

## Oncogenic role of LMP1 expression in Epstein-Barr virus associated with nasopharyngeal carcinoma: A literature review

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### Abstract

Nasopharyngeal carcinoma (NPC) is a malignant carcinoma that appears in the epithelial lining of the nasopharyngeal mucosa. Genetic predisposition, environmental risk factors, nutritional risk factors, and Epstein-Barr virus (EBV) infection are the main risk factors for NPC. Epstein-Barr virus, a human cancer-associated virus, is present in more than 90% of people worldwide. Latent Membrane Protein 1 (LMP1) has been identified as the main Epstein-Barr virus converting oncoprotein. LMP1 was shown to be present in NPC tumor tissues, suggesting a potential role for LMP1 in EBV-mediated carcinogenesis. LMP1 exerts several oncogenic properties and has the ability to transform epithelial cells through the activation of numerous signaling pathways and the control of the expression of different oncogenes and tumor-suppressor genes. The process by which tumor traits such as cell proliferation, apoptosis resistance, invasion and motility, and angiogenesis are produced and maintained.

**Keywords:** Latent Membrane Protein 1 (LMP1); Epstein-Barr virus (EBV); Nasopharyngeal carcinoma; Oncogenic

### 1. Introduction

Nasopharyngeal carcinoma (NPC) is a malignant carcinoma that develops in the nasopharyngeal mucosa's epithelial lining. Southern China, notably the provinces of Guangdong and Guangxi, North-East India, the Arctic area, Southern Asia, and Northern Africa all have high rates of NPC. The World Health Organization (WHO) suggested three groups for histological classification of NPC in 1978: Type I (keratinizing squamous cell carcinoma), Type II (non-keratinizing carcinoma), and Type III (undifferentiated carcinoma). The main risk factors for NPC are genetic predisposition, environmental risk factors, dietary factors, and Epstein-Barr virus (EBV) infection [1].

More than 90% of people worldwide are infected by the human cancer-associated virus Epstein-Barr virus (EBV) [2]. There are three types of EBV infections: type I, type II, and type III latencies. Only EBV nuclear antigen-1 (EBNA-1), latent membrane protein-1 (LMP1), LMP2, and EBV early RNA (EBER) expressions are linked to type II latent infection of NPC by EBV. Due to their capacity to attract a variety of cellular genes and interaction with a number of vital cellular signaling pathways, EBNA1 and LMP1 are the main oncogenes of EBV, increasing the severity and pathogenesis of the disease by inhibiting apoptosis, promoting cell proliferation, and causing metastasis. The majority of NPC patients were found to have significant levels of antibodies against EBV antigens during testing, the link of Epstein-Barr virus was first established. By using a radioactive EBV probe to detect EBV DNA in the epithelial cells of NPC patients, the link between EBV and NPC was directly proven [1]. As the primary Epstein-Barr virus converting oncoprotein, latent membrane protein 1 (LMP1) has been found. Nasopharyngeal carcinoma, like other EBV-related malignancies, frequently expresses LMP1 [3].

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In this literature review, we present summaries from a number of journals and discuss in greater detail about LMP1 expression in EBV and the role of LMP1 as an oncogenic factor.

## 2. LMP1 Expression in EBV

LMP1 may assist in EBV-mediated carcinogenesis, according to the finding that LMP1 is present in NPC tumor tissues. More than 70% of the sera from NPC patients had LMP1 antibodies [4]. However, the reported frequencies of LMP1 expression vary between research. This mismatch can be a result of the sensitivity and specificity of the LMP1 expression detection methods used. Despite the fact that first western blotting analyses revealed modest and inconsistent levels of LMP1 protein expression in NPC tissues [5], Later research using RT-PCR technology indicated significantly higher expression frequencies (>80%) [6]. Similar to this, a more recent study found that over 90% of NPC patients have LMP1 expression by RT-PCR in nasopharyngeal swabs [7]. In comparison to other EBV-associated cancers like EBV-positive Hodgkin's disease, immunoreactivity to LMP1 is often mild in NPC, with the frequency of LMP1 expression by immunostaining in the range of 20–60% [8]. However, the relevance of this diverse expression of LMP1 in NPC has not been thoroughly addressed. The staining pattern is highly varied among those that are positive for LMP1 expression and is occasionally only identified in a small fraction of NPC cells. Early stage NPC and carcinoma in situ express LMP1 more consistently than late stage illness, suggesting that LMP1 may speed up the course of the disease. It has been demonstrated that some epithelial cells are hazardous when LMP1 is expressed at high levels [9]. High levels of LMP1 expression may also trigger an immunological response. To prevent the host immune response system from being activated, EBV may modify the expression level of LMP1. It's interesting to note that LMP1-positive NPCs have a better prognosis than LMP1-negative instances [10]. Therefore, increased LMP1 expression may not promote NPC in vivo development. On the other hand, NPC cells may be given the growth advantage in vitro even with modest levels of LMP1 expression. In our lab, we found that relatively low levels of LMP1 expression in NP cells are sufficient to cause the invasive phenotypes and anchorage-independent growth morphological alterations that are linked to LMP1 expression [11].

