

Review Article

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Angiogenesis: An imprint for Melanoma Progression

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ABSTRACT

Angiogenesis happens in neurotic conditions, like in Malignant tumors, where a particular discriminating point in Malignant tumor development is the conversion from the avascular to the vascular stage. Malignant tumor angiogenesis depends fundamentally on the discharge by neoplastic cells of development variables particular for endothelial cells, which can empower the development of the host's veins. This article outlines the writing concerning the strong relationship between angiogenesis and human melanoma movement. The latest requisitions of antiangiogenic executors which meddle with melanoma movement are likewise depicted.

Key-words: Malignant Tumor, VEGF, TGF, PDGF, Angiogenesis, Antiangiogenesis, melanoma.

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Introduction

Angiogenesis, i.e., the development of new vessels from prior ones, for example, vessels and post capillary venules, assumes a significant part throughout embryonal advancement and later, in grown-up life, in a few physiological and obsessive conditions, such as Malignant tumor and incessant irritation, where angiogenesis itself may help the advancement of malady (Duncan et al, 1998).

Angiogenesis is controlled by a harmony between atoms that have positive and negative administrative action, and this idea has prompted the thought of the angiogenic switch, which relies upon an expanded handling of one or more positive controllers of angiogenesis (Faraone et al, 2009). Angiogenesis, and the processing of angiogenic components, are principal for malignant tumor development in the manifestation of progress, attack and metastasis, and basically all strong malignant tumor development happens by method for an avascular stage took after by a vascular stage.

Human melanoma is generated by the conversion of an epidermal melanocyte into a malicious cell and spreads in three routes: mainly inside the dermis; by means of the lymphatic's, and through the circulatory system (Westphal et al, 2000). The essential malignant tumor develops on a level plane through the epidermis. About whether, a vertical development stage segment creates in the essential malignant tumor, and the melanoma starts to thicken and attack the easier levels of the dermis.

When a vertical development stage has created, metastasis gets to be more probable, and there is an immediate correspondence between the thickness of the vertical development stage segment of an essential melanoma and the probability of metastasis (Ribatti et al, 2003). In concurrence with movement, melanoma procures a rich vascular system, where an expanding extent of Malignant tumor cells express the laminin receptor, which empowers their bond to vascular divider. A relationship between expanded angiogenesis communicated as intra Malignant tumoral micro vessel thickness (MVD) and a few parameters, for example, poor prediction (Lenoble et al, 1991), Malignant tumor thickness, general survival and expanded backslide rate, has been created in human melanoma. The level of angiogenesis in human melanoma relies upon the coordinated movement of a few angiogenic and antiangiogenic components handled by different sorts of cells in the melanoma microenvironment; also, there is a solid relationship between irritation, angiogenesis and metastasis in melanoma (Reed et al, 1994). Numerous studies have inspected the statement of pro angiogenic development elements and their receptors in melanoma. This audit outlines a few parts of melanoma angiogenesis and clinical suggestions.

Fragment of Typical Angiogenic Factors

Vascular endothelial growth factor (VEGF) is an angiogenic element in vitro and in vivo, and a mitogen for endothelial cells with consequences for vascular porousness (Egami et al, 2003). The VEGF family incorporates VEGF-A, VEGF-B, VEGF-C, VEGF-D, VEGF-E and placental development growth factor (PlGF). All the VEGF isoforms offer regular tyrosine kinase receptors. VEGF-A tie with high-natural inclination to VEGFR-1 and VEGFR-2, and assumes a key part in angiogenesis: PlGF upgrades angiogenesis by dislodging VEGFR-1 just in obsessive conditions and accordingly making more VEGF (Fig 1.) accessible to tie VEGFR-2, by transmitting angiogenic indicator through its receptor VEGFR-1 by means of a novel cross-talk; this reasons actuation of VEGFR-1 by PlGF which brings about upgraded tyrosine phosphorylation of VEGFR-2 (Nasarre et al, 2009). EGF is communicated by Malignant tumor cells both in vitro and in vivo, increments vascular penetrability and pushes the extravasation of plasma proteins and other coursing macromolecules from Malignant tumor vessels (Biancone et al, 2003).

