

## INTRODUCTION

- Inflammatory bowel disease (IBD) is a chronic intermittent disorder characterized by intestinal inflammation.
- IBD patients have a **higher risk** of developing **colorectal cancer (CRC)**.
- Intestinal microbiota is presumed to play a large role in IBD and CRC pathogenesis.
- **Intestinal microbiota could contribute IBD-related CRC.**

### Objectives

The aim of this review is to describe the role of intestinal microbiota in IBD-related CRC and to present molecular mechanisms whereby microbiota could drive carcinogenesis.

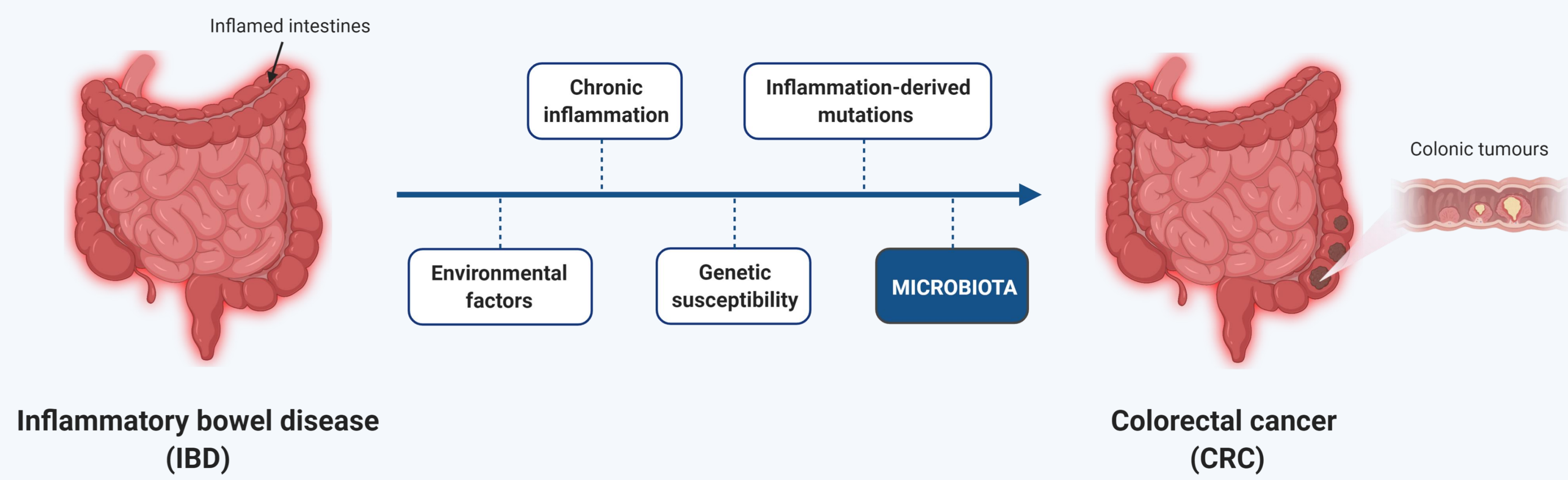


Figure 1. Factors involved in IBD-related CRC progression.

