

## Review Article

# Research Progress on Tumor-Associated Macrophages and Inflammation in Cervical Cancer

Yi Liu,<sup>1,2</sup> Li Li,<sup>2</sup> Ying Li,<sup>2</sup> and Xia Zhao <sup>1</sup>

<sup>1</sup>Department of Gynecology and Obstetrics, Key Laboratory of Birth Defects and Related Diseases of Women and Children, Ministry of Education, West China Second Hospital, Sichuan University, Chengdu 610041, China

<sup>2</sup>Zunyi Medical University Affiliated Hospital of Obstetrics and Gynecology, Zunyi 563003, China

Correspondence should be addressed to Xia Zhao; [xia-zhao@126.com](mailto:xia-zhao@126.com)

Received 24 August 2019; Revised 31 October 2019; Accepted 1 November 2019; Published 30 January 2020

Academic Editor: Peter J. Oefner

Copyright © 2020 Yi Liu et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cervical cancer is the most common gynecological tumor worldwide. Persistent infection of high-risk HPV-induced smouldering inflammation is considered to be an important risk factor for cervical cancer. The tumor microenvironment (TME) plays an important role in the progress of the tumor occurrence, development, and prognosis of cervical cancer. Macrophages are the main contributor to the TME, which is called tumor-associated macrophages (TAMs). During the inflammatory response, the phenotype and function of TAMs are constantly changing, which are involved in different regulatory networks. The phenotype of TAMs is related to the metabolism and secretory factors release, which facilitate the angiogenesis and lymphatic duct formation during cervical cancer metastasis, thus affecting the prognosis of cervical cancer. This review intends to discuss the recent research progress on the relationship between TAMs and cervical cancer, which is helpful to elucidate the mechanism of TAMs in cervical cancer.

## 1. Introduction

Cervical cancer (CC) is the second most common malignant disease among women in the world, the incidence of CC is increasing year by year, and the age of onset tends to be younger [1]. Current studies have shown that persistent infection of high-risk HPV-16 and HPV-18 is an important risk factor for CC, accounting for 80 to 90% of all cases [2]. The persistent infection of HPV and cervical epithelial dysplasia or cervical intraepithelial neoplasia (CIN) exist at the same time. If the diagnosis and treatment were not standardized in time, there will be different degrees of CIN developing into invasive cancer. Studies have shown that high-risk HPV infection, such as HPV16/18, was prone to the integration of the HPV gene into the genome, interfering with the immune response of the body and the accumulation of microlesions, which finally developed into CC [3]. Recent studies have shown that smouldering inflammatory response and oxidative stress caused by persistent HPV infection play an important role in the process leading to

cervical cancer, and HPV-induced epigenetic changes also play an important role [4, 5]. HPV virus infection can lead to inflammation in the human body, and the occurrence of cervical cancer is also considered to be a process of smouldering inflammation [6].

Inflammatory cells act as a bridge between tumor and inflammation. There are a large number of inflammatory cells around the tumor cells, including macrophages, dendritic cells, and mast cells. These inflammatory cells form tumor microenvironment (TME) with tumor cells and vascular endothelial cells [7]. The “seed and soil” hypothesis put forward by Stephen Paget in 1889 is the basis of the concept of the tumor microenvironment, which accurately predicts that tumor cells as “seeds” can settle in the “soil” suitable for their growth, that is, distal tissues and organs [9]. Tumor cells must work in synergy with their surroundings. Macrophages that play the most important role in the tumor microenvironment were called tumor-associated macrophages (TAMs), accounting for 30% to 50% of the TME cells. TAMs in the tumor microenvironment are closely related to

tumor development and participate in biological processes such as angiogenesis, tumor cell invasion, migration and intravascular perfusion, and inhibition of antitumor immune response, to promote the progress to the malignant tumor [10, 11]. The study on the relationship between TAMs in cervical cancer is the focus of research in recent years. The change of microenvironment leads to alternative polarization of macrophages and the change of biological function, which plays an important role in the development of cervical cancer.

