

IMPLICATIONS OF ANGIOGENESIS IN CUTANEOUS DISORDERS

Essay

Submitted for Partial Fulfillment
Of Master Degree
In
Dermatology, Venereology and Andrology

By

DOHA MOHAMED EL-SAYED SHERIF
(M. B., B. CH.)

Under the Supervision of

Prof. Dr. NAGWA MOHAMED YOUSSEF
Professor of Dermatology, Venereology and Andrology
Faculty of Medicine - Ain Shams University

Dr. MAHMOUD ABDEL-RAHIM ABDALLAH
Lecturer of Dermatology, Venereology and Andrology
Faculty of Medicine - Ain Shams University



**FACULTY OF MEDICINE
AIN SHAMS UNIVERSITY
2009**

تأثير تكون الاوعية الدموية فى الاعتلالات الجلدية

رسالة مقدمة من الطبية

ضحى محمد السيد شريف
بكالوريوس الطب والجراحة
كلية الطب - جامعة عين شمس

توطئة للحصول على درجة الماجستير فى

الأمراض الجلدية والتناسلية وأمراض الذكورة

تحت إشراف

الأستاذة الدكتورة/ نجوى محمد يوسف
أستاذ الأمراض الجلدية والتناسلية وأمراض الذكورة
كلية الطب - جامعة عين شمس

الدكتور/ محمود عبد الرحيم عبد الله
مدرس الأمراض الجلدية والتناسلية وأمراض الذكورة
كلية الطب - جامعة عين شمس



كلية الطب - جامعة عين شمس

2009

Acknowledgement

First and above all, I always feel indebted to “ALLAH” the most Beneficent, the most Merciful, for any work in my life. Thanks to his majesty for giving me the strength to carry out this work and for giving me such a wonderful everlasting supporting family.

*First and foremost, words stand short when coming to express the deep gratitude and great appreciation to **Dr. Nagwa Mohamed Youssef**, Professor of Dermatology, Venereology and Andrology, Faculty of Medicine, Ain-Shams University, for her continuous encouragement, valuable suggestions, generous assistance, kind support and for all her inspiring guidance in all steps of this work.*

*I would like to express my deepest appreciation and sincere gratitude to **Dr. Mahmoud Abdel-Rahim Abdallah**, lecturer of Dermatology, Venereology and Andrology, Faculty of Medicine, Ain-Shams University, for his unlimited help, kind support, valuable supervision, co-operation and important advices he has given me from the start.*

Finally, I am eternally grateful for the generous support and constructive co-operation of all my colleagues whose valuable assistance made this study possible.

Acknowledgement

Last but not by any means least, I would like to express my warm gratitude to my lovely mother, father and all my great family for kindness, trust, successful support and much needed encouragement. They used to guide me to the best in my life.

Doha Mohamed Sherif

List of Contents

Chapter (I): Introduction.....	1
Chapter (II): Biology of Angiogenesis	6
●Process of angiogenesis.....	8
●Beneficial and harmful angiogenesis.....	14
●Angiogenesis stimulators.....	19
●Angiogenesis inhibitors.....	38
Chapter (III): Angiogenesis dependent cutaneous disorders	50
●Angiogenesis associated diseases.....	52
●Vascular tumors.....	75
●Disorders of insufficient vascularization.....	87
●Disorders of morphogenesis.....	100
●Angiogenesis and infection.....	104
Chapter (IV): Prognostic and therapeutic targets.....	106
●Angiogenesis as a prognostic factor.....	106
●Therapeutic targets.....	107
Summary	144
References	152
Arabic Summary	

List of Tables

Table (2.1): Overview of the different MMPs and their substrates	11
Table (2.2): Endogenous angiogenesis inducers	20
Table (2.3): Endogenous inhibitors of angiogenesis.....	39
Table (3.1): Dermatologic disorders and angiogenesis	51
Table (3.2): Major growth factors expressed in malignant melanoma and clinical significance.....	63
Table (4.1): Angiogenesis inhibitors that interfere with angiogenic factors.....	112
Table (4.2): Angiogenesis inhibitors that interfere with receptors of angiogenic factors.....	118
Table (4.3): Endothelial cell proliferation inhibitors.....	122
Table (4.4): Metalloproteinases (MMPs) inhibitors.....	128
Table (4.5): Endothelial Cell Adhesion Inhibitors.....	132

