

## Forum Review Article

# Regulation of Autophagy by Reactive Oxygen Species (ROS): Implications for Cancer Progression and Treatment

Meghan B. Azad,<sup>1,2</sup> Yongqiang Chen,<sup>1</sup> and Spencer B. Gibson<sup>1,2,3</sup>

### Abstract

Reactive oxygen species (ROS) have been identified as signaling molecules in various pathways regulating both cell survival and cell death. Autophagy, a self-digestion process that degrades intracellular structures in response to stress, such as nutrient starvation, is also involved in both cell survival and cell death. Alterations in both ROS and autophagy regulation contribute to cancer initiation and progression, and both are targets for developing therapies to induce cell death selectively in cancer cells. Many stimuli that induce ROS generation also induce autophagy, including nutrient starvation, mitochondrial toxins, hypoxia, and oxidative stress. Some of these stimuli are under clinical investigation as cancer treatments, such as 2-methoxyestrodial and arsenic trioxide. Recently, it was demonstrated that ROS can induce autophagy through several distinct mechanisms involving Atg4, catalase, and the mitochondrial electron transport chain (mETC). This leads to both cell-survival and cell-death responses and could be selective toward cancer cells. In this review, we give an overview of the roles ROS and autophagy play in cell survival and cell death, and their importance to cancer. Furthermore, we describe how autophagy is mediated by ROS and the implications of this regulation to cancer treatments. *Antioxid. Redox Signal.* 11, 777–790.

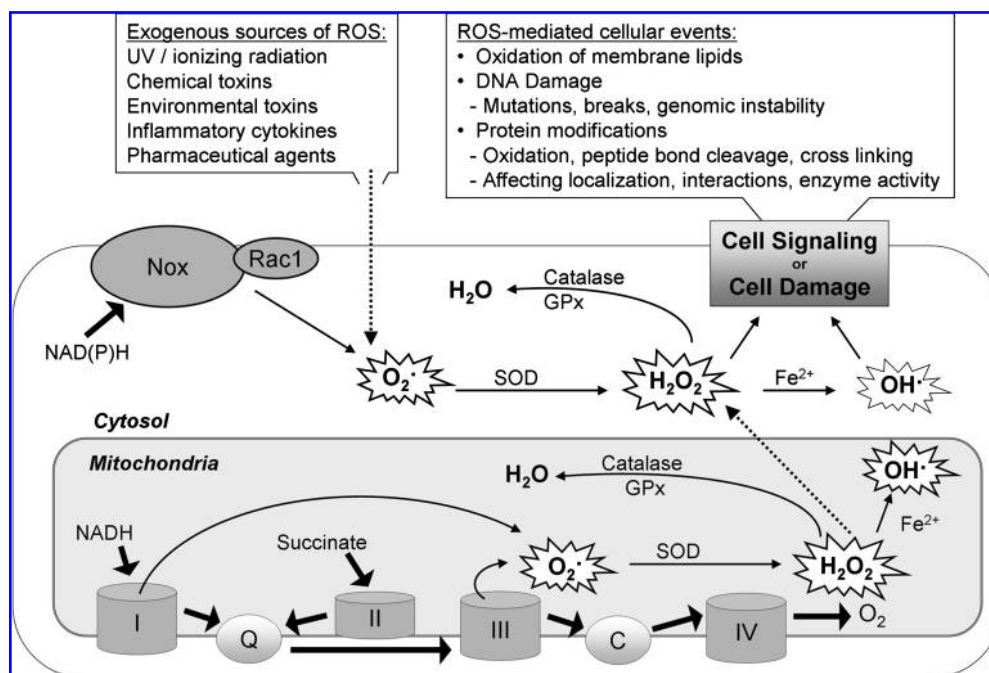
**T**HE DEVELOPMENT of rationally targeted cancer therapeutics requires the characterization of cancer-specific signaling pathways. It is widely recognized that reactive oxygen species (ROS) play an important role in cancer initiation and progression (46). Recently, ROS have been identified as signaling molecules in various pathways regulating cell survival and cell death (116). Similarly, the autophagy pathway of cellular digestion is involved in cancer progression and functions to promote both cell survival and cell death (44). In addition, autophagy is regulated by ROS (98). In this review, the importance of ROS in the regulation of autophagy and how this relates to cancer progression and treatment are discussed.

### Reactive Oxygen Species

ROS are highly reactive species formed by the incomplete one-electron reduction of oxygen, including molecules or ions

such as superoxide ( $O_2^-$ ), hydrogen peroxide ( $H_2O_2$ ), hydroxyl radical ( $OH^\cdot$ ), nitric oxide (NO), peroxynitrite ( $ONOO^-$ ), and nitrogen dioxide radical ( $NO_2^\cdot$ ) (18) (Fig. 1). The major endogenous source of cellular ROS is the mitochondrial electron-transport chain (mETC), where continuous electron leakage to  $O_2$  occurs during aerobic respiration, generating  $O_2^-$  (2). Only moderately reactive itself,  $O_2^-$  is the substrate for superoxide dismutase (SOD) enzymes that generate  $H_2O_2$ , ultimately yielding the highly toxic  $OH^\cdot$  in the presence of reduced iron ( $Fe^{2+}$ ) or copper ( $Cu^+$ ) through the Fenton reaction. Besides the mETC, low levels of ROS are produced by membrane-localized NADPH oxidase (Nox) enzymes (65), peroxisomes (100), and the cytochrome p450 system (43). Exogenous sources of ROS also exist, including UV and ionizing radiation (92, 107), inflammatory cytokines (79), chemical irritants such as tobacco (111), environmental toxins such as paraquat (22), and various pharmaceutical agents (3) (Fig. 1).

<sup>1</sup>Manitoba Institute of Cell Biology; <sup>2</sup>Biochemistry and Medical Genetics, Faculty of Medicine, University of Manitoba; and <sup>3</sup>CancerCare Manitoba, Winnipeg, Manitoba, Canada.



**FIG. 1. Generation and effect of cellular ROS.** Cellular ROS can originate from exogenous sources (listed), or can be generated within the cell. The main source of intracellular ROS is the mitochondrial electron-transport chain (mETC), the site of aerobic respiration. Four components of the mETC are depicted (enzyme complexes I–IV), and the flow of electrons is indicated (thick black arrows). Continuous electron leakage occurs at complexes I and III, resulting in incomplete one-electron reduction of oxygen to form superoxide anion (O<sub>2</sub><sup>-</sup>). Superoxide also can be generated in the cytoplasm by the membrane-associated NADPH oxidase (Nox) complex, which is dependent on the small GTPase,

Rac1. Superoxide dismutase (SOD) enzymes catalyze the conversion of O<sub>2</sub><sup>-</sup> to hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>), which in turn can be converted to the highly toxic hydroxyl radical (OH<sup>-</sup>) in the presence of reduced iron (Fe<sup>2+</sup>) or copper (Cu<sup>+</sup>) through the Fenton reaction. Alternatively, H<sub>2</sub>O<sub>2</sub> can be reduced to water and oxygen in a reaction catalyzed by the antioxidant enzymes catalase or glutathione peroxidase (GPx). ROS can cause cell damage or participate in cell signaling by various mechanisms. Notably, H<sub>2</sub>O<sub>2</sub> is relatively long lived and can diffuse across lipid membranes to act as a signaling molecule.

