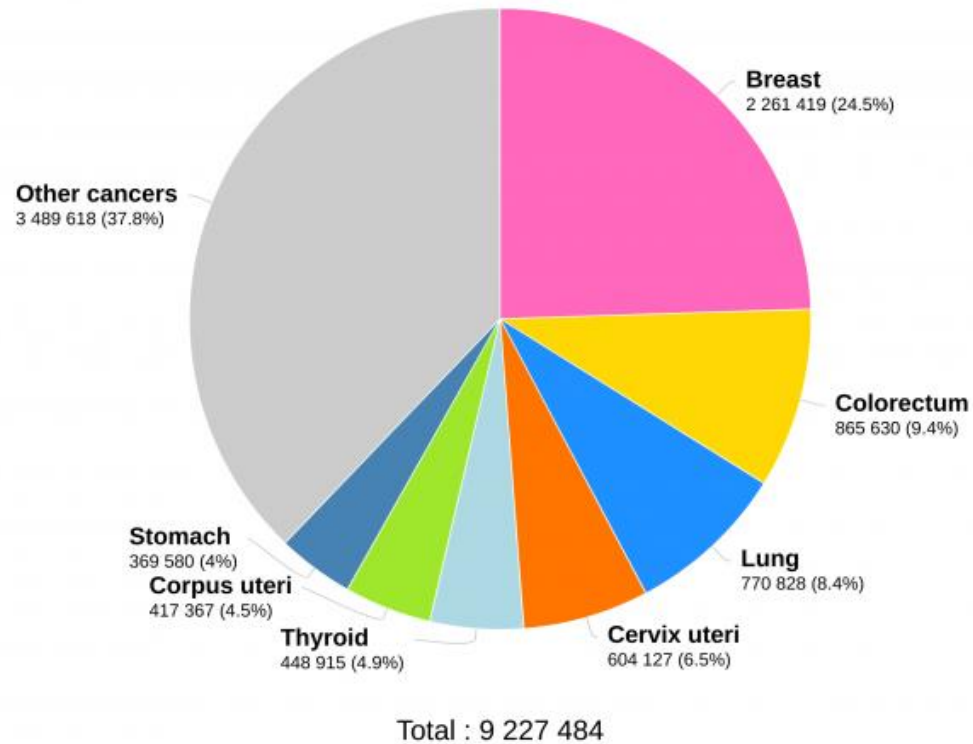


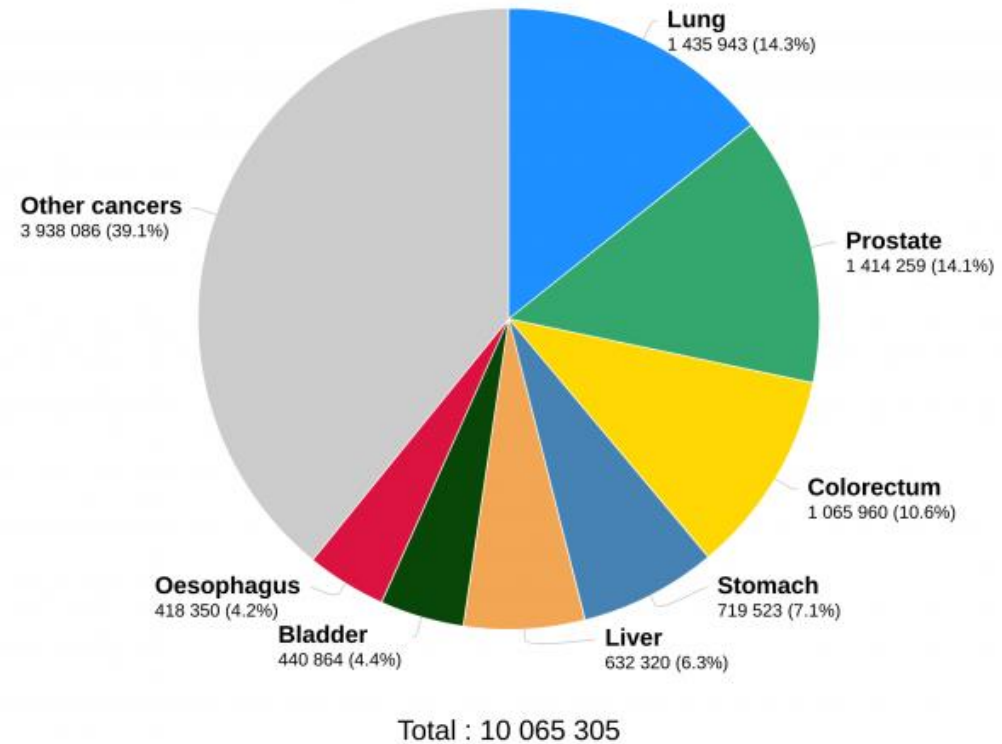
Sérgio Dias

# Why should we study cancer?

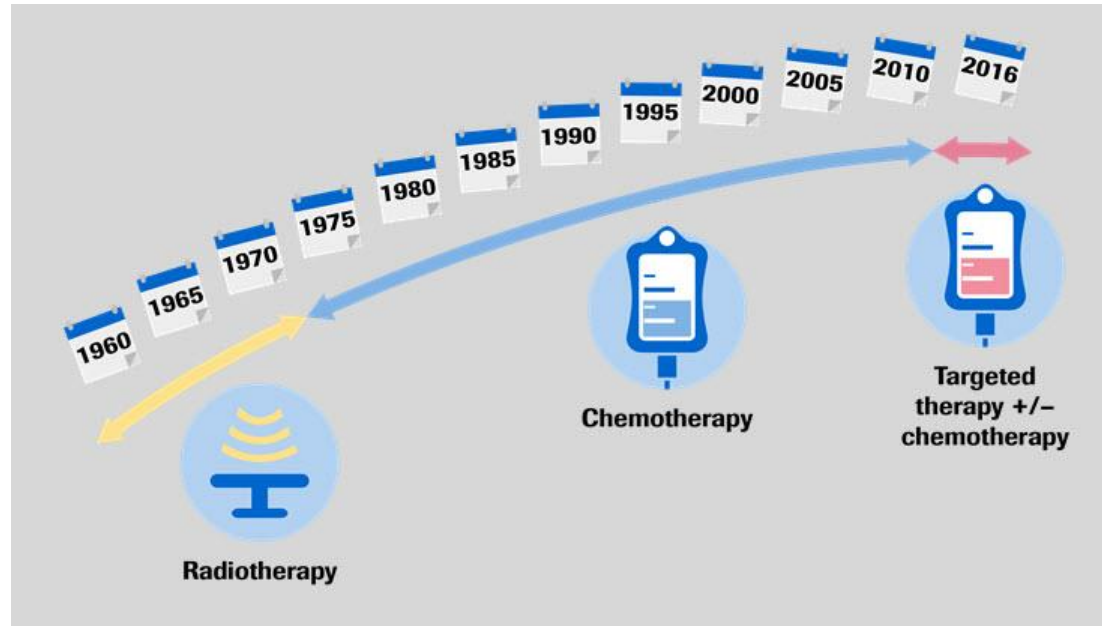
