Cancer Ther* 2006;5:2844–50. [PubMed: 17121931]
130. Gan H, Ouyang Q, Chen Y, Xia Q. Activation of nuclear factor-kappaB and effects of anti-inflammatory treatment thereon in intestinal mucosa of patients with ulcerative colitis. *Zhonghua Yi Xue Za Zhi* 2002;82:384–8. [PubMed: 11953203]
131. Tai DI, Tsai SL, Chang YH, et al. Constitutive activation of nuclear factor kappaB in hepatocellular carcinoma. *Cancer* 2000;89:2274–81. [PubMed: 11147598]
132. Weichert W, Boehm M, Gekeler V, et al. High expression of RelA/p65 is associated with activation of nuclear factor-kappaB-dependent signaling in pancreatic cancer and marks a patient population with poor prognosis. *Br J Cancer* 2007;97:523–30. [PubMed: 17622249]
133. O'Neil BH, Buzkova P, Farrah H, et al. Expression of nuclear factor-kappaB family proteins in hepatocellular carcinomas. *Oncology* 2007;72:97–104. [PubMed: 18025803]
134. Asakawa M, Kono H, Amemiya H, et al. Role of interleukin-18 and its receptor in hepatocellular carcinoma associated with hepatitis C virus infection. *Int J Cancer* 2006;118:564–70. [PubMed: 16108033]
135. Cascinu S, Scartozzi M, Carbonari G, et al. COX-2 and NF-KB overexpression is common in pancreatic cancer but does not predict for COX-2 inhibitors activity in combination with gemcitabine and oxaliplatin. *Am J Clin Oncol* 2007;30:526–30. [PubMed: 17921715]
136. Yamanaka N, Sasaki N, Tasaki A, et al. Nuclear factor-kappaB p65 is a prognostic indicator in gastric carcinoma. *Anticancer Res* 2004;24:1071–5. [PubMed: 15154625]
137. Levidou G, Korkolopoulou P, Nikiteas N, et al. Expression of nuclear factor kappaB in human gastric carcinoma: relationship with I kappaB a and prognostic significance. *Virchows Arch* 2007;450:519–27. [PubMed: 17429689]
138. Wu L, Pu Z, Feng J, Li G, Zheng Z, Shen W. The ubiquitin-proteasome pathway and enhanced activity of NF-kappaB in gastric carcinoma. *J Surg Oncol* 2008;97:439–44. [PubMed: 18163448]
139. Voboril R, Voborilova J, Rychterova V, Jirasek T, Dvorak J. Dissociated invasively growing cancer cells with NF-kappaB/p65 positivity after radiotherapy: a new marker for worse clinical outcome in rectal cancer? Preliminary data. *Clin Exp Metastasis* 2008;25:491–6. [PubMed: 18324356]
140. Levidou G, Saetta AA, Korkolopoulou P, et al. Clinical significance of nuclear factor (NF)-kappaB levels in urothelial carcinoma of the urinary bladder. *Virchows Arch* 2008;452:295–304. [PubMed: 18188593]

141. Riemann K, Becker L, Struwe H, Rubben H, Eisenhardt A, Siffert W. Insertion/deletion polymorphism in the promoter of NFKB1 as a potential molecular marker for the risk of recurrence in superficial bladder cancer. *Int J Clin Pharmacol Ther* 2007;45:423–30. [PubMed: 17725175]
142. Fradet V, Lessard L, Begin LR, Karakiewicz P, Masson AM, Saad F. Nuclear factor-kappaB nuclear localization is predictive of biochemical recurrence in patients with positive margin prostate cancer. *Clin Cancer Res* 2004;10:8460–4. [PubMed: 15623625]
143. Domingo-Domenech J, Mellado B, Ferrer B, et al. Activation of nuclear factor-kappaB in human prostate carcinogenesis and association to biochemical relapse. *Br J Cancer* 2005;93:1285–94. [PubMed: 16278667]
144. Korkolopoulou P, Levidou G, Saetta AA, et al. Expression of nuclear factor-kappaB in human astrocytomas: relation to pIkappaBa, vascular endothelial growth factor, Cox-2, microvascular characteristics, and survival. *Hum Pathol* 2008;39:1143–52. [PubMed: 18495209]
145. Yamamoto M, Fukushima T, Hayashi S, et al. Correlation of the expression of nuclear factor-kappa B, tumor necrosis factor receptor type 1 (TNFR 1) and c-Myc with the clinical course in the treatment of malignant astrocytomas with recombinant mutant human tumor necrosis factor-alpha (TNF-SAM2). *Anticancer Res* 2000;20:611–8. [PubMed: 10769704]
146. Conti A, Ageunouz M, La Torre D, et al. Expression of the tumor necrosis factor receptor-associated factors 1 and 2 and regulation of the nuclear factor-kappaB antiapoptotic activity in human gliomas. *J Neurosurg* 2005;103:873–81. [PubMed: 16304992]
147. Hou MF, Lin SB, Yuan SS, et al. The clinical significance between activation of nuclear factor kappa B transcription factor and overexpression of HER-2/neu oncoprotein in Taiwanese patients with breast cancer. *Clin Chim Acta* 2003;334:137–44. [PubMed: 12867284]
148. Zhou Y, Eppenberger-Castori S, Eppenberger U, Benz CC. The NFkappaB pathway and endocrine-resistant breast cancer. *Endocr Relat Cancer* 2005;12:S37–46. [PubMed: 16113098]
149. Biswas DK, Shi Q, Bailly S, et al. NF-kappa B activation in human breast cancer specimens and its role in cell proliferation and apoptosis. *Proc Natl Acad Sci U S A* 2004;101:10137–42. [PubMed: 15220474]**An important evidence for the role of NF-kB in breast cancer.
150. Guo RX, Qiao YH, Zhou Y, Li LX, Shi HR, Chen KS. Increased staining for phosphorylated AKT and nuclear factor-kappaB p65 and their relationship with prognosis in epithelial ovarian cancer. *Pathol Int* 2008;58:749–56. [PubMed: 19067848]
151. O'Riordan JM, Abdel-latif MM, Ravi N, et al. Proinflammatory cytokine and nuclear factor kappa-B expression along the inflammation-metaplasia-dysplasia-adenocarcinoma sequence in the esophagus. *Am J Gastroenterol* 2005;100:1257–64. [PubMed: 15929754]
152. Meteoglu I, Erdogdu IH, Meydan N, Erkus M, Barutca S. NF-KappaB expression correlates with apoptosis and angiogenesis in clear cell renal cell carcinoma tissues. *J Exp Clin Cancer Res* 2008;27:53. [PubMed: 18928570]
153. Kourelis K, Sotiropoulou-Bonikou G, Vandoros G, Repanti M, Varakis I, Goumas P. Coordinated upregulation of COX-2 and NF-kappaB is a steady feature of laryngeal carcinogenesis. *ORL J Otorhinolaryngol Relat Spec* 2007;69:181–9. [PubMed: 17264535]
154. Zhang D, Jin X, Wang F, et al. Combined prognostic value of both RelA and IkappaB-alpha expression in human non-small cell lung cancer. *Ann Surg Oncol* 2007;14:3581–92. [PubMed: 17899287]
155. Bhojani MS, Chen G, Ross BD, Beer DG, Rehemtulla A. Nuclear localized phosphorylated FADD induces cell proliferation and is associated with aggressive lung cancer. *Cell Cycle* 2005;4:1478–81. [PubMed: 16258269]
156. Jin X, Wang Z, Qiu L, et al. Potential biomarkers involving IKK/RelA signal in early stage non-small cell lung cancer. *Cancer Sci* 2008;99:582–9. [PubMed: 18215193]
157. Zhang HP, Xu YJ, Zhang ZX, Ni W, Chen SX. Expression of protein kinase C and nuclear factor kappa B in lung tissue of patients with chronic obstructive pulmonary disease. *Zhonghua Nei Ke Za Zhi* 2004;43:756–9. [PubMed: 15631829]
158. Gasparian AV, Fedorova MD, Kisselev FL. Regulation of matrix metalloproteinase-9 transcription in squamous cell carcinoma of uterine cervix: the role of human papillomavirus gene E2 expression and activation of transcription factor NF-kappaB. *Biochemistry (Mosc)* 2007;72:848–53. [PubMed: 17922642]