At low levels, ROS participate in cellular signaling. However, at high levels, ROS can cause irreversible oxidative damage to lipids, proteins, and DNA, interfering with vital cellular functions (37). Complex antioxidant defense mechanisms have evolved to protect cells from oxidative injury, including enzymatic and nonenzymatic systems (Fig. 1). Antioxidant enzymes include catalase, SOD, glutathione peroxidase (GPx), and peroxiredoxin III (PrxIII) (5, 18). The nonenzymatic system includes vitamins C, E, and B<sub>2</sub>, coenzyme Q<sub>10</sub>, glutathione, and  $\beta$ -carotene (5). These ROS-scavenging systems are required to maintain cellular redox balance: when the amount of ROS exceeds the capacity of the antioxidant machinery, oxidative stress occurs (116).

#### ROS in survival signaling

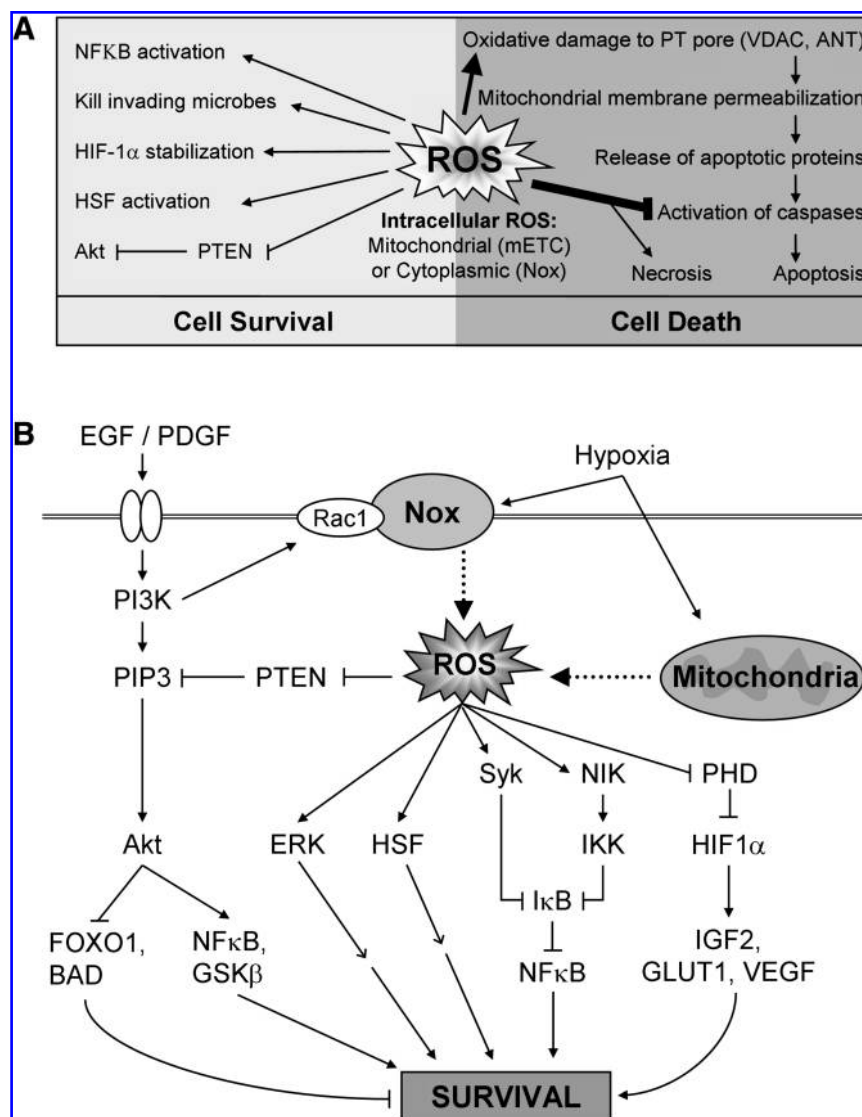
At low levels, ROS participate in vital cellular signaling (Fig. 2). ROS can act as second messengers in the regulation of various cellular processes by oxidation of cysteine residues on target molecules, including kinases and phosphatases (21), redox-sensitive transcription factors (104), cell-cycle regulators (93), and cell membrane lipids (88). ROS-induced modification of protein targets can include cleavage of peptide bonds, protein “cross linking,” release of iron (Fe) from non-heme iron enzymes, and oxidation of amino acid side chains (71). These modifications can alter enzyme activity, cellular localization, and protein–protein interactions.

One important ROS-mediated survival factor is nuclear factor kappa B (NF- $\kappa$ B), a transcription factor involved in proliferation and anti-apoptotic signaling (49) (Fig. 2B).

NF- $\kappa$ B is composed of the DNA-binding subunits p50 and p65 complexed with the inhibitory I $\kappa$ B molecule, which is degraded on phosphorylation. NF- $\kappa$ B activation requires degradation of I $\kappa$ B and phosphorylation of p65, which facilitates nuclear translocation and binding to  $\kappa$ B motifs of target genes (97). I $\kappa$ B phosphorylation is induced by I $\kappa$ B kinases (IKK), which are activated by several tyrosine kinases, such as NF- $\kappa$ B-inducing kinase (NIK). H<sub>2</sub>O<sub>2</sub> induces NIK activation, leading to NF- $\kappa$ B activation (68), and Rac1-dependent generation of ROS mediates IKK activation, also leading to NF- $\kappa$ B activation (96). In addition, H<sub>2</sub>O<sub>2</sub> has been shown to activate Syk kinase, which phosphorylates I $\kappa$ B, causing dissociation, phosphorylation, and nuclear translocation of p65 (109). Several lines of evidence have suggested that reactive oxygen intermediates serve as messengers for most if not all NF- $\kappa$ B stimuli (49). Activation of NF- $\kappa$ B ultimately leads to increased expression of antiapoptotic proteins such as Bcl-2 family members and inhibitor of apoptosis proteins (IAP) family members (97).

