



## Molecular Mechanism of Integrin $\alpha\beta6$ in Liver Metastasis of Colon Cancer Based on SDF-1/CXCR4

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### ABSTRACT

With the changes in people's dietary life, the incidence and mortality of colon cancer have risen sharply. Invasive metastasis of colon cancer is the main reason affecting the prognosis. Therefore, it is very important to study the molecular mechanism of SDF-1/CXCR4 and integrin  $\alpha\beta6$  in liver metastasis of colon cancer. Floating cells were used to detect the appearance of  $\beta6$ , and the relationship between SDF-1/CXCR4 and the molecular mechanism of colon cancer redirection was analyzed. Use immunohistochemistry to detect the appearance of SDF-1/CXCR4 and  $\alpha\beta6$  protein, and combine the data with clinical-pathological data for statistical analysis. Experimental data showed that the positive expression rates of  $\alpha\beta6$  protein in well-differentiated and poorly differentiated colon cancer tissues were 21.4% and 30.6%, respectively, and the difference was statistically significant ( $P < 0.01$ ). The results show that the appearance of SDF-1/CXCR4 in colon cancer cells (CCC) has nothing to do with the type of cancer cells, and increases with the decrease of cell differentiation. This has a great relationship with the classification of the clinical TNM disease stage. The later the disease stage, the higher the expression level. The  $\alpha\beta6$  has a strong correlation with the invasion and metastasis of colon cancer and can be used as a criterion for judging liver metastasis and prognosis.

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### Introduction

The incidence of colon cancer is increasing year by year. About 25% of colon cancer patients have undergone surgery, followed by liver metastasis, which is closely related to mortality (1, 2). Progressive factors are formed by the secretion or secretion of various tumor cells and related inflammatory cells, which can participate in the formation of blood vessels, affect the immune response of tumors, and change the microenvironment of tumor cells (3). Tumor cells use this system to obtain the expression of receptor factor receptors and respond to specific repressor concentration gradients, thereby inducing tumor cell invasion and direction changes (4, 5). Integrin  $\alpha\beta6$  is a special type of conformation, which is only expressed in embryonic and damaged tissue repair and epithelial malignancies, but not in the epithelium of healthy adults (6, 7). Therefore, it is essential to find molecular markers of colon cancer growth, invasion and metastasis, and

block its growth and migration pathways at the molecular level.

SDF-1 is a progressive protein, and CXCR4 has a high affinity. Chen et al. believe that adenosine A2A receptor activation can inhibit the SDF-1/CXCR4 interaction (8, 9). However, whether the activation of A2A receptors is related to the SDF-1/CXCR4 signaling pathway, which regulates brain metastasis, is unclear (10, 11). Their research uses western blot to detect protein levels. They used cell invasion and migration experiments to evaluate the metastatic ability of PC-9 cells. Lactate dehydrogenase and cell proliferation tests showed cell viability (12). The results of their in vitro experiments were further confirmed in nude mice. A2A receptor stimulation can protect the function of the blood-brain barrier (BBB) (13-15).

Integrins recognize the extracellular matrix and cytoskeleton, mediate the bonding reaction between cells and the extracellular matrix, and send and

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receive specific signals that regulate the biological characteristics of cells. Zhu et al believe that the positive connection between continuous cell movement and defective tight junction (TJ) barriers allows increased antigen penetration (16). The collective migration of cells involves the adhesion between cells and the extracellular matrix (ECM) (17, 18). They used IL-4 to treat well-differentiated hence, and studied the effect of IL-4 on cell migration through genetic and pharmacological methods, live-cell imaging, apex models, and immunostaining (19-21). Driven by the reorganization of the actin cytoskeleton, it also induces the collective migration of epithelial cells and changes in cell morphology (22, 23). In addition, after airway epithelial injury in patients with allergic rhinitis,  $\beta5$  and  $\beta6$  integrins are both enriched in basal cells. Their results indicate that  $\alpha\beta5$  and  $\alpha\beta6$  are the key mechanism receptors for IL-4 to induce the collective migration of HNEC through the FAK signaling pathway (24, 25).