159. Kashani-Sabet M, Shaikh L, Miller JR 3rd, et al. NF-kappa B in the vascular progression of melanoma. *J Clin Oncol* 2004;22:617–23. [PubMed: 14966085]
160. Gao K, Dai DL, Martinka M, Li G. Prognostic significance of nuclear factor-kappaB p105/p50 in human melanoma and its role in cell migration. *Cancer Res* 2006;66:8382–8. [PubMed: 16951147]
161. Bao ZH, Li GL, Yu JH. Expression of cyclooxygenase-2 in bone marrow cells of chronic leukemia and its significance. *Zhongguo Shi Yan Xue Ye Xue Za Zhi* 2007;15:923–6. [PubMed: 17956662]
162. Li HL, Sun BZ, Ma FC. Expression of COX-2, iNOS, p53 and Ki-67 in gastric mucosa-associated lymphoid tissue lymphoma. *World J Gastroenterol* 2004;10:1862–6. [PubMed: 15222024]
163. Chang BW, Kim DH, Kowalski DP, et al. Prognostic significance of cyclooxygenase-2 in oropharyngeal squamous cell carcinoma. *Clin Cancer Res* 2004;10:1678–84. [PubMed: 15014019]
164. Ling FC, Baldus SE, Khochfar J, et al. Association of COX-2 expression with corresponding active and chronic inflammatory reactions in Barrett's metaplasia and progression to cancer. *Histopathology* 2007;50:203–9. [PubMed: 17222248]
165. Miyashita M, Makino H, Katsuta M, et al. Cyclo-oxygenase-2 over-expression is associated with human esophageal squamous cell carcinoma. *J Nippon Med Sch* 2006;73:308–13. [PubMed: 17220580]
166. Alici S, Ugras S, Bayram I, Izmirli M. Prognostic factors and COX-2 expression in advanced stage esophageal squamous cell carcinoma. *Adv Ther* 2006;23:672–9. [PubMed: 17142201]
167. France M, Drew PA, Dodd T, Watson DI. Cyclo-oxygenase-2 expression in esophageal adenocarcinoma as a determinant of clinical outcome following esophagectomy. *Dis Esophagus* 2004;17:136–40. [PubMed: 15230726]
168. Takatori H, Natsugoe S, Okumura H, et al. Cyclooxygenase-2 expression is related to prognosis in patients with esophageal squamous cell carcinoma. *Eur J Surg Oncol* 2008;34:397–402. [PubMed: 17553653]
169. Yoshikawa R, Fujiwara Y, Koishi K, et al. Cyclooxygenase-2 expression after preoperative chemoradiotherapy correlates with more frequent esophageal cancer recurrence. *World J Gastroenterol* 2007;13:2283–8. [PubMed: 17511025]
170. Cadden I, Johnston BT, Turner G, McCance D, Ardill J, McGinty A. An evaluation of cyclooxygenase-2 as a prognostic biomarker in mid-gut carcinoid tumours. *Neuroendocrinology* 2007;86:104–11. [PubMed: 17700013]
171. Karamitopoulou E, Tornillo L, Zlobec I, et al. Clinical significance of cell cycle- and apoptosis-related markers in biliary tract cancer: a tissue microarray-based approach revealing a distinctive immunophenotype for intrahepatic and extrahepatic cholangiocarcinomas. *Am J Clin Pathol* 2008;130:780–6. [PubMed: 18854271]
172. Gao YW, Chen YX, Wang ZM, et al. Correlation between expression of cyclooxygenase-2 and the presence of CD4+ infiltrating T-lymphocyte in human primary hepatocellular carcinoma. *Hepatogastroenterology* 2008;55:345–50. [PubMed: 18613363]
173. El-Bassiouny AE, Zoheiry MM, Nosseir MM, El-Ahwany EG, Ibrahim RA, El-Bassiouni NE. Expression of cyclooxygenase-2 and transforming growth factor-beta1 in HCV-induced chronic liver disease and hepatocellular carcinoma. *MedGenMed* 2007;9:45. [PubMed: 18092051]
174. Iwamoto A, Ikeguchi M, Matsumoto S, et al. Tumor cyclooxygenase-2 gene suppresses local immune responses in patients with hepatocellular carcinoma. *Tumori* 2006;92:130–3. [PubMed: 16724692]
175. Tang TC, Poon RT, Lau CP, Xie D, Fan ST. Tumor cyclooxygenase-2 levels correlate with tumor invasiveness in human hepatocellular carcinoma. *World J Gastroenterol* 2005;11:1896–902. [PubMed: 15800977]
176. Fumino S, Tokiwa K, Ono S, Iwai N. Cyclooxygenase-2 expression in the gallbladder of patients with anomalous arrangement of the pancreaticobiliary duct. *J Pediatr Surg* 2003;38:585–9. [PubMed: 12677571]
177. Schlosser W, Schlosser S, Ramadani M, Gansauge F, Gansauge S, Beger HG. Cyclooxygenase-2 is overexpressed in chronic pancreatitis. *Pancreas* 2002;25:26–30. [PubMed: 12131767]
178. Nijijima M, Yamaguchi T, Ishihara T, et al. Immunohistochemical analysis and in situ hybridization of cyclooxygenase-2 expression in intraductal papillary-mucinous tumors of the pancreas. *Cancer* 2002;94:1565–73. [PubMed: 11920515]

179. Santini D, Vincenzi B, Tonini G, et al. Cyclooxygenase-2 overexpression is associated with a poor outcome in resected ampullary cancer patients. *Clin Cancer Res* 2005;11:3784–9. [PubMed: 15897577]
180. Nakamoto RH, Uetake H, Iida S, et al. Correlations between cyclooxygenase-2 expression and angiogenic factors in primary tumors and liver metastases in colorectal cancer. *Jpn J Clin Oncol* 2007;37:679–85. [PubMed: 17846040]
181. Ogino S, Kirkner GJ, Nosho K, et al. Cyclooxygenase-2 expression is an independent predictor of poor prognosis in colon cancer. *Clin Cancer Res* 2008;14:8221–7. [PubMed: 19088039]*An important evidence for the role of COX2 in colon cancer.
182. Soumaoro LT, Uetake H, Higuchi T, Takagi Y, Enomoto M, Sugihara K. Cyclooxygenase-2 expression: a significant prognostic indicator for patients with colorectal cancer. *Clin Cancer Res* 2004;10:8465–71. [PubMed: 15623626]
183. Abe A, Fukui H, Fujii S, et al. Involvement of cyclooxygenase-2 and vascular endothelial growth factor in vascularization and lymph node metastasis of colorectal cancers with submucosal invasion. *J Gastroenterol Hepatol* 2007;22:1071–7. [PubMed: 17608853]
184. Cressey R, Pimpa S, Tontrong W, Watananupong O, Leartprasertsuke N. Expression of cyclooxygenase-2 in colorectal adenocarcinoma is associated with p53 accumulation and hdm2 overexpression. *Cancer Lett* 2006;233:232–9. [PubMed: 15921850]
185. Eberhart CE, Coffey RJ, Radhika A, Giardiello FM, Ferrenbach S, DuBois RN. Up-regulation of cyclooxygenase 2 gene expression in human colorectal adenomas and adenocarcinomas. *Gastroenterology* 1994;107:1183–8. [PubMed: 7926468]
186. Konno H, Baba M, Shoji T, Ohta M, Suzuki S, Nakamura S. Cyclooxygenase-2 expression correlates with uPAR levels and is responsible for poor prognosis of colorectal cancer. *Clin Exp Metastasis* 2002;19:527–34. [PubMed: 12405290]
187. Masunaga R, Kohno H, Dhar DK, et al. Cyclooxygenase-2 expression correlates with tumor neovascularization and prognosis in human colorectal carcinoma patients. *Clin Cancer Res* 2000;6:4064–8. [PubMed: 11051257]
188. Yamagata R, Shimoyama T, Fukuda S, Yoshimura T, Tanaka M, Munakata A. Cyclooxygenase-2 expression is increased in early intestinal-type gastric cancer and gastric mucosa with intestinal metaplasia. *Eur J Gastroenterol Hepatol* 2002;14:359–63. [PubMed: 11943946]
189. Joo YE, Oh WT, Rew JS, Park CS, Choi SK, Kim SJ. Cyclooxygenase-2 expression is associated with well-differentiated and intestinal-type pathways in gastric carcinogenesis. *Digestion* 2002;66:222–9. [PubMed: 12592098]
190. Shi H, Xu JM, Hu NZ, Xie HJ. Prognostic significance of expression of cyclooxygenase-2 and vascular endothelial growth factor in human gastric carcinoma. *World J Gastroenterol* 2003;9:1421–6. [PubMed: 12854133]
191. Tatsuguchi A, Matsui K, Shinji Y, et al. Cyclooxygenase-2 expression correlates with angiogenesis and apoptosis in gastric cancer tissue. *Hum Pathol* 2004;35:488–95. [PubMed: 15116331]
192. Petersen S, Haroske G, Hellmich G, Ludwig K, Petersen C, Eicheler W. COX-2 expression in rectal carcinoma: immunohistochemical pattern and clinical outcome. *Anticancer Res* 2002;22:1225–30. [PubMed: 12168930]
193. Hammam OA, Aziz AA, Roshdy MS, Abdel Hadi AM. Possible role of cyclooxygenase-2 in schistosomal and non-schistosomal-associated bladder cancer. *Medscape J Med* 2008;10:60. [PubMed: 18449376]
194. Shirahama T, Arima J, Akiba S, Sakakura C. Relation between cyclooxygenase-2 expression and tumor invasiveness and patient survival in transitional cell carcinoma of the urinary bladder. *Cancer* 2001;92:188–93. [PubMed: 11443626]
195. Komhoff M, Guan Y, Shappell HW, et al. Enhanced expression of cyclooxygenase-2 in high grade human transitional cell bladder carcinomas. *Am J Pathol* 2000;157:29–35. [PubMed: 10880372]
196. Shariat SF, Matsumoto K, Kim J, et al. Correlation of cyclooxygenase-2 expression with molecular markers, pathological features and clinical outcome of transitional cell carcinoma of the bladder. *J Urol* 2003;170:985–9. [PubMed: 12913755]
197. Tuna B, Yorukoglu K, Gurel D, Mungan U, Kirkali Z. Significance of COX-2 expression in human renal cell carcinoma. *Urology* 2004;64:1116–20. [PubMed: 15596182]