List of Figures

Figure (2.1): Origin of endothelial cells and assembly of the vasculature	7
Figure (2.2): Process of physiological angiogenesis.....	10
Figure (2.3): Key steps in tumour angiogenesis.....	18
Figure (2.4): Regulation of integrin signaling by ECM proteins and growth factor receptors.....	32
Figure (3.1): Histology of psoriasis.....	53
Figure (3.2): Pro-inflammatory and proangiogenic mediators in the initiation of psoriasis pathogenesis	57
Figure (3.3): Malignant progression of melanoma.....	61
Figure (3.4): Cell surface receptor mimicry between malignant melanoma cells and endothelial cells.....	65
Figure (3.5): Acute and chronic effects of ultraviolet (UV) exposure on skin angiogenesis in human skin	89
Figure (3.6): Effects of topical retinoic acid treatment on skin aging	91
Figure (4.1): Mechanisms of action of the different groups of antiangiogenic drugs.....	111

List of Abbreviations

AA	: Arachidonic acid
aaAT	: Antiangiogenic antithrombin
Ab	: antibody
ALK-1	: Activin receptor-like kinase-1
ANCA	: Anti-neutrophil cytoplasmic antibody
Ang-1	: Angiopoietin-1
Ang-2	: Angiopoietin-2
APCs	: antigen presenting cells
ATP	: Adenosine triphosphate
BB	: B-chain homodimer
BCC	: Basal cell carcinoma
bFGF	: Basic fibroblast growth factor
BHPA	: N-biphenyl sulfonyl-phenylalanine hydroxamic acid
cGMP	: Cyclic guanosine monophosphate
c-Kit	: stem-cell factor [SCF] receptor
COX	: Cyclooxygenase
CSF-1R	: colony stimulating factor receptor type 1
DNA	: Deoxy ribonucleic acid
EC	: Endothelial cell
ECM	: Extracellular matrix
EGF	: Epidermal growth factor
EGFR	: Epidermal growth factor receptor

List of Abbreviations

EMAP-II	: Endothelial monocyte-activating polypeptide-II
ERK	: extracellular signal-regulated kinase protein
FGF-2	: Fibroblast growth factor-2
FGFR-1	: Fibroblast growth factor receptor-1
Flk-R	: fetal liver kinase receptors
Flt	: fms-like tyrosine kinase,
GC-SF	: Granulocyte colony-stimulating factor
GIT	: Gastrointestinal tract
GM-CSF	: Granulocyte macrophage-colony stimulating factor
GRO- α	: Growth-regulated oncogene alpha
HGF	: Hepatocyte growth factor
HGF/SF	: hepatocyte growth factor/scatter factor
HHT	: Hereditary hemorrhagic telangiectasia
HHV-8	: Human herpesvirus-8
HIF-1 α	: hypoxia-inducible factor- 1 α
HIV-1	: Human immunodeficiency virus type 1
HPV	: Human papilloma virus
HS	: heparin sulfate
HSPG	: heparin sulfate containing proteoglycan
ICM-1	: Intercellular adhesion molecule-1
IFN- γ	: Interferon-gamma
IGF-1	: Insulin growth factor-1
IL-1	: Interleukin-1
IP-10	: Interferon- gamma -inducible protein 10

List of Abbreviations

KS	: Kaposi sarcoma
KSHV	: KS-associated herpesvirus
LFA-1	: Leukocyte function antigen-1
LIF	: Leukemia inhibitory factor
LLC	: Lewis lung carcinoma
mAbs	: Monoclonal antibodies
MDM	: Monocyte-derived macrophages
MGF	: Melanoma growth factor
MGSA	: Melanoma growth-stimulatory activity
MIA	: Melanoma inhibitory factor
MM	: Malignant melanoma
MMPs	: Matrix metalloproteinases
MRI	: Magnetic resonance imaging
mRNA	: Messenger ribonucleic acid
MTD	: Maximum tolerated dose
MT-MMP	: membrane-type matrix metalloproteinase
mTOR	: Mammalian target of rapamycin
NO	: Nitric oxide
NOS	: Nitric oxide synthase
NPR	:neuropilin receptors
NSAID	: Non-steroidal anti-inflammatory drugs
PA	: plasminogen activator
PAF	: Platelet activating factor
PAI-	: Plasminogen activator inhibitor

List of Abbreviations

PDECGF	: platelet-derived endothelial cell growth factor
PDGF	: Platelet-derived growth factor
PDGFR	: platelet derived growth factor receptor
PEDF	: pigment epithelium-derived factor
PEX	: noncatalytic C-terminal hemopexin C domain of MMP-2
PF-4	: Platelet factor-4
PlGF	: placenta growth factor
PMN	: Polymorphonuclear neutrophils
PPS	: Pentose polysulfate
PR3	: Proteinase 3
PWSs	: Port-wine stains
RET	: glial cell-line derived neurotrophic factor receptor
RGD	: Arg-Gly-Asp sequence
RTK	: Receptor tyrosine kinase
SCC	: Squamous cell carcinoma
SV	: Systemic vasculitis
SWS	: Sturge-Weber syndrome
Tat	: transactivator of viral gene expression
TGF- β	: Transforming growth factor-beta
Tie	: Tyrosine kinase with immunoglobulins and EGF
TIMP	: Tissue inhibitor of metalloproteinase
Tn I	: Troponin I
TNF	: Tumour necrosis factor