Estimated number of new cases in 2020, worldwide, females, all ages



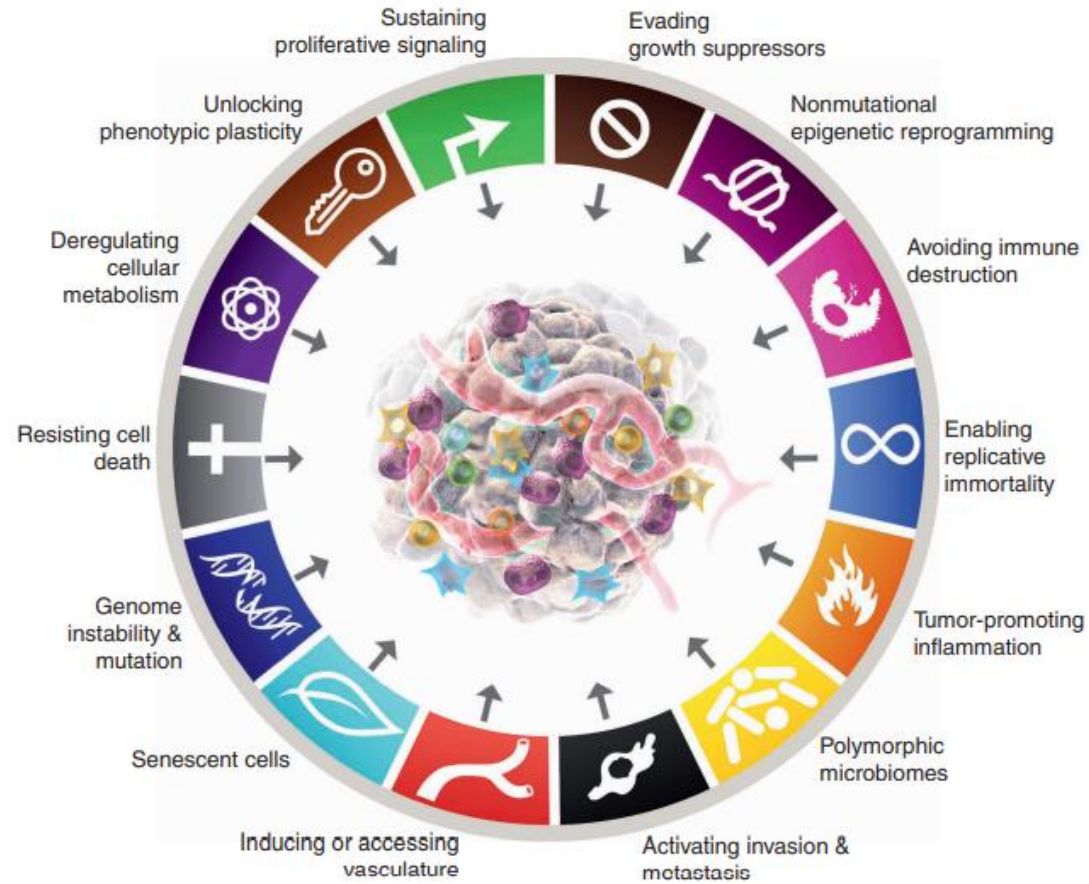
Estimated number of new cases in 2020, worldwide, males, all ages