198. Yoshimura R, Sano H, Masuda C, et al. Expression of cyclooxygenase-2 in prostate carcinoma. *Cancer* 2000;89:589–96. [PubMed: 10931458]
199. Guo GL, Yang GL, Li ZY, et al. The effect of cyclooxygenase-2 on lymphangiogenesis in breast cancer. *Zhonghua Wai Ke Za Zhi* 2008;46:132–5. [PubMed: 18509974]
200. Costa C, Soares R, Reis-Filho JS, Leitao D, Amendoeira I, Schmitt FC. Cyclo-oxygenase 2 expression is associated with angiogenesis and lymph node metastasis in human breast cancer. *J Clin Pathol* 2002;55:429–34. [PubMed: 12037025]
201. Haffty BG, Yang Q, Moran MS, Tan AR, Reiss M. Estrogen-dependent prognostic significance of cyclooxygenase-2 expression in early-stage invasive breast cancers treated with breast-conserving surgery and radiation. *Int J Radiat Oncol Biol Phys* 2008;71:1006–13. [PubMed: 18262731]
202. Nassar A, Radhakrishnan A, Cabrero IA, Cotsonis G, Cohen C. COX-2 expression in invasive breast cancer: correlation with prognostic parameters and outcome. *Appl Immunohistochem Mol Morphol* 2007;15:255–9. [PubMed: 17721268]
203. Lu S, Yu G, Zhu Y, Archer MC. Cyclooxygenase-2 overexpression in MCF-10F human breast epithelial cells inhibits proliferation, apoptosis and differentiation, and causes partial transformation. *Int J Cancer* 2005;116:847–52. [PubMed: 15856465]
204. Leo C, Faber S, Hentschel B, Hockel M, Horn LC. The status of cyclooxygenase-2 expression in ductal carcinoma in situ lesions and invasive breast cancer correlates to cyclooxygenase-2 expression in normal breast tissue. *Ann Diagn Pathol* 2006;10:327–32. [PubMed: 17126249]
205. Gaffney DK, Haslam D, Tsodikov A, et al. Epidermal growth factor receptor (EGFR) and vascular endothelial growth factor (VEGF) negatively affect overall survival in carcinoma of the cervix treated with radiotherapy. *Int J Radiat Oncol Biol Phys* 2003;56:922–8. [PubMed: 12829126]
206. Ferrandina G, Lauriola L, Zannoni GF, et al. Expression of cyclooxygenase-2 (COX-2) in tumour and stroma compartments in cervical cancer: clinical implications. *Br J Cancer* 2002;87:1145–52. [PubMed: 12402155]
207. Miyata Y, Koga S, Kanda S, Nishikido M, Hayashi T, Kanetake H. Expression of cyclooxygenase-2 in renal cell carcinoma: correlation with tumor cell proliferation, apoptosis, angiogenesis, expression of matrix metalloproteinase-2, and survival. *Clin Cancer Res* 2003;9:1741–9. [PubMed: 12738729]
208. Fagotti A, Ferrandina G, Fanfani F, et al. Analysis of cyclooxygenase-2 (COX-2) expression in different sites of endometriosis and correlation with clinico-pathological parameters. *Hum Reprod* 2004;19:393–7. [PubMed: 14747187]
209. Fujimoto J, Toyoki H, Sakaguchi H, Jahan I, Alam SM, Tamaya T. Clinical implications of expression of cyclooxygenase-2 related to angiogenesis in ovarian cancer. *Oncol Rep* 2006;15:21–5. [PubMed: 16328030]
210. Ali-Fehmi R, Che M, Khalifeh I, et al. The effect of cyclooxygenase-2 expression on tumor vascularity in advanced stage ovarian serous carcinoma. *Cancer* 2003;98:1423–9. [PubMed: 14508829]
211. Denkert C, Kobel M, Pest S, et al. Expression of cyclooxygenase 2 is an independent prognostic factor in human ovarian carcinoma. *Am J Pathol* 2002;160:893–903. [PubMed: 11891188]
212. Seo SS, Song YS, Kang DH, et al. Expression of cyclooxygenase-2 in association with clinicopathological prognostic factors and molecular markers in epithelial ovarian cancer. *Gynecol Oncol* 2004;92:927–35. [PubMed: 14984962]
213. Lou WZ, Shen K, Zhang Y, Lang JH. Relationship of cyclooxygenase 2 expression and chemotherapy response and prognosis in human ovarian carcinoma. *Zhonghua Fu Chan Ke Za Zhi* 2004;39:529–32. [PubMed: 15363351]
214. Guo X, Chen Y, Xu Z, Xu Z, Qian Y, Yu X. Prognostic significance of VEGF-C expression in correlation with COX-2, lymphatic microvessel density, and clinicopathologic characteristics in human non-small cell lung cancer. *Acta Biochim Biophys Sin (Shanghai)* 2009;41:217–22. [PubMed: 19280060]
215. Dong P, Li X, Yu Z, Lu G. Expression of cyclooxygenase-2, vascular endothelial growth factor and matrix metalloproteinase-2 in patients with primary laryngeal carcinoma: a tissue microarray study. *J Laryngol Otol* 2007;121:1177–83. [PubMed: 17888194]

216. Sackett MK, Bairati I, Meyer F, et al. Prognostic significance of cyclooxygenase-2 overexpression in glottic cancer. *Clin Cancer Res* 2008;14:67–73. [PubMed: 18172254]
217. Tjiu JW, Liao YH, Lin SJ, et al. Cyclooxygenase-2 overexpression in human basal cell carcinoma cell line increases antiapoptosis, angiogenesis, and tumorigenesis. *J Invest Dermatol* 2006;126:1143–51. [PubMed: 16528365]
218. Shono T, Tofilon PJ, Bruner JM, Owolabi O, Lang FF. Cyclooxygenase-2 expression in human gliomas: prognostic significance and molecular correlations. *Cancer Res* 2001;61:4375–81. [PubMed: 11389063]
219. Crazzolaro R, Kreczy A, Mann G, et al. High expression of the chemokine receptor CXCR4 predicts extramedullary organ infiltration in childhood acute lymphoblastic leukaemia. *Br J Haematol* 2001;115:545–53. [PubMed: 11736934]
220. Arai J, Yasukawa M, Yakushijin Y, Miyazaki T, Fujita S. Stromal cells in lymph nodes attract B-lymphoma cells via production of stromal cell-derived factor-1. *Eur J Haematol* 2000;64:323–32. [PubMed: 10863978]
221. Ottaiano A, Franco R, Aiello Talamanca A, et al. Overexpression of both CXC chemokine receptor 4 and vascular endothelial growth factor proteins predicts early distant relapse in stage II-III colorectal cancer patients. *Clin Cancer Res* 2006;12:2795–803. [PubMed: 16675573]
222. Mochizuki H, Matsubara A, Teishima J, et al. Interaction of ligand-receptor system between stromal-cell-derived factor-1 and CXC chemokine receptor 4 in human prostate cancer: a possible predictor of metastasis. *Biochem Biophys Res Commun* 2004;320:656–63. [PubMed: 15240098]
223. Holm NT, Byrnes K, Li BD, et al. Elevated levels of chemokine receptor CXCR4 in HER-2 negative breast cancer specimens predict recurrence. *J Surg Res* 2007;141:53–9. [PubMed: 17574038]*An importance of CXCR4 for breast cancer recurrence.
224. Salvucci O, Bouchard A, Baccarelli A, et al. The role of CXCR4 receptor expression in breast cancer: a large tissue microarray study. *Breast Cancer Res Treat* 2006;97:275–83. [PubMed: 16344916]
225. Cabioglu N, Sahin AA, Morandi P, et al. Chemokine receptors in advanced breast cancer: differential expression in metastatic disease sites with diagnostic and therapeutic implications. *Ann Oncol*. 2009
226. Kang H, Watkins G, Douglas-Jones A, Mansel RE, Jiang WG. The elevated level of CXCR4 is correlated with nodal metastasis of human breast cancer. *Breast* 2005;14:360–7. [PubMed: 16216737]
227. Li YM, Pan Y, Wei Y, et al. Upregulation of CXCR4 is essential for HER2-mediated tumor metastasis. *Cancer Cell* 2004;6:459–69. [PubMed: 15542430]
228. Guo Z, Cai S, Fang R, et al. The synergistic effects of CXCR4 and EGFR on promoting EGF-mediated metastasis in ovarian cancer cells. *Colloids Surf B Biointerfaces* 2007;60:1–6. [PubMed: 17601710]
229. Kodama J, Hasengaowa, Kusumoto T, et al. Association of CXCR4 and CCR7 chemokine receptor expression and lymph node metastasis in human cervical cancer. *Ann Oncol* 2007;18:70–6. [PubMed: 17032700]
230. de Bont ES, Rosati S, Jacobs S, Kamps WA, Vellenga E. Increased bone marrow vascularization in patients with acute myeloid leukaemia: a possible role for vascular endothelial growth factor. *Br J Haematol* 2001;113:296–304. [PubMed: 11380392]
231. Kuramoto K, Sakai A, Shigemasa K, et al. High expression of MCL1 gene related to vascular endothelial growth factor is associated with poor outcome in non-Hodgkin's lymphoma. *Br J Haematol* 2002;116:158–61. [PubMed: 11841410]
232. Han U, Can OI, Han S, Kayhan B, Onal BU. Expressions of p53, VEGF C, p21: could they be used in preoperative evaluation of lymph node metastasis of esophageal squamous cell carcinoma? *Dis Esophagus* 2007;20:379–85. [PubMed: 17760650]
233. Kimura S, Kitadai Y, Tanaka S, et al. Expression of hypoxia-inducible factor (HIF)-1alpha is associated with vascular endothelial growth factor expression and tumour angiogenesis in human oesophageal squamous cell carcinoma. *Eur J Cancer* 2004;40:1904–12. [PubMed: 15288294]
234. Shih CH, Ozawa S, Ando N, Ueda M, Kitajima M. Vascular endothelial growth factor expression predicts outcome and lymph node metastasis in squamous cell carcinoma of the esophagus. *Clin Cancer Res* 2000;6:1161–8. [PubMed: 10741747]

