

## REVIEW

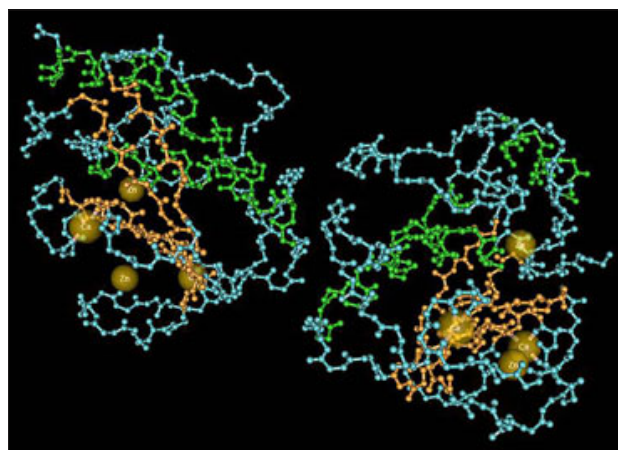
## Clinical importance of matrix metalloproteinases

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**Abstract:** This review gives a brief summary on clinical applications of MMPs and their determination. Primarily, the activity of MMPs in cancer formation, development and metastasis is discussed. Further, survey on methods including fluorimetric methods, zymographies, Western-blotting, immunocapture assay, enzyme-linked immunosorbent assay, immunocytochemistry and immunohistochemistry, phage display, multiple-enzyme/multiple-reagent system, activity profiling, chronopotentiometric stripping analysis and imaging methods for detection and determination of MMPs follows (Fig. 3, Ref. 100). Full Text in free PDF [www.bmj.sk](http://www.bmj.sk).

**Key words:** matrix metalloproteinases, clinical diagnostics, zymography, cancer.

Matrix metalloproteinases (MMPs) were identified in vertebrates in 1962 by Jerome Gross and Charles M. Lapiere who both studied the degradation of triple-helical collagen during tadpole tail metamorphosis (1). Since the discovery of these proteins, more than thirty thousand papers have been published according to the Web of Science on MMPs and have included the term “metalloproteinase\*” within article titles, keywords and abstracts. Much attention is associated with the extensive number of MMPs families throughout the prokaryotic and eukaryotic systems. Their phylogenetic origin is attributed to *Bacteroides fragilis* (2). MMPs family members reveal up to 40 % in primary structural similarity. Approximately 20 types of MMPs have been identified, which are classified according to the pre-synthetic region on chromosomes and substrate specificities. They are labelled with numbers ranging from MMP-1 to MMP-28 (3). They are classified into five sub-groups according to functionality: collagenases, stromelysins, matrilysins, gelatinases, membrane-associated MMPs and MMPs with no group designation. X-ray crystallography and nuclear magnetic resonance (NMR) studies have made it possible to determine the structures of many MMPs (4). Though structural differences exist, all MMPs re-



**Fig. 1.** Human MMP-8 (PDB ID: 2OY4) contains two domains (2OY4\_A and 2OY4\_F) each bound to two calcium and zinc ions. The structure is shown with a trace protein backbone without helix and strand objects in ball and sticks style. Figure prepared using Cn3D software from National Centre for Biotechnology Information.

quire zinc and calcium ions to support their enzymatic activity (Fig. 1). The enzyme itself is divided into three domains: N-terminal propeptide, catalytic domain and C-terminal domain (5).

The N-terminal propeptide contains approximately 80 amino acids and ensures enzyme latency. The most important functional amino acid within the N-terminal propeptide is cysteine, which interacts with catalytic zinc ions through the thiol group and constitutes the cysteine switch (6). In the propeptide, a highly conserved sequence (Pro-Arg-Gly-Cys-X-Pro-Asp, where X represents any amino acid) is present. Cleavage of the propeptide activates MMP from proMMP (7).