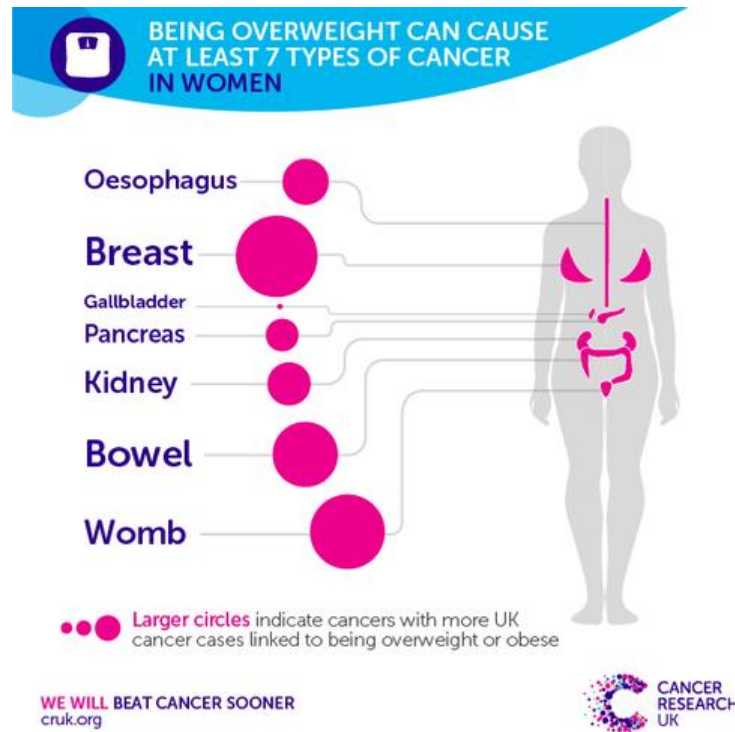
# Why should we study cancer?



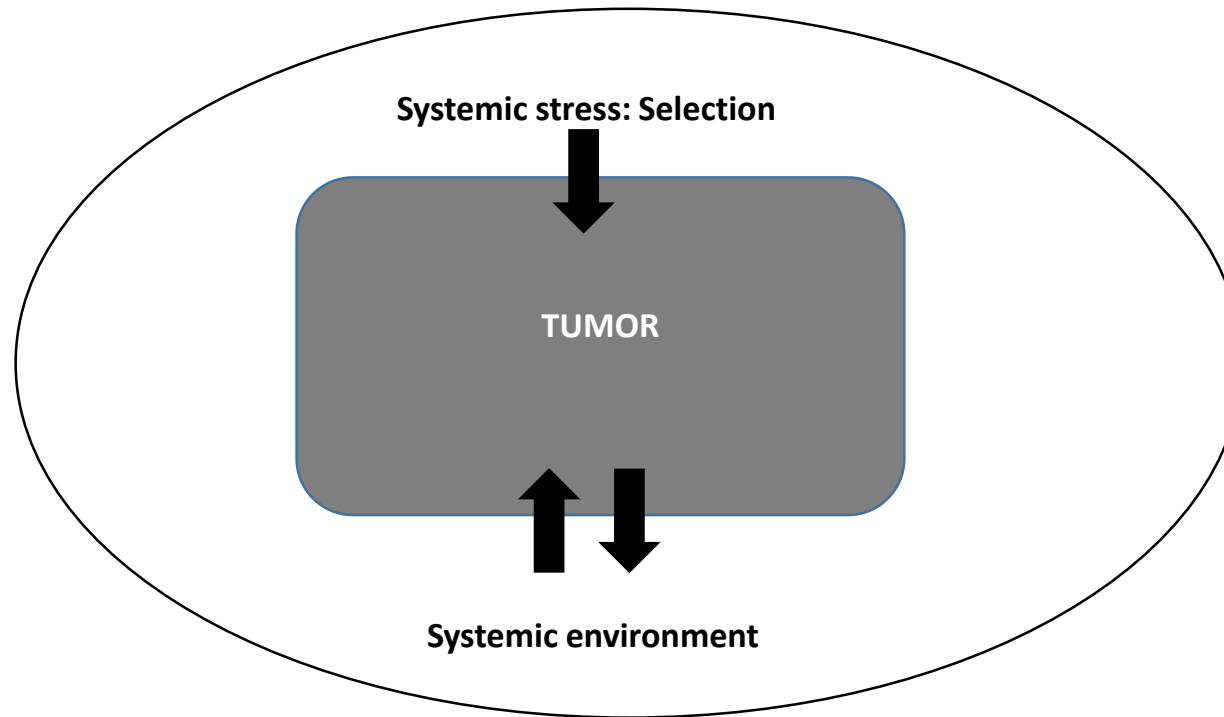
# Updated Hallmarks of cancer (2022)