235. Dassoulas K, Gazouli M, Rizos S, et al. Common polymorphisms in the vascular endothelial growth factor gene and colorectal cancer development, prognosis, and survival. *Mol Carcinog*. 2008
236. Romano M, Cuomo A, Tuccillo C, et al. Vascular endothelial growth factor and cyclooxygenase-2 are overexpressed in ileal pouch-anal anastomosis. *Dis Colon Rectum* 2007;50:650–9. [PubMed: 17195901]
237. Al-Harris ES, Al-Janabi AA, Al-Toriahi KM, Yasseen AA. Over expression of vascular endothelial growth factor in correlation to Ki-67, grade, and stage of breast cancer. *Saudi Med J* 2008;29:1099–104. [PubMed: 18690299]
238. Yilmaz A, Ernam D, Unsal E, Demirag F, Atikcan S, Tastepe I. Vascular endothelial growth factor immunostaining correlates with postoperative relapse and survival in non-small cell lung cancer. *Arch Med Res* 2007;38:764–8. [PubMed: 17845896]
239. Vanasse GJ, Winn RK, Rodov S, et al. Bcl-2 overexpression leads to increases in suppressor of cytokine signaling-3 expression in B cells and de novo follicular lymphoma. *Mol Cancer Res* 2004;2:620–31. [PubMed: 15561778]
240. Ma XT, Wang S, Ye YJ, Du RY, Cui ZR, Somsouk M. Constitutive activation of Stat3 signaling pathway in human colorectal carcinoma. *World J Gastroenterol* 2004;10:1569–73. [PubMed: 15162527]
241. Zhang H, Wang S, Zhang YC, Ye YJ, Cui ZR, Fang WG. Correlation between Stat3 signal transduction pathway and expression of cyclooxygenase-2 in colorectal cancer cells. *Zhonghua Yi Xue Za Zhi* 2005;85:2899–904. [PubMed: 16324362]
242. Hbib AT, Lagorce C, Wind P, et al. Identification of a functional EGF-R/p60c-src/STAT3 pathway in colorectal carcinoma: analysis of its long-term prognostic value. *Cancer Biomark* 2008;4:83–91. [PubMed: 18503159]
243. Dhir R, Ni Z, Lou W, DeMiguel F, Grandis JR, Gao AC. Stat3 activation in prostatic carcinomas. *Prostate* 2002;51:241–6. [PubMed: 11987152]
244. Mora LB, Buettner R, Seigne J, et al. Constitutive activation of Stat3 in human prostate tumors and cell lines: direct inhibition of Stat3 signaling induces apoptosis of prostate cancer cells. *Cancer Res* 2002;62:6659–66. [PubMed: 12438264]
245. Torres-Roca JF, DeSilvio M, Mora LB, et al. Activated STAT3 as a correlate of distant metastasis in prostate cancer: a secondary analysis of Radiation Therapy Oncology Group 86-10. *Urology* 2007;69:505–9. [PubMed: 17382154]
246. Emilie D, Devergne O, Raphael M, Coumbaras LJ, Galanaud P. Production of interleukin-6 in high grade B lymphomas. *Curr Top Microbiol Immunol* 1992;182:349–55. [PubMed: 1490375]
247. Seymour JF, Talpaz M, Cabanillas F, Wetzler M, Kurzrock R. Serum interleukin-6 levels correlate with prognosis in diffuse large-cell lymphoma. *J Clin Oncol* 1995;13:575–82. [PubMed: 7884418]
248. Preti HA, Cabanillas F, Talpaz M, Tucker SL, Seymour JF, Kurzrock R. Prognostic value of serum interleukin-6 in diffuse large-cell lymphoma. *Ann Intern Med* 1997;127:186–94. [PubMed: 9245223]
249. Shimamoto T, Hayashi S, Ando K, et al. Anaplastic large-cell lymphoma which showed severe inflammatory status and myelodysplasia with increased VEGF and IL-6 serum levels after long-term immunosuppressive therapy. *Am J Hematol* 2001;66:49–52. [PubMed: 11426493]
250. Kato H, Kinoshita T, Suzuki S, et al. Elevated serum interleukin-6 (IL-6) is derived from neoplastic lymphoid cells in patients with B-cell non-Hodgkin's lymphoma: correlation with extent of IL-6 expression and serum concentration. *Br J Haematol* 1996;92:1014–21. [PubMed: 8616061]
251. Voorzanger N, Touitou R, Garcia E, et al. Interleukin (IL)-10 and IL-6 are produced in vivo by non-Hodgkin's lymphoma cells and act as cooperative growth factors. *Cancer Res* 1996;56:5499–505. [PubMed: 8968107]
252. Kossakowska AE, Edwards DR, Prusinkiewicz C, et al. Interleukin-6 regulation of matrix metalloproteinase (MMP-2 and MMP-9) and tissue inhibitor of metalloproteinase (TIMP-1) expression in malignant non-Hodgkin's lymphomas. *Blood* 1999;94:2080–9. [PubMed: 10477738]
253. Seymour JF, Talpaz M, Hagemeister FB, Cabanillas F, Kurzrock R. Clinical correlates of elevated serum levels of interleukin 6 in patients with untreated Hodgkin's disease. *Am J Med* 1997;102:21–8. [PubMed: 9209197]

254. Ludwig H, Nachbaur DM, Fritz E, Krainer M, Huber H. Interleukin-6 is a prognostic factor in multiple myeloma. *Blood* 1991;77:2794–5. [PubMed: 2043775]
255. Reibnegger G, Krainer M, Herold M, Ludwig H, Wachter H, Huber H. Predictive value of interleukin-6 and neopterin in patients with multiple myeloma. *Cancer Res* 1991;51:6250–3. [PubMed: 1933885]
256. Dvorakova K, Payne CM, Ramsey L, et al. Increased expression and secretion of interleukin-6 in patients with Barrett's esophagus. *Clin Cancer Res* 2004;10:2020–8. [PubMed: 15041721]
257. Komoda H, Tanaka Y, Honda M, Matsuo Y, Hazama K, Takao T. Interleukin-6 levels in colorectal cancer tissues. *World J Surg* 1998;22:895–8. [PubMed: 9673566]
258. Kinoshita T, Ito H, Miki C. Serum interleukin-6 level reflects the tumor proliferative activity in patients with colorectal carcinoma. *Cancer* 1999;85:2526–31. [PubMed: 10375098]
259. Ito H, Miki C. Profile of circulating levels of interleukin-1 receptor antagonist and interleukin-6 in colorectal cancer patients. *Scand J Gastroenterol* 1999;34:1139–43. [PubMed: 10582766]
260. Garza-Gonzalez E, Bosques-Padilla FJ, El-Omar E, et al. Role of the polymorphic IL-1B, IL-1RN and TNF-A genes in distal gastric cancer in Mexico. *Int J Cancer* 2005;114:237–41. [PubMed: 15540224]
261. Ashizawa T, Okada R, Suzuki Y, et al. Clinical significance of interleukin-6 (IL-6) in the spread of gastric cancer: role of IL-6 as a prognostic factor. *Gastric Cancer* 2005;8:124–31. [PubMed: 15864720]
262. Chung YC, Chaen YL, Hsu CP. Clinical significance of tissue expression of interleukin-6 in colorectal carcinoma. *Anticancer Res* 2006;26:3905–11. [PubMed: 17094421]
263. El-Salahy EM. Evaluation of cytokeratin-19 & cytokeratin-20 and interleukin-6 in Egyptian bladder cancer patients. *Clin Biochem* 2002;35:607–13. [PubMed: 12498994]
264. Zhang GJ, Adachi I. Serum interleukin-6 levels correlate to tumor progression and prognosis in metastatic breast carcinoma. *Anticancer Res* 1999;19:1427–32. [PubMed: 10365118]
265. Wei LH, Kuo ML, Chen CA, et al. The anti-apoptotic role of interleukin-6 in human cervical cancer is mediated by up-regulation of Mcl-1 through a PI 3-K/Akt pathway. *Oncogene* 2001;20:5799–809. [PubMed: 11593385]
266. Wang L, Tang Z, Sun H. Nitric oxide synthase and vascular endothelial growth factor expression in hepatocellular carcinoma and their relation to angiogenesis. *Zhonghua Zhong Liu Za Zhi* 2000;22:301–3. [PubMed: 11778555]
267. Klotz T, Bloch W, Jacobs G, Niggemann S, Engelmann U, Addicks K. Immunolocalization of inducible and constitutive nitric oxide synthases in human bladder cancer. *Urology* 1999;54:416–9. [PubMed: 10475345]
268. Fujimoto H, Ando Y, Yamashita T, et al. Nitric oxide synthase activity in human lung cancer. *Jpn J Cancer Res* 1997;88:1190–8. [PubMed: 9473737]
269. Natarajan R, Esworthy R, Bai W, Gu JL, Wilczynski S, Nadler J. Increased 12-lipoxygenase expression in breast cancer tissues and cells. Regulation by epidermal growth factor. *J Clin Endocrinol Metab* 1997;82:1790–8. [PubMed: 9177384]
270. Wilborn J, Bailie M, Coffey M, Burdick M, Strieter R, Peters-Golden M. Constitutive activation of 5-lipoxygenase in the lungs of patients with idiopathic pulmonary fibrosis. *J Clin Invest* 1996;97:1827–36. [PubMed: 8621765]