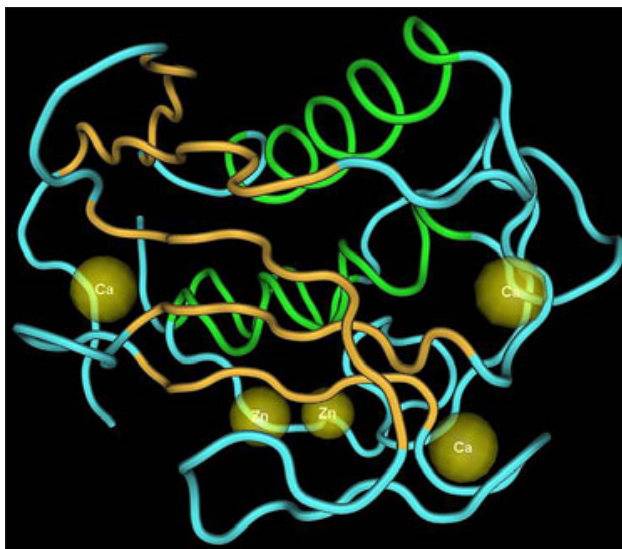
The C-terminal domain (or hemopexin-like domain) is structurally similar to proteins of the hemopexin family. The domain has a relatively large surface area for protein-protein interactions e.g. cell membrane receptors. It is ellipsoid-shaped with

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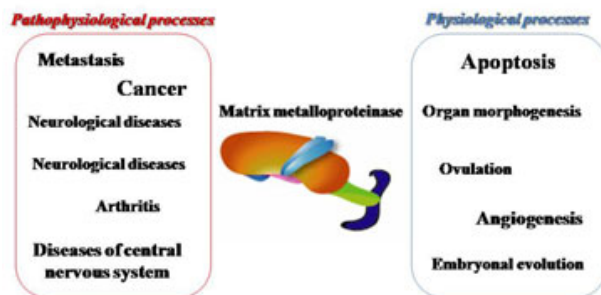


**Fig. 2.** The Human MMP-12 (PDB ID: 2OXU). Domain (2OXUA) bounds three calcium ions and two zinc ions. The structure is shown without helix and strand objects, worms style. Figure prepared using the program Cn3D of the National Centre for Biotechnology Information.

propeller-like subdomain, where each leaf of the “propeller” is composed of 4 antiparallel  $\beta$ -sheets and one  $\alpha$ -helix. The first and fourth leaf are linked by a disulfide bridge (7). As published for collagenase-1, the catalytic and C-terminal domains (7), are freely attached by a flexible proline-rich peptide linker (hinge). The length of the hinge is extremely variable, from 16 amino acid residues in collagenase to 65 amino acid residues in MMP-15.

The catalytic domain consists of five  $\beta$ -sheets, three  $\alpha$ -helices and connecting loops. It is composed of 170 amino acids and contains zinc-binding motif (His-Glu-His-XX-XX-XX-Gly-His, where X represents any amino acid) associated with methionine, which forms a unique structure known as the methionine loop. The catalytic domain contains two zinc ions and two or three calcium ions (Fig. 2). The first  $Zn^{2+}$  ion present in the active site directly participates in catalytic processes. The second  $Zn^{2+}$  ion (also called structural) and  $Ca^{2+}$  ions are approximately 12 nm far from the  $Zn^{2+}$  ion in the catalytic site (8). Calcium ions are necessary to stabilize the domain structure (9).

There are several differences in the structure and function of the domains among MMPs. The hemopexin-like domain is characteristic for collagenase and it is necessary for the degradation of specific amino acid sequences in interstitial collagen. The catalytic domain of MMPs has proteolytic activity (10). Matrilysin MMPs, however, do not contain this domain. MT-MMPs possess this catalytic domain. However, deletion of the hemopexin domains in MT1-, MT2-, MT3-, MT5-, and MT6-MMP does not impair their abilities to activate proMMP2 (11). This transmembrane domain contains one hydrophobic chain composed of approximately 25 amino acids with a purine-like convertase specific recognition motif (Arg-X-Lys-Arg, where X represents any amino acid), except MT4-MMP and MT6-MMP, which are connected to



**Fig. 3.** A summary of important pathological and physiological processes of MMPs.

the cell surface by a glycosylphosphatidylinositol (GPI) transmembrane anchor (9, 12–14). Gelatinases contain domains showing structural similarities with matrix proteins, three tandem copies of the domain with a sequence similarity to fibronectin type II (58 amino acid moieties long) are present in all gelatinases (15). Matrilysins (MMP-7 and MMP-26) belong to the smallest members of MMPs and do not contain the hemopexin-like domain. For MMP-23 the hydrophobic N-terminal signal anchor is specific (16, 17). MMP-19, MMP-20, MMP-27 and MMP-12 are considered to be the first members of a new MMPs group. Structures of other domains of matrilysins are similar to other MMPs, i.e. a signal sequence, the latent domain, catalytic domain and C-terminal propeptide-like hemopexin, but lack structures specific for other groups (18, 19). Some MMPs, such as MT-MMPs and stromelysin-3, contain protein convertase specific recognition motifs (Arg-X-Arg-X-Lys-Arg, where X represents any amino acid) (20).

