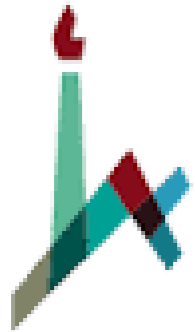


Cancer as a metabolic disease



THE HEBREW
UNIVERSITY
OF JERUSALEM

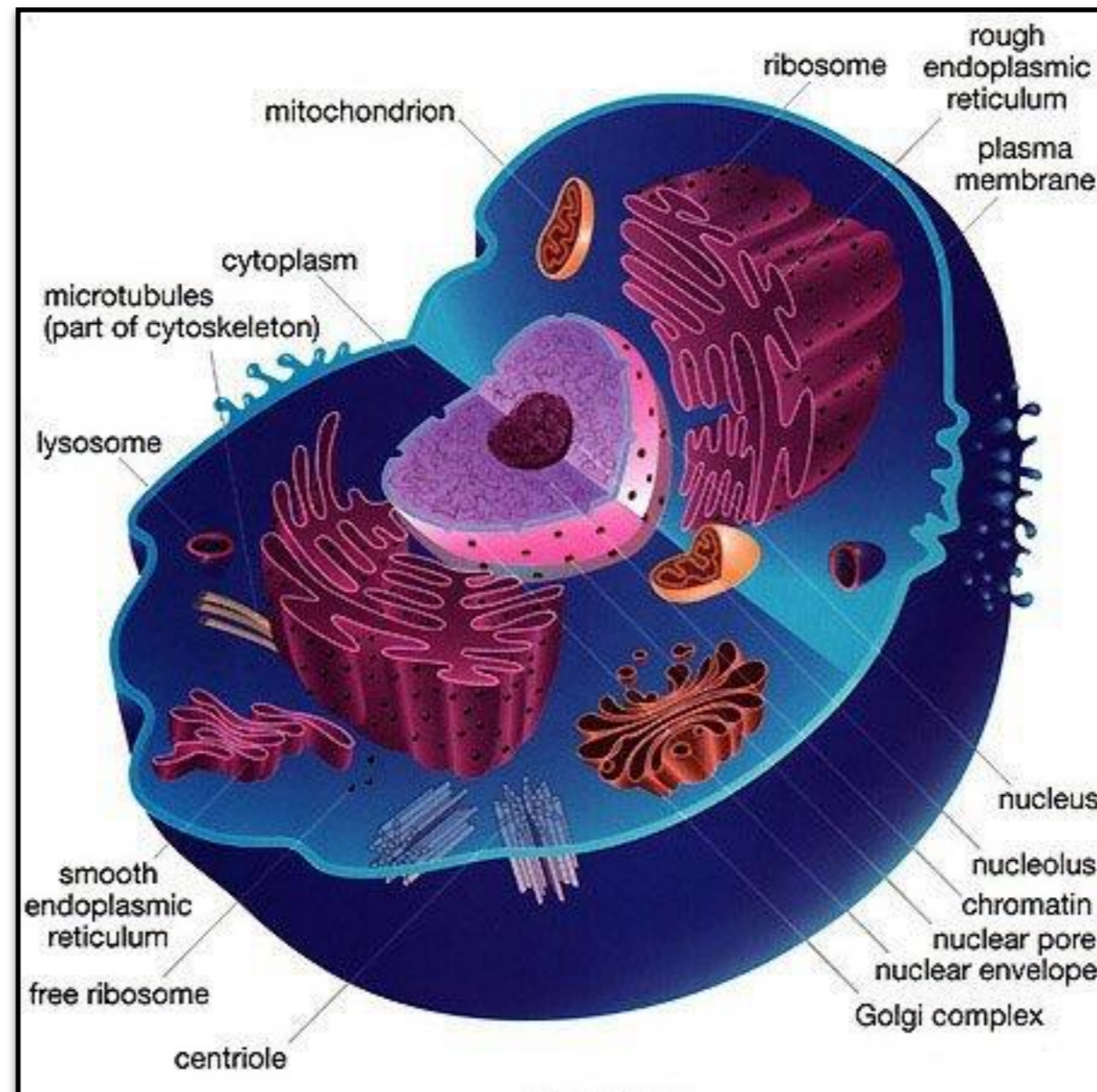
Yoav Shaul



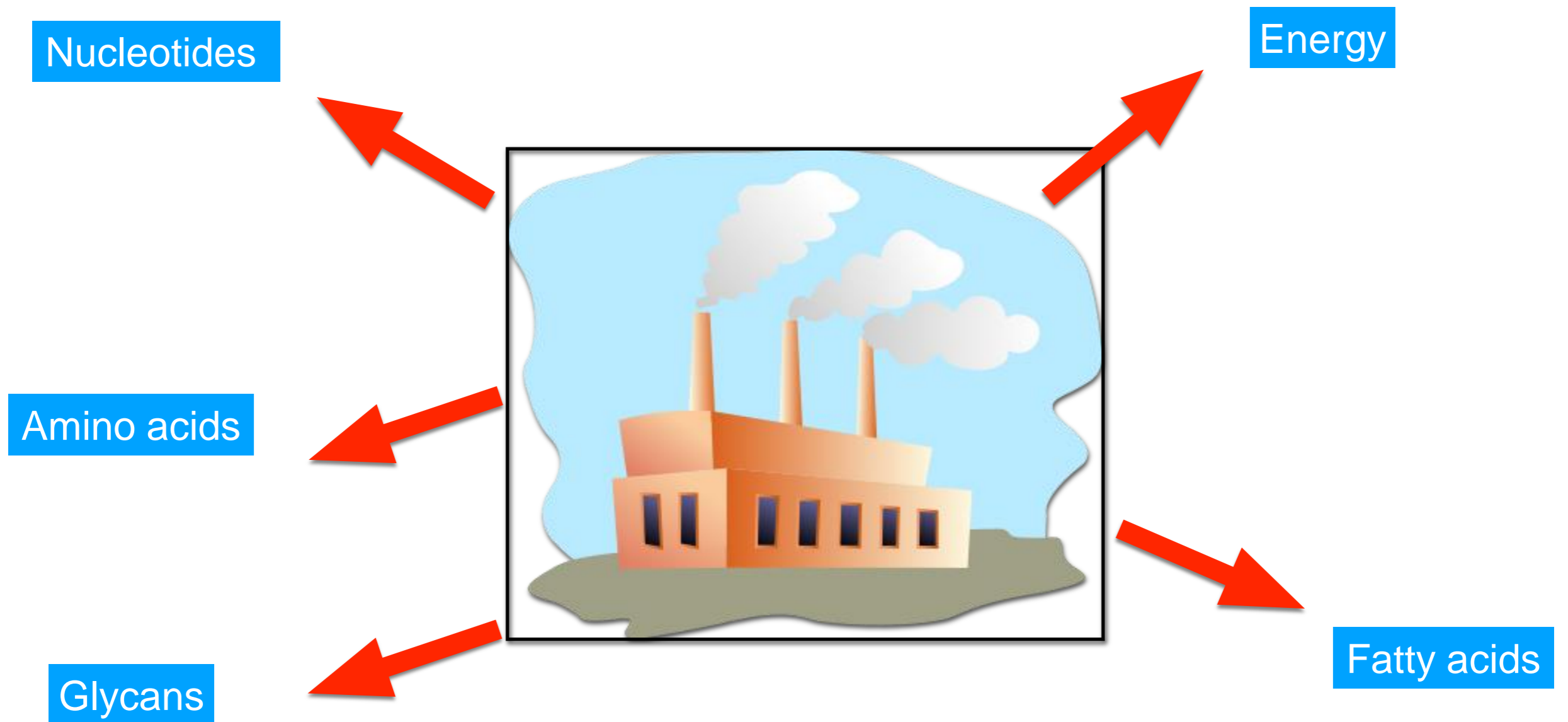
YOAV SHAUL LAB
Metabolism and cell fate

Department of Biochemistry and Molecular Biology
The Institute for Medical Research Israel-Canada
The Hebrew University Medical School
Jerusalem Israel

Mammalian cell

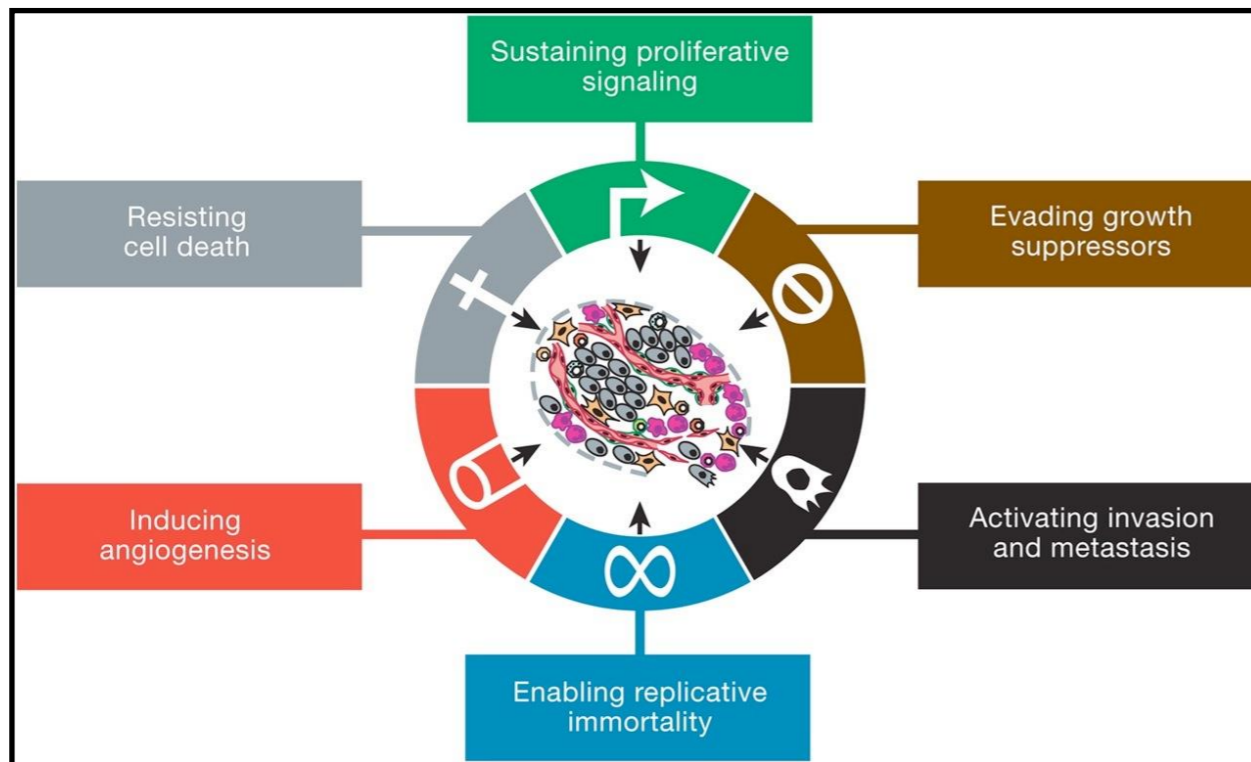


Mammalian cell as a factory



Hallmark of cancer

The most fundamental trait of cancer cells involves their ability to sustain chronic proliferation.



Cell, Vol. 100, 57–70, January 7, 2000, Copyright ©2000 by Cell Press

The Hallmarks of Cancer

Douglas Hanahan* and Robert A. Weinberg†

*Department of Biochemistry and Biophysics and
Hormone Research Institute
University of California at San Francisco
San Francisco, California 94143

†Whitehead Institute for Biomedical Research and
Department of Biology
Massachusetts Institute of Technology
Cambridge, Massachusetts 02142

Emerging hallmark of cancer

Cancer metabolism

Hallmarks of Cancer: The Next Generation

Douglas Hanahan^{1,2,*} and Robert A. Weinberg^{3,*}

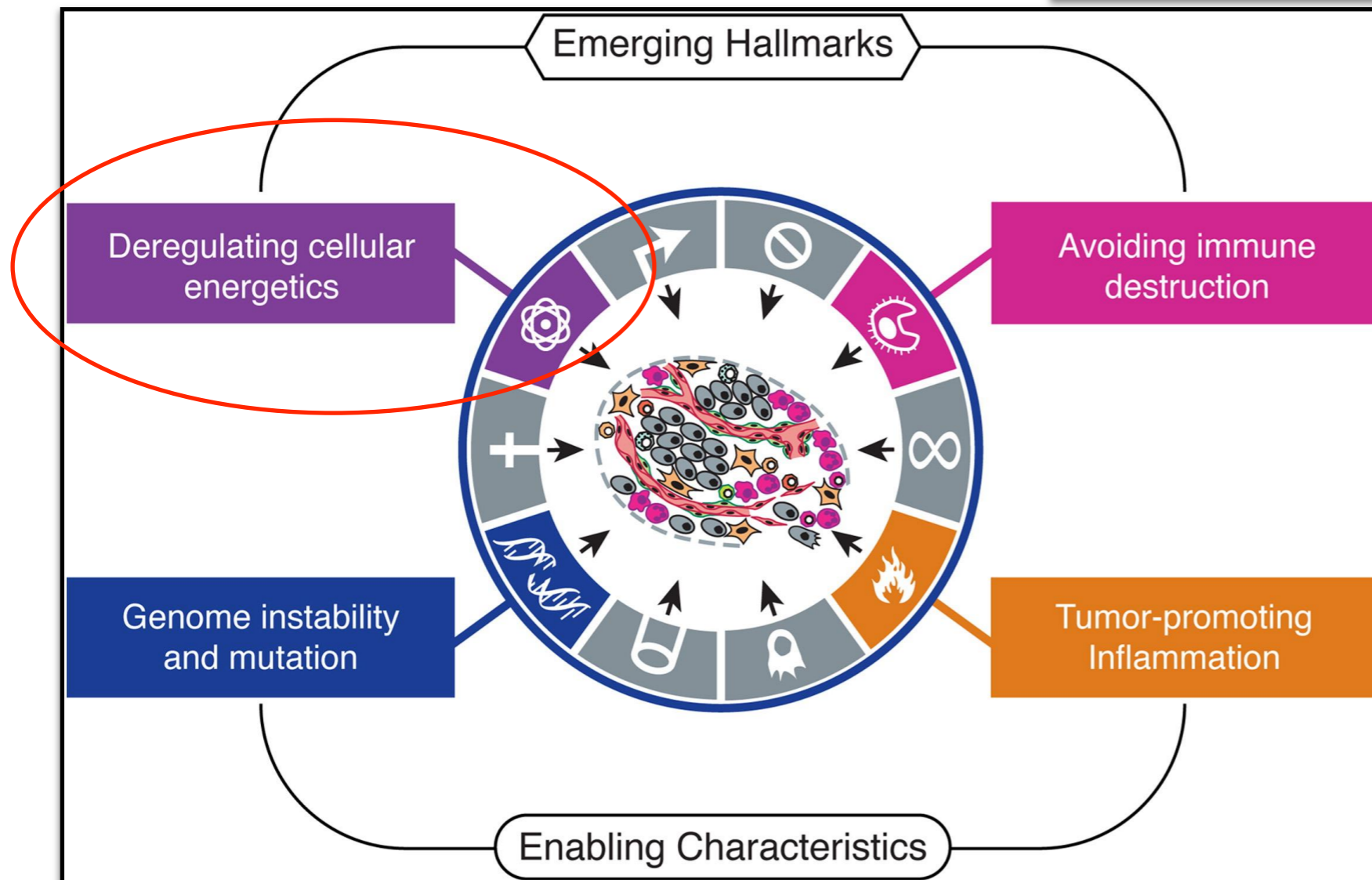
¹The Swiss Institute for Experimental Cancer Research (ISREC), School of Life Sciences, EPFL, Lausanne CH-1015, Switzerland

²The Department of Biochemistry & Biophysics, UCSF, San Francisco, CA 94158, USA

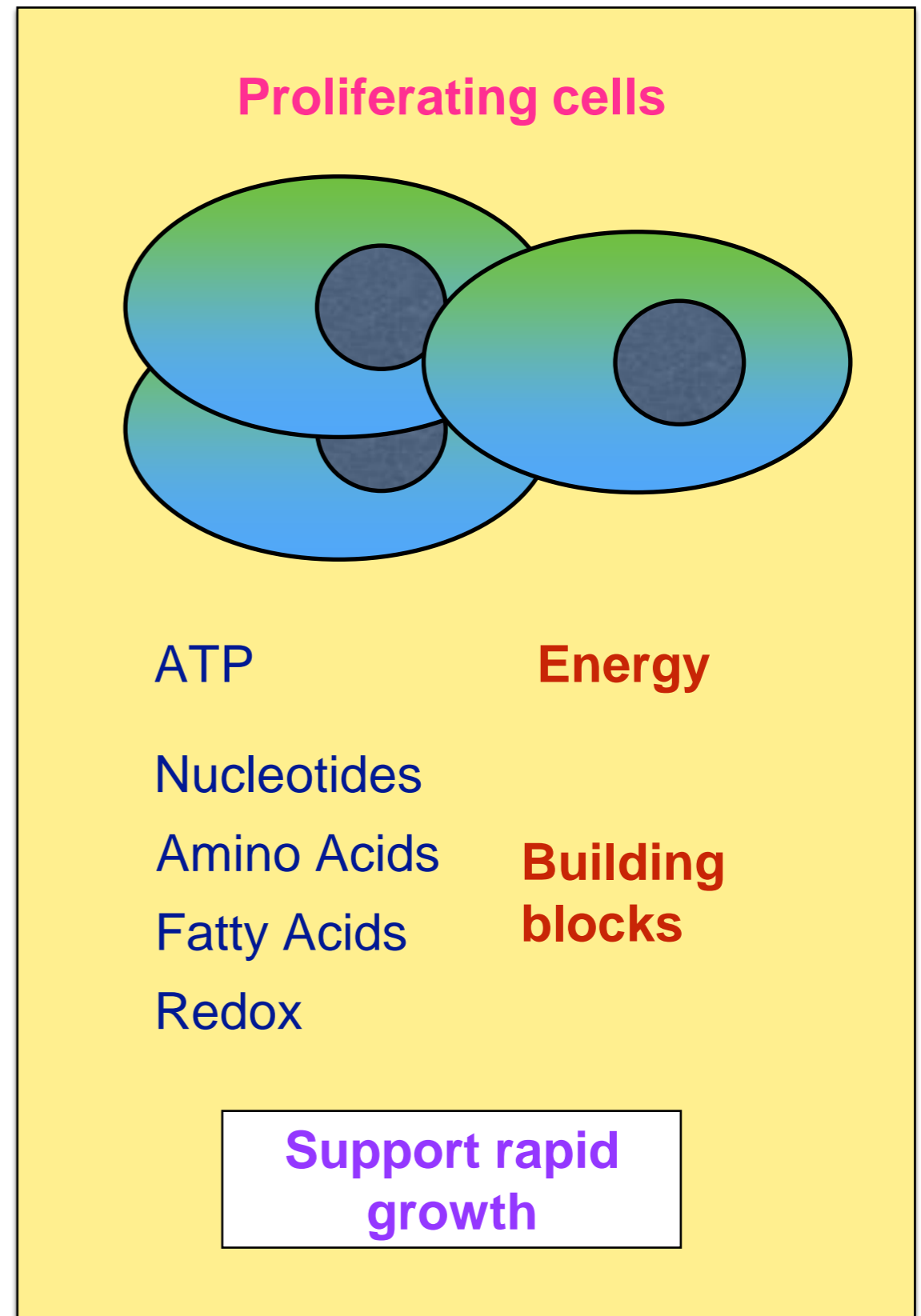
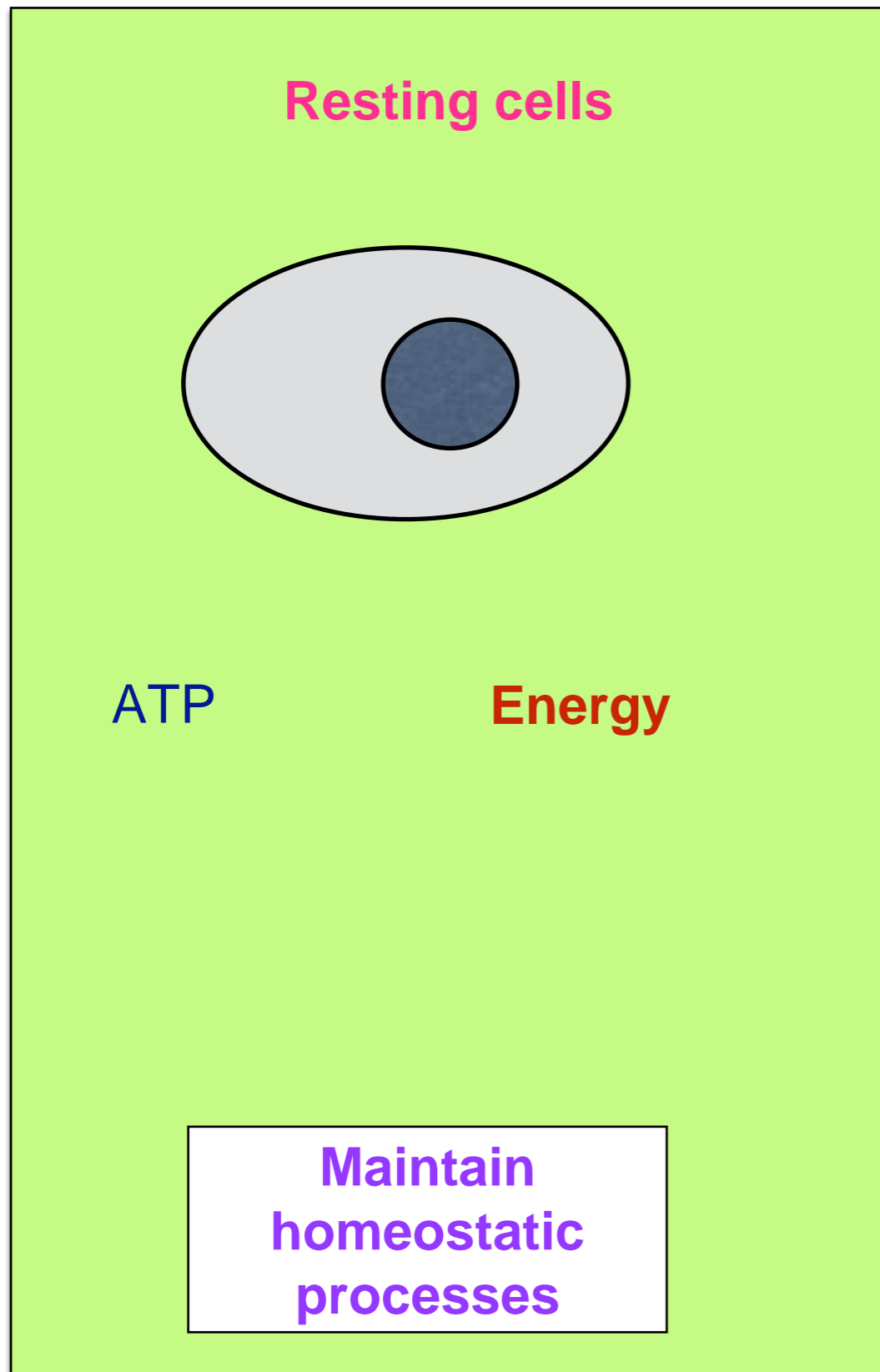
³Whitehead Institute for Biomedical Research, Ludwig/MIT Center for Molecular Oncology, and MIT Department of Biology, Cambridge, MA 02142, USA

*Correspondence: dh@epfl.ch (D.H.), weinberg@wi.mit.edu (R.A.W.)

DOI 10.1016/j.cell.2011.02.013

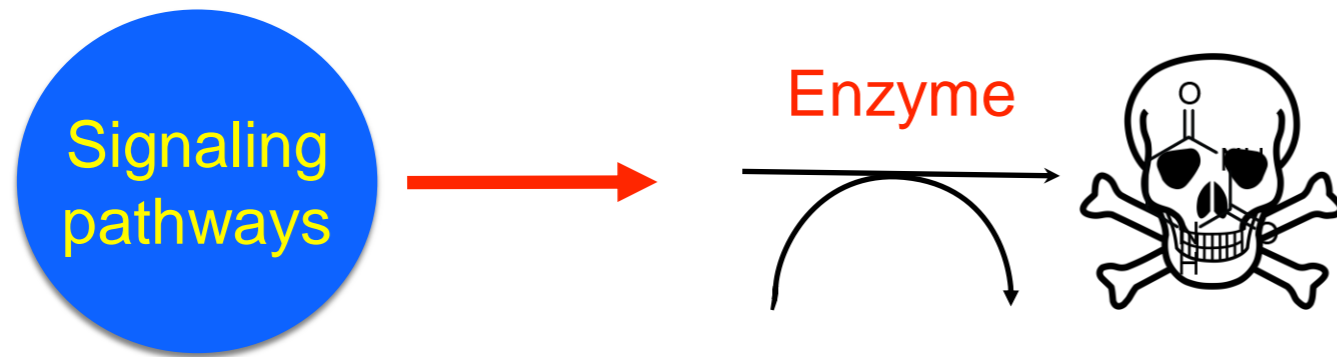


The metabolism of cell proliferation



Cancer metabolism: current challenges

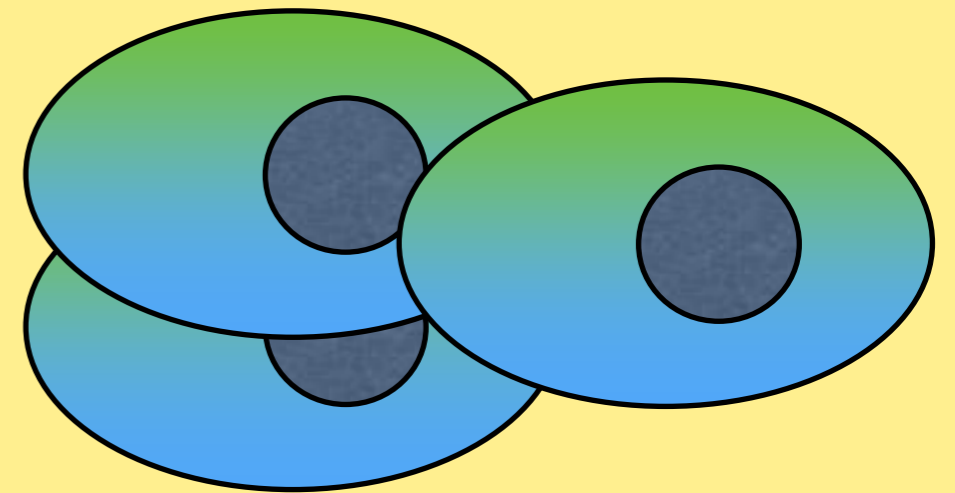
Which metabolic pathways are essential for cancer cells?



Metabolic processes that are essential for cancer cells



Proliferating cells



Building blocks

Support rapid growth

Course leading Questions

Warburg Effect

Will it inhibit or accelerate the cancer cells' growth?

What is the molecular mechanism that regulates the WA?

Metabolism and cancer

Can metabolism be the driver of cancers?

Amino acid metabolism in cancer

What is the role of AA metabolism in cancer

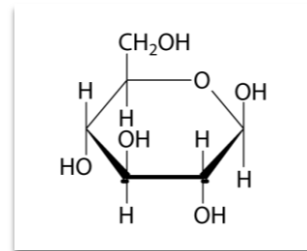
Oncogenic signaling and metabolic pathways in cancer

mTOR pathway as an example

Antimetabolites

How can we exploit metabolic dependency for tumor inhibition?

