

# Emerging roles of ADAM and ADAMTS metalloproteinases in cancer

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## Abstract

A disintegrin and metalloproteinases (ADAMs) are a recently discovered family of proteins that share the metalloproteinase domain with matrix metalloproteinases (MMPs). Among this family, structural features distinguish the membrane-anchored ADAMs and the secreted ADAMs with thrombospondin motifs referred to as ADAMTSs. By acting on a large panel of membrane-associated and extracellular substrates, they control several cell functions such as adhesion, fusion, migration and proliferation. The current review addresses the contribution of these proteinases in the positive and negative regulation of cancer progression as mainly mediated by the regulation of growth factor activities and integrin functions.

**Keywords:** ADAM and ADAMTS proteins; Cancer; Cell proliferation; Apoptosis; Growth factors; Degradome

## 1. INTRODUCTION

Key features of malignant tumours are their abilities to invade surrounding tissues, to have access to the vascular and lymphatic systems, and to disseminate to distant organs by metastatic spreading. Cancer remains the second leading cause of death in Europe and the United States [1-3]. Accumulating evidence demonstrates the crucial role of proteolytic enzymes such as matrix metalloproteinases (MMPs) and closely related ADAMs (a disintegrin and metalloproteinase) and ADAMTSs (a disintegrin and metalloproteinase with thrombospondin motifs) in cancer development and progression. Although information about functions of ADAMs and ADAMTSs in cancers is still limited, recent studies have provided evidence of dysregulation of various ADAMs and ADAMTSs in different types of cancers. Therefore, these proteins have attracted attention of many research groups and functional analysis of ADAMs and ADAMTSs are ongoing based on the recent generation of mice deficient for some of these proteins. This review intends to discuss diverse functions of metalloproteinases implicated in cancer progression. Due to space constraints, we have chosen to concentrate our efforts on ADAMs and ADAMTSs, since MMPs have been extensively described in previous reviews [4-9]. Here, following a brief description of ADAMs and ADAMTSs, we explore their contribution to different steps of cancer progression.

## 2. STRUCTURAL FEATURES OF ADAMS AND ADAMTSS

The ADAM family members belong to the superfamily of zinc-dependent metalloproteinases also known as *metzincins* [10] and display sequence similarities with the reprotolysin family of snake venomases. Two groups are distinguished in the adamalysin family: the membrane-anchored ADAMs and the secreted ADAMTSs.

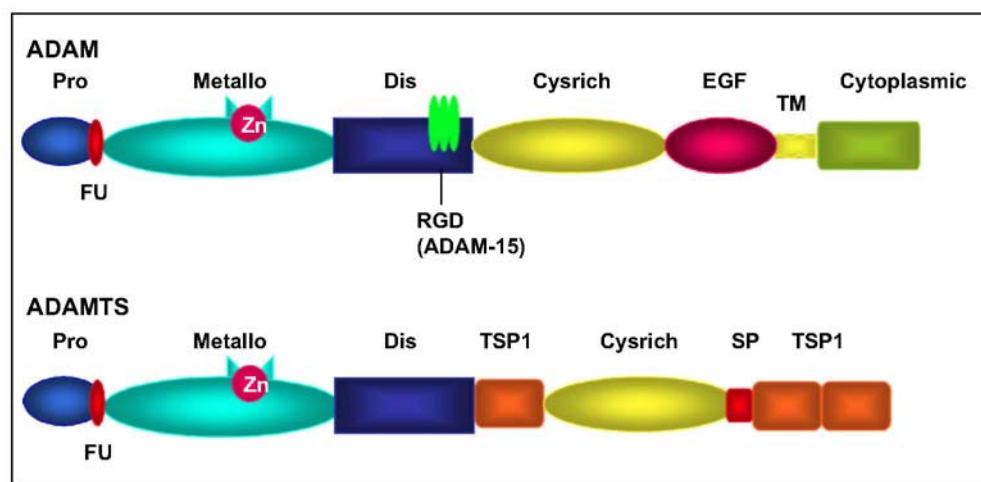
The different domains composing ADAMs have independent but complementary functions endowing these proteins with features of proteinases [11] and adhesion molecules [12] (Fig. 1). The prodomain maintains the metalloproteinase domain inactive and has the ability to unveil catalytic site through a cysteine switch mechanism upon activation by various processes. The furin-recognition site (RXXR sequence), located between pro and metalloproteinase domain, is believed to participate in intracellular activation of many ADAMs (ADAM-9, 12, 15, 17) by the action of furin-like proprotein convertases in the trans-Golgi network [13]. The metalloproteinase domain is characterized by a conserved HEXGH sequence shared with MMPs and confers the catalytic activity. It is worth noting that some ADAMs display alterations in this sequence resulting in a loss of proteolytic activity [14]. Although, the disintegrin domain has been widely described as being able to interact with integrin molecules and therefore mediating cell-cell and cell-matrix interactions [12,15,16], caution should be advised regarding this feature. In a recent study by Takeda et al, the disintegrin domain has been shown not to be available for protein binding due to protein folding [17]. The disintegrin domain might thus be considered as a structural feature rather than an integrin ligand. The carboxy-terminal end is composed of a cysteine-rich domain involved in cell-cell fusion [18], an EGF-like domain, a transmembrane domain and a cytoplasmic tail

containing phosphorylation sites and SH3 binding domains [19]. At least 40 ADAMs have been described, 25 of which are expressed in Homo Sapiens. Among those, 19 display a proteolytic activity [20] (Table 1).

