

Monocarboxylate transporters 1 and 4 are associated with CD147 in cervical carcinoma

Céline Pinheiro^a, Adhemar Longatto-Filho^{a,b}, Sônia Maria Miranda Pereira^b, Daniela Etlinger^b, Marise A. R. Moreira^c, Luiz Fernando Jubé^d, Geraldo Silva Queiroz^d, Fernando Schmitt^{e,f} and Fátima Baltazar^{a,*}

^a*Life and Health Sciences Research Institute (ICVS), School of Health Sciences, University of Minho, Campus of Gualtar, Braga, Portugal*

^b*Instituto Adolfo Lutz, São Paulo, Brazil*

^c*Department of Pathology, School of Medicine, Federal University of Goiás, Goiânia, Go., Brazil*

^d*Hospital Araújo Jorge, Goiânia, Go., Brazil*

^e*IPATIMUP, Institute of Pathology and Immunology, University of Porto, Porto, Portugal*

^f*Medical Faculty of the University of Porto, Porto, Portugal*

Abstract. Due to the highly glycolytic metabolism of solid tumours, there is an increased acid production, however, cells are able to maintain physiological pH through plasma membrane efflux of the accumulating protons. Acid efflux through MCTs (monocarboxylate transporters) constitutes one of the most important mechanisms involved in tumour intracellular pH maintenance. Still, the molecular mechanisms underlying the regulation of these proteins are not fully understood. We aimed to evaluate the association between CD147 (MCT1 and MCT4 chaperone) and MCT expression in cervical cancer lesions and the clinico-pathological significance of CD147 expression, alone and in combination with MCTs. The series included 83 biopsy samples of precursor lesions and surgical specimens of 126 invasive carcinomas. Analysis of CD147 expression was performed by immunohistochemistry. CD147 expression was higher in squamous and adenocarcinoma tissues than in the non-neoplastic counterparts and, importantly, both MCT1 and MCT4 were more frequently expressed in CD147 positive cases. Additionally, co-expression of CD147 with MCT1 was associated with lymph-node and/or distant metastases in adenocarcinomas. Our results show a close association between CD147 and MCT1 and MCT4 expressions in human cervical cancer and provided evidence for a prognostic value of CD147 and MCT1 co-expression.

Keywords: CD147, monocarboxylate transporters, cervical carcinoma

1. Introduction

In order to maintain high growth rates in hypoxic environment, cancer cells switch to anaerobic glycolysis to obtain energy. Actually, this metabolic change is maintained even in the presence of oxygen, as described by Warburg [1]. One consequence of cytosolic glucose metabolism is the increase in intracellular lactic acid

concentration, which has to be tightly regulated to allow tumour cell survival and proliferation. Acid efflux through Monocarboxylate Transporters (MCTs) constitutes one of the most important mechanisms involved in the maintenance of tumour intracellular pH [2]. Indeed, MCT upregulation has been recently reported in some tumours, including brain [3–5], colorectal [6,7], lung [8] and, more recently, we described upregulation of MCT1 and 4 in cervical cancer [9].

MCT expression appears to be influenced by altered physiologic conditions, however, the underlying molecular events involved in MCT regulation are poorly understood. Recently, it was demonstrated that prop-

*Corresponding author: Fátima Baltazar, Life and Health Sciences Research Institute, School of Health Sciences, University of Minho, 4710-057 Braga, Portugal. Tel.: +351 253604828; Fax: +351 253604820; E-mail: fbaltazar@ecsau.de.uminho.pt.

er expression and activity of MCT1 and MCT4 requires an ancillary protein known as CD147 or EMM-PRIN [10–12]. On the other hand, silencing studies showed that maturation and cell surface expression of CD147 depends on MCT1 and MCT4 expressions [13, 14]. CD147 has already been described as a key element in tumour growth and metastasis by stimulating the synthesis of several matrix metalloproteinases, leading to enhanced tumour cell invasion [15,16], and also by stimulating angiogenesis [17]. This protein is described to be up-regulated in several human cancers [16,18,19], including cervical squamous cell carcinoma [20], where it was found to correlate with pelvic lymph-node metastasis and resistance to radiotherapy [21].

Given that CD147 is described as an MCT regulator, we aimed to assess the association between CD147 and MCT1, MCT2 and MCT4 expressions, in a large and complete series of cervical lesions. Also, and since CD147 is poorly explored in cervical carcinoma, we intended to unveil the prognostic value of CD147 expression, alone and in combination with MCTs.

