# 1 | sources source

1.1 | assignment: https://nuevaschool.instructure.com/courses/3087/assignments/56036

## 1.2 | reading: Hallmarks of Cancer PDF

## 2 | **Flow**

### 2.1 | Abstract

### 2.1.1 | hallmarks include

- 1. sustaining proliferative signaling
- 2. evading growth suppressors
- 3. resisting cell death
- 4. enabling replicative immortality
- 5. inducing ingiogenesis
- 6. activating invasion and metastasis

## 2.1.2 | theese hallmarks are newer

- 1. reprogramming of energy metabolism
- 2. evading immune destruction

#### 2.1.3 | underlying

- 1. genome instability
  - (a) genetic diversity that expedites acquisition of hallmarks
- 2. inflammation
  - (a) "fosters multiple hallmark functions"

## 2.2 | Introduction

### 2.2.1 | Cancer cells evolve into cancer cells because they need to be cancer cells??

1. **TODO** why do tumors have "the need ... to acquire the traints that enable them to become tumorigenic and ultimately malignant"? question

- 2.2.2 | tumors are not simple / idle 'insular masses of proliferating cancer cells'
- 2.2.3 | "recruited" normal cells (or 'stromal cells') are active parts of the tumor
- 2.2.4 |'the biology of tumors can no longer be understood simply by enumerating the traits of the cancer cells but instead must encompass the contributions of the "tumor microenvironment" to tumorigenesis.'
- 2.2.5 | purpose is to consider new hallmarks that have been found or note that old ones weren't as general as we thought
- 2.3 | section: 'An Emerging Hallmark: Evading Immune Destruction'
- 2.3.1 | the immune system usually eradicates the 'formation and progression of incipient neoplasias, late-stage tumors, and micrometastases', so why not in these cancers?
- 2.3.2 |'long standing theory of immune surveillance' -> something went interesting
  - 1. 'cells and tissues are constantly monitored'
  - surveillance should elim cancer cells before they grow into tumors
  - 3. thus, grown tumors have either hid from surveillance or limited the 'extent of immunological killing'

#### 2.3.3 | more cancer in immunocompromised individuals

- 1. but these are virus-induced cancers
  - (a) so helping these people = reducing viral infilltration
- 2. other cancers still evade the immune system
- 2.3.4 |'genetically engineered mice and clinical epidemeology suggest that the immune system' actually hurts cancer
  - 1. mice that are engineered to lack some immune parts got cancer faster/stronger/more
    - (a) these guys are important in fighting cancer
      - i. CD8^+ cytotoxic T lymphocytes (CTLs)
      - ii. CD4^+ Th1 helper T cells
      - iii. natural killer (NK) cells
    - (b) 'demonstrable increase in tumor incidence'
    - (c) lacking multiple -> 'more susceptible to cancer development'
    - (d) 'both the innate and adaptive cellular arms of the immune system are able to contribute significantly to immune surveillance and thus tumor eradication' conclusion

## 2.3.5 | transplantation experiments

- 1. cancer cells from immunodeficient mice have a bad time in normal mice
- 2. cancer cells from normal mice can initiate tumors in both types of hosts
- maybe some cancer cells are more easily detected and those would normally die in normal hosts but live in comprimised hosts, but when transplanted they meet a competent immune system and die conclusion
- 4. Open question: do some carcinogens tend to induce more/less immunogenic cancer cells? nextstep

## 2.3.6 | the immune system probably includes antitumoral responses

- 1. patients with colon and ovarian tumors who have lots of CTLs and NK cells have better prognosis
  - (a) evidence is not as strong for other cancers

nextstep

- 2. immunosupressed organ recievers got cancer from the donor
  - (a) suggests doner had immune system which held cancer down until organ was transplanted
- 2.3.7 | TODO 'still, the epidemiology of chronically immunosupressed patients does not indicate significantly increased incidences of the major forms of nonviral human cancer'
- 2.3.8 | TODO something about HIV patients who lack T and B cells and how they should still be able to fight cancer with NK cells and CTLs
- 2.3.9 |that was oversimplified as the tumor might also be actively supressing immune responses
  - 1. may 'paralyze infiltrating CTLs and NK cells by secreting TGF- $\beta$  or other immunosuppressive factors'
  - 2. 'more subtle mechinisms .. recruitment of inflamatory cells that are actively immunosuppressive'
    - (a) 'regulatory T cells (Tregs) and myeloid-derived suppressor cells (MDSCs)'
- 2.3.10 | it is so far unclear whether the immune system plays a large enough role to be considered a hallmark of cancer
- 3 | **Vocab**
- 3.1 | neoplastic disease
- 3.1.1 | anything that causes tumor growth (malignant or benign)
- 3.2 | ostensibly
- 3.2.1 | maybe 'technically'?'

- 3.3 | tumor microenvironment
- 3.3.1 | presumably inflammation, recruited normal cells, and other stuff that helps the tumor grow
- 3.4 | pathogenisis
- 3.4.1 | evolution of 'pathogen' (cancer)
- 3.5 | ancillary proposition
- 3.5.1 | maybe the starting / base proposition
- 3.6 | insular masses
- 3.6.1 | stagnant or something, simple
- 3.7 | heterotypic interactions
- 3.7.1 | many types of interactions
- 3.8 | tumorigenisis
- 3.8.1 | the growth / development of a tumor?
- 3.9 | neoplasias
- 3.9.1 | new uncontrolled growth of cells
- 3.10 | micrometastases
- 3.10.1 | clumps of cancer cells that spread around the body
- 3.11 | etiology
- 3.11.1 | study of cancer?
- 3.12 | immunogenic
- 3.12.1 | easily detected by the immune system
- 3.13 | immunoediting
- 3.13.1 | "natural selection" by the immune system
- 3.14 | prognosis
- 3.14.1 | a prediction of the outcome of a cancer (or disease in general, apparently)