Glycolysis



- 6 carbon molecule
- 3 carbon molecule

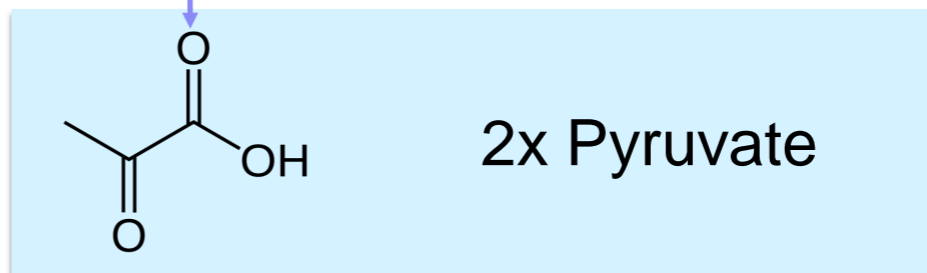
The glycolysis pathways yields 2mol ATP/mol of glucose

-1 ATP

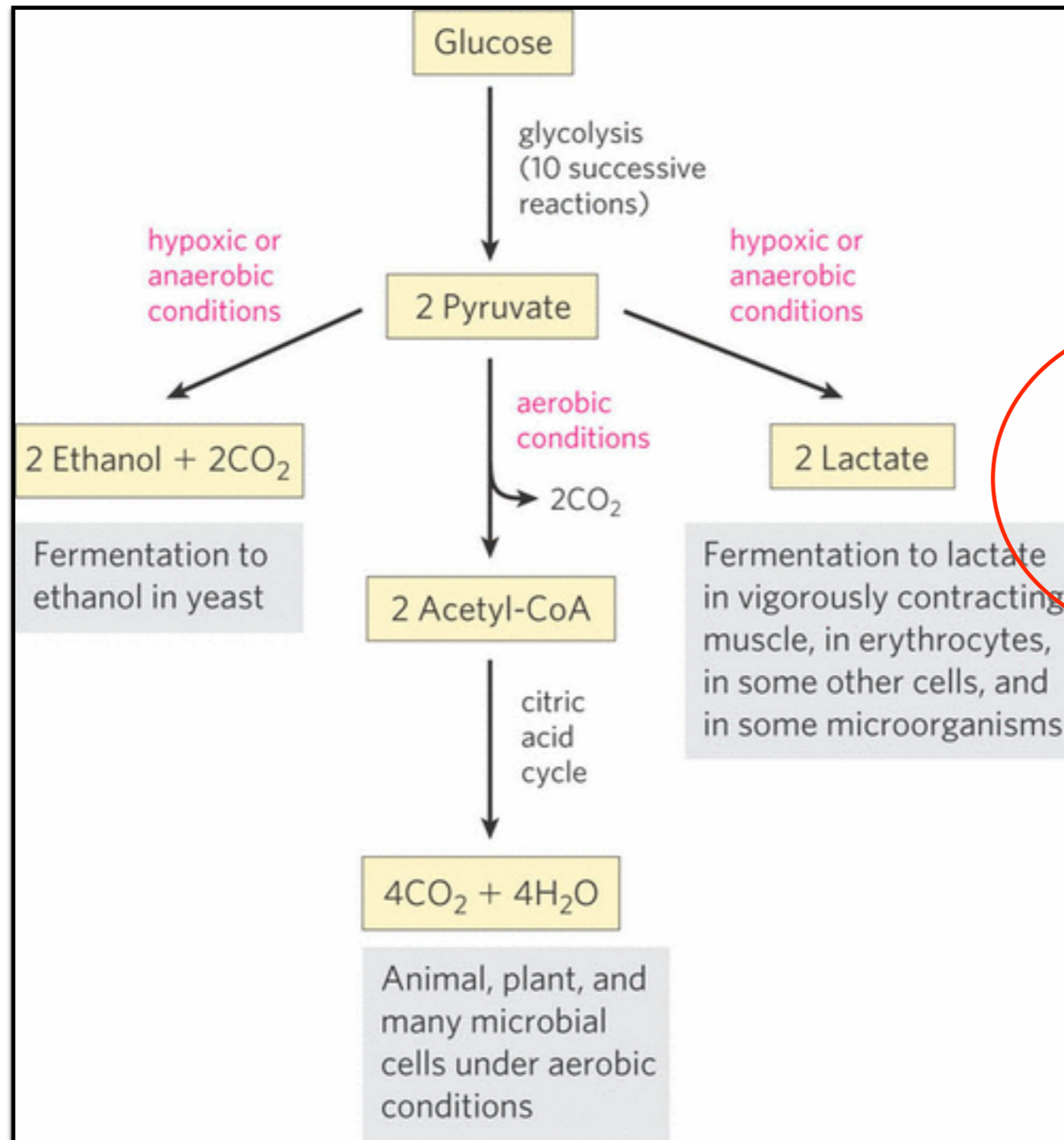
-1 ATP

+2 ATP

+2 ATP



Catabolic fate of pyruvate



Fermentation

Lactate

TCA cycle

Figure 14-4 Lehninger

Lactic acid is produced under aerobic conditions

- **Lactic acid** fermentation—occurs in **muscle cells**

Lactic acid is produced in the muscles during rapid **exercise** when the body **cannot** supply enough **oxygen** to the **tissues**—causes **burning sensation** in muscles

glucose \longrightarrow lactic acid + carbon dioxide + **2 ATP**

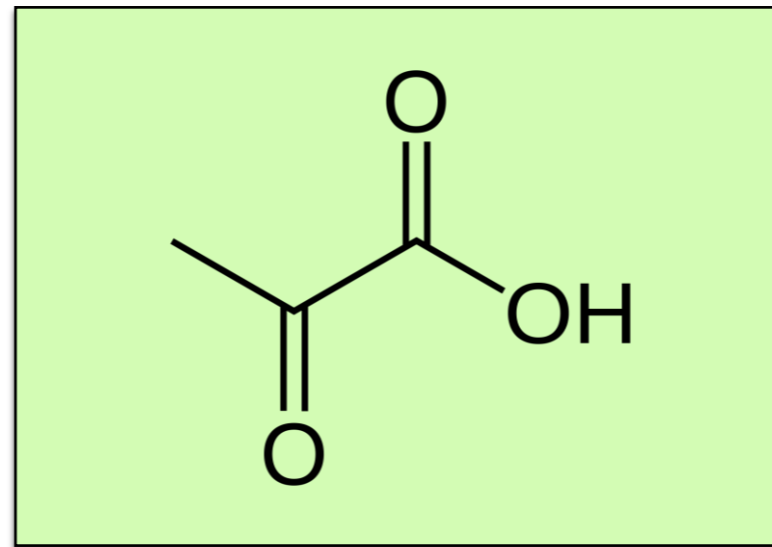


The Warburg effect



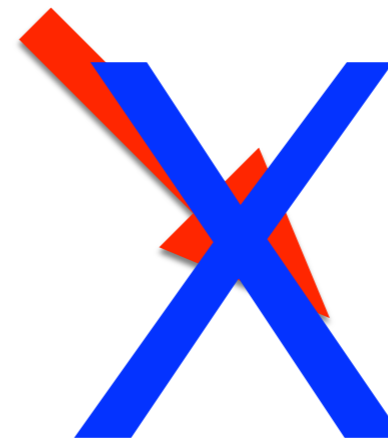
Otto Warburg

Pyruvate



Anaerobic glycolysis

$-O_2$



$+O_2$

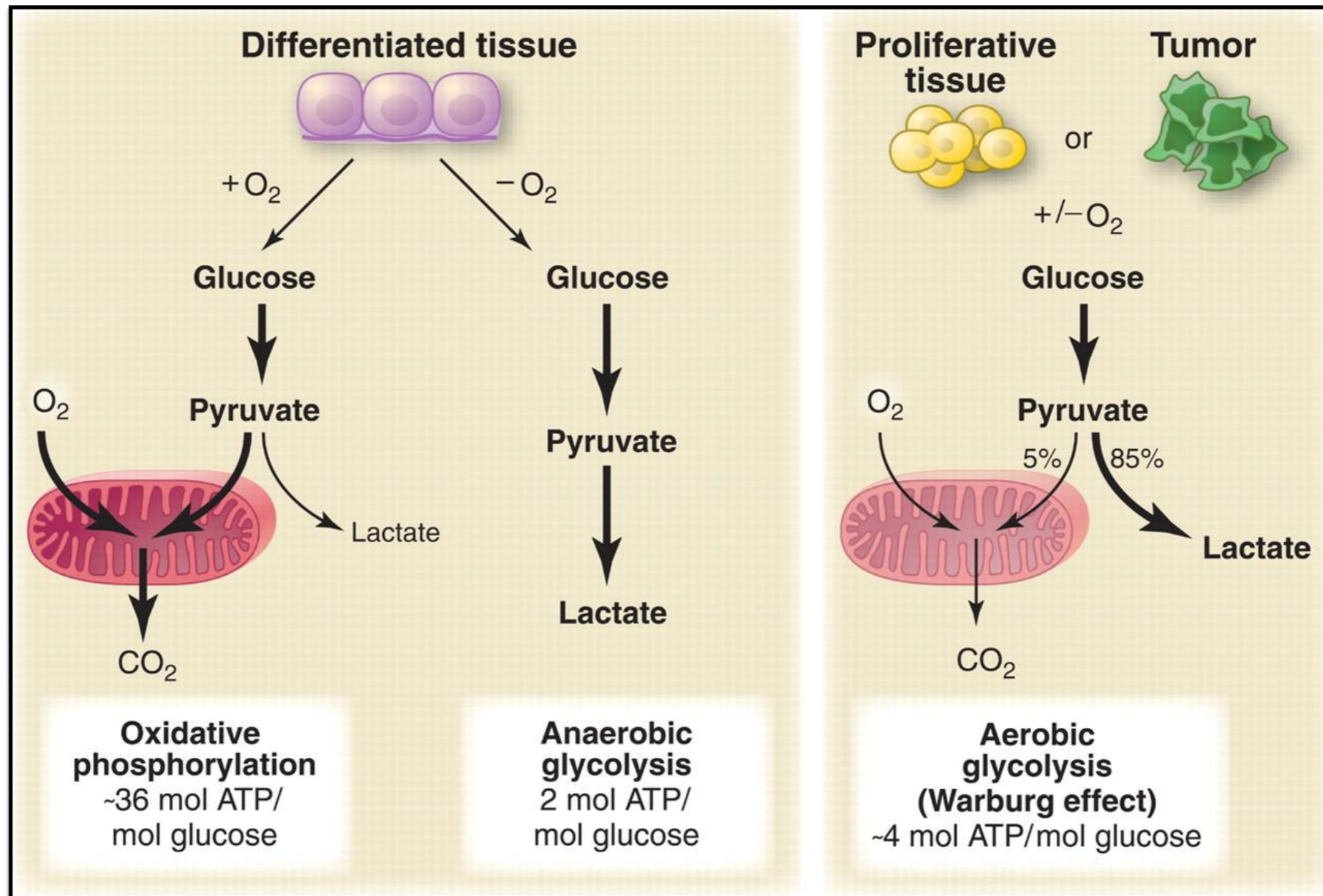
Aerobic glycolysis

2 mol ATP/mol of glucose

31 mol ATP/mol of glucose

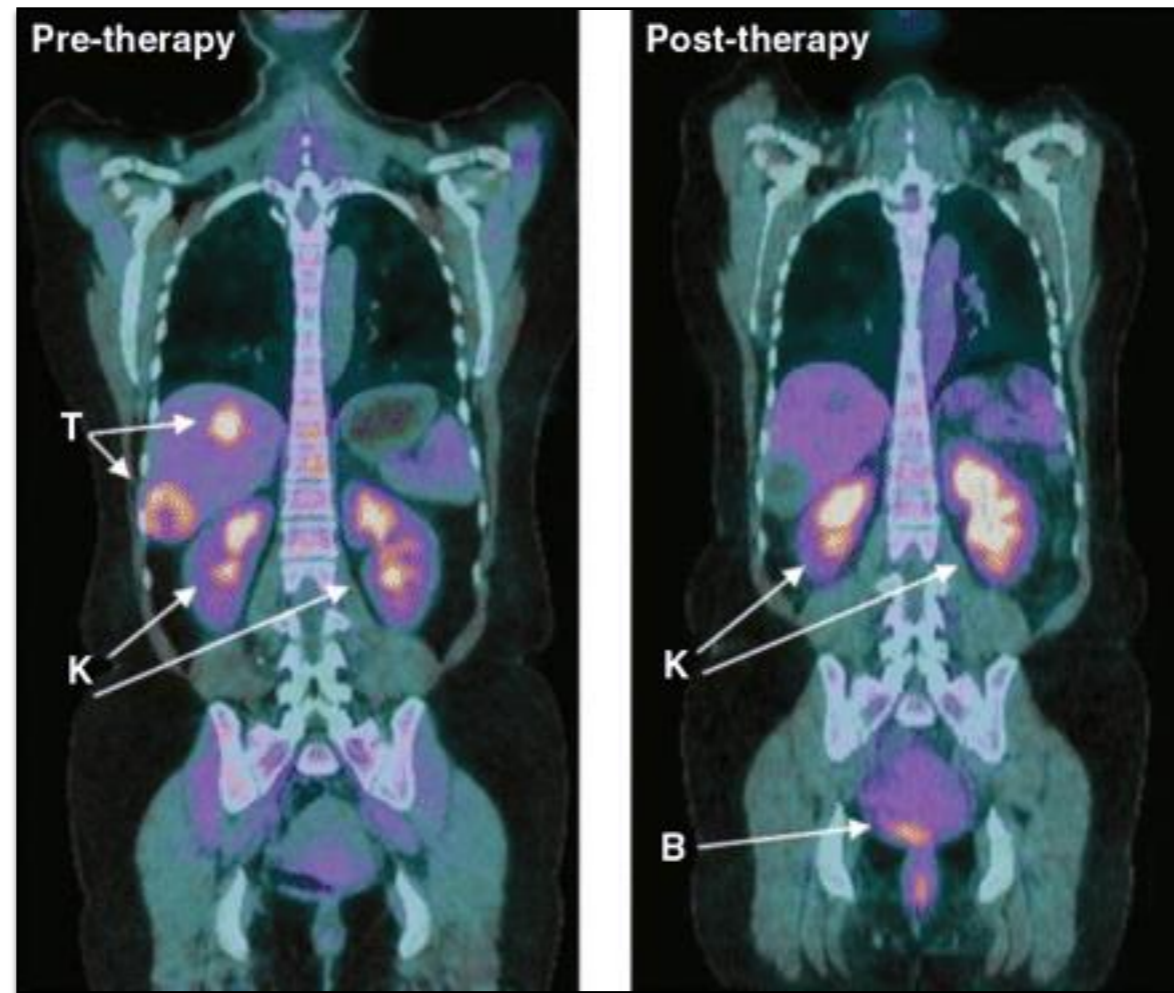
First indication of cancer dependent metabolic remodelling

Aerobic glycolysis



Cell produce large amount of lactate regardless of the availability of oxygen

Detection of tumors by glucose analogs



Decreased metabolism of glucose by tumors, visualised by PET with the glucose analog

FDG

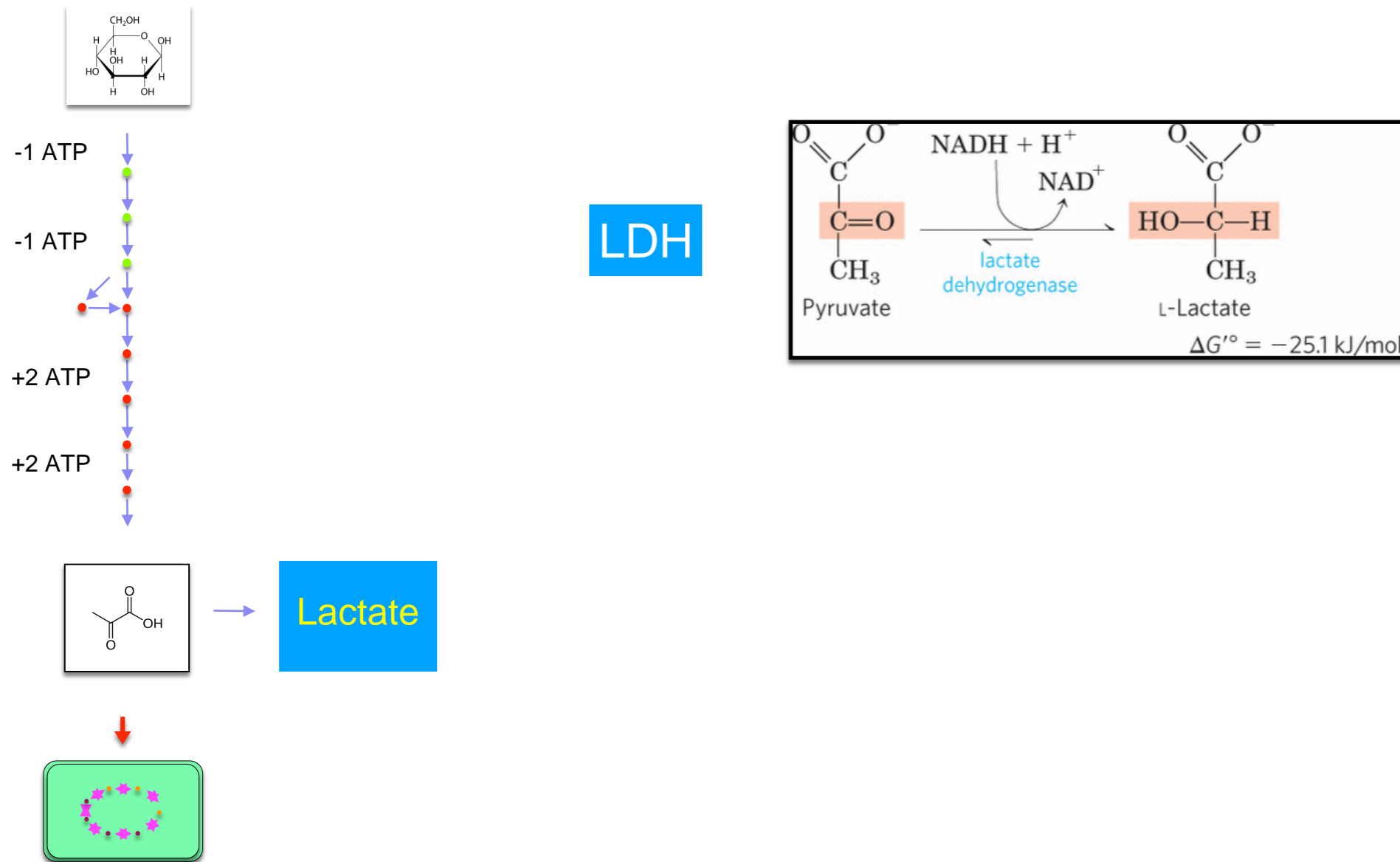
Course leading Questions

Warburg Effect

Will it inhibit or accelerate the cancer cells' growth?

What is the molecular mechanism that regulates the WA?

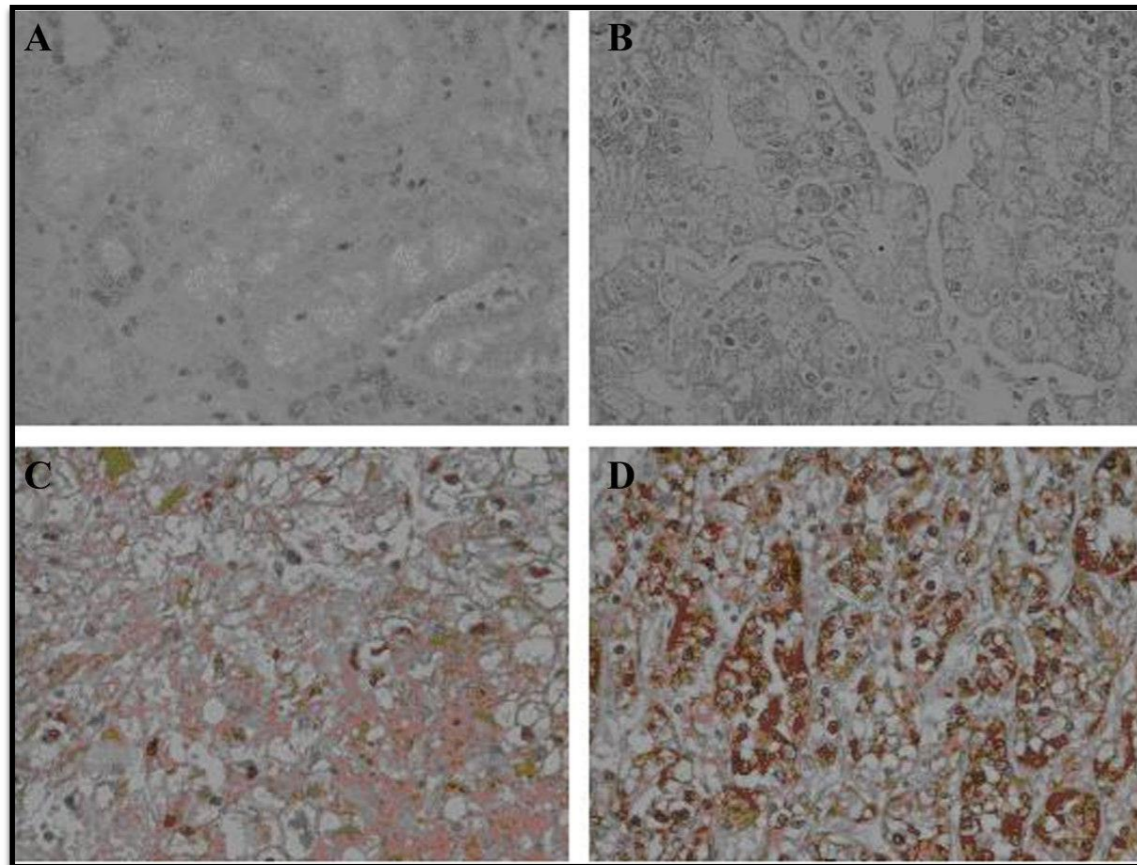
Suggested molecular mechanics for Warburg effect



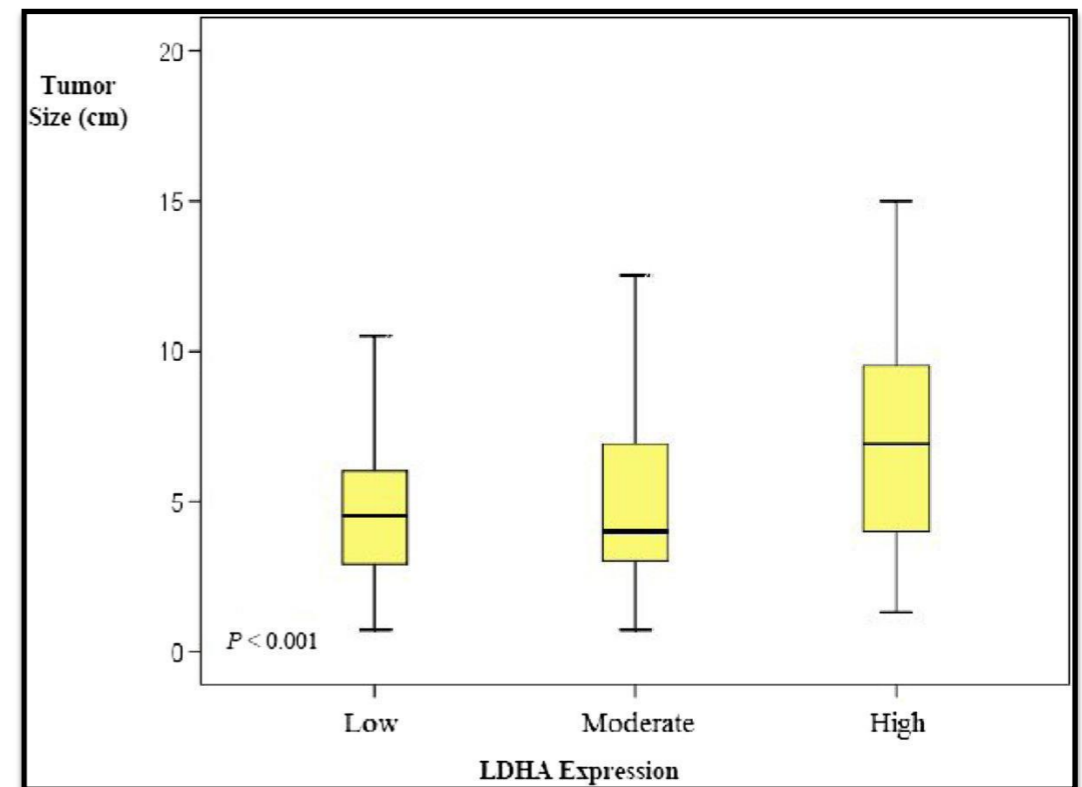
LDHA (LDH5) functions as a prognosis marker in many tumors including:
lymphoma, prostate cancer, renal cell carcinoma (RCC), and melanoma

Lactate Dehydrogenase as a tumor marker

LDHA protein expression by immunohistochemistry



Box plot representing LDHA expression levels in relation to tumor size



- (A) Normal kidney proximal tubular epithelium,
- (B) weak
- (C) moderate
- (D) strong staining Clear Cell Renal Cell Carcinoma

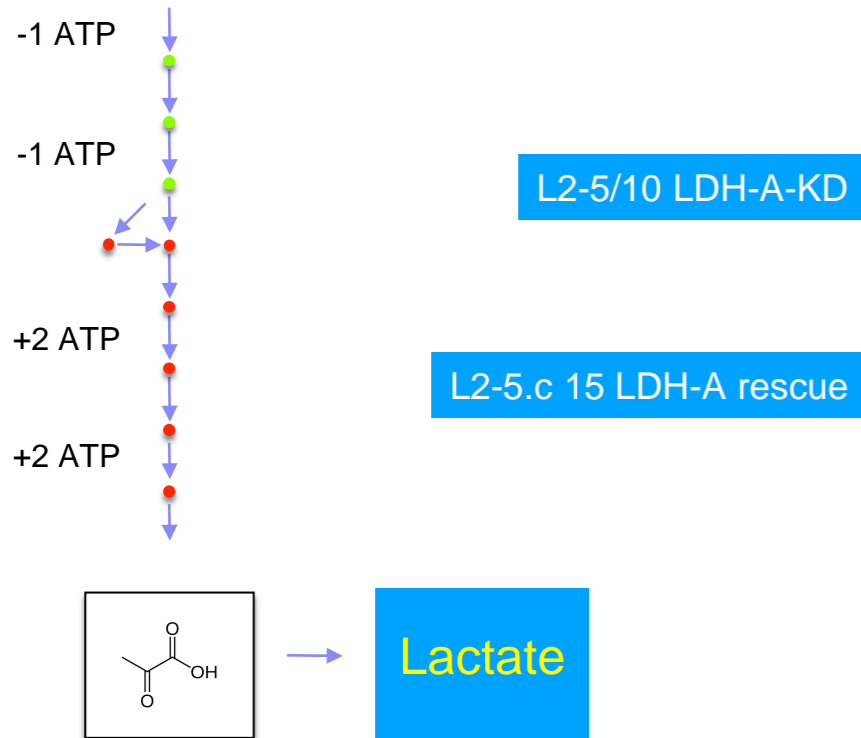
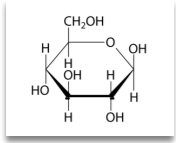
Lactate Dehydrogenase KD