This article mainly studies the molecular mechanism of integrin  $\alpha\beta6$  in colon cancer liver metastasis based on SDF-1/CXCR4, explores the role of integrin  $\alpha\beta6$  in SDF-1/CXCR4 mediating colon cancer liver metastasis, and further studies the interaction and potential molecular mechanism in the process of liver metastasis of colon cancer, especially the theoretical basis for the new type of colon cancer metastasis-oriented liver metastasis, and effectively prevent liver metastasis of colon cancer.

## Materials and methods

### Cell line

The colon cancer cell line is HT-29 and Caco-2, and the rectal cancer cell line is Lovo, SW480 cells. The integrin  $\beta6$  gene (wild type  $\beta6$ ) lacking the ERK2 binding site was ligated to plasmid pcDNA1neo and transfected into SW480 cells.

### Main reagents

The main reagents used in the experiment are shown in Table 1.

### Instruments and equipment

The equipment used in the experiment is shown in Table 2.

**Table 1.** Main reagents; serial number (SN)

SN	Reagent name	Manufacturer
1	Integrin $\alpha\beta6$ function blocking antibody 10D5	American Chemicon
2	Goat anti-integrin $\beta6$ primary antibody SC-6632	American Sant Cruz
3	Mouse anti-integrin $\alpha\beta6$ primary antibody E7P6	American Chemicon
4	PE-labeled anti-human CXCR4 loss primary antibody	American BioLegend
5	RT-PCR primers for integrin $\beta6$	Shanghai Boshang Biological Company
6	CXCR4 specific inhibitor AMD3100	American Sant Cruz

**Table 2.** Equipment; serial number (SN)

SN	Equipment name	Manufacturer
1	Histology automatic staining machine	German Leica
2	Optical microscope	Olympus Corporation Of Japan
3	Cell CO <sub>2</sub> incubator	German Heraeus
4	PCR Amplifier	German Biometra
5	Micro oscillator	Jiangsu Jintan Zhengji Company
6	Constant temperature oscillator	China Jintan Scientific Instrument Factory

### Preparation of Reagents

**Cell culture medium:** First dissolve a kind of F12K medium powder in 950ml steam water, add 3.5g NaHCO<sub>3</sub>, the solute is completely dissolved, add two kinds of steam water to 1000ml. In addition, use 1.5 mol/L HCl to adjust the pH to 7.1~7.4. Finally, sterilize the syringe filter and store them at 5°C. Take out the PET bottle filter and collect 5.5 ml of sterile medium. The concentration of pre-fetal bovine serum in the medium is 9.5%, that is, the volume ratio of the medium to the fetal bovine serum is 8:1.

**MEM medium:** The standard product of PD98059 purchased is 4.5 mg, 1.5 ml DMSO is added, the dissolved concentration is 5 mg/ml, and the molecular weight of PD98059 is 276.54 g/mol. If 200ml DMEM medium containing 10 $\mu$ MPD98059 is prepared, 121.7 $\mu$ l of 6mg/ml PD98059 mother liquor must be added to 200 ml DMEM medium.

### Cell culture

Remove the cryotube cells from the liquid freezer, and then immediately put them in a 37°C to 40°C

water bath to preheat them until they are completely thawed. Place the cell suspension in a bottle, then place it in a supplemental medium at 37°C and grow in a 5% CO<sub>2</sub> aging growth box. On the next day, observe the cells with an inverted microscope and continue to culture after the liquid exchange.

### Cell adhesion

Collect SW480 wild-type  $\beta6$  cells, SW480 mutant  $\beta6$  cells and SW480 mock cells in good growth conditions with PBS solution, and gently blow to form a single cell suspension. It was washed twice with the cell adhesion buffer prepared in advance. cell counts. There are 50,000 cells in each well of a 96-well plate, adding cells at 37°C, the process of cell mucosal formation and even protein; fix the remaining adherent cells with 1% glutaraldehyde solution. The cells were treated with 1% SDS solution, and the absorbance value of the 600nm well was read on the enzyme scale for data processing.