2. Materials and methods

2.1. Case selection

The material studied comprised 83 formalin-fixed paraffin embedded samples selected from the files of Pathology Division of Adolfo Lutz Institute, São Paulo, Brazil, which included biopsies of 28 chronic cervicitis (herein designated as “negative” for HPV-induced lesion), 26 Cervical Intraepithelial Neoplasia grade I (CIN 1, herein designated as low-grade squamous intraepithelial lesion – LSIL) and 29 Cervical Intraepithelial Neoplasia grades II and III (CIN2/3, herein designated as high-grade squamous intraepithelial lesions – HSIL). We also analyzed a series of formalin-fixed, paraffin-embedded tissue samples from 126 patients with squamous cells carcinoma (SCC, $n = 49$), adenocarcinoma (AC, $n = 50$) and adenosquamous carcinoma (ASC, $n = 27$) of the uterine cervix, examined and treated at two Institutions: Araújo Jorge Hospital and the Pathology Department of the School of Medicine of the Federal University of Goiás, Goiania, in Goiás State, Brazil. All histopathological diagnoses were revised and categorized according to the WHO classification [22]. Clinico-pathological data of the patients included age at diagnosis, HPV status, lymph-node and/or distant metastasis, recurrence and overall survival.

2.2. MCT immunohistochemistry

Data on MCT1, MCT2 and MCT4 expressions was available for all the 209 samples [9]. MCT immunohistochemistry was performed according to avidin-biotin-peroxidase complex principle (R.T.U. VECTASTAIN Elite ABC Kit (Universal), Vector Laboratories, Burlingame, CA, USA), with the primary antibodies for MCT1 (AB3538P, Chemicon International, Temecula, CA, USA), MCT2 (sc-14926, Santa Cruz Biotechnology, Santa Cruz, CA, USA) and MCT4 (AB3316P, Chemicon International, Temecula, CA, USA), diluted 1:200, as previously described [7].

2.3. CD147 immunohistochemistry

CD147 immunohistochemistry was performed based on the streptavidin–biotin–peroxidase complex principle (Ultravision Detection System Anti-polyvalent, HRP, Lab Vision Corporation, Fremont, CA), using a primary antibody raised against CD147 (18-7344, ZYMED Laboratories Inc., South San Francisco, CA, diluted 1:750). Briefly, deparaffinized and rehydrated sections were immersed in EDTA (pH 8.0), heated up to 98°C in a water bath for 15 minutes and washed in PBS. Endogenous peroxidases were inactivated with 3% hydrogen peroxide in methanol for 10 minutes, followed by washing in PBS. Tissue sections were incubated with blocking solution for 10 minutes and incubated at room temperature with the primary antibody for 2 hours. Sections were then sequentially washed in PBS and incubated with biotinylated goat anti-polyvalent antibody for 10 minutes, streptavidin peroxidase for 10 minutes, and developed with 3,3'-diamino-benzidine (DAB+ Substrate System, Dako, Carpinteria, CA) for 10 minutes. Negative controls were performed by using the adequate serum control (N1698, Dako, Carpinteria, CA) and cervical squamous carcinoma was used as positive control. Tissue sections were counterstained with haematoxylin and permanently mounted.

2.4. Immunohistochemical evaluation

Sections were evaluated for immunoreaction, which included cytoplasmic and/or membrane positive staining. Immunoreaction extent was scored semi-quantitatively as follows: 0: 0% of immunoreactive cells; 1: < 5% of immunoreactive cells; 2: 5–50% of immunoreactive cells; and 3: > 50% of immunoreactive cells. Also, intensity of staining was scored semi-

qualitatively as 0: negative; 1: weak; 2: intermediate; and 3: strong. Immunoreaction final score was defined as the sum of both parameters (extent and intensity), and grouped as negative (score 0 and 2) and positive (3–6), as previously described [7]. Finally, since plasma membrane location of CD147 is essential for MCT1 and MCT4 membrane localization and activity [10–12], we also grouped the plasma membrane positive cases, including all the positive cases, with or without cytoplasmic expression. Immunohistochemical evaluation was performed blindly by two independent observers and discordant results were discussed in a double-head microscope and a final score was agreed.