ROS also participate significantly in hypoxia (low oxygen)-induced signaling pathways (Fig. 2B). Hypoxia occurs during physiologic processes, such as development, and in pathologic conditions, such as tumorigenesis and ischemia. Under these conditions, gene expression is altered to facilitate adaptation and survival in hypoxia (89). The master regulator of this response is the transcription factor hypoxia-inducible factor  $\alpha$  (HIF-1 $\alpha$ ). Under normoxic conditions, HIF-1 $\alpha$  is rapidly hydroxylated by prolyl 4-hydroxylases (PHDs) and targeted for proteasomal degradation. During hypoxia, PHDs are inhibited, promoting stabilization of HIF-1 $\alpha$  (89). Recently

**FIG. 2. Dual role of ROS in cell survival and cell death.** (A) Intracellular ROS can be produced in the mitochondria (by the mETC) or in the cytoplasm (by Nox) (see Fig. 1). ROS mediate both cell survival (*left panel*) and cell death (*right panel*), depending partially on the level of ROS (represented here by line thickness). ROS-mediated survival occurs by direct or indirect activation of prosurvival transcription factors such as nuclear factor kappa B (NF- $\kappa$ B), heat-shock factors (HSF), and hypoxia-inducible factor alpha (HIF-1 $\alpha$ ). These pathways are illustrated in detail in (B). ROS also are used to kill invading microbes and can inactivate protein phosphatases such as PTEN to activate survival and antiapoptotic pathways such as the Akt pathway. ROS-mediated cell death can occur by caspase-dependent apoptosis as depicted, or by necrosis when excessive ROS inactivate caspases through oxidation. (B) ROS participate in survival signaling by several pathways. Growth-factor signaling triggers ROS production through PI3K and Rac1, leading to oxidation of PTEN and activation of the Akt pathway, with ultimate activation of survival factors (NF- $\kappa$ B, GSK $\beta$ ) and inhibition of pro-death molecules (FOXO1, BAD). Nox-derived ROS also are required for activation of heat-shock factors, ERK phosphorylation, and activation of NF- $\kappa$ B through degradation of I $\kappa$ B. Hypoxia triggers both cytoplasmic and mitochondrial ROS production, required for stabilization of HIF-1 $\alpha$  through inhibition of PHD. HIF-1 pro-survival targets include IGF2, GLUT1, and VEGF.



it was shown that mitochondrial ROS participate in hypoxic inhibition of PHDs: during hypoxia, a ROS burst is generated at complex III of the mitochondrial electron-transport chain (mETC), and the resulting efflux of H<sub>2</sub>O<sub>2</sub> inhibits PHD activity, leading to increased HIF-1 $\alpha$  stability and the ensuing adaptive responses through increased HIF-1 transcriptional activity (60). In particular, HIF-1 activation leads to increased glycolysis, angiogenesis, and survival signaling. These responses are achieved through enhanced transcription of HIF-responsive genes such as GLUT-1, vascular endothelial growth factor (VEGF), and insulin-like growth factor (IGF-2), respectively (89).

Although the majority of intracellular ROS are generated by the mitochondria as a by-product of aerobic metabolism, it is now recognized that specific enzymes, the NADPH oxidases (Nox 1–5) generate ROS in a carefully regulated manner, contributing to various signaling pathways (65). The Nox enzyme complex is membrane bound and generates superoxide by transferring electrons from NADPH to molecular oxygen, with secondary production of H<sub>2</sub>O<sub>2</sub> and other ROS

(Fig. 1). The first Nox was identified in neutrophils and macrophages, in which Nox-produced ROS contribute to innate immunity by killing microbes. However, Nox homologues have now been identified in a variety of other cell types, in which Nox-produced ROS participate in signal transduction for many prosurvival functions (65) (Fig. 2B). For example, Nox-derived ROS are a necessary component of the stress-induced protective signaling pathway that leads to the activation of heat-shock factors (HSFs) and transcription of heat-shock proteins (HSPs) (83). In addition, several growth factors critical for cell survival and proliferation are known to signal through ROS-dependent mechanisms involving Nox: both the epidermal growth factor (EGF) receptor and the platelet-derived growth factor (PDGF) receptor signal through Nox-mediated generation of H<sub>2</sub>O<sub>2</sub> (10, 105). Ligand-induced receptor dimerization activates phosphatidylinositol 3-kinase (PI3K), leading to activation of Rac1, a Rho-like small GTPase in the Ras superfamily. A regulatory subunit of the Nox complex, Rac1 activates Nox to produce superoxide and ultimately H<sub>2</sub>O<sub>2</sub> for downstream signaling. One of the

downstream signaling pathways that is activated by Rac1-dependent/Nox-generated ROS is the ERK signaling pathway contributing to cell survival (94). A more recent study demonstrated that hypoxia also can activate Nox to produce ROS, but the effect on HIF-1 $\alpha$  stability was not addressed in this case (77).

H<sub>2</sub>O<sub>2</sub> propagates signal transduction by inactivating tyrosine phosphatases such as PTEN (phosphatase and tensin homologue) (Fig. 2B). Inactivation occurs through oxidation of catalytic cysteine residues, leading to disulfide bond formation at the active site (21). The role of PTEN is to reverse the reaction catalyzed by PI3K, that is, to dephosphorylate phosphatidylinositol (3,4,5)-triphosphate (PIP3) to the precursor PIP2. On ROS-mediated inactivation of PTEN, PIP3 accumulates, functioning to recruit Akt (protein kinase B, PKB) and phosphoinositide-dependent protein kinase 1 (PDK1) at the membrane. PDK1 phosphorylates Akt, which then acts on numerous targets to promote survival by activating antiapoptotic substrates such as NF- $\kappa$ B and GSK- $\beta$  and inhibiting proapoptotic substrates such as FOXO1 and BAD (75).

### ROS and cell death

Whereas low levels of ROS are important for cellular function and survival signaling, excessive ROS can lead to cell death through several mechanisms, including apoptosis, necrosis, and autophagy (see later sections) (101, 114) (Fig. 2A). Apoptosis is an orderly form of cell death that occurs through two major pathways, initiated either by death-receptor ligation (extrinsic pathway) or by release of apoptotic proteins from the mitochondria, including cytochrome *c*, Smac/Diablo, and Endo G (intrinsic pathway) (31). Both pathways culminate in the activation of caspases (cysteine proteases), triggering a proteolytic cascade that ultimately "disassembles" the cell. This strictly regulated process requires energy in the form of ATP, and is characterized by nuclear condensation, cell shrinkage, DNA cleavage, and formation of apoptotic bodies, which are recognized and removed by phagocytic cells. Notably, apoptosis occurs without inducing inflammation, thereby minimizing damage to nearby cells and tissue (31).

High levels of ROS can induce apoptosis by triggering the opening of the mitochondrial permeability transition (PT) pore (101) (Fig. 2A). Opening of the PT pore is a key event in the intrinsic apoptosis pathway, leading to mitochondrial membrane rupture and release of apoptotic proteins (31). The PT pore complex consists of two components, both susceptible to oxidative damage by ROS: the inner membrane component (adenine nucleotide translocase, ANT) and the outer membrane component (voltage-dependent ion channel, VDAC) (23, 72). ROS production has been associated with apoptotic cell death in numerous pathologic conditions such as stroke, inflammation, and ischemia (101). Furthermore, many agents that induce apoptosis are known to generate oxidative stress: ionizing and UV irradiation induce apoptosis through generation of OH<sup>-</sup> and H<sub>2</sub>O<sub>2</sub>, whereas chemotherapeutics such as arsenic trioxide and buthionine sulfoximine deplete cells of the antioxidant enzyme glutathione peroxidase, causing accumulation of ROS, leading to cell death (32).