#### 2.3.3 Transwell migration experiment

Preparation of single-cell suspension: the log phase cells were starved in serum-free medium for 24 hours, sucked dry with a sterile pipette, and trypsinized with 0.25% EDTA, and washed with PBS buffer solution at 1000rpm after digestion.

Add IL-8 containing 10ng/ml as a chemokine to the lower layer of the small chamber. Then put it into the cell incubator and continue to incubate for 24 hours; remove the Transwell incubator, wipe the upper cells and Matrigel gel with a cotton swab, and wash 3 times with pre-warmed PBS. After fixing with 4% polyformic acid for 10 minutes, dye with 0.1% crystal violet for 20 minutes. The cells penetrating the Matrigel gel were stained purple, and the average value was counted and repeated 3 times.

Staining: After fixing the cells with 4% polyoxymethylene, aspirate the fixative, air dry, stain with 0.1% crystal violet for 20 minutes, and store at room temperature away from light.

Flow cytometry to detect  $\beta6$  expression. The cells in each group were trypsinized, collected in a flow cytometry tube, and centrifuged at 1000 r/min for 6 min. The supernatant was discarded, 500  $\mu$ L of blocking solution was added to each tube, and the tube was gently blown and allowed to stand for 10 minutes. The rat anti-human  $\beta6$  monoclonal antibody E7P6 was added at 1:20 and left at room temperature for 25

minutes. After centrifugation at 1000r/min for 6 minutes, the supernatant was discarded, 1ml PBS was added, the mixture was gently blown, and then washed twice with shaking for 10 minutes each.

### Statistical Methods

All data were analyzed using SPSS 19.0 statistical software. Use the t-test to compare the average value (ratio) of two samples, and use one-way dispersion analysis to compare the average value of multiple samples. The relationship between the findings of  $\alpha\beta6$ , SDF-1/CXCR4 and clinicopathological characteristics was studied by using Kay square test and Fisher. Spearman analyzed the correlations found in the three gastric cancer tissues. P<0.05 found a significant difference.

### Results and discussion

#### Expression of integrin $\alpha\beta6$ in colon cancer and adjacent tissues

Table 3 shows the performance results of integrin  $\alpha\beta6$  in tissues with different depths of invasion. The positive rate of  $\alpha\beta6$  in the non-infiltrated serosa group was 58.8%, and the positive rate of  $\alpha\beta6$  in serosa infiltration and other groups was 51.5%. The positive rates of integrin  $\alpha\beta6$  in highly-medium differentiated and poorly differentiated colon cancer tissues are 21.4% and 30.6%, respectively.

**Table3.** Integrin  $\alpha\beta6$  expression results in tissues of different depths of invasion; Clinicopathological factors (A), Number of cases (B),  $\alpha\beta6$  positive rate (C)

A	B	C	P	
Tumor size	<5cm	17	10(58.8%)	0.722
	$\geq$ 5cm	33	17(51.5%)	
Depth of infiltration	Less than serosa	14	3(21.4%)	0.121
	Serosa or beyond	36	11(30.6%)	
Tumor differentiation	High school	15	4(26.7%)	0.221
	Poorly differentiated	35	21(60.0%)	
Tumor stage	I+II	27	11(40.7%)	0.025
	III+IV	23	17(73.9%)	

There is a significant difference between the two ( $P < 0.01$ ). The positive rate of  $\alpha\beta6$  in the lymph node metastasis group was 60.0%, which was significantly higher than the 26.7% in the non-metastatic group. A significant difference was observed ( $P < 0.01$ ). The positive rates of  $\alpha\beta6$  in stage I+II and III+IV colon cancer tissues were 40.7% and 73.9%, respectively ( $P < 0.01$ ). From the above results, the appearance of  $\alpha\beta6$  is related to the infiltration depth of colon cancer, the degree of tumor differentiation, lymph node metastasis and TNM staging, and has nothing to do with the size of the tumor.

