

ADAM protein family – its role in tumorigenesis, mechanisms of chemoresistance and potential as diagnostic and prognostic factors

Minireview

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ADAMs are a family of transmembrane proteins described for the first time in the 1990's. ADAMs is an abbreviation of "A Disintegrin and Metallo-proteinases". Their earliest known role was involvement in gamete fusion, and their adhesion properties in intercellular interactions also suggested involvement in tumor biology. Further research emphasized the importance of ADAM proteins in the regulation of neoplastic processes due to their influence on adhesion, cell migration, proteolysis and cell signaling. Variable ADAM expression in cancer and normal tissue was the basis for considering these proteins as diagnostic markers. Recent numerous studies have been published suggesting the prognostic value of this protein family members. The ADAMs transmembrane proteins regulate processes associated with carcinogenesis and neoplastic progression, including immune response evasion, growth induction and metastasis. Proteolysis and shedding of membrane proteins and binding integrins by ADAMs lead to the activation of numerous growth factors, changes in the extracellular matrix, adhesion proteins and angiogenesis. ADAMs potential as prognostic and diagnostic markers in cancer treatment is a particularly interesting issue and has great practical significance. There are many new studies concerning ADAMs' roles in carcinogenesis, but there are no recent reviews of the latest developments in this field.

The aim of this systematic review is to analyze the results of studies published on ADAMs in the last 5 years, to present their roles in neoplasm pathogenesis and their potential utility in clinical oncology.

Key words: ADAM, cancer, metalloproteases, sheddases

Historical overview

ADAMs, originally also known as MDC proteins (metalloproteinase/disintegrin/cysteine-rich), were described for the first time in the late 1990's. Their expression and role in regulation of cell biology were confirmed in many different species, from sea squirts to mammals, including humans [1]. Initially, study on ADAMs was limited to determining the role of the protein family in the regulation of reproduction and gamete functionalities, as fertilins (ADAM1 and 2) were involved in the fertilization process [2].

Expression of ADAMs1-5 was found in the testes and their activity affected sperm to egg adhesion and gamete fusion [3, 4]. ADAMs involvement in regulation of cell-to-

cell adhesion and in interactions between the cell and extracellular matrix suggested the potential effect of adamalysins not only in normal physiological processes, but they also provided a basis for considering participation in tumor biology and their ability to invade and metastasize [5, 6].

Subsequent scientific reports more and more often confirmed the differential expression of some ADAM proteins between the control of normal tissue and specific types of cancer which theoretically suggests their potential use as diagnostic-prognostic markers. In renal cancer, there was a statistically significant over-expression of ADAM9 in cancerous tissue compared to normal tissue [7]. Further reports confirmed the differential expression of some ADAM proteins between the normal tissues and the specific type of

proteins and integrin binding in interactions between cells and those between cells and the extracellular matrix [1]. Certain family members which have a conservative reprolysin-type domain also have proteolytic properties [25]. ADAMs interact with a variety of substrates, therefore they affect different signaling pathways [26]. They play a role in numerous processes and their ontologies include: regulation of cellular adhesion, sperm-egg interaction, cellular growth, angiogenesis, development of neurons and muscles and modulation of the immune response [27].

The aim of this review is to discuss the results of studies published during the last 5 years concerning the role of ADAMs in neoplasms. The last reviews concerning this topic are over 10 years old and therefore do not describe recent developments in this field [28,29]. The detailed structure and mechanism of action of ADAM metalloproteases was thoroughly described in other studies [1, 26] and therefore will not be extensively discussed in this publication. Herein, we present the most important information on this subject.

The ADAM proteins belong to the family also known as adamylasins, which belongs to zinc metalloproteases. ADAMs have a common general structure (Figure 1). The N-terminus of the protein contains a signaling sequence

that directs the protein towards the cell membrane and a pro-domain that is responsible for protein folding and enzyme latency. These parts are both cleaved during post-translational modification in Golgi apparatus (see Figure 2 for more details on ADAMs processing). Then, there is a metalloprotease domain and disintegrin, which interacts with integrins-adhesion molecules. Subsequently, there is a cysteine-rich regulatory domain and an EGF-like domain which occur not only in ADAMs 10 and 17. These are followed by the transmembrane region and a cytoplasmatic tail [1] on the C-terminus.

Role in neoplastic regulation

Table 1 and Figure 3 present a summary of all studies published during the last 5 years concerning the role of ADAMs in neoplasms. To provide more background of the ADAMs physiological functions, we summarised most of known substrates of proteolytically active ADAMs in Table 2. Table 3 and Figure 4 then summarise the effects of knock-out and knock-down in mice. In the subsequent part of this publication the role of ADAMs in particular parts of carcinogenesis is discussed.