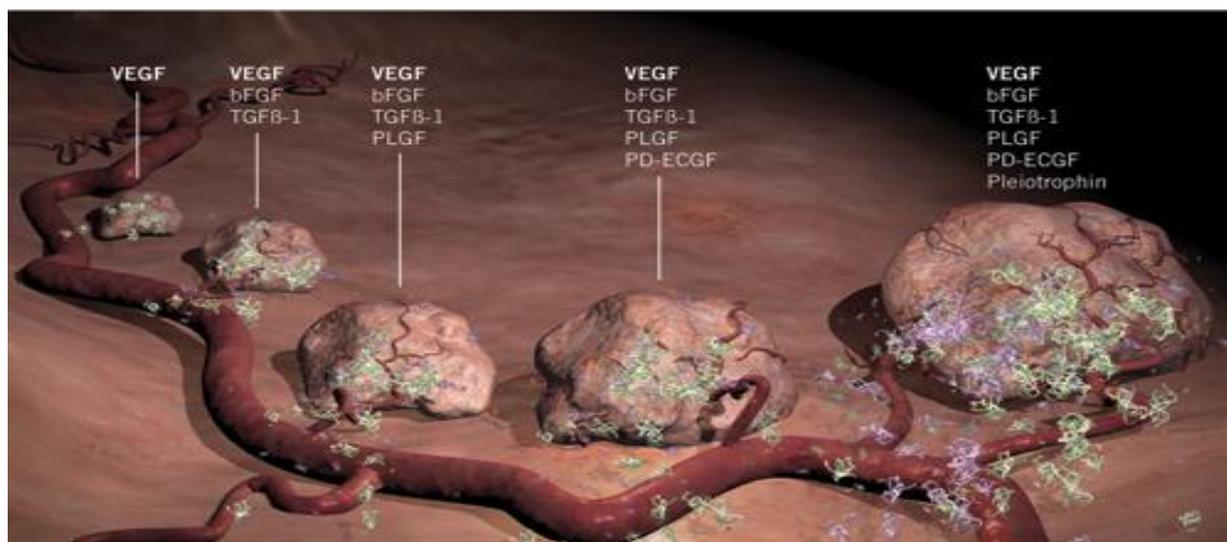


Figure 1. VEGF expressed throughout the tumor life cycle.

Melanoma cells generate and discharge VEGF-A. Immunization of human melanoma cells transfected with VEGF-A into immunodeficient mice brings about an expansion of vascularization and micro vessel penetrability of melanoma xenografts (Suzuki et al, 2007).

Researchers have exhibited that in human essential melanoma an expanded micro vascular thickness, a solid VEGF-An immune reactivity of Malignant tumor cells, an expanded vessel breadth and a high number of associations of intraluminal tissue folds with the inverse vascular divider; articulation of intussusceptive angiogenesis, are related to a higher Malignant tumor thickness (Wang et al, 1997).

The move from flat to vertical development stage in human primary melanoma and from initial to metastatic melanoma was connected with an expanded VEGF-A declaration and gathering in the Malignant tumor stroma (Hwu et al, 2005).

Lymph angiogenesis is a critical venture in malignant tumor movement. VEGF-C has been portrayed as a lymph angiogenic development component indicating by means of VEGFR-2 and VEGFR-3 (Huang et al, 2006). VEGF-C has been located on endothelial and malignant tumor cells and intervenes malignant tumor lymph angiogenesis and intrusion of the neoplastic cells into lymphatic vessels. VEGF-C overexpressing malignant tumor's increment intra malignant tumoral lymph angiogenesis by enacting the VEGF-C/VEGFR-3 hub in lymphatic endothelial cells, improving metastatic spread through the lymphatic and peri malignant tumoral measures of lymphatic vessels (Jendreyko et al, 2005). VEGF-A additionally demonstrated as a lymph angiogenic variable and Malignant tumor-determined VEGF-A pushes development of the lymphatic system inside emptying, sentinel lymph hubs, even before these Malignant tumor metastasize (Paezribes et al, 2009).

VEGF-C was discovered to be communicated in essential cutaneous melanomas. Melanomas overexpressing VEGF-C have expanded intra Malignant tumoral blood and lymph vessels and a huge expand in intra Malignant tumoral lymphatic's was seen in metastatic initial melanomas (Kim et al, 2006). In addition, lymph angiogenesis and metastasis was expanded in sentinel lymph hubs in carcinogenesis analyzes in transgenic mice overexpressing VEGF-C in the epidermis. Once the metastatic cells touched base at the sentinel lymph hubs, the degree of lymph angiogenesis at these destinations expanded. In mice with metastasis-holding sentinel lymph hubs (Shimizu et al, 2006), Malignant tumor's that communicated VEGF-C were less averse to metastasize to extra organs, for example, distal lymph hubs and lungs, while no metastases were seen in far off organs without lymph hub metastases (Brennecke et al, 2005).

Fibroblast growth factor 2 (FGF-2) is one of the best portrayed and examined expert angiogenic cytokines and a substantial collection of exploration has ensnared FGF/FGF receptors (FGFRs) as having a part in Malignant tumorigenesis. Various studies have endeavored to create an association between intraMalignant tumoral levels of FGF-2 mRNA or protein and intra malignant tumoral micro vascular thickness in tumor patients (Melnikova et al, 2009).

Researchers additionally showed that intrusive human melanoma and metastatic melanoma communicated FGF-2 mRNA, though melanoma in situ and considerate melanocytic nevi did not. Moreover, a huge relationship between high micro vascular thickness and representation of FGFR4 has been portrayed (Javebaud et al, 2008). Antisense focusing of FGF-2 in melanoma cells totally blocked malignant tumor development and repressed malignant tumor angiogenesis in vivo (Bagnato et al, 2004).

The Angiopoietin (Ang) family involves no less than four discharged proteins, Ang-1, Ang-2, Ang-3 and Ang-4, all of which tie to the endothelial-particular receptor tyrosine kinase Tie-2. It is overall archived that Angs assume a basic part in endothelial growing, vessel divider redesigning and pericyte recruitment (Dadras et al, 2003).

It was exhibited that Ang-2 demonstrations as an autocrine controller of melanoma cell movement and intrusion, is communicated by Malignant tumor -partnered endothelial cells and flowing levels of Ang-2 associate with Malignant tumor movement and general survival in melanoma patients. Obstruction with the Tie-2 pathway brings about a noteworthy hindrance of angiogenesis in melanoma (Vacca et al, 1993).

Ponders on focused on thump out mice have given proof of a key part for Transforming growth factors beta (TGF- β) motioning in the framing of the vascular framework (Sala et al, 2002). TGF- β pushes melanoma angiogenesis by empowering the representation of VEGF.