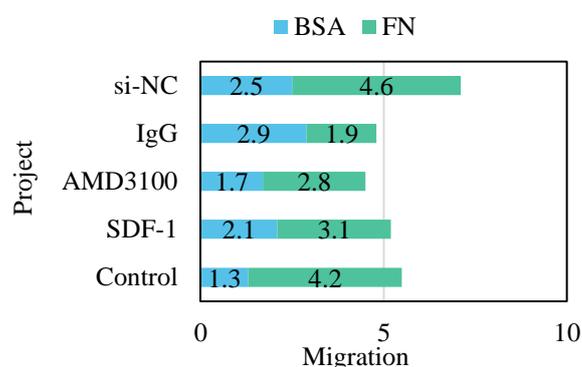
The migration and metastasis of tumor cells depend on their ability to regulate proteolytic enzymes and degrade periplasm. The endopeptidase matrix metalloproteinase (MMP), which relies on a single zinc ion, is closely related to the extracellular matrix template and its degradation under physiological and pathological conditions. Under the conditions of high cell density in colon cancer, it tends to other  $\beta$  subunits, depending on the PKC signaling pathway, and selectively enhances the expression of  $\alpha\beta6$ . When the expression of  $\alpha\beta6$  increases, the secretion of MMP-9 is promoted, the pericellular matrix is degraded, and the decrease of cell density feedback increases PKC activity, and the expression of  $\alpha\beta6$  increases again, which promotes tumor cell growth and promotes cell growth, thereby forming a high-density state. Therefore, it forms a closed feedback loop and continuously promotes the growth and migration of tumor cells.

### Role of Integrin $\alpha\beta6$ in SDF-1/CXCR4 Mediated Directional Migration of CCC

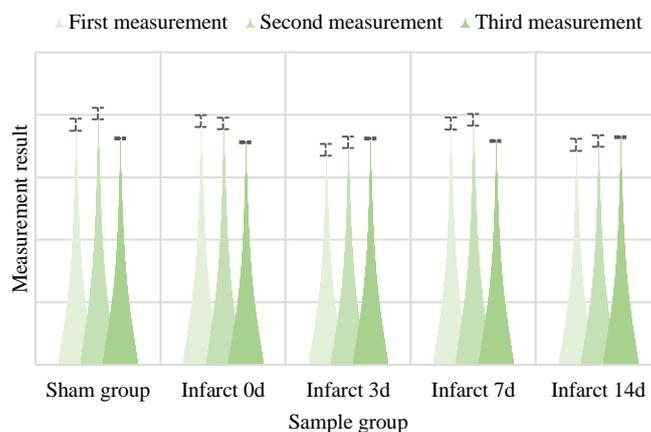
The effect of integrin  $\alpha\beta6$  on the directional migration of CCC mediated by SDF-1/CXCR4 is shown in Figure 1. Invasion and metastasis of CCC through the SDF-1/CXCR4 biological axis is a multi-step complex process that requires multiple elements and molecules to complete. First, the so-called "navigation system" must provide directions for the migration of CCC to specific organs.

Ketones are a super family of polypeptide cytokines that promote an inflammatory response. They selectively attract and activate different types of cells. They participate in ketones under many pathological and physiological conditions, such as inflammation, tissue damage, allergies, and infections. The changes

of total RNA purity under the interference of different concentrations of isotope  $\alpha\beta6$  are shown in Figure 2. The appearance of CXCR4 is related to colon cancer lymph node metastasis but has nothing to do with other clinical factors, which indirectly proves the correlation between CXCR4 and colon cancer lymph node metastasis. The neutralizing antibody against SDF-1 inhibited the proliferation of XG-1 and XG-2 cells caused by exogenous IL-6. In addition, in the presence of relatively high concentrations of IL-6, the inhibitory effect of anti-SDF-1 antibodies on XG-1 and XG-2 cells is also greatly reduced.