The complete human ADAMTS family comprises 19 *ADAMTS*s genes (Table 2) [21-23]. ADAMTSs are characterized by the presence of additional thrombospondin type I (TSP-I) motifs in their C-terminal part, while EGF-like, transmembrane and cytoplasmic domains are missing [24,25]. Some of them have one or two additional specific C-terminal modules such as a mucin domain (ADAMTS-7, and -12), a GON domain (ADAMTS-20 and -9), two CUB domains (ADAMTS-13) and/or a PLAC domain (ADAMTS-2, -3, -10, -12, -14, -17, -19). Although ADAMTSs are soluble proteins, many of them appear to bind the extracellular matrix through their thrombospondin motifs or their spacer region [23]. With the exception of ADAMTS-10 and -12, ADAMTSs are regulated through a proteolytic processing occurring at the furin-like recognition site located between the pro- and catalytic domains [22,23].

The Tissue Inhibitor of Metalloproteinases (TIMPs) demonstrate selectivity in their inhibition of ADAMs and ADAMTSs which contrasts with their MMP-inhibitory features [26-29]. For example, ADAM-17 is exclusively inhibited by TIMP-3, ADAM-10 is sensitive to TIMP-1 and TIMP-3, but not to TIMP-2 and TIMP-4. The activity of ADAM-8 and -9 is not controlled by any TIMP [30]. TIMP-3 has the ability to inhibit ag-grecanase activity by targeting ADAMTS-4 while TIMP-1 and TIMP-2 display such an effect at higher range of concentrations [31].

**Fig. 1.** Structure of ADAM and ADAMTS proteinases. ADAM members are composed of common domains including propeptide (Pro), metalloproteinase (Metallo), disintegrin (Dis) with a conserved RGD domain for ADAM-15, cystein-rich (Cysrich), EGF-like (EGF), transmembrane (TM) and cytoplasmic domains. ADAMTS contain thrombospondin motifs (TSP1) and spacer domain (SP), but lack EGF-like, transmembrane and cytoplasmic domains. Some proteinases contain in addition a sequence recognized by furin-like enzymes (Fu) (see text).



### 3. IMPLICATION OF ADAMS AND ADAMTSS IN PHYSIOLOGY AND PATHOLOGY

The complex but conserved structure of ADAM family members endows these proteins with various abilities leading to their key contribution to various physiological functions such as, for instance, fertilization [15,32], neurogenesis [33], adipogenesis [34,35] and myogenesis [36]. ADAMs and ADAMTSs are involved in a complex molecular network of reciprocal interactions. Hence they can modulate cell responses to various signals by acting as cell surface sheddases. Of particular relevance is the activity of ADAM-17 (TACE) as a sheddase of membrane-bound pro-TNF- $\alpha$  [37,38] and of EGF receptor ligands leading to the release of active ligands [39]. Another illustrative example is the activation of NOTCH signalling by Notch ligand Delta shedding from the cell surface by ADAM-10 [40-42].

**Table 1** : List of ADAMs with or without proteolytic activity

ADAMs	Other names	Proteolytic activity (human)
ADAM-1 a, b	PH-30 alpha; Fertilin alpha	-
ADAM-2	PH-30 beta; Fertilin beta	-
ADAM-3	Cyritestin; tMDC I	-
<b>ADAM-4</b>	<b>TMDCV</b>	
<b>ADAM-5</b>	<b>tMDC II</b>	
ADAM-6	tMDC IV	-
ADAM-7	EAPI	-
ADAM-8	MS2, CD156	+
ADAM-9	MDC9, meltrin gamma	+
ADAM-10	MADM; kuzbanian	+
ADAM-11	MDC	-
ADAM-12	Meltrin alpha	+
ADAM-13	( <i>Xenopus laevis</i> )	
ADAM-14	adm-1, UNC-71 ( <i>Caenorhabditis elegans</i> )	
ADAM-15	Metargidin; MDC 15	+
ADAM-16	MDC 16 ( <i>Xenopus laevis</i> )	
ADAM-17	TACE	+
ADAM-18	TMDCIII	-
ADAM-19	Meltrin beta	+
ADAM-20		+
ADAM-21	ADAM-31	+
ADAM-22	MDC 2	-
ADAM-23	MDC 3	-
<b>ADAM-24</b>	<b>Testase-1</b>	
<b>ADAM-25</b>	<b>Testase-2</b>	
<b>ADAM-26</b>	<b>Testase-3</b>	
ADAM-27	ADAM-18	-
ADAM-28	eMDCII, MDC-Lm, MDC-Ls, TECADAM	+
ADAM-29		-
ADAM-30		+
ADAM-31	ADAM-21	-
ADAM-32		-
ADAM-33		+
<b>ADAM-34</b>	<b>Testase 4</b>	
ADAM-35	Meltrin epsilon ( <i>chicken, Gallus gallus</i> )	
<b>ADAM-36</b>	<b>Testase 6</b>	
<b>ADAM-37</b>	<b>Testase 7</b>	
<b>ADAM-38</b>	<b>Testase 8</b>	
<b>ADAM-39</b>	<b>Testase 9</b>	
<b>ADAM-40</b>	<b>Testase 10</b>	