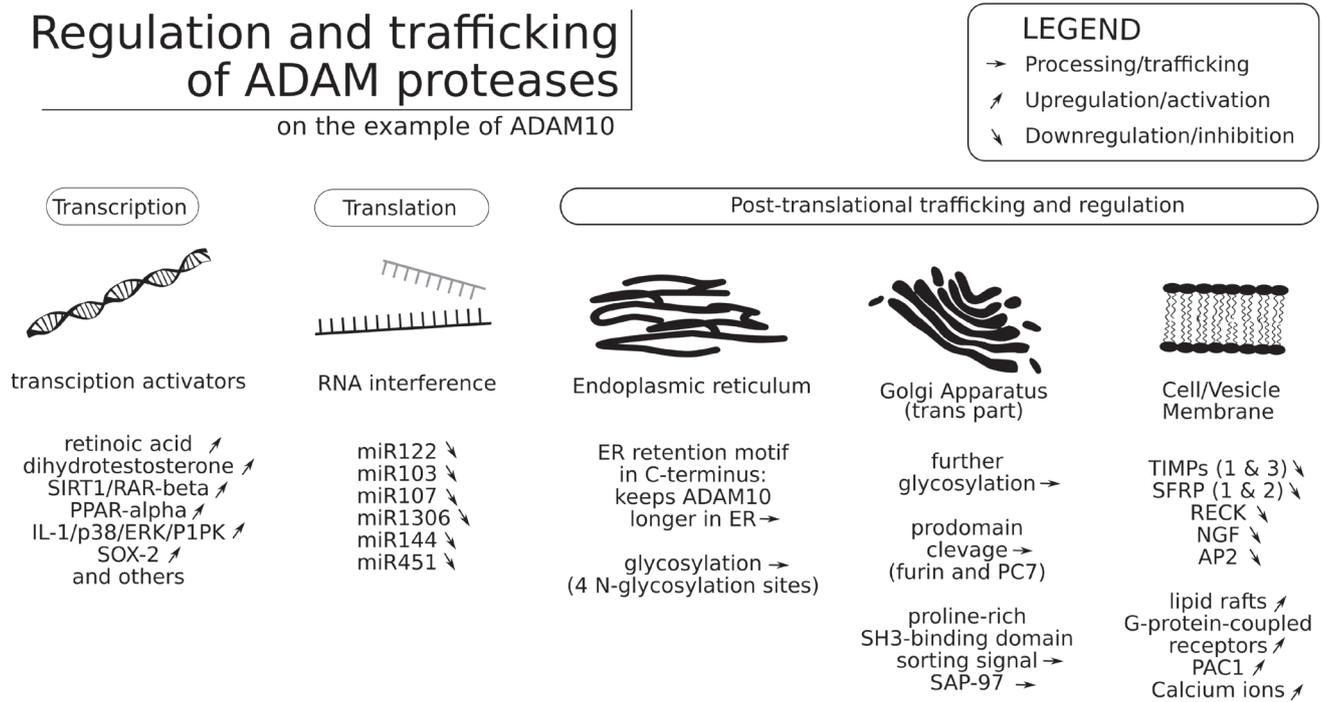


Figure 2. ADAM regulation, processing and trafficking: ADAMs metalloproteases level and activity may be controlled on different levels. Transcription factors can be activated by numerous pathways, different for distinct family members. They are glycosylated in endoplasmic reticulum and in the trans part of Golgi apparatus, cleaved by furin or other protein convertases. ADAM8 and 28 are able to auto-activate. Active proteins are packed in the vesicle which may remain in the cytoplasm or fuse with the cell membrane. Active ADAMs may be inhibited by specific TIMPs, SFRP, RECK. Distinct ADAMs may also have different inhibitors. Localization in the lipid rafts is necessary for activity of some ADAMs. Here, we present the factors processing and regulating the ADAM10 protein, thoroughly described by Vincent [201].

Table 1. Current status of role ADAMs in tumorigenesis based on research articles from 2012–2017.