## VARIATIONS IN INTESTINAL MICROBIOTA

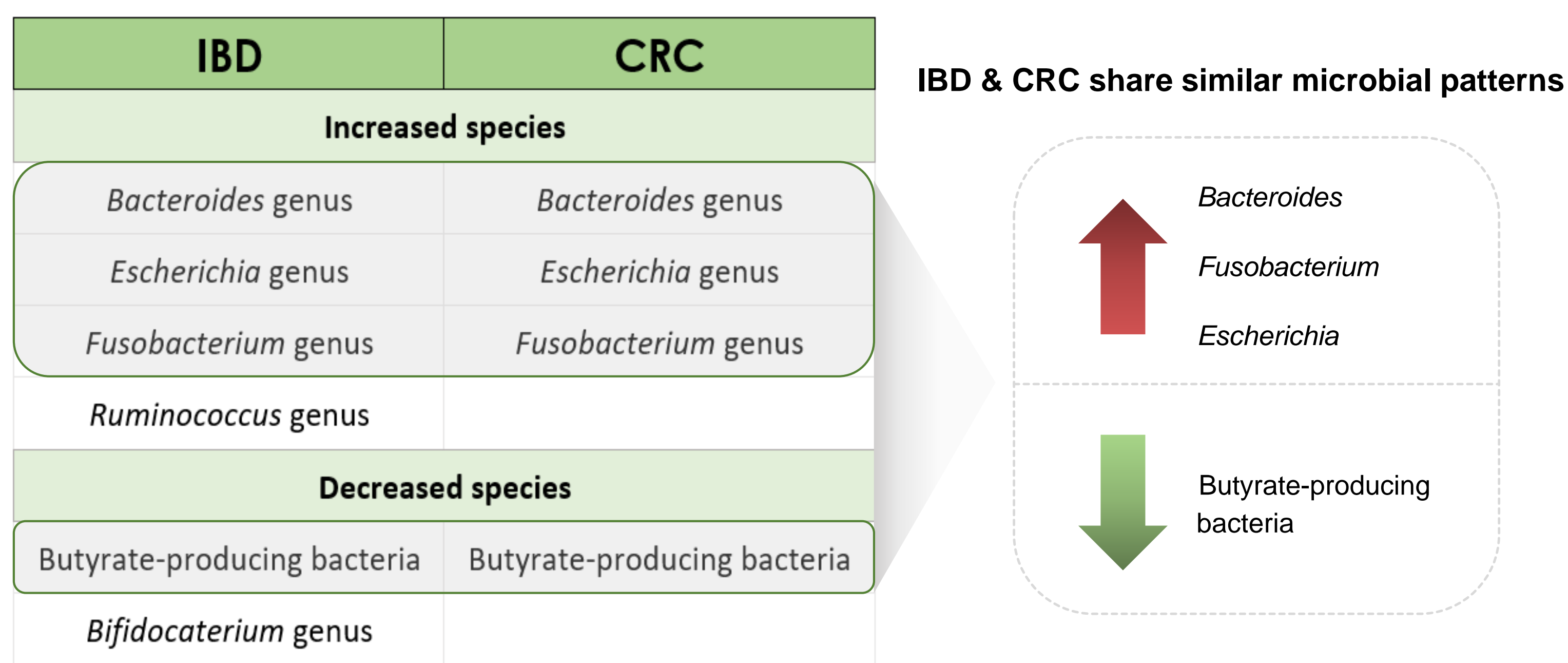


Figure 2. On the left, most frequent variations in intestinal microbiota of IBD and CRC patients; on the right, shared microbial pattern between IBD and CRC.