This review systematically collects the research on the relationship between tumor-related macrophages in cervical cancer published in recent years, in order to understand the relationship between tumor-related macrophages and the occurrence and development of cervical cancer and in order to contribute to the more effective prevention and treatment of cervical cancer.

## 2. Source of Tumor-Associated Macrophages

Researches show that the TME refers to the environment around a tumor cell [12]. A large number of factors are produced around tumor cells, such as CSF-1, granulocyte macrophage colony-stimulating factor, transforming growth factor (TGF)- $\beta$ -1, and macrophage stimulating protein (MSP), as well as various enzymes. The integrated system of these cells, factors, and enzymes constitutes the microenvironment of tumor tissue [13]. Compared with the normal tissue microenvironment, the tumor tissue microenvironment has the characteristics of low oxygen content, low pH, and higher cell interstitial pressure [14].

Macrophages are the main cells of the innate immune system. Macrophages are widely found in many tissues of the human body, such as bone marrow, connective tissue, alveolar macrophages in the lung, Kupffer cells in the liver, spleen and lymph nodes, serous cavity (abdominal cavity, pleural cavity, and pericardial cavity), bone tissue (osteoclast), nerve tissue (microglia), and skin (Langerhans cell) [15]. Macrophages are important representatives of immune function in the progress of cancer, an important part of host defense, and an antigen-presenting cells and effector cells [16]. Most TAMs come from peripheral blood monocytes from bone marrow and differentiate into different macrophage subsets in TME [17]. TAM is an important inflammatory response cell in the tumor tissue microenvironment, which has high plasticity and plays an important role in the regulation of immune function in tumor tissue [18]. Macrophages in normal or inflammatory tissues exhibit spontaneous antitumor activity, while TAMs can be used to promote tumor growth, reshape tissue, promote angiogenesis, and inhibit acquired immunity.

## 3. TAM Polarization

Macrophages are inherent immune cells in humoral immunity in the human immune system and play an important role in the autoimmune and inflammatory response and tumor immunity [19]. The bidirectional effect of lymphocytes and other inherent lymphoid cell subsets occurred during the resolution of inflammation and wound healing of

macrophages after infection or injury [20, 21]. Cancer cells recruit TAMs into inflammatory TME [22], and recruited TAMs increase migration and maintain the dryness of cancer cells [23]. According to the different phenotypes of TAM, it can be divided into M1 and M2 macrophages [10]. The activation pathways are the classical activation pathway and alternative activation pathway, respectively. There is a continuum between classical and alternative activation of macrophages. The classical activation pathway was defined as that cytokine interferon  $\gamma$  (INF- $\gamma$ ) or bacterial products (such as lipopolysaccharide (LPS)) stimulate the differentiation of Th1 into macrophages. Macrophages caused by the action of Th2-related cytokines, IL-4, IL-13, IL-10, TGF- $\beta$ , and anti-inflammatory factors such as glucocorticoids and vitamin A belong to alternative activation pathways [24]. Polarized macrophages to M1 phenotypic macrophages are characterized by their ability to release proinflammatory cytokines such as tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ), IL-1, IL-6, IL-12, IL-23, active nitrogen, and oxygen intermediates. The high expression of major histocompatibility complex II has antigen presentation and bactericidal and tumor-killing activity, which hinders the progress of the tumor. M2 is a substitute for activated macrophages, secreting cytokines such as IL-4, IL-13, IL-10, vitamin D3, and glucocorticoid. Low expression of IL-12 and high expression of IL-10, transforming growth factor- $\beta$  (TGF- $\beta$ ), angiogenic factor, scavenger and mannose, galactose receptor, CD163, and CD206 were characterized by high expression [25, 26]. CD206, along with Arg-1 and Ym1, is known as the classic marker of M2 cells [27]. The M2 antigen presentation ability is weakened, the antitumor activity is low, and the ability to support angiogenesis and tissue remodeling is enhanced, which is beneficial to tumor growth and invasion [28, 29]. High levels of FGF-2, MCP-1, CXCL12, and VEGF in TME were associated with an increase in the number of M2 cells [26, 30]. It will be a new research direction in the future to develop a new therapy for tumors by targeting TAMs [31].