**Figure 1.** Effect of integrin  $\alpha\beta6$  on SDF-1/CXCR4-mediated directional migration of CCC

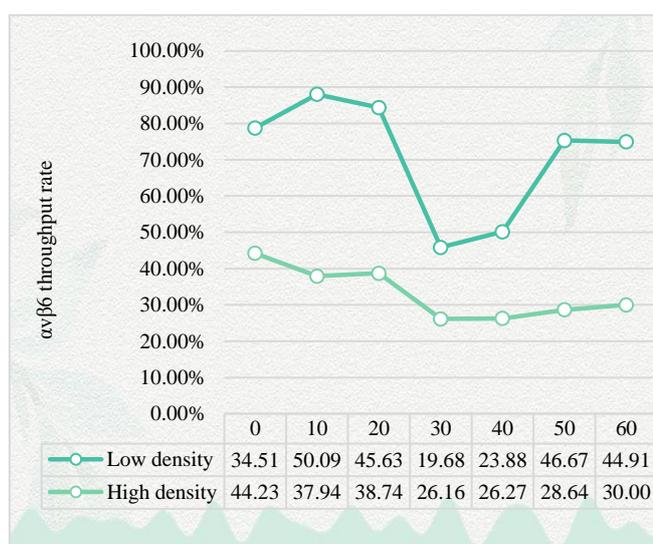


**Figure 2.** Total RNA purity under the interference of different concentrations of integrin  $\alpha\beta6$

### Effect of $\alpha\beta6$ on directional migration of cancer cell line caco-2

The accelerated endocytosis of integrin  $\alpha\beta6$  in high cell density cultures is shown in Figure 3. In the highly metastatic colorectal cancer cell lines HT-29 and WiDr,  $\beta6$  subunit and CXCR4 mRNA expression levels are high; in the non-metastatic cell line Caco-2,

$\beta6$  subunit and CXCR4 mRNA expression levels are low. As a result of western blotting, the protein expression levels of  $\beta6$  subunit and CXCR4 were also high in HT-29 and WiDr, but low in Caco-2. In addition, integrins  $\alpha\beta6$  and CXCR4 are closely related to liver metastasis of colorectal cancer. HT-29 and WiDr cells with high liver metastasis potential express high levels of  $\alpha\beta6$  and CXCR4, while non-metastatic cell lines Caco-2 express low levels. The  $\alpha\beta6$  and CXCR4 are consistent with the results of clinical statistical analysis.

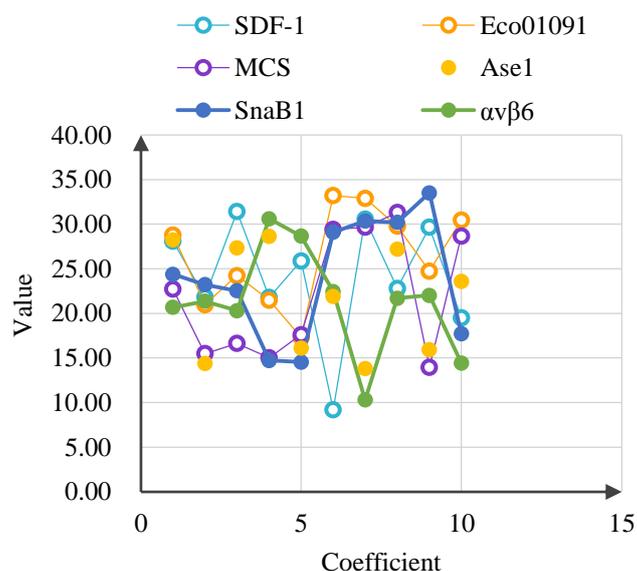


**Figure 3.** High cell density culture accelerates the endocytosis of integrin  $\alpha\beta6$

### Analysis of SDF-1/CXCR4 axis and colorectal cancer invasion and metastasis

CXCR4 has a high incidence in colorectal cancer tissues, and it is weakly positive for normal tissues and benign tumors around cancer. In addition, the discovery of CXCR4 is closely related to lymph node metastasis and remote metastasis, and measuring the appearance of CXCR4 in colon cancer tissue may have a certain value in predicting the progression of the disease. The correlation between SDF-1/CXCR4 and  $\alpha\beta6$  is shown in Figure 4. The appearance of CXCR4 in clinical non-small cell colon cancer tissues was determined according to immunohistochemistry, and the results showed that the appearance of CXCR4 was the same as other tumor tissues, and was restricted to the cell membrane and cytoplasm of colon cancer tissues. Compared with adjacent and normal intestinal tissues, the incidence of CXCR4

reached 85.0%, which further supports the association between CXCR4 and colon cancer.