## TUMORIGENESIS DRIVING DYSBIOSIS

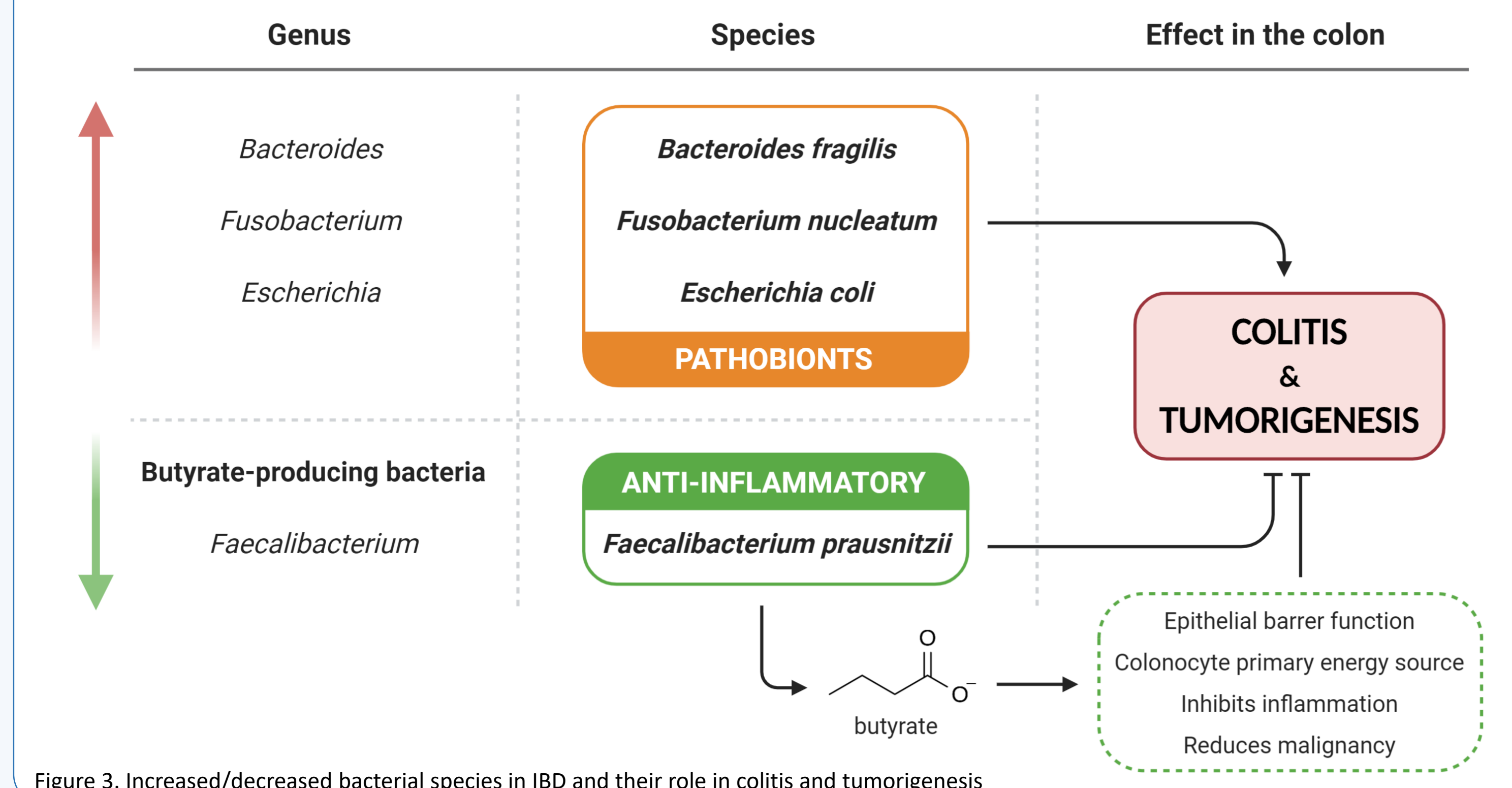


Figure 3. Increased/decreased bacterial species in IBD and their role in colitis and tumorigenesis

