

Hypoxia-inducible factor 1, hepatocellular carcinoma and angiogenesis

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Angiogenesis is essential for tumor growth,¹ and it has been shown that anti-angiogenic therapy has been proven to be effective in several cancers such as colorectal cancer^{2,3} and hepatocellular carcinoma (HCC).⁴ Currently available anti-angiogenic cancer chemotherapy targets the vascular endothelial growth factor (VEGF) pathway by VEGF monoclonal antibody (bevacizumab)³ or multi-targeted receptor tyrosine kinase inhibitors (sorafenib).⁴ Hypoxia-inducible factor 1 (HIF-1) is a heterodimer protein which is composed of oxygen-regulated HIF-1 α subunit and constitutively expressed HIF-1 β subunit.^{5,6} Under normoxic condition, the degradation of HIF-1 α subunit is facilitated by ubiquitination following the hydroxylation of proline residue(s). However, under hypoxic condition, stability of HIF-1 α increases due to suppressed proline hydroxylation, leading to increased transcription of genes associated with adaptive homeostatic response to hypoxia such as erythropoiesis, glucose metabolism and angiogenesis.⁷ In addition to intratumoral hypoxia, loss of function of tumor-suppressor genes also contributes to over-expression of HIF-1 α in various human cancers.⁶ HIF-1 is a key regulatory factor for angiogenesis in response to hypoxia: it induces expression of angiogenic growth factors such as VEGF, stromal derived factor 1, angiopoietin 2, placental growth factor, platelet-derived growth factor B and stem cell factor.⁸ Many human cancers over-express HIF-1 α , and expression of HIF-1 α is associated with poor prognosis.^{6,9} In hepatitis B virus-associated HCC, high expression of HIF-1 α is

found in half of tumor specimens and correlated with venous invasion and lymph node invasion.¹⁰ These findings suggest the possibility of HIF-1 α as a novel therapeutic target in HCC.

In the current issue, Choi et al. suppressed HIF-1 α by adenovirus-mediated small hairpin RNA and observed that proliferation of hepatoma cell lines was suppressed and the new vessel formation by vascular endothelial cells was inhibited.¹¹ This suppressive effect against hepatoma cells is concordant with the report by WeiXing et al. which knocked down HIF-1 α by antisense oligonucleotide.¹² In the current study, however, the mechanisms by which HIF-1 α directly inhibits the proliferation of hepatoma cell lines were not examined. In hypoxic state, HIF-1 can either induce or inhibit apoptosis.¹³ Moreover, a recent report shows that knock-down of HIF-1 α causes reciprocal increase of HIF-2 α and vice versa, leading to attenuated apoptosis in HepG2 cells.¹⁴ Therefore, further studies are warranted to examine the effects of HIF-1 α on the apoptosis and proliferation of HCC in hypoxic state.

Recent reports including this study by Choi et al. have demonstrated that knock-down of HIF-1 α by small interfering RNA¹⁵ or short hairpin RNA can disrupt angiogenesis by HUVEC cells. However, the therapeutic potential of anti-angiogenic effect by targeting HIF-1 needs to be further validated in animal HCC models. One recent study targeting HIF-1 α showed suppressed tumor growth and microvessel density in a murine subcutaneous HCC model.¹⁶ However, two reports assessing the effect of HIF-1 α on the tumor growth in orthotopic hepatoma models showed conflicting results.^{17,18} These results imply that

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the action of HIF-1 may be influenced by the types of tumor cells and/or the stromal components of the tumor.⁹ Further animal studies are also warranted to examine the efficacy of combination therapy that includes HIF-1 α targeting and conventional types of anti-cancer drugs.

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