## 4. The Role of TAMs in Carcinogenesis

In the middle of the 19th century, German scientist Rudolf Virchow proposed the hypothesis that smouldering inflammation can lead to cancer [32]. The main function of macrophages is the regulation of inflammation; with the deepening of research, the relationship between inflammation, innate immunity, and tumorigenesis has been widely recognized [33, 34], but there are still many mechanisms that are not fully understood. In the process of tumorigenesis, TAMs in the microenvironment are beneficial to the survival and proliferation of cancer cells. Macrophages stimulate inflammation and then promote tumorigenesis. It has been reported that more than 15% of malignant tumors may be indirectly related to specific infections [35–37], such as the occurrence of gastric cancer, esophageal cancer, and cervical cancer. Smouldering inflammation caused by persistent infection is regulated by a variety of regulatory mechanisms. Inflammatory cells form a new microenvironment by secreting various cytokines such as inflammatory factors, chemokines, adhesion molecules, and extracellular

matrix. Tumor microenvironment composed of inflammatory cells, inflammatory factors and their mediators, chemokines, and extracellular matrix plays an important role in the proliferation, survival, and metastasis of tumor cells [38]. Inflammatory molecules involved in inflammation-mediated cervical cancer include reactive oxygen species (ROS), TNF- $\alpha$ , IL-1, IL-6, IL-8, IL-18, hypoxia-inducible factor (HIF), cyclooxygenase (COX), inducible nitric oxide synthase (INOS), Matrix metalloproteinase enzyme-9 (MMP-9), and chemokines [39].

Unlike physiological dampening inflammation, smoldering inflammation is caused by the persistence of factors that initiate inflammation. The persistent inflammatory response leads to the presence of highly active cytokines and compounds, leading to the formation of peroxynitrite, a mutagen. In smoldering inflammation, there are two processes in tissues: tissue damage caused by inflammation-activated pathogens and/or bactericidal activity of macrophages and stimulation of regeneration. This leads to increased proliferation of epithelial cells in the context of high concentrations of mutagenic compounds, increasing the probability of mutation, leading to such genomic aberrations as point mutations, deletions, and rearrangements. Extracellular matrix components stimulate angiogenesis [40]. Feedforward circulation increases the sustainability of inflammation; tumor cells and tumor-related macrophages regulate inflammation by secreting matrix metalloproteinases, cytokines, chemokines, growth, and angiogenesis factors [33]. In the case of inflammatory bowel diseases such as ulcerative colitis and Crohn's disease, the strongest correlation between smoldering inflammation and the development of malignant tumors was observed. Smoldering hepatitis C virus infection also increases the risk of hepatocellular carcinoma. Smoldering inflammation caused by *Helicobacter pylori* increases the risk of gastric cancer [41]. TAMs have high plasticity, which adapts to environmental changes through changes in cell metabolism and immunophenotype. TAMs have different phenotypes in different anatomical locations and physiological characteristics. In the early stage of tumorigenesis, macrophages participate in tumorigenesis by producing activated free radicals, which lead to DNA damage of tumour cells [42].

In different stages of cervical cancer, the phenotype of macrophages is constantly changing [43], which affects the ability of proliferation, invasion, and metastasis of cancer tissue in many ways [44]. The essence of TAM transformation between two different phenotypes is the transformation between different immune types of tissue cells in different stages of cancer development. The DNA damage is the main mechanism leading to malignant tumors in the context of smoldering inflammation. However, the mechanism of DNA damage is due to the secretion of cytokines and the interaction between inflammatory infiltrating cells. Macrophage inhibitory factor (MIF) produced by macrophages inhibits P53 activity [45], activates the antiapoptotic pathway of cells, leads to the increase of cell life, and increases the probability of DNA damage. It leads to the increase and accumulation of more meaningful mutations.