Name	Synonyms	Overexpressing tumors or sites	Role & traits in tumors	Type of study	Other
ADAM8	CD156, CD156a, MS2	Osteosarcoma [72], pancreas [42,93], breast [94], head and neck [95]	tumor growth [42,72,94], metastasis [42,93,94], angiogenesis [94]	<i>In vitro</i> [42,93,94] <i>In vivo</i> [42] Clinical [72,94,95]	Elevated serum level in breast ca. [94]
ADAM9	KIAA0021, MCMP, MDC9, meltrin gamma, Mltng	NSCLC [51], glioma [84,96,97], breast [98,99], prostate [100], colon [101], pancreas [102]	Promotion of survival [51,97], growth [99,100], metastasis [51,96–102], osteolysis [100]	<i>In vitro</i> [51,96,98–102] <i>in vivo</i> [99,100] Clinical [84,99,101,102]	
ADAM10	CD156c, HsT18717, kuz, MADM	Lymphoma [103], esophagus [104] colorectal [105], uveal melanoma [106], pancreas [107,108], breast [21,109,110], glioblastoma [111,112], nasopharyngeal [81], hepatocellular [113,114] tongue [115], bladder [82], oral [116], pituitary gland [85], NSCLC [117]	Immune evasion [103,104,109,110,112,114], chemoresistance [82,105,112,114], growth [81,105,107,113], metastasis [21,81,85,106,107,113,115–117]	<i>In vitro</i> : [21,81,82,85,103–105,107,108,110,112,115–117], <i>In vivo</i> [105,114] Clinical: [81,82,85,103,104,106,108–111,113,114,116,117]	Elevates serum level of Fat1 in pancreatic ca. [108]
ADAM12	MCMPMltna, meltrin alpha, MLTN	skin cancer [118], ovarian carcinoma [89], SCLC [119], osteosarcoma [120], melanoma [121], breast [73]	metastasis [118,119], growth [119], osteolysis [120], angiogenesis [73]	<i>In vitro</i> [73,89,118–120] <i>In vivo</i> [118,120] Clinical [73,89,118,119,121]	Elevated urinary level in gastric cancer [122], SCLC [119], serum – in ovarian ca. [89]
ADAM15	MDC15, metargidin	NSCLC [123]	metastasis [123]	<i>In vitro</i> [123] Clinical [123]	
ADAM17	CD156B, cSVP	glioblastoma [112], melanoma [121], colon [124], gastric [125], ovary [22], prostate [126]	tumor growth [22,124], metastasis [124,126] immune evasion [112], chemoresistance [112],	<i>In vitro</i> [22,11,124,126] clinical [12,125]	
ADAM22	MDC2, metalloproteinase-like, disintegrin-like, and cysteine-rich protein 2	breast [127]	chemoresistance [127], metastasis [127]	<i>in vitro</i> [127] <i>in vivo</i> [127]	
ADAM28	ADAM23, eM-DCH, MDC-Lm, MDC-Ls	B-cell leukemia [128,129], lung [130], breast [130], kidney [130], NSCLC [131]	tumor growth [131], Metastasis [128,130,131], survival [130]	<i>In vitro</i> [130] <i>In vivo</i> [130] Clinical [128,129,131],	Elevated in serum in NSCLC [131], Elevated CD200 serum level in B-CLL [129]
ADAM29	cancer/testis antigen 73, CT73, svph1	Breast [132]	tumor growth [132], metastasis [132]	<i>In vitro</i> [132], clinical [132]	
ADAM33	dJ964F7.1, DK-FZp434K0521	laryngeal, sinonasal region [74].	Promotion of angiogenesis [74]	Clinical [74]	

Tumor growth and survival

The signaling pathway of the PI3K kinase is a significant part of carcinogenesis when it comes to the regulation of the cell cycle and cellular differentiation [30, 31]. In hepatocellular carcinoma a lower expression of ADAM10 induced apoptosis of neoplastic cells and decreased the proliferation index which was correlated with decreased phosphorylation of Akt and PI3K [32].

Metastasis

Adhesion proteins and cell junctions stabilize tissues, thus determining their normal function and structure. Carcinogenesis may be a result of a disruption of this homeostasis due to the changes in gene expression which in turn leads to cell differentiation, neoplastic progression and metastasis [33]. Loss of adherens junctions alters the properties and polarity of cells which determine changed expression of

Table 2. ADAMs confirmed substrates. Metalloproteases function is determined by their substrates. Here, we present a summarized list of most important confirmed substrates of distinct ADAMs. Most were presented in previous reviews [26, 70]. Here, we present a table of ADAM substrates summarized in mentioned papers with recently discovered protein substrates. Notably, ADAM10 and 17 have the broadest range of confirmed substrates. Most probably, there are many more undiscovered substrates; recent secretome protein identification revealed 91 highly probable substrates of ADAM10 [133], although these need to be confirmed in more detailed studies.