**Figure 4.** Correlation expression of SDF-1/CXCR4 and  $\alpha\beta6$

Integrin  $\alpha\beta6$  can directly participate in the movement of cells by rapidly carrying out the circulation process of endocytosis between the cell membrane and the cytoplasm. The overall  $\alpha\beta6$  plays an important role in the directional movement of CCC mediated by SDF-1/CXCR4. That is to say, SDF-1/CXCR4 may promote the directional movement of CCC through integrin  $\alpha\beta6$ .

Lifestyle factors and aging cause many colorectal cancers and a small number are due to inherited genetic disorders (26). Risk factors include diet, obesity, smoking, and lack of adequate physical activity. Diet-related factors that increase the risk of this disease include consumption of red meat and processed meats and excessive consumption of alcohol (27). Another risk factor is inflammatory bowel disease, which includes Crohn's disease and ulcerative colitis. Some inherited conditions that cause colon cancer include hereditary familial adenomatous polyps and inherited non-polyposis colon cancer, but these account for less than five percent of cases (26). The disease usually begins with a benign tumor that develops into cancer and metastasizes over time (27).

More than 90% of cancer deaths occur due to metastasis (28). Primary tumors can be treated well with surgery or complementary chemical treatments,

but metastasized cancers are resistant to treatment (29, 30). The nature of resistance indicates the high incidence of death among individuals with metastases (31). The multi-stage nature of the metastasis process means a specific and complex program (32). Identifying the essential genes and proteins involved and showing their relationship to each other and the disease is the key to identifying and treating invasive cancers (31). To cause metastasis, the genetic conditions of the tumor cells and the micro-environmental conditions of the target organ must be favorable (28). The existence of unacceptable conditions in any of the stages of this process can cause it to stop and, as a result, create a state of latency. By examining the critical factors in the metastasis process recently identified, new relevant patterns can be drawn that can provide practical solutions for future research and achievements (31, 32). Understanding the genes, proteins, and micro-environmental conditions affecting the metastasis process in the form of different stages can help to understand better this deadly process and, therefore, its proper treatment (29).

The SDF-1/CXCR4 axis activates lung cancer cells and initiates the process of lung cancer infiltration and metastasis through calcium influx, MAPK/ERK, PI3K/AKT signal transmission pathways, and VEGF has a certain synergistic effect on tumor metastasis-related genes MMP, lung cancer infiltration and metastasis.

Colon cancer is currently the tumor with the highest morbidity and mortality among all malignant tumors. The high migration activity of tumor cells is related to clinical treatment. SDF-1/CXCR4 increases the incidence of colon cancer cell  $\alpha\beta6$  through the ERK/ETs-1 pathway and directly participates in cell migration through diet. SDF-1/CXCR4 interacts with Integrin  $\alpha\beta6$  to promote the metastasis of CCC to the liver.

As an important receptor of tumor cells, integrin  $\alpha\beta6$  makes the extracellular matrix and intracellular skeletal protein crosslink and participates in tumor progression, including tumor survival, basement membrane and extracellular matrix adhesion and penetration. Integrin  $\alpha\beta6$  mediated resistance to colorectal cancer chemotherapy depends to a large extent on the ERK/MAPK signal transduction

pathway, especially on the direct connection between the internal stage of  $\beta6$  cells and ERK2.

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### Interest conflict

The authors declare no conflict of interest.