In contrast to apoptosis ("programmed cell death"), necrosis is regarded a "passive" form of cell death, typically initiated by toxic insults or severe stress conditions. Whereas apoptosis requires ATP, necrosis results from ATP depletion during acute

cellular dysfunction. Necrotic cells swell and then lyse, releasing their contents into the extracellular space, causing inflammation and damage to surrounding tissue (31). In many cases, apoptosis and necrosis may occur sequentially or simultaneously in the same tissue. It has been postulated that the switch from apoptotic to necrotic cell death involves not only a decrease in cellular ATP, but also a burst in intracellular ROS (80). For example, Hampton and Orrenius (42) found that low concentrations of H<sub>2</sub>O<sub>2</sub> induced apoptosis in Jurkat cells, whereas at higher concentrations, the cells died by necrosis. Thus, it appears that although moderate levels of ROS can trigger apoptosis, excessive ROS leads to necrosis. This is likely due to the sensitivity of caspases to oxidative inactivation at their active cysteine group: at high levels of oxidative stress, the cell cannot maintain a reducing environment, and caspases will not function (76). Thus, apoptosis is inhibited, and cell death must proceed through necrosis (Fig. 2A).

Taken together, low levels of ROS generally participate in survival signaling, whereas excessive ROS contribute to cell death (Fig. 2). In addition to the amount of ROS, the site of ROS generation may affect cell fate: Deshpande and colleagues (27) observed an intracellular ROS burst in endothelial cells after stimulation with tumor necrosis factor- $\alpha$  (TNF $\alpha$ ) (27). They showed that Nox-derived ROS in the cytoplasm led to protective responses, whereas mitochondria-derived ROS promote TNF- $\alpha$ -induced apoptosis. Thus, ROS could participate in cell-survival or cell-death pathways, depending on both the amount and site of ROS generation.

### ROS and cancer

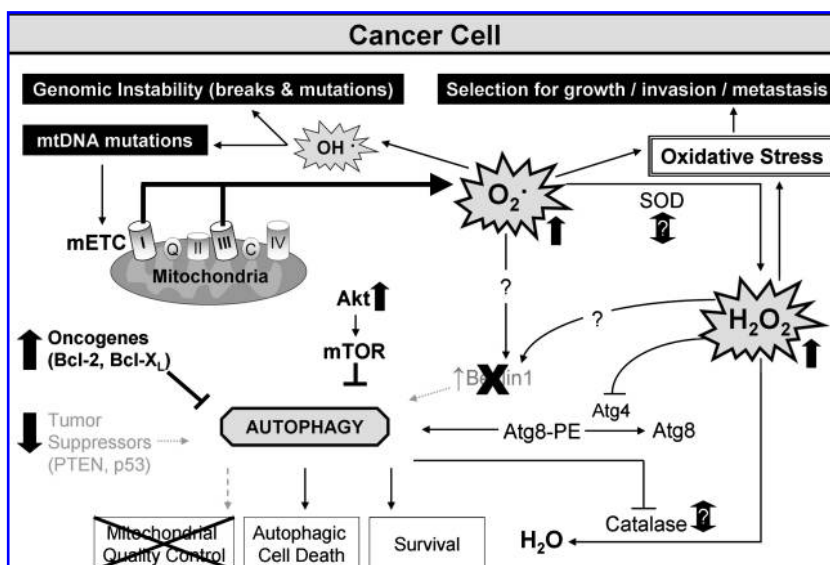
The role of ROS in tumor initiation and development is complicated and not fully understood. As described later, high levels of ROS may contribute to carcinogenesis, and ROS-mediated signaling can promote tumor cell survival, proliferation, and metastasis (116). However, excessive ROS leads to cell death, and therefore, various cancer-treatment strategies aim to enhance ROS production for tumor cell killing (3). Additionally, modulation of antioxidant systems has been adopted as a novel therapeutic approach; however, contradictory results have failed to clarify whether antioxidant mechanisms should be enhanced or inhibited during cancer treatment (84). Clearly, cellular redox balance is intricately involved in cancer progression, and more research is required to characterize this association fully.

ROS-mediated DNA damage has long been associated with carcinogenesis and malignant transformation (Fig. 3): hydroxyl radicals react with DNA and chromatin proteins, resulting in mutations, strand breaks, genomic instability, and altered gene expression (84). Mitochondrial DNA (mtDNA) is especially vulnerable because of its close proximity to the site of ROS generation, as well as its lack of introns and limited DNA repair. mtDNA mutations are frequently detected in cancer cells and are likely to result in mETC malfunction, further amplifying the generation of ROS (15).

Cancer cells, both *in vivo* and *in vitro*, characteristically have higher ROS levels compared with normal cells (87) (Fig. 3). This may be due to increased metabolic activity, mitochondrial malfunction, infiltration of inflammatory cells, or a combination of these. Increased ROS leads to persistent oxidative stress, which in turn causes selective pressure for characteristics such as increased growth, invasion, and me-



**FIG. 3. Alteration of ROS and autophagy in cancer.** Compared with normal cells (Fig. 6), both ROS and autophagy are altered in cancer cells. Increased Akt activation in cancer leads to inhibition of autophagy through mTOR, and mono-allelic deletion of *Beclin-1* in many cancers also inhibits autophagy. Autophagy is further inhibited because of increased expression of oncogenes Bcl-2/Bcl-X<sub>L</sub> and decreased expression of tumor suppressors PTEN/p53. Cancer cells characteristically have high levels of ROS because of increased metabolic activity or malfunction of the mitochondrial electron-transport chain (mETC). ROS cause genomic instability and carcinogenic mutations in genomic and mitochondrial DNA (mtDNA), with mtDNA mutations contributing to mETC malfunction. Antioxidant enzymes such as superoxide dismutase (SOD) and catalase also are altered in cancers, leading to misregulation of ROS. Decreased autophagy results in loss of mitochondrial quality control, and accumulation of damaged mitochondria exacerbates ROS production.



tastasis (116). Levels of antioxidant enzymes also appear to be altered in cancer cells, although studies of this phenomenon have generated contradictory results (84). For example, some *in vitro* studies have shown that increased SOD expression leads to reduced proliferation and tumorigenicity of cancer cells (81); however, several *in vivo* studies indicate that SOD expression levels correlate with poor prognosis in patients (56). Likewise, some studies report increased catalase levels in cancers (11), whereas others report a decrease (90). Thus, ROS levels and antioxidant signaling appear to be altered in cancer cells, leading to cancer progression, although the precise nature of these changes is still under investigation.