ADAM	Substrates
ADAM8	ADAM 8 prodomain, APP, CD23, CD153, CHL1, L-selectin, MBP [26,70], TNFR-1 [134], CD31, Flk-1, Flt-1, Tie-2, EphrinB2 and B4, KL1, E-selectin, neuregulin-1 β , VE-cadherin [135] fibronectin [136]
ADAM9	ADAM10, APP, collagen XVII, DLL1, EGF, FGFR2IIIb, HB-EGF, IGFBP5, insulin-B chain, KL1, Laminin, p75 neurotrophin receptor [26,70], elastin, entactin, fibronectin [137], CD40, EphB4, Flk-1, Tie-2, VCAM, VE-cadherin [138],
ADAM10	APP, Axl, betacellulin, cadherin gamma C3 and B4, CD23, CD30, CD44, c-Met, collagen IV and XVII, CX3CL1, CXCL16, Desmoglein-2, DLL1, E-cadherin, EGF, Ephrin A2 and A5, FasL, HER2, IL6R, Klotho, L1-CAM, LAG-3, MICA, Notch, N-cadherin, PCDH-Gamma C3/B4, prion protein, RANKL, TSHR, VE-cadherin [26,70], GPVI [139]
ADAM12	collagen IV, DLL1, fibronectin, gelatin, HB-EGF, IGFBP3, IGFBP5, transferrin [26,70], E-cadherin [140], Flk-1, Kit1, Tie-2, VCAM-1, VE-Cadherin [73]
ADAM15	amphiregulin, HB-EGF, CD23, E-cadherin, collagen IV, ADAM10 [26,70] desmoglein, TGF-B, epiregulin, betacellulin, Notch, [141] FGFR2IIIb [142], N-cadherin [143]
ADAM17	ACE2, ALCAM, amphiregulin, APP, CD30, CD40, CD44, collagen XVII, CSF-1, CX3CL1, DLL1, desmoglein, epigen, epiregulin, Growth hormone receptor, HB-EGF, HER4, ICAM-1, IL1R, IL6R, KL-1, Klotho, L1-CAM, LAG-3, L-selectin, MHC-class I-related chain A/B, N-CAM, Nectin 4, Neuregulin 1, Notch-1, NPR, P55 TNF Receptor, p75NTR, PTP-LAR, Pref-1, PrPc, RANKL, Semaphorin 4D, TGF-A, TrkA, TNF-A, TNF receptor I and II, VCAM-1, Vps10-p [26,70] betacellulin, c-kit, IL15RA, M-CSFR, NGFR, JAM-A, Meprin-B, Jagged, Mucin-1 [144] GPVI [139]
ADAM19	ADAM19, neuregulin, RANKL, TNFA, [26,70], PRR [145]
ADAM20	No substrates reported
ADAM21	No substrates reported
ADAM28	CD23, CTGF, IGFBP-3, MPB, [146], CD200, TNF-alpha, von Willebrand factor, [147]
ADAM30	cathepsin D, GKAP1, IRS4, [148]
ADAM33	CD23KITLG,

certain proteins and response to growth factors in the extracellular matrix [34–36].

The cell surface glycoprotein CUB domain-containing protein 1 (CDCP1) is a transmembrane protein, the active form of which is over-expressed in various types of cancer [37]. In lung cancer the expression of CDCP1 is correlated with the expression of the ADAM9 metalloproteinase which facilitates metastasis [38]. The ADAM-9 metalloprotease affects the adhesive properties of prostate cancer cells. It is considered a pro-adhesive marker of the extracellular matrix which has an affinity for certain membrane integrins (alpha 6 beta 1 integrin), and in some cases its elevated concentration inhibits the adhesion to laminin [39]. The overexpression of integrin alpha 6 beta 1 is a common finding in neoplasms [40] and is correlated with metastasis and cancer cell invasion [41].

In pancreatic cancer, the process of neoplastic migration and invasion was shown to be correlated with the expression of ADAM8 which regulates the activity of MMP-2 metalloproteinase by influencing the ERK1/2 kinase and the EGF/EGFR signaling pathway [42]. The expression of ADAM8 was reported to be significantly higher in colorectal cancer than in healthy tissues, and was correlated with poorer prognosis and faster recurrence [43]. Silencing of MMP-2 expression in colorectal cancer cell lines resulted in limited cell migration [44]. The CD44 membrane glycoprotein and c-met kinase seem to be the key factors in regulating the migration and

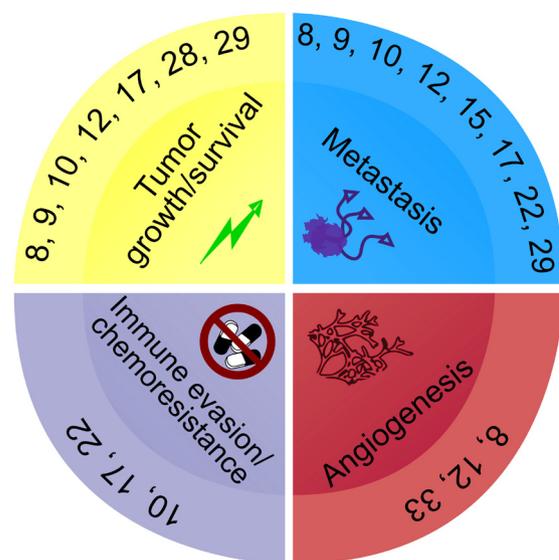


Figure 3. ADAMs most popular functions in cancer. Numbers indicate the numbers of ADAMs family members, which were proved to play roles in specific aspects of cancer. For more details, see Table 1.

invasion of neoplastic cells [45,46]. ADAM8 increases the expression of the phosphorylated form of Akt (pAkt) and phosphorylated extracellular-regulated kinase 1/2 (pErk1/2), thus affecting CD44 and c-met [20].