Proteinase activity is shown only for human proteinases. These proteinases are not exclusively expressed in humans. In bold are ADAMs expressed in mouse but not in human.

**Table 2 : List of human ADAMTSs**

ADAMTS	Other names	Proteolytic activity
ADAMTS-1	C3-C5, METH1, KIAA1346	+
ADAMTS-2	Procollagen N-proteinase	+
ADAMTS-3	KIAA0366	+
ADAMTS-4	KIAA0688, aggrecanase-1, ADMP-1	+
ADAMTS-5	ADAMTS-11, aggrecanase-2, ADMP-2	+
ADAMTS-6		
ADAMTS-7		
ADAMTS-8	METH2	+
ADAMTS-9	KIAA1312	+
ADAMTS-10		
ADAMTS-12	UNQ1918, PR04389, AI605170	+
ADAMTS-13	vWFCP, C9orf8	+
ADAMTS-14		+
ADAMTS-15		+
ADAMTS-16		+
ADAMTS-17	FLJ32769, LOC123271	
ADAMTS-18	ADAMTS-21	
ADAMTS-19		
ADAMTS-20		

ADAM and ADAMTS molecules have also been implicated in several pathologies [16,43-45]. ADAMTS-13 deficiency is responsible for thrombotic thrombocytopenic purpura characterized by the formation of microvascular von Willebrand Factor (vWF) and platelet-rich thrombi, associated with anaemia, renal failure and neurological dysfunction [46]. ADAM-17 expression and activity are increased in inflammatory bowel diseases [47]. A strong association has been established between ADAM-33 and asthma-related bronchial hyperresponsiveness in humans [48-50]. ADAM-8 expression is increased in an animal model of asthma following allergen exposure [51] and in the bronchi of human asthmatics [48,52]. ADAMTS-4 and TS-5 are involved in the turnover of aggrecan from cartilage resulting in loss of functionality of tissue and joint disability [53-56]. Studies have indicated that ADAMTS-5 is likely the major aggrecanase in cartilage metabolism and pathology [56]. Furthermore, its aggrecanase activity is 1000-fold greater than that of ADAMTS-4 under physiological conditions [57]. ADAM-9 and -15 are upregulated in atherosclerosis along with integrins  $\alpha 5\beta 1$  and  $\alpha v\beta 3$  [58].

The architecture of ADAMs and ADAMTSs, with domains that confer proteolytic activities and the ability to bind to diverse cell and extracellular matrix (ECM)-associated molecules, suggests that these enzymes may be functionally relevant to steps involved in cancer development and in metastatic dissemination of tumour cells.

The active metalloproteinase domain might indeed be needed to degrade extracellular matrix components and to shed growth factors and cytokines [8,59], contributing in this way to the control of cell proliferation, migration and angiogenesis [60]. Adhesion and migration of cells might be regulated by the disintegrin or cysteine-rich domains whose importance has been evidenced by different studies [12,61-63].

These data illustrate how much ADAMs and ADAMTSs are multifunctional proteins and suggest that they may serve as regulators of proteolytic and non-proteolytic events occurring during cancer progression. To date, only few data are available about the roles of those proteins in cancer initiation and progression. Dysregulation of ADAM and ADAMTS expression has been reported in different types of cancer by RT-PCR profiling and microarray analysis [64-67]. The picture is rendered complex by the existence of different isoforms resulting from alternative splicing described in ADAM-8, -9, -10, -11, -12, -15, -19, -22, -28, -29, -30 and -33 or ADAMTS-4 and TS-6 genes [36,50,51,68-77] or from putative post-translational modulations [23] resulting from a processing of the molecule by the metalloproteinase domain itself [78] or by other MMPs [79].