# Deregulated cellular metabolism: Obesity and cancer incidence



# Can a systemic metabolic stress act as a selective pressure in cancer?



# LDL-cholesterol levels predict BC progression

Rodrigues dos Santos et al. *BMC Cancer* 2014, **14**:132  
<http://www.biomedcentral.com/1471-2407/14/132>



## RESEARCH ARTICLE

## Open Access

### Plasma level of LDL-cholesterol at diagnosis is a predictor factor of breast tumor progression

Catarina Rodrigues dos Santos<sup>1,2,5\*</sup>, Isabel Fonseca<sup>3,5</sup>, Sérgio Dias<sup>4,5</sup> and JC Mendes de Almeida<sup>2,5</sup>

#### Abstract

**Background:** Among women, breast cancer (BC) is the leading cancer and the most common cause of cancer-related death between 30 and 69 years. Although lifestyle and diet are considered to have a role in global BC incidence pattern, the specific influence of dyslipidemia in BC onset and progression is not yet completely understood.

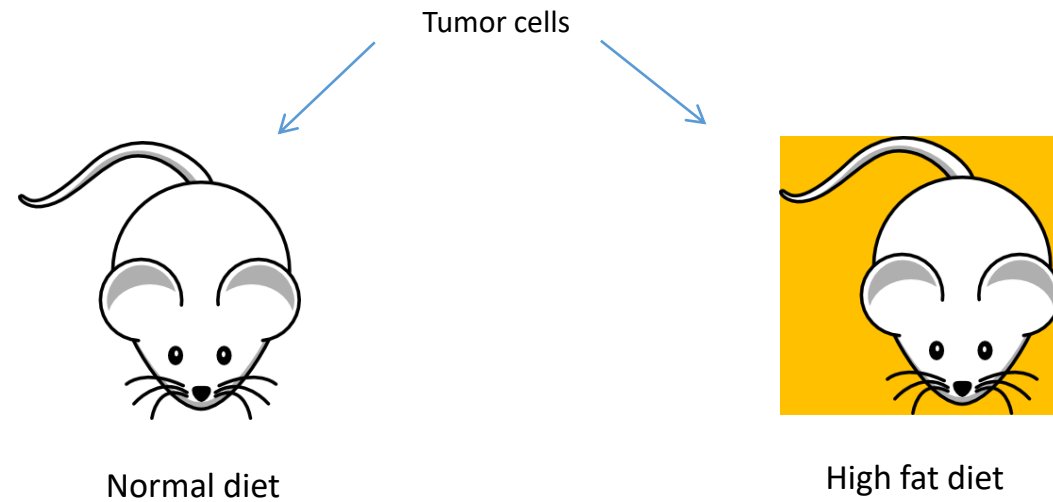
**Methods:** Fasting lipid profile (total cholesterol, LDL-C, HDL-C, and triglycerides) was prospectively assessed in 244 women with BC who were enrolled according to pre-set inclusion criteria: diagnosis of non-hereditary invasive ductal carcinoma; selection for surgery as first treatment, and no history of treatment with lipid-lowering or anti-diabetic drugs in the previous year. Pathological and clinical follow-up data were recorded for further inclusion in the statistical analysis.

**Results:** Univariate associations show that BC patients with higher levels of LDL-C at diagnosis have tumors that are larger, with higher differentiation grade, higher proliferative rate (assessed by Ki67 immunostaining), are more frequently Her2-neu positive and are diagnosed in more advanced stages. Cox regression model for disease-free survival (DFS), adjusted to tumor T and N stages of TNM classification, and immunohistochemical subtypes, revealed that high LDL-C at diagnosis is associated with poor DFS. At 25 months of follow up, DFS is 12% higher in BC patients within the third LDL-C tertile compared to those in the first tertile.