## Autophagy

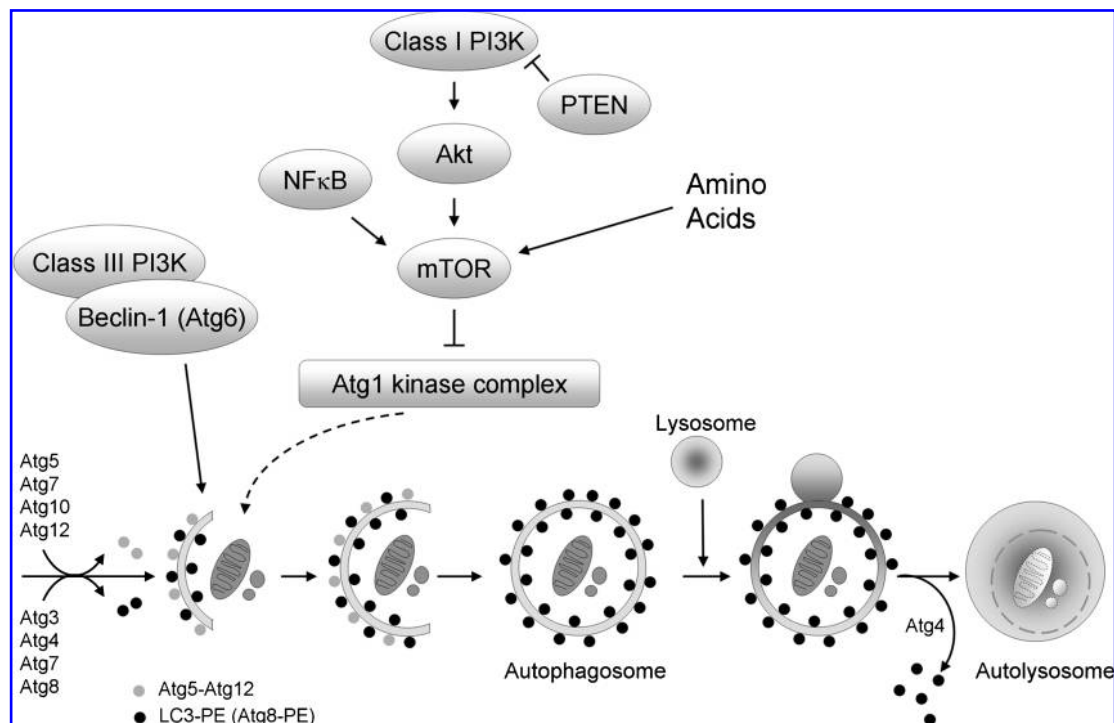
Autophagy is the cellular pathway of “self digestion,” a regulated lysosomal pathway for the degradation and recycling of long-lived proteins and organelles (67) (Fig. 4). During autophagy, cytoplasmic constituents are sequestered into double-membraned autophagosomes, which are delivered to lysosomes and degraded. This process generates nucleotides, amino acids, and fatty acids, which are recycled for ATP generation and macromolecular synthesis. Genetic screening in yeast has identified >30 ATG (autophagy-related) genes required for autophagy, many of which have mammalian homologues (106). Similar to ROS, autophagy is involved in both cell-survival and cell-death pathways (Fig. 5) and is altered in cancer (Fig. 3). Indeed, recent studies suggest that autophagy plays a significant role in cancer progression and could be a target for treatment (48).

As shown in Fig. 4, several upstream regulators of autophagy have been characterized (85). The class III PI3 kinase complex, including Beclin-1/Atg6, is required for generation of preautophagosome structures (106). The mammalian target of rapamycin (mTOR), a nutrient-sensing kinase complex that regulates cell growth and survival, blocks autophagy during

nutrient-rich conditions by inhibiting the Atg1 complex, which is involved in the initiation stages of autophagic activity (8). Accordingly, upstream activators of mTOR (NF- $\kappa$ B, class I PI3 kinase, and Akt) suppress autophagy, whereas inhibitors of this pathway (PTEN) induce autophagy (7, 28). Downstream of these regulatory pathways, further Atg proteins function to build autophagosomes. The Atg5–Atg12 covalent protein complex and Atg8–phosphoethanolamine (PE) conjugates are essential components of the autophagosome membrane. Ubiquitin-like reactions involving other Atg proteins generate these conjugates (82). For example, the Atg4 cysteine proteases cleave Atg8 at the C-terminus to facilitate lipidation, generating Atg8-PE. Atg4 is also responsible for recycling Atg8 by cleaving PE at later stages of autophagy (82). The discovery of the ATG genes in yeast, and subsequently their mammalian homologues, has greatly advanced our understanding of the molecular mechanisms involved in the autophagy signaling pathway.

## Autophagy in survival signaling

Conserved from yeast to humans, autophagy occurs at low basal levels to maintain cellular homeostasis through cytoplasmic and organelle turnover. For example, studies in Atg7-deficient mice determined that Atg7 was essential for autophagosome formation, amino acid supply in neonates, and starvation-induced protein and organelle degradation (62). Furthermore, Atg7 deficiency led to multiple cellular abnormalities, such as mitochondrial deformation and accumulation of ubiquitin protein aggregates. Indeed, mice lacking Atg7 specifically in the central nervous system showed neurologic defects, including abnormal clasping reflexes and decreased coordinated movement (61). These mice die within 28 weeks of birth because of massive neuronal loss in the cerebral and cerebellar cortices. Polyubiquitinated protein aggregates were found in surviving neurons as inclusion



**FIG. 4. Molecular mechanism of autophagy regulation and autophagosome formation.** After external stimuli such as nutrient deprivation, mTOR is inhibited, leading to induction of autophagy. Accordingly, autophagy is regulated by upstream factors in the mTOR pathway: autophagy is induced by PTEN and inhibited by class I PI3 kinase, Akt, and NF- $\kappa$ B. The mTOR-regulated Atg1 complex is involved in autophagy initiation, and the class III PI3 kinase complex, including Beclin-1/Atg6, is required for generation of preautophagosome structures. The Atg5-Atg12 covalent protein complex and LC3/Atg8-phosphoethanolamine (PE) conjugates are essential components of the autophagosome membrane and are generated by ubiquitin-like reactions involving other Atg proteins. In particular, Atg4 mediates the initial lipidation of LC3/Atg8 as well as cleavage of LC3 from the autophagosome membrane at later stages of autophagy. As elongation of the autophagosomal membrane occurs, cytoplasmic proteins and organelles are sequestered into double-membraned autophagosomes, which are delivered to lysosomes and degraded.

bodies, which increased in size and number over time. Together these studies indicate an important role for basal autophagy in protein and organelle "quality control," and for maintaining normal neuronal function.

Apart from its homeostatic function, autophagy also is transiently induced as a survival response to various stress stimuli, such as nutrient deprivation (67) (Fig. 5). Yeast mutants defective in any autophagy gene fail to survive nutrient starvation (112), and similar results have been obtained in other plants (29). In mammalian cells, starvation induces autophagy to protect against apoptosis: if autophagy is blocked genetically by ATG-gene knockdown, or chemically by synthetic autophagy inhibitors, nutrient-deprived cells will undergo apoptosis (13). In addition, apoptosis-resistant cells that are growth-factor dependent can survive growth-factor withdrawal for several weeks through induction of autophagy (rapid cell death occurs if Atg5 or Atg7 expression is blocked). On growth-factor withdrawal, these cells lose their ability to take up extracellular nutrients but maintain ATP production from catabolism of intracellular substrates through autophagy (70).

