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Angiogenesis in Cancer; Pathogenesis and Drug Targets

Angiogenesis (also known as neovascularization) is the generation of new blood vessels from pre-existing vasculature. It is a hallmark of cancer and plays a key role in enabling tumor growth, progression and metastasis. This poster discusses differences between normal angiogenesis physiology, and tumor vascularization, and highlights therapeutic targets aimed at suppressing angiogenesis. Researchers are now favoring a combination of strategies, which target different stages of angiogenesis in order to prevent tumor growth and expansion.

Angiogenesis

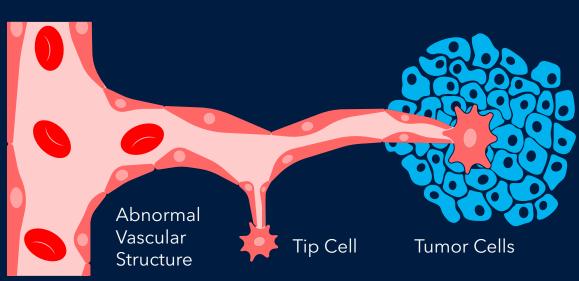
Angiogenesis is the generation of new blood vessels from pre-existing vasculature. It is a normal process in growth and development, which is required for the formation of arteries, veins, and capillaries in the embryo. Proliferation of new blood vessels also takes place in adults and is essential for the repair or regeneration of tissue during wound healing. Angiogenesis in normal tissues is a carefully regulated process, coordinated by pro- and antiangiogenic factors such as vascular endothelial growth factor receptor (VEGF) and endostatin respectively, to produce well-structured uniform vasculature.

Normal Angiogenesis



Angiogenesis is also a hallmark of cancer and plays a key role in enabling tumor growth, progression and metastasis. When a tumor develops, its size is limited by the availability of oxygen, glucose and other necessary nutrients from the existing vasculature. As a consequence of their genetic instability, tumors are heterogeneous in nature. Tumor angiogenesis can therefore differ significantly from physiological angiogenesis, producing poorly formed blood vessels with aberrant blood flow and differing permeability. In addition, factors such as a tumor's p53 status, can affect blood vessel formation because p53 regulates angiogenic cytokines.