Molecules Intricating in Inflammation and Thrombosis

Interleukin-8 (IL-8) indicating pushes angiogenic reactions in endothelial cells, increments multiplication and survival of endothelial and Malignant tumor cells, and potentiates the relocation of malignancy cells, endothelial cells, and invading incendiary cells at the Malignant tumor site. In like manner, IL-8 representation relates with the angiogenesis, malignant tumorigenicity, and metastasis of malignant tumor s in various xenografts and orthotropic in vivo models (Sabatino et al, 2009). An expanded declaration of IL-8 and its receptors CXCR1 and CXCR2 has been exhibited in tumor cells, invading neutrophils, Malignant tumor -partnered macrophages and endothelial cells, recommending a capacity as an administrative element inside the Malignant tumor microenvironment .

Initial and metastatic melanoma cells constitutively emit IL-8, while non-metastatic cells handle low to immaterial levels of IL-8. Transforming growth factors beta-1 (TGF- β 1) specifically instigates IL-8 interpretation in profoundly metastatic A375SM melanoma cells, yet not in A375P non-metastatic parental cells (Hirakawa et al, 2005). Overexpression of IL-8 and its receptors parallel malignant tumor movement, metastatic potential and angiogenesis in human melanoma, and killing antibodies against IL-8 receptors repress melanoma angiogenesis.

A huge association between IL-8 serum fixation and Malignant tumor load has been appeared .Researcher likewise demonstrated that low IL-8 serum levels after chemotherapy connected to clinical reaction in stage IV melanoma patients, although lifted serum levels of VEGF and FGF-2 held on emulating the beginning cytostatic organization(Ribatti et al, 1999).

Platelet-activating factor (PAF) is an intense proinflammatory phospholipid with differing obsessive and physiological impacts (Srivastava et al, 1989). It intercedes forms as assorted as wound mending,

physiological irritation, apoptosis, angiogenesis, and proliferation. Moreover, malignancy cells and enacted endothelial cells uncover PAF-receptor on their layer surface. PAF tying to its receptor incites a few pathways that result in the onset and improvement of Malignant tumor -actuated angiogenesis and metastasis.

PAF and its receptor demonstrate as vital modulators of melanoma angiogenesis. Protease activated receptor-1 (PAR-1) is overexpressed in exceptionally metastatic melanoma cell lines and in metastatic sores of melanoma patients (Helfrich et al, 2009). The enactment of PAR-1 is straightforwardly answerable for the interpretation of genes included in melanoma angiogenesis, for example, IL-8, VEGF and platelet determined growth factors (PDGF).

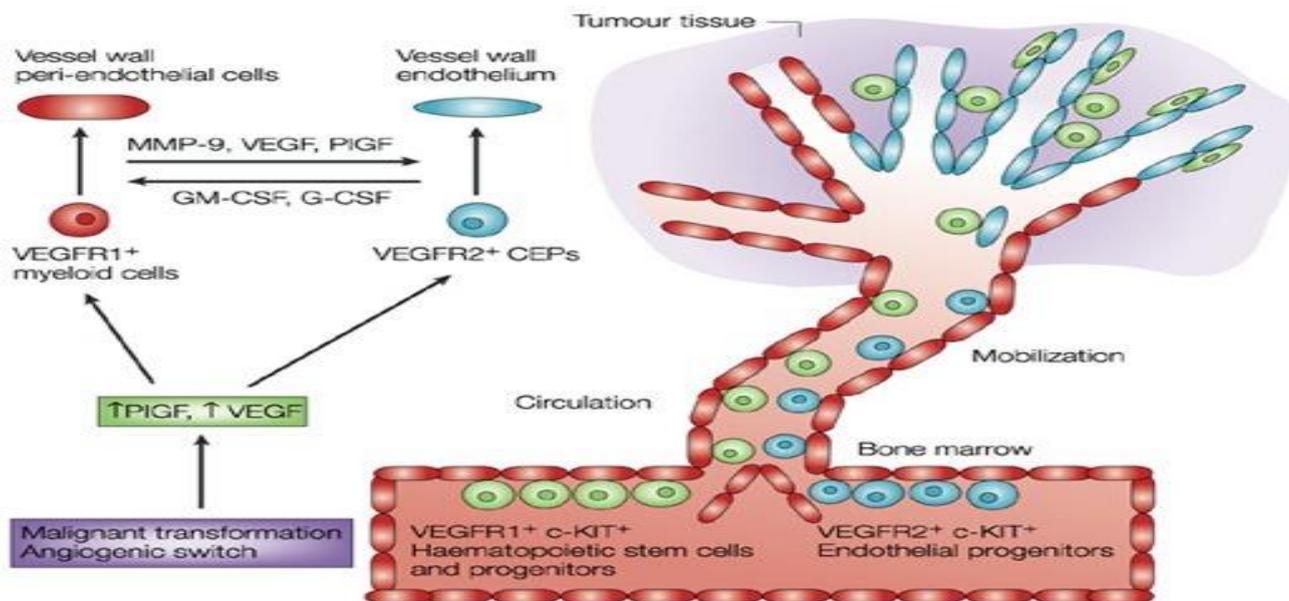


Fig2. Various Angiogenic factors released by tumors cells.