## PROTUMORAL PATHOBIANTS

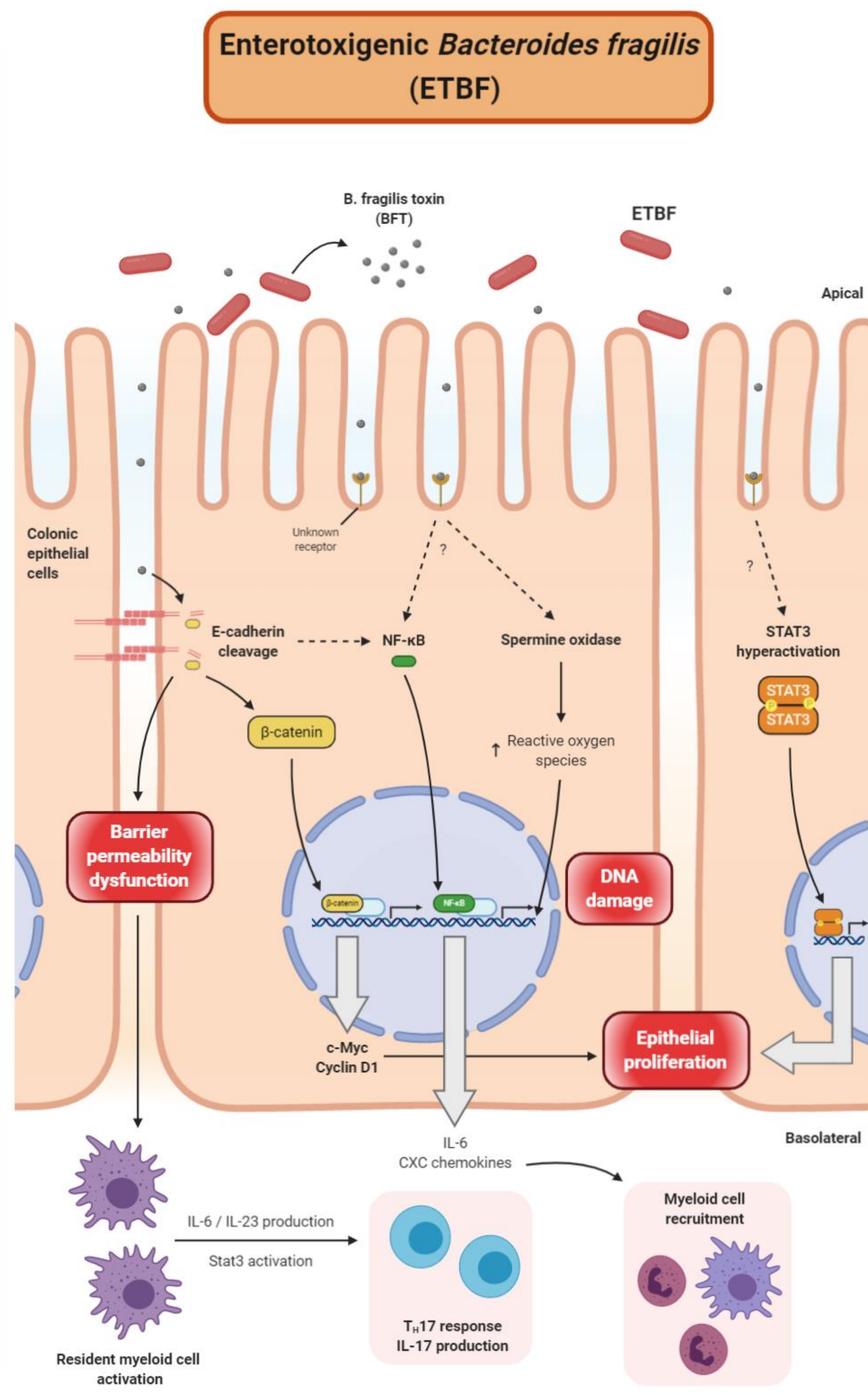


Figure 4. ETBF induced mechanisms involved in colitis and tumorigenesis initiation

