

Commentary

# Non-Melanoma Skin Cancer and the Cutaneous Microbiota Network

Diletta Francesca Squarzanti<sup>1,2</sup>, Paola Zanetta<sup>1,2</sup>, Barbara Azzimonti<sup>1,2\*</sup>

<sup>1</sup>Department of Health Sciences (DiSS), University of Piemonte Orientale (UPO), Novara, Italy; <sup>2</sup>Center for Translational Research on Autoimmune and Allergic Diseases (CAAD), DiSS, UPO, Novara, Italy

## ABSTRACT

Commentary on the emerging role of the human microbiota in epithelial carcinogenesis

Keywords: Microbiota; Non-Melanoma Skin Cancer (NMSC); Ultraviolet (UV) rays; Vitamin D; Human Papillomavirus (HPV)

## COMMENTARY

Non-melanoma skin cancer (NMSC) is the most common tumor in Caucasians; its incidence, certainly underestimated, increases annually by about 10%, with 2-3 million new diagnoses/year worldwide. Therefore, since NMSC constitutes an important public health problem, the factors involved in its development and progression are constantly under research, in order to look for new prevention and treatment strategies. Ultraviolet (UV) ray overexposure, beta Human Papillomavirus (HPV) infection, genetic predisposition, vitamin D deficiency and immunosuppression are the most recognized [1].

In recent years, the host's microbiota is gaining an increasingly prominent role. What it is now well clear is that its dysregulation can also promote, among the others, diverse immune and cutaneous disorders [2,3]. Only now, however, the first steps are moving towards knowledge of its involvement in the genesis and progression of NMSC [4].

The findings of the *in vivo*, *ex vivo* and *in vitro* studies are fundamental, but they are difficult to integrate for a practical and profitable employment.

How can we use the information we are acquiring? And therefore, above all, how can we preserve the skin microbiota balance? How not to go around and hit the target instead?

We are aware that all the microbial species of the human niches are interconnected, but many pieces of the puzzle still lack. What we know is that within each healthy skin area there is a plethora of communities composed by commensals, symbionts and pathogens, well balanced and in a correct numerical proportion. In such a context, microbial quorum sensing orchestrates their reciprocal interaction and that one with human eukaryotic cells.

Skin microbiota balance preserving is a life's task; its loss could happen at some point. In fact, when one or more external/internal stimuli arrive, a "coup d'état", or rather a "low blow to health", occurs. In such conditions, many microbial representatives are lost. In fact, pathogens, thanks to their ability to better resist these events by virtue of their protective virulence factors, begin to prevail in number to the detriment of commensals and symbionts. This determines the loss of the network and the modification of the local environmental conditions, since some final microbial effectors do not receive the correct information. This is the true transposition of what also happens in the human communities. It is not a philosophical thought, even if it comes very close.

In normal skin, cutaneous microbiota is mainly constituted by 19 bacterial phyla; among them, Actinobacteria, Corynebacteria and Propionibacteria are the most represented [5]. Although skinrelated viruses cannot be easily cultured in vitro and only some consensus sequences allow their detection by molecular methods, numerous evidences suggest that skin and hair follicles also host  $\alpha$ -,  $\beta$ - and  $\gamma$ -HPVs [6].

Perturbations due to genetic predisposition, organ transplant, aging and the misuse of topical and systemic corticosteroids determine a general reduction of the microbial diversity/quantity and of the host's immune defenses. To aggravate this picture, over-exposure to UV sun rays can destroy bacteria and double stranded DNA viruses; hair removal habit contributes to empty hair bulbs, which are reservoirs of a lot of commensals (HPV and Propionibacteria in primis); moreover, the misuse of aggressive surfactants based on cationic polymers and cutaneous anionic surfactants may behave like real weapons of destruction. Despite the capability of skin

\*Correspondence to: Barbara Azzimonti, Department of Health Sciences (DiSS), University of Piemonte Orientale (UPO), Novara, Italy; Tel: +39 0321 660870; E-mail: barbara.azzimonti@med.uniupo.it

Received: October 30, 2019; Accepted: November 16, 2020; Published: November 23, 2020

Citation: Squarzanti DF, Zanetta P, Azzimonti B (2020) Non-Melanoma Skin Cancer and the Cutaneous Microbiota Network. Biol Med (Aligarh) 12: 473. doi: 10.35248/0974-8369.20.12.473.

**Copyright:** ©2020 Squarzanti DF, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

## OPEN CACCESS Freely available online

#### Squarzanti DF, et al.

creams in restoring hydrolipidic film, they often contain alcohol and/or preservatives that negatively select good commensals and favor more aggressive microorganisms.

In several disbiotic patterns, Staphylococcus aureus and Streptococcus pyogenes (phylum Firmicutes), Pseudomonas aeruginosa (phylum Proteobacteria) and the  $\beta$ -HPV-5, -8, -38 genotypes often become dominant. The activated pathogenic mold form of Candida spp may also increase, promoted by cortisone treatments, sugar-based diets and immunodepression.

Moreover, during skin carcinogenesis an impairment of sebum production occurs, thus reducing both *Propionibacterium acnes* and *Malassezia globosa* colonization [7,8].

Based on the current knowledge, pathogens therefore contribute to the proliferation and metastatic migration of skin cancer cells only in the presence of an uncontrolled chronic inflammatory response [9], in turn mediated by bacteria moving deeper in the damaged epithelial barrier. Indeed, it appears that S. *aureus* does not infect the skin of immunocompetent individuals until it is damaged; the ulcerative nature of the SCC and the modified metabolism of neoplastic cells favor colonization by this pathogen [9].