The platelet-derived growth factor (PDGF) family involves four relatives (PDGF-A to PDGF-D), which tie, with dissimilar specifically, to receptor tyrosine kinases PDGFR-A and PDGFR-B communicated on endothelial cells and smooth muscle cells (Marcellini et al, 2006). Additionally, PDGF assume a basic part in pericyte recruitment in both typical and malignant tumor vessels (Fig 2.).

Researchers showed that human melanoma xenografts inferred from B16 cells transfected with PDGF-BB show vessels with a higher pericyte scope as contrasted with control cells. Also, they exhibited by MRI dissection that PDGF-BB prompted a reduction of vessel gauge and an expanded level of perfusion of malignant tumor veins (Mouawad et al, 2009).

There is expanding confirmation to help the view that angiogenesis and irritation are commonly subordinate. Throughout provocative responses, insusceptible cells incorporate and emit pro-angiogenic variables that advertise neovascularization (Rofstad et al, 2000). Then again, the recently structured vascular supply helps the propagation of irritation by pushing the movement of provocative cells to the site of aggravation.

An expansion in pole cell thickness has been depicted in intrusive melanoma as contrasted with favorable nevi and in situ melanoma (Siemesster et al, 1999). A high correspondence between micro vessels check, malignant tumor cells sensitive to FGF-2, pole cells include and malignant tumor movement human melanoma. the spatial dissemination of pole cells in melanoma was described by a nearby spatial affiliation between pole cells and vessels where as in cutaneous melanomas intradermal pole cells are immunoreactive to VEGF and showed a prognostic importance of pole cell

thickness and micro vascular thickness in melanoma patients, demonstrating a shorter survival rate in patients with very values of these parameters (Yurkovetsky et al, 2007).

Macrophage invasion connects with malignant tumor stage and angiogenesis in harmful melanoma. Melanoma cells discharge monocyte chemotactic protein-1 (MCP-1) and CC chemokine ligand-5 (Ccl5), an effective activator of monocytes/macrophages, dendritic cells and pole cells . Malignant tumor inferred MCP-1 and CCl5 incite macrophages to emit angiogenic elements, for example, IL-8, VEGF, MMP-9, FGF-2, Malignant tumor necrosis factor Alfa (TNF- α) and PDGF. Thus, TNF- α discharged by macrophages expands the emission of VEGF and IL-8 from melanoma cells (Reed et al, 1994). The macrophage adapted medium essentially up-controlled IL-8 representation in human threatening melanoma in vitro. Besides, they showed that co-society of melanoma cells with monocytes upgraded VEGF-A emission, and monocyte molded medium improved melanoma cell articulation of VEGF-A (Schall et al, 1990).

Non-Classic Angiogenic Factors

Melanotransferrin (MTf), the layer bound human melanoma antigen p97, ties to plasminogen and empowers its actuation, therefore managing a significant step included in angiogenesis.

MTf is very communicated in melanoma cells as contrasted with typical melanocytes, and assumes a basic part in melanoma cell expansion and malignant tumorigenesis. The MTf actuated chemotactic movement of vascular endothelial cells in a Boyden chamber and angiogenesis in vivo in the chick fetus chorioallantoic membrane (CAM) measure (Yang et al,2006). Also, a solvent manifestation of MTf repressed angiogenesis in vivo Endothelin (ETs) are a group of hypertensive peptides, for the most part emitted by endothelial cells and overexpression of ET-1 and its receptors has been found in malignant tumors (Lindahl et al,1997).

Endothelin B-receptor (ETB-R) is overexpressed in human melanoma, initiation of the ETB-R pathway builds the articulation of MMP-2 and MMP-9 and ETB-R foe impelled a restraint of malignant tumor development and a lessening of vascular thickness(Tellez et al,2003). Besides, ET-1 and ET-3 advertise obtrusive conduct through hypoxia inducible factor 1 alpha (HIF-1 α) in human melanoma cells.

Endogenous Inhibitors of Angiogenesis

Thrombospondin-1 (TSP-1) was the first protein to be distinguished as a commonly happening inhibitor of angiogenesis by Bouck and associates in their hunt down proteins up regulated by Malignant tumor silencer genes (Kazlauskas et al,2008).

The melanoma angiogenesis, lung colonization and spontaneous aspiratory metastasis were repressed in mice overexpressing TSP-1(Marcoval et al, 1997). Besides, the TSP-1 medicine forestalls development of lethargic lung micro metastasis after surgical resection and healing radiation treatment of the essential malignant tumor in human melanoma xenografts.

Angiostatin was found in 1994 by M. O'reilly in the Folkman research facility dependent upon Folk man's theory that an essential Malignant tumor could stifle its remote metastasis in light of the fact that interpretation of proangiogenic proteins inside the essential Malignant tumor surpass the era of antiangiogenic proteins bringing about the vascularization and development of the essential Malignant tumor (Vameu et al,2006). Angiostatin particularly hindered the multiplication of developing vascular endothelial cells and the development of essential malignant tumor s by up to 98% and could instigate relapse of expansive malignant tumor and administer them at a minuscule torpid size (Heasley et al, 1996). In 1997, O'reilly detached and filtered an alternate angiogenesis inhibitor from a murine hemangioendothelioma called endostatin. Endostatin neutralizes essentially

all the angiogenic genes up regulated by either VEGF or FGF-2 and likewise down regulates endothelial cell Jun B, HIF-1 α , neuropilin and the epidermal development component receptor. On the other hand, clinical trials utilizing endostatin as a part of malignancy patients have yielded just sporadically positive effects (Salvan et al, 1998).