Hypoxia is a characteristic of the tumor microenvironment. Hypoxia-inducible factors usually exist in tissues. Oxygen levels are maintained by steady-state mechanisms at cellular, organ, and system levels. The percentage of oxygen in normal tissues ranges from 22.5% to 9%. However, the fast-growing tumor will form hypoxic regions due to low blood supply (poor vascularization or disorganized vessel structure), and a large number of infiltrating cells will reduce the oxygen levels to less than 1%. During the inflammatory response, hypoxia-inducible factor 1 $\alpha$  (HIF-1 $\alpha$ ) is activated and then activates the production of vascular endothelial growth factor (VEGF). The stimulation of macrophage M-CSF enhanced the production of VEGF [46]. In addition to the angiogenesis activity, VEGF has the chemical attractant properties of macrophages [47, 48], thus forming positive feedback to accelerate angiogenesis of tumors. Macrophages are the main source of TNF- $\alpha$  and IL-1, and their expression increases with the invasion of tumors [49, 50] and angiogenesis [51, 52]. HIF triggers other inflammatory mediators and proteases to participate in tumorigenesis and plays a major role in cell transformation, promotion, survival, proliferation, invasion, angiogenesis, and metastasis [53, 54]. In cervical cancer cells, it induces amphiphilic regulatory proteins, which in turn play a major role in proliferation [55, 56]. IL-1, IL-6, IL-8, and IL-18 are involved in the inflammatory process [57], IL-1 and IL-6 are involved in cell growth, metastasis, and tumor development [58].

## 5. Changes of TAMs during the Development of Cervical Cancer

It has been found that TAMs are closely related to the development of cervical intraepithelial neoplasia in the course of cervical cancer. In the process of developing from chronic cervicitis to CIN I-III and finally to invasive CC, the expression of macrophages and new blood vessels in tumor microenvironment increases synchronously. In the development and progress of cancer cells, TAMs and tumor angiogenesis are important and closely related [59]. The number of TAMs in cervical lesion matrix changes with the progress of cervical cancer. M1 macrophages release inflammatory factors, upregulate immune response, and inhibit the occurrence of cervical cancer. After the treatment of M1 macrophages with squamous epithelial cells of cervical cancer, it can be seen that the phenotype of macrophages transforms from M1 to M2. In cervical cancer, the phenotype of TAMs is regulated by lactate secreted by cervical cancer cells [60]. Polarization of tumor-associated macrophages toward the M2 phenotype correlates with poor response to chemoradiation and reduces survival in patients with locally advanced cervical cancer [61]. M2 increases the expression of CD163 and IL-10. CD163, as a promising TAMs marker, is superior to CD68 for predicting the malignant transformation and metastatic potential of cervical cancer [62]. IL-10, as an immunosuppressive factor closely related to the occurrence and development of cervical cancer, is mainly regulated during transcription, inhibiting the killing effect of the immune system on tumors in various ways and promoting the occurrence, development, and