LDH-A suppression interferes with tumorigenicity of malignant cell

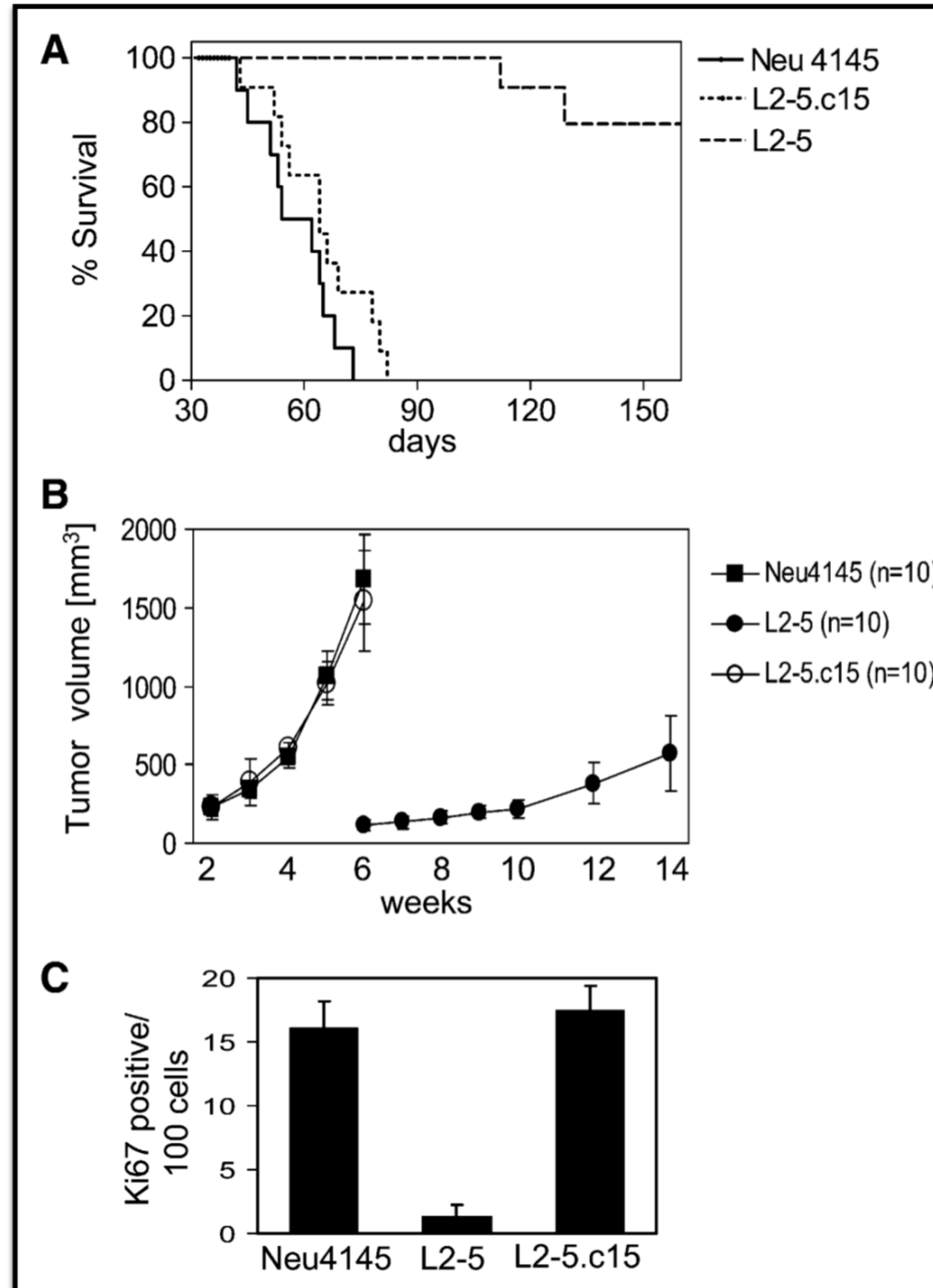
Attenuation of LDH-A expression uncovers a link between glycolysis, mitochondrial physiology, and tumor maintenance

Valeria R. Fantin,^{1,3,4} Julie St-Pierre,^{2,3,5} and Philip Leder^{1,*}

¹Department of Genetics, Harvard Medical School and Howard Hughes Medical Institute, Boston, Massachusetts 02115
²Dana-Farber Cancer Institute and Department of Cell Biology, Harvard Medical School, Boston, Massachusetts 02115
³These authors contributed equally to this work.
⁴Present address: Merck & Co., Inc., Boston, Massachusetts 02115.
⁵Present address: Institut de Recherche en Immunologie et en Cancérologie (IRIC), Université de Montréal Pavillon Marcelle-Coutu, Montréal, Québec, Canada H3T 1J4.
 *Correspondence: leder@genetics.med.harvard.edu

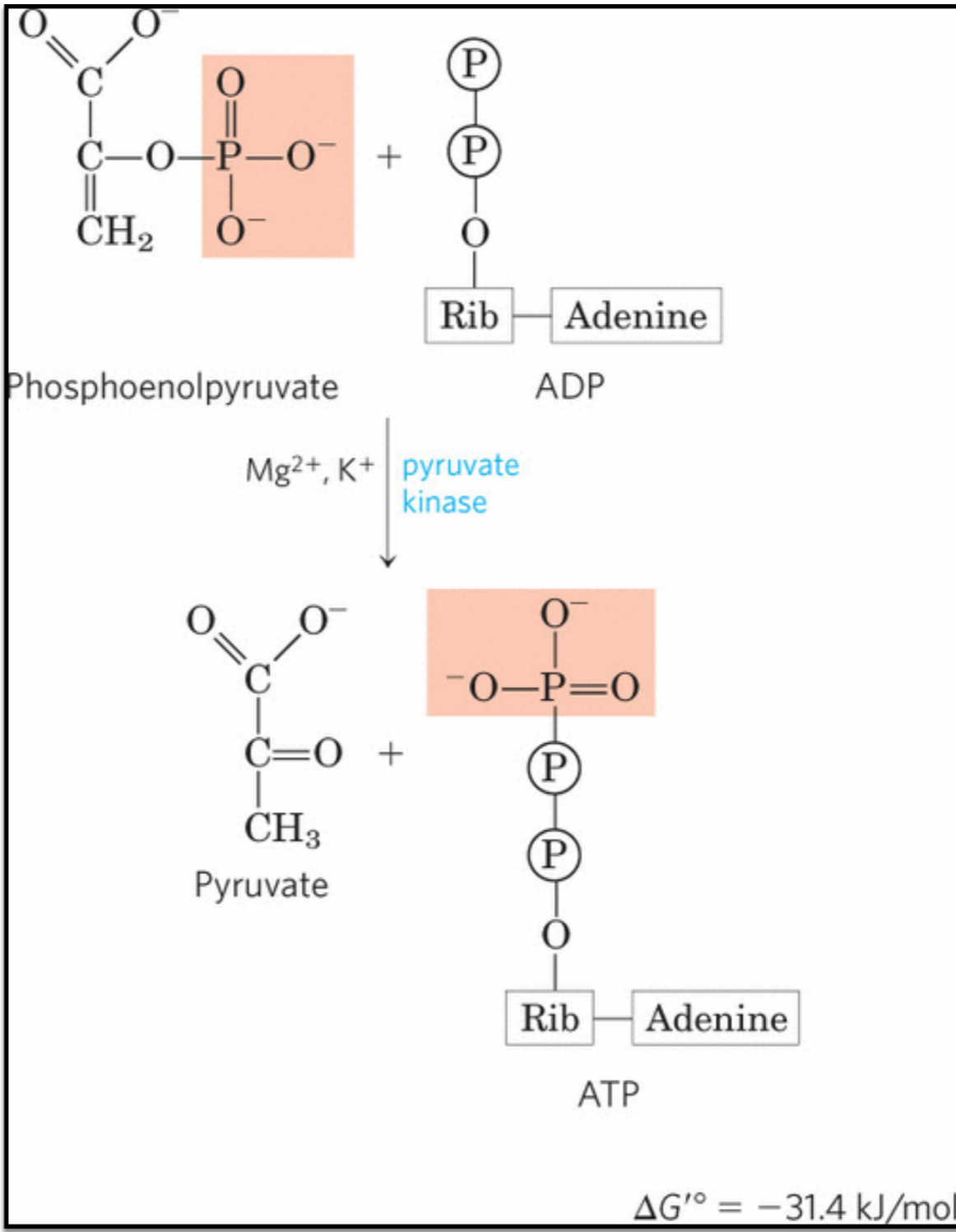
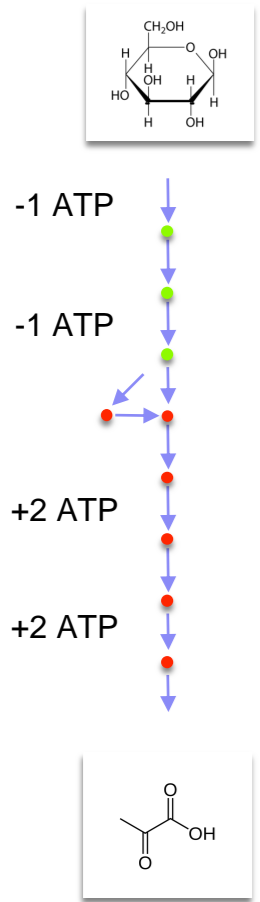


Ki67- mitotic marker



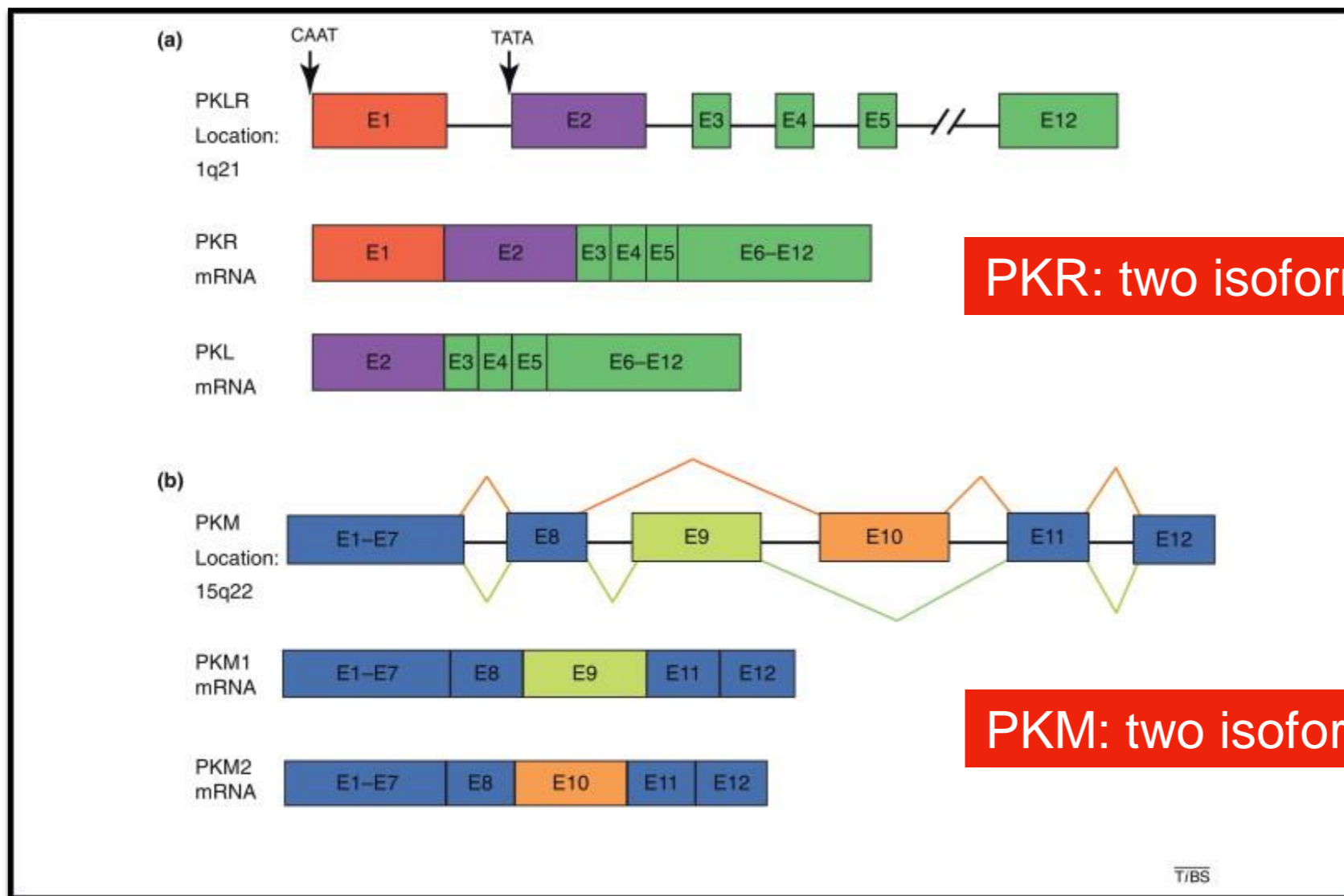
Pyruvate kinase

Pyruvate kinase



Different isoforms of PK

There are four isoforms of Pyruvate kinase
Encoded by two genes:



PKR: two isoforms

PKR: red blood cells

PKL: Liver

PKM: two isoform

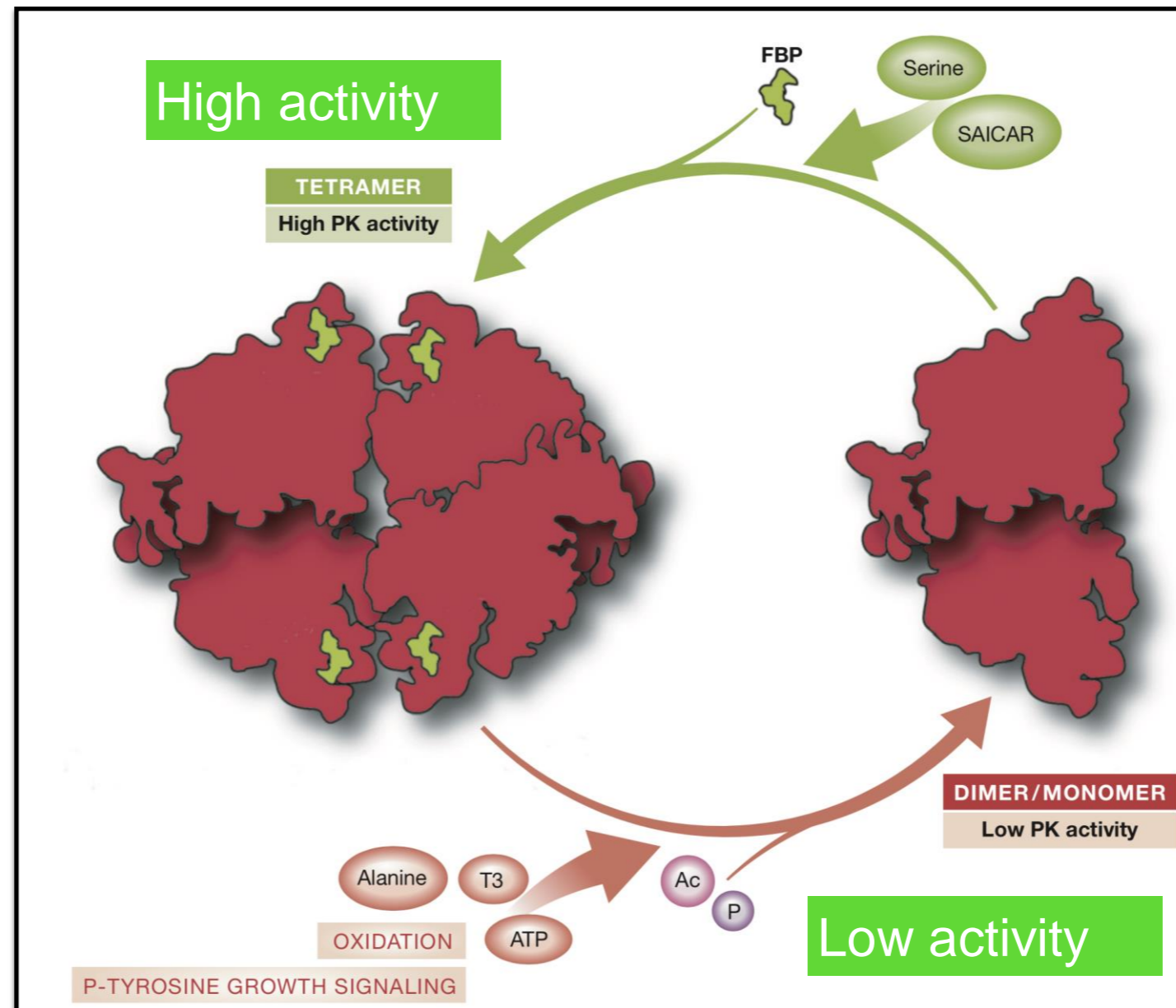
PKM1: Adult

PKM2: Embryo

1. Chaneton, B., and Gottlieb, E. (2012) Rocking cell metabolism: revised functions of the key glycolytic regulator PKM2 in cancer. Trends Biochem Sci. 37, 309–316

PKM2 activity is tightly regulated

PKM2 enzymatic activity can be inhibited by a variety of mechanisms

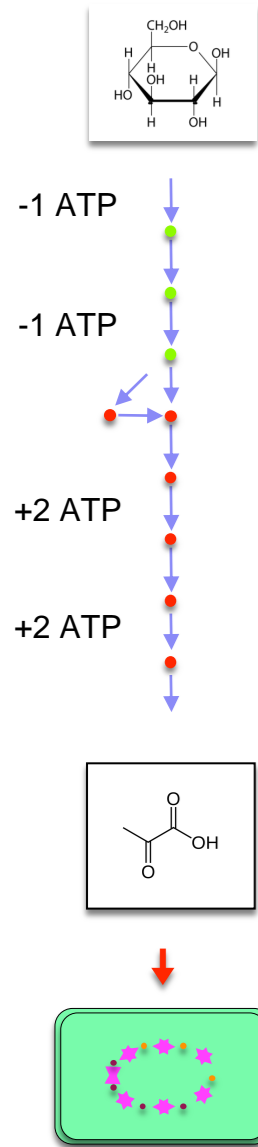


SAICAR, an intermediate of de novo purine biosynthesis

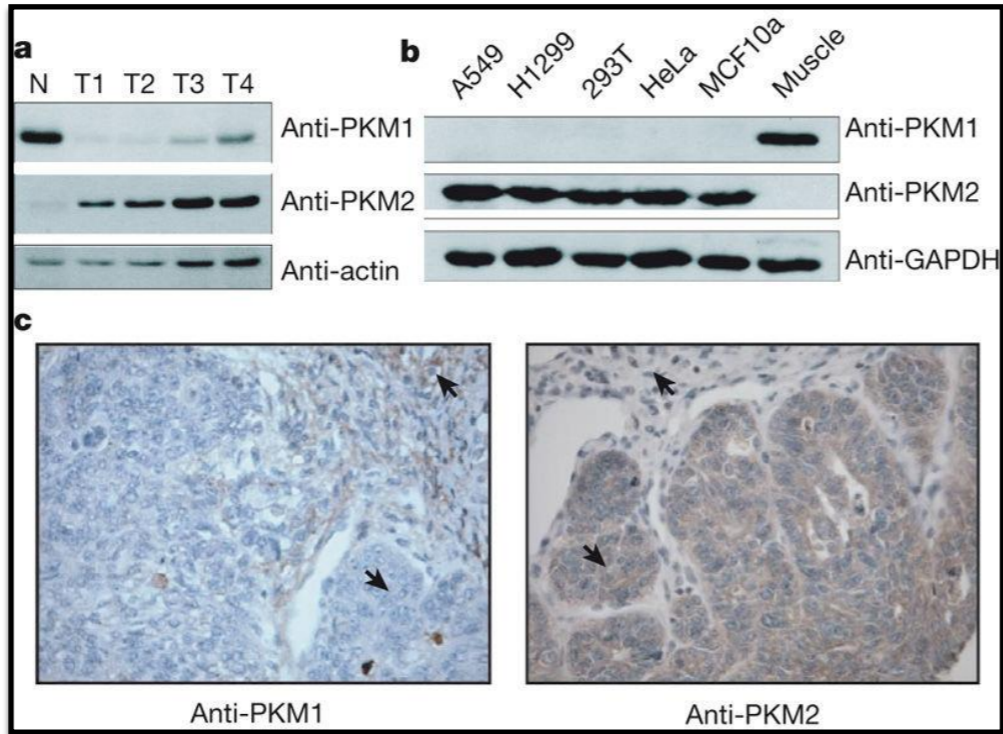
Ability to inhibit PKM2 provides advantage to proliferating cells

PKM

There are two isoforms of PKM2



Lactate



PKM1 expressed in normal tissues

PKM2 expressed in cancer

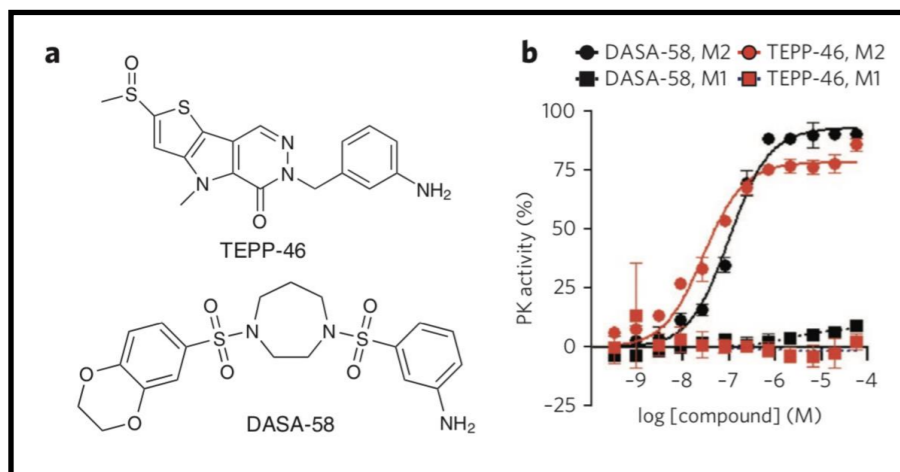
PKM1 is a more active enzyme than PKM2



Christofk, H. R., Vander Heiden, M. G., Harris, M. H., Ramanathan, A., Gerszten, R. E., Wei, R., Fleming, M. D., Schreiber, S. L., and Cantley, L. C. (2008) The M2 splice isoform of pyruvate kinase is important for cancer metabolism and tumour growth. *Nature*. 452, 230–233

Activating PKM2 suppress tumorigenesis

TEPP-46 activates PKM2



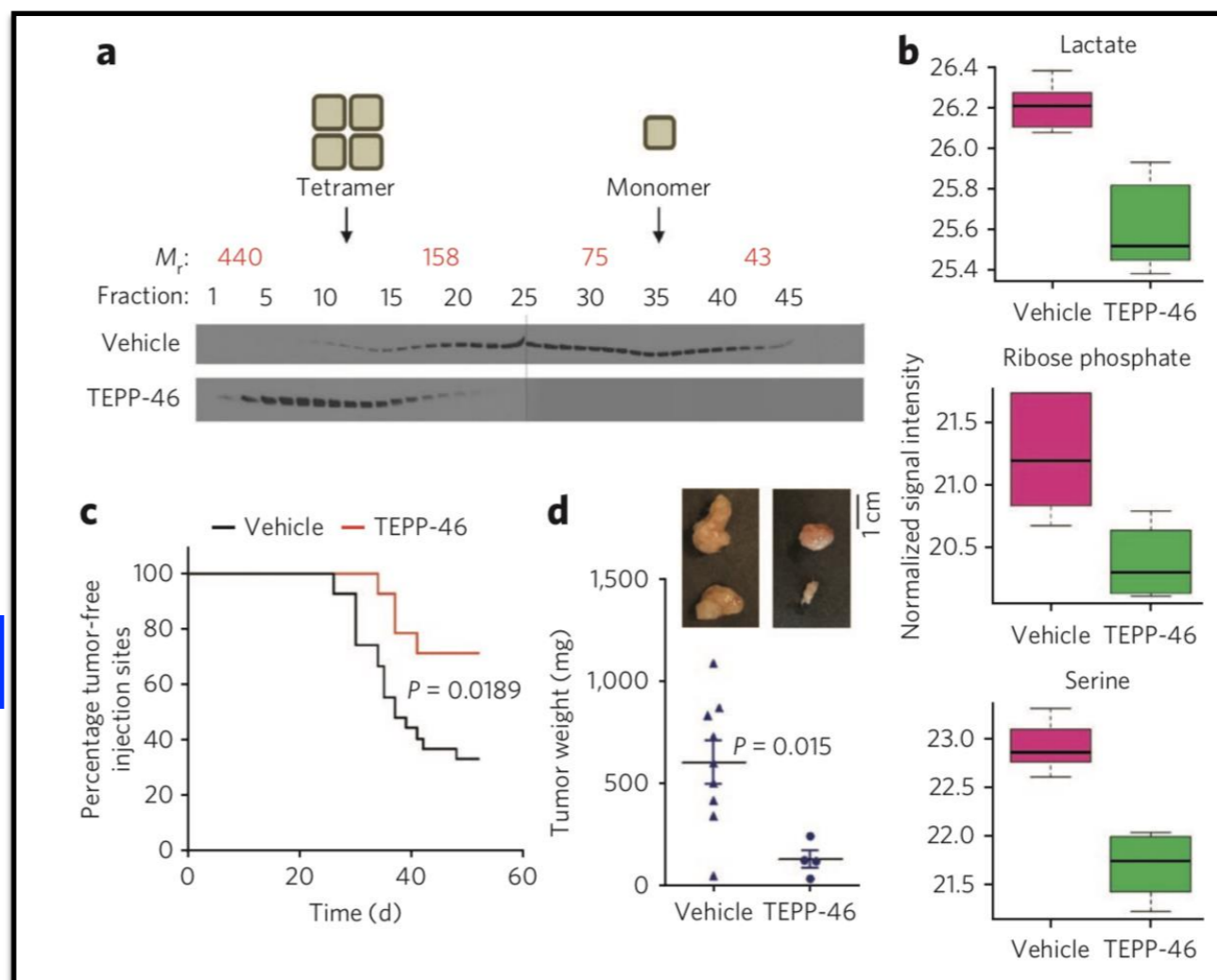
nature
chemical biology

ARTICLE
PUBLISHED ONLINE: 26 AUGUST 2012 | DOI: 10.1038/NCHEM.1060

Pyruvate kinase M2 activators promote tetramer formation and suppress tumorigenesis

Dimitrios Anastasiou^{1,2,3}, Yimin Yu^{1,3}, William J Israelsen^{1,3}, Jian-Kang Jiang⁴, Matthew B Boxer⁴, Bum Soo Hong⁵, Wolfram Tempel⁵, Svetoslav Dimov⁵, Min Shen⁴, Abhishek Jha⁴, Hua Yang⁷, Katherine R Mattaini⁵, Christian M Metallo⁵, Brian P Fiske⁴, Kevin D Courtney^{1,2,5}, Scott Malstrom⁵, Tahsin M Khan⁴, Charles Kung⁷, Amanda P Skoumbourdis⁴, Henrike Veith⁴, Noel Southall⁴, Martin J Walsh⁴, Kyle R Brimacombe⁴, William Leister⁴, Sophia Y Lunt², Zachary R Johnson⁴, Katharine E Yen⁴, Kaiko Kunii⁷, Shawn M Davidson⁷, Heather R Christofk⁴, Christopher P Austin⁴, James Inglese⁴, Marian H Harris¹⁰, John M Asara¹⁰, Gregory Stephanopoulos⁴, Francesco G Salituro⁷, Shengfang Jin⁷, Lenny Dang⁷, Douglas S Auld⁴, Hee-Won Park¹⁰, Lewis C Cantley^{1,2}, Craig J Thomas⁴ & Matthew G Vander Heiden^{1,2*}

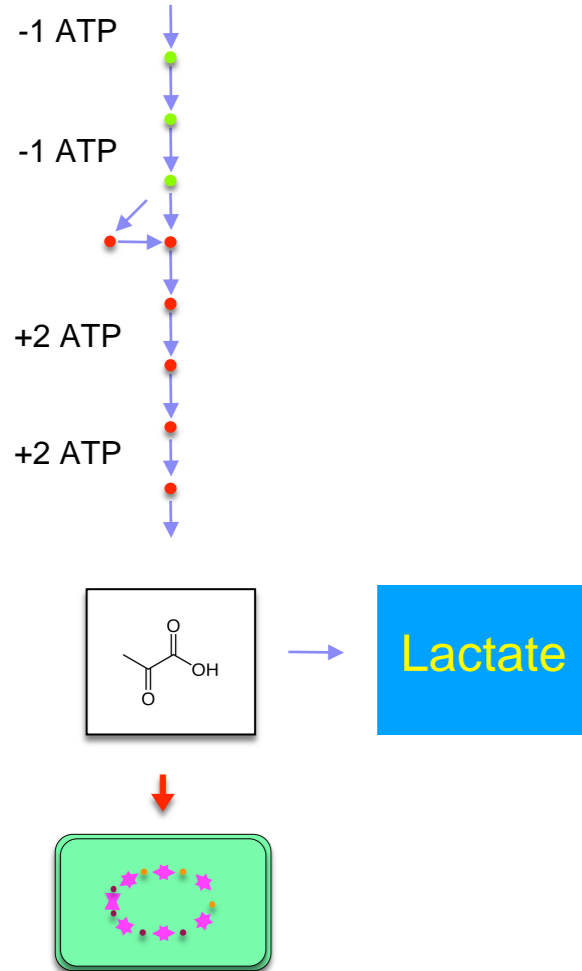
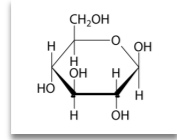
TEPP-46 affects glycolysis intermediates