Antiangiogenic Therapy

Various clinical trials in patients with propelled metastatic melanoma show that melanoma is exceptionally impervious to tried and true cytotoxic chemotherapy and immunotherapy. Remedial choices for metastatic melanoma are exceptionally restricted, essentially palliative, and show reaction in just pretty nearly 20% of all cases. Different trial methodologies have been directed to assess the viability of antiangiogenic particles in melanoma medication (Saharinen et al, 2004).

Restraint of VEGF movement by means of killing antibodies, VEGF antisense, RNA impedence, oral VEGF receptor inhibitors, and hostile to VEGF receptor immunizations are all successful techniques to abate the development and metastasis of human melanoma (Straume et al, 1999). The opposition to VEGF neutralizer bevacizumab has Food and Drug Administration regard for specific sorts of breast growth, non-little cell lung Malignant tumor, and metastatic colorectal disease. Different stage I or II clinical trials are, no doubt led with bevacizumab alone or in mix in patients with metastatic melanoma (Varker et al, 2007). The organization of bevacizumab as a solitary operator did not decrease the malignant tumor trouble of patients with metastatic melanoma, yet incited a delayed malady adjustment (24 to 146 weeks) in a subset (8/32) of patients, incorporating five patients treated with bevacizumab alone and three treated with bevacizuman in addition to interferon α 2b. Where as in a stage II trial that the blending of carboplatin, paclitaxel and bevacizumab brought about a more viability reaction. Of the 53 patients enlisted, nine (17%) attained fractional abatement (Hauschild et al, 2009), and an alternate 30 (57%) accomplished stable infection for no less than eight weeks. Average movement free survival and average general survival were 6 and 12 months, separately.

Thalidomide hinders vasculogenic mimicry channel and mosaic vessels creation in melanoma. Researcher reported a 32% of goal malignant tumor reaction and worthy danger in a stage II trial with temozolamide and thalidomide in metastatic melanoma patients (Atkins et al, 2008). A huge reaction was additionally found in patients with brain metastatic melanoma. In actuality, a low reaction rate was found in patients with metastatic melanoma treated with mix between thalidomide, temozolamide and entire cerebrum light. The mixture of dacarbazine and thalidomide showed low viability and unsuitable harmfulness. Thalidomide in blend with IFN α -2b exhibited an absence of reaction and was connected with different serious toxicities.

The lenalidomide in metastatic melanoma patients long ago treated with chemotherapy and indicated a general reaction rate at higher measurement of just 5.5% (Glaspy et al, 2009). At long last, sorafenib, a multi-kinase inhibitor, was inadequate against melanoma as a solitary executor and the expansion of sorafenib to chemotherapy did not enhance the reaction rate.

It is discriminating to take potential antagonistic impacts, for example, the high rate of serious thromboembolic occasions, into record when antiangiogenic particles have utilized within the medicine of melanoma alone or in blend with different drugs.

Closing Remarks

A few clinical studies are presently being led to evaluate the impacts of angiogenesis inhibitors in the medicine of patients with metastatic melanoma. A restorative approach that joins together angiogenesis inhibitors with cytotoxic executors appears to be more inclined to bring about a clinical profit for patients than antiangiogenic medicine alone.

Most regimens joining together cytotoxic operators with antiangiogenic atoms essentially manage the executors in the meantime, with no consideration regarding booking and timing of medicine. Is appears that antiangiogenic help may be more advantageous if given before the organization of chemotherapy.

It is essential to note that latest reports recommend that antiangiogenic treatment eagerly pushes malignant tumor intrusion and metastasis. Increased intrusiveness may result from upgraded interpretation of different cytokines prompted by the medicine or from hypoxia-driven impacts, including transcriptional actuation of the hepatocyte development variable receptor c-Met (Claffey et al, 1996). Concentrates on in VEGF-A invalid Malignant tumor cells in the RIP-Tag model propose that misfortune of VEGF motioning in Malignant tumor cells empowered neighborhood intrusion regardless of the fact that the general impacts were valuable on the grounds that the misfortune of VEGF in Malignant tumor cells decreased Malignant tumor development and delayed survival . In this way, joined modality medication with antiangiogenic and anti-invasive treatments may push gainful remedial impacts.

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Conflicts of Interest Statement:

The Authors declare no conflicts of interest.