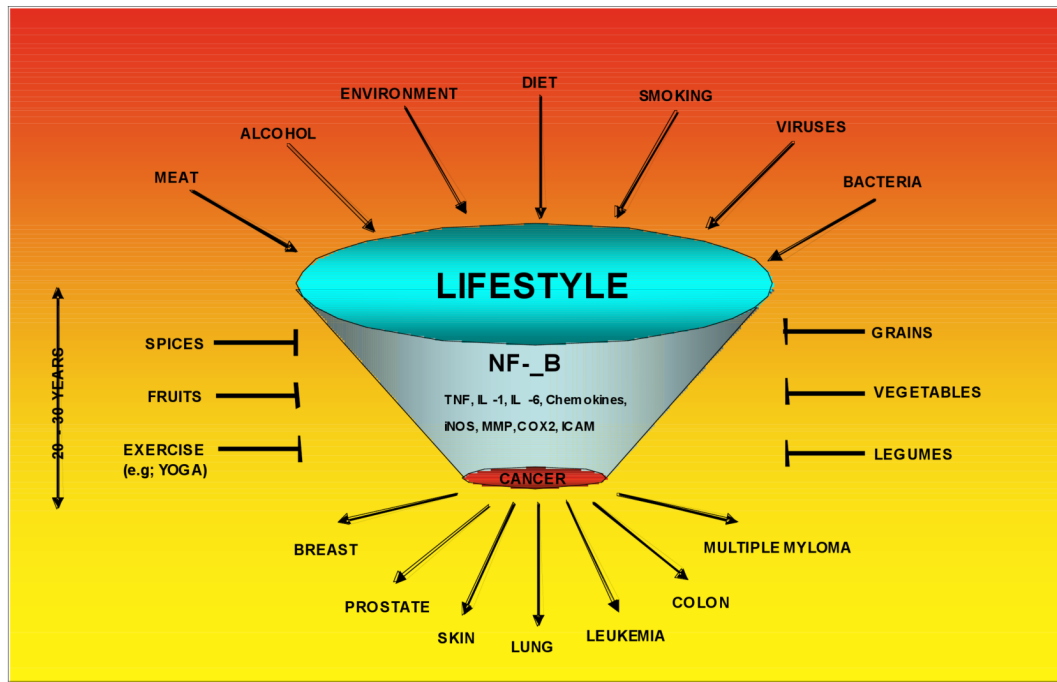


Fig.1. Activation of inflammatory pathway mediated through NF-κB by life-style related factors such as tobacco, stress, dietary agents, obesity, alcohol, infectious agents, irradiation and environmental stimuli that account for as much as 95% of all cancers. Suppression of inflammatory pathway by life style –related agents such as vegetables, fruits, legumes, grains, spices and exercise (such as Yoga), is indicated.

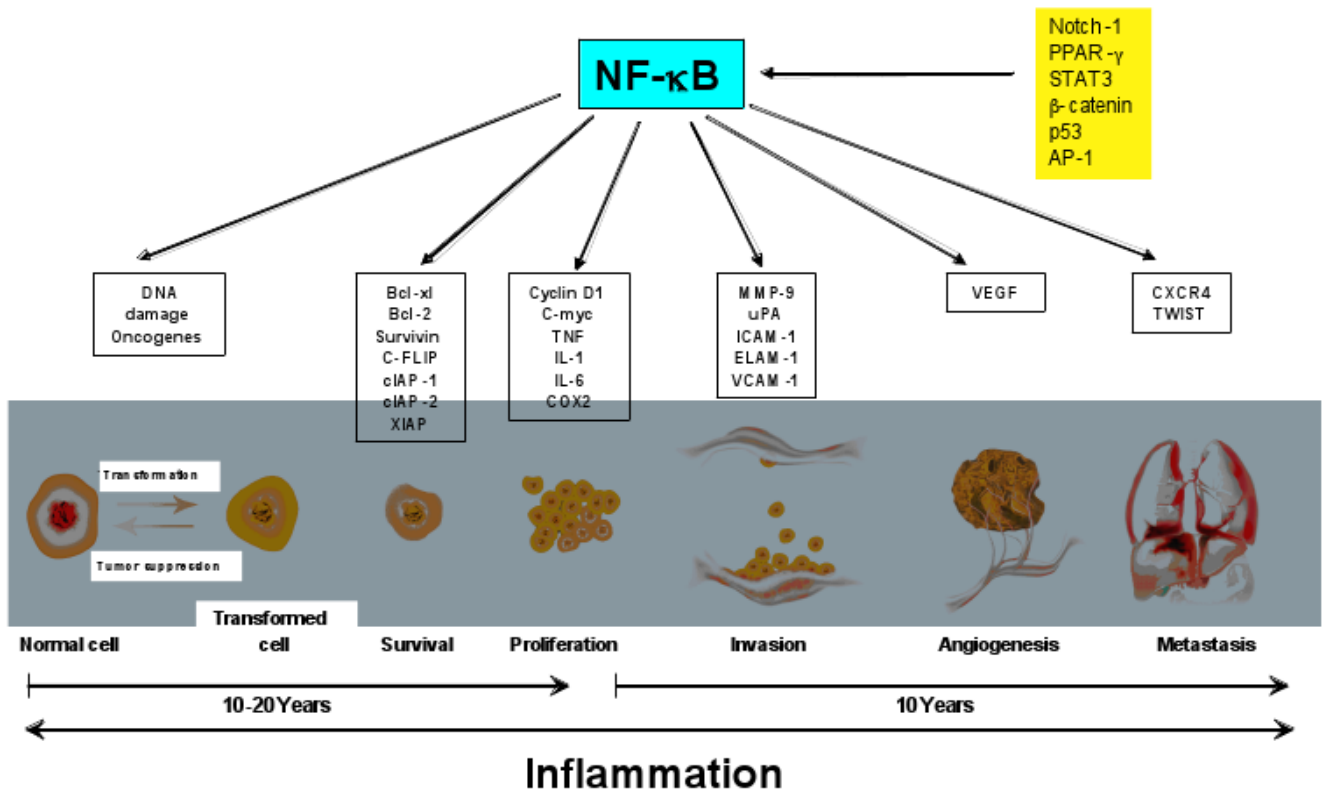


Fig. 2. Activation of various inflammatory pathways that lead to expression of gene products linked to cellular transformation, survival, proliferation, invasion, angiogenesis and metastasis of cancer.