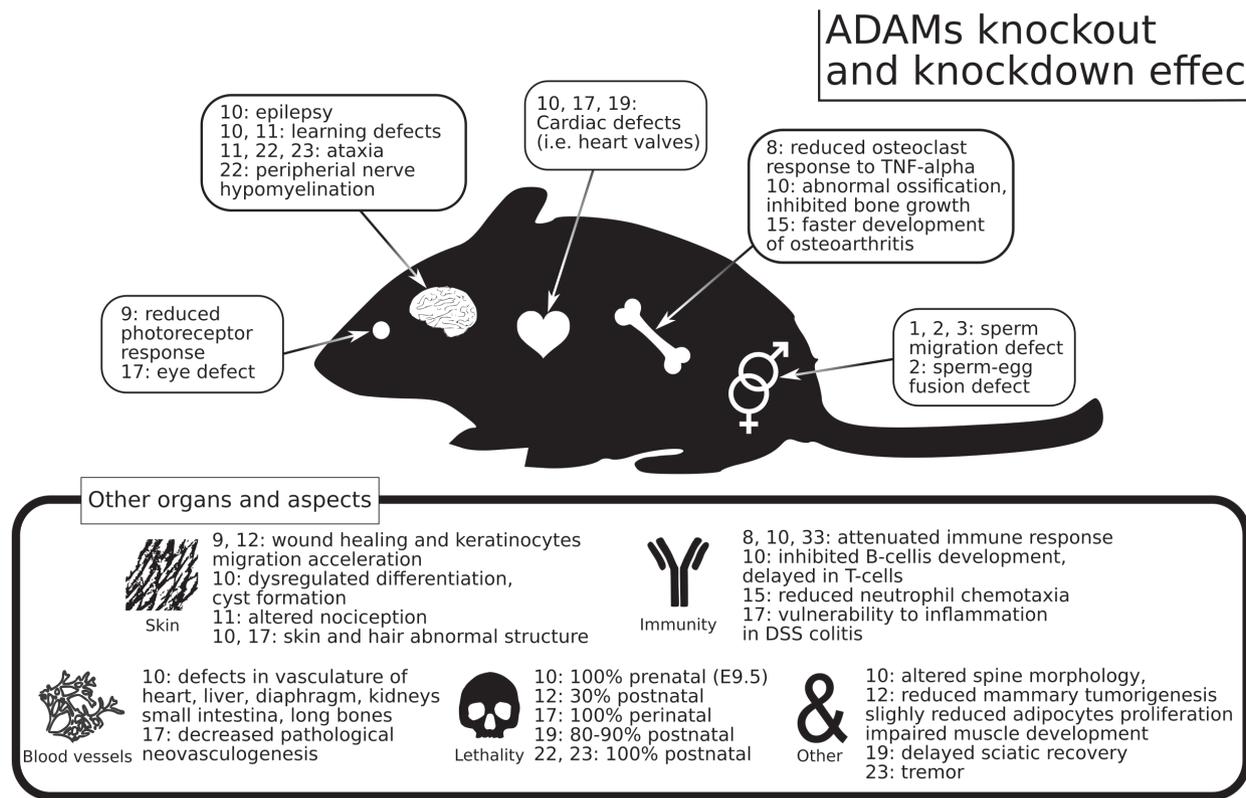


Figure 4. ADAM knock-outs and knock-down in mice. This figure presents the effects summarized in Table 3.

Immune evasion

Chronic inflammation is an important cause of carcinogenesis. Exogenous factors are responsible for most cases of certain types of cancer [47]. For some diseases characterized by local chronic inflammation (inflammatory bowel diseases and gastritis), there is a higher incidence of particular types of neoplasms [48]. Numerous proinflammatory cytokines are over-expressed in neoplastic cells and activate STAT family transcription factors, thus regulating cell division and differentiation [49]. In pancreatic cancer, the JAK/STAT pathway, through the activated STAT3 factor, led to the expression of the PD-L1 gene which is responsible for T lymphocyte regulation [50]. There was additive influence of the inhibition of STAT3 transcription factor and ADAM9 in non-small cell lung cancer on reducing the proliferation index and increasing the proportion of cells undergoing apoptosis. Silencing the expression of these two factors led to higher activity of initiator caspases 3, 8 and 9. This not only induced apoptosis, but also limited the cell invasion and migration [51].

The ADAM8 metalloprotease regulates the expression of cytokines by its influence on the T-helper type 2 cells (Th2) which in turn induces and exacerbates local inflam-

mation [52]. The activation of the Notch signaling pathway in epithelial cells by ADAM10 through the Hes1 and Hey1 factors results in release of proinflammatory interleukin-6 [53]. The increased activity of IL-6 seems to be dependent on the proteolytic activity of the ADAM10 and ADAM17 proteins which affect availability of the soluble form of the IL-6 receptor [54]. Chronic inflammation leads to the remodeling of epithelium and its dedifferentiation which is a common occurrence in the NF- κ B pathway regulated by cytokines [55].

Some metalloproteases also decrease the susceptibility of neoplasms to cytotoxic lymphocytes and phagocytes. Glioma-derived cells produce ADAM10 which has immunosuppressive properties to CD8⁺ B cells – the main defense of the immune system. ADAM10 forces activated B cells to differentiate into regulatory B cells and TGF- β also plays an important role in this mechanism of immunosuppression [56]. The activation of PI3K in endothelial cells by ADAM10 may also induce inflammation through the Notch signaling pathway and activation of gamma secretase, thus leading to increased expression of interleukin-6 [57]. The over-expression of pro-inflammatory cytokines is a common finding in many different types of cancer [53, 58].