- oxidative stress,” *Journal of Immunology Research*, vol. 2018, Article ID 5315816, 10 pages, 2018.
- [5] M. Di Domenico, G. Giovane, S. Kouidhi et al., “HPV epigenetic mechanisms related to oropharyngeal and cervix cancers,” *Cancer Biology & Therapy*, vol. 19, no. 10, pp. 850–857, 2018.
  - [6] E. Boccardo, A. P. Lepique, and L. L. Villa, “The role of inflammation in HPV carcinogenesis,” *Carcinogenesis*, vol. 31, no. 11, pp. 1905–1912, 2010.
  - [7] G. Landskron, M. De la Fuente, P. Thuwajit, C. Thuwajit, and M. A. Hermoso, “Chronic inflammation and cytokines in the tumor microenvironment,” *Journal of Immunology Research*, vol. 2014, Article ID 149185, 19 pages, 2014.
  - [8] I. J. Fidler, “The pathogenesis of cancer metastasis: the “seed and soil” hypothesis revisited,” *Nature Reviews Cancer*, vol. 3, no. 6, pp. 453–458, 2003.
  - [9] Y. Zeng, X. Yao, X. Liu et al., “Anti-angiogenesis triggers exosomes release from endothelial cells to promote tumor vasculogenesis,” *Journal of Extracellular Vesicles*, vol. 8, no. 1, Article ID 1629865, 2019.
  - [10] B.-Z. Qian and J. W. Pollard, “Macrophage diversity enhances tumor progression and metastasis,” *Cell*, vol. 141, no. 1, pp. 39–51, 2010.
  - [11] S. K. Biswas, P. Allavena, and A. Mantovani, “Tumor-associated macrophages: functional diversity, clinical significance, and open questions,” *Seminars in Immunopathology*, vol. 35, no. 5, pp. 585–600, 2013.
  - [12] A. Ben-Baruch, “Site-specific metastasis formation,” *Cell Adhesion & Migration*, vol. 3, no. 4, pp. 328–333, 2009.
  - [13] S. Ramanathan and N. Jagannathan, “Tumor associated macrophage: a review on the phenotypes, traits and functions,” *Iranian Journal of Cancer Prevention*, vol. 7, no. 7, pp. 1–8, 2014.
  - [14] M. Moya, D. Tran, and S. C. George, “An integrated in vitro model of perfused tumor and cardiac tissue,” *Stem Cell Research & Therapy*, vol. 4, no. 1, p. S15, 2013.
  - [15] G. J. Szebeni, C. Vizler, K. Kitajka, and L. G. Puskas, “Inflammation and cancer: extra-and intracellular determinants of tumor-associated macrophages as tumor promoters,” *Mediators of Inflammation*, vol. 2017, Article ID 9294018, 13 pages, 2017.
  - [16] S. Gordon and P. R. Taylor, “Monocyte and macrophage heterogeneity,” *Nature Reviews Immunology*, vol. 5, no. 12, pp. 953–964, 2005.
  - [17] L. Yang and Y. Zhang, “Tumor-associated macrophages: from basic research to clinical application,” *Journal of Hematology & Oncology*, vol. 10, no. 1, p. 58, 2017.
  - [18] X. Tang, C. Mo, Y. Wang, D. Wei, and H. Xiao, “Anti-tumour strategies aiming to target tumour-associated macrophages,” *Immunology*, vol. 138, no. 2, pp. 93–104, 2013.
  - [19] P. R. Taylor, L. Martinez-Pomares, M. Stacey, H.-H. Lin, G. D. Brown, and S. Gordon, “Macrophage receptors and immune recognition,” *Annual Review of Immunology*, vol. 23, no. 1, pp. 901–944, 2005.
  - [20] N.-B. Hao, M.-H. Lü, Y.-H. Fan, Y.-L. Cao, Z.-R. Zhang, and S.-M. Yang, “Macrophages in tumor microenvironments and the progression of tumors,” *Clinical and Developmental Immunology*, vol. 2012, Article ID 948098, 11 pages, 2012.
  - [21] E. Dalmas, J. Tordjman, M. Guerre-Millo, and K. Clément, “Macrophages and inflammation,” in *Adipose Tissue Biology*, pp. 229–255, Springer, Berlin, Germany, 2017.
  - [22] L. Chen, S. Wang, Y. Wang et al., “IL-6 influences the polarization of macrophages and the formation and growth of colorectal tumor,” *Oncotarget*, vol. 9, no. 25, Article ID 17443, 2018.