MMPs overall thriving popularity among scientists is due to their roles in many physiological and pathological processes (Fig. 3). The best-known physiological role these proteins play is cleaving and rebuilding connective tissues such as collagen and elastin, which are components of extracellular matrix providing structural support to the animal cells and also performing various other important functions. Numerous of matrix and non-matrix proteins are both potential substrates for MMPs (21). MMPs ability to cleave and remodel surrounding tissues components effects activities such as cell migration, differentiation, growth, inflammatory processes, neovascularization, wound healing, apoptosis, uterine cycle, embryonic development and ovulation (6). MMPs also play a wide and complex role in angiogenesis. Many types of MMPs are produced by endothelial cells and have been described to be important in the formation of new blood vessels under physiological conditions (22). MMPs, furthermore, play a role in a number of pathological processes such as arthritis, Alzheimer’s disease, atherosclerosis, vascular disease, gastritis ulcer disease, central nervous system disease, liver cirrhosis, and pro-angiogenic activities in malignant tumours (23–25). This review gives a brief summary on clinical applications of MMPs and their determination.

### MMPs and cancer

MMPs and their impact on tumour diseases emerged in the early nineties, when they were studied in relation to stomach,

colon (26) and prostate cancer (27). Isolating MMPs and studying their enzyme activities were published a year later (28). In the same year it was found that stromal cells synthesize MMPs along with neoplastic epithelial cells to degrade the basal membrane, a characteristic sign of invasive tumour proliferation (29). Thus, the relationship between MMPs and tumours were intensively studied (30). In 1995, MT-MMPs (membrane type) in colorectal, chest, head and neck cancer was found (31). Since then the mechanistic process of extracellular matrix degradation mediated by MMPs has been the focus of many investigations for years. Recent studies have shown the role of MMPs in cancer progression is much more complex than that derived from their direct degrading action on extracellular matrix components (32–34).

There is an increasing evidence supporting the participation of MMPs in the regulation of tumour growth by favouring the release of cell proliferation factors such as insulin-like growth factors bound to specific binding proteins (35). MMPs may also target and activate growth factors whose precursors are anchored to the cell surface or sequestered in the peritumour extracellular matrix (36). It was also found that tumours with higher concentrations of MMP-11 and MMP-13 have a significantly higher probability of relapse (37).

MMP activities have also been traditionally associated with a variety of escaping mechanisms that cancer cells develop to avoid host immune responses (25, 38, 39). Some MMPs, such as MMP-9, can suppress the proliferation of T lymphocytes through IL-2R $\alpha$  signalling disruption (40). Likewise, MMP-11 decreases the sensitivity of tumour cells to natural killer cells by generating a bioactive fragment from  $\alpha$ 1-proteinase inhibitor (41). MMPs can also modulate antitumour immune reactions by efficiently cleaving several chemokines or regulating their mobilization (42–44). During tumour proliferation and developing metastases, MMPs are responsible for tissue reconstruction near proliferating cells of malignant neoplasm, and participate in tumour growth in surrounding tissue (32, 45–48).

### Determination of MMPs

MMPs can be used as markers for some cancer including colorectal, thyroid, bladder and breast cancer, neurodegenerative, immune and cardiovascular diseases (49). Assays for the detection of MMPs for both clinical and research purposes are summarized in the following reviews in which different methods and applications are discussed (50–55). Enzymatic, immunochemical and fluorimetric methods are commonly used techniques in clinical research. *In vivo* imaging methods are of particular interest in cancer research and diagnostics (56). Immunochemical methods precede enzymatic methods, but cannot distinguish between active MMP and inactive MMP in zymogene form (50). Fluorimetric methods using fluorescently labelled substrates show low detection limits but allow to determine MMP activity quantitatively and to study target MMPs sequences (51). There are a number of other methods that are subjects of interest such as phage display, Multiple-Enzyme/Multiple-Reagent Assay System (MEMRAS) and activity based profiling.

