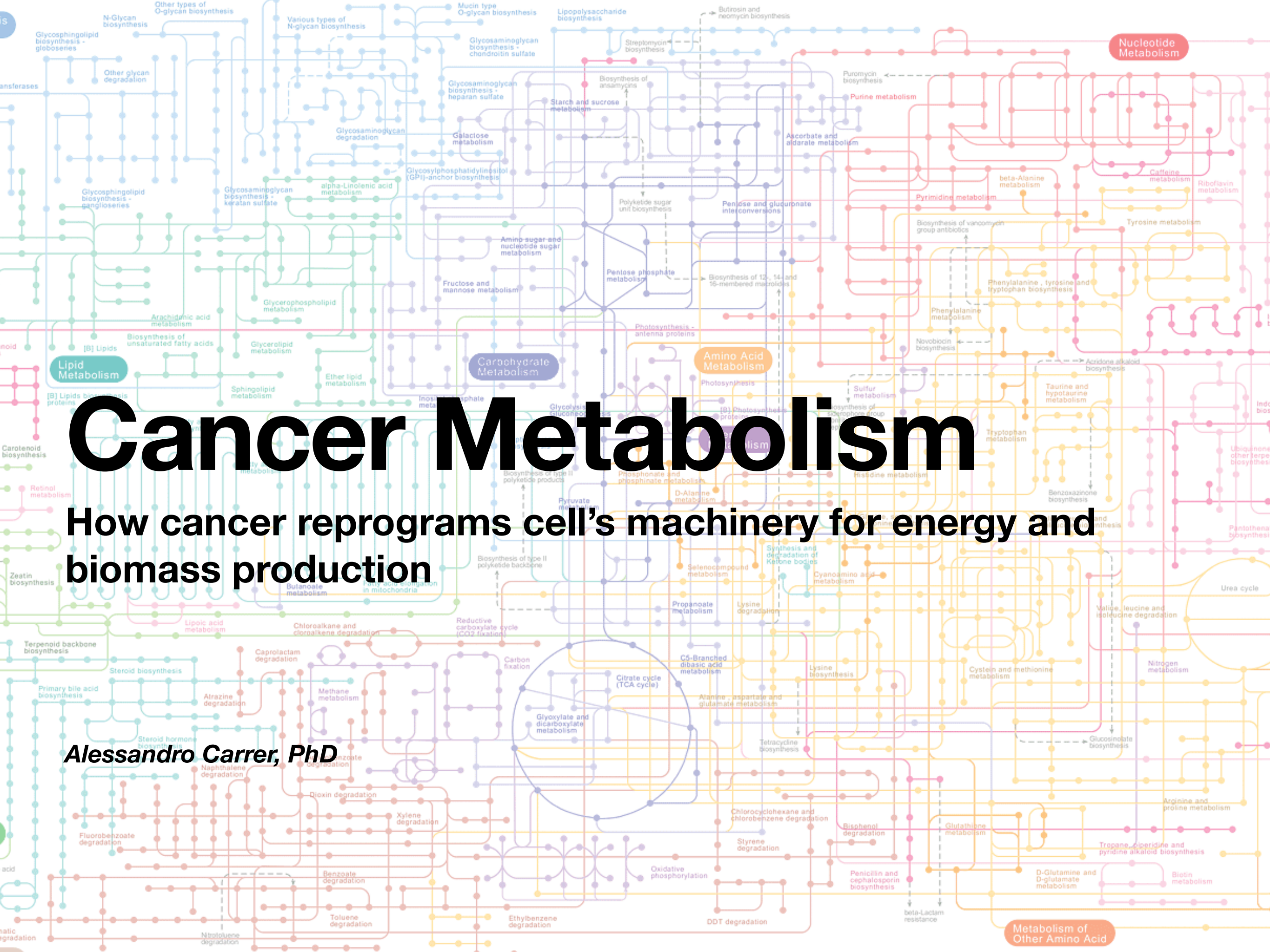




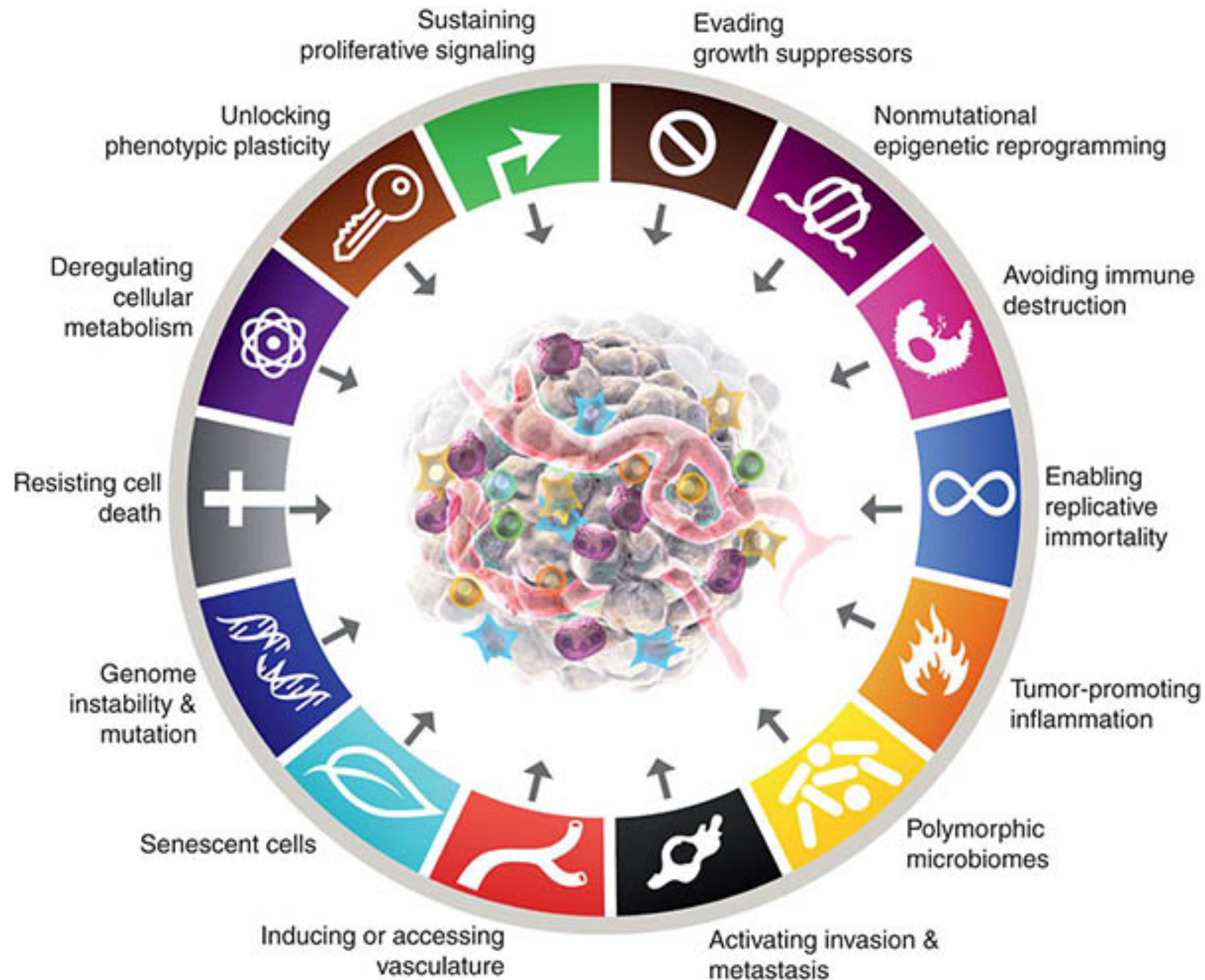
Cancer Metabolism

How cancer reprograms cell's machinery for energy and biomass production

Alessandro Carrer, PhD

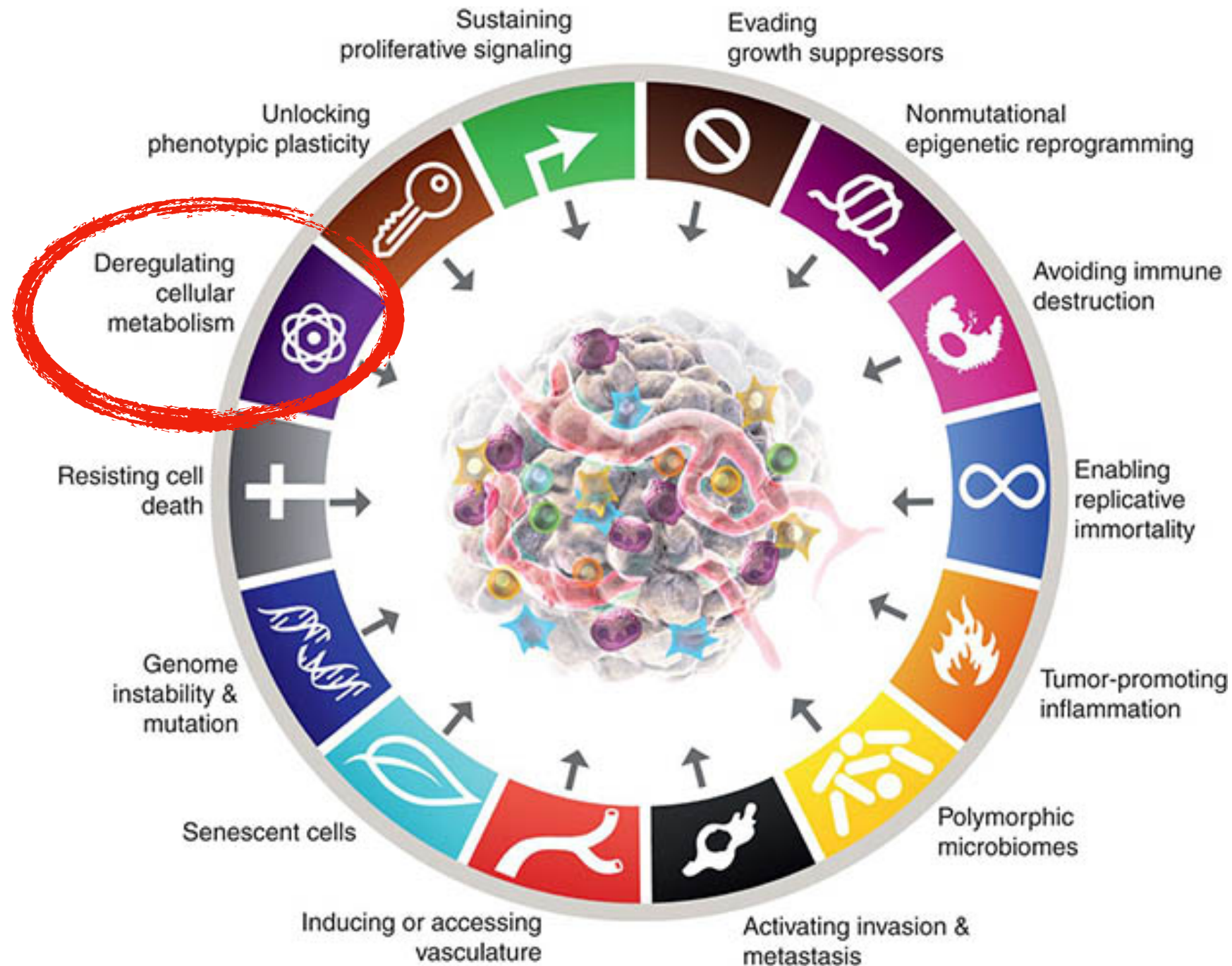
Metabolic rewiring is one of the “HALLMARKS OF CANCER”

Hanahan D & Weinberg RA - *Cell*, 2000 & 2011; *Cancer Discovery* 2022.



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Cancer metabolism

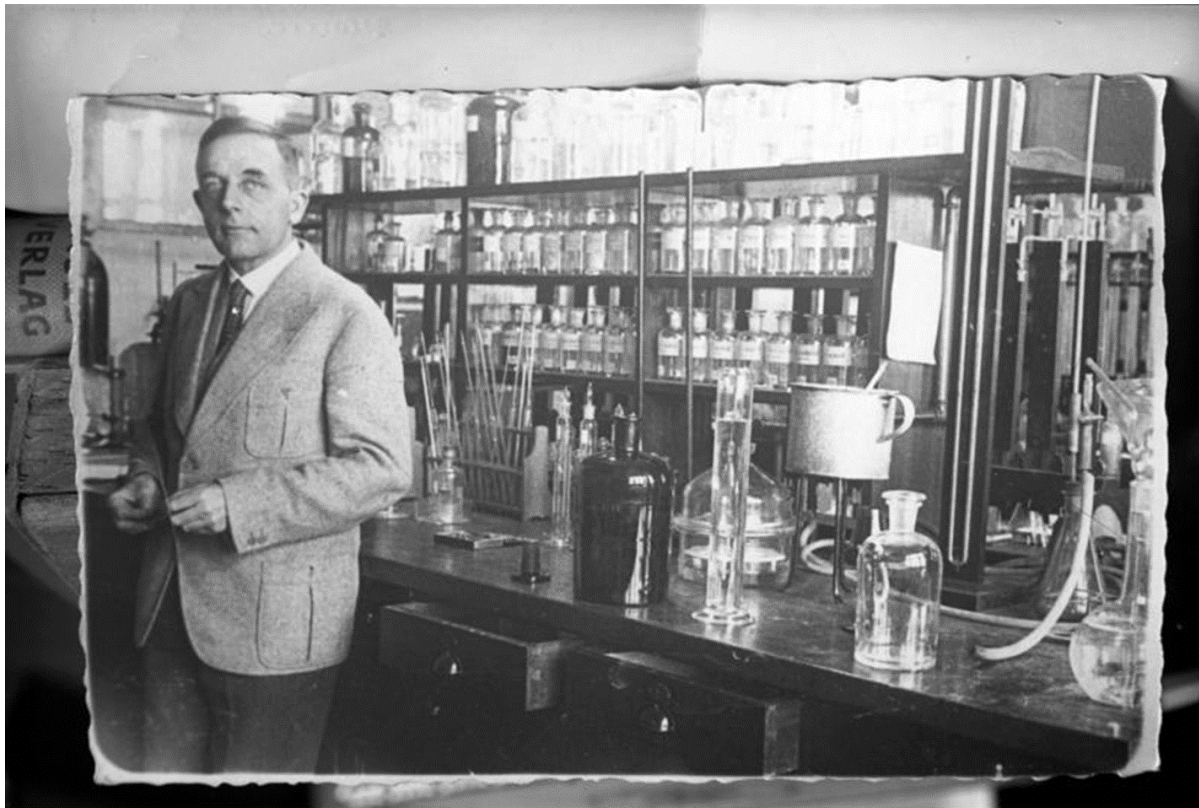
Cancer metabolism is different than normal tissue. First time it was noted in 1920 by biochemist Otto Warburg that when cancer cells are provided with glucose, they generate large amount of lactate regardless of whether oxygen is present or not.

This metabolic difference is referred as **THE WARBURG EFFECT**

Cancer metabolism

Cancer metabolism is different than normal tissue. First time it was noted in 1920 by biochemist Otto Warburg that when cancer cells are provided with glucose, they generate large amount of lactate regardless of whether oxygen is present or not.

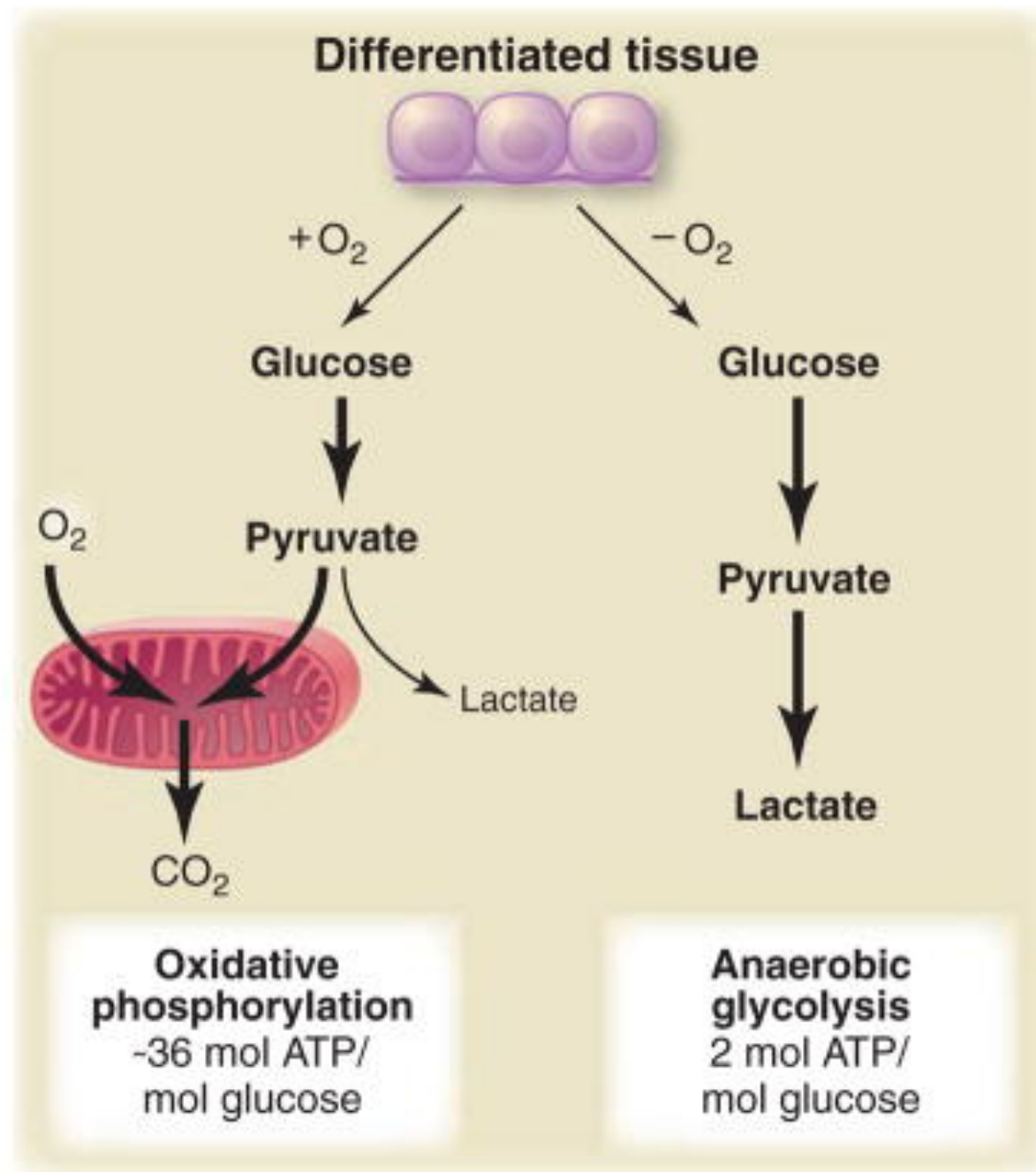
This metabolic difference is referred as **THE WARBURG EFFECT**



Bundesarchiv, Bild 102-12525
Foto: o. Ang. | Oktober 1931

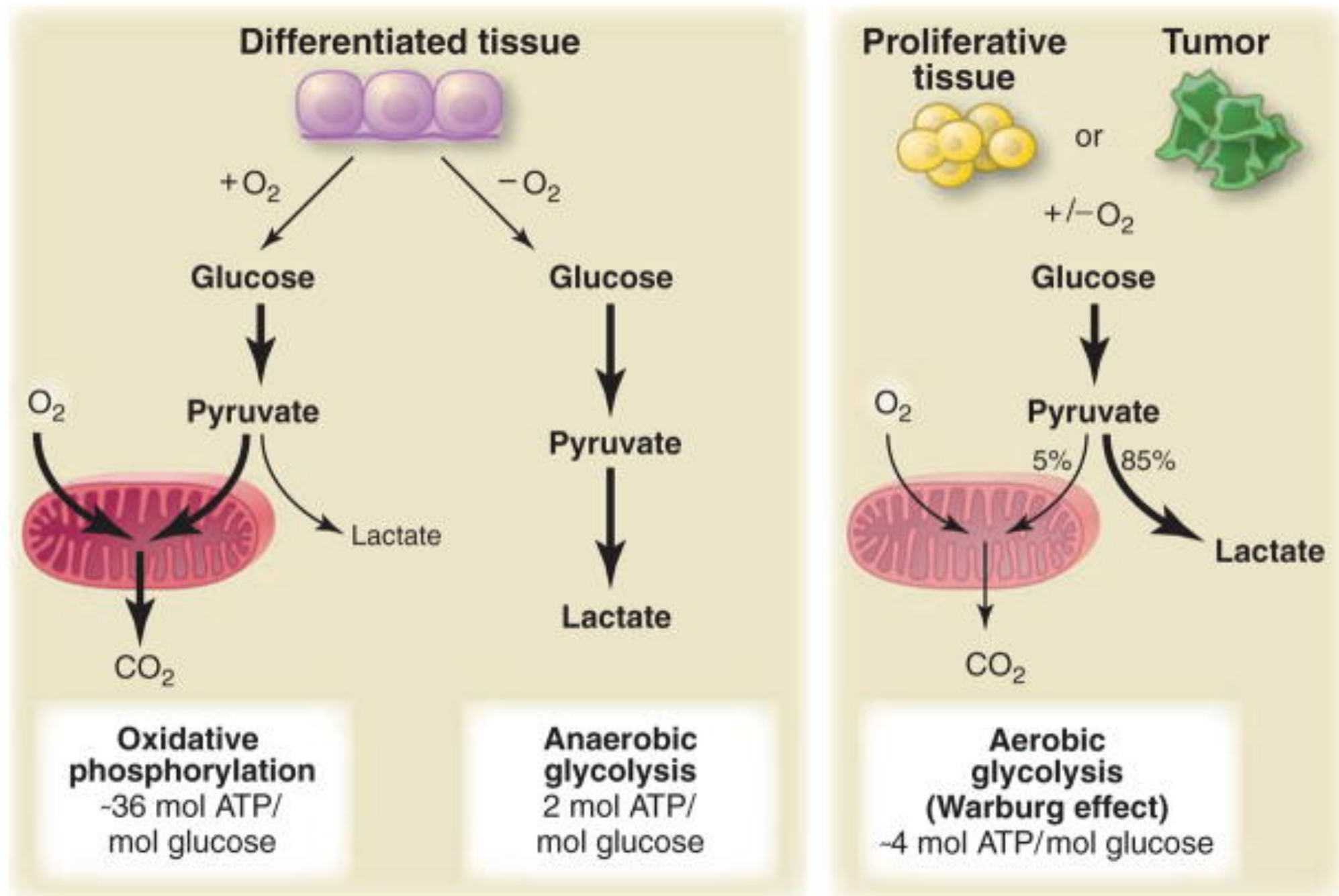
- Warburg made vital contributions to many areas of biochemistry, including respiration, photosynthesis, and the enzymology of intermediary metabolism (Nobel Prize in 1931).
- In the mid 1920s Warburg and co-workers showed that, under Aerobic conditions, tumor tissues metabolize approximately **tenfold more glucose to lactate** in a given time than normal tissues. This phenomenon later came to be known as “Warburg Effect”.
- Warburg purified and crystallized seven of the enzymes of glycolysis. He used a tool called as “Warburg Manometer” which measured directly the consumption of oxygen by monitoring changes in gas volume.

Catabolic reactions generate energy-carrying molecules



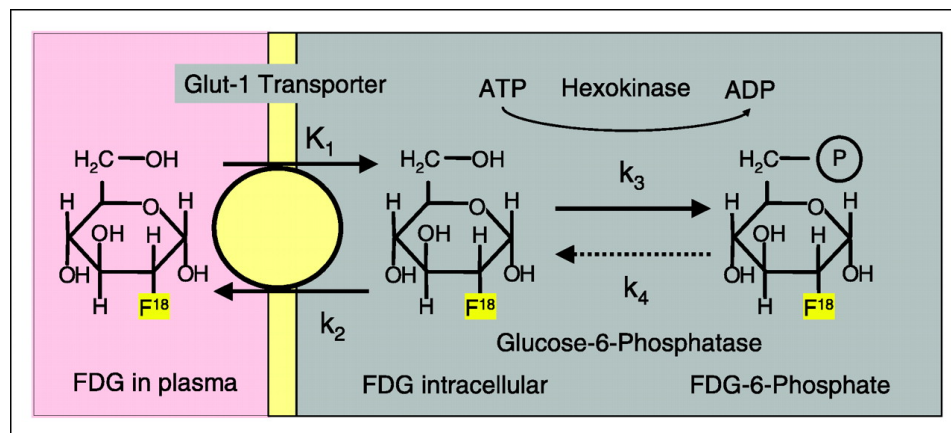
In presence of O₂, most tissues rely on oxidative phosphorylation (**cellular respiration**) to produce ATP

The **Warburg Effect**, aka Aerobic Glycolysis

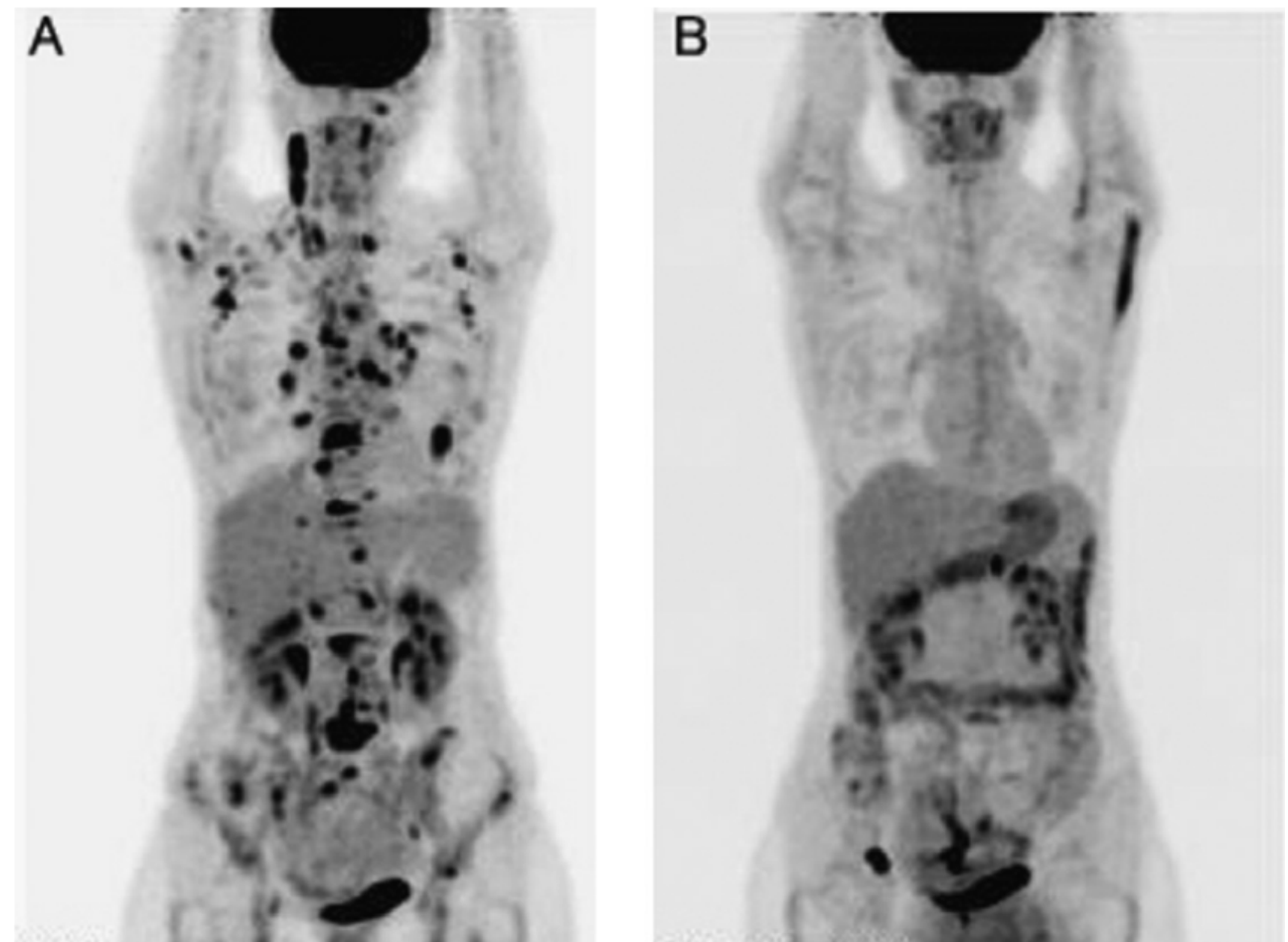


Augmented glucose uptake is useful (!!) in the clinic

FDG-PET of 18F-glucose is widely used in diagnosis, staging, monitoring of a variety of tumors



Fluoro(18F)-deoxyGlucose



Kimura H et al, *Lung Cancer*, 2012

Causes of the **Warburg Effect**

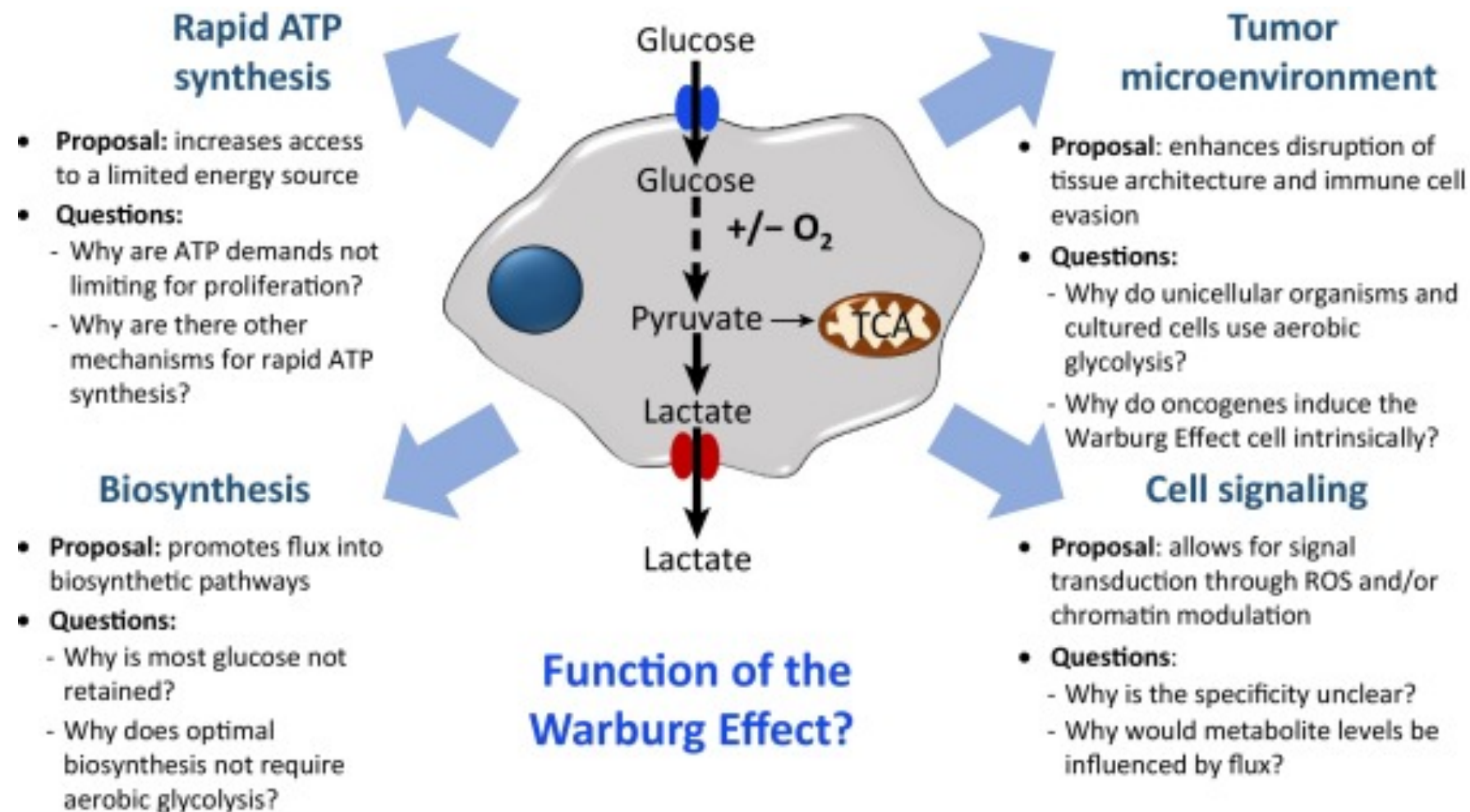
What **Warburg** thought:

- *Mitochondrial Defects:* organelles are damaged and malfunctioning. In fact, cancer originates because of injuries to mitochondria and can be attacked with anti-acidic treatments.

What **modern science** thinks:

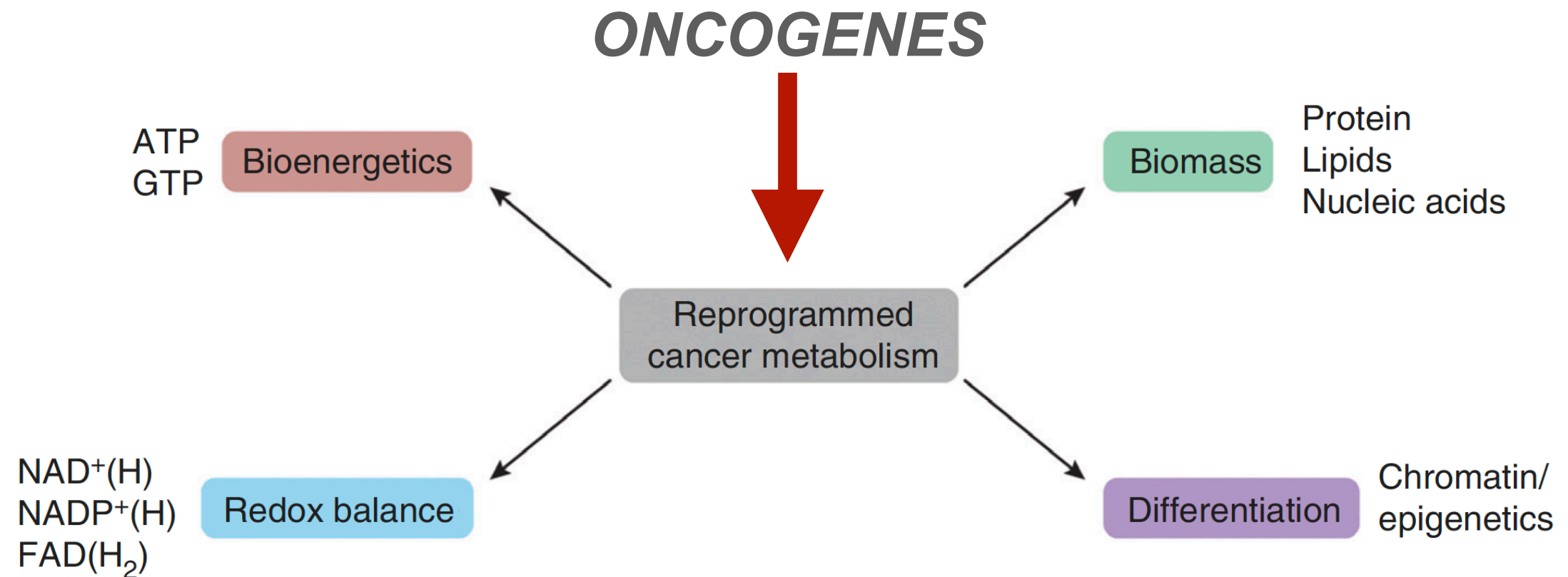
- *Mitochondrial Defects:* mtDNA mutations lead to malfunction in respiration and oxidative phosphorylation.
- *Hypoxia:* Possible adaptation owing to lack of Oxygen availability in the Environment.
- *Oncogenic Signals:* Point Mutations in genes such as Ras family can result in proliferation of cells and signal initiation.
- *Altered Metabolic Enzymes:* Overproduction and mimicking of metabolic enzymes such as Hexokinase-II result in increased Glycolytic activity.

Why the Warburg Effect? We still don't get it....



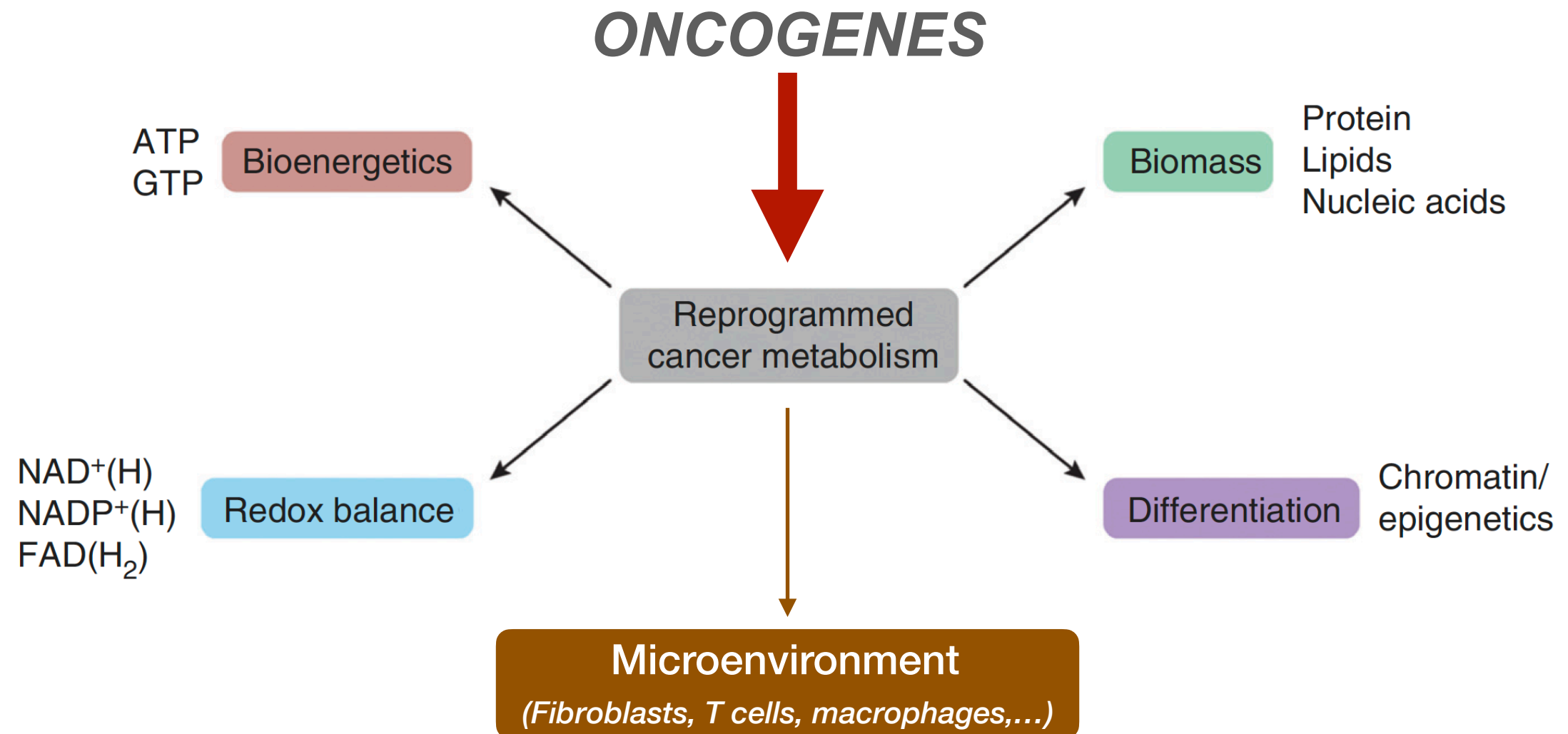
Cancer cells reprogram their metabolism:

anabolic and catabolic pathways are rewired to tackle different needs



Cancer cells reprogram their metabolism:

anabolic and catabolic pathways are rewired to tackle different needs



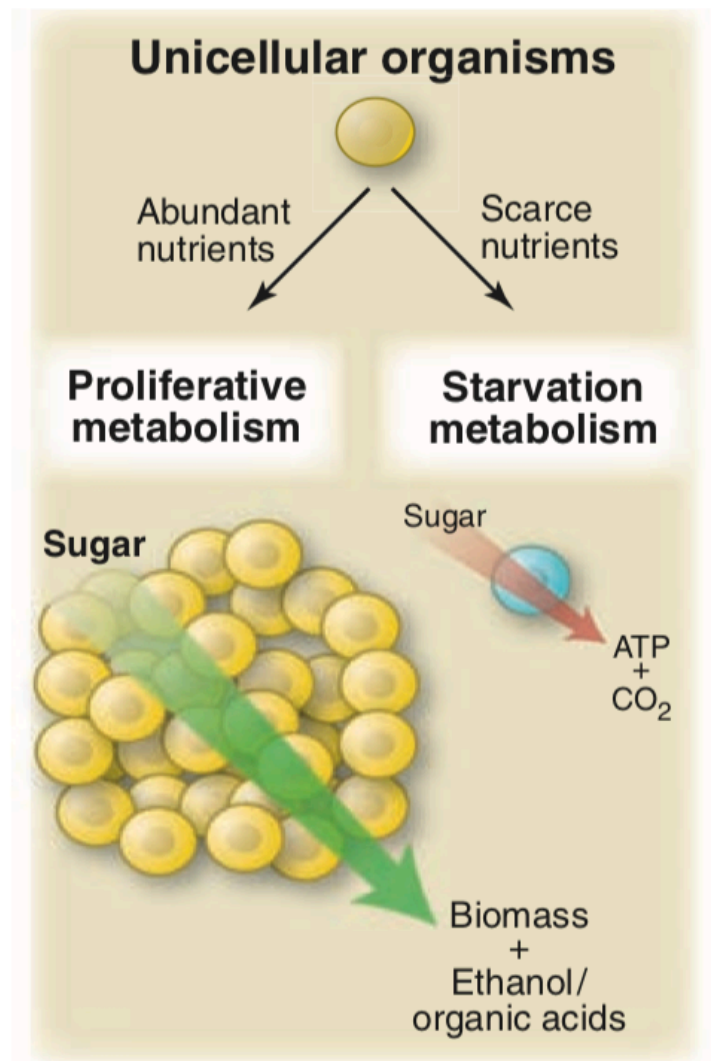
Tumor cells need to reprogram their metabolism in order to:

- **Produce more biomass (accelerated cell division)**
- **Produce more nucleotides (accelerated cell division)**
- **Cope with oxidative stress (replication and nutrient stress)**
- **Adapt to different environments (dissemination, 3D growth)**
- **Secrete immunomodulatory molecules (evade immune response)**
- **Adjust availability of “signaling metabolites” (support growth signals)**

Several reviews from: Thompson, CB; Chandel, NS; DeBerardinis, RJ; Locasale, JW; Wellen, KE; Sabatini, DM; Lyssiotis, C; others

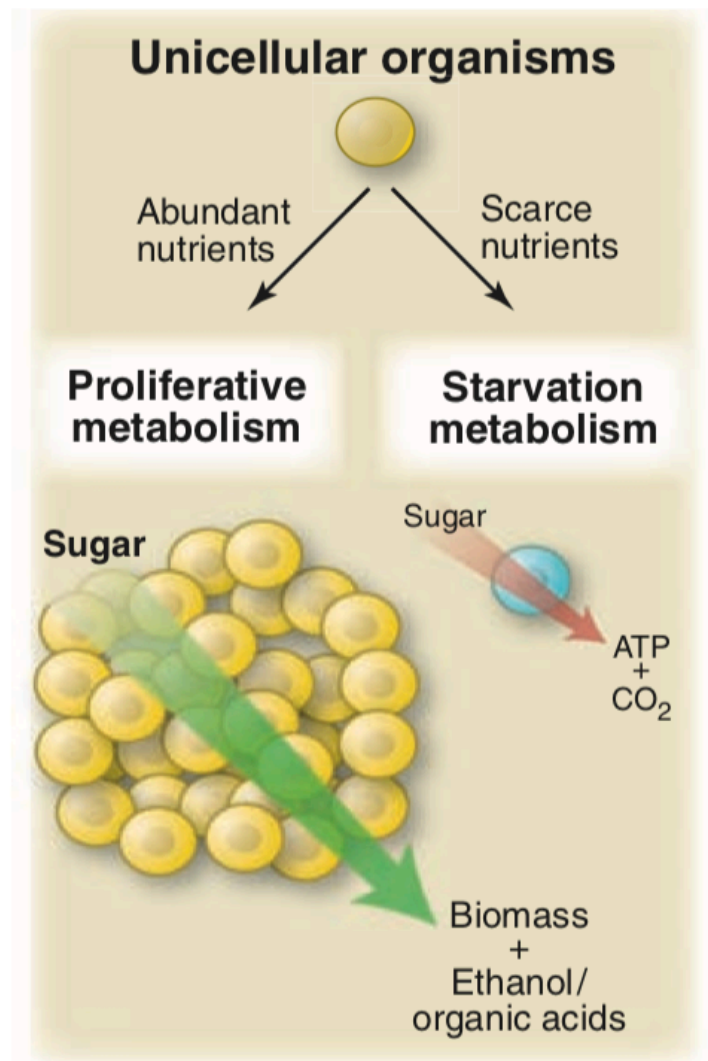
1

Metabolism is reprogrammed to support proliferation



1

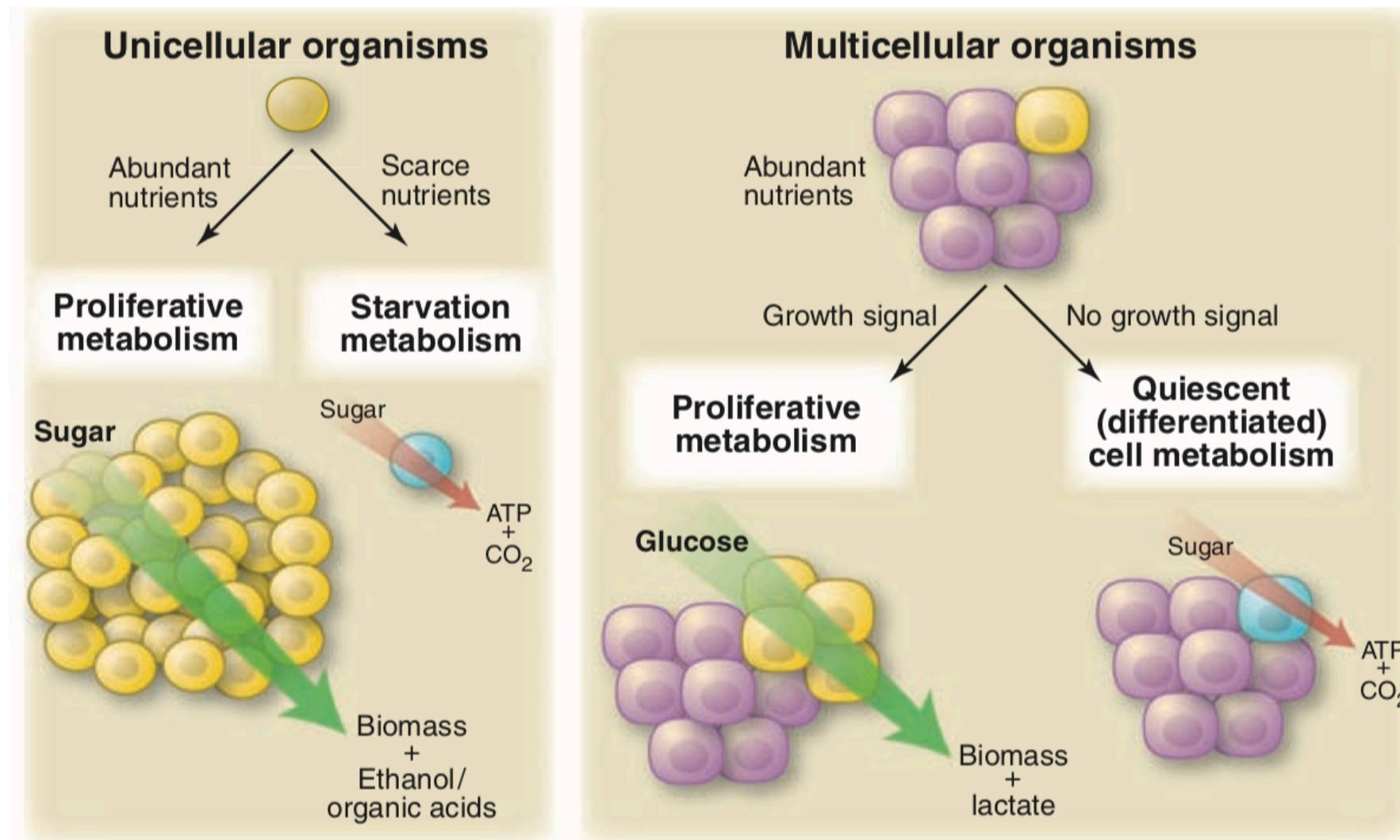
Metabolism is reprogrammed to support proliferation



Nutrient sensing regulates growth in unicellular organisms
Growth factor signals induce proliferation in multicellular organisms

1

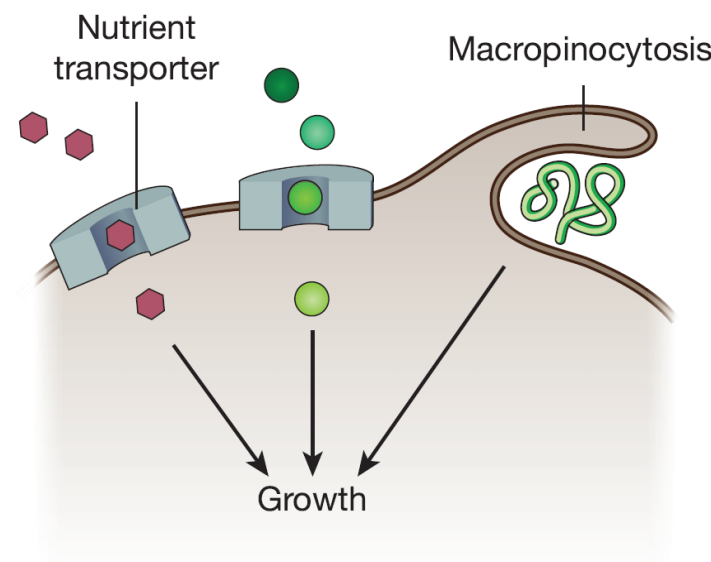
Metabolism is reprogrammed to support proliferation



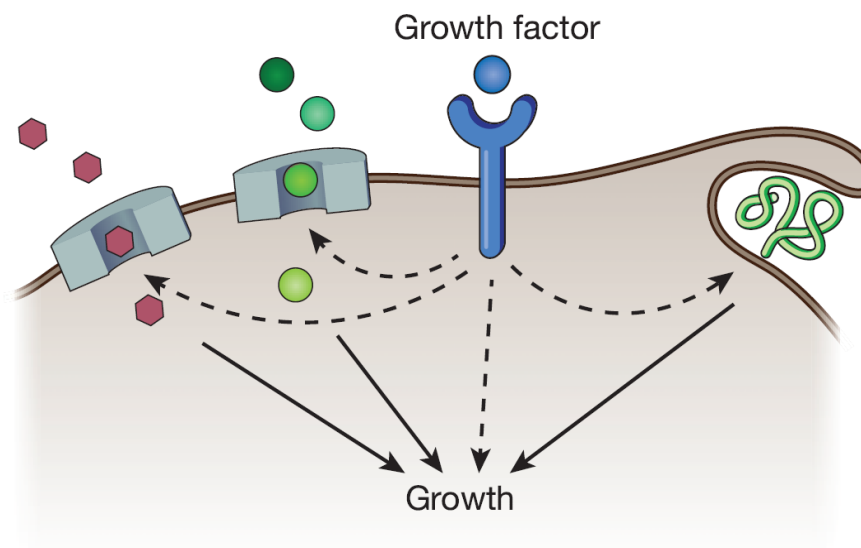
Nutrient sensing regulates growth in unicellular organisms
Growth factor signals induce proliferation in multicellular organisms

Oncogenes hijack cell ability to sense nutrients

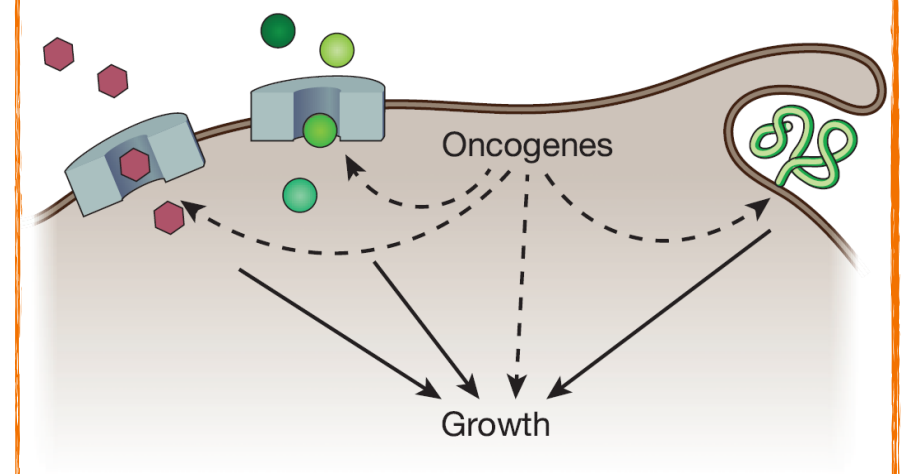
a Unicellular eukaryote



b Metazoan cell



c Cancer cell

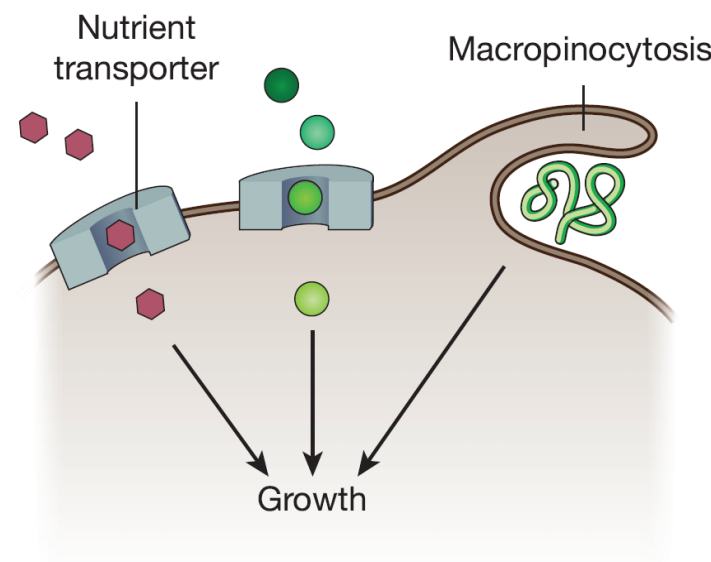


Abundant nutrients ➡ Proliferation
Scarce nutrients ➡ Growth arrest

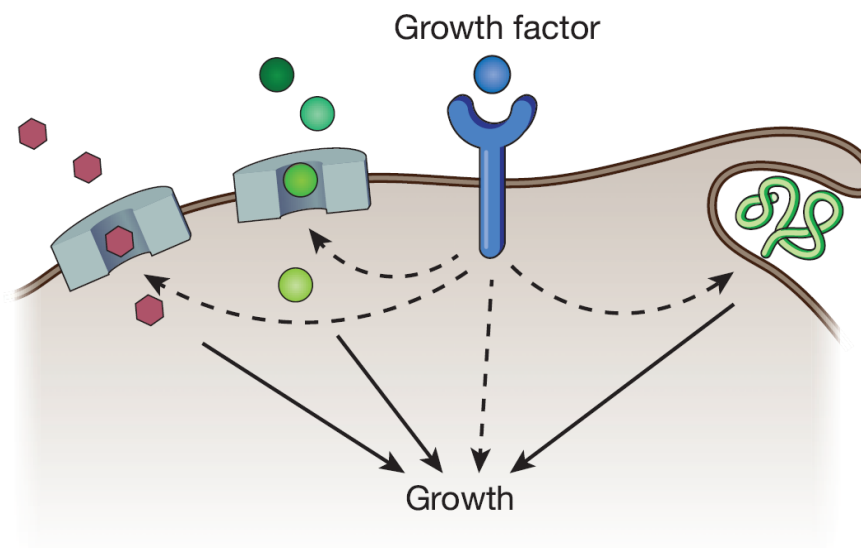
Growth Factors signal ➡ Proliferation
Absence of signals ➡ Quiescence

Oncogenes hijack cell ability to sense nutrients

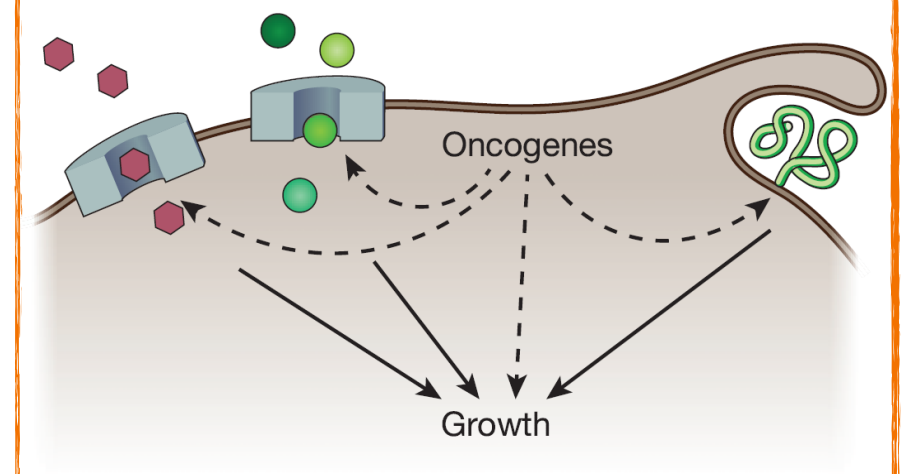
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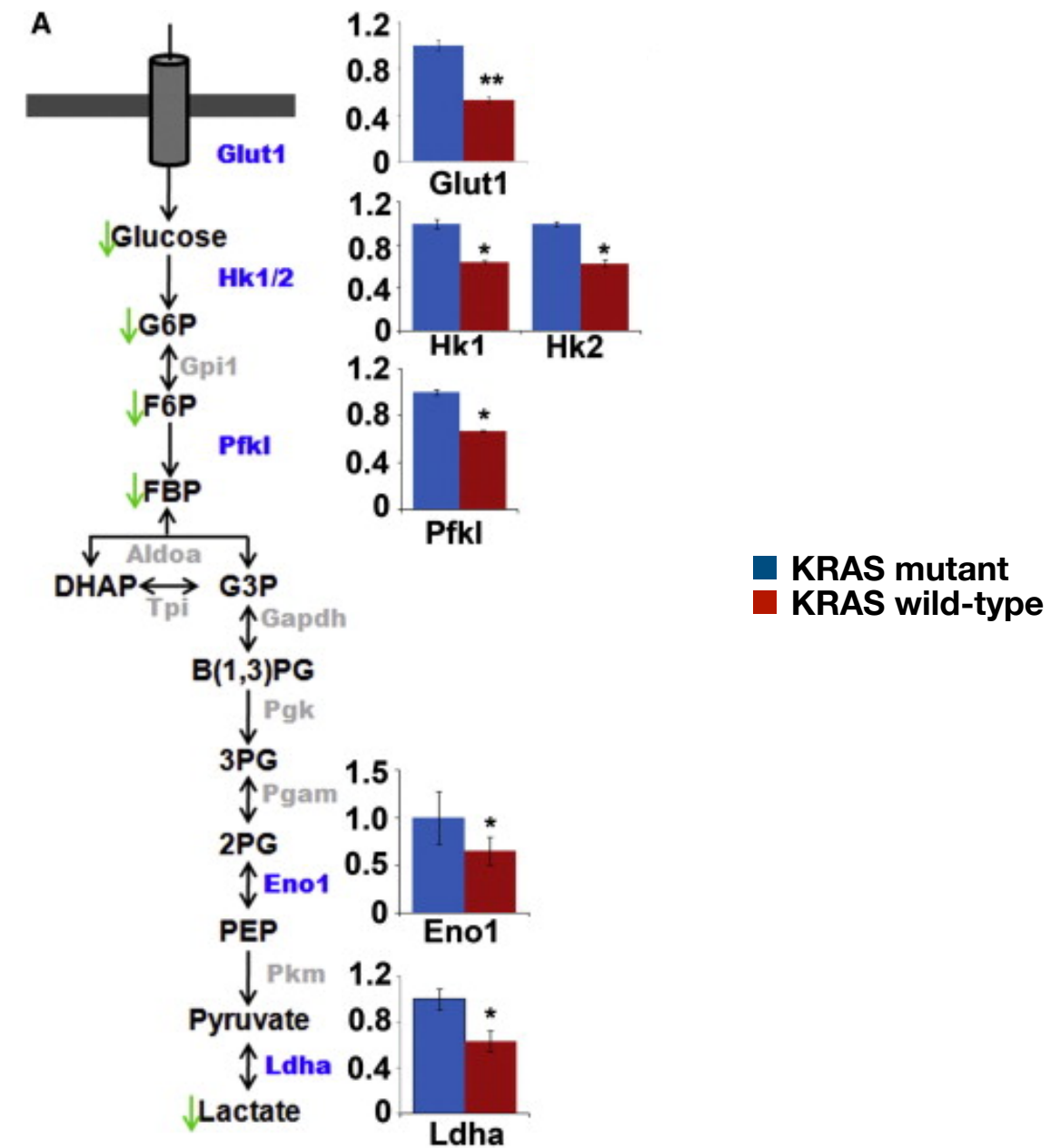
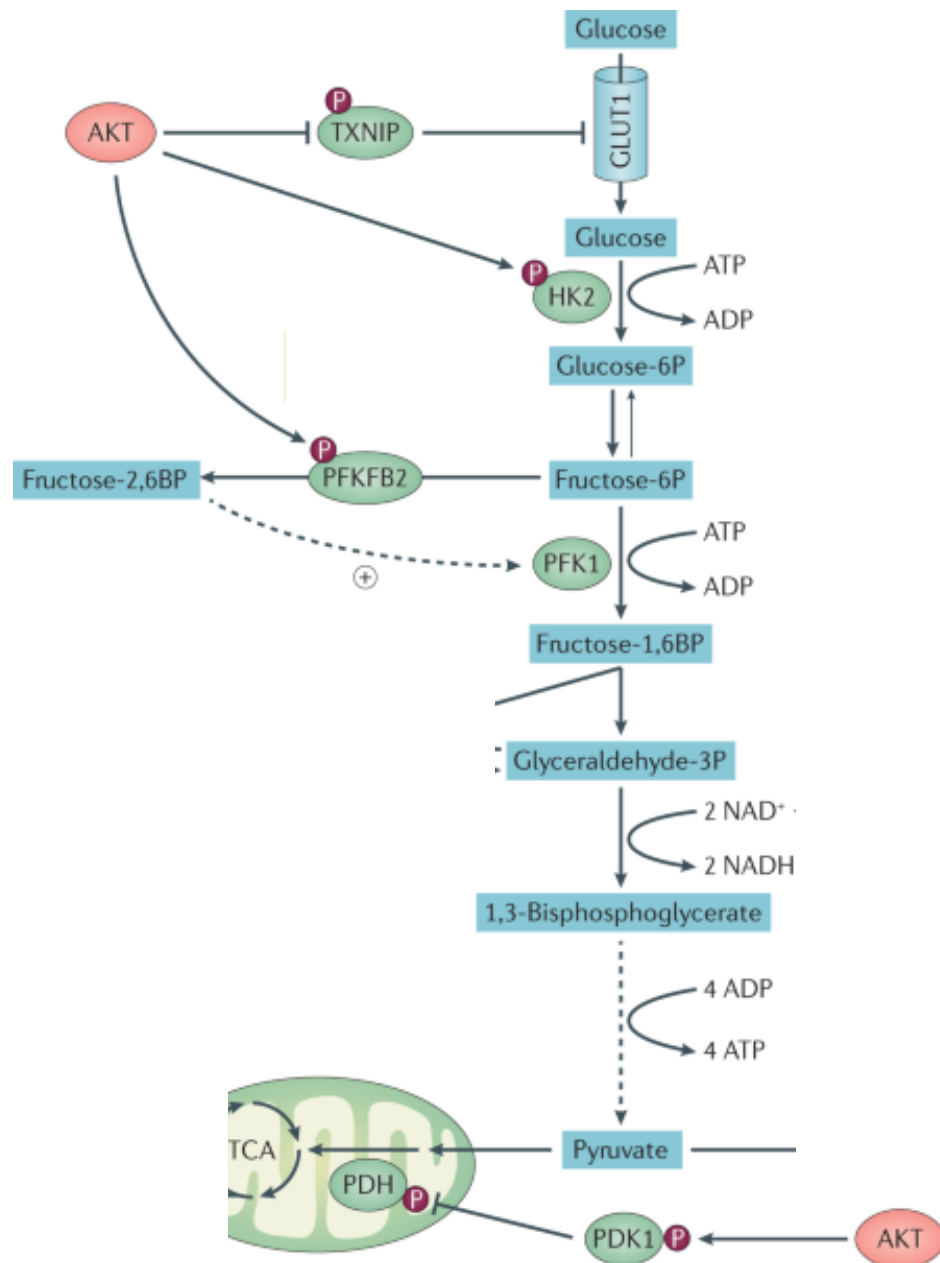


Abundant nutrients ➡ Proliferation
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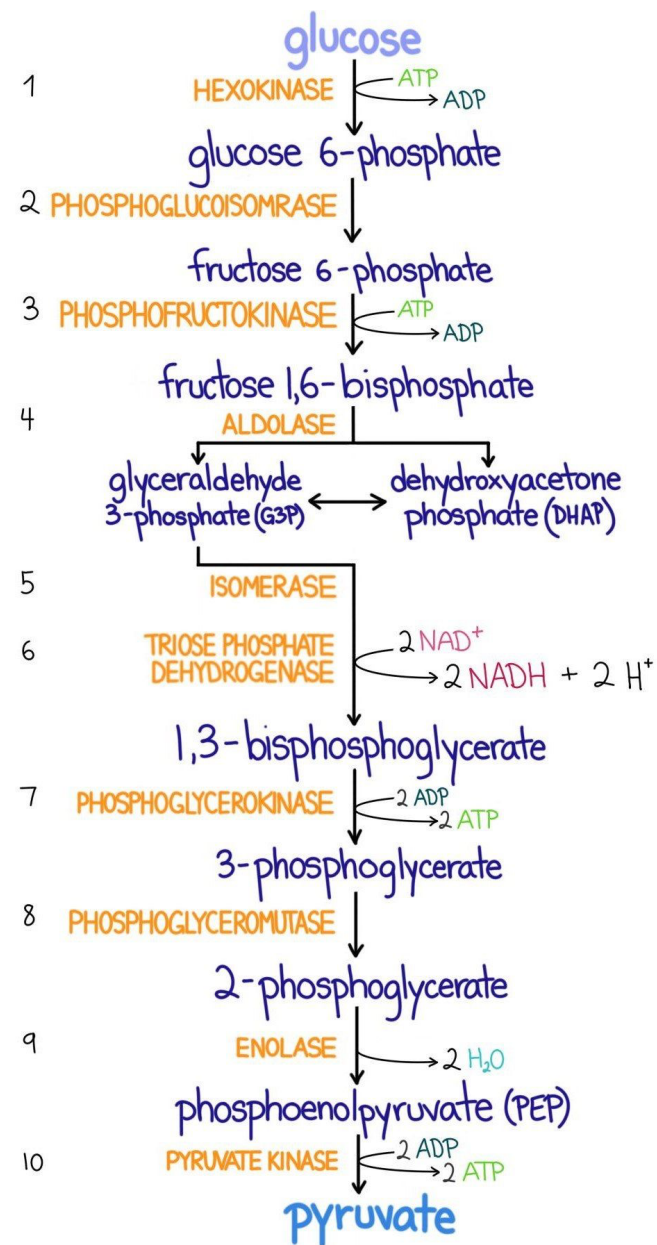
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Oncogenic signaling ➡ Proliferation

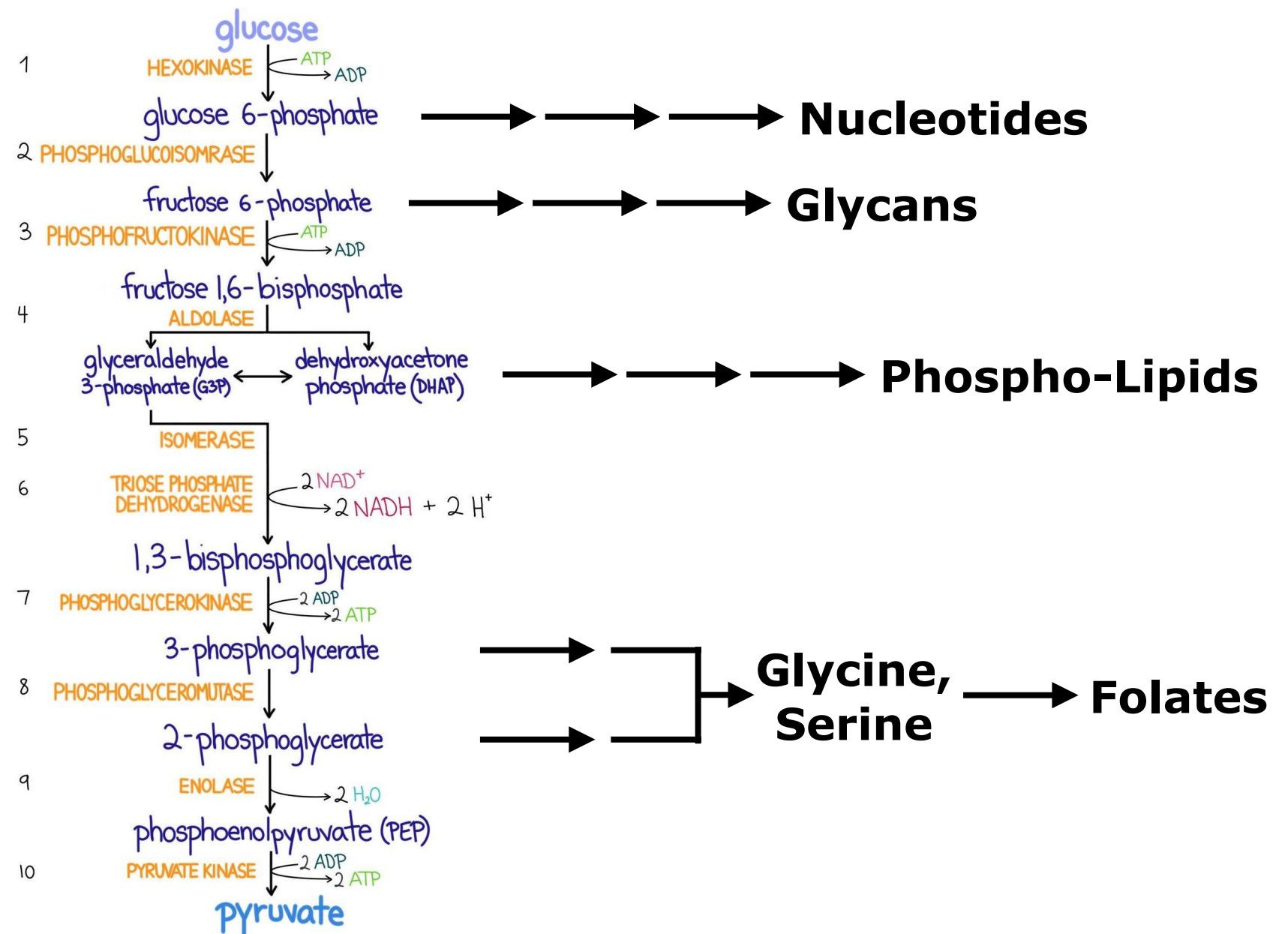
Commonly activated oncogenes enhance glycolysis



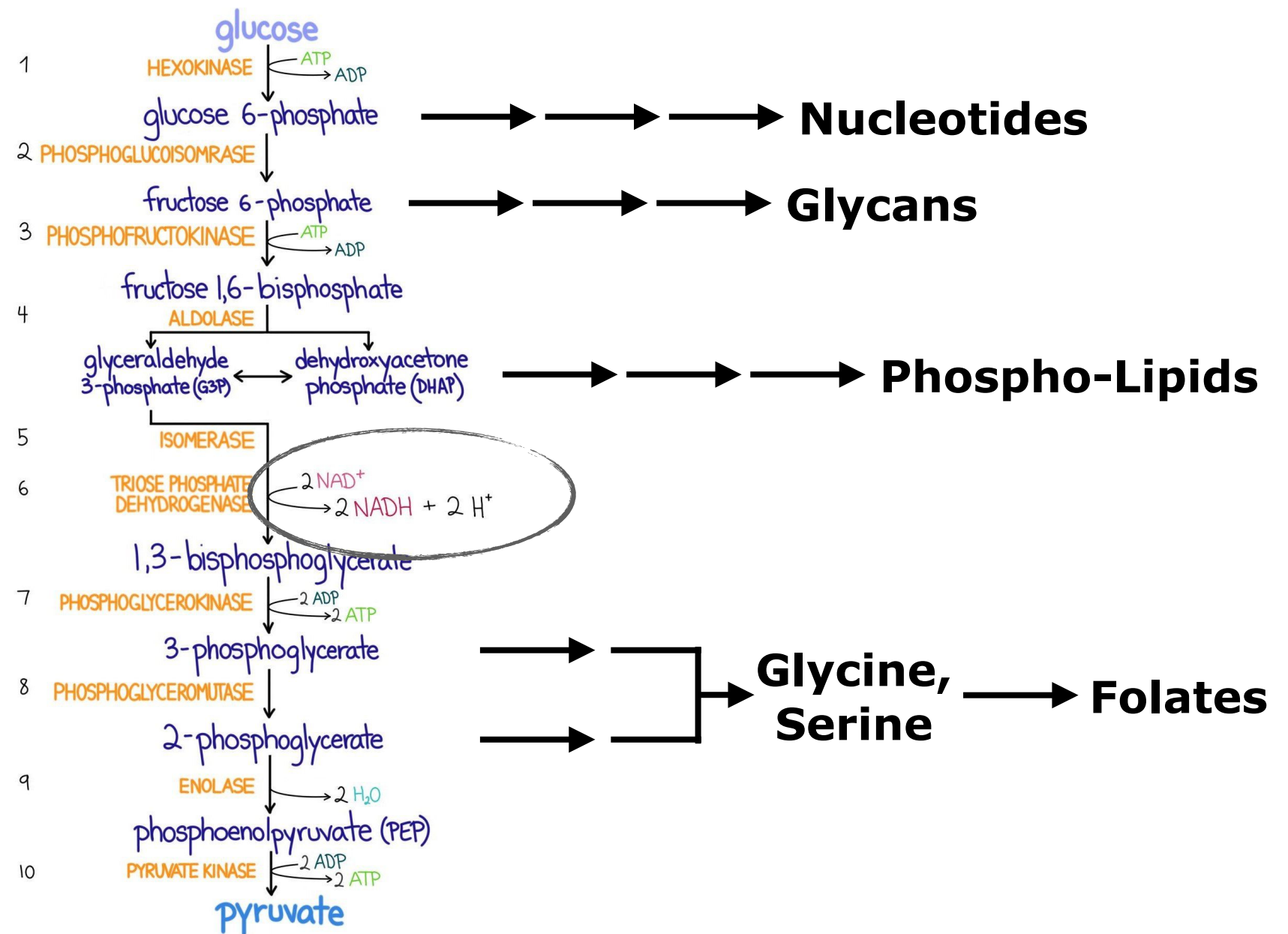
Glycolytic flux is regulated and provides substrates for biosynthetic pathways



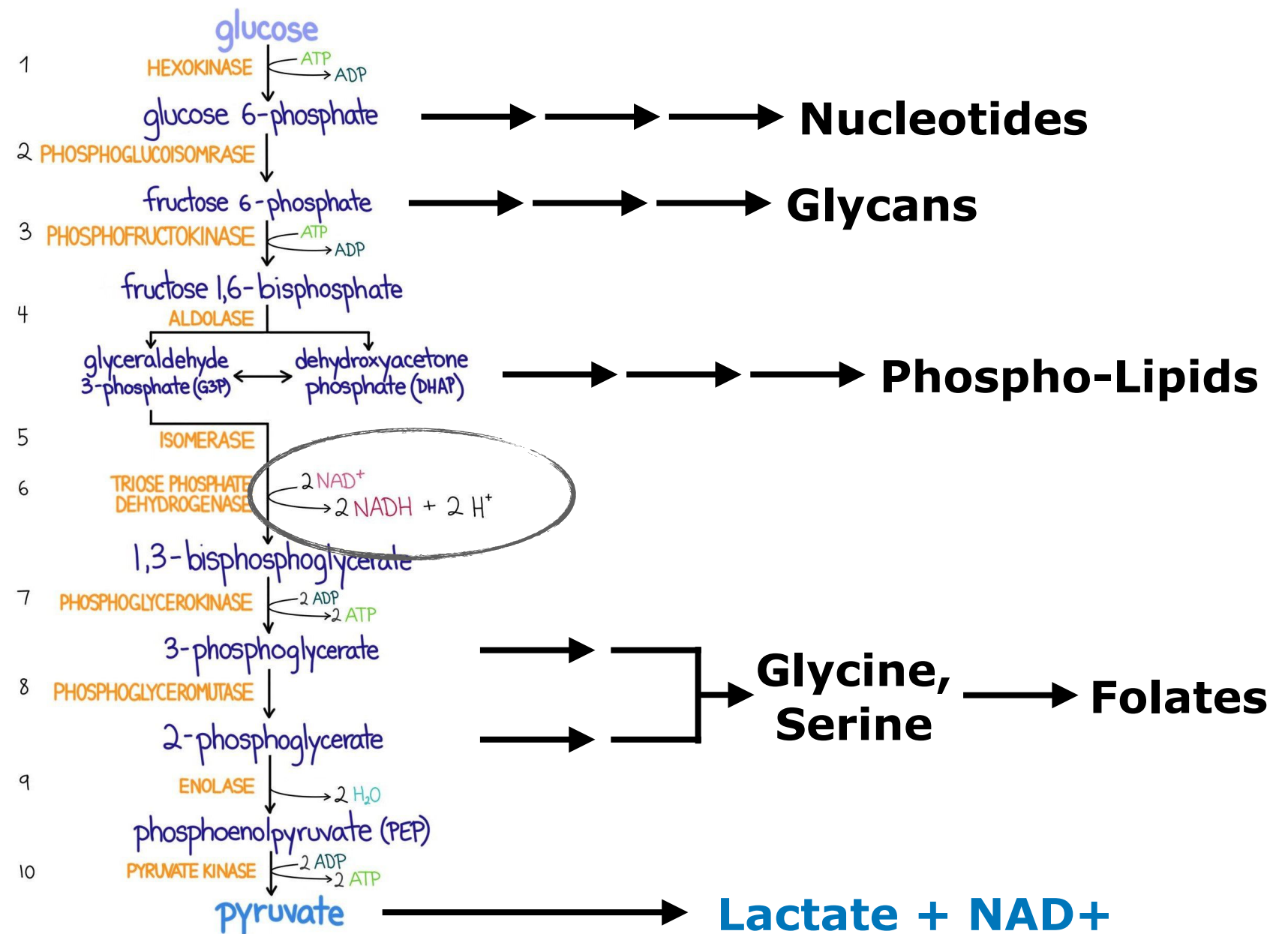
Glycolytic flux is regulated and provides substrates for biosynthetic pathways



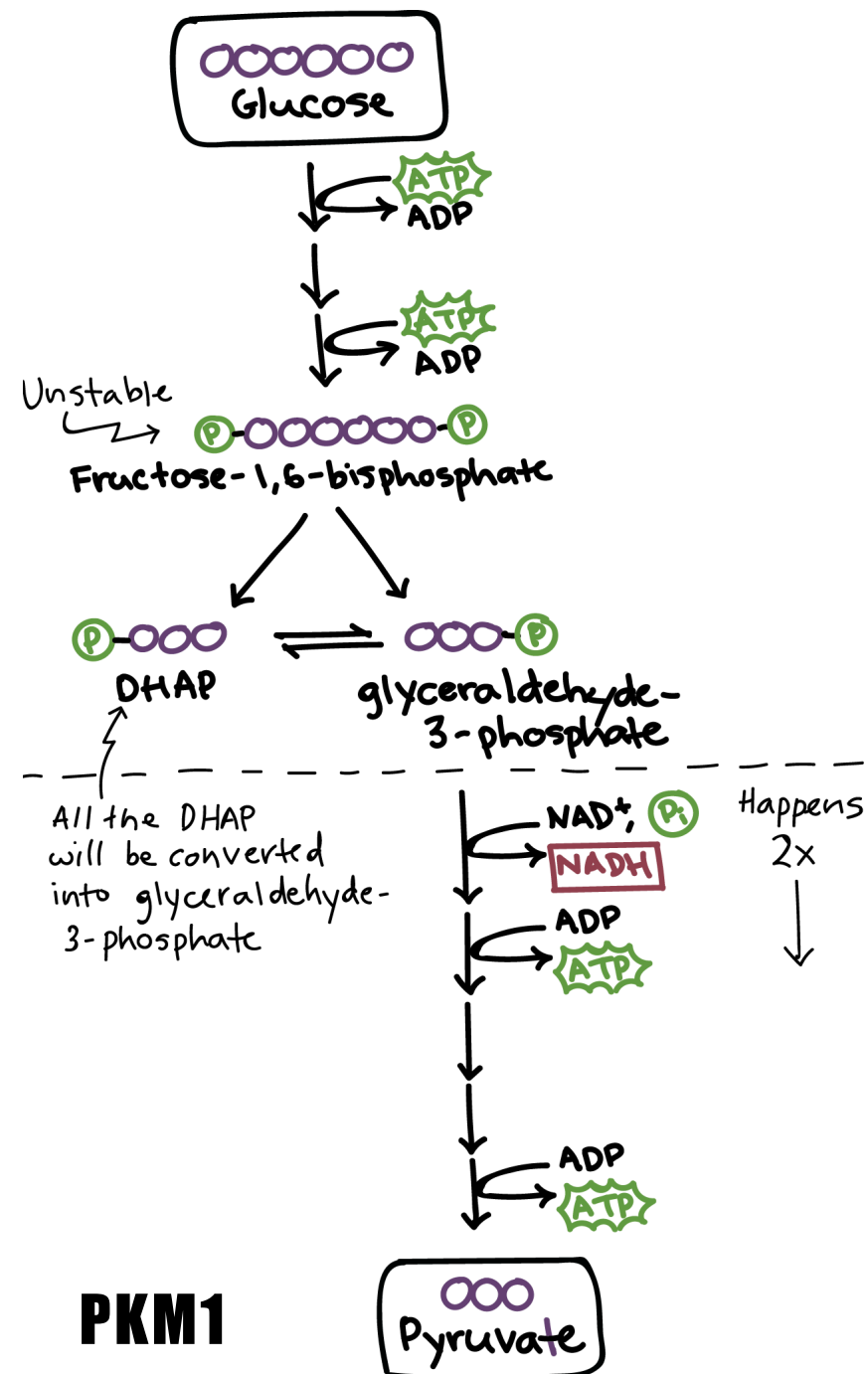
Glycolytic flux is regulated and provides substrates for biosynthetic pathways



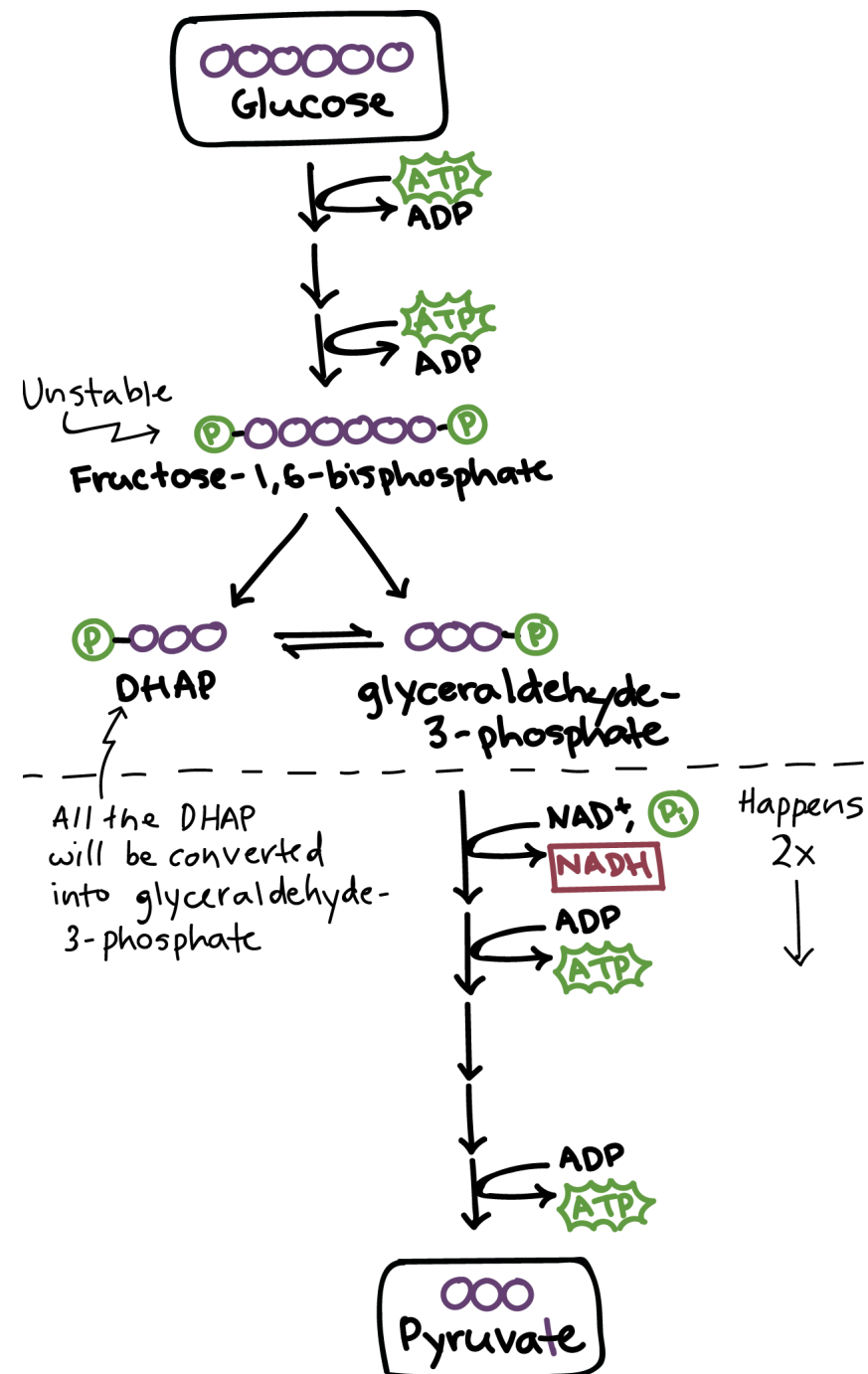
Glycolytic flux is regulated and provides substrates for biosynthetic pathways



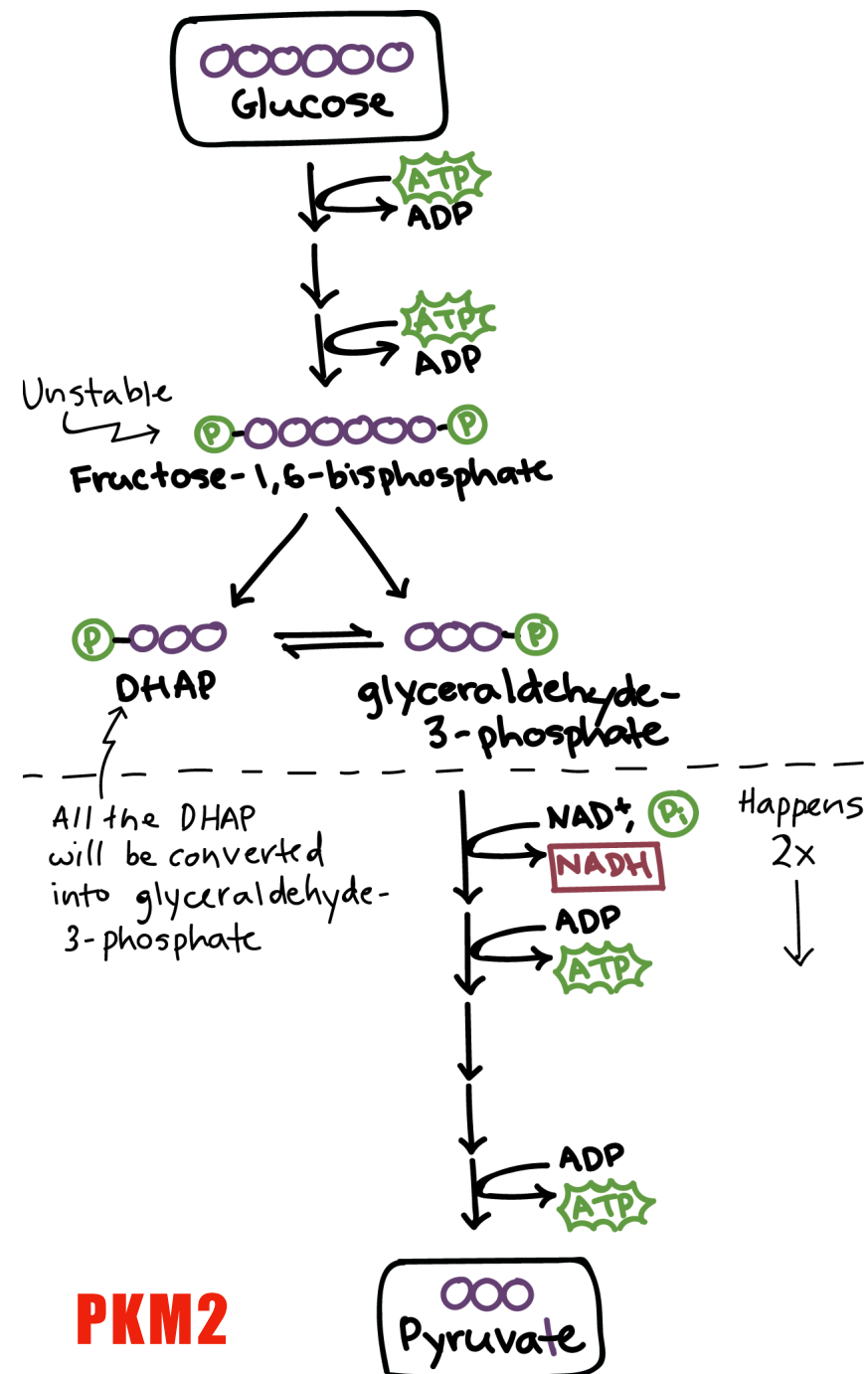
Fast proliferating cells express an alternative form of Pyruvate Kinase



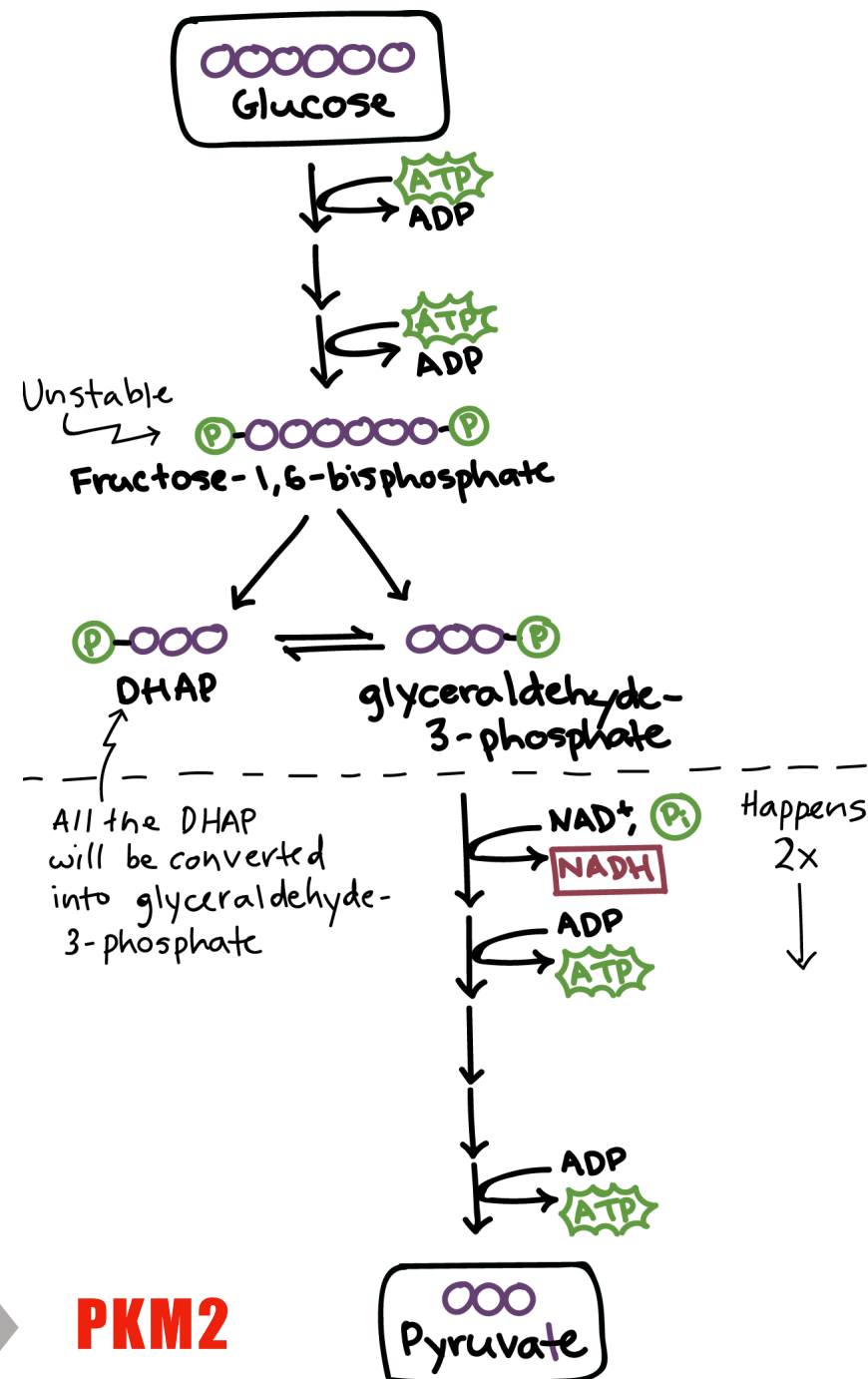
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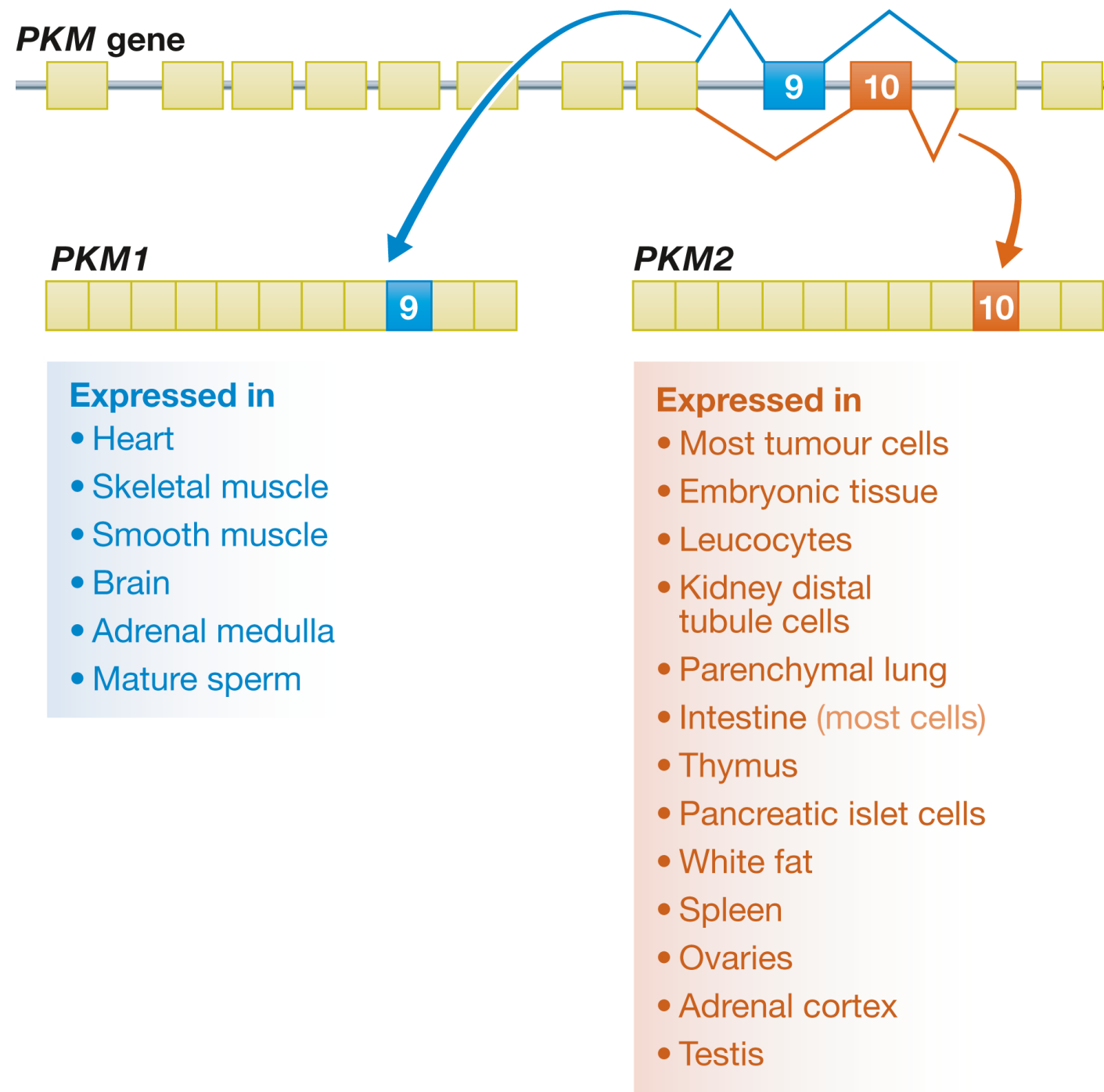
Fast proliferating cells express an alternative form of Pyruvate Kinase



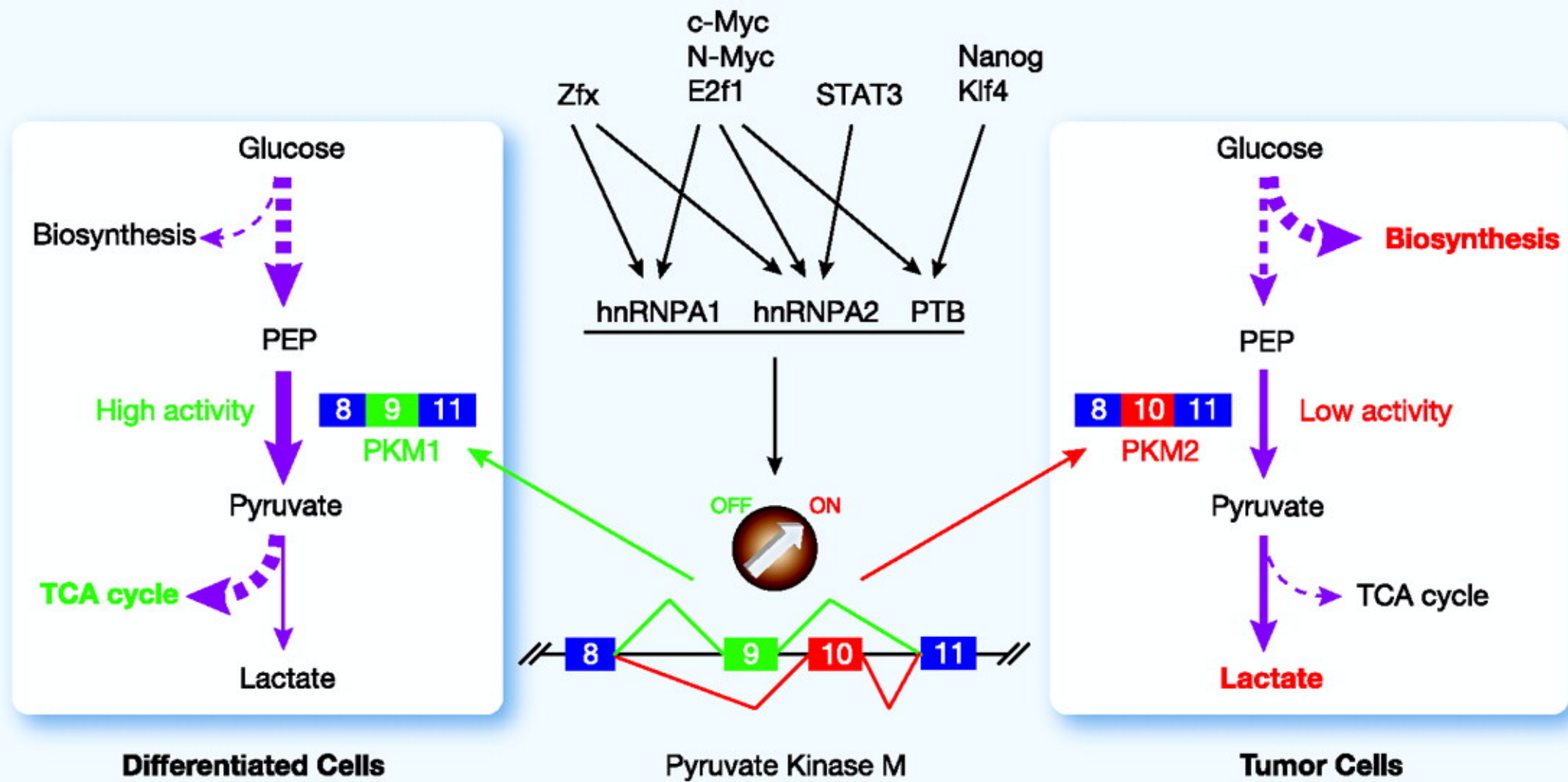
1. Allosteric/metabolic
2. Transcription (Growth Factor Signaling)
3. Phosphorylation