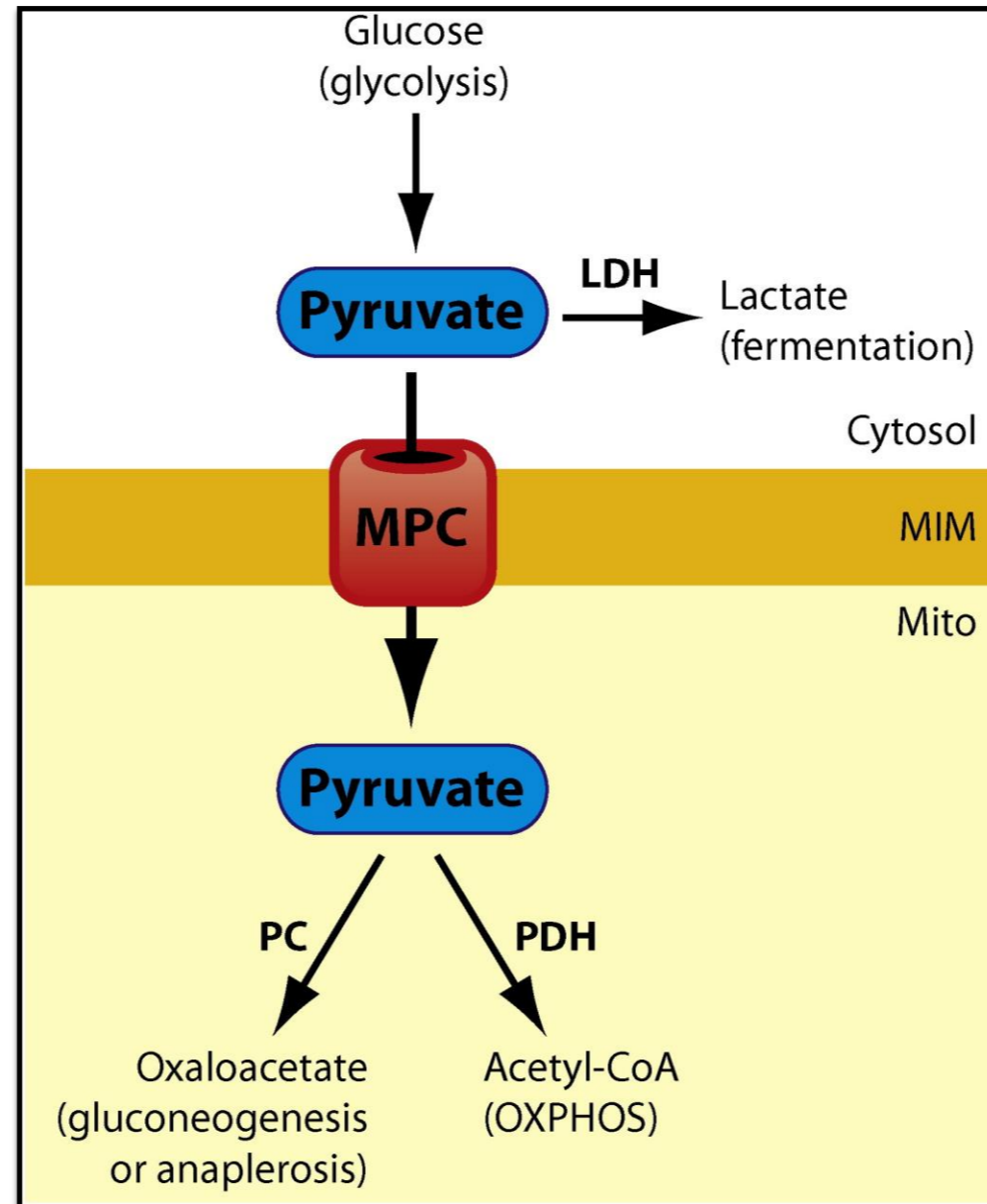
TEPP-46 decrease tumor growth

Anastasiou, D., Yu, Y., Israelsen, W. J., Jiang, J.-K., Boxer, M. B., Hong, B. S., Tempel, W., Dimov, S., Shen, M., Jha, A., Yang, H., Mattaini, K. R., Metallo, C. M., Fiske, B. P., Courtney, K. D., Malstrom, S., Khan, T. M., Kung, C., Skoumbourdis, A. P., Veith, H., Southall, N., Walsh, M. J., Brimacombe, K. R., Leister, W., Lunt, S. Y., Johnson, Z. R., Yen, K. E., Kunii, K., Davidson, S. M., Christofk, H. R., Austin, C. P., Inglese, J., Harris, M. H., Asara, J. M., Stephanopoulos, G., Salituro, F. G., Jin, S., Dang, L., Auld, D. S., Park, H.-W., Cantley, L. C., Thomas, C. J., and Vander Heiden, M. G. (2012) Pyruvate kinase M2 activators promote tetramer formation and suppress tumorigenesis. *Nat Chem Biol.* 8, 839–847

Mitochondrial Pyruvate Carrier (MPC)



Gatekeeper of pyruvate entry to the mitochondria



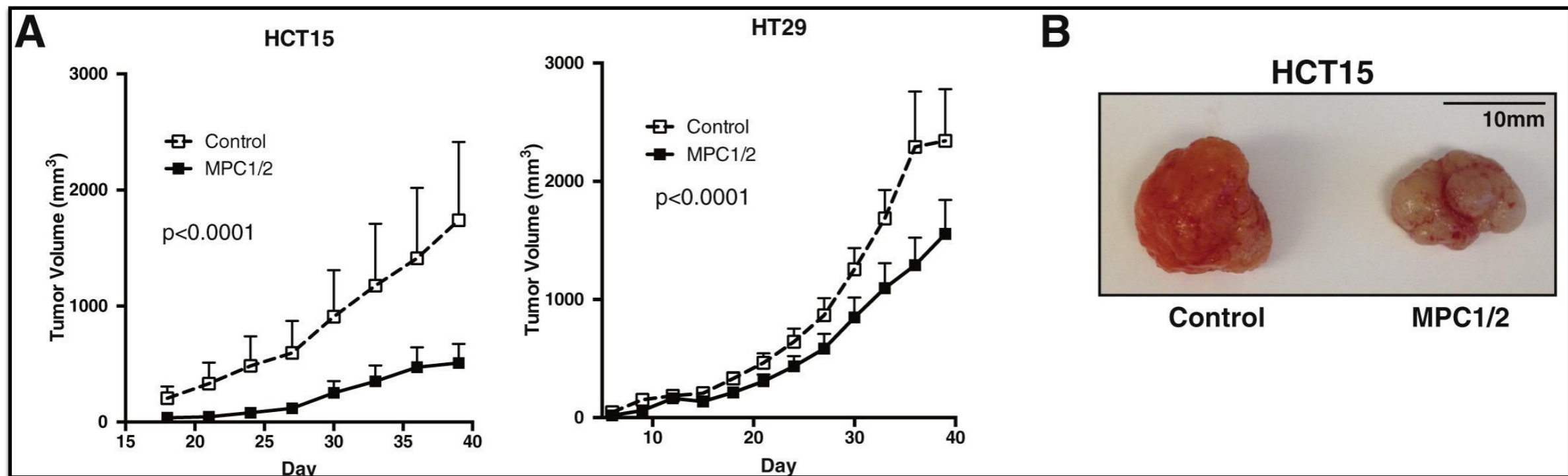
Two isoforms MPC1 and 2

MPC1/2 re-expression decreases tumor size

A Role for the Mitochondrial Pyruvate Carrier as a Repressor of the Warburg Effect and Colon Cancer Cell Growth

John C. Schell,^{1,4} Kristofer A. Olson,^{1,4} Lei Jiang,² Amy J. Hawkins,¹ Jonathan G. Van Vranken,¹ Jianxin Xie,³ Robert A. Egnatchik,² Espen G. Earl,¹ Ralph J. DeBerardinis,² and Jared Rutter^{1,*}
¹Department of Biochemistry, University of Utah School of Medicine, Salt Lake City, UT 84112-5650, USA
²Children's Medical Center Research Institute, UT Southwestern Medical Center, Dallas, TX 75390-8502, USA
³Cell Signaling Technology, Inc., Danvers, MA 01923, USA
⁴Co-first Authors
*Correspondence: rutter@biochem.utah.edu
<http://dx.doi.org/10.1016/j.molcel.2014.09.026>

MPC1/2 slowed tumor growth



Schell, J. C., Olson, K. A., Jiang, L., Hawkins, A. J., Van Vranken, J. G., Xie, J., Egnatchik, R. A., Earl, E. G., Deberardinis, R. J., and Rutter, J. (2014) A Role for the Mitochondrial Pyruvate Carrier as a Repressor of the Warburg Effect and Colon Cancer Cell Growth. *Mol Cell*. 56, 400–413

Course leading Questions

Warburg Effect

Will it inhibit or accelerate the cancer cells' growth?

What is the molecular mechanism that regulates the WA?

Metabolism and cancer

Can metabolism be the driver of cancers?

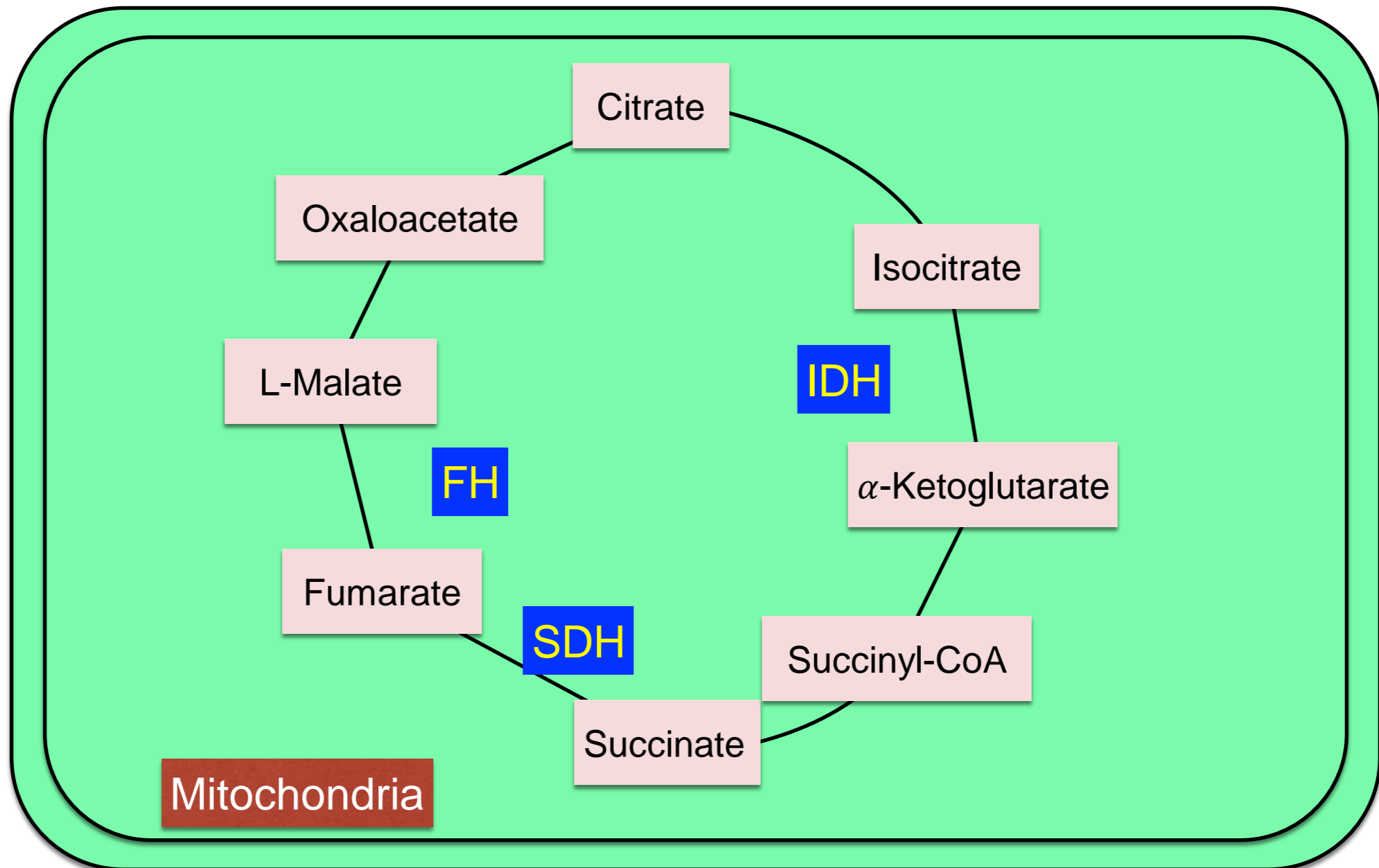
Human tumor suppressor genes that have been cloned

Evading growth suppressors

Metabolic gene

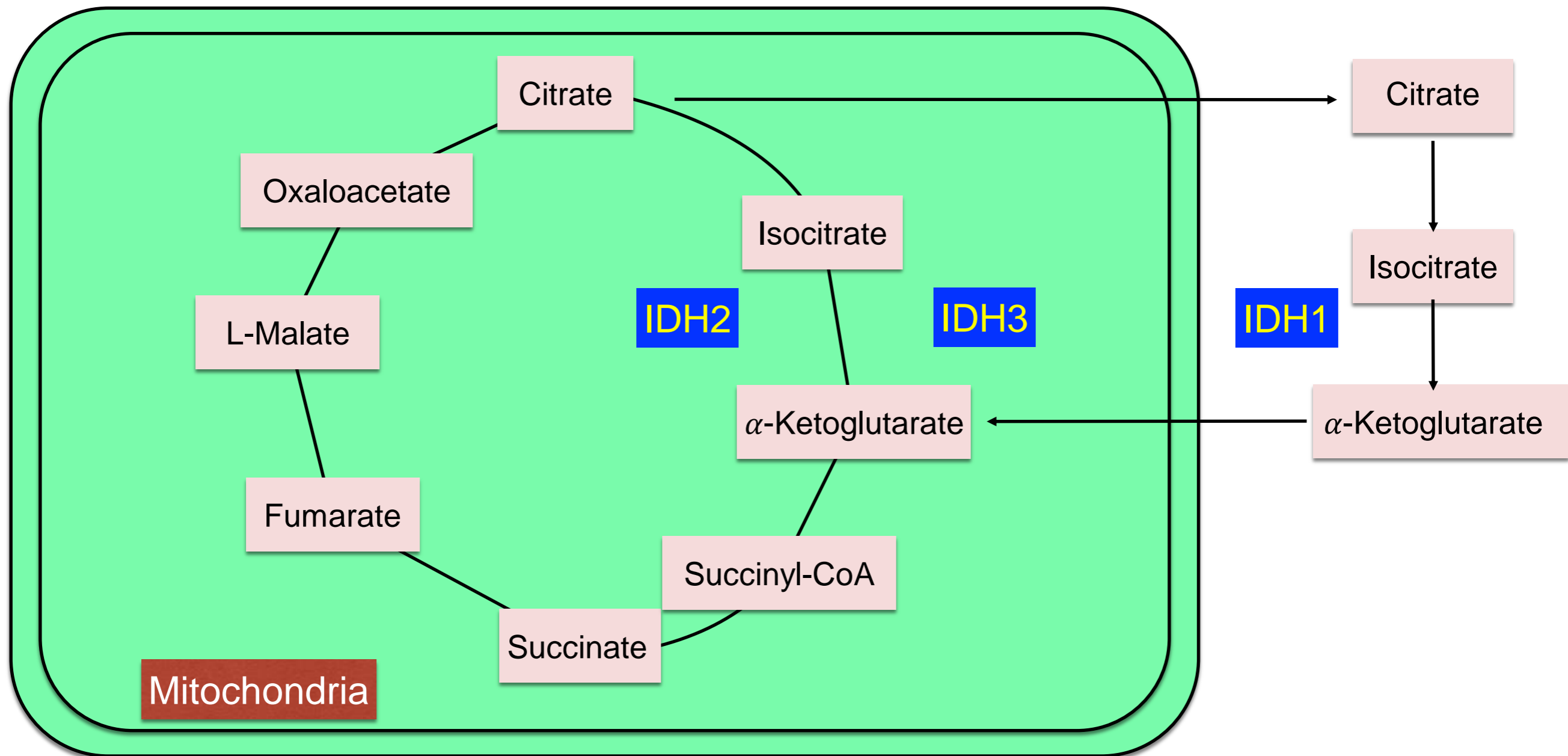
| Name of gene | Chromosomal location | Familial cancer syndrome | Sporadic cancer | Function of protein |
|------------------------------|----------------------|--|--|---|
| <i>RUNX3</i> | 1p36 | — | gastric carcinoma | TF co-factor |
| <i>HRPT2</i> | 1q25–32 | parathyroid tumors, jaw fibromas | parathyroid tumors | chromatin protein |
| <i>FH</i> | 1q42.3 | familial leiomyomatosis ^a | — | fumarate hydratase |
| <i>FHIT</i> | 3p14.2 | — | many types | diadenosine triphosphate hydrolase |
| <i>RASSF1A</i> | 3p21.3 | — | many types | multiple functions |
| <i>TGFBR2</i> | 3p2.2 | HNPCC | colon, gastric, pancreatic carcinomas | TGF-β receptor |
| <i>VHL</i> | 3p25 | von Hippel–Lindau syndrome | renal cell carcinoma | ubiquitylation of HIF |
| <i>hCDC4</i> | 4q32 | — | endometrial carcinoma | ubiquitin ligase |
| <i>APC</i> | 5p21 | familial adenomatous polyposis coli | colorectal, pancreatic, and stomach carcinomas; prostate carcinoma | β-catenin degradation |
| <i>NKX3.1</i> | 8p21 | — | prostate carcinoma | homeobox TF |
| <i>p16^{INK4A} b</i> | 9p21 | familial melanoma | many types | CDK inhibitor |
| <i>p14^{ARF} c</i> | 9p21 | — | all types | p53 stabilizer |
| <i>PTC</i> | 9q22.3 | nevroid basal cell carcinoma syndrome | medulloblastomas | receptor for hedgehog GF |
| <i>TSC1</i> | 9q34 | tuberous sclerosis | — | inhibitor of mTOR ^f |
| <i>BMPR1</i> | 10q21–22 | juvenile polyposis | — | BMP receptor |
| <i>PTEN^d</i> | 10q23.3 | Cowden's disease, breast and gastrointestinal carcinomas | glioblastoma; prostate, breast, and thyroid carcinomas | PIP ₃ phosphatase |
| <i>WT1</i> | 11p13 | Wilms tumor | Wilms tumor | TF |
| <i>MEN1</i> | 11p13 | multiple endocrine neoplasia | — | histone modification, transcriptional repressor |
| <i>BWS/CDKN1C</i> | 11p15.5 | Beckwith–Wiedemann syndrome | — | p57 ^{Kip2} CDK inhibitor |
| <i>SDHD</i> | 11q23 | familial paraganglioma | pheochromocytoma | mitochondrial protein ^e |
| <i>RB</i> | 13q14 | retinoblastoma, osteosarcoma | retinoblastoma; sarcomas; bladder, breast, esophageal, and lung carcinomas | transcriptional repression; control of E2Fs |
| <i>TSC2</i> | 16p13 | tuberous sclerosis | — | inhibitor of mTOR ^f |
| <i>CBP</i> | 16p13.3 | Rubinstein–Taybi | AML ^g | TF co-activator |
| <i>CYLD</i> | 16q12–13 | cylindromatosis | — | deubiquitinating enzyme |
| <i>CDH1</i> | 16q22.1 | familial gastric carcinoma | invasive cancers | cell–cell adhesion |
| <i>BHD</i> | 17p11.2 | Birt–Hogg–Dube syndrome | kidney carcinomas, hamartomas | unknown |
| <i>TP53</i> | 17p13.1 | Li–Fraumeni syndrome | many types | TF |
| <i>NF1</i> | 17q11.2 | neurofibromatosis type 1 | colon carcinoma, astrocytoma | Ras-GAP |
| <i>BECN1</i> | 17q21.3 | — | breast, ovarian, prostate | autophagy |
| <i>PRKAR1A</i> | 17.q22–24 | multiple endocrine neoplasia ^h | multiple endocrine tumors | subunit of PKA |
| <i>DPC4ⁱ</i> | 18q21.1 | juvenile polyposis | pancreatic and colon carcinomas | TGF-β TF |
| <i>LKB1/STK11</i> | 19p13.3 | Peutz–Jegher syndrome | hamartomatous colonic polyps | serine/threonine kinase |
| <i>RUNX1</i> | 21q22.12 | familial platelet disorder | AML | TF |
| <i>SNF5^j</i> | 22q11.2 | rhabdoid predisposition syndrome | malignant rhabdoid tumors | chromosome remodeling |
| <i>NF2</i> | 22q12.2 | neurofibroma-position syndrome | schwannoma, meningioma; ependymoma | cytoskeleton–membrane linkage |

Mutated metabolic enzymes in cancer



Isocitrate dehydrogenase (IDH)

Exists as three isoform:



IDH mutation in cancer

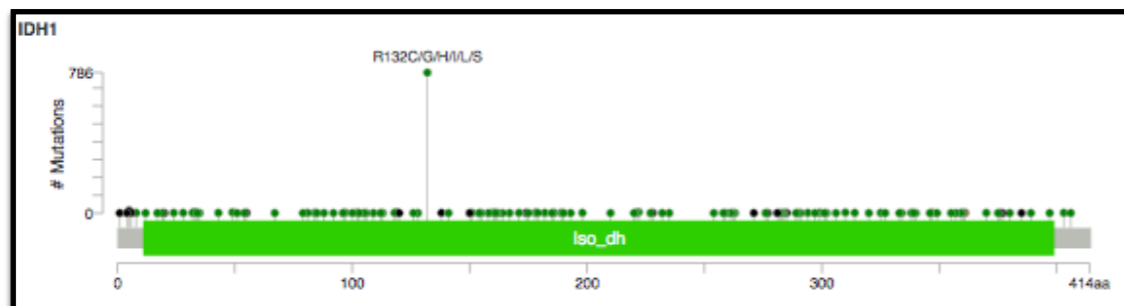
IDH1 is mutated in 80% of grade II–III gliomas

Vol 462 | 10 December 2009 | doi:10.1038/nature08617 nature

ARTICLES

Cancer-associated IDH1 mutations produce 2-hydroxyglutarate

Lenny Dang¹, David W. White¹, Stefan Gross¹, Bryson D. Bennett², Mark A. Bittinger¹, Edward M. Driggers¹, Valeria R. Fantin¹, Hyun Gyung Jang¹, Shengfang Jin¹, Marie C. Keenan¹, Kevin M. Marks¹, Robert M. Prins³, Patrick S. Ward⁴, Katharine E. Yen¹, Linda M. Liao³, Joshua D. Rabinowitz², Lewis C. Cantley⁵, Craig B. Thompson⁴, Matthew G. Vander Heiden¹† & Shinsan M. Su¹



IDH mutation are selected at early stages of tumorigenesis

What does this mutation do to the enzymatic activity?

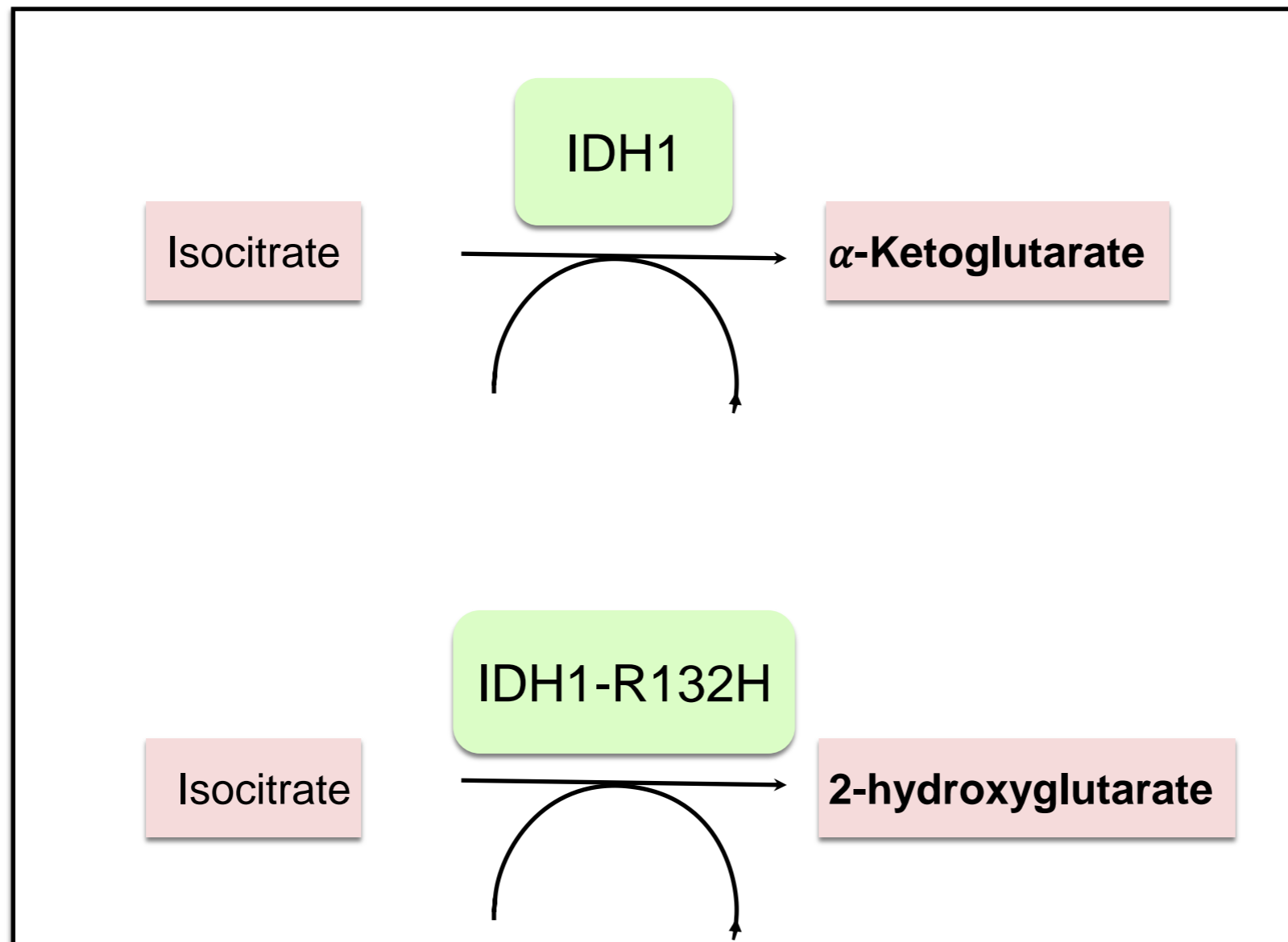
IDH1 mutations produce 2-hydroxyglutarate