  - [23] A. Porrello, P. L. Leslie, E. B. Harrison et al., “Factor XIIIa—expressing inflammatory monocytes promote lung squamous cancer through fibrin cross-linking,” *Nature Communications*, vol. 9, no. 1, p. 1988, 2018.
  - [24] S. Goerdts, O. Politz, K. Schledzewski, R. Birk et al., “Alternative versus classical activation of macrophages,” *Pathobiology*, vol. 67, no. 5–6, pp. 222–226, 1999.
  - [25] Q. Wang, Q. Qin, R. Song et al., “NHERF1 inhibits beta-catenin-mediated proliferation of cervical cancer cells through suppression of alpha-actinin-4 expression,” *Cell Death & Disease*, vol. 9, no. 6, p. 668, 2018.
  - [26] A. Albini, A. Bruno, D. M. Noonan, and L. Mortara, “Contribution to tumor angiogenesis from innate immune cells within the tumor microenvironment: implications for immunotherapy,” *Frontiers in Immunology*, vol. 9, p. 527, 2018.
  - [27] R. Mulder, A. Banete, and S. Basta, “Spleen-derived macrophages are readily polarized into classically activated (M1) or alternatively activated (M2) states,” *Immunobiology*, vol. 219, no. 10, pp. 737–745, 2014.
  - [28] M. R. Galdiero and A. Mantovani, “Macrophage plasticity and polarization: relevance to biomaterials,” in *Host Response to Biomaterials*, pp. 117–130, Elsevier, Amsterdam, Netherlands, 2015.
  - [29] W. Hu, X. Li, C. Zhang, Y. Yang, J. Jiang, and C. Wu, “Tumor-associated macrophages in cancers,” *Clinical and Translational Oncology*, vol. 18, no. 3, pp. 251–258, 2016.
  - [30] E. A. L. Enninga, K. Chatzopoulos, J. T. Butterfield et al., “CD206-positive myeloid cells bind galectin-9 and promote a tumor-supportive, microenvironment,” *The Journal of Pathology*, vol. 245, no. 4, pp. 468–477, 2018.
  - [31] G. Szebeni, C. Vizler, L. Nagy, K. Kitajka, and L. Puskas, “Pro-tumoral inflammatory myeloid cells as emerging therapeutic targets,” *International Journal of Molecular Sciences*, vol. 17, no. 11, p. 1958, 2016.
  - [32] R. Virchow, “Cellular pathology. As based upon physiological and pathological histology. Lecture XVI—Atheromatous affection of arteries,” *Nutrition Reviews*, vol. 47, no. 1, pp. 23–25, 1858.
  - [33] S. I. Grivennikov, F. R. Greten, and M. Karin, “Immunity, inflammation, and cancer,” *Cell*, vol. 140, no. 6, pp. 883–899, 2010.
  - [34] T.-T. Tan and L. M. Coussens, “Immunology LMCJCOi: humoral immunity, inflammation and cancer,” *Current Opinion in Immunology*, vol. 19, no. 2, pp. 209–216, 2007.
  - [35] M. J. C. R. Blaser, “Infection with helicobacter pylori strains possessing cagA is associated with an increased risk of developing adenocarcinoma of the stomach,” *Cancer Research*, vol. 55, no. 10, pp. 2111–2115, 1995.
  - [36] H. Kuper, H.-O. Adami, and D. Trichopoulos, “Infections as a major preventable cause of human cancer,” *Journal of Internal Medicine*, vol. 249, no. S741, pp. 61–74, 2001.
  - [37] S. M. Scholl, C. Pallud, F. Beuvon et al., “Anti-colony-stimulating factor-1 antibody staining in primary breast adenocarcinomas Correlates with marked inflammatory cell infiltrates and prognosis,” *JNCI Journal of the National Cancer Institute*, vol. 86, no. 2, pp. 120–126, 1994.
  - [38] Y. Zeng, “Advances in mechanism and treatment strategy of cancer,” *Cellular and Molecular Biology*, vol. 64, no. 6, pp. 1–3, 2018.
  - [39] S. Deivendran, K. H. Marzook, and M. R. Pillai, “The role of inflammation in cervical cancer,” *Advances in Experimental Medicine and Biology*, vol. 816, pp. 377–399, Springer, Berlin, Germany, 2014.