**Conclusions:** This is a prospective study where LDL-C levels, at diagnosis, emerge as a prognostic factor; and this parameter can be useful in the identification and follow-up of high-risk groups. Our results further support a possible role for systemic cholesterol in BC progression and show that cholesterol metabolism may be an important therapeutic target in BC patients.

**Keywords:** LDL-cholesterol, Breast cancer, Tumor progression

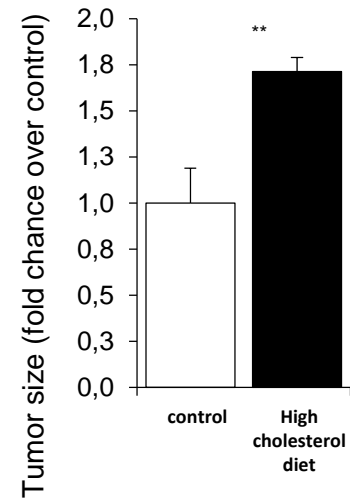
# Experimental model to test how cholesterol may affect tumor growth and progression



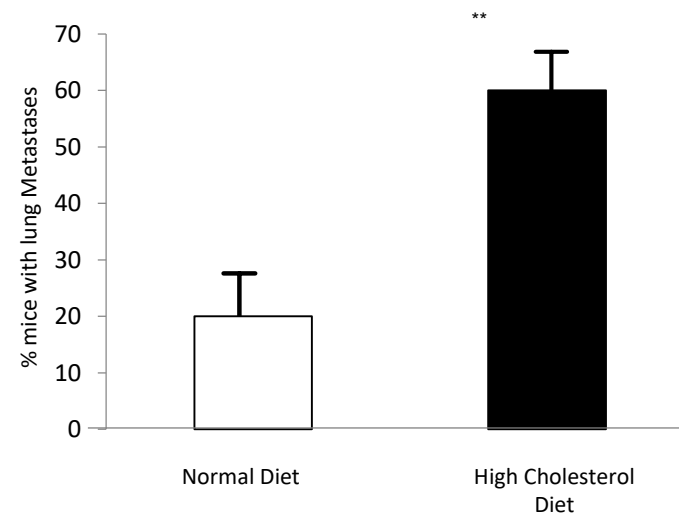
MEDES G, PADEN G, WEINHOUSE S.  
**Cancer Res.** 1957 Feb;17(2):127-33.



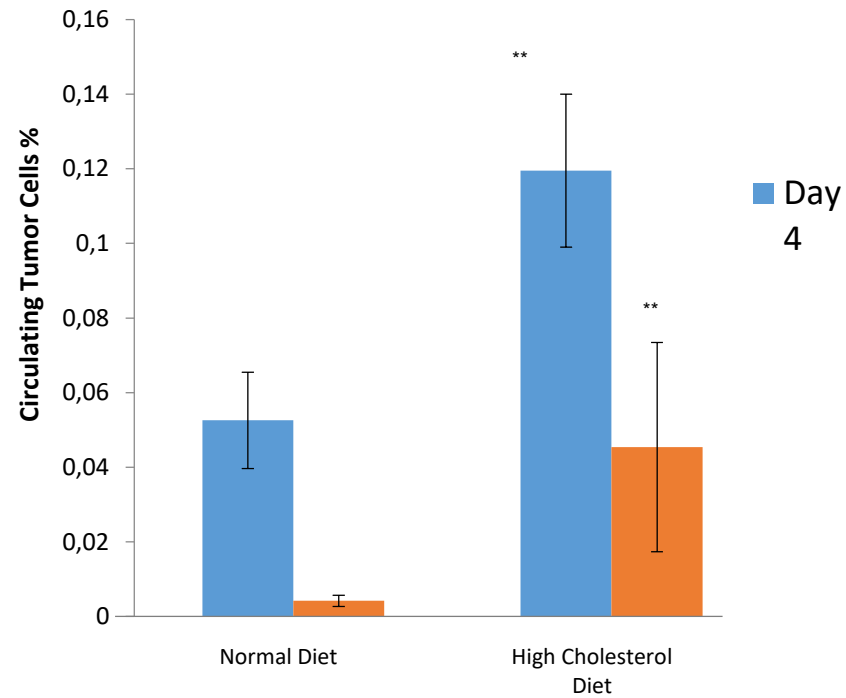
# High cholesterol diet mice show increased breast tumor growth