### References

1. Fadelu T, Zhang S, Niedzwiecki D et al. Nut consumption and survival in patients with stage III colon cancer: results from CALGB 89803 (Alliance). *J Clin Oncol* 2018; 36(11): 1112.
2. Gulei D, Magdo L, Jurj A et al. The silent healer: miR-205-5p up-regulation inhibits epithelial to mesenchymal transition in colon cancer cells by indirectly up-regulating E-cadherin expression. *Cell Death Dis* 2018; 9(2): 1-16.
3. Uppada SB, Gowrikumar S, Ahmad R et al. MASTL induces Colon Cancer progression and Chemoresistance by promoting Wnt/ $\beta$ -catenin signaling. *Mol Cancer* 2018; 17(1): 1-15.
4. Gao P, Huang X-z, Song Y-x et al. Impact of timing of adjuvant chemotherapy on survival in stage III colon cancer: a population-based study. *BMC Cancer* 2018; 18(1): 1-15.
5. Kawai K, Nozawa H, Hata K et al. Nomogram predicting survival after recurrence in patients with stage I to III colon cancer: a nationwide multicenter study. *Dis Colon Rectum* 2018; 61(9): 1053-1062.
6. Cheng Y. *Polymeric Gene Delivery Systems*: Springer; 2018.
7. Mendes Oliveira D, Grillone K, Mignogna C et al. Next-generation sequencing analysis of receptor-type tyrosine kinase genes in surgically resected colon cancer: identification of gain-of-function mutations in the RET proto-oncogene. *J Experim Clin Cancer Res* 2018; 37(1): 1-12.
8. Chen L, Li L, Zhou C, Chen X, Cao Y. Adenosine A2A receptor activation reduces brain metastasis via SDF-1/CXCR4 axis and protecting blood-brain barrier. *Mol Carcinog* 2020; 59(4): 390-398.
9. Li X, Lan X, Zhao Y et al. SDF-1/CXCR4 axis enhances the immunomodulation of human endometrial regenerative cells in alleviating

