



DOI: 10.3969/j.issn.2095-1264.2025.01.05

文章编号: 2095-1264(2025)01-0038-08

铁死亡在肿瘤免疫微环境中的双重角色： 机遇与挑战并存^{*}

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摘要: 铁死亡是一种铁依赖性脂质过氧化诱导的调节性细胞死亡形式, 近年来在癌症治疗领域引起了广泛关注。免疫治疗是肿瘤治疗领域冉冉升起的新星, 取得了进展性的治疗效果, 但目前仍有局限性。本文深入探讨了铁死亡在肿瘤免疫微环境和抗肿瘤免疫中的双重作用, 剖析了铁死亡在肿瘤免疫治疗中的临床应用潜力, 为更有效和更安全的免疫治疗提供一条新策略。

关键词: 铁死亡; 肿瘤; 免疫微环境; 免疫治疗

中图分类号: R730.51 **文献标识码:** A

The dual roles of ferroptosis in the tumor immune microenvironment: both opportunities and challenges^{*}

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Abstract: Ferroptosis, a form of regulated cell death induced by iron-dependent lipid peroxidation, has attracted extensive attention in the field of cancer therapy in recent years. While immunotherapy has emerged as a promising star in tumor treatment with progressive therapeutic achievements, it still faces clinical limitations. This review deeply discusses the dual roles of ferroptosis in shaping the tumor immune microenvironment and modulating anti-tumor immunity, analyzes its clinical application potential in tumor immunotherapy, and proposes a novel strategy to develop more effective and safer immunotherapeutic approaches through ferroptosis regulation.

Keywords: Ferroptosis; Cancer; Immune microenvironment; Immunotherapy

0 前言

铁死亡(ferroptosis)是一种依赖铁的调节性细胞死亡形式(regulated cell death, RCD),与凋亡、坏

死和其他已知的RCD机制不同,铁死亡具有独特的形态学特征和调控机制^[1-5]。从形态学角度看,铁死亡的变化主要发生在细胞线粒体内,如线粒体萎缩、膜密度增加和嵴减少等,而胞内不展现染色质

^{*}基金项目:国家自然科学基金项目(82473222);湖南省自然科学基金部门联合基金(2024JJ8132);湖南省卫生健康委科研项目(B2023047708);湖南省肿瘤医院攀登计划科研项目(2023NSFC-A003)。

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凝缩和凋亡小体形成等典型凋亡特征^[6-8]。从铁死亡发生机制角度看,含多不饱和脂肪酸的磷脂(polyunsaturated fatty acid-containing phospholipid, PUFA-PL)过氧化物在细胞膜上致死性积累,破坏细胞膜的完整性,从而导致细胞发生铁死亡^[6, 9-11]。因此,铁死亡是一种由代谢调节的RCD,其中PUFA-PL代谢和过氧化、铁代谢、线粒体代谢及相关防御系统对脂质过氧化物的清除能力共同构成了复杂的铁死亡调节网络^[6, 12]。

肿瘤微环境(tumor microenvironment, TME)是指肿瘤细胞周围的环境,包括免疫细胞、纤维细胞、血管、细胞外基质及相应的分子信号^[13-15]。这一复杂的微环境不仅为肿瘤的发生、发展和转移提供支持,还影响肿瘤对治疗的反应。肿瘤免疫微环境(tumor immune microenvironment, TIME)是由TME细分出来的免疫环境亚类。TIME中的免疫细胞分两类:抑癌细胞和促癌细胞。抑癌的免疫细胞包含T细胞和自然杀伤(natural killer, NK)细胞,可识别并清除肿瘤细胞;反之,促癌的免疫细胞包含肿瘤相关巨噬细胞(tumor-associated macrophage, TAM)、髓细胞源性抑制细胞(myeloid-derived suppressor cell, MDSC)、肿瘤相关成纤维细胞(cancer-associated fibroblast, CAF)等,消灭这类促癌的免疫细胞是近年靶向免疫疗法的研发重点^[16-20]。