List of Abbreviations

TP	: Thymidine phosphorylase
t-PA	: Tissue plasminogen activator
TSC	: Tuberous Sclerosis Complex
TSP	: Thrombospondin
uPA	: Urokinase plasminogen activator
UPAR	: Urokinase plasminogen activator receptor
VCAM-1	: Vascular cell adhesion molecule-1
VE	: Vascular endothelium
VEGF	: Vascular endothelial growth factor
VEGFR-1	: Vascular endothelial growth factor receptor-1
VEGI	: vascular endothelial cell growth inhibitor
VHL	: von Hippel- Lindau
vWF	: von Willebrand factor
5-FU	: 5-fluorouracil

1. INTRODUCTION

Angiogenesis (also known as neovascularization) is defined as the process that involves the formation of new blood vessels from a pre-existing vessel bed, which is distinct from vasculogenesis, the *de novo* differentiation of endothelial cells (ECs) from bone marrow-derived stem cells (angioblasts) (*Folkman, 1995*). It is a complex process involving extensive interplay between cells e.g. endothelial cell, soluble factors e.g. vascular endothelial growth factor (VEGF), and extracellular Matrix (ECM) components (*Liekens et al, 2001*).

The development of the blood vasculature is a complex process that begins when progenitor cells (angioblasts) differentiate into endothelial cells, coalesce and form the first vessels in the embryo (vasculogenesis). These embryonic vascular tubes give rise to new vessels by branching or sprouting (angiogenesis) that in turn can elongate, enlarge, mature or regress (vascular remodeling) in response to different stimuli. These processes are vital in the developing embryo but are mostly absent in the adult (*Carmeliet, 2000*).

Angiogenesis was initially described in malignant tumors. It has been described subsequently in inflammatory lesions and in benign neoplasms (*Arbiser, 1998*).

Angiogenesis is involved in the pathogenesis of several dermatological diseases such as hemangiomas, angiosarcoma, malignant melanoma, non-melanoma skin cancer (basal and squamous cell carcinoma), psoriasis, viral warts, pyogenic granuloma, rosacea, keloid scars, venous and arterial ulcers, scleroderma, vasculitis and vascular malformations such as Sturge-Weber syndrome (*Bhushan et al., 2002*).

Angiogenesis is under the control of both stimulatory (proangiogenic) and inhibitory regulators. Proangiogenic factors include: vascular endothelial growth factor (VEGF), basic fibroblast growth factor (bFGF), epidermal growth factor (EGF), hepatocyte growth factor (HGF), granulocyte colony-stimulating factor (G-CSF), platelet derived growth factor (PDGF), tumour necrosis factor- α (TNF- α), transforming growth factor- β 1 (TGF- β 1), interleukins (IL-3,-8), cathepsin, $\alpha_v\beta_3$ integrin, angiopoietin-1 (Ang-1), angiopoietin-2 (Ang-2), angiotropin, angiogenin, erythropoietin, hypoxia, nitric oxide synthetase, prostaglandin E, plasminogen activator inhibitor-1 and thrombopoietin. Antiangiogenic factors include; thrombospondin-1 and-2, tissue inhibitor of metalloproteinase-1,-2,-3 and-4, angiostatin, endostatin, prolactin, restin, tumstatin, arresten, vasostatin, interleukin-1,-4,-10,-12 and-18, interferon- α ,- β ,- γ , platelet factor-4, 1,25 vitamin D3, retinoic

acid, angiotensin and angiotensin-2-receptor (***Madhusudan & Harris, 2002***).

Understanding the biology of growth factors and signal transduction have led to insights on how angiogenesis is regulated and ultimately may lead to further therapies for benign and malignant tumors and inflammatory conditions. Finally, drugs used by dermatologists may have antiangiogenic activity that may underlie their efficacy in skin disease (***Arbiser, 1999***).

Angiogenesis-targeted therapies are under trial for the management of several diseases. Several studies are concerned with the clinical applications of angiogenesis. It is used as a parameter in the prognosis of cancer as angiogenesis is one of the crucial steps in the pathogenesis of tumours (***Liekens et al., 2001; Herbs et al., 2007***).

A major advantage of future antiangiogenic therapy for skin disease may relate to the delivery of these blood vessel-modulating treatments. Using either topical or intralesional routes, dermal vessels may be able to be targeted locally without the risks inherent to a systemic approach. This is essential as the inappropriate systemic downregulation of neovascularization could adversely affect essential