We can imagine our skin is like a culture medium. If it is rich of nutrients, there will be a future for all, while, if poor, only the less metabolically demanding, in most cases the most virulent ones, will survive.

Bacteria can be the enemy, but also the cure, since the ones considered as "good" and "bad" coexist in times of peace. It's just a question of balance to be maintained. On one hand, while the presence of bacteria responsible for inflammation and DNA damage increase has been implicated in squamous cell carcinoma (SCC) development [10-13], on the other side this phenomenon seems to be countered by the probiotic *Lactobacillus johnsonii* in UV-stimulated human skin [14] and by the lipoteichoic acid from *Lacticaseibacillus rhamnosus* GG, at least in chronically photo-exposed mice models [15]. The same action has also been suggested for *Bifidobacterium longum* [16].

At the end what can we say? The resident microorganisms possess all the characteristics to exert beneficial and rescue functions, protecting us from pathogenic species colonization and processing skin proteins, free fatty acids, and sebum. Microbiota can and will save the world, if the world does not make a clean sweep before.

## **CONFLICTS OF FINANCIAL INTEREST**

The authors declare no conflicts of interest.

# ACKNOWLEDGEMENT

DFS has been supported by Probiotical Research Srl.PZ has been supported by "FAR-2017" funding provided by the UPO and FastMed Italia Srl.

## REFERENCES

1. Fahradyan A, Howell AC, Wolfswinkel EM, Tsuha M, Sheth P, Wong

AK. Updates on the Management of Non-Melanoma Skin Cancer (NMSC). Healthcare (Basel). 2017;5(4):82.

- Chiesa A, Sorrentino R, Squarzanti DF, Cochis A, Rimondini L, Azzimonti B. In Vitro Reconstructed Human Epithelial Models for Microbial Infection Research: Why Do We Need them? EC Microbiology. 2017;8(2):92-96.
- 3. Squarzanti DF, Sorrentino R, Azzimonti B. High-risk HPVs, microbiota and epithelial carcinogenesis: state of the art and research contribution of *in vitro* 3D models. J CancerMetastasis Treat. 2019;5:73.
- Squarzanti DF, Zavattaro E, Pizzimenti S, Amoruso A, Savoia P, Azzimonti B. Non-Melanoma Skin Cancer: news from microbiota research. Crit Rev Microbiol. 2020;46(4):433-449.
- Grice EA. The skin microbiome: potential for novel diagnostic and therapeutic approaches to cutaneous disease. Semin Cutan Med Surg. 2014;33:98-103.
- Patra V, Byrne SN, Wolf P. The Skin Microbiome: Is It Affected by UV-induced Immune Suppression? Front Microbiol. 2016;7:1235.
- Madhusudhan N, Pausan MR, Halwachs B, Durdević M, Windisch M, Kehrmann J, et al. Molecular Profiling of Keratinocyte Skin Tumors Links Staphylococcus aureus Overabundance and Increased Human β-Defensin-2 Expression to Growth Promotion of Squamous Cell Carcinoma. Cancers (Basel). 2020;26;12(3):541.
- Li H, Goh BN, Teh WK, Jiang Z, Goh JPZ, Goh A, et al. Skin Commensal Malasseziaglobosa Secreted Protease Attenuates Staphylococcus aureus Biofilm Formation. J Invest Dermatol. 2018;138(5):1137-1145.
- 9. Francescone R, Hou V, Grivennikov SI.Microbiome, inflammation, and cancer Cancer J. 2014;20(3):181-189.
- Kullander J, Forslund O, Dillner J. Staphylococcus aureus and squamous cell carcinoma of the skin. Cancer Epidemiol Biomarkers Prev. 2009;18(2):472-478.
- Samaras V, Rafailidis PI, Mourtzoukou EG, Peppas G, Falagas ME. Chronic bacterial and parasitic infections and cancer: a review. J Infect Dev Ctries. 2010;4(5):267-281.
- Wood DLA, Lachner N, Tan JM, Tang S, Angel N, Laino A, et al. A Natural History of Actinic Keratosis and Cutaneous Squamous Cell Carcinoma Microbiomes. Bio. 2018;9(5):e01432-1418.
- Nakagawa S, Matsumoto M, Katayama Y, Oguma R, Wakabayashi S, Nygaard T, et al. Staphylococcus aureus Virulent PSMαPeptides Induce Keratinocyte Alarmin Release to Orchestrate IL-17-Dependent Skin Inflammation. Cell Host Microbe. 2017;22(5):667-677.e5.
- Guéniche A, Philippe D, Bastien P, Blum S, Buyukpamukcu E, Castiel-Higounenc I. Probiotics for photoprotection. Dermatoendocrinol. 2009;1(5):275-279.
- Weill FS, Cela EM, Paz ML, Ferrari A, Leoni J, González Maglio DH.Lipoteichoic acid from Lactobacillus rhamnosus GG as an oral photoprotective agent against UV-induced carcinogenesis. Br J Nutr. 2013;109(3):457-466.
- Russell DA, Ross RP, Fitzgerald GF, Stanton C. Metabolic activities and probiotic potential of bifidobacteria. Int J Food Microbiol. 2011;149(1):88-105.