#### 4. RELEVANCE OF ADAMs AND ADAMTSs IN DIFFERENT STEPS OF CANCER PROGRESSION

Here, we review different studies suggesting a predominant role for ADAMs and ADAMTSs in processes related to cancer progression such as the regulation of cell cycle and angiogenesis.

#### 4.1. ADAMs and ADAMTSs in cell proliferation and apoptosis

Several proteolytically active ADAMs and ADAMTSs regulate cell proliferation by cleaving growth factors or cell surface proteins. Ligands for several growth factor receptors are processed by ADAM family members. Among them, EGF receptor ligands (heparin-binding EGF (HB-EGF), amphiregulin, betacellulin, epiregulin) are synthesized as transmembrane precursors and require ectodomain shedding for activation [59,80]. ADAM-17 has been shown to play a key role in such a process [60,81]. Amphiregulin released by ADAM-17 cleavage enhances cell proliferation of cancer cells [82,83]. HB-EGF is a potent inducer of tumour growth and angiogenesis [84]. Shedding of EGFR-ligands by ADAM-17 is increased upon cell stimulation by phorbol esters [85] and ADAM-17 also contributes to the release of bioactive epigen, a highly mitogenic ligand of EGFR which has been implicated in cancer [86]. Reciprocally, a long term treatment of different cell types with EGF leads to a marked enhancement of ADAM-17 by increasing its half-life and promotes thereby the shedding of different substrates [87].

ADAM-10 contributes to E-cadherin shedding [88,89]. The subsequent release of soluble E-cadherin in the extracellular milieu leads to the abrogation of cell-cell contacts, thereby facilitating cell migration. ADAM-10 also contributes to cell proliferation by modulating  $\beta$ -catenin signalling through E-cadherin shedding and increasing gene cyclin D1 levels [90]. Such processes should be of particular importance in embryonic development since ADAM-10 knock-out (KO) embryos suffer from cell growth arrest and apoptosis associated with an overexpression of full-length E-cadherin [89].

Moreover, ADAM proteinases control cell apoptosis. Indeed, in a mammary cancer model induced by the expression of polyoma middle T oncoprotein, ADAM-12 has been shown to increase stromal cell apoptosis and decrease tumour cell apoptosis [91]. INCB3619, a selective inhibitor of a subset of ADAM proteinases, blocks the shedding of ErbB ligands, reduces ErbB ligand shedding *in vivo* and inhibits ErbB pathway signalling, tumour cell proliferation and survival [92]. Altogether, these data emphasize the key role of ADAM proteinases in the regulation of cell proliferation and apoptosis although the dissection of precise mechanisms will necessitate further investigations.

#### 4.2. Roles of ADAMs and ADAMTSs in angiogenesis

Angiogenesis consists in the formation of new blood vessels devoted to vascularise the tumour tissue and is considered as a crucial event in solid tumour growth and progression. Angiogenesis process is under the dependence of a balance of pro- and antiangiogenic factors [93-95]. Proteinases have been initially considered as positive regulators of angiogenesis but recent studies have evidenced complex and sometimes opposite roles of MMPs, ADAMs and ADAMTSs in regulating tumoral angiogenesis [5,83,95-98]. Interestingly, ADAMTS-1 and ADAMTS-8 have been proven to be antiangiogenic factors [99]. This anti-angiogenic effect is thought to be mediated by their thrombospondin motifs through their interaction with CD36, a membrane glycoprotein receptor of endothelial cells [100,101] or directly through VEGF binding [102]. Multiple mechanisms have been proposed to explain the inhibition of angiogenesis by members of the ADAM and ADAMTS family. Among those, it is worth noting that ADAMTS-1 comprises TSP-1 repeats which may contribute to the antiangiogenic activity by trapping vascular endothelial growth factor (VEGF)<sub>165</sub> [100,102]. Taking these data together, ADAMTS-1 C-terminal domain should be considered as an anti-tumour and anti-metastatic region [78,103]. The ADAMTS-1 story will probably mature in the next few years since some authors have also shown that overexpression of full-length ADAMTS-1 in CHO cells enhances tumour growth [103] and promotes pulmonary metastasis of TA3 mammary carcinoma or Lewis lung cells [78]. One possible approach to rationalize the apparently contradictory information on ADAMTS-1 is to consider that this molecule undergoes auto-proteolytic cleavage that can account for pro- or anti-metastatic effects depending on the cleavage site [78]. Indeed, these dual pro and anti-tumoral activities can be explained by a proteolytic cleavage of the substrate-binding site impairing the binding of the catalytic site to amphiregulin or HB-EGF [78]. This cleavage probably also unveils TSP-1 motifs' antitumour activity. Therefore, C-terminal processing of ADAMTS-1 affects protein bioactivity and may account for some apparently controversial effects.