Vol 462 | 10 December 2009 | doi:10.1038/nature08617 nature

ARTICLES

Cancer-associated IDH1 mutations produce 2-hydroxyglutarate

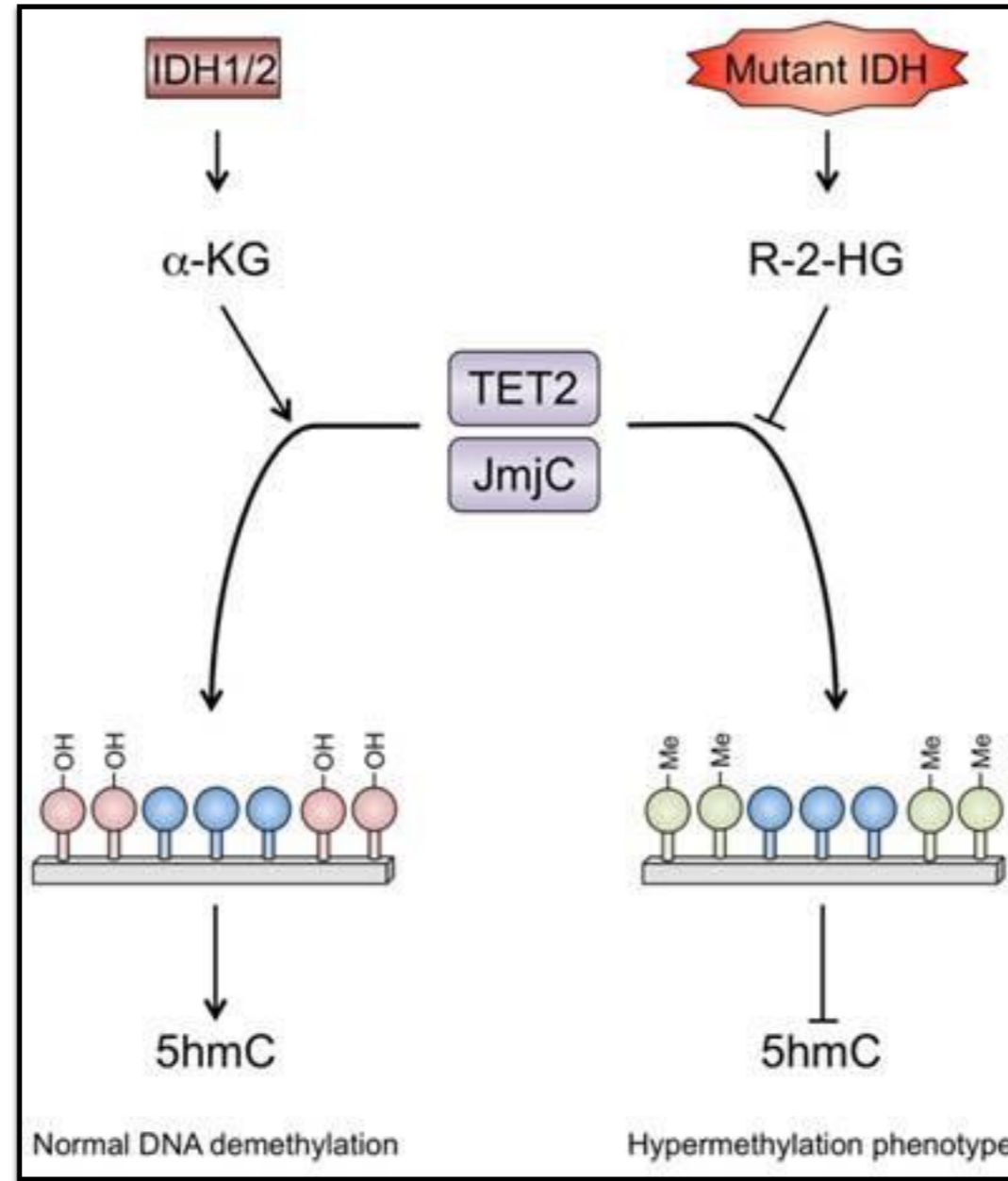
Lenny Dang¹, David W. White¹, Stefan Gross¹, Bryson D. Bennett², Mark A. Bittinger¹, Edward M. Driggers¹, Valeria R. Fantin¹, Hyun Gyung Jang¹, Shengfang Jin¹, Marie C. Keenan¹, Kevin M. Marks¹, Robert M. Prins³, Patrick S. Ward¹, Katharine E. Yen¹, Linda M. Liaw³, Joshua D. Rabinowitz², Lewis C. Cantley⁵, Craig B. Thompson⁴, Matthew G. Vander Heiden^{1†} & Shinsan M. Su¹



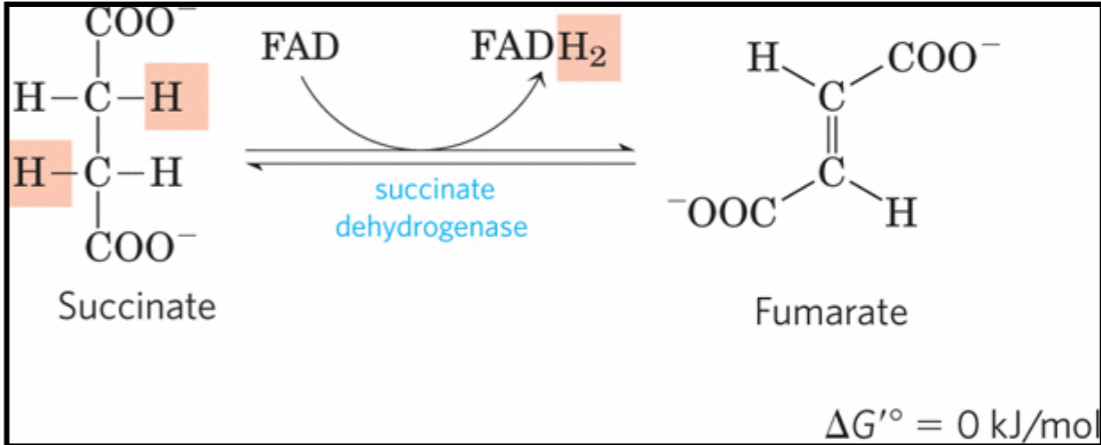
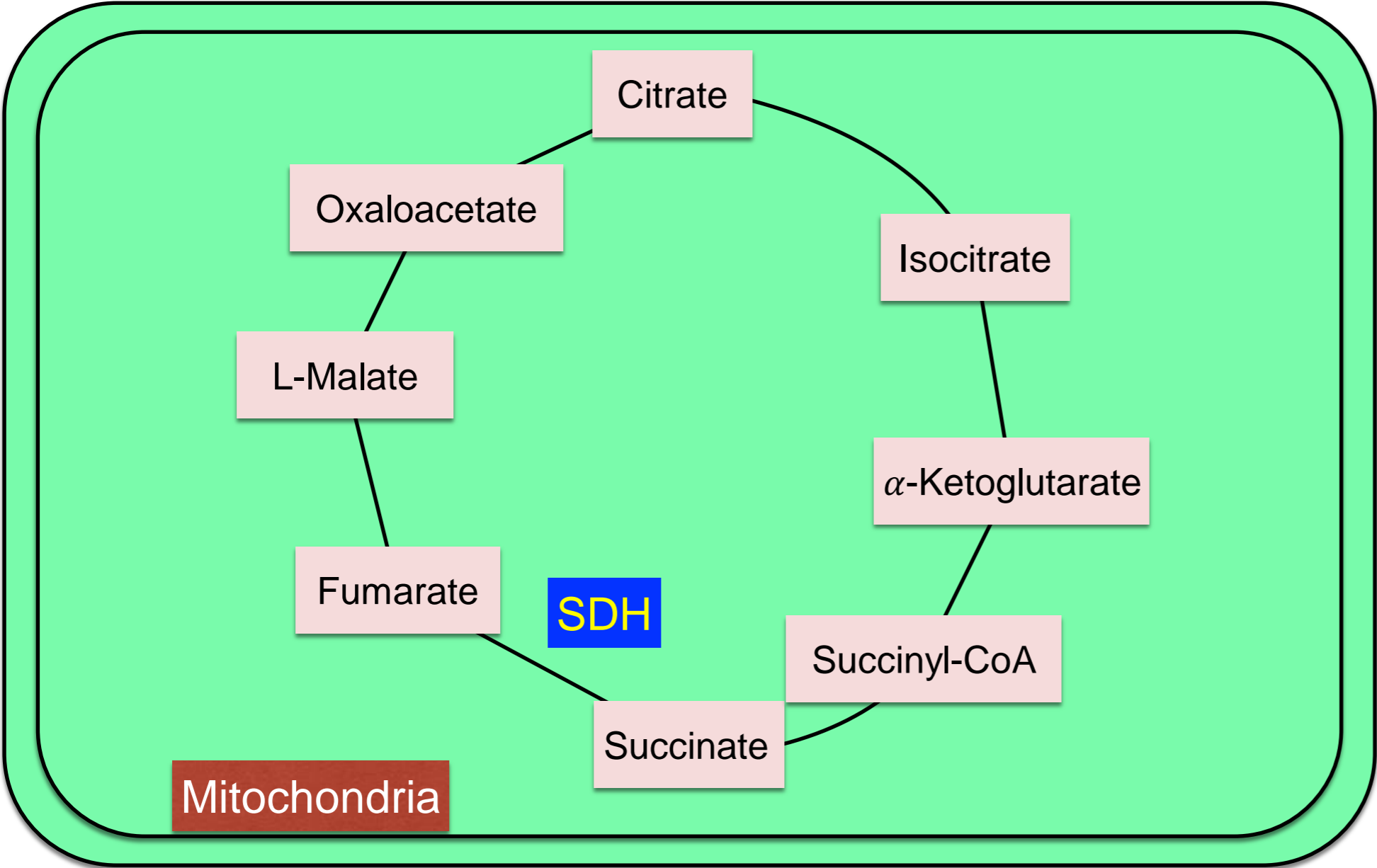
How do 2HG affect the cells?

2-hydroxyglutarate

IDH movie



Succinate Dehydrogenase



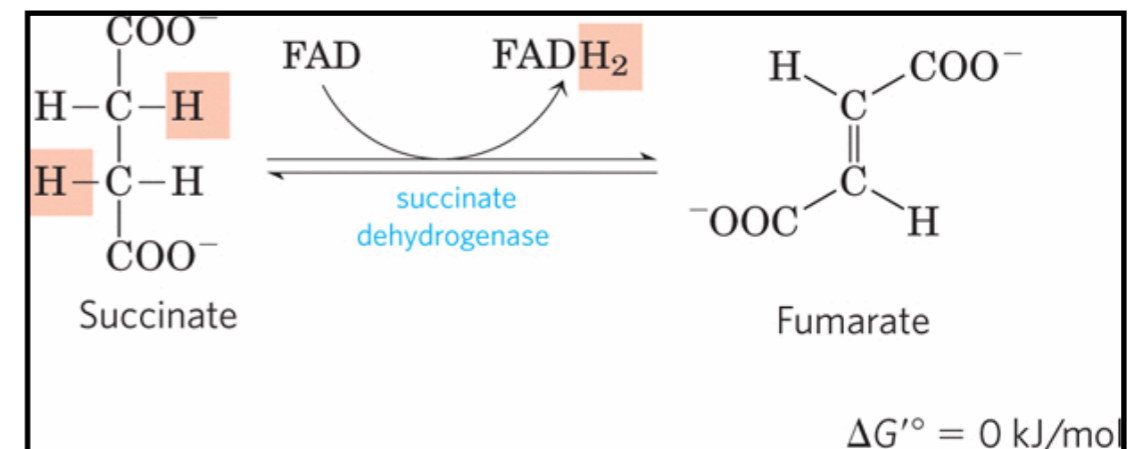
SDH mutation

SDH was the first mitochondrial enzyme found mutated in cancer

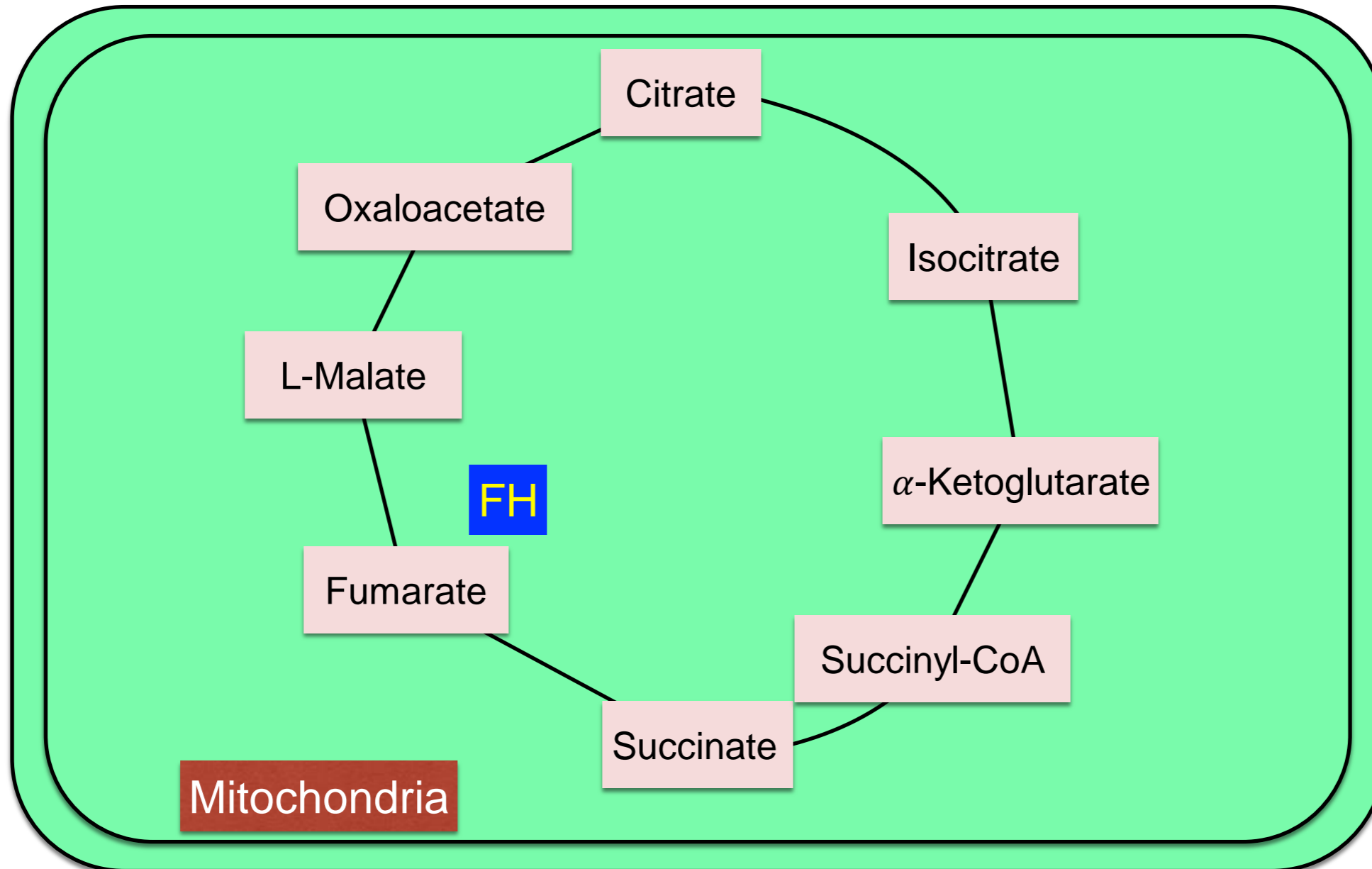
Mutations in SDH are found in familial paraganglioma and pheochromocytoma, renal carcinomas, T-Cell leukemia, and gastrointestinal stromal tumors.

SDH mutants lead to Succinate accumulation

What is the function of succinate in cancer?



Fumarate hydratase



FH converts fumarate to malate

FH mutation

Heterozygous FH mutations followed by the loss of heterozygosity of the second allele cause Hereditary Leiomyomatosis and Renal Cell Cancer (HLRCC).

FH mutants leads to fumarate accumulation

What is the function of fumarate in cancer?

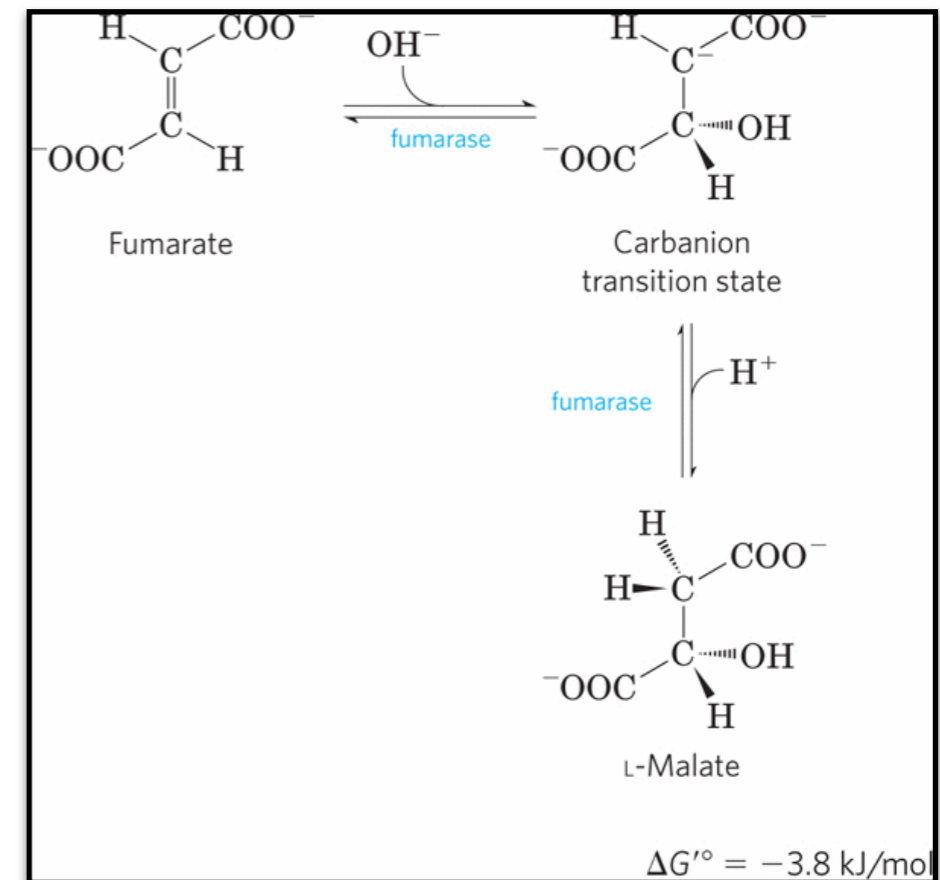


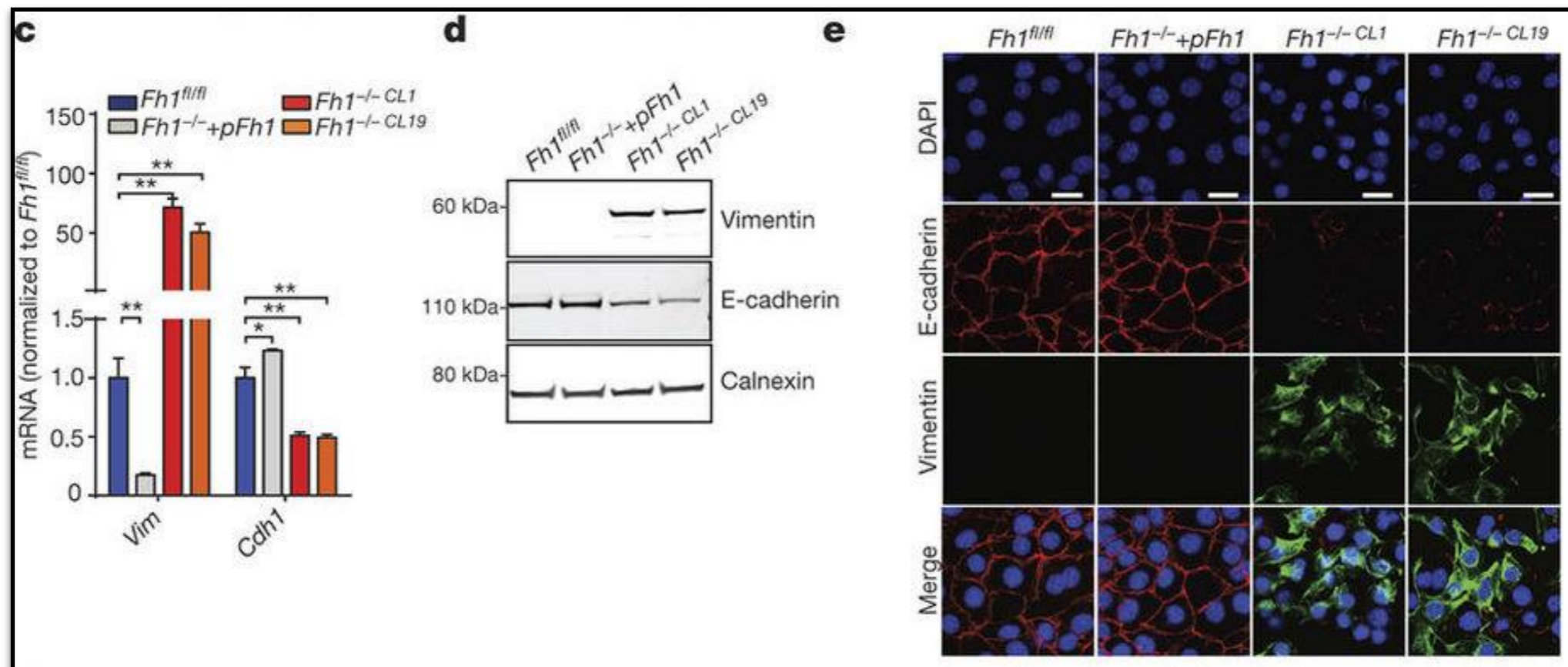
Figure 16 Lehninger

Fumarate and EMT

Fumarate is an epigenetic modifier that elicits epithelial-to-mesenchymal transition

Marco Sciacovelli¹, Emanuel Gonçalves², Timothy Isaac Johnson¹, Vincent Roberto Zecchini¹, Ana Sofia Henriques da Costa¹, Edoardo Gaude¹, Alizee Vercauteren Drubbel¹, Sebastian Julian Theobald¹, Sandra Riekje Abbo¹, Maxine Gia Binh Tran^{3†}, Vinothini Rajeev⁴, Simone Cardaci⁵, Sarah Foster⁶, Haiyang Yun⁷, Pedro Cutillas⁴, Anne Warren⁸, Vincent Gnanapragasam⁹, Eyal Gottlieb⁵, Kristian Franze⁶, Brian Huntly⁷, Eamonn Richard Maher^{10,11}, Patrick Henry Maxwell¹², Julio Saez-Rodriguez^{2,13} & Christian Frezza¹

FH-deficient cells display mesenchymal features

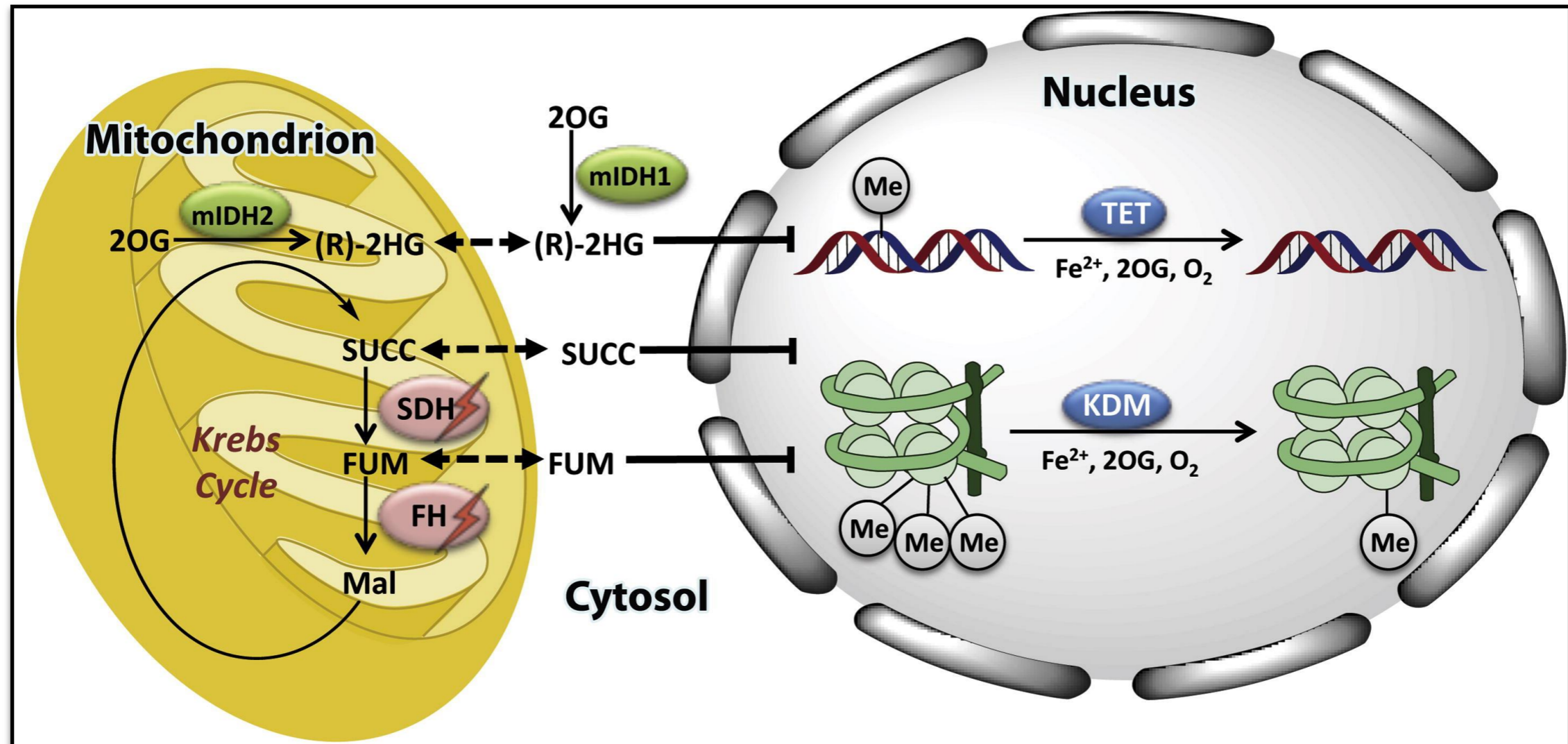


Vimentin-mesenchymal marker

E-cadherin- epithelial marker

Epigenetic Reprogramming by Oncometabolites

Modification in the function of all three enzymes leads to epigenetic changes



Course leading Questions

Warburg Effect

Will it inhibit or accelerate the cancer cells' growth?

What is the molecular mechanism that regulates the WA?

Metabolism and cancer

Can metabolism be the driver of cancers?

Amino acid metabolism in cancer

What is the role of AA metabolism in cancer

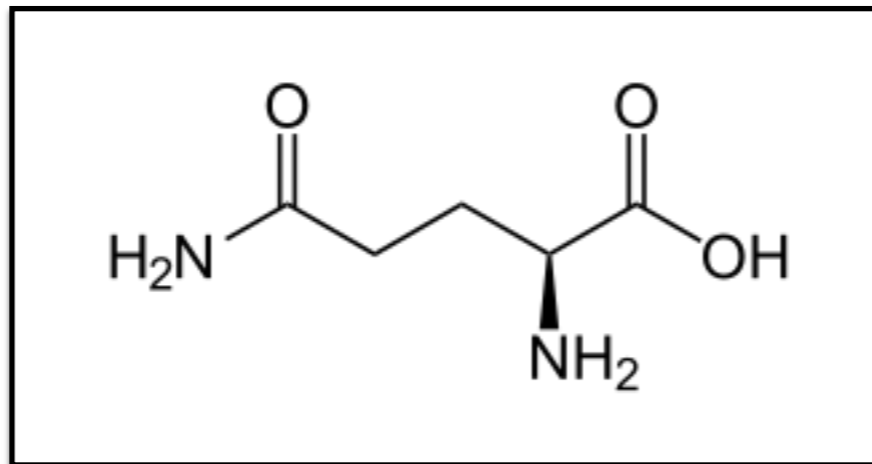
Amino acid and cancer

Glutamine

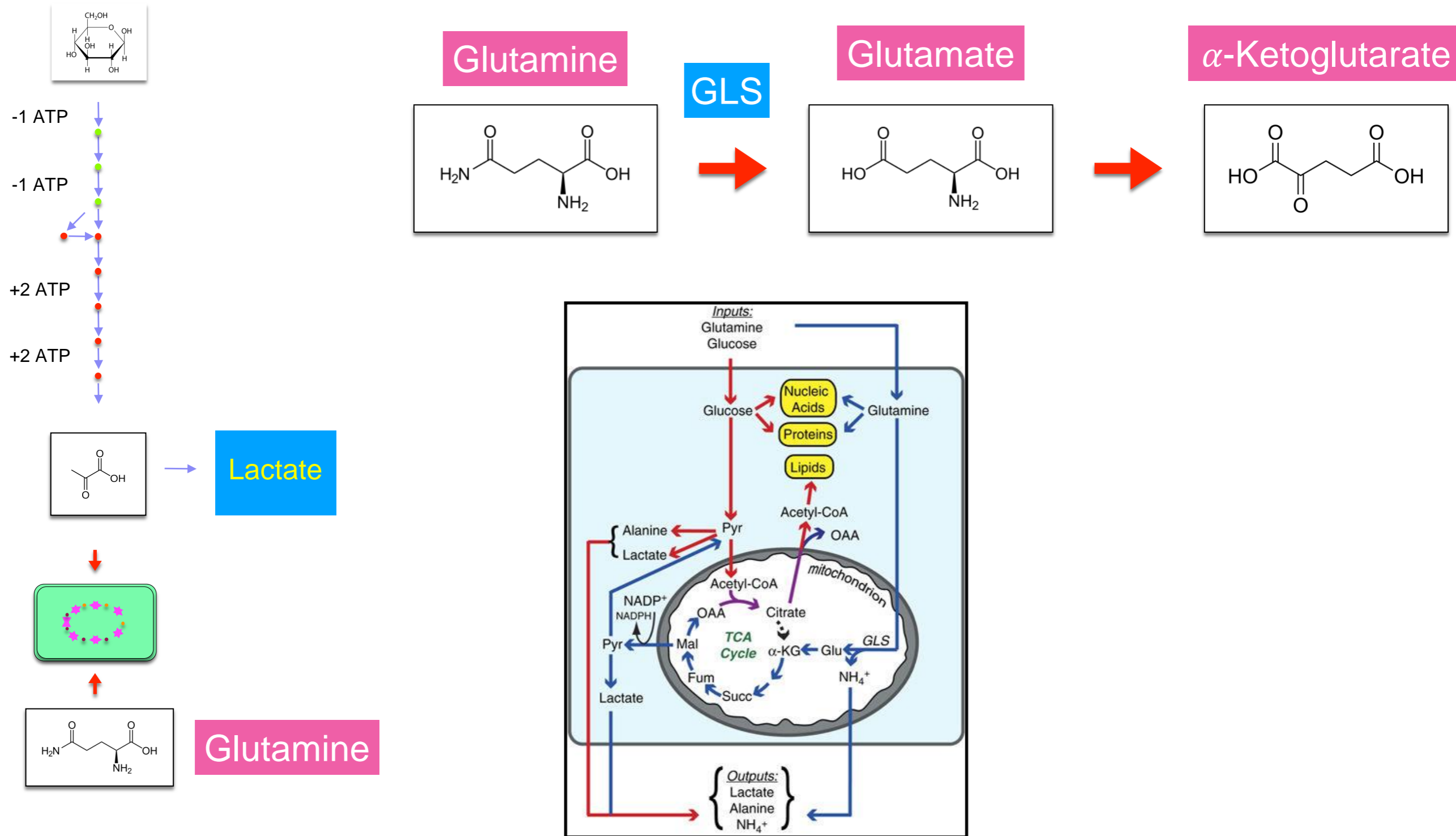
The most abundant amino acid in the plasma

Major carrier of nitrogen between the organs

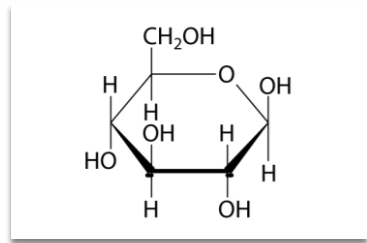
Proliferating cells use glutamine as the nitrogen donor for the biosynthesis of nucleotides, nonessential amino acids, and hexosamines.