- experimental colitis. *Stem Cell Res Ther* 2019; 10(1): 1-13.
10. Bertolini G, Cancila V, Tripodo C et al. MA13. 09 Cisplatin Sustains Lung Cancer Metastasis Through the Systemic Activation of SDF-1/CXCR4 Axis. *J Thorac Oncol* 2019; 14(10): S303.
11. Lu Y, Xing J, Yin X et al. Bone marrow-derived CD44+ cells migrate to tissue-engineered constructs via SDF-1/CXCR4-JNK pathway and aid bone repair. *Stem Cells Int* 2019; 2019.
12. Xu Y, Fang F, Jiao H et al. Activated hepatic stellate cells regulate MDSC migration through the SDF-1/CXCR4 axis in an orthotopic mouse model of hepatocellular carcinoma. *Cancer Immunol Immunother* 2019; 68(12): 1959-1969.
13. Jin W, Liang X, Brooks A et al. Modelling of the SDF-1/CXCR4 regulated in vivo homing of therapeutic mesenchymal stem/stromal cells in mice. *Peer J* 2018; 6: e6072.
14. Aziziarum Z, Bilal I, Zhong Y, Mahmud AK, Roshandel MR. Protective effects of curcumin against naproxen-induced mitochondrial dysfunction in rat kidney tissue. *Cell Mol Biomed Rep* 2021; 1(1): 23-32.
15. Zhang Y, Zhang H, Lin S et al. SDF-1/CXCR7 chemokine signaling is induced in the peri-infarct regions in patients with ischemic stroke. *Aging Dis* 2018; 9(2): 287.
16. Zhu H, Liao J, Zhou X et al. Tenascin-C promotes acute kidney injury to chronic kidney disease progression by impairing tubular integrity via  $\alpha\beta6$  integrin signaling. *Kidney Int* 2020; 97(5): 1017-1031.
17. Yan P, Zhu H, Yin L et al. Integrin  $\alpha\beta6$  Promotes Lung Cancer Proliferation and Metastasis through Upregulation of IL-8-Mediated MAPK/ERK Signaling. *Transl Oncol* 2018; 11(3): 619-627.
18. Liu W, Sun T, Wang Y. Integrin  $\alpha\beta6$  mediates epithelial-mesenchymal transition in human bronchial epithelial cells induced by lipopolysaccharides of *Pseudomonas aeruginosa* via  $\text{tgf-}\beta\text{1-smad2/3}$  signaling pathway. *Folia Microbiol* 2020; 65(2): 329-338.
19. Gao L, Zhang C, Gao D et al. Enhanced anti-tumor efficacy through a combination of integrin  $\alpha\beta6$ -targeted photodynamic therapy and immune checkpoint inhibition. *Theranostics* 2016; 6(5): 627.
20. Azeez SH, Jafar SN, Aziziarum Z, Fang L, Mawlood AH, Ercisli MF. Insulin-producing cells from bone marrow stem cells versus injectable insulin for the treatment of rats with type I diabetes. *Cell Mol Biomed Rep* 2021; 1(1): 42-51.
21. Krishn SR, Salem I, Quaglia F et al. The  $\alpha\beta6$  integrin in cancer cell-derived small extracellular vesicles enhances angiogenesis. *J Extracell Vesicles* 2020; 9(1): 1763594.
22. Gulhane AV, Chen DL. Overview of positron emission tomography in functional imaging of the lungs for diffuse lung diseases. *Br J Radiol* 2021; 94: 20210824.
23. Nieberler M, Reuning U, Kessler H, Reichart F, Weirich G, Wolff K-D. Fluorescence imaging of invasive head and neck carcinoma cells with integrin  $\alpha\beta6$ -targeting RGD-peptides: An approach to a fluorescence-assisted intraoperative cytological assessment of bony resection margins. *Br J Oral Maxillofac Surg* 2018; 56(10): 972-978.
24. Liu H, Gao L, Yu X et al. Small-animal SPECT/CT imaging of cancer xenografts and pulmonary fibrosis using a 99m Tc-labeled integrin  $\alpha\beta6$ -targeting cyclic peptide with improved in vivo stability. *Biophys Rep* 2018; 4(5): 254-264.
25. Dong X, Zhao B, Lin F-Y, Lu C, Rogers BN, Springer TA. High integrin  $\alpha\beta6$  affinity reached by hybrid domain deletion slows ligand-binding on-rate. *Proc Natl Acad Sci* 2018; 115(7): E1429-E1436.
26. Mukhtar AM, Hussein TM, Abbas A et al. Colorectal Lesions among Sudanese Patient Attending for Endoscopy-multi Center Study. *Asian Pac j cancer care* 2021; 6(1): 15-18.
27. Pizarro DMP, Dy C, ValerieCruz-Ordinario M, Atutubo CM. Comparison of Treatment Outcomes between Right-and Left-sided Colorectal Adenocarcinoma after Adjuvant Chemotherapy. *Asian Pac j cancer care* 2021; 6(4): 389-395.
28. Singh S, Kumar R, Kumar U, Kumari R. Clinical Significance and Role of TK1, CEA, CA 19-9 and CA 72-4 levels in Diagnosis of Colorectal Cancers. *Asian Pac J Cancer Prev* 2020; 21(11): 3133.
29. Mehta A, Goswami M, Sinha R, Dogra A. Histopathological significance and prognostic impact of tumor budding in colorectal cancer. *Asian Pac J Cancer Prev* 2018; 19(9): 2447.
30. Bilal I, Xie S, Elburki MS, Aziziarum Z, Ahmed SM, Jalal ST. Cytotoxic effect of diferuloylmethane, a derivative of turmeric on different human

glioblastoma cell lines. *Cell Mol Biomed Rep* 2021; 1(1): 33-42.

31. Ercisli MF, Kahrizi D, Azizaram Z. Environmental factors affecting the risk of breast cancer and the modulating role of vitamin D on this malignancy. *Cent Asian J Environ Sci Technol Innov* 2021; 2(4).

32. Kunawudhi A, Sereborwornthanasak K, Promteangtrong C, Siripongpreeda B, Vanprom S, Chotipanich C. Value of FDG PET/contrast-enhanced CT in initial staging of colorectal cancer-comparison with contrast-enhanced CT. *Asian Pac J Cancer Prev* 2016; 17(8): 4071-4075.