通过调控铁死亡路径不仅可以直接抑制肿瘤细胞,还可以调节TME,影响免疫细胞功能,从而在多个层面对抗肿瘤^[6, 21-24]。例如,增强T细胞介导的肿瘤细胞铁死亡可能是一种增强免疫治疗疗效的方式^[25]。此外,多项研究表明,铁死亡是一种潜在的免疫原性细胞死亡形式^[26-29]。发生铁死亡的肿瘤细胞(尤其是在早期阶段)可以释放免疫原性细胞死亡的特征性免疫刺激信号,包括氧化磷脂、钙网蛋白和高迁移率族蛋白B1(high-mobility group box 1, HMGB1)^[30-33]。这些免疫刺激信号促进树突状细胞(dendritic cell, DC)成熟,也有助于巨噬细胞上的Toll样受体2(Toll-like receptor 2, TLR2)识别并吞噬铁死亡的肿瘤细胞^[30, 32]。然而,一些研究指出,铁死亡细胞可能会阻碍DC的成熟,从而影响其交叉呈递抗原的能力,这可能会对适应性免疫反应产生负面影响^[34-36]。铁死亡的肿瘤细胞和DC如何相互作用可能取决于铁死亡的阶段。研究表明,在铁死亡的早期阶段,肿瘤细胞会触发DC成熟;在铁死亡的后期阶段,促进DC成熟的能力减弱,但这些晚期

铁死亡细胞仍然可以被DC有效地吞噬^[30]。

综上所述,铁死亡与免疫细胞在抗肿瘤免疫背景下有着复杂且看似矛盾的关系。如何通过铁死亡来优化肿瘤免疫治疗策略,是未来研究的重要方向。本文从正反两方面分析了铁死亡与TME组分之间复杂的互动,并探讨了如何靶向铁死亡来增加肿瘤免疫疗法的敏感性。

1 铁死亡在肿瘤细胞中引发的免疫调节效应

1.1 铁死亡增强对肿瘤的免疫应答

1.1.1 先天免疫系统 先天免疫系统包括巨噬细胞、中性粒细胞和NK细胞,在抗肿瘤防御中发挥着关键作用^[37-38]。这些细胞不仅直接靶向肿瘤细胞,还能增强适应性免疫,并且其反应受到铁死亡及其细胞副产物的显著影响。

铁死亡能够驱动经典活化巨噬细胞(M1)极化与免疫激活。在TIME内,TAM包含M1和替代活化巨噬细胞(M2)表型,M2表型具有免疫抑制作用,M1表型则更具抗肿瘤特性^[39]。一些肿瘤免疫学研究旨在消除M2或将M2重编程为M1^[23]。基于单细胞测序结果,有研究提出,可通过抑制铁死亡途径中的载脂蛋白1,将肝细胞癌中TAM的M2表型逆转为M1表型,从而重塑TIME,使肿瘤对抗程序性死亡受体1(programmed death-1, PD-1)免疫治疗的反应更加敏感^[40]。与此机制一致的是,诱导铁死亡的纳米粒子不仅可以诱导肿瘤特异性免疫反应,而且可以有效地使对铁死亡敏感的M2型TAM被破坏或逐渐驯化为对铁死亡具有抗性的M1型TAM,有利于TIME正常化^[41-42]。在肿瘤中应用铁死亡诱导剂(如Erastin)也有助于将M2表型转化为M1表型^[43-44]。选择性靶向并消除M2型TAM而不影响M1型TAM的铁死亡诱导疗法,能有效地将M2型TAM转为M1型,从而提供一种减少免疫抑制并增强免疫治疗的新策略^[12]。铁死亡除了可直接影响TAM表型重编程外,铁死亡相关蛋白对TAM也起着调节作用。例如,下调铁死亡抑制蛋白1(ferroptosis suppressor protein 1, FSP1)表达可显著增加包括DC、巨噬细胞和T细胞在内的免疫浸润,进而促进抗肿瘤免疫反应^[45]。Alexander等^[46]研究显示,M1型TAM中一氧化氮自由基(nitric oxide, NO)的表达水平比M2型更高。NO能够消除脂质自由基,从而使M1表型免于铁死亡,这也解释了为什么M1型TAM表现出更强的铁死亡抵抗力。铁转运蛋白是