## 3. The Role of LMP1 as An Oncogenic Factor

Through the activation of many signaling pathways and the modulation of the expression of various oncogenes and tumor-suppressor genes, LMP1 exert multiple oncogenic characteristics and possess the capacity to convert epithelial cells. The production and maintenance of tumor characteristics, such as cell proliferation, resistance to apoptosis, invasion and motility, and angiogenesis, may be how viral oncogenes promote the transformation of epithelial cells [12,13]. Additionally, LMP1 influences the generation of cytokines and chemokines, antigen presentation, and interactions between cells. By triggering a group of immune-associated proteins, LMP1 also mediates a variety of immunomodulatory actions that protect tumor cells infected with viruses from immune attack.

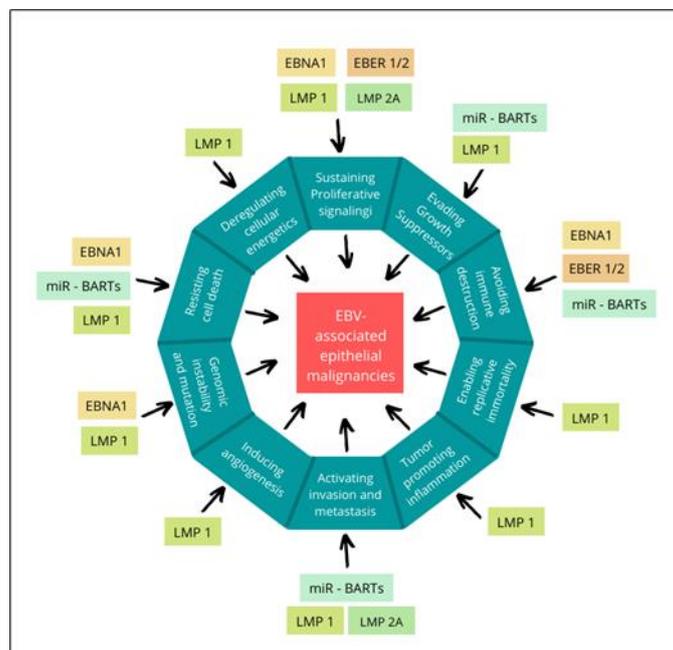


Figure 1 The Role of LMP1 as oncogenic factor [2].

A transmembrane protein called LMP1 functions as a constitutively active TNF receptor 1. Numerous signaling pathways, including NF- $\kappa$ B, JNK-p-38, PI3K-AKT, ERK-MAPK, and JAK-STAT, are activated. Collectively, these pathways control the expression of numerous downstream cellular targets, which support LMP1's oncogenic properties. By activating growth factor receptors and downregulating cell cycle regulators, LMP1 can promote the development of NPC cells [14,15]. LMP1 can increase the production of anti-apoptotic proteins or deactivate pro-apoptotic proteins to improve cell survival. Additionally, it promotes angiogenesis by inhibiting the degradation of the protein hypoxia inducible factor-1 (HIF-1) and increasing the expression of the vascular endothelial growth factor (VEGF) [16]. In addition to inducing epithelial-mesenchymal transition (EMT), LMP1 was reported to induce cancer stem/progenitor-like cells in NPC cells, possibly by activating the Hedgehog signaling pathway [17,18]. EBV-associated cancer patients with positive LMP1 expression had significantly worse survival than those with negative expression, according to a meta-analysis of 3752 individuals included in 32 studies.

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#### 4. Conclusion

The human EBV infection process results in the appearance of the protein LMP1. LMP1 promotes a number of immunomodulatory processes that defend tumor cells infected with viruses from immune attack. One of the oncogene factors that can cause nasopharyngeal cancer through a number of different molecular pathways is LMP1.

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#### Compliance with ethical standards

##### *Conflict of interest statement*

There is no conflict of interest in this study.

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