PKM2

Tumors (and proliferating tissues) express PKM2

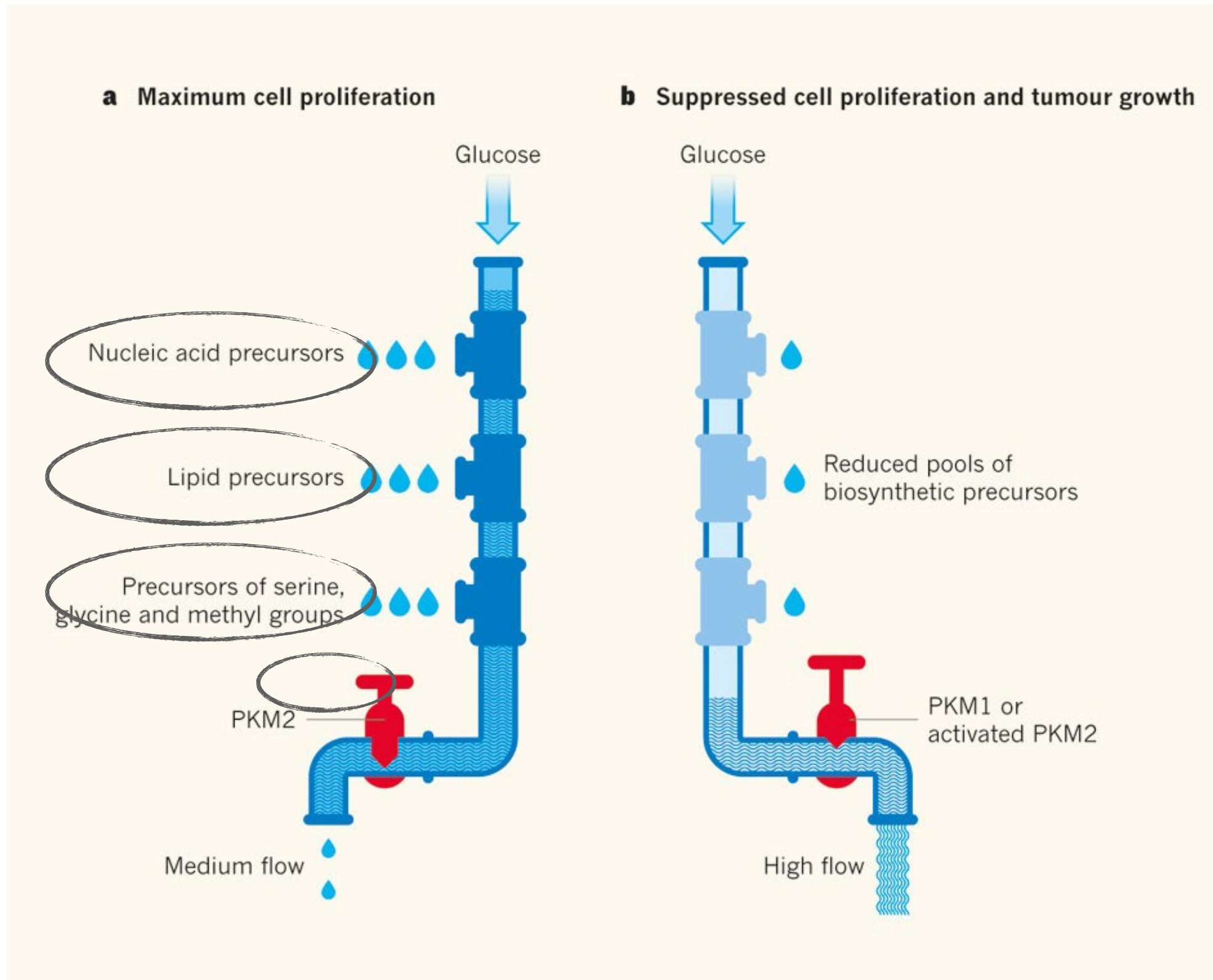


PKM2 has **LOWER** activity

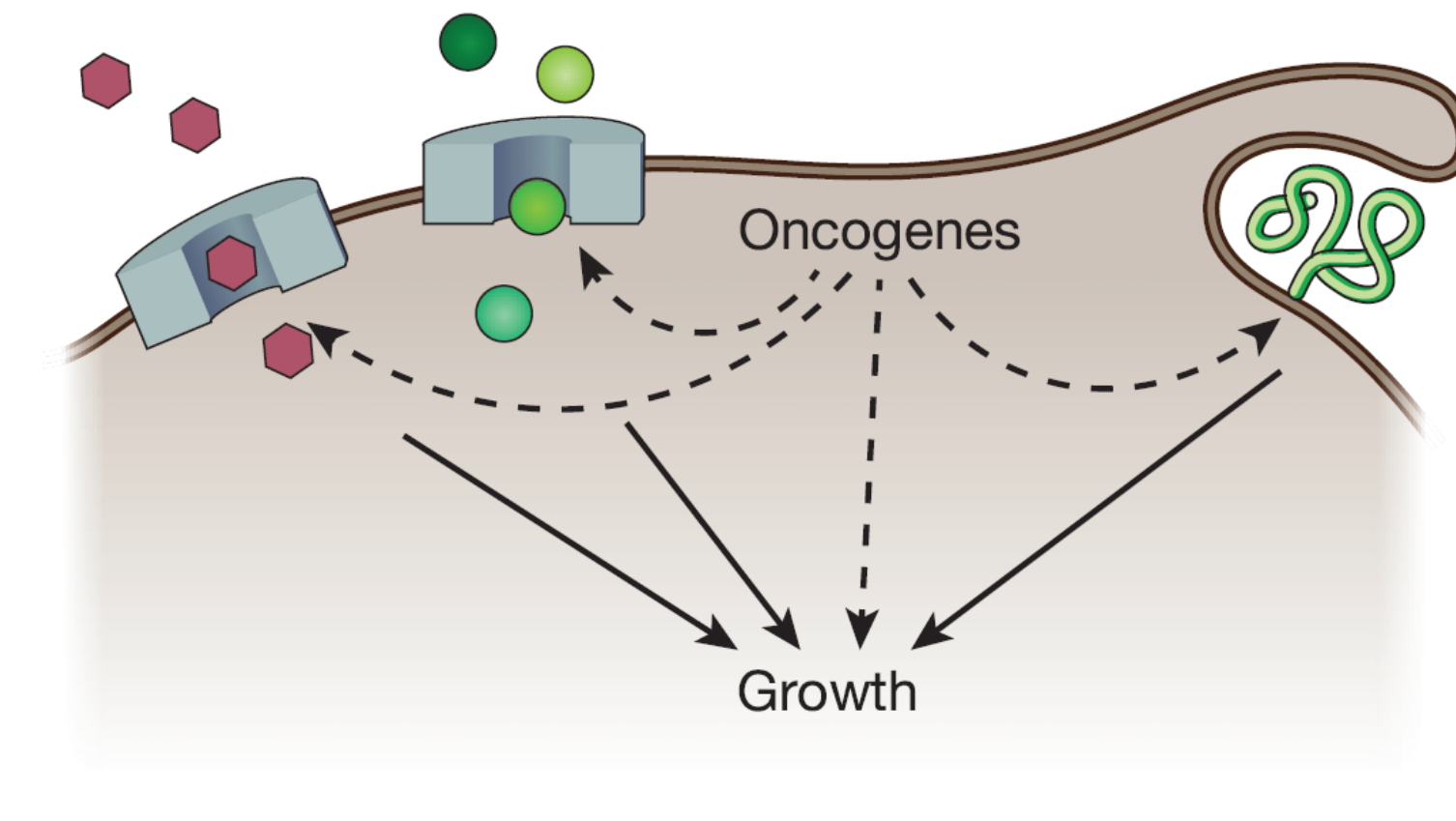


© 2010 American Association for Cancer Research

Lower PKM activity leads to accumulation of glycolytic intermediates

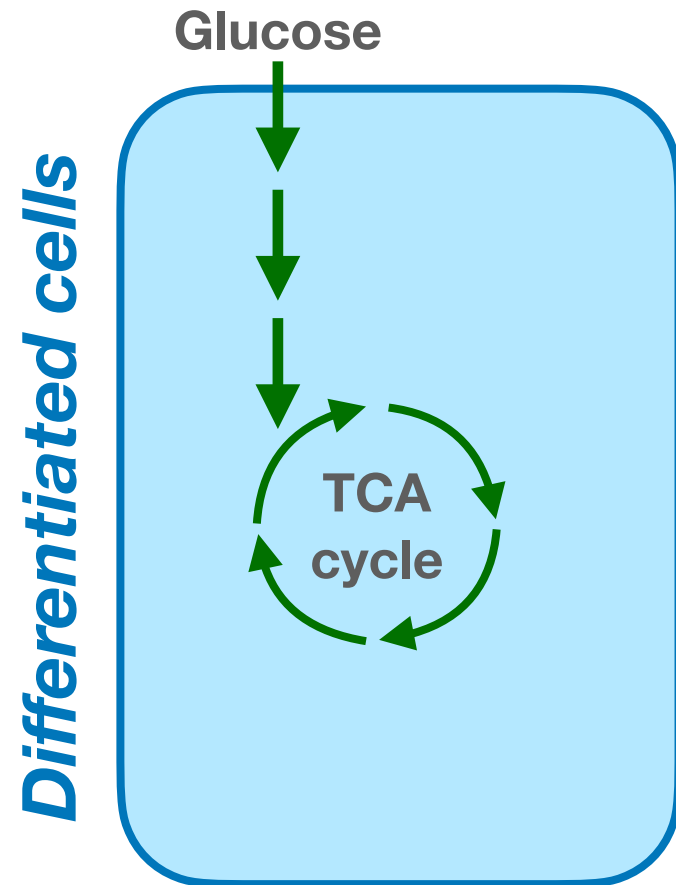


Oncogenes hijack cell ability to uptake nutrients

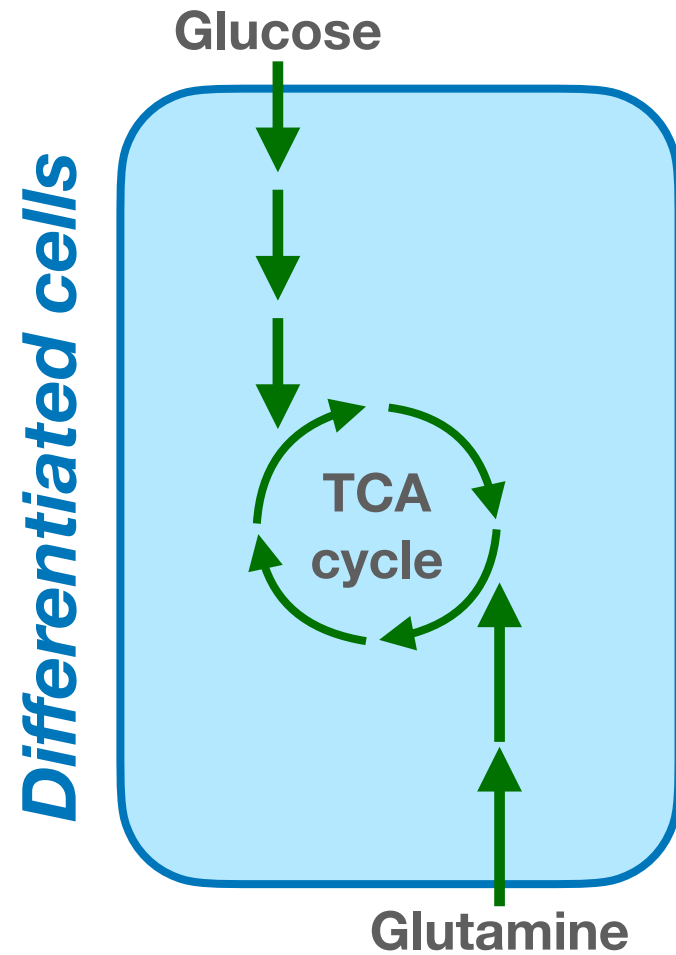


➡ Enhanced uptake of glucose, glutamine AND alternative carbon sources

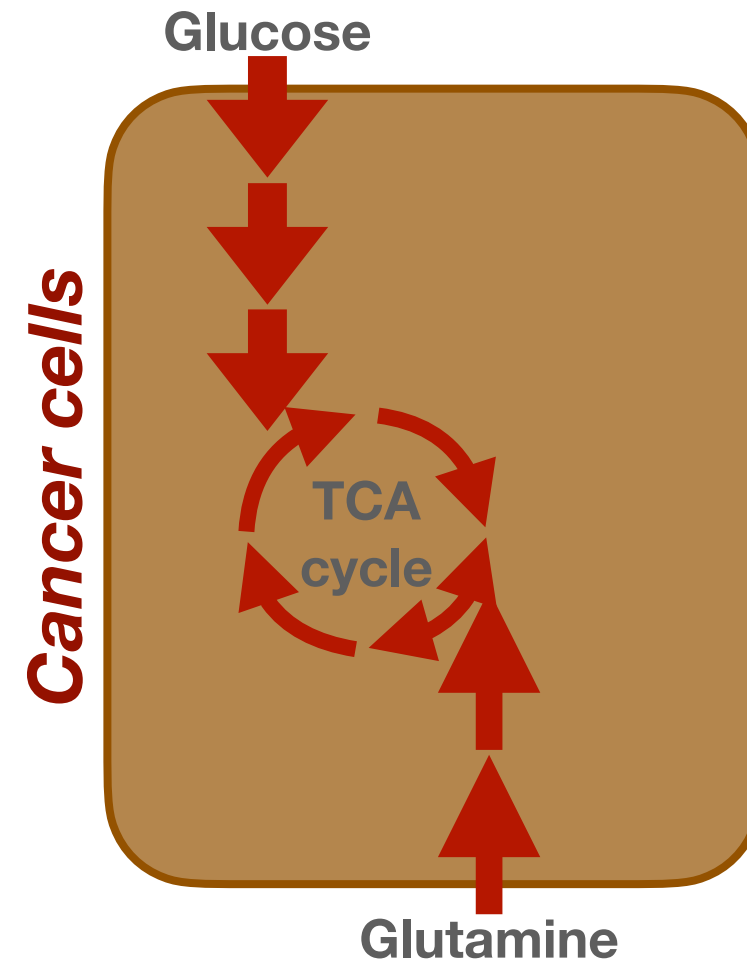
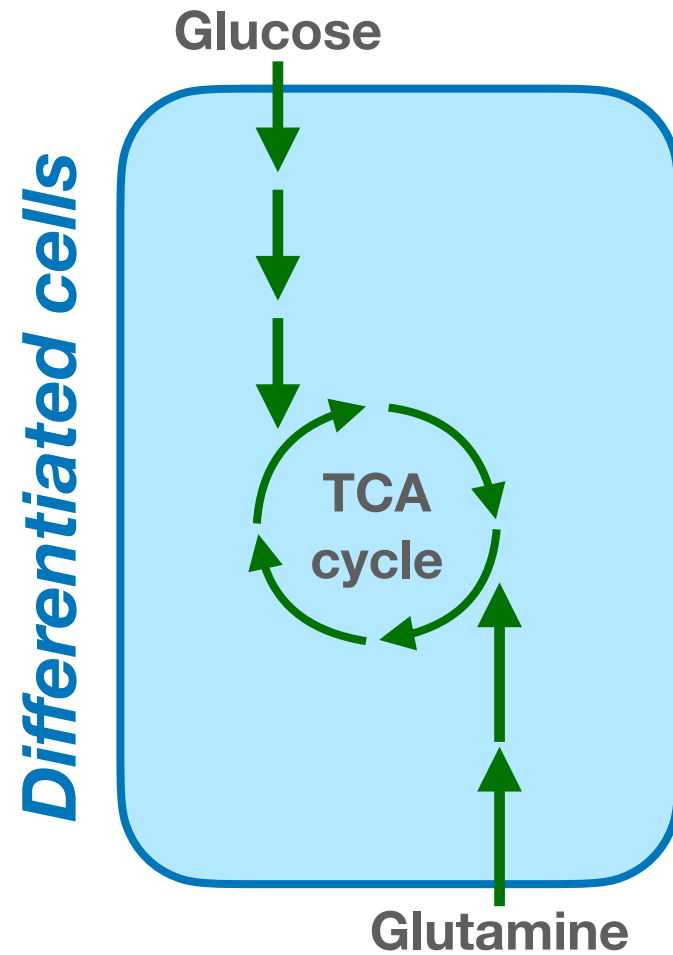
Cancer cells thrive in harsh environments:
they can pick up ALL sorts of nutrients



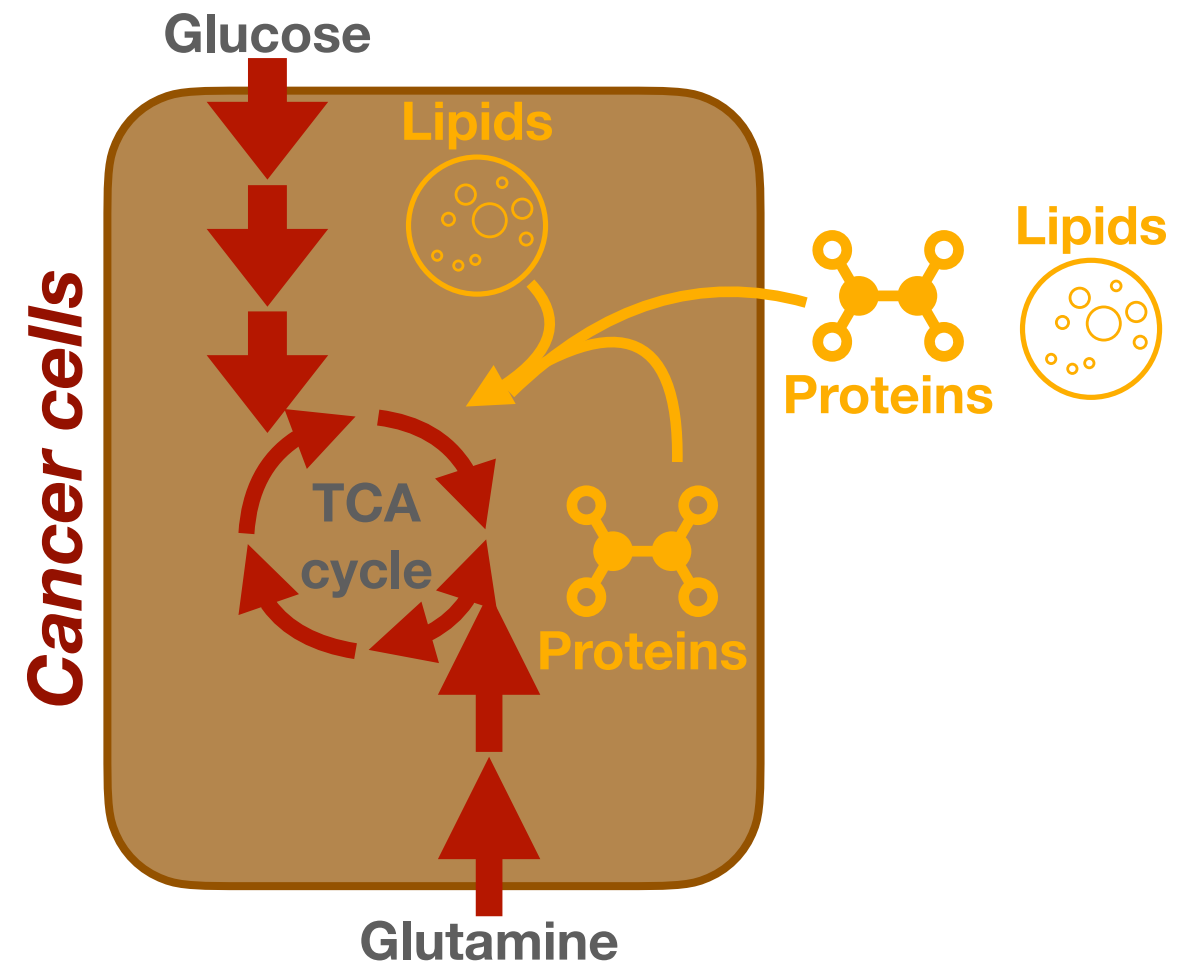
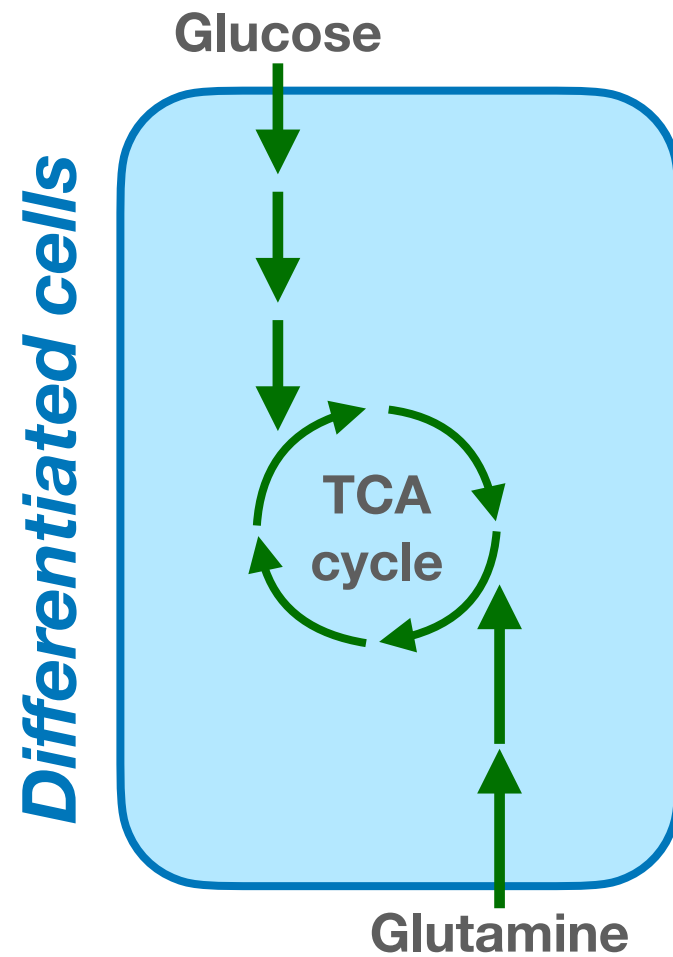
Cancer cells thrive in harsh environments: they can pick up **ALL** sorts of nutrients



Cancer cells thrive in harsh environments: they can pick up **ALL** sorts of nutrients

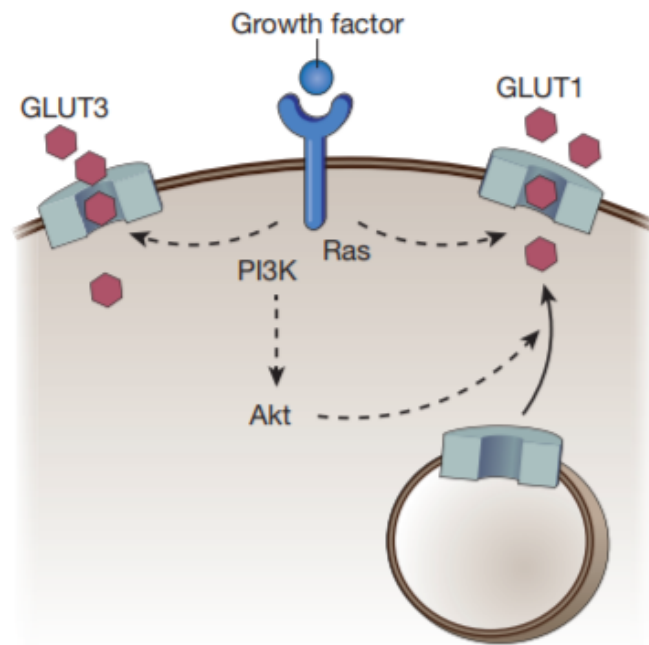


Cancer cells thrive in harsh environments: they can pick up ALL sorts of nutrients

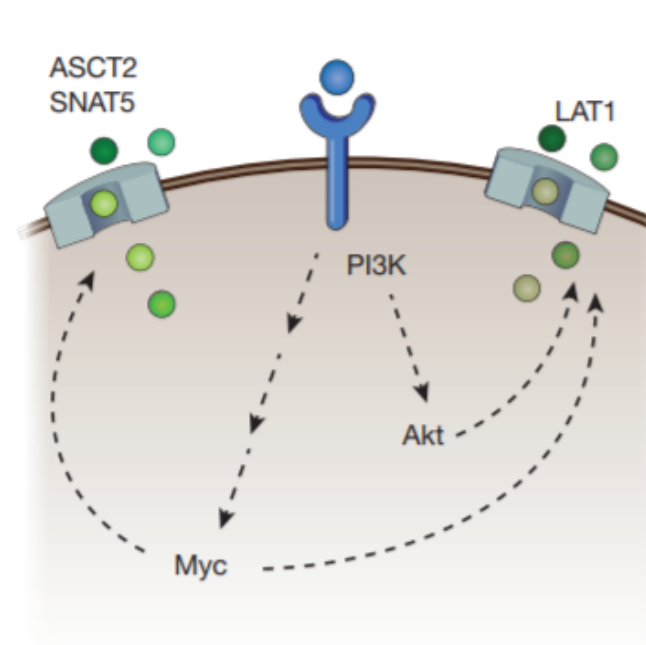


Cancer cells thrive in harsh environments: they can pick up ALL sorts of nutrients

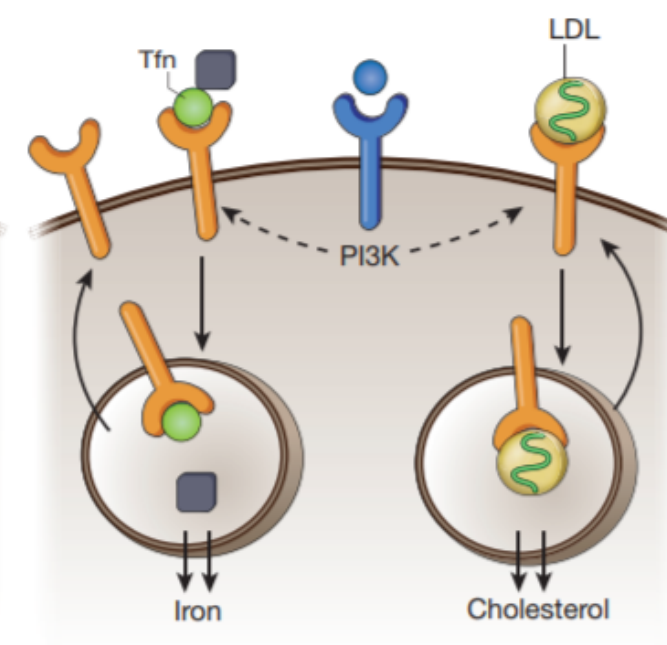
a Glucose transporters



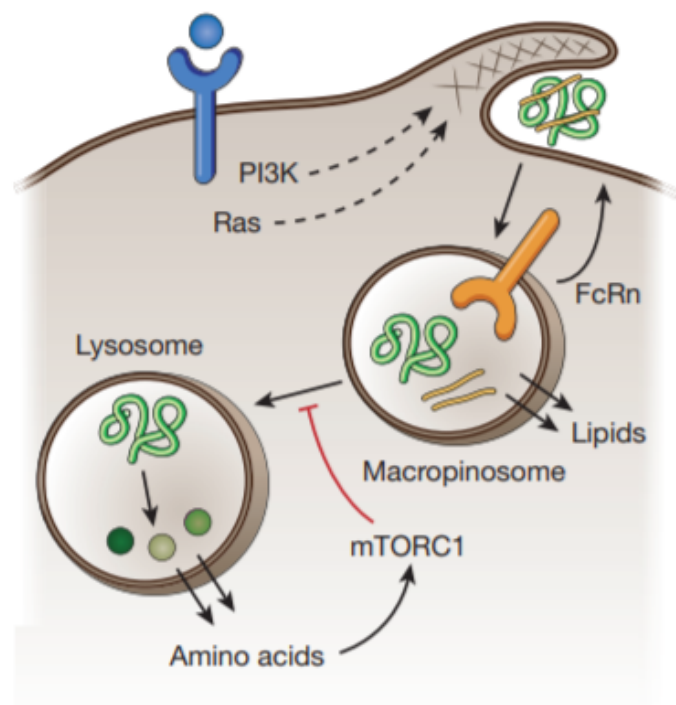
b Amino acid transporters



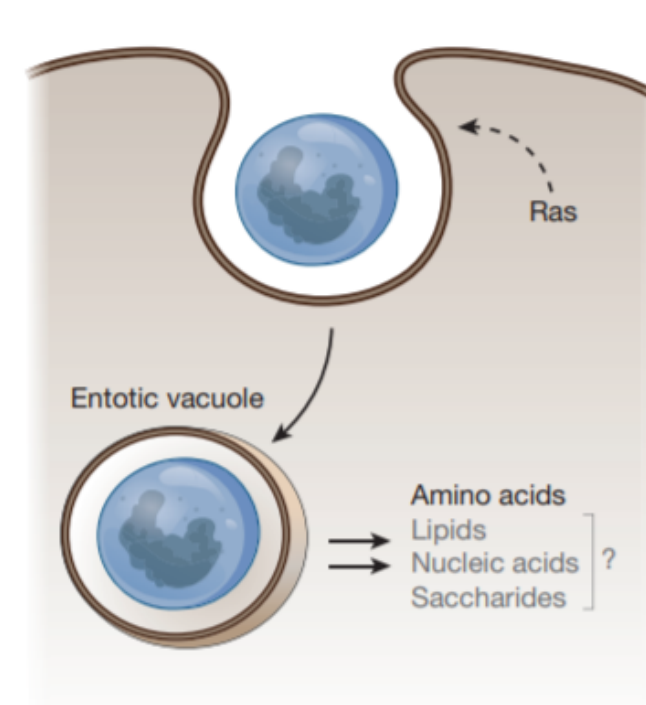
c Endocytic receptors



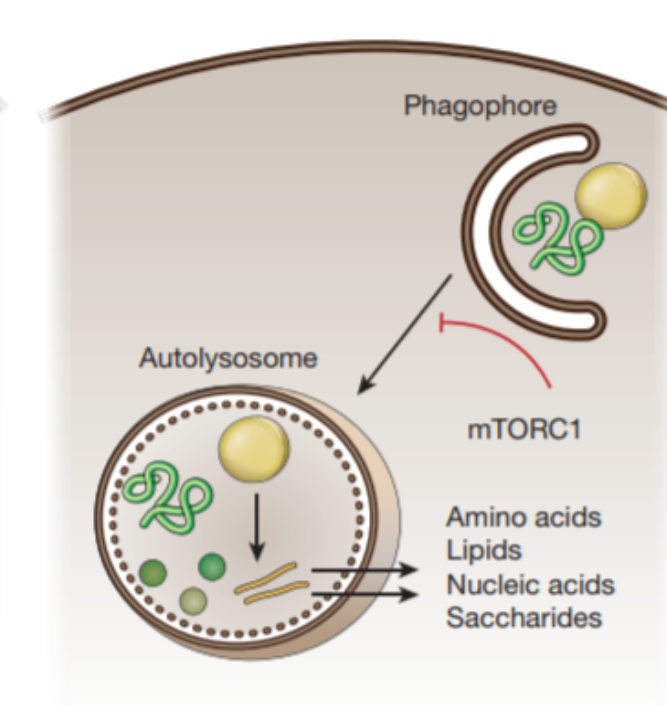
d Macropinocytosis



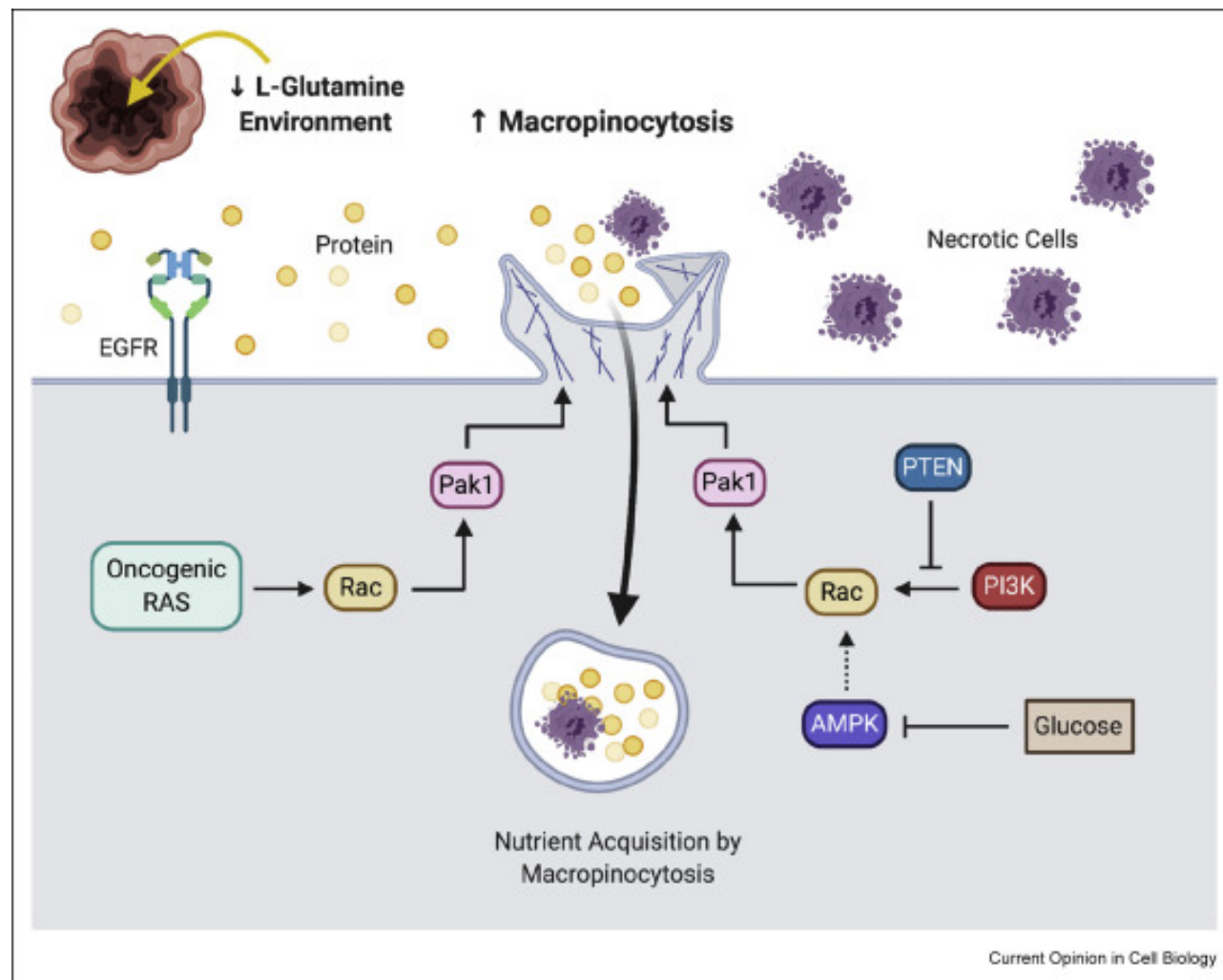
e Entosis



f Autophagy

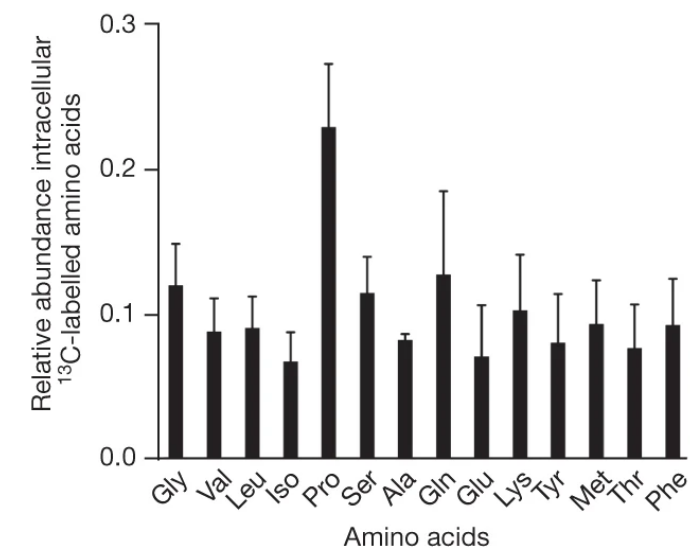
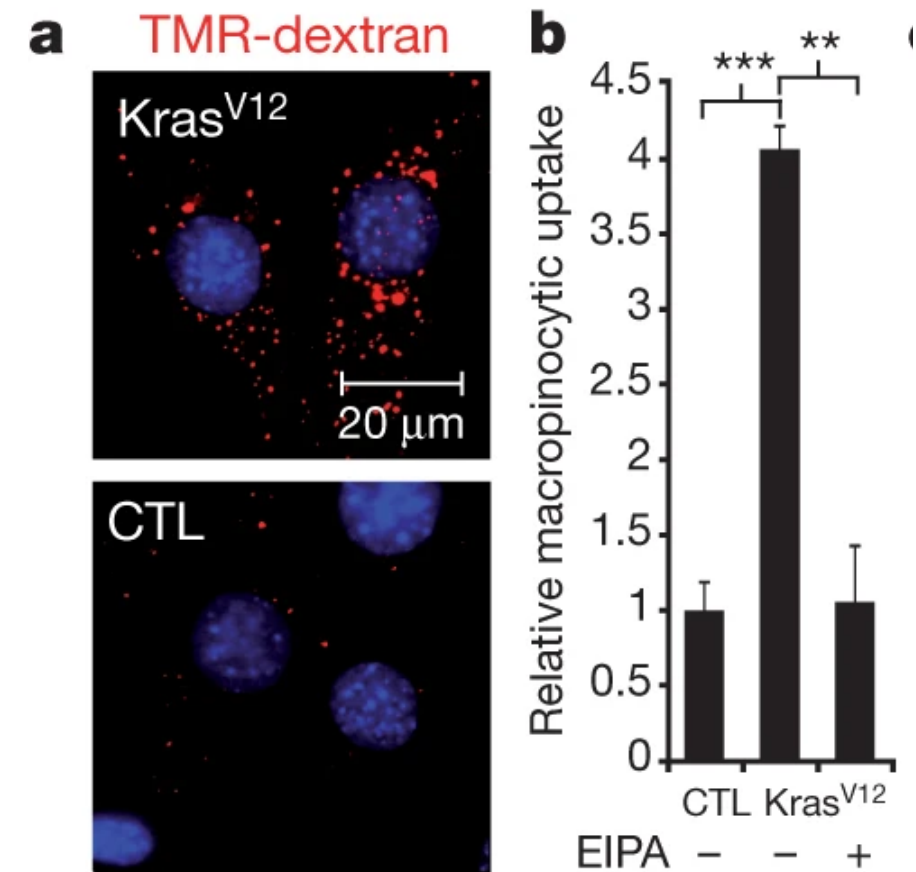


Oncogenic *Kras* induces macropinocytosis for nutrient scavenging



Stow & Wall, *Curr Opin Cell Biol*, 2020

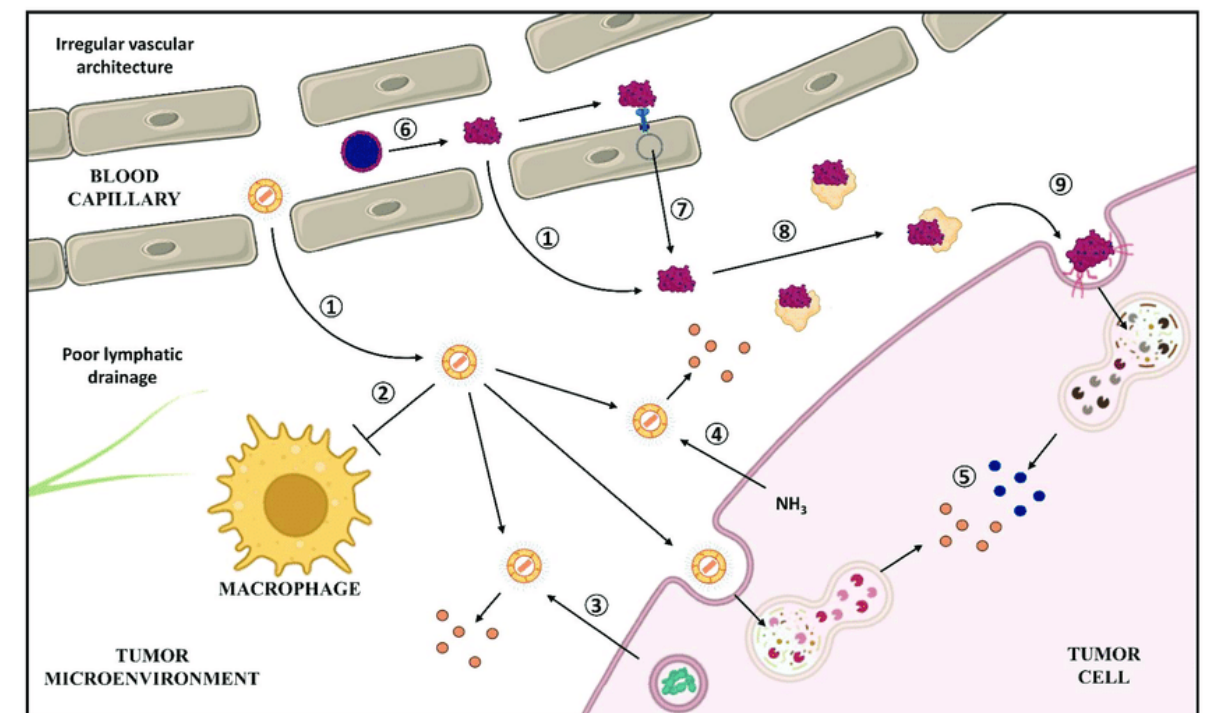
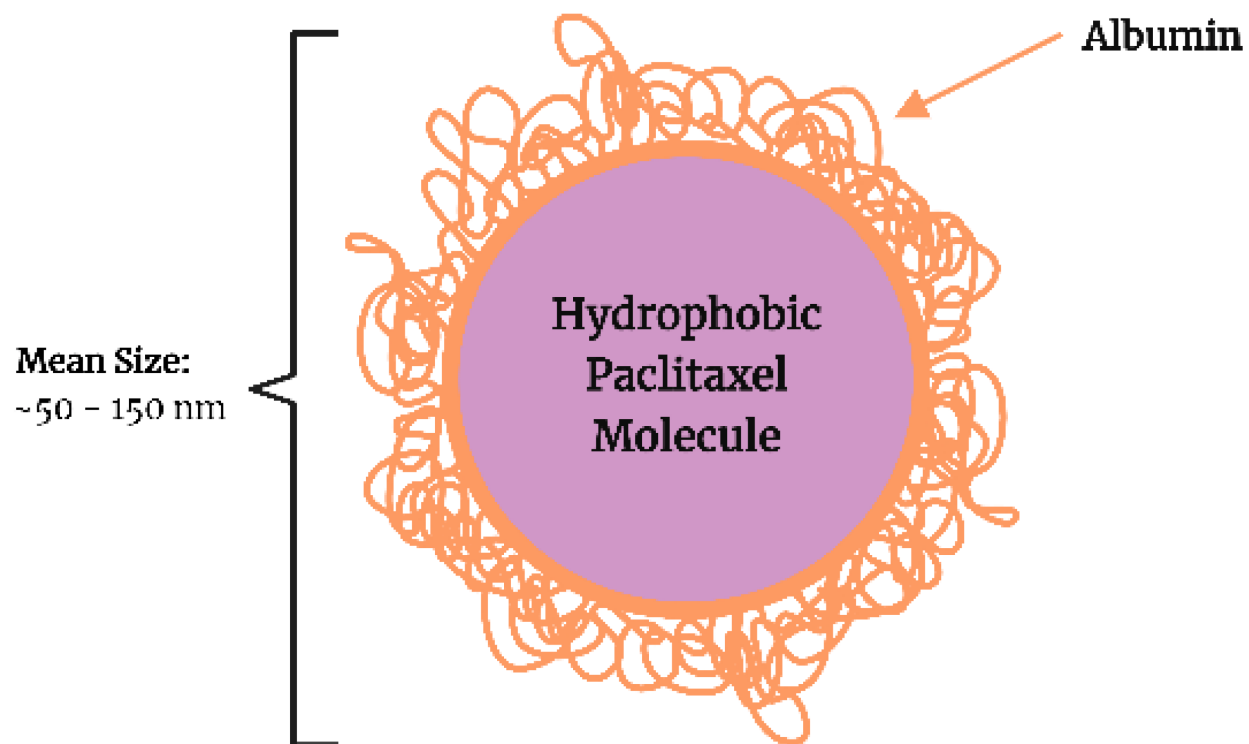
Uniformly ^{13}C -labelled intracellular amino acid pools were detected in NIH 3T3 *Kras*^{V12} cells supplemented with 2% ^{13}C -labelled yeast protein. Protein-derived alanine enters central carbon metabolism upon transamination to pyruvate, and pyruvate can be directly converted to lactate.



Commisso et al, *Nature*, 2013

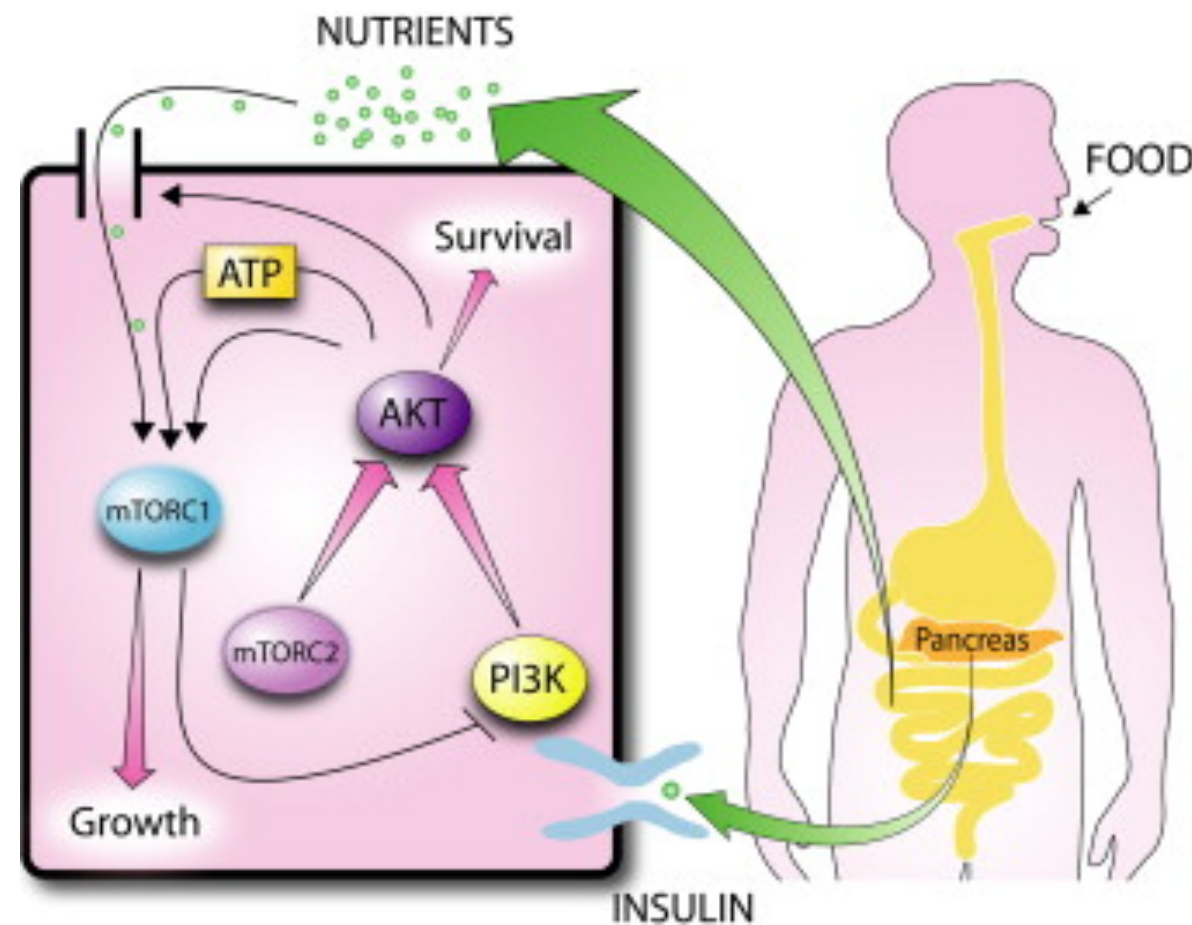
Exploiting metabolic reprogramming of cancer cells: Nab-paclitaxel (Abraxane®)

Molecular structure of nab-paclitaxel



ABRAXANE® is a prescription medicine used to treat advanced pancreatic cancer, when used in combination with gemcitabine, as the first medicine you receive for advanced pancreatic cancer.

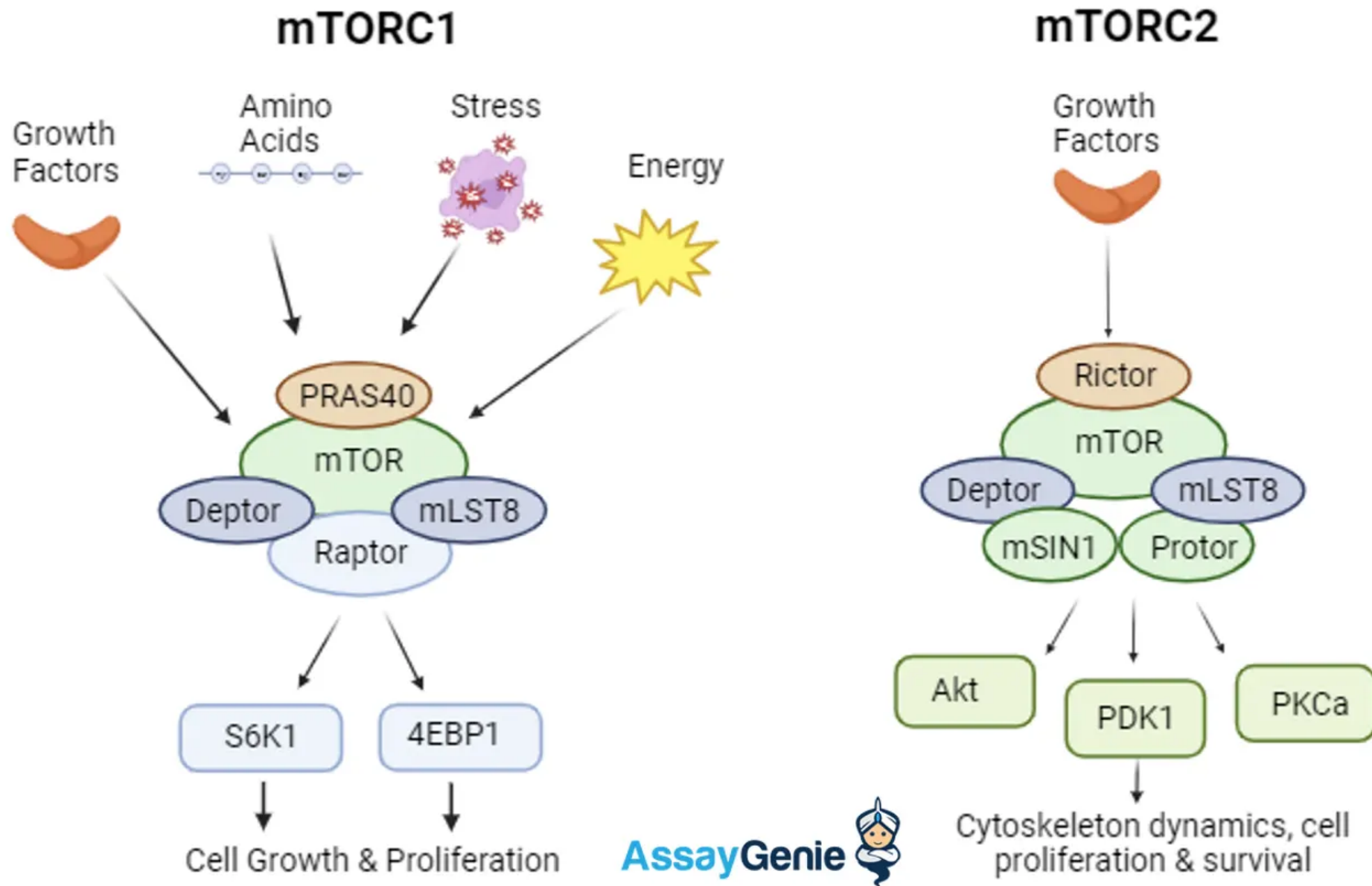
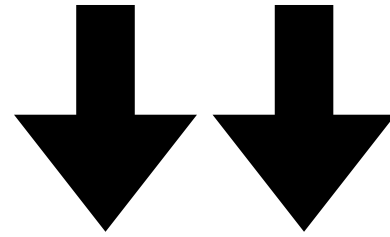
mTOR is hyper activated in cancer to sustain growth



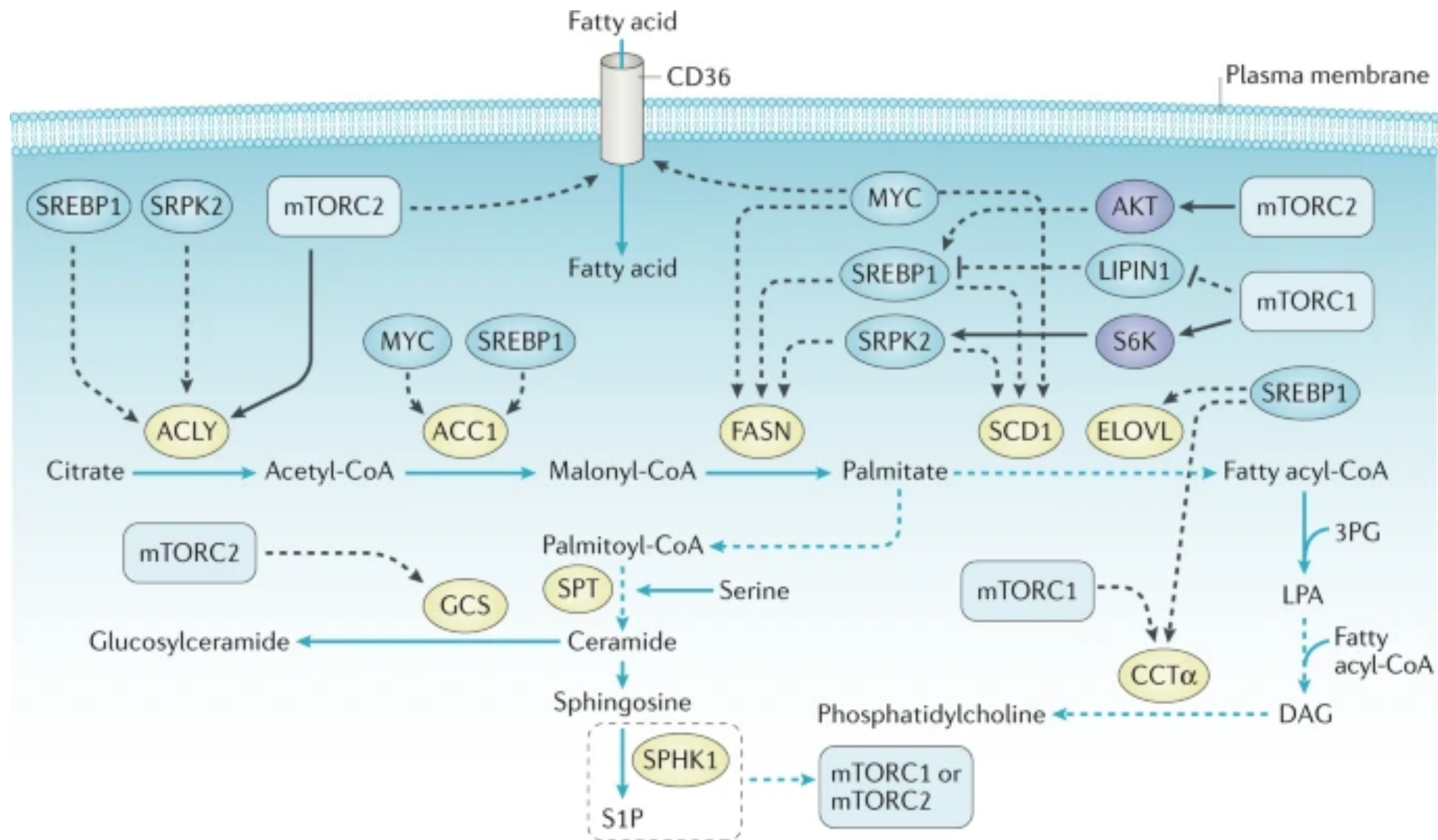
mTORC1 is an ancient regulator of cell growth that is activated by intracellular nutrients. The ancient function of mTORC2 is unclear, but it may have evolved to indirectly sense nutrients by way of insulin signaling. Circulating glucose triggers the release of insulin into the bloodstream. In peripheral tissues harboring growth factor responsive cells, insulin activates the PI3K-mTORC2-AKT pathway. In individual cells, activation of AKT promotes survival, nutrient influx, and energy (ATP) generation. Signals from intracellular nutrients, energy, and from AKT itself subsequently activate mTORC1, which drives protein synthesis and promotes cell growth.

mTOR is hyper activated in cancer to sustain growth

Mutations, over nutrition, obesity, aging

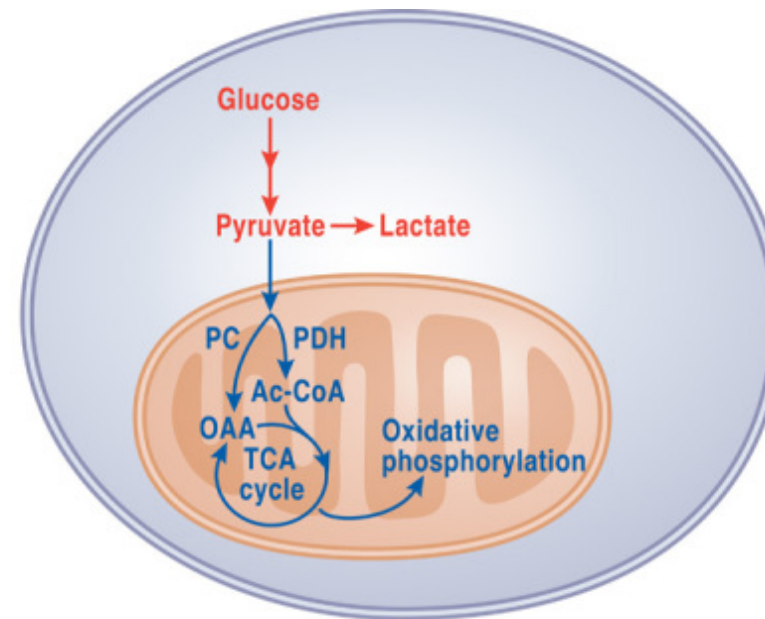
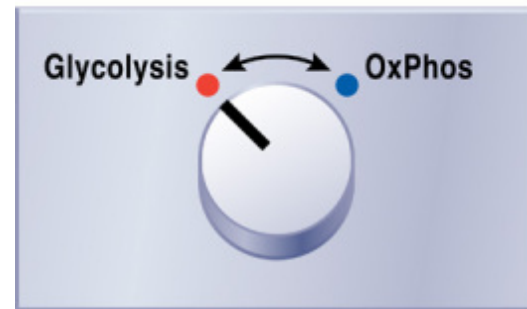


mTOR sustains growth: lipid synthesis

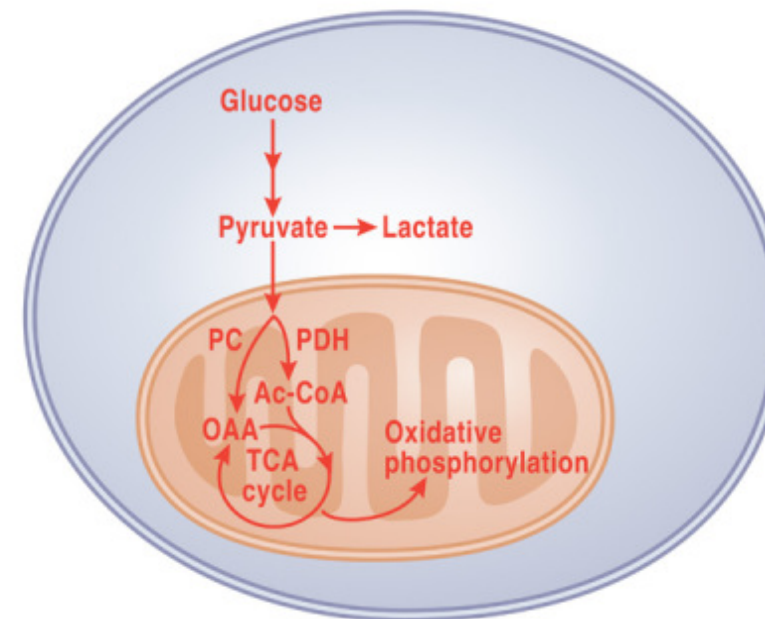
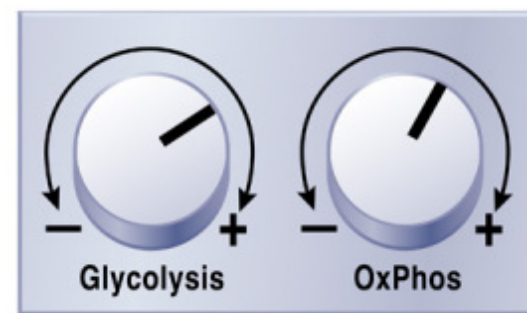


Cells can turn a “glycolytic switch”

A

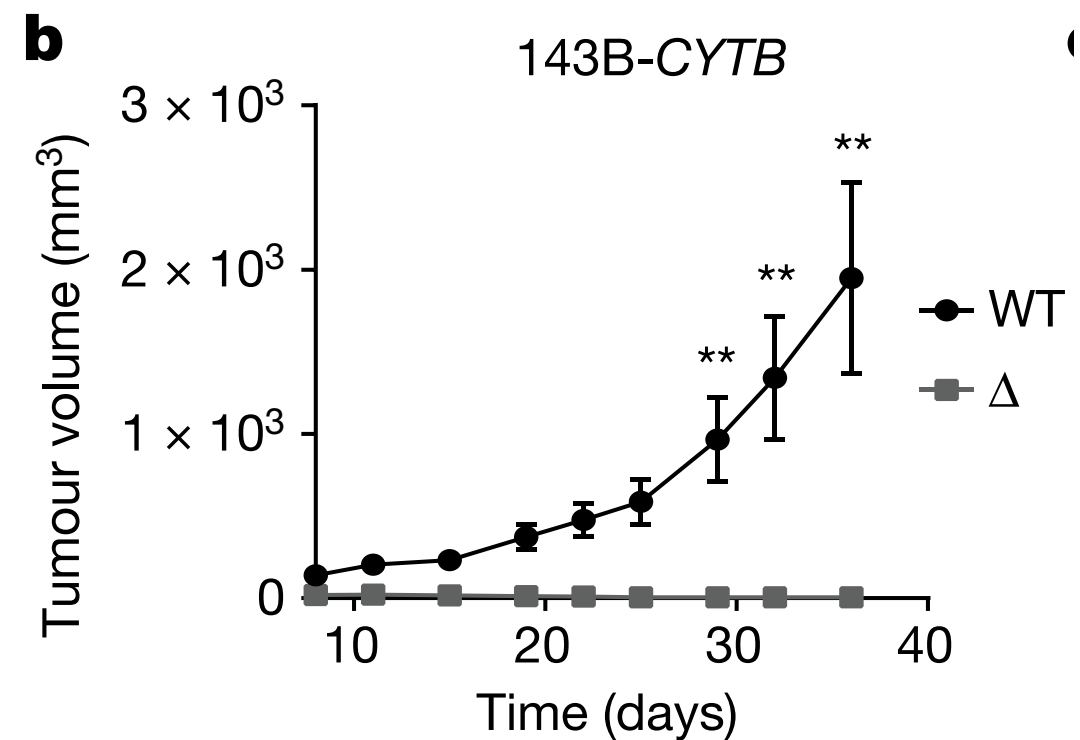
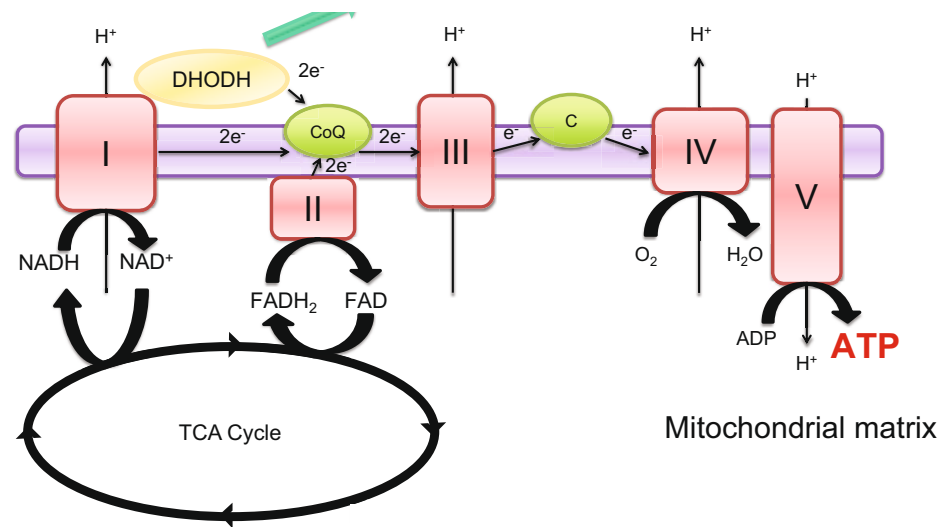


B



Activated in cancer Inactivated in cancer

Targeting mitochondrial genes impairs tumor growth



Martinez-Reyes et al, *Nature*, 2020

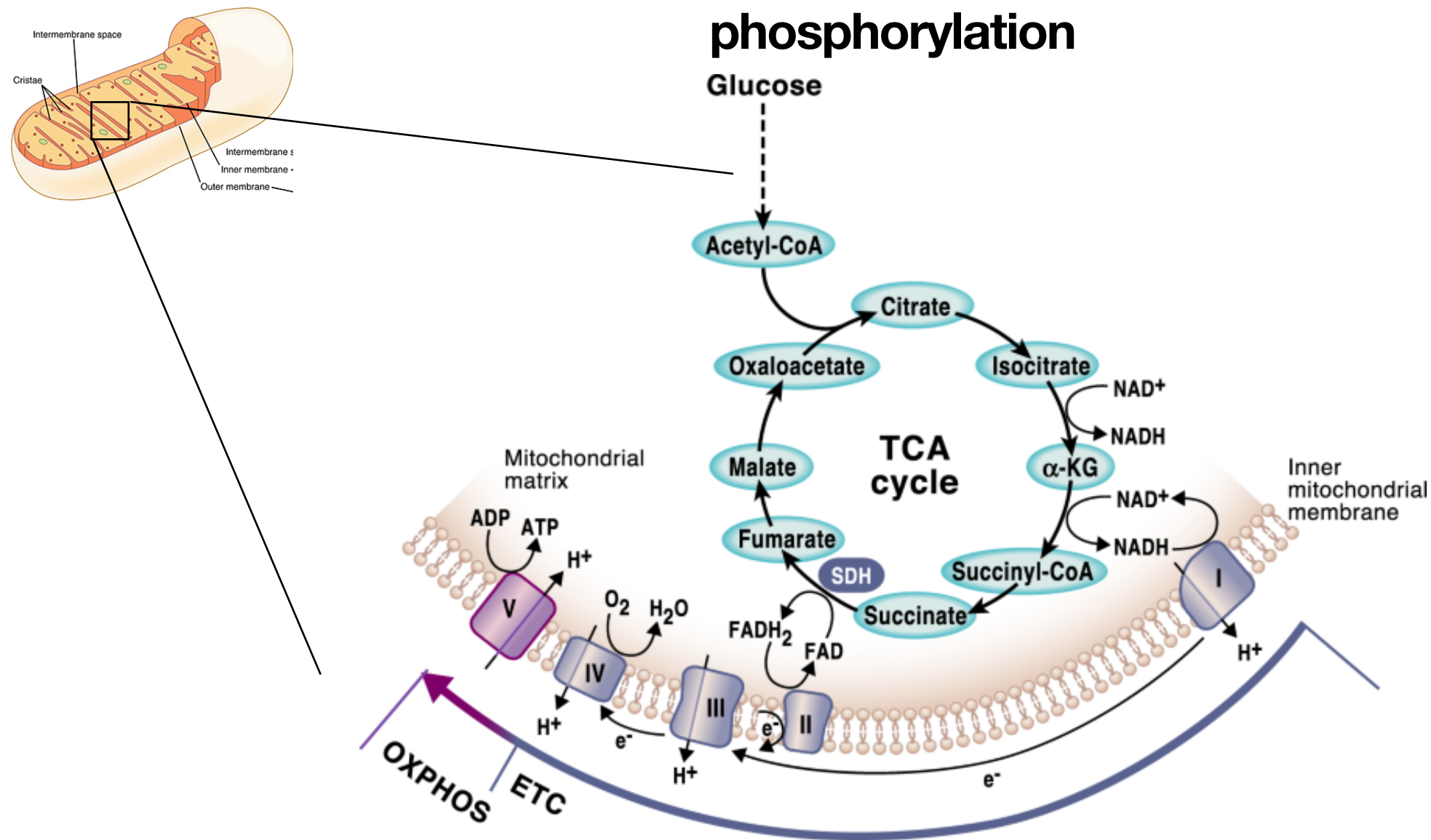
Mitochondria have been proposed as targets for cancer therapy

Bachman et al, *Int J Mol Sci*, 2018

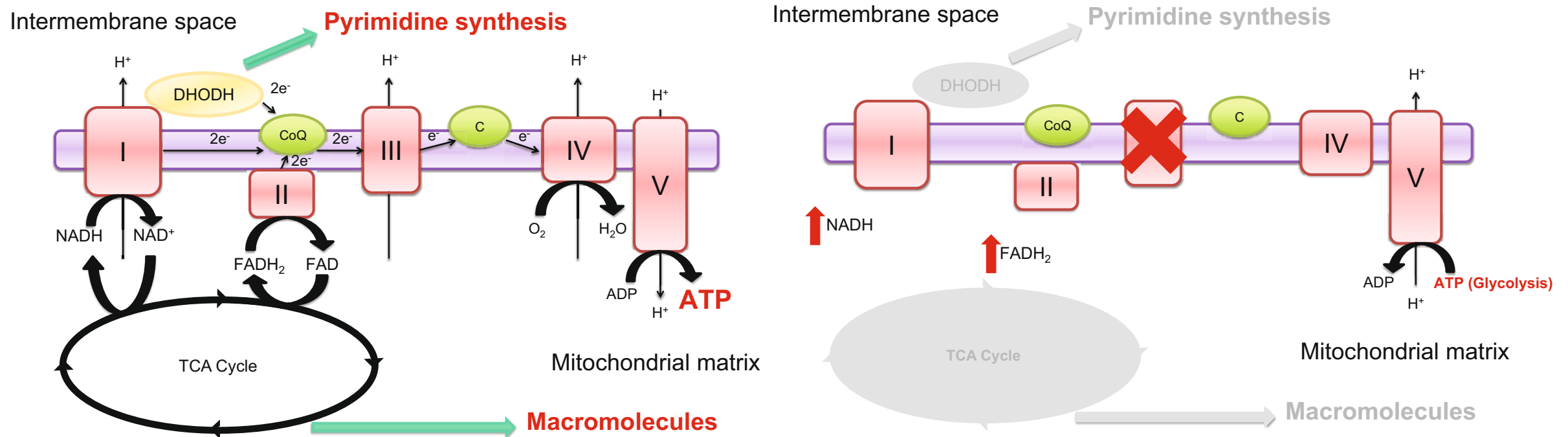
Vasan et al, *Cell Metab*, 2020

Fulda et al, *Nat Rev Drug Discov*, 2010

Mitochondria couple pyruvate oxidation, electron transport and oxidative phosphorylation



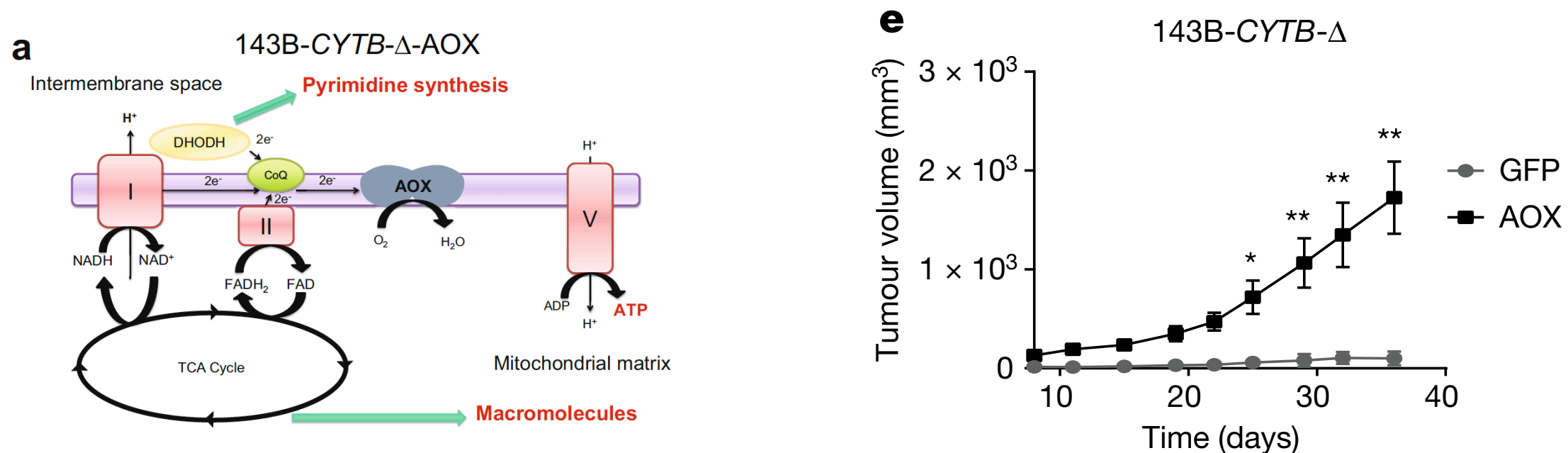
Mitochondrial ATP production is NOT essential for tumor growth



Complex III deficiency suppresses:

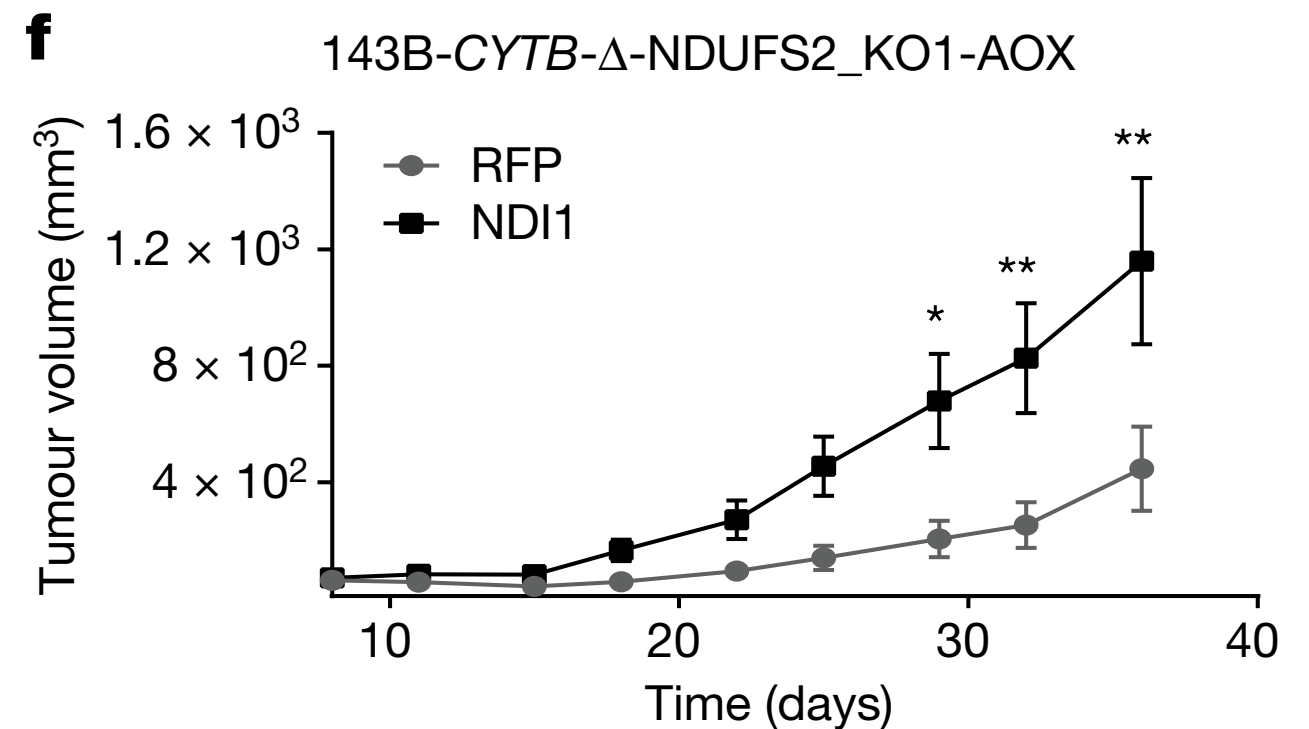
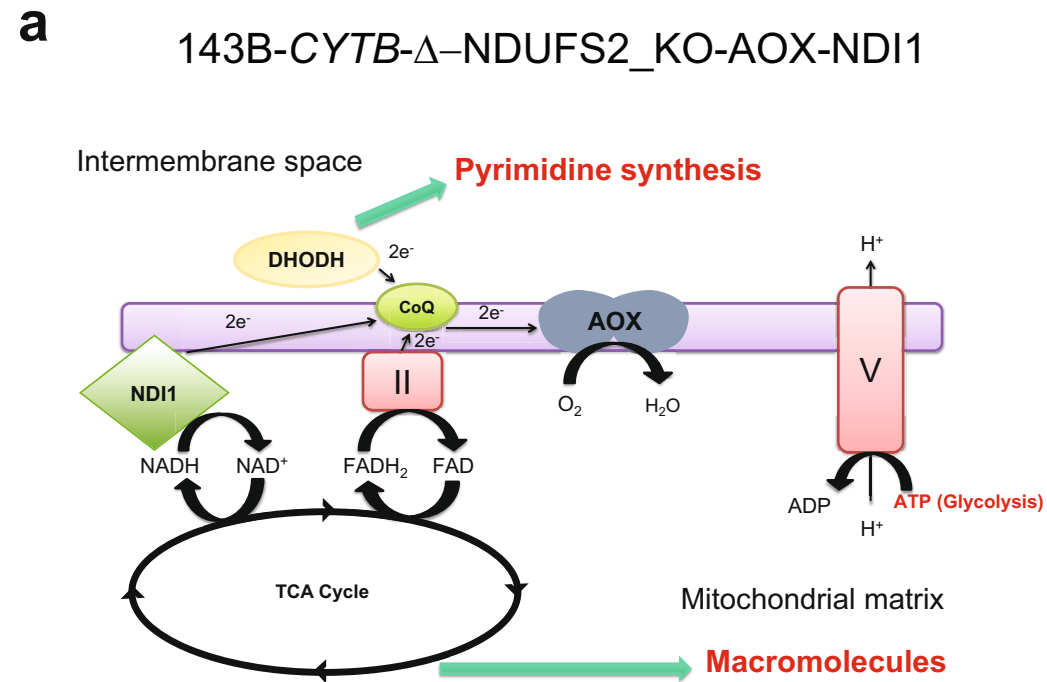
- ATP synthesis
- Proton pumping
- Electron transport
- TCA cycle
- CoQ oxidation (necessary for DHODH activity in pyrimidine biosynthesis)

Mitochondrial ATP production is NOT essential for tumor growth



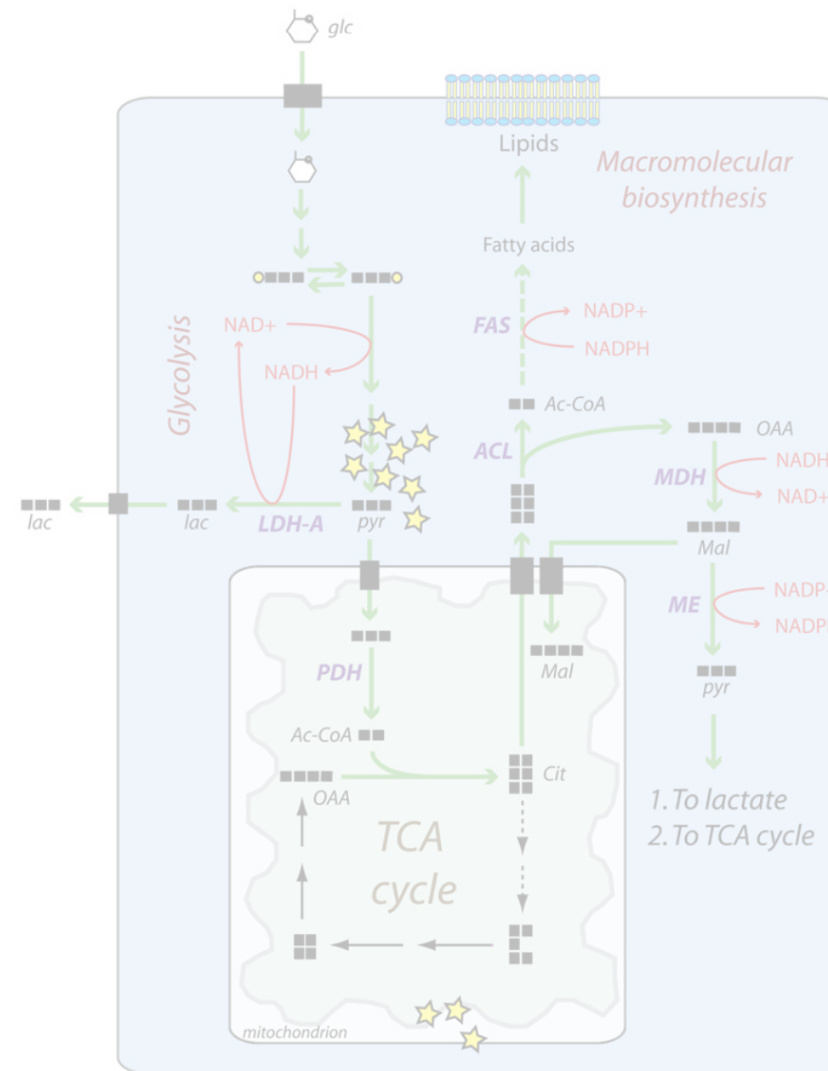
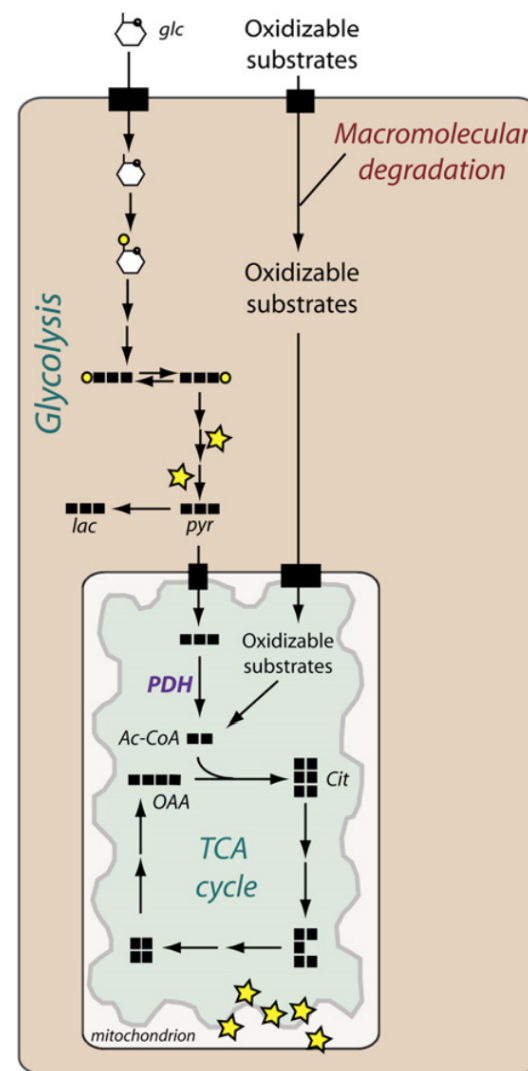
AOX expression (in C3-KO tumors) re-establish fully functional C1-C2 activity, only modestly rescues proton pumping, ATP synthesis

Mitochondrial ATP production is NOT essential for tumor growth

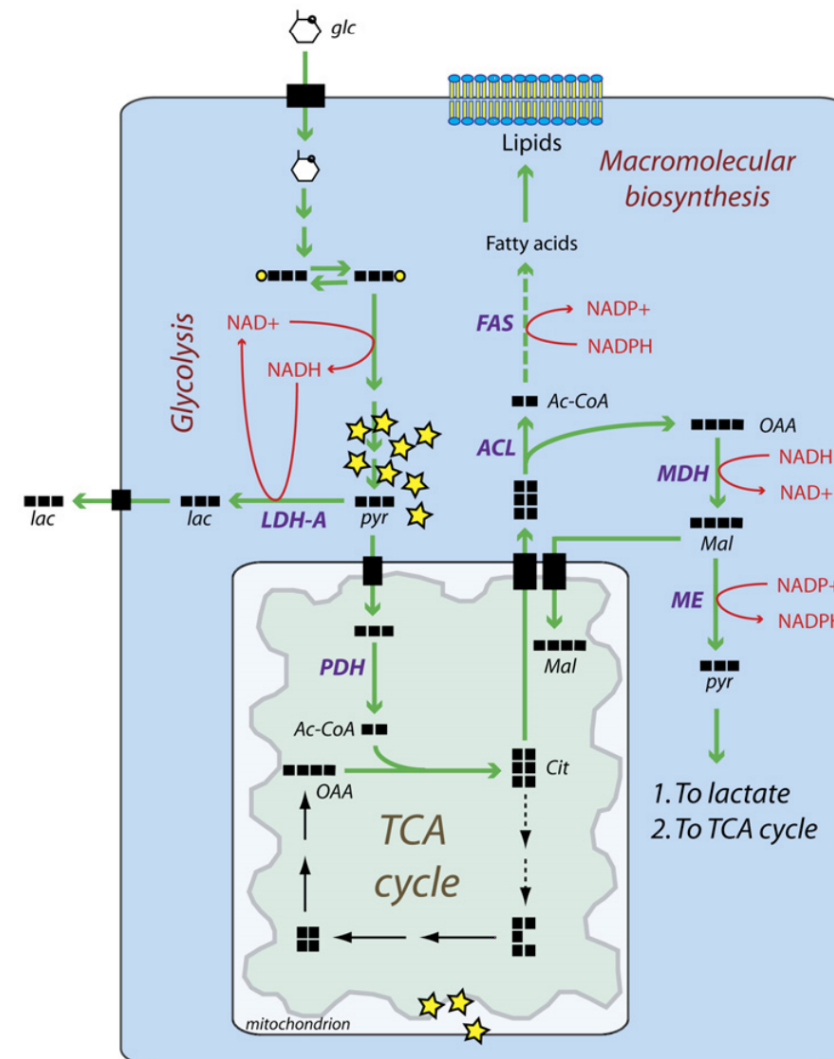
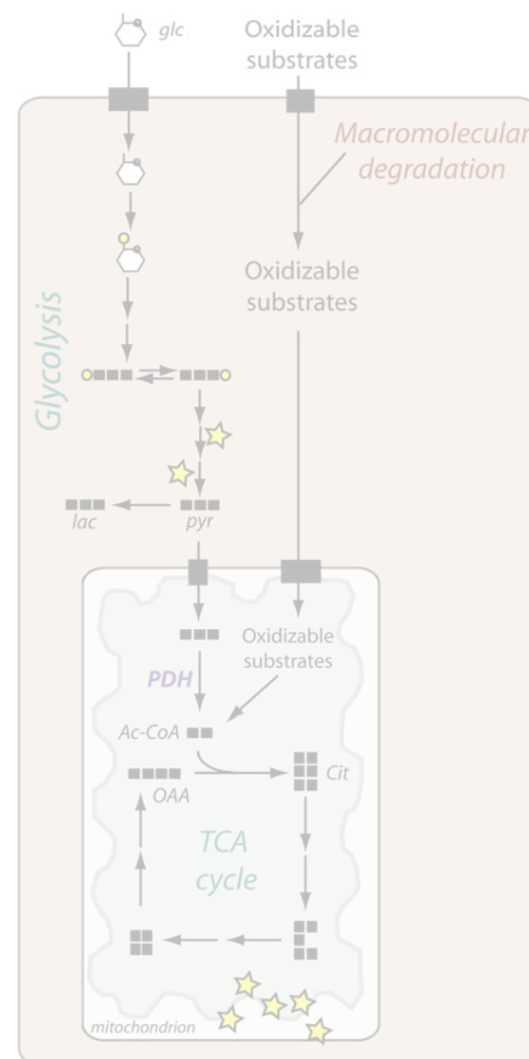


CoQ oxidation and TCA cycle are most important for tumor growth

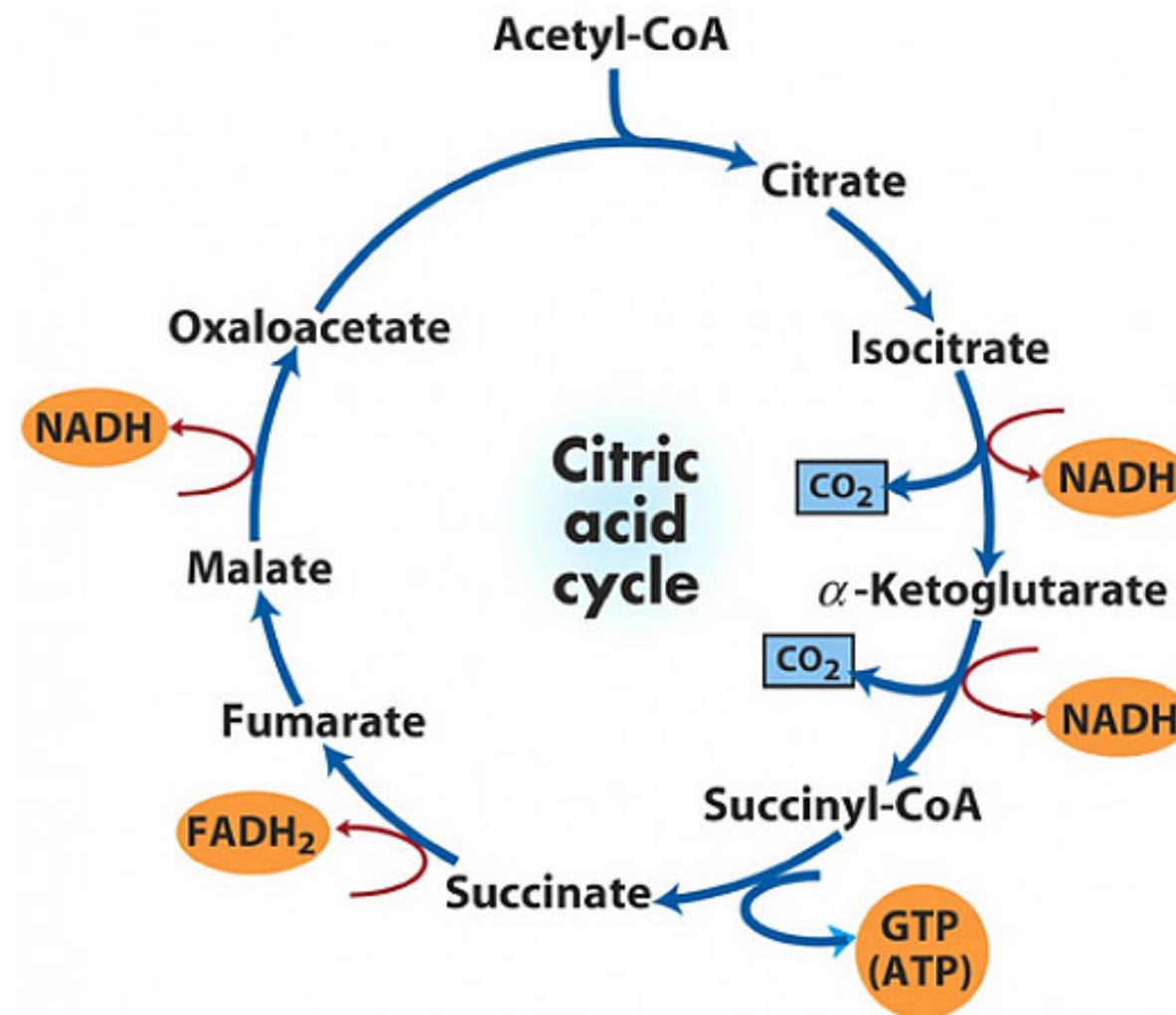
Mitochondria are major metabolic hubs



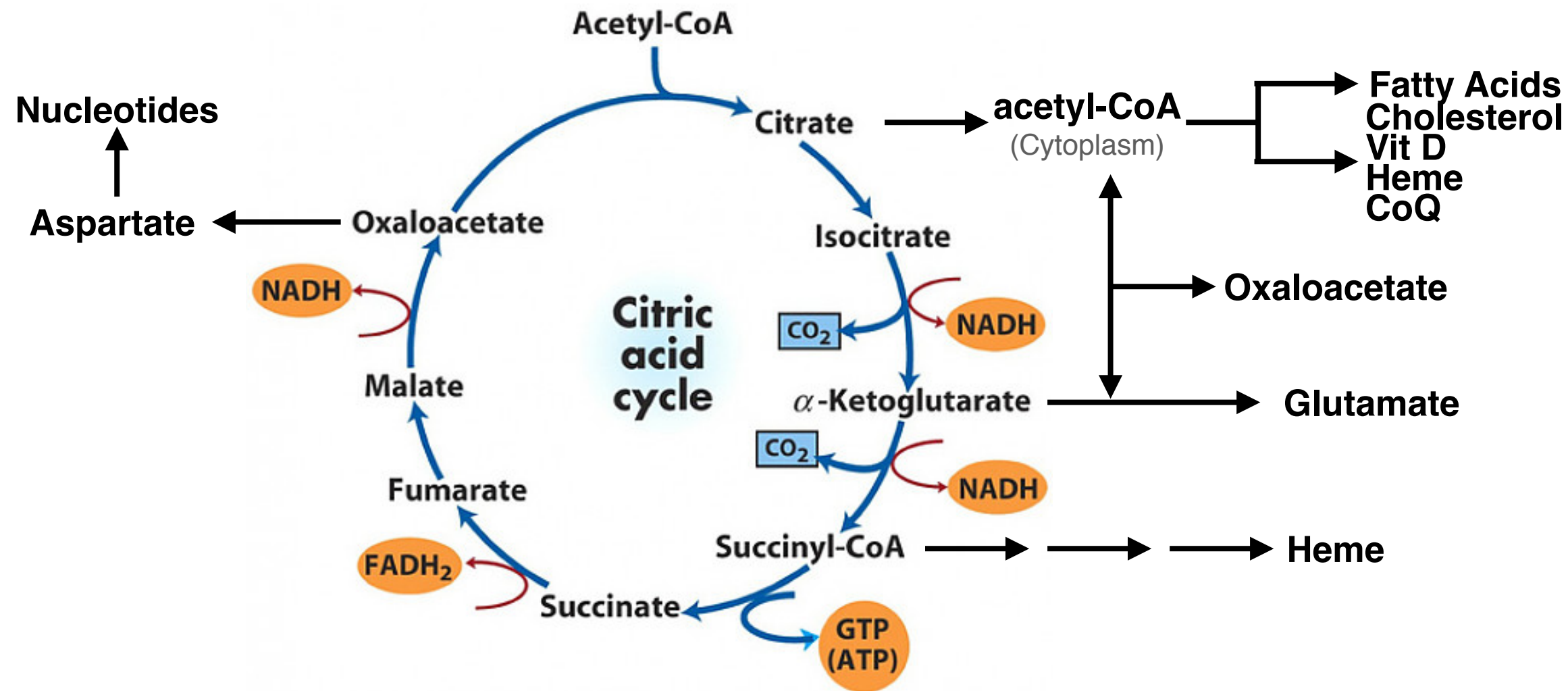
Mitochondria are major metabolic hubs



The TCA cycle at the crossroad of catabolism and anabolism



The TCA cycle at the crossroad of catabolism and anabolism



Cancer cells need TCA metabolites for:

- **Fatty acids:** proliferating cells need to rapidly double their membranes.
- **Cholesterol:** essential component of plasma and mitochondrial membranes. Regulates transmembrane signaling.
- **Heme:** buffer redox stress.
- **CoQ:** essential for electron transport in the mitochondria. Limiting co-factor of nucleotide biosynthesis.
- **Nucleotides:** proliferating cells need to rapidly double their DNA.
- **Glutamate:** signaling molecule. Also involved in nitrogen metabolism.

*DeBerardinis RJ, Chandel NS, **Nat Metab**, 2020*

*DeBerardinis RJ, Thompson CB, **Cell Metab**, 2008*

*Libert M, Locasale JW, **Trends Biochem Sci**, 2016*

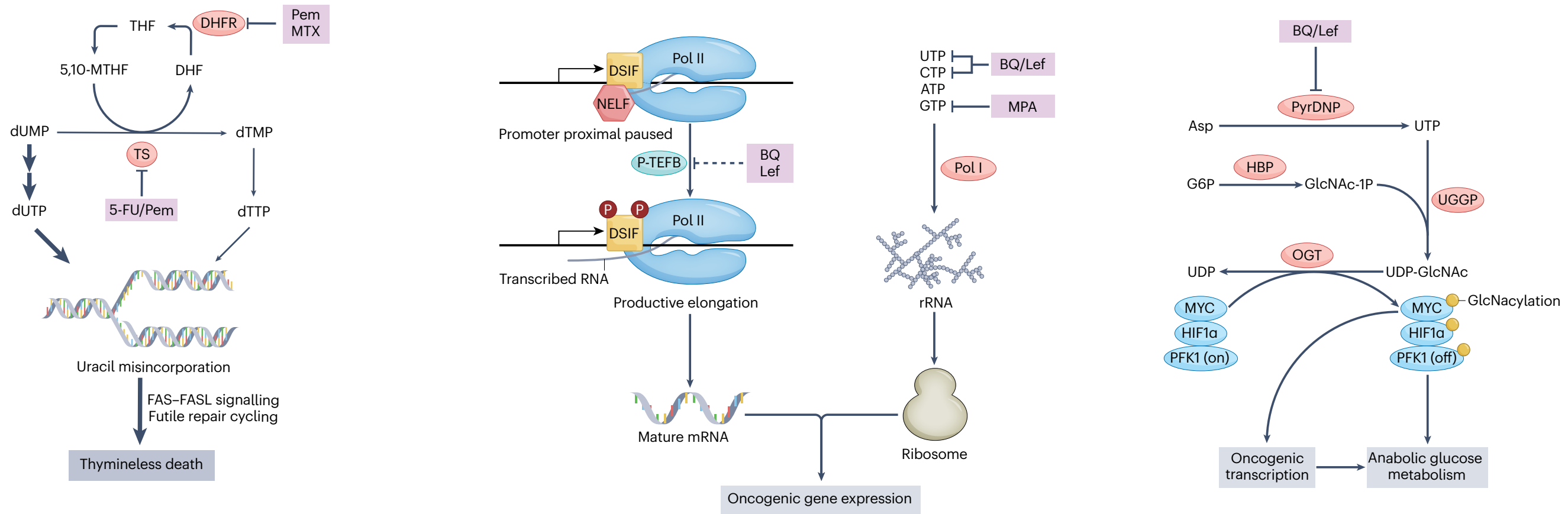
*Cantor JR, Sabatini DM, **Cancer Discov**, 2012*

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2

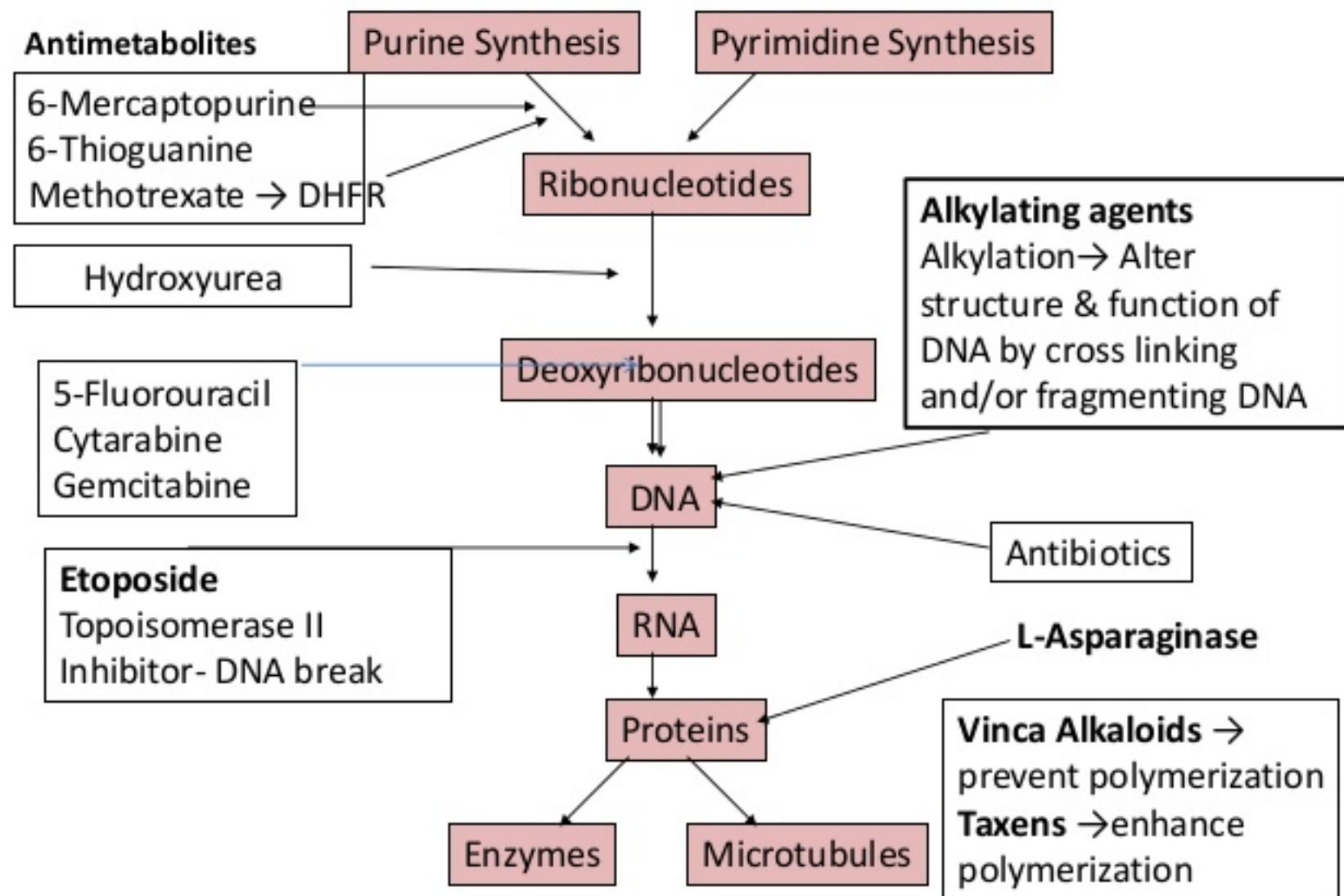
Metabolism is reprogrammed to produce nucleotides



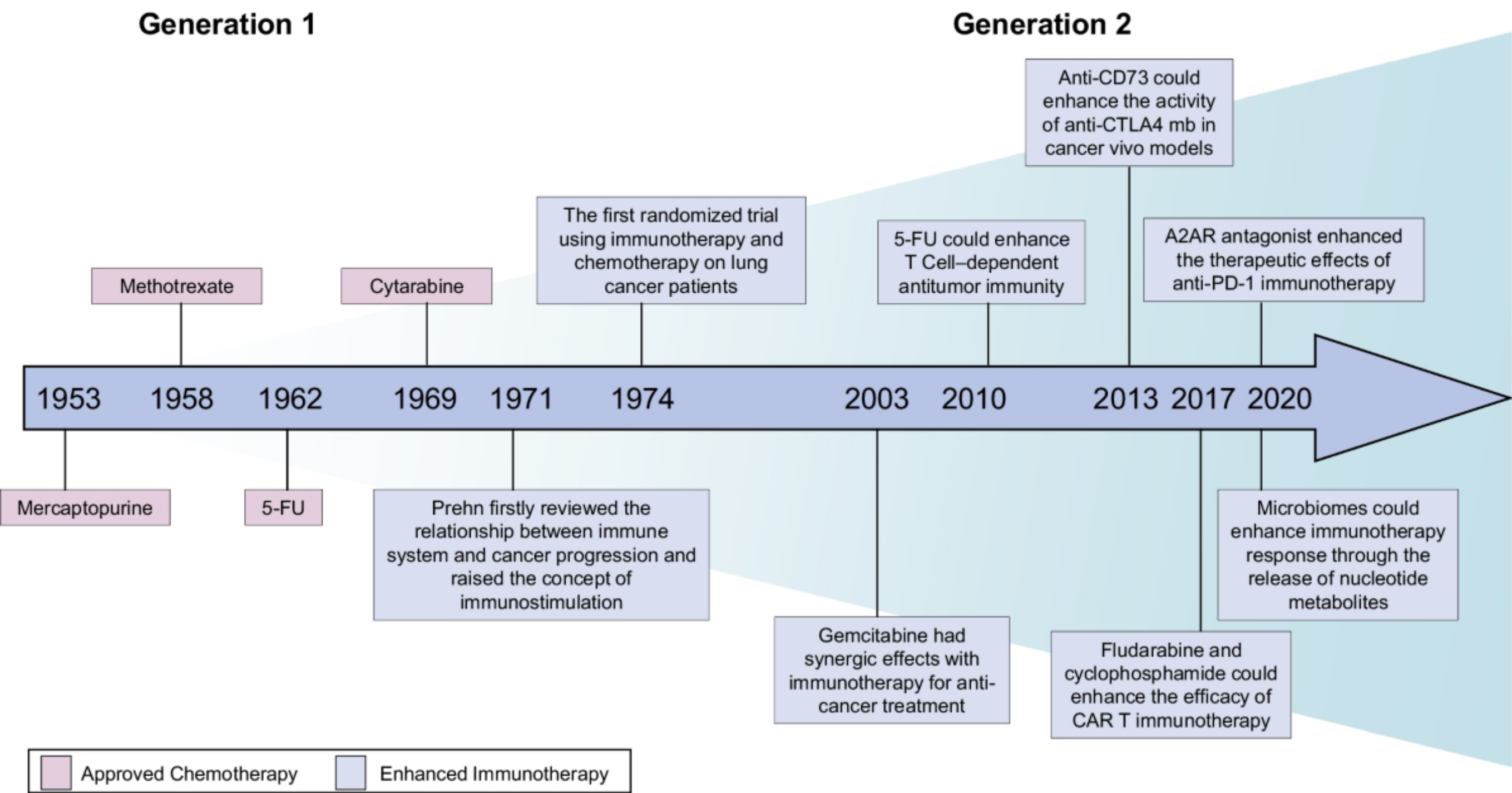
Nucleotides fuels cancer cell growth and proliferation:

- DNA synthesis
- DNS repair
- rRNA synthesis and proteostasis
- glycosylation

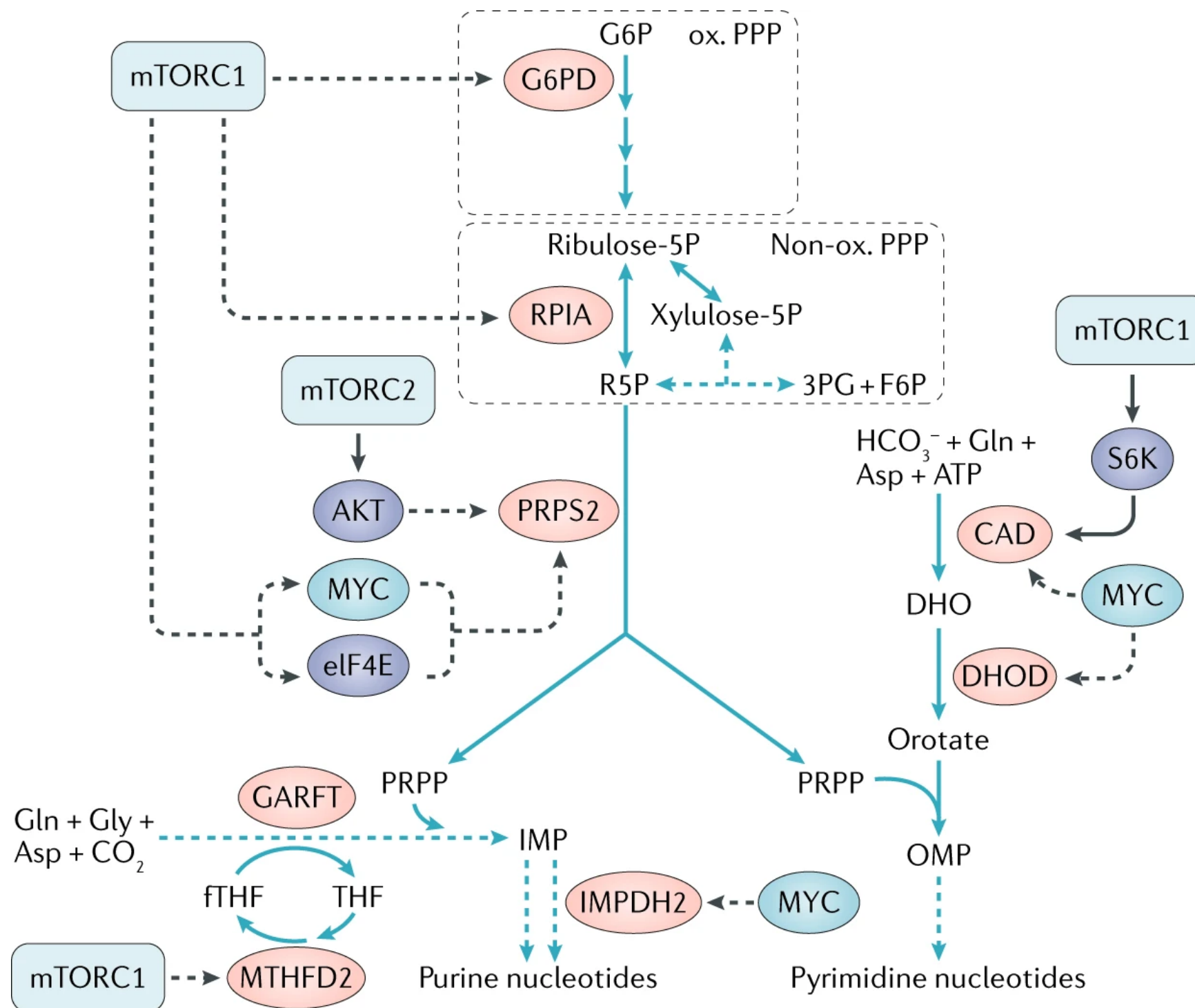
Nucleotide metabolism is a common anti-cancer target