一种可将铁运出细胞的蛋白,其表达减少会增加细胞不稳定铁池和脂质过氧化,使巨噬细胞对铁死亡敏感^[47]。然而,在不同类型的肿瘤中,铁死亡的作用不尽相同。在 STK11 (serine/threonine kinase 11) 突变型肺癌中,铁死亡诱导剂可以协同雷帕霉素靶蛋白复合体 1 (mechanistic target of rapamycin complex 1, mTORC1) 信号,增强 M1 极化效率;而在 KRAS (Kirsten rat sarcoma viral oncogene homolog) 突变型结直肠癌中,该效应可被自噬依赖的 KRAS 蛋白释放所抵消^[48-50]。

髓细胞源性抑制细胞 (myeloid derived suppressor cell, MDSC) 是 TIME 中另一种因强大的免疫抑制功能而闻名的免疫细胞^[51]。新近研究显示,MDSC 具有可塑性,可通过表达 F4/80 和 CD11c 分化为更成熟的免疫细胞,如巨噬细胞和 DC^[52-53]。在肝细胞癌中,已有研究表明 MDSC 的极化是通过铁死亡途径来发挥作用的^[54]。另有研究表明,发生铁死亡后,TIME 中 MDSC 和 M2 型 TAM 减少,而肿瘤浸润 CD4+ 和 CD8+ T 细胞增加^[55]。病理激活的中性粒细胞又称多形核 MDSC (polymorphonuclear-MDSC, PMN-MDSC),是抗肿瘤免疫的主要负调节剂,会因铁死亡的发生而死亡。但另一方面,铁死亡会诱导含氧脂质的释放,并限制人类和小鼠 T 细胞的活性。在免疫正常的小鼠中,抑制铁死亡可消除 PMN-MDSC 的抑制活性,延缓肿瘤进展,并与免疫检查点阻断协同作用抑制肿瘤生长^[56]。另一项研究也得出相同的结论,将谷胱甘肽过氧化物酶 4 (glutathione peroxidase 4, GPX4) 抑制剂与阻断 MDSC 招募的治疗策略相结合,可使肝脏原发性肿瘤和转移瘤对免疫检查点阻断敏感;肝细胞癌小鼠模型中的 GPX4 缺陷不仅导致 CD8+ T 细胞浸润增加,还可上调程序性死亡受体配体 1 (programmed death-ligand 1, PD-L1) 表达,并促进 PMN-MDSC 浸润至 TIME^[57],提示铁死亡可能通过免疫检查点的激活抵消其抗肿瘤效应。但这种特性又存在肿瘤特异性差异,在非小细胞肺癌中,铁死亡诱导剂可同步减少 MDSC 并增强 T 细胞功能。在优化铁死亡疗法时,肿瘤的遗传背景同样不可忽视^[58-59]。

1.1.2 适应性免疫系统 与先天免疫细胞一样,适应性免疫细胞对铁死亡的敏感性因环境不同而存在显著差异。适应性免疫系统主要由 B 细胞和 T 细胞组成,可在 TIME 中发生重编程,进而调控肿瘤的发生与发展^[60-61]。肿瘤细胞在铁死亡过程中释放的

产物,如脂质过氧化物,可以影响适应性免疫细胞的活性及其识别肿瘤抗原的能力。有研究发现,铁死亡可促进抗肿瘤免疫,TIME 中的 T 细胞在多种模型中对铁死亡相对抵抗。通过不同方法诱导的铁死亡对 T 细胞不产生损害,相反,似乎在某些情况下还可增强 T 细胞对肿瘤的免疫反应。铁死亡可能在体内和体外通过 T 细胞受体 (T-cell receptor, TCR) 信号转导促进 T 细胞活化^[62-63]。而抑制铁死亡或减少内源性活性氧 (reactive oxygen species, ROS) 可限制 CD4+ 和 CD8+ T 细胞的功能^[64-66]。铁死亡引发的免疫原性细胞死亡 (immunogenic cell death, ICD) 可通过催化 ROS 的生成,显著增强机体抗肿瘤免疫应答。细胞铁死亡后的 ICD 效应与 γ 干扰素 (interferon- γ , IFN- γ)/uMn-LDH 的内在免疫调节特性发挥协同作用,促进 DC 成熟和 T 细胞启动,而活化的 CD8+ T 细胞可分泌 IFN- γ , 反过来又涉及级联免疫原性铁死亡,从而形成闭环疗法^[67]。铁死亡与免疫治疗相互强化,为肿瘤治疗提供了一种新的思路。