Table 3. Gene knock-out/knock-down effect in mice. Gene knock-out in mouse models allows us to recognize the most pronounced functions of down-regulated protein. In case of ADAM10 and 17, knock-downs and conditional knock-outs mice were also studied, as classical knock-out mutations are lethal. Most of the effects were summarized in previous reviews [26, 70, 149], there were only a few new discovered in the last 5 years. ADAM1 and 3 proteins are absent in humans (only as pseudogenes).

ADAM	Gene knock-out effect in mice
ADAM1	Sperm migration defect [150]
ADAM2	Sperm migration and egg fertilization defect [151,152]
ADAM3	Sperm migration defect [153,154],
ADAM8	No major pathologies [155]. Reduced osteoclast response to TNF-A [156], attenuated immune response [157,158]
ADAM9	No major pathologies [159]. Reduced photoreceptor responses, retinal degeneration in older individuals (20 months) [160]; wound healing acceleration, increased keratinocyte migration [161]
ADAM10	Systemic knock-out: prenatal death at E9.5 [162]. Knock-out in endothelial cells: defects in the vasculature of the heart, liver, diaphragm, kidneys, small intestine, long bones; abnormal endochondral ossification, inhibited long bone growth, pathologic neovascularization after induced retinopathy [163,164]. Postnatal knock-out in brain: epileptic seizures, learning deficits, altered spine morphology, defective synaptic functions [165], aberrant neuronal migration, disorganized laminar architecture [166]. Postnatal epidermal knock-out: dysregulation of epithelial differentiation, barrier function loss of hair, malformed vibrissae, hyperproliferation, cyst formation, thymic atrophy [167,168]. B-cell knock-out: diminished immune response [169]. Lymphoid and myeloid knock-out: no B cell development, delayed T cell development, systemic expansion of myeloid-derived suppressor cells [170].
ADAM11	No major pathologies, altered nociceptive response [171] impaired spatial learning and motor coordination [172]
ADAM12	30% postnatal lethality [173], reduced mammary tumorigenesis [174], increased keratinocyte migration [175] slightly reduced adipocytes proliferation [173,176], impaired muscle development [173].
ADAM15	No major pathologies. Reduced neutrophil chemotactic transmigration across, attenuated pulmonary inflammatory response [177], faster development of osteoarthritis [178]
ADAM17	Knock-out: Perinatal lethality [162], eyelid, hair, skin, lung development and heart valves defects [179,180]. Gene knock-down: eye, heart, skin defects, increased vulnerability to inflammation in DSS colitis [181]. Endothelial/smooth muscle knock-out: decreased pathological neovascularization [182].
ADAM19	Cardiac defects, high postnatal lethality (80-90%) [183–185]. Delayed sciatic recovery after nerve crush, delayed remyelination [186]
ADAM22	Postnatal lethality, ataxia and peripheral nerve hypomyelination [187,188]
ADAM23	Postnatal lethality (before 14 day), tremor, ataxia [189]
ADAM33	No major pathologies [190]. Remodeling and inflammation of lung suppressed even after allergen challenge [191]

Table 4. Chemoresistance mechanisms of ADAM proteins.

Drug	Protein	Chemoresistance associated process	Type of tumor	References
Trastuzumab	ADAM10	Higher ADAM10 concentration by protein kinase B inhibition; shedding of HER3, releasing HER-3 bound heregulin, forming trastuzumab resistant HER-2/3 heterodimers.	HER2 positive breast and esophageal cancer	[192] [110]
Gemcitabine	ADAM10	Shedding of Amyloid Precursor Protein (APP) to sAPP α	Pancreatic cancer	[107,193]
Temozolomide	ADAM8	Activation of pERK1/2 and/or pAkt.	Glioblastoma	[194]
Fluorouracil	ADAM9	Downregulation of miR-20b elevates the expression of ADAM9 and EGFR	Colorectal cancer	[195]
Fluorouracil	ADAM17	Maintaining stem cell phenotype of cancer cells, cleavage of Notch1, Jagged-1 and Jagged-2	Colorectal cancer	[196]
Doxorubicin	ADAM10	Activation of the PI3-K/Akt pathway	Hepatocellular carcinoma	[197]
Fluorouracil, oxaliplatin	ADAM10 ADAM17	Higher rate of glycolysis, promoting the epithelial-mesenchymal transition of cancer cells	Colorectal cancer	[198]
Selumetinib (AZD6244)	ADAM17	JAK1/2-dependent activation of STAT3, c-met	KRASMT colorectal cancer	[199]
Cisplatin	ADAM17	Hypoxia \rightarrow activation of EGFR/PI3K/Akt pathway	Hepatocellular carcinoma	[200]

Chemoresistance

In spite of considerable progress, anti-cancer treatment has numerous long-term side effects [59]. Chemotherapy is one of the most commonly used methods, either on its own or with other treatment modalities, but it has many serious side effects and leads to complications [60]. Due to

the constantly increasing incidence of neoplasms, these side effects and unsatisfying efficacy of currently used treatment regimens will continue to be an increasing financial burden for healthcare systems [61]. Unfortunately, more money spent on anti-cancer drugs does not reflect their efficacy [62]. The diverse molecular properties of neoplasms and various types of defense mechanisms of cancer cells against intro-

duced treatment modalities are significant problems that decrease the efficacy of chemotherapy [63–65].