# High cholesterol diet mice show increased breast cancer derived lung metastases



# High cholesterol diet mice show increased circulating tumor cells



## **What are the mechanisms?**

Cell extrinsic (systemic) effects

Cell intrinsic (direct) effects

# LDL cholesterol has direct effects on breast cancer cells

↑ Proliferation

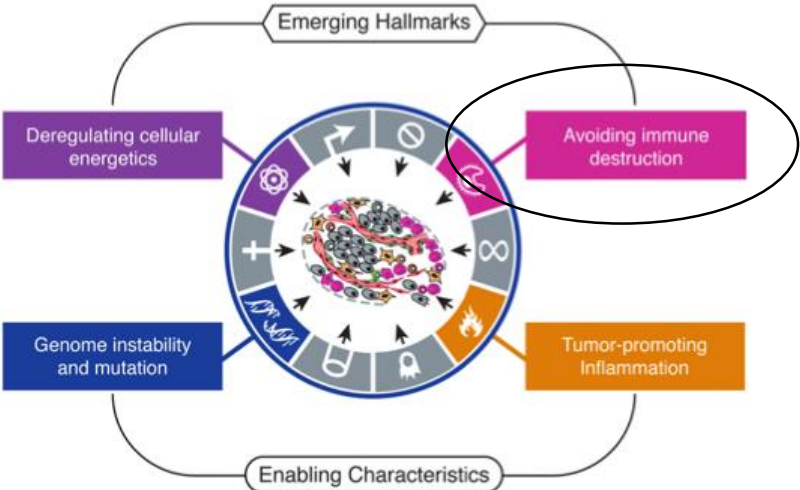
↑ Migration

↓ Adhesion

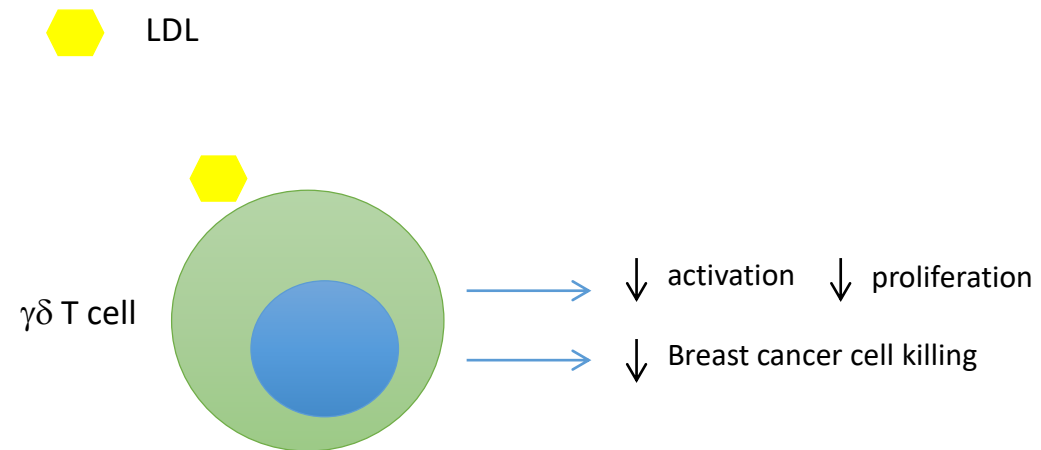
↑ Epithelial to Mesenchymal Transition

Rodrigues dos Santos *et al.*, 2014a  