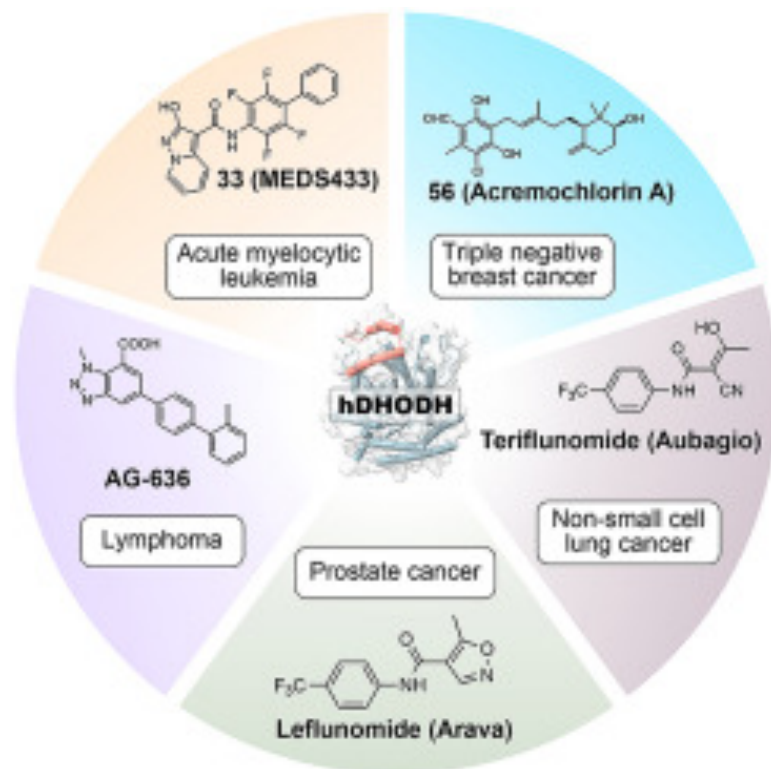
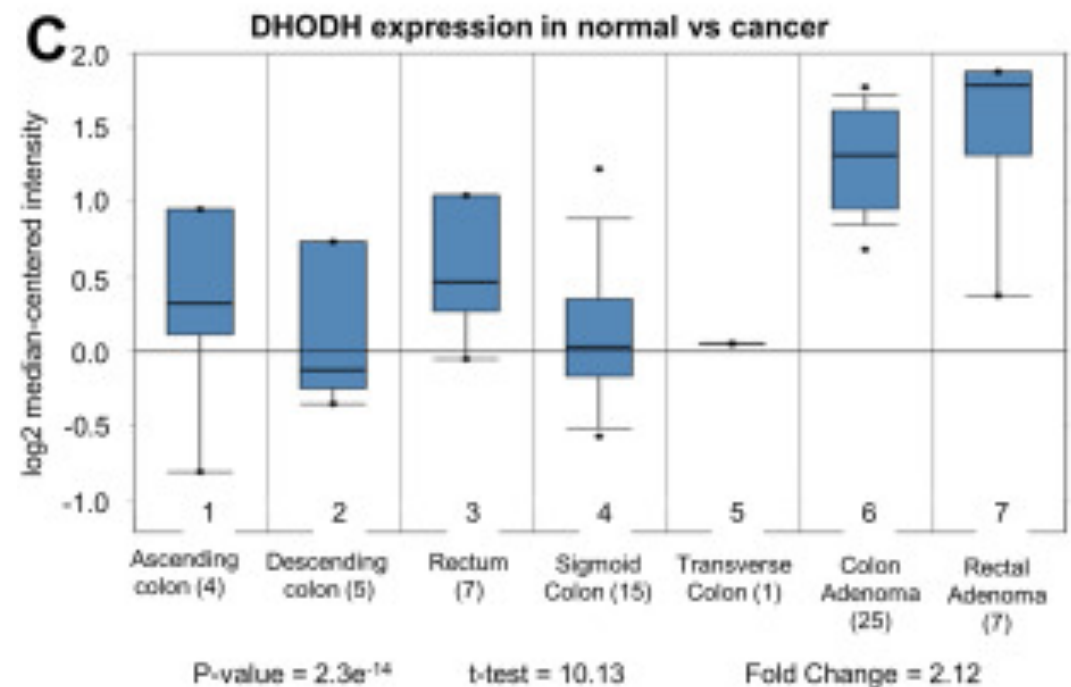
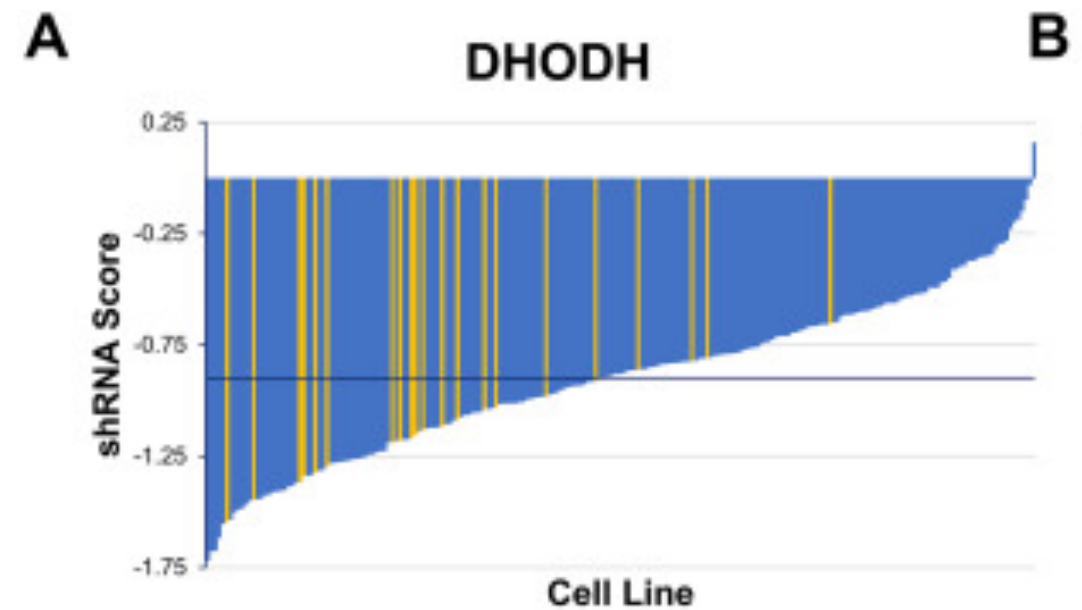
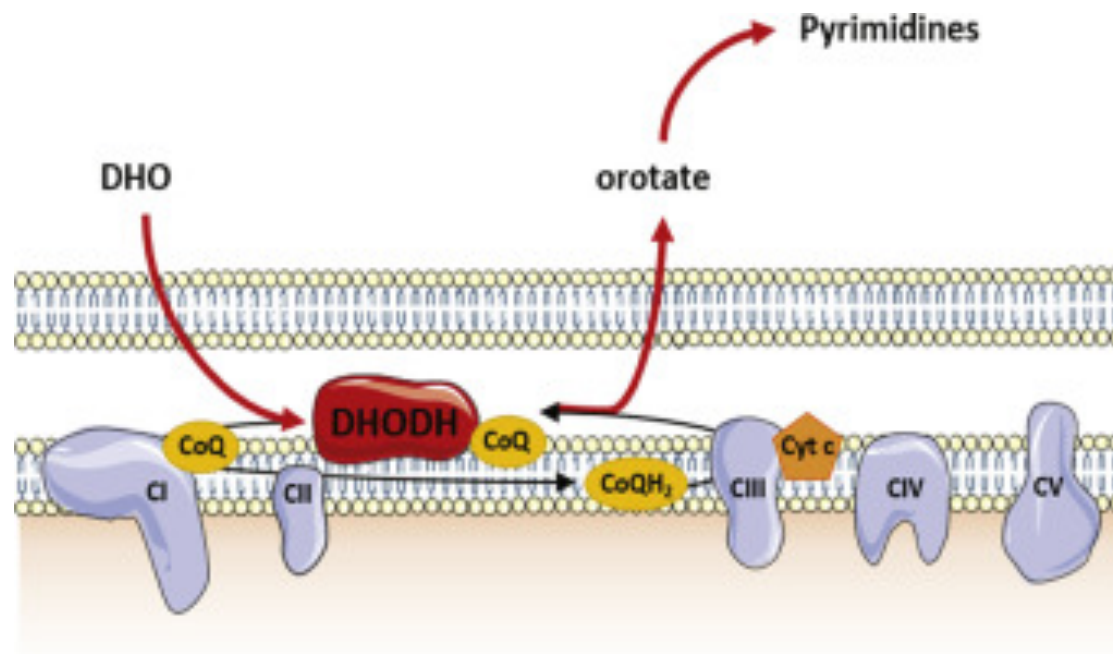
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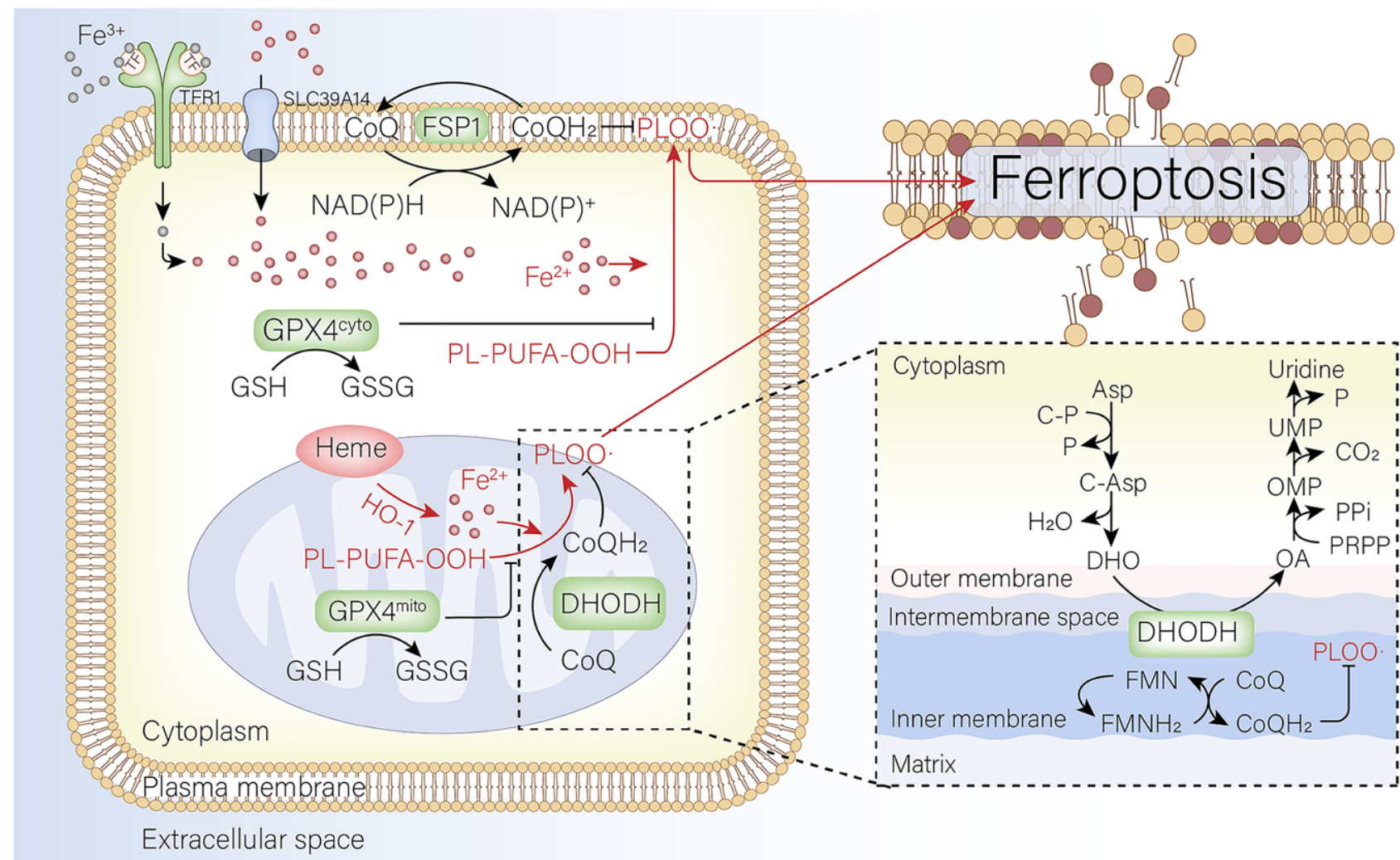
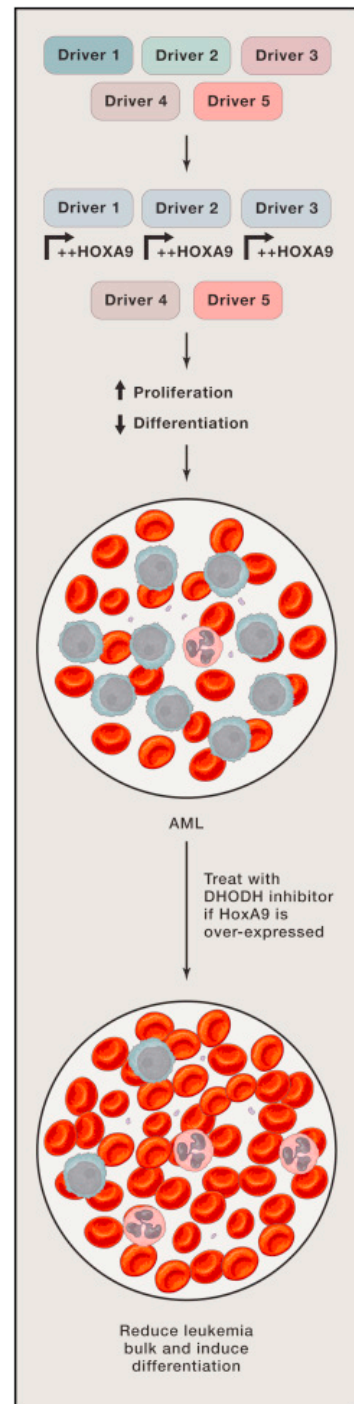
mTOR signaling enhances nucleotide metabolism



DHODH is a pan-cancer metabolic vulnerability



DHODH is a pan-cancer metabolic vulnerability



DHODH inhibition is a hot topic in cancer research:

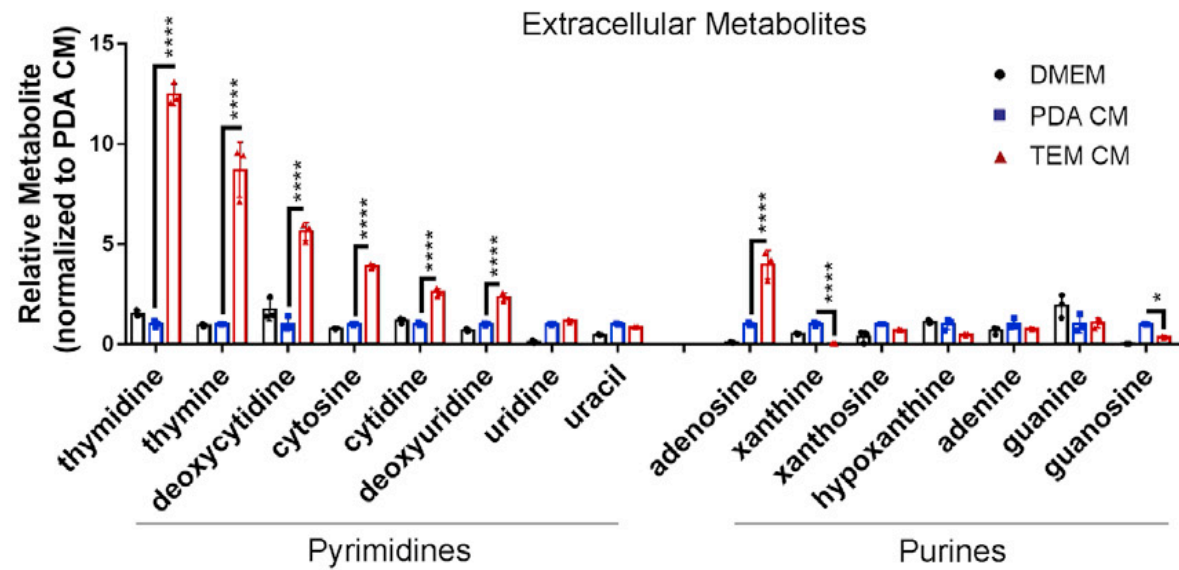
- Can suppress pyrimidine synthesis, impair DNA replication
- Can promote cell differentiation (*Sykes et al, Cell, 2016*)
- Can sensitize to ferroptosis (*Mao et al, Nature, 2021*)

Nucleotide metabolism can also be reprogrammed for:

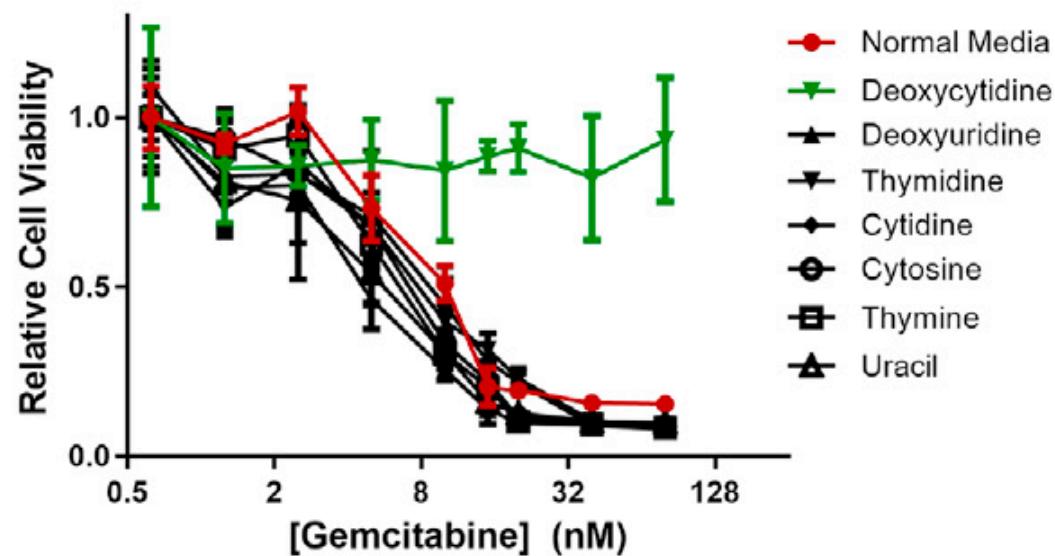
- Regulation of ROS homeostasis (NADPH saving)
- Immune evasion (purinergic signaling, cytosolic acidification, ...)
- Metastatic spread (RHO-GTPases activity)
- Cell de-differentiation (DHODH activity - mechanism??)
- Therapy resistance (competition with nucleoside analogues)
- Protection from ferroptosis (CoQ reduction)

*For complete review: Mullen & Singh, **Nat Rev Cancer**, 2023*

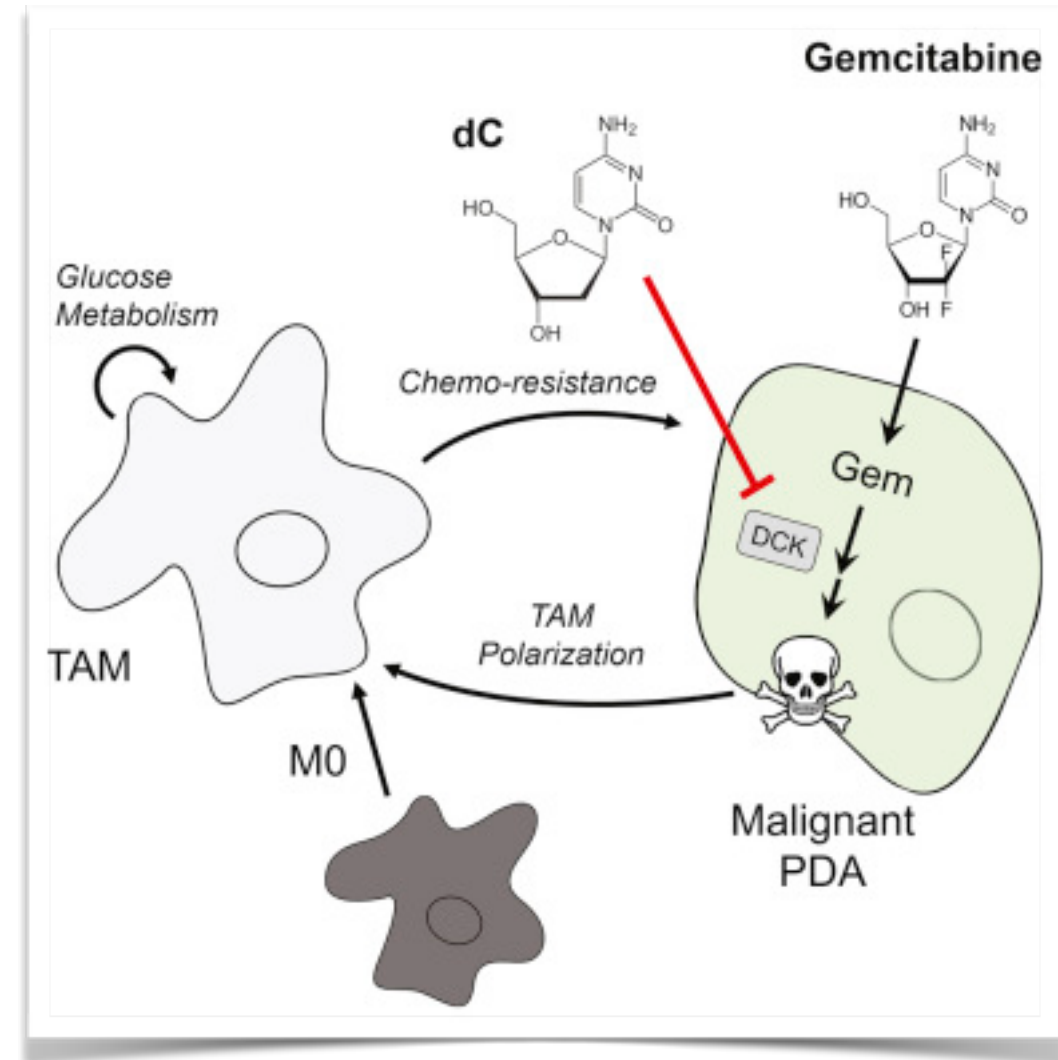
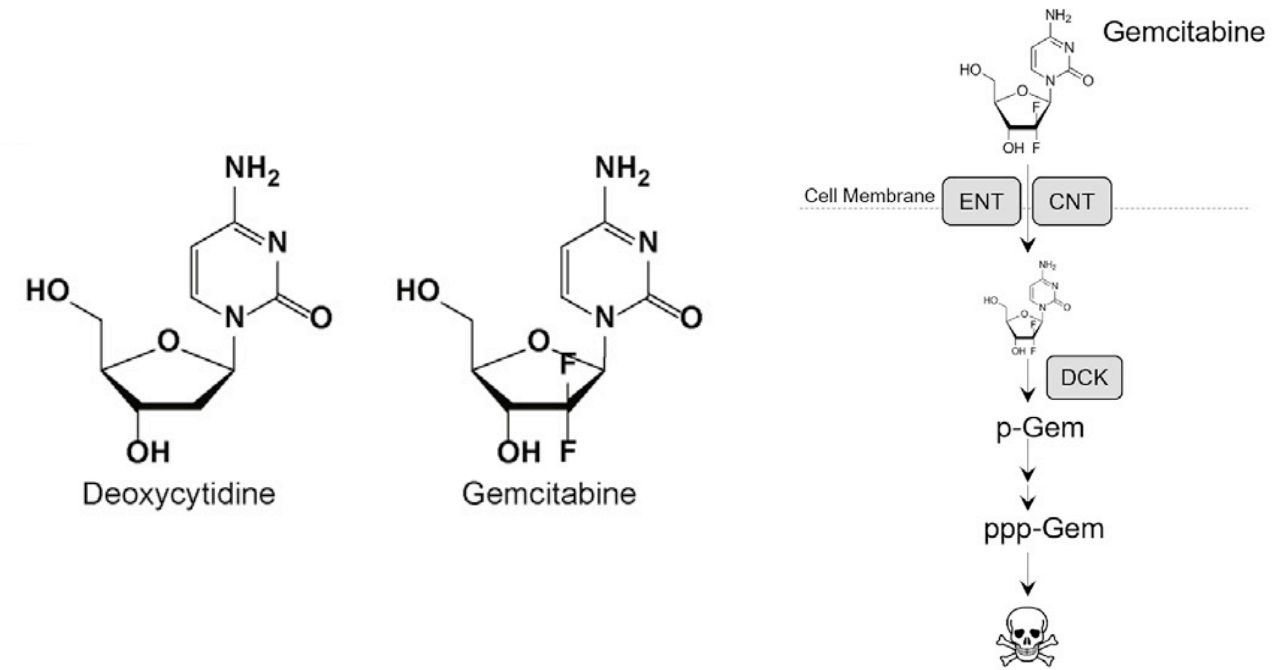
Macrophage-Released Pyrimidines Inhibit Gemcitabine Therapy in Pancreatic Cancer



Tumor-educated macrophages produce and secrete nucleotides



dC confers resistance to gemcitabine



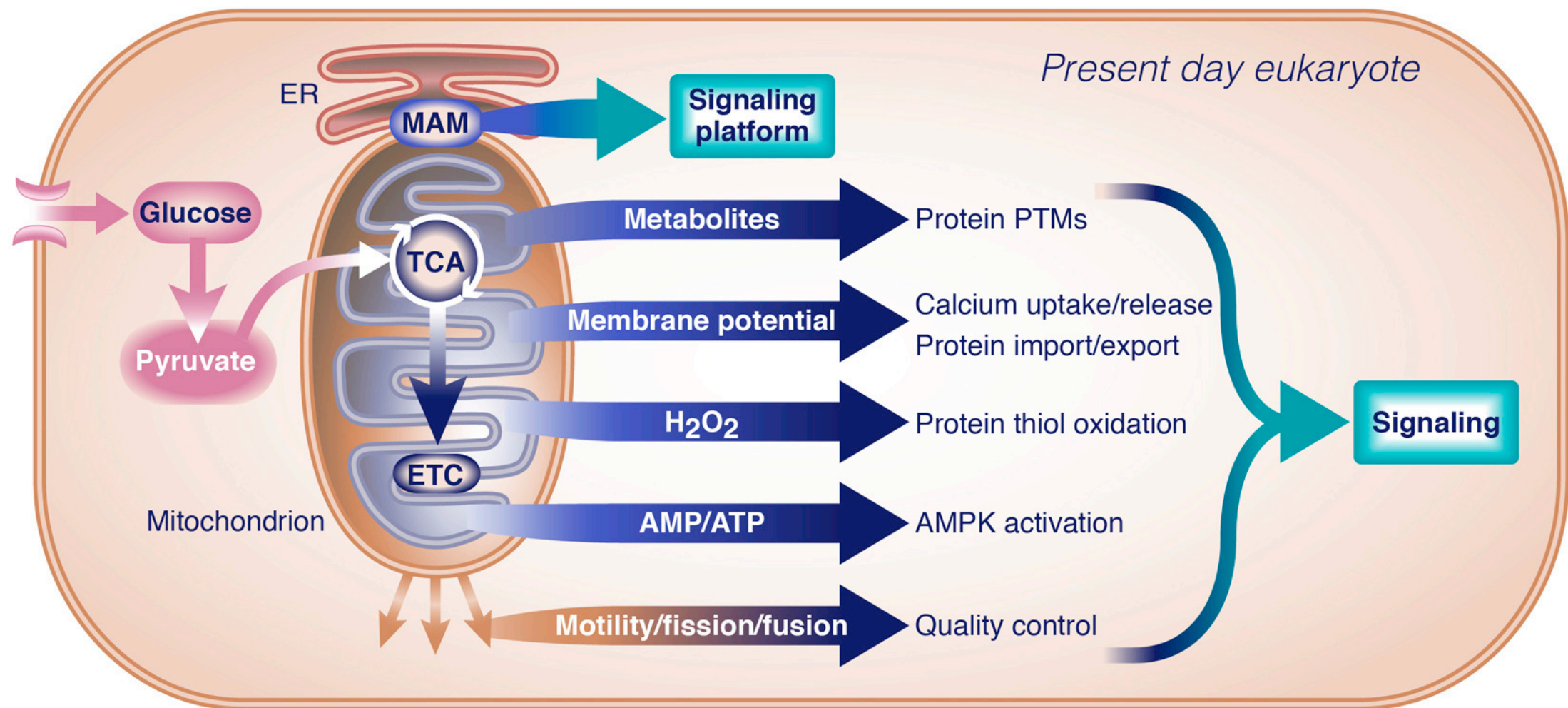
3

Metabolism is reprogrammed to cope with oxidative stress

3

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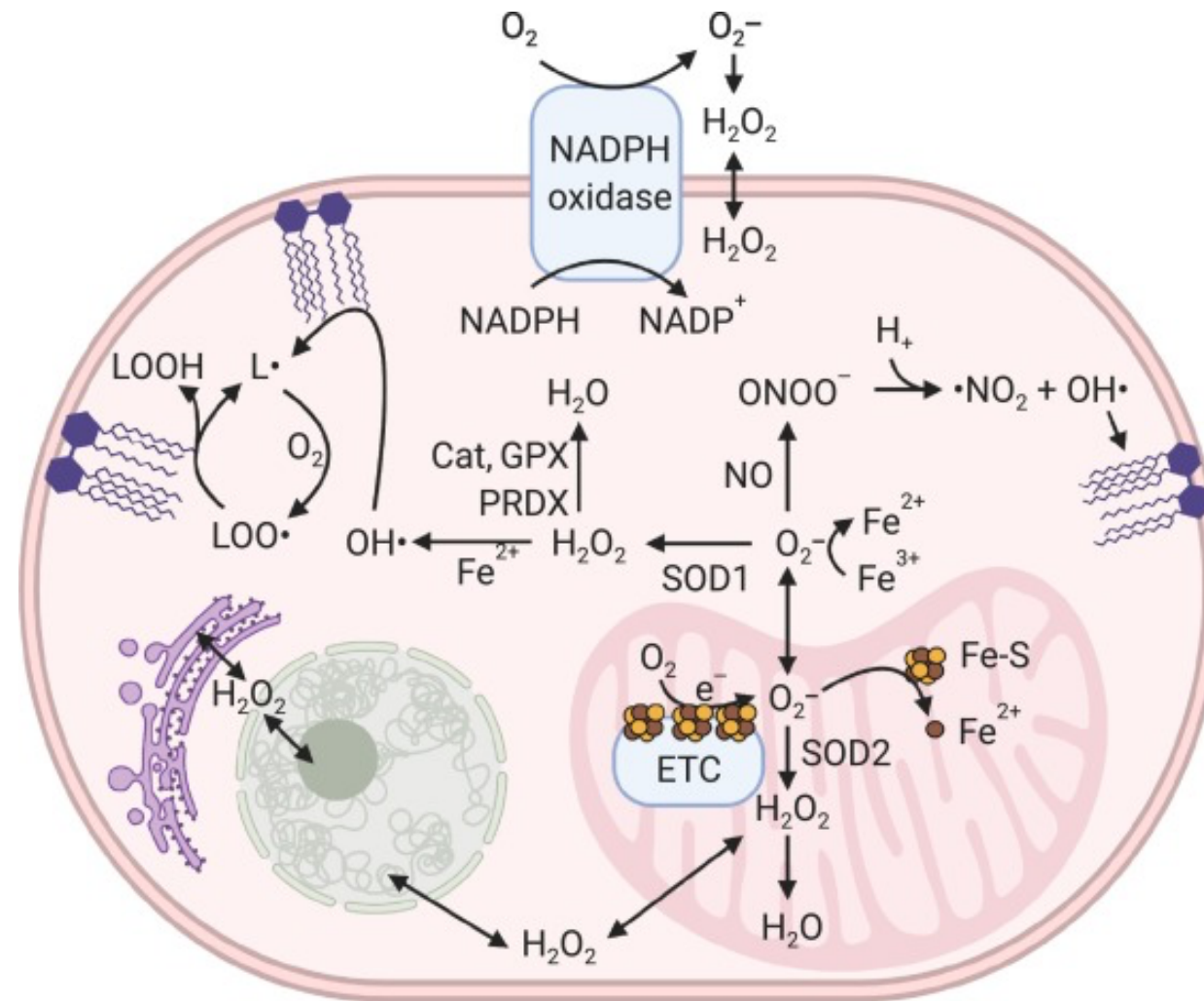
Enhanced mitochondrial activity has redox implications



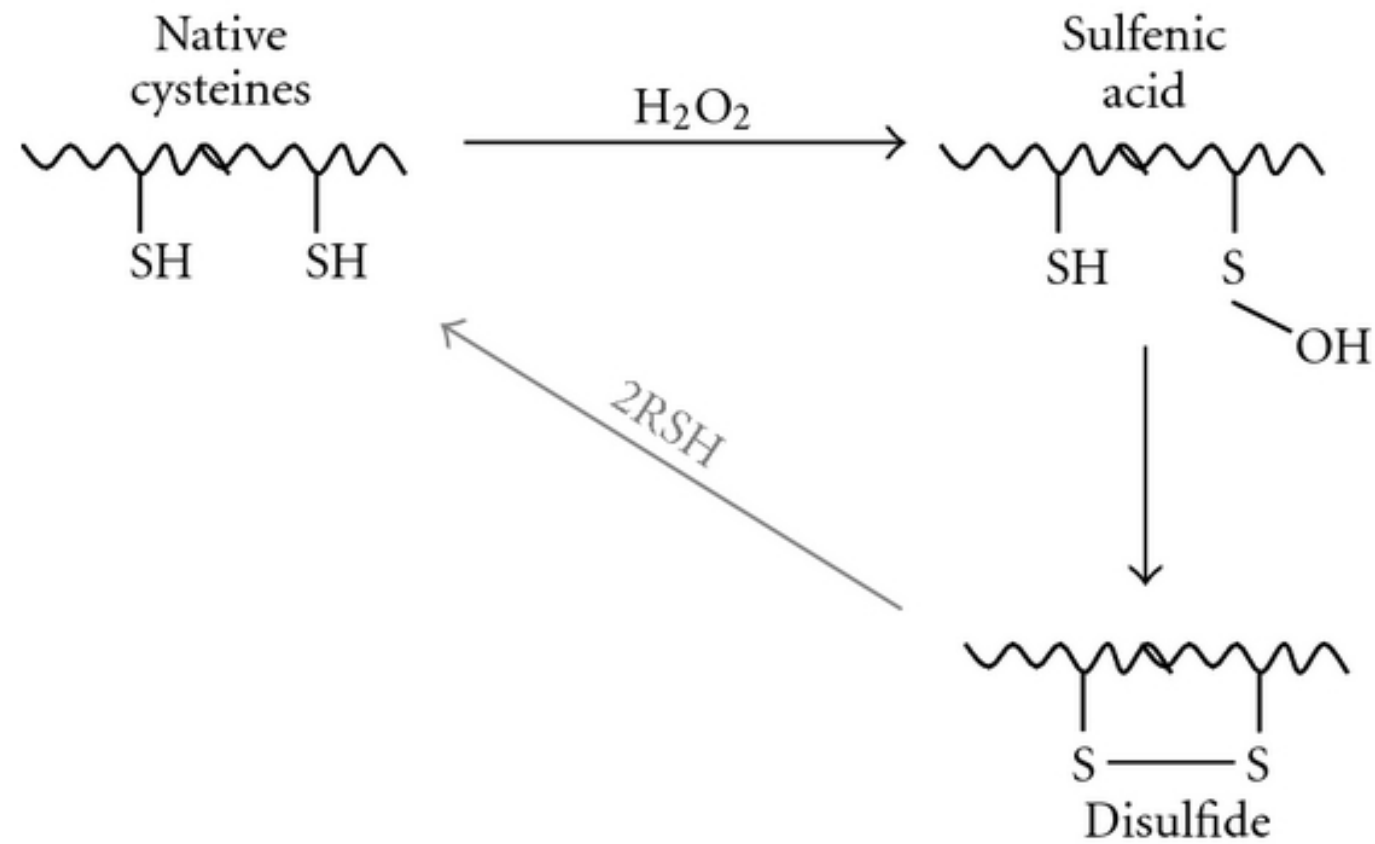
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Metabolism is reprogrammed to cope with oxidative stress

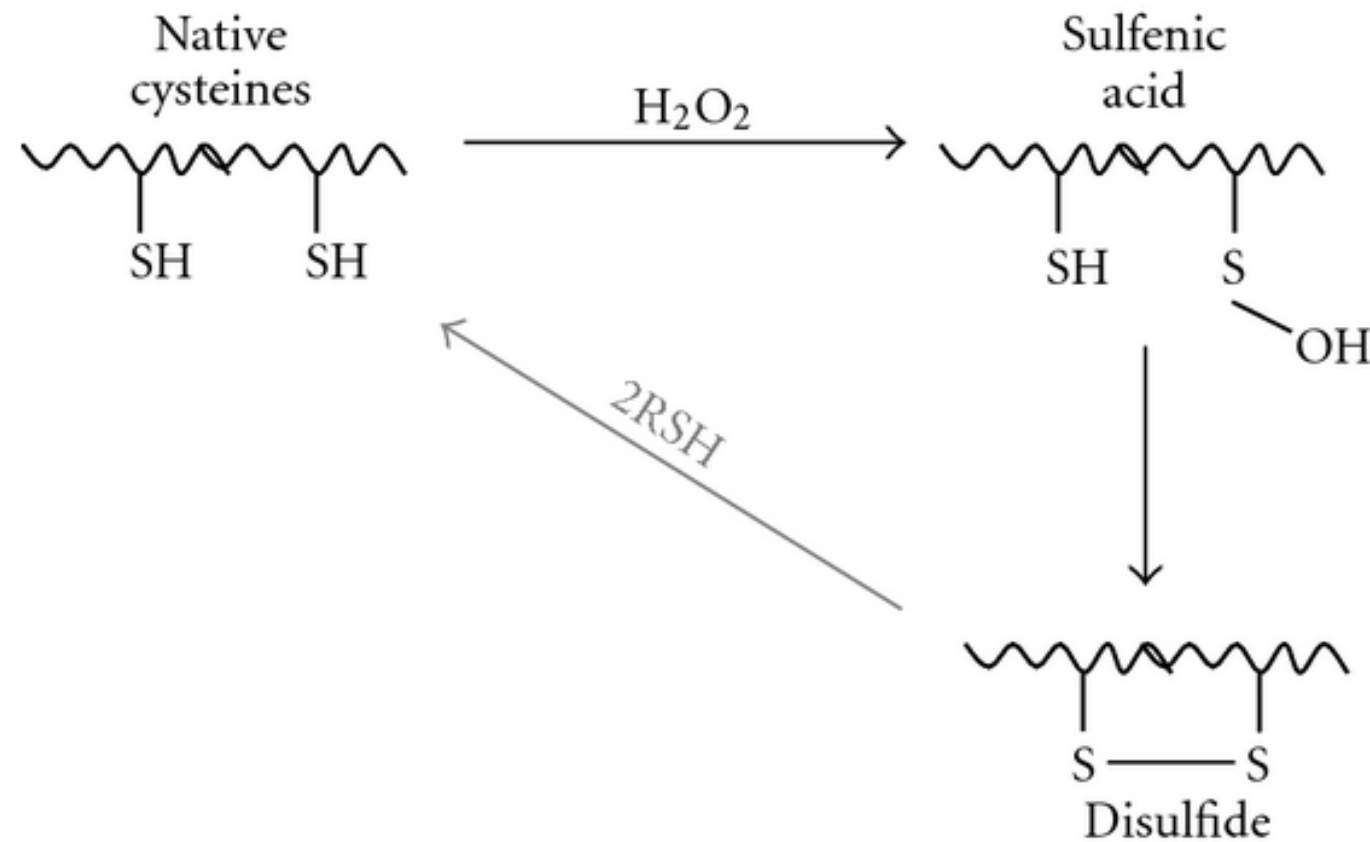
Mitochondria are major sources of ROS



ROS influence Cysteine state and protein conformation

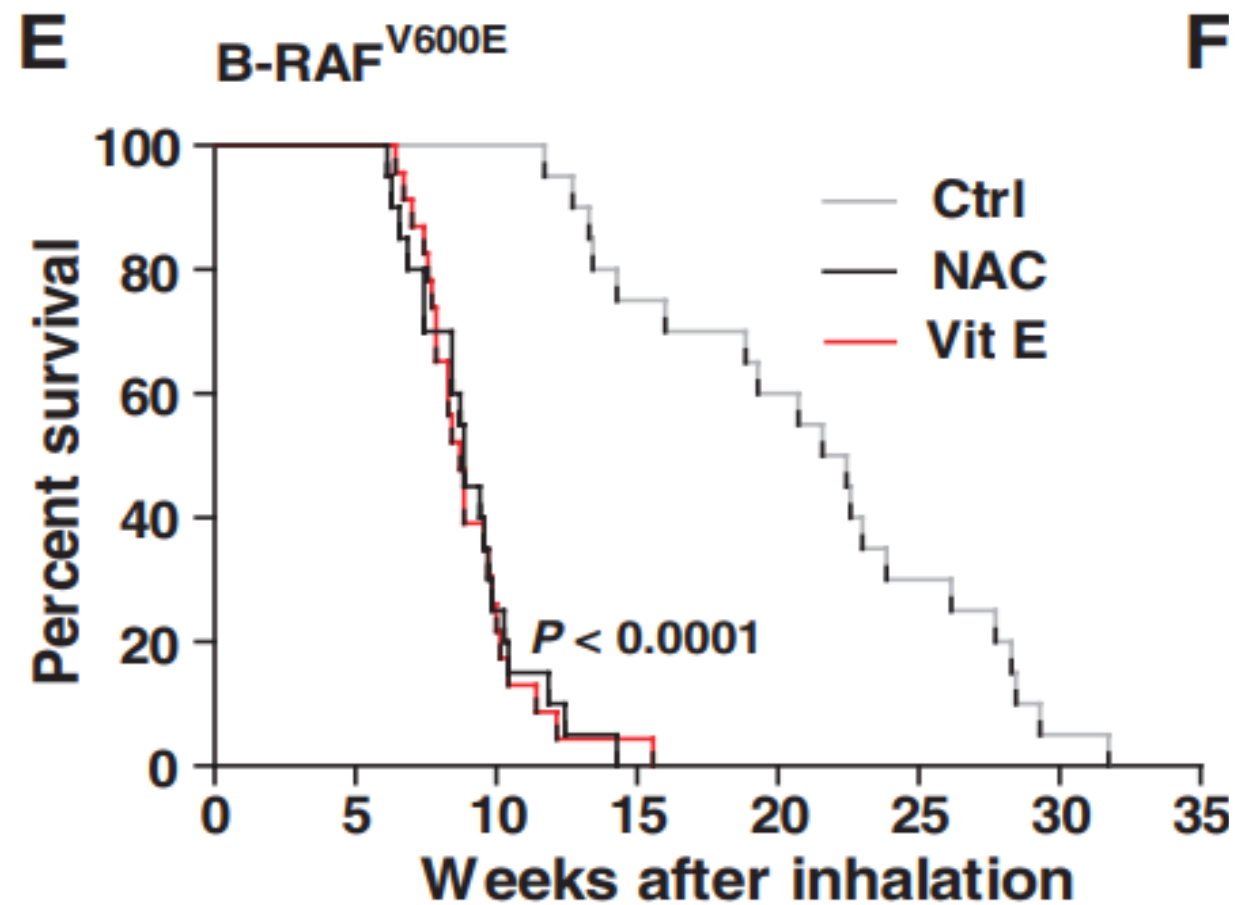


ROS influence Cysteine state and protein conformation



***...the presence/absence of disulfide bonds influence protein conformation and activity
(i.e.: HIF, mTOR, PTEN, others)***

Anti-Oxidants make cancer WORSE



Anti-Oxidants promote cancer progression and metastasis



[paraphrase] For most people, I recommend a healthy diet with plenty of fruits and vegetables. Once you have cancer: steak and whiskey.
–Sean Morrison

*Sayin et al, **Sci Transl Med**, 2014*

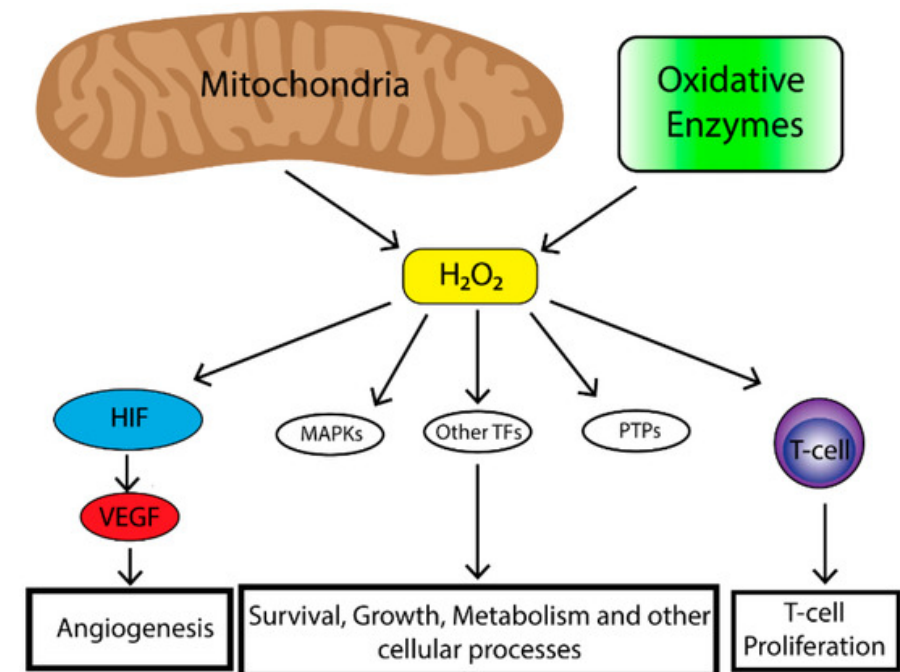
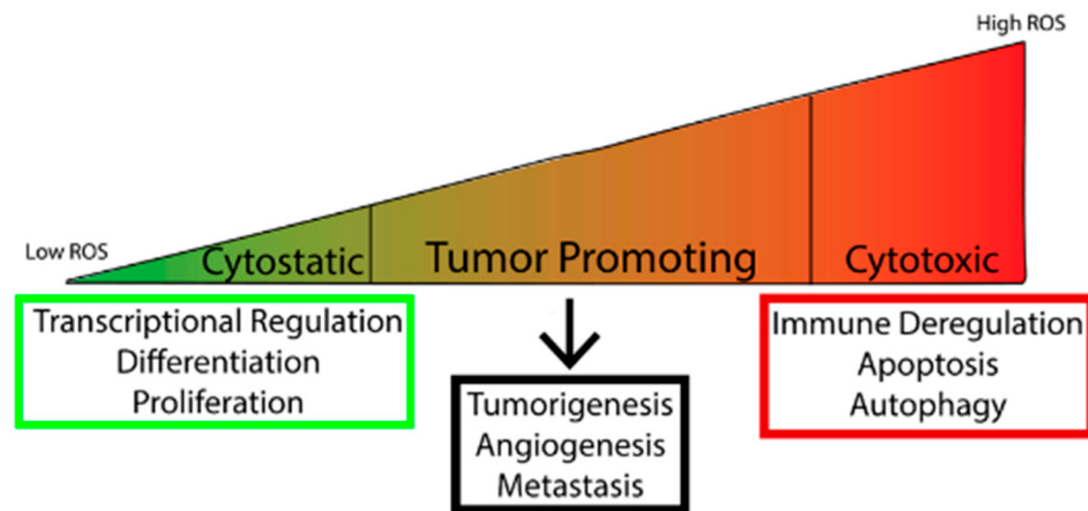
*DeNicola GM et al, **Nature**, 2011*

*Al-Mehdi et al, **Sci Signal**, 2012*

*Tasdogan et al, **Nature**, 2020*

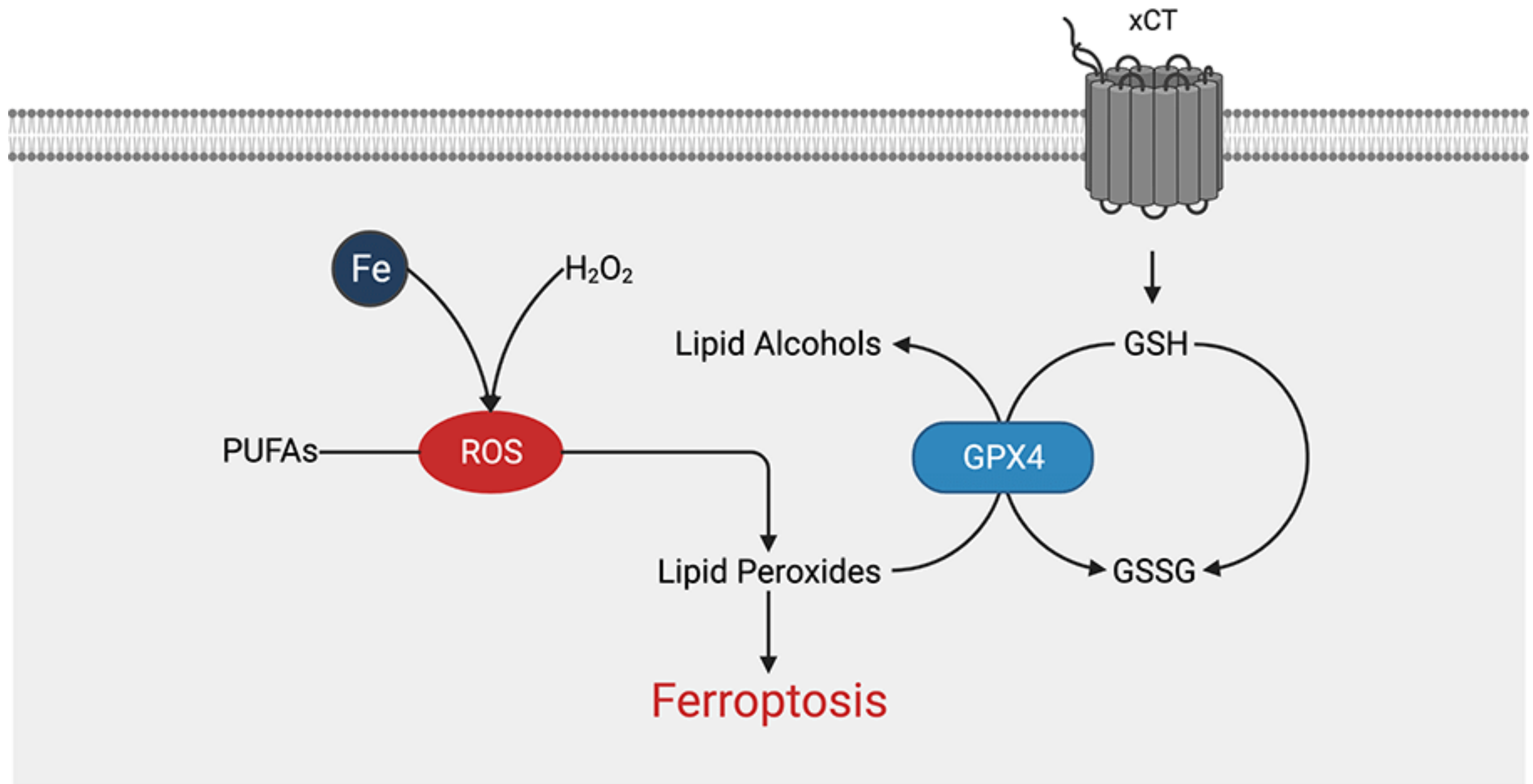
*Lignitto et al, **Cell**, 2019*

ROS exert signaling functions



Cancer cells need to carefully watch and control ROS levels to avoid negative consequences

Excessive ROS levels cause ferroptosis

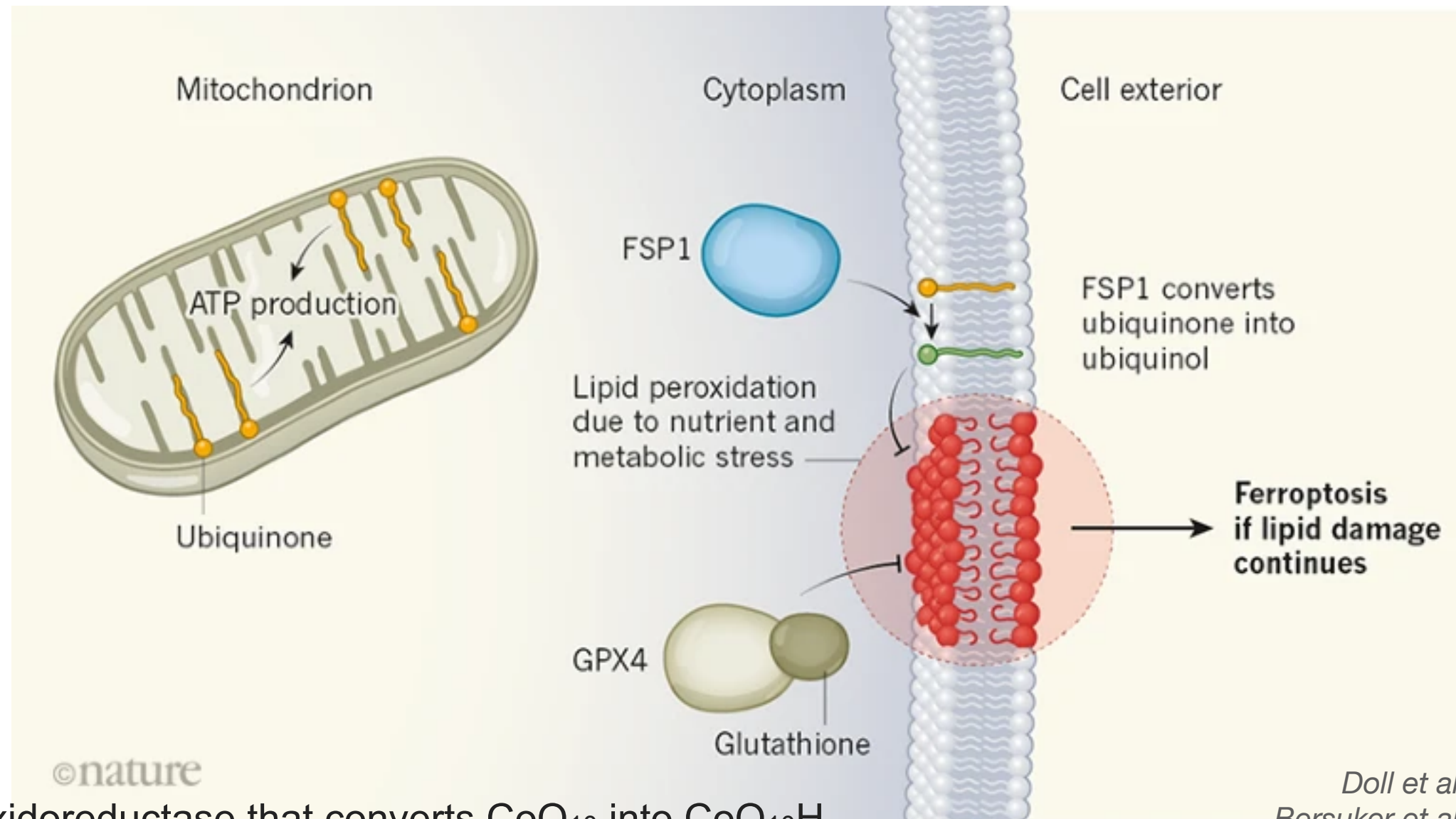


Sensitivity to ferroptosis is dictated by cell metabolism

Cancer cells reprogram their metabolism to be protected from ferroptotic stress and death

Reduced CoQ (ubiquinol) suppresses ferroptosis

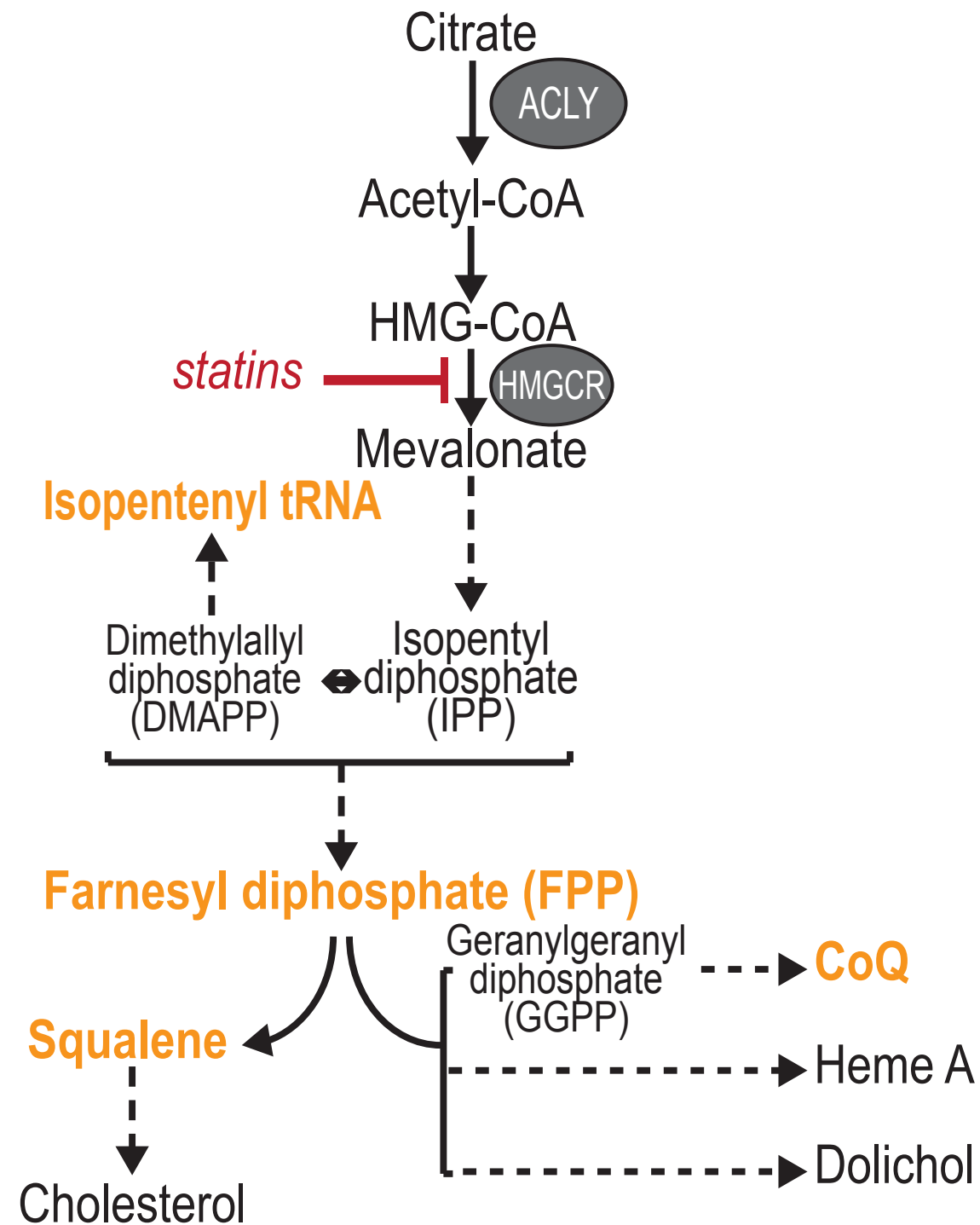
Doll *et al.* and Bersuker *et al.* hypothesized that cells have a way of protecting themselves against ferroptosis even in the absence of GPX4. This was a heretical idea given that, during the short history of ferroptosis research, the dogma that GPX4 is essential to guard against ferroptosis in all contexts had already been established. Nevertheless, these two teams searched for other such protective mechanisms. Both groups analysed human cells grown *in vitro* to test whether any components block ferroptosis when GPX4 is not present, and they independently identified a gene encoding a protein that they name ferroptosis suppressor protein 1 (FSP1), which was previously called AIFM2.



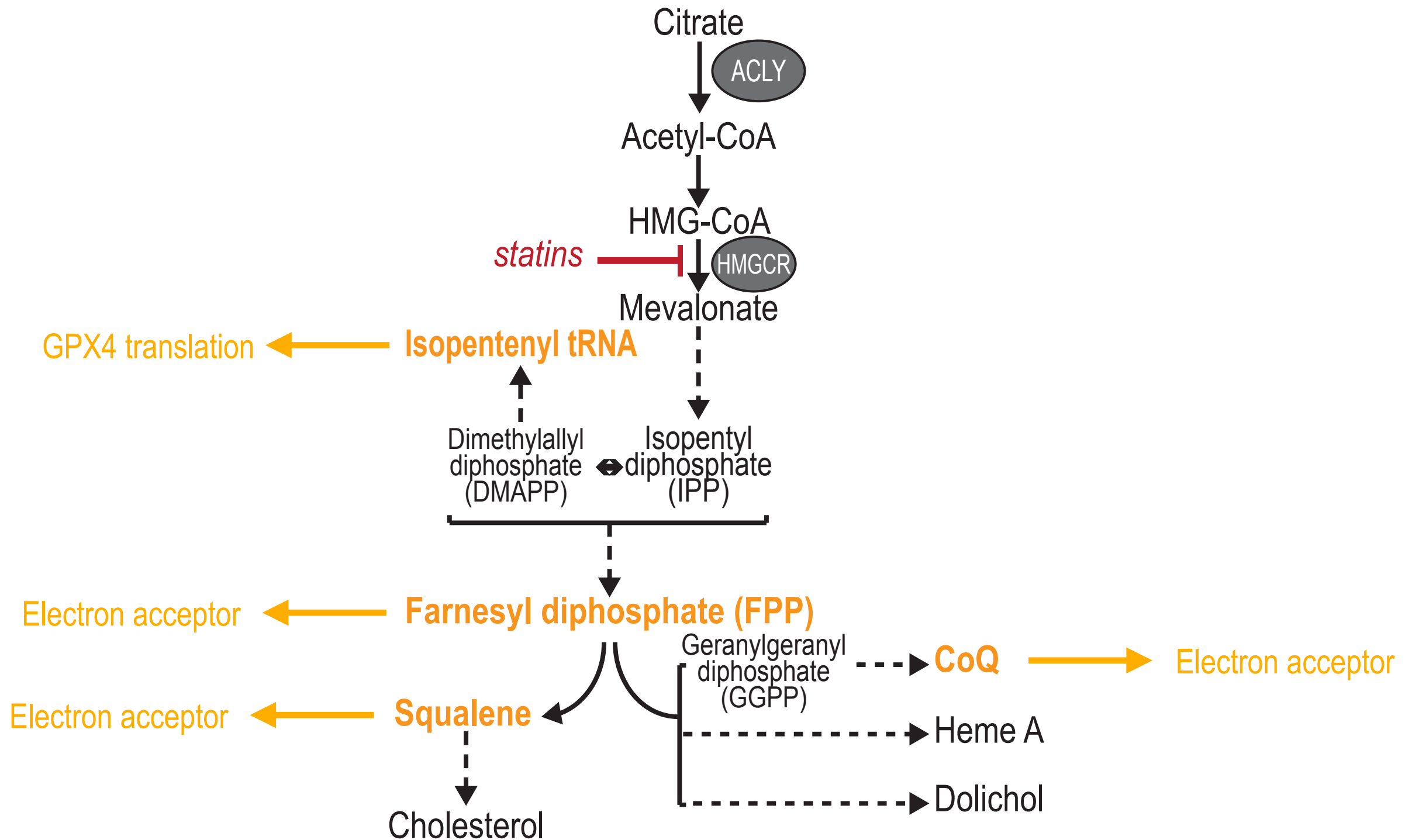
FSP1: oxidoreductase that converts CoQ₁₀ into CoQ₁₀H

Doll *et al.*, **Nature**, 2019
Bersuker *et al.*, **Nature**, 2019
Stokwell, **Nature**, 2019

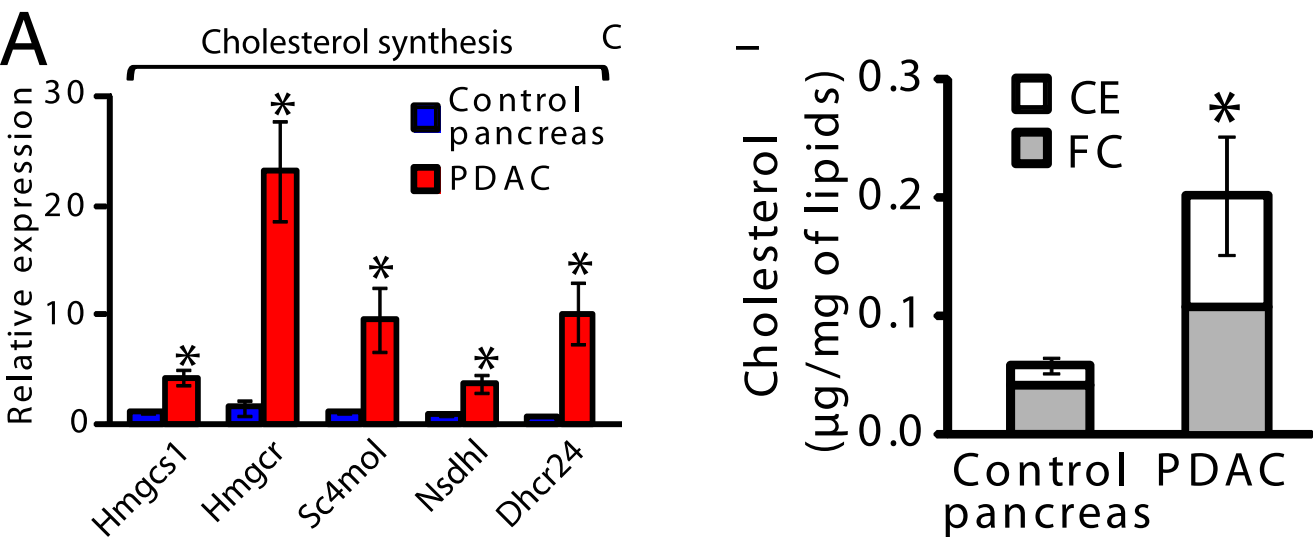
Mevalonate pathway desensitizes from ferroptosis



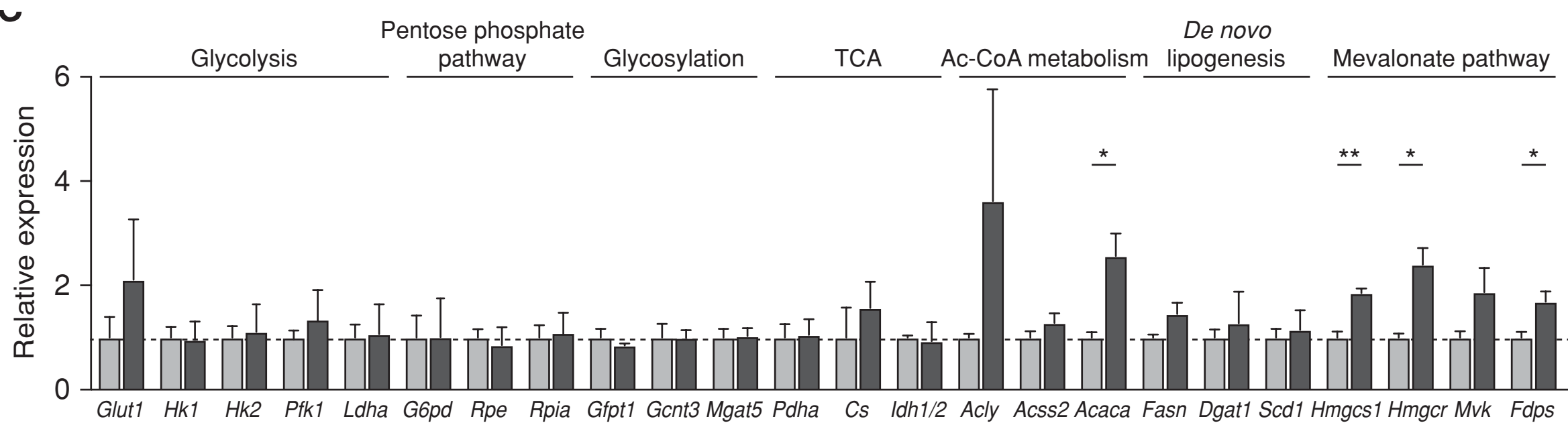
Mevalonate pathway desensitizes from ferroptosis



Mevalonate pathway is often upregulated in cancer

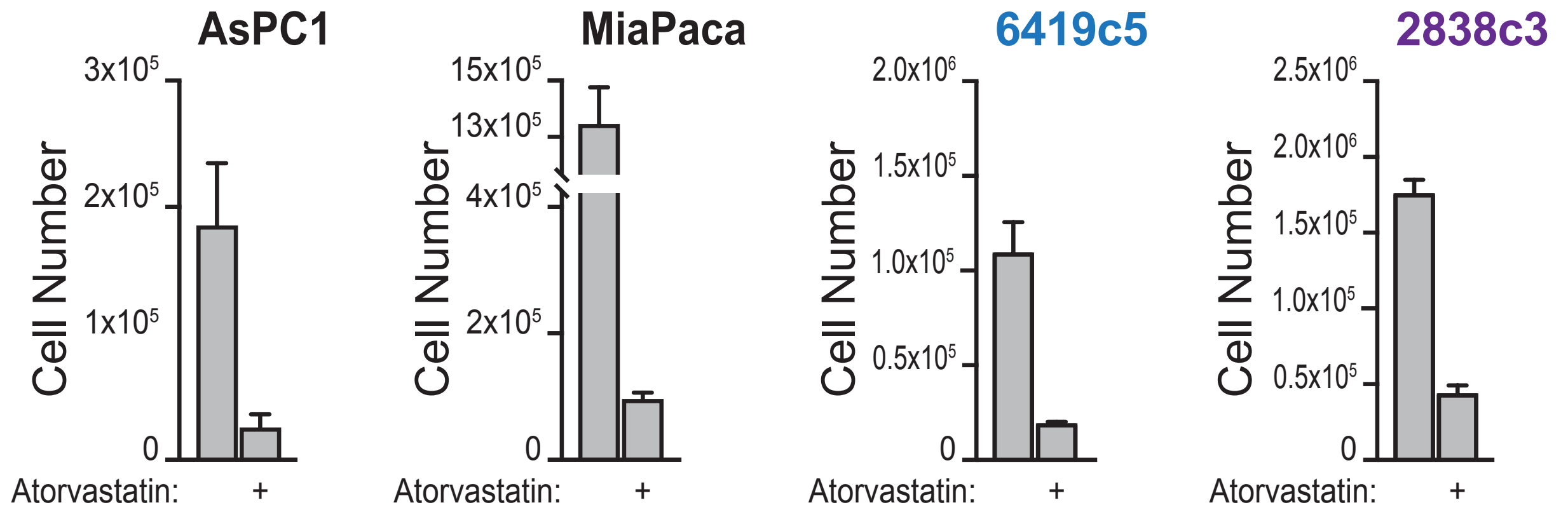


Guillaumond et al, *PNAS*, 2013

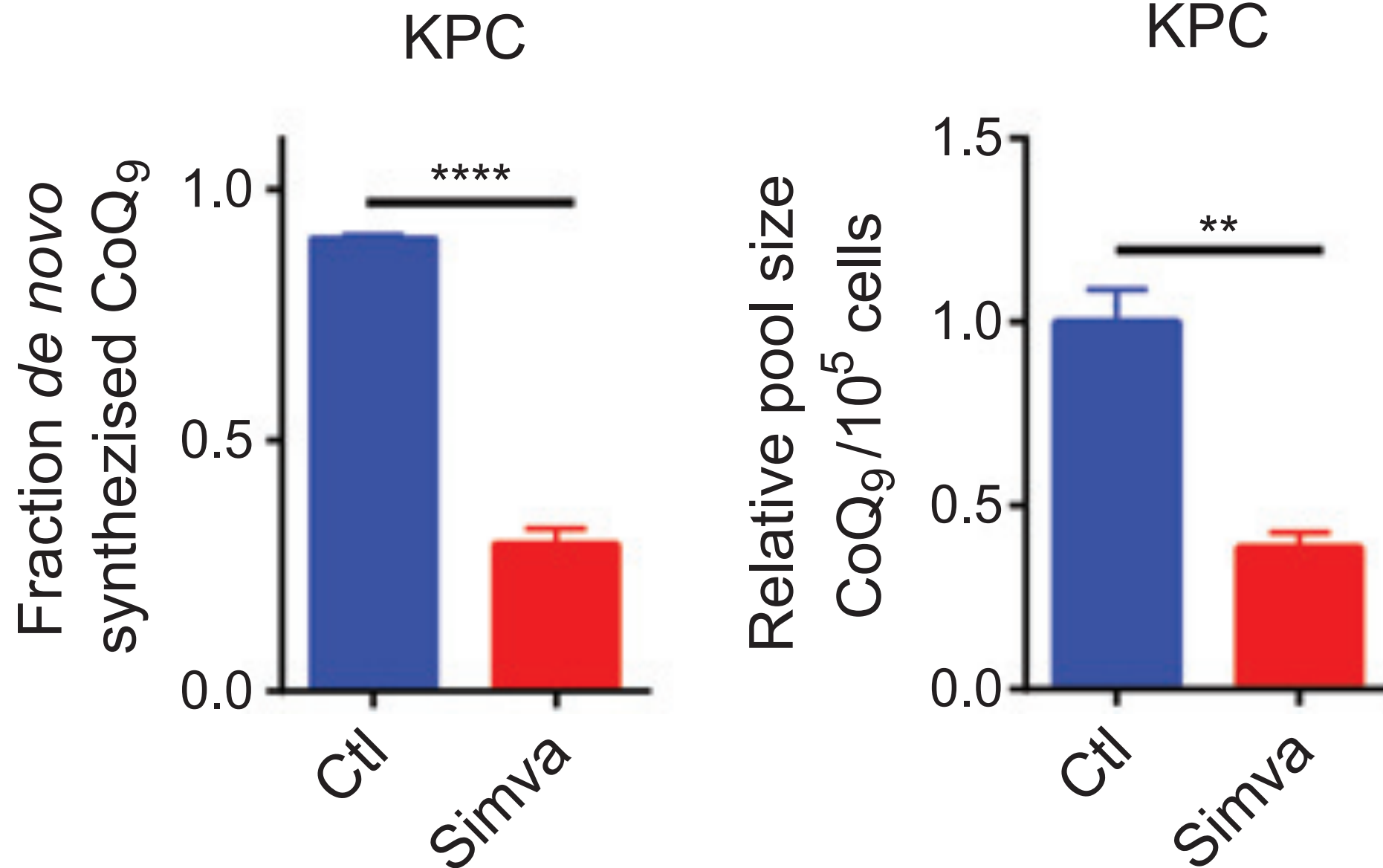


Carrer et al, *Cancer Discov*, 2019

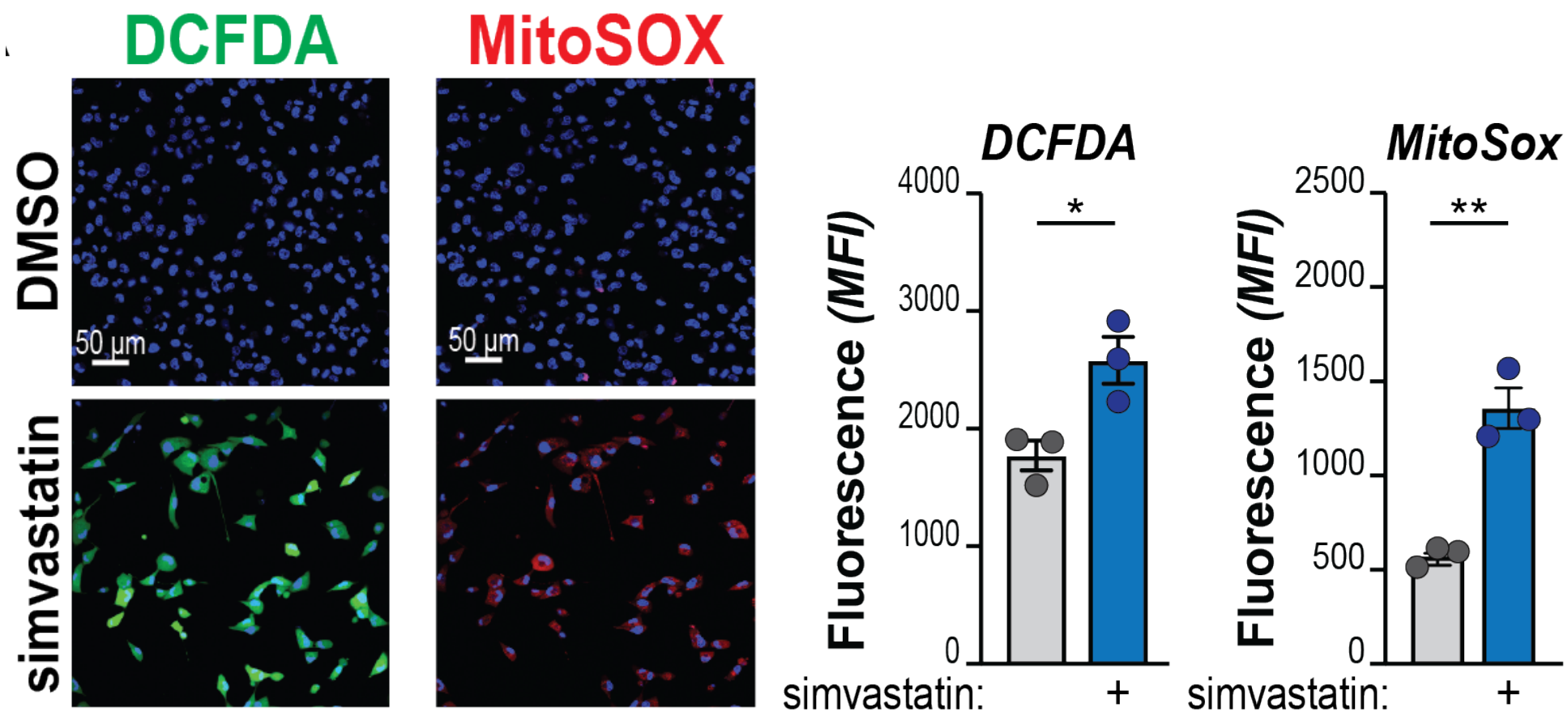
Statin treatment suppresses PDA growth in vitro



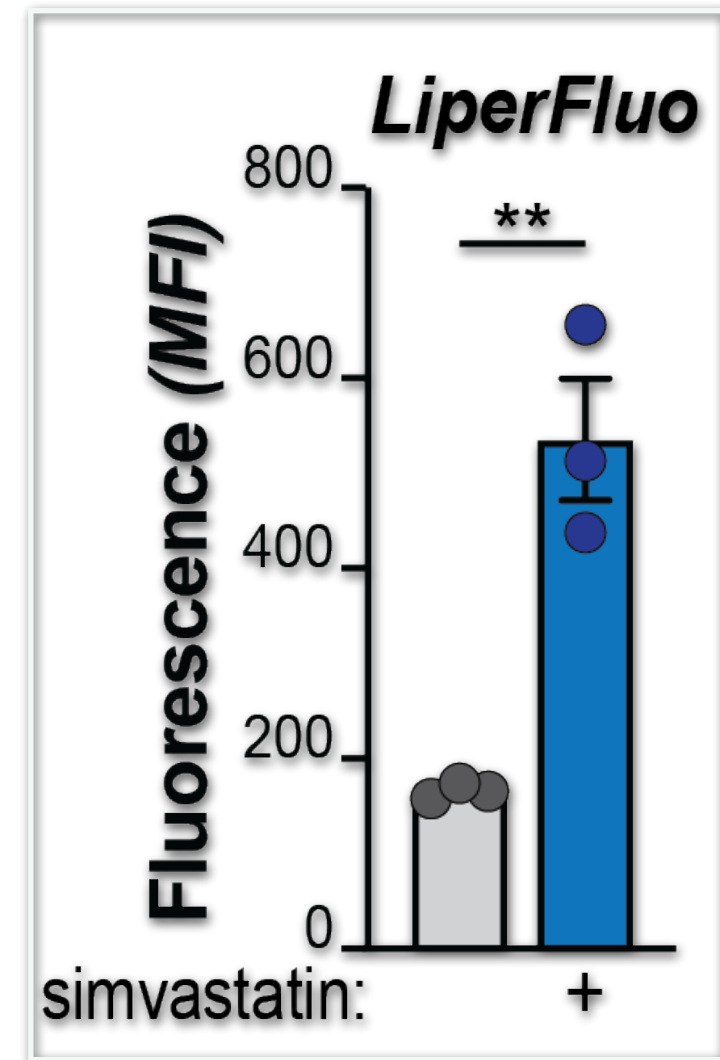
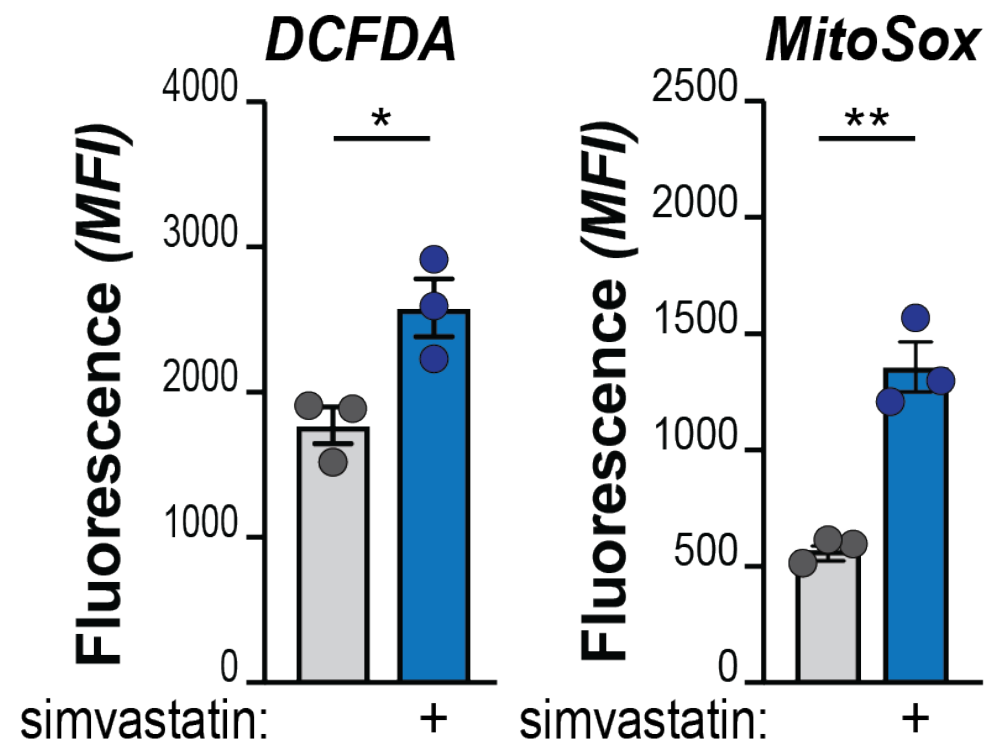
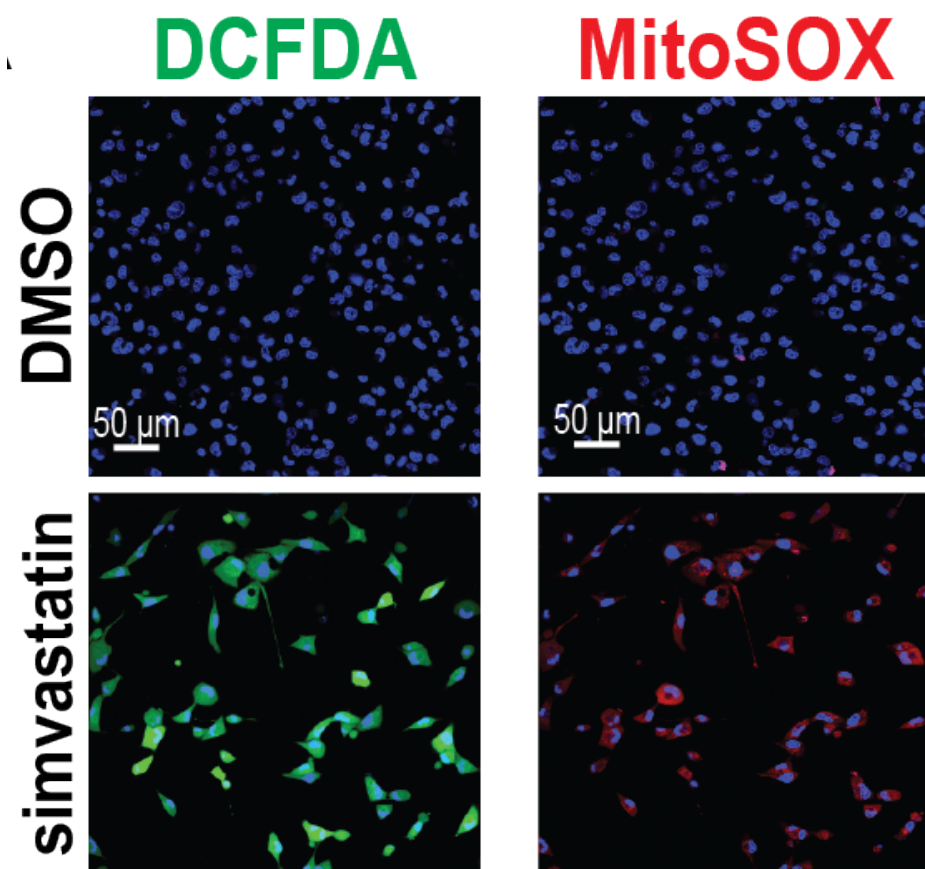
Statin treatment inhibits CoQ synthesis



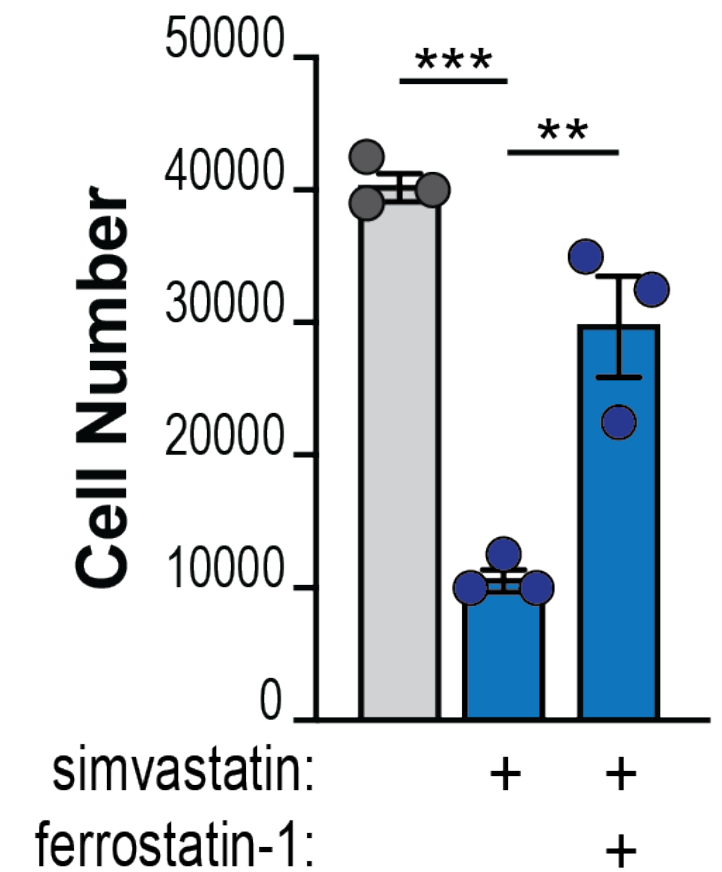
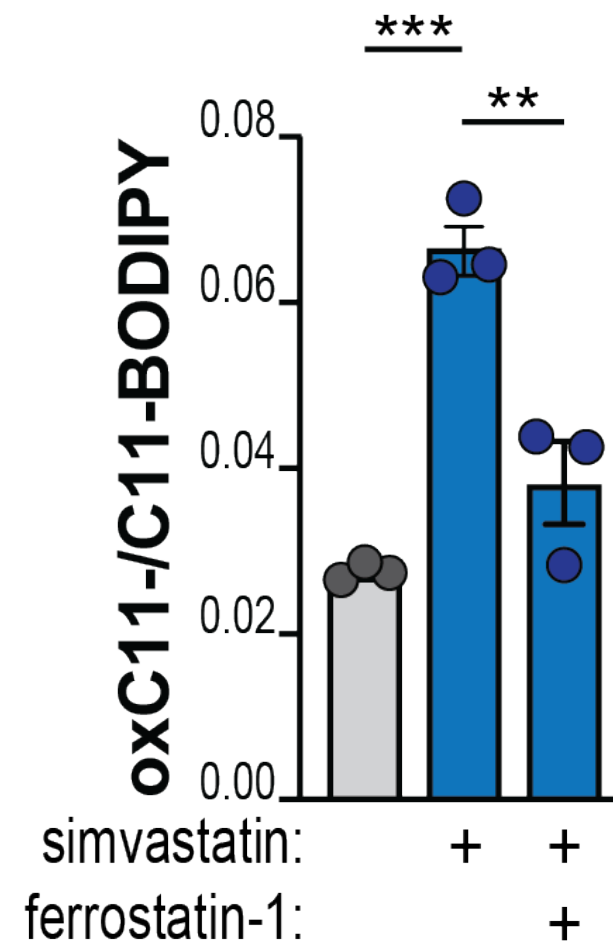
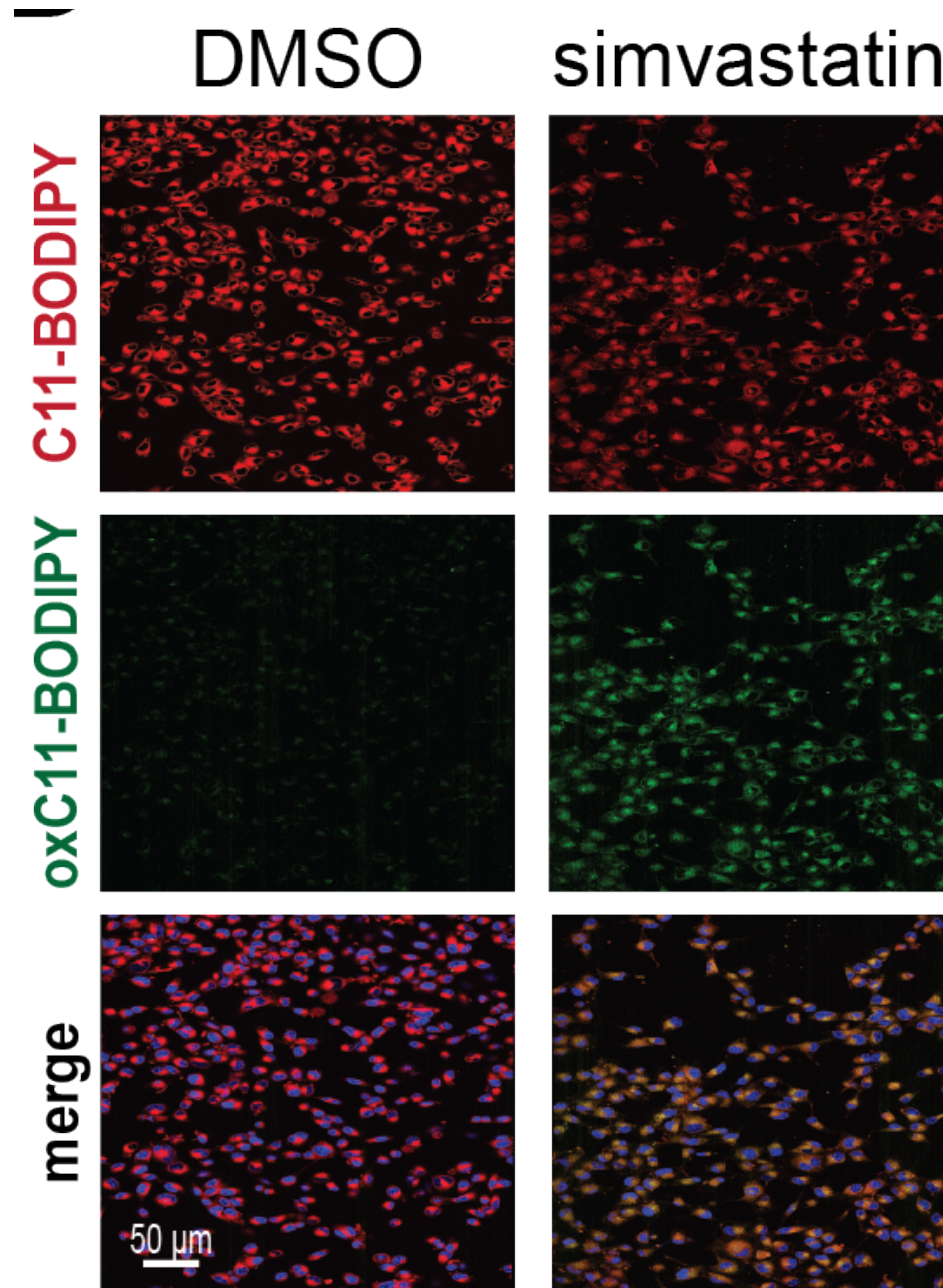
Statin treatment elicits ROS stress



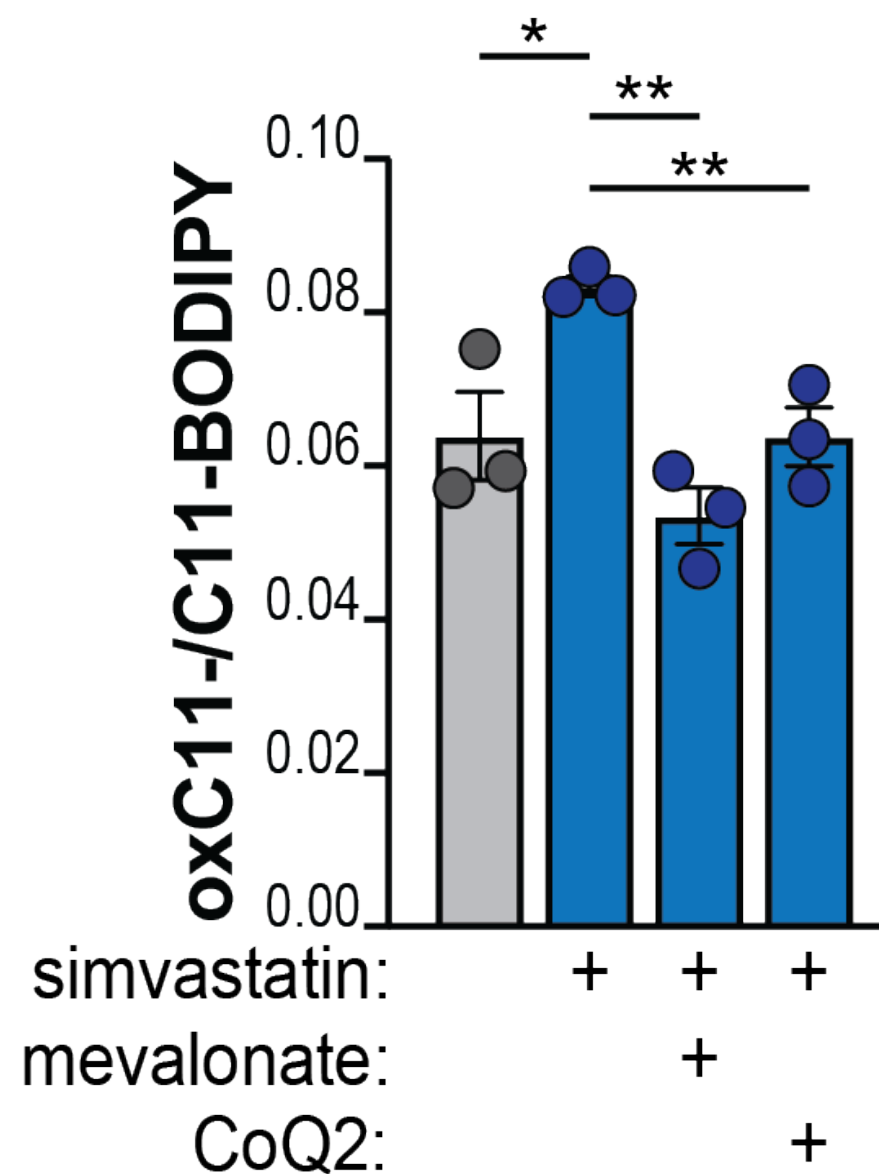
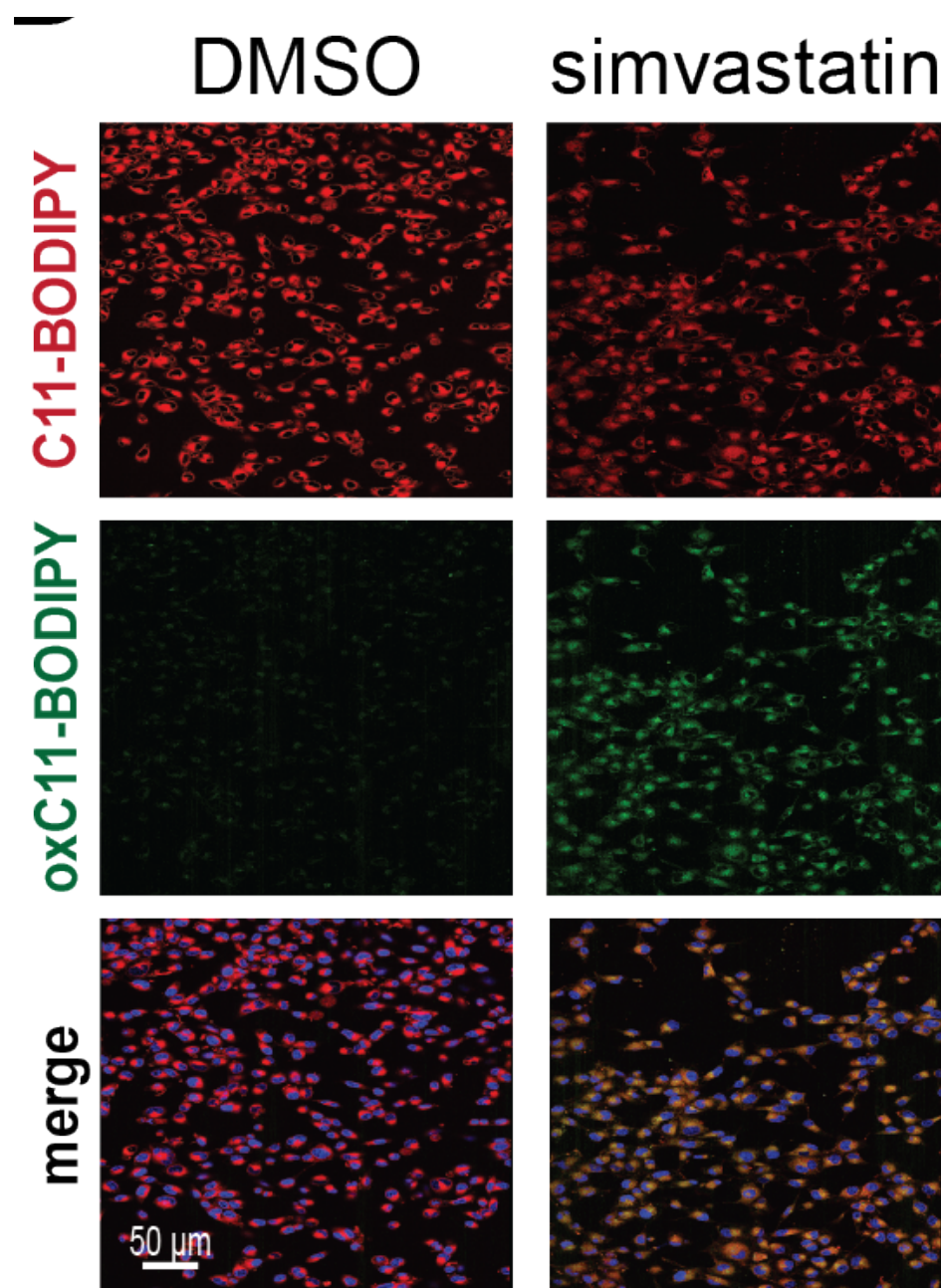
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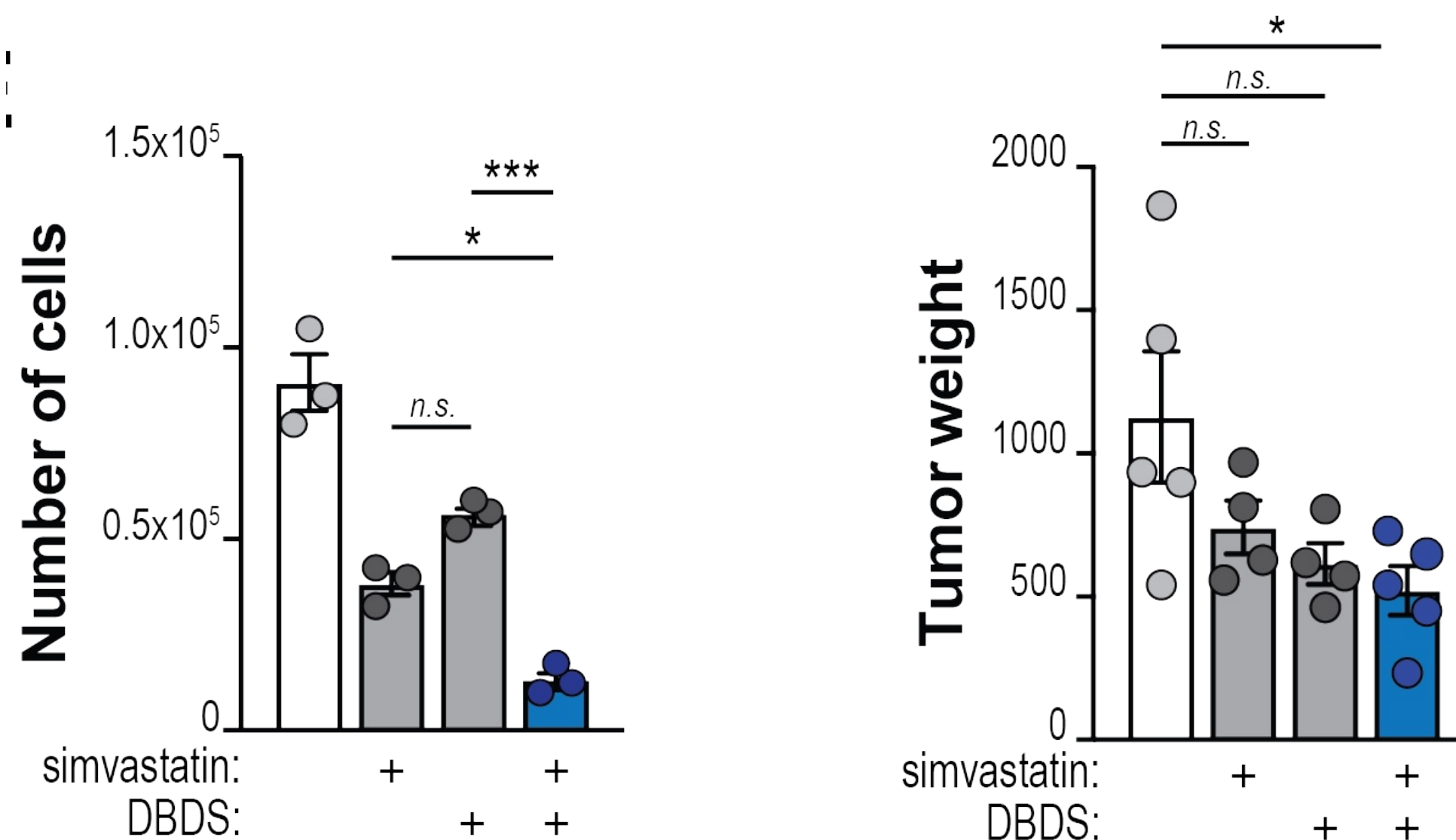
Statin treatment elicits ferroptosis



Mevalonate and CoQ supplementation protects from ferroptosis

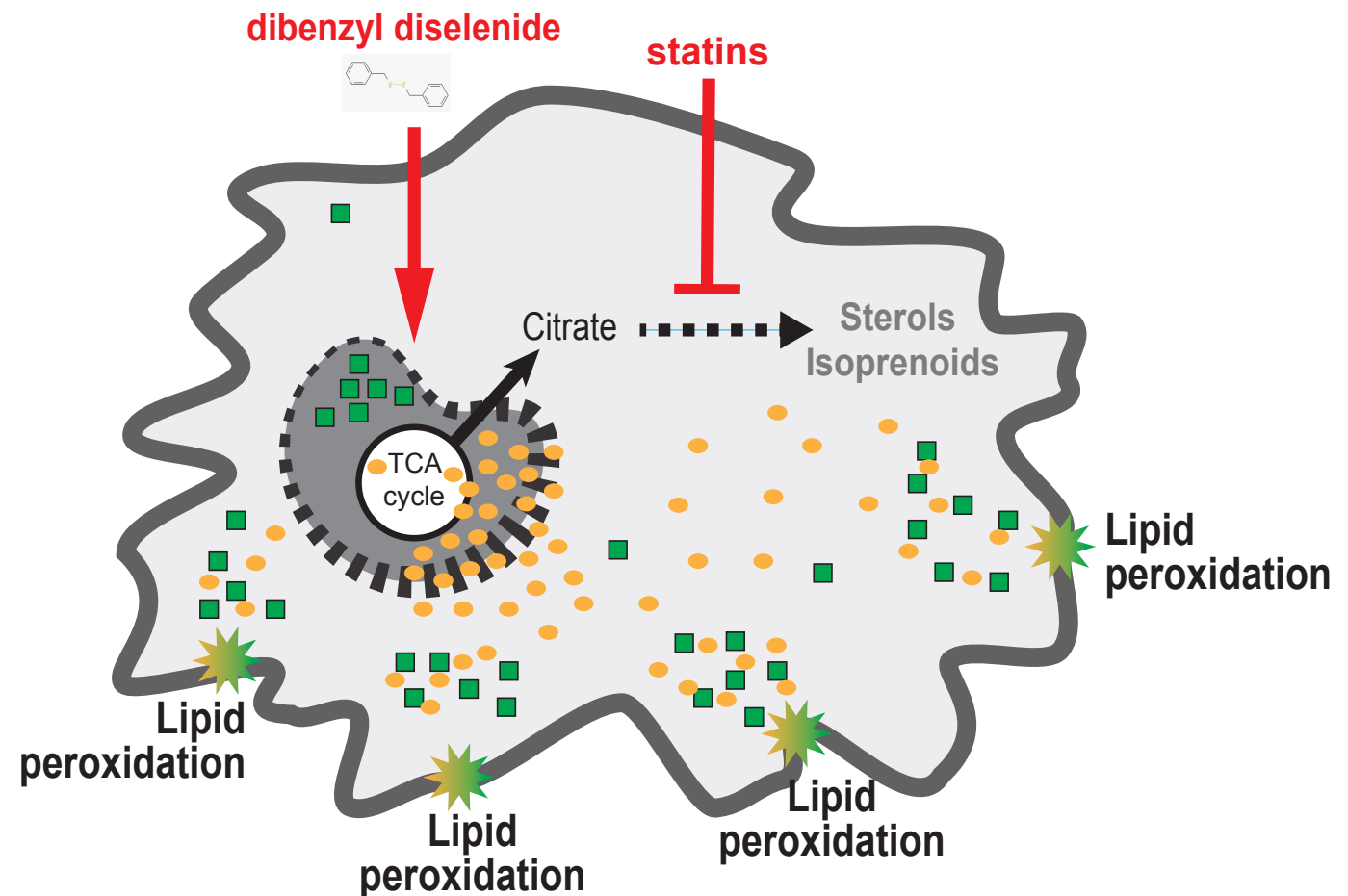
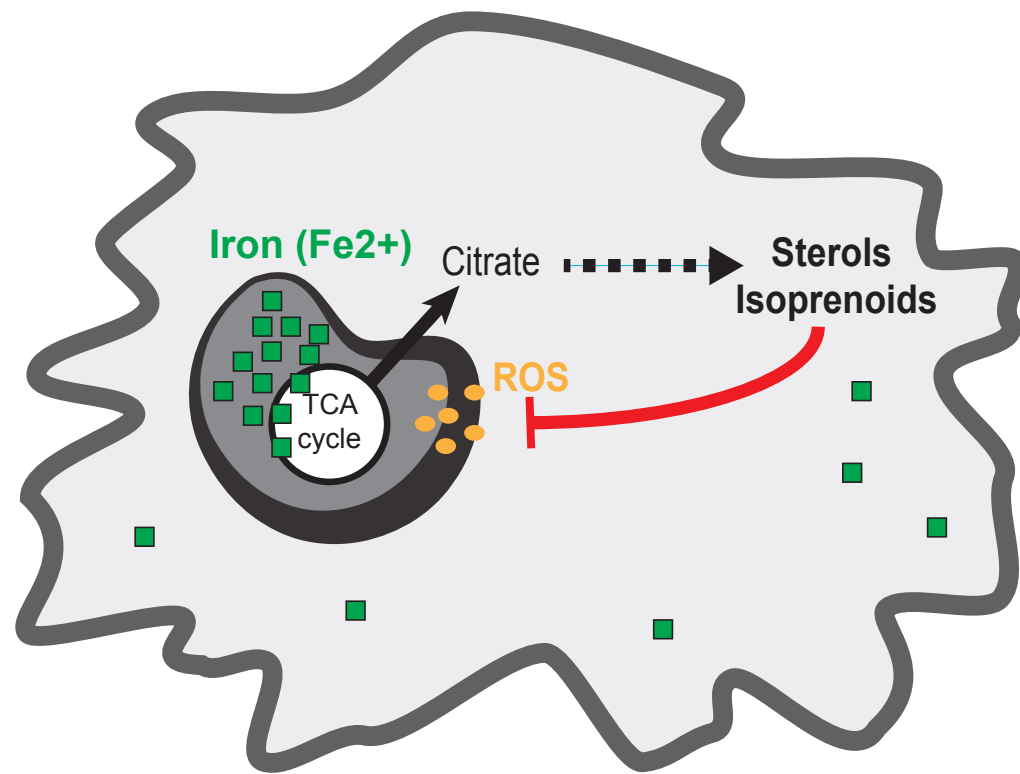


Statin-promoted ferroptosis can be exploited for cancer therapy



Metabolism is reprogrammed to cope with oxidative stress

PDA cancer cells



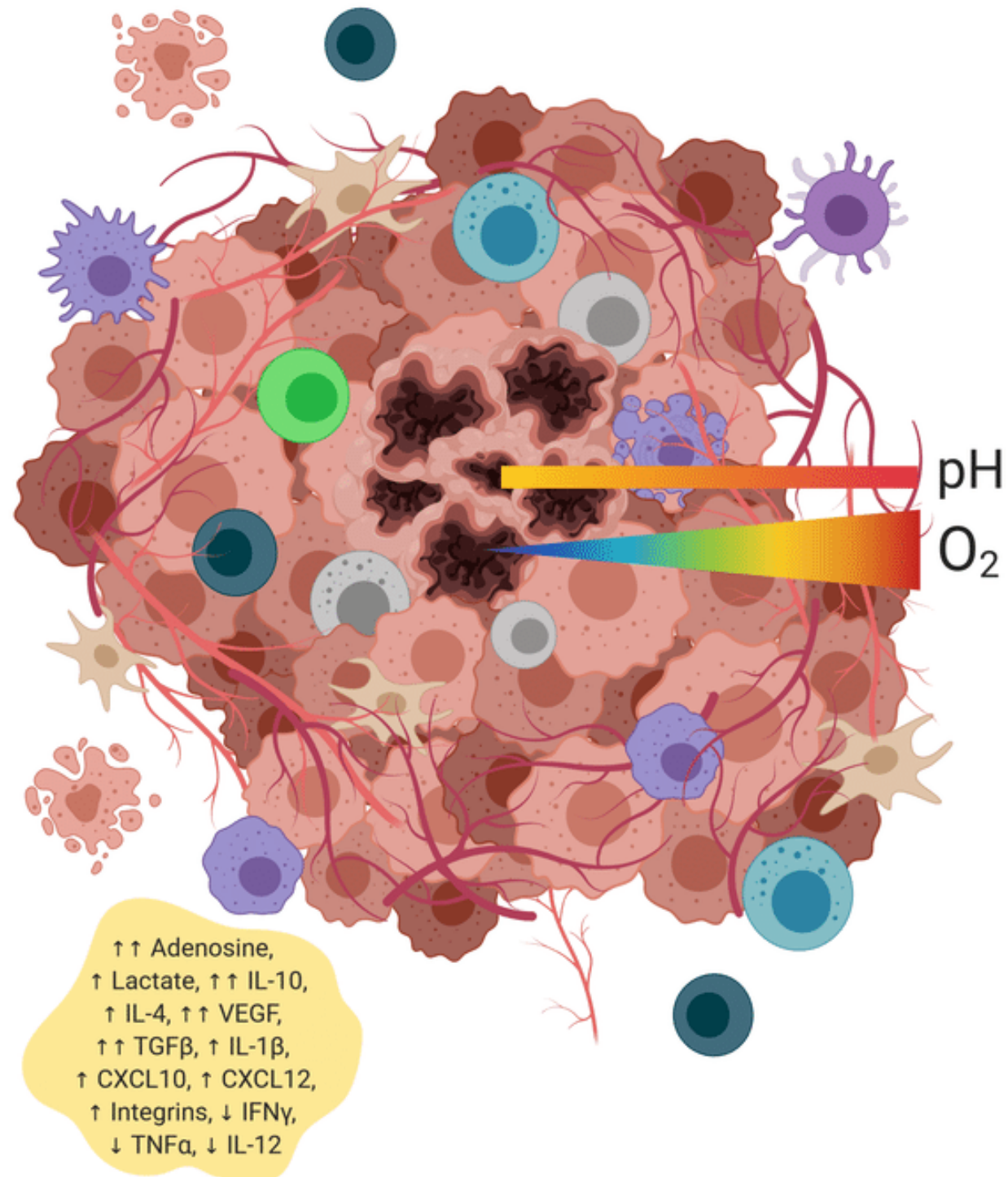
Cancer cells gain benefits from enhanced redox stress, but potentially toxic species need to be constantly monitored and held in check.