Tumor Vascularization

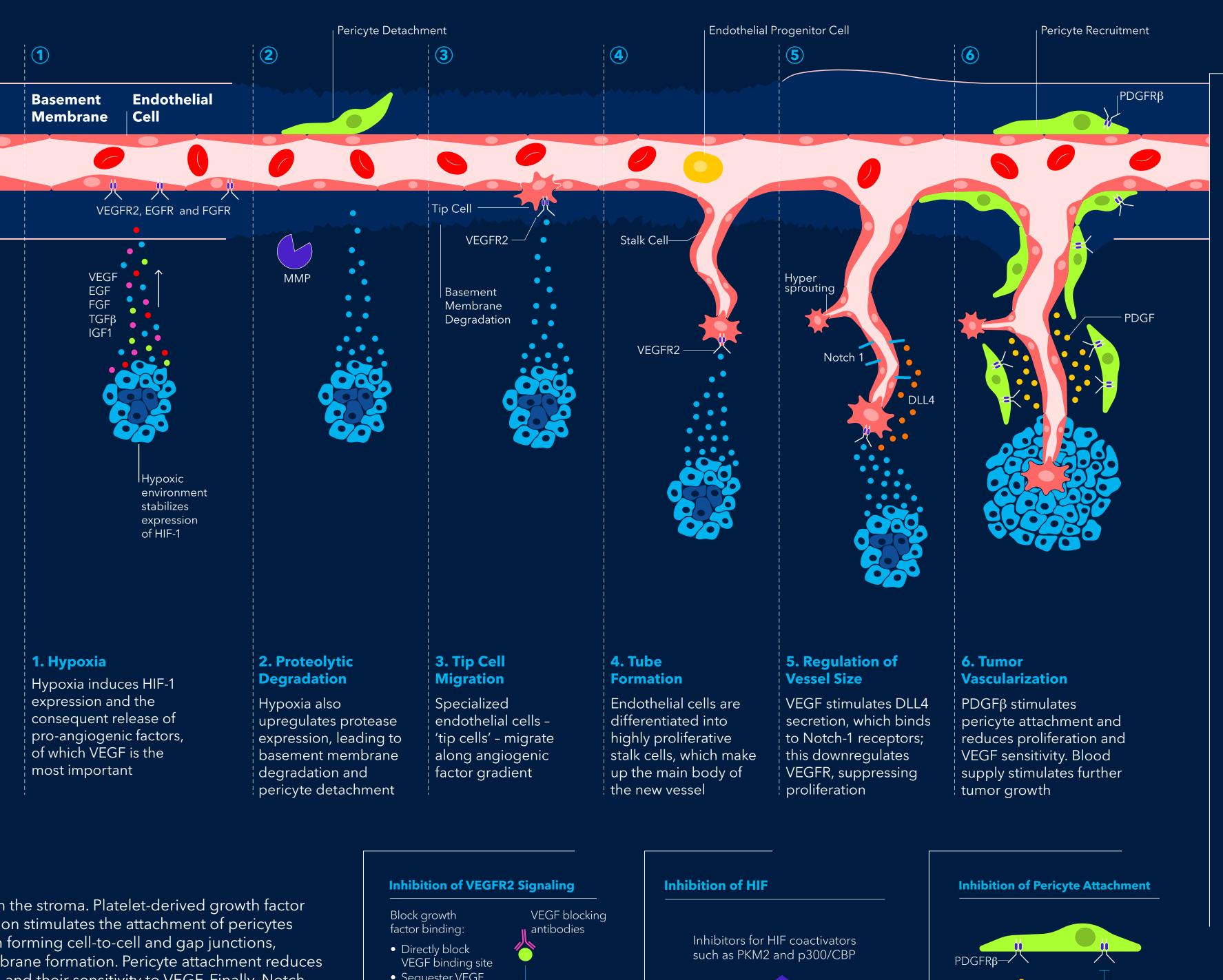


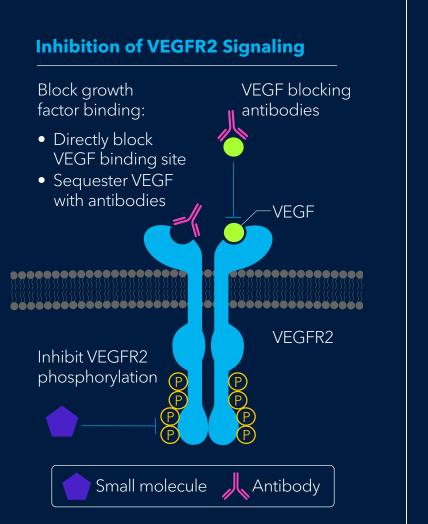
Tumor Vascularization - Therapeutic Targets

A primary trigger for the growth of new blood vessels in a tumor is hypoxia. Hypoxia inducible factor 1 (HIF-1) undergoes prolyl hydroxylation, which facilitates ubiquitination and its destruction. In a hypoxic environment the expression of HIF-1 is stabilized; HIF-1 α associates with HIF-1 β , initiating transcription by binding to the response element of HIF-responsive genes, as well as binding the cofactors p300/CBP and pyruvate kinase isoform M2 (PKM2). This leads to the secretion of proangiogenic factors that encourage new vessel formation. Tumors secrete several proangiogenic factors that induce endothelial cell proliferation and facilitate vessel patterning. Their receptors are very important in angiogenesis research; key targets include vascular endothelial growth factor receptor 2 (VEGFR2), epidermal growth factor receptor (EGFR) and fibroblast growth factor receptor (FGFR). The most important and commonly secreted proangiogenic factor is VEGF, which binds VEGFR2 and neuropilin, increasing vasodilation and vascular permeability. Matrix metalloproteases (MMPs) are also secreted from tumor cells and from VEGF-stimulated endothelial cells. They help break down the extracellular matrix (ECM) and mobilize

proangiogenic proteins from the stroma. Platelet-derived growth factor receptor β (PDGFR β) activation stimulates the attachment of pericytes along the new vessel branch forming cell-to-cell and gap junctions, followed by basement membrane formation. Pericyte attachment reduces endothelial cell proliferation and their sensitivity to VEGF. Finally, Notch signaling plays a key role in differentiating and shaping the new vascular branch. VEGF stimulates the tip cell to secrete Delta-like 4 (DLL4), which binds to Notch-1 receptors expressed on the stalk cells. This causes downregulation of VEGFR, which suppresses endothelial cell proliferation, regulating the size of the vessel. Each of these stages presents an opportunity for therapeutic interventions. Interruption of one or more of these can prevent vascularization of the tumor, cutting off vital nutrient supplies and oxygen, as well as preventing waste removal. Attenuating tumor vascularization can stunt the growth of the tumor or cause the tumor environment to become so toxic that the tumor cells die. Another strategy being looked at is the stabilization of angiogenesis in tumors, so that cytotoxic drugs can be efficiently delivered to the tumor cells.

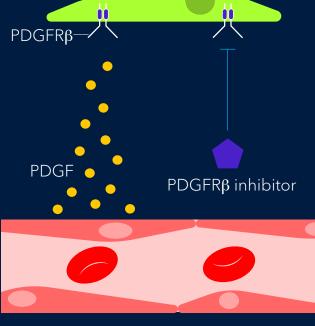
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HIF inhibitor: prevents dimerization VEGFA ←





Small Molecules for Angiogenesis Research

Adhesion and ECM

Batimastat Defactinib GSK 2256098 JNJ 0966 Marimastat PF 573228 RGD peptide

Hedgehog Signaling

GANT 61 SANT-1 Vismodegib

MAPK Signaling

AX 15836 Cercosporamide FR 180204 PD 0325901 Sorafenib Trametinib

VEGFR/PDGFR

Axitinib Cediranib JNJ 10198409 Linifanib SU 6668 SU 5416 Sunitinib Tiplaxtinin Vandetanib XL 184

Antiangiogenic OGT 2115

Chemokine Receptors ATI 2341 AZ 10397767

FGFR AZD 4547 PD 173074

Hypoxia

SU 5402

Echinomycin GN 44028 Lenalidomide Pimonidazole TC-S 7009 Thalidomide

PI3K/AKT/mTOR

Signaling Akti-1/2 AZD 8055 Everolimus MK 2206 Rapamycin SC 79 Urolithin A

Galunisertib LY 2109761

Other Angiogenesis Products from Bio-Techne

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HIF-2 alpha /EPAS1 MAb VEGF Alexa Fluor MAb Range VEGFR2 PE-conjugated MAb

Proteins

MMP-2 Protein, CF PDGF-BB Protein, CF VEGF 165 Protein

Assay & Kit

Proteome Profiler Angiogenesis RNAscope[™] ISH Assays VEGF Quantikine ELISA Kit

References:

Lugano *et al.* (2020) Cell Mol.Life Sci. **77**Jiang et al. (2020) J.Exp.Clin.Cancer Res. **39**Eelen et al. (2020) Circ.Res. **127**Gaztelu *et al.* (2018) Front Oncol. **8**

This poster conveys a general overview and should be considered neither comprehensive nor definitive. The details of this information are understood to be subject to interpretation.

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