ADAM-15 has also been found to bear angiogenesis regulatory properties. ADAM-15 is expressed by smooth muscle cells, umbilical vein endothelial cells and more preferentially by activated endothelial cells [104]. The recombinant disintegrin domain (RDD) of ADAM-15 has been reported as a potent inhibitor of angiogenesis [105]. *In vivo*, ADAM-15 RDD induces a reduction of MDA-MB-231 tumour growth associated with less tumour vascularization. Transgenic B16F10 melanoma cells form less metastasis in mouse lungs after turning on RDD expression [105]. Angiogenesis is inhibited in ADAM-15-deficient mice in a model of retinopathy [106]. Mechanisms implicating ADAM-15 in the regulation of angiogenesis could be related to the presence of

Arg-Gly-Asp (RGD) sequence in the disintegrin domain which binds integrins. Indeed, ADAM-15 decreases integrin  $\alpha v \beta 3$ /vitronectin-mediated ovarian cancer cell adhesion and motility in a RGD-dependent manner [107]. However, although tumours developed from melanoma cells implanted subcutaneously are smaller in ADAM-15<sup>-/-</sup> mice, no difference in tumour vascularity has been observed between wild type and mutant mice [106]. The exact role of ADAM-15 during angiogenesis appears complex and requires further investigations.

## **5. CONTRIBUTION OF ADAMS AND ADAMTSS IN DIFFERENT TYPES OF CANCER**

### **5.1. Lung cancer**

In 2006, lung cancer accounted for about 13% of all cancer diagnoses. Smoking is by far the most important risk factor for lung cancer and about 87% of lung cancers are thought to result directly from smoking. Tobacco smoke contains numerous carcinogens and primary bronchial epithelial cells as well as bronchial cell lines exposed to smoke components show an increased proliferation rate associated with EGFR phosphorylation [108]. This could be at least in part mediated by ADAM-17 which can activate several EGFR ligands [108]. ADAM-17 is indeed up-regulated in non-small cell lung carcinoma (NSCLC) and is required for heregulin3 (HER3) signalling but also for EGFR-ligand-dependent signalling and inhibition of ADAMs affects the activation of many ErbB ligands and, as a matter of consequence, multiple ErbB pathways in NSCLC [109].

Dysregulation of the production of several ADAMs has been documented in lung cancers. As demonstrated by tissue microarray analysis, a strong ADAM-8 expression is present in NSCLC and correlates with clinical stage of the disease [65]. As induction of ADAM-8 production increases the invasive phenotype of cancer cells, this molecule might play a role in promoting disease dissemination. ADAM-9 mRNA and protein expression levels are enhanced in EBC-1 lung cancer cell line displaying a tropism for brain metastasis as compared to parent EBC-1 or EBC-1 cell line with a tropism for bone tissue [110]. Overexpression of ADAM-9 in EBC-1 and A549 lung cancer cells results in an increase of NGF-induced invasion and a higher adhesion of cells to brain tissue. A549 cells over-expressing ADAM-9 have the potential to develop brain metastasis when injected intravenously.

We recently reported an increase in ADAM-12 mRNA and protein levels while ADAMTS-1 levels are decreased in NSCLC when compared to non-cancerous tissues [111]. Whereas ADAMTS-1 is mainly produced by normal bronchial epithelium, ADAM-12 is expressed in vast majority by cancer cells as demonstrated by immunohistochemistry, suggesting that ADAM-12 plays a role in the cascade of events leading to invasive capacities. ADAM-12 might be an important mediator of biological processes leading to tumour-related angiogenesis and thereby tumour development. ADAM-28, which cleaves insulin-like growth factor binding protein-3 (IGFBP-3) [112], is found to be about 16-fold over-expressed in NSCLC. This proteinase is mainly present in carcinoma cells and correlates with cancer cell proliferation and lymph node metastasis [113]. ADAM-15,  $\alpha v$  and  $\beta 3$  integrins are expressed in small cell lung carcinoma (SCLC) and NSCLC cell lines [114] and ADAM-15 expression is higher in tumoral cells than in normal epithelial cells of pulmonary tumours.

Interestingly, ADAMTS-8, a potent anti-angiogenic ADAMTS is downregulated in most primary NSCLC [115] due to abnormal promoter hypermethylation [115].

### **5.2. Brain tumours**

Both ADAM-22 and ADAM-23, displaying high sequence similarities with ADAM-11, are restricted to the brain. They are implicated in cell-cell and cell-matrix interactions through their binding to integrins and extracellular matrix and, consequently, might be involved in neural development [75]. There is evidence for a modulation of the expression of ADAM and ADAMTS genes in brain tumours since cytoplasmic variants of ADAM-22 are differently expressed in normal human brain tissue and gliomas [116]. Moreover, ADAM-22 inhibits astrocyte proliferation by interaction of its disintegrin domain with cell surface integrins [117]. Brain tumours, often invading surrounding parenchyma, could thus display a modulated proteinase expression facilitating tumour cell infiltration and/or angiogenesis. Some ADAMTS proteinases (ADAMTS-8 and ADAMTS-13) display lower levels of expression in brain tumours as compared to normal brain tissue [118,119]. In sharp contrast, ADAMTS-4 and TS-5 are overexpressed in human glioblastomas and could be responsible for brevicane cleavage and contribute to invasiveness of glioblastoma cells [120].