2.5. Statistical analysis

Data were stored and analyzed using the SPSS statistical software (version 14.0, SPSS Inc., Chicago, IL, USA). The comparison of CD147 expression between tumor and normal cells as well as the relationship between CD147 expression and the clinico-pathological parameters were examined for statistical significance using Pearson's chi-square (χ^2) test and Fisher's exact test (when $n < 5$), being threshold for significance p values < 0.05 . The same analysis was performed in order to compare CD147 expression with MCTs. Survival curves were plotted using the method of Kaplan and Meier and data compared using the log-rank test, using a cut-off of 24 months. Due to lack of information, 18 cases of SCC and 1 case of ASC were not evaluated for clinico-pathological significance.

3. Results

We analyzed the expression of CD147 in a series of cervical samples which included 83 biopsies of cervix intraepithelial lesions and 126 surgical specimens of invasive cervical carcinomas. CD147 expression was mainly found in the plasma membrane (Fig. 1), with cases presenting both membrane and cytoplasmic staining and some only cytoplasmic expression. Figure 2 compares the frequency of CD147 expression in all the squamous epithelial lesions studied, as well as non-neoplastic and neoplastic glandular tissues. CD147 expression was significantly different in the various squamous epithelial lesions ($p < 0.001$, Fig. 2), showing a more frequent expression in squamous neoplasias than in their non-neoplastic counterparts. Concerning the glandular epithelium, since our series does not include adenocarcinoma precursor lesions, it was only possible

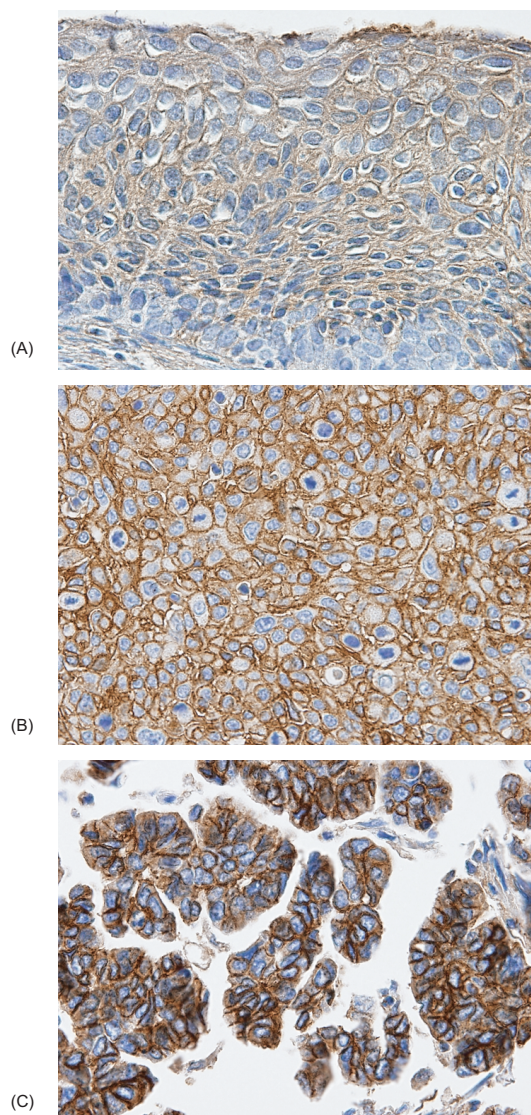


Fig. 1. Immunohistochemical expression of CD147 in cervical lesions. Representative cases of CD147 expression in: high-grade squamous intraepithelial lesion (A); squamous cell carcinoma (B); adenocarcinoma (C). All pictures are at 400X magnification.

to compare neoplastic lesions (AC) with non-neoplastic glandular tissue from the biopsy material. Here, an evident gain in CD147 expression was observed in adenocarcinoma tumour cells (Fig. 1C), when compared to normal glandular tissue ($p < 0.001$, Fig. 2).