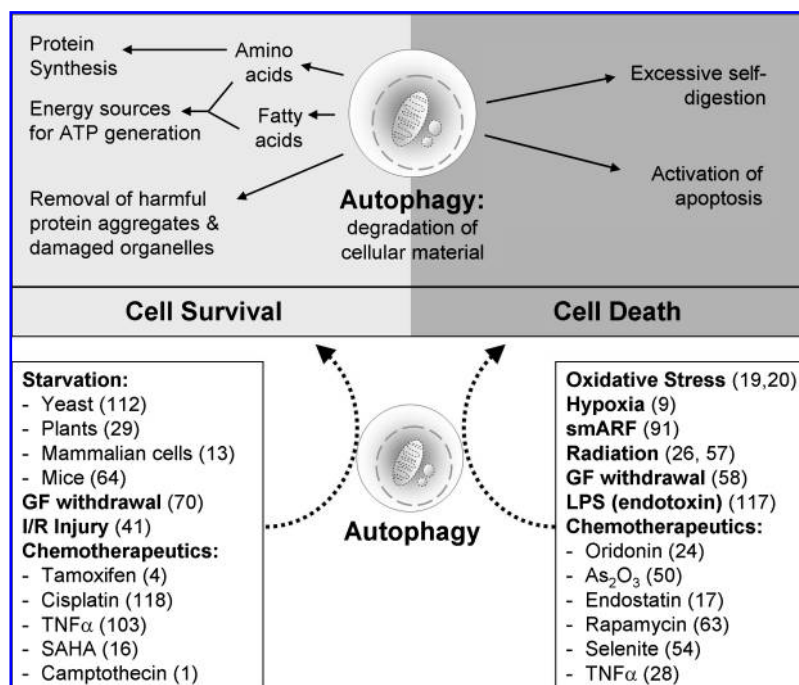
The prosurvival role of starvation-induced autophagy was recently confirmed in an animal model of Atg5-deficient mice (64). These mice are autophagy deficient, and although

nearly normal at birth, they cannot survive the early neonatal starvation period: they have reduced circulating amino acids and decreased cardiac ATP. The Atg5-deficient neonates die prematurely because of energy depletion caused by lack of autophagy. In another study, autophagy was shown to protect cardiomyocytes after simulated ischemia/reperfusion (I/R) injury (41). I/R injury impaired both formation and downstream lysosomal degradation of autophagosomes, but overexpression of Beclin-1 increased autophagy after I/R injury and significantly reduced activation of proapoptotic Bax and induction of apoptosis, whereas knockdown of Beclin-1 increased Bax activation and apoptosis. Moreover, expression of a dominant-negative mutant of Atg5 increased cell death after I/R, indicating that autophagy provides a protective mechanism against I/R injury. Thus, both *in vivo* and *in vitro* models confirm that autophagy contributes to cell-survival functions in various physiologic contexts (Fig. 5).

#### Autophagy and cell death

Although autophagy can function as a cytoprotective mechanism, it also has the capacity to promote or induce cell death (Fig. 5). In some cases, autophagy may promote or ac-

**FIG. 5. Dual role of autophagy in cell survival and cell death.** Autophagic degradation of cellular materials generates amino acids and fatty acids, which can be used for protein synthesis and ATP generation during stressful conditions such as starvation. Autophagy also removes protein aggregates (which can trigger apoptosis) and damaged mitochondria (source of apoptotic proteins and toxic ROS). However, prolonged autophagy can lead to cell death through excessive self-digestion or activation of apoptosis. Studies have demonstrated prosurvival autophagy in response to starvation (in yeast, plants, mammalian cells, and mouse models), growth factor (GF) withdrawal, ischemia/reperfusion (I/R) injury, and various chemotherapeutic drugs. Autophagic cell death has been observed in response to hypoxia, oxidative stress, radiation, GF withdrawal, lipopolysaccharide (LPS), overexpression of smARF, and various chemotherapeutic drugs.



tivate apoptosis (24, 38, 74). Alternatively, death can occur through apoptosis-independent "autophagic cell death." Autophagic cell death or "programmed cell death type two" (PCD II) is characterized by morphologic and molecular features that are distinct from apoptosis (PCD I) (74). In classic apoptosis, early collapse of the cytoskeleton occurs, but organelles are initially preserved. In contrast, autophagic cell death involves early degradation of some organelles with initial preservation of the cytoskeleton. Apoptosis is characterized by caspase activation and DNA cleavage, whereas autophagic cell death is caspase independent and does not involve DNA fragmentation (31, 74). In autophagic cell death, autophagosomes degrade organelles, including mitochondria, to a level at which normal cellular function is compromised and cellular death occurs.

Prolonged autophagy leading to PCD II has been demonstrated under various conditions (Fig. 5). For example, treatment of glioma cells with arsenic trioxide induced autophagy without apoptosis, and blocking autophagy resulted in decreased cell death (50). In another study, overexpression of a short isoform of tumor-suppressor p19ARF (smARF) also resulted in formation of autophagosomes and caspase-independent cell death. smARF is normally maintained at low levels through proteasomal degradation, but it increases in response to viral and cellular oncogenes. On increased expression, smARF localized to mitochondria and reduced mitochondrial membrane potential, causing increased ROS. Knockdown of *Beclin-1* and *ATG5* reduced smARF-mediated cell death, indicating PCD II (91). Finally, we reported that autophagy can function as a distinct mechanism for programmed cell death in hypoxia (9) and during oxidative stress (19, 20).

It has been suggested that PCD types I and II may converge at the mitochondrion where membrane integrity is controlled by the Bcl-2 family of proteins, crucial regulators of PCD (14). In support of this hypothesis, it was recently shown that the antiapoptotic protein Bcl-2 also has antiautophagic proper-

ties, which are mediated through direct interaction with the autophagy protein, Beclin-1 (mammalian Atg6) (86). Additionally, we and others showed that hypoxia and arsenic trioxide-induced autophagy involve increased expression of the Bcl-2 family member BNIP3 (9, 50). On overexpression, BNIP3 induces a caspase-independent cell death that requires mitochondrial localization, loss of membrane potential, and increased ROS (113). Thus, similar to apoptosis, mitochondria appear to regulate autophagic cell death.

#### Autophagy and cancer

The role of autophagy in cancer is both complex and controversial (44, 48) (Fig. 3). Several studies point to a cancer-promoting role for autophagy: cancer cells use autophagy as a survival pathway to sustain viability during periods of nutrient limitation, growth-factor deprivation, and metabolic stress (13, 25, 70). In stark contrast, other studies support an anticancer role for autophagy: the autophagy gene *Beclin-1* is a haploinsufficient tumor suppressor in mice (120) and is monoallelically deleted in 40–75% of sporadic human breast, ovarian, and prostate tumors (69). Furthermore, the established tumor-suppressor genes *p53* and *PTEN* are known to induce autophagy (6, 34), whereas the oncogenic proteins Bcl-2 and Bcl-X<sub>L</sub> interact with Beclin-1 to inhibit autophagy (73, 86). In addition, activation of AKT (which is increased in many cancers) leads to increased mTOR activation and blocks autophagy (66). Rapamycin and its derivatives inhibit mTOR activity and are under clinical investigation as treatments for cancers (30) (Fig. 4). The mechanism by which autophagy inhibits tumorigenesis is unclear, but it may involve "mitochondrial quality control": prevention of oxidative damage and mutagenesis through the removal of damaged mitochondria, which are a source of toxic ROS (48).