Multiple mechanisms:

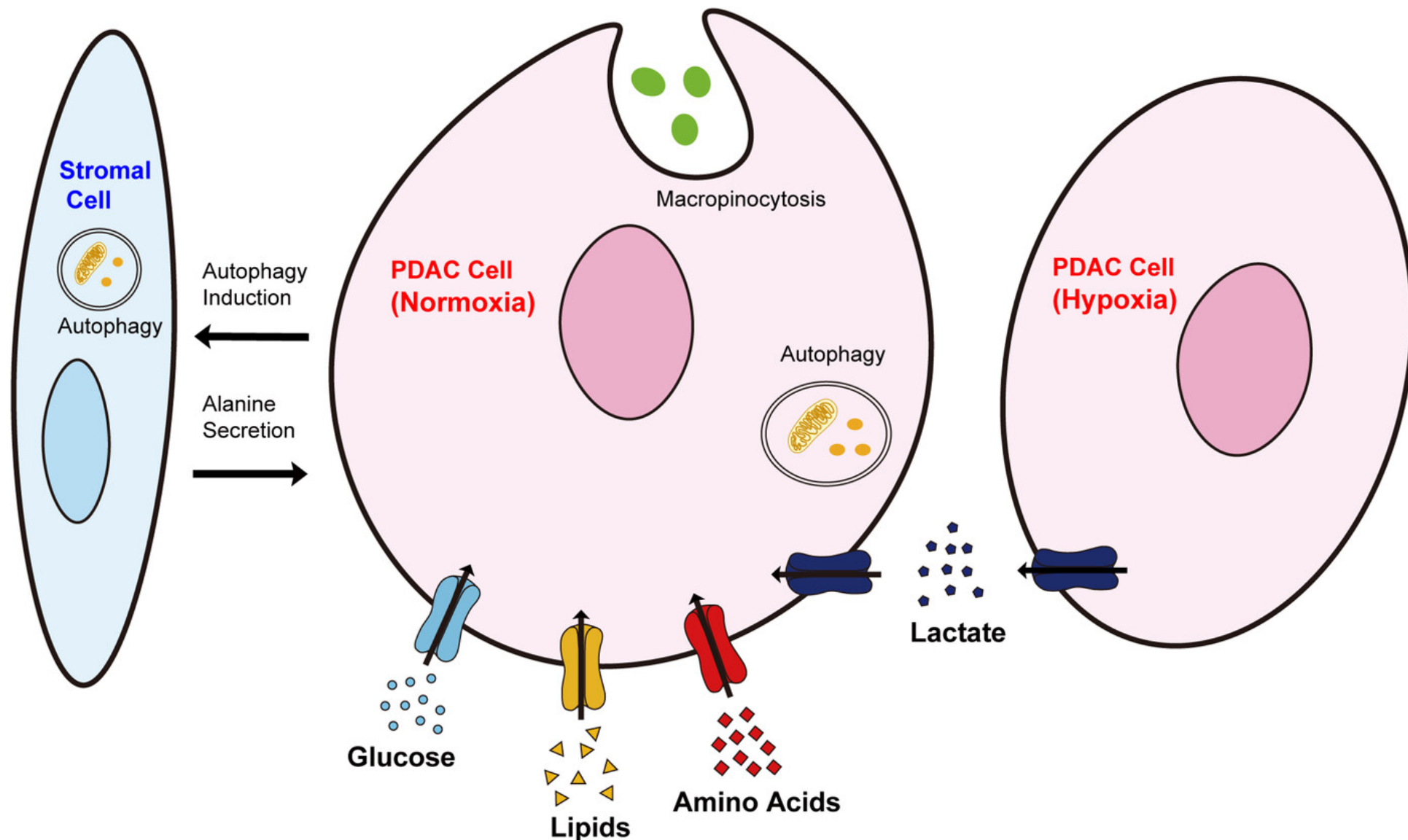
- NRF2 activation
- Feeding of mevalonate pathway
- Accumulation of redox-stabilizing metabolites
- Metabolic rewiring for NADPH saving (i.e.: altered utilization of glutamine and malate)

4

Metabolism is reprogrammed to thrive in harsh TME



Pancreatic TME is avascular and nutrient scarce



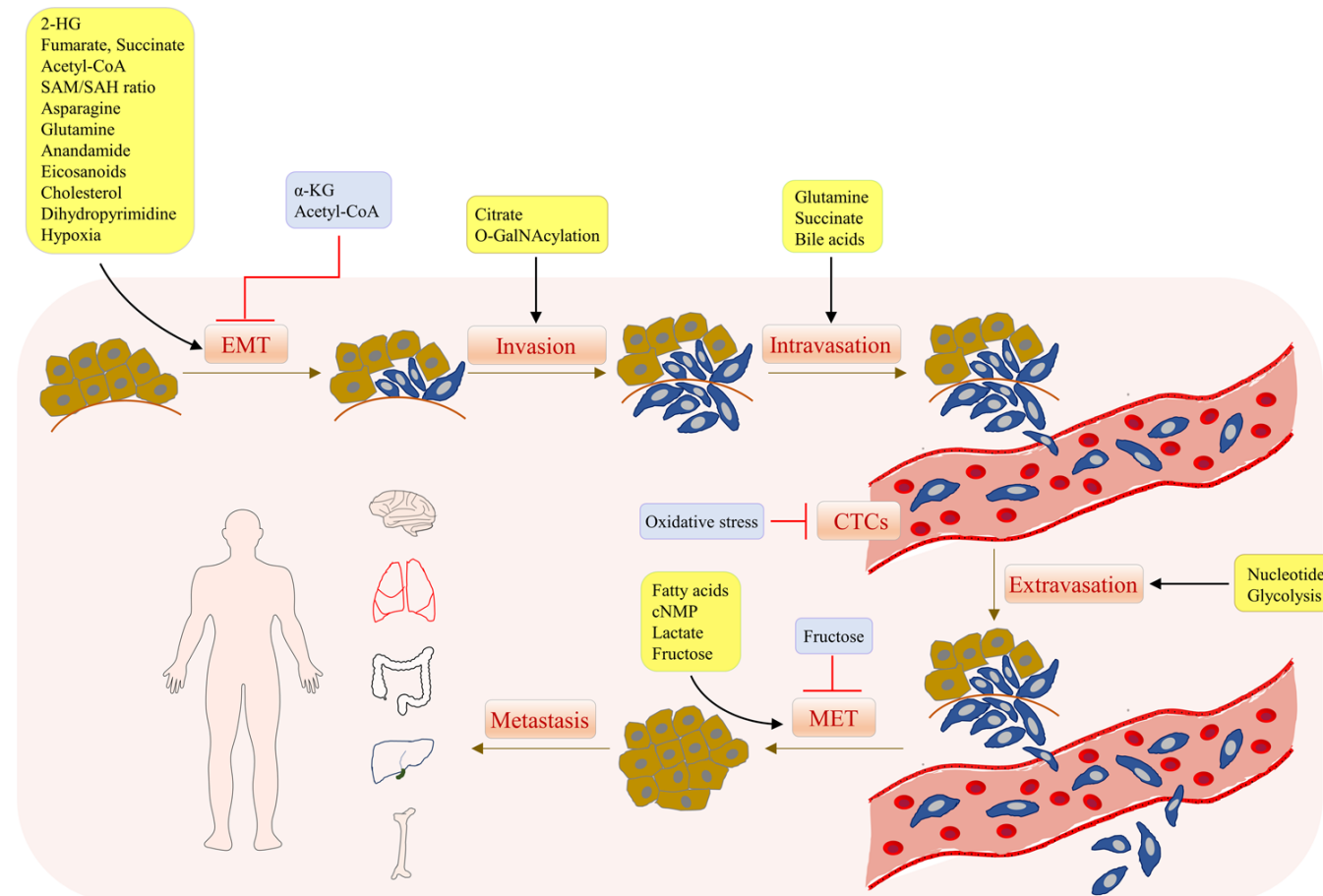
Cancer cells employ several strategies to overcome nutrient/oxygen limitations:

- Macropinocytosis (scavenging of free floating proteins)
- Digestion of ECM and uptake of AAs
- Symbiosis with CAFs (alanine, lipids)
- Symbiosis among metabolically heterogeneous cancer cells
- Metabolic waste (lactate, urea, others??) recycling

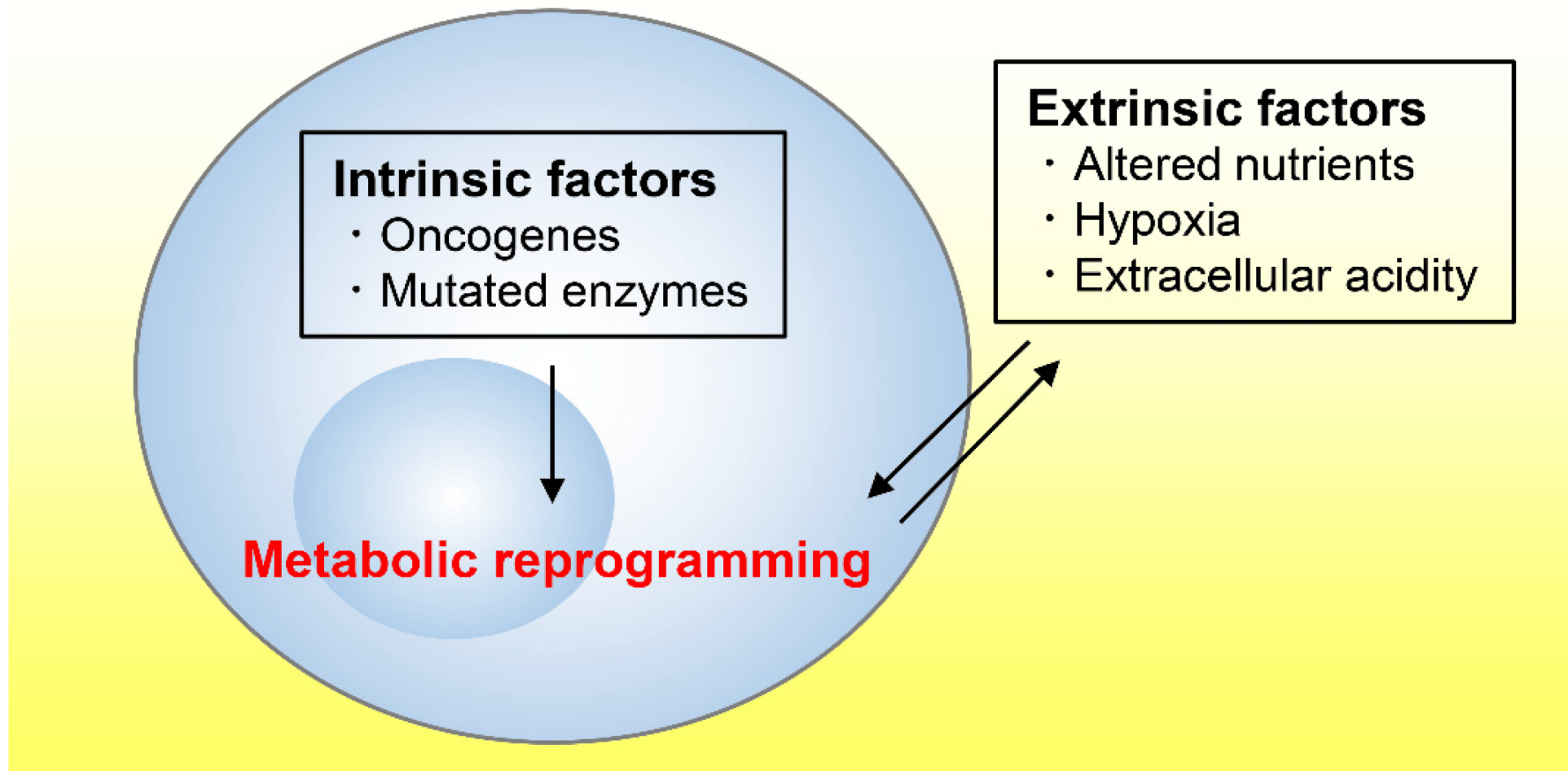
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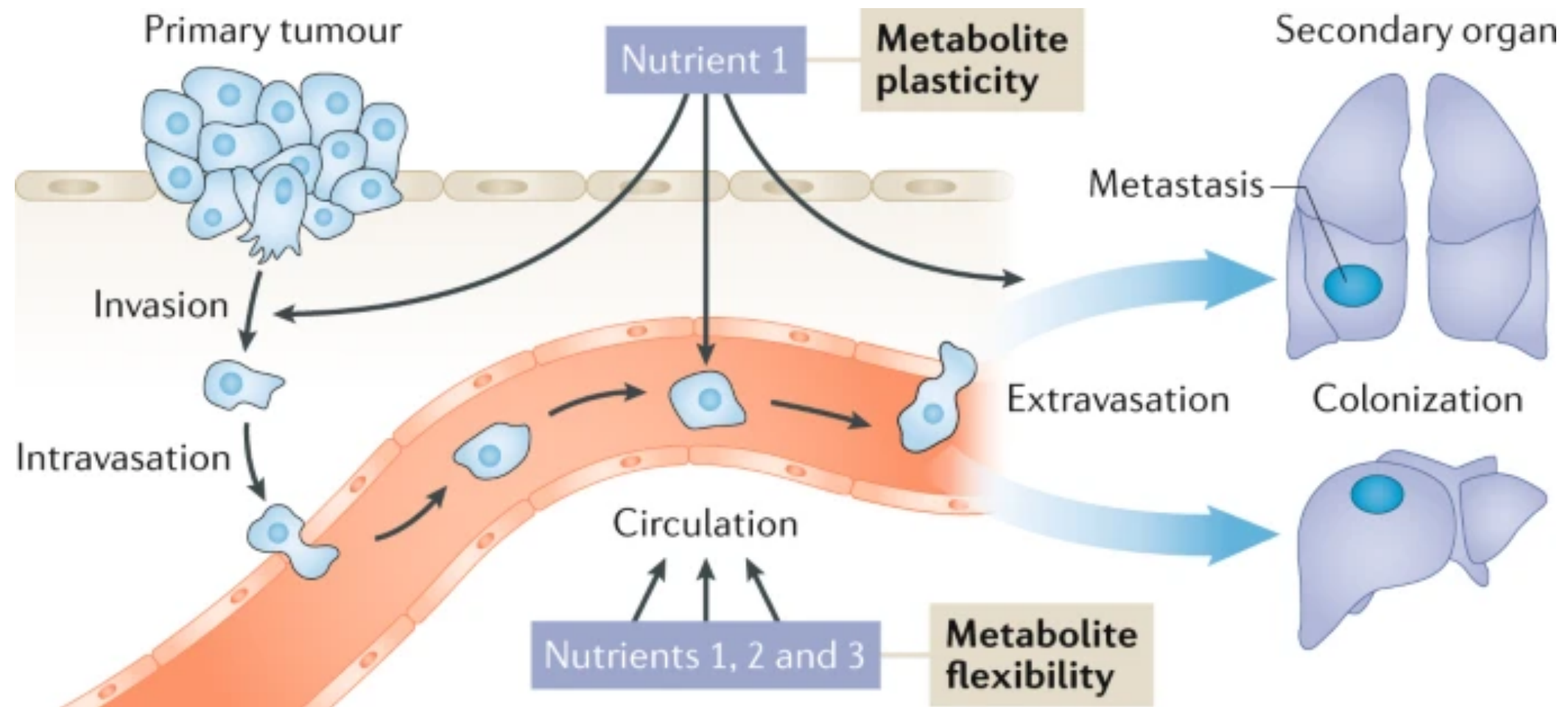
Metabolism is reprogrammed to support spreading

Metastasis formation is a multistep process that requires cancer cells to dynamically change their phenotype. The early metastatic steps include invasion into the surrounding tissue and dissemination via the blood and lymphatic circulation to distant organs. Once the cancer cells have settled outside the primary tumor, they have to colonize and outgrow in the new organ. In recent years, it has emerged that alterations in metabolism are a prerequisite for the early and later steps of metastasis formation because metabolism responds to but also enables the plasticity and heterogeneity of metastasizing cancer cells.



Both mutated oncogenes and changing environments force cells to acquire new metabolic features, which influence cell behavior.

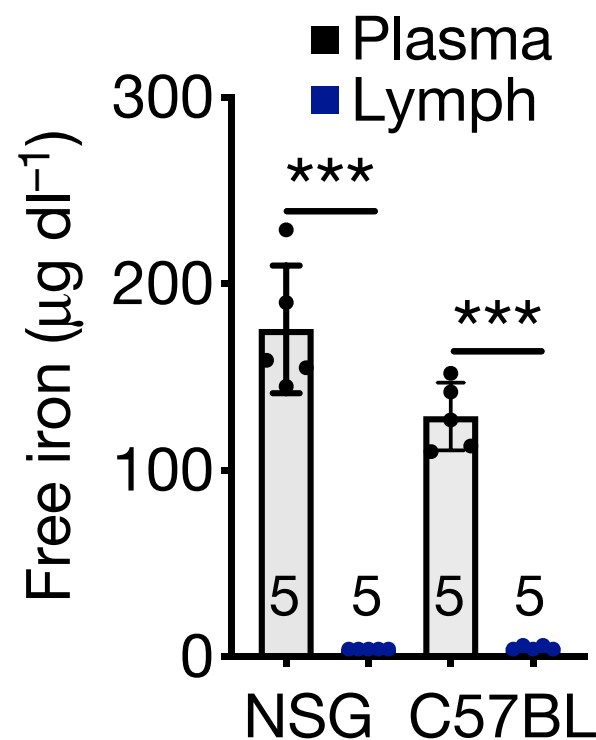
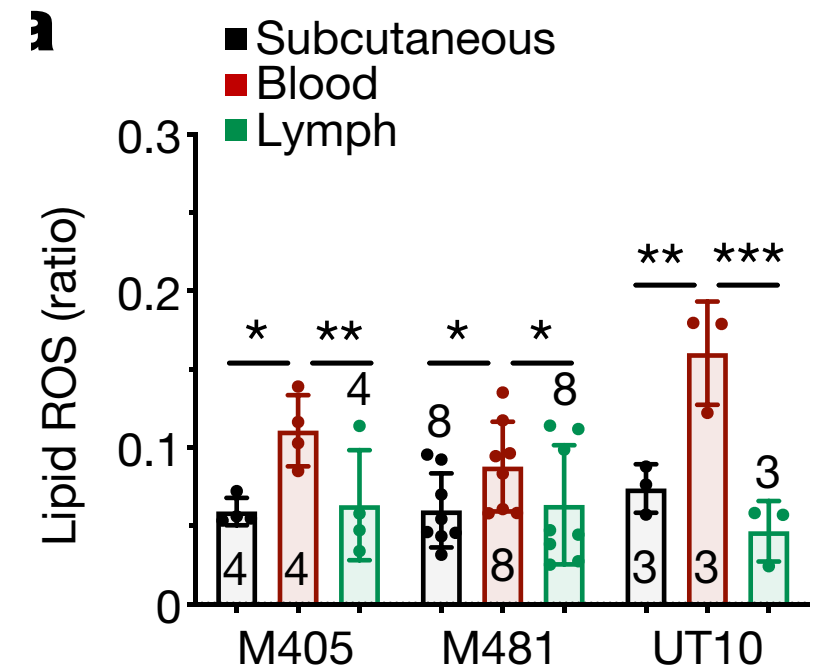
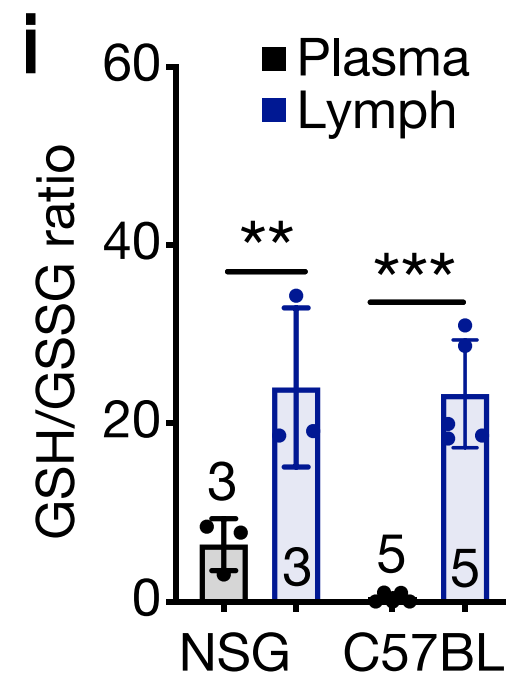
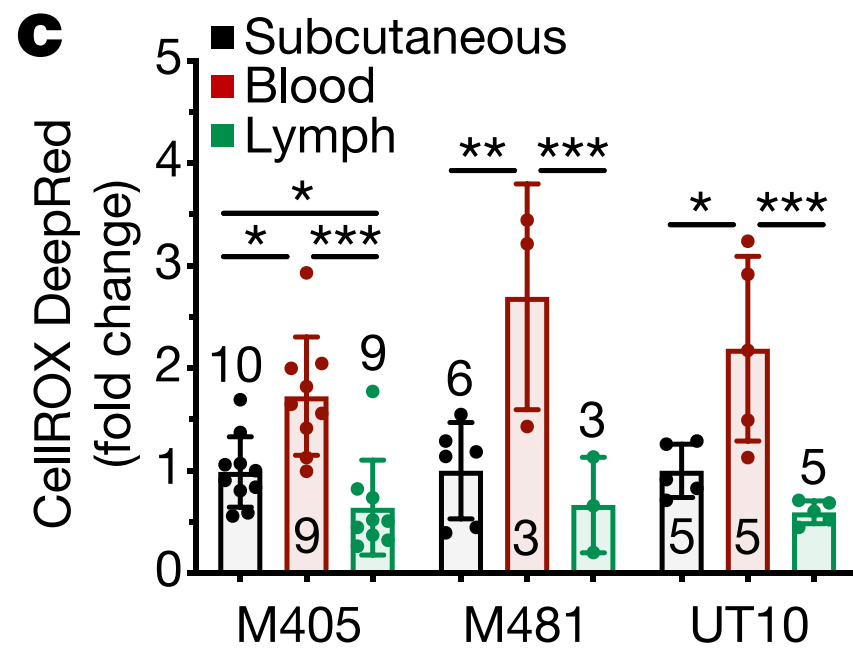




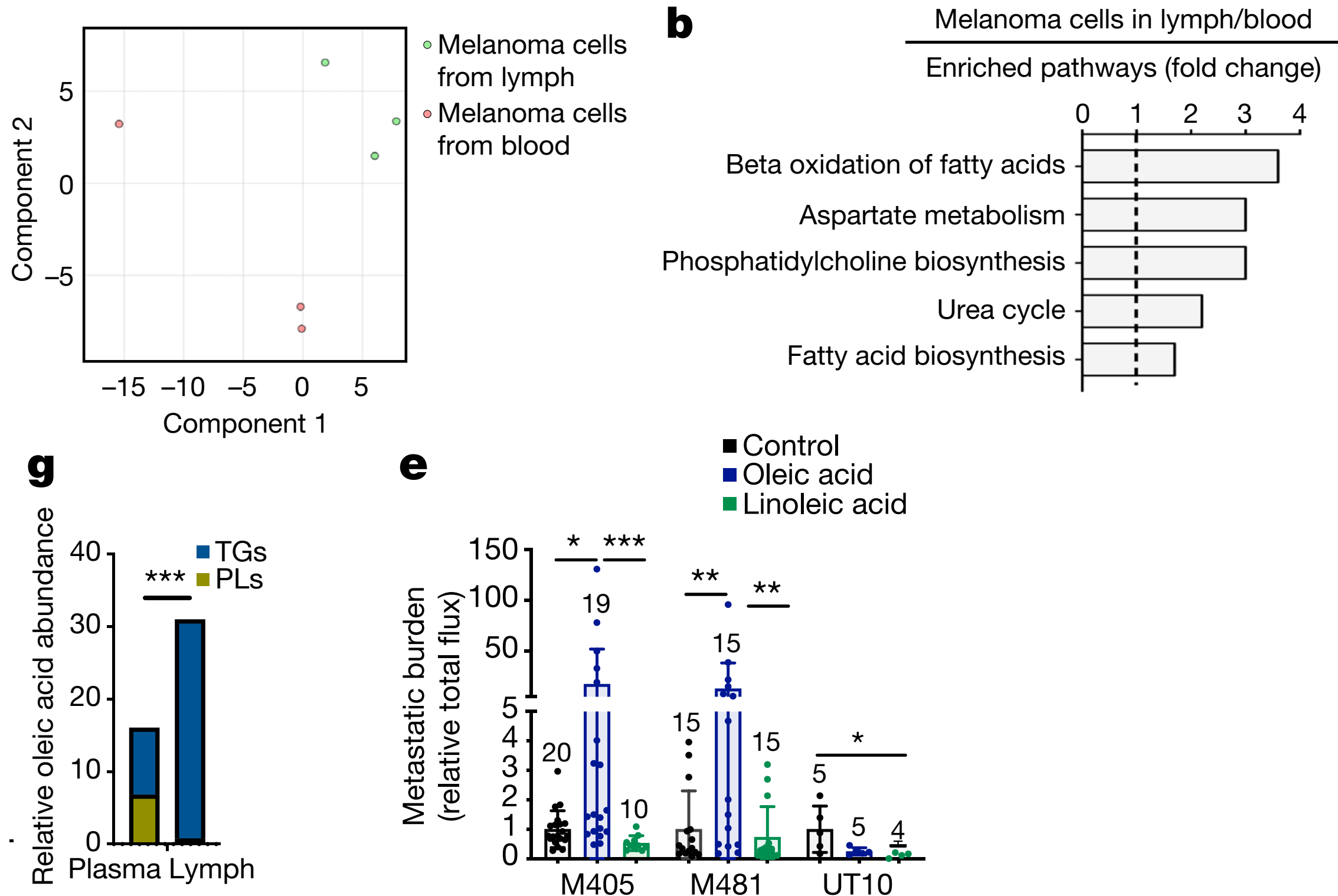
Metastasizing cells undergo dynamic metabolic changes to adjust to the differing microenvironments while traveling to distant organs. Thereby, metastasizing cells can exhibit metabolic plasticity in which they use one metabolite to fuel the various metabolic requirements of the different steps in the metastatic cascade.

Alternatively, they can display nutrient flexibility by using multiple metabolites to meet the same metabolic requirement imposed by a specific step of the metastatic cascade. In cancer cells, both phenomena, metabolic plasticity and metabolic flexibility, contribute to metastasis formation and may be targeted for therapy.

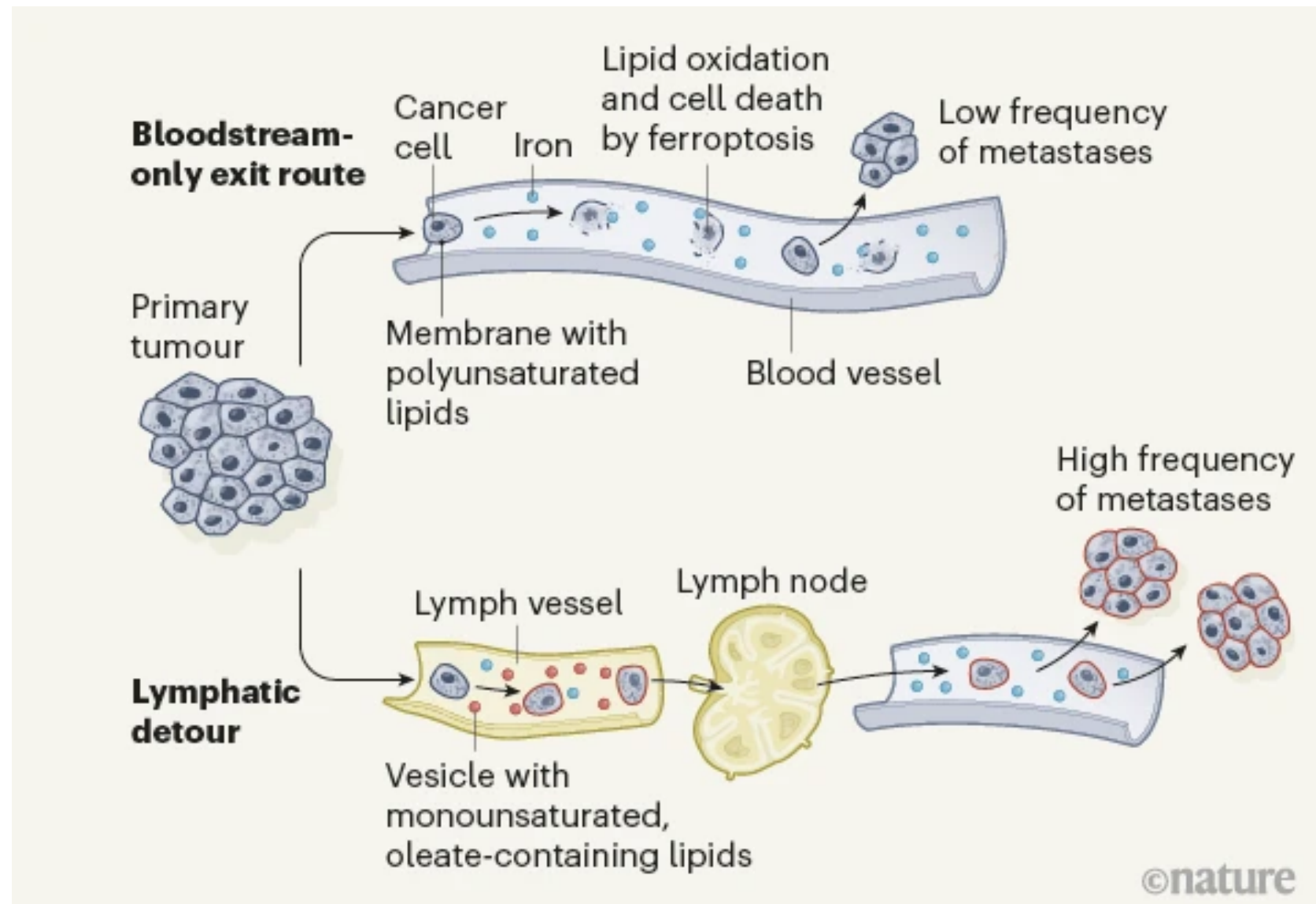
Lymph protects metastasizing melanoma cells from ferroptosis



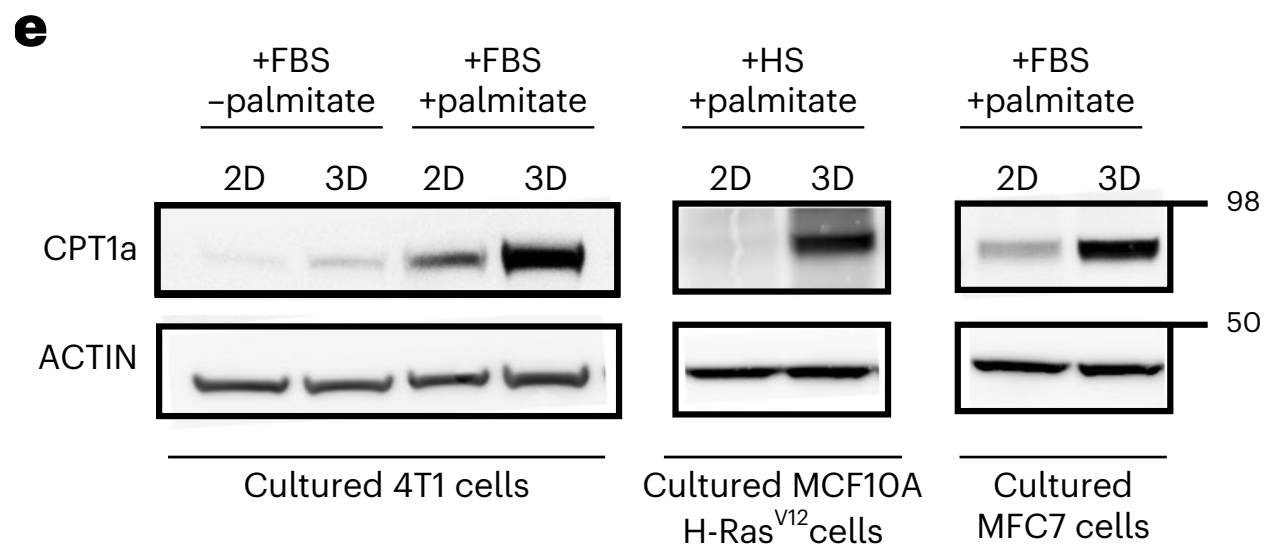
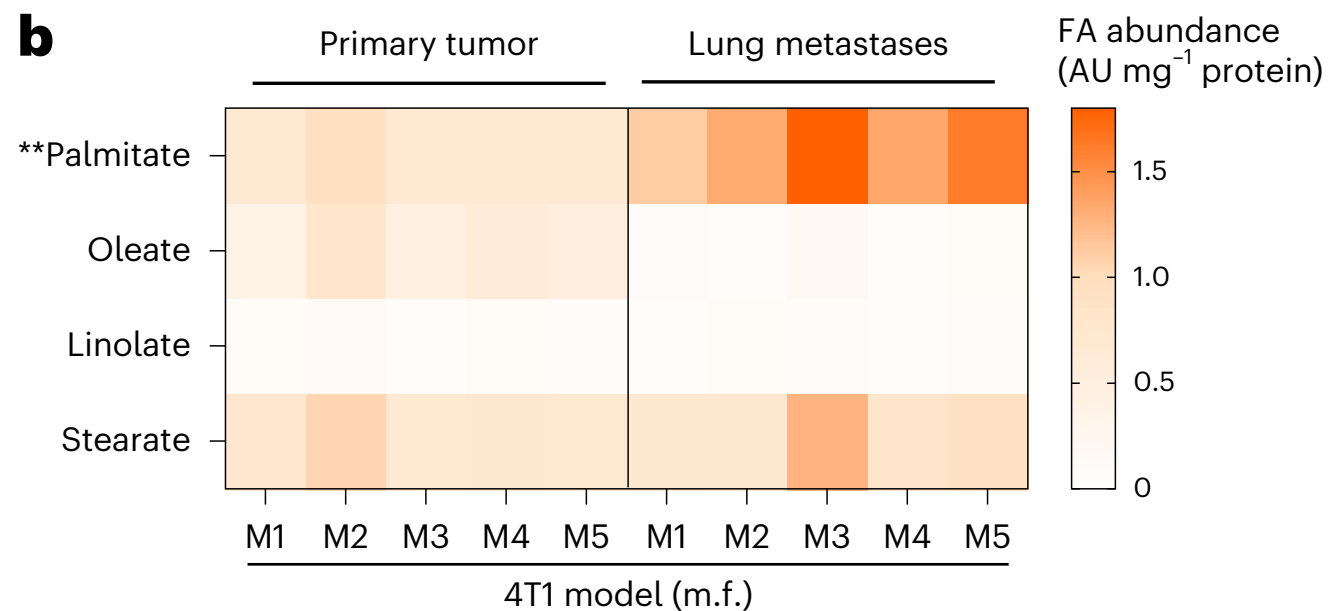
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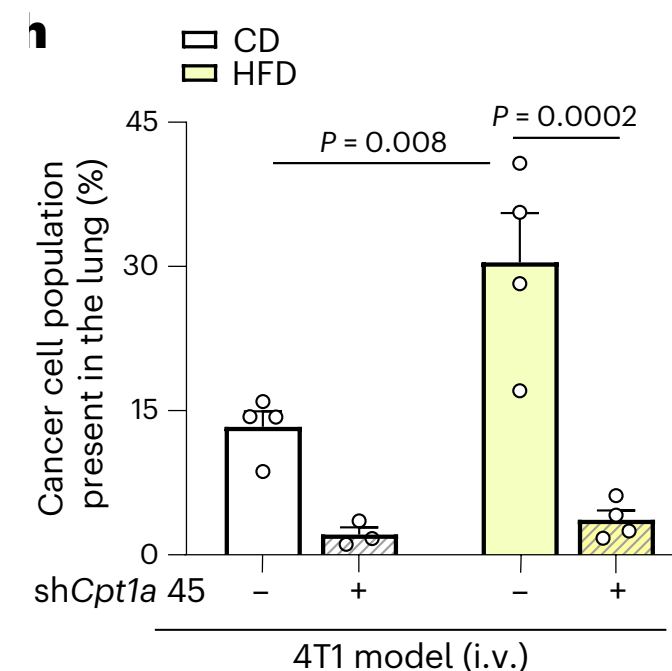
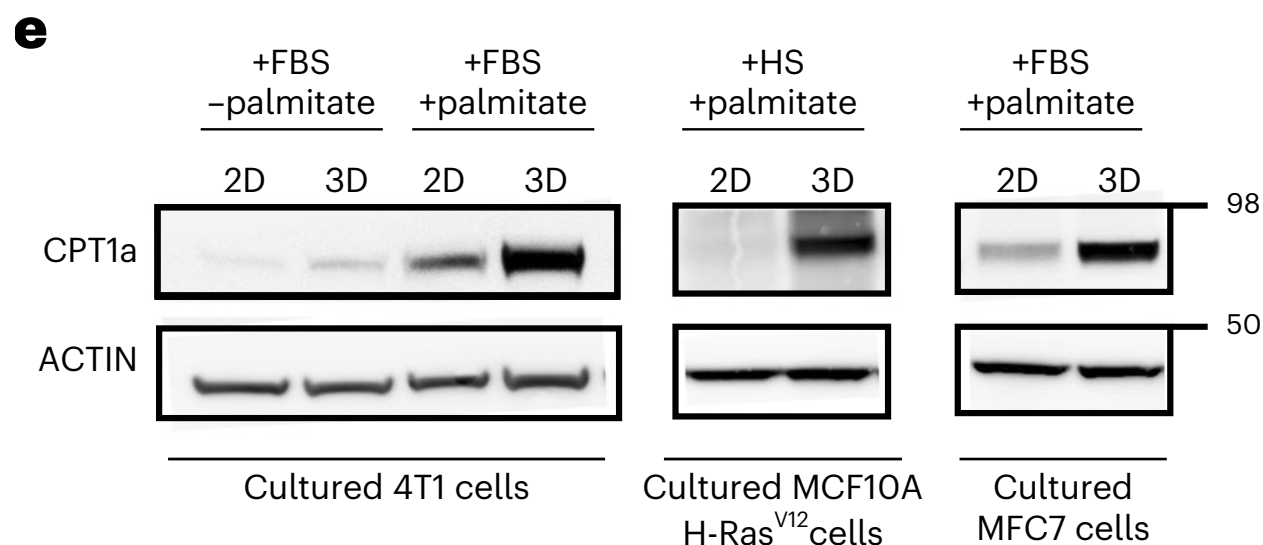
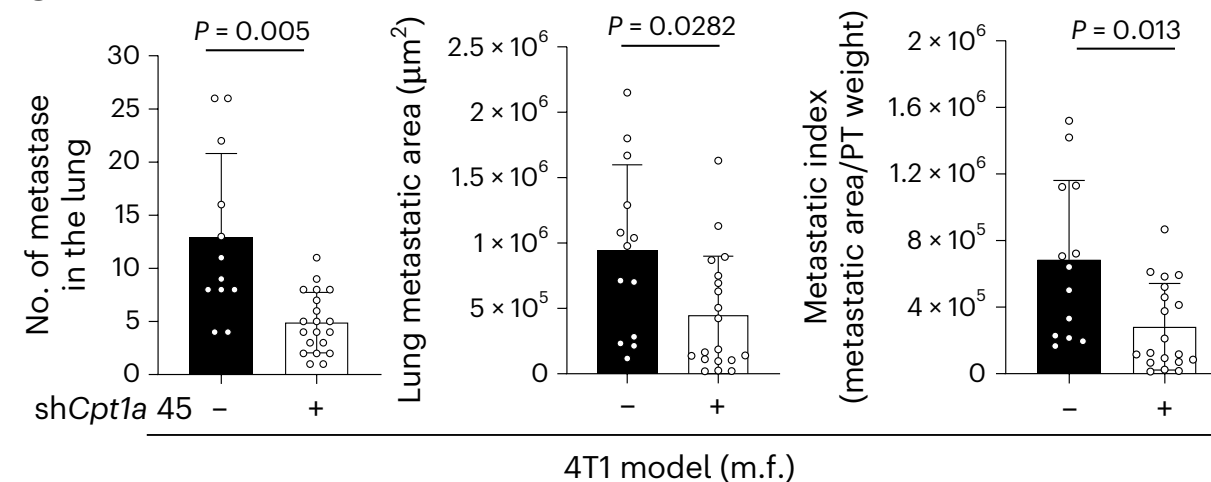
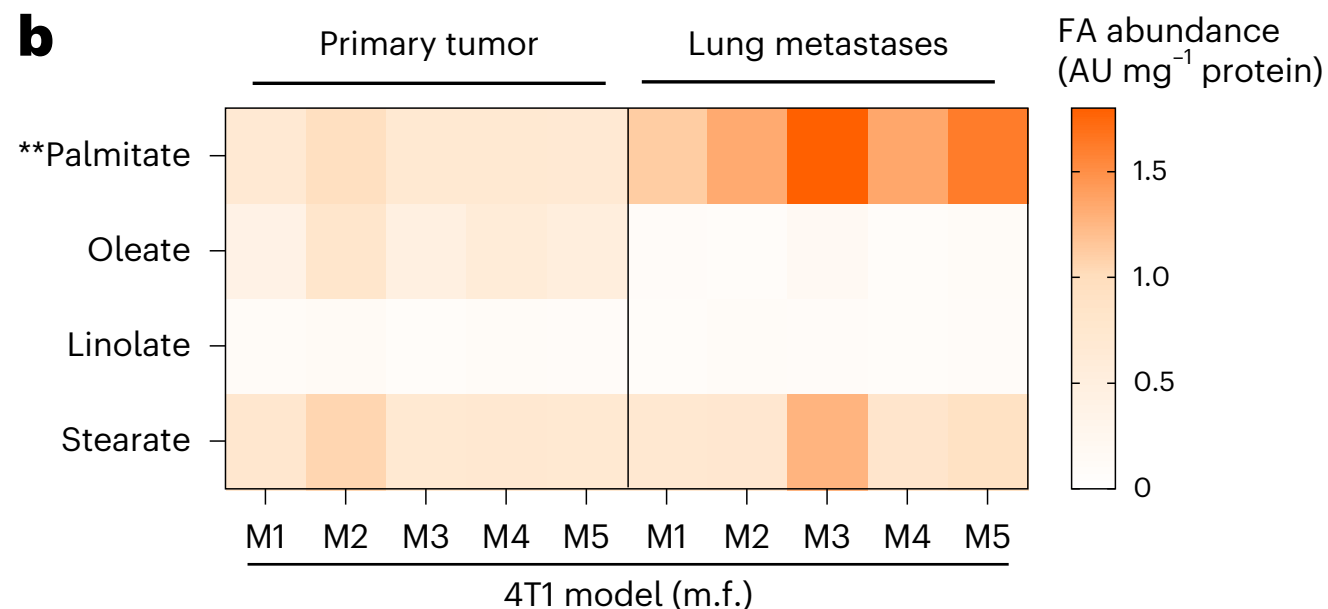
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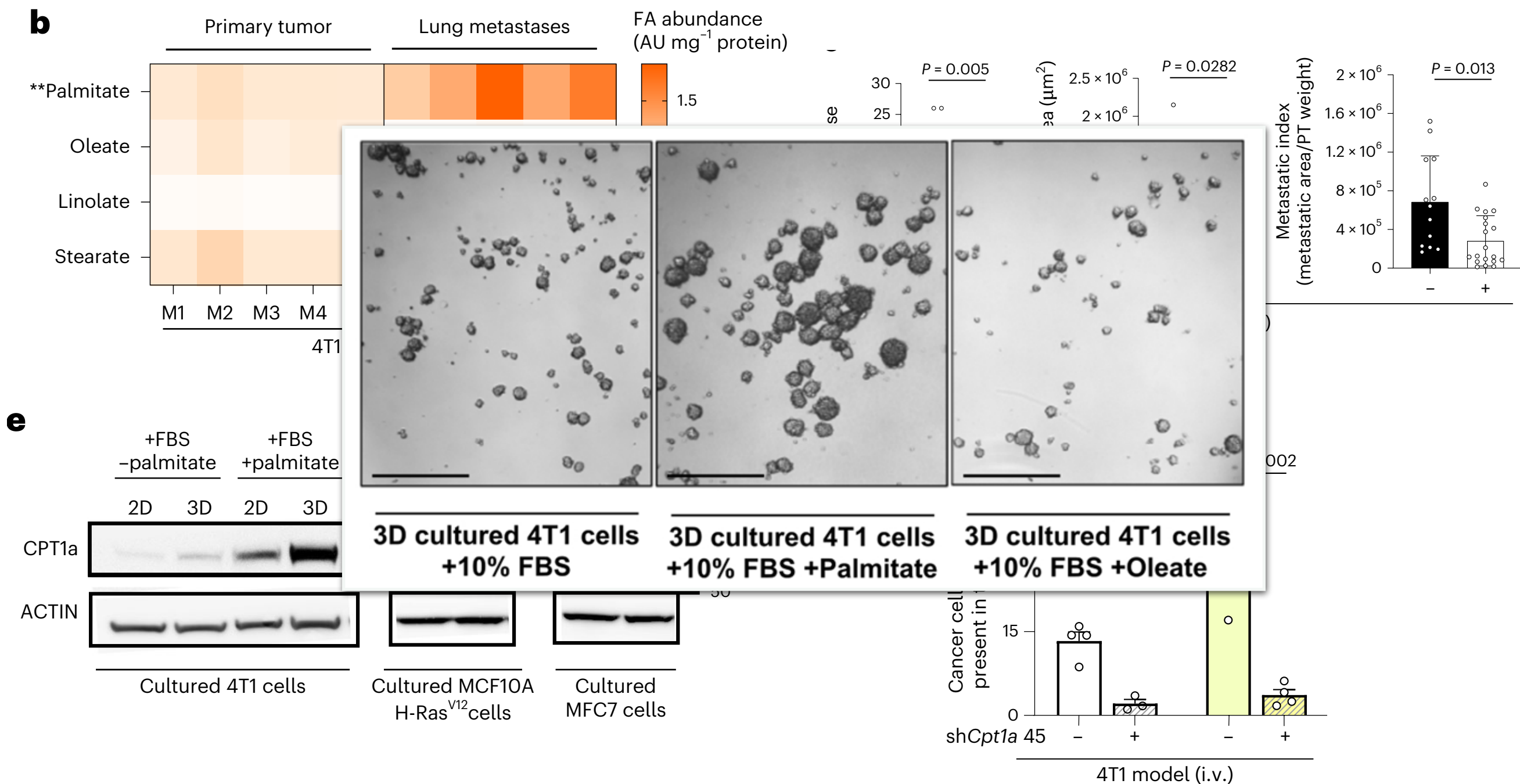
A palmitate-rich metastatic niche enables metastasis growth via p65 acetylation resulting in pro-metastatic NF- κ B signaling



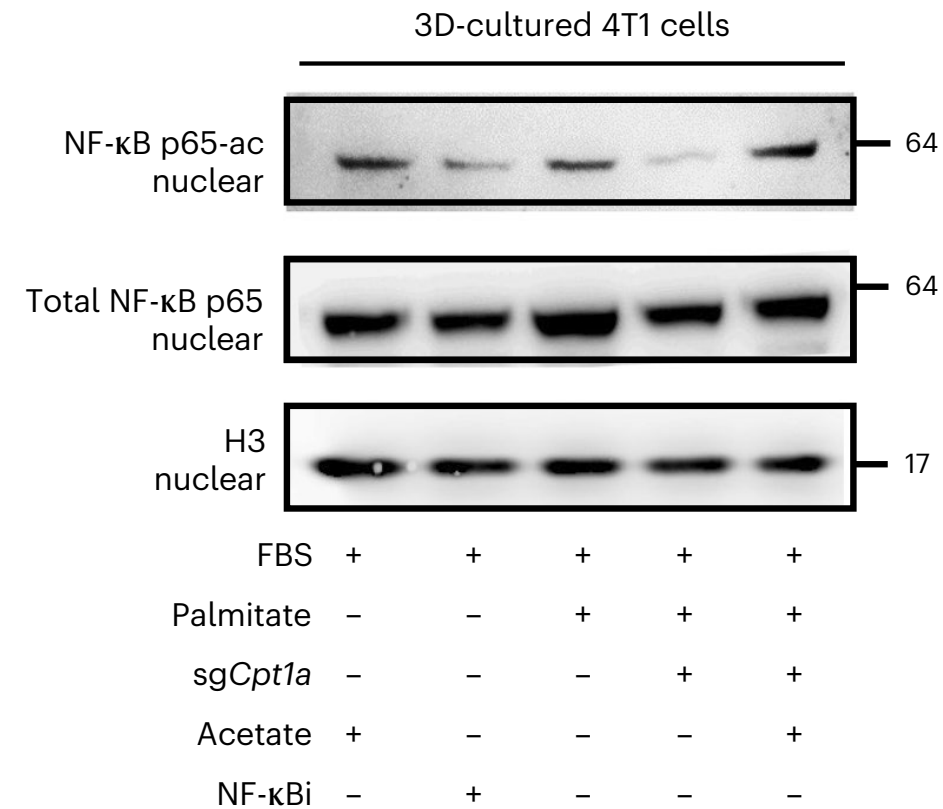
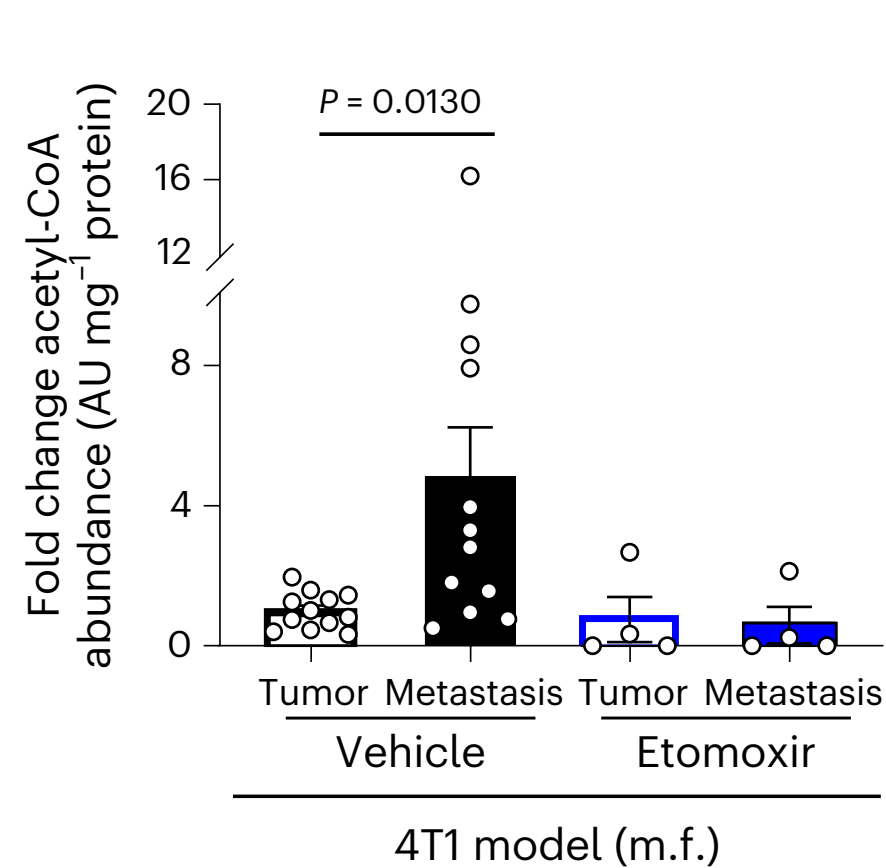
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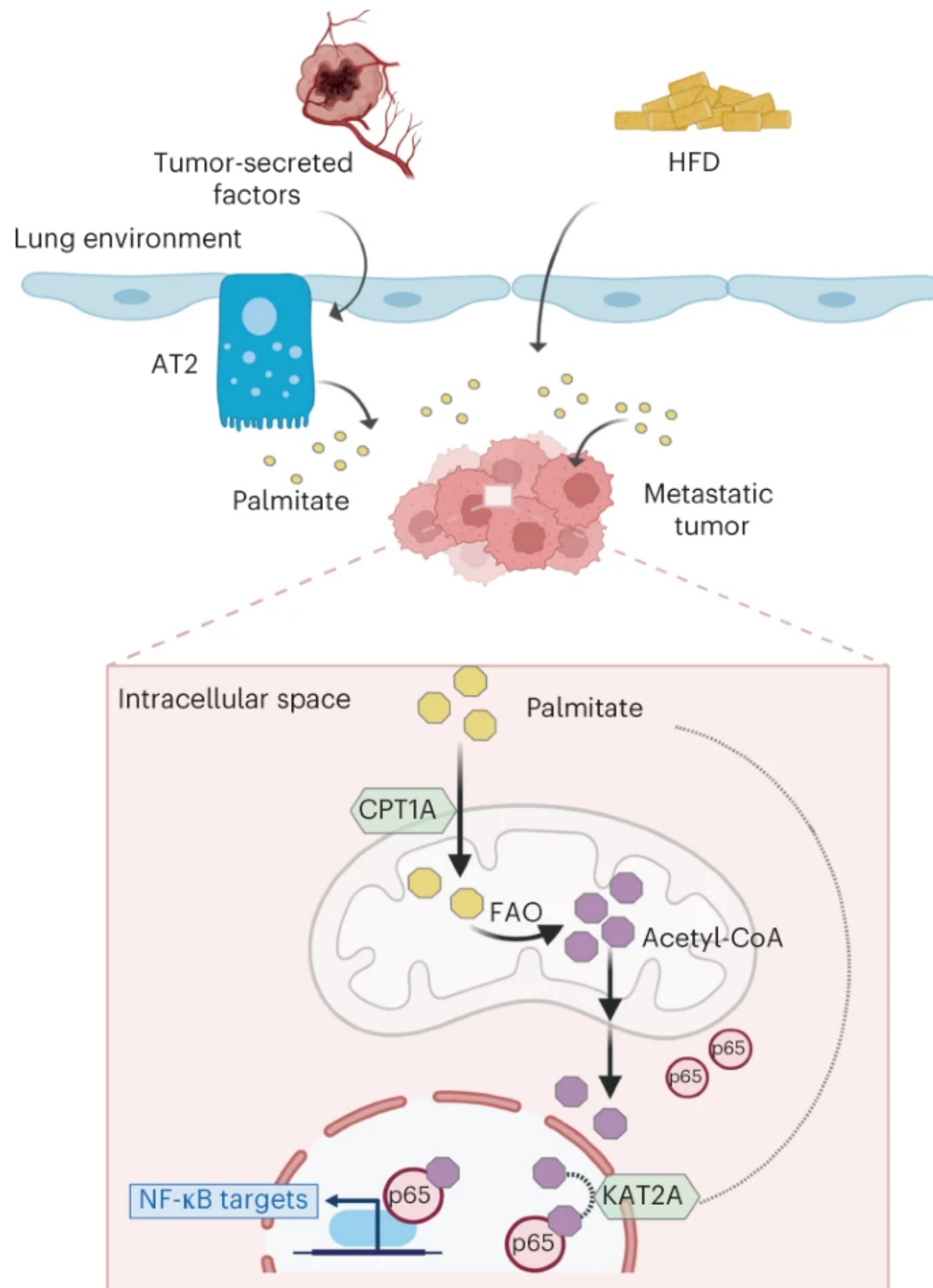


A palmitate-rich metastatic niche enables metastasis growth via p65 acetylation resulting in pro-metastatic NF- κ B signaling

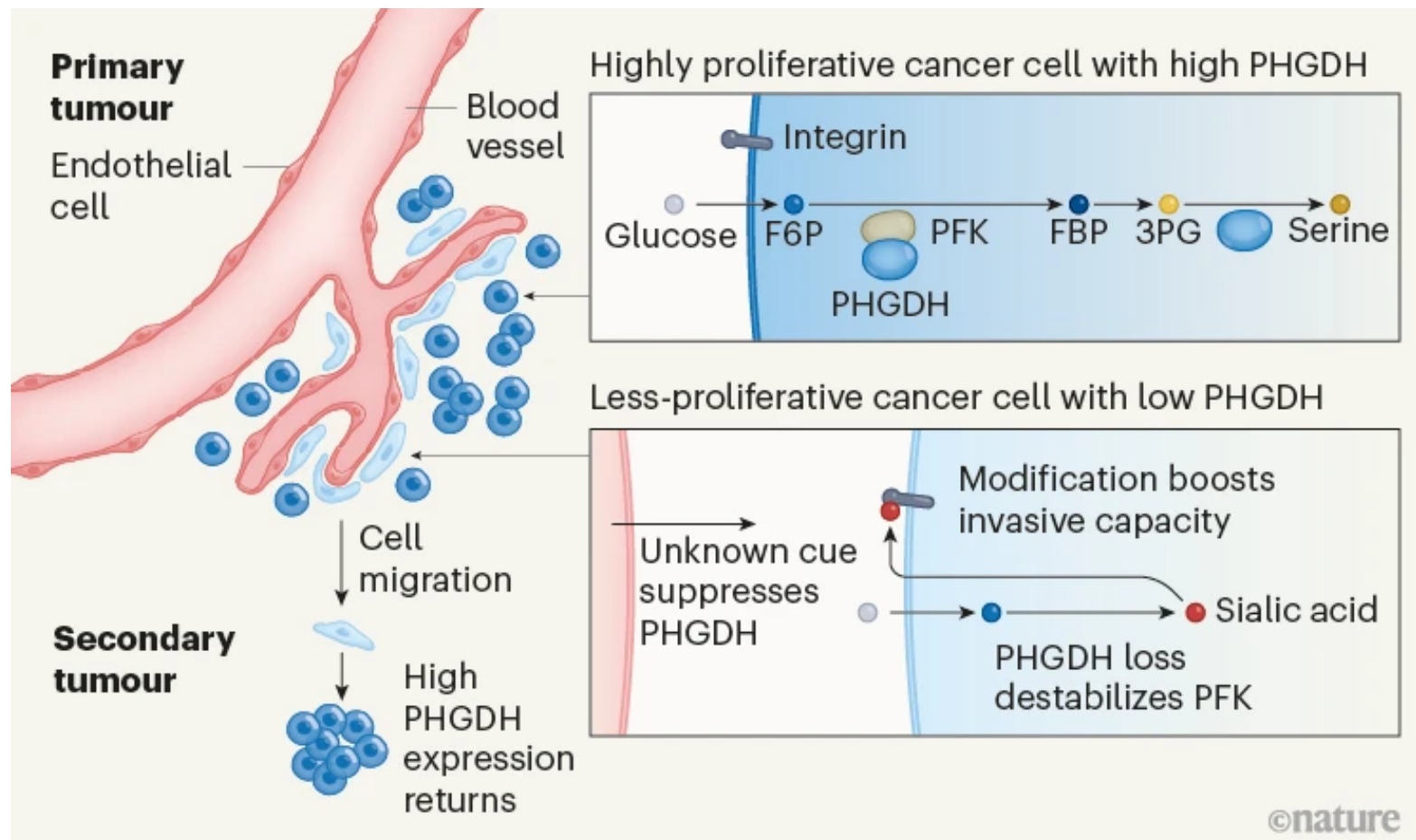


A palmitate-rich metastatic niche enables metastasis growth via p65 acetylation resulting in pro-metastatic NF-κB signaling





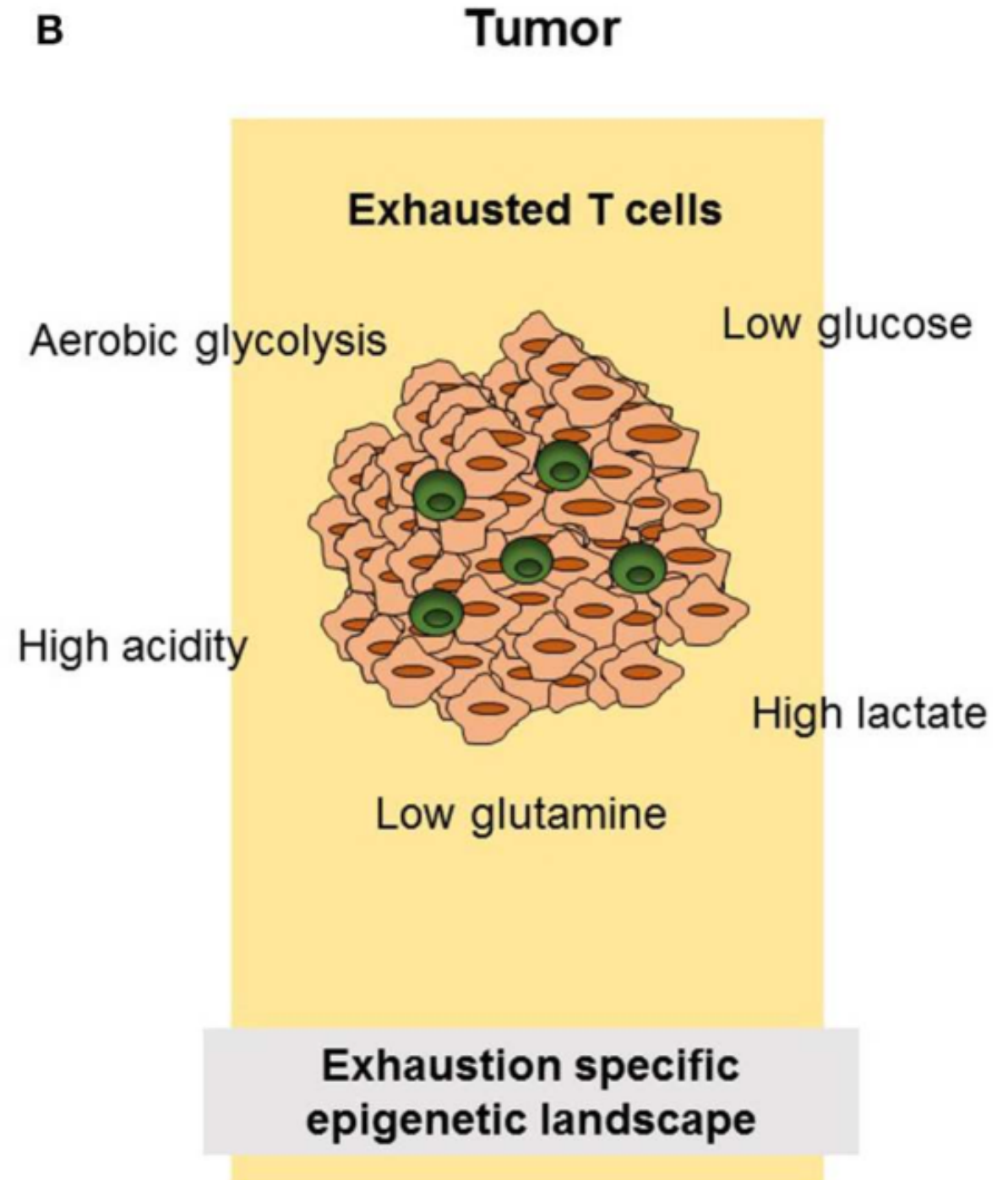
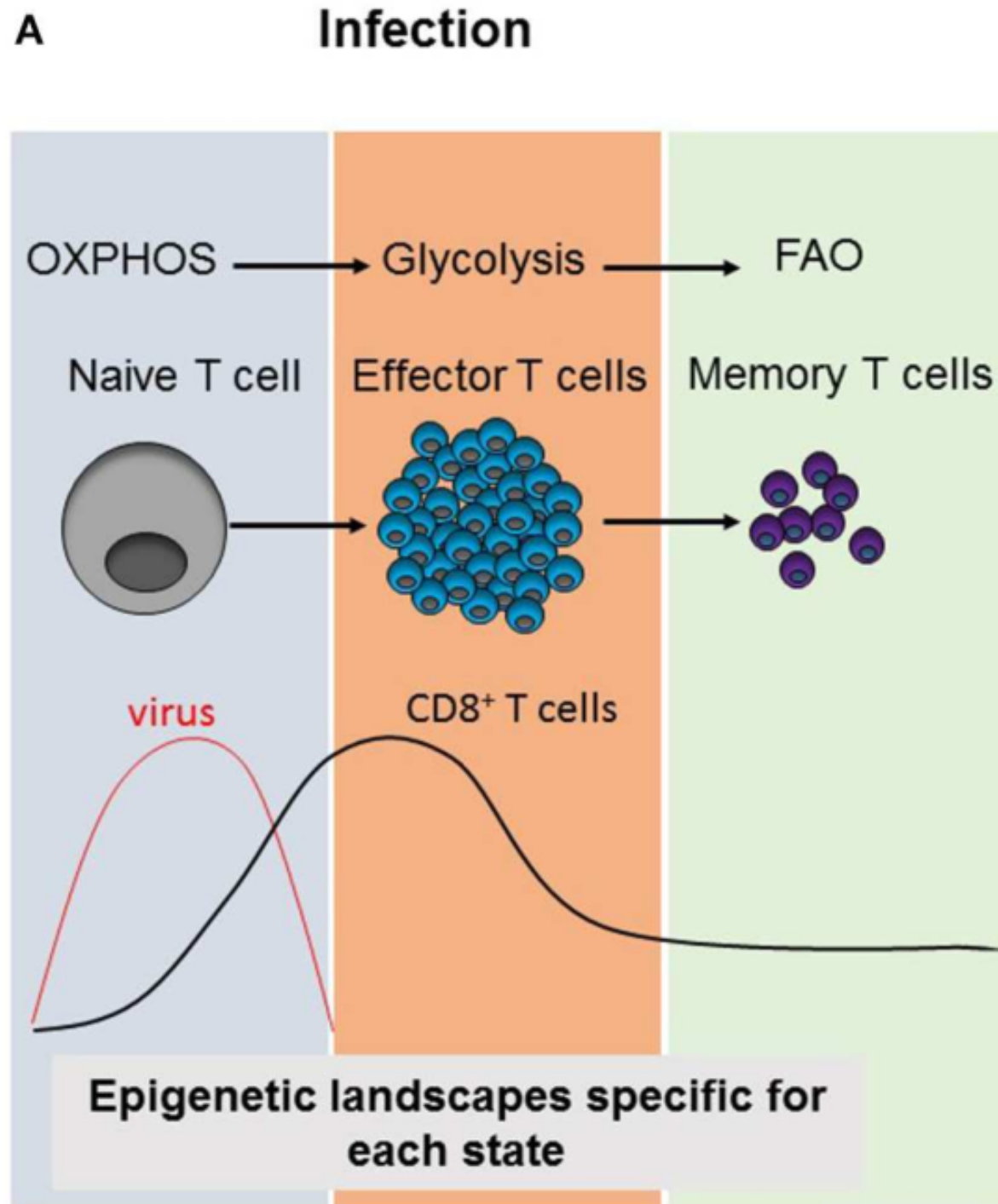
PHGDH heterogeneity potentiates cancer cell dissemination and metastasis



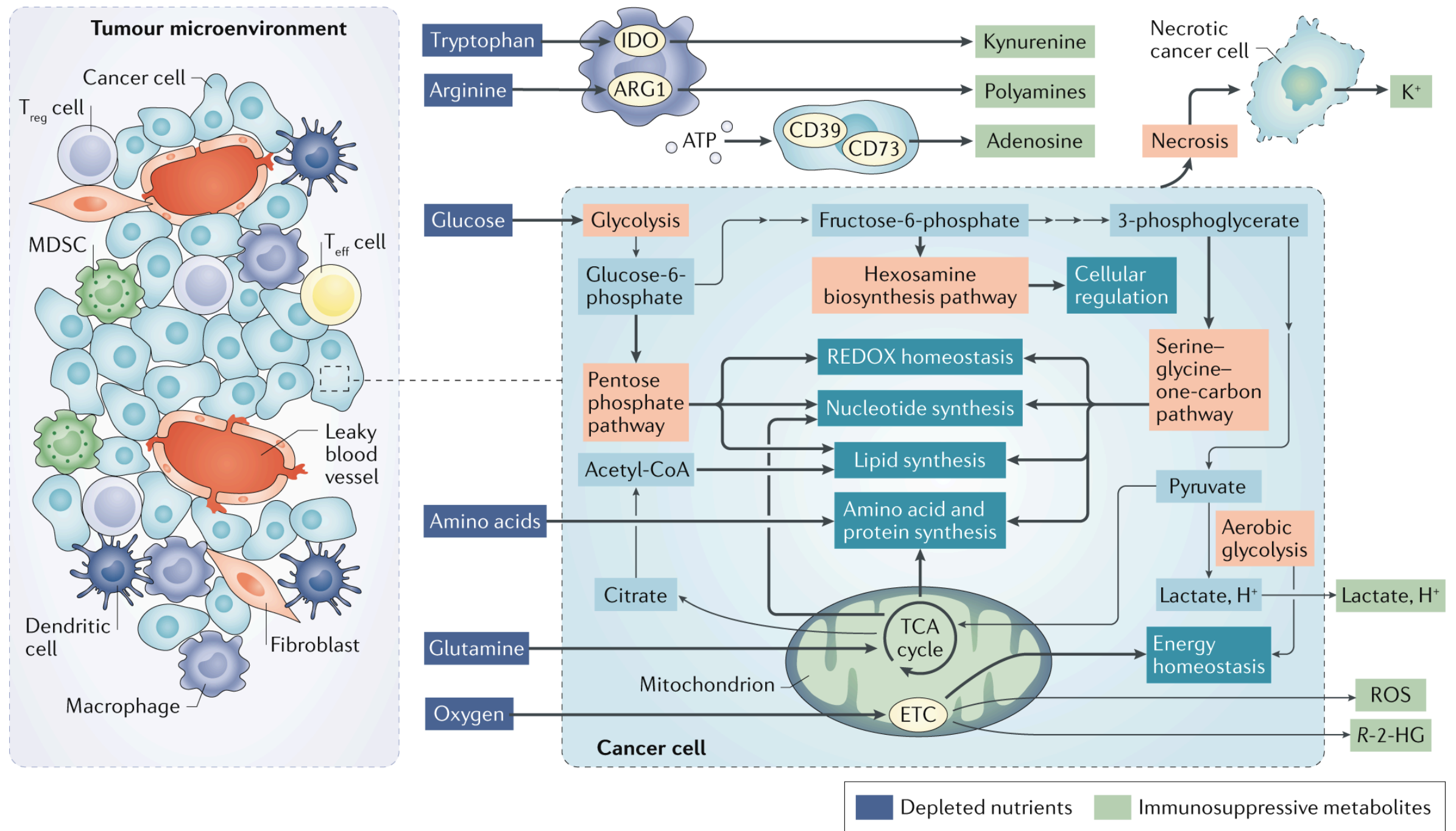
- Primary tumors upregulate Ser/Gly synthesis pathway to support growth/proliferation
- Endothelial cells suppress PHGDH (rate limiting enzyme).
- PHGDH^{low} clones spread
- Lower Ser/Gly synthesis promotes extravasation by increasing *integrin* sialylation
- Metastasis re-activate Ser/Gly synthesis pathway to support metastatization (non-catalytical roles)

5

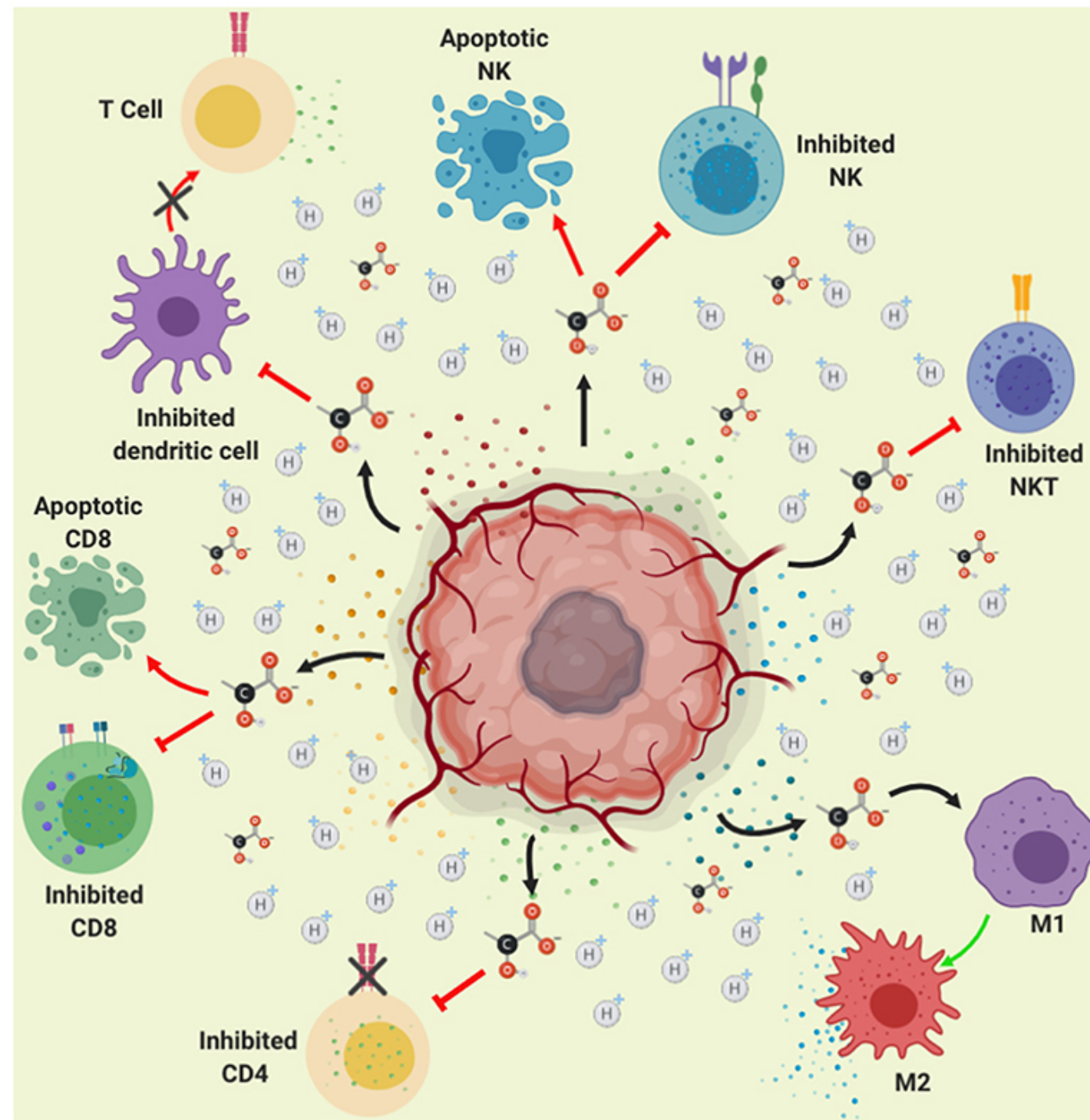
Metabolism is reprogrammed to support immune evasion



Tumor cells dictate a immunosuppressive TME

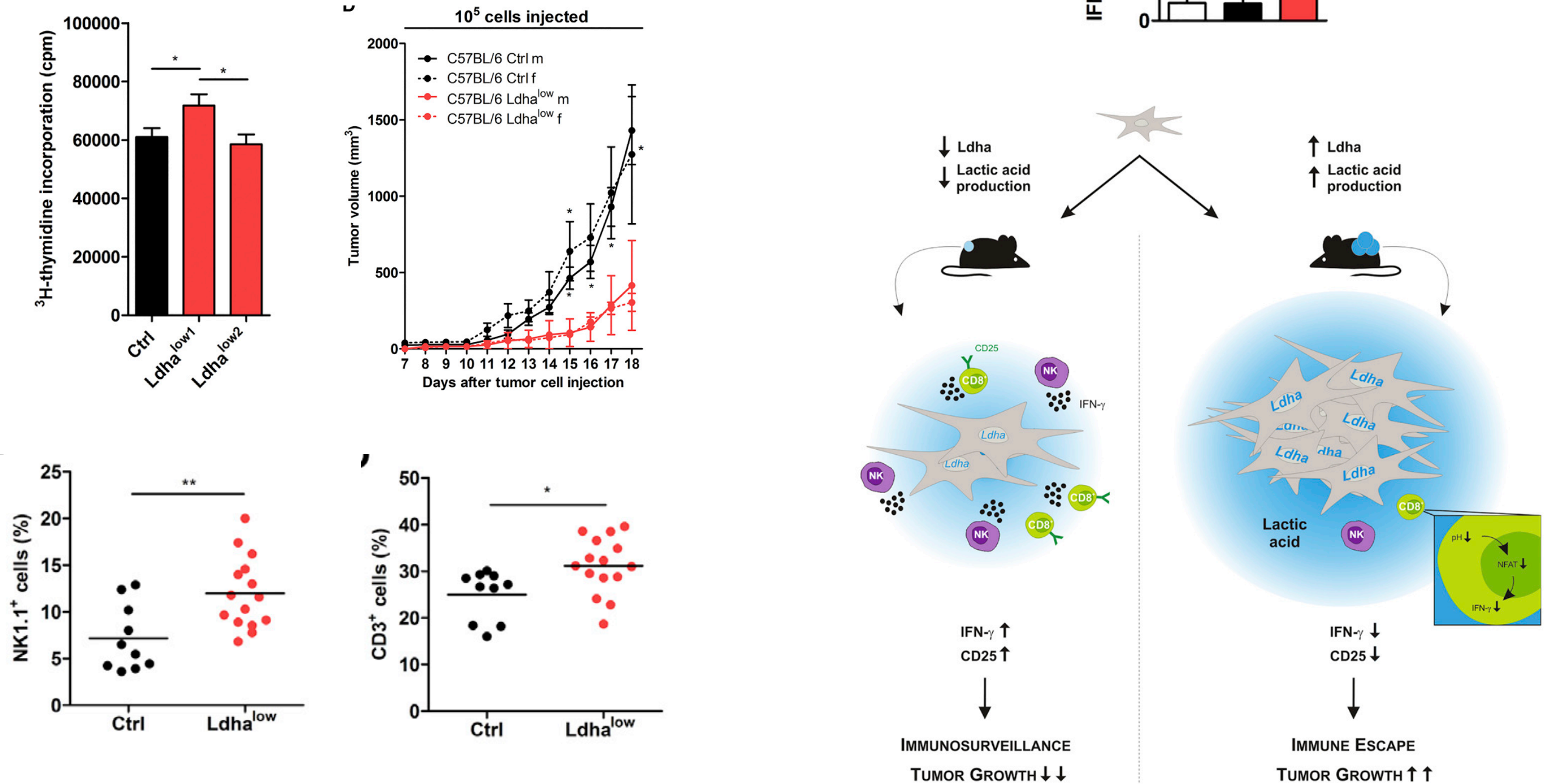


Lactate creates a immunosuppressive tumor microenvironment

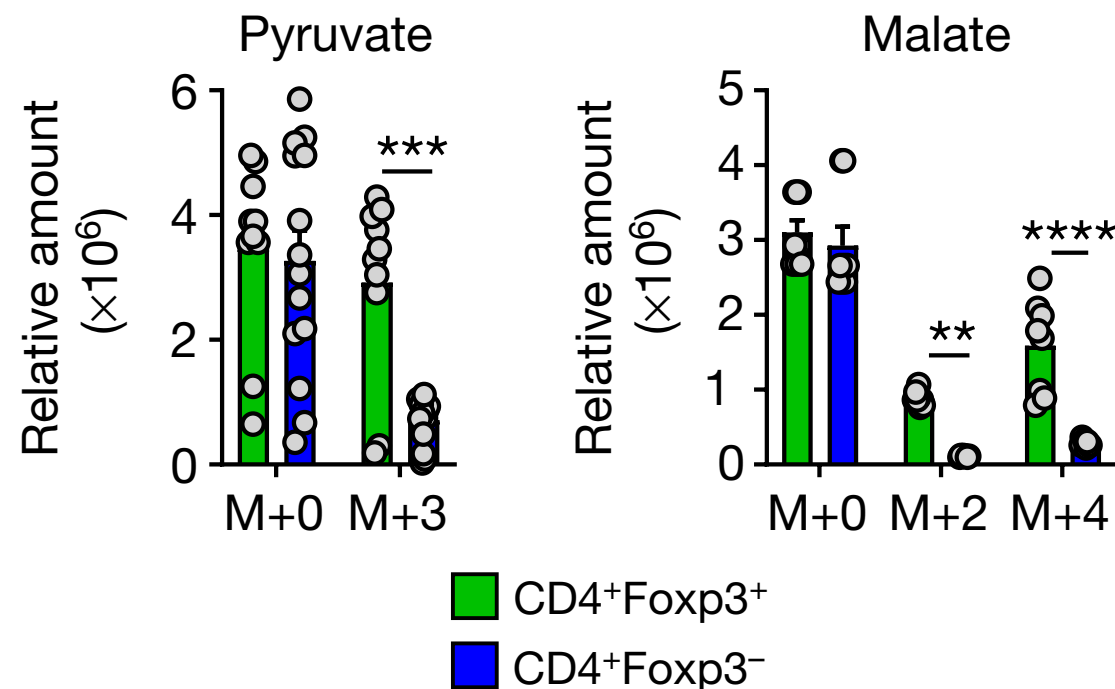
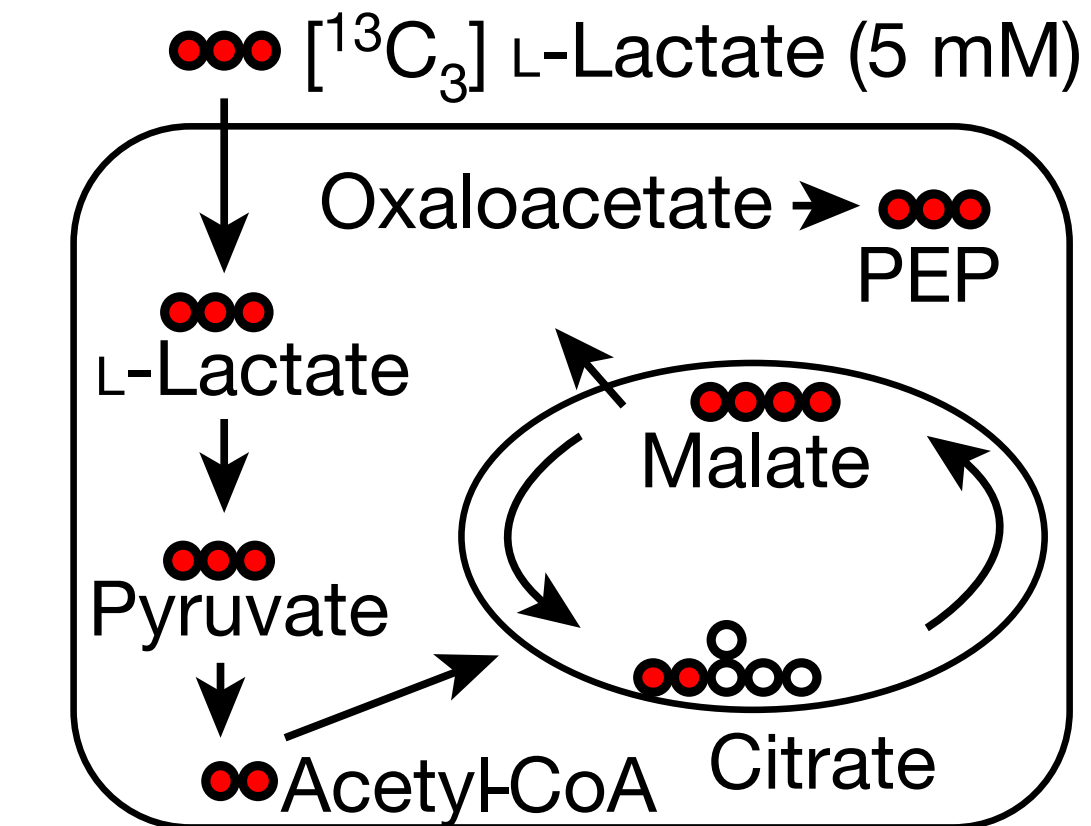


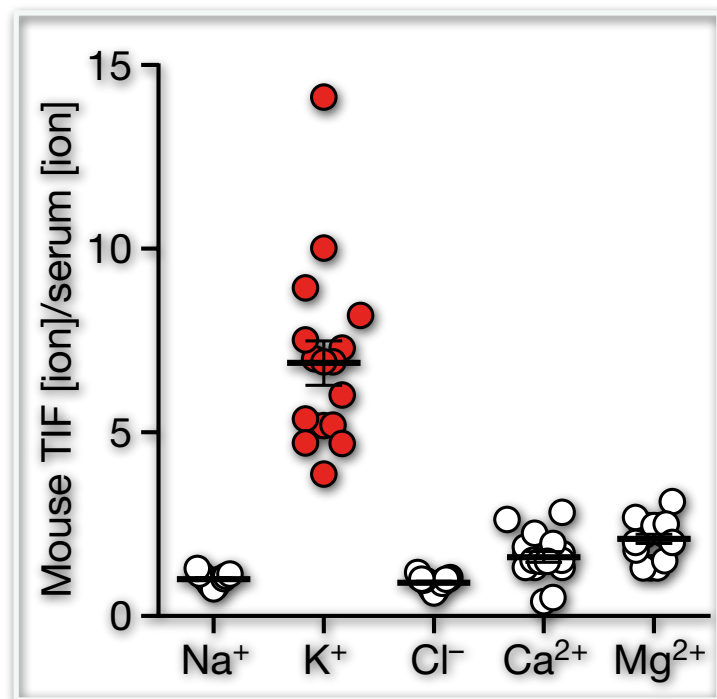
LDHA-Associated Lactic Acid Production Blunts Tumor Immunosurveillance by T and NK Cells

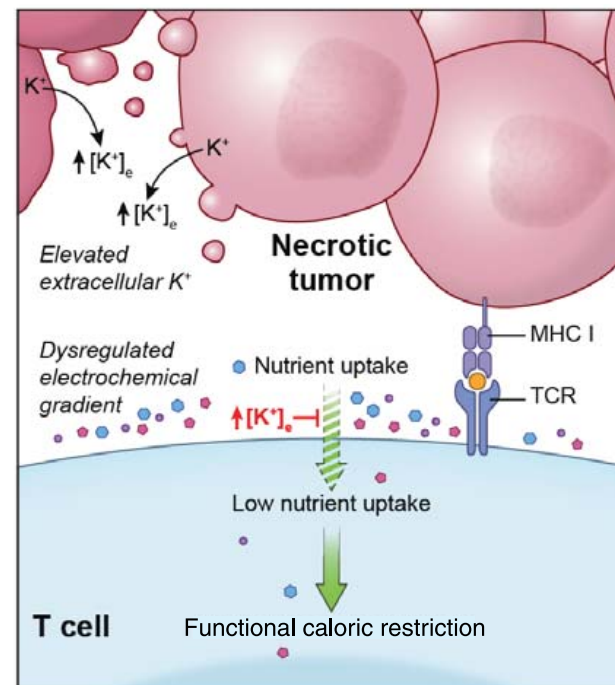
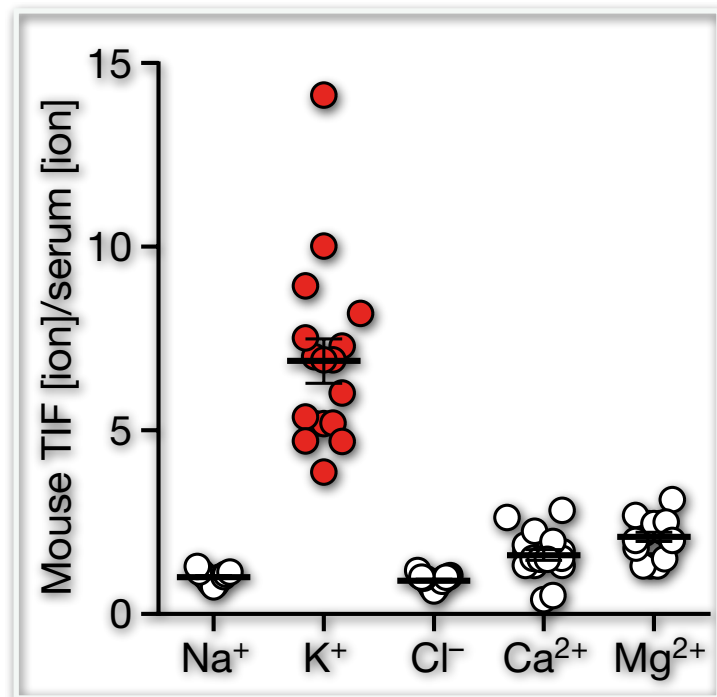
Almut Brand,¹ Katrin Singer,¹ Gudrun E. Koehl,² Marlene Kolitzus,¹ Gabriele Schoenhammer,¹ Annette Thiel,¹ Carina Matos,¹ Christina Bruss,¹ Sebastian Klobuch,¹ Katrin Peter,^{1,3} Michael Kastenberger,¹ Christian Bogdan,⁴ Ulrike Schleicher,⁴ Andreas Mackensen,⁵ Evelyn Ullrich,^{5,6} Stefan Fichtner-Feigl,^{2,3} Rebecca Kesselring,² Matthias Mack,^{3,7} Uwe Ritter,⁸ Maximilian Schmid,^{1,8} Christian Blank,⁹ Katja Dettmer,¹⁰ Peter J. Oefner,¹⁰ Petra Hoffmann,^{1,3} Stefan Walenta,¹¹ Edward K. Geissler,² Jacques Pouyssegur,^{12,13} Andreas Villunger,^{14,15} André Steven,¹⁶ Barbara Seliger,¹⁶ Stephan Schreml,¹⁷ Sebastian Haferkamp,¹⁷ Elisabeth Kohl,¹⁷ Sigrid Karrer,¹⁷ Mark Berneburg,¹⁷ Wolfgang Herr,¹ Wolfgang Mueller-Klieser,¹¹ Kathrin Renner,^{1,3} and Marina Kreutz^{1,3,18,*}

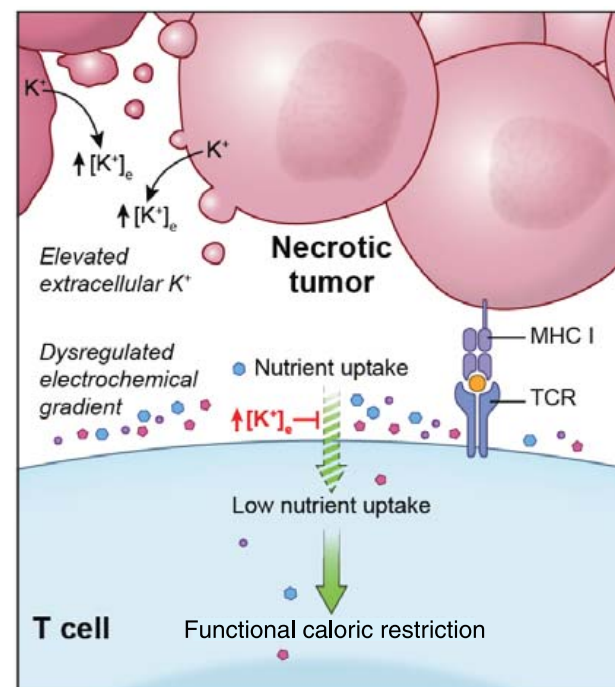
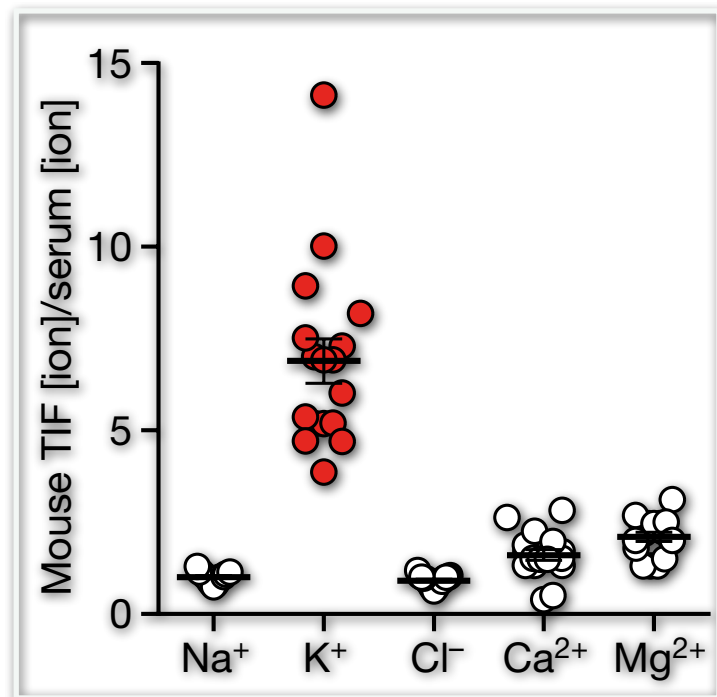


Lactate is actively metabolized by immune cells (T lympho)

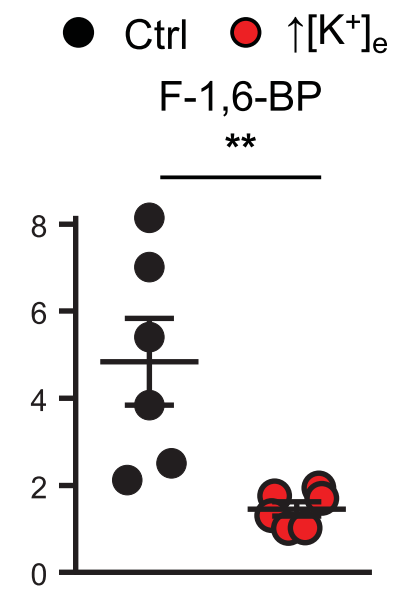
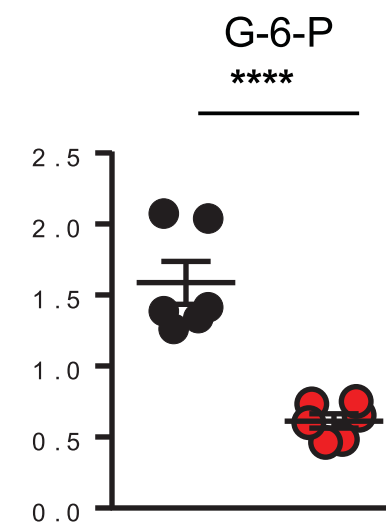


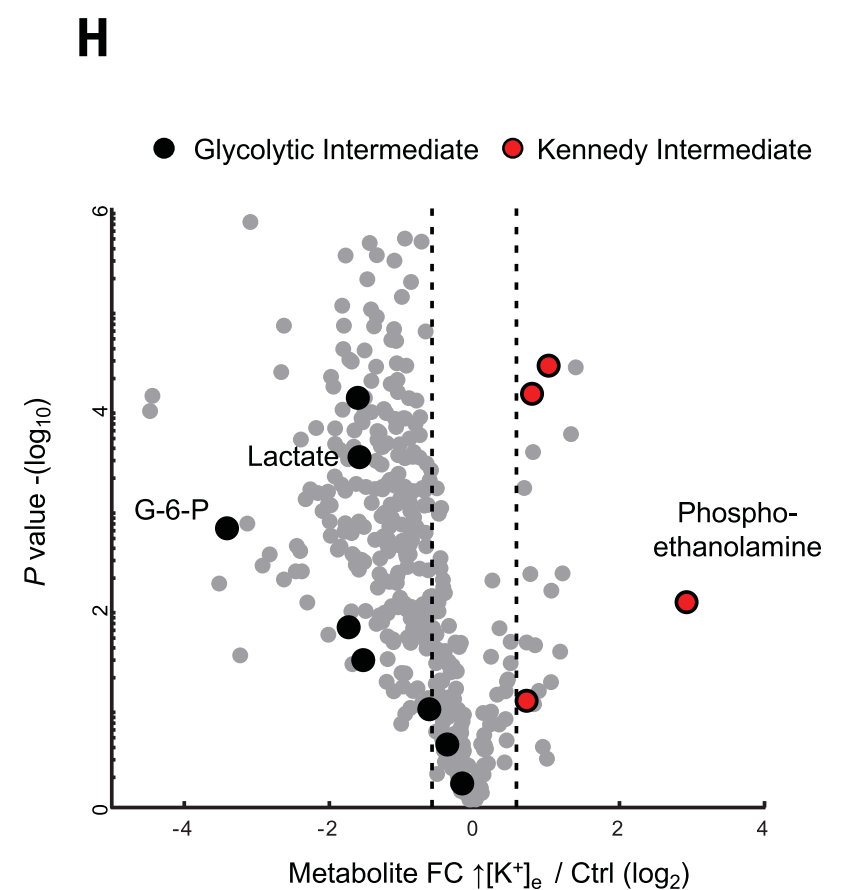
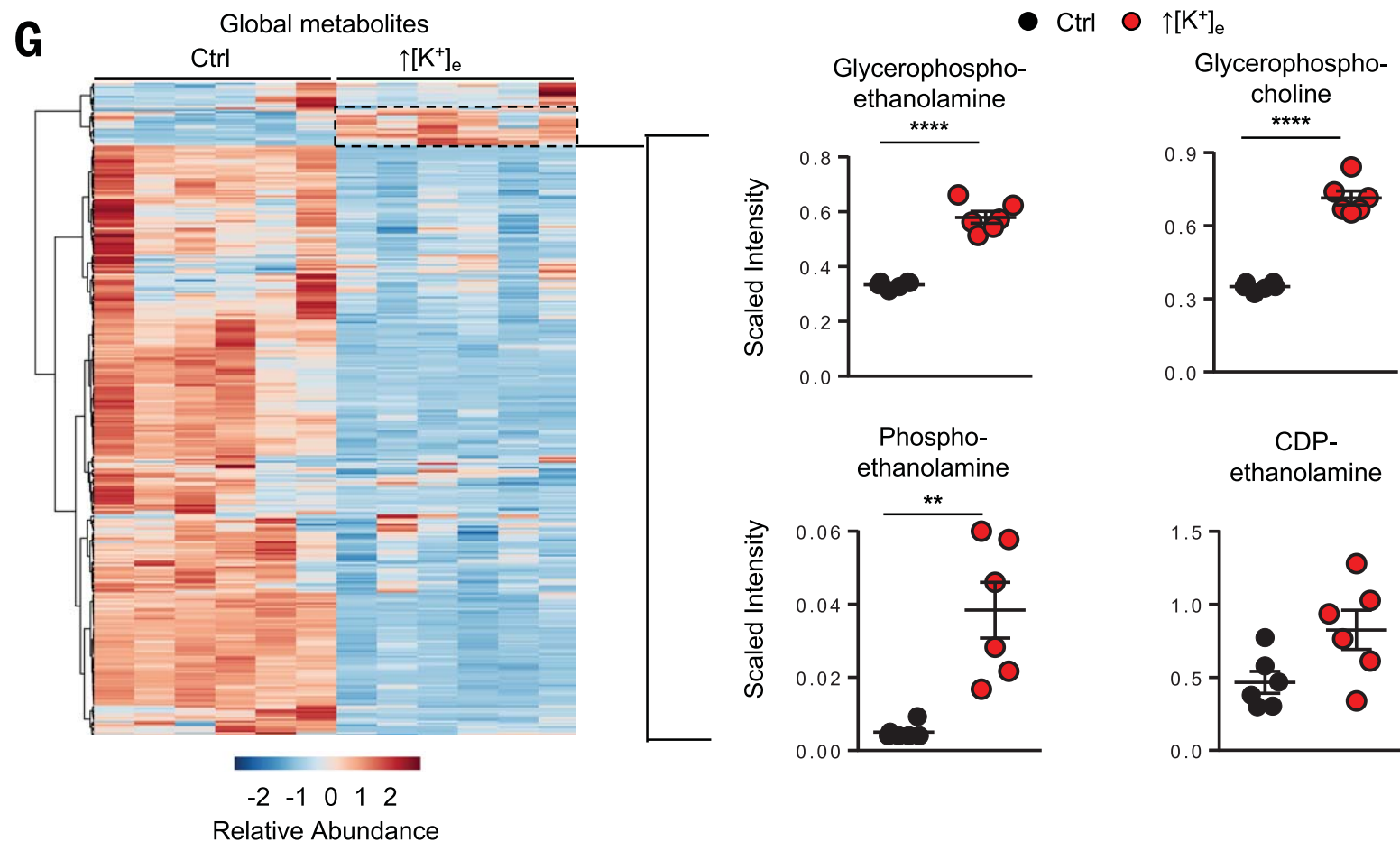
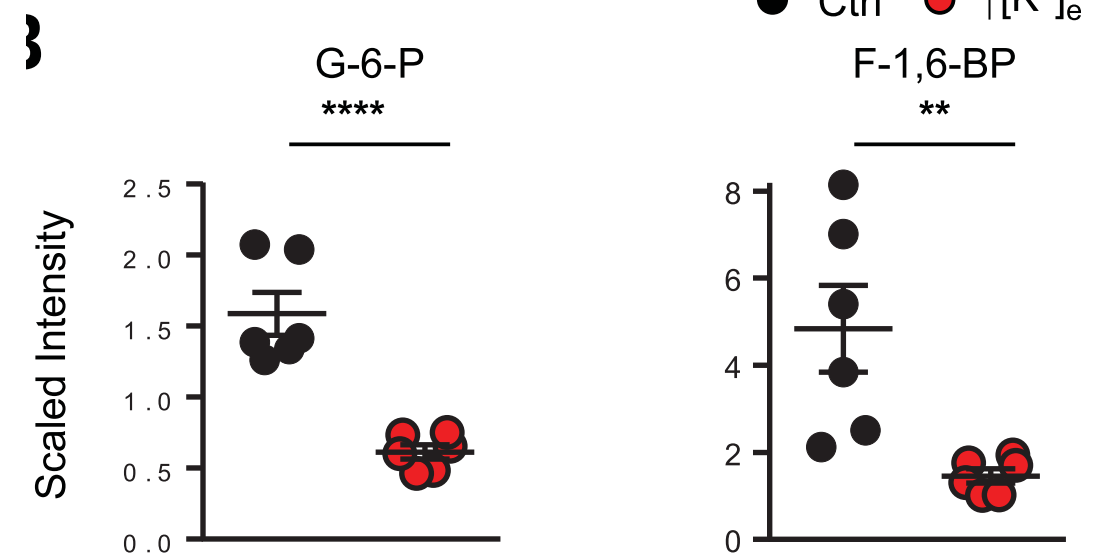
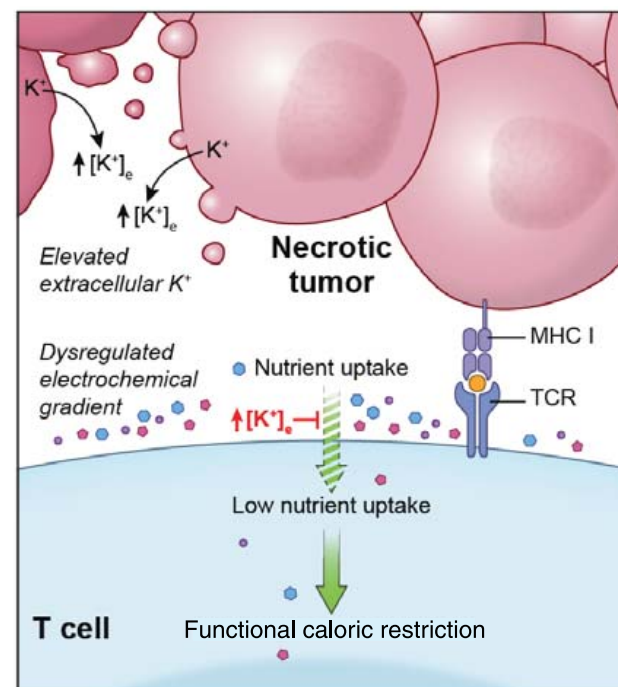
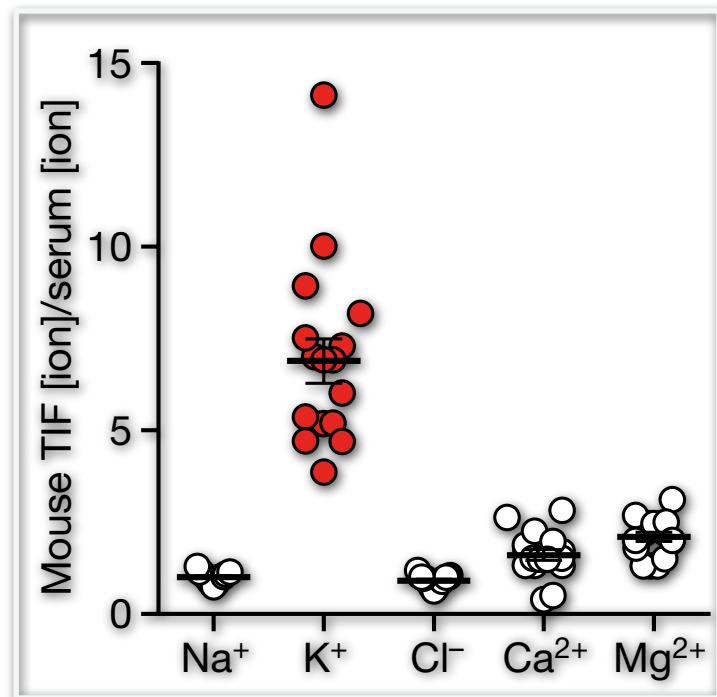