恒定 NKT (iNKT) 细胞是一组先天样 T 细胞,在免疫稳态和激活中发挥重要作用。研究发现,与 CD4+ T 细胞相比,iNKT 细胞在小鼠和人类中的脂质过氧化水平明显更高。因此,T 细胞特异性缺失 GPX4 可减少 iNKT 细胞群,其中减少最为显著的是可产生 IFN- γ 的 NKT1 亚群^[68]。调节性 T 细胞 (regulatory T cell, Treg) 对于维持免疫耐受和抑制抗肿瘤免疫至关重要,GPX4 可防止 Treg 细胞发生脂质过氧化和铁死亡,从而调节免疫稳态和抗肿瘤免疫^[69-70]。铁死亡相关基因还可作为肿瘤免疫反应的标志物,构建基于 GPX4、NOX1 和 ACSL4 的铁死亡评分,评分较低的肿瘤往往浸润更多的 CD4+、CD8+ T 细胞和较少的 M1 型巨噬细胞^[71]。

1.2 铁死亡抑制肿瘤免疫应答

1.2.1 先天免疫系统 值得注意的是,一些研究得出了与上述内容相反的结论,即铁死亡可能对抗肿瘤免疫产生负面影响。在长期铁过载的情况下,巨噬细胞会极化为具有 M2 样特征的表型,并下调 M1 型巨噬细胞标志物的表达^[72]。研究表明,自噬依赖性铁死亡的肿瘤细胞发生氧化应激后诱导 KRAS 蛋白释放,而 KRAS 基因是一种促癌基因,KRAS 蛋白导致巨噬细胞转变为 M2 样促肿瘤表型^[48],这可能是 TAM 促进肿瘤进展和治疗耐药的作用机制。Kim 等^[56]研究发现,TIME 内中性粒细胞衍生的髓系抑制细胞 (PMN-MDSC) 在铁死亡的调节中扮演了相互

冲突的角色。PMN-MDSC 在低氧条件下对铁死亡特别敏感,这可能与 GPX4 酶表达下调有关,肿瘤中的 PMN-MDSC 经历铁死亡后抑制免疫功能增强,可能通过释放氧化的磷脂影响 T 细胞。因此,抑制铁死亡可以减少 PMN-MDSC 的免疫抑制作用,进而抑制肿瘤生长,可能是由于减轻了 PMN-MDSC 施加的免疫抑制功能,而铁死亡诱导剂(ferroptosis inducer, FIN)则促进了肿瘤的生长^[56]。NK 细胞在抗肿瘤免疫中发挥关键作用,其在 TME 中可能受铁死亡的影响^[73],NK 细胞的功能障碍与 TME 中的脂质过氧化和氧化应激有关,激活核转录因子红系 2 相关因子 2 (nuclear factor-erythroid 2-related factor 2, Nrf2)可恢复 NK 细胞的功能^[74-75],抑制铁死亡也能提高 NK 细胞在肿瘤中的存活率^[56]。

1.2.2 适应性免疫系统 DC 是人体免疫的“司令官”,其功能是吞噬、加工和呈递抗原,并将识别过的肿瘤细胞的一些生物信息传递给辅助性 T 细胞和 B 细胞。有研究表明,铁死亡会对抗原呈递细胞产生负面影响,铁死亡细胞释放的氧化磷脂能结合 DC 表面的 Toll 样受体 4,抑制核因子- κ B 信号通路,导致细胞毒性 T 淋巴细胞抗原配体 CD80/CD86 表达下调及抗原呈递障碍,从而影响适应性免疫反应^[76-77]。将铁死亡肿瘤细胞与 DC 共培养后,DC 成熟度下降,吞噬能力较差,并影响抗原交叉呈递,无法抑制肿瘤细胞生长^[34, 78-79]。