HPV status of the biopsy material was known and samples included 50/88 high risk HPV positive cases (6/28 cervicitis, 16/26 LSIL and 28/29 HSIL); however, no association was found between HPV infection and CD147 expression (data not shown). The clinico-pathological significance of CD147 expression, as well

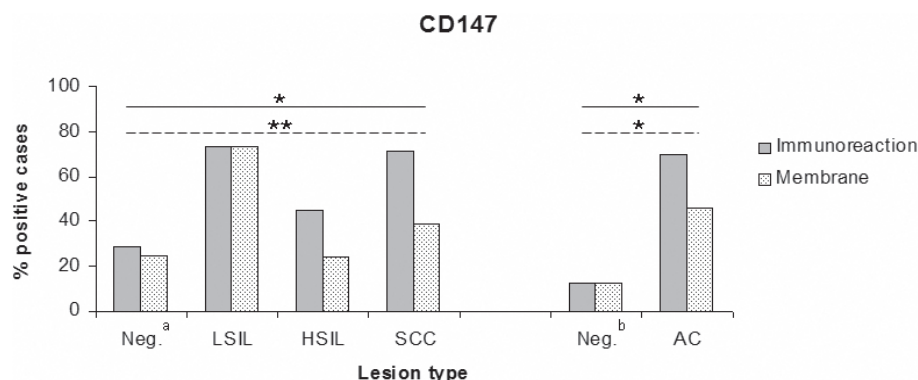


Fig. 2. Frequency of CD147 staining in all squamous lesions studied, including non-neoplastic and neoplastic glandular tissues. “Immunoreaction” refers to both cytoplasmic and membrane positive staining; “membrane” refers to plasma membrane positive cases, with or without cytoplasmic expression; ^anegative for HPV-induced cervical lesions; ^bnon-neoplastic glandular epithelium; continuous line: statistical significance for immunoreaction results; interrupted line: statistical significance for membrane staining results; * $p < 0.001$; ** $p = 0.001$. LSIL – low-grade squamous intraepithelial lesion; HSIL – high-grade squamous intraepithelial lesion; SCC – squamous cell carcinoma; AC – adenocarcinoma.

as co-expression of CD147 and both MCT1 and MCT4 was assessed for 99 carcinomas (Table 1). Considering all primary tumours, no association was found with the clinico-pathological data; however, since the 3 histological types behave differently and probably present different metabolic activity, associations were assessed by histological type. Regarding individual expression of CD147, no significant associations were observed, but co-expression of CD147 with MCT1 was significantly associated with lymph-node and/or distant metastases in adenocarcinomas ($p = 0.033$). No statistically significant associations were found with survival data (data not shown).

Consistent with the assumption that CD147 functions as a regulator of MCT1 and MCT4 expressions, we observed that both MCT1 and MCT4 correlated with CD147 immunoreaction ($p = 0.001$ for MCT1 immunoreaction and MCT4 plasma membrane expression; $p = 0.002$ for MCT1 plasma membrane expression and MCT4 immunoreaction, Table 2), while only MCT4 immunoreaction was associated with plasma membrane expression of CD147 ($p = 0.014$, Table 2). As anticipated, no association was found between CD147 and MCT2 expressions.

4. Discussion

MCTs were recently described as crucial proteins in cancer cell pH homeostasis [2]. Although regulation of MCT expression is still far from being well understood, one of the best characterized MCT regulation mechanisms is through the co-expression with CD147 at the plasma membrane [10–13].

The important contribution of CD147 in promoting tumour growth, invasion and metastasis has been widely explored in past years [16,19], however, in what concerns cervical cancer, this issue is far from being clarified. Here, we describe the expression of CD147 in a complete series of cervical carcinoma but also look at an important feature of this protein, little explored in cancer: the association with MCTs. In the present study, we observed an increase in CD147 expression in both squamous and glandular tumours, when compared to non-neoplastic corresponding tissues. Nonetheless, in opposition to previous results from Sier and collaborators [20], who described no staining in normal epithelial cells, we observed a considerable expression of CD147 in the non-neoplastic epithelium. However, the non-neoplastic epithelium herein described was in fact biopsy material from cervicitis, which may explain the presence of CD147, knowing that this protein has a role in inflammation [23]. The frequency of CD147 expression in our tumour series was around 70%, which is in accordance with previous results in cervical squamous cell carcinomas [21]. In opposition to what we previously observed for MCT2 and MCT4 [9], CD147, like MCT1, was not differently expressed among the three histological types studied and no association was observed with the clinico-pathological data, namely with lymph-node metastases, contrasting with what has been recently described [21].