Glutamine can fuel the TCA cycle

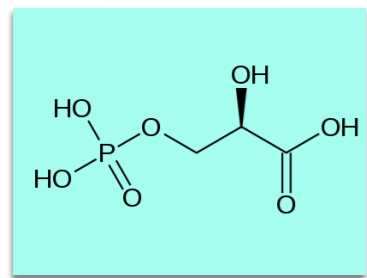


Serine Synthesis Pathway (SSP)

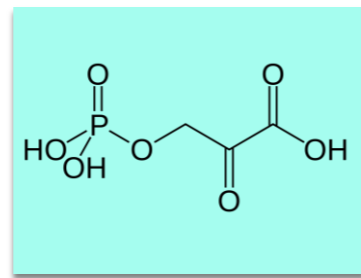


Three step reaction

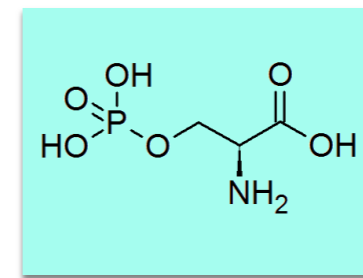
3-PG



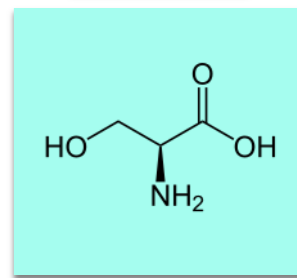
PHGDH



PSAT1



PSPH

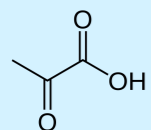


Serine

NAD⁺ NADH

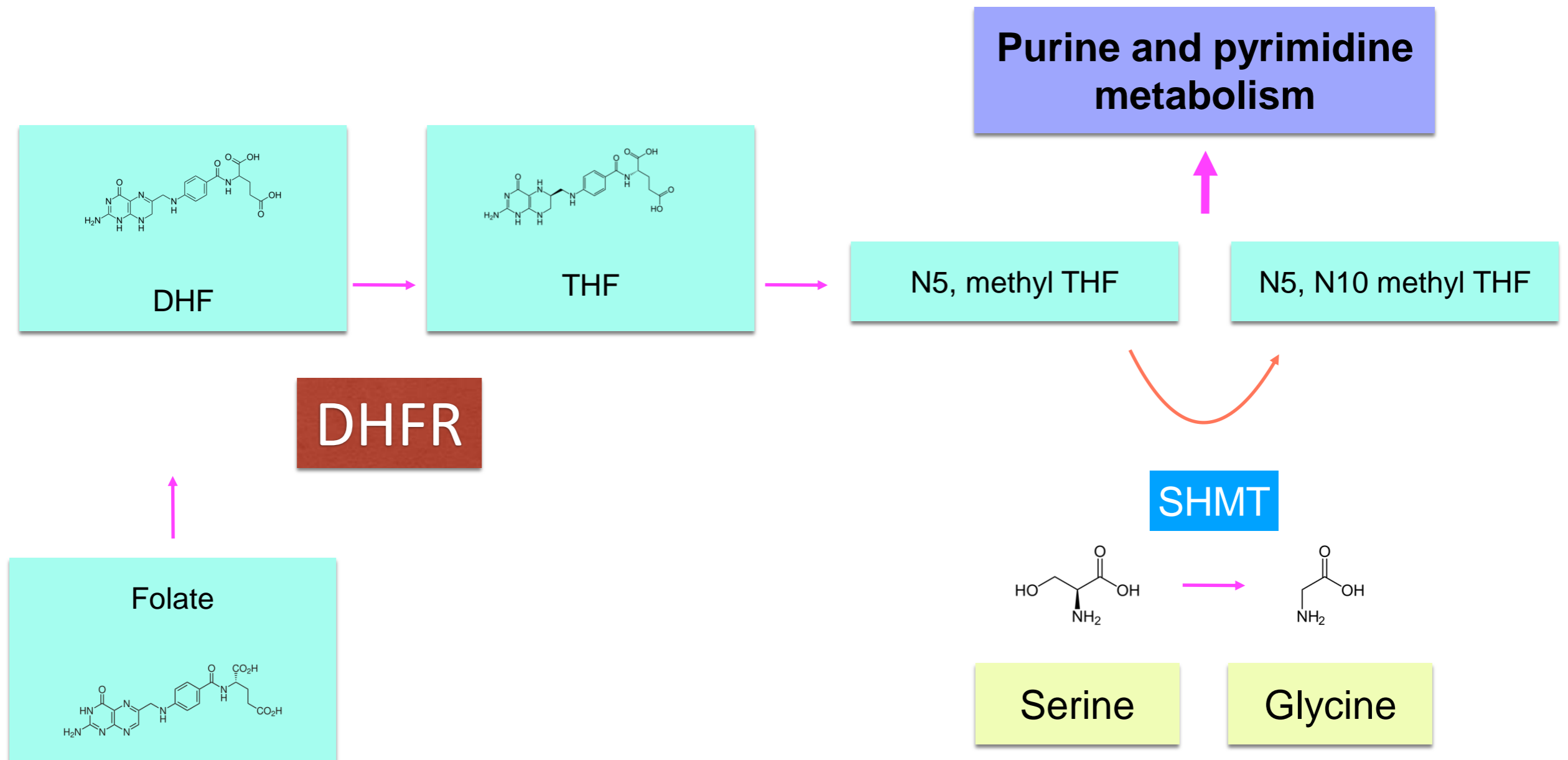
Glu α-KG

H₂O



2x Pyruvate

Serine and one-carbon metabolism

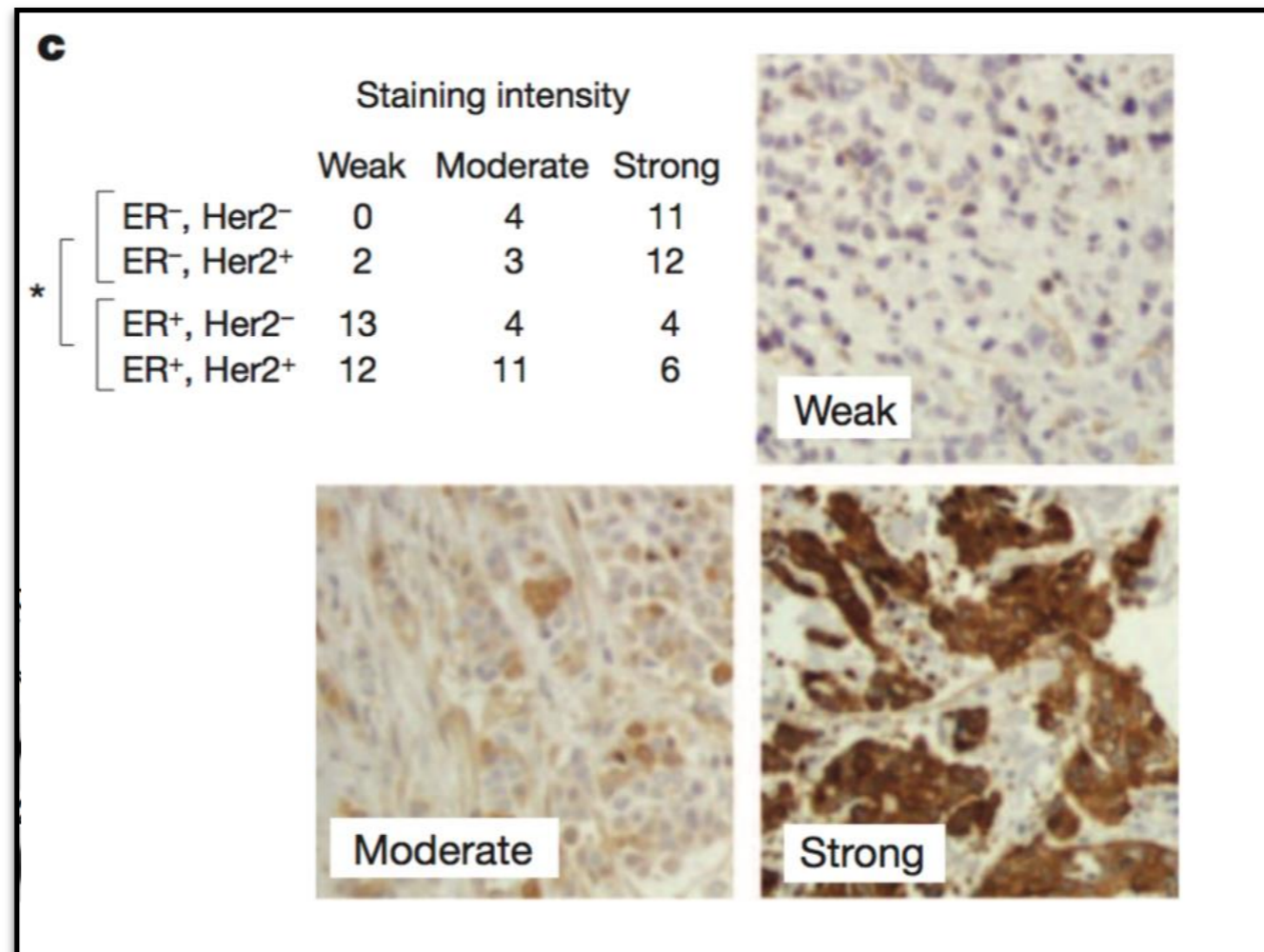


Serine conversion to glycine, transfer of one carbon to N5, methyl-THF

This carbon is essential for nucleotide metabolism

PHGDH amplification in cancer

PHGDH expression is associated with aggressive breast cancer markers



Staining of PHGDH in different breast cancer samples

PHGDH is also overexpressed in gliomas

Possemato, R., Marks, K. M., Shaul, Y. D., Pacold, M. E., Kim, D., Birsoy, K., Sethumadhavan, S., Woo, H.-K., Jang, H. G., Jha, A. K., Chen, W. W., Barrett, F. G., Stransky, N., Tsun, Z.-Y., Cowley, G. S., Barretina, J., Kalaany, N. Y., Hsu, P. P., Ottina, K., Chan, A. M., Yuan, B., Garraway, L. A., Root, D. E., Mino-Kenudson, M., Brachtel, E. F., Driggers, E. M., and Sabatini, D. M. (2011) Functional genomics reveal that the serine synthesis pathway is essential in breast cancer. *Nature*. 476, 346–350

Course leading Questions

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Amino acid metabolism in cancer

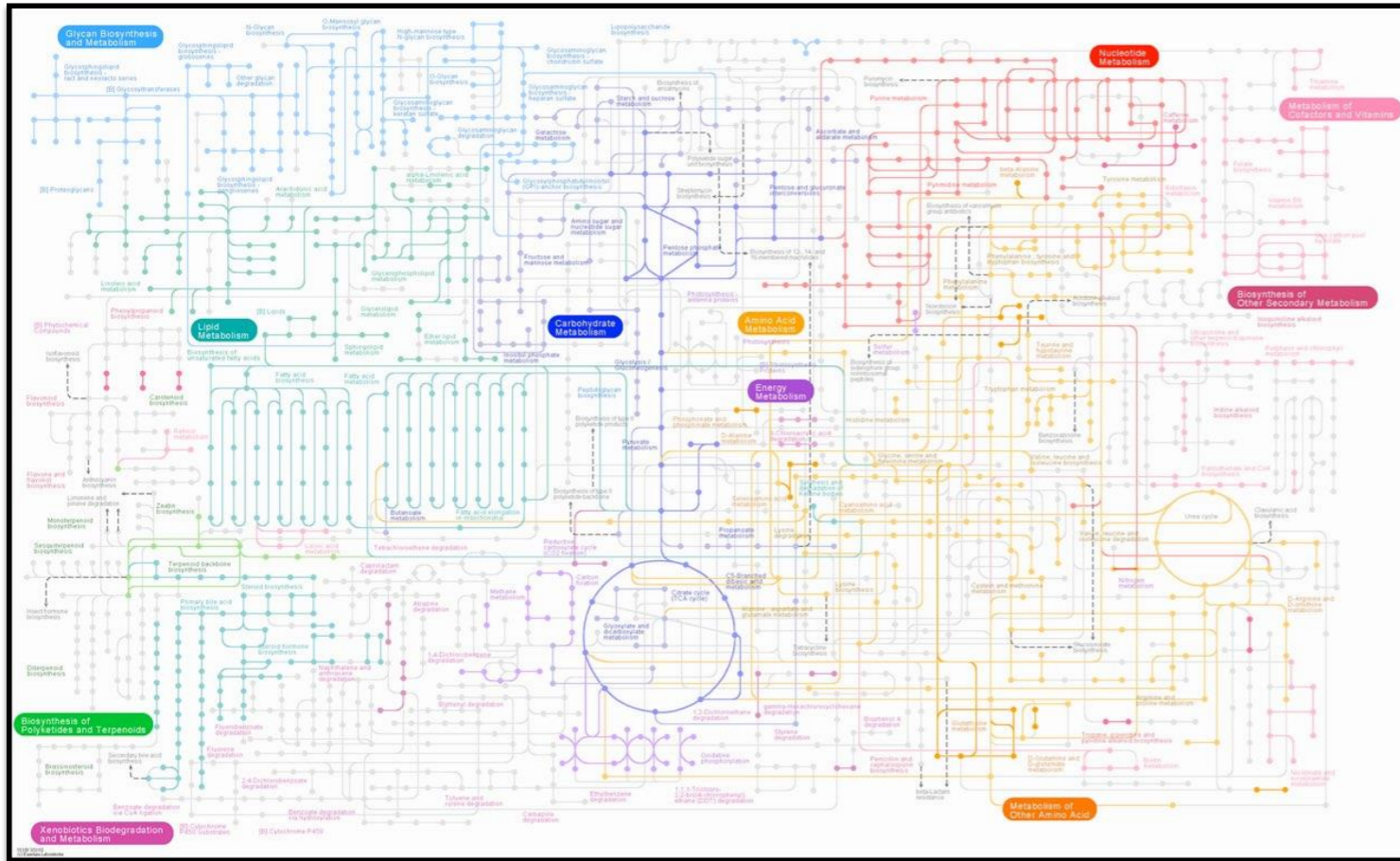
What is the role of AA metabolism in cancer

Oncogenic signaling and metabolic pathways in cancer

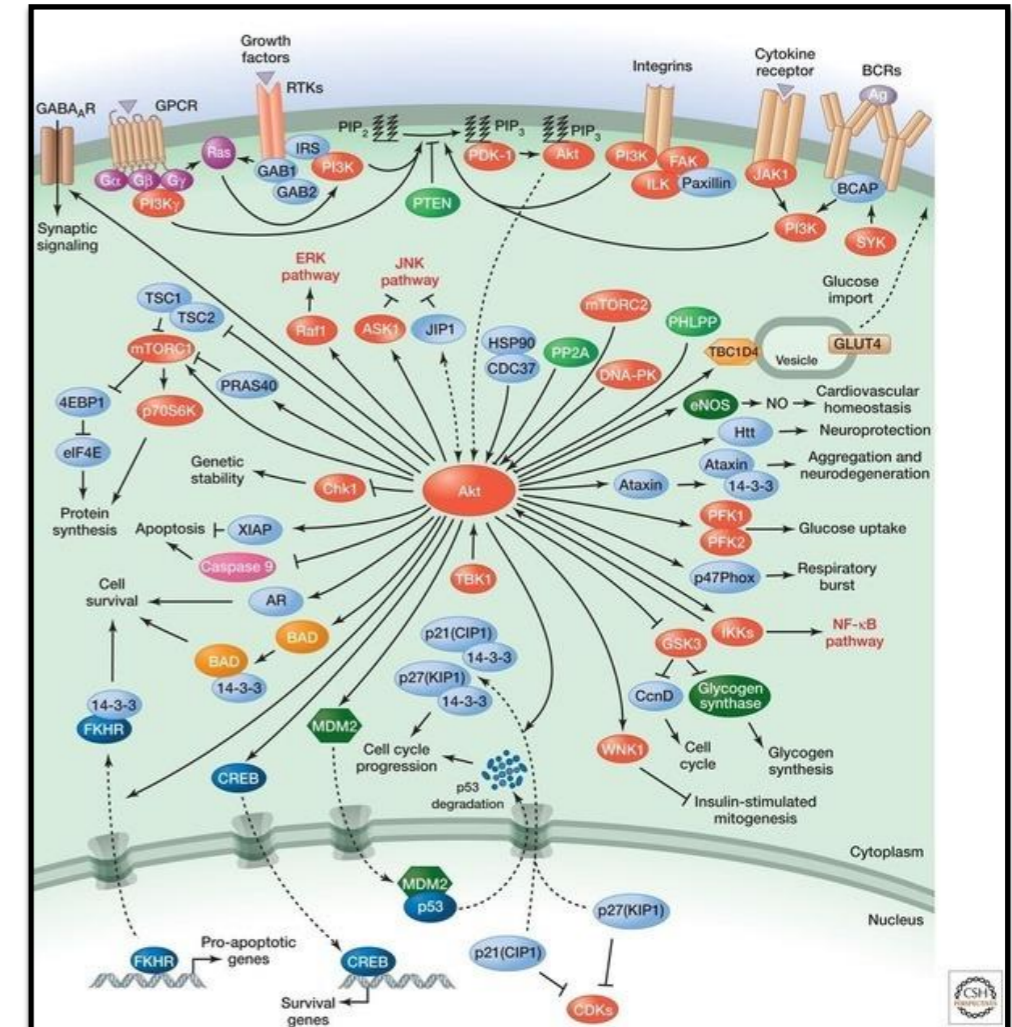
mTOR pathway as an example

Metabolic and signaling pathway

Metabolic pathways



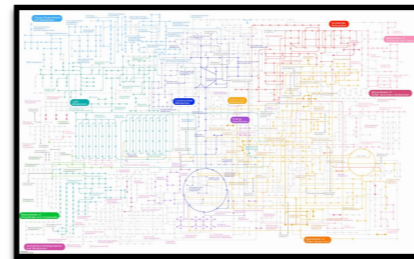
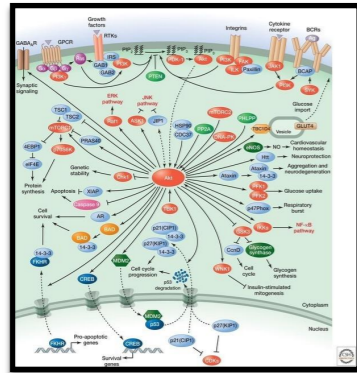
Signaling pathways



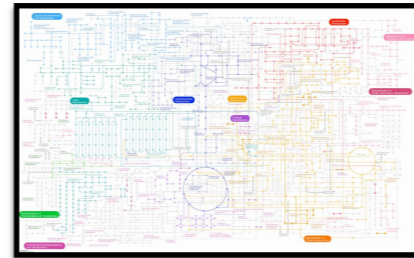
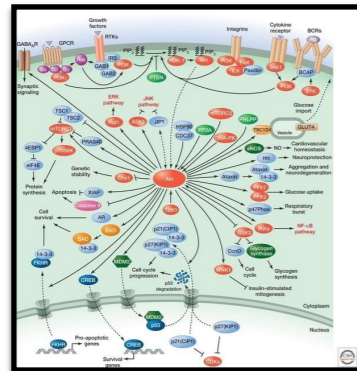
The interaction between metabolic and signaling pathways

Metabolic and signaling pathway

Signaling pathways



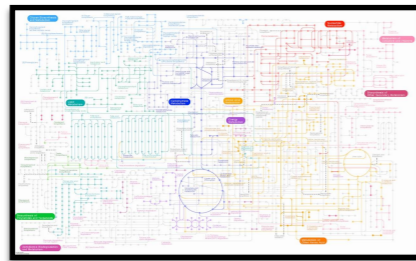
Post-transcriptional modification



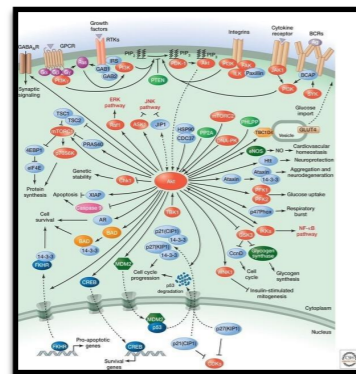
Transcription regulation

Metabolic and signaling pathway

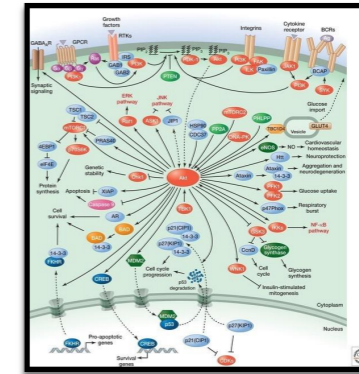
Metabolites activate signaling pathway



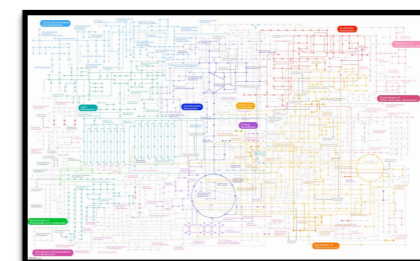
Upstream



Signaling pathways



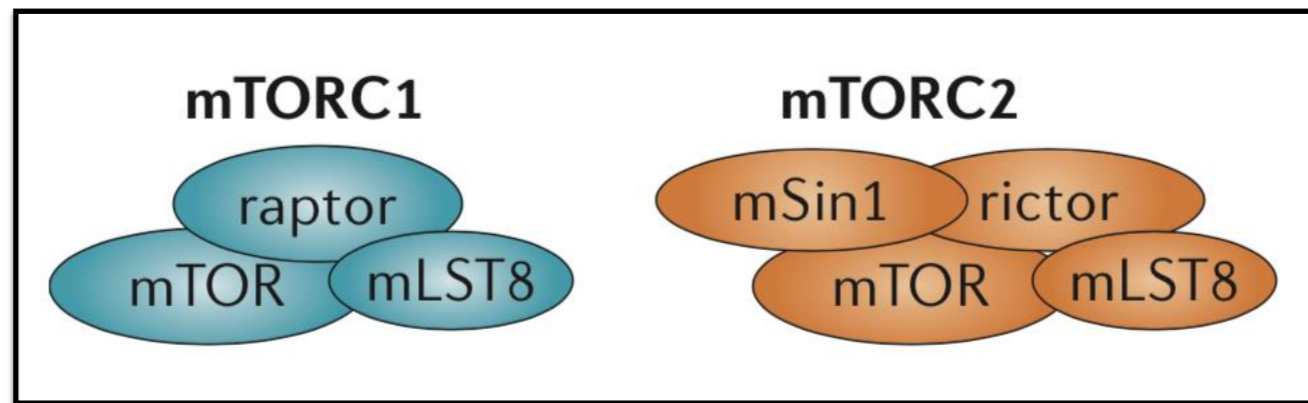
Downstream



The interaction between metabolic and signaling pathways

The mTORC1 and mTORC2 complexes

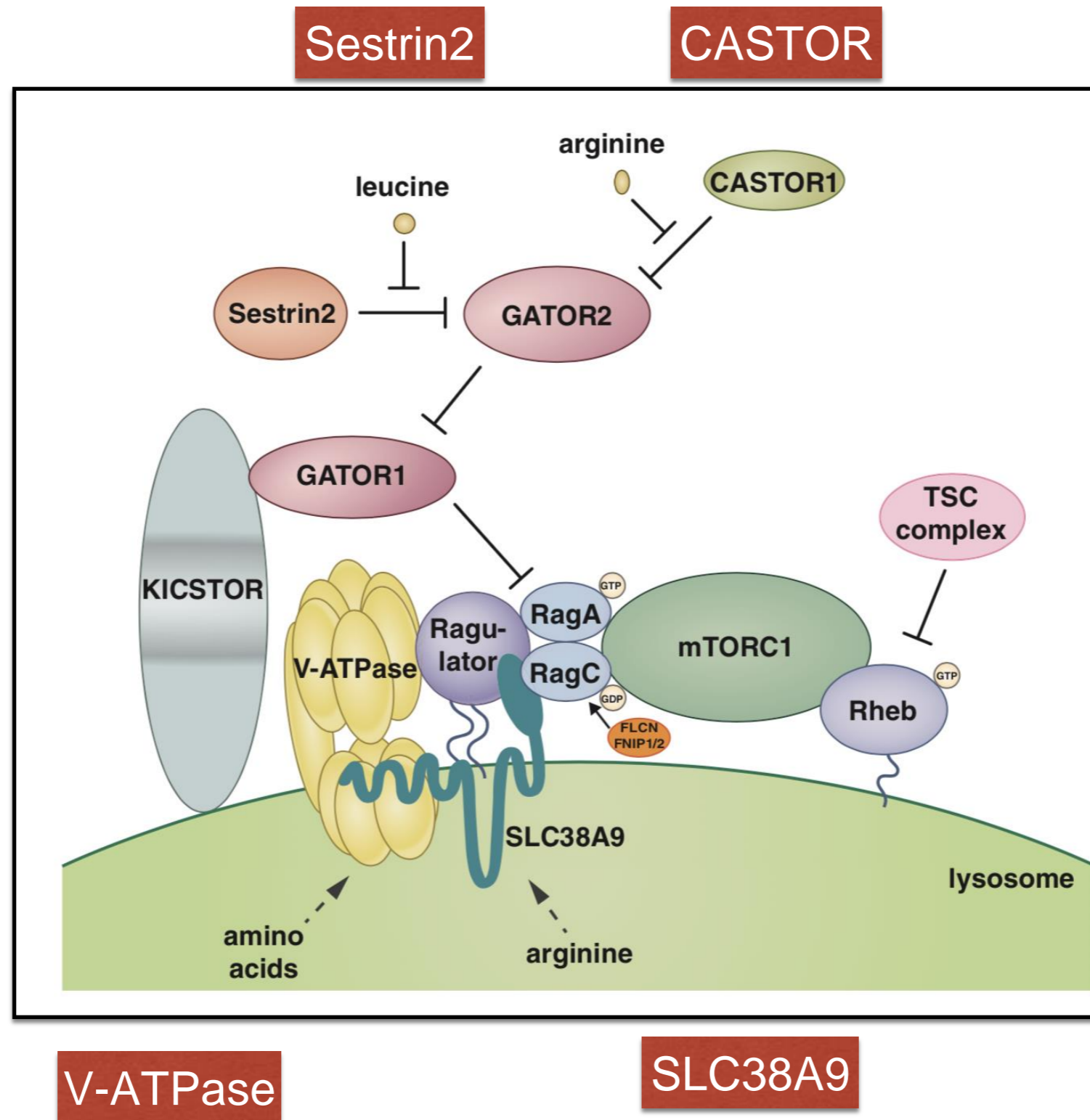
mTOR contains is serine–threonine protein kinase that can form two complexes



mTOR complex 1- mTOR interacts with raptor

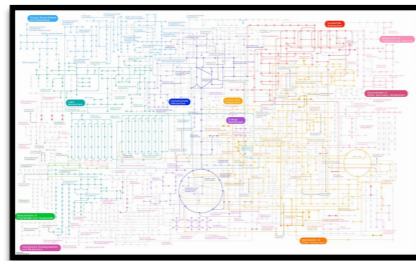
mTOR complex 2- mTOR interacts with rictor