Fluorimetric methods use fluorescently labelled substrates for detection of various MMPs. Implementation of microplate-based screening (excluding so-called Real-Time Zymography) enables to analyse a large number of samples. The availability of various fluorescent probes including near-infrared fluorescent probes (57–59) makes it possible to simultaneously detect and quantify several different types of MMPs.

Zymography and all its modifications are one of the few simple and quantifiable approaches for directly determining and detecting spatial distribution of MMPs activity in both active and inactive states (zymogene) (60). Gelatine zymography was used to identify overexpressed MMP-2 and MMP-9, during the development of glioma in rat nervous system (61). MMP-8, which is found in human saliva, was studied as a potential marker for diagnosis and monitoring of periodontitis (62). Sodium dodecyl sulfate polyacrylamide gel electrophoresis zymography was also utilized for determining gelatinase B (MMP-9) activity in serum of gastric cancer patients (63). Besides gelatine, casein (64) and collagen (65) zymography can be also used for MMPs characterization. *In situ* zymography was developed for localizing MMP activity in tissue slices or cells. This method is successful in detecting and localizing MMP-2, -7, -9 in tissues of different origins (66, 67). Contrary to *in situ* zymography, *in vivo* zymography was developed to study MMPs activity at the level of the whole organism. This method was utilized for studying the effects of Prinomastat, a synthetic hydroxamic acid derivative with potential antineoplastic activity able to inhibit MMPs activity, on MMP activity (68). Reverse zymography is used to analyze the activities of tissue inhibitors of metalloproteinases (TIMPs) in complex biological samples. Four homologous TIMPs (TIMP-1, TIMP-2, TIMP-3 and TIMP-4) are major endogenous tissue regulators of MMPs with molecular weights ranging from 21 to 30 kDa and have been identified using this method (69, 70). The experimental setup and conditions were well described by Oliver et al (71). The most recently developed methods in the zymographies are real-time zymography and reverse real-time zymography (72).

Western-blotting is also used for determination of MMPs both for clinical (73) and research (74–77) purposes. Immunocapture assay is based on the use of specific antibodies against MMPs and their ability of 4-aminophenylmercuric acetate to activate proteolytic enzymes. This method was developed to detect MMP-2 (78) and MMP-9 (79). Enzyme-linked immunosorbent assay (ELISA) protocols have been optimized to detect MMPs, pro-MMPs, TIMPs and MMPs-TIMPs complexes. ELISA was used to study the mechanism of MMP-9 action during skin inflammation (80), MMP expression in ischemic heart disease (81) and the degradation of extracellular matrix of bone in osteoporosis by osteoprotegerin and MMP-2 (82). Determination of MMP expression using immunohistochemistry has been demonstrated for several types of tumours including melanoma, breast and prostate carcinoma (75, 83–86). Studies confirmed that the overexpression of certain MMPs increased the invasion of carcinoma cells (85). Immunocytochemistry was also used to detect MMPs expression in acute myeloid leukaemia cell (87), glioma (88),



colorectal cancer (89), ovarian cancer (89) and in a number of cell lines derived from different cancers (90,91).

Monovalent and polyvalent phage displays based on M13 bacteriophages and filamentous phage (92,93) belong to other methods used in MMPs studies and are commonly for investigating substrate specificity of MMPs and their inhibitors (94,95). The requirement for selectivity and absolute substrate specificity may be compromised using a multiple-enzyme/multiple-reagent system (50, 51, 96). For MMP activity profiling, Activity-Based Proteomic Probes (97) and others (98) are used. Chronopotentiometric stripping analysis was also successfully applied to detect MMP-9 and to study its interactions with collagen (99).

Utilizing MMPs as targets for *in vivo* imaging is a relatively young field and much has been done over the past decade to develop probes for MMPs. MMPs imaging has been limited to optical imaging method (OIM), positron emission tomography (PET), single photon emission computed tomography (SPECT), and magnetic resonance imaging (MRI) (56). Imaging of MMPs in cancer has many potential applications (100). It takes advantage of the catalytic nature of proteinases as a means to enhance the sensitivity of screening methods for early cancer detection (56, 57).

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