Taking into consideration the close association between CD147 and MCTs [10–14], we sought for correlations between these proteins in a series of cervical lesions. We observed that both MCT1 and MCT4 over-expressions correlated with CD147, while only MCT4 was associated with CD147 plasma membrane stain-

Table 1
Correlation of CD147 and combined CD147 and MCT expressions with the clinico-pathological data of carcinoma cases

Clinical data	Expression	n	CD147 immunoreaction		CD147 membrane		CD147+MCT1		CD147+MCT4	
			Positive (%)	p	Positive (%)	p	Positive (%)	p	Positive (%)	p
All carcinomas										
Age ^a	> 49	48	64.6	0.204	45.8	0.941	16.7	0.598	19.1	0.200
	≤ 49	58	75.9		46.6		20.7		10.3	
Histological type	SCC	49	71.4	0.734	38.8	0.755	16.3	0.819	10.2	0.683
	AC	50	70.0		46.0		20.0		16.0	
	ASC	27	63.0		44.4		14.8		14.8	
Lymph node/metastases ^b	Absent	79	69.6	0.539	43.0	0.254	15.2	0.149	12.8	0.376
	Present	25	76.0		56.0		28.0		20.0	
Recurrence	Negative	95	70.5	1.000	45.3	0.729	17.9	0.667	13.8	0.495
	Positive	9	77.8		55.6		22.2		22.2	
SCC										
Age ^a	> 49	14	78.6	1.000	42.9	0.576	14.3	0.664	7.1	0.607
	≤ 49	17	82.4		52.9		23.5		17.6	
Lymph node/metastases ^b	Absent	26	76.9	0.553	42.3	0.172	19.2	1.000	7.7	0.112
	Present	5	100.0		80.0		20.0		40.0	
Recurrence	Negative	31	80.6		48.4		19.4		12.9	
	Positive	0								
AC										
Age ^a	> 49	24	62.5	0.305	50.0	0.674	20.8	0.942	26.1	0.130
	≤ 49	25	76.0		44.0		20.0		8.0	
Lymph node/metastases ^b	Absent	39	66.7	0.405	43.6	0.446	12.8	0.033	15.8	0.613
	Present	8	87.5		62.5		50.0		25.0	
Recurrence	Negative	40	67.5	0.657	45.0	0.690	20.0	1.000	15.4	0.587
	Positive	7	85.7		57.1		14.3		28.6	
ASC										
Age ^a	> 49	10	50.0	0.339	40.0	1.000	10.0	1.000	20.0	0.538
	≤ 49	16	68.8		43.8		18.8		6.3	
Lymph node/metastasis ^b	Absent	14	64.3	0.756	42.9	0.951	14.3	1.000	14.3	1.000
	Present	12	58.3		41.7		16.7		8.3	
Recurrence	Negative	24	62.5	1.000	41.7	1.000	12.5	0.289	12.5	1.000
	Positive	2	50.0		50.0		50.0		0.0	

^aThe age cut off was considered as the mean age of the patients at time of diagnosis; ^bLymph node/metastasis includes both lymph-node and distant metastases. "CD147+MCT isoform" refers to co-expression of CD147 and MCT in the plasma membrane. SCC – squamous cell carcinoma; AC – adenocarcinoma; ASC – adenosquamous carcinoma.

"Immunoreaction" refers to both cytoplasmic and membrane positive staining; "membrane" refers to plasma membrane positive cases, with or without cytoplasmic expression.

ing. Although it was expectable to found correlations between membrane expressions, since part of the regulation involves membrane co-localization of the proteins [10,11], absence of CD147 is also responsible for lower levels of MCT1 and MCT4 whole protein expression [12] and for endolysosomal degradation of

MCT4 [13], explaining the association between overall expressions. As anticipated, since the MCT2 chaperone is not CD147 but gp70 [11] and lack of CD147 does not affect MCT2 protein levels [12], we found no association between CD147 and MCT2 expression. Knowing that MCTs need to interact with CD147 to be

Table 2
Correlation between MCT and CD147 expressions in all cervical lesions

MCT isoform		n	CD147 Immunoreaction		CD147 Plasma membrane	
			Positive (%)	p	Positive (%)	p
MCT1	immunoreaction			0.001		0.110
	Negative	142	43.7		32.4	
	Positive	109	64.2		42.2	
	plasma membrane			0.002		0.182
MCT2	Negative	179	46.4		34.1	
	Positive	72	68.1		43.1	
	immunoreaction			0.322		0.389
	Negative	106	50.0		40.6	
MCT4	Positive	142	56.3		35.2	
	immunoreaction			0.002		0.014
	Negative	126	44.4		30.2	
	Positive	119	63.9		45.4	
MCT4	plasma membrane			0.001		0.146
	Negative	210	49.5		35.7	
	Positive	35	80.0		48.6	

