

Gut Microbiota Dysbiosis as a Driver of Cancer-Related Inflammation: Mechanisms and Therapeutic Implications

Zhihua Sun*

Department of Nanobiotechnology, Faculty of Sciences, Nanchang Jiangxi, China

Introduction

The human gut microbiota, consisting of trillions of microorganisms, plays a crucial role in maintaining the body's homeostasis and overall health. These microorganisms are involved in critical processes, including digestion, immune modulation, and protection against pathogens. However, an imbalance in the gut microbiota, known as dysbiosis, has been increasingly recognized as a contributing factor to various diseases, including cancer. In particular, dysbiosis is a significant driver of cancer-related inflammation, which is a key feature of the tumor microenvironment (TME). Chronic inflammation in cancer is known to promote tumor initiation, progression, and metastasis. Understanding the mechanisms by which gut microbiota dysbiosis induces cancer-related inflammation is essential for identifying potential therapeutic targets that could mitigate cancer progression [1]. This article explores the role of gut microbiota dysbiosis in cancer-related inflammation, the mechanisms involved, and the potential therapeutic implications.

Description

The role of the gut microbiota in immune regulation

The gut microbiota plays a fundamental role in shaping the immune system. Under normal conditions, a balanced microbiota promotes the development of a healthy immune system, maintaining immune tolerance and preventing excessive inflammatory responses. The gut-associated lymphoid tissue (GALT) is a critical component of the immune system that interacts directly with the gut microbiota. Dysbiosis, which refers to an imbalance between beneficial and pathogenic microbes in the gut, can lead to immune dysfunction and an inflammatory state.

In the context of cancer, the gut microbiota can influence the immune response to tumors in several ways. A disrupted microbiota can promote a pro-inflammatory state, both locally in the gut and systemically, which can contribute to the development of cancer-related inflammation. This inflammation, often characterized by the production of pro-inflammatory cytokines, chemokines, and immune cell recruitment, can enhance tumor initiation and progression. Moreover, dysbiosis has been implicated in the regulation of immune checkpoint molecules, the induction of tumor-promoting inflammatory mediators, and the recruitment of immune cells that support tumor growth [2].

Mechanisms of gut microbiota dysbiosis-induced cancer-related inflammation

The mechanisms by which gut microbiota dysbiosis drives cancer-related inflammation are complex and multifactorial. Some of the key pathways involved include:

Production of pro-inflammatory cytokines: Dysbiosis can lead to the overgrowth of pathogenic microbes, such as *Fusobacterium nucleatum*, *Bacteroides fragilis*, and *Escherichia coli*, which produce pro-inflammatory cytokines such as TNF- α , IL-6, and IL-1 β . These cytokines contribute to systemic inflammation, promoting tumorigenesis by

supporting the survival and proliferation of cancer cells, inducing angiogenesis, and enhancing immune evasion. In particular, the activation of the NF- κ B and STAT3 pathways by dysbiotic bacteria is central to inflammation-driven cancer development [3].

Altered immune cell recruitment: Gut microbiota dysbiosis can impact the recruitment and polarization of immune cells. Dysbiotic microbes can promote the accumulation of pro-inflammatory macrophages, neutrophils, and T cells in the TME. These immune cells can either support tumor growth through immunosuppressive mechanisms (e.g., regulatory T cells, M2 macrophages) or contribute to tumor progression by promoting tissue remodeling and angiogenesis. The shift towards a Th17-mediated immune response in dysbiosis is also implicated in cancer-associated inflammation, as IL-17 produced by Th17 cells can drive chronic inflammation and tumor promotion.

Induction of systemic inflammation: Dysbiosis can lead to a phenomenon known as "leaky gut," where the integrity of the intestinal epithelial barrier is compromised, allowing translocation of microbial products, such as lipopolysaccharides (LPS), into the bloodstream. This systemic inflammation can activate toll-like receptors (TLRs) on immune cells, further promoting inflammatory cytokine release. LPS, in particular, has been linked to chronic systemic inflammation, which fuels tumor progression [4].

Metabolites and oncometabolites: The gut microbiota also influences the production of metabolites, including short-chain fatty acids (SCFAs) like butyrate, which have anti-inflammatory properties and are protective against cancer. However, dysbiosis can lead to a reduction in SCFA production, creating an environment conducive to inflammation and tumorigenesis. Additionally, some dysbiotic bacteria produce oncometabolites, such as hydrogen sulfide and indoles, which can directly damage DNA or activate inflammatory signaling pathways that promote cancer.