References

1. Ribatti, D.; Vacca, A.; Dammacco, F. The role of the vascular phase in solid Malignant tumor growth: A historical review. *Neoplasia* 1999, 1, 293–302.
2. Heasley, D.D.; Toda, S.; Mihm, M.C., Jr. Pathology of malignant melanoma. *Surg. Clin. North.Am.* 1996, 76, 1223–1255.
3. Vacca, A.; Ribatti, D.; Roncali, L.; Lospalluti, M.; Serio, G.; Carrel, S.; Dammacco, F. Melanocyte Malignant tumor progression is associated with changes in angiogenesis and expression of the 67-kilodalton laminin receptor. *Cancer* 1993, 72, 455–461.
4. Srivastava, A.; Hughes, L.E.; Woodcock, J.P.; Laidler, P. Vascularity in cutaneous melanoma detected by Doppler sonography and histology: Correlation with tumour behaviour. *Br. J. Cancer* 1989, 59, 89–91.
5. Vacca, A.; Ribatti, D.; Roncali, L.; Lospalluti, M.; Serio, G.; Carrel, S.; Dammacco, F. Melanocyte Malignant tumor progression is associated with changes in angiogenesis and expression of the 67-kilodalton laminin receptor. *Cancer* 1993, 72, 455–461.
6. Straume, O.; Salvesen, H.B.; Akslen, L.A. Angiogenesis is prognostically important in vertical growth phase melanomas. *Int. J. Oncol.* 1999, 15, 595–599.
7. Rofstad, E.K.; Halsø, E.F. Vascular endothelial growth factor, interleukin 8, platelet-derived endothelial cell growth factor, and basic fibroblast growth factor promote angiogenesis and metastasis in human melanoma xenografts. *Cancer Res.* 2000, 60, 4932–4938.
8. Claffey, K.P.; Brown, L.F.; del Aguila, L.F.; Tognazzi, K.; Yeo, K.T.; Manseau, E.J.; Dvorak, H.F. Expression of vascular permeability factor/vascular endothelial growth factor by melanomacells increases Malignant tumor growth, angiogenesis, and experimental metastasis. *Cancer Res.* 1996, 56, 172–181.
9. Marcoval, J.; Moreno, A.; Graells, J.; Vidal, A.; Escrivà, J.M.; Garcia-Ramírez, M.; Fabra A. Angiogenesis and malignant melanoma. Angiogenesis is related to the development of vertical (Malignant tumor igenous) growth phase. *J. Cutan. Pathol.* 1997, 24, 212–218.

10. Marcellini, M.; De Luca, N.; Riccioni, T.; Ciucci, A.; Orecchia, A.; Lacal, P.M.; Ruffini, F.; Pesce, M.; Cianfarani, F.; Zambruno, G.; Orlandi, A.; Failla, C.M. Increased melanoma growth and metastasis spreading in mice overexpressing placenta growth factor. *Am. J. Pathol.*, 2006,169, 643–654.
11. Helfrich, I.; Edler, L.; Sucker, A.; Thomas, M.; Christian, S.; Schadendorf, D.; Augustin, H.G. Angiopoietin-2 levels are associated with disease progression in metastatic malignant melanoma. *Clin. Cancer Res.* 2009, 15, 1384–1392.
12. Siemeister, G.; Schirner, M.; Weindel, K.; Reusch, P.; Menrad, A.; Marmè D.; Martiny-Baron, G. Two independent mechanisms essential for Malignant tumor angiogenesis: Inhibition of human melanoma xenograft growth by interfering with either the vascular endothelial growth factor receptor pathway or the Tie-2 pathway. *Cancer Res.* 1999, 59, 3185–3191.
13. Jendreyko, N.; Popkov, M.; Rader, C.; Barbas, C.F. 3rd. Phenotypic knockout of VEGF-R2 and Tie-2 with an intraantibody reduces Malignant tumor growth and angiogenesis *in vivo*. *Proc. Natl. Acad. Sci. USA* 2005, 102, 8293–8298.
14. Nasarre, P.; Thomas, M.; Kruse, K.; Helfrich, I.; Wolter, V.; Deppermann, C.; Schadendorf, D.; Thurston, G.; Fiedler, U.; Augustin, H.G. Host-derived angiopoietin-2 affects early stages of Malignant tumor development and vessel maturation but is dispensable for later stages of Malignant tumor growth. *Cancer Res.* 2009, 69, 1324–1333.
15. Javelaud, D.; Alexaki, V.I.; Mauviel, A. Transforming growth factor-beta in cutaneous melanoma. *Pigment. Cell. Melanoma. Res.* 2008, 21, 123–132.
16. Westphal, J.R.; Van't Hullenaar, R.; Peek, R.; Willems, R.W.; Crickard, K.; Crickard, U.; Askaa, J.; Clemmensen, I.; Ruitter, D.J.; De Waal, R.M. Angiogenic balance in human melanoma: Expression of VEGF, bFGF, IL-8, PDGF and angiostatin in relation to vascular density of xenografts *in vivo*. *Int. J. Cancer.* 2000, 86, 768–776.