“Immunoreaction” refers to both cytoplasmic and membrane positive staining; “membrane” refers to plasma membrane positive cases, with or without cytoplasmic expression.

functionally active [10,11], we hypothesized that co-expression of the transporters with the chaperone could favor the malignant potential of cancer cells. In fact, we observed that co-expression of CD147 and MCT1 in adenocarcinomas was more frequent in patients with lymph-node and/or distant metastases, being in accordance with the synergistic activity between MCTs and CD147, leading to an enhanced metastatic potential of cancer cells, through acidification of the tumor microenvironment [13]. Some other possibly relevant associations did not achieve significance, due to the number of cases representing each histological type; thus, larger studies are needed to confirm or decline these associations.

In sum, we evaluated the clinico-pathological significance of CD147 in cervical cancer, alone and in combination with MCTs, and provided evidence for the association between CD147 and both MCT1 and 4 expressions in human samples. We also showed that CD147 and MCT1 co-expression could have a prognostic value. Nevertheless, further studies are needed to explore the possible synergistic effect of these molecules in the metastatic potential of cervical carcinoma cells.

Acknowledgments

CP received a PhD fellowship from Fundação para a Ciência e Tecnologia (SFRH/BD/27465/2006).

References

- [1] O. Warburg, On the origin of cancer cells, *Science* **123** (1956), 309–314.
- [2] M.L. Wahl, J.A. Owen, R. Burd, R.A. Herlands, S.S. Nogami, U. Rodeck, D. Berd, D.B. Leeper and C.S. Owen, Regulation of intracellular pH in human melanoma: potential therapeutic implications, *Mol Cancer Ther* **1** (2002), 617–628.
- [3] M.K. Froberg, D.Z. Gerhart, B.E. Enerson, C. Manivel, M. Guzman-Paz, N. Seacotte and L.R. Drewes, Expression of monocarboxylate transporter MCT1 in normal and neoplastic human CNS tissues, *Neuroreport* **12** (2001), 761–765.
- [4] S.P. Mathupala, P. Parajuli and A.E. Sloan, Silencing of monocarboxylate transporters via small interfering ribonucleic acid inhibits glycolysis and induces cell death in malignant glioma: an *in vitro* study, *Neurosurgery* **55** (2004), 1410–1419.
- [5] J. Fang, Q.J. Quinones, T.L. Holman, M.J. Morowitz, Q. Wang, H. Zhao, F. Sivo, J.M. Maris and M.L. Wahl, The H⁺-linked monocarboxylate transporter (MCT1/SLC16A1): a potential therapeutic target for high-risk neuroblastoma, *Mol Pharmacol* **70** (2006), 2108–2115.
- [6] M.I. Koukourakis, A. Giatromanolaki, A.L. Harris and E. Sivridis, Comparison of metabolic pathways between cancer cells and stromal cells in colorectal carcinomas: a metabolic survival role for tumor-associated stroma, *Cancer Res* **66** (2006), 632–637.
- [7] C. Pinheiro, A. Longatto-Filho, C. Scapulatempo, L. Ferreira, S. Martins, L. Pellerin, M. Rodrigues, V.A. Alves, F. Schmitt and F. Baltazar, Increased expression of monocarboxylate transporters 1, 2 and 4 in colorectal carcinomas, *Virchows Arch* **452** (2008), 139–146.
- [8] M.I. Koukourakis, A. Giatromanolaki, G. Bougioukas and E. Sivridis, Lung cancer: a comparative study of metabolism related protein expression in cancer cells and tumor associated stroma, *Cancer Biol Ther* **6** (2007), 1476–1479.
- [9] C. Pinheiro, A. Longatto-Filho, L. Ferreira, S.M. Pereira, D. Etlinger, M.A. Moreira, L.F. Jubé, G.S. Queiroz, F.C. Schmitt and F. Baltazar, Increasing expression of monocarboxylate transporters 1 and 4 along progression to invasive cervix carcinoma, *Int J Gynec Pathol* **27** (2008), 568–574.