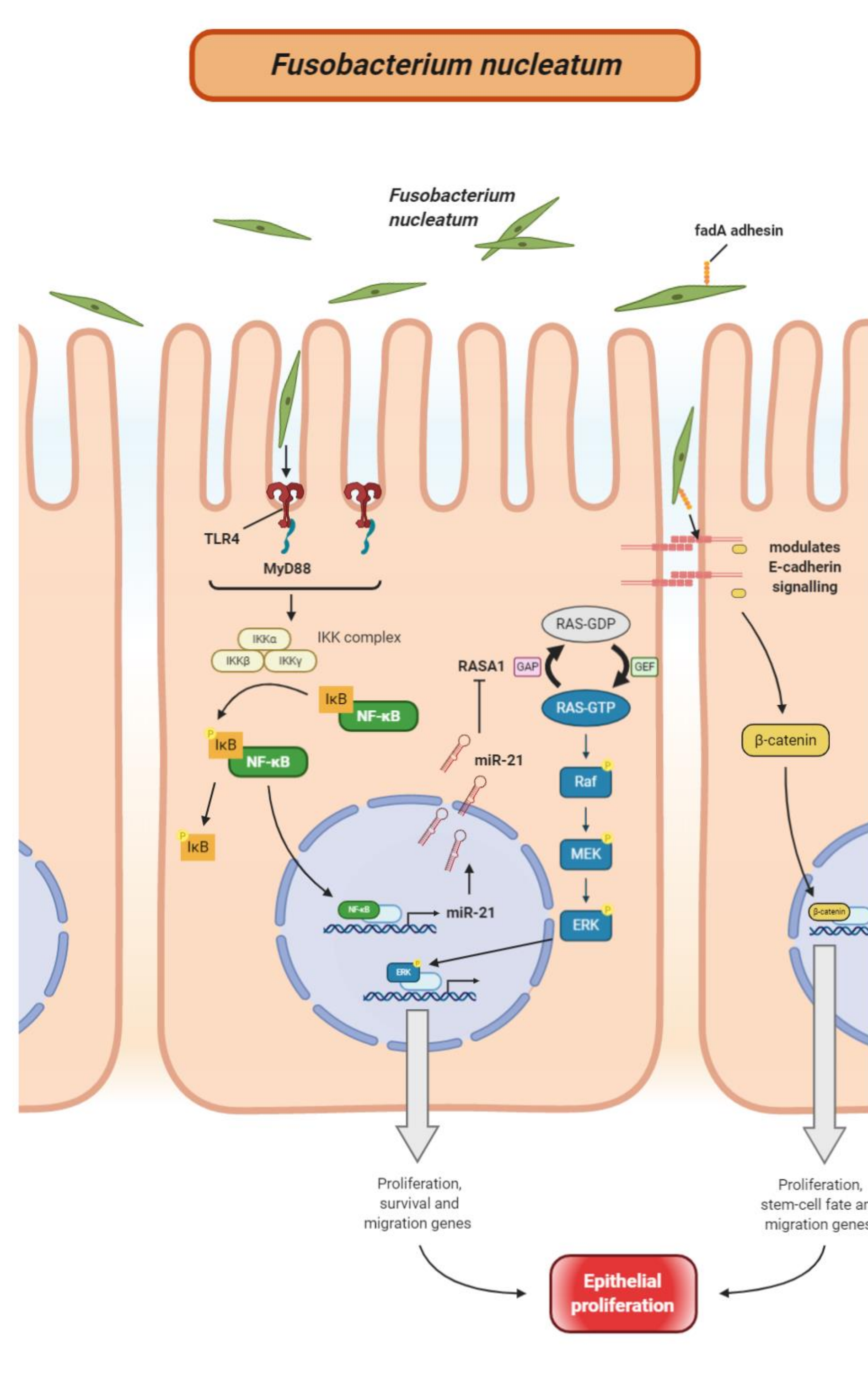


Figure 5. *F. nucleatum* role in tumorigenesis. IκB: inhibitor of κB; IKK: IκB kinase. Adapted from Yang Y, et al.