17. Varney, M.L.; Johansson, S.L.; Singh, R.K. Distinct expression of CXCL8 and its receptors CXCR1 and CXCR2 and their association with vessel density and aggressiveness in malignant melanoma. *Am. J. Clin. Pathol.* 2006, 125, 209–216.
18. Huang, S.; Mills, L.; Mian, B.; Tellez, C.; McCarty, M.; Yang, X.D.; Gudas, J.M.; Bar-Eli, M. Fully humanized neutralizing antibodies to interleukin-8 (ABX-IL8) inhibit angiogenesis, Malignant tumor growth, and metastasis of human melanoma. *Am. J. Pathol.* 2002, 161, 125–134.
19. Kazlauskas, A. Platelet-derived growth factors. In *Angiogenesis. An Integrative Approach form Science to Medicine*; Figg, W.D., Folkman, J., Eds.; Springer Science: New York, NY, USA, 2008; pp. 99–102.
20. Sabatino, M.; Kim-Schulze, S.; Panelli, M.C.; Stroncek, D.; Wang, E.; Taback, B.; Kim, D.W.; Deraffe, G.; Pos, Z.; Marincola, F.M.; Kaufman, H.L. Serum vascular endothelial growth factor and fibronectin predict clinical response to high-dose interleukin-2 therapy. *J. Clin. Oncol.* 2009, 27, 2645–2652.
21. Yurkovetsky, Z.R.; Kirkwood, J.M.; Edington, H.D.; Marrangoni, A.M.; Velikokhatnaya, L.; Winans, M.T.; Gorelik, E.; Lokshin, A.E. Multiplex analysis of serum cytokines in melanoma patients treated with interferon-alpha2b. *Clin. Cancer Res.* 2007, 13, 2422–2428.
22. Saharinen, P.; Tammela, T.; Karkkainen, M.J.; Alitalo, K. Lymphatic vasculature: Development, molecular regulation and role in Malignant tumor metastasis and inflammation. *Trends Immunol.* 2004, 25, 387–395.
23. Hirakawa, S.; Kodama, S.; Kunstfeld, R.; Kajiya, K.; Brown, L.F.; Detmar, M. VEGF-A induces Malignant tumor and sentinel lymph node lymphangiogenesis and promotes lymphatic metastasis. *J. Exp. Med.* 2005, 130, 1089–1099.
24. Salven, P.; Lymbousaki, A.; Heikkila, P.; Järvelä-Saari, H.; Enholm, B.; Aase, K.; von Euler, G.; Eriksson, U.; Alitalo, K.; Joensuu, H. Vascular endothelial growth factors VEGF-B and VEGF-C are expressed in human Malignant tumor s. *Am. J. Pathol.* 1998, 153, 103–108.
25. Dadras, S.S.; Paul, T.; Bertocini, J.; Brown, L.F.; Muzikansky, A.; Jackson, D.G.; Ellwanger, U.; Garbe, C.; Mihm, M.C.; Detmar, M. Malignant tumor lymphangiogenesis: A novel prognostic indicator for cutaneous melanoma metastasis and survival. *Am. J. Pathol.* 2003, 162, 1951–1960.
26. Mouawad, R.; Spano, J.P.; Comperat, E.; Capron, F.; Khayat, D. Tumoural expression and circulating level of VEGFR-3 (Flt-4) in metastatic melanoma patients: Correlation with clinical parameters and outcome. *Eur. J. Cancer* 2009, 45, 1407–1414.
27. Reed, J.A.; McNutt, N.S.; Albino, A.P. Differential expression of basic fibroblast growth factor (bFGF) in melanocytic lesions demonstrated by in situ hybridization. Implications for Malignant tumor progression. *Am. J. Pathol.* 1994, 144, 329–336.
28. Wang, Y.; Becker, D. Antisense targeting of basic fibroblast growth factor and fibroblast growth factor receptor-1 in human melanomas blocks intraMalignant tumor al angiogenesis and Malignant tumor growth. *Nat. Med.* 1997, 3, 887–893.
29. Brennecke, S.; Deichmann, M.; Naeher, H.; Kurzen, H. Decline in angiogenic factors, such as interleukin-8, indicates response to chemotherapy of metastatic melanoma. *Melanoma Res.* 2005, 15, 515–522.
30. Tellez, C.; McCarty, M.; Ruiz, M.; Bar-Eli, M. Loss of activator protein-2alpha results in overexpression of protease-activated receptor-1 and correlates with the malignant phenotype of human melanoma. *J. Biol. Chem.* 2003, 278, 46632–46642.
31. Melnikova, V.O.; Villares, G.I.; Bar-Eli, M. Emerging roles of PAR-1 and PAFR in melanoma metastasis. *Cancer Microenviron.* 2009, 1, 103–111.