As outlined earlier, autophagy can have entirely opposite consequences for tumor cells, depending on the circumstances: survival and tumorigenesis, or cell death and tumor



suppression. Thus, intense debate and conflicting evidence surround the role of autophagy in cancer therapy. Many anticancer agents induce autophagy, including tamoxifen, rapamycin,  $As_2O_3$ , temozolomide, histone deacetylase (HDAC) inhibitors, and ionizing radiation (63) (Fig. 4). However, it remains questionable whether the observed autophagic response is a survival attempt by tumor cells or a killing mechanism of anticancer agents. For instance, some studies have shown that autophagy counteracts the antineoplastic effects of therapies including tamoxifen (4), camptothecin (1), cisplatin (118),  $TNF-\alpha$  (103), the HDAC inhibitor suberoylanilide hydroxamic acid (SAHA) (16), and the alkylating agent cyclophosphamide (4). In contrast, several groups have shown that induction of autophagy sensitizes cells to radiation therapy (26, 57). Moreover, autophagy has been shown to directly mediate the cytotoxicity of some therapies, including arsenic trioxide (50) and endostatin (17), by inducing autophagic cell death. For other antitumor agents such as the herbal compound oridonin, autophagy appears to promote or facilitate apoptosis (24). For still other antitumor agents, including imatinib (33) and two novel synthetic agents (51), autophagy induction has been observed, but its role remains unclear. Thus, autophagy is intricately involved in tumorigenesis and represents an attractive new target for cancer therapy. However, further studies are required to establish the precise role of autophagy in the various types and stages of cancer.

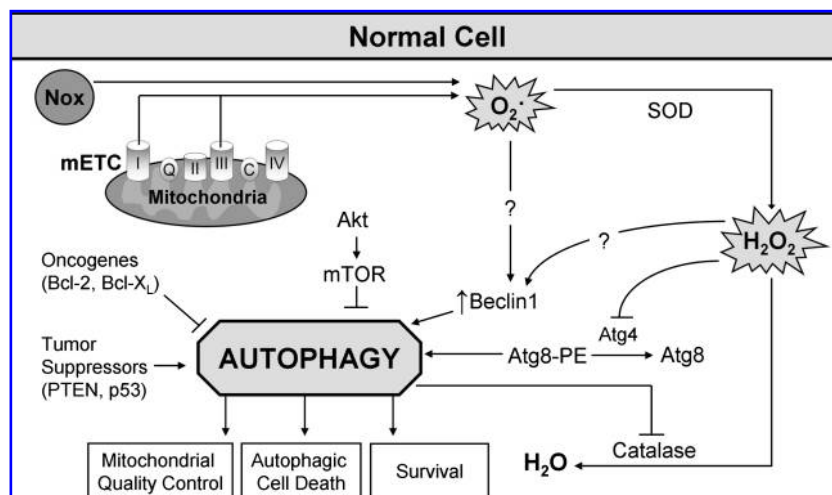
### Regulation of Autophagy by ROS

Because ROS and autophagy are similarly involved in cell-survival and cell-death pathways, as well as cancer progression and treatment, ROS regulation of autophagy has been investigated. Studies in yeast indicate that mitochondrial oxidation events, including ROS production and oxidation of mitochondrial lipid, play a role in the induction of autophagy (59). Subsequent studies in mammalian cells have confirmed that ROS are important regulators of autophagy under various conditions (Fig. 6). For example, neurons deprived of nerve growth factor were shown to accumulate mitochondrial ROS, causing lipid peroxidation and loss of the mito-

chondrial inner membrane lipid cardiolipin, resulting in autophagy and cell death (58). In another study, caspase-independent cell death of lipopolysaccharide (LPS)-treated macrophages was shown to involve ROS-dependent autophagy (117). Most recently, Kim and colleagues (54) showed that superoxide mediates selenite-induced autophagic cell death in glioma cells (54). Although multiple studies have implicated ROS in autophagy regulation, few have persevered to define a mechanism. Remarkably, the mechanism for redox regulation of autophagy appears to depend on the cellular context and autophagic stimulus, because two distinct molecular mechanisms have been elucidated for starvation-induced "protective" autophagy *versus* autophagic cell death (99, 119).

### Regulation of Atg4 by ROS during starvation

Scherz-Shouval and colleagues (99) recently reported that ROS are essential for starvation-induced autophagy and specifically regulate the activity of Atg4 (Fig. 6). First, they determined that nutrient starvation (a well-known trigger for autophagy) stimulates production of mitochondrial ROS, specifically  $H_2O_2$ . These oxidative conditions were deemed essential for starvation-induced autophagy, because treatment with antioxidants blocked the formation of autophagosomes. The authors went on to identify the cysteine protease Atg4 as a direct target for oxidation by  $H_2O_2$ , specifying a cysteine residue located near the active site as critical for this regulation. Atg4 regulates the reversible conjugation of Atg8 (LC3 in mammals) to the autophagosomal membrane, a hallmark event in the autophagic process (82). In the model proposed by Scherz-Shouval *et al.* (99), starvation-induced oxidative inactivation of Atg4 promotes lipidation of Atg8, facilitating autophagosome formation. It remains to be seen whether ROS-mediated inhibition of Atg4 is unique to starvation-induced autophagy, or if it is a more general characteristic of autophagy signaling. Nevertheless, this study defines a novel signaling pathway in which ROS function as signaling molecules to trigger autophagy, providing one possible molecular mechanism for redox regulation of autophagy (Fig. 6).



**FIG. 6. Regulation of autophagy by ROS in normal cells.** Intracellular ROS are generated by Nox (cytoplasmic) or by the mETC (mitochondrial) (see Fig. 1). ROS can increase expression of Beclin-1 by an unknown mechanism, leading to autophagy.  $H_2O_2$  can directly inactivate the cysteine protease Atg4, blocking the delipidation of Atg8 to induce autophagy. Selective autophagic degradation of catalase serves as a positive-feedback loop, causing accumulation of ROS, which further enhances autophagy. Other regulators of autophagy include the Akt/mTOR pathway, oncogenes Bcl-2/Bcl-X<sub>L</sub>, and tumor suppressors PTEN/p53.



### Selective autophagic degradation of catalase during PCD II

Although cell death was not directly examined in the Scherz-Shouval study, it is well established that starvation-induced autophagy is protective (67). In contrast, Yu and colleagues (119) examined the role of ROS in autophagic cell death. The authors described a mechanism for autophagic cell death involving ROS accumulation caused by selective autophagic degradation of catalase (Fig. 6). By using siRNA and the chemical inhibitor zVAD, they demonstrated that caspase inhibition triggers autophagy, which selectively degrades the antioxidant enzyme catalase (SOD and other unrelated proteins were not degraded). Catalase degradation subsequently caused ROS accumulation and ultimately cell death. Thus, the molecular mechanisms for ROS involvement in protective versus destructive autophagy seem to be distinct. Starvation-induced (protective) autophagy depends on ROS production (99), whereas zVAD-induced (destructive) autophagy causes ROS accumulation (119). Together, these findings demonstrate that autophagy and ROS metabolism regulate each other (Fig. 6). It was recently hypothesized that catalase degradation, resulting in prolonged  $H_2O_2$  signal, could be responsible for shifting the outcome of autophagy from survival to death (98).