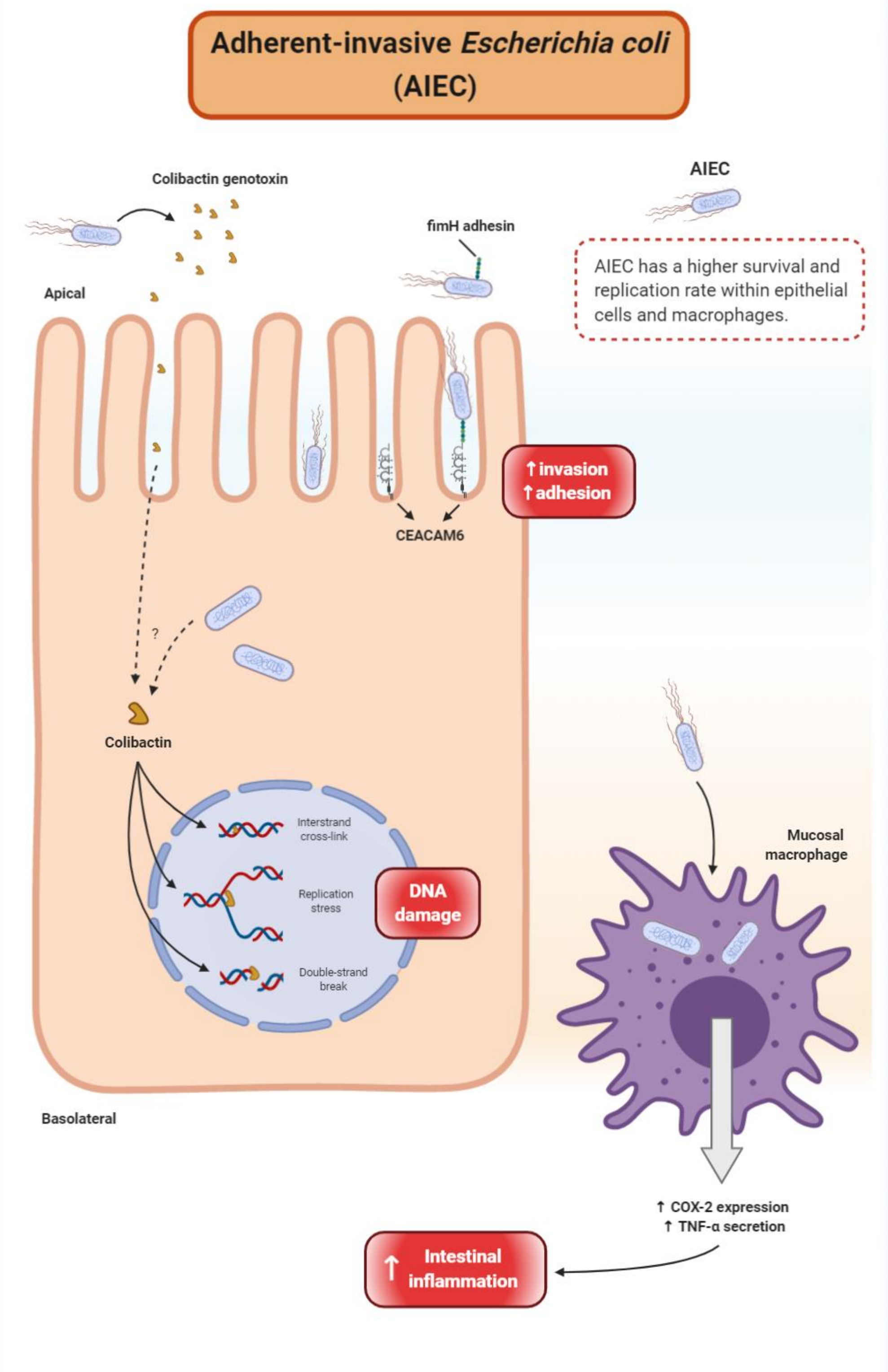


Figure 6. AIEC role in colitis chronification and its contribution to tumorigenesis initiation

## CONCLUSIONS

- IBD patients have a protumoral microbial pattern that brings CRC susceptibility.
- Microbiota seems to contribute IBD-derived CRC, but it may not play the main role.
- ETBF and *F. nucleatum* seem to be more related to tumorigenesis initiation.
- AIEC mainly promotes colitis exacerbation and has a slight effect in tumorigenesis.
- Synergistic effect of microbiota, combined with other factors, could drive IBD-related CRC.

## FUTURE PERSPECTIVES

- Monitoring IBD patients microbiota could help us understand the role of microbiota in IBD-related CRC, especially in those patients who develop CRC.
- Pathobionts could be potential prognosis markers and therapeutic targets in both IBD and CRC.

### References

1. Svrcek M, et al. Clinicopathological and Molecular Specificities of Inflammatory Bowel Disease-Related Colorectal Neoplastic Lesions: The Role of Inflammation. *J Crohn's Colitis*. 2018; 12(12):1486-1498.
2. Chia-Hui Yu L. Microbiota dysbiosis and barrier dysfunction in inflammatory bowel disease and colorectal cancers: exploring a common ground hypothesis. *J Biomed Sci*. 2018;25(1):79.
3. Chung L, et al. ETBF Coordinates a Pro-carcinogenic Inflammatory Cascade via Targeting of Colonic Epithelial Cells. *Cell Host Microbe*. 2018;23(3):421.
4. Yang Y, et al. Fusobacterium nucleatum Increases Proliferation of Colorectal Cancer Cells and Tumor Development in Mice by Activating Toll-Like Receptor 4 Signaling to Nuclear Factor-κB, and Up-regulating Expression of MicroRNA-21. *Gastroenterology*. 2017;152(4):851-866.