Rodrigues dos Santos *et al.*, 2014b

# Immune evasion is linked with deregulated cellular energetics

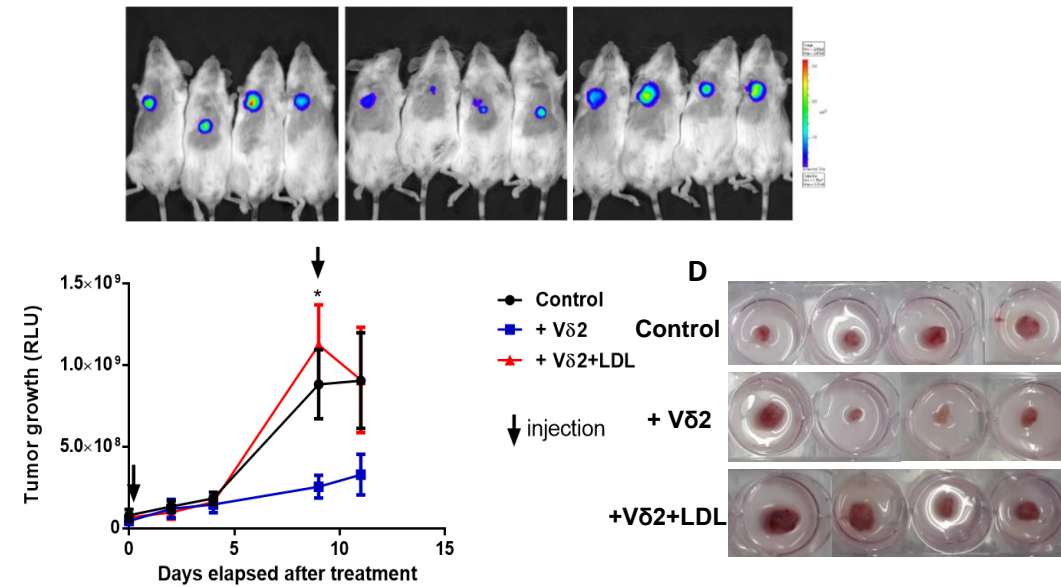


# LDL-cholesterol impairs $\gamma\delta$ -T cells response against breast cancer cells



N Rodrigues et al, 2018

# LDL-cholesterol impairs $\gamma\delta$ -T cells response against breast cancer cells



N Rodrigues et al, 2018

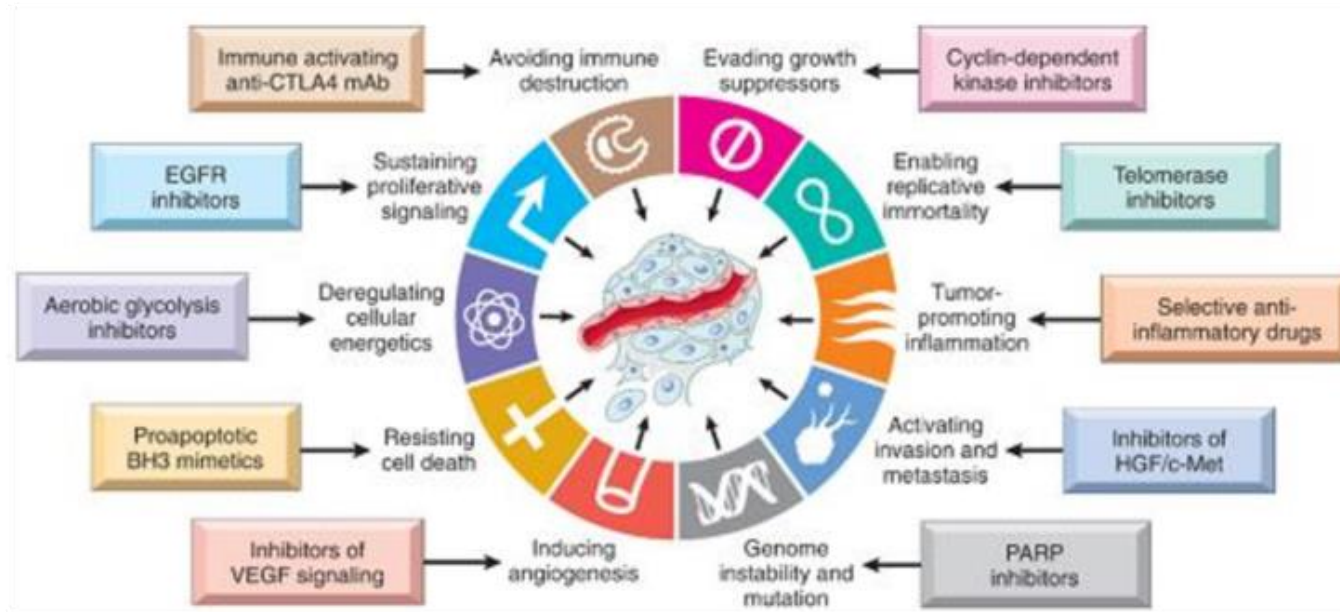


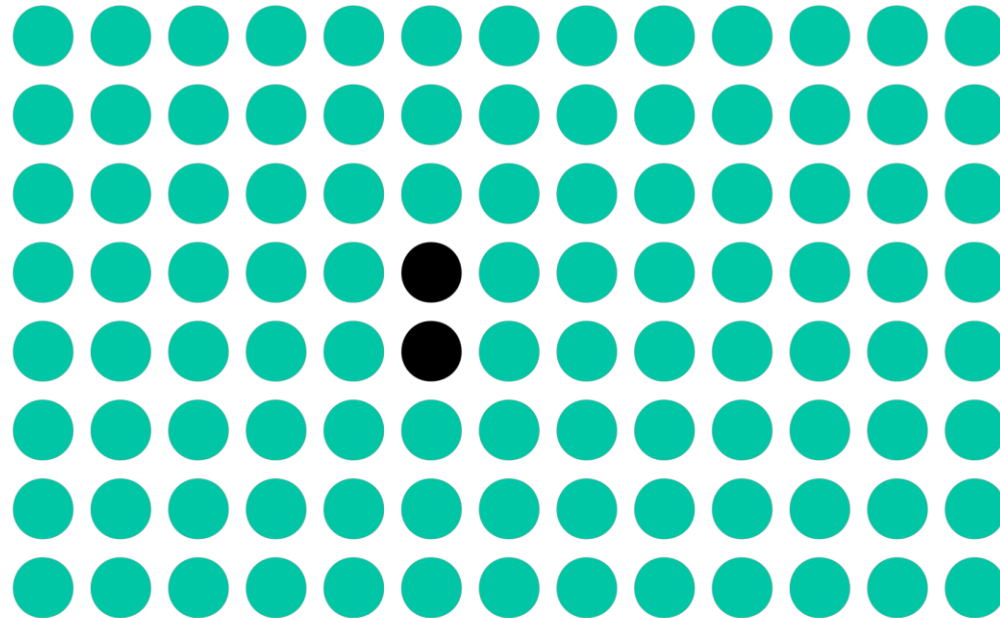
## **Mechanisms by which LDL-cholesterol promotes breast cancer progression:**