有研究发现,T 细胞对 GPX4 抑制诱导的铁死亡敏感,缺乏 GPX4 的 T 细胞可迅速在细胞膜内积累脂质过氧化物,并最终因铁死亡而死亡^[80],与肿瘤细胞相比,CD8+ T 细胞对 GPX4 抑制剂诱导的铁死亡更敏感^[81]。在 TIME 中,渗透的 CD8+ T 细胞呈现 CD36 高表达型,进而促进脂肪酸的吸收,这种增强的脂肪酸摄入导致了 T 细胞内的脂质过氧化积累并诱发铁死亡,最终削弱 CD8+ T 细胞的抗肿瘤免疫功能。相反,敲除 CD36 或抑制 CD8+ T 细胞中的铁死亡可以恢复其抗肿瘤活性^[82-83]。此外,有研究表明 GPX4 的表达对于维持具有抗肿瘤免疫功能的 CD4+ T 细胞亚群——滤泡辅助性 T 细胞的存活和功能至关重要,T 细胞特异性缺失 GPX4 会选择性耗竭滤泡辅助性 T 细胞,导致免疫小鼠的生发中心反应显著减弱。而补充硒可增强 GPX4 的表达,增加滤泡辅助 T 细胞数量并促进流感疫苗接种后免疫小鼠和年轻人的抗体反应^[84]。铁死亡肿瘤细胞释放的外泌体携带 miRNA 和蛋白质,可调控免疫细胞的功能,例如,TAM 的活性可被释放的外泌体所影响^[85-86]。

铁死亡在 B 细胞介导的抗肿瘤免疫中也发挥了作用,主要是产生抗肿瘤抗体^[87]。与滤泡 B2 细胞相比,固有 B 细胞展示出了更活跃的脂质代谢,其抗体反应和功能维持与 GPX4 相关,对 GPX4 缺失诱导的铁死亡更为敏感(图 1)^[88]。