A contribution of ADAM-17 to glioma cell invasiveness through activation of the EGFR signal pathway under hypoxic conditions has been suggested. Indeed, brain tumour cell lines cultured under hypoxic conditions demonstrated an upregulation of ADAM-17 expression levels, whose activity correlated with increased tumour cell invasion [121].

Similarly, ADAM-8 and ADAM-19 mRNA are upregulated in primary brain tumours and their expression and activity are correlated with invasiveness of glioma cells [122]. The membrane-bound ADAM-12 variant is overexpressed in glioblastomas [123] and a treatment of cultured glioblastoma cells with an ADAM-12 inhibitor decreases the production of mature HB-EGF indicating that ADAM-12-HB-EGF pathway might be of biological significance in those cells.

### 5.3. Prostate cancer

Development of prostate cancer is androgen-dependent in early stages but cell growth can become androgen-independent [124,125]. This androgen-dependency could interfere with ADAM-related regulation processes since the mRNA expression of several ADAMs is regulated by androgens [126]. Indeed, ADAM-9, -10, -11, -15 and -17 are expressed in prostate cancer cells and treatment of androgen-dependent cancer cells with dihydrotestosterone leads to an upregulation of ADAM-9 and -10 mRNAs while ADAM-17 mRNA is downregulated. ADAM-9 protein levels are elevated in malignant as compared with benign prostate tissues. Androgen or serum starvation enhances ADAM-9 protein expression in androgen-receptor-positive prostate cancer cells [127]. ADAM-8 protein expression has been demonstrated to be significantly associated with higher cancer stages including positive nodal status, and higher Gleason scores [128].

ADAMTS-13 activity is mildly diminished in prostate tumours even if these rates are not related to metastasis and low ADAMTS-13 activity could diminish vWF (Von Willebrand Factor) cleavage resulting in an accumulation of highly polymeric vWF, facilitating adhesive interactions between circulating tumour cells and platelets. Moreover, other authors have reported that patients with advanced stage and metastasis of cancer display lower ADAMTS-13 levels [129,130]. Prostate stroma cells constitutively express ADAMTS-1, -4, -5, -9, -15 as well as TIMP-3 in contrast to some prostate cancer cell lines [131].

ADAM-15 is overexpressed in aggressive prostate adenocarcinoma, correlates with cancer stages, and might be a marker for a more aggressive prostate cancer subtype [132]. ADAM-10 is specifically expressed on the cell surface of normal epithelial cells [133] while tumour cells show mainly nuclear staining for ADAM-10 suggesting an interaction with nuclear proteins or DNA [134].

### 5.4. Liver carcinoma

Upon the occurrence of liver injury, activated hepatic stellate cells (HSC) contribute to the inflammatory response by secretion of MMPs resulting in ECM remodelling and increased matrix deposition [135]. ADAMs are also implicated in hepatocellular carcinoma development [136]. Indeed, ADAM-17 contributes to EGFR-ligand release and induction of cell proliferation and invasion [137]. A link has been established between TGF- $\beta$ 1 and cell proliferation since TGF- $\beta$ 1 induces a rapid activation of ADAM-17 leading in turn to EGFR signalling [138]. In activated hepatic stellate cells, TGF- $\beta$ 1 induces ADAM-12 expression which might also participate in tumour progression [139]. It is worth pointing out that a recent study identified ADAM-12 as a partner of TGF $\beta$  receptor II signalling where it stabilizes the TGF $\beta$  RII protein and potentiates Smad-mediated signalling [140]. Hence, ADAM-12 might contribute to growth inhibitory signalling in normal epithelial cells which is lost during tumour progression.

ADAM-9 promotes invasiveness of liver metastatic carcinoma cells by degrading basement membrane components such as laminin-1 [141]. ADAM-9 is differentially expressed in stromal or epithelial cells and a soluble variant of ADAM-9 is secreted by activated hepatic stellate cells but not carcinoma cells or hepatocytes, indicating that stroma production of ADAM-9 might be of particular importance.

ADAM-17 mRNA levels are higher in hepatocellular carcinomas than in paired non-cancerous liver tissues suggesting that this proteinase might be implicated in tumour invasiveness by either activating EGFR by amphiregulin [108] or TGF- $\alpha$  [142].