Impact on cancer therapy response: The gut microbiota also plays a role in modulating the effectiveness of cancer therapies, particularly immunotherapy. Dysbiosis can influence the response to immune checkpoint inhibitors by altering the composition of the microbiota and affecting the TME. For example, the presence of specific gut microbes has been shown to enhance the efficacy of immune checkpoint

*Corresponding author: Zhihua Sun, Department of Nanobiotechnology, Faculty of Sciences, Nanchang Jiangxi, China, E-mail: Sun_zhi@hotmail.com

Received: 01-Feb-2025, Manuscript No: ijm-25-161459; **Editor assigned:** 03-Feb-2025, Pre-QC No: ijm-25-161459 (PQ); **Reviewed:** 17-Feb-2025, QC No: ijm-25-161459; **Revised:** 20-Feb-2024, Manuscript No: ijm-25-161459 (R); **Published:** 27-Feb-2025, DOI: 10.4172/2381-8727.1000321

Citation: Zhihua S (2025) Gut Microbiota Dysbiosis as a Driver of Cancer-Related Inflammation: Mechanisms and Therapeutic Implications. Int J Inflam Cancer Integr Ther, 12: 321.

Copyright: © 2025 Zhihua S. 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.

inhibitors by boosting T cell responses. On the other hand, dysbiosis-induced immune suppression may reduce the effectiveness of these therapies.

Therapeutic implications: targeting gut microbiota dysbiosis

Given the strong link between gut microbiota dysbiosis and cancer-related inflammation, targeting the microbiota presents an exciting therapeutic opportunity. Several strategies are currently under investigation to modulate the gut microbiota and alleviate inflammation-driven cancer progression:

Probiotics and prebiotics: Probiotics, which are live beneficial microorganisms, and prebiotics, which are compounds that promote the growth of beneficial microbes, are potential strategies for restoring a healthy microbiota. Clinical studies have shown that specific probiotics can modulate immune responses, reduce inflammation, and inhibit tumor progression [5]. Prebiotics, such as fiber, can increase the abundance of SCFA-producing bacteria, thereby promoting anti-inflammatory effects and reducing tumor-related inflammation.

Fecal microbiota transplantation (FMT): FMT, the transfer of microbiota from healthy individuals to patients with dysbiosis, has shown promise in modulating the gut microbiota and restoring immune balance. In the context of cancer, FMT may enhance the efficacy of immunotherapy by optimizing the TME and reducing inflammation. However, more research is needed to understand the long-term effects and safety of FMT in cancer patients.

Dietary modulation: Diet plays a central role in shaping the gut microbiota, and dietary interventions may offer a non-invasive approach to modulating microbial composition. Diets rich in fiber, fruits, and vegetables promote the growth of beneficial microbes and the production of anti-inflammatory SCFAs. Conversely, a high-fat, low-fiber diet can exacerbate dysbiosis and inflammation. Therefore, dietary interventions may represent an adjunctive approach to cancer prevention and therapy.

Antibiotic therapy: While the use of antibiotics can disrupt the gut microbiota, in some cases, selectively targeting specific pathogenic microbes may help reduce cancer-related inflammation. However, the use of antibiotics in cancer treatment must be approached with caution, as broad-spectrum antibiotics can lead to further dysbiosis and immune suppression.

Microbiota-targeted therapies: Researchers are developing small molecules that specifically target microbial populations responsible

for promoting inflammation and tumor growth. These therapies aim to reduce the abundance of pathogenic bacteria while promoting the growth of beneficial microbes, thereby restoring immune homeostasis and limiting cancer-related inflammation [6].

Conclusion

Gut microbiota dysbiosis is increasingly recognized as a significant driver of cancer-related inflammation. The imbalance in microbial populations within the gut can lead to chronic systemic inflammation, immune dysfunction, and tumor progression. Understanding the mechanisms by which dysbiosis influences inflammation provides valuable insights into the complex interactions between the microbiota and cancer. Targeting the microbiota to restore balance offers exciting therapeutic opportunities, ranging from probiotics and prebiotics to fecal microbiota transplantation and dietary interventions. While these strategies hold promise, further research is needed to optimize their use in cancer therapy and to ensure that microbiota modulation can effectively enhance treatment outcomes. By targeting gut microbiota dysbiosis, it may be possible to improve the efficacy of existing cancer therapies, offering a novel approach to managing cancer progression and enhancing patient outcomes.

Acknowledgement

None

Conflict of Interest

None

References

1. Ni L, Dong C (2017) New checkpoints in cancer immunotherapy. *Immunol rev* 276: 52-65.
2. Li X, Hu W, Zheng X, Zhang C, Du P, et al. (2015) Emerging immune checkpoints for cancer therapy. *Acta Oncologica* 54: 1706-1713.
3. Topalian SL (2017) Targeting immune checkpoints in cancer therapy. *Jama* 318: 1647-1648.
4. Lee L, Gupta M, Sahasranaman S (2016) Immune Checkpoint inhibitors: An introduction to the next-generation cancer immunotherapy. *J Clin Pharmacol* 56: 157-169.
5. Sadreddini S, Baradaran B, Aghebati-Maleki A, Sadreddini S, Shanehbandi D, et al. (2019) Immune checkpoint blockade opens a new way to cancer immunotherapy. *J cell physiol* 234: 8541-8549.
6. Swatler J, Kozłowska E (2016) Immune checkpoint-targeted cancer immunotherapies. *Postepy Hig Med Dosw* 70: 25-42.