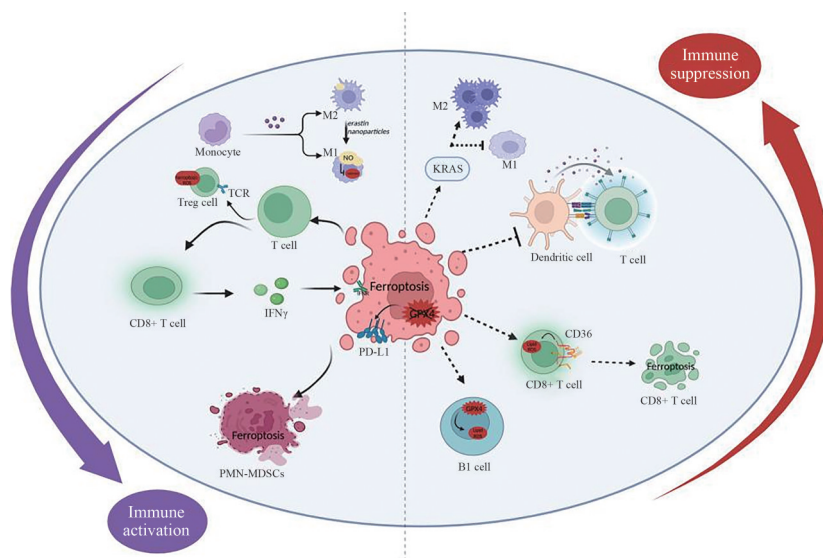


图 1 铁死亡在 TME 中的双重免疫作用

Fig. 1 The dual roles of ferroptosis in the tumor immune microenvironment

3 肿瘤铁死亡的免疫治疗策略

免疫治疗的效果主要依赖于细胞毒性 T 细胞 (cytotoxic T lymphocyte, CTL), IFN- γ 是 CTL 分泌的主要细胞因子之一^[89-91]。一方面,来自 CD8+ T 细胞的 IFN- γ 通过下调谷氨酸-胱氨酸反向转运系统的两个亚基 SLC3A2 和 SLC7A11 使肿瘤细胞对铁死亡敏感^[92];另一方面,IFN- γ 可以通过转录刺激 ACSL4 表达,通过 STAT1/IRF1 信号转导促进 TME 相关花生四烯酸整合到磷脂中,最终诱导肿瘤细胞发生强烈的铁死亡^[93]。除此之外,在免疫功能正常的三阴性乳腺癌小鼠中,GPX4 抑制剂联用 PD-1 抑制剂不仅可诱导免疫反应,显著抑制肿瘤生长,并且活化的 CD8+ T 细胞比例增加。因此,铁死亡诱导有助于 CD8+ T 细胞发挥抗肿瘤作用,铁死亡抑制剂与免疫疗法均可促进体内肿瘤细胞死亡。然而,也有研究表明,缺乏 GPX4 的抗原特异性 CD8+ 和 CD4+ T 细胞可导致脂质过氧化积累和 CTL 的铁死亡。当前研究的关键挑战在于如何选择性诱导肿瘤细胞铁死亡而不触发 T 细胞铁死亡,其中基于纳米材料的靶向递送系统因其精确调控肿瘤细胞铁死亡的特性,为肿瘤免疫治疗提供了新策略。如聚乙烯吡咯烷酮 (polyvinyl pyrrolidone, PVP) 分散的 Fe-TCPP 纳米级金属有机骨架 (NMOF),负载缺氧可激活的前药替拉扎明,并被肿瘤细胞膜包裹,这种材料的氧化还原反应和 Fenton 反应可被 TME 激活,进而引发肿瘤细胞铁死亡^[94]。除此之外,对肿瘤发生发展过程中铁死亡的不同阶段进行时序性干预也是一个新兴领域,例如在肿瘤细胞铁死亡的某些特定阶段对不同免疫细胞进行处理,以达到铁死亡的免疫促进作用并规避其免疫抑制作用。

免疫治疗的疗效取决于肿瘤的免疫微环境,而 TIME 一般可分为“冷肿瘤”和“热肿瘤”两种表型。铁死亡是肿瘤细胞发生免疫原性细胞死亡的一种新机制,铁死亡肿瘤细胞死亡时会释放多种损伤相关分子,作为佐剂激活免疫细胞,启动 T 细胞并导致 TME 呈现炎性表型。DAMP 还能激活 STING 通路,促进 CD8+ T 细胞的浸润和活化,进一步增强 PD-1 抑制剂的抗肿瘤敏感性。此外,铁死亡对 TME 中免疫细胞的促进作用可促进 T 细胞浸润,并逆转免疫抑制微环境,为免疫排斥的肿瘤“从冷到热”提供了机会。

4 小结与展望

本文阐述了铁死亡在 TIME 中的双面性角色及其增敏肿瘤免疫治疗的潜力。通过调控铁死亡相关的信号通路可增强肿瘤对免疫治疗的敏感性。然而,肿瘤细胞可通过改变代谢和抗氧化防御机制来逃避铁死亡,增加了肿瘤免疫治疗的复杂性和挑战。因此,未来的研究需要进一步揭示铁死亡的详细机制,特别是不同类型肿瘤和 TIME 中铁死亡的调控网络;此外,探索铁死亡与 TIME 之间的相互作用,如何利用这些相互作用来增强肿瘤免疫治疗效果,以构建 TME 中铁死亡免疫交互的动态图谱,以及借助某些生物学策略对个别免疫细胞进行干预,达到对铁死亡促进免疫的精准调控,也将是潜力巨大的研究方向。

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校稿: 李征 于静

本文引用格式: 方慧松, 张秀, 洪婷, 等. 铁死亡在肿瘤免疫微环境中的双重角色: 机遇与挑战并存 [J]. *肿瘤药 学*, 2025, 15(1): 38–45. DOI: 10.3969/j.issn.2095-1264.2025.01.05.

Cite this article as: FANG Huihui, ZHANG Xiu, HONG Ting, et al. The dual roles of ferroptosis in the tumor immune microenvironment: both opportunities and challenges [J]. *Anti-tumor Pharmacy*, 2025, 15(1): 38–45. DOI: 10.3969/j.issn.2095-1264.2025.01.05.