### 5.5. Breast cancer

Several ADAMs and ADAMTSs are found to be modulated in breast cancer patients [66,132,143]. ADAM-9, -15, -17 mRNA levels are higher in breast cancer surgical samples whereas ADAM-10 mRNA levels are not modulated [132, 143]. ADAM-12, as previously stated in the "*proliferation and apoptosis*" section of this review, is an apoptosis-modulating gene which is upregulated in human breast cancer tissues whereas non-malignant breast lesions express very low amounts of the proteinase. Accordingly, the overexpression of soluble ADAM-12 lacking the cytoplasmic tail (secreted splice variant of ADAM-12) accelerates the development of

tumour by delaying tumour cell apoptosis [91]. It is worth noting that urine ADAM-12 might be a potentially important non-invasive biomarker in breast cancer since levels are enhanced in breast cancer patients [143].

*In vitro* studies have shown that overexpression of ADAM-17 in breast cancer cells increases invasion and proliferation [144]. Inversely, targeting this proteinase reverts the malignant phenotype in breast cancer cells by preventing shedding of TGF- $\alpha$  and amphiregulin [145].

Proteinase activation appears to be by itself of particular importance in carcinogenesis suggesting an involvement of metalloproteinase activity in cancer development. Indeed, ADAM-17 ratio of active/pro protein levels increased progressively from normal breast tissue, to primary breast cancer, and to lymph node metastases. In primary tumours, the active form of ADAM-17 correlates with levels of urokinase plasminogen activator and proliferating cell nuclear antigen [144].

Some precise mechanisms of action have been proposed for members of the ADAM family. For example, active ADAM-28 which is overexpressed in breast carcinoma cells contributes to the regulation of cell proliferation through IGFBP-3 cleavage, enhancing the bioavailability of IGF-I [146]. Alternative splicing could also be an important tool used by cancer cells to acquire an invasive phenotype since, for example, different isoforms of ADAM-9 proteins and ADAM-15 mRNA have been detected in breast cancer cells [74, 147]. This last finding could give the opportunity to set up a powerful diagnostic tool by studying the differential production of ADAM-9 or -15 domains. Some ADAMs could be relevant markers of therapeutic response. ADAM-9 and ADAM-11 mRNA levels in tumours are indeed associated with better response to tamoxifen therapy and ADAM-9 protein production is an indicator of poor prognosis [147,148]. Patients displaying elevated levels of ADAMTS-8 and low levels of ADAMTS-15 have a general poor clinical outcome [149].

## 5.6. Gastric and colon carcinoma

ADAM-10, which is found to be overexpressed *in vitro* after gastric cell infection, could establish a link between *Helicobacter pylori*-induced inflammation and carcinogenesis in stomach. *In vivo*, ADAM-10 and -17 are overexpressed in antral mucosa during *H. pylori* infection and ADAM-9, -10, -12, -15, and -17 are increased in gastric tumours [150, 151]. ADAM-10 acts through EGFR ligand shedding leading to gastric cell proliferation [151-153]. In colon carcinomas, ADAM-17 is overexpressed independently of tumour stage or grade and is involved in tumour growth and angiogenesis possibly *via* an autocrine/paracrine pathway implicating EGFR [154].

*In vitro* expression of the alternative spliced secreted variant ADAM-9S (short) in a non-invasive colon cell line induces a highly invasive phenotype. ADAM-9 is overexpressed in a colon cell line and is co-localized with E-cadherin suggesting a potential role in E-Cadherin-mediated metastasis [141,155]. ADAMTS-1 has recently been recognized as a novel gene inactivated through promoter hypermethylation in colorectal tumour development [156].

## 5.7. Kidney, bladder carcinoma

EGFR signalling appears important in the development of kidney cancer since inhibition of ADAM-17 by a dominant negative ADAM-17 mutant prevents pro-HB-EGF cleavage, EGFR activation and cell proliferation in kidney carcinoma cells [81]. As previously described in other types of cancers, ADAM-12 mRNA was found to be overexpressed in bladder cancer and ADAM-12 levels correlated with disease stage. ADAM-12 could also be an interesting biomarker since it is present in higher levels in the urine from patients with bladder cancer [64].

## 5.8. Pancreatic carcinoma

ADAM-9, -10 and -17 are expressed in pancreatic tissues but are restricted to specific compartments. Analysis of mRNA expression levels in microdissected cancer samples shows an overexpression of ADAM-9 and -15 proteinases in pancreatic tumour cells [157]. In contrast, ADAMTS-1 expression is lower in pancreatic tumours and patients displaying higher levels of ADAMTS-1 are subject to more retroperitoneal invasion and lymph node metastasis associated with poor survival [158]. ADAM-17, only weakly expressed in normal pancreatic tissues, is overexpressed in all pancreatic ductal adenocarcinoma (PDAC) and pancreatic cancer cell lines. The role of ADAM-17 in pancreatic cancer is underscored by experiments showing that inhibition of ADAM-17 gene expression, by using small interfering RNA (siRNA) technique, affects invasiveness of tumour cells [159].