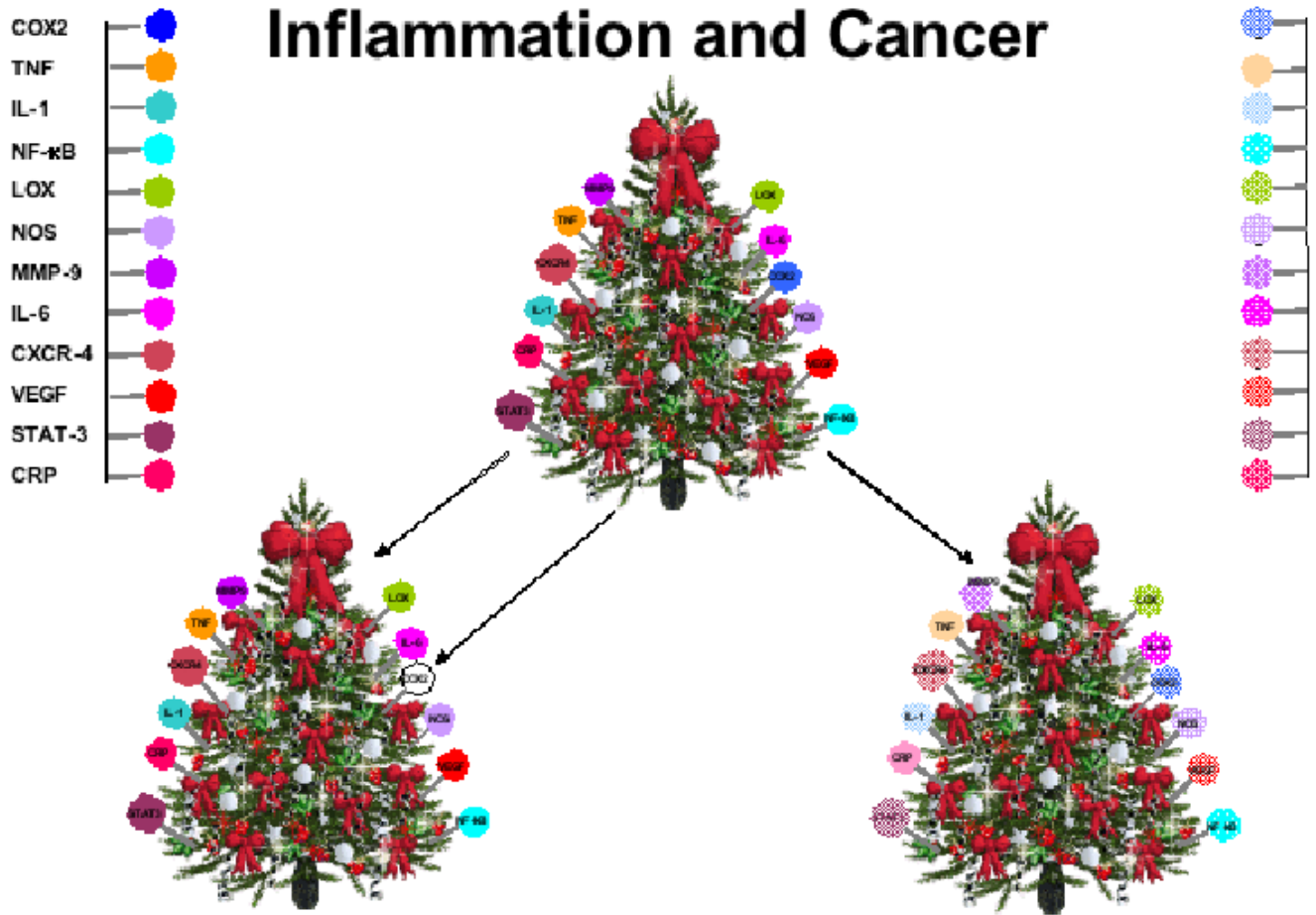


Fig. 3. A model for regulation of inflammatory biomarkers. Disease is normally due to dysregulation of numerous inflammatory biomarkers (represented by each bulb). Complete inhibition of a single biomarker (such as COX2) is more likely to be toxic and unlikely to cure the disease. However, downregulation of several biomarkers *partially* is more likely to inhibit the dysregulated inflammation, be less toxic and more efficient in treating the disease.

Table 1
Overexpression of constitutive active NF- κ B is linked to the progression of cancer in patients

Leukemia:

- Constitutive NF- κ B/Rel activation was a common finding in Philadelphia chromosome positive (Ph+) *acute lymphoblastic leukemia* (113)
- B-*Chronic lymphocytic leukemia* (CLL) patients had constitutive high NF- κ B activity (114)
- NF- κ B in *Chronic lymphocytic leukemia* (CLL) was linked with fludarabine resistance (115)
- Rel A is an independent prognostic marker of survival in *Chronic lymphocytic leukemia* (CLL) and predicted the duration of response to therapy (116)
- NF- κ B genes were significantly associated with shorter survival of patients and seemed to be an independent prognostic factor in a multivariate analysis in *T-cell lymphomas* (117)
- NF- κ B was highly predictive of *Helicobacter pylori*-independent status in high-grade gastric *MALT lymphoma* (118)
- NF- κ B was predictive of *Helicobacter pylori*-independent status of low-grade gastric *MALT lymphoma* (119)
- NF- κ B transcription pathway was found to be linked to overall survival of *Burkitt's lymphomas* patients (120)
- Shorter survival was associated with the expression of NF- κ B-regulated genes (TRAF5, REL, and PKCA) in pts with *Splenic marginal zone lymphoma* (SMZL) (121)
- NF- κ B activation was linked with the clinical and pathologic manifestations of *Hodgkin's disease* (122)
- NF- κ B activity was involved in the pathogenesis of *Hodgkin's disease* patients (123)
- NF- κ B pathway activation displayed the most chemoresistant response in B-cell *non-Hodgkin's lymphoma* (124)
- Constitutive activation of the noncanonical NF- κ B pathway mediated the pathogenesis of *multiple myeloma* (27)

Gastrointestinal Cancers:

- Constitutive activation and differential expression of NF- κ B proteins was associated with severity of oral lesions during development of *oral cancer* (18)
- NF- κ B was associated with *oral tumor* progression and with minimal residual disease (125)
- NF- κ B following cytotoxic chemotherapy was associated with the pathogenesis of mucositis (126)
- Elevated NF- κ B-regulated cytokines were found in *oral lichen planus patients* (127)
- Elevated NF- κ B-regulated cytokines were discovered in the saliva of patients with *oral squamous cell carcinoma* (128)
- Activated NF- κ B was associated with the lack of complete pathologic response, metastases and survival in patients with *esophageal carcinoma* (129)
- NF- κ B was an independent prognostic indicator of poor outcome in patients with *esophageal adenocarcinoma* (19)
- NF- κ B was a major factor in the pathogenesis of *ulcerative colitis* (130)
- NF- κ B overexpression was associated with the *hepatocarcinogenesis* induced by HBV or HCV infection (131)
- High expression of activated NF- κ B indicates poor patient survival in *pancreatic cancer* (132)
- Nuclear colocalization of NF- κ B (p50/p52) and Bcl-3, interactions mediate *HCC pathogenesis* (133)
- NF- κ B activation in *HCC* was implicated in a poor patient outcome (134)
- Strong expression of NF- κ B was found in patients with *pancreatic cancer* (135)
- The high NF- κ B group demonstrated a shorter overall survival rate in *gastric cancer* (136)
- Nuclear expression of NF- κ B (1/p50) in *gastric carcinoma* was a prognosis biomarker (137,138)
- NF- κ B positivity after radiotherapy was linked with worse clinical outcome in *rectal cancer* (139)

Genitourinary Cancers:

- Nuclear expression of NF- κ B was correlated with histologic grade and T category in *bladder urothelial carcinoma* (140)
- NF- κ B1 promoter polymorphism is a useful marker for the identification of patients with superficial *bladder cancer* where the risk of recurrence is high (141)
- Nuclear NF- κ B was linked with poor outcome in patients with *prostate cancer* (16)
- Activation of NF- κ B was linked with metastasis of *prostate cancer* to lymph node (15)

- Nuclear NF- κ B was strongly predictive of biochemical recurrence in patients with positive surgical margins after radical prostatectomy in *prostate cancer* (142)
- Nuclear localisation of NF- κ B is an independent prognostic factor of biochemical relapse in *prostate cancer* (143)

Brain Cancers:

- Nuclear NF- κ B1/p50 expression in *astrocytomas* was associated with tumor grade and angiogenic factors (144)
- Constitutive activation of NF- κ B in malignant *astrocytomas*, especially in glioblastoma, was associated with resistance to TNF- α immunotherapy (145)
- Upregulation of NF- κ B in *human gliomas* was related to tumor grade (146)

Breast Cancers:

- NF- κ B linked gene products contributed to unusual phenotype and aggressiveness of *inflammatory breast cancer* (23)
- Increased NF- κ B activity was noted in the HER-2/neu overexpressing *breast cancer* (147)
- Increased NF- κ B p50 DNA-binding was prognostic biomarker in high-risk ER-positive *breast cancer* (148)
- Activated NF- κ B was detected in ER-negative and ErbB2-positive *breast tumors* (149)
- NF- κ B activation was a potential prognostic marker for high-risk subset of ER-positive, primary *breast cancers* destined for early relapse despite adjuvant endocrine therapy with tamoxifen (24)

Gyneoncologic Cancers:

- NF- κ B (p65) expression was a significant prognostic indicator of reduced survival in *ovarian cancer* patients (22)
- Overexpression of NF- κ B p65 was involved in the carcinogenesis and metastasis of *ovarian cancer* (150)
- The association of NF- κ B activation with cytokine upregulation was only evident in patients with *adenocarcinoma* (151)
- The association of NF- κ B activation with angiogenesis and apoptosis was evident in *renal cell carcinoma* (152)

Head & Neck Cancers:

- High levels of NF- κ B (p65) was significantly higher in SCLC compared with *NSCLC* (21)
- Upregulation of NF- κ B was marked in lesional advance in patients with *larynx cancer* (153)
- NF- κ B expression was associated with poor prognosis in *non-small-cell lung cancer patients* (154)
- Elevated expression of NF- κ B was correlated with poor clinical outcome in *lung cancer* patients (155)
- NF- κ B (RelA and pIkB α -positive) was a statistically significant predictor of patient death in early stage *non-small cell lung cancer* (156)
- NF- κ B was overexpressed in high-grade dysplasia and poor survival in *squamous cell carcinoma of the tonsil* (17)
- The activation of NF- κ B contributed to the process of *chronic obstructive pulmonary disease* in humans (157)

Melanoma:

- NF- κ B was associated with poor prognosis of *human squamous cell carcinoma* (158)
- Overexpression of NF- κ B p65 played an important role in the progression of *malignant melanoma* (159)
- NF- κ B p105/p50 was correlated with progression and prognosis in human *melanoma* patients (160)

ALL-Acute Lymphoblastic Leukemia, ATL-Acute T cell Leukemia, AML-Acute Myelogenous Leukemia, HCC-Hepatocellular Carcinoma, MALT-Mucosa-Associated Lymphoid Tissue, NSCLC- Non-Small-Cell Lung Cancer

Table 2
Effect of Overexpression of Cyclooxygenase-2 in Progression of Cancer in Patients

Leukemia:

- COX-2 was correlated with prognosis of chronic-phase group of chronic myeloid leukemia (CML-CP) and *chronic lymphocytic leukemia* (161)
- COX-2 expression was associated with poor treatment response, higher systemic recurrence, and unfavorable prognosis in patients with extra nodal natural killer (NK)/*T-cell lymphoma* (45)
- COX-2 expression was correlated with cellular proliferation in the gastric *MALT lymphoma* (162)
- COX-2 expression was associated with cell proliferation and angiogenesis in *Hodgkin's lymphoma* (40)
- COX-2 was correlated with shorter progression-free survival in *multiple myeloma* (41)
- COX-2 was associated with reduced estimated survival and poor prognostic factors in *multiple myeloma* (43)