The activation by ADAMs of particular signaling pathways and regulation of protein expression may be potential important causes of chemo-resistance to currently used chemotherapeutic agents (Table 4).

Angiogenesis

During the development of neoplasm, new thin-walled blood vessels are formed on the base of an already existing vascular bed. Angiogenesis occurs in the early stages of carcinogenesis. It is complex process with multiple stages that allows progression and growth [66]. Among many neo-angiogenesis models proposed, endothelial cell-sprouting remains one of the most popular and described models. It assumes progressive growth and ramification of existing vessels towards an avascular zone [67].

The initiating factors show significant importance in tumor angiogenesis. One of these is the Delta-like 1 (DLL1) – ligand of Notch. Most notably, it activates proliferation motility of endothelial cell, therefore contributing significantly to angiogenesis [68]. This ligand can be activated by some ADAM proteases (9/12/17) which in turn activates Notch signaling pathway [69]. Notch itself is a substrate of ADAM 10/15/17 [70]. The activation of Notch in vascular endothelial cells is a potent inducer of angiogenesis [68].

Regulation of neo-vascularization by ADAM proteases also results from the effects on known inhibitors of angiogenesis. Endostatin is a globular protein belonging to strong endogenous inhibitors of the formation of new blood vessels [71]. Although endostatin is not a confirmed substrate of any ADAM, its expression in primary osteosarcoma was linked with ADAM8 in tumor level, and both proteins were positively correlated with tumor size, stage and distant metastasis [72].

Some of the metalloproteinases are characterized by increased expression in the tumor vascular bed. In the vasculature of infiltrating ductal breast carcinoma, ADAM12 showed a tendency to over-expression compared to normal tissue. This may be caused by increased production of metalloproteinase, induced by cytokine secreted by tumor cells. The promotion of neo-vascularization by ADAM12 most likely results from shedding of adhesion molecules and proangiogenic receptors [73]. Similar relationship was found for ADAM33 in laryngeal cancer; there protein was localized predominantly intracellularly and in tumor vasculature [74].

Although the aforementioned Notch signaling modulation by ADAMs plays an important role in the initiation of sprouting angiogenesis, these metalloproteinases influence other proteins involved in this process. Knockdown of ADAM17 (Notch sheddase) develops a different blood vessel phenotype than seen in Notch knockout mice. Inhibition of ADAM17 (but not ADAM10) induced the expression of a Thrombospondin 1 – inhibitor of angiogenesis [75].

These results indicate that determining the importance of ADAM proteins in the regulation of tumor-induced neo-vascularization requires further study.

ADAMs as diagnostic and prognostic markers

The Ki67 proliferation index is widely used to assess the grade of tumor histological malignancy. This is correlated with cancer patient cell proliferation, time to recurrence and shorter survival rate [76]. Ki67 and the histological tumor grade are also correlated with changes in phenotype of lymph node metastases compared to the primary tumor, together with certain molecular markers associated with malignancy and a poorer prognosis [77].

Tumor cyto-architectonics is not the only example of trait corresponding with expression of certain proliferation markers. The Ki67 proliferation index seems to be commonly approved as a factor correlating with the clinical staging and survival curves, however its utility has been questioned [78, 79]. The heterogeneity of molecular markers in neoplasms is certainly not limited to several proteins and its complexity indicates that new potential diagnostic and prognostic markers must be searched for.

ADAM sheddases could be such potential markers. There has been increasing recent data linking ADAMs with neoplastic progression, grading and TNM staging in certain neoplasms.

Oral squamous cell carcinoma

The expression of ADAM10 is dependent on staging and correlates with the tumor diameter expressed in TNM classification. Patients with more advanced disease had lower expression of ADAM10 than both the control group and patients with less advanced disease. Interestingly, there was a similar level of ADAM10 expression in the latter two groups. Moreover, the expression of ADAM10 seems to be dependent on sex: it is significantly lower in males than in females [80].

Nasopharyngeal cancer

The expression of ADAM10 is also elevated in nasopharyngeal cancer where it is correlated with clinical stage (pT parameter of TNM classification). The increased expression of ADAM10 also decreases survival rates in these patients [81].

Bladder cancer

There is a positive correlation between ADAM10 expression and tumor grade (G1 versus G2–G3) [82].