## 6. CONCLUSION

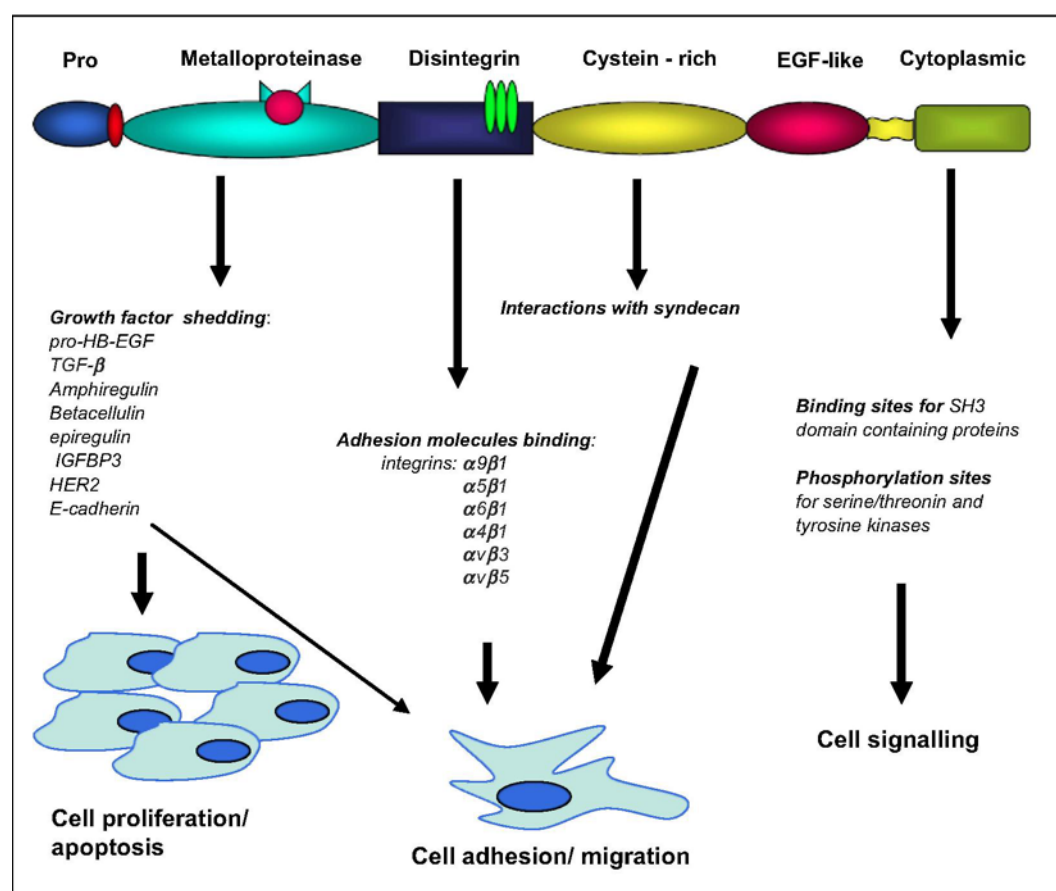
ADAMs and ADAMTSs are proteins displaying some structural features conferring the potency to display multiple functions. ADAMs and ADAMTSs play crucial roles in biological processes as various as cellular adhesion, cell fusion, shedding of plasma membrane-associated proteins and intracellular signalling. In the present review, we have presented recent data showing that altered expression of ADAMs and ADAMTSs has been found in diverse tumour types which suggests that these proteins are involved in different steps of cancer progression including carcinogenesis (Fig. 2) by regulating tumour cell proliferation, apoptosis and invasiveness.

However, the exact role of these proteinases in the initiation or progression of the disease is generally still poorly understood. Of interest is that some of these proteinases might be useful tools as biomarkers for early cancer diagnostic.

Studies using broad-spectrum MMP inhibitors have provided numerous data in the literature. However, no synthetic inhibitor has shown promising results in clinical trials. This might be explained by the non-specificity of inhibitors used, which might also inhibit other proteinases such as ADAMs and ADAMTSs themselves embedded in complex networks of interactions regulating many biological processes including some protective mechanisms. Nevertheless, the design of specific agents is a real challenge since more than fifty similar proteinases exist in humans (23 MMPs, 13 ADAMs and 19 ADAMTSs). Some recent advances might offer in the next future the opportunity to design such specific inhibitors by using e.g. siRNAs or monoclonal antibodies.

The precise understanding of the exact role played by each ADAM and ADAMTS in cancer appears of particular importance in the perspective to design new therapeutic strategies based on the control or inhibition of those proteinases.

**Fig. 2.** Implication of ADAM molecules in different processes contributing to cancer development. ADAMs are composed of distinct domains endowing the proteins with multiple functions.



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