- [40] Y. A. Declerck, A. M. Mercurio, M. S. Stack et al., "Proteases, extracellular matrix, and cancer," *The American Journal of Pathology*, vol. 164, no. 4, pp. 1131–1139, 2004.
- [41] F. Wang, W. Meng, B. Wang, and L. Qiao, "Helicobacter pylori-induced gastric inflammation and gastric cancer," *Cancer Letters*, vol. 345, no. 2, pp. 196–202, 2014.
- [42] J. B. Swann, M. D. Vesely, A. Silva et al., "Demonstration of inflammation-induced cancer and cancer immunoediting during primary tumorigenesis," *Proceedings of the National Academy of Sciences*, vol. 105, no. 2, pp. 652–656, 2008.
- [43] H. C. J. Ding, M. Mao et al., "Tumor-associated macrophages induce lymphangiogenesis in cervical cancer via interaction with tumor cells," *APMIS*, vol. 122, no. 11, 2014.
- [44] S. R. Gordon, R. L. Maute, B. W. Dulken et al., "PD-1 expression by tumour-associated macrophages inhibits phagocytosis and tumour immunity," *Nature*, vol. 545, no. 7655, pp. 495–499, 2017.
- [45] R. A. Ring, H. Liao, J. Chesney et al., "Macrophage migration inhibitory factor (MIF) sustains macrophage proinflammatory function by inhibiting p53: regulatory role in the innate immune response," *Proceedings of the National Academy of Sciences*, vol. 99, no. 1, pp. 345–350, 2002.
- [46] T. D. Eubank, M. Galloway, C. M. Montague, W. J. Waldman, and C. B. Marsh, "M-CSF induces vascular endothelial growth factor production and angiogenic activity from human monocytes," *The Journal of Immunology*, vol. 171, no. 5, pp. 2637–2643, 2003.
- [47] B. Barleon, S. Sozzani, D. Zhou, H. Weich, A. Mantovani, and D. Marme, "Migration of human monocytes in response to vascular endothelial growth factor (VEGF) is mediated via the VEGF receptor flt-1," *Blood*, vol. 87, no. 8, pp. 3336–3343, 1996.
- [48] R. D. Leek, N. C. Hunt, R. J. Landers, C. E. Lewis, J. A. Royds, and A. L. Harris, "Macrophage infiltration is associated with VEGF and EGFR expression in breast cancer," *The Journal of Pathology*, vol. 190, no. 4, pp. 430–436, 2000.
- [49] D. W. Miles, L. C. Happerfield, M. S. Naylor, L. G. Bobrow, R. D. Rubens, and F. R. Balkwill, "Expression of tumour necrosis factor (TNF alpha) and its receptors in benign and malignant breast tissue," *International Journal of Cancer*, vol. 56, no. 6, pp. 777–782, 1994.
- [50] Y.-J. Jung, J. S. Isaacs, S. Lee, J. Trepel, and L. Neckers, "IL-1 $\beta$ -mediated up-regulation of HIF-1 $\alpha$  via an NF $\kappa$ B/COX-2 pathway identifies HIF-1 as a critical link between inflammation and oncogenesis," *The FASEB Journal*, vol. 17, no. 14, pp. 2115–2117, 2003.
- [51] W. Zhang, J.-M. Petrovic, D. Callaghan et al., "Evidence that hypoxia-inducible factor-1 (HIF-1) mediates transcriptional activation of interleukin-1 $\beta$  (IL-1 $\beta$ ) in astrocyte cultures," *Journal of Neuroimmunology*, vol. 174, no. 1-2, pp. 63–73, 2006.
- [52] G. Wu, A. P. Mannam, J. Wu et al., "Hypoxia induces myocyte-dependent COX-2 regulation in endothelial cells: role of VEGF," *American Journal of Physiology-Heart and Circulatory Physiology*, vol. 285, no. 6, pp. H2420–H2429, 2003.
- [53] P. Maxwell, "Activation of the HIF pathway in cancer," *Current Opinion in Genetics & Development*, vol. 11, no. 3, pp. 293–299, 2001.
- [54] Z. Agnieszka and M. Kurpisz, "Hypoxia-inducible factor-1 in physiological and pathophysiological angiogenesis: applications and therapies," *BioMed Research International*, vol. 2015, Article ID 549412, 13 pages, 2015.