32. Schall, T.J.; Bacon, K.; Toy, K.J.; Goeddel, D.V. Selective attraction of monocytes and Tlymphocytes of the memory phenotype by cytokine RANTES. *Nature* 1990, *347*, 669–671.
33. Sala, R.; Jefferies, W.A.; Walker, B.; Yang, J.; Tiong, J.; Law, S.K.; Carlevaro, M.F.; Di Marco, E.; Vacca, A.; Cancedda, R.; Cancedda, F.D.; Ribatti, D. The human melanoma associated protein melanotransferrin promotes endothelial cell migration and angiogenesis *in vivo*. *Eur. J. Cell. Biol.* 2002, *81*, 599–607.
34. Le Noble, F.A.C.; Hekking, J.W.M.; Van Straaten, H.W.M.; Slaaf, D.W.; Struyker Boudier, H.A.J. Angiotensin II stimulates angiogenesis in the chorioallantoic membrane of the chick embryo. *Eur. J. Pharmacol.* 1991, *195*, 3005–3006.
35. Egami, K.; Murohara, T.; Shimada, T.; Sasaki, K.; Shintani, S.; Sugaya, T.; Ishii, M.; Akagi, T.; Ikeda, H.; Matsuishi, T.; Imaizumi, T. Role of host angiotensin II type 1 receptor in Malignant tumor angiogenesis and growth. *J. Clin. Invest.* 2003, *112*, 67–75.
36. Lindahl, P.; Johansson, B.R.; Leveen, P.; Betsholtz, C. Pericyte loss and microaneurysm formation in PDGF-B-deficient mice. *Science* 1997, *277*, 242–245.
37. Suzuki, S.; Heldin, C.H.; Heuchel, R.L. Platelet-derived growth factor receptor-beta, carrying the activating mutation D849N, accelerates the establishment of B16 melanoma. *BMC Cancer* 2007, *7*, 224.
38. Faraone, D.; Aguzzi, M.S.; Toietta, G.; Facchiano, A.M.; Facchiano, F.; Magenta, A.; Martelli, F.; Truffa, S.; Cesareo, E.; Ribatti, D.; Capogrossi, M.C.; Facchiano, A. Platelet-derived growth factor-receptor alpha strongly inhibits melanoma growth *in vitro* and *in vivo*. *Neoplasia* 2009, *11*, 732–742.
39. Biancone, L.; Cantaluppi, V.; Del Sorbo, L.; Russo, S.; Tjoelker, L.W.; Camussi, G. Platelet- activating factor inactivation by local expression of platelet-activating factor acetyl-hydrolase modifies Malignant tumor vascularization and growth. *Clin. Cancer. Res.* 2003, *9*, 4214–4220.
40. Duncan, L.M.; Richards, L.A.; Mihm, M.C., Jr. Increased mast cell density in invasive melanoma. *J. Cutan. Pathol.* 1998, *25*, 11–15.
41. Ribatti, D.; Ennas, M.G.; Vacca, A.; Ferreli, F.; Nico, B.; Orru, S.; Sirigu, P. Malignant tumor vascularity and tryptase-positive mast cells correlate with a poor prognosis in melanoma. *Eur. J. Clin. Invest.* 2003, *33*, 420–425.
42. Varker, K.A.; Biber, J.E.; Kefauver, C.; Jensen, R.; Lehman, A.; Young, D.; Wu, H.; Lesinski, G.B.; Kendra, K.; Chen, H.X.; Walker, M.J.; Carson, W.E., 3rd. A randomized phase 2 trial of bevacizumab with or without daily low-dose interferon alfa-2b in metastatic malignant melanoma. *Ann. Surg. Oncol.* 2007, *14*, 2367–2376.
43. Bagnato, A.; Rosanò L.; Spinella, F.; Di Castro, V.; Tecce, R.; Natali, P.G. Endothelin B receptor blockade inhibits dynamics of cell interactions and communications in melanoma cell progression. *Cancer Res.* 2004, *64*, 1436–1443.
44. Yang, H.; Xu, Z.; Iuvone, P.M.; Grossniklaus, H.E. Angiostatin decreases cell migration and vascular endothelial growth factor (VEGF) to pigment epithelium derived factor (PEDF) RNA ratio *in vitro* and in a murine ocular melanoma model. *Mol. Vis.* 2006, *12*, 511–517.
45. Kim, K.S.; Kim, D.S.; Chung, K.H.; Park, Y.S. Inhibition of angiogenesis and Malignant tumor progression by hydrodynamic cotransfection of angiostatin K1-3, endostatin, and saxatilin genes. *Cancer Gene Ther.* 2006, *13*, 563–571.
46. Atkins, M.B.; Sosman, J.A.; Agarwala, S.; Logan, T.; Clark, J.I.; Ernstoff, M.S.; Lawson, D.; Dutcher, J.P.; Weiss, G.; Curti, B.; Margolin, K.A. Temozolomide, thalidomide, and whole brain radiation therapy for patients with brain metastasis from metastatic melanoma: A phase II Cytokine Working Group study. *Cancer* 2008, *113*, 2139–2145.
47. Glaspay, J.; Atkins, M.B.; Richards, J.M.; Agarwala, S.S.; O'Day, S.; Knight, R.D.; Jungnelius, J.U.; Bedikian, A.Y. Results of a multicenter, randomized, double-blind, dose-evaluating phase 2/3 study of lenalidomide in the treatment of metastatic malignant melanoma. *Cancer* 2009, *115*, 5228–5236.
48. Hauschild, A.; Agarwala, S.S.; Trefzer, U.; Hogg, D.; Robert, C.; Hersey, P.; Eggermont, A.; Grabbe, S.; Gonzalez, R.; Gille, J.; Peschel, C.; Schadendorf, D.; Garbe, C.; O'Day, S.; Daud, A.; White, J.M.; Xia, C.; Patel, K.; Kirkwood, J.M.; Keilholz, U. Results of a phase III, randomized, placebo-controlled study of sorafenib in combination with carboplatin and paclitaxel as second-line treatment in patients with unresectable stage III or stage IV melanoma. *J. Clin. Oncol.* 2009, *27*, 2823–2830.
49. Paez-Ribes, M.; Allen, E.; Hudock, J.; Takeda, T.; Okuyama, H.; Vinals, F.; Inoue, M.; Bergers, G.; Hananan, D.; Casanovas, O. Antiangiogenic therapy elicits malignant progression of Malignant tumor s to increased local invasion and distant metastasis. *Cancer Cell* 2009, *15*, 220–231.
50. Hwu, W.J.; Lis, E.; Menell, J.H.; Panageas, K.S.; Lamb, L.A.; Merrell, J.; Williams, L.J.; Krown, S.E.; Chapman, P.B.; Livingston, P.O.; Wolchok, J.D.; Houghton, A.N. Temozolomide plus thalidomide in patients with brain metastases from melanoma: A phase II study. *Cancer* 2005, *103*, 2590–2597.
51. Shimizu, M.; Shimamura, M.; Owaki, T.; Asakawa, M.; Fujita, K.; Kudo, M.; Iwakura, Y.; Takeda, Y.; Luster, A.D.; Mizuguchi, J.; Yoshimoto, T. Antiangiogenic and antiMalignant tumor activities of IL-27. *J. Immunol.* 2006, *176*, 7317–7324.