

## Role of Matrix Metalloproteinase and Angiogenic Marker in Cervical Cancer

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### Introduction:

Cervical cancer is a common form of cancer that affects women all over the world; each year, there are approximately 600,000 newly diagnosed cases and 350,000 deaths attributed to the disease. In developing countries, cervical cancer is the second most common form of the disease after breast cancer. Cervical cancer ranks as the fourth most common cancer among women worldwide. Although there has been a significant reduction in the incidence and mortality rate of cervical cancer in developed countries due to the implementation of screening programmes and vaccinations against human papillomavirus (HPV), cervical cancer continues to be a significant public health issue in developing countries.

### Matrix Metalloproteinase:

Matrix metalloproteinases, also known as MMPs, are members of a family of zinc-dependent endopeptidases that are essential to the degrading and remodelling of the extracellular matrix, also known as ECM. MMPs play a role in a wide variety of physiological processes, including the formation of new blood vessels, the migration of cells, and the repair of damaged tissue. On the other hand, MMPs have also been linked to a variety of pathological conditions, one of which is cancer.

Structure and substrate specificity are the two criteria that are used to divide MMPs into six distinct groups. These categories include membrane-type matrix metalloproteinases (MMPs), collagenases, gelatinases, stromelysins, matrilysins, and others. In order to become active enzymes, MMPs must first be activated through the process of proteolysis after being synthesised as inactive zymogens. MMPs are controlled by a number of factors, including cytokines, growth factors, and components of the extracellular matrix (ECM). Incorrect regulation of matrix metalloproteinases (MMPs) has been linked to the development and spread of cancer.

MMPs are thought to play a role in various stages of the development and progression of cervical cancer. MMPs have been linked to this disease. The MMPs MMP-2 and MMP-9 have received the most research attention in relation to cervical cancer. MMP-2 plays a role in the breakdown of type IV collagen, which is a major component of the basement membrane. This membrane serves to separate the epithelial compartment from the stromal compartment. The important extracellular matrix (ECM) components type IV collagen, laminin, and fibronectin can all be degraded thanks to MMP-9's involvement in the process.

When compared to normal cervical tissue, cervical cancer tissue exhibits an elevated level of MMP-2 and MMP-9 expression. In patients with cervical cancer, a poor prognosis is

associated with an overexpression of MMP-2 and MMP-9, which is linked to lymph node metastasis. There is also a correlation between the expression of MMP-2 and MMP-9 and the invasion and migration of cervical cancer cells.

Additionally, MMP-14, which is a membrane-bound MMP, is overexpressed in the tissue of patients with cervical cancer. MMP-14 is essential for the activation of pro-MMP-2 and pro-MMP-9 as well as the breakdown of ECM constituents. There is a correlation between the overexpression of MMP-14 and the progression of cervical cancer as well as a poor prognosis.

The relationship between angiogenesis and cervical cancer:

The formation of new blood vessels, a process known as angiogenesis, is an essential step in the progression of tumour growth and metastasis. The process of angiogenesis is controlled by a number of factors that can either promote or inhibit the process. The unbalanced relationship between these factors is what ultimately leads to the promotion of angiogenesis and the growth of tumours.

Vascular endothelial growth factor, also known as VEGF, is a powerful pro-angiogenic factor that is involved in an important part of the process known as angiogenesis. Multiple kinds of cancer, including cervical cancer, have an increased level of VEGF expression. In cervical cancer patients, a poor prognosis is associated with VEGF expression, which is also linked to the growth of tumours and angiogenesis.

**MMPs and Angiogenesis:** MMPs play a crucial role in angiogenesis by regulating the bioavailability of pro-angiogenic factors and the degradation of ECM components. This is how they contribute to the process of angiogenesis. MMPs play a role in the cleavage and release of pro-angiogenic factors from the ECM. Some examples of these factors include VEGF. MMPs are also responsible for the degradation of ECM components like collagen and laminin, both of which are essential for the development and maintenance of blood vessels.

The activation of pro-VEGF and the degradation of ECM components are both facilitated by MMP-2 and MMP-9, respectively.