- [55] P. Birner, M. Schindl, A. Obermair, C. Plank, G. Breitenecker, and G. Oberhuber, "Overexpression of hypoxia-inducible factor 1 $\alpha$  is a marker for an unfavorable prognosis in early-stage invasive cervical cancer," *Cancer Research*, vol. 60, no. 60, pp. 4693–4696, 2000.
- [56] H. L. Zhi, J. D. Wright, B. Belt, R. D. Cardiff, and J. M. Arbeit, "Hypoxia-inducible factor-1 facilitates cervical cancer progression in human papillomavirus type 16 transgenic mice," *The American Journal of Pathology*, vol. 171, no. 2, pp. 667–681, 2007.
- [57] J.-M. Zhang and J. An, "Cytokines, inflammation, and pain," *International Anesthesiology Clinics*, vol. 45, no. 2, pp. 27–37, 2007.
- [58] J. W. Pollard, "Tumour-educated macrophages promote tumour progression and metastasis," *Nature Reviews Cancer*, vol. 4, no. 1, pp. 71–78, 2004.
- [59] S. Jiang, Y. Yang, M. Fang, X. Li, and X. Yuan, "Co-evolution of tumor-associated macrophages and tumor neo-vessels during cervical cancer invasion," *Oncology Letters*, vol. 12, no. 4, pp. 2625–2631, 2016.
- [60] S. C. Stone, R. A. M. Rossetti, K. L. F. Alvarez et al., "Lactate secreted by cervical cancer cells modulates macrophage phenotype," *Journal of Leukocyte Biology*, vol. 105, no. 5, pp. 1041–1054, 2019.
- [61] P. Marco, Z. G. Franco, M. Enrica et al., "Polarisation of tumor-associated macrophages toward M2 phenotype Correlates with poor response to chemoradiation and reduced survival in patients with locally advanced cervical cancer," *PLoS One*, vol. 10, no. 9, Article ID e0136654, 2015.
- [62] C. Xiao-Jing, H. Ling-Fei, W. Xiang-Guang et al., "Clinical significance of CD163+ and CD68+ tumor-associated macrophages in high-risk HPV-related cervical cancer," *Journal of Cancer*, vol. 8, no. 18, pp. 3868–3875, 2017.
- [63] L. Li, Y. Ma, S. Liu, J. Zhang, and X.-Y. Xu, "Interleukin 10 promotes immune response by increasing the survival of activated CD8+ T cells in human papillomavirus 16-infected cervical cancer," *Tumor Biology*, vol. 37, no. 12, pp. 16093–16101, 2016.
- [64] F. C. B. Berti, A. P. L. Pereira, G. C. M. Cebinelli, K. P. Trugilo, K. Brajão de Oliveira, and G. F. Reviews, "The role of interleukin 10 in human papilloma virus infection and progression to cervical carcinoma," *Cytokine & Growth Factor Reviews*, vol. 34, pp. 1–13, 2017.
- [65] A. Bolpetti, J. S. Silva, L. L. Villa, and A. Lepique, "Interleukin-10 production by tumor infiltrating macrophages plays a role in human papillomavirus 16 tumor growth," *BMC Immunology*, vol. 11, no. 1, p. 27, 2010.
- [66] L. Gabryšová, A. Howes, M. Saraiva, and A. O'Garra, "The regulation of IL-10 expression," *Current Topics in Microbiology and Immunology*, vol. 380, no. 9, p. 157, 2014.
- [67] A. M. Heeren, S. Punt, M. C. Bleeker et al., "Prognostic effect of different PD-L1 expression patterns in squamous cell carcinoma and adenocarcinoma of the cervix," *Modern Pathology*, vol. 29, no. 7, pp. 753–763, 2016.
- [68] M. R. Rähkä and P. A. Puolakkainen, "Tumor-associated macrophages (TAMs) as biomarkers for gastric cancer: a review," *Chronic Diseases and Translational Medicine*, vol. 4, no. 3, pp. 156–163, 2018.
- [69] A. Carus, M. Ladekar, H. Hager, B. S. Nedergaard, and F. Donskov, "Tumour-associated CD66b+ neutrophil count is an independent prognostic factor for recurrence in localised cervical cancer," *British Journal of Cancer*, vol. 108, no. 10, pp. 2116–2122, 2013.
- [70] B. S. Nedergaard, K. Nielsen, J. R. Nyengaard, and M. Ladekar, "Stereologic estimation of the total numbers, the composition and the anatomic distribution of lymphocytes in cone biopsies from patients with stage I squamous cell carcinoma of the cervix uteri," *APMIS*, vol. 115, no. 12, pp. 1321–1330, 2007.