Brain tumors

The expression of ADAM10 mRNA is higher for more malignant glial tumors. ADAM10 has mainly been reported

in cell membranes and blood vessel walls. In high-grade gliomas, the ADAM10 expression is significantly higher than in grade I/II gliomas and in the control group [83]. Similar findings were reported for ADAM9. The expression of this sheddase in gliomas was found to be dependent on tumor histological grading; for instance, the expression of ADAM9 in glioblastoma is significantly higher than in less malignant gliomas. It is also associated with poorer prognosis. In malignant astrocytic tumors, it is higher than in oligodendroglioma – therefore, the expression depends on tumor type [84]. ADAM10 is over-expressed in many neoplasms, including pituitary adenoma. *In vitro* and *in vivo* research conducted by Pan et al. shows that invasion and cleavage of CD44 and L1 are correlated with ADAM10 expression. The expression of ADAM10 is increased in high-grade pituitary adenomas compared to low-grade adenomas and healthy pituitary glands. The elevated CD44 and L1 cleavage is regulated by ADAM10 through calcium cellular signal (CD44), Src and ERK1/2 (L1). ADAM10 inhibitors may block cell migration mediated by L1 and decrease CD44-dependent cell migration and invasion. Pituitary adenoma is another neoplasm where ADAM10 could be a potential target for clinical therapy [85]. ADAM12 was found to be up-regulated in human pituitary adenomas with cavernous sinus invasion compared to non-invasive adenomas. Additionally, there is a positive correlation between ADAM12L isoform and the Ki-67 proliferation index. *In vitro* experiments showed that ADAM12 silencing inhibited cell invasion and migration and even suppressed cell proliferation. ADAM12 could therefore be a therapeutic target in pituitary adenomas to determine disease severity [86].

Thyroid cancer

Xiong et al. concluded that miRNA-126-3p plays a suppressive role in thyroid cancer cells. Lower expression of miRNA-126-3p was observed in larger primary tumors and in cases with extrathyroidal invasion and high-risk groups for recurrent thyroid cancer. It was also found to be significantly lower in thyroid cancer than in follicular adenomas. On the other hand, the overexpression of miRNA-126-3p was reported to inhibit thyroid cancer cell proliferation, spheroid formation, migration, VGF secretion and lung metastasis *in vivo*. The authors determined that the two direct targets of miRNA-126-3p are SLC7A5 and ADAM9. This suggests that these genes, in particular, mediate the suppressive effects of miRNA-126-3p [87].

ADAM17 and ADAM10 take part in the Notch signaling pathway as a second receptor cleavage. The third receptor cleavage is gamma-secretase. Available data suggests that in papillary thyroid cancer MAML2, MAML3, JAG1 and Notch1 (members of the Notch family) are up-regulated. Monoclonal antibodies targeting Notch receptors or Notch ligands, as well as γ -secretase inhibitors (GSI), are potential drugs for various solid tumors. Some antibodies and GSIs

are in early clinical trials; however, further studies are necessary [88].

Ovarian carcinoma

ADAM12 has been investigated as a prognostic factor in ovarian carcinoma. The expression of this metalloproteinase is low in healthy tissues, but increases in certain types of cancer. Cheon et al. proved that high serum protein levels of ADAM12 and ADAM12 mRNA are associated with poor survival in patients with high-grade serous ovarian carcinoma. The high expression of ADAM12 mRNA is correlated with lymphatic and vascular tumor invasion and the residual tumor after cyto-reduction. These authors suggest that tumors which produce high levels of ADAM12 are more aggressive [89].

Lee et al. [90] first demonstrated that ADAM15 is secreted as an exosomal component and they suggested ADAM15-rich exosomes as potential tumor inhibitors. According to the results of subsequent studies, the ADAM15 ectodomain is shed from secretory exosomes and can suppress vitronectin-induced cancer cell migration and MEK/ERK signaling pathway activation. On the other hand, shedding of the ADAM15 ectodomain was induced after incubation with human ovarian carcinoma cell line MDAH2774, and this process was associated with serine protease activity [90].

ADAM17 was suggested as a potential immunotherapeutic target due to its ability to control angiogenesis and cellular proliferation and migration [91]. Richards et al. tested cell lines with specific anti-human ADAM17 IgG antibody and pituitary clone D1. D1(A12) was found to inhibit the proteolysis of ADAM17 substrates, particularly that of TNF- α , and the *in vitro* effect was dose-dependent. In contrast, TNF- α shedding *in vivo* was similar to the control group – mice without D1(A12) treatment. Although ADAM17 was considered to play a crucial role in shedding TNF- α , other ADAMs most likely take over the role of ADAM17 *in vivo*. Investigators suggested that the simultaneous inhibition of ADAM17, ADAM 10 and ADAM19 might be required to stop TNF- α shedding *in vivo* [22]. On the other hand, epigenetic repression of ADAM19 due to impaired SMAD4 nuclear translocation, as in the TGF- β signaling pathway, may contribute to ovarian cancer progression [92].

Conclusions

ADAMs provide a promising field of research in contemporary oncology. Their role in the pathogenesis of neoplasms and their potential clinical utility as diagnostic and prognostic markers is reflected in the constantly increasing number of studies with ADAMs. However, further studies are required to elucidate the precise functions of ADAMs and to establish their potential clinical applications.

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