Two of the MMPs that have received the most attention in the field of research on angiogenesis are MMP-2 and MMP-9. These enzymes are extremely important in the process of regulating angiogenesis because they control both the bioavailability of pro-angiogenic factors and the degradation of components of the extracellular matrix.

Both MMP-2 and MMP-9 have been linked to the activation of pro-VEGF, which is a powerful pro-angiogenic factor that is essential to the process of angiogenesis. In order for VEGF to become biologically active, it must first be synthesised as an inactive precursor and then undergo proteolytic cleavage. Both MMP-2 and MMP-9 play a role in the cleavage and activation of pro-VEGF, which is a process that encourages angiogenesis and the growth of tumours.

MMPs are involved in the activation of pro-VEGF, as well as the degradation of ECM components, which are essential for the formation and maintenance of blood vessels. MMPs also play a role in the degradation of ECM components. MMPs are responsible for the breakdown of extracellular matrix (ECM) proteins like collagen, laminin, and fibronectin, all of which are essential to the structure and integrity of blood vessels. Degradation of ECM

components by matrix metalloproteinases (MMPs) results in the instability of blood vessels, which in turn encourages angiogenesis and the growth of tumours.

MMPs and their Role in the Angiogenesis of Cervical Cancer MMPs play an important part in the angiogenesis of cervical cancer. The dysregulation of matrix metalloproteinases (MMPs) in cervical cancer has been linked to the stimulation of angiogenesis and the growth of tumours. MMP-2 and MMP-9 are involved in the activation of pro-VEGF and the degradation of ECM components. Both of these proteins are overexpressed in cervical cancer tissue.

Both MMP-2 and MMP-9 play a role in the activation of pro-VEGF, a process that stimulates angiogenesis and contributes to the progression of tumours. In patients with cervical cancer, a poor prognosis is associated with an overexpression of MMP-2 and MMP-9, which is linked to lymph node metastasis. There is also a correlation between the expression of MMP-2 and MMP-9 and the invasion and migration of cervical cancer cells.

Additionally, MMP-14, which is a membrane-bound MMP, is overexpressed in the tissue of patients with cervical cancer. MMP-14 is essential for the activation of pro-MMP-2 and pro-MMP-9 as well as the breakdown of ECM constituents. There is a correlation between the overexpression of MMP-14 and the progression of cervical cancer as well as a poor prognosis.

In the treatment of cervical cancer, matrix metalloproteinases (MMPs) have shown to be promising therapeutic targets. By halting the degradation of extracellular matrix (ECM) components and the activation of pro-angiogenic factors, the inhibition of matrix metalloproteinases (MMPs) is hypothesised to inhibit tumour growth, invasion, and metastasis.

There have been a number of different MMP inhibitors developed for the treatment of cervical cancer, and these inhibitors have been tested in both preclinical and clinical studies. These inhibitors include both natural and synthetic inhibitors, such as curcumin, resveratrol, and epigallocatechin-3-gallate, for example. Batimastat, Marimastat, and Prinomastat are some examples of synthetic inhibitors.

The use of MMP inhibitors in the treatment of cervical cancer is still in its early stages, and additional research is required to determine the efficacy and safety of these inhibitors in patients who have cervical cancer. In addition to this, there is a need for the development of selective MMP inhibitors, which would target particular MMPs that are involved in the progression of cervical cancer and angiogenesis.

Conclusion:

Cancer of the cervix is a significant public health issue that is prevalent among women all over the world. MMPs and angiogenic markers, such as VEGF, play an important part in both the progression of cervical cancer and the formation of new blood vessels. The dysregulation of matrix metalloproteinases (MMPs) in cervical cancer has been linked to the stimulation of angiogenesis and the growth of tumours.

The inhibition of MMPs represents an intriguing therapeutic strategy for the treatment of cervical cancer. By halting the degradation of extracellular matrix (ECM) components and the activation of pro-angiogenic factors, the inhibition of matrix metalloproteinases (MMPs)

is hypothesised to inhibit tumour growth, invasion, and metastasis. To improve the efficiency and safety of treatment options for cervical cancer, the development of selective MMP inhibitors that target specific MMPs involved in cervical cancer progression and angiogenesis is required.

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