The Amino Acid Sensing Pathway Upstream of mTORC1

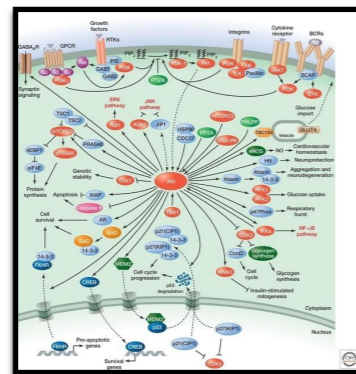


Metabolic and signaling pathway

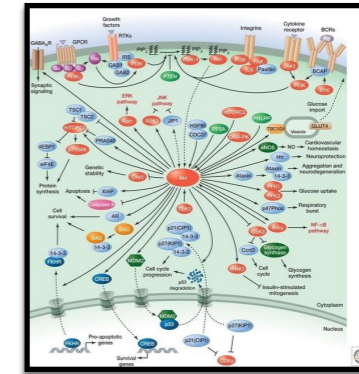
Metabolites activate signaling pathway



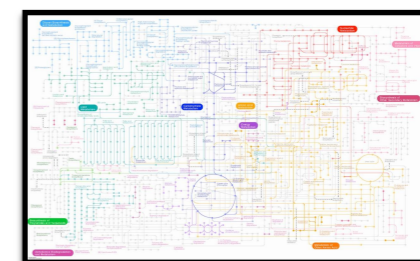
Upstream



Signaling pathways



Downstream



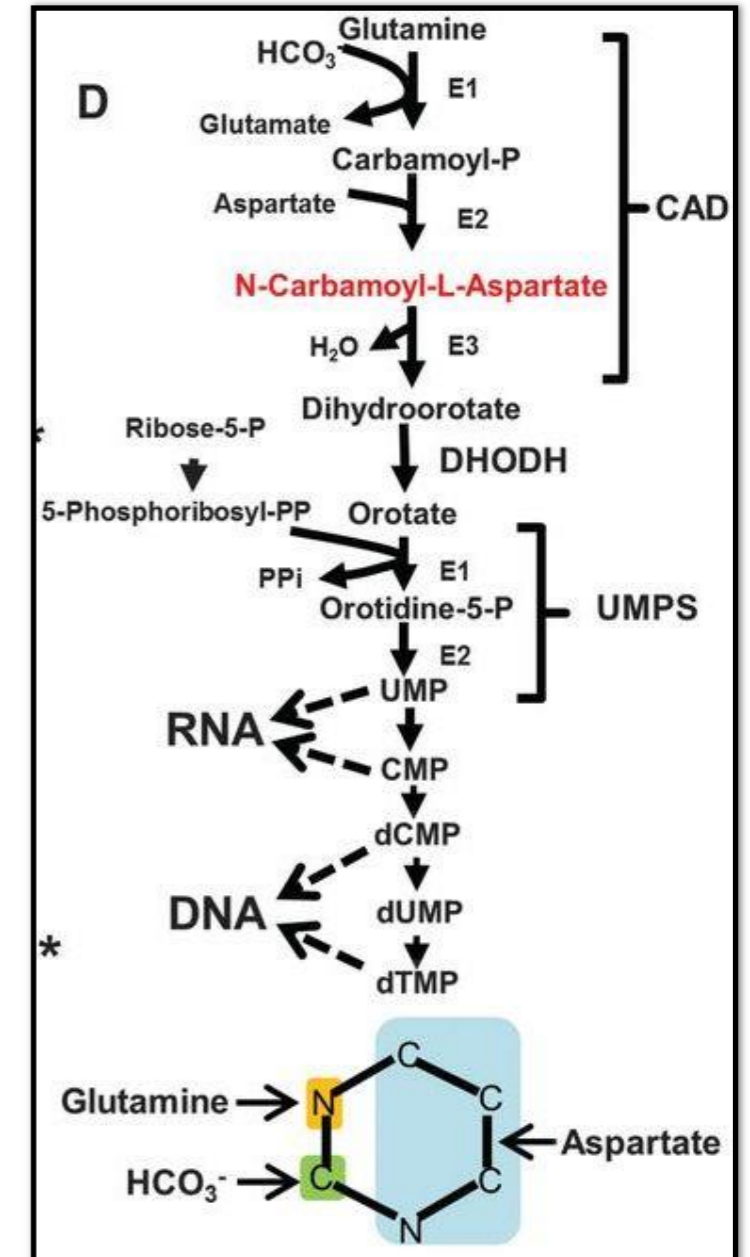
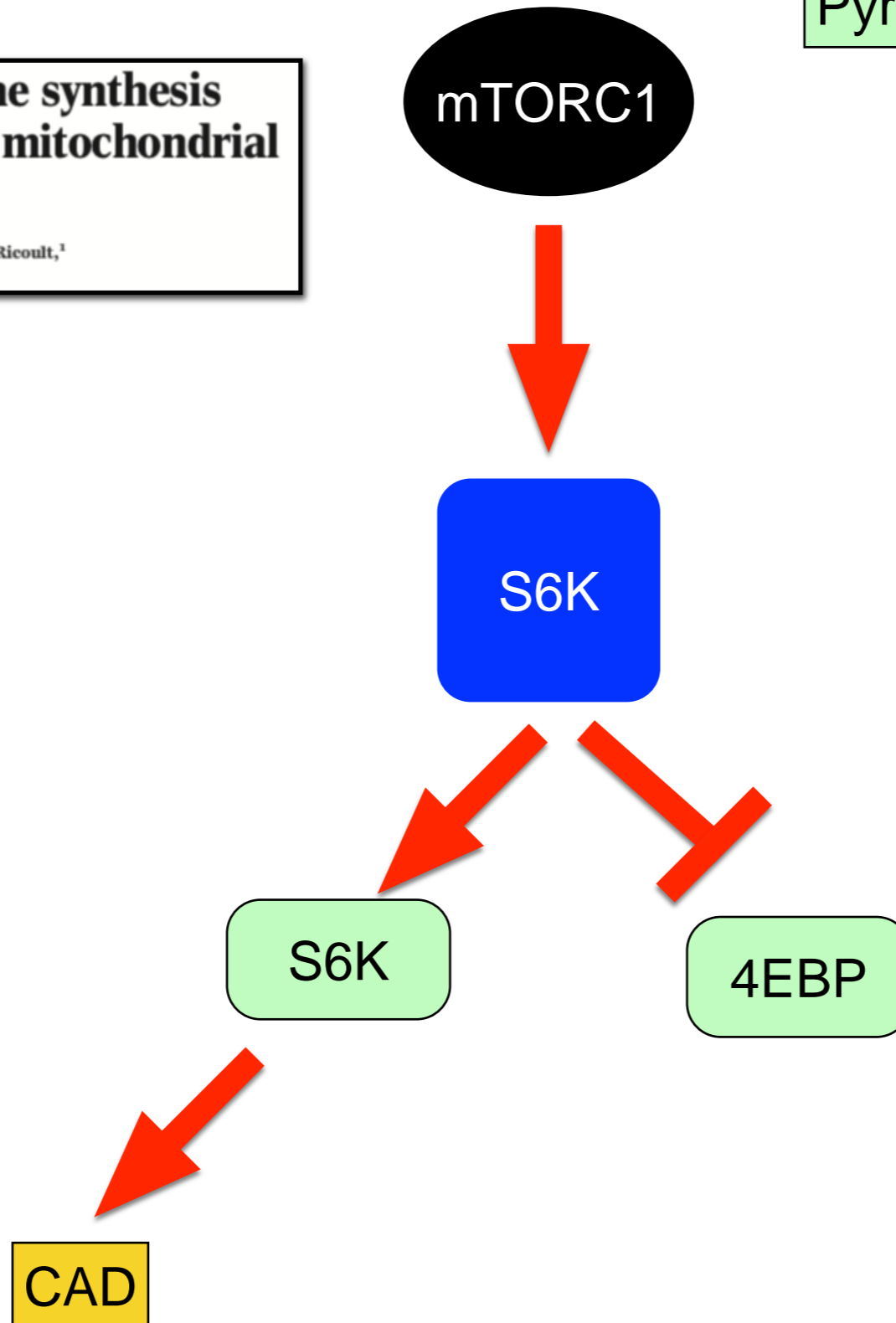
The interaction between metabolic and signaling pathways

CAD is a direct substrate of S6K1

Pyrimidines biosynthesis pathway

mTORC1 induces purine synthesis through control of the mitochondrial tetrahydrofolate cycle

Issam Ben-Sahra,^{1*} Gerta Hoxhaj,^{1*} Stéphane J. H. Ricout,¹
John M. Asara,² Brendan D. Manning^{1†}



Course leading Questions

Antimetabolites

How can we exploit metabolic dependency for tumor inhibition?

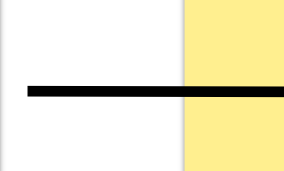
Metabolic enzymes as drug targets

All improve overall survival

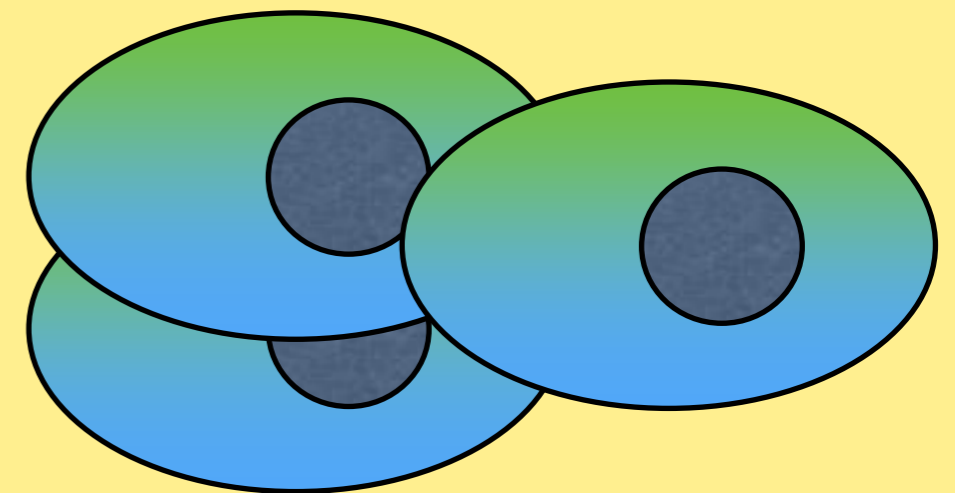
However, many of these drugs also target normal proliferating cells

Antimetabolites

5-fluorouracil
Methotrexate
Hydroxyurea



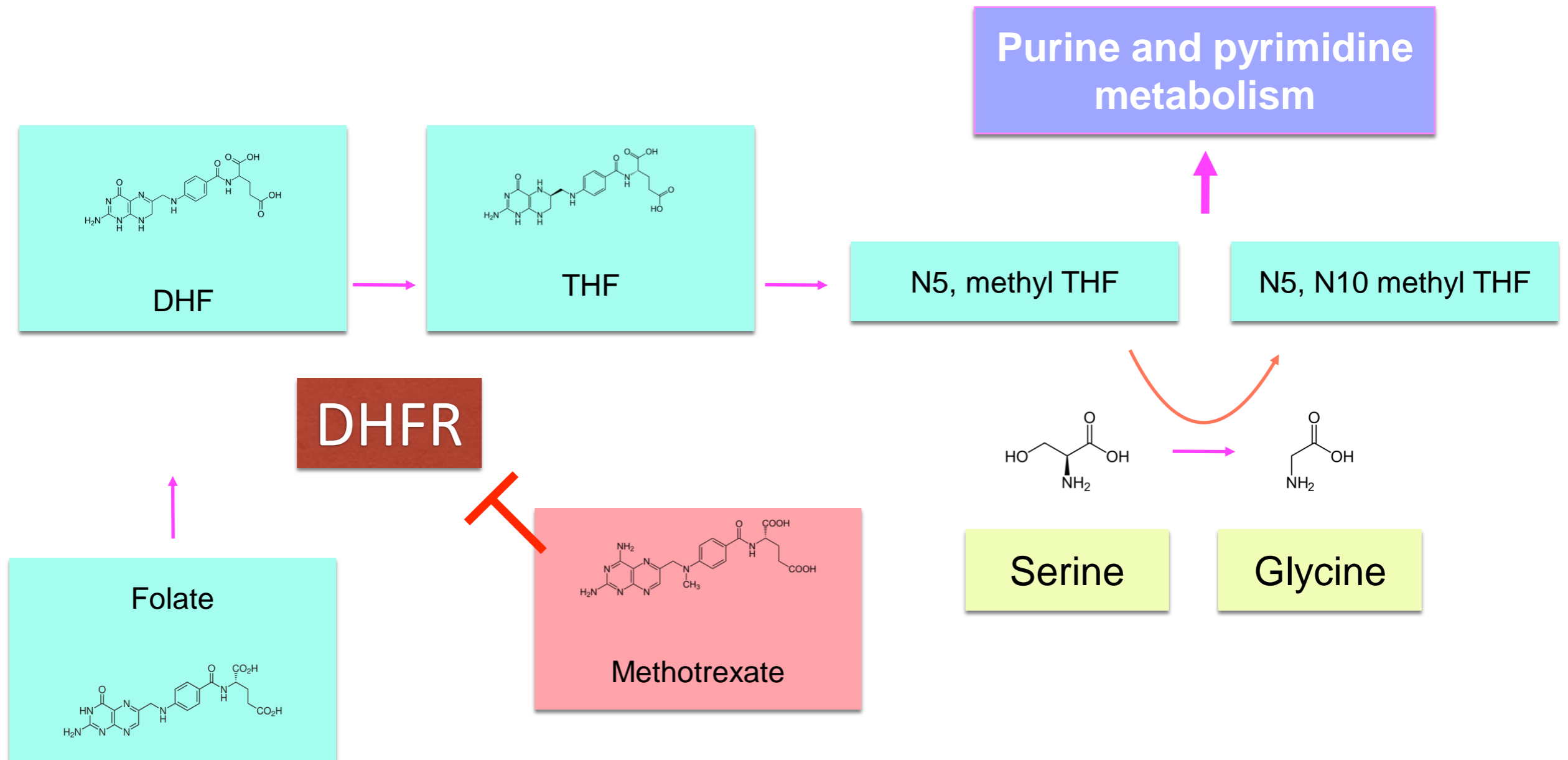
Proliferating cells



Building
blocks

Support rapid
growth

Methotrexate

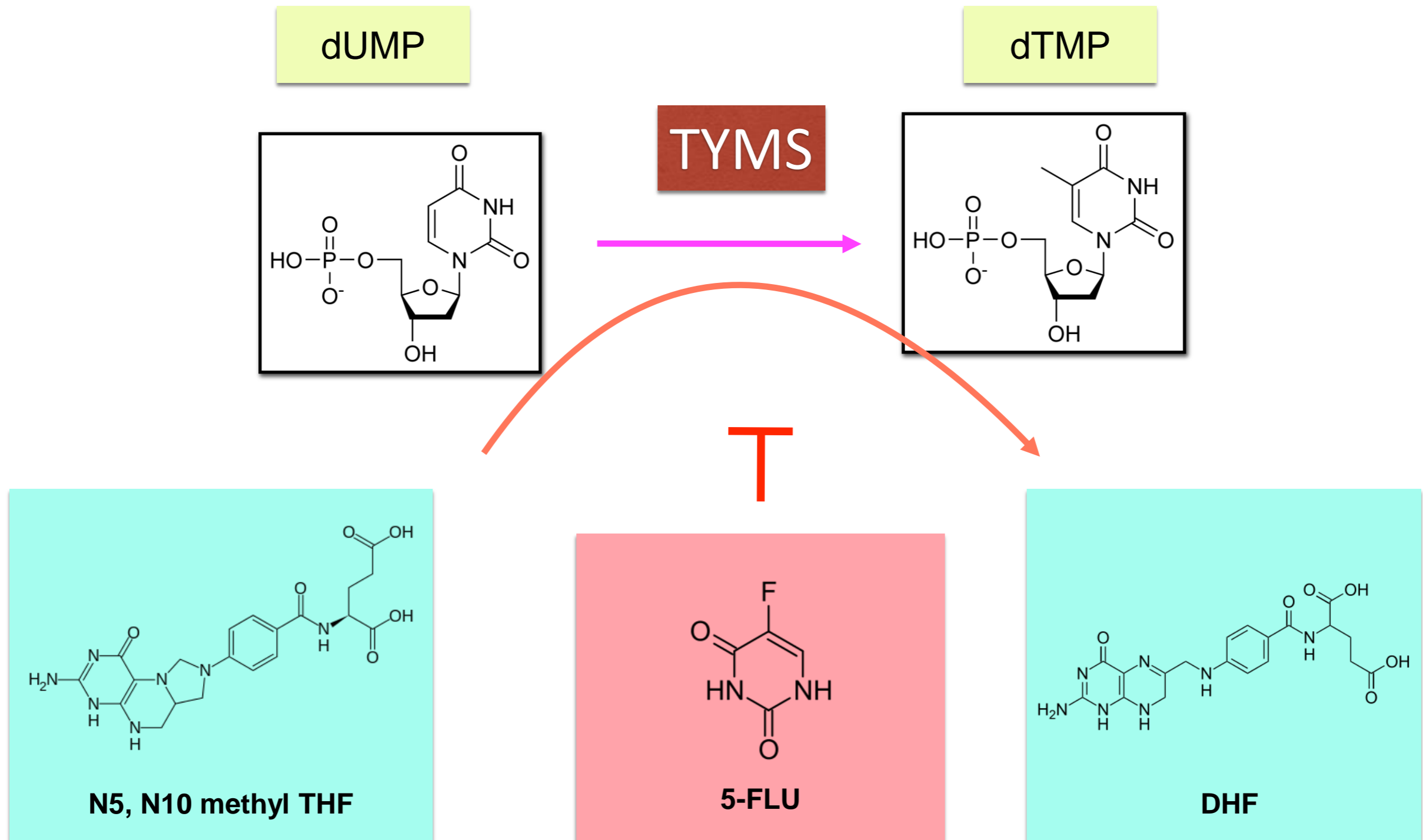


Serine conversion to glycine, transfer of one carbon to N5, methyl-THF

This carbon is essential for nucleotide metabolism

Methotrexate inhibits the ability of cells to synthesize nucleotides

5-fluorouracil



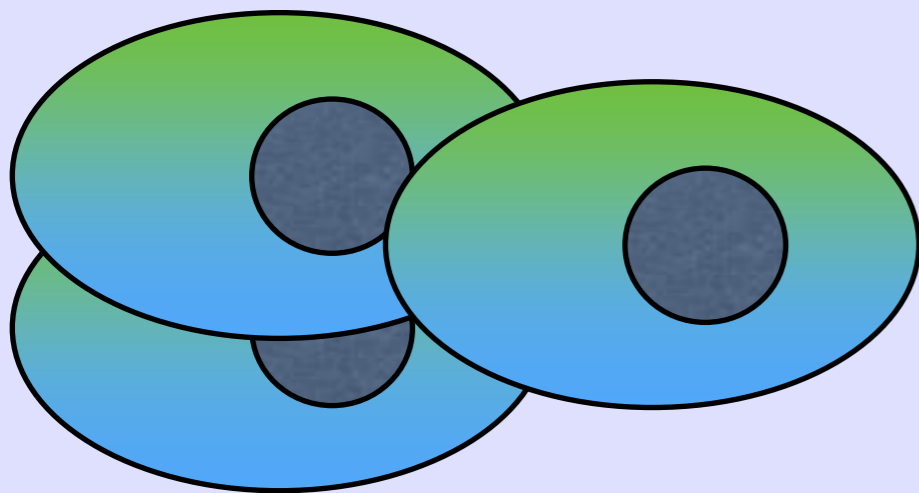
- 5-FLU inhibits TYMS, an important enzyme in pyrimidine synthesis

Metabolic liabilities

Several tumor types are auxotrophic for 1 or more amino acids owing to deficiencies in a corresponding endogenous biosynthesis or salvage pathway.

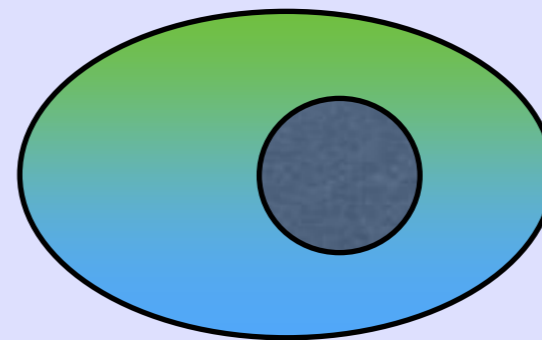
Thus,

Cancer cells



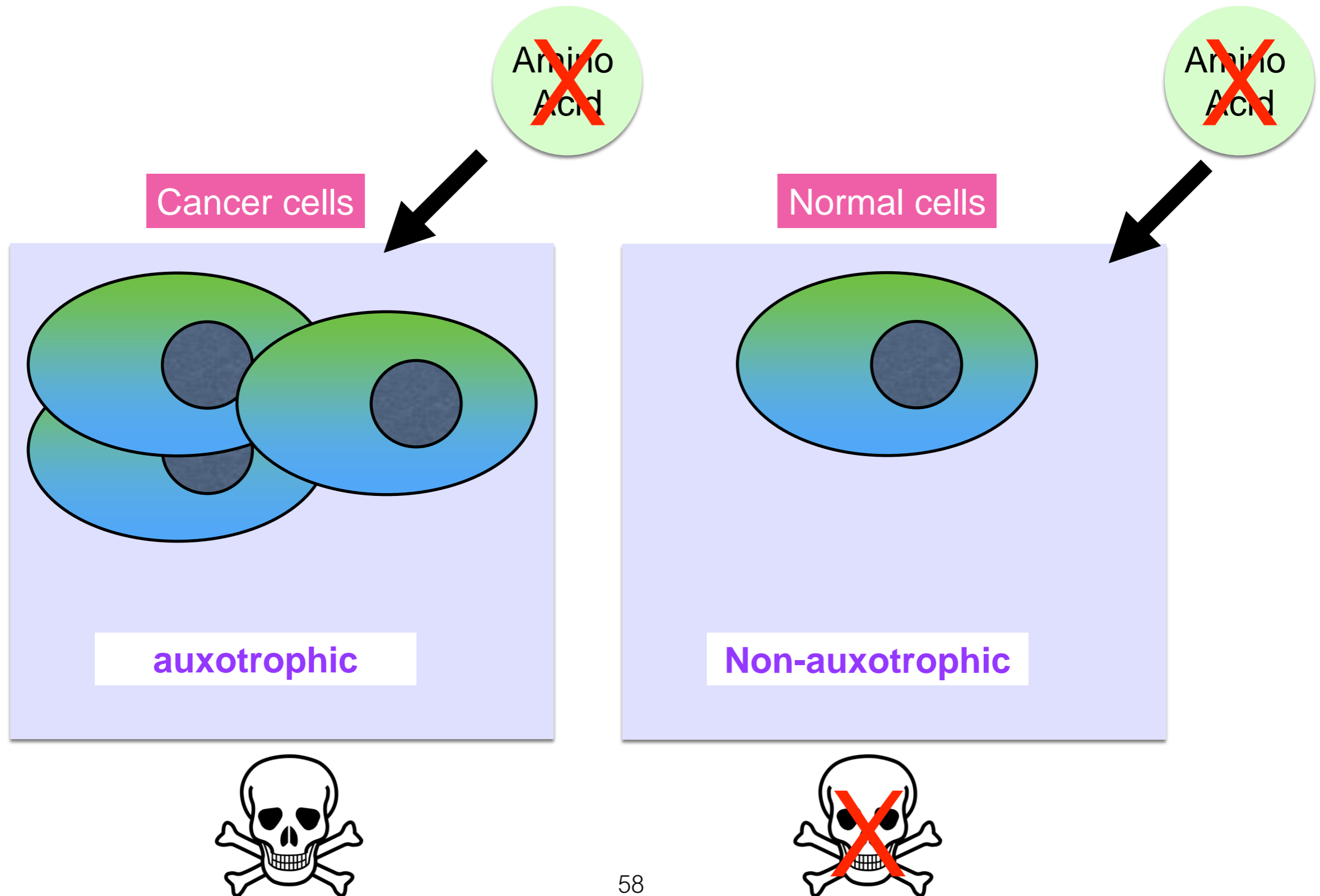
auxotrophic

Normal cells

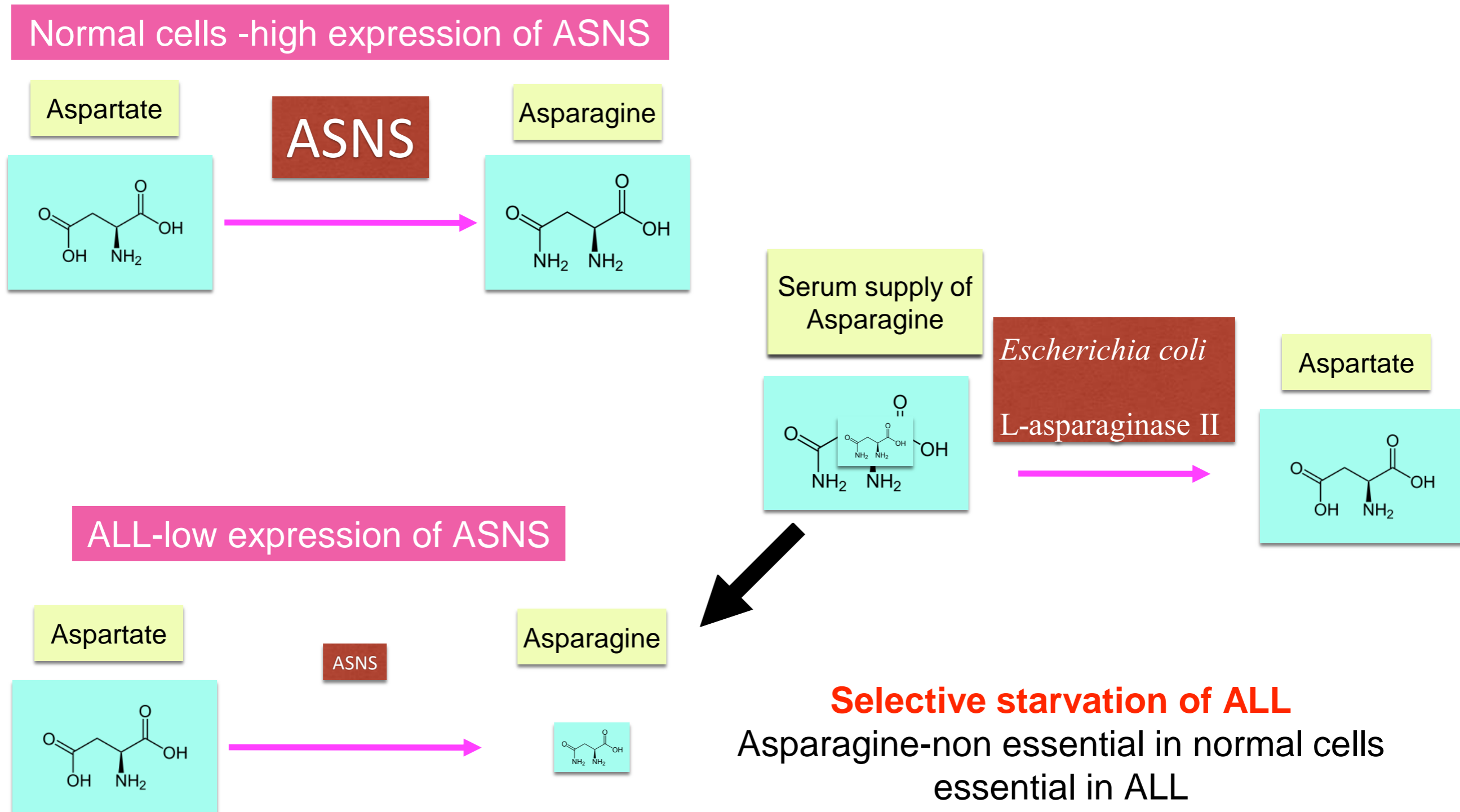


auxotrophic

Metabolic liabilities



L-asparaginase in the treatment of acute lymphoblastic leukemia (ALL)



Bioinformatic tools to study cancer metabolism

To which metabolic pathway does my gene belong ?