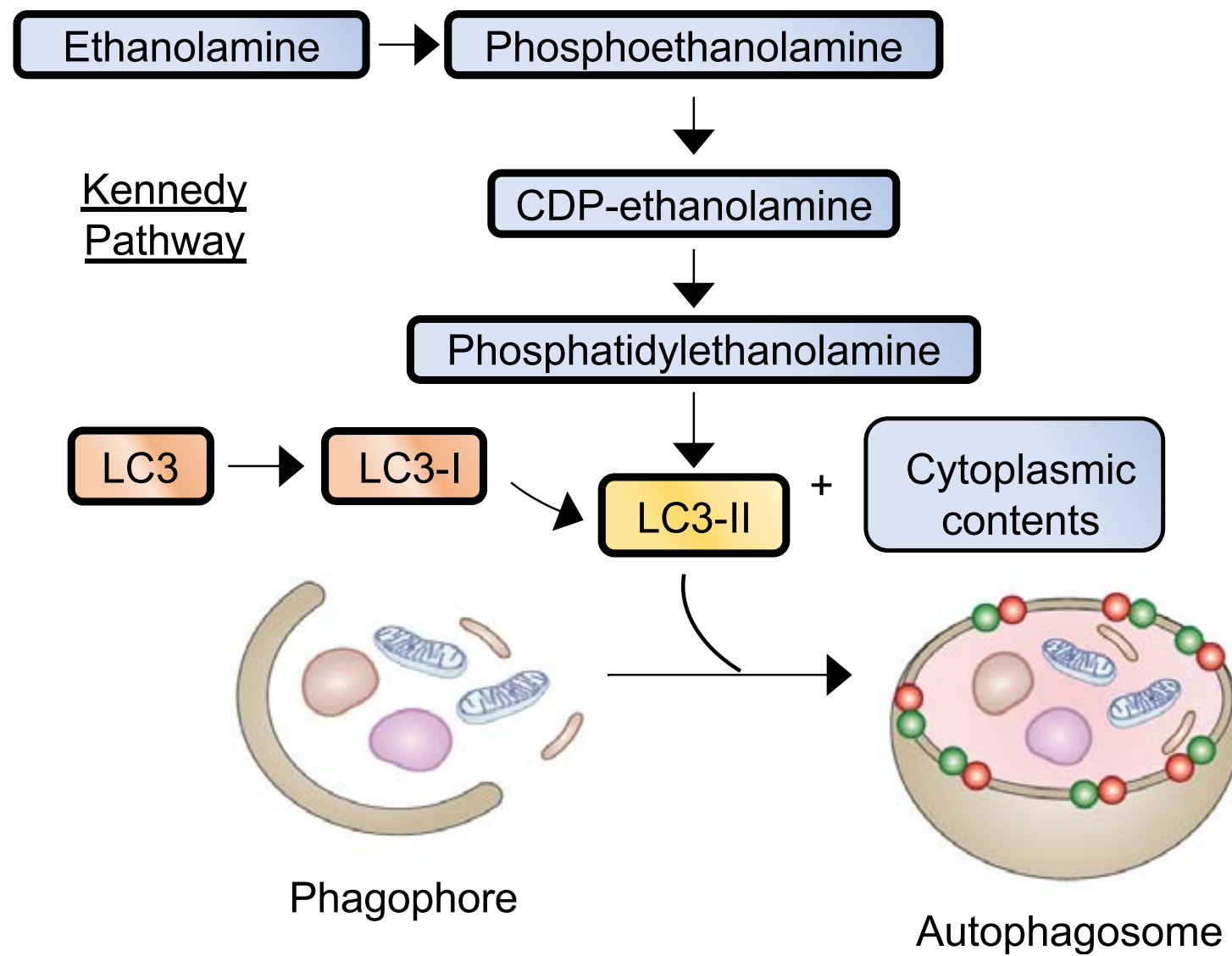


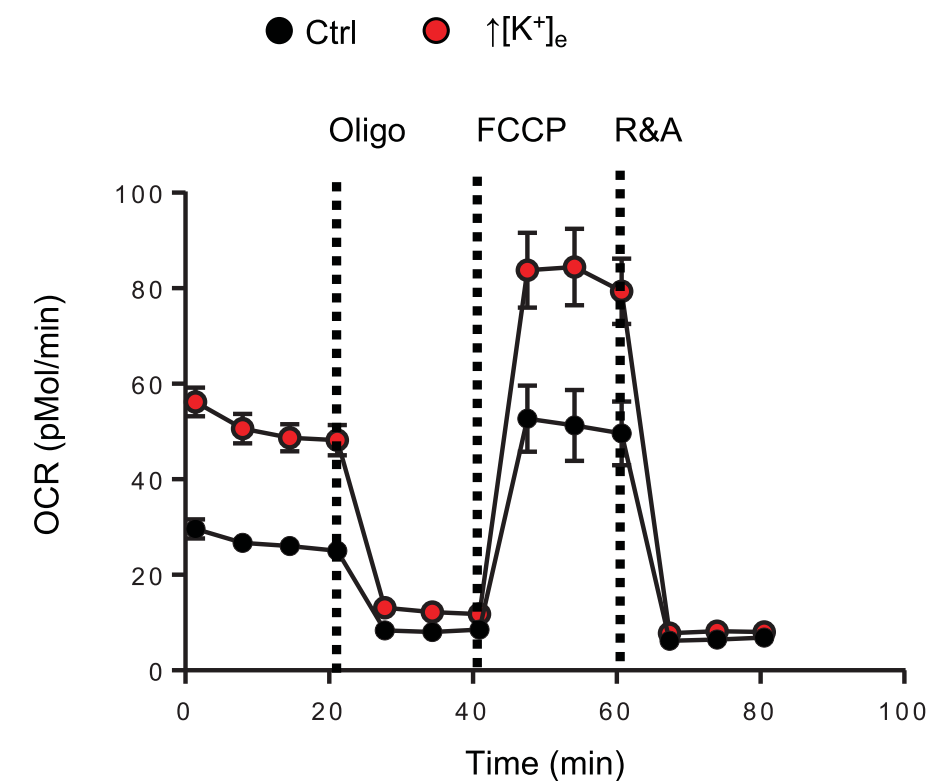
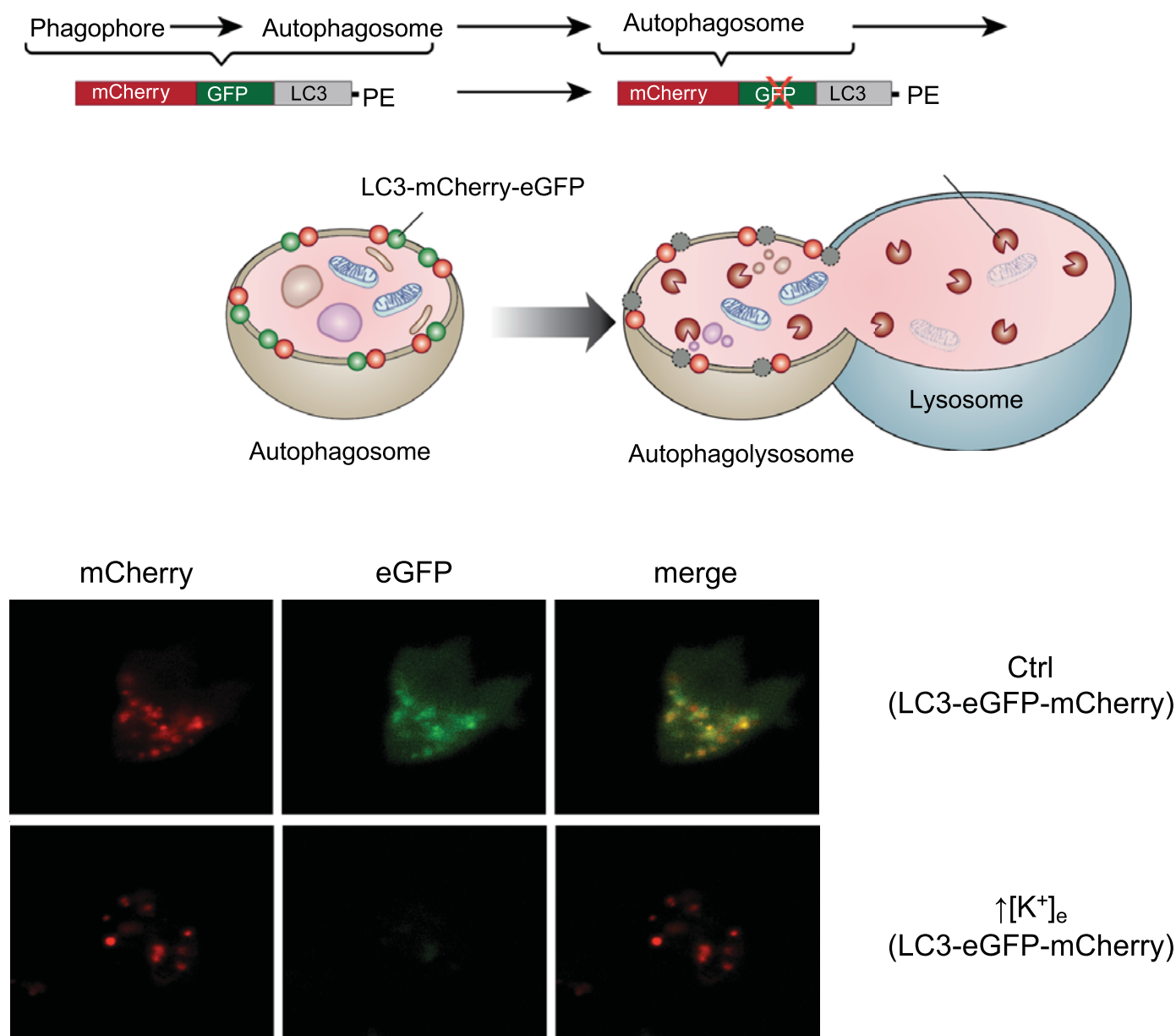


Scaled Intensity

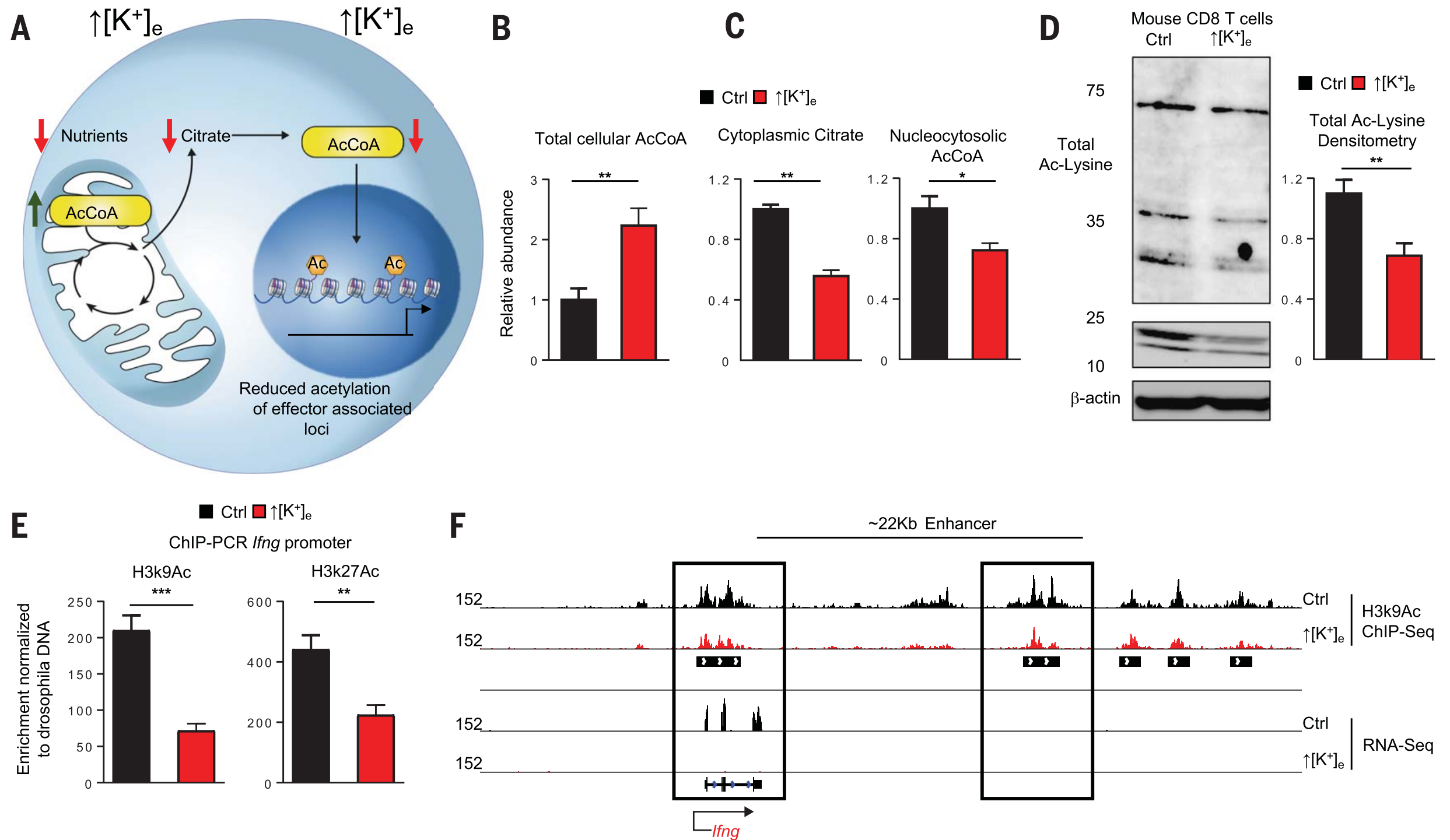


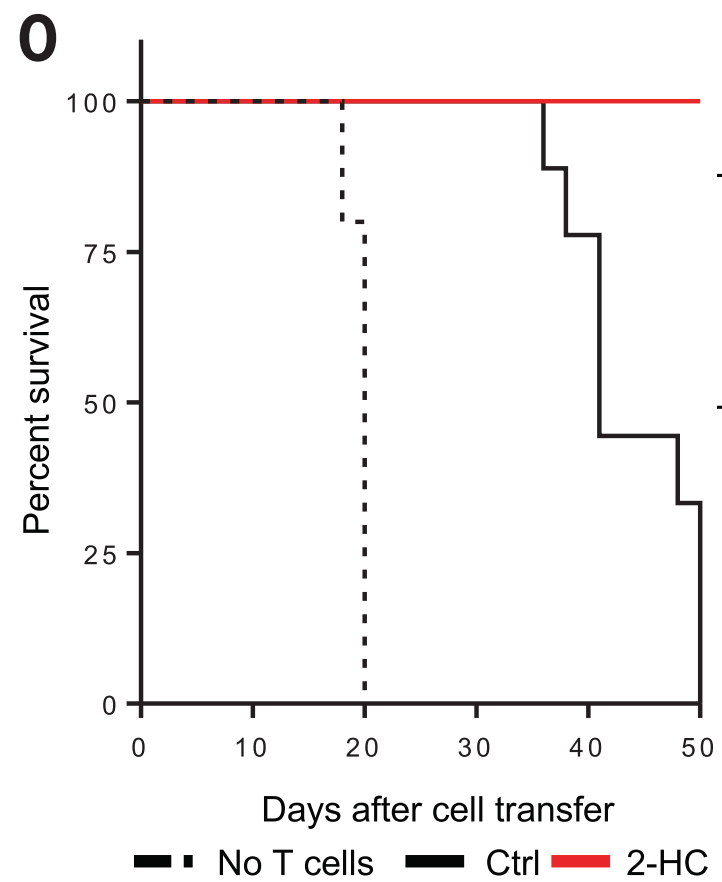
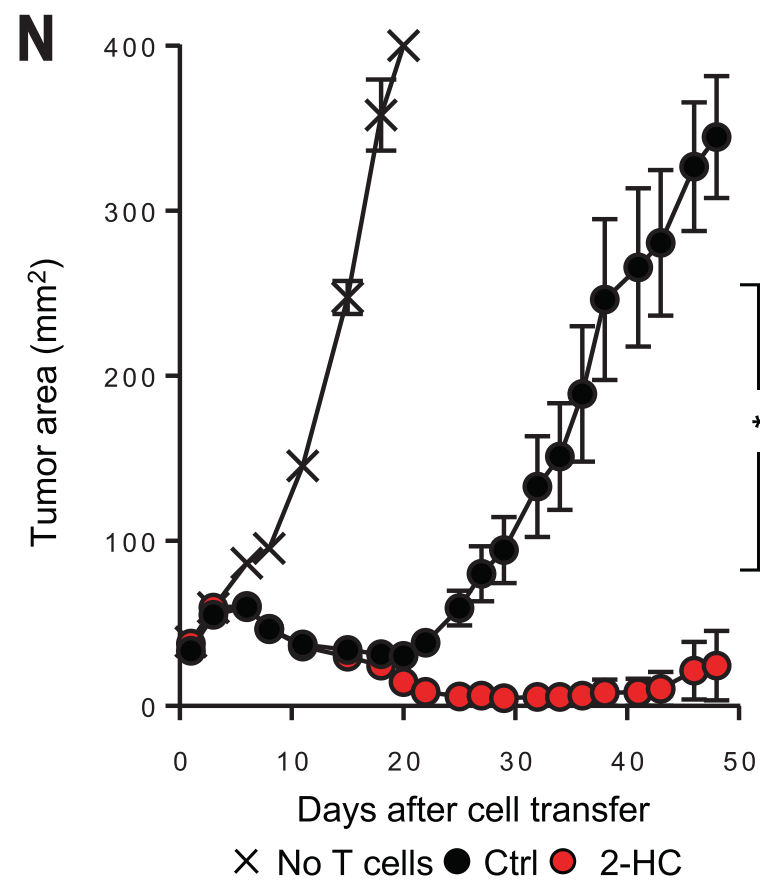
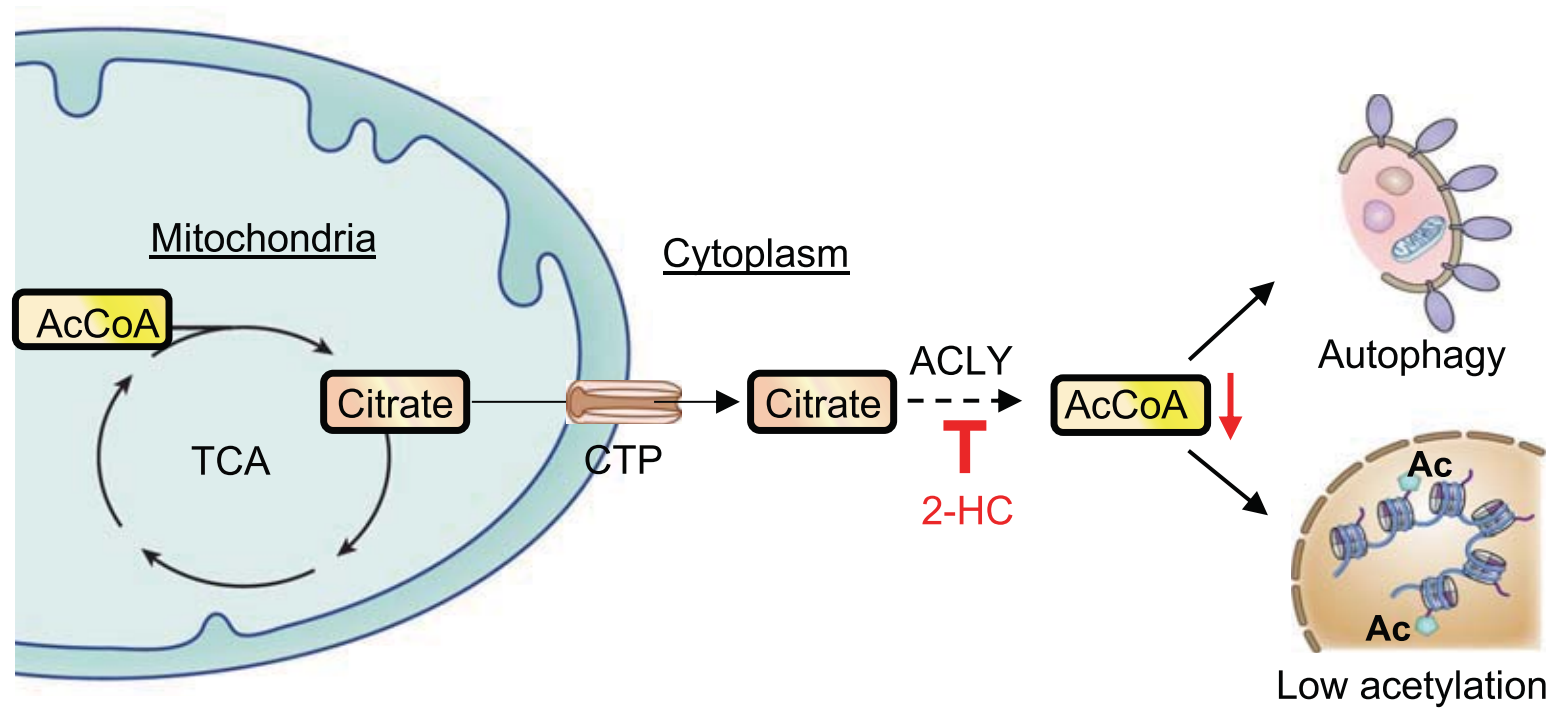






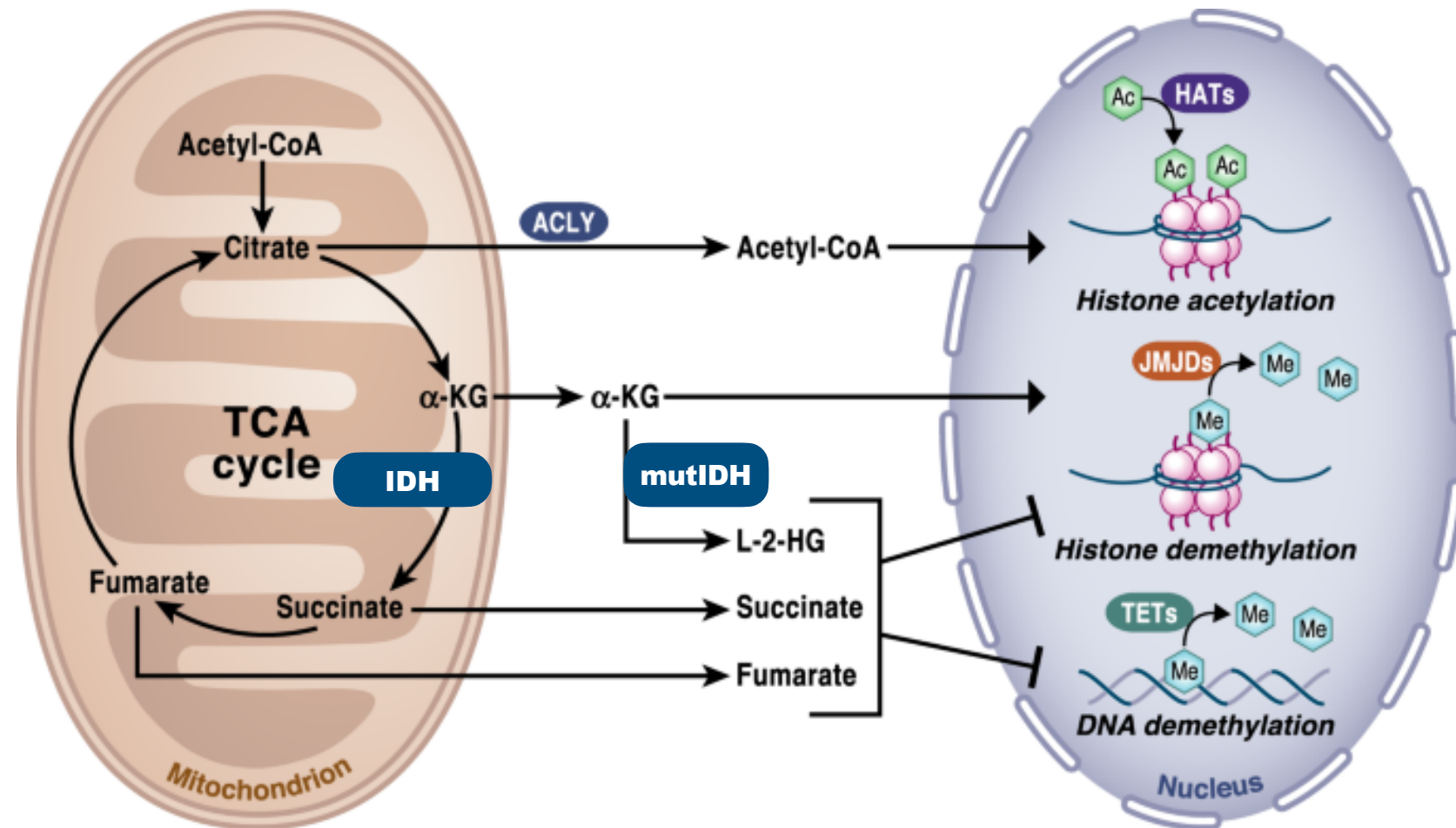
T cells exposed to increased $[K^+]_e$ recycle nutrients via autophagy during functional caloric restriction.





Metabolic reprogramming cooperates with signaling

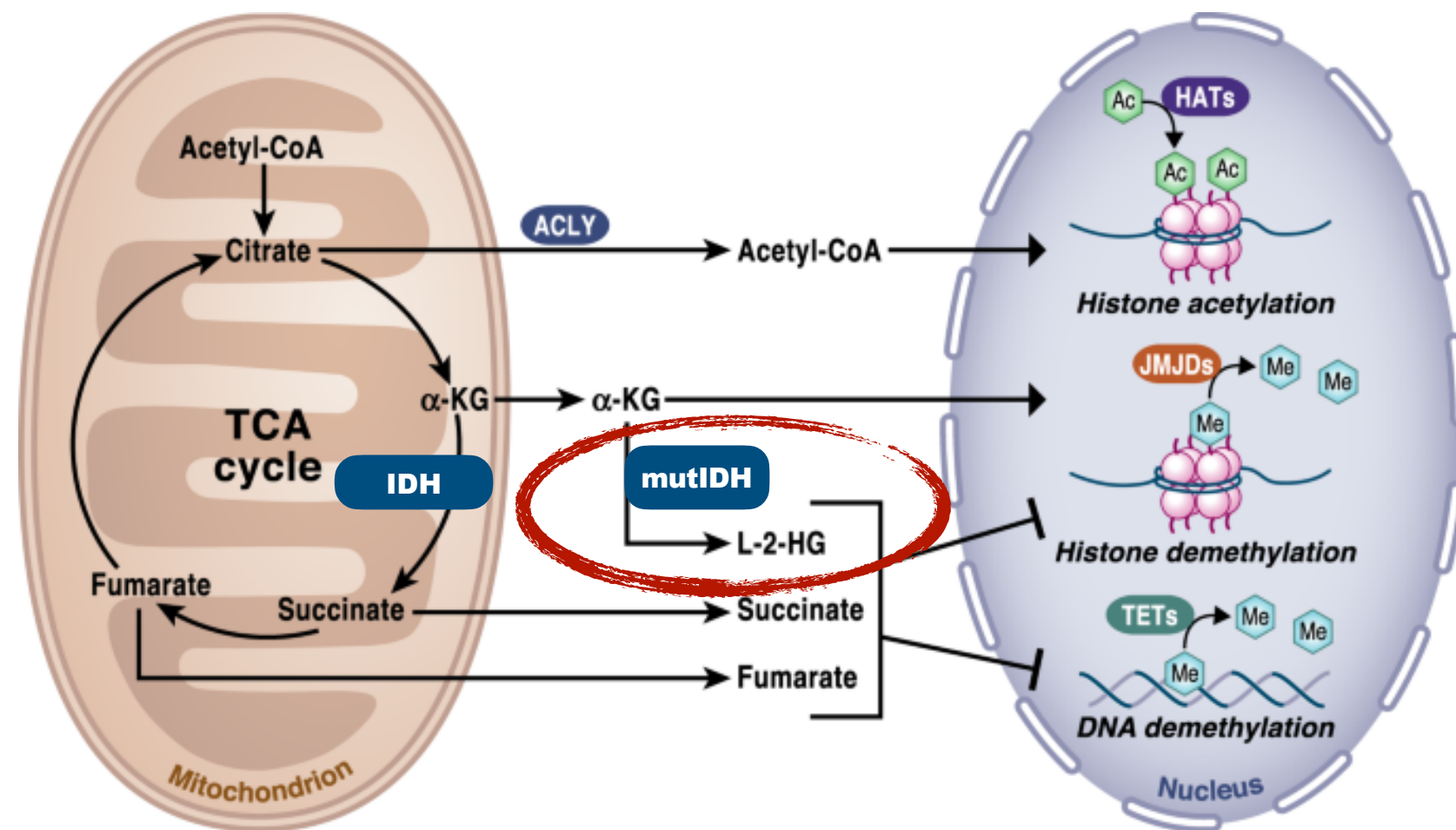
Mitochondria-derived metabolites impact the epigenome



6

Metabolic reprogramming cooperates with signaling

Mitochondria-derived metabolites impact the epigenome

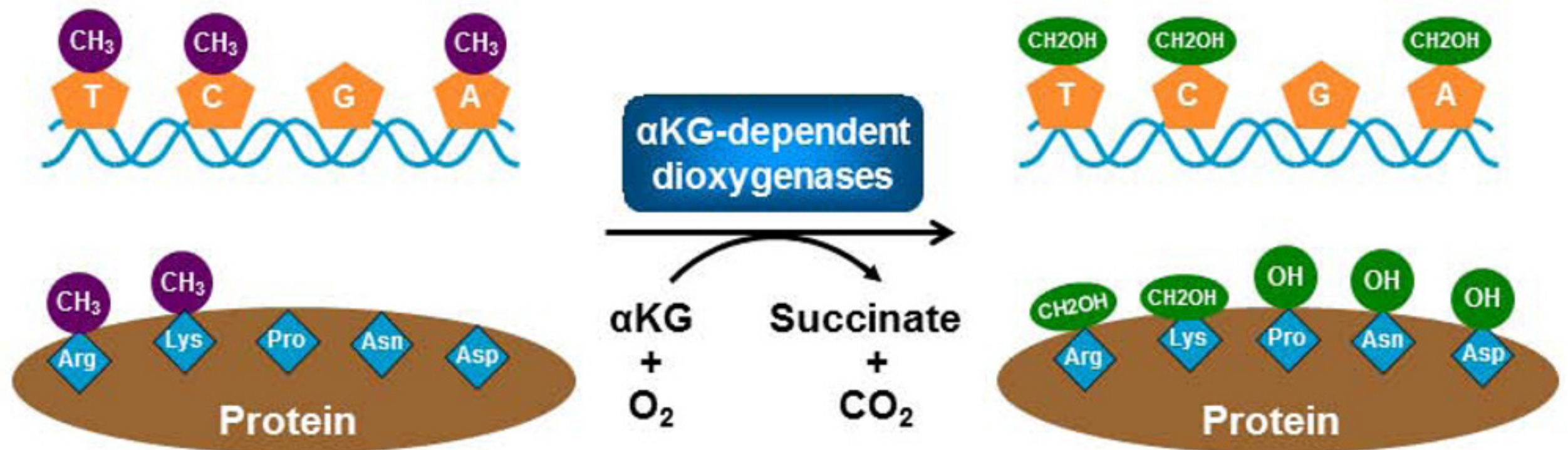


α -KG is a mitochondrial and cytosolic cofactor

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TCA cycle intermediates are sensed through alpha-ketoglutarate (α KG)-dependent dioxygenases, a versatile group of iron-containing enzymes that includes key players in epigenetic regulation, oxygen sensing, lipid metabolism, and other critical processes.

These enzymes couple the decarboxylation of α KG with the oxidation of the substrate, and in many cases the predicted K_M of those enzymes to α KG overlaps with its physiological levels, suggesting that their activity may dynamically respond to intracellular α KG levels.



α -KG is a mitochondrial and cytosolic cofactor

Some metabolites are critical co-factors for enzymatic activity

Particularly useful when metabolite/co-factor synthesis and availability is highly compartmentalized

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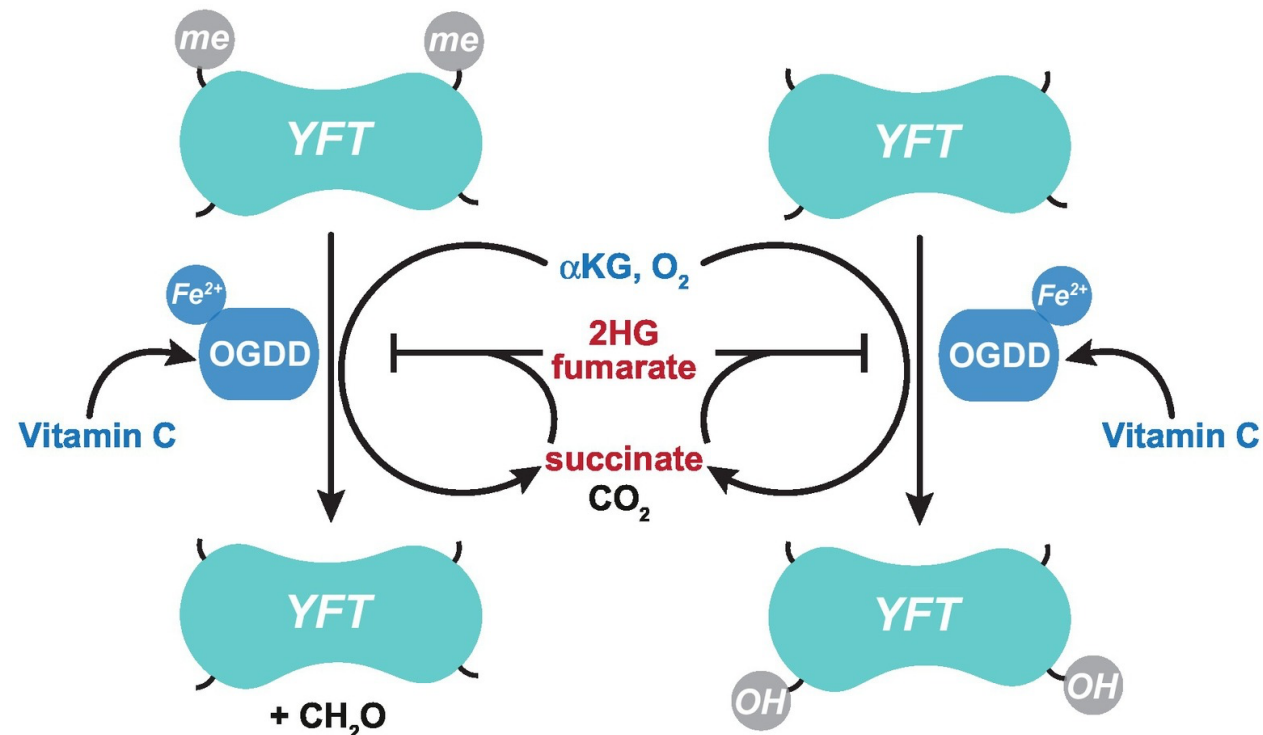
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(B)



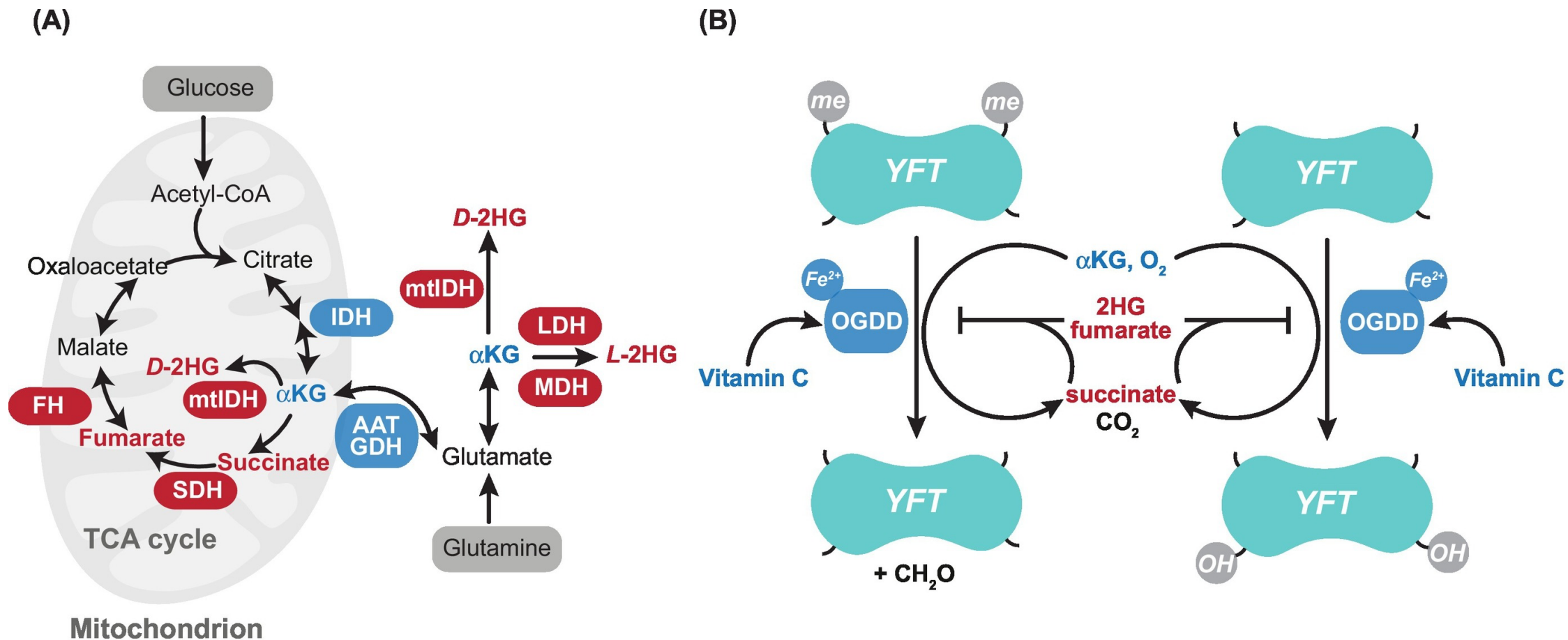
α -KG is a mitochondrial and cytosolic cofactor

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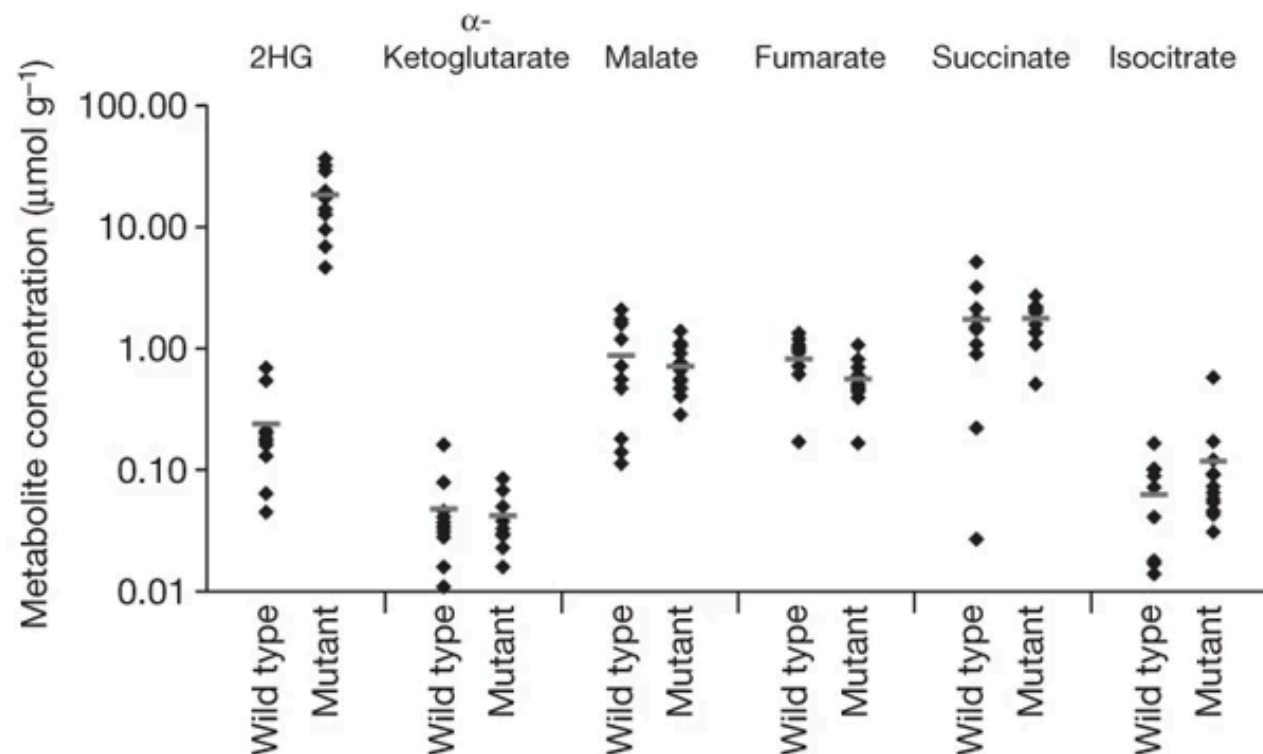
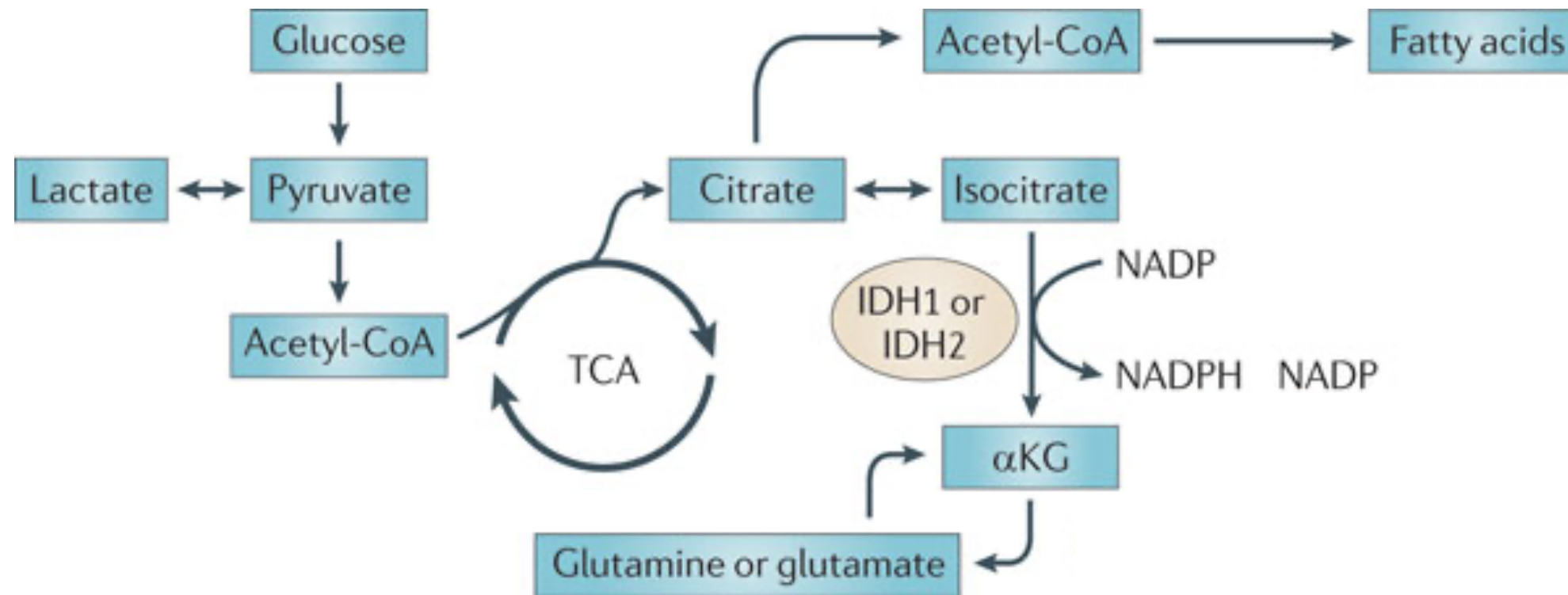
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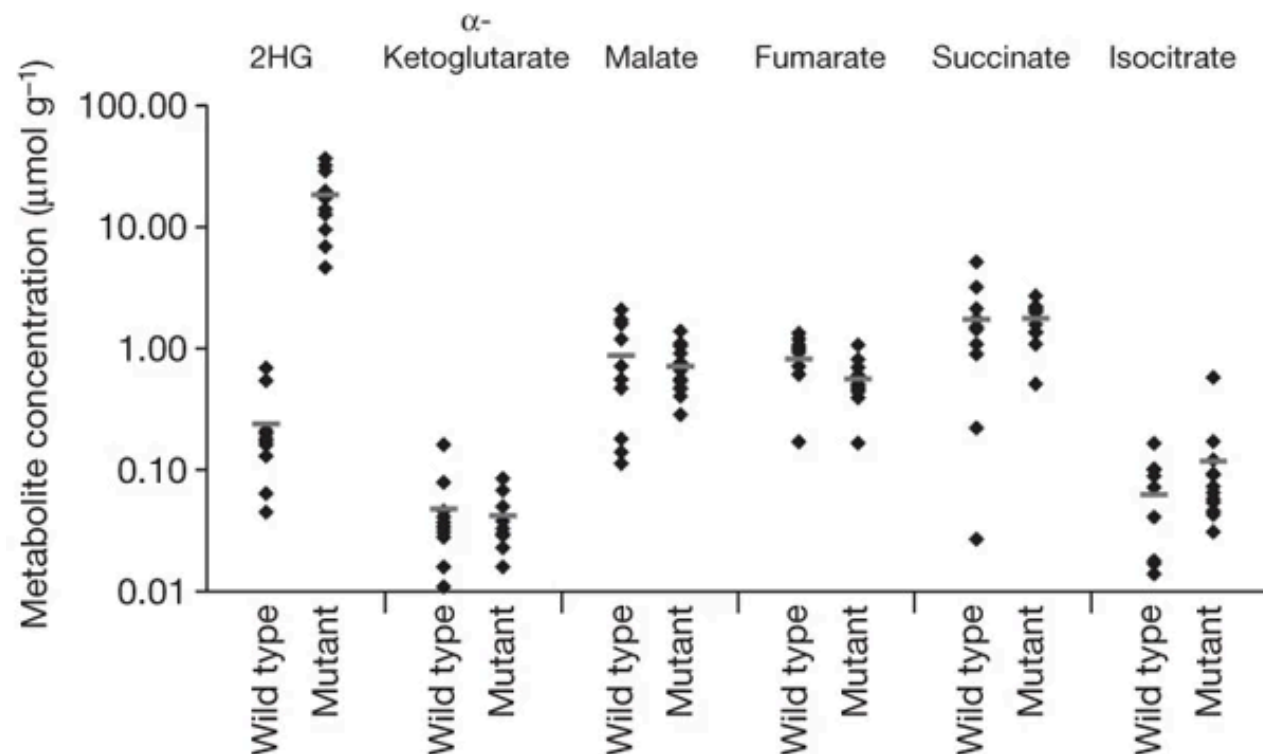
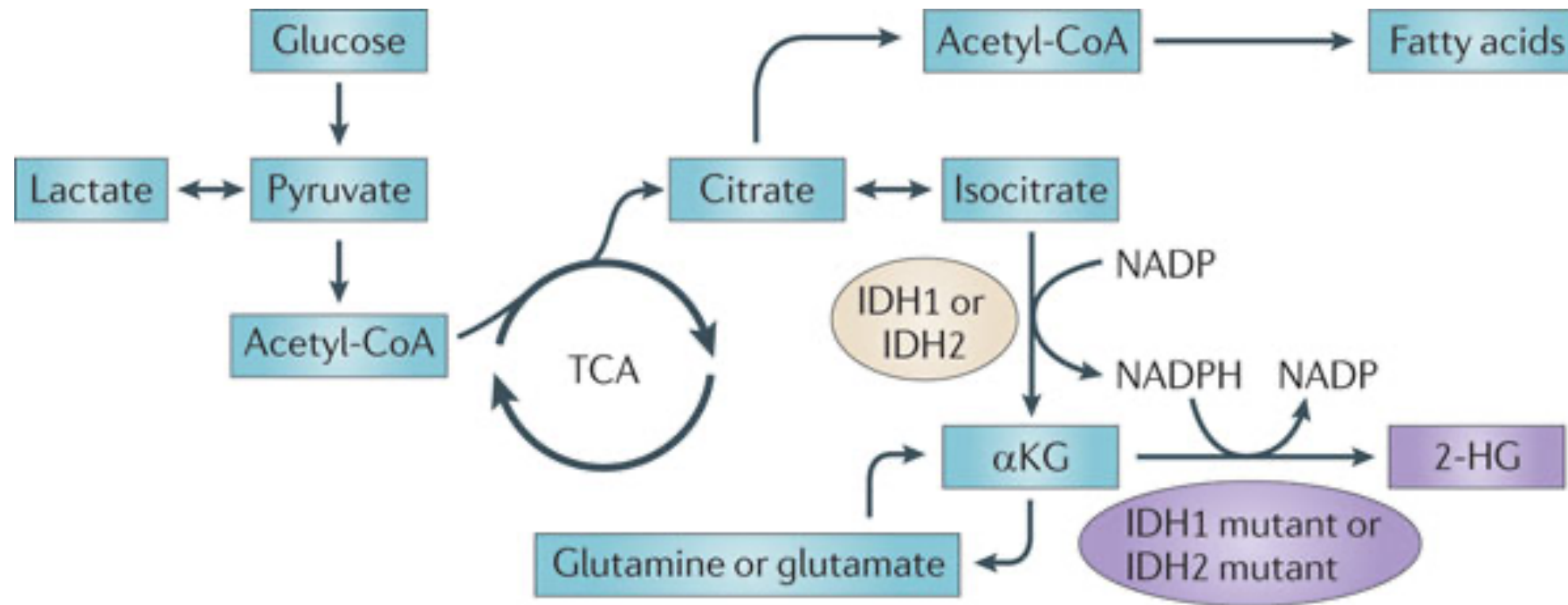
These enzymes couple the decarboxylation of aKG with the oxidation of the substrate, and in many cases the predicted K_M of those enzymes to aKG overlaps with its physiological levels, suggesting that their activity may dynamically respond to intracellular aKG levels.



α -KG is generated by IDH enzymes



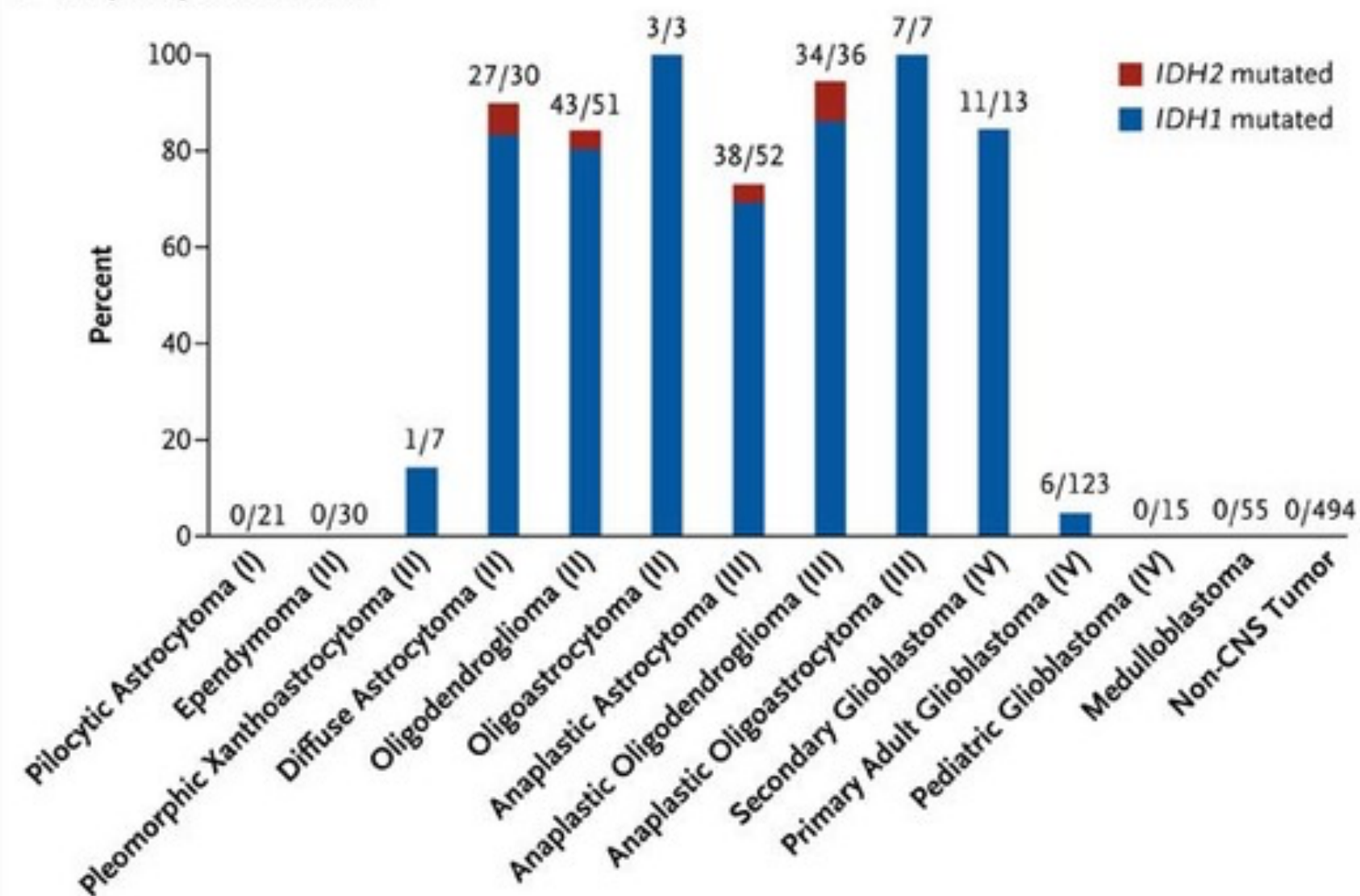
α -KG is generated by IDH enzymes



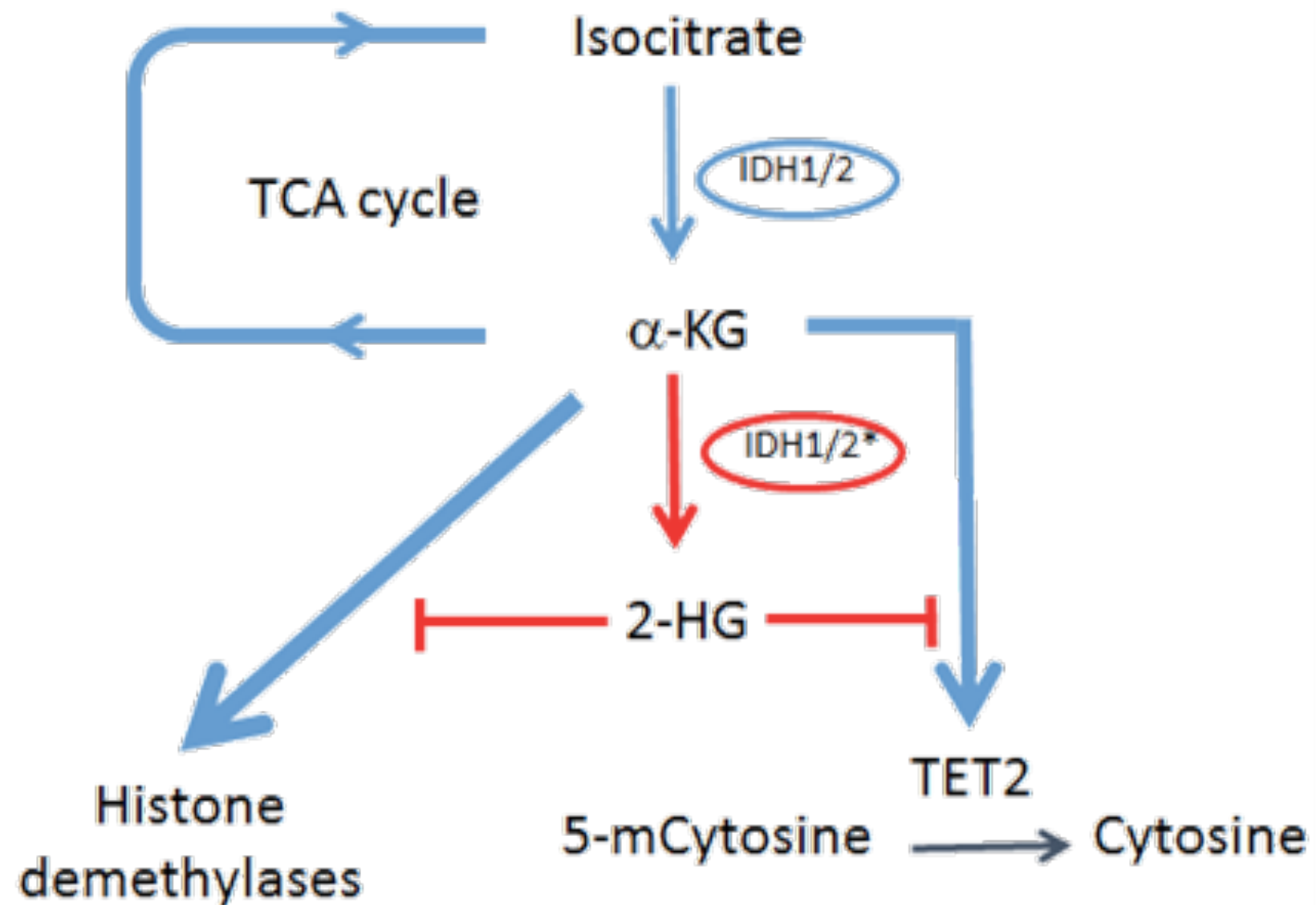
Nature Reviews | **Cancer**

IDH1/2 are frequently mutated in gliomas

B Frequency of Mutations



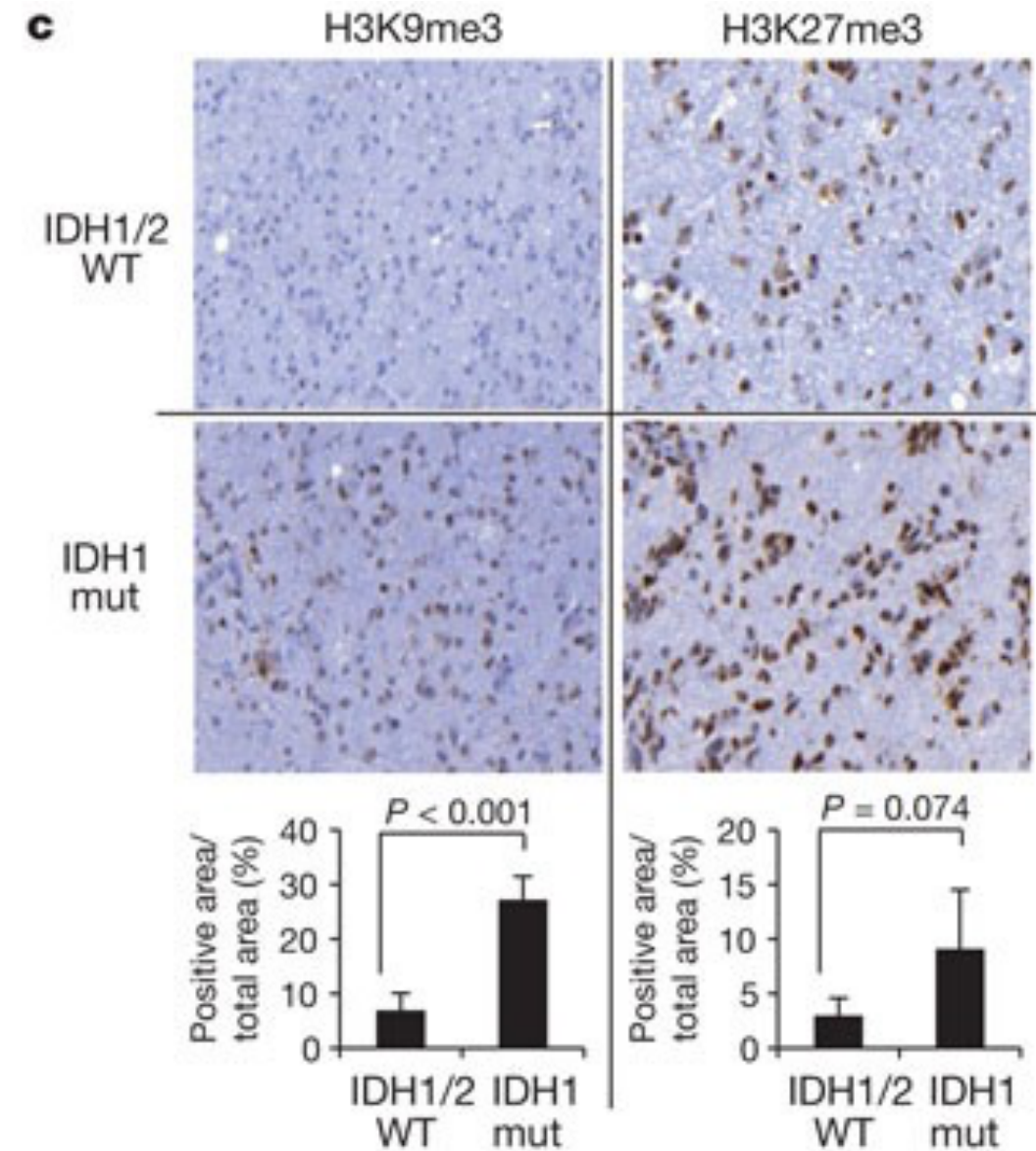
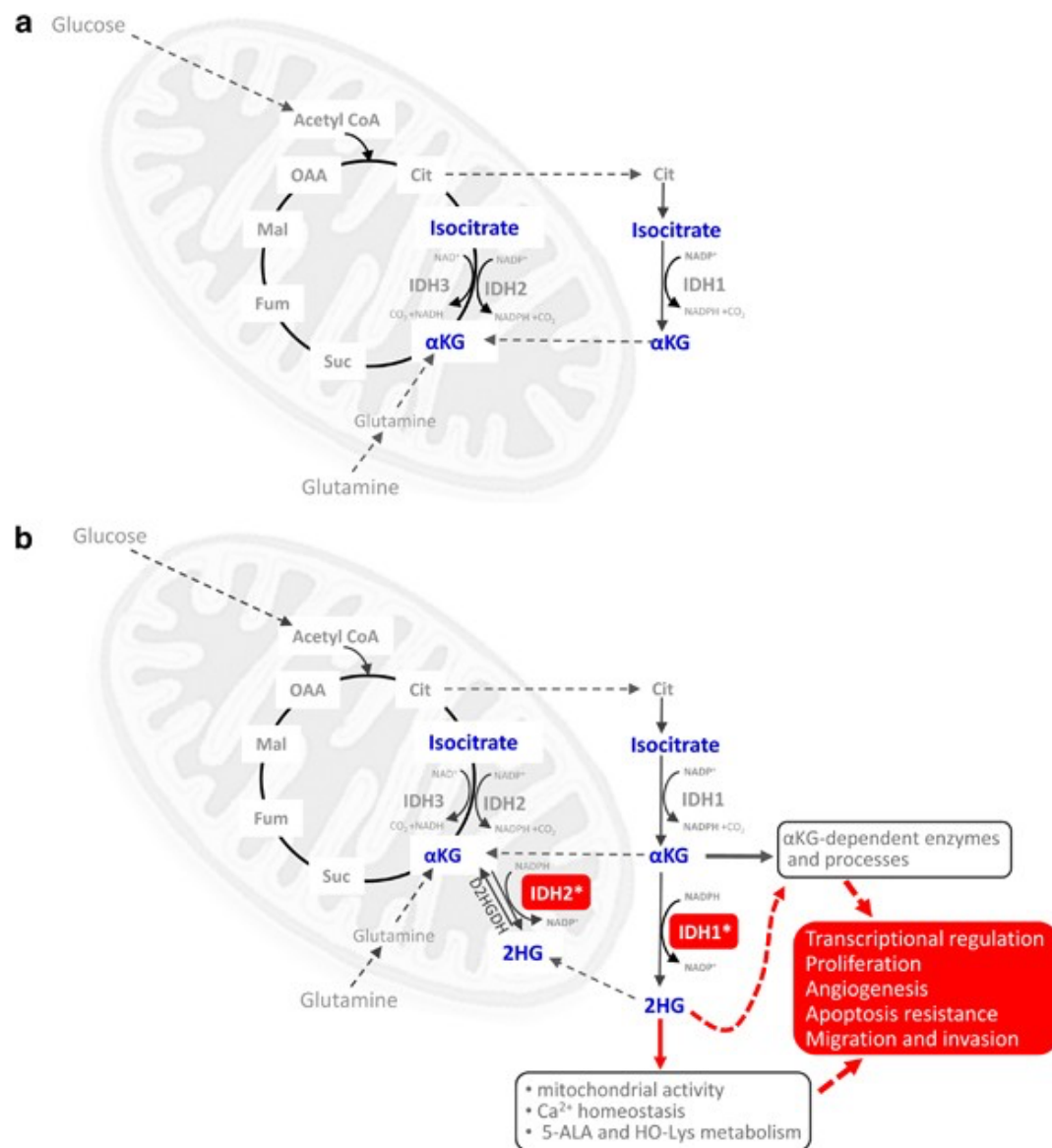
Mutant IDH are neomorphic



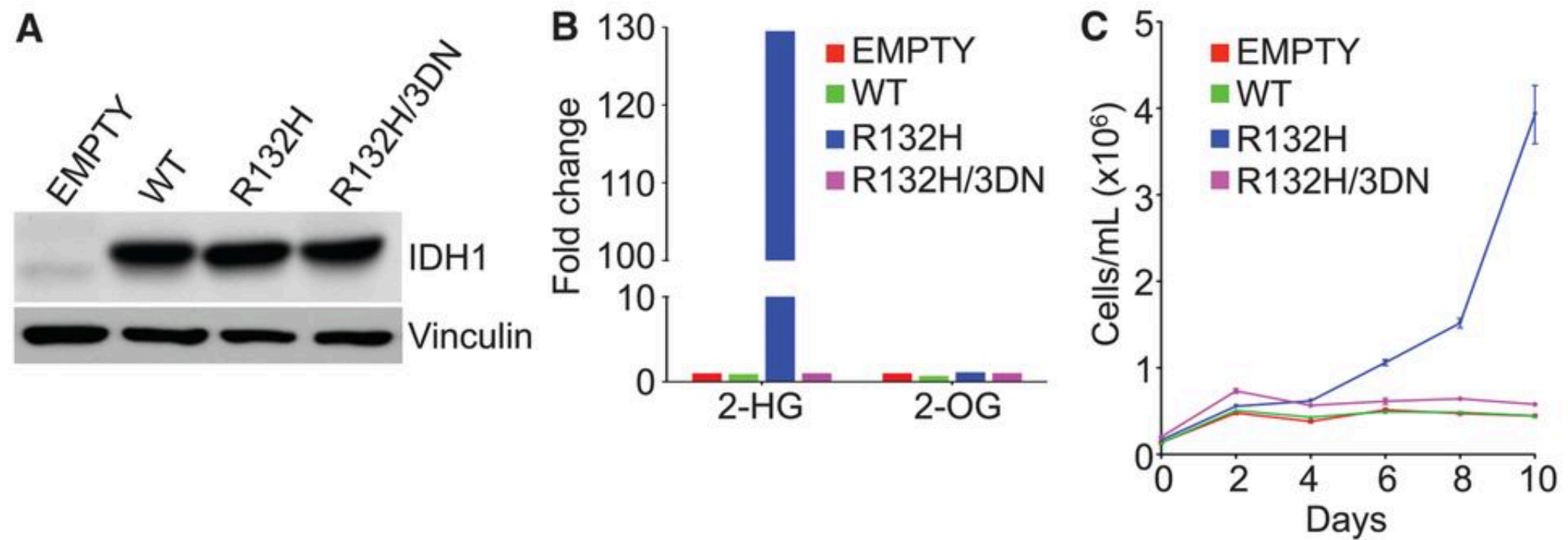
Mutant IDH enzymes generate a new metabolite (“oncometabolite”) that works as a competitive inhibitor for physiological α -KG

2-HG is an ONCOMETABOLITE

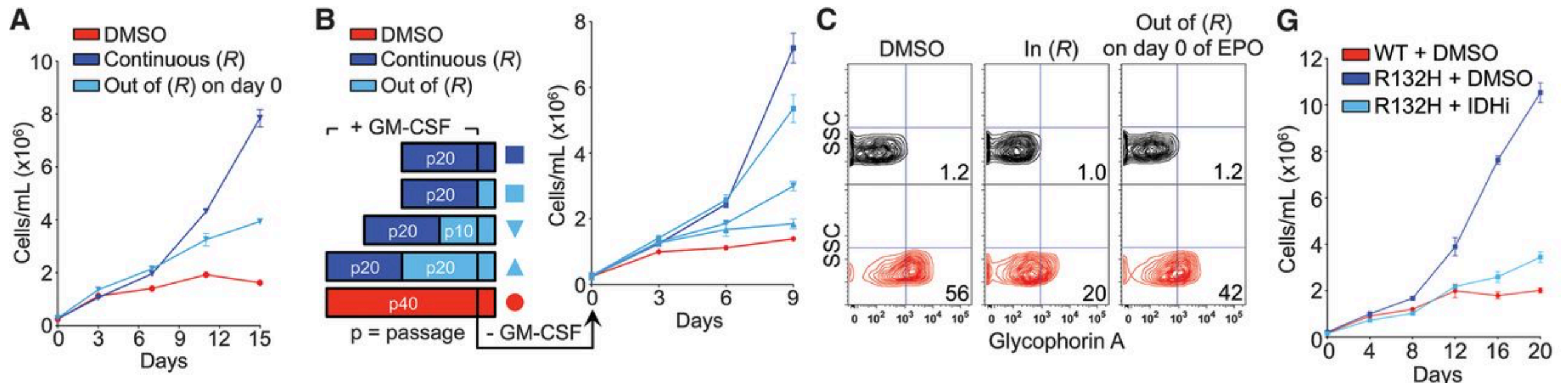
It drives gliomagenesis through rewiring of both the epigenome and cellular metabolism



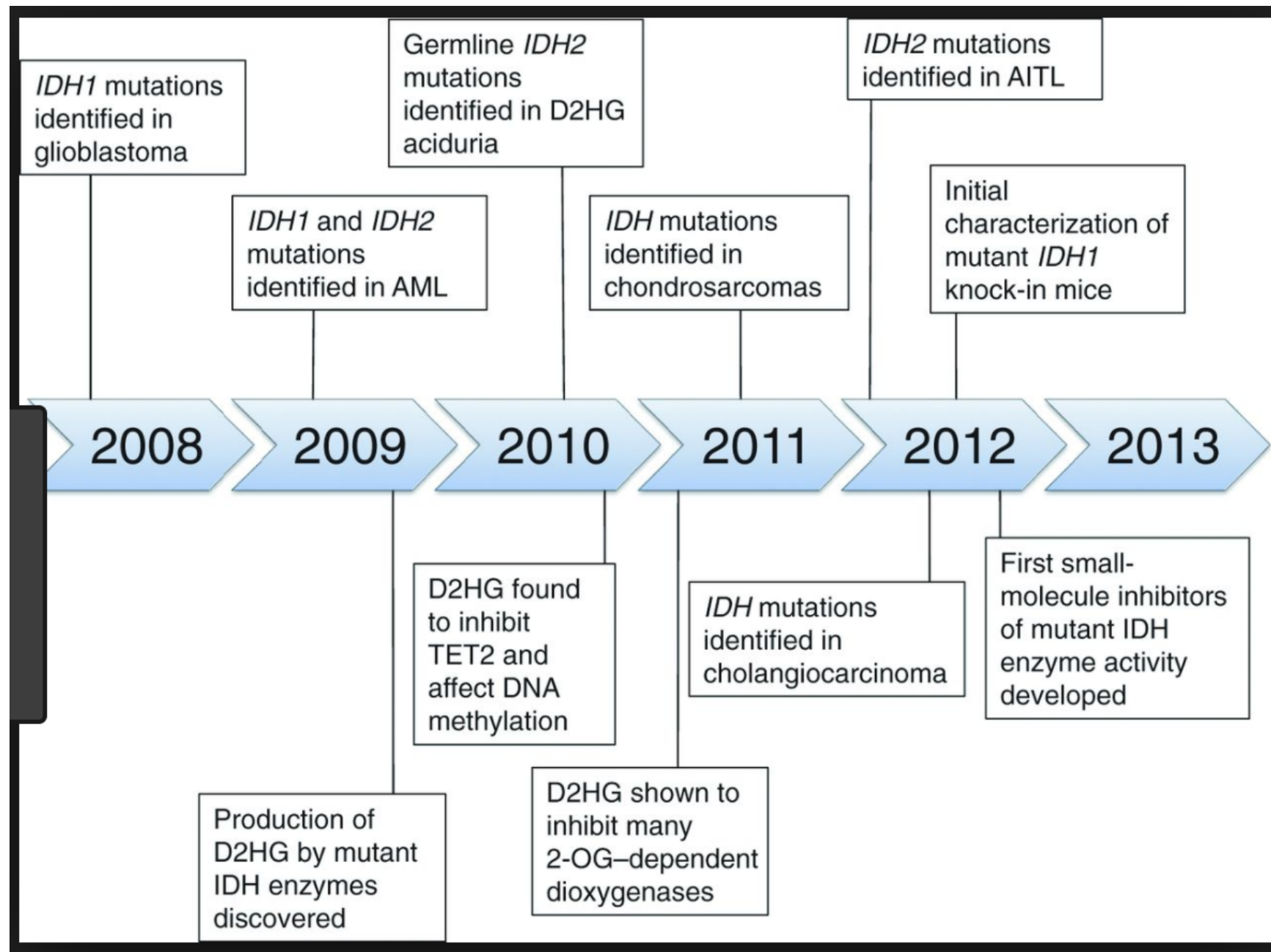
2-HG induces reversible leukemogenesis



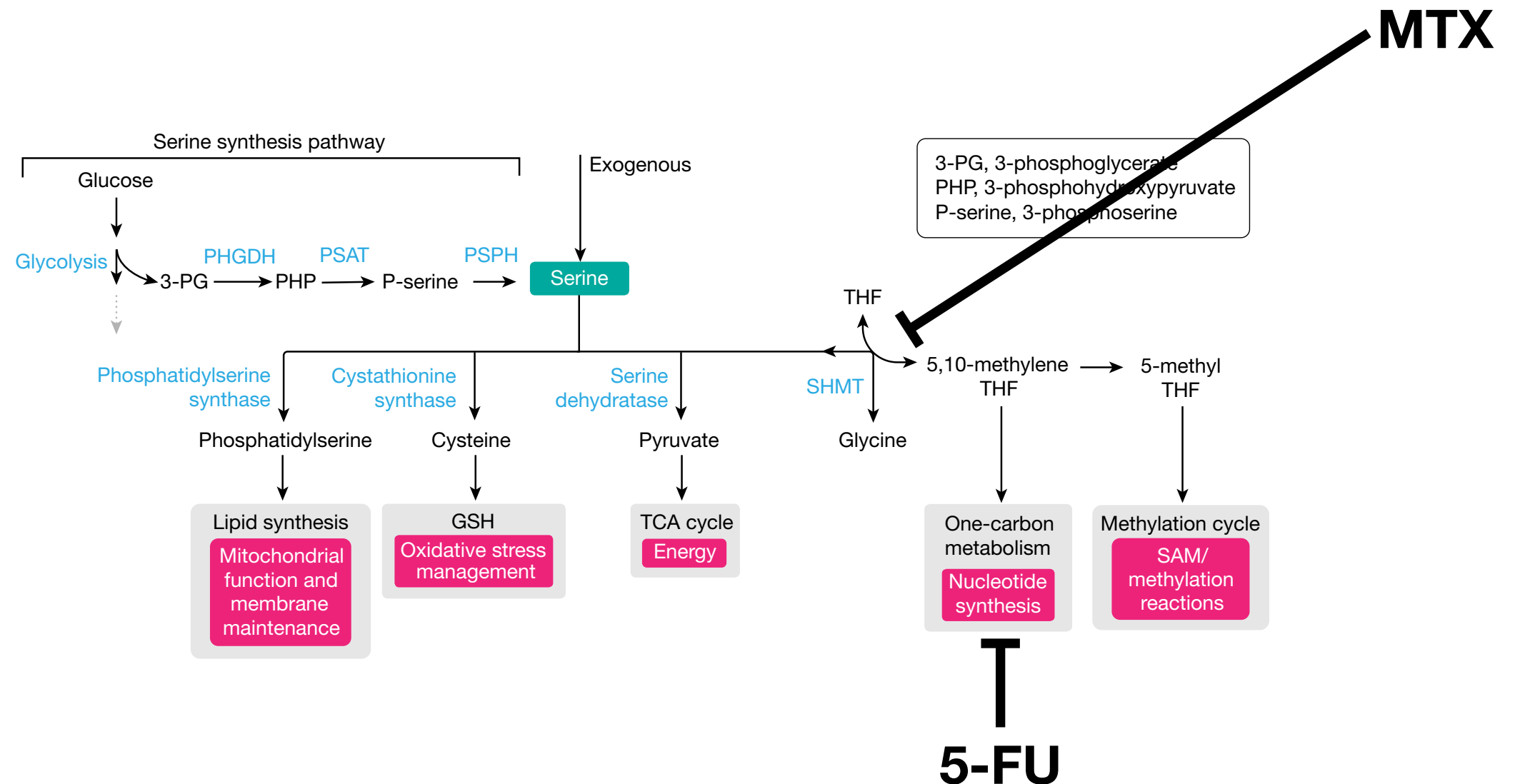
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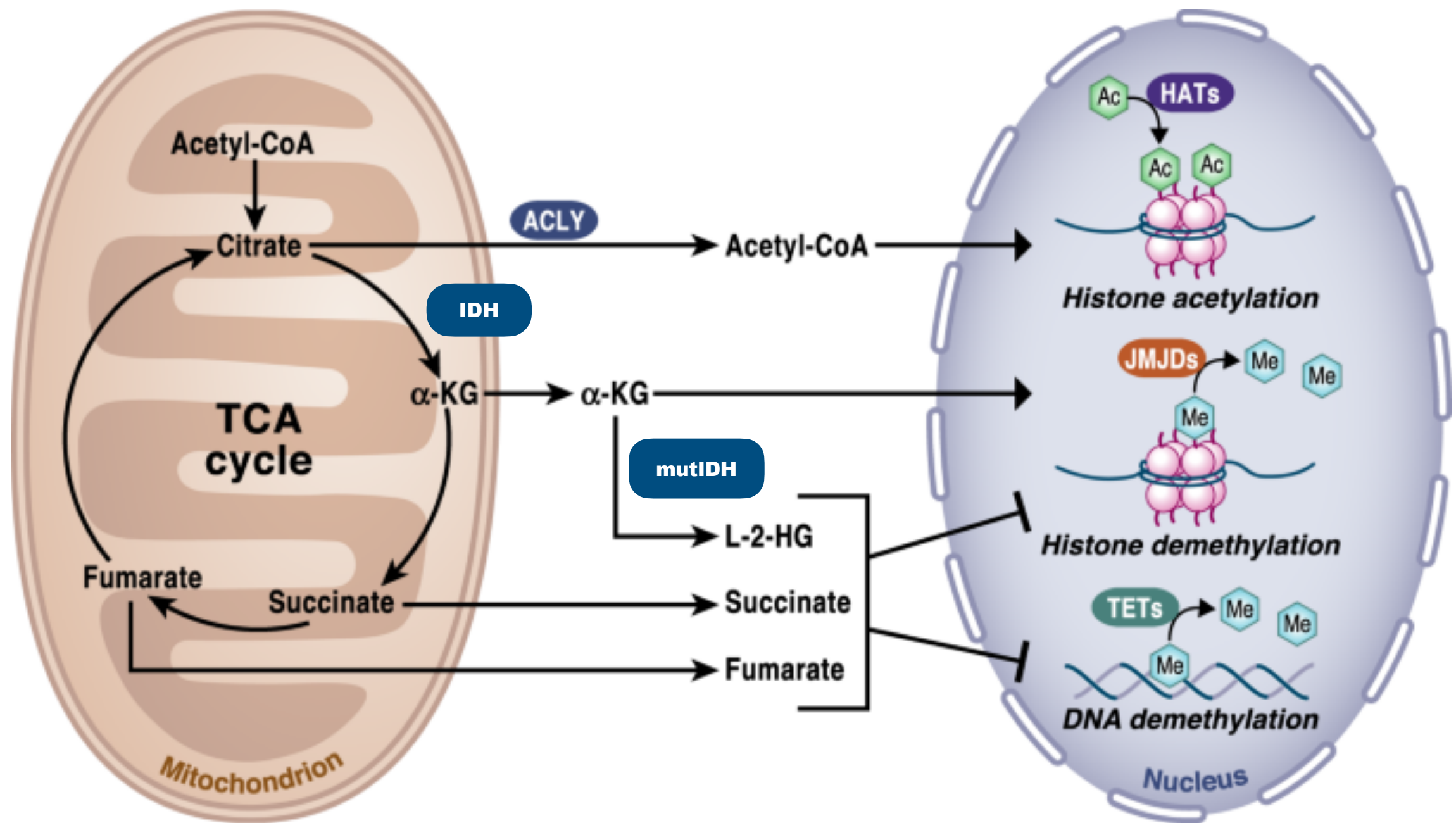
2-HG blockade can reverse tumorigenesis



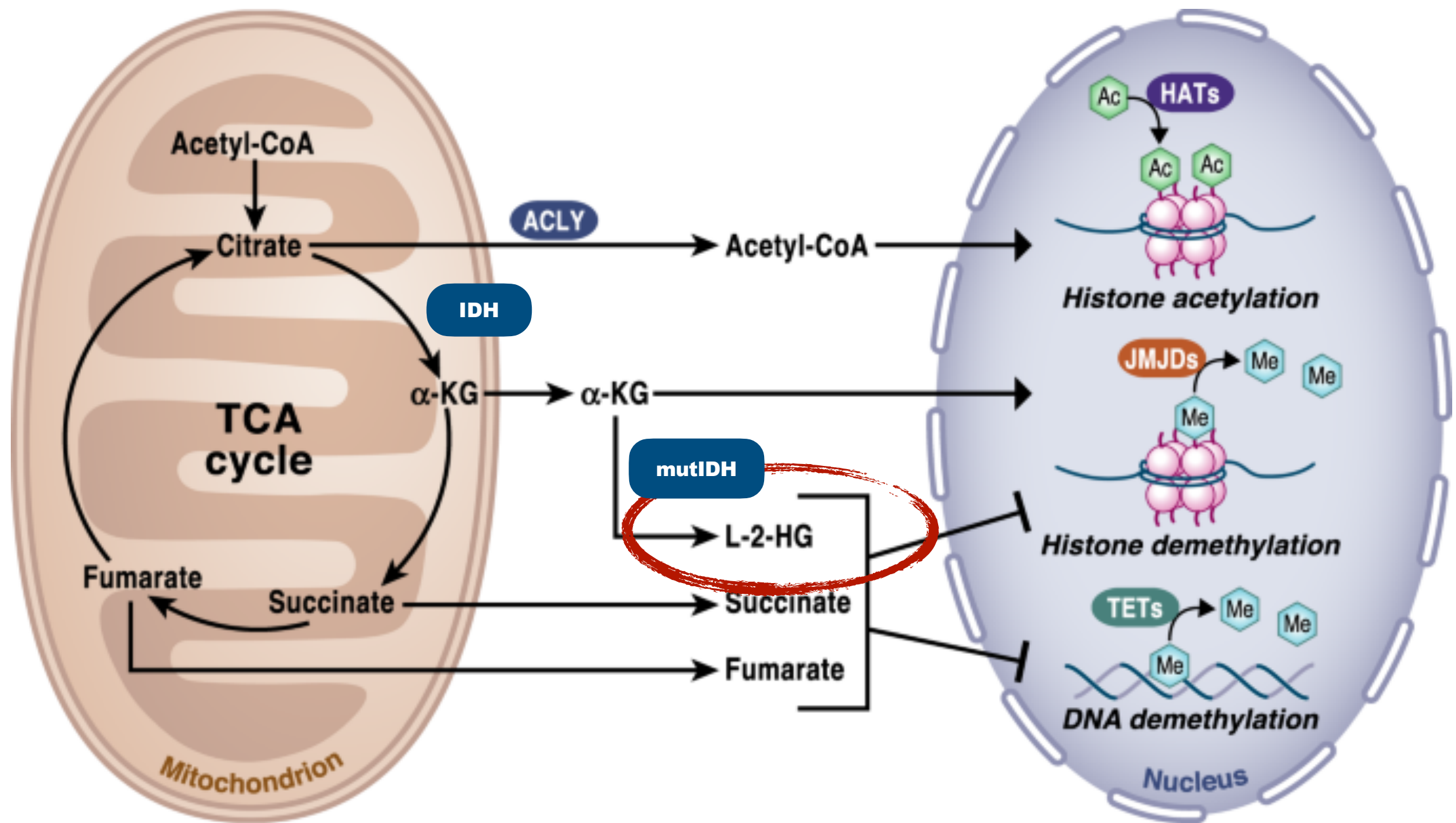
i.e.: antifolates are “**METABOLIC drugs**”



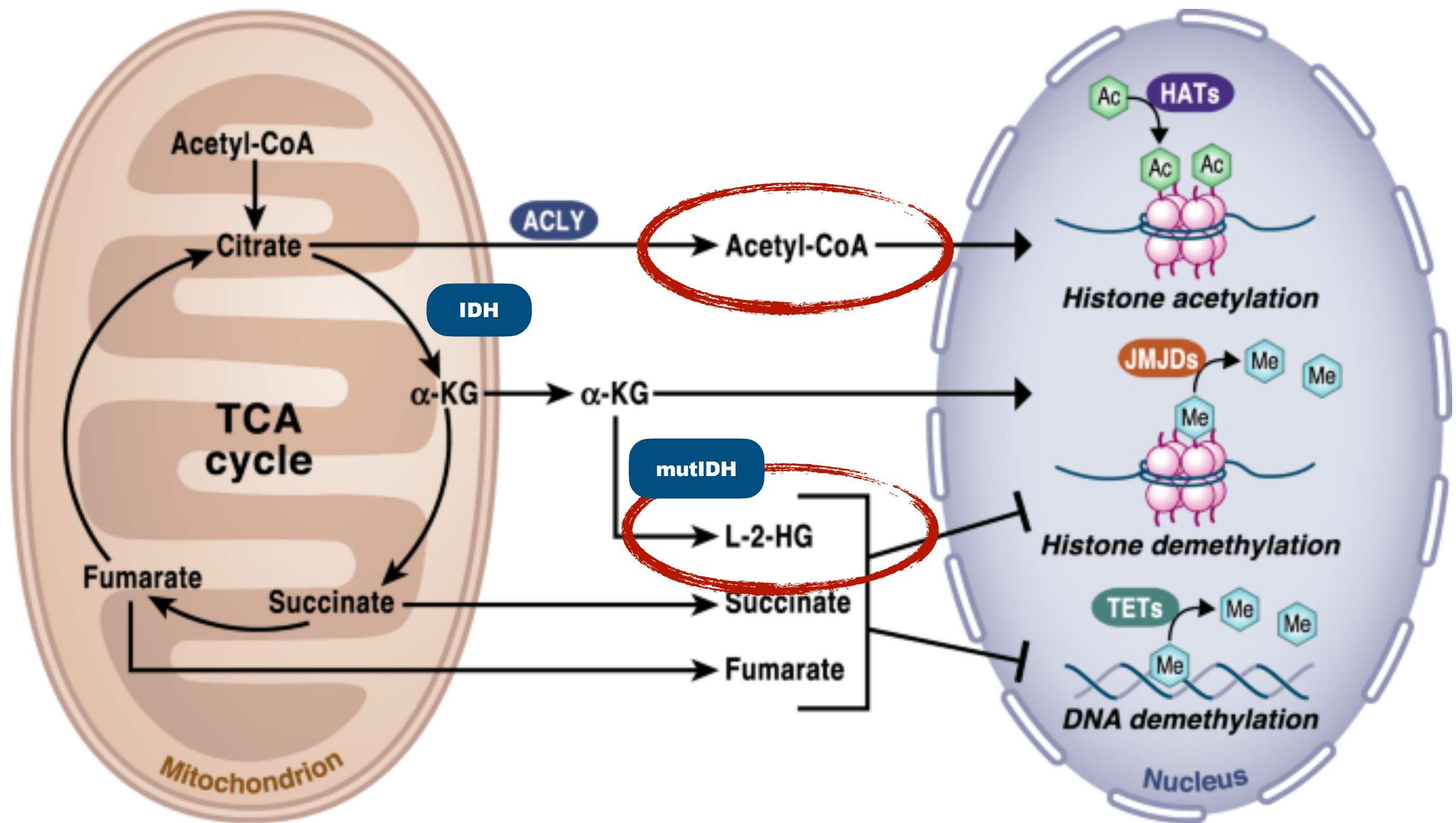
Mitochondria-derived metabolites impact the epigenome



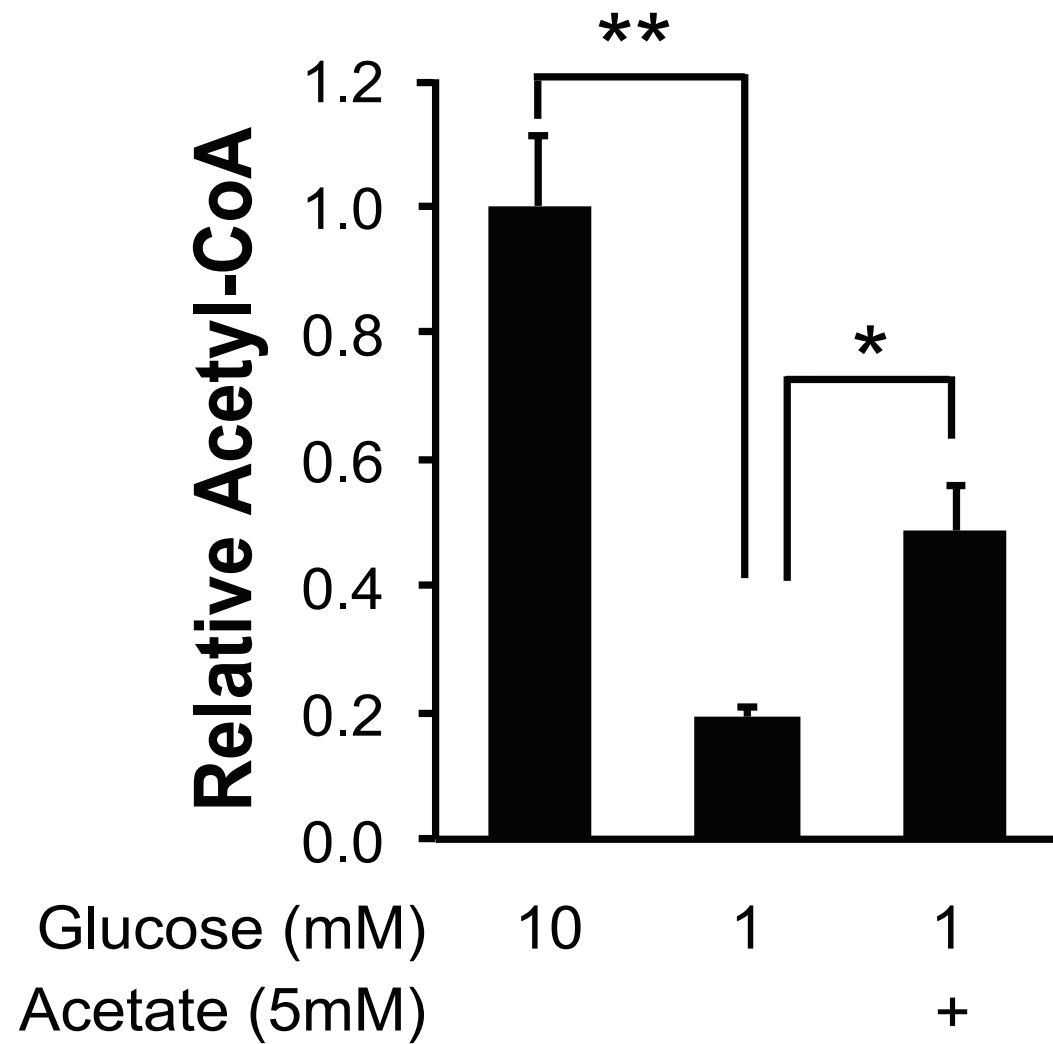
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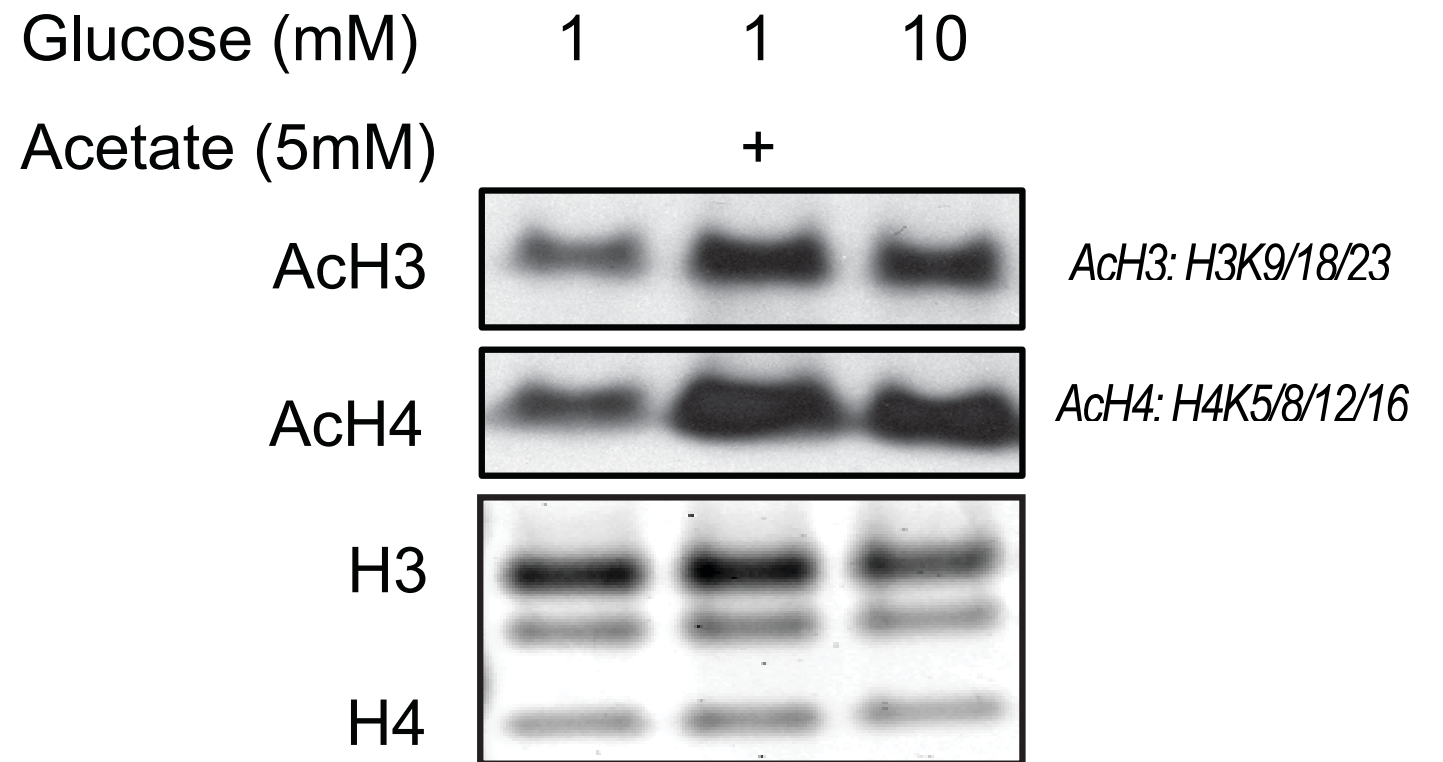
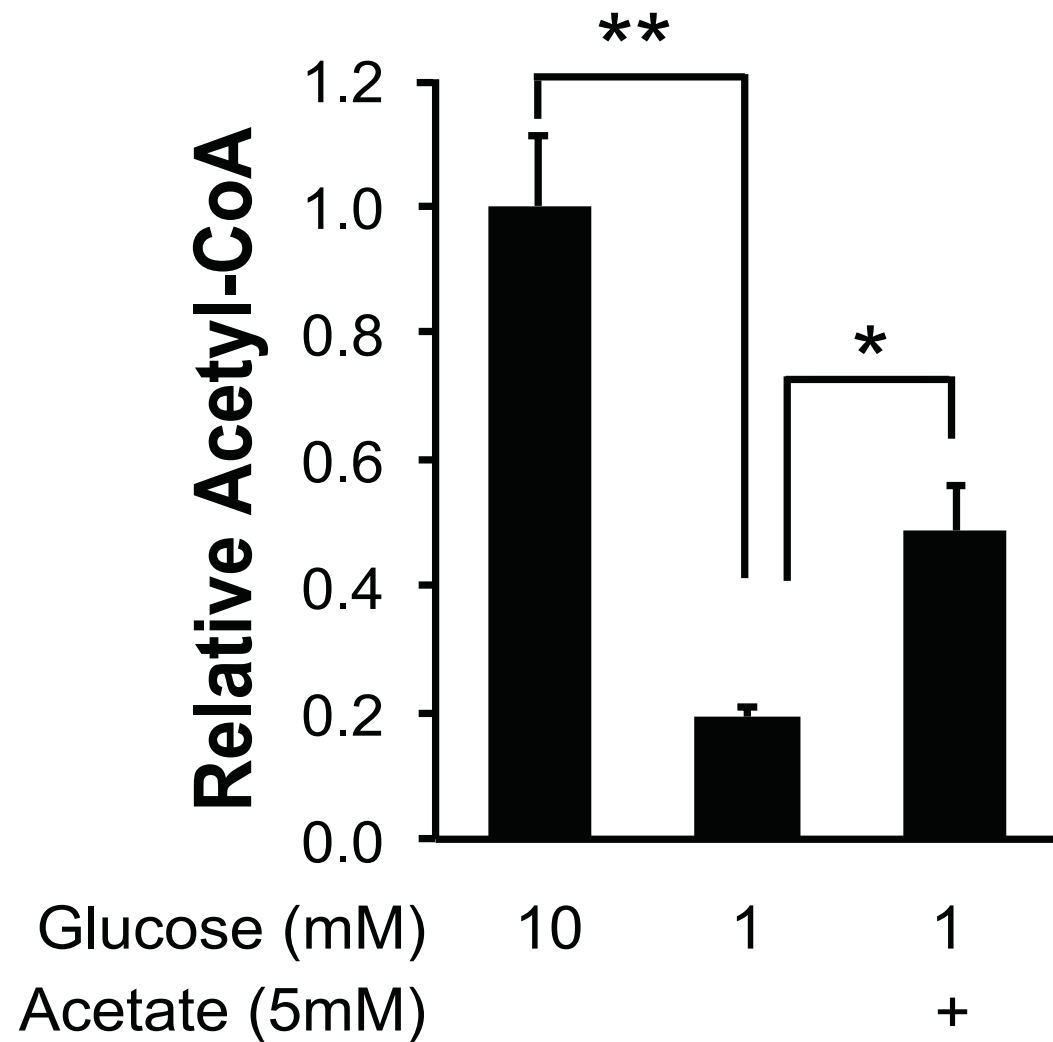
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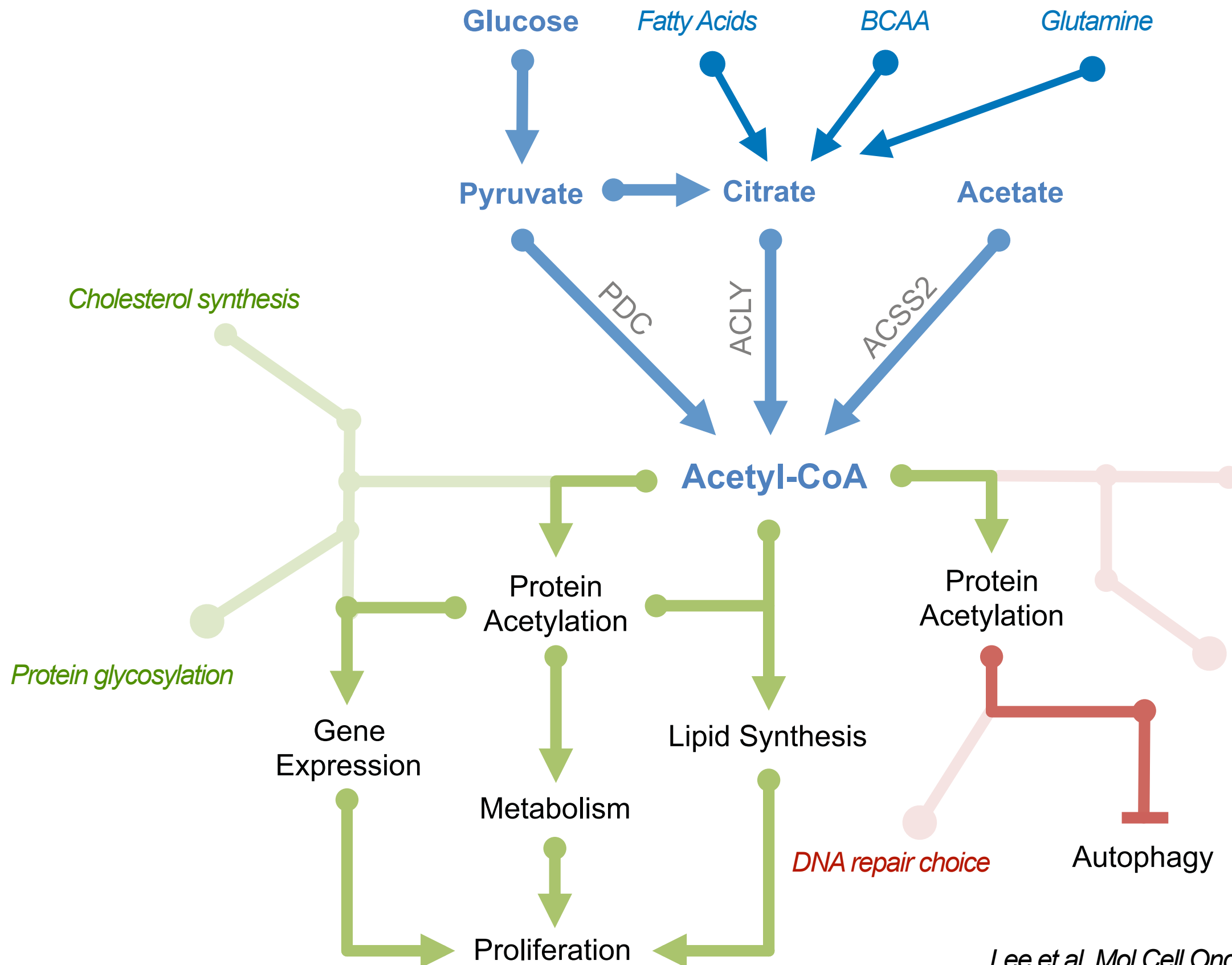
Acetyl-CoA levels fluctuate in response to nutrient availability



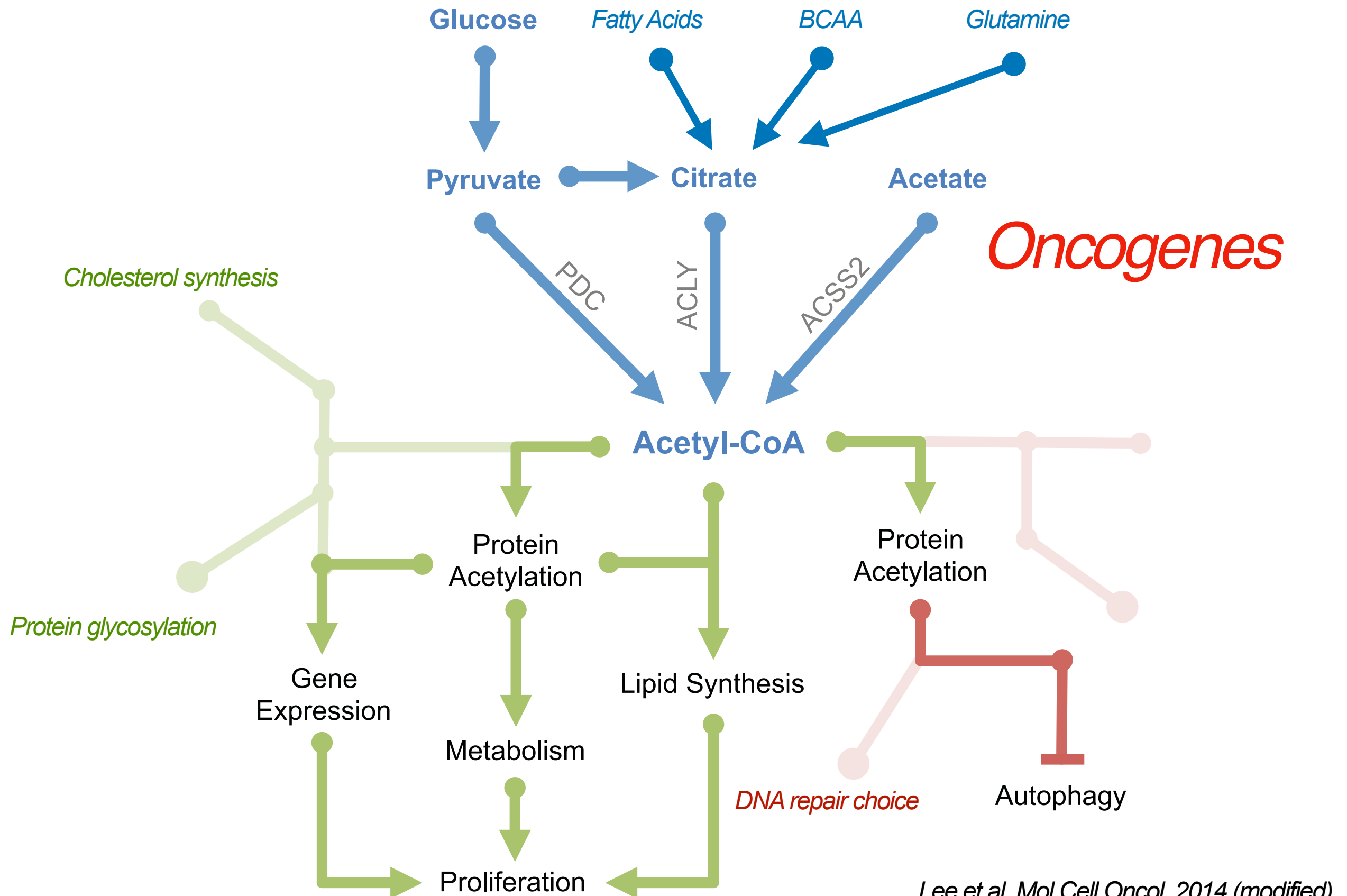
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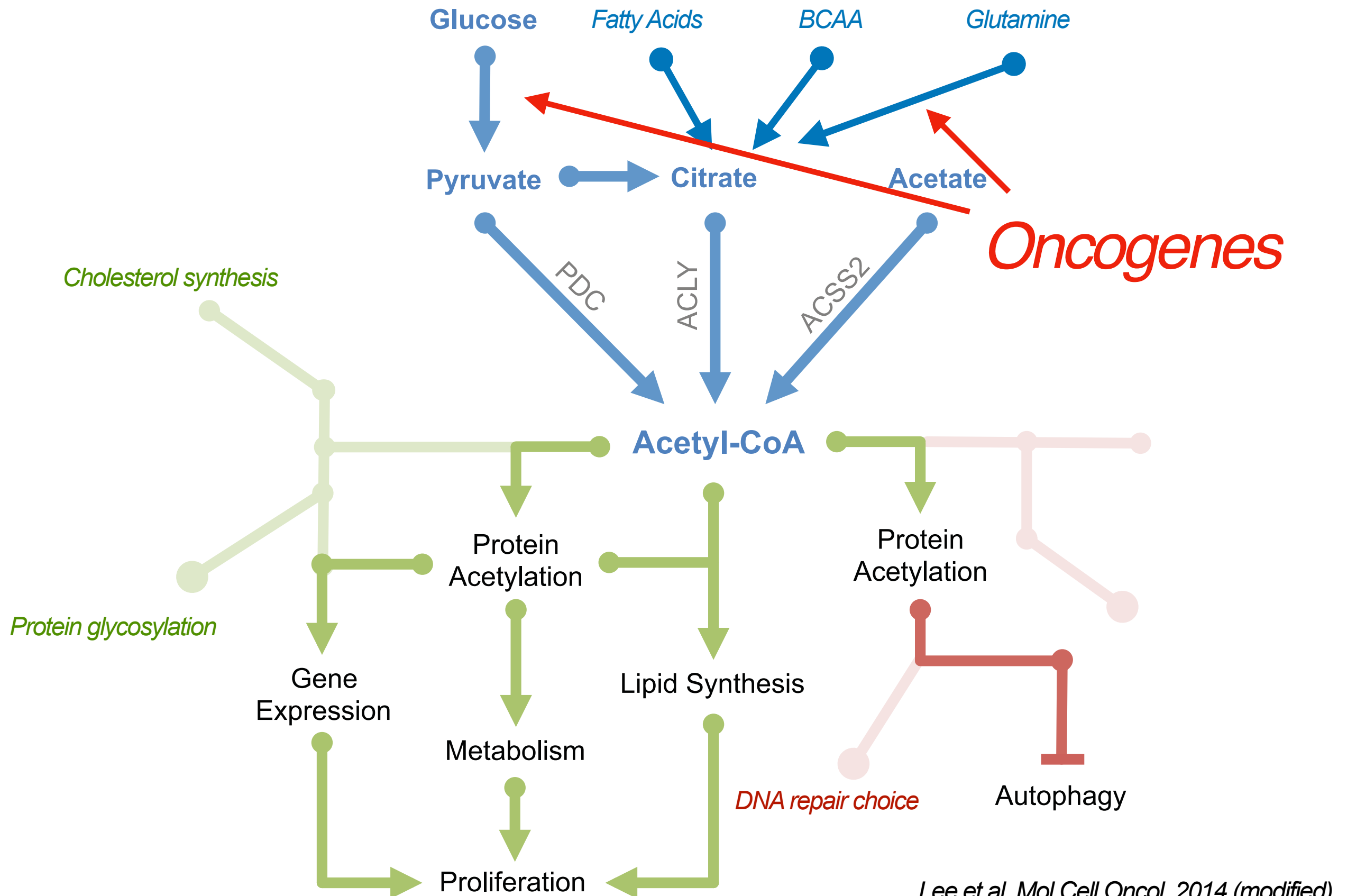
Acetyl-CoA gauges extra-cellular conditions and influences cell behavior