Gastrointestinal Cancers:

- COX-2 was the most important predictor of poor survival in patient cohort in *oropharyngeal squamous cell carcinoma* (163)
- COX-2 expression was associated with pathogenesis in *mucoisitis* (126)
- COX-2 was associated with pathogenesis and progression of *oral cancer* (38)
- COX-2 expression was correlated with tumor progression in *esophageal SCC* (39)
- Increased COX-2 expression in *Barrett's* metaplasia was associated with a change in the local inflammatory reaction (164)
- COX-2 was associated with tumor growth in *esophageal squamous cell carcinoma* (165)
- COX-2 expression was correlated with an unfavorable prognostic factor in *esophageal squamous cell carcinoma* (166)
- Expression of COX-2 was elevated in squamous cell carcinoma of the *esophagus* and correlated with lymph node metastases and shorter survival (33)
- Increased expression of COX-2 was associated with a poor survival outcome in *esophageal adenocarcinoma* (167)
- COX-2 expression was correlated with depth of invasion and survival in *esophageal squamous cell carcinoma* (168)
- COX-2 expression played a prognostic factor in frequent tumor recurrence in *esophageal squamous carcinoma* patients undergoing neoadjuvant chemoradiotherapy (169)
- COX-2 expression in primary *mid-gut carcinoids* was associated with a negative prognostic outlook (170)
- Overexpression of COX-2 was important in the pathogenesis of *cholangiocarcinomas* (171)
- COX-2 expression contributed to suppression of local immune responses and enhancement of metastatic potential in *human hepatocellular carcinoma* (172)
- COX-2 was a predictive marker in the early stages of *hepatocarcinogenesis* (173)
- Elevation of the COX-2 was correlated with the suppression of local immune responses and early tumor recurrence in the residual *liver* in patients after resection (174)
- COX-2 was significant in the progression of *hepatocellular carcinoma* (175)
- COX-2 expression was associated with proliferation of cancer in patients with *pancreaticobiliary duct* (176)
- COX-2 was involved in inflammatory response and progression in *chronic pancreatitis* (177)
- COX-2 expression was related to the histologic grade of intraductal papillary-mucinous tumor of the *pancreas* (178)
- COX-2 expression was a significant prognostic factor after surgical resection in patients affected by cancer of *ampulla of vater* (179)
- COX-2 expression in primary *colorectal cancer* was associated with liver metastasis (180)
- COX-2 expression was associated with poor survival in *colon cancer* patients (181)
- COX-2 expression was associated with reduced survival and was recognized as an independent prognostic factor in cohort of *colorectal cancer* patients (182)
- COX-2 was involved in lymph node metastasis and tumor vascularization in patients with *colorectal cancer submucosa* (183)
- COX-2 expression was observed in *colorectal cancer* cells due to the dysfunction of p53 (184)
- COX-2 gene expression was markedly elevated in human *colorectal cancer* compared to accompanying normal mucosa (185)
- COX-2 expression was correlated with poor prognosis in patients with *colorectal cancer* (186,187)
- COX-2 expression was associated with the carcinogenesis of the *gastric cancer* (188)

- COX-2 was associated with prognosis and intestinal pathways in *gastric carcinogenesis* (189)
- COX-2 expression was associated with invasion, metastasis and implicated a poor prognosis in *gastric carcinoma* (190)
- COX-2 expression mediated *gastric cancer* development by promoting angiogenesis and inhibiting apoptosis (191)
- COX-2 was linked to an increased risk of hematogenous metastatic spread in *rectal carcinoma* (192)

Genitourinary Cancers:

- COX-2 expression was significance to the development and proliferation of *bladder transitional cell carcinoma* (193)
- COX-2 expression was associated with development and invasion of *transitional cell carcinoma* (194)
- COX-2 expression was associated with high-grade bladder carcinoma and progression of *bladder urothelial carcinoma* (195)
- COX-2 was commonly expressed in patients with *bladder transitional cell carcinoma* (196)
- COX-2 expression was associated with poor survival in patients with *prostate cancer* who had radiotherapy (197)
- COX-2 expression was associated with proliferation of human *prostate carcinoma* cells (198)
- COX-2 expression was an independent predictor of *prostate cancer* progression which had the highest probability of recurrence (36)

Breast Cancer:

- COX-2 over-expression promoted lymph node metastasis by a lymphangiogenic pathway and affected the prognosis in patients with *breast cancer* (199)
- COX-2 expression was associated with angiogenesis, lymph node metastasis, and apoptosis in human *breast cancer* (200)
- COX-2 expression was associated with younger age, larger tumor size, worse local control, distant metastasis, and worse overall survival in *breast cancer* patients (201)
- COX-2 was associated with lymphangiogenesis and prognosis in invasive *breast cancer* (42)
- COX-2 correlated with poor prognostic markers, large tumor size and high tumor grade in *breast cancer* (202)
- COX-2 expression in human *breast* epithelial cells will predispose the mammary gland to carcinogenesis (203)
- COX-2 expression was an early event in *breast carcinogenesis* (204)

Gyneoncolgic Cancers:

- COX-2 expression was associated with poor prognosis in *cervix cancer* patients (205)
- COX-2 expression was used in patients with FIGO Stage IIB SCC of the *uterine cervix* who are treated with radiotherapy and concurrent chemotherapy (44)
- COX-2 expression was associated with very poor chance of response to neoadjuvant therapy and unfavorable prognosis in *cervical cancer* (206)
- COX-2 expression was associated with tumor cell proliferation and clinicopathological factor in patients with *renal cell carcinoma* (207)
- COX-2 expression was observed in endometriotic ovarian cyst wall with respect to other extra *ovarian* localizations (208)
- COX-2 expression was associated with angiogenesis in *ovarian cancer* (209)
- COX-2 expression was correlated with tumor angiogenesis and with survival in *serous ovarian carcinoma* patients (210)
- COX-2 expression was an independent prognostic factor in *ovarian carcinoma* (211)
- COX-2 expression was associated with poor clinicopathologic prognostic factor in *ovarian cancer* (212)
- COX-2 expression was correlated with poor chemotherapy response and prognostic outcome in *ovarian carcinoma* (213)

Head & Neck Cancers:

- COX-2 expression was correlated with shorter survival in patients with early stage *non-small cell lung cancer* (37)
- COX-2 expression was associated with tumor progression by stimulating lymphangiogenesis in *NSCLC* patients (214)
- COX-2 expression was correlated with clinically prognostic indicator of tumor growth and differentiation in *laryngeal carcinoma* (215)
- COX-2 expression in *glottic cancer* was associated with increased overall mortality and an increased risk of second primary cancer (SPC) (216)
- Cyclooxygenase-2 expression in *human basal cell carcinoma* increased antiapoptosis, angiogenesis, and tumorigenesis (217)
- COX-2 expression was associated with poor survival in *gliomas* patients (218)

ALL-Acute Lymphoblastic leukemia, ATL-Acute T cell leukemia, AML-Acute myelogenous leukemia, HCC-Hepatocellular carcinoma, MALT-Mucosa-associated lymphoid tissue, NSCLC- non-small-cell lung cancer

Tables 3

Expression of cytokines and chemokines and their receptors is linked to the development of cancer in patients

CXCR-4

Leukemia:

- CXCR-4 expression was associated with extramedullary organ infiltration in childhood *acute lymphoblastic leukaemia* (219)
- CXCR-4 was involved in the chemotactic interaction between *B-lymphoma cells* and lymph node stromal cells (220)

Gastrointestinal Cancers:

- CXCR-4 expression was associated with tumor aggressiveness, tumor size, extrathyroidal extension (ETE), angiolymphatic invasion (ALI), and lymph node metastasis in *papillary thyroid carcinoma* (71)
- CXCR-4 expression was associated with poor clinical outcome in *esophageal cancer* patients (68)
- CXCR-4 was associated with lymph node-metastasis in *colorectal cancer* (69)
- CXCR-4 expression was associated with a strong and independent predictor of early distant relapse in *colorectal cancer* (221)

Genitourinary Cancers:

- CXCR-4 expression was induced a aggressive phenotype in *prostate cancer* cells (67)
- CXCR-4 was involved in the process of human *prostate cancer* metastasis by the activation of cancer cell migration (222)
- CXCR-4 expression in *neuroblastoma* primary tumors was significantly correlated with the pattern of metastatic spread (73)

Breast Cancers:

- CXCR-4 expression was correlated with lymph node metastasis in *breast cancer* (66)
- CXCR-4 expression had a significant impact on disease-free survival in HER-2 negative *breast cancer* patients (223)
- CXCR-4 expression was associated with tumor progression in *breast cancer* (224)
- CXCR-4 contributed to the homing of *breast cancer* cells to the bone (225)
- CXCR-4 expression was associated with lymph node metastasis in *breast cancer* patients (226)
- CXCR-4 expression was correlated with a poor overall survival rate in patients with *breast cancer* (227)

Gyneoncologic Cancers:

- CXCR-4 expression was involved in poor overall survival rate in patients with *ovarian cancer* (228)
- CXCR-4 expression was associated with progression of *endometrial carcinoma* (75)
- CXCR-4 expression was associated with lymph node metastasis and poor prognosis in patients with *cervical cancer* (229)

Head & Neck Cancers:

- CXCR-4 expression was associated with the metastatic potential of *NSCLC* patients (70)
- CXCR-4 was expressed and activated in *astrocytomas* and phosphorylation of CXCR-4 can occur through ligand activation or transactivation via the EGF receptor (72)

VEGF

Leukemia:

- VEGF played an important role in the development and evaluation of the severity and the outcome in *ALL* (39)
- VEGF expression was linked in malignant cell proliferation and angiogenesis in *AML* (230)
- VEGF was associated with poor outcome in *non-Hodgkin's lymphoma* (231)

Gastrointestinal Cancers:

- VEGF-C expression was associated with cervical lymph node metastasis in *papillary thyroid carcinoma* (86)
- VEGF expression was an independent prognostic factor for the patients with *Nasopharyngeal carcinoma* (88)
- VEGF expressions was correlated with pathologically positive lymph node in *esophageal squamous cell carcinoma* (232)

- VEGF expression was associated with prognosis in squamous cell carcinoma of the *esophagus* (233)
- VEGF expression was associated with prognosis in patients with more advanced *esophageal squamous cell carcinoma* (234)
- VEGF-C and VEGF-D expression was associated with lymphatic metastasis and prognosis in patients with *pancreatic adenocarcinoma* and induced lymphangiogenesis (89)
- VEGF expression was associated with prognosis in patients with *hepatocellular carcinoma* (83)
- VEGF expression was associated with prognosis in Greek *colorectal cancer* patients (235)
- VEGF was involved in tumor vascularization and lymph node metastasis in patients with *colorectal cancers* with submucosal invasion (183)
- VEGF expression was associated with angiogenesis and metastasis in *gastric cancer* (87)
- VEGF expression was associated with prognosis in *colorectal cancer* patients (84)
- VEGF expression was associated with the pathogenesis of *ileal pouch-anal anastomosis* (236)
- VEGF expression was associated with lymph node metastasis and progression of *ampullary carcinoma* (105)

Breast Cancers:

- VEGF-C expression was associated with lymphangiogenesis and prognosis in invasive *breast cancer* (42)
- VEGF-C expression was associated with lymphatic metastasis of *breast cancer* (82)
- VEGF expression was correlated with pathogenesis, angiogenesis and cell survival in *breast cancer* (237)

Gyneoncologic Cancers:

- VEGF expression was correlated with poor prognosis in *ovarian cancer* patients (85)

Head & Neck Cancers:

- VEGF-C expression was associated with lymph node metastasis in *NSCLC* (82)
- VEGF-D was associated with lymph node metastasis and poor prognosis in *NSCLC* (81)
- VEGF expression was associated with poor prognosis and survival in patients with early stage *non-small cell lung cancer* (238)

Melanoma:

- VEGF-C expression was associated with shorter overall and disease-free survival in *melanoma* (90)

STAT-3

- STAT-3 was constitutively present in all (CLL) *chronic lymphocytic leukemia* (30)
- STAT-3 expression was associated with shortest disease free-survival and shorter overall survival in patients with *acute myeloid leukemia (AML)* (34)
- STAT-3 expression was associated with pathogenesis *offollicular lymphoma* (239)
- STAT-3 expression was associated with the tumorigenesis of *colorectal carcinoma* (240)
- STAT-3 expression was associated with activation of *laryngeal carcinomas* (33)
- STAT-3 expression was associated with cell survival in *gastric cancer* (31)
- STAT-3 expression was associated with the development and proliferation of *colorectal cancer* (241)
- STAT-3 expression was correlated with vascular emboli and perineural invasion in *colorectal cancer* (242)
- STAT-3 expression was constitutively activated in *prostate cancer* (243)
- STAT-3 expression was associated with adenocarcinomas and was critical for the growth and survival of *prostate cancer* cells (244)
- STAT-3 expression was associated with distant metastasis in *prostate cancer* (245)
- STAT-3 expression was associated with tumor cell survival in early-stage *NSCLC* (32)

IL-1 and 6

- IL-6 expression was associated with the growth in high-grade *B lymphomas* (246)
- IL-6 expression was associated with poor prognosis in patients with diffuse large-cell *lymphoma* (247)
- IL-6 expression was correlated with the independent prognostic factor for complete response and failure-free survival in patients with *diffuse large-cell lymphoma* (248)

- IL-6 expression was associated with pathogenesis of *anaplastic large-cell lymphoma* (249)
- IL-6 expression was correlated with neoplastic lymphoid cells in patients with B-cell **non-Hodgkin's lymphoma** (250)
- IL-1 and IL-6 associated with cell proliferation in *non-Hodgkin's lymphoma* (251)
- IL-6 expression was associated with clinical aggressiveness in *non-Hodgkin's lymphoma* (252)
- IL-6 was associated with adverse prognostic feature in *non-Hodgkin's lymphoma* (253)
- IL-6 expression was associated with a prognostic factor in *multiple myeloma* (254)
- IL-6 expression was associated with the progression of *multiple myeloma* (255)
- IL-6 expression was associated with the development of apoptosis resistance *Barrett's esophagus* (256)
- IL-1 β expression was associated with a potential independent factor influencing systemic inflammation in *gastric cancer* patients (51)
- IL-1 β and IL-6 expression was associated with the growth and progression of human *gastric carcinoma* (49)
- IL-1 and IL-6 expression was associated with the survival and proliferation of remnant cancer cells after tumor resection in *colorectal carcinoma* (50)
- IL-6 expression was associated with the growth in human *colorectal cancer* (257)
- IL-6 expression was associated with the proliferation in *colorectal carcinoma* (258)
- IL-6 expression was associated with progression of *colorectal carcinoma* (259)
- IL-1B expression was correlated with distal *gastric cancer* in Mexican population (260)
- IL-6 expression was associated with invasion, lymph node, hepatic metastasis and prognosis in *gastric cancer* patients (261)
- IL-6 expression was associated with poor prognosis in *colorectal cancer* (262)
- IL-6 expression was associated with the malignant phenotype of Egyptian *bladder cancer* patients (263)
- IL-6 expression was correlated with metastatic *breast cancer* patients (264)
- IL-6 expression was associated with tumor angiogenesis and the development of *cervical cancer* (265)

IL-8

- IL-8 expression was associated with the poor prognosis in *nasopharyngeal carcinoma* (61)
- IL-8 expression was associated with hepatic metastasis in patients with *colorectal cancer* (58)
- IL-8 expression was correlated with the tumor progression and liver metastasis of *colorectal carcinoma* (57)
- IL-8 expression was associated with metastatic potential, angiogenesis and cell proliferation in human *HCC* (59)
- IL-8 expression was associated with induction, progression liver metastases in *colorectal carcinoma* (56)
- IL-8 expression was associated with prognosis in human *gastric carcinoma* (62)
- IL-8 expression was associated with cell proliferation and angiogenesis in *prostate cancer* (60)
- IL-8 mRNA expression was associated with tumor progression, tumor angiogenesis and time to relapse suggesting its use as a prognostic indicator in *NSCLC* (63)
- IL-8 expression was associated with an angiogenic switch in myometrial invasion in stage I *uterine endometrial cancer* (209)
- IL-8 expression was associated with poor prognosis in epithelial *ovarian cancer* patients (64)
- IL-8 expression served as a significant prognostic factor for tumor progression in human *malignant melanoma* (65)

MMP-9

- MMP9 expression was associated with poor overall survival in patients with aggressive *non-Hodgkin's lymphoma* (109)
- MMP9 expression was associated with tumor cell differentiation, vessel permeation, lymph node metastasis in *esophageal squamous cell carcinoma* (108)
- MMP9 expressions was correlated with the metastasis of lymph node in *gastric cancer* (107)
- MMP9 expression was correlated with poor prognostic variables including shortened patient survival in *renal cell carcinoma* (110)
- MMP9 expression was correlated with metastasis and grade in *liposarcoma* (111)
- MMP9 expression was associated with the clinical and biological behavior in *NSCLC* (105)
- MMP9 expression was associated with progression, metastasis and survival in *lung cancer* (106)

NOS

- NOS expression was correlated with *Barrett's*-associated neoplastic progression (94)
- NOS expression was correlated with the progression in *gastric cancer* patients (92)
- NOS expression was associated with angiogenesis of *hepatocellular carcinoma* (266)
- NOS expression was associated with angiogenesis and tumor-induced immunosuppression in *human bladder cancer* (267)
- NOS expression was associated with adenocarcinoma, metabolism and behavior in *lung cancer* (268)
- NOS expression was associated with carcinogenesis of *transitional cell carcinoma* (96)

LOX

- 5-LOX expression was associated the development of *pancreatic cancer* (78)
- LOX expression was associated with prognosis in patients with *breast cancer* (79)
- 12-LOX expression was associated with basal and EGF-induced *breast cancer* cell growth (269)
- 5-LOX expression was associated with prognosis in *breast cancer* patients (77)
- 12-LOX expression was associated with progression and prognosis of *prostate cancer* (80)
- 5-LOX expression was associated with the progression in *renal cancer* (76)
- 5-LOX expression was associated with idiopathic pulmonary fibrosis in *lung* patients (270)

ALL-Acute Lymphoblastic Leukemia, ATL-Acute T cell Leukemia, AML-Acute Myelogenous Leukemia, HCC-Hepatocellular Carcinoma, MALT-Mucosa-Associated Lymphoid Tissue, NSCLC- Non-Small-Cell Lung Cancer