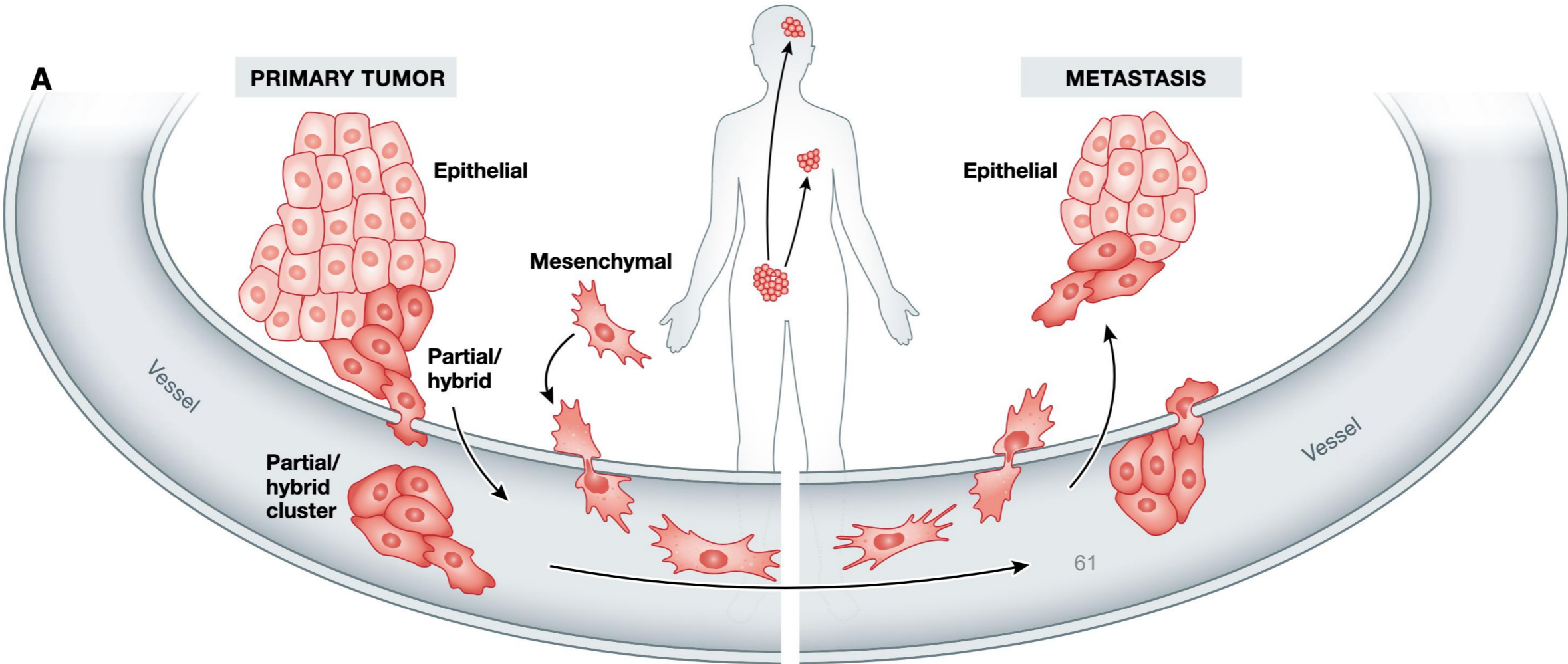
In which cell and tissues it is expressed?

Is this gene important for the cancer?

Is my gene mutated in cancer?

Does my enzyme undergo posttranslation modification?

Metastatic Cascade

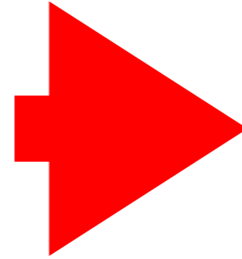


1. S. Brabletz, H. Schuhwerk, T. Brabletz, M. P. Stemmler, Dynamic EMT: a multi-tool for tumor progression. *Embo J*, e108647 (2021).

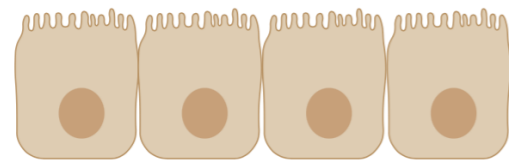
What makes the cell leave the tumor?



In order to execute the journey the cells needs to change



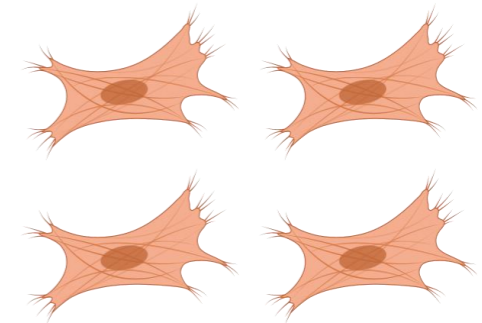
Epithelial-Mesenchymal Transition (EMT)



Epithelial



EMT



Partially Mesenchymal

**Drug
Response**



shutterstock · 1174498804

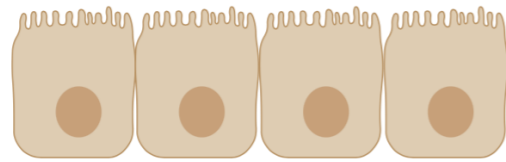
Sensitive



shutterstock · 1174498804

Resistant

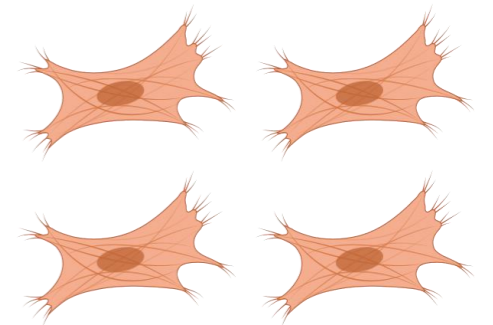
Epithelial-Mesenchymal Transition (EMT)



Epithelial



EMT



Partially Mesenchymal

**Cell
Migration**

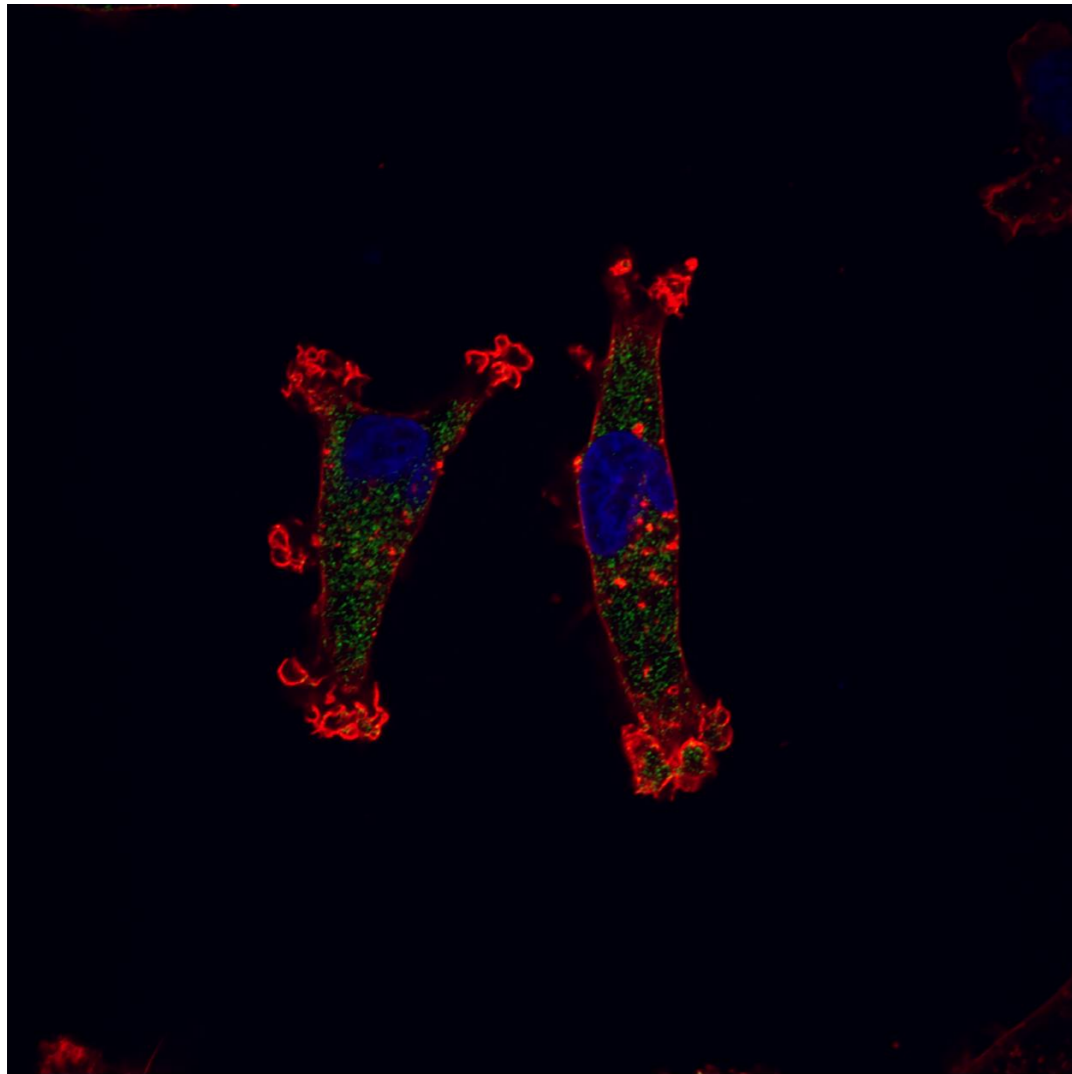


Slow



Fast

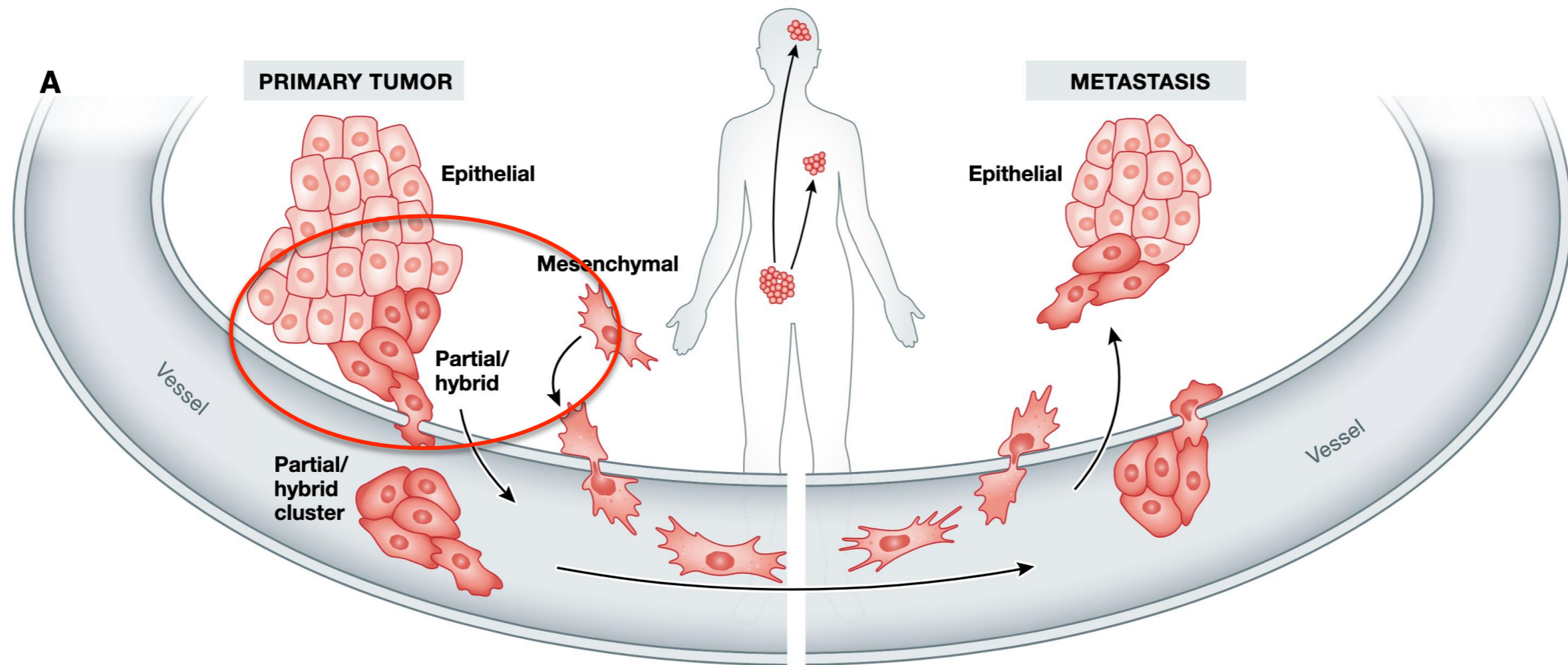
The migrating cells contains “hands” that help them migrate



A picture taken in our lab

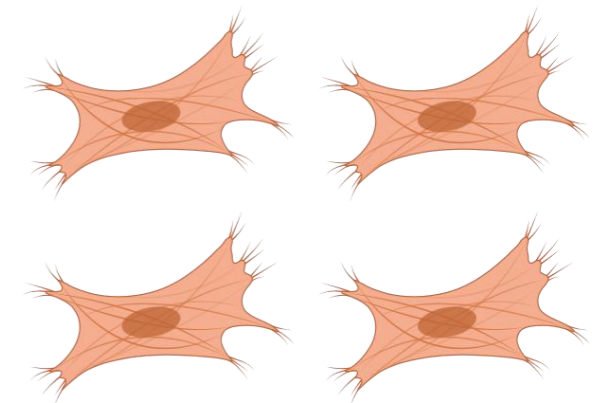
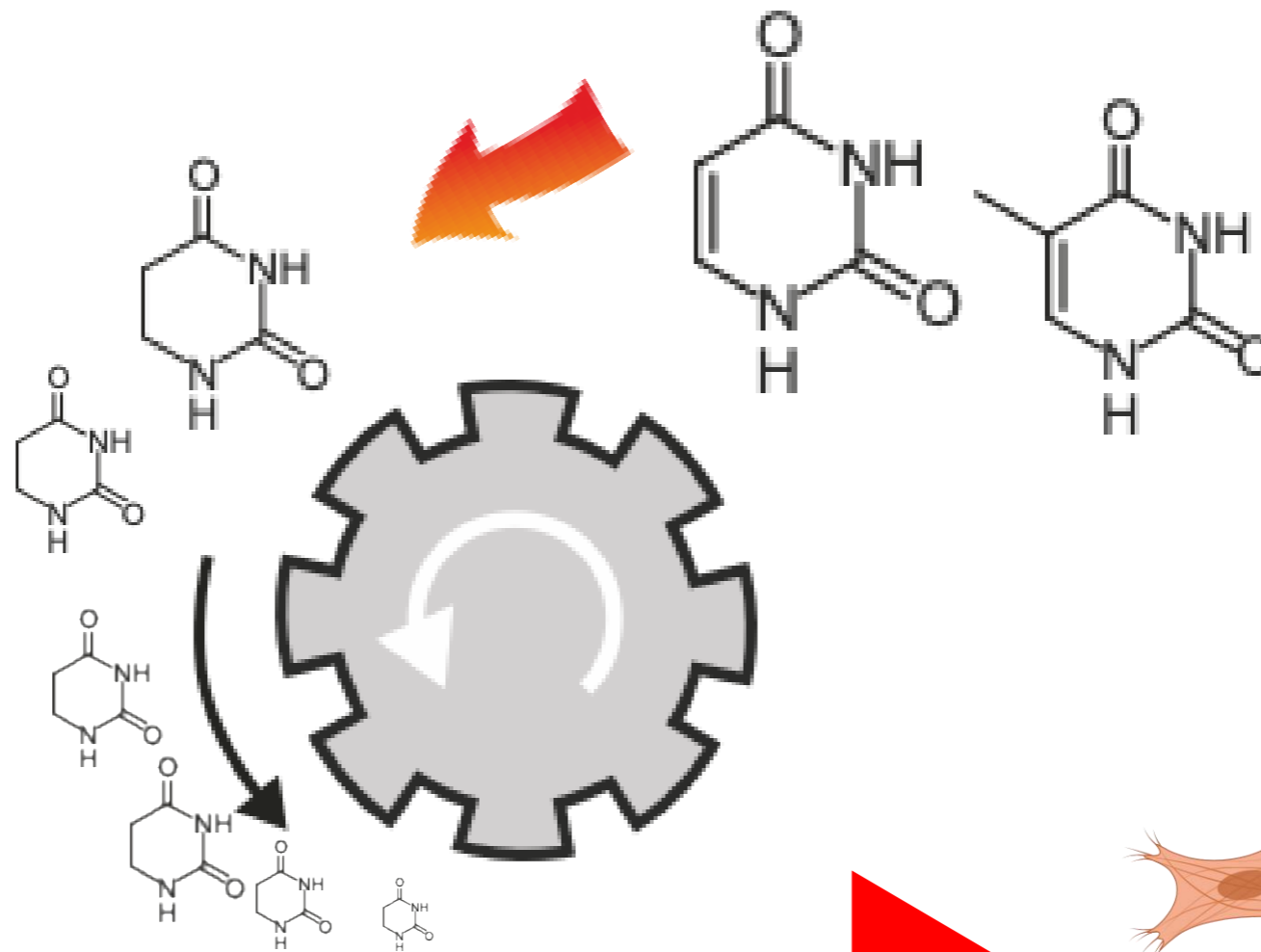
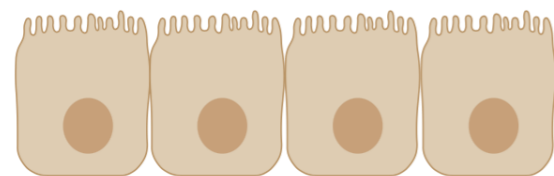
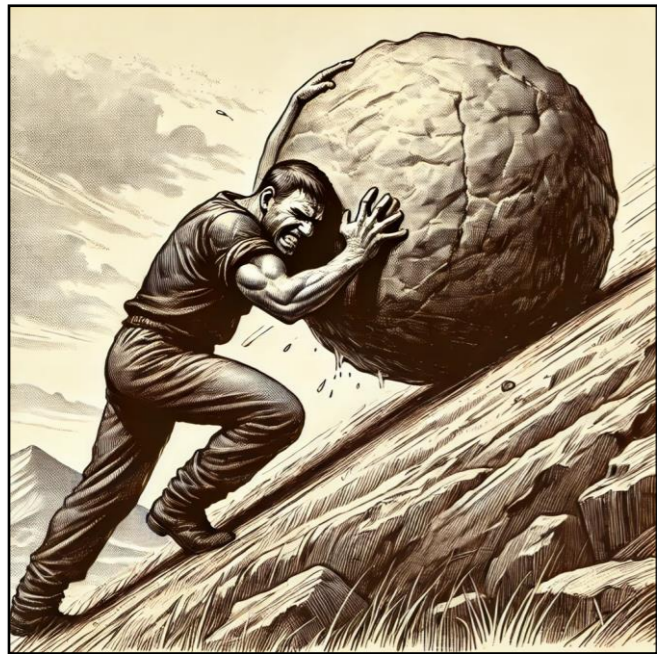


Metastatic Cascade

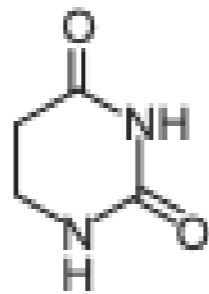
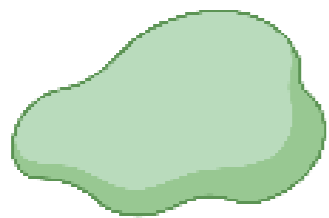


Currently, as far as we know, **there are no available anti-EMT drugs.**

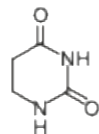
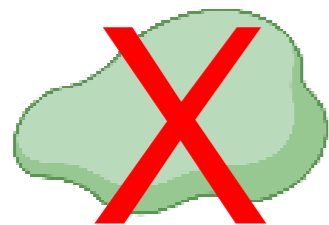
My lab interest is to identify metabolic processes that push cancer cells to become aggressive



How do we study?

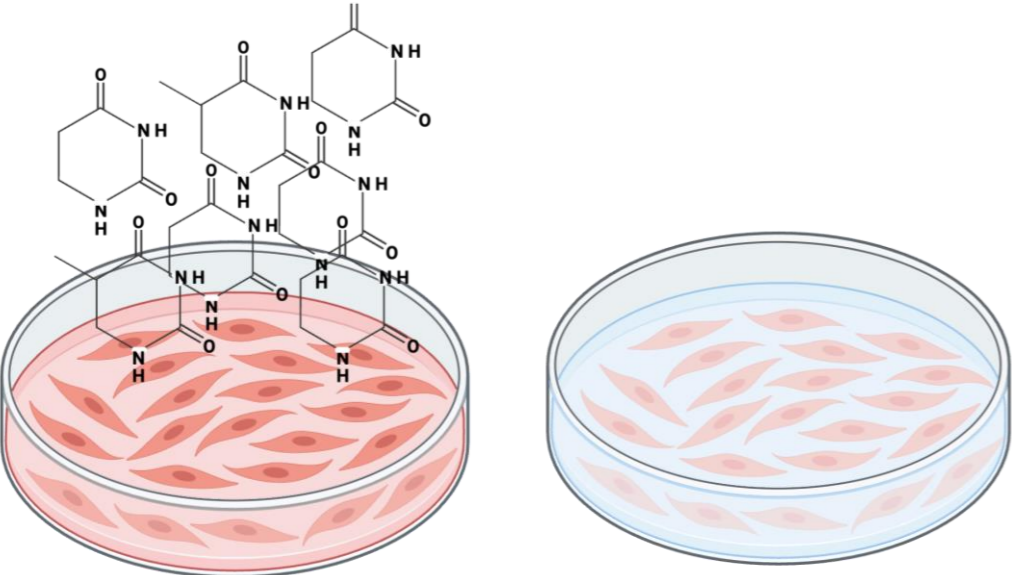


Active Enzyme

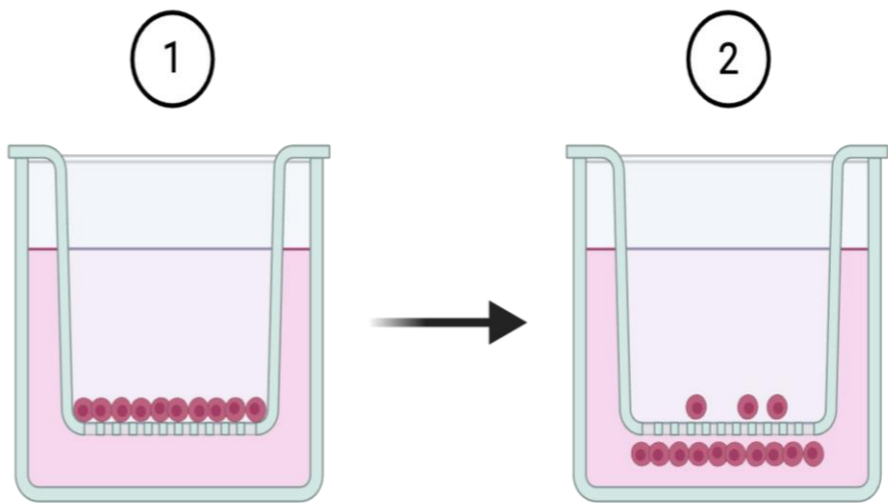


Non-active Enzyme

Cell migration competition

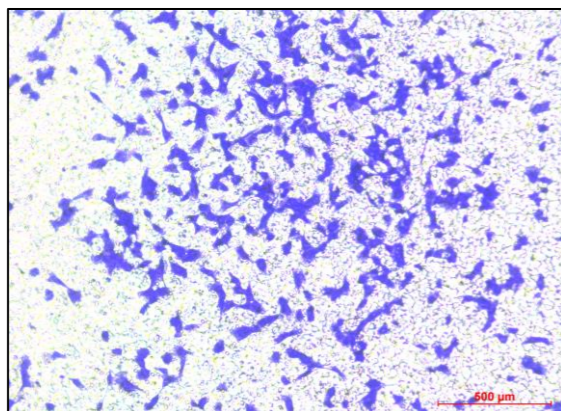


Active Enzyme **Non-active Enzyme**

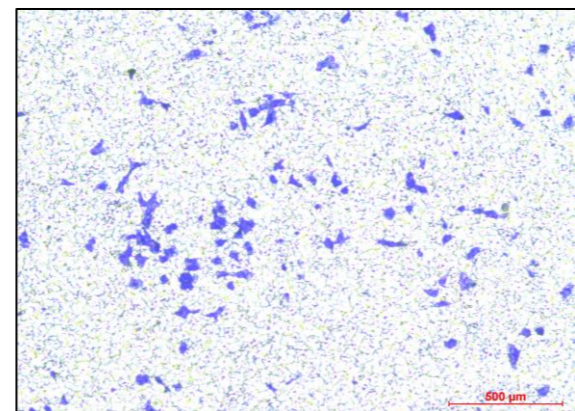


Transwell migration assay

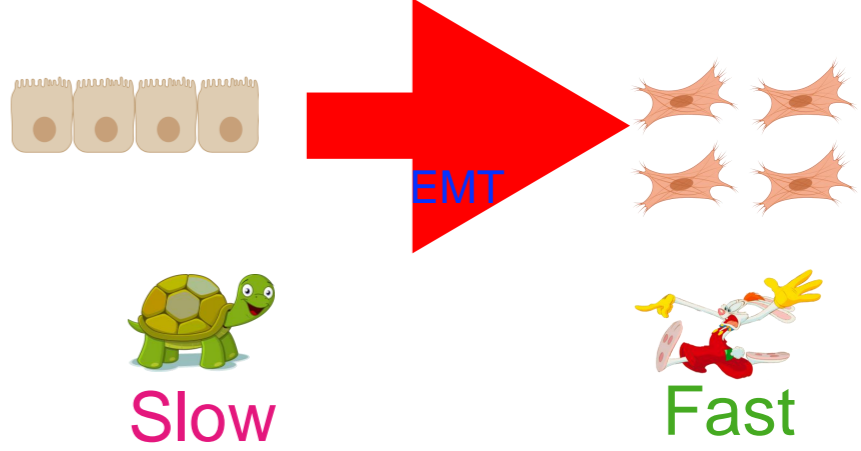
Results



Active Enzyme



Non-active Enzyme



Slow

Fast

My Team

Email: yoavsh@ekmd.huji.ac.il