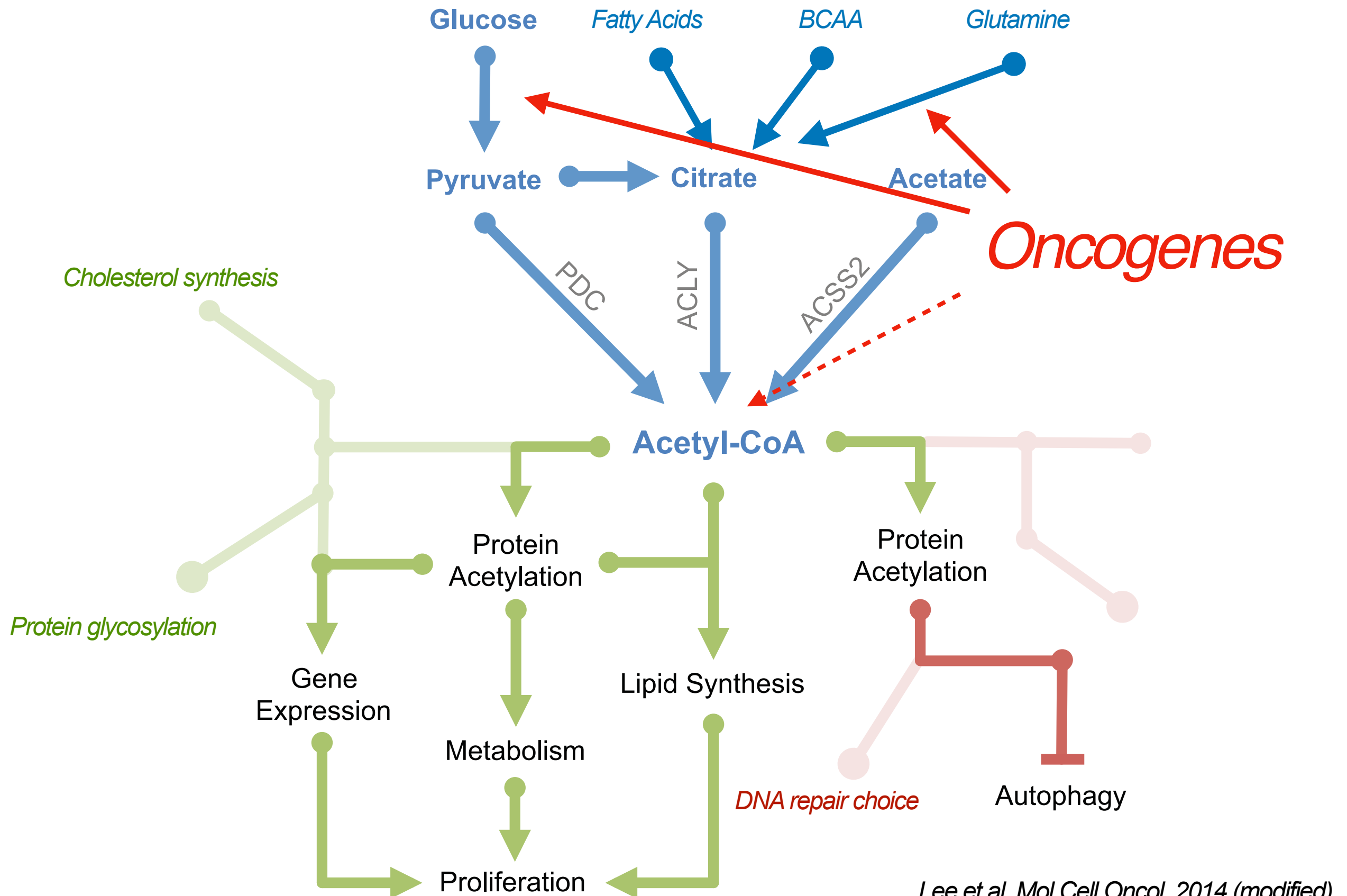
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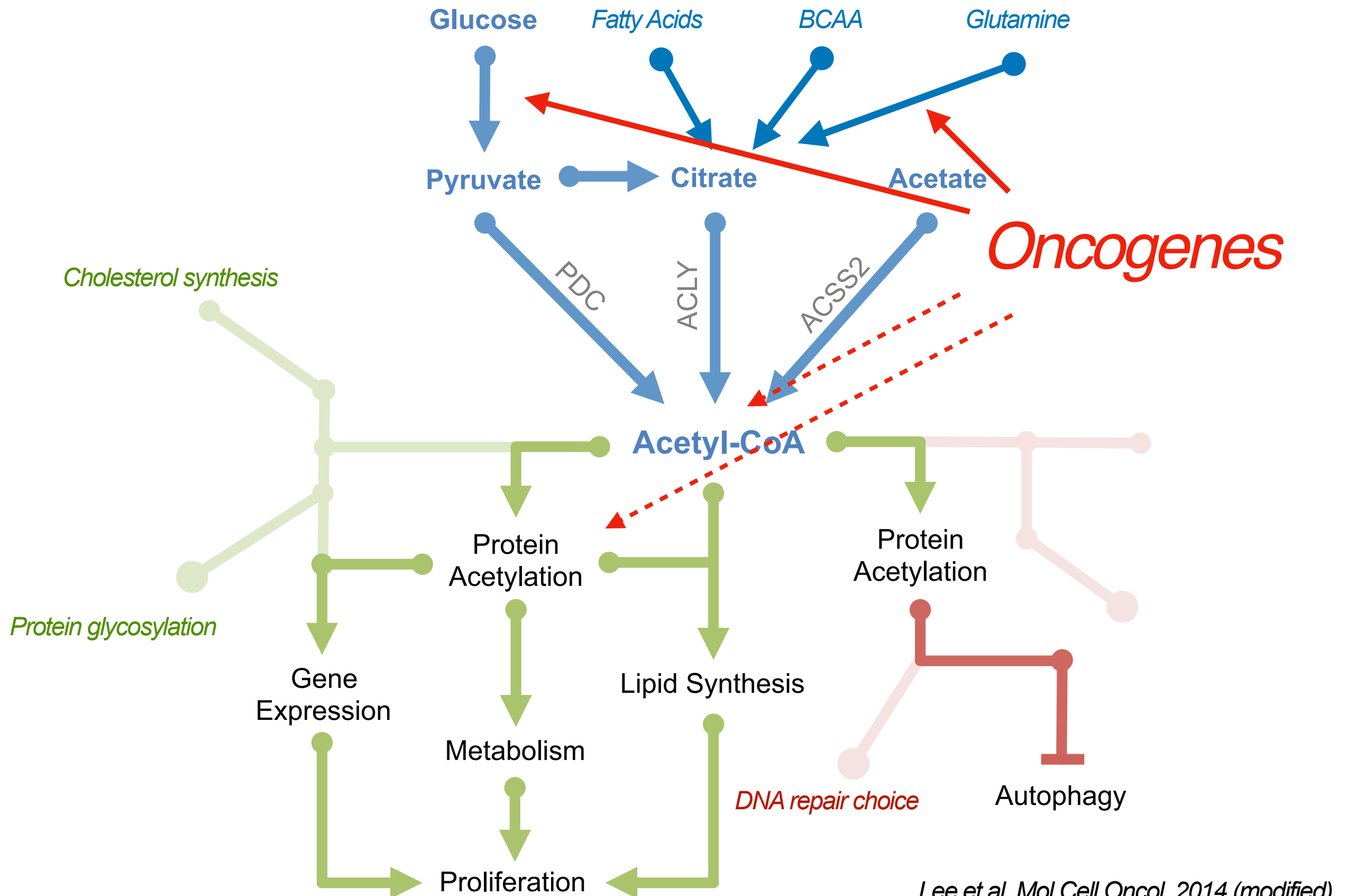
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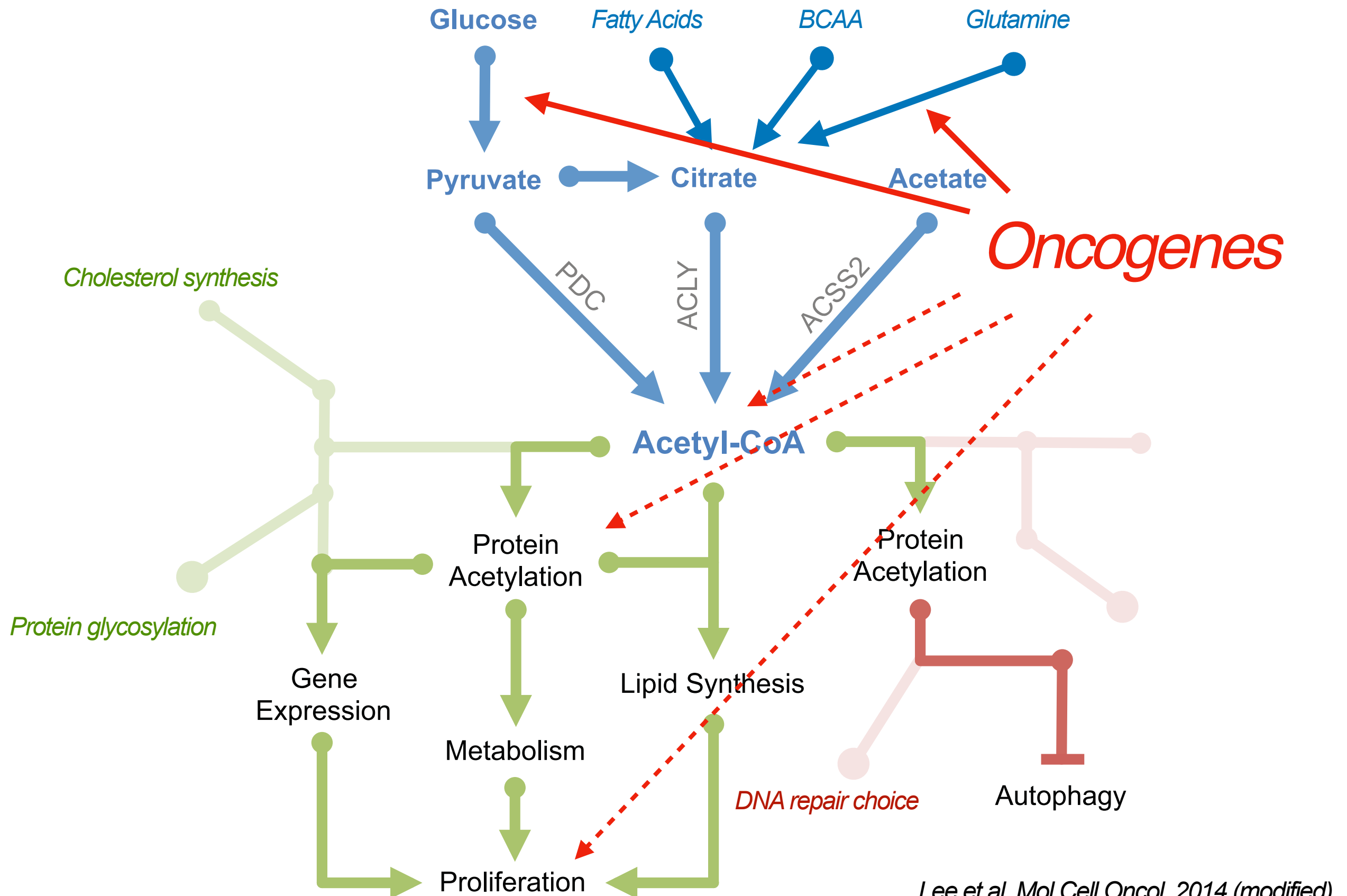
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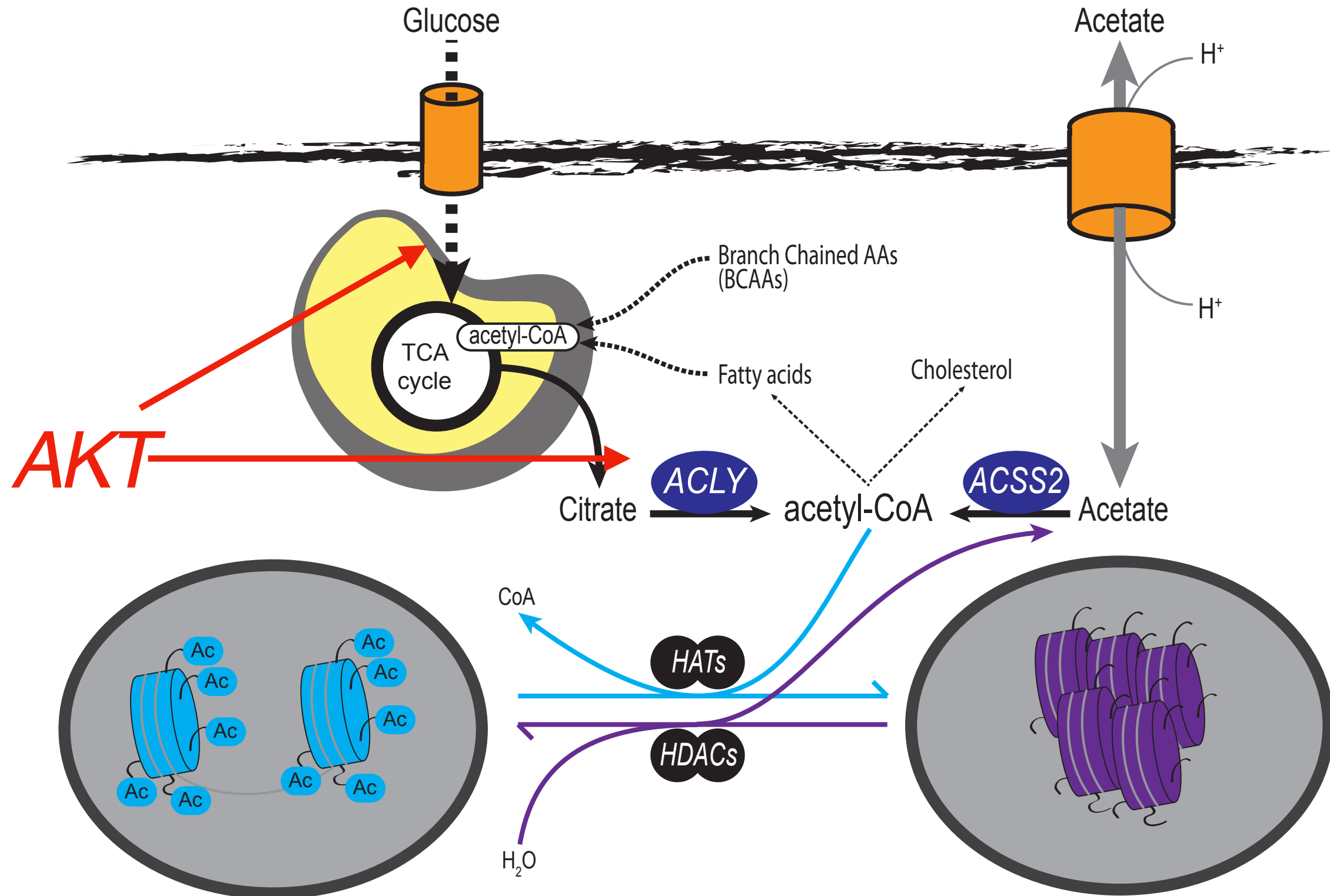
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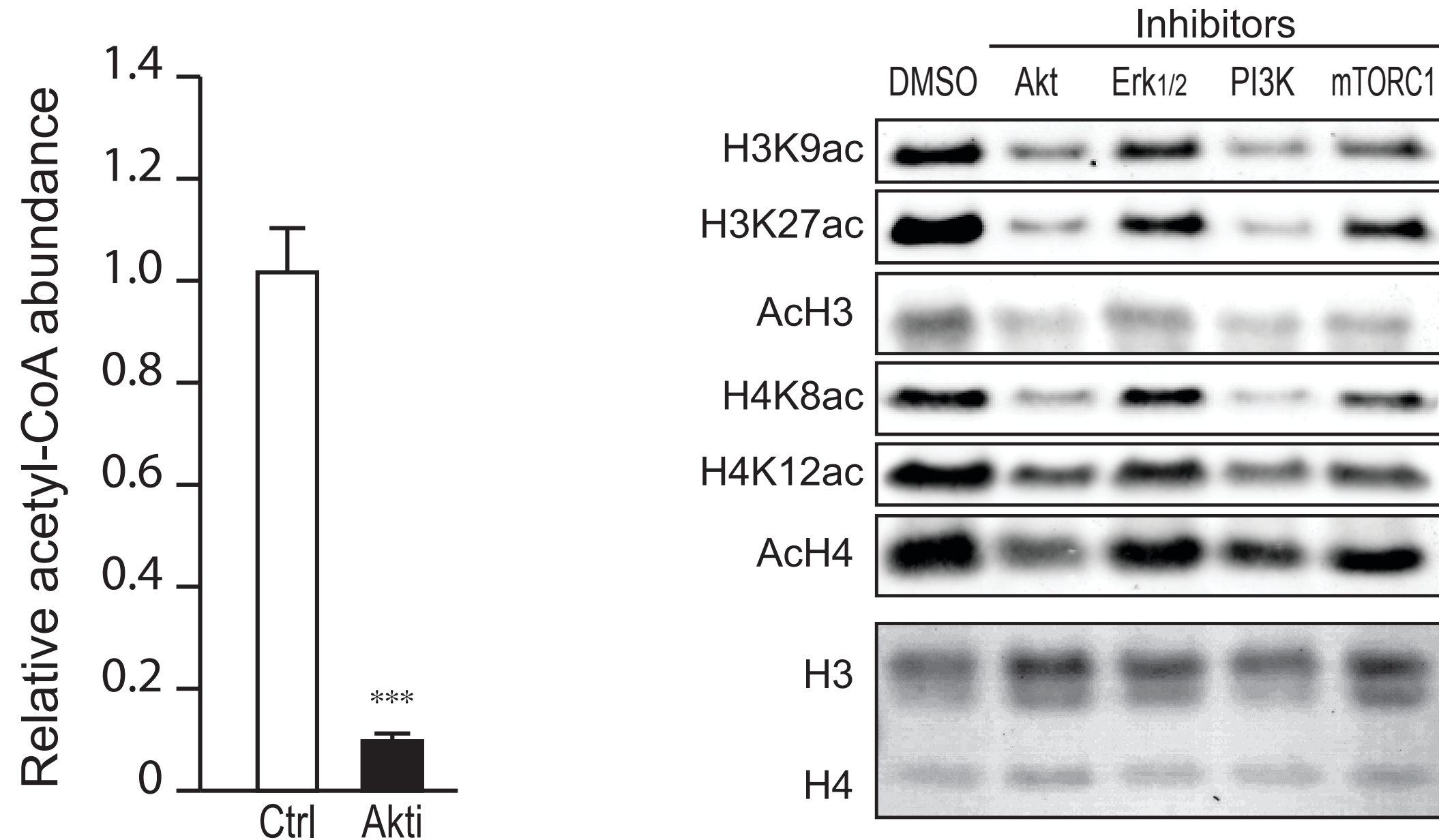


AKT promotes acetyl-CoA production



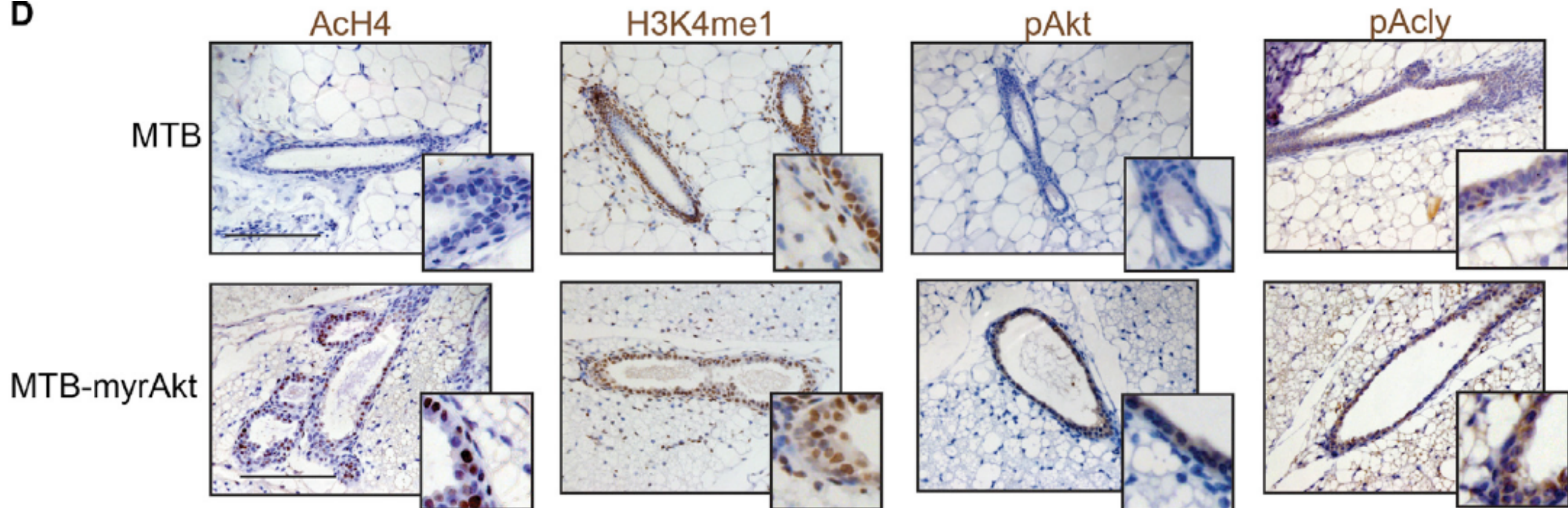
Carrer & Wellen, Curr Opin Biotechnol, 2015

Akt-dependent regulation of histone acetylation

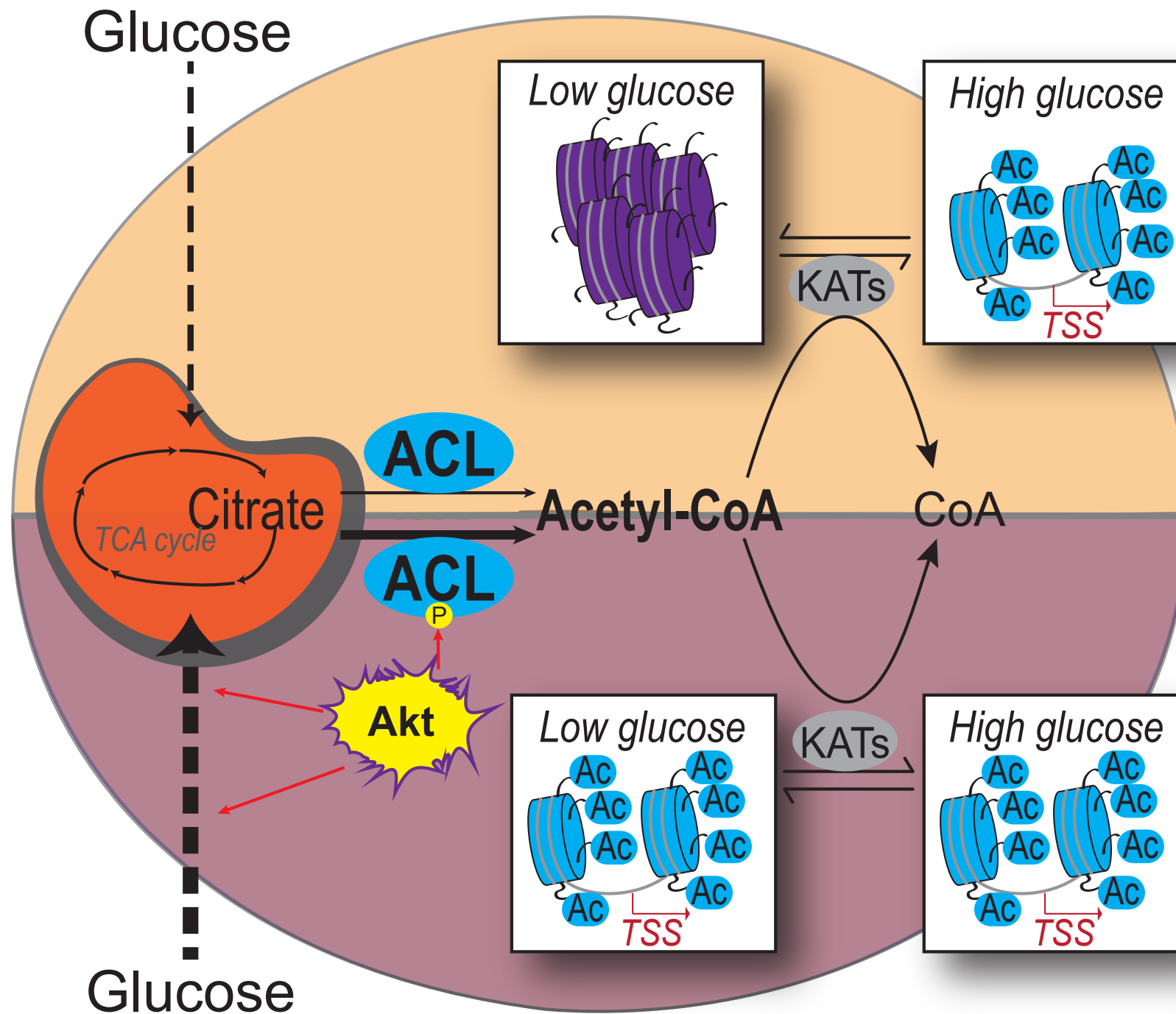


AKT induces histone acetylation through a AKT-ACLY axis

D

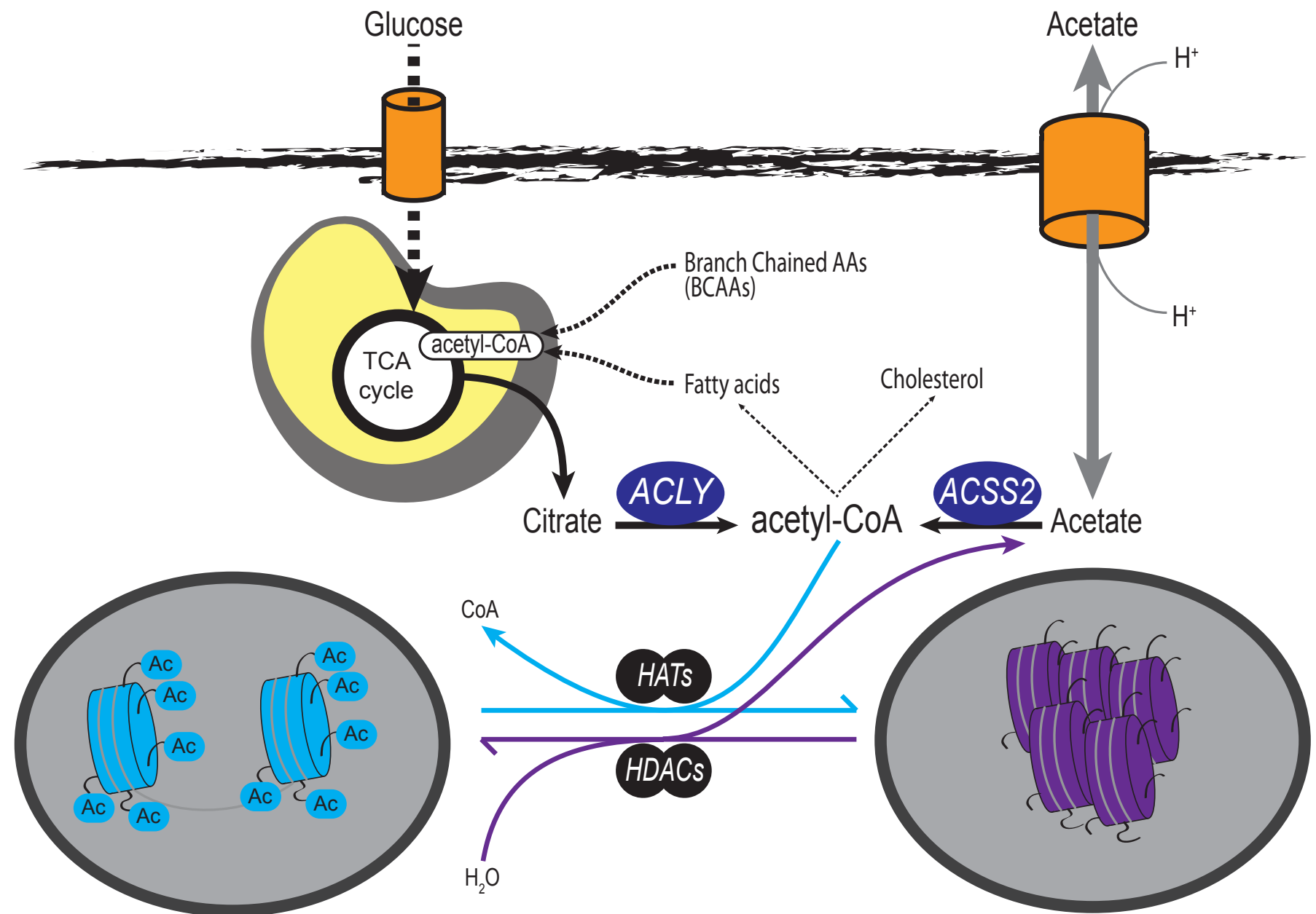


Akt activity low

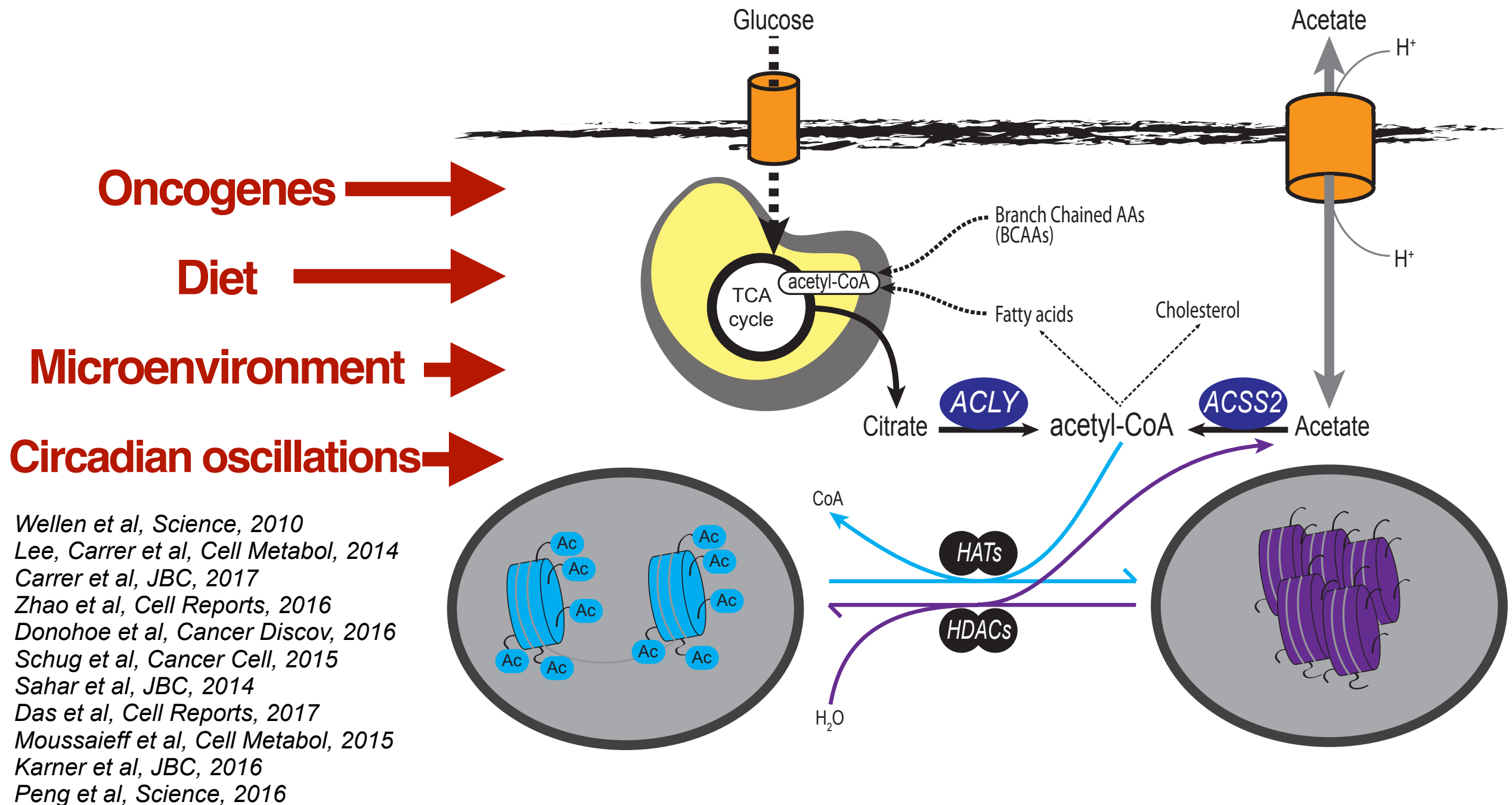


Akt activity high

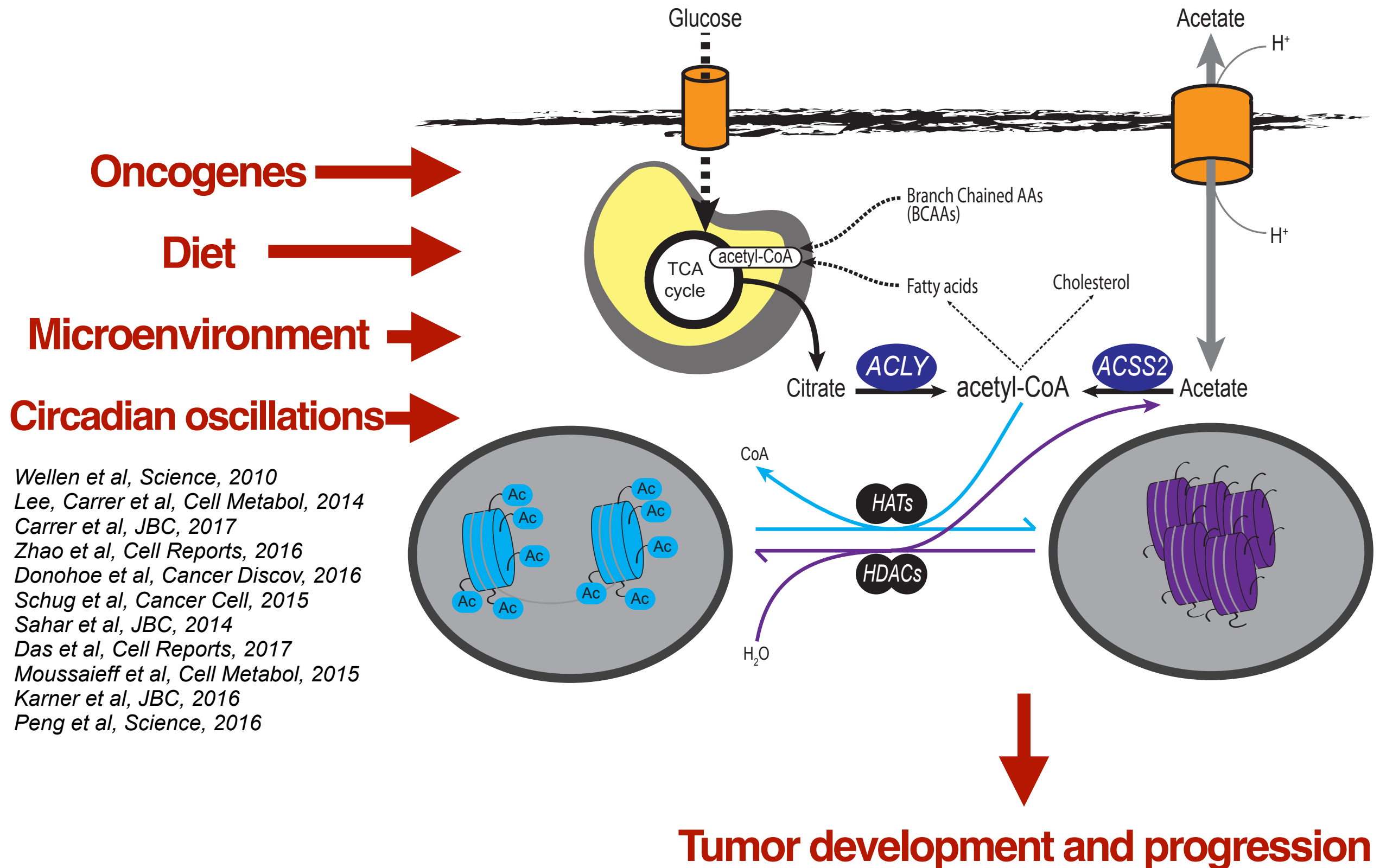
acetyl-CoA at the interface of metabolism and epigenome



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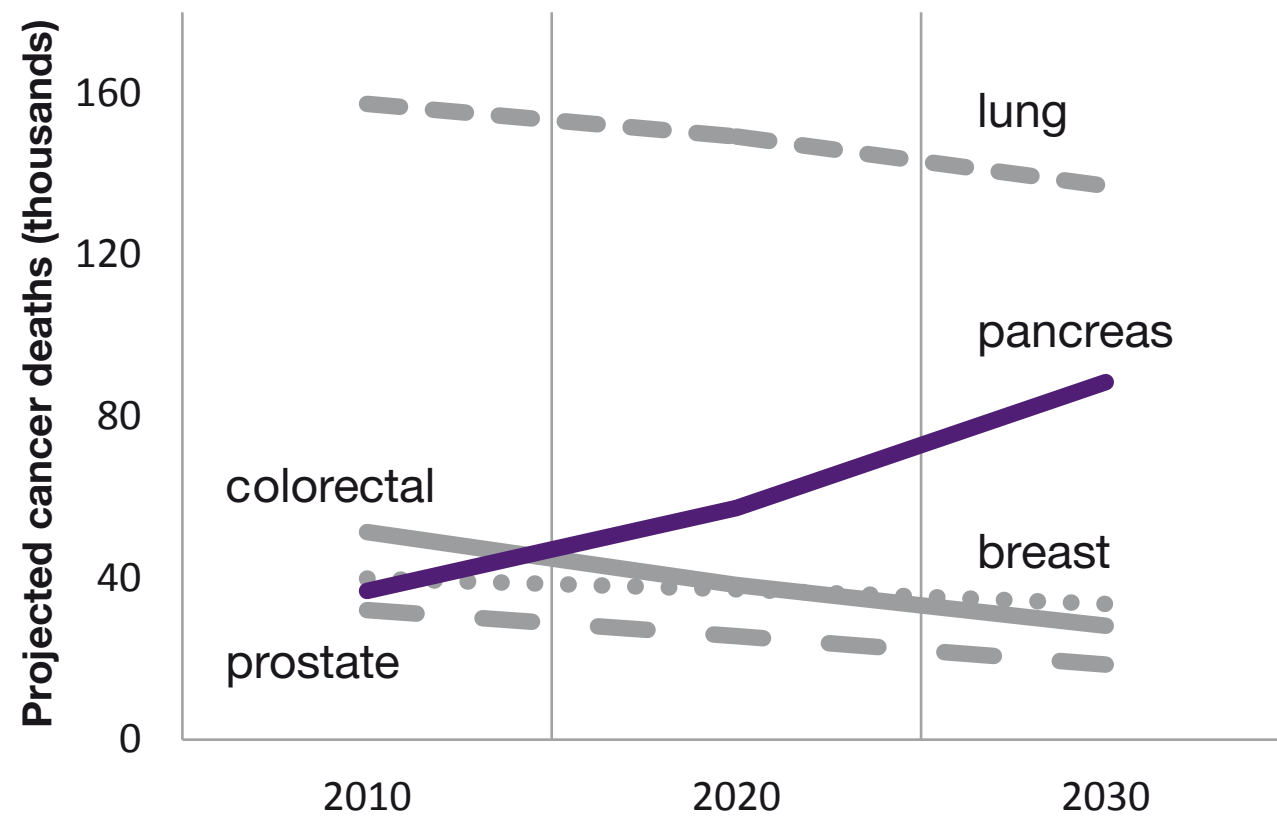
acetyl-CoA at the interface of metabolism and epigenome



Wellen et al, Science, 2010
 Lee, Carrer et al, Cell Metabol, 2014
 Carrer et al, JBC, 2017
 Zhao et al, Cell Reports, 2016
 Donohoe et al, Cancer Discov, 2016
 Schug et al, Cancer Cell, 2015
 Sahar et al, JBC, 2014
 Das et al, Cell Reports, 2017
 Moussaieff et al, Cell Metabol, 2015
 Karner et al, JBC, 2016
 Peng et al, Science, 2016

Pancreatic Ductal AdenoCarcinoma (PDAC)

PROJECTED CANCER DEATHS

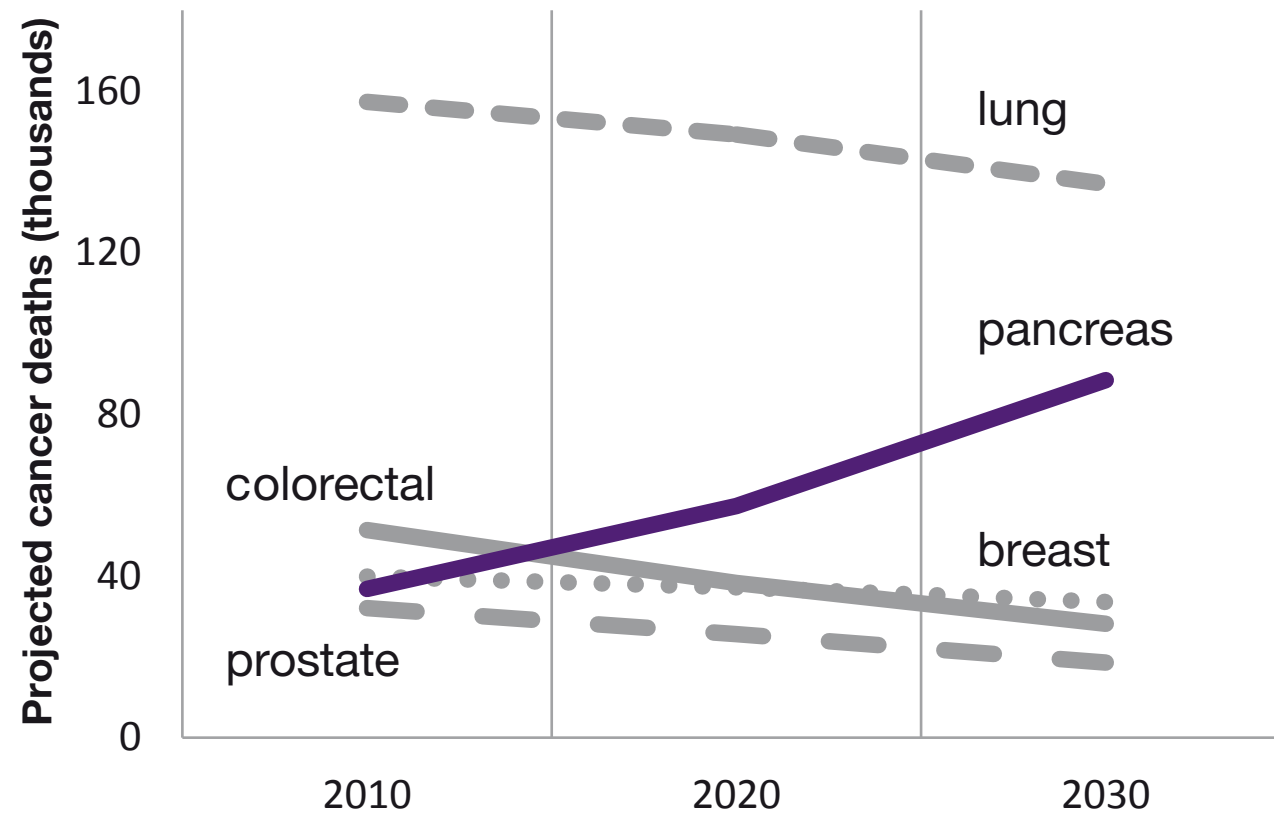


PanCan Action Network Report, 2015

Rahib et al, Cancer Res, 2014

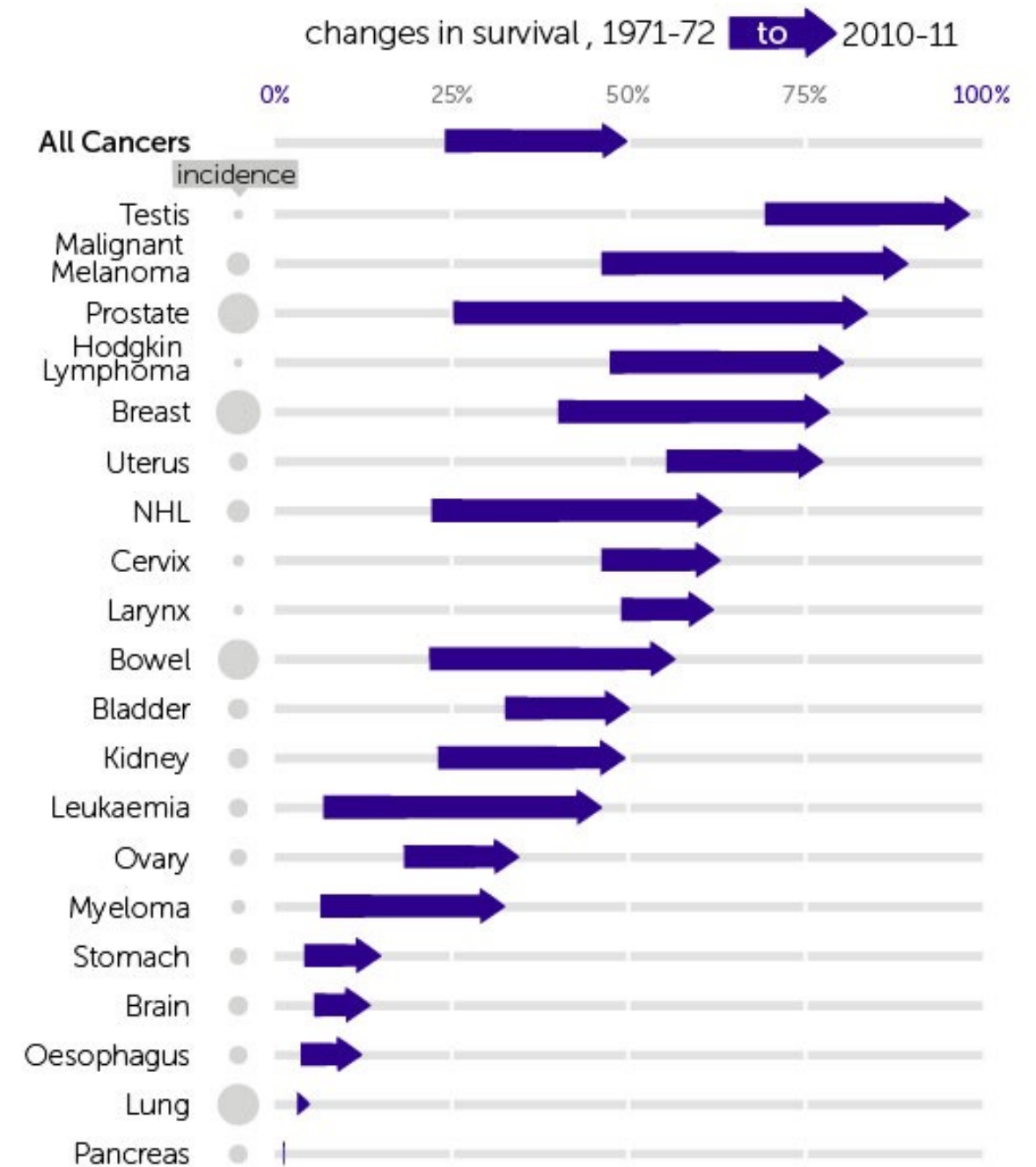
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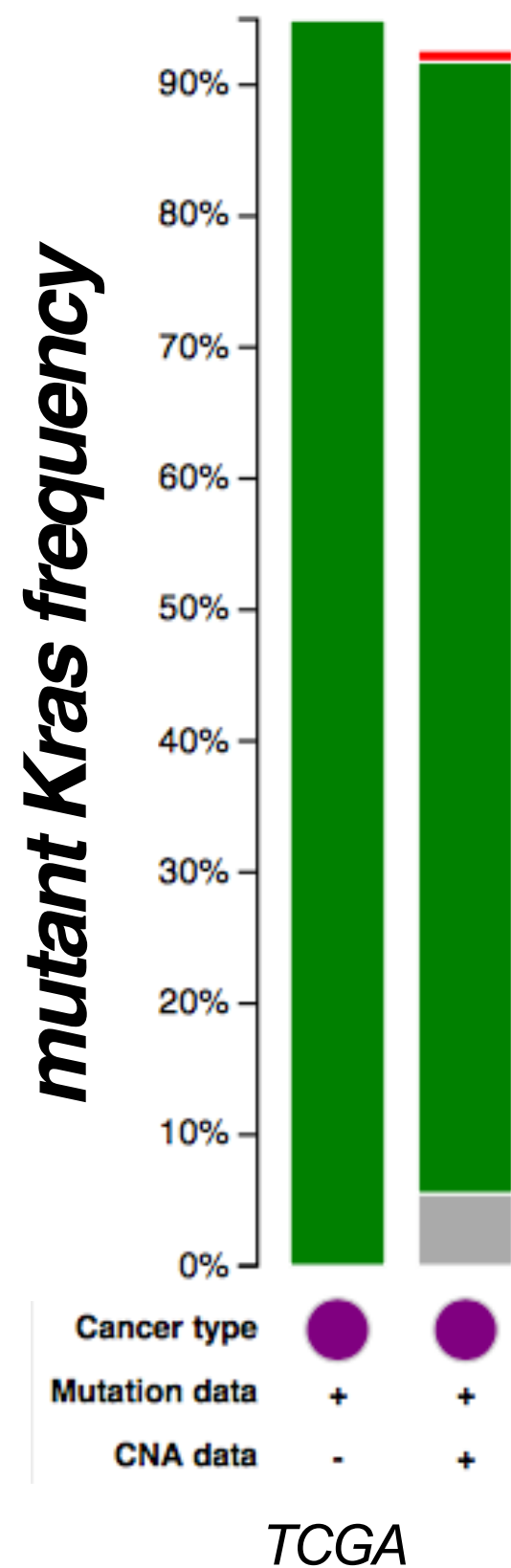
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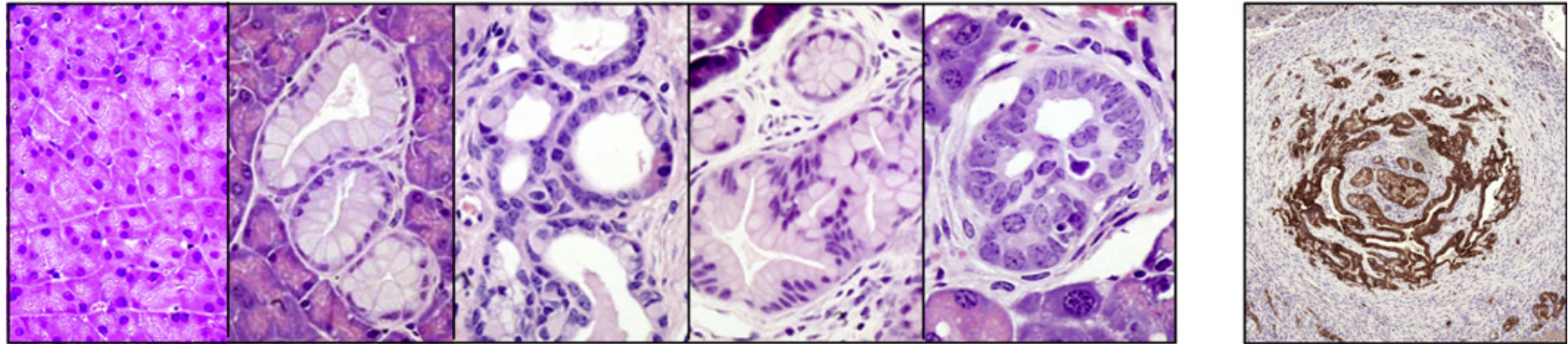


Cancer Research UK

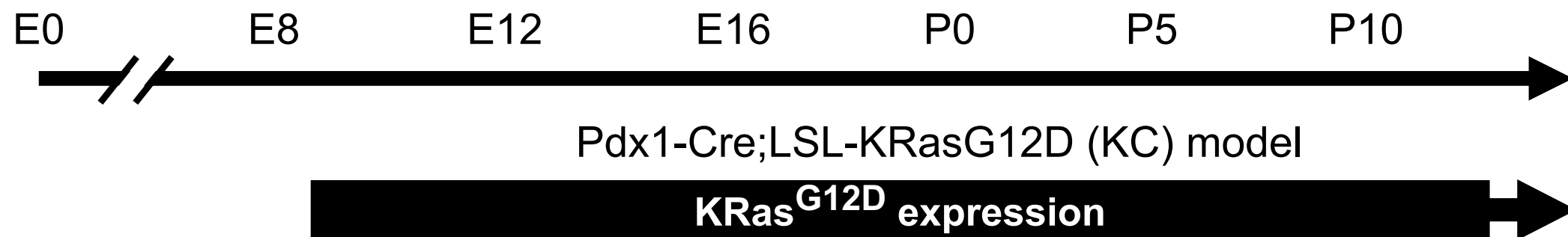
Pancreatic Ductal AdenoCarcinoma (PDA)



PDA mouse models: KC and KPC mice



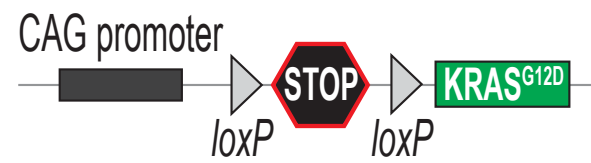
KRas Oncogene-driven Prenatal Models



KC: mutant *Kras* - Cre-mediated gene activation

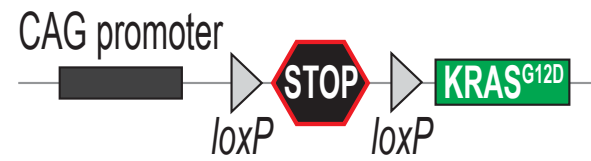
KPC: mutant *Kras*; *p53* haplodeficiency; - Cre-mediated gene activation

The CRE-LoxP system for mouse transgenics



KRAS WT

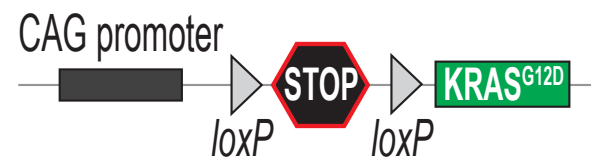
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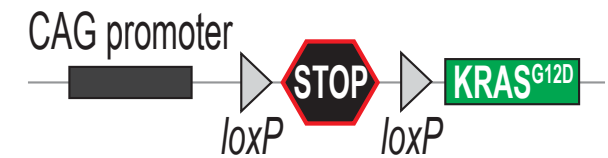
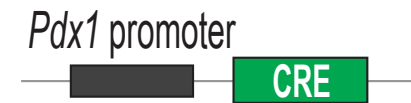
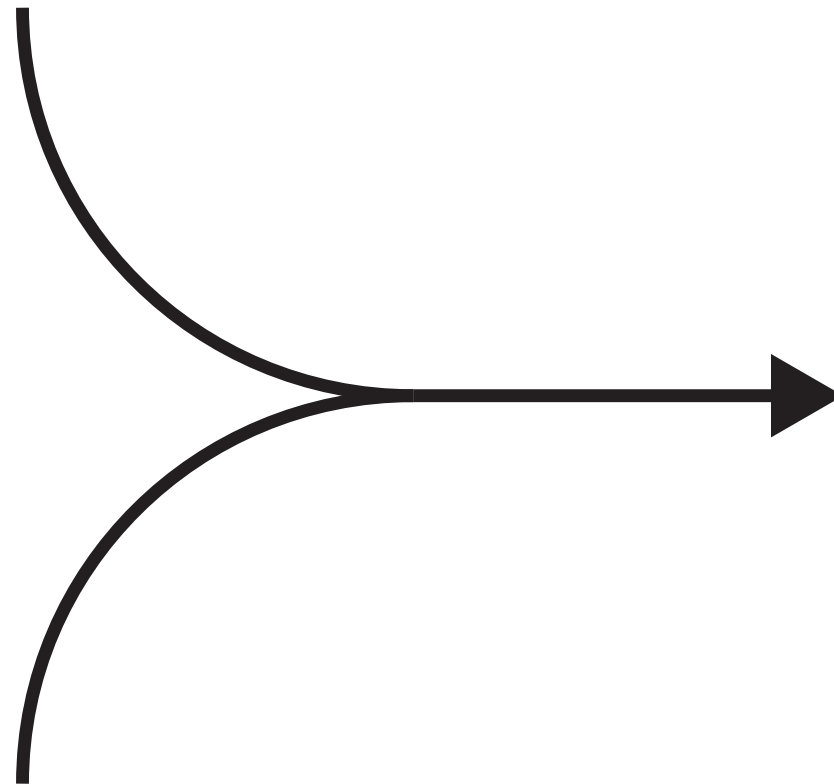
KRAS WT



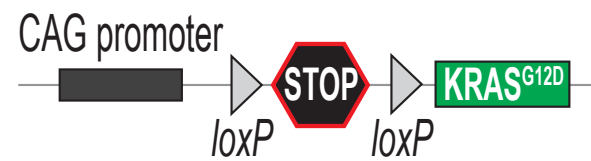
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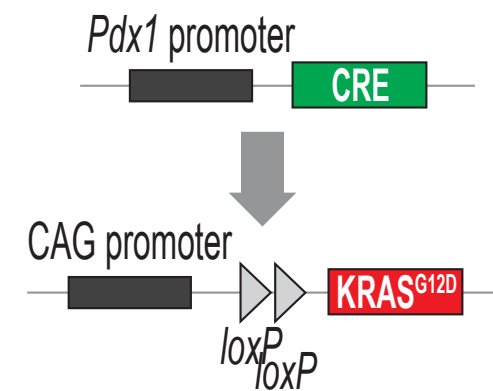
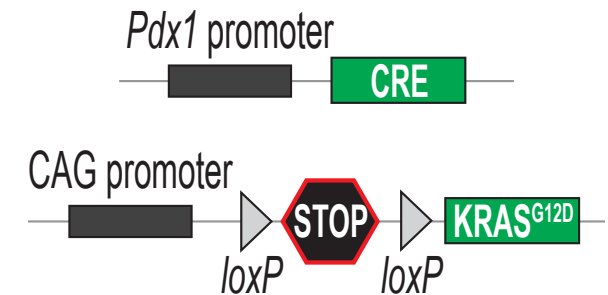
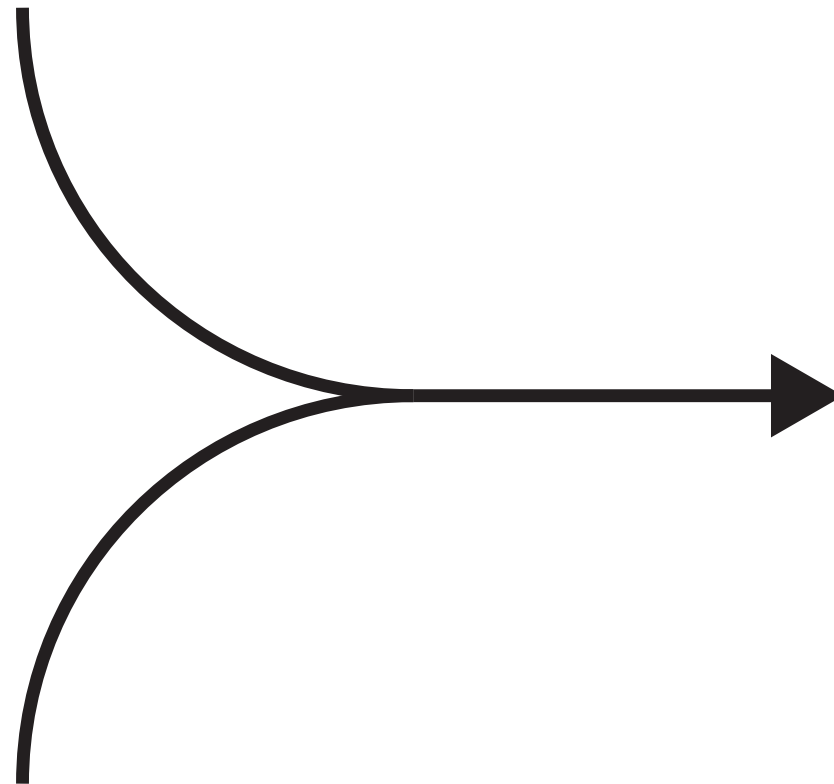
KRAS WT



The CRE-LoxP system for mouse transgenics



KRAS WT

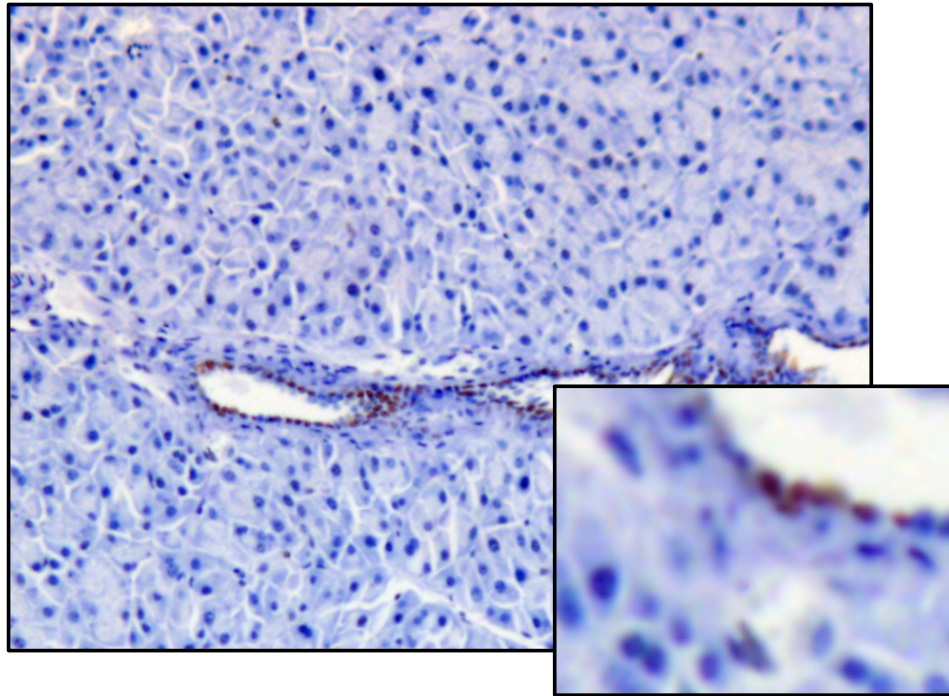


**mutant KRAS
(Pancreas ONLY)**

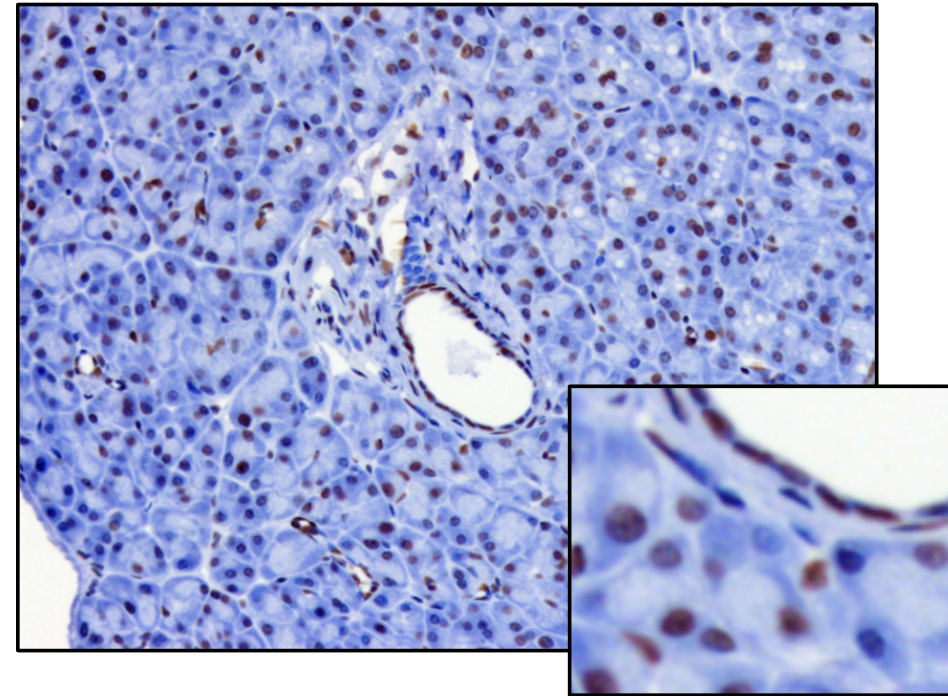
Histone acetylation is elevated in PDA

ACh4 (K5/8/12/16ac)

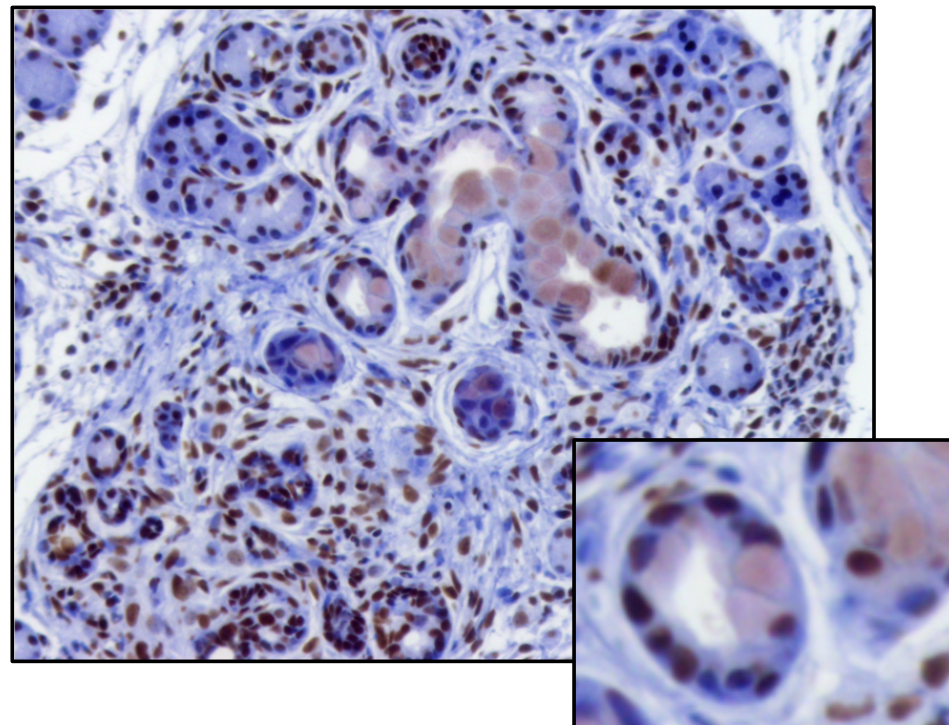
Kras WT



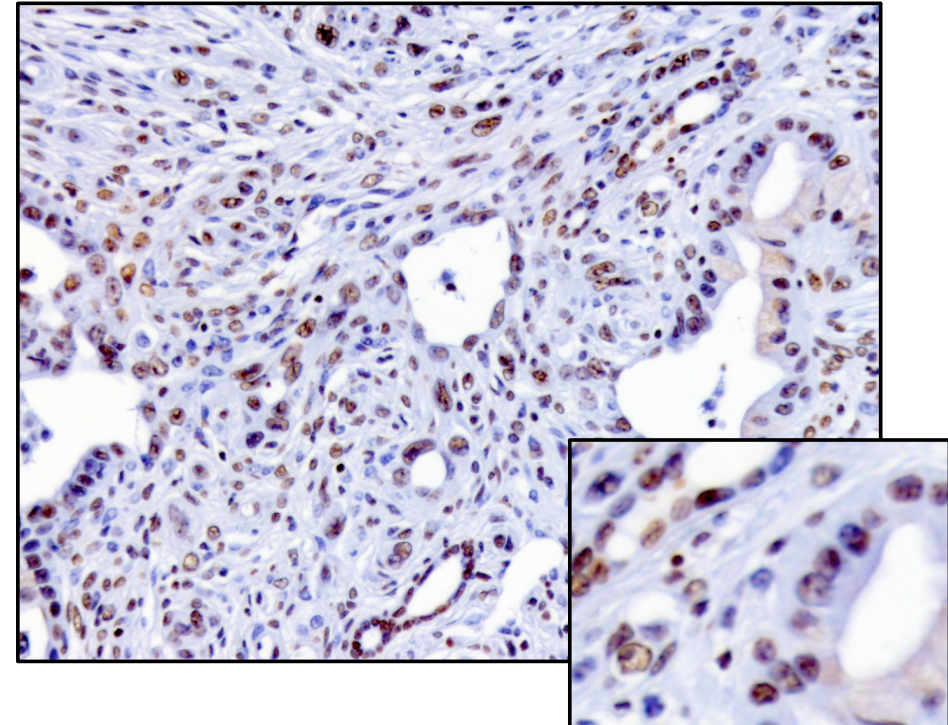
KrasG12D - Normal area



KrasG12D - PanIN

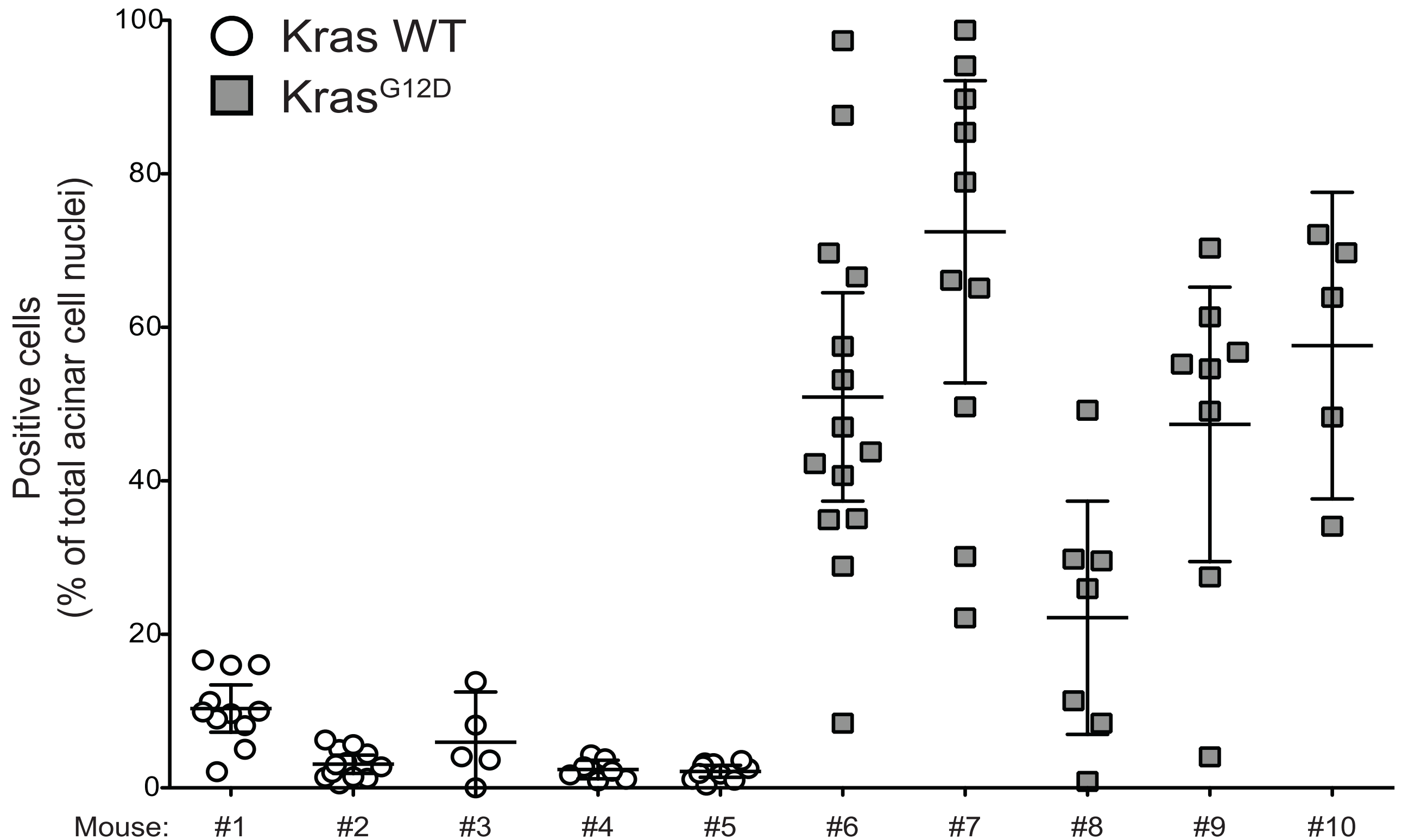


KrasG12D - Tumor

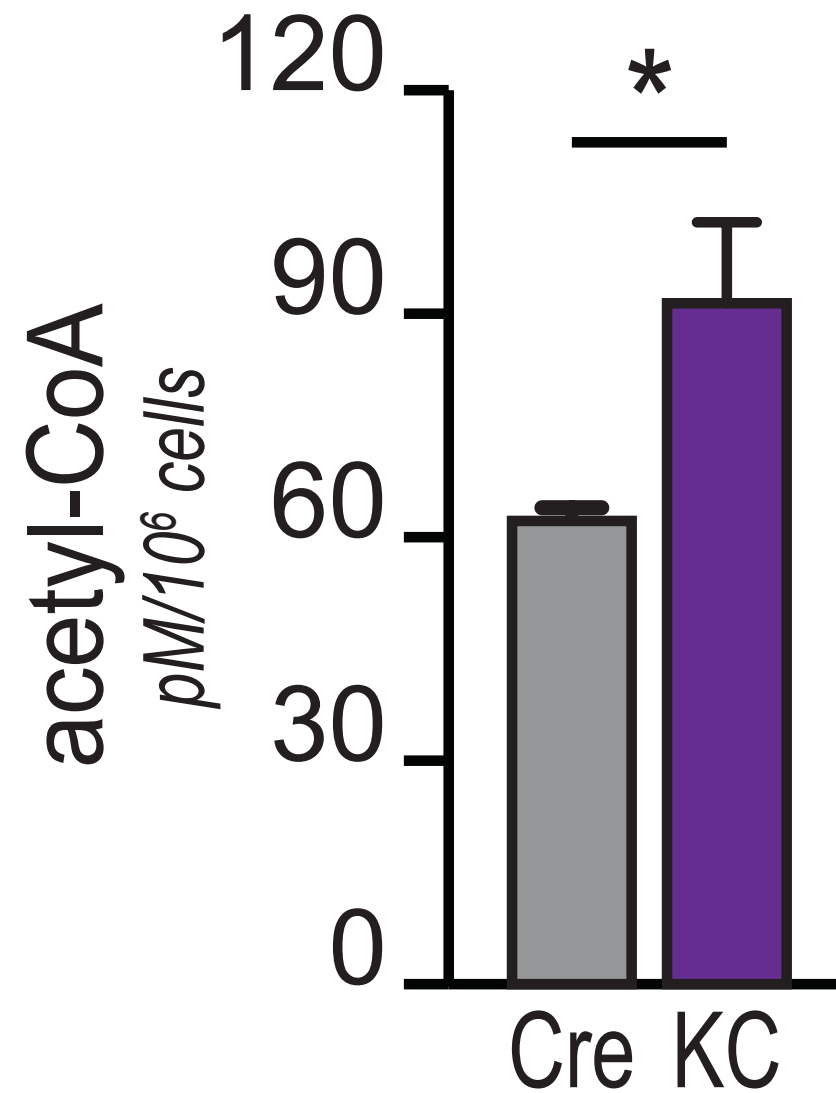
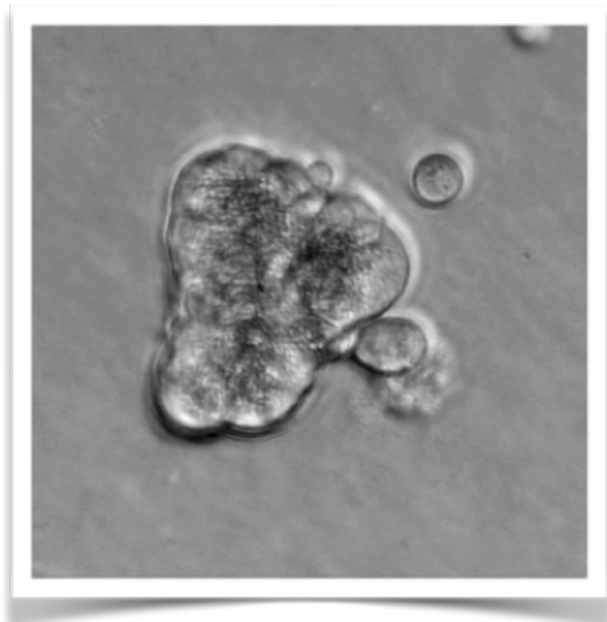


KPC: mutant Kras; P53 haplodeficiency

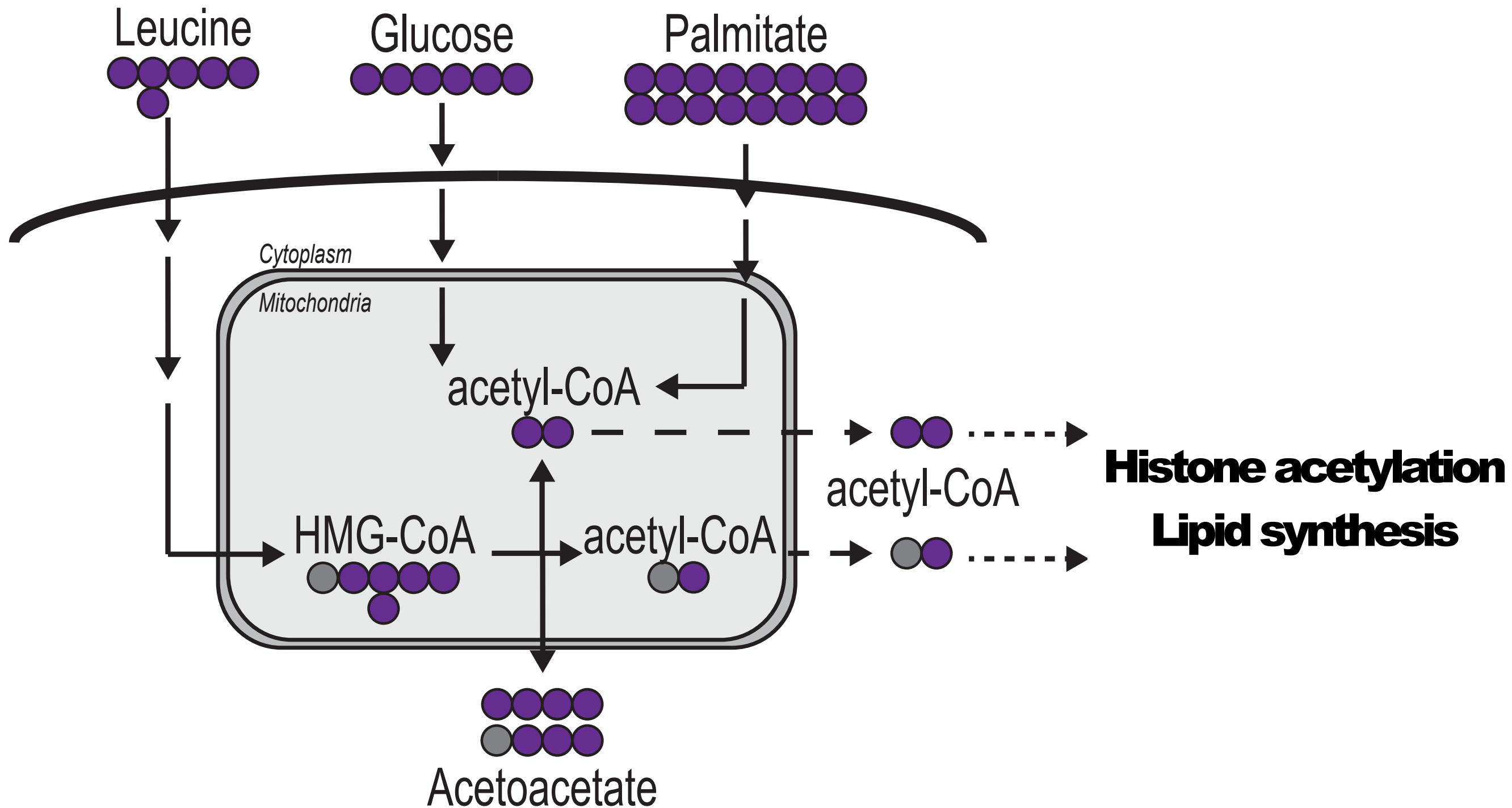
Histone acetylation is elevated in acinar cells



Oncogenic KRAS elevates acetyl-CoA availability in premalignant acinar cells

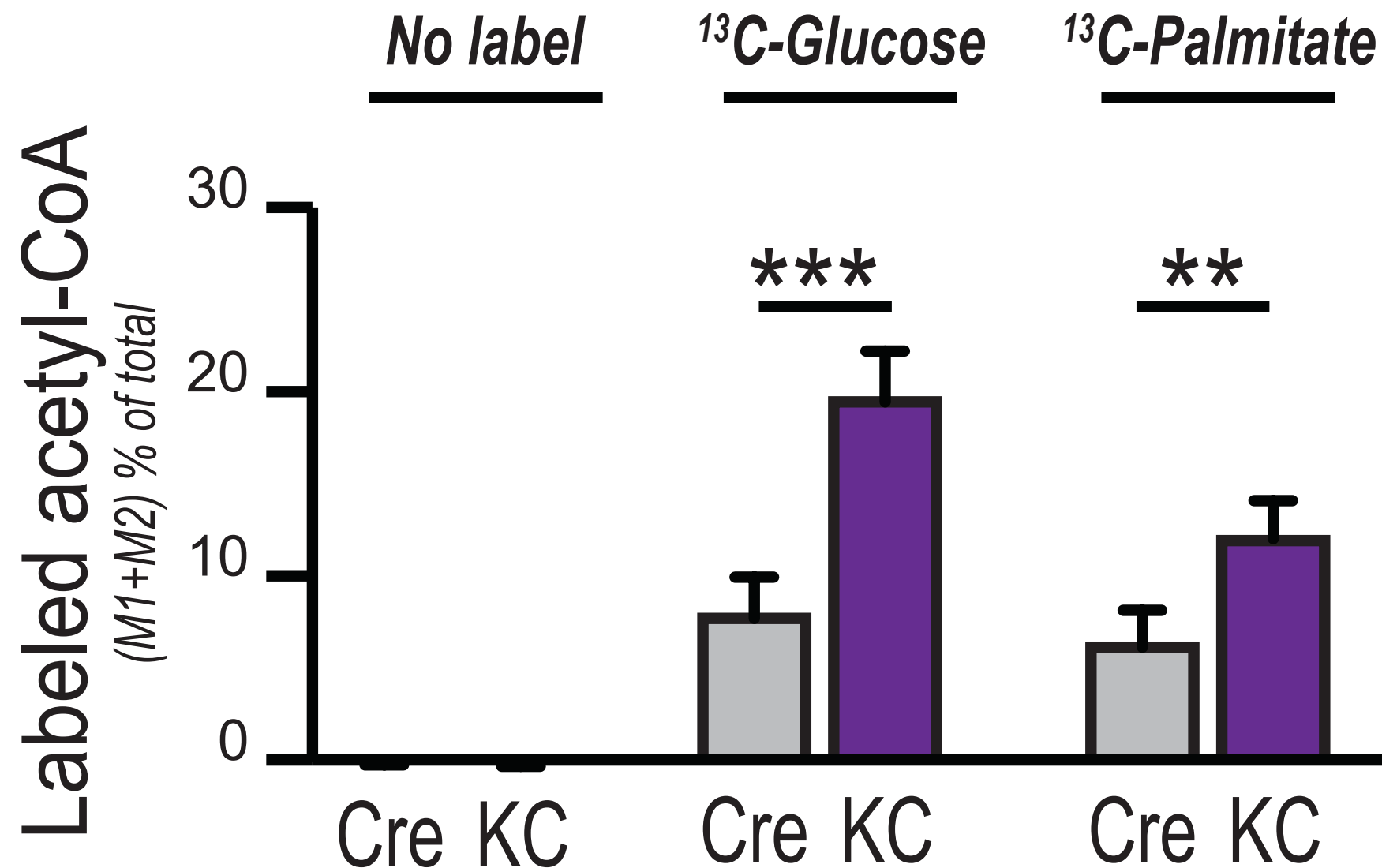


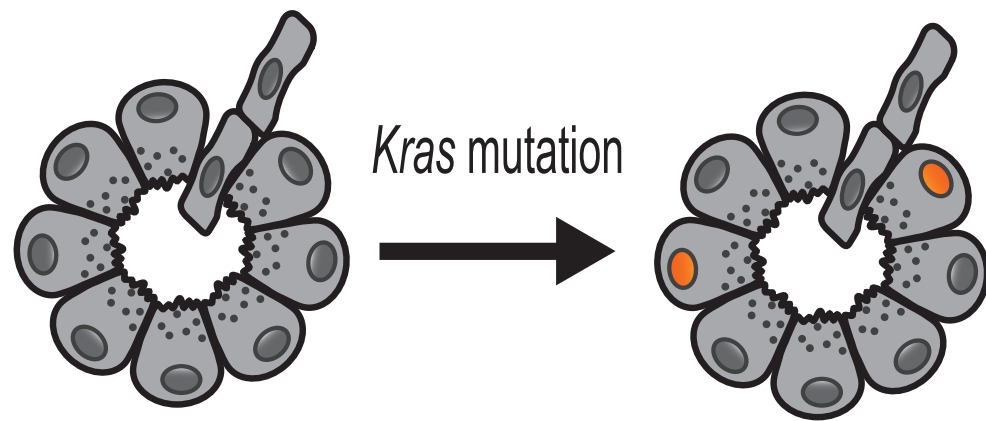
Nutrients are catabolized into acetyl-CoA



Isolated acinar cells ex vivo

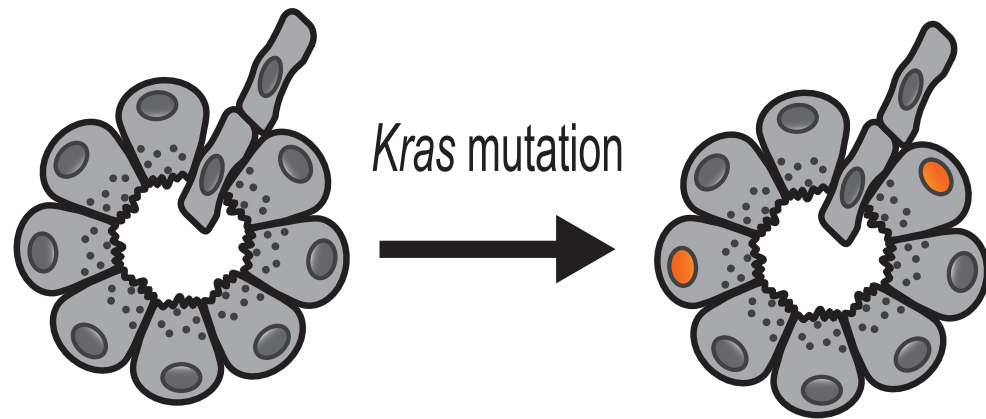
Oncogenic **KRAS** increases contribution of **Glucose** and **Palmitate** to the acetyl-CoA pool





Oncogenic KRAS augments acetyl-CoA availability

- increased contribution from glucose and palmitate in KRAS^{G12D}-expressing acinar cells



Oncogenic KRAS augments acetyl-CoA availability

- increased contribution from glucose and palmitate in KRAS^{G12D}-expressing acinar cells

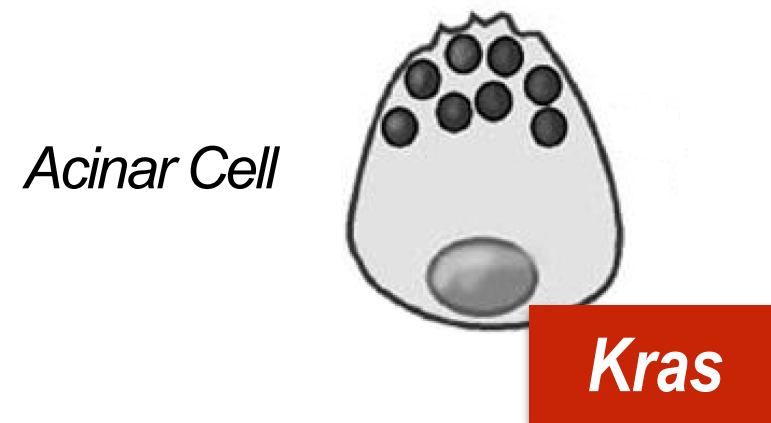
Impact for tumorigenesis?

AKT inhibition delays Acinar-to-Ductal Metaplasia in vitro

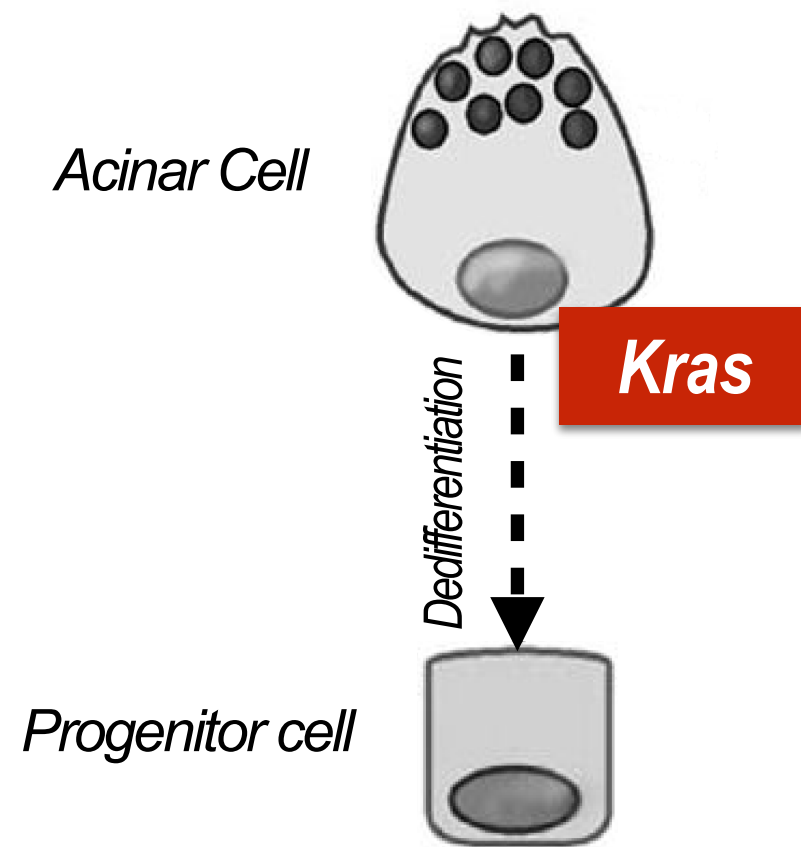
Acinar Cell



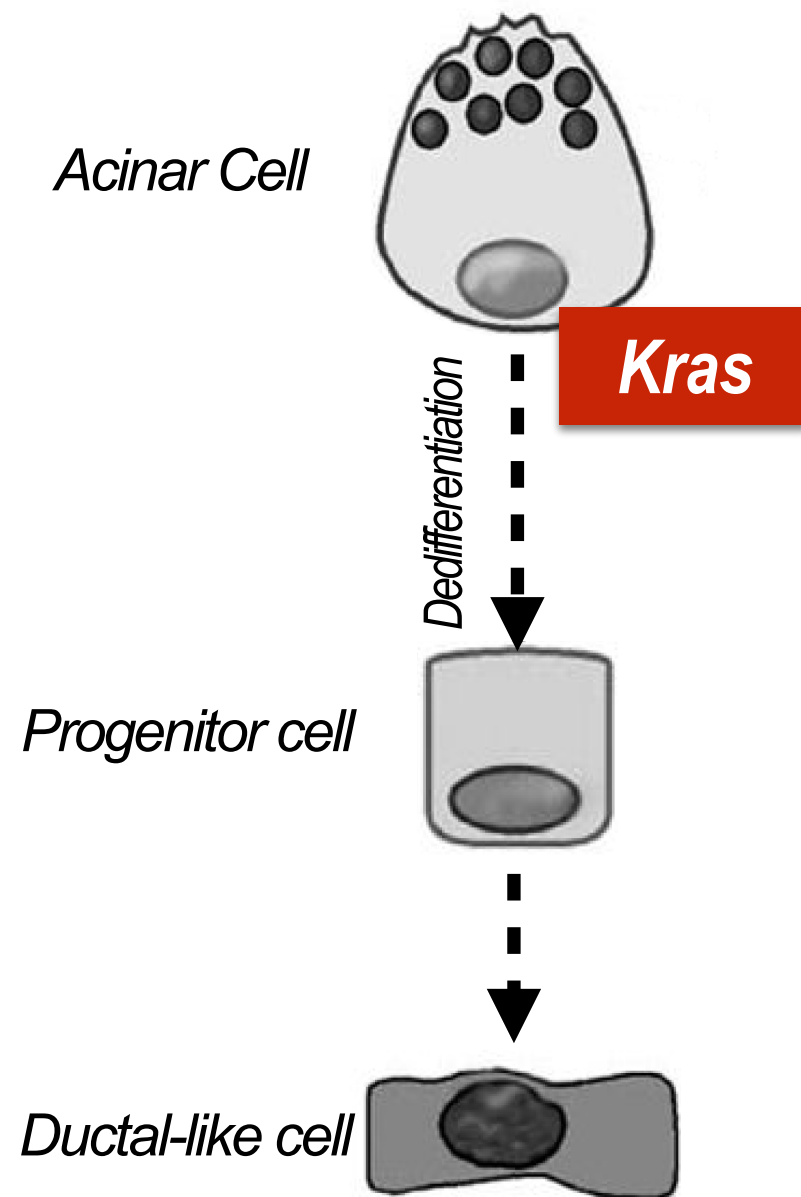
AKT inhibition delays Acinar-to-Ductal Metaplasia in vitro



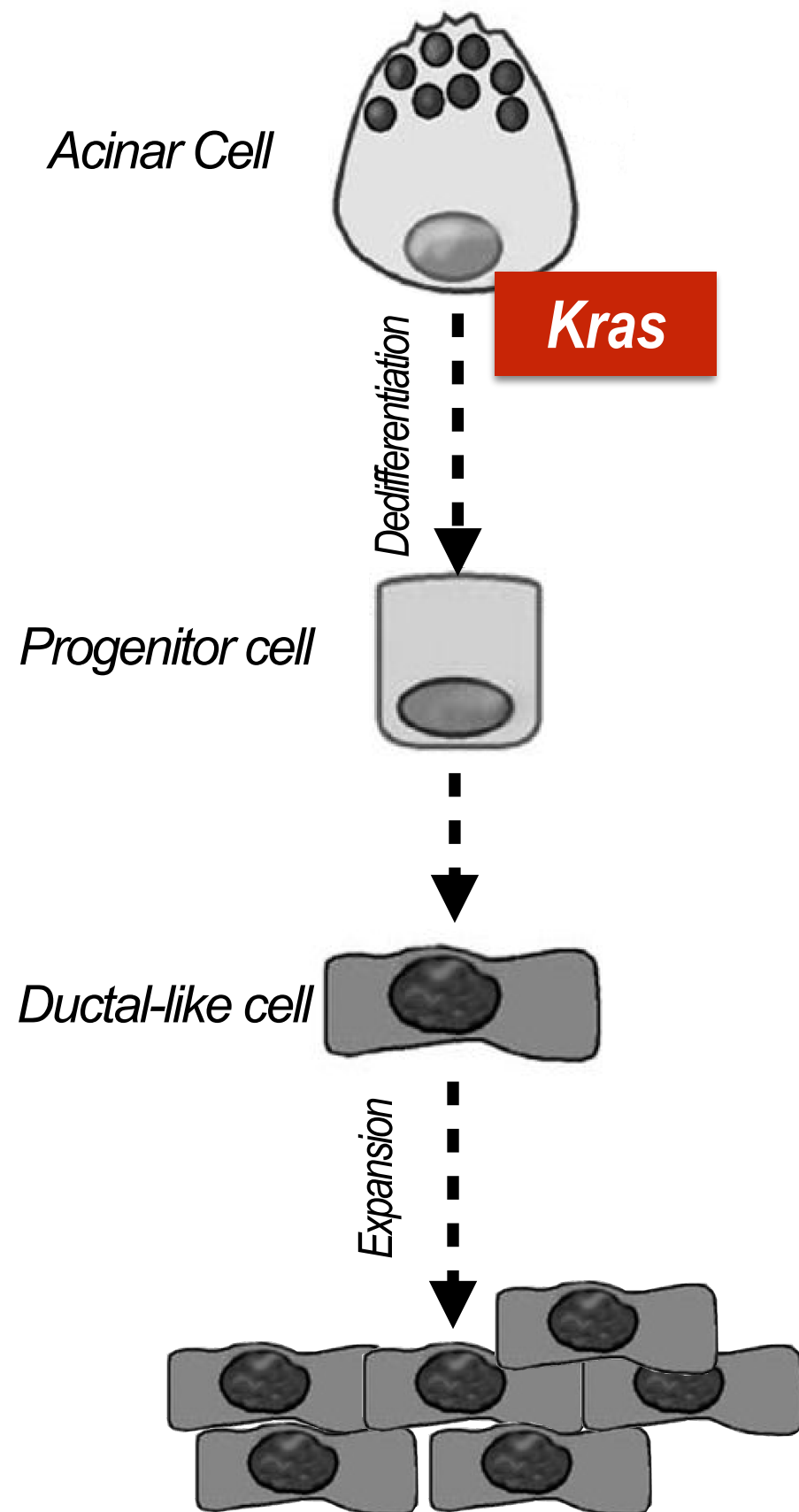
AKT inhibition delays Acinar-to-Ductal Metaplasia in vitro



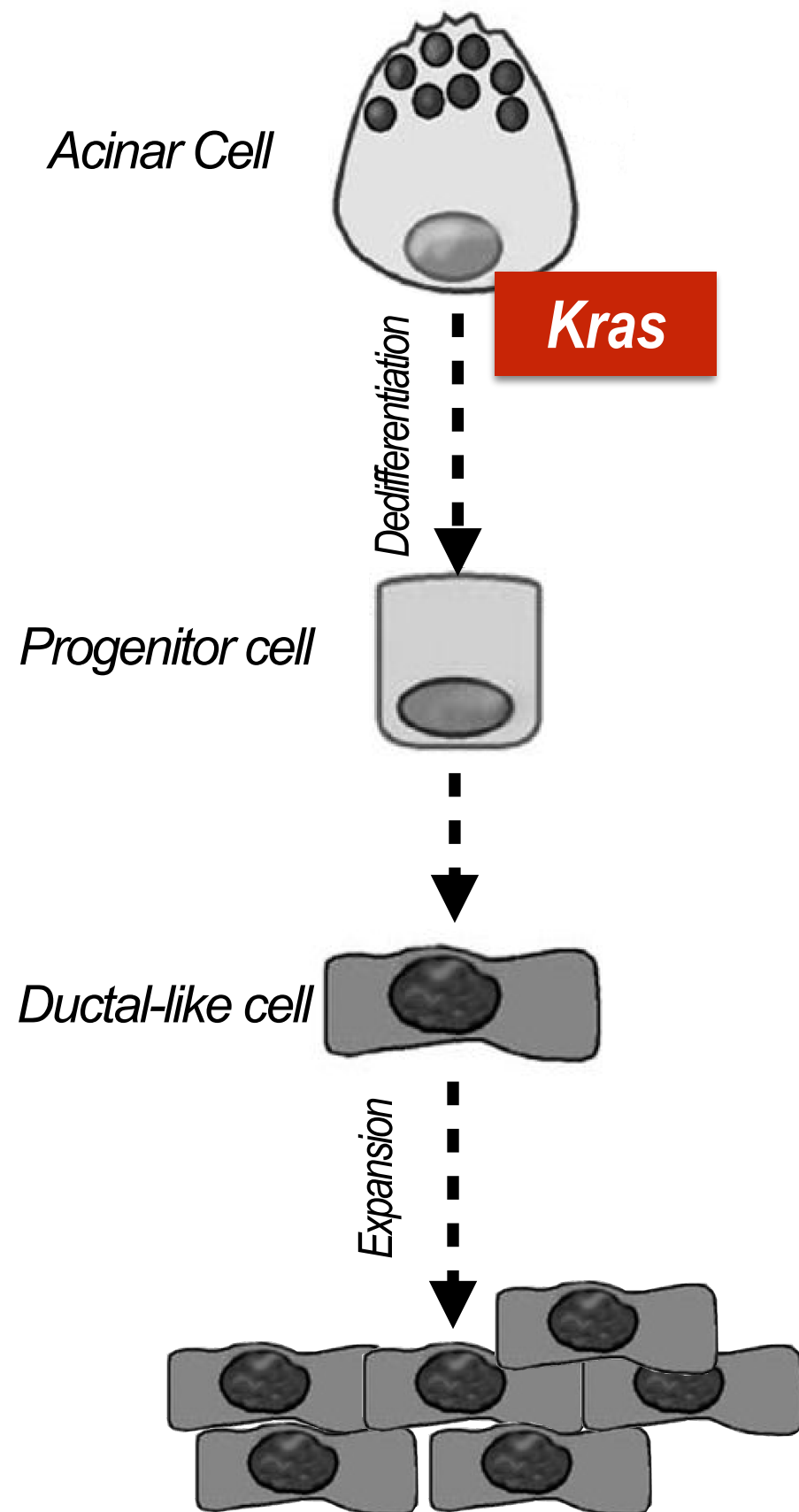
AKT inhibition delays Acinar-to-Ductal Metaplasia in vitro



AKT inhibition delays Acinar-to-Ductal Metaplasia in vitro

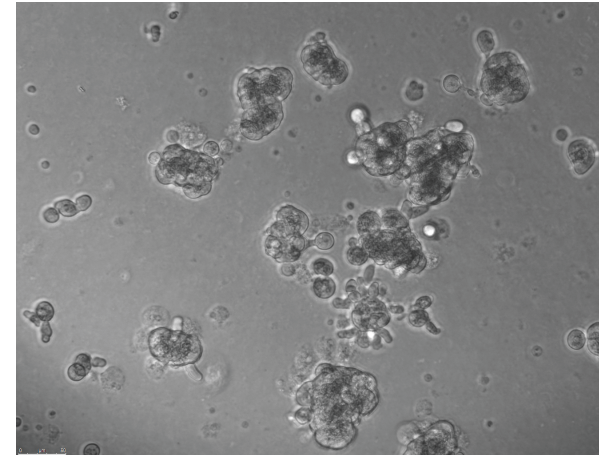


AKT inhibition delays Acinar-to-Ductal Metaplasia in vitro

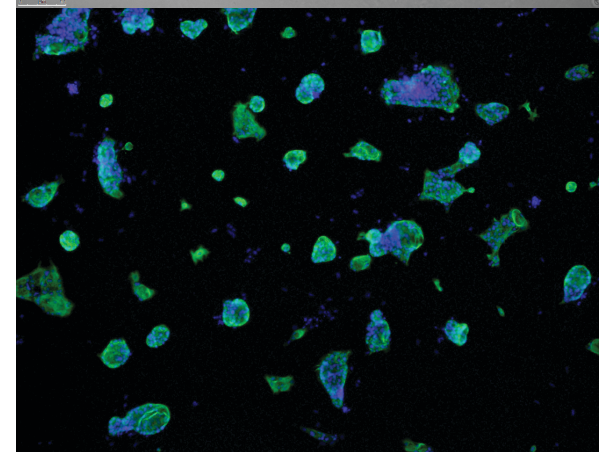
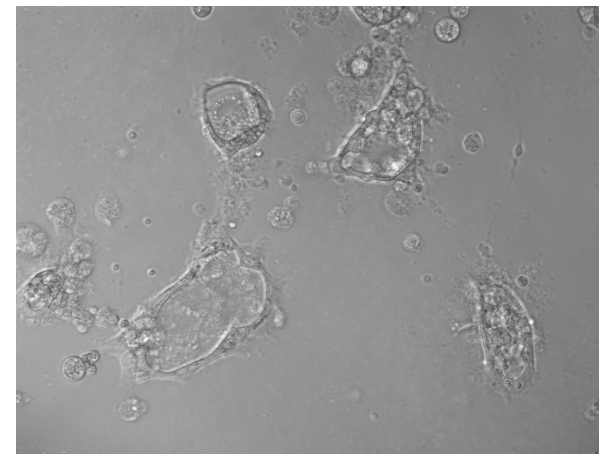


Pdx1-Cre;LSL-Kras^{G12D}

Day 0

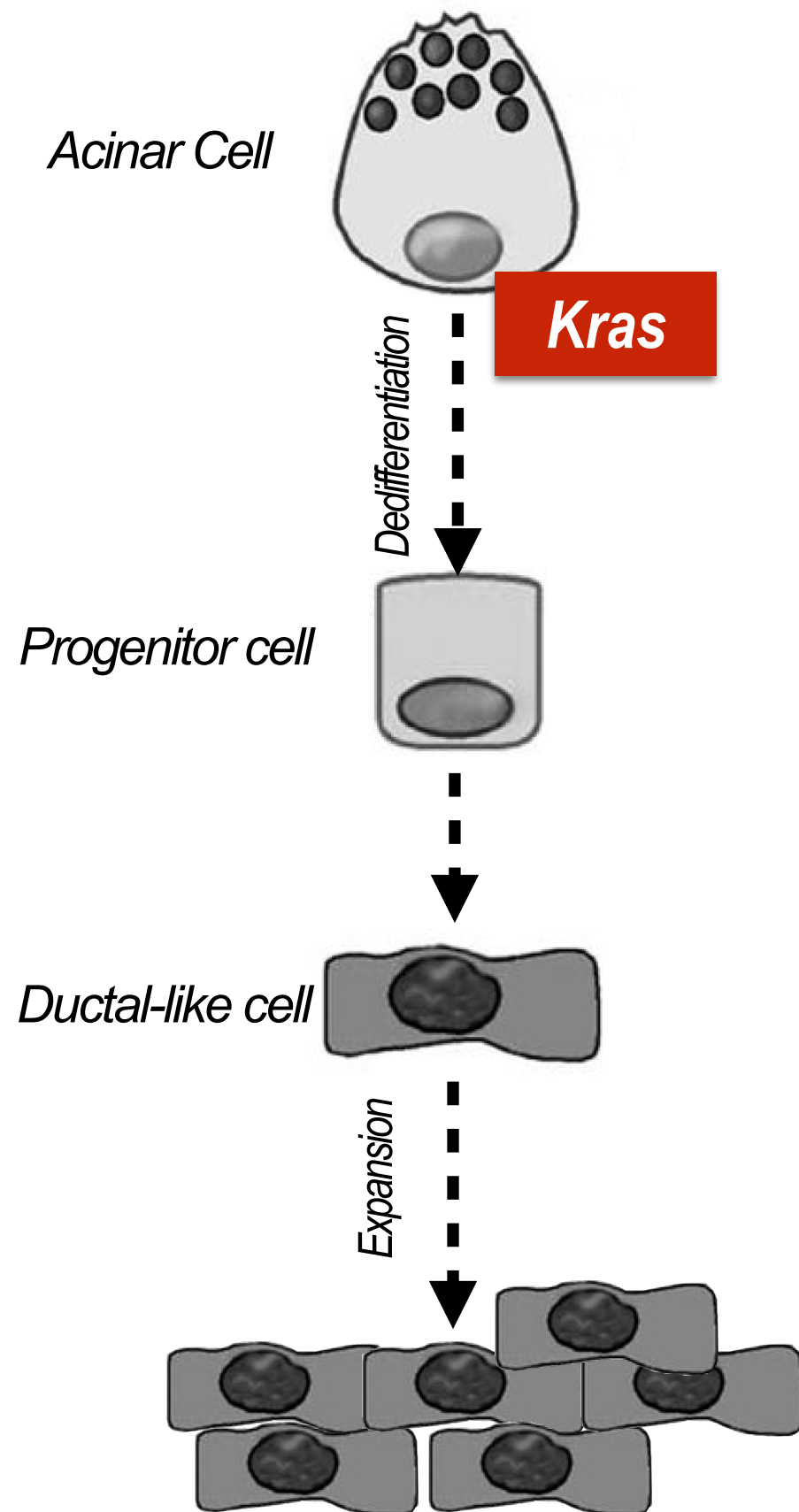


Day 2



DAPI Ck19

AKT inhibition delays Acinar-to-Ductal Metaplasia in vitro



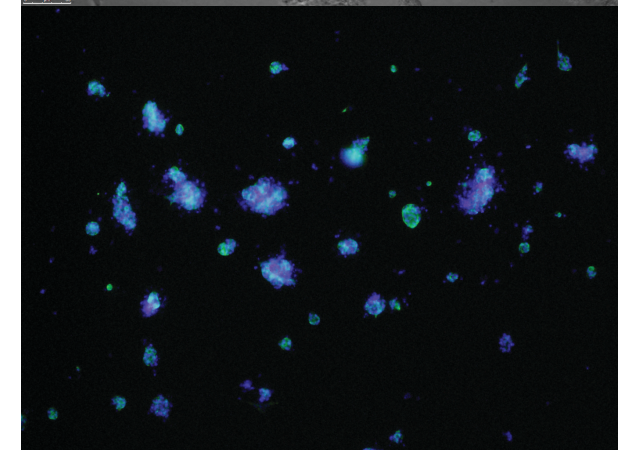
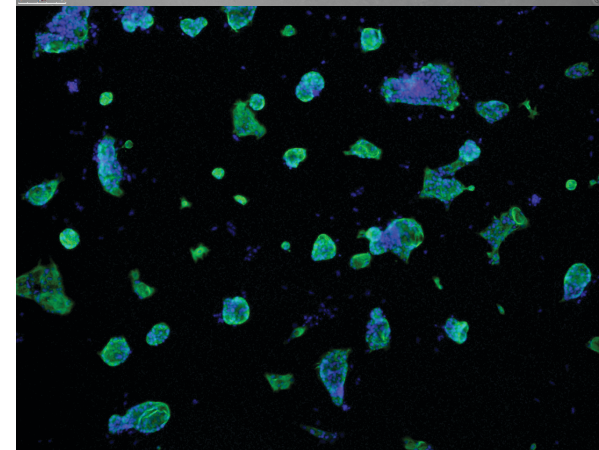
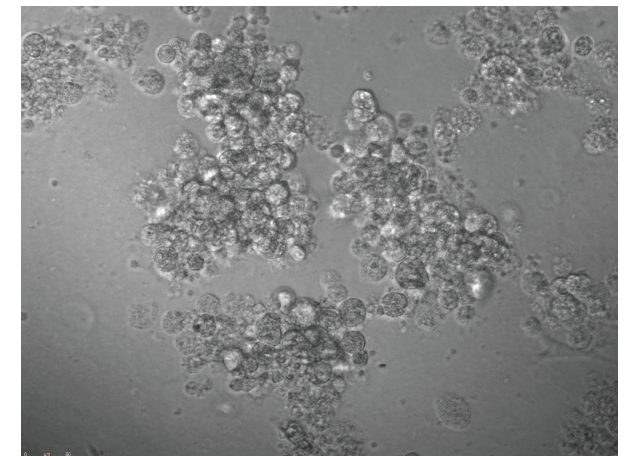
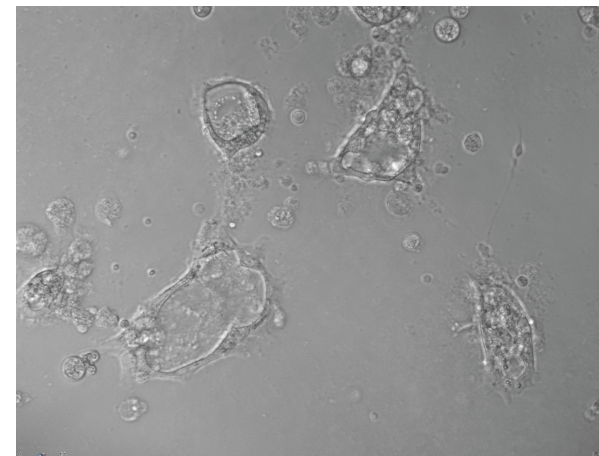
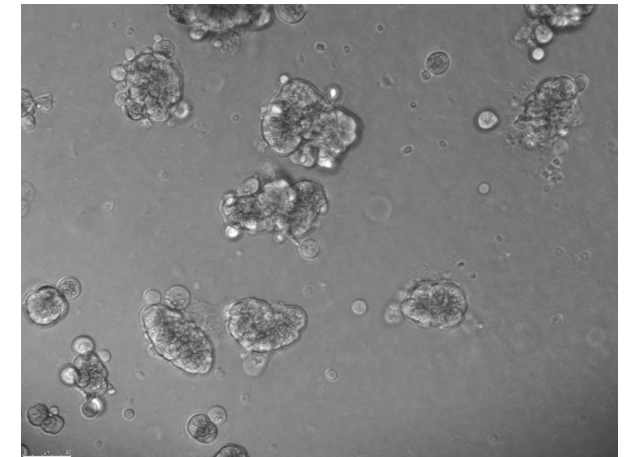
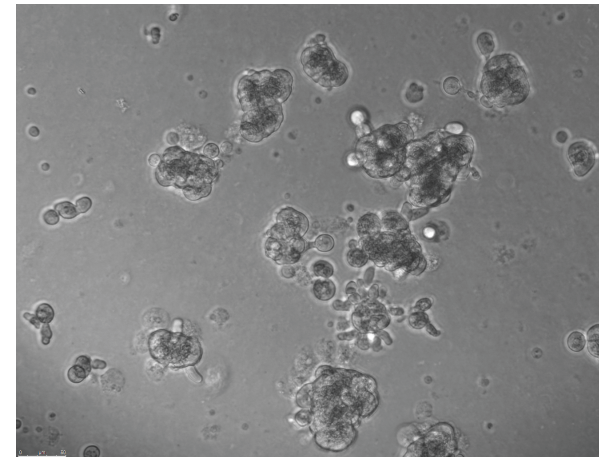
Day 0