- [10] P. Kirk, M.C. Wilson, C. Heddle, M.H. Brown, A.N. Barclay and A.P. Halestrap, CD147 is tightly associated with lactate transporters MCT1 and MCT4 and facilitates their cell surface expression, *EMBO J* **19** (2000), 3896–3904.
- [11] M.C. Wilson, D. Meredith, J.E. Fox, C. Manoharan, A.J. Davies and A.P. Halestrap, Basigin (CD147) is the target for organomercurial inhibition of monocarboxylate transporter isoforms 1 and 4: the ancillary protein for the insensitive MCT2 is EMBIGIN (gp70), *J Biol Chem* **280** (2005), 27213–27221.
- [12] N.J. Philp, J.D. Ochrietor, C. Rudoy, T. Muramatsu and P.J. Linser, Loss of MCT1, MCT3, and MCT4 expression in the retinal pigment epithelium and neural retina of the 5A11/basigin-null mouse, *Invest Ophthalmol Vis Sci* **44** (2003), 1305–1311.
- [13] S.M. Gallagher, J.J. Castorino, D. Wang and N.J. Philp, Monocarboxylate transporter 4 regulates maturation and trafficking of CD147 to the plasma membrane in the metastatic breast cancer cell line MDA-MB-231, *Cancer Res* **67** (2007), 4182–4189.
- [14] A.A. Deora, N. Philp, J. Hu, D. Bok and E. Rodriguez-Boulan, Mechanisms regulating tissue-specific polarity of monocarboxylate transporters and their chaperone CD147 in kidney and retinal epithelia, *Proc Natl Acad Sci U S A* **102** (2005), 16245–16250.
- [15] K.T. Iacono, A.L. Brown, M.I. Greene and S.J. Saouaf, CD147 immunoglobulin superfamily receptor function and role in pathology, *Exp Mol Pathol* **83** (2007), 283–295.
- [16] K. Nabeshima, H. Iwasaki, K. Koga, H. Hojo, J. Suzumiya and M. Kikuchi, Emmprin (basigin/CD147): matrix metalloproteinase modulator and multifunctional cell recognition molecule that plays a critical role in cancer progression, *Pathol Int* **56** (2006), 359–367.
- [17] Y. Tang, M.T. Nakada, P. Kesavan, F. McCabe, H. Millar, P. Rafferty, P. Bugelski and L. Yan, Extracellular matrix metalloproteinase inducer stimulates tumor angiogenesis by elevating vascular endothelial cell growth factor and matrix metalloproteinases, *Cancer Res* **65** (2005), 3193–3199.
- [18] S. Riethdorf, N. Reimers, V. Assmann, J.W. Kornfeld, L. Terracciano, G. Sauter and K. Pantel, High incidence of EMMPRIN expression in human tumors, *Int J Cancer* **19** (2006), 1800–1810.
- [19] E.E. Gabison, T. Hoang-Xuan, A. Mauviel and S. Menashi, EMMPRIN/CD147, an MMP modulator in cancer, development and tissue repair, *Biochimie* **87** (2005), 361–368.
- [20] C.F. Sier, K. Zuidwijk, H.J. Zijlmans, R. Hanemaaijer, A.A. Mulder-Stapel, F.A. Prins, E.J. Dreef, G.G. Kenter, G.J. Fleuren and A. Gorter, EMMPRIN-induced MMP-2 activation cascade in human cervical squamous cell carcinoma, *Int J Cancer* **118** (2006), 2991–2998.
- [21] X.Z. Ju, J.M. Yang, X.Y. Zhou, Z.T. Li and X.H. Wu, EMMPRIN expression as a prognostic factor in radiotherapy of cervical cancer, *Clin Cancer Res* **14** (2008), 494–501.
- [22] M. Wells, A.G. Östör, C.P. Crum, S. Franceschi, M. Tommasino, J.M. Nesland, A.K. Goodman, R. Sankaranarayanan, A.G. Hanselaar and J. Albores-Saavedra, Tumours of the uterine cervix, in: *WHO Classification Tumours of the breast and female genital organs*, F.A. Tavassoli and P. Deville, eds, IARC Press, Lyon, 2003, pp. 259–289.
- [23] V. Yurchenko, S. Constant and M. Bukrinsky, Dealing with the family: CD147 interactions with cyclophilins, *Immunology* **117** (2006), 301–309.