Cell extrinsic (systemic) effects- immune evasion; vascular permeability

Cell intrinsic (direct) effects – proliferation; migration/invasion

# Hallmarks of cancer and targeted therapies





**iMM Laço HUB**

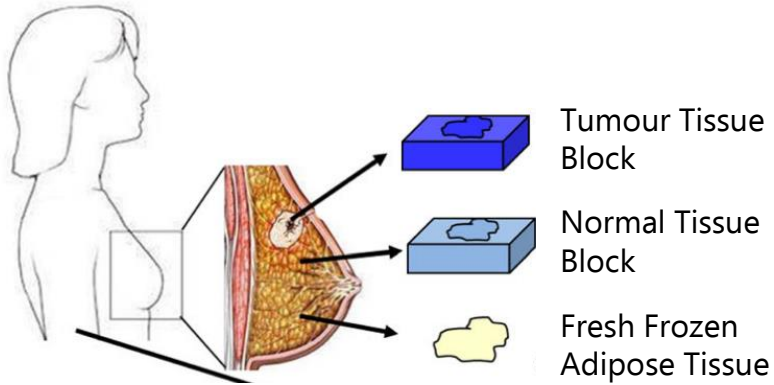
# iMM Laço Hub: scientific challenge with societal support

## Our Key Questions

- How does the **GENETIC** of the breast cancer affect the cellular microenvironment response?
- What **NON-GENETIC** factors can affect the microenvironment response in breast cancers?
- Can features of the primary tumour inform on the dynamics of metastasis?

# Breast Cancer Hub: Our proposed approach

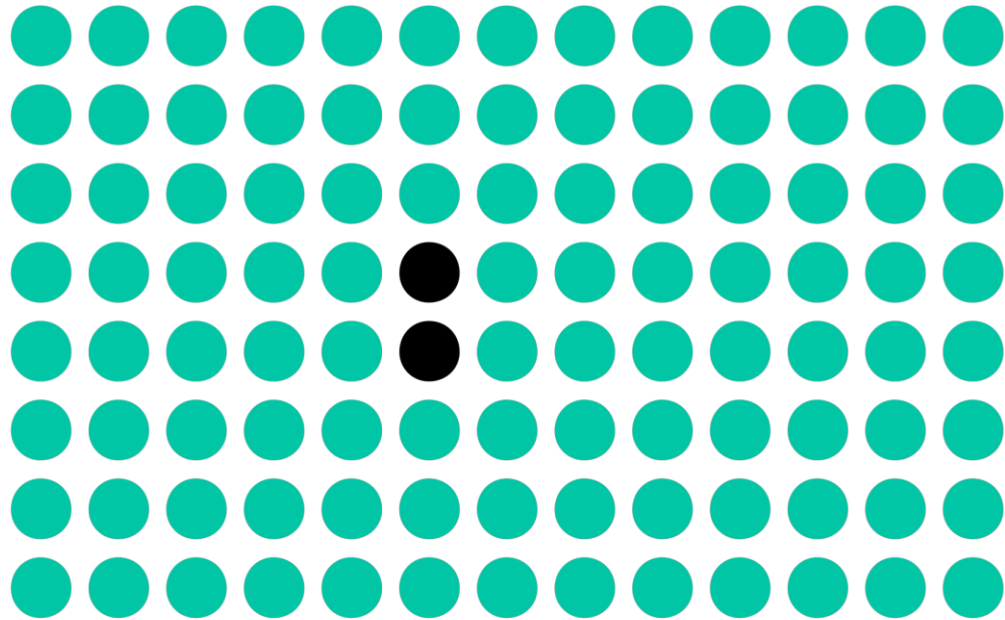
The disease and the Patients as guides for the research!



## Mapping Tumours in Multiple dimensions

Dissect **genetics, transcriptomics, cellular composition** and **crosstalks** within the **tumour microenvironment**, using **emerging technologies, involving transcriptomic, genomic and metabolic analyses** that enable a complete cartography of breast cancer.

We anticipate that this approach will provide a deep understanding of how local cellular networks influence responses to cancer treatment and uncover novel therapeutic options.



Sérgio Dias

[sergiodias@medicina.ulisboa.pt](mailto:sergiodias@medicina.ulisboa.pt)