Day 2

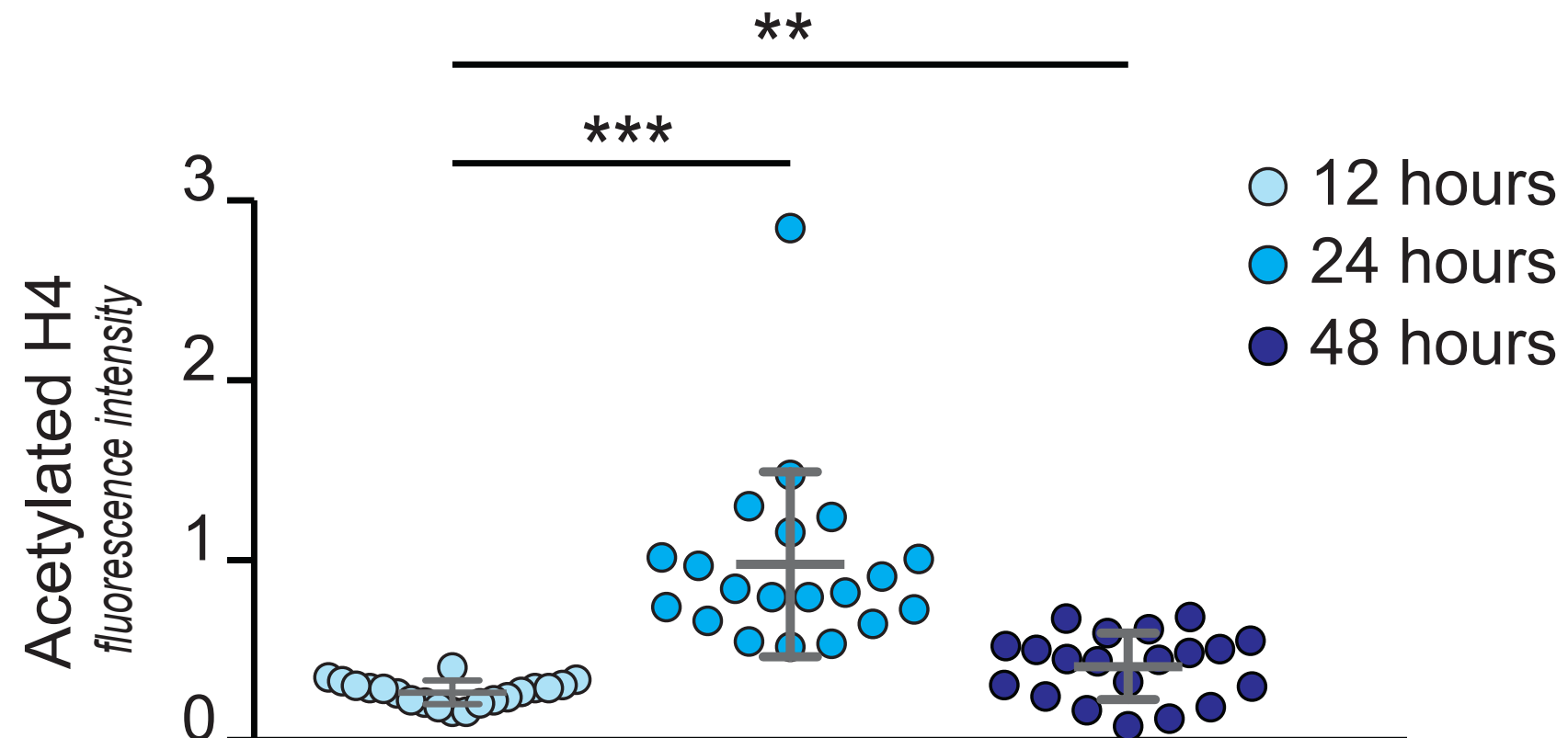
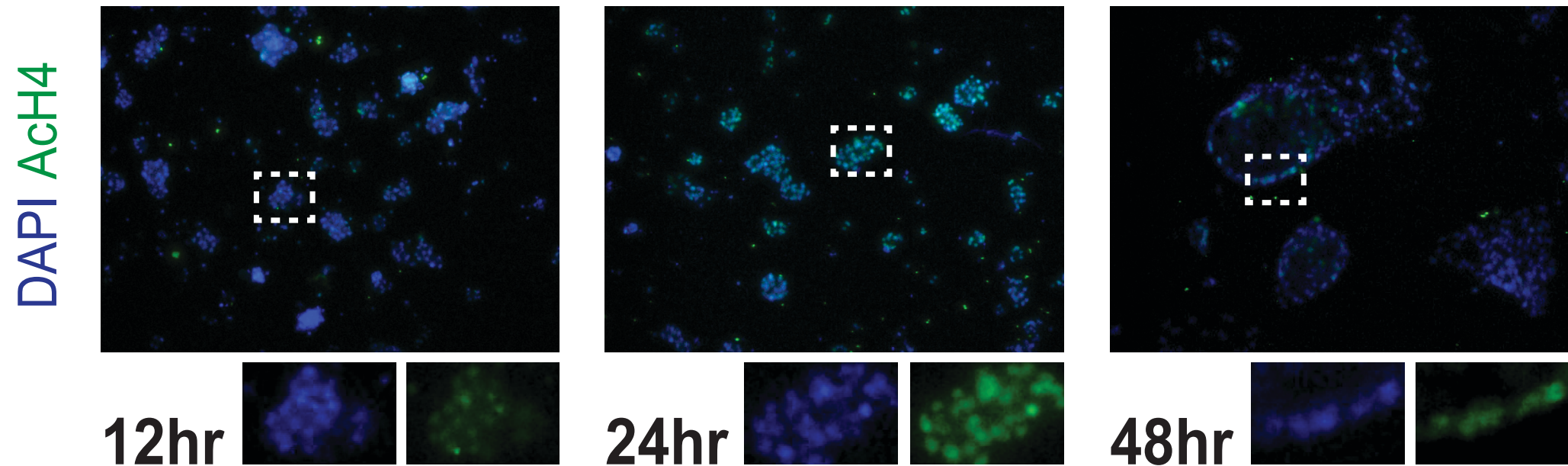
DAPI Ck19

Pdx1-Cre;LSL-Kras^{G12D}

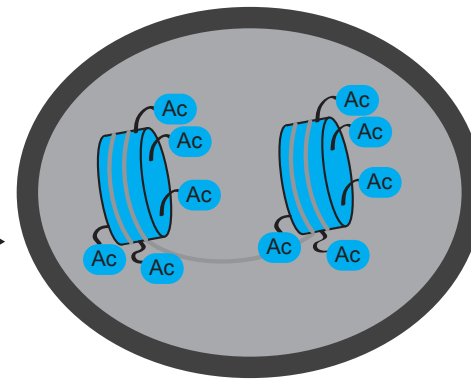
Akt inhibitor



Histone acetylation increases during ADM

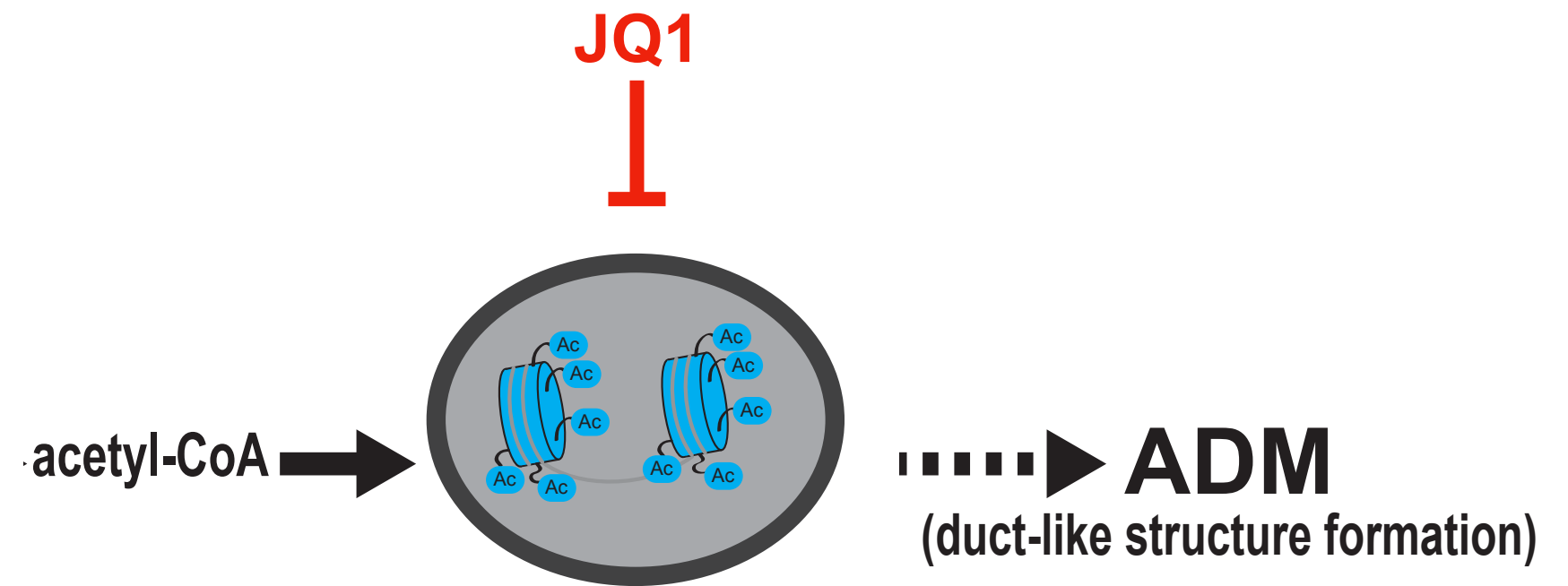


acetyl-CoA



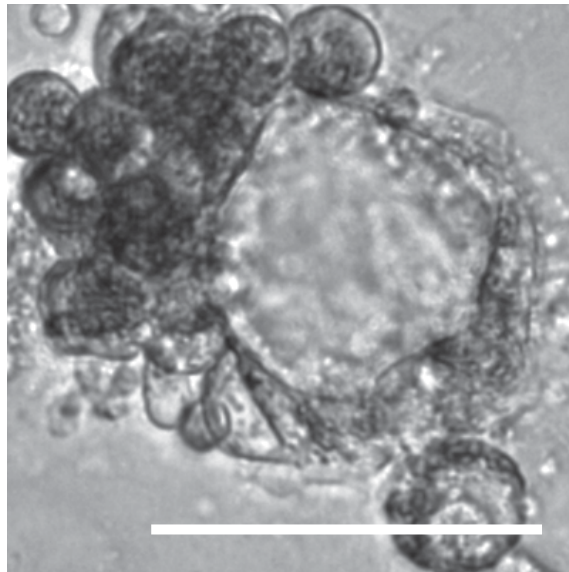
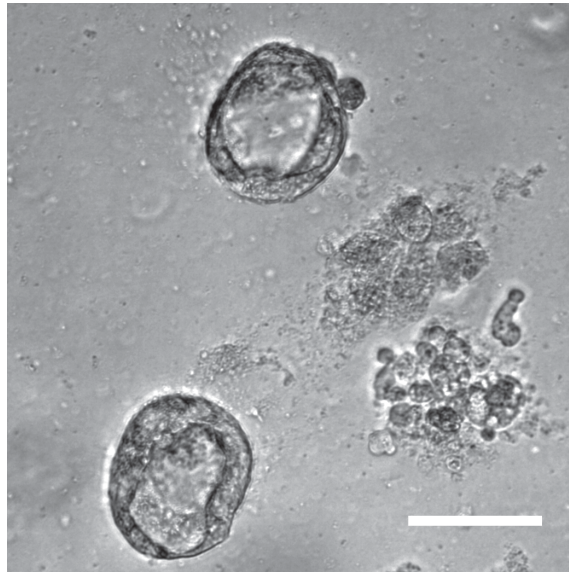
ADM

(duct-like structure formation)



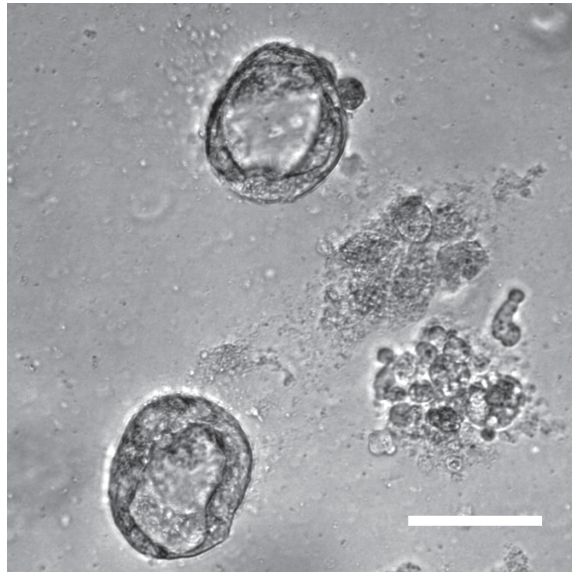
Mitochondrial-dependent histone acetylation promotes ADM

DMSO

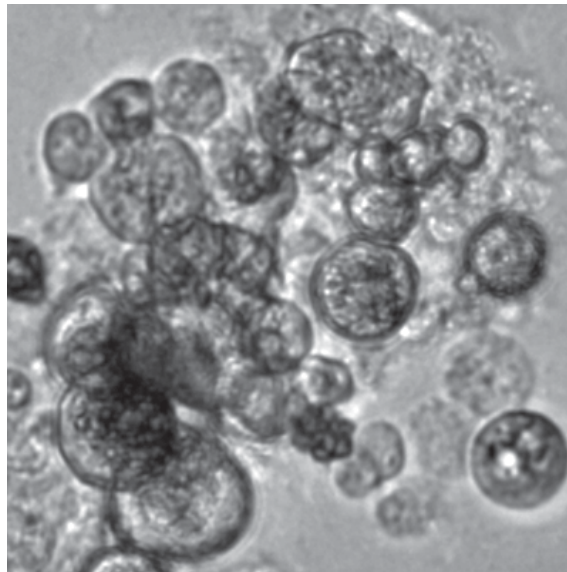
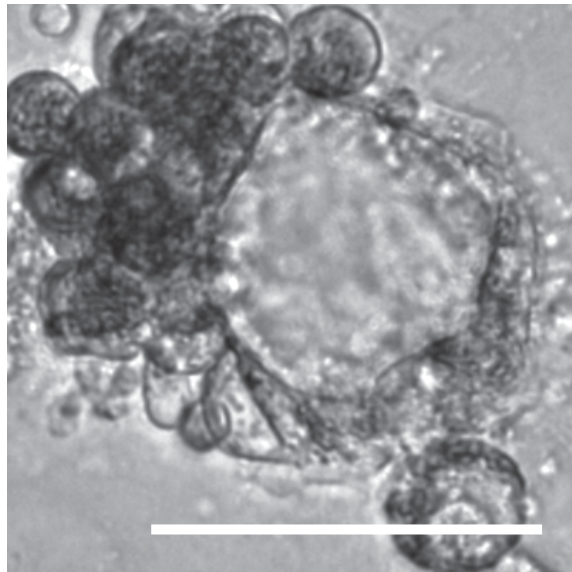
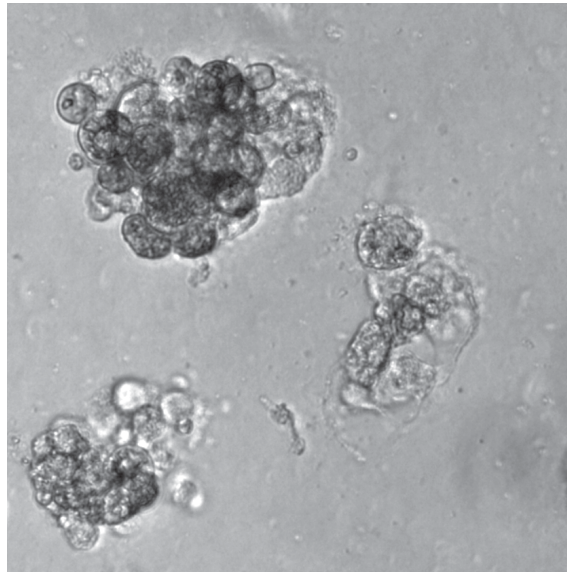


Mitochondrial-dependent histone acetylation promotes ADM

DMSO

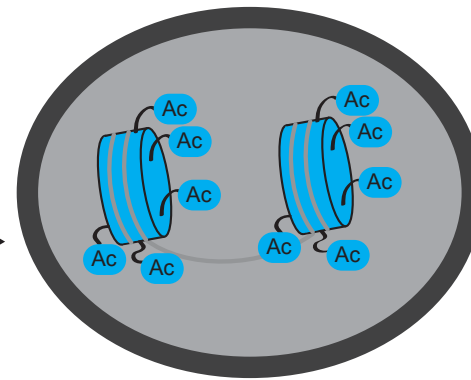


JQ1



Inhibits reading
of acetyl lysines

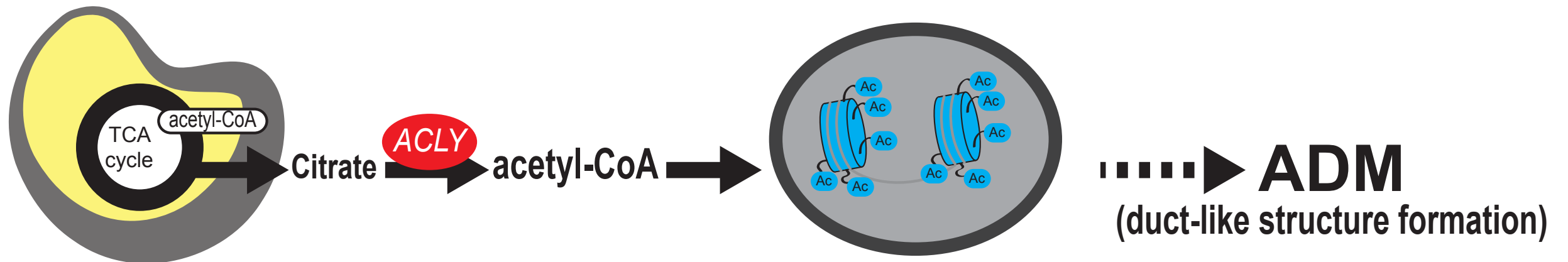
acetyl-CoA

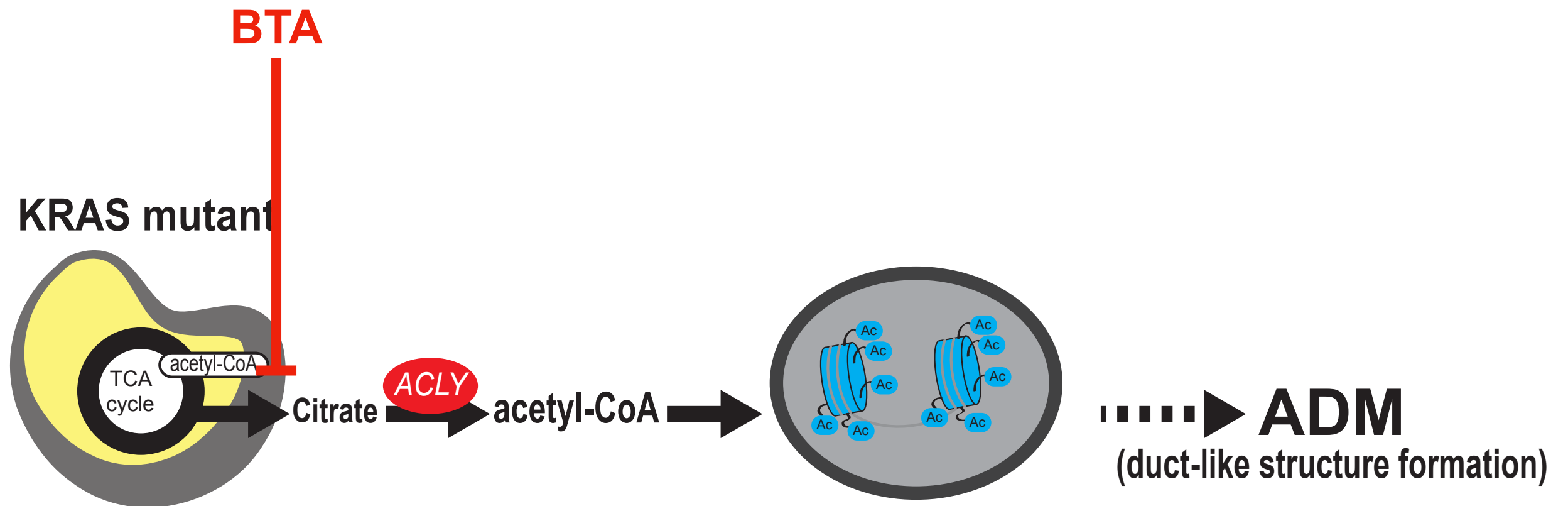


ADM

(duct-like structure formation)

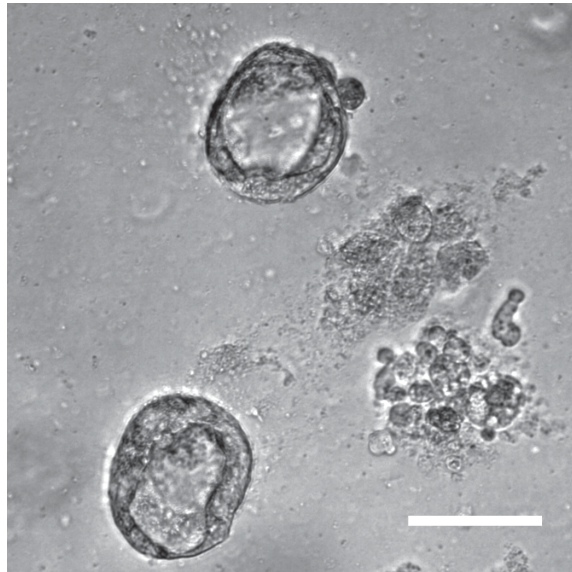
KRAS mutant



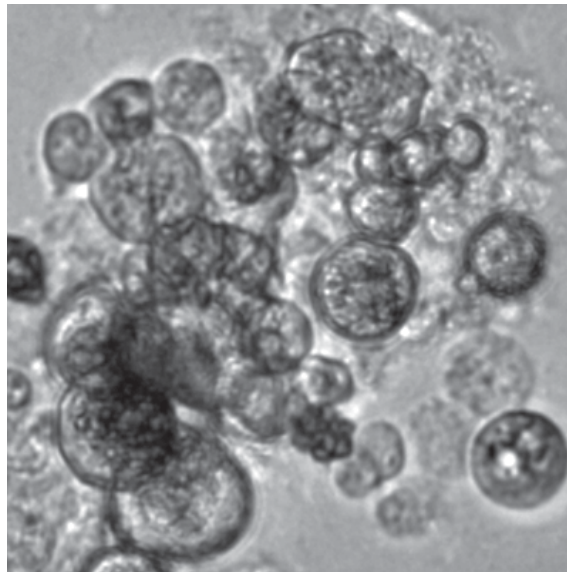
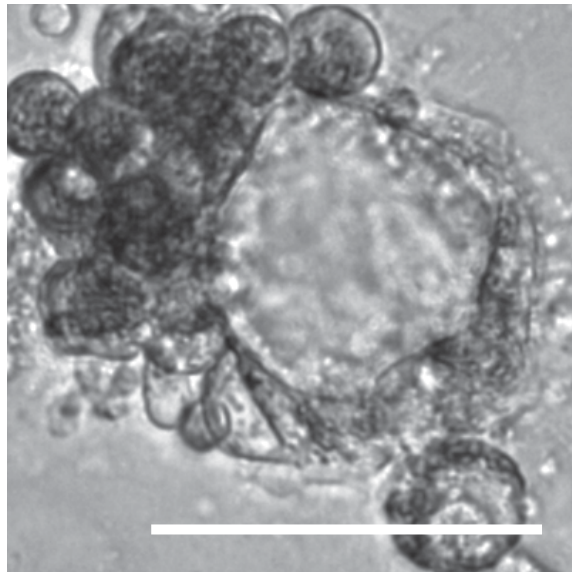
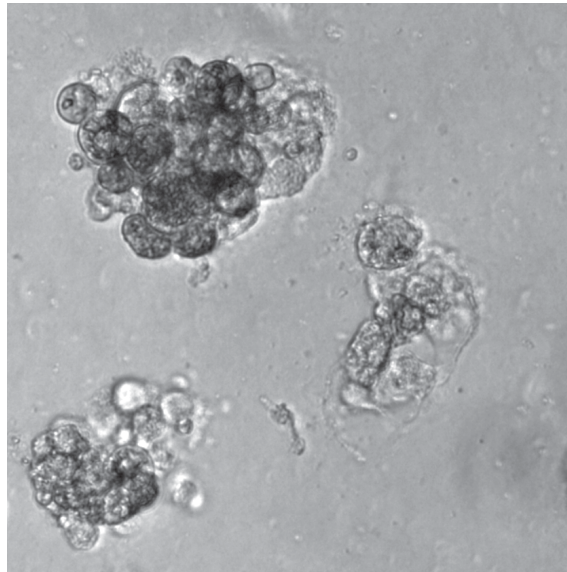


Mitochondrial-dependent histone acetylation promotes ADM

DMSO



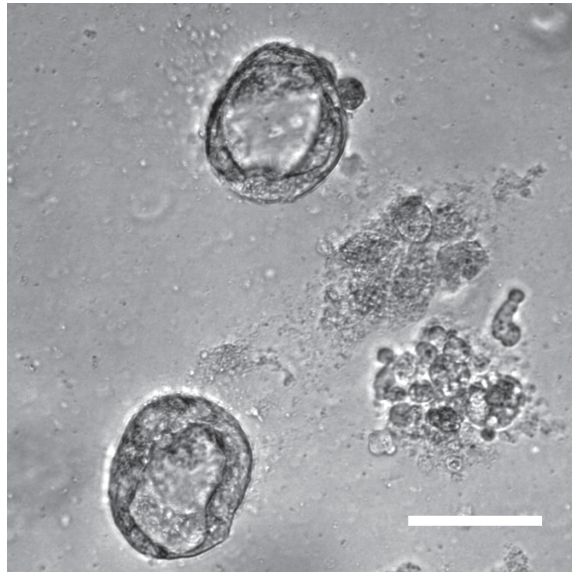
JQ1



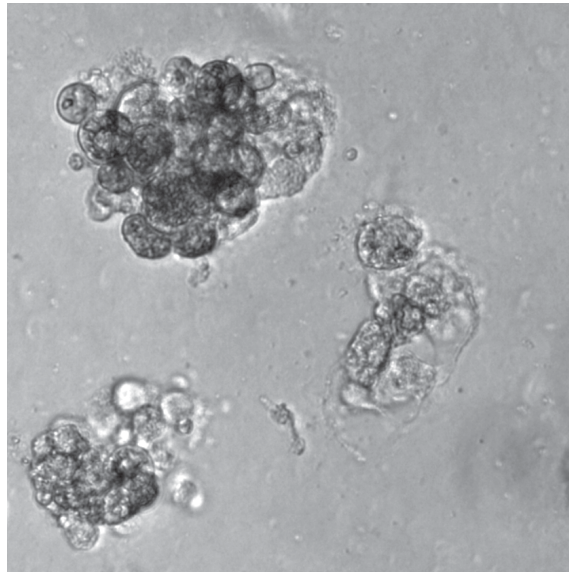
Inhibits reading
of acetyl lysines

Mitochondrial-dependent histone acetylation promotes ADM

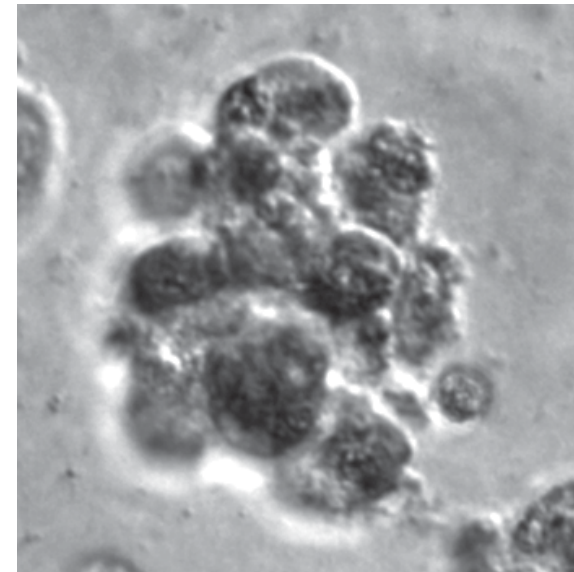
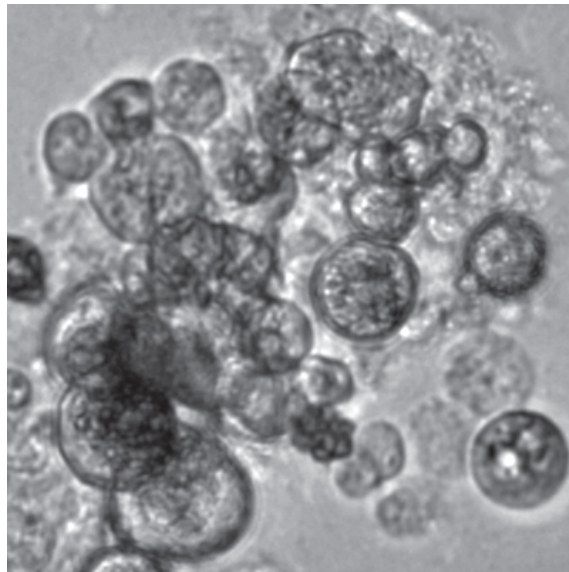
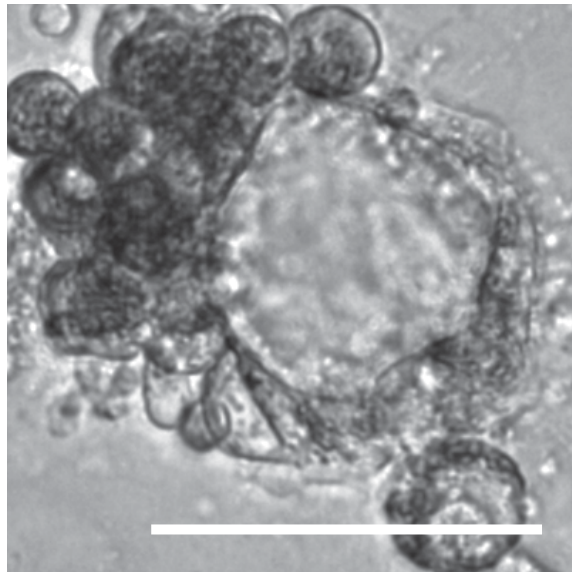
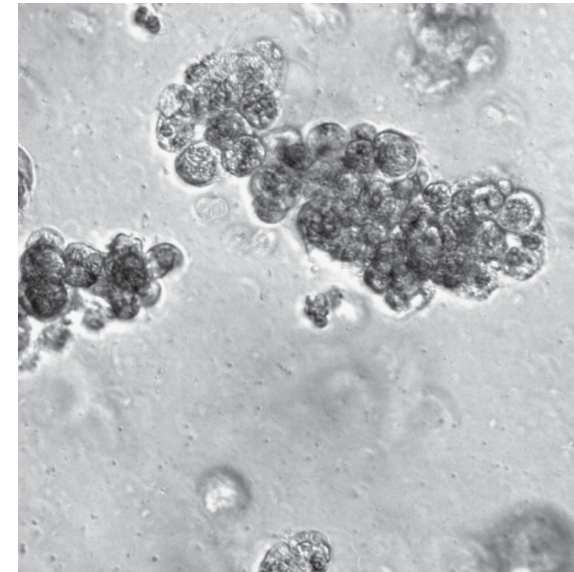
DMSO



JQ1

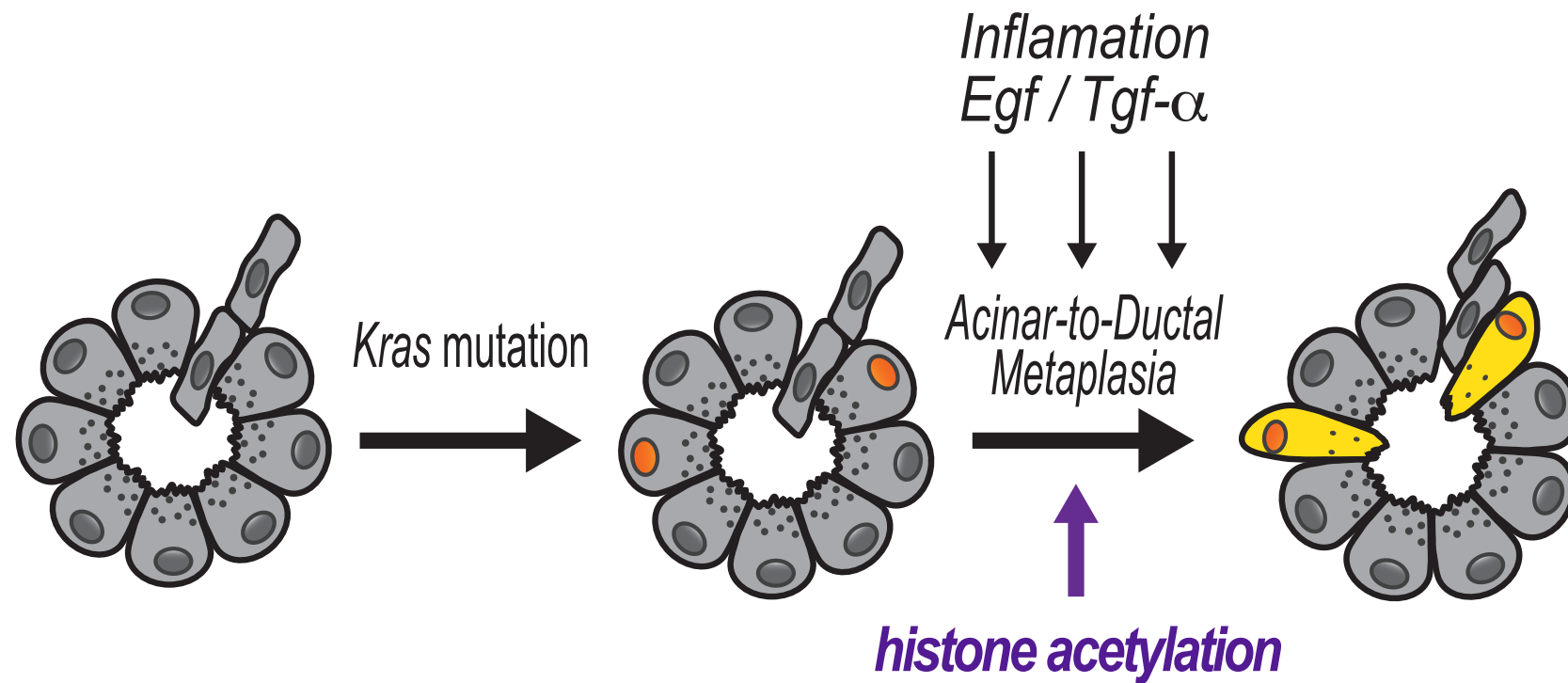


BTA



Inhibits reading
of acetyl lysines

Inhibits CiC
-citrate export-

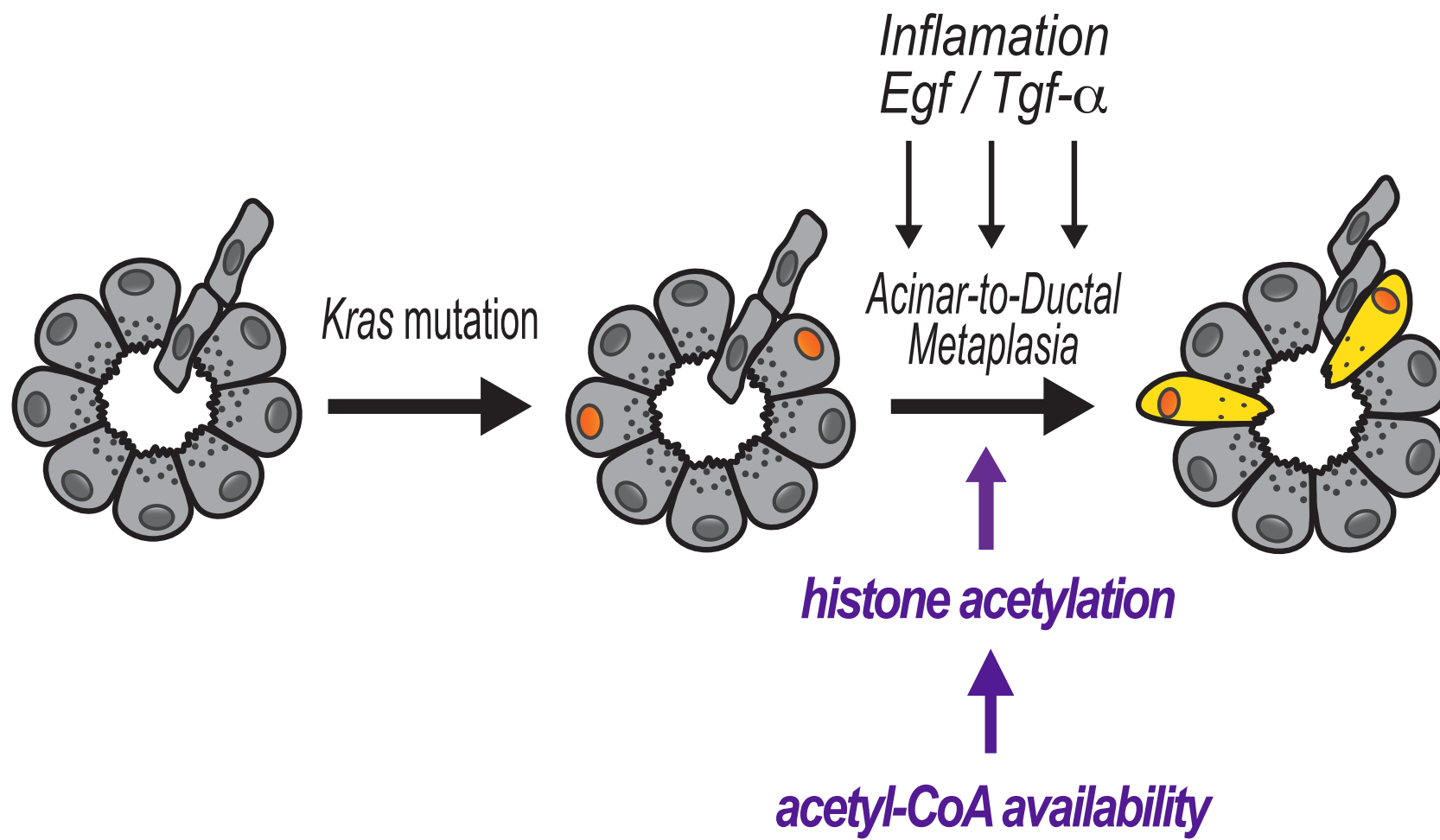


Oncogenic KRAS augments acetyl-CoA availability

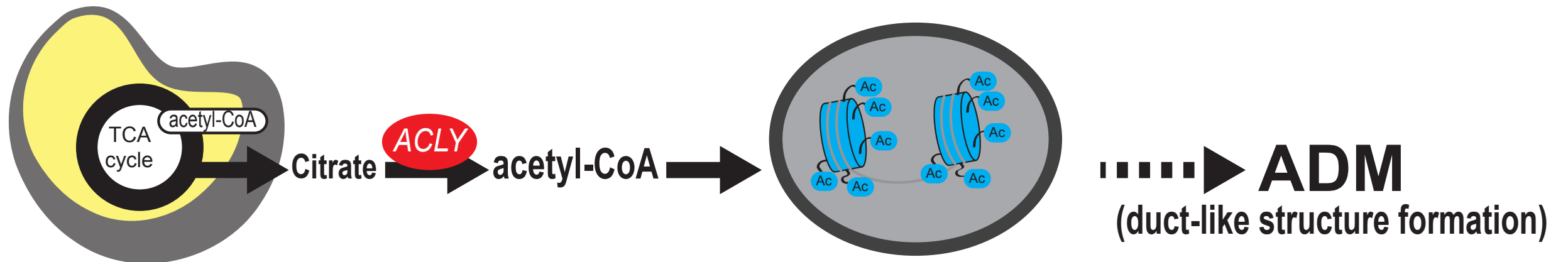
- increased contribution from glucose and palmitate in KRAS-expressing acinar cells

Elevated acetyl-CoA availability promotes ADM

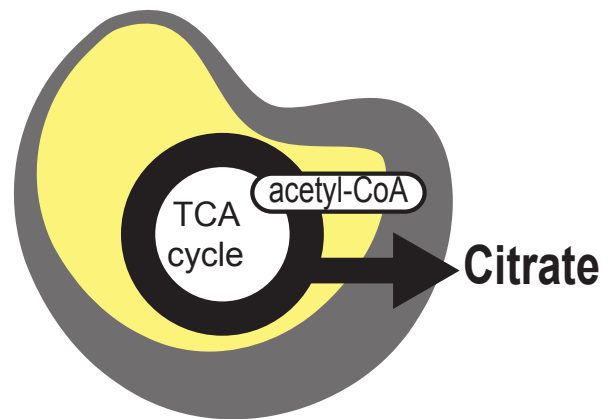
- histone hyper-acetylation



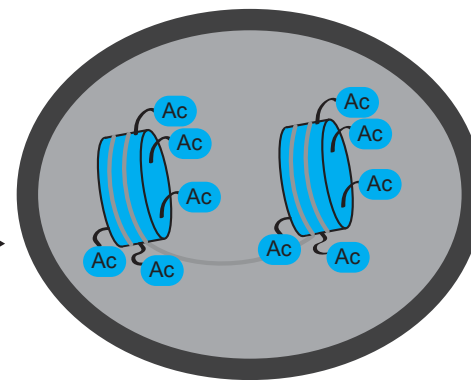
KRAS mutant



KRAS mutant

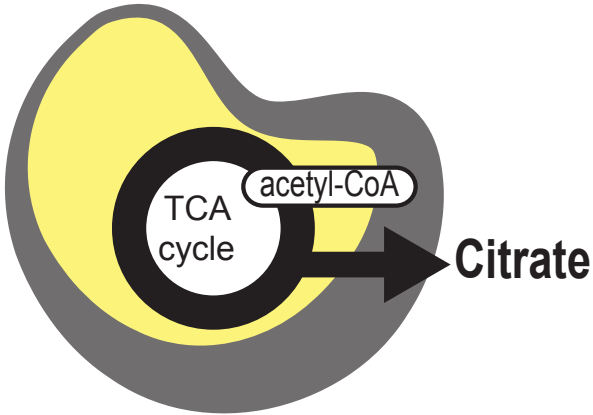


acetyl-CoA →

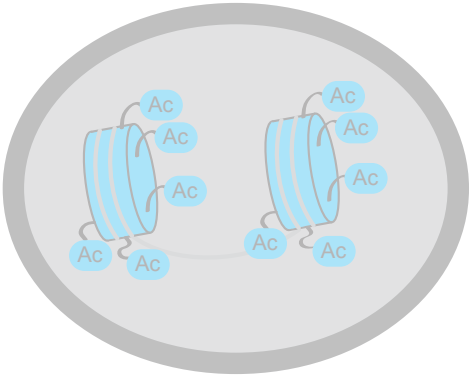


.....► **ADM**
(duct-like structure formation)

KRAS mutant



acetyl-CoA →



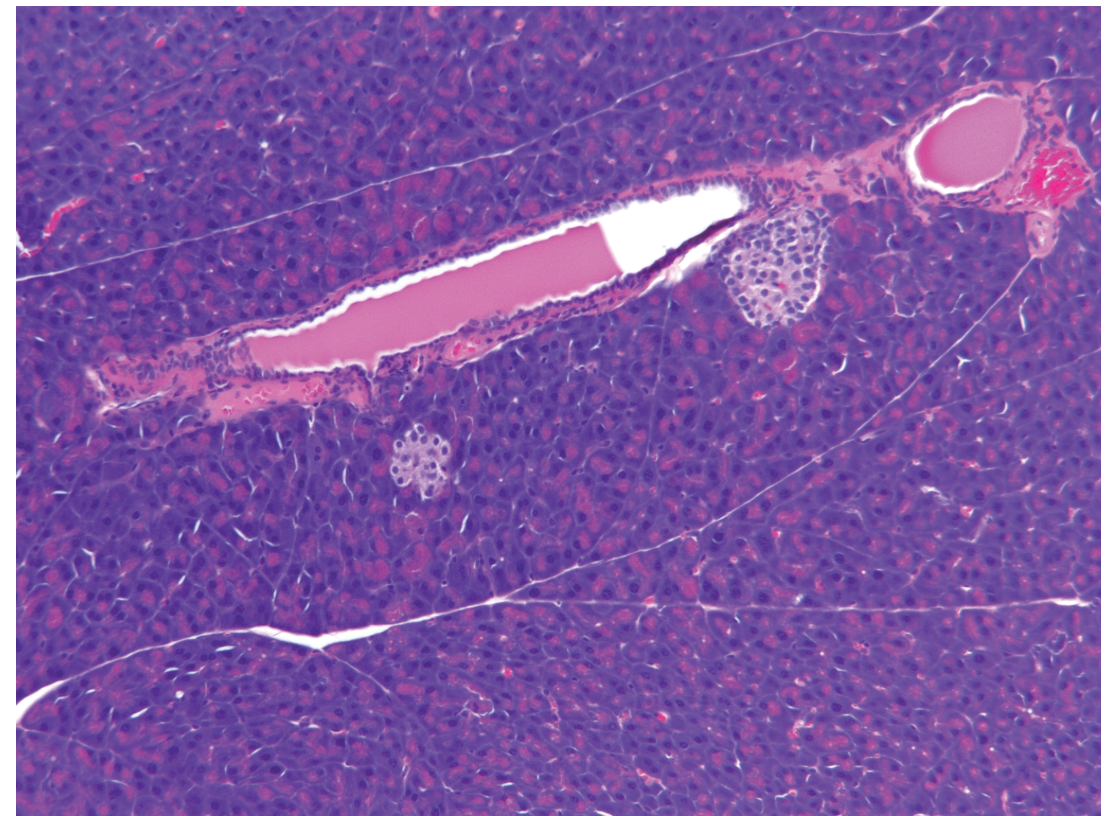
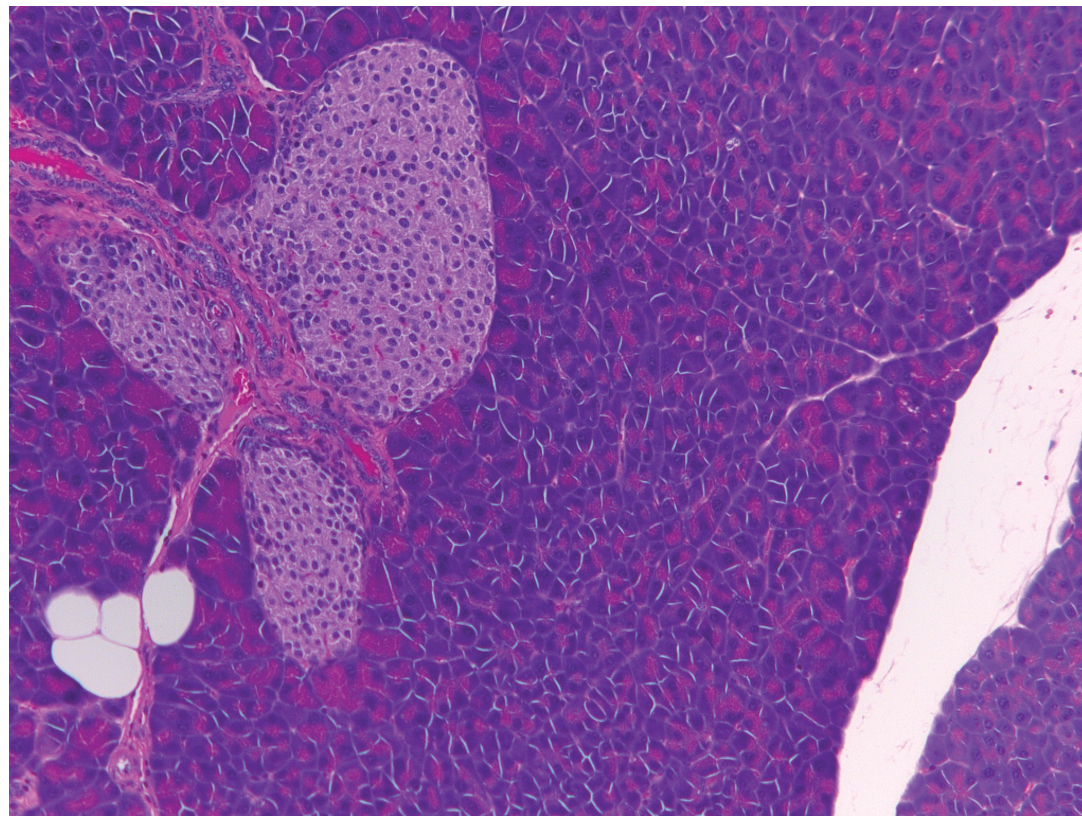
.....► **ADM**
(duct-like structure formation)

***Acly* deficiency in the pancreas does not induce overt abnormalities**

Pdx1Cre

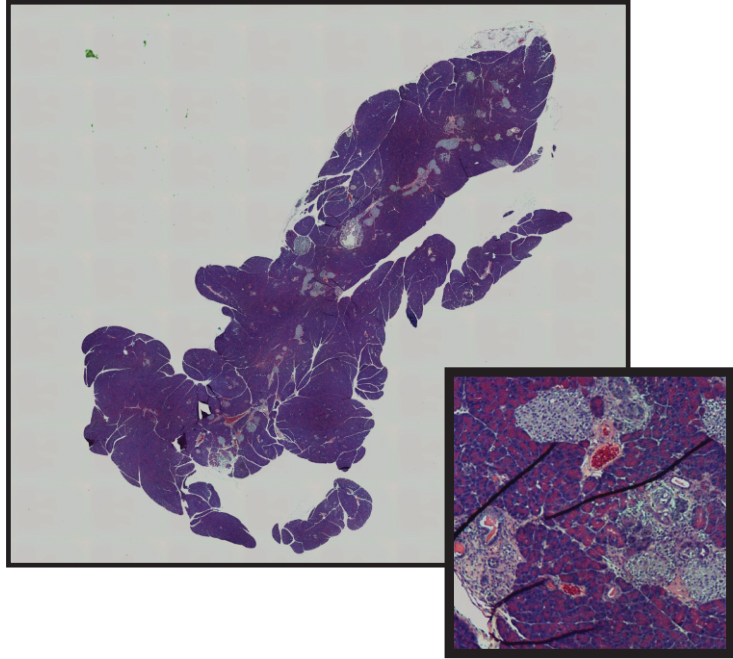
Pdx1Cre;ACLY^{fl/fl} (*Acly*^{PanKO})

H&E

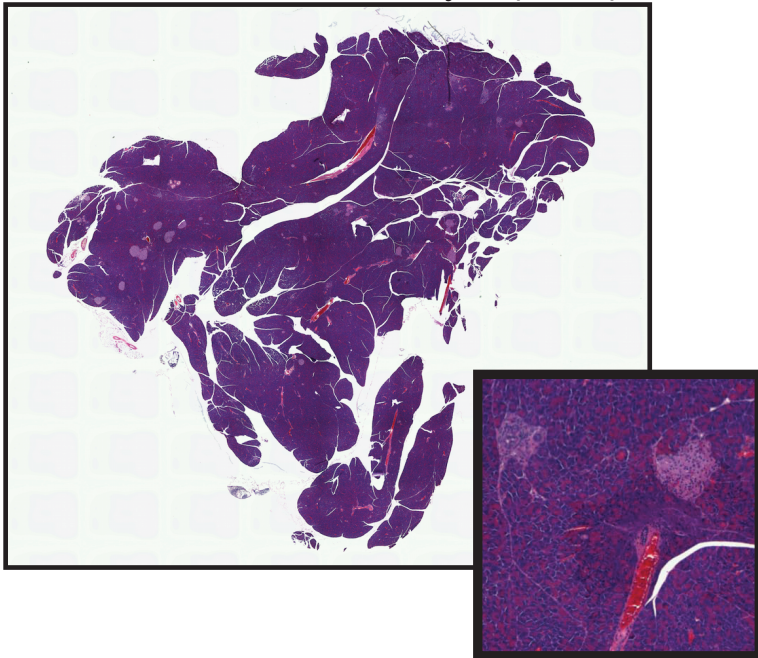


***Acly* deletion inhibits pancreatic tumorigenesis**

Pdx1-Cre;Kras^{G12D};Acly^{fl/+} (KC;ACLf/+)

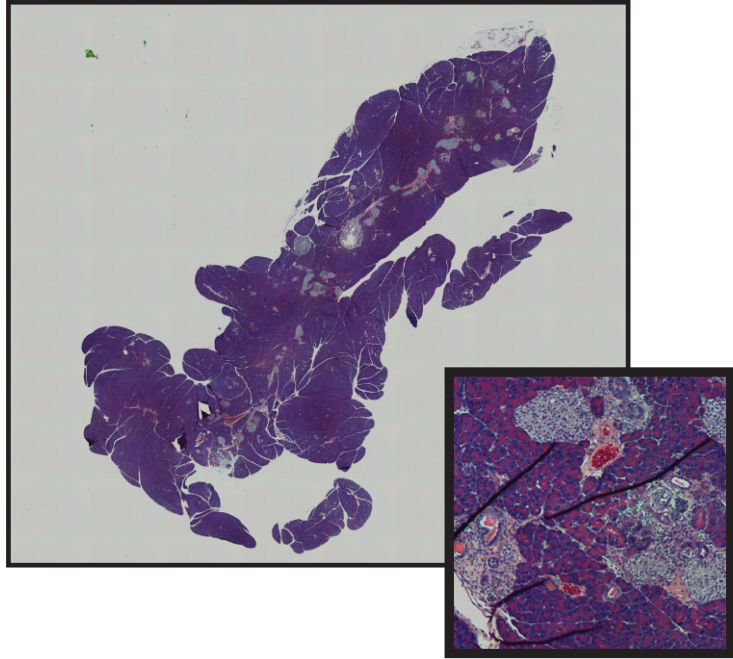


Pdx1-Cre;Kras^{G12D};Acly^{fl/fl} (KAC)

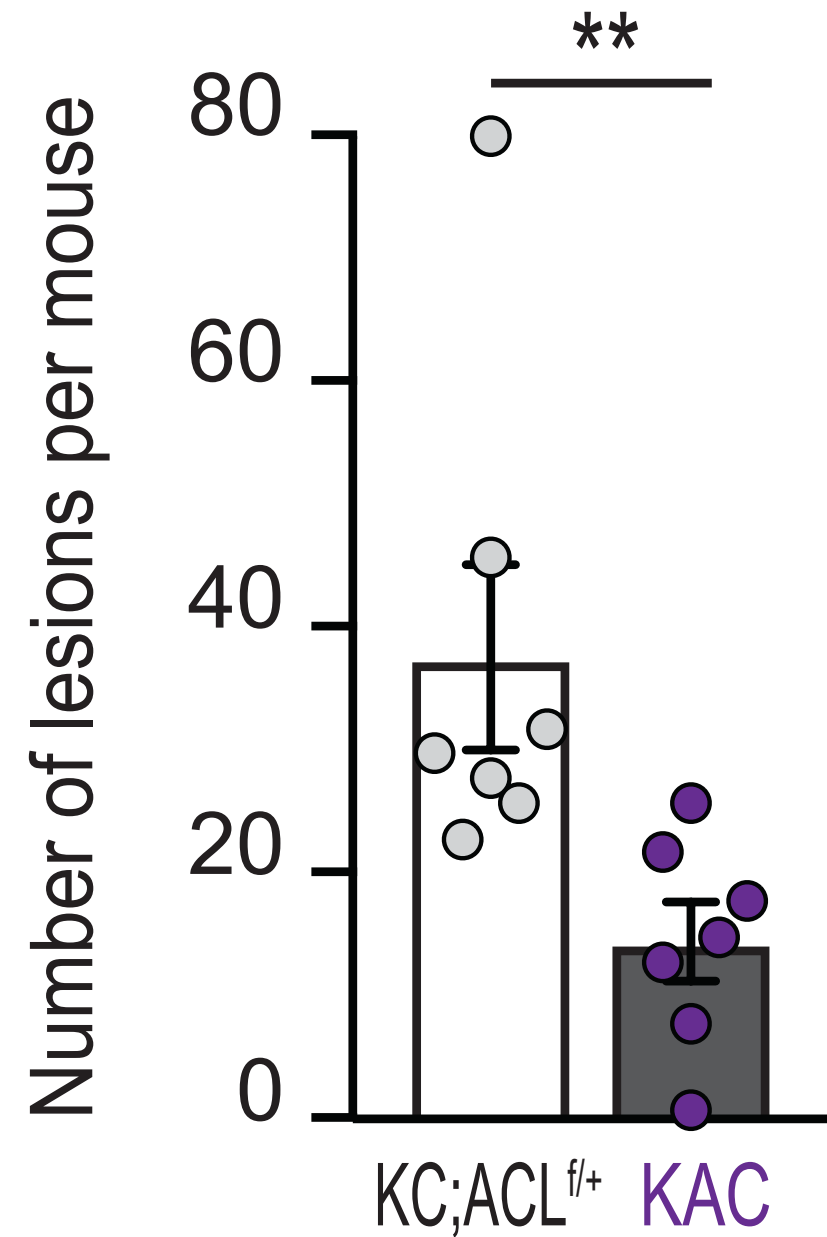
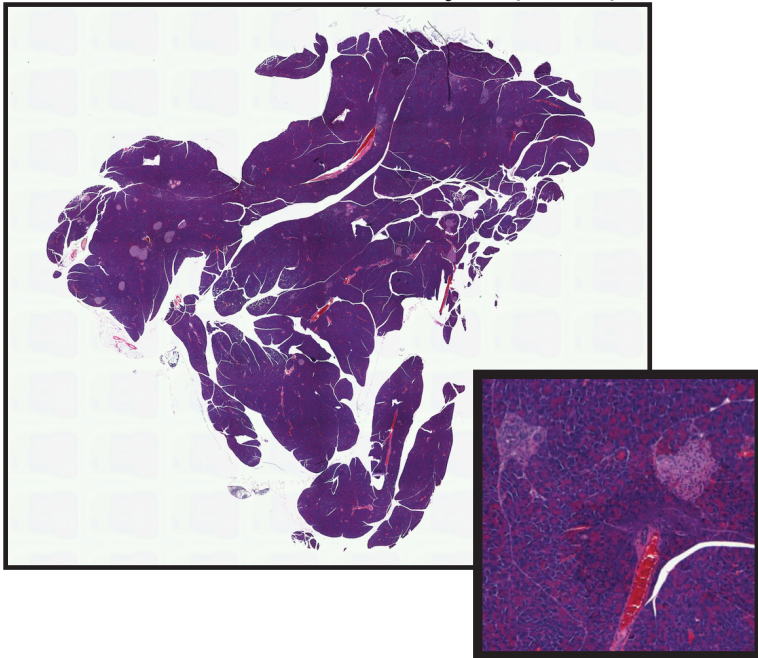


***Acly* deletion inhibits pancreatic tumorigenesis**

Pdx1-Cre;Kras^{G12D};Acly^{f/+} (KC;ACL^{f/+})



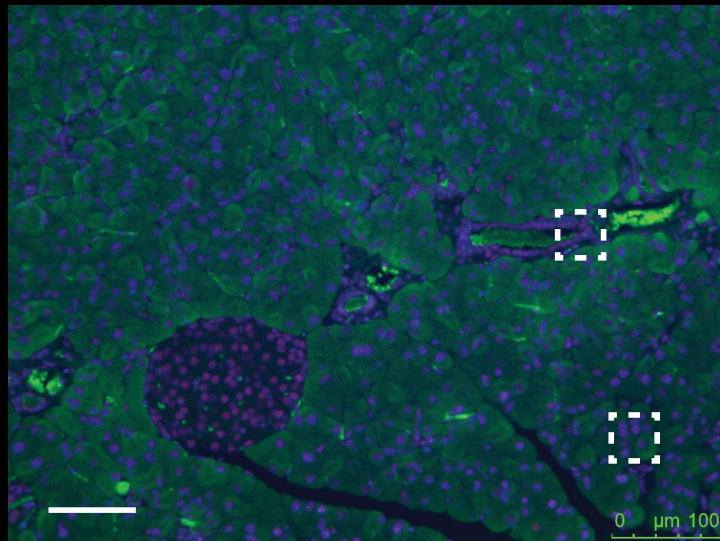
Pdx1-Cre;Kras^{G12D};Acly^{f/f} (KAC)



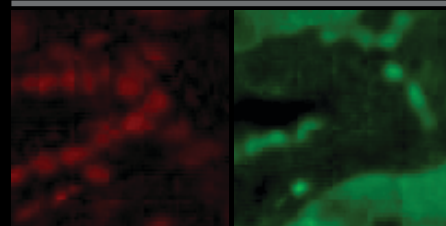
Acly deletion reduces histone acetylation in acinar cells

KC;ACLf/+

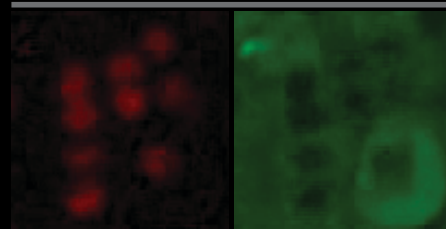
DAPI AcH4 Cpa1



duct

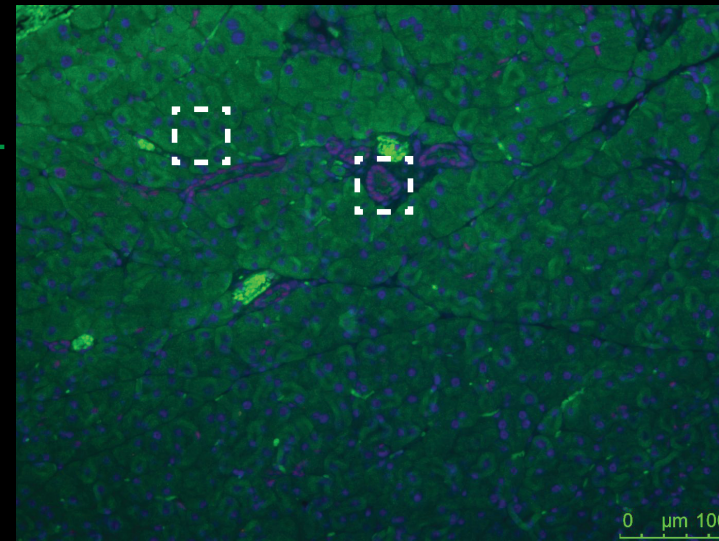


acini

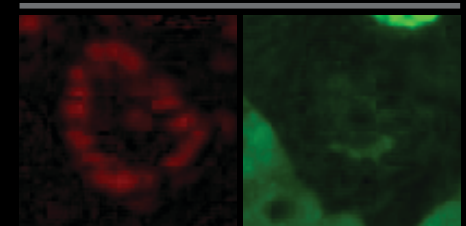


KAC

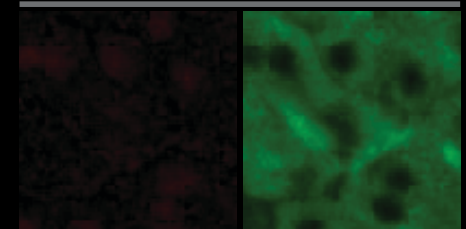
DAPI AcH4 Cpa1



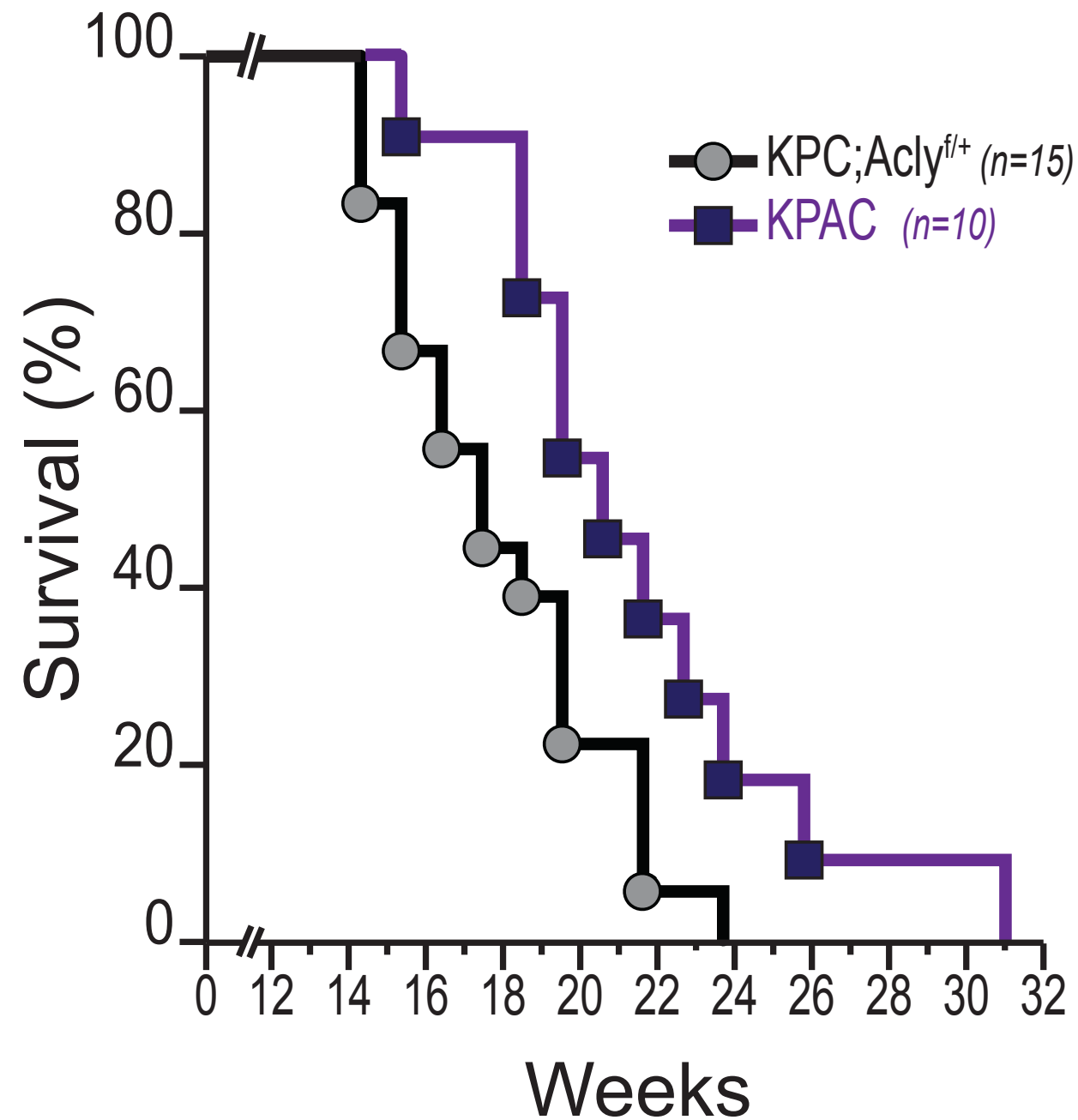
duct



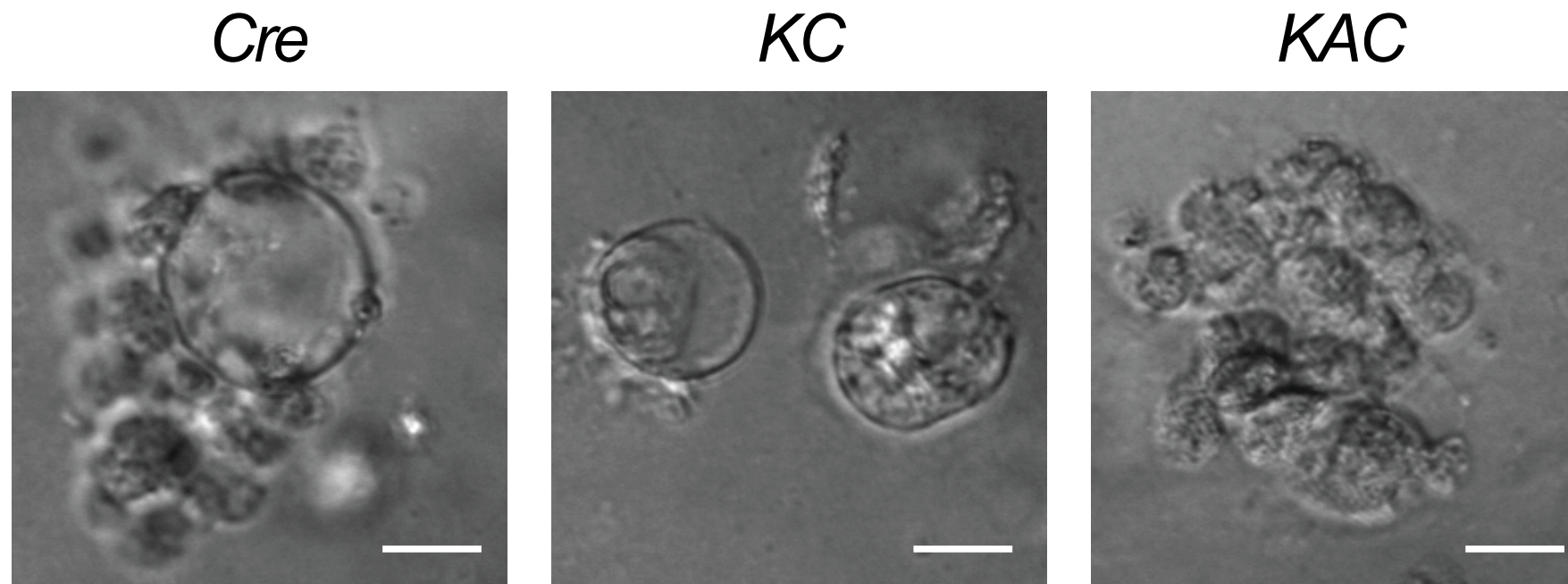
acini



***Acly* deletion extends survival in a model of pancreatic tumorigenesis**



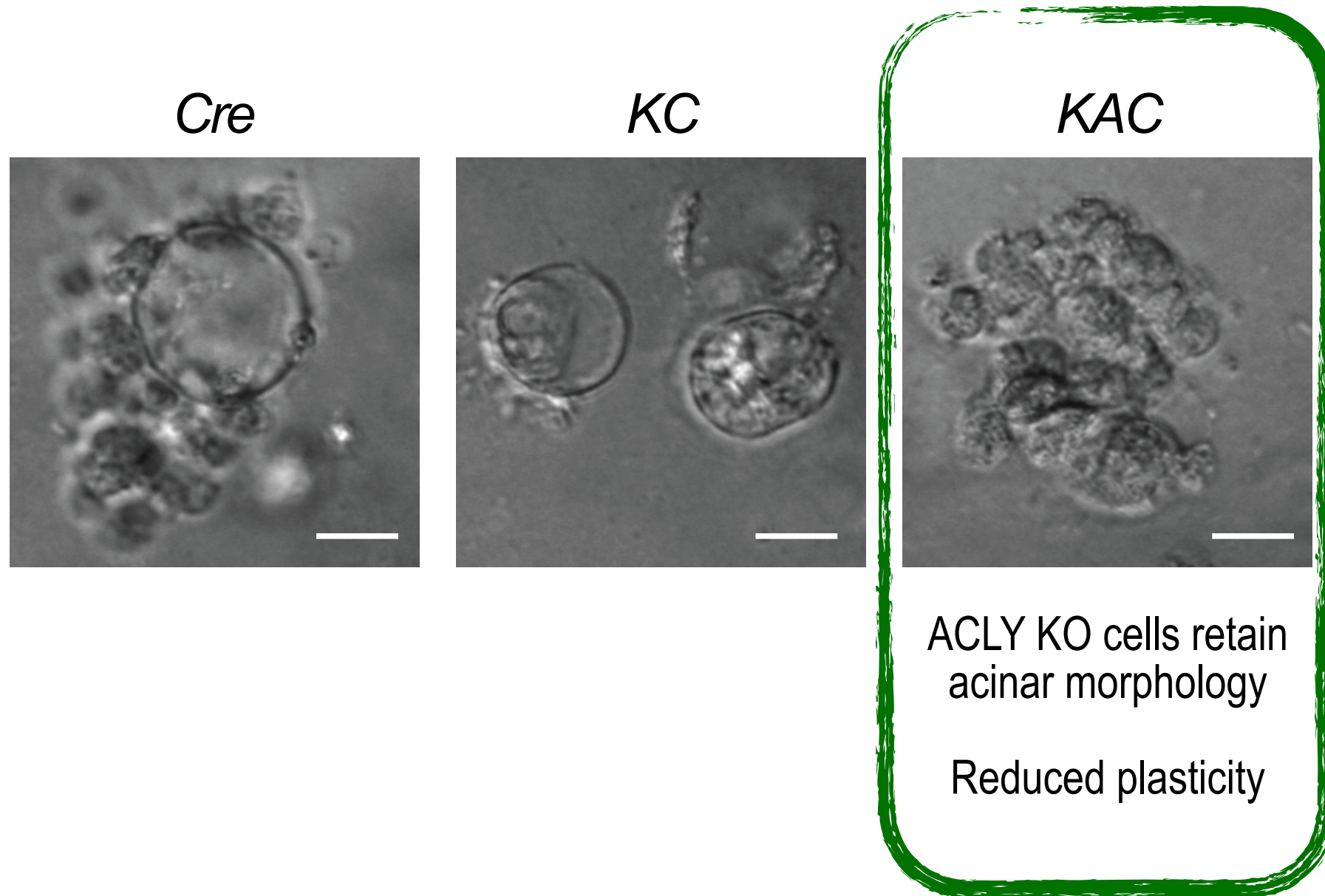
***Acly* deletion suppresses *Kras*-induced acinar cell plasticity**



ACLY KO cells retain
acinar morphology

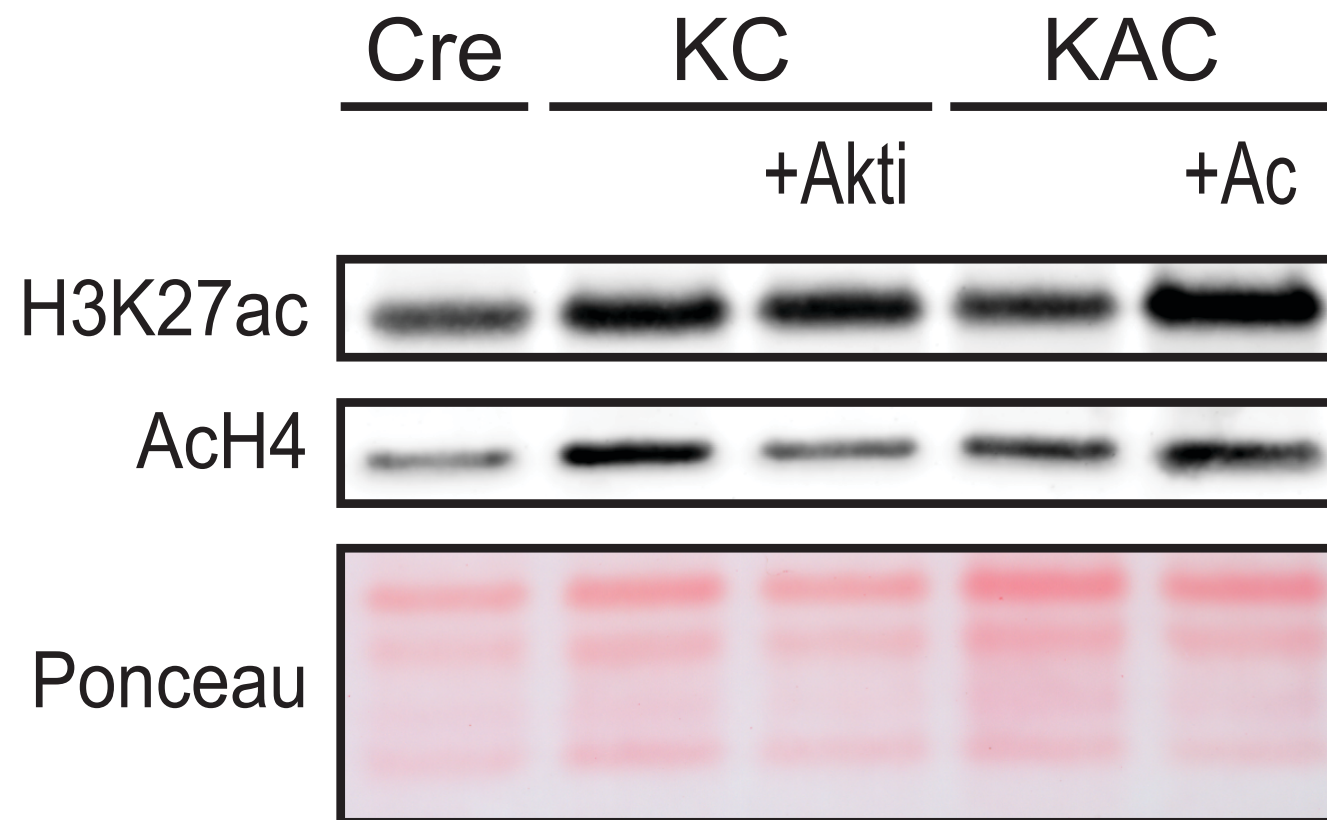
Reduced plasticity

***Acly* deletion suppresses *Kras*-induced acinar cell plasticity**

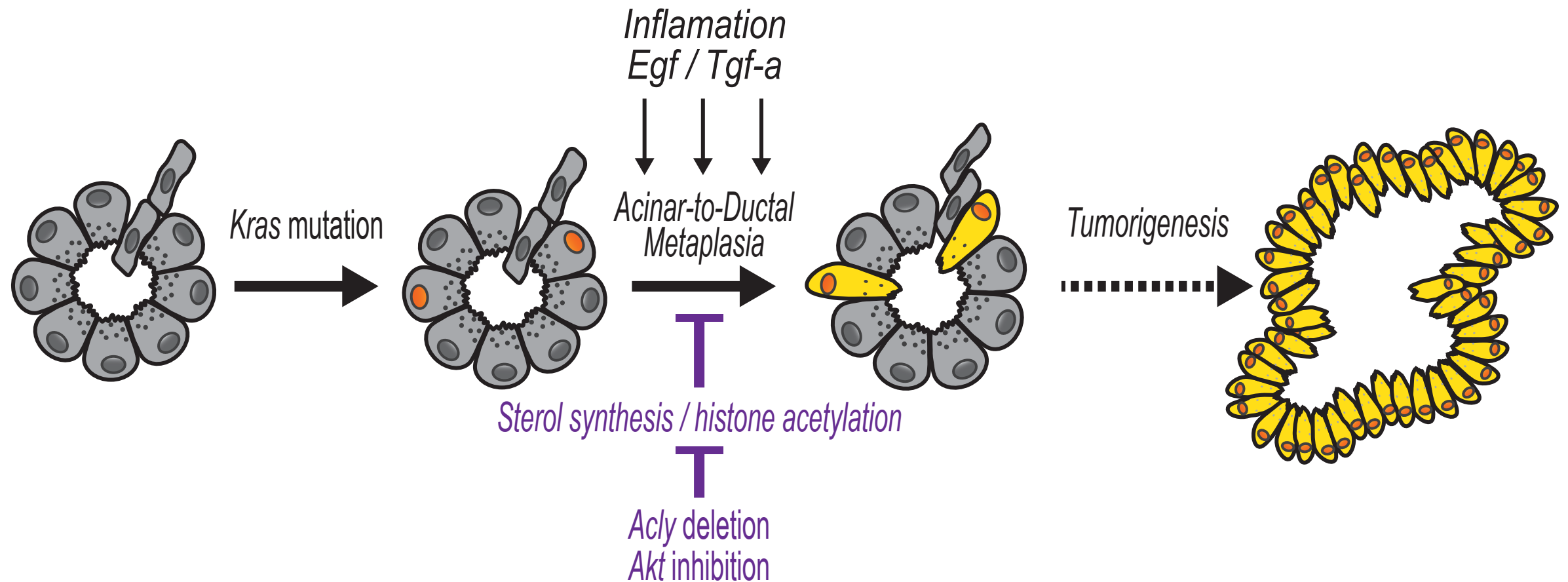


***Acly* deletion suppresses *Kras*-induced acinar cell histone hyperacetylation**

***Acly* deletion suppresses *Kras*-induced acinar cell histone hyperacetylation**



CONCLUSIONS



Oncogenic Kras reprograms acetyl-CoA metabolism in pre-malignant pancreatic epithelial cells

- *effect of Kras on acetyl-CoA availability*
- *effect of oncogene activation in pre-malignant cells*
- *impact of metabolism on signaling in acinar cells*

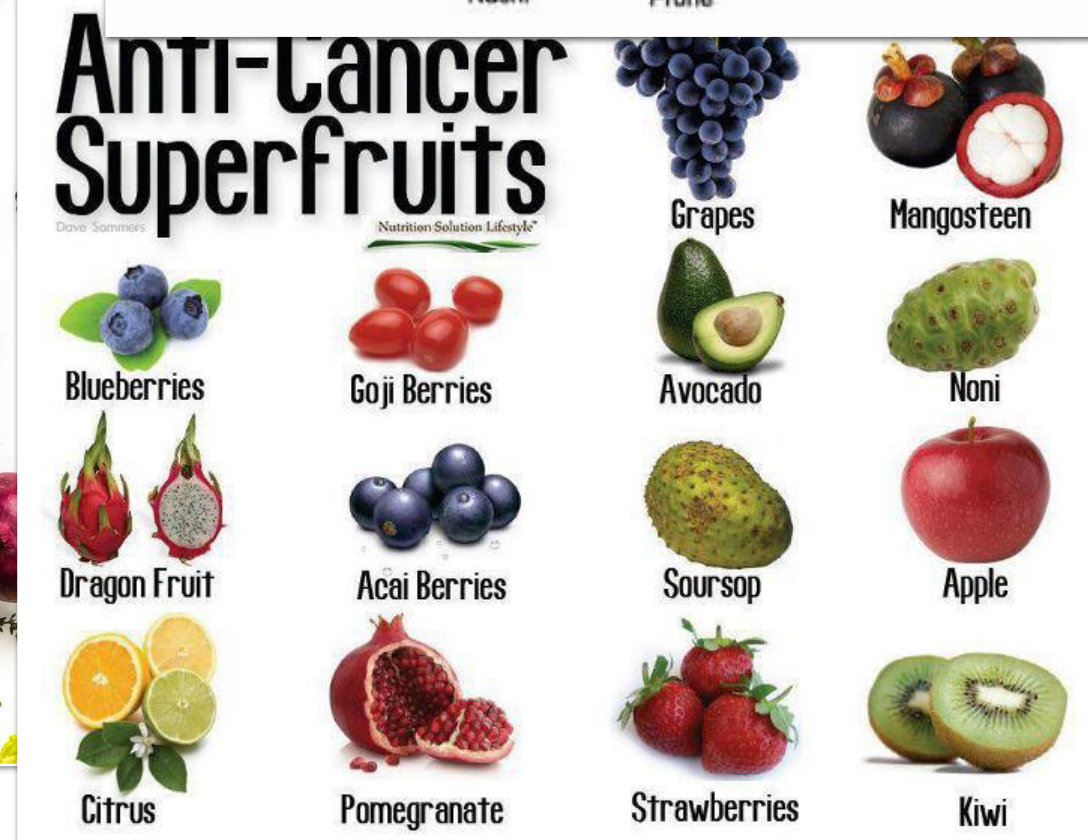
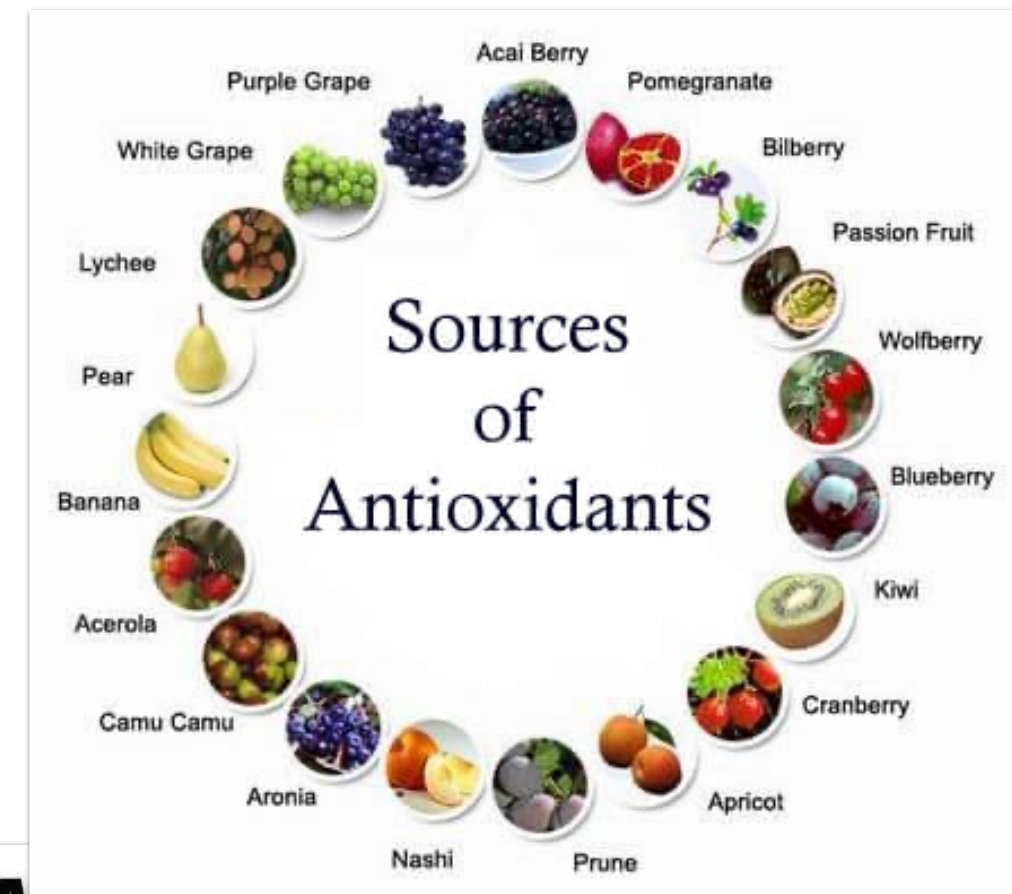
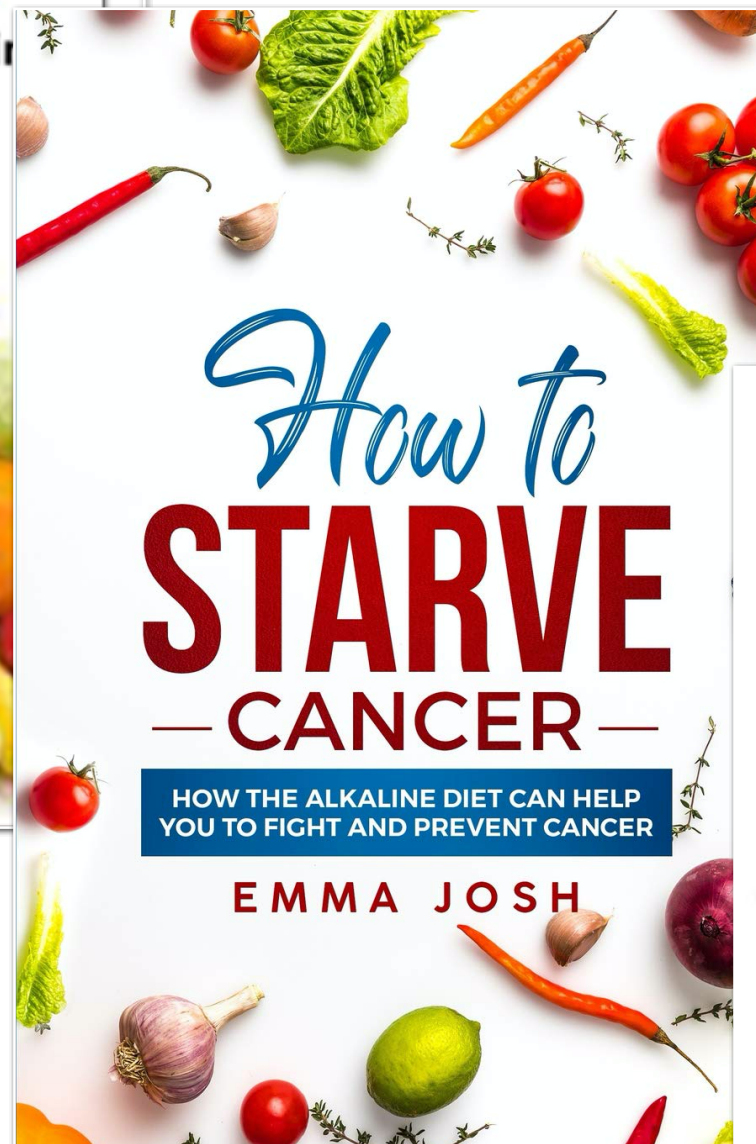
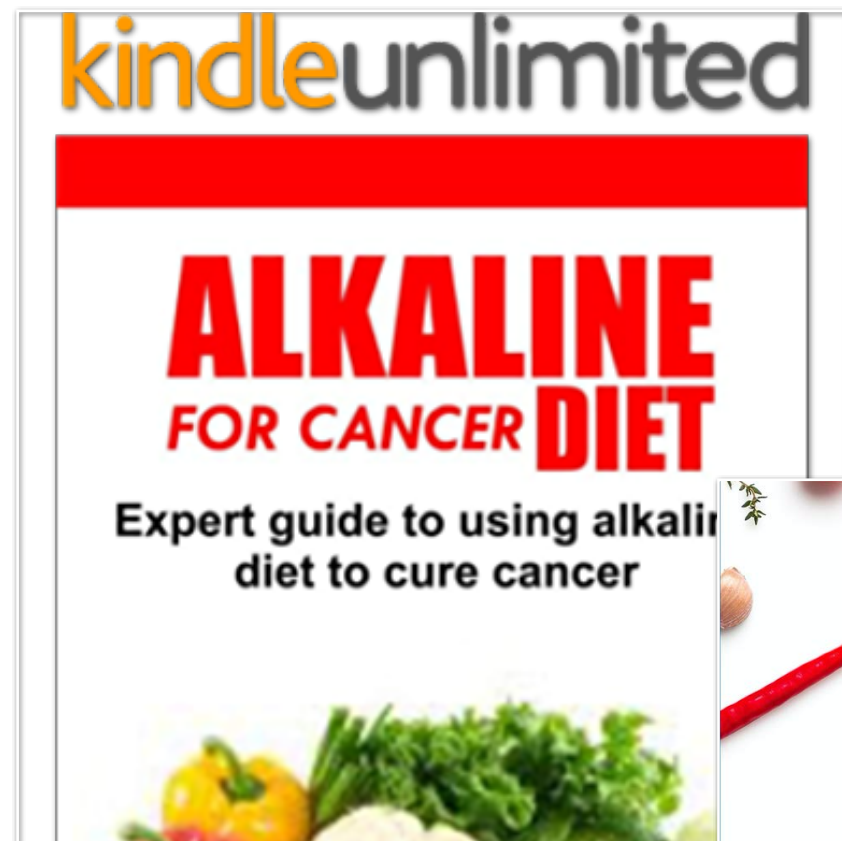
Elevation in acetyl-CoA availability is necessary for ADM

- *deletion on ACLY suppresses tumor formation*
- *metabolites often dictate cell differentiation through epigenetic effect*

Diet & Cancer Metabolism

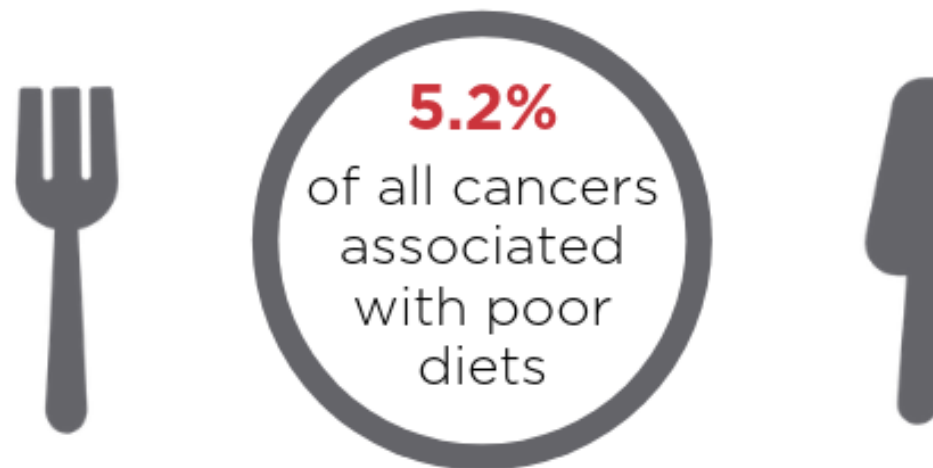
Diet & Cancer:

how to survive strides of misinformation



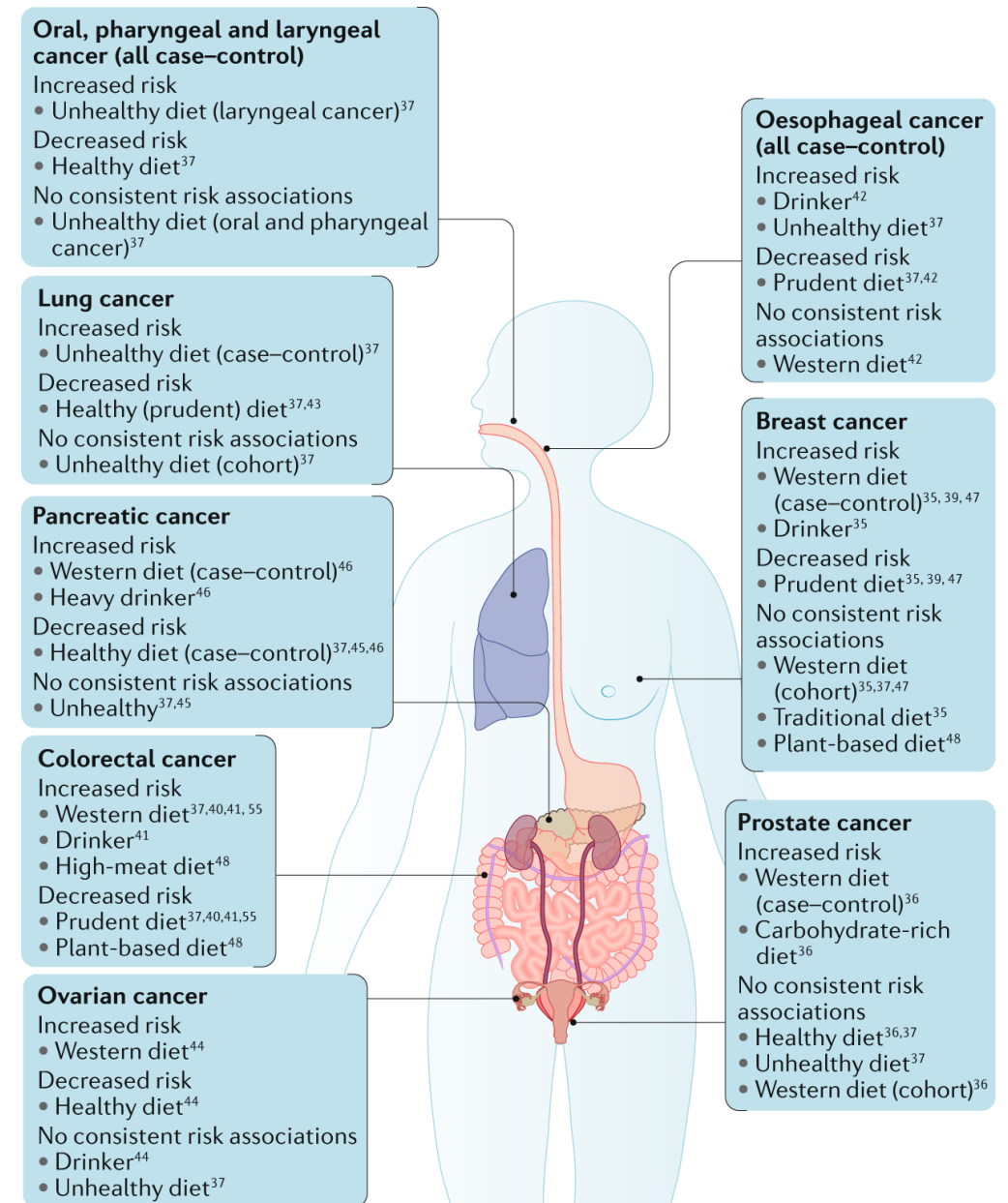
Diet & Cancer: “western diet” is associated with elevated cancer risk

The cancer burden of diet



Zhang, F. F., et al. Preventable cancer burden associated with dietary intake in the United States. *JNCI Cancer Spectrum* (2019). <http://doi.org/10.1093/jnci/djz079>

Gerald J. and Dorothy R. Friedman
School of Nutrition Science and Policy
at Tufts University

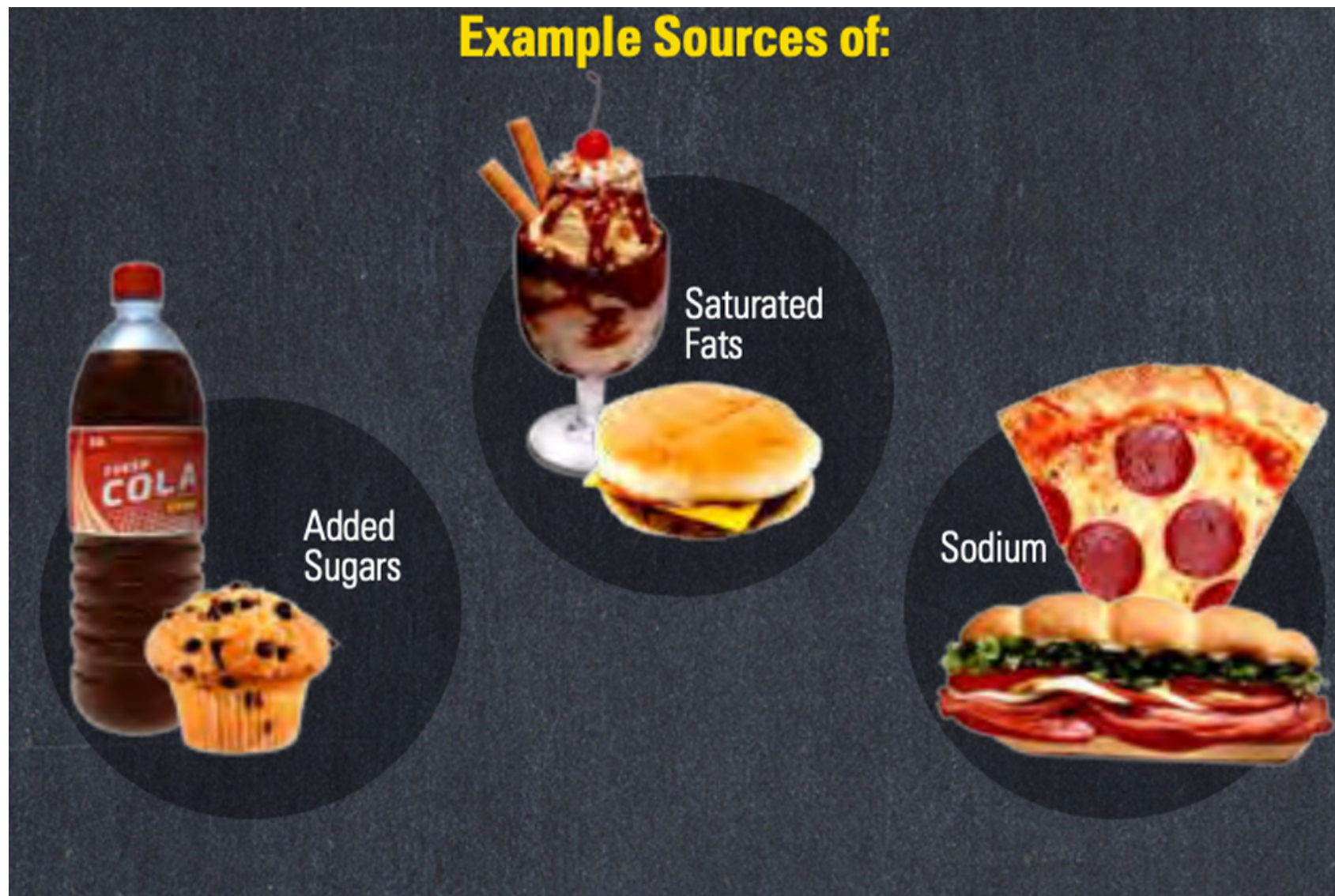


Western Diet is characterized by high fat AND high sugar



Does obesity predispose to cancer? How?

Western Diet is characterized by high fat AND high sugar



Does obesity predispose to cancer? How?

Can specific nutrient impact tumor development?

Can specific nutrient impact tumor development?

YES

Can specific nutrient impact tumor development?

YES

Mechanisms:

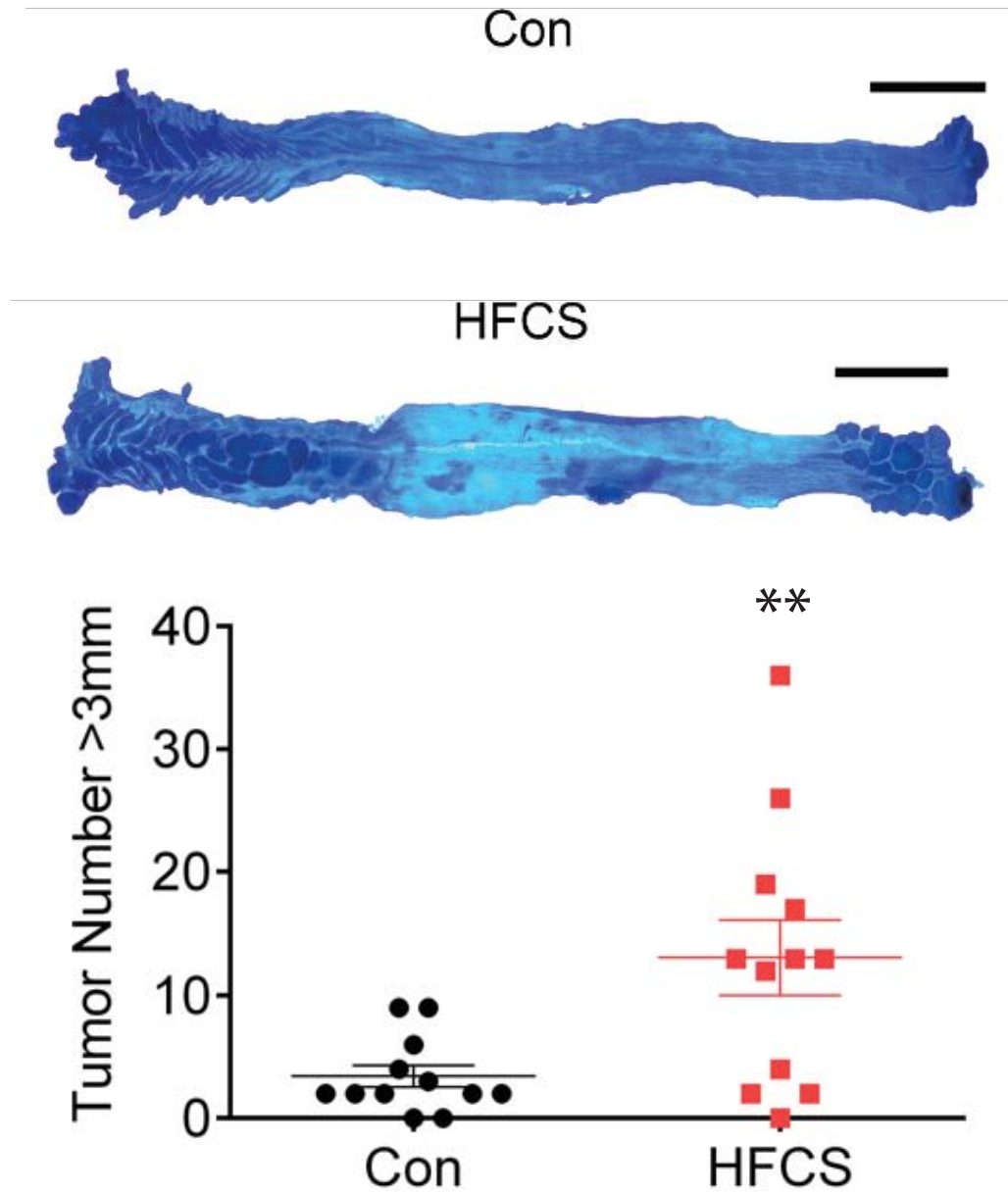
Engagement of nutrient sensing pathways

Remodeling of cell metabolism

Competition among cells in the TME

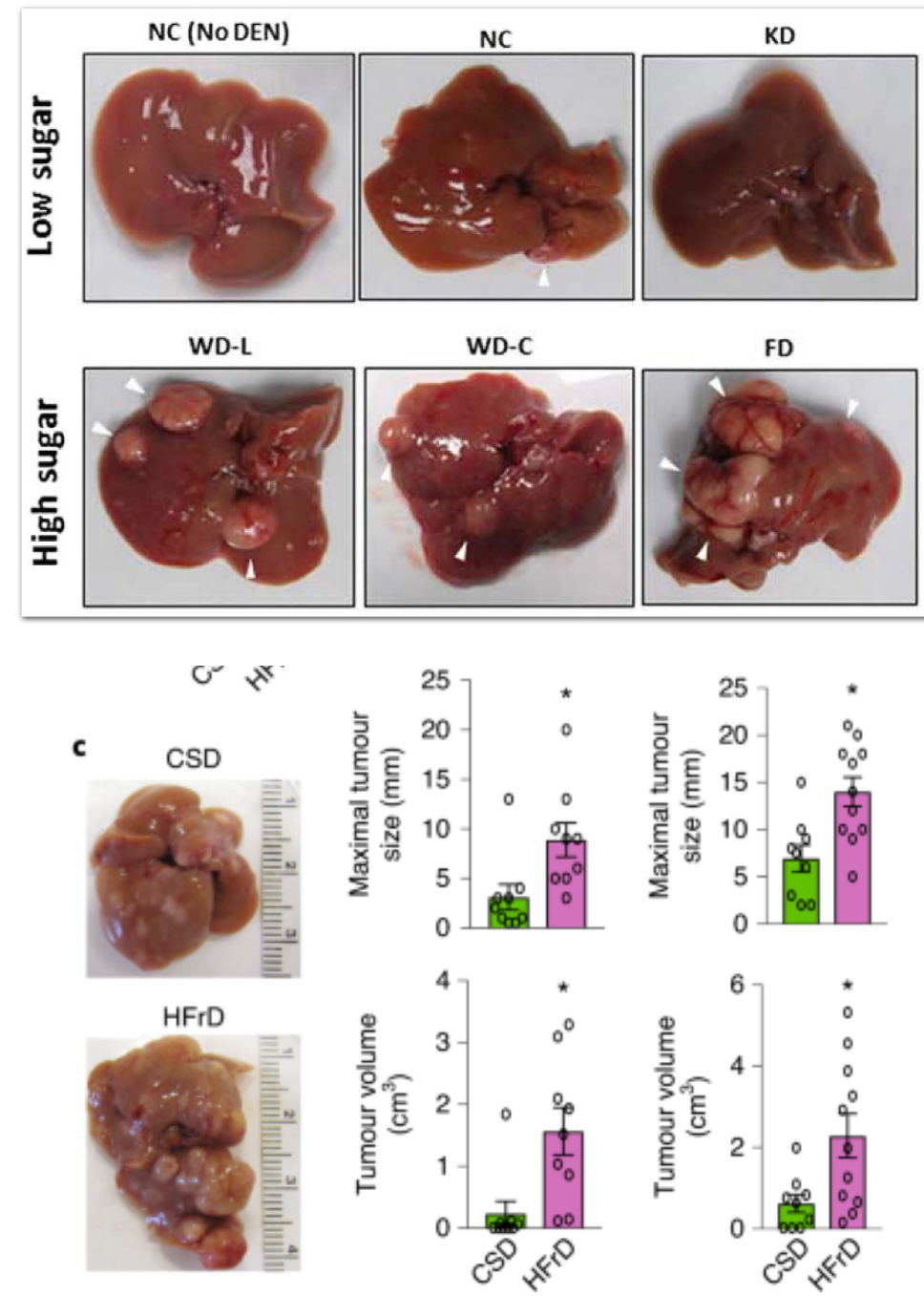
Fructose feeding cause tumorigenesis

Colon-CA



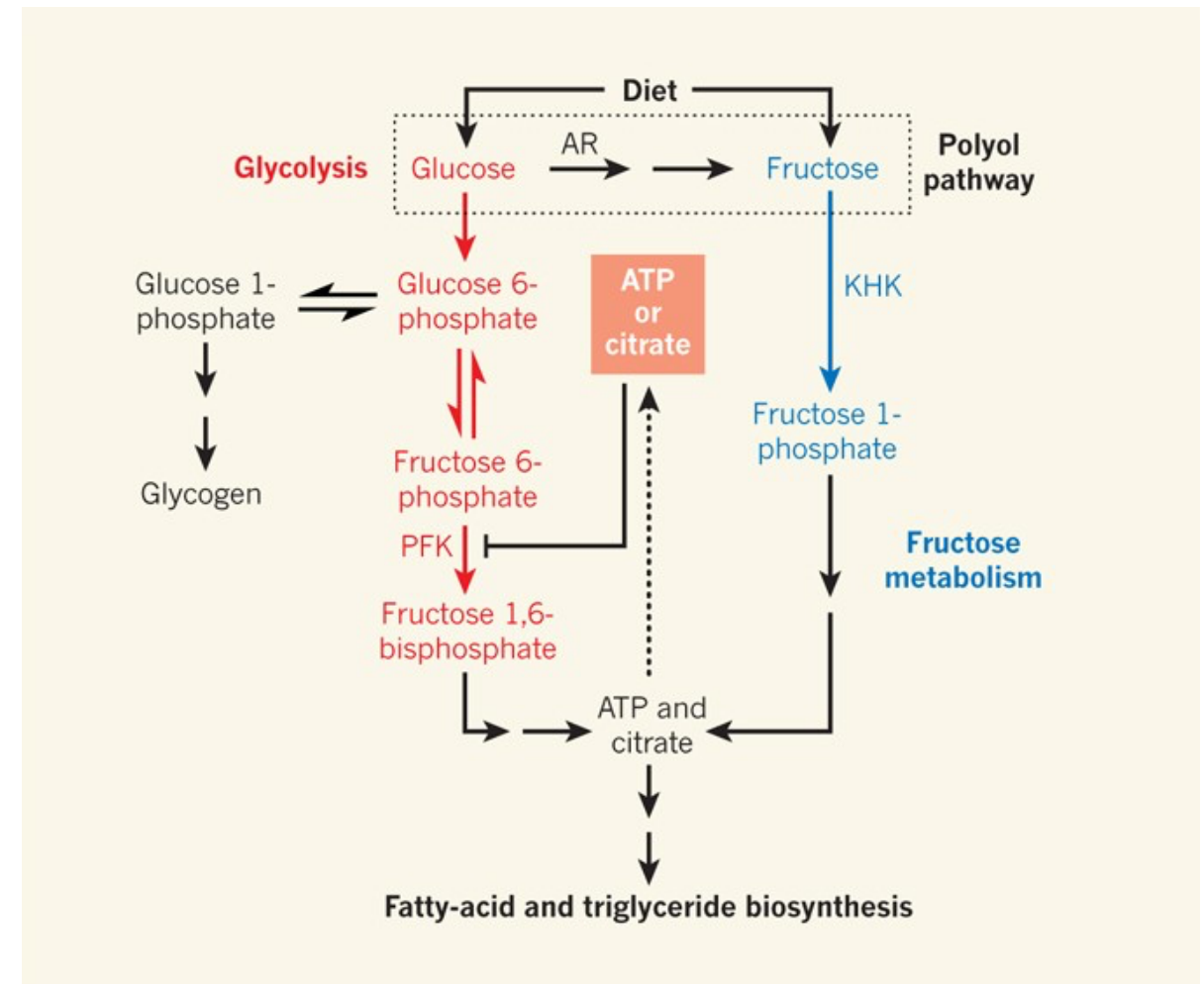
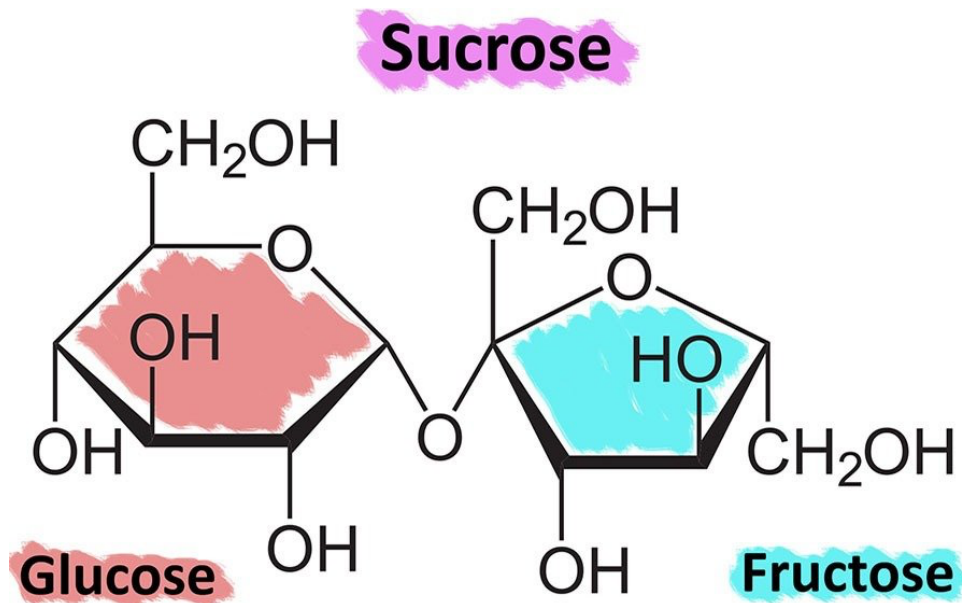
Goncalves et al, **Science**, 2020

Liver-CA

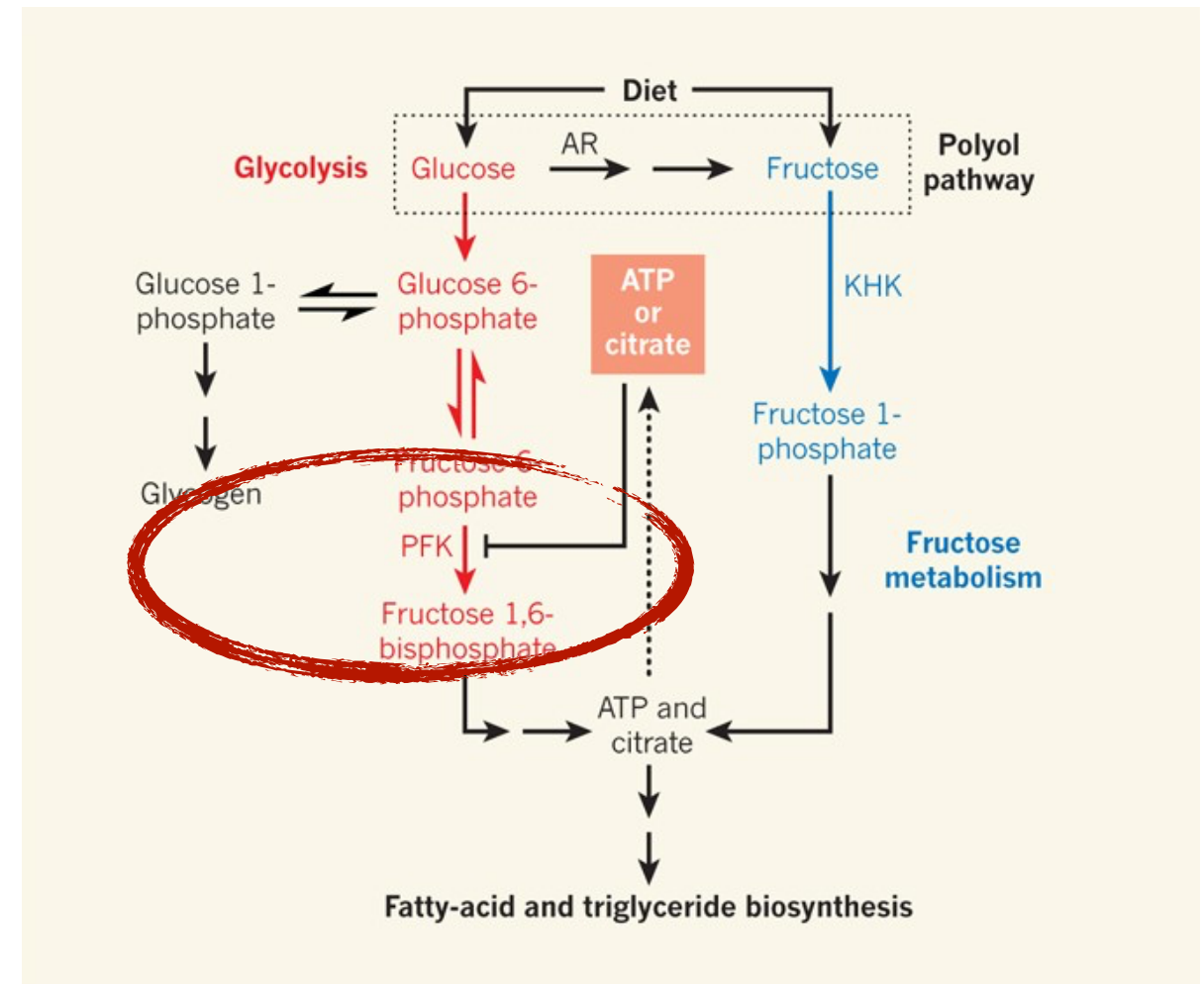
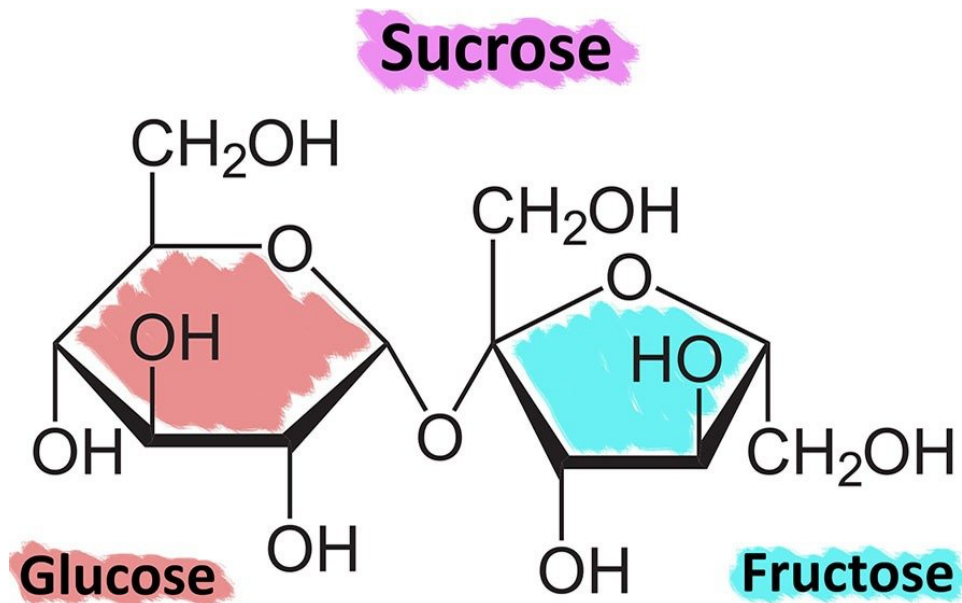


Healy et al, **Sci Rep**, 2016; Todorovic et al, **Nat Metab**, 2020

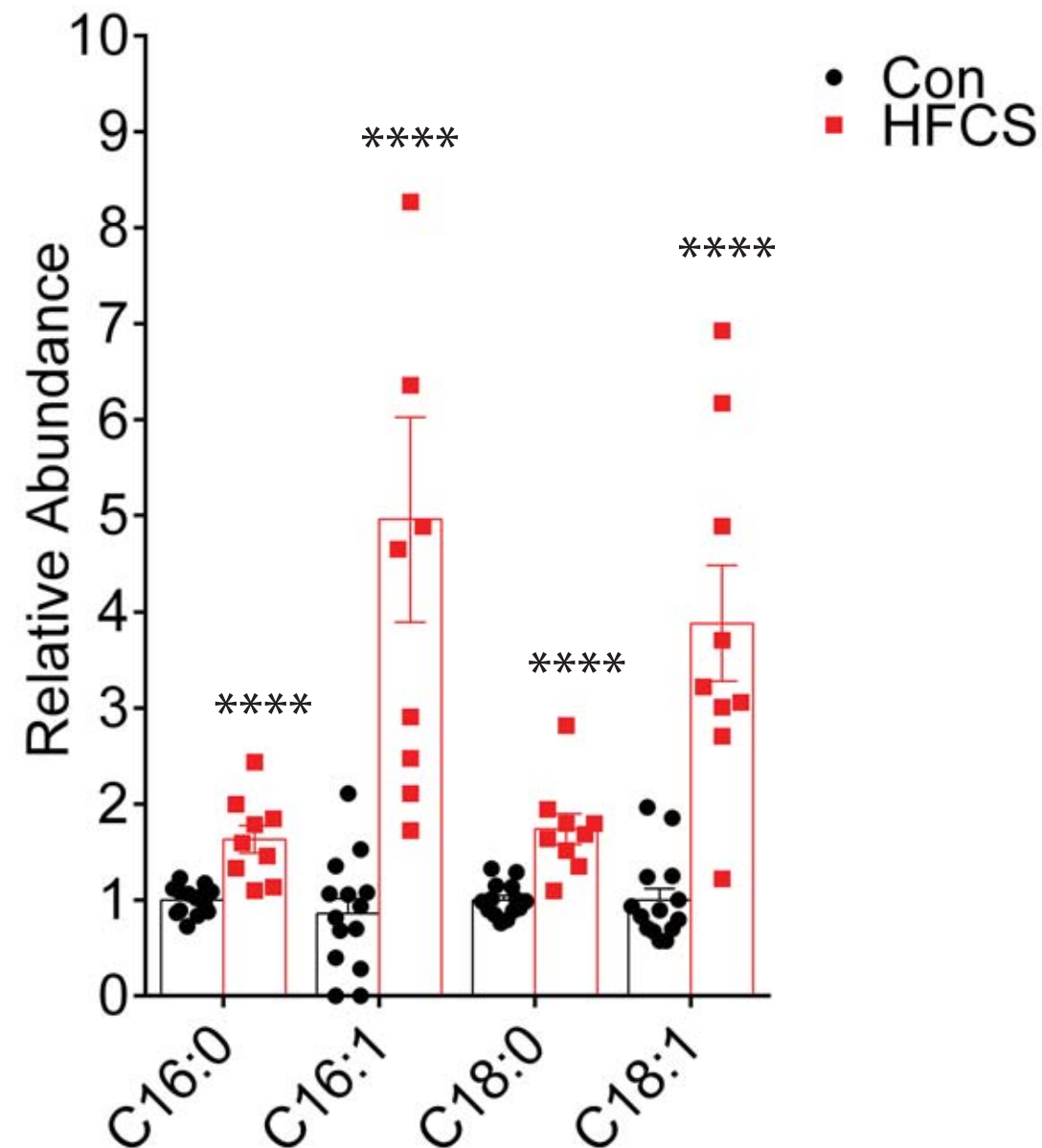
Fructose vs Glucose Metabolism



Fructose vs Glucose Metabolism

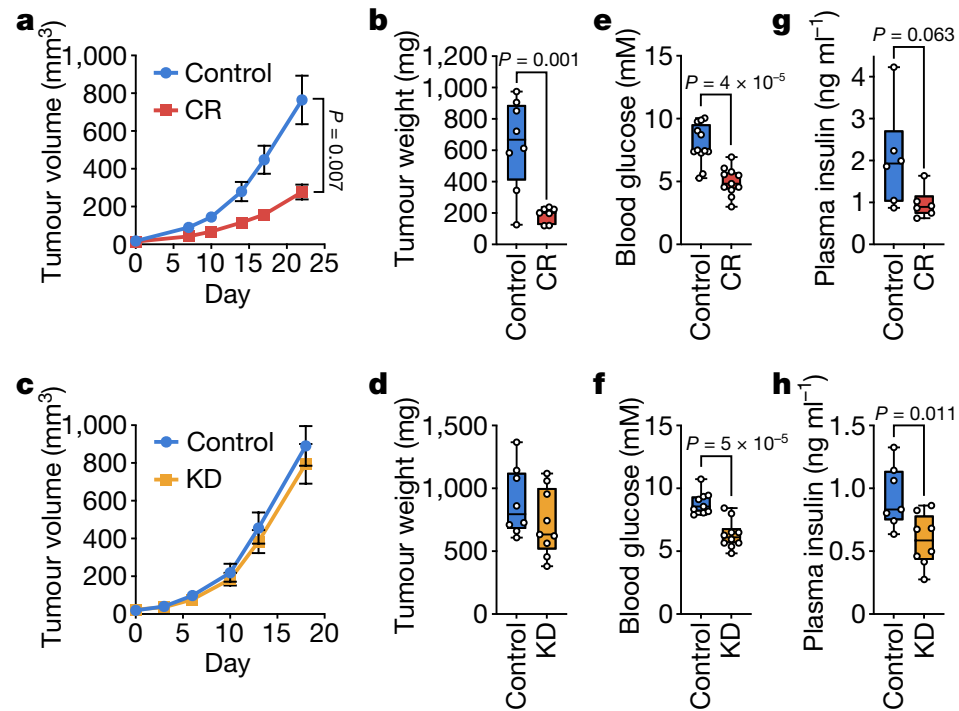


Dietary fructose promotes FAS for tumor growth



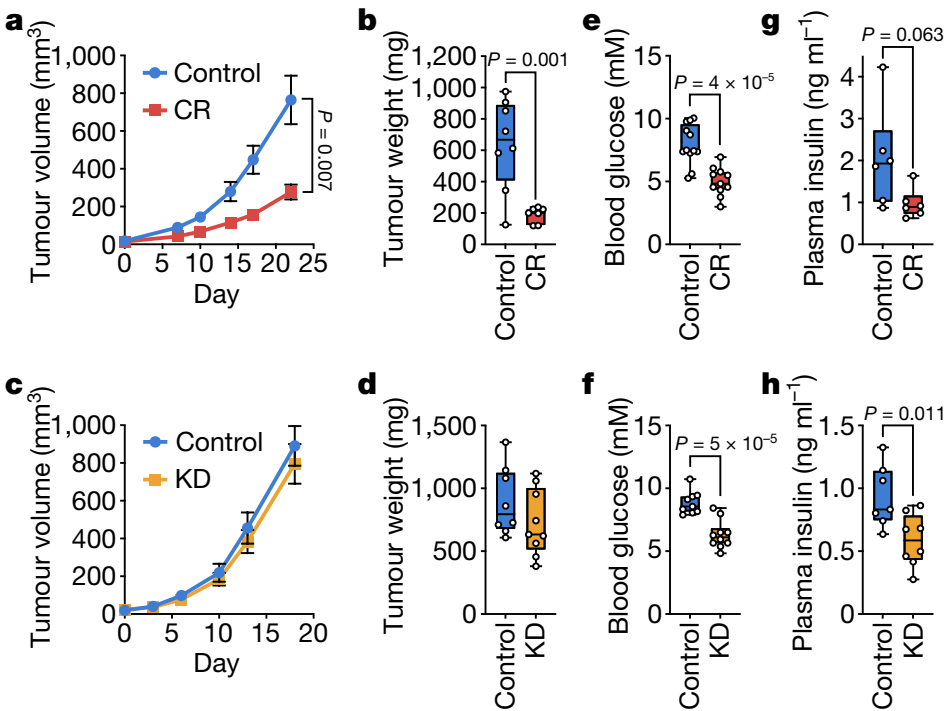
Calorie restriction can impact cancer metabolism per se

Low glycaemic diets alter lipid metabolism to influence tumour growth



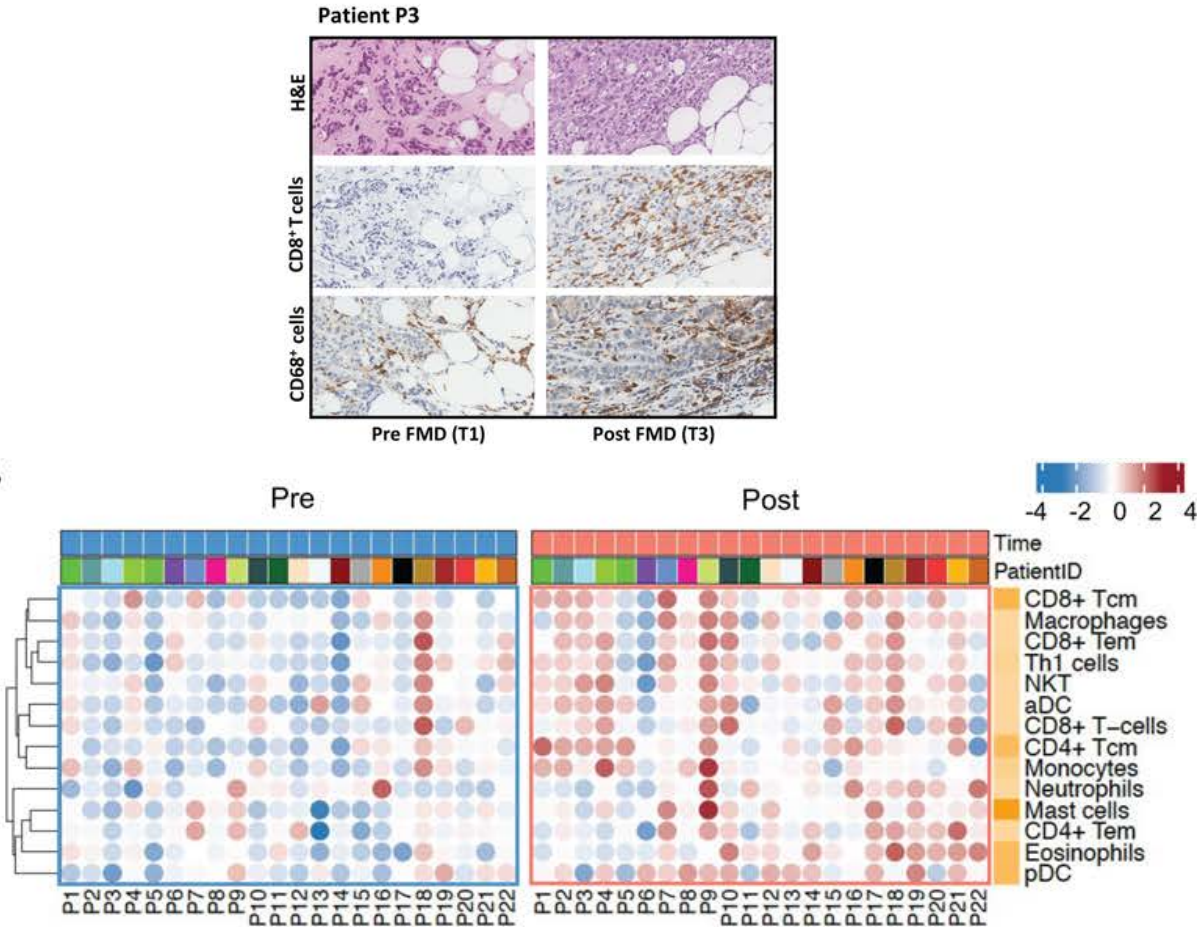
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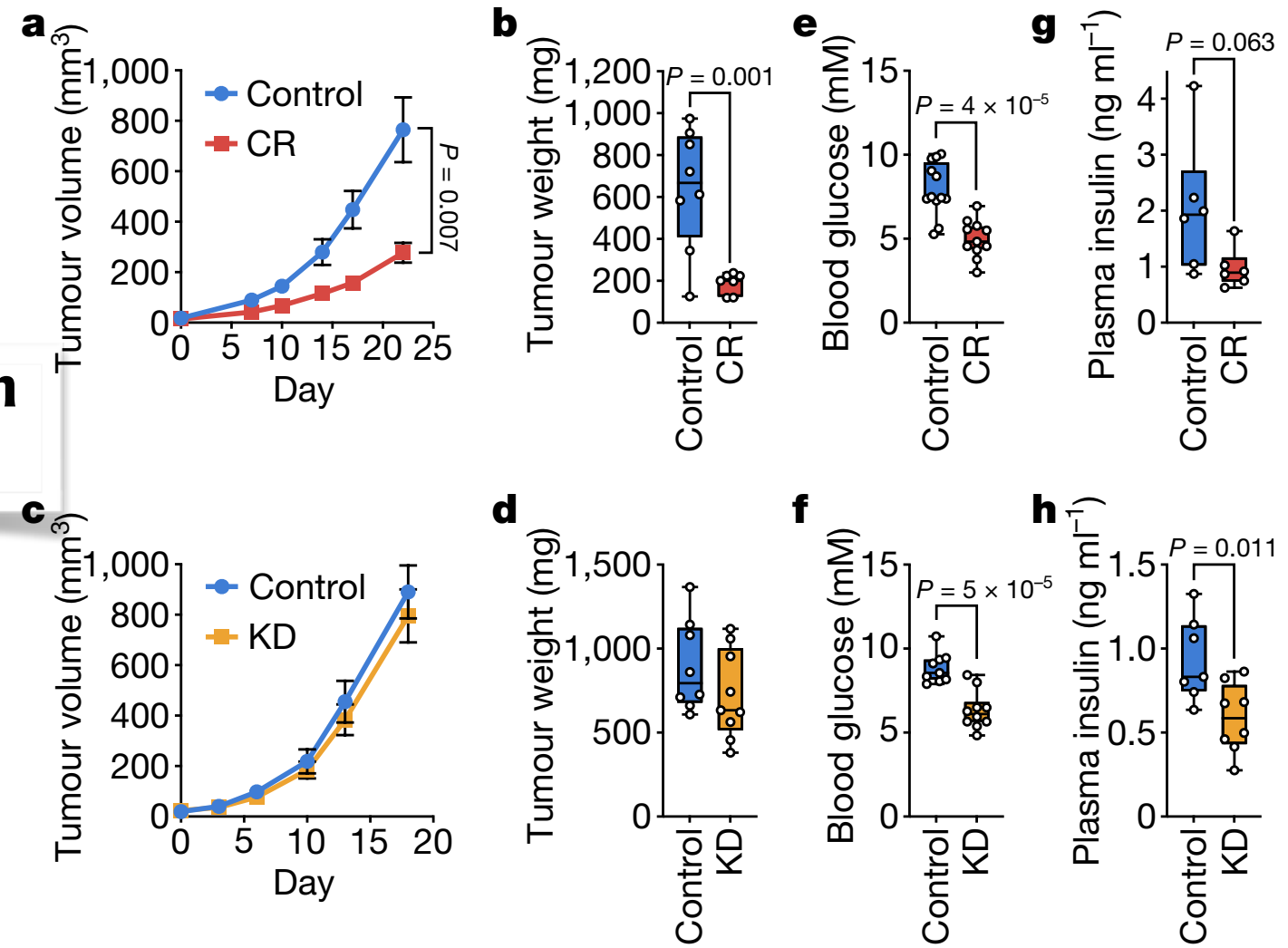
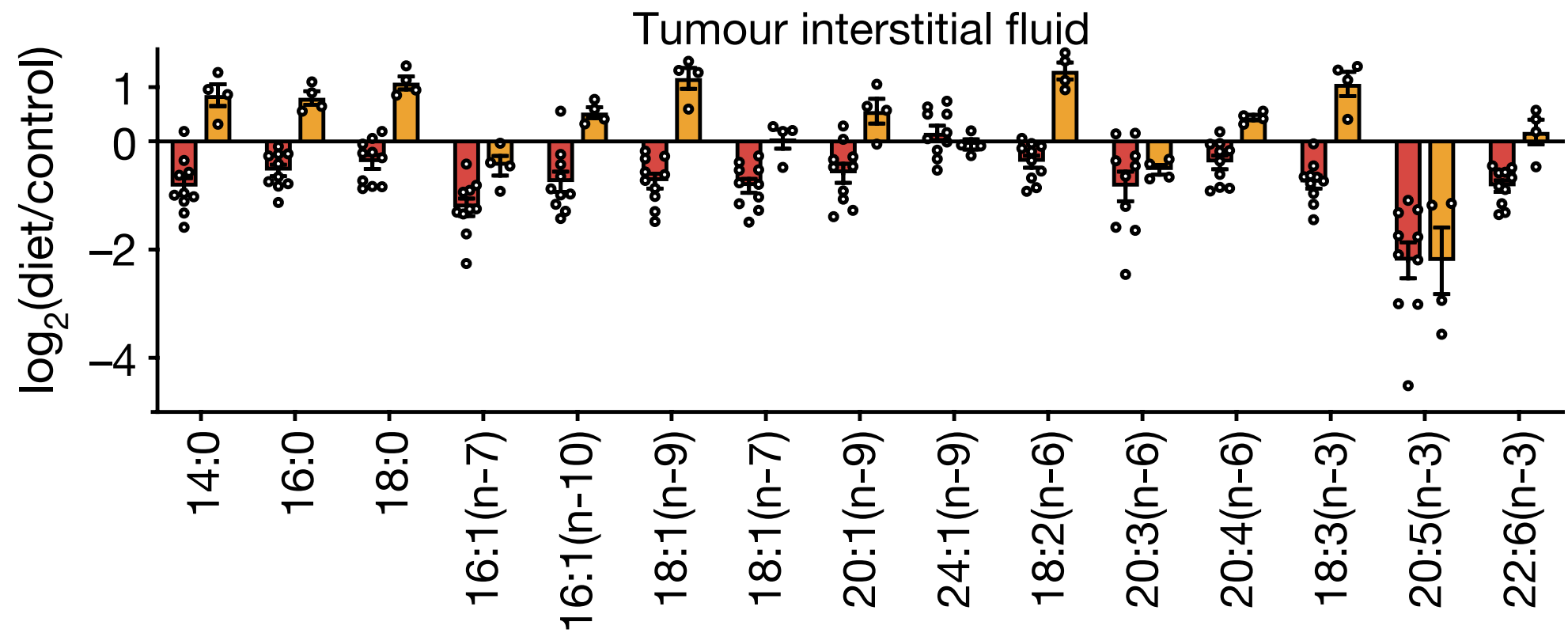
Lien et al, *Nature*, 2021

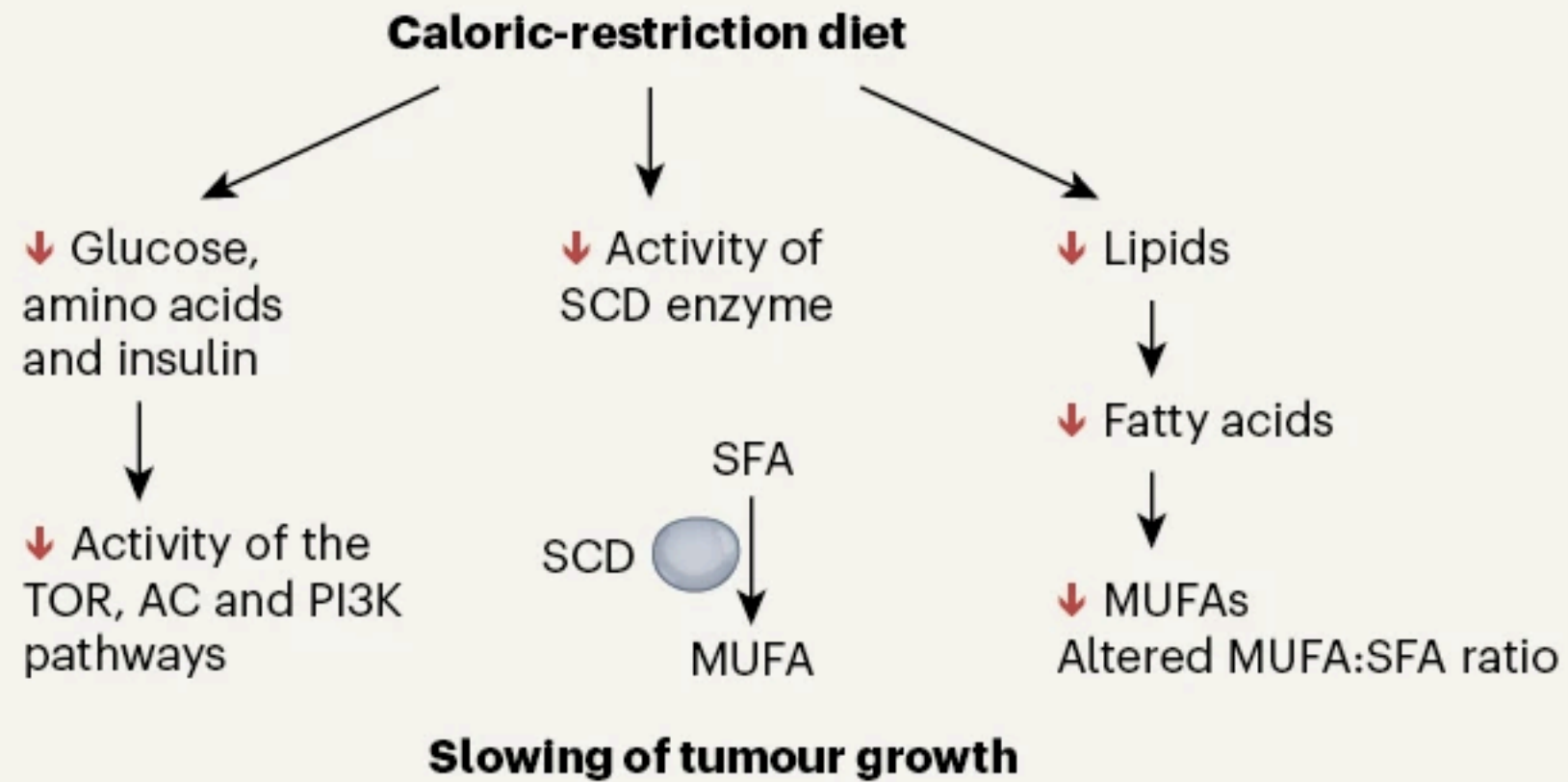
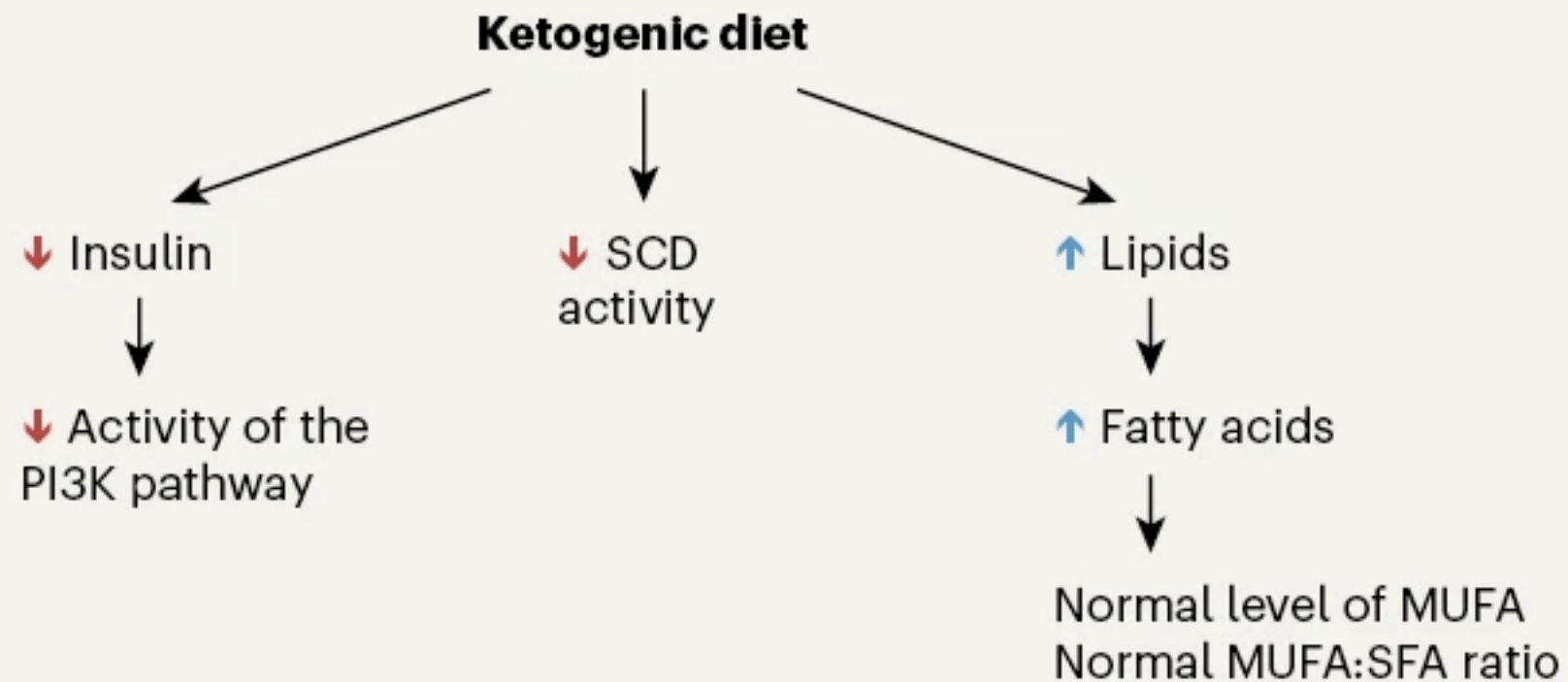
Fasting-mimicking diet is safe and reshapes metabolism and antitumor immunity in cancer patients



Vernieri et al, *Cancer Discov*, 2021

Low glycaemic diets alter lipid metabolism to influence tumour growth



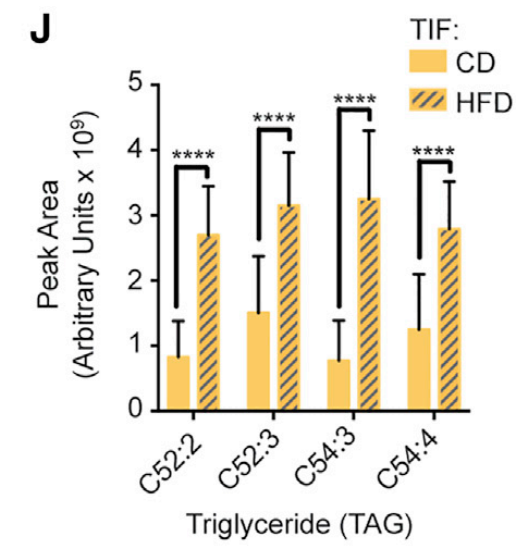
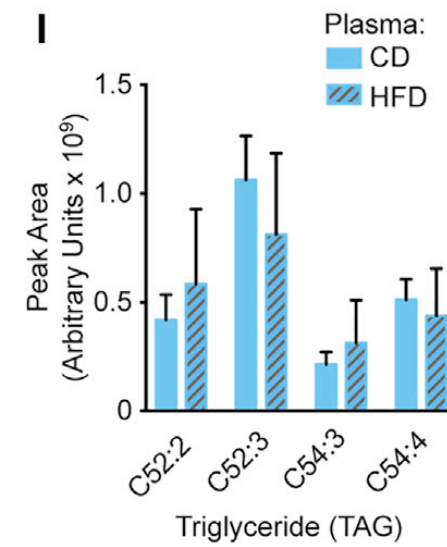
a**b**

Diet is less effective than caloric-restriction diet for slowing tumour growth

Article

Obesity Shapes Metabolism in the Tumor Microenvironment to Suppress Anti-Tumor Immunity

Alison E. Ringel,^{1,13} Jelte M. Drijvers,^{1,2,3,8,13} Gregory J. Baker,⁴ Alessia Catozzi,^{1,5} Juan C. García-Cañaveras,^{6,7,9} Brandon M. Gassaway,¹ Brian C. Miller,^{2,3} Vikram R. Juneja,^{2,3,10} Thao H. Nguyen,^{2,3} Shakchhi Joshi,¹ Cong-Hui Yao,¹ Haejin Yoon,¹ Peter T. Sage,^{2,3,11} Martin W. LaFleur,^{2,3} Justin D. Trombley,^{2,3,12} Connor A. Jacobson,⁴ Zoltan Maliga,⁴ Steven P. Gygi,¹ Peter K. Sorger,⁴ Joshua D. Rabinowitz,^{6,7} Arlene H. Sharpe,^{2,3,*} and Marcia C. Haigis^{1,14,*}

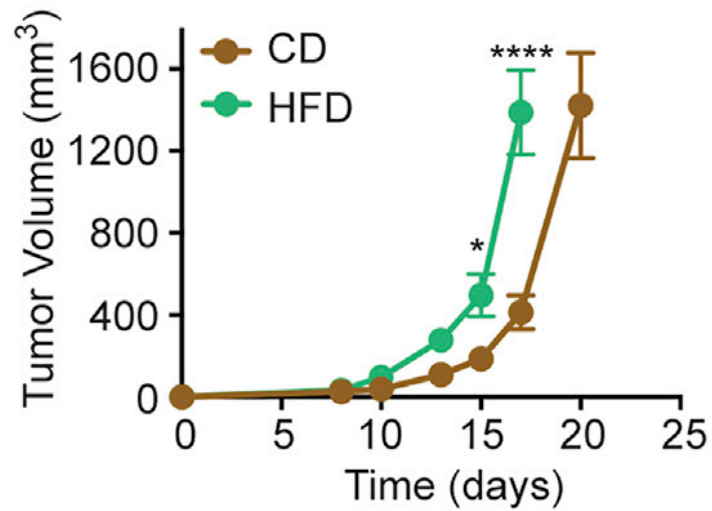


Article

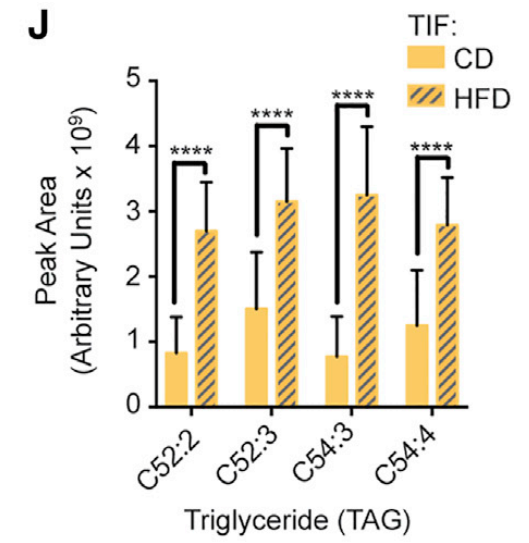
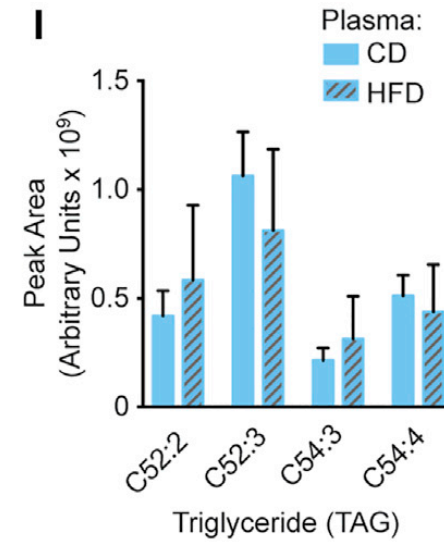
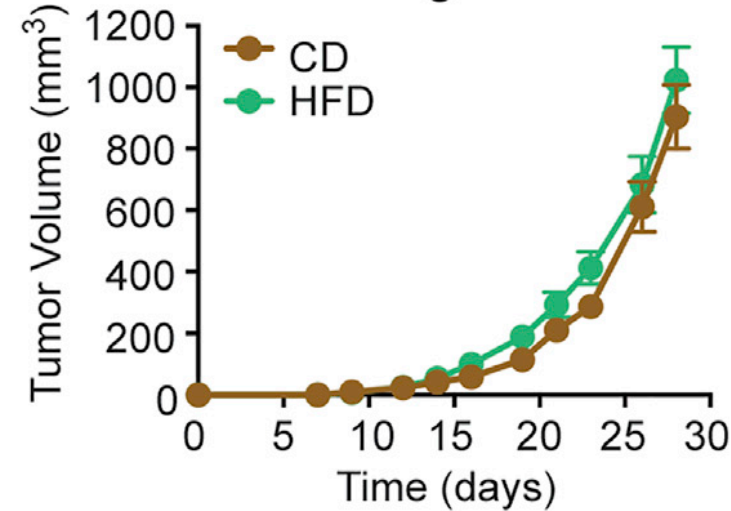
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D B16 Melanoma



E Lewis Lung Carcinoma

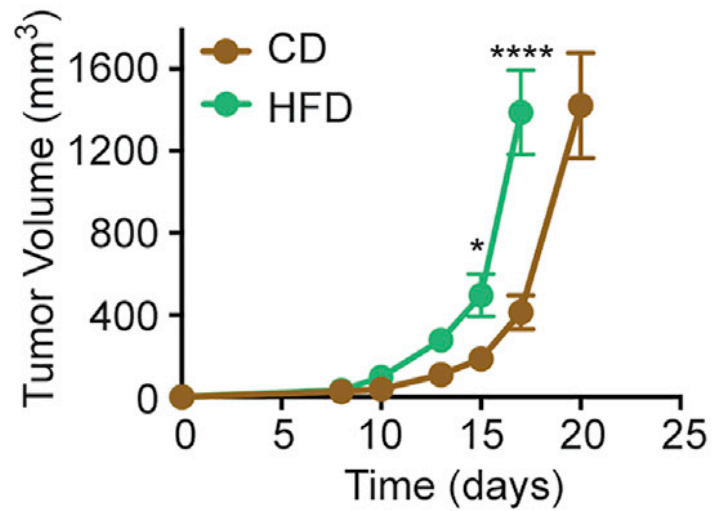


Article

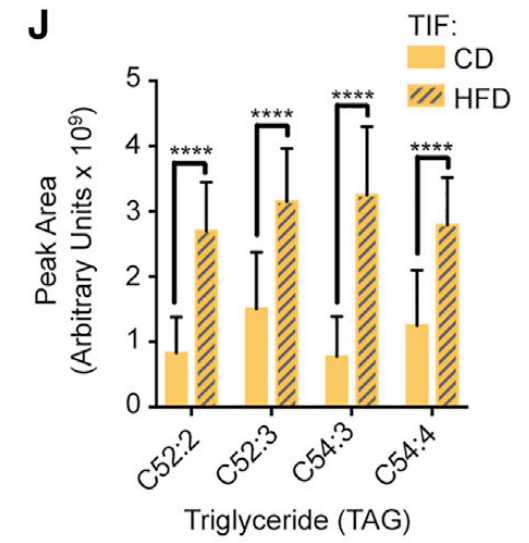
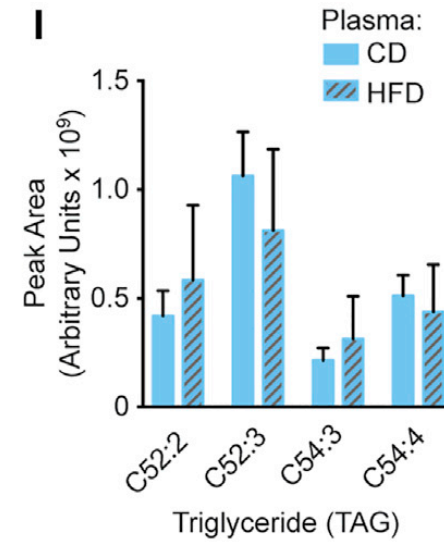
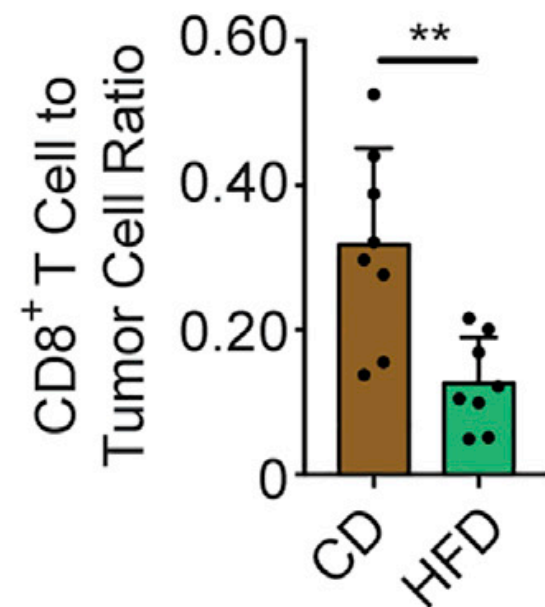
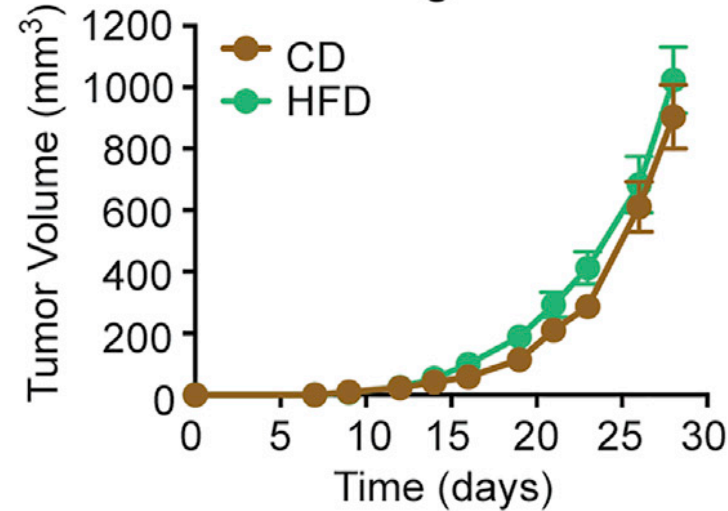
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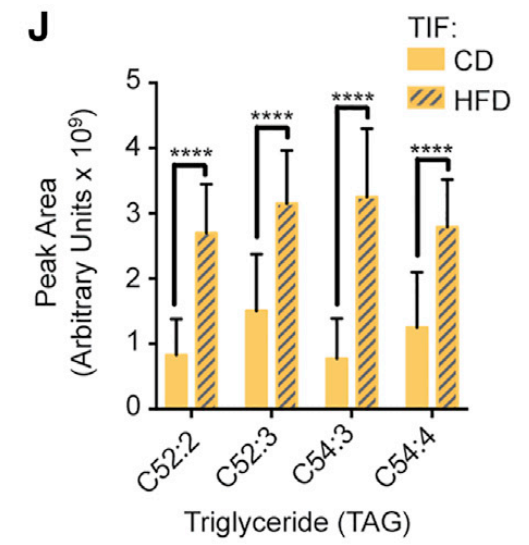
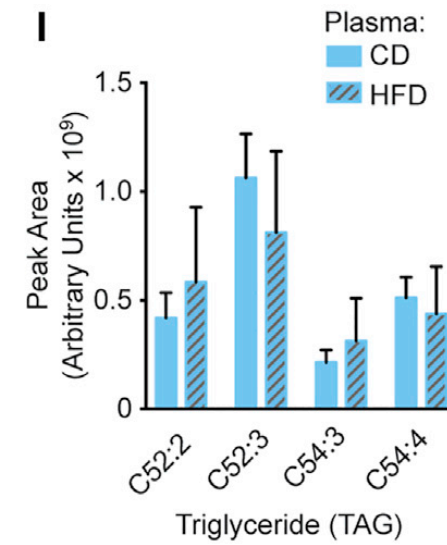
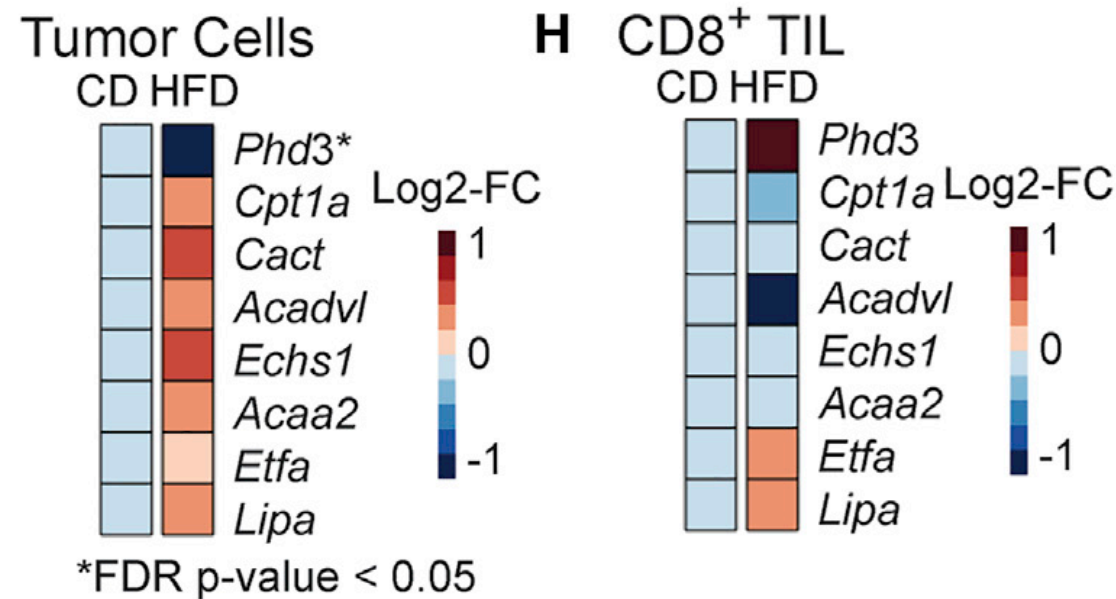
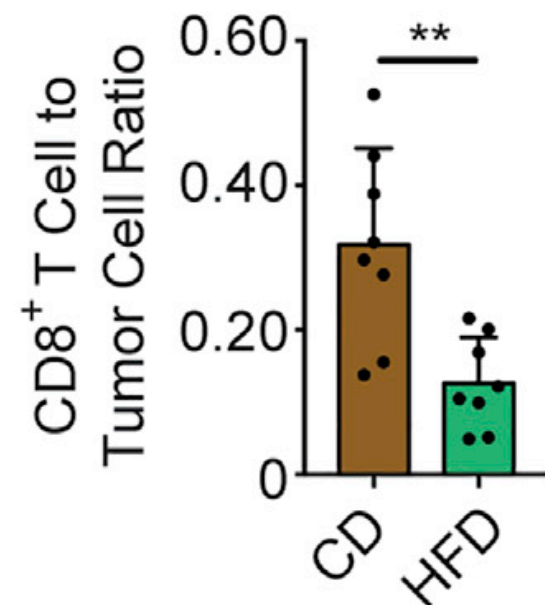
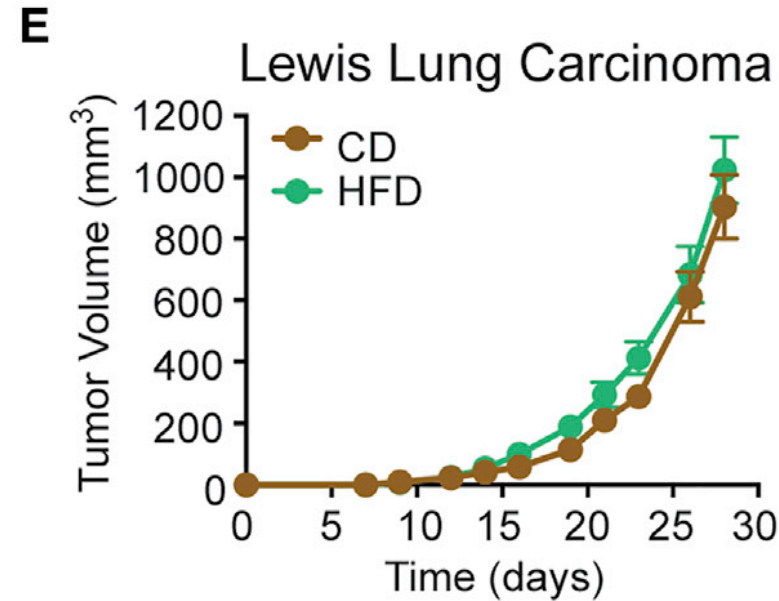
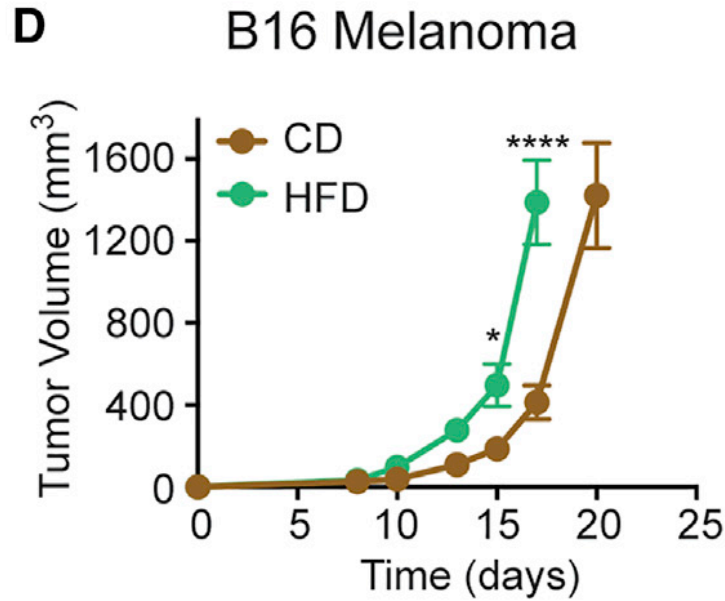
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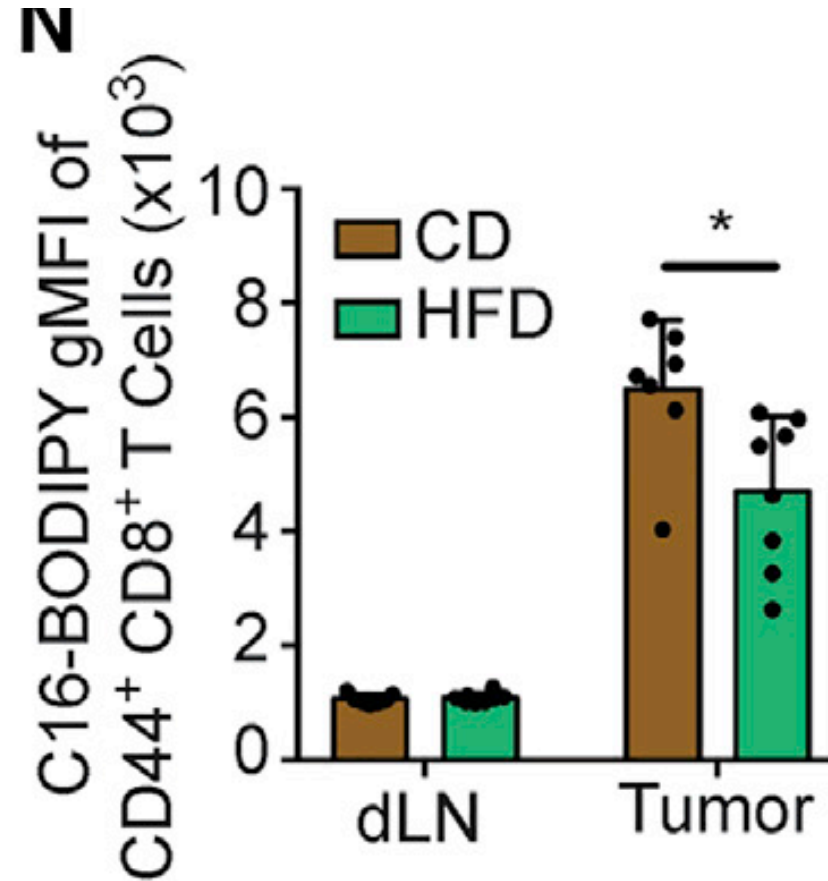
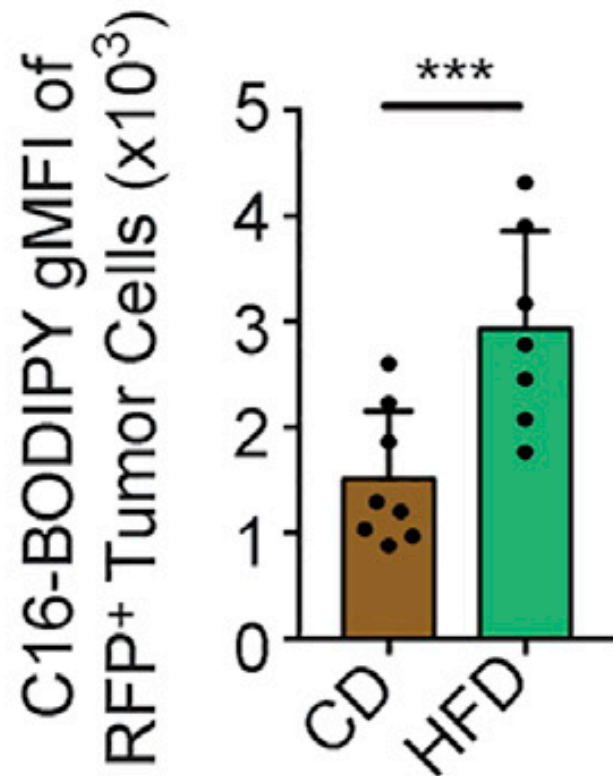
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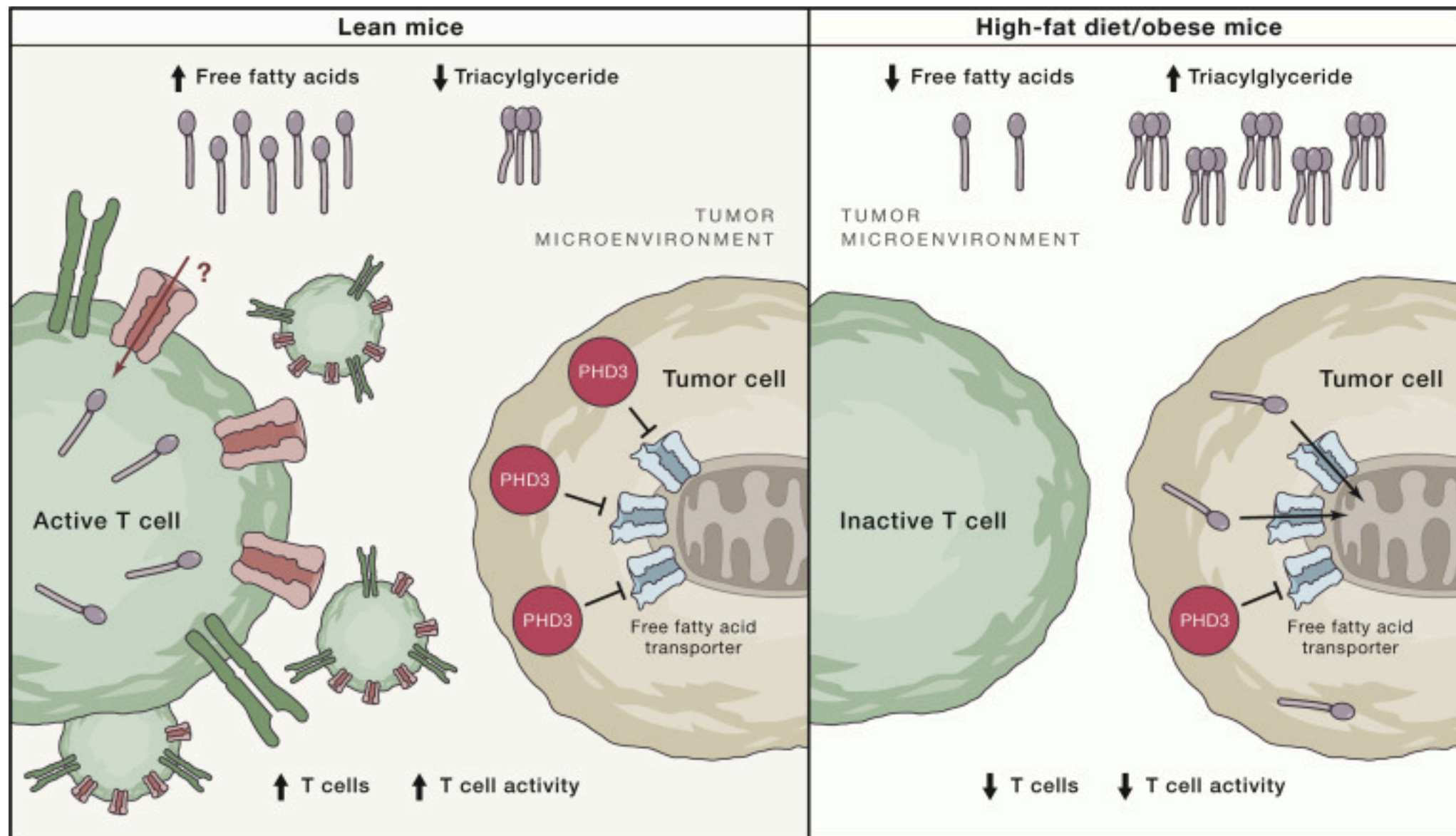


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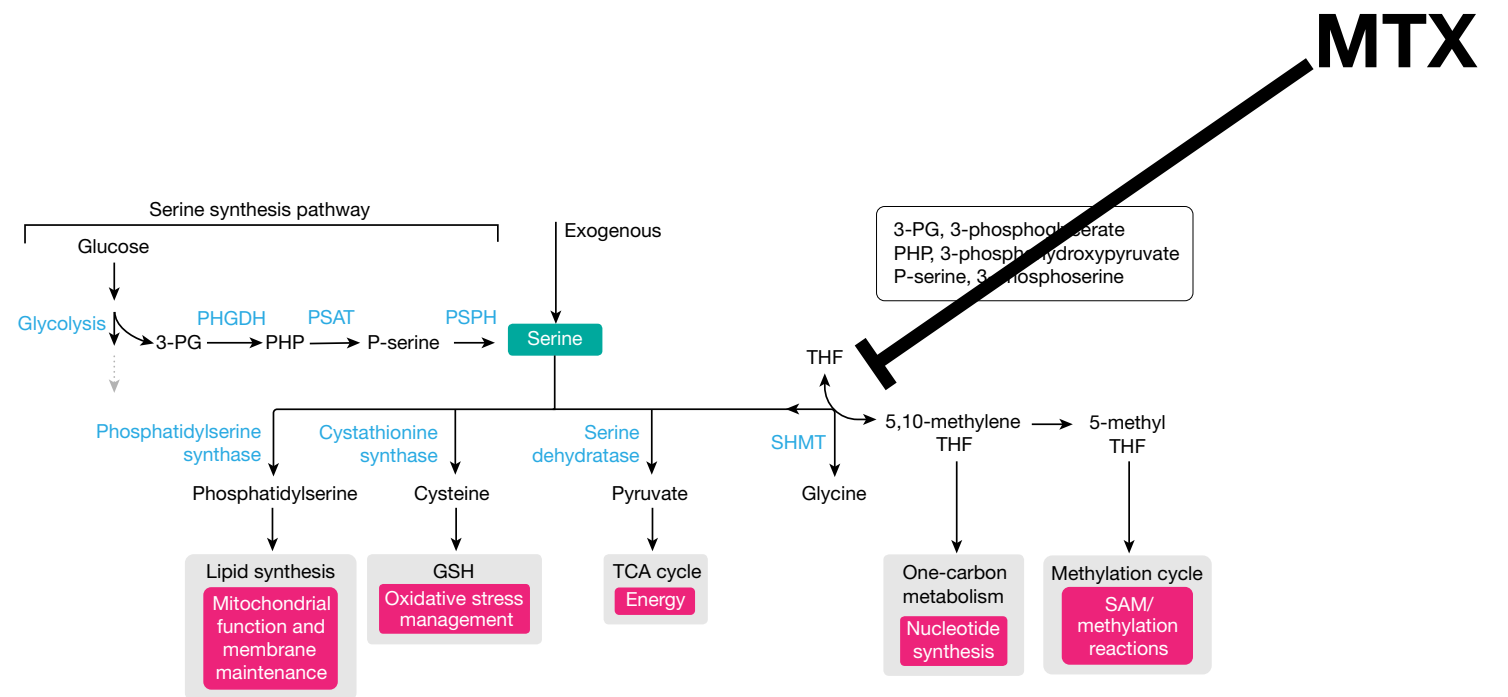
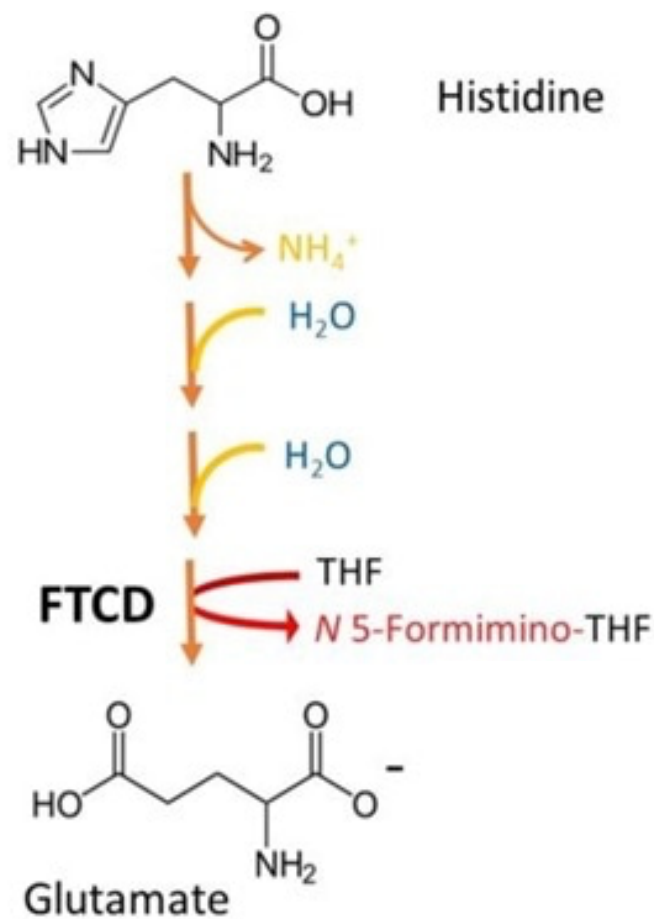
Cancer cells and infiltrating lymphocytes compete for lipids in the TME, with the former being able to outpace the latter for uptake.

Obesity (HFD) enhances the ability of cancer cells to outcompete T cells

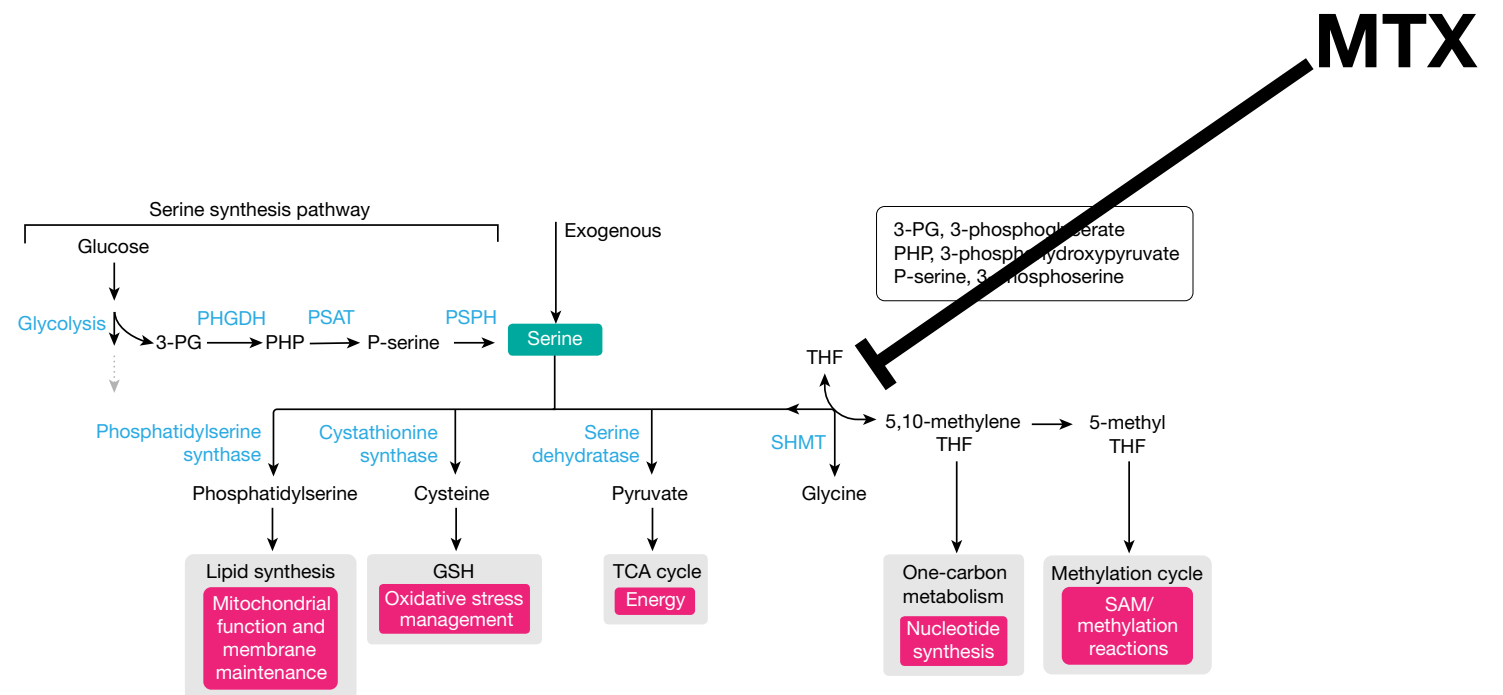
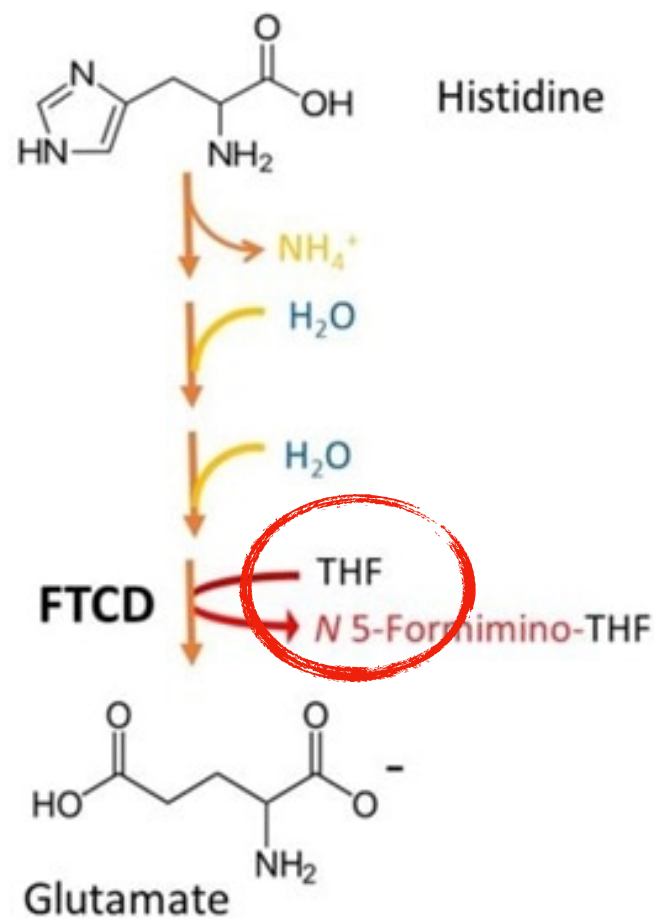
Diet rarely impacts cancer metabolism per sebut can synergies with treatment!!

- **FASTING:** reduces levels of IGF1, improves response to chemotherapy in models of breast cancer, melanoma, glioma and neuroblastoma
- **METHIONINE RESTRICTION:** reduces levels of SAM, methylation of DNA and mTORC1. Enhances response to therapy in several preclinical models
- **SER/GLY RESTRICTION:** essential nutrient for tumors lacking PHGDH and SHMT amplification. Potentiates effect of biguanidines.
- **HISTIDINE SUPPLEMENTATION:** His catabolism drains THF pool, enhancing the tumor-killing effect of MTX
- **KETOGENIC DIET:** Decrease blood insulin levels. Suppress insulin-driven resistance to anti-PI3K treatment
- **ARGININE DEPRIVATION:** Tumor often silence ASS1 and become auxotrophs for Arg. Arg limitation synergies with inhibition of Arg-degrading enzyme ADI

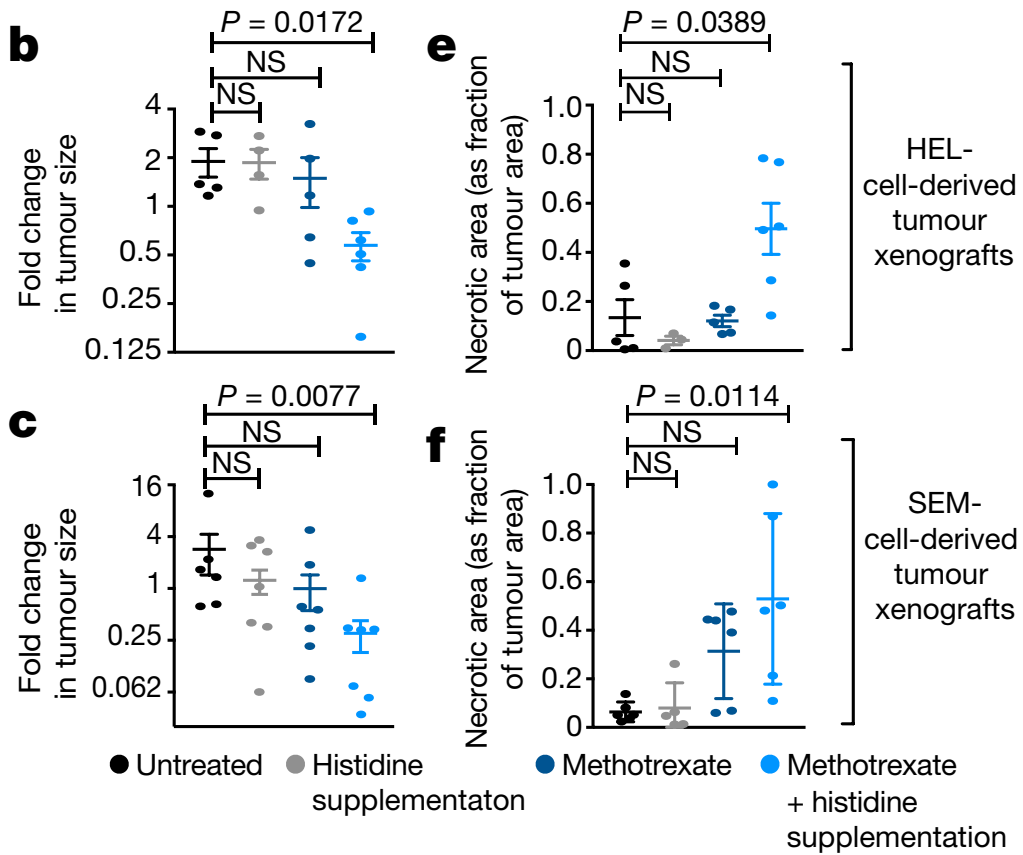
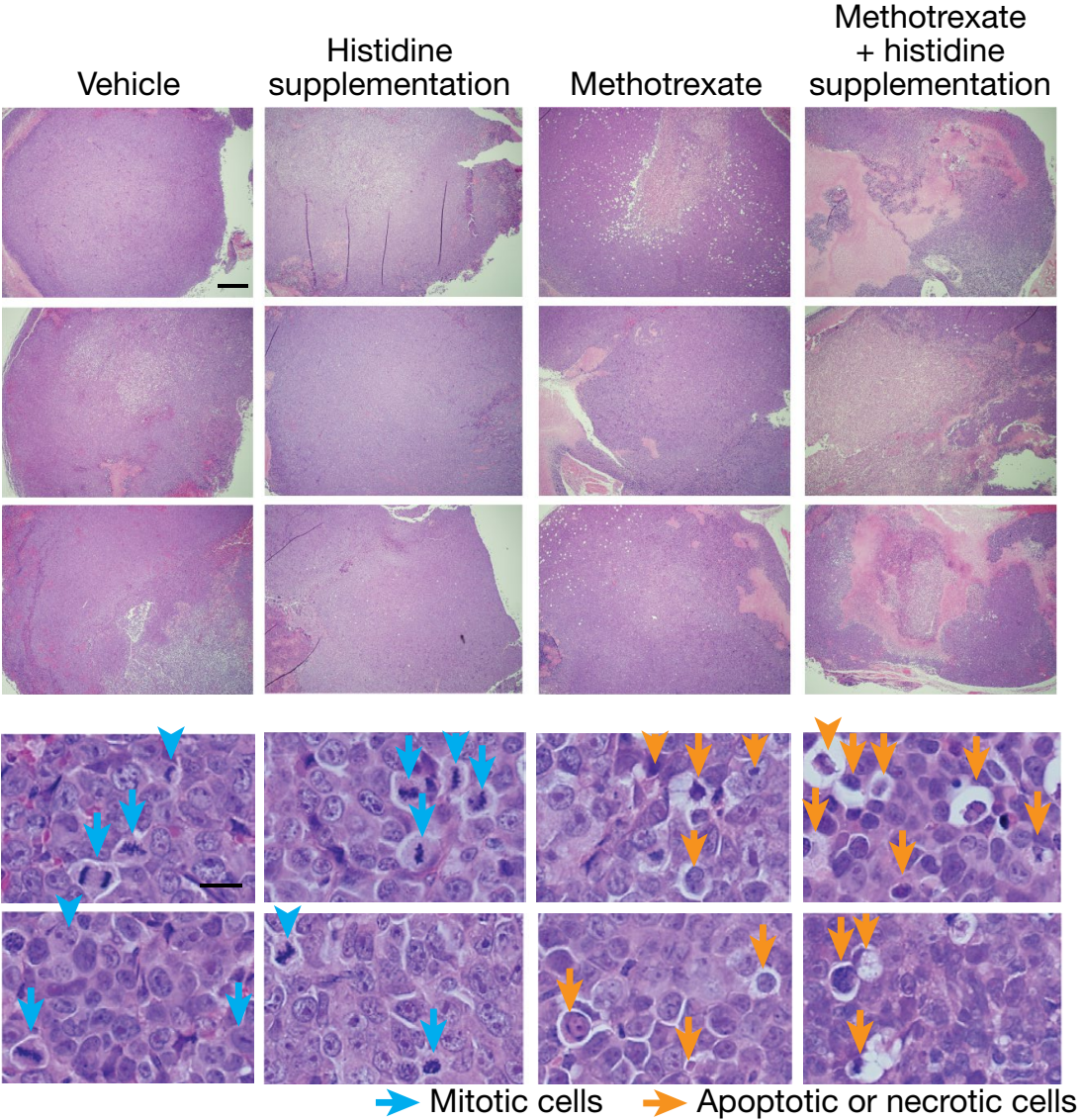
Histidine catabolism restricts availability of THF



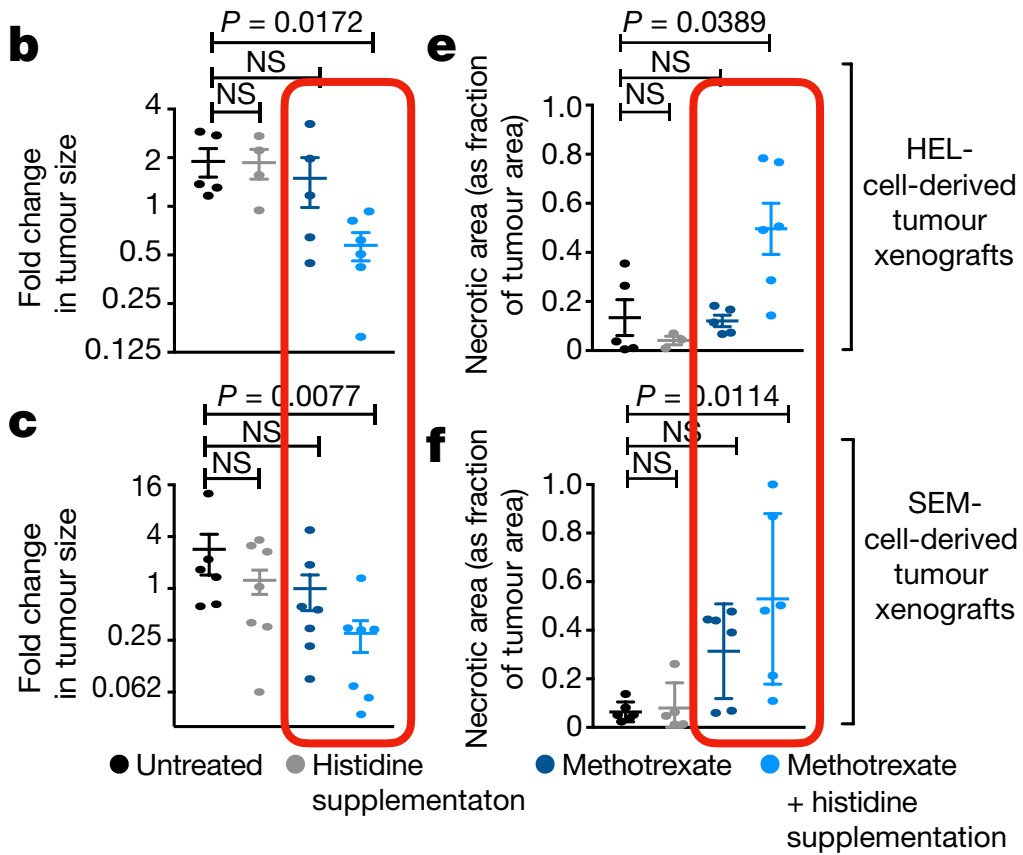
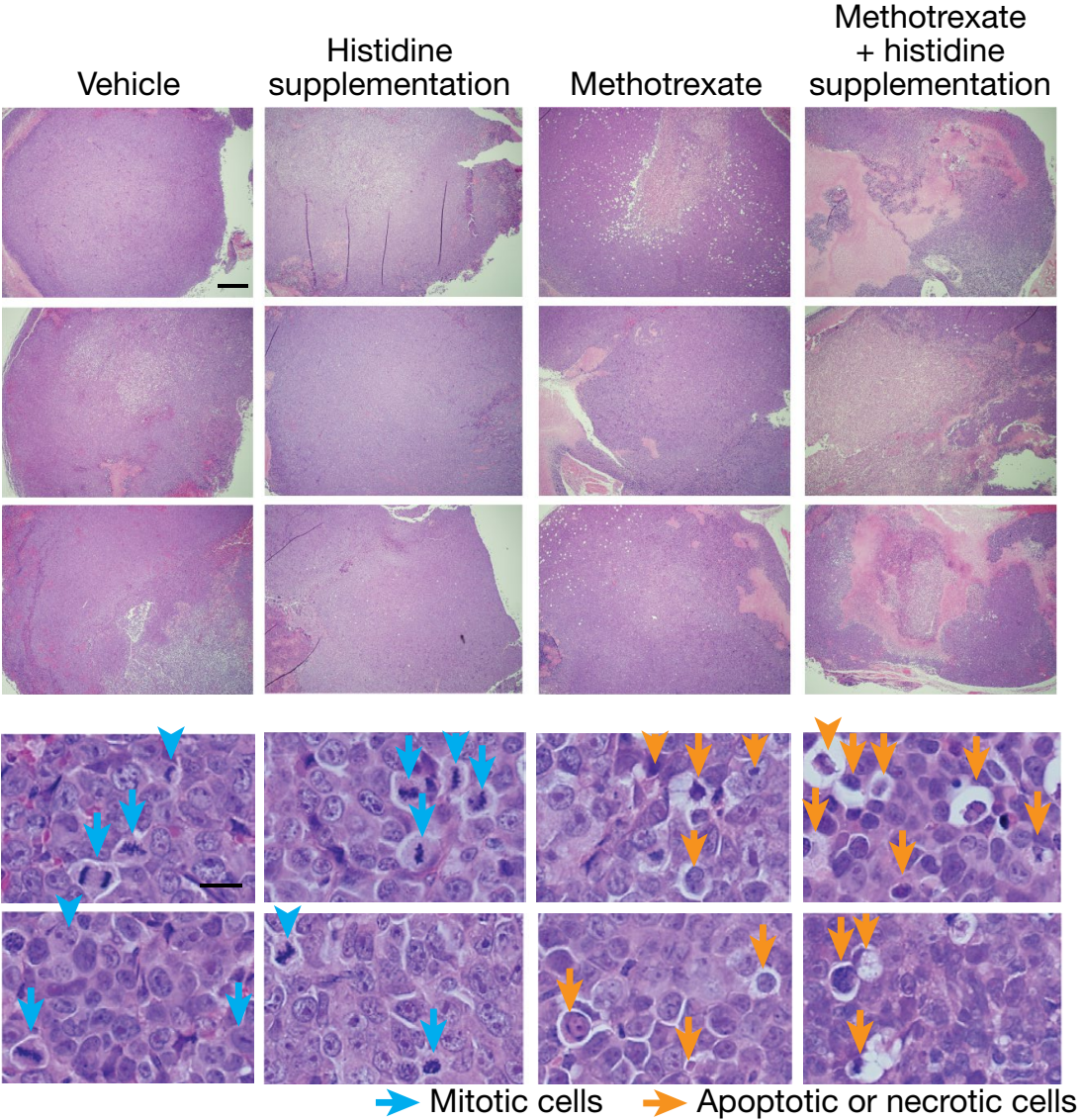
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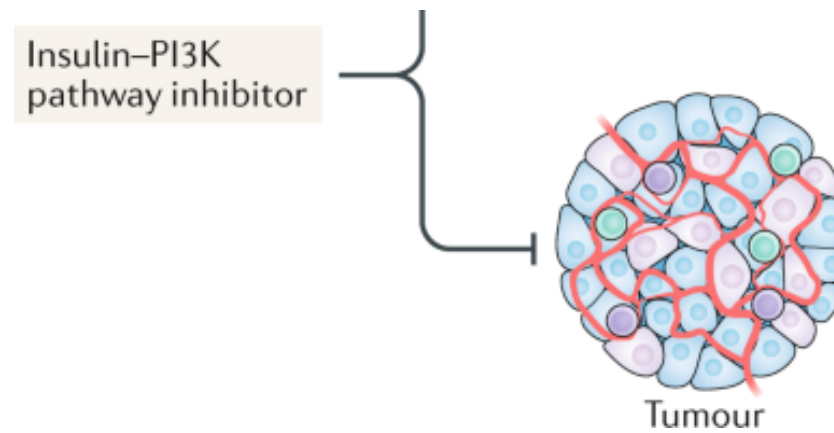
Histidine dietary supplementation potentiates MTX



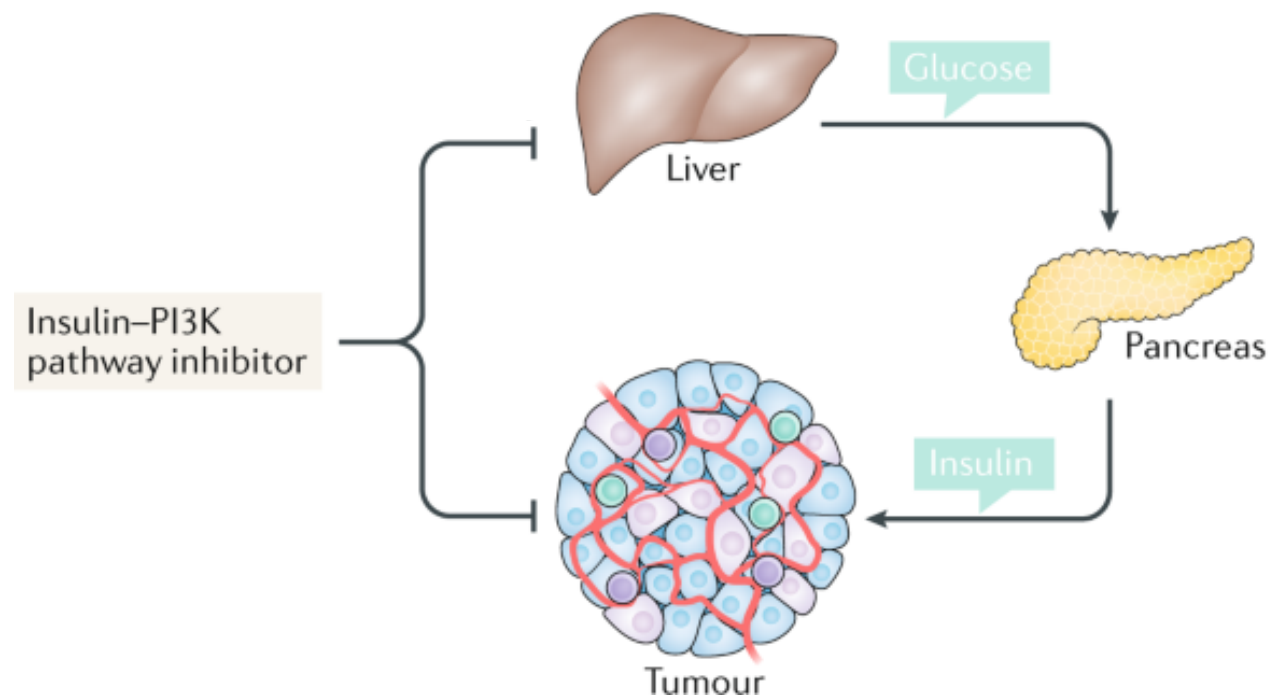
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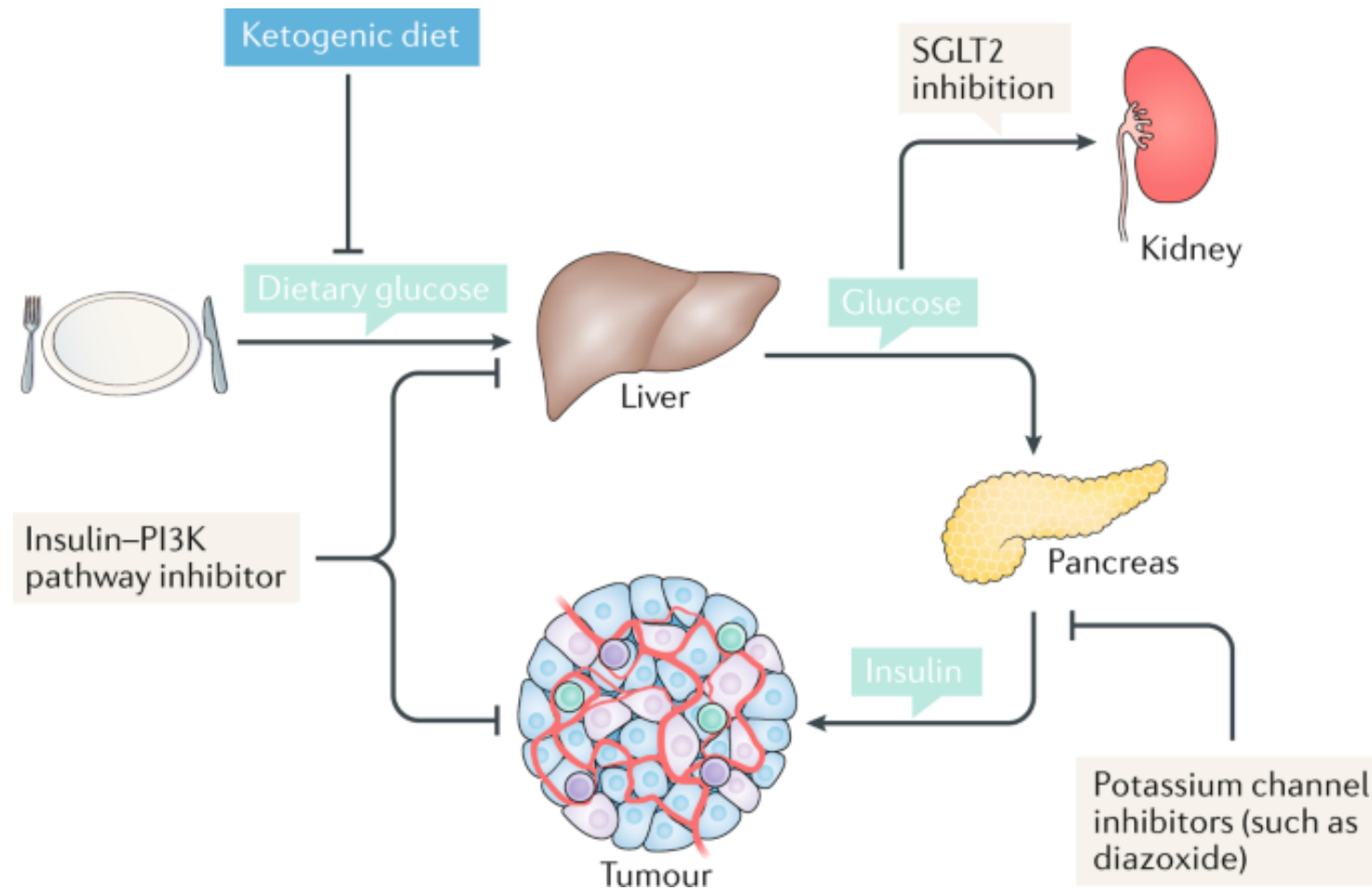
PI3K inhibitors suppress tumor growth but activate insulin secretion



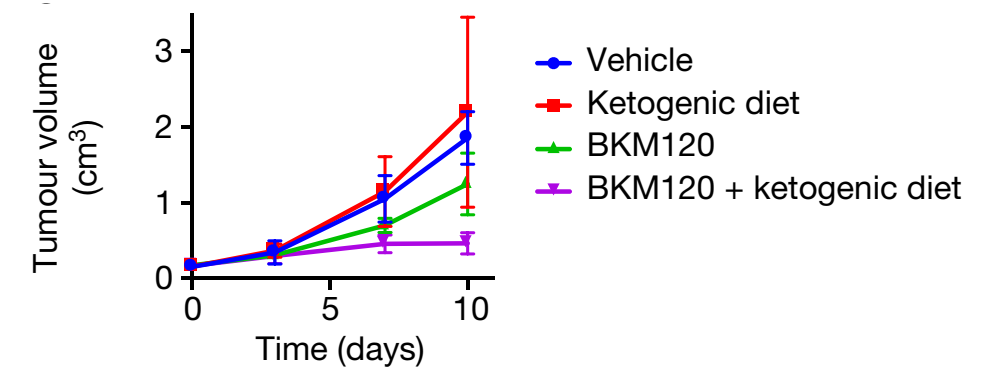
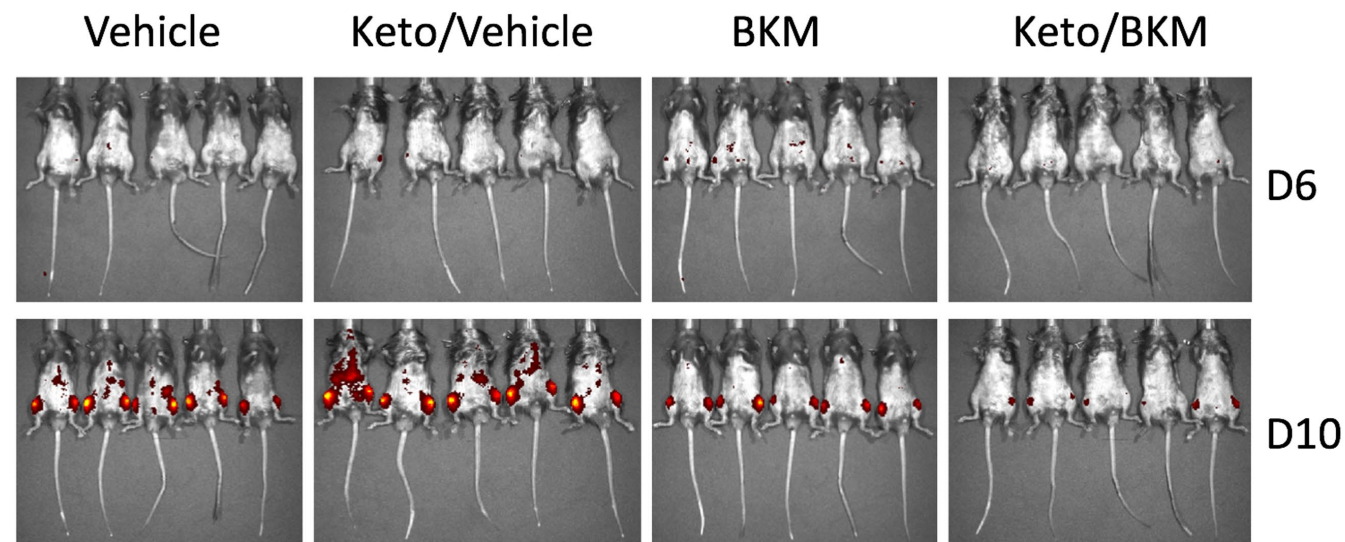
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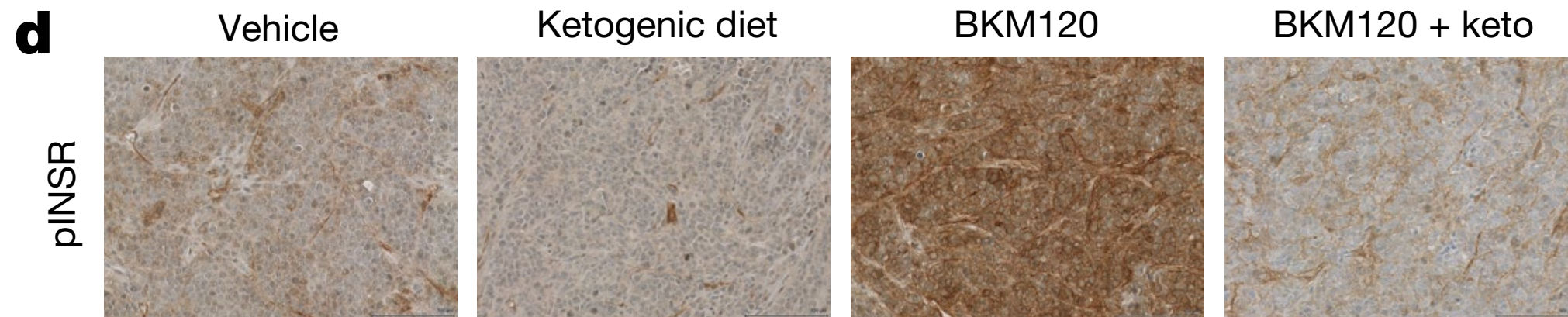
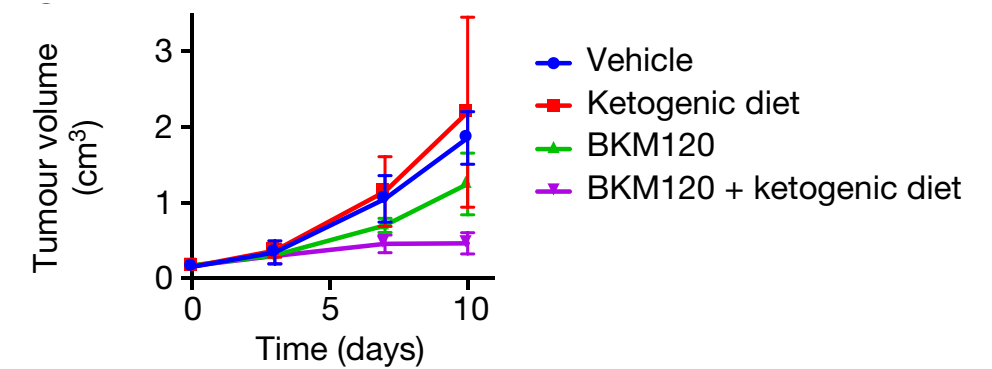
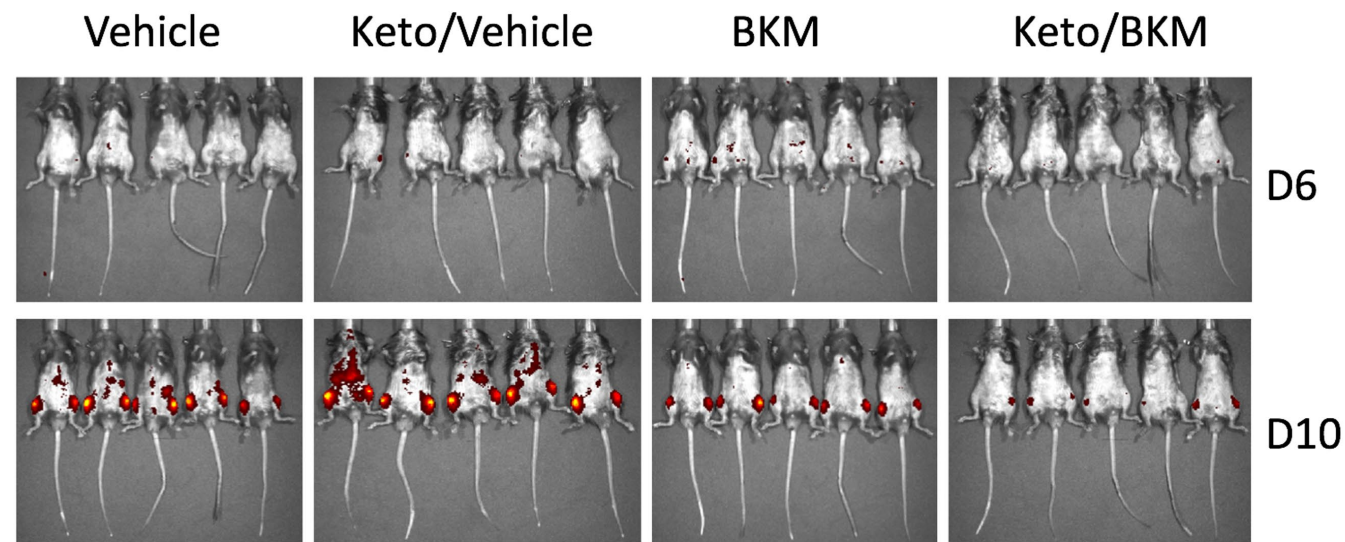
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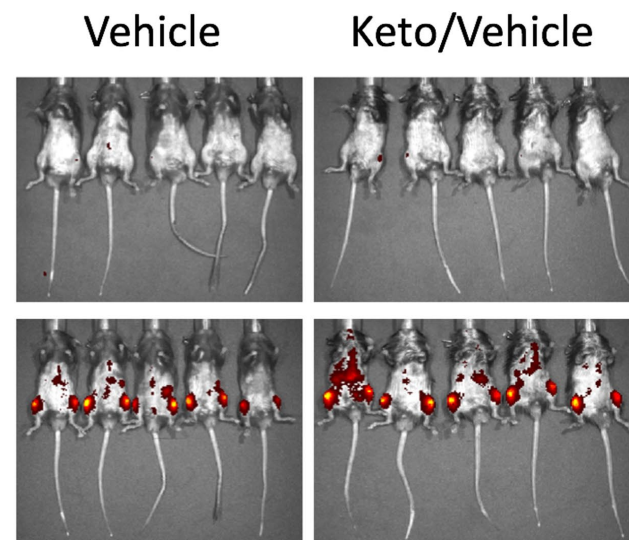
Ketogenic diet impedes insulin-driven resistance



Ketogenic diet impedes insulin-driven resistance



Ketogenic diet impedes insulin-driven resistance



TAKE HOME MESSAGE:
Diet can alter response to therapy