### Other mechanisms for redox regulation of autophagy

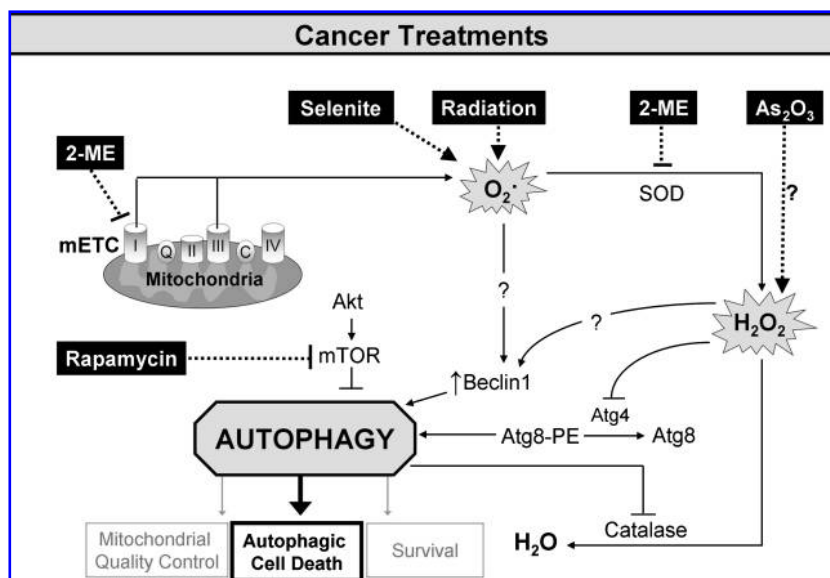
Other mechanisms for redox regulation of autophagy are also possible. For example, ROS can affect transcription-factor activity, leading to altered gene expression (104). Thorpe and colleagues (110) reported that autophagy genes are upregulated in response to oxidative stress in yeast, and several independent studies reported that ROS induce Beclin-1 expression in cancer cells (19, 28), although the mechanism for this upregulation remains unknown (Fig. 5). Without pinpointing specific molecular mechanisms, these studies (described later) nevertheless strongly support the involvement of ROS in autophagy regulation.

As discussed earlier, both autophagy and ROS are altered in cancer cells (Fig. 3). We recently investigated ROS regula-

tion of autophagy by directly inducing oxidative stress in cancer cells (19). We found that two ROS-generating agents,  $H_2O_2$  and 2-methoxyestradiol (2-ME), induced autophagic cell death independent of apoptosis in the transformed cell line HEK293 and the cancer cell lines U87 and HeLa. Both agents induced Beclin-1 expression, which was required for ROS-induced autophagy. Blocking  $H_2O_2$ - or 2-ME-induced ROS production by overexpression of SOD, or using the ROS scavenger Tiron decreased autophagy and cell death. In contrast,  $H_2O_2$  or 2-ME preferentially induced apoptosis in normal mouse astrocytes. These findings have important implications for cancer therapy because 2-ME is a promising antitumor agent, currently in phase I and phase II clinical trials (47, 108). In a separate study, we examined the effect of the mETC inhibitors rotenone (complex I inhibitor) and TTFA (complex II inhibitor) on normal and cancer cells (20). Both inhibitors induced ROS-dependent autophagic cell death in transformed and cancer cells, but not in normal mouse astrocytes. The observed autophagic cell death was independent of apoptosis. Together, these results indicate that selective prolonged activation of autophagy (by using mETC inhibitors or other ROS-generating agents such as 2-ME) could be a viable strategy to treat cancers resistant to apoptosis (Fig. 7).

In another study of ROS-mediated autophagy in cancer cells, Djavaheri-Mergny and colleagues (28) investigated the role of the NF- $\kappa$ B transcription factor (28). NF- $\kappa$ B mediates tumor progression, based on its ability to promote cell survival and proliferation, and to inhibit apoptosis (97). In this study, the authors established that NF- $\kappa$ B can also mediate repression of autophagy (28). They showed that NF- $\kappa$ B blocks autophagy in tumor necrosis factor- $\alpha$  (TNF- $\alpha$ )-treated cancer cells by activating the autophagy inhibitor mTOR in a ROS-dependent manner. In contrast, TNF- $\alpha$  treatment in cells lacking NF- $\kappa$ B activation induced autophagy through ROS-dependent upregulation of Beclin-1. Notably, autophagy was not protective in this instance, as it was shown to enhance TNF- $\alpha$ -induced apoptosis in NF- $\kappa$ B-incompetent cells. While supporting a proautophagic role for ROS, these results also demonstrate that autophagy may amplify apoptosis when associated with a death-signaling pathway.

**FIG. 7. Autophagy and ROS in cancer treatment.** Several existing anticancer drugs function by inducing ROS and/or autophagic cell death. 2-Methoxyestradiol (2-ME) induces ROS-dependent autophagic cell death by inhibiting SOD or complex I of the mitochondrial electron-transport chain (mETC). Selenite induces superoxide-mediated autophagic cell death. Arsenic trioxide ( $As_2O_3$ ) induces ROS generation and autophagic cell death, and rapamycin induces autophagy by inhibition of mTOR. The cytotoxicity of ionizing radiation is mediated by ROS generation and can lead to autophagic cell death.



Another role for ROS in autophagy was recently proposed by Scherz-Shouval and Elazar (99). They suggest that mitochondria can signal for the induction of autophagy and may supply part of the membranes required for autophagosome formation. In their proposed model, mitochondrial ROS transfer to the cytosol, creating an oxidative gradient and signaling for autophagosome formation by oxidative modification of target molecules, such as Atg4 and probably other yet unidentified factors. On oxidation, Atg4 is inactivated, allowing its substrate, Atg8/LC3, to be conjugated to autophagosomes. Because ROS are short lived, oxidation occurs only in the vicinity of mitochondria. Farther away from mitochondria, Atg4 will be active, and therefore LC3 will be cleaved from autophagosome membranes. To verify or refute this model, and to fully understand the role of ROS in autophagy signaling, it must be determined what other cellular factors, besides lipids and the Atg4 protease, are targeted by ROS in autophagy. It is also possible that the role of ROS in autophagy and other signaling pathways could depend on the species of ROS or the site of generation (mitochondrial *vs.* membrane-associated Nox) or both, but no studies to date have directly addressed these issues.

#### *Regulation of ROS by autophagy*

Although ROS play an important role in regulating autophagy, the reverse also occurs. In addition to the cellular antioxidant systems discussed earlier, autophagy is also used in cellular defense against oxidative stress (52, 78). Whereas antioxidant enzymes such as SOD and catalase (which actively scavenge ROS) can be considered the first line of defense against oxidative damage, autophagy provides a second line of defense by removing oxidatively damaged proteins and impaired organelles (12, 53). Oxidative conditions favor partial unfolding of proteins (35), and these proteins have a strong tendency to aggregate (115). If not removed, protein aggregates are toxic to cells and may initiate apoptosis (95). Because they cannot be removed by the proteasomal system (36, 102), the cell relies on autophagy to remove harmful protein aggregates. Equally important, autophagy also functions to remove selectively damaged mitochondria, the major source of ROS during oxidative stress (48). As discussed earlier, this process has been termed “mitophagy” and is protective in two ways: by removing the source of toxic ROS and by degrading damaged mitochondria before they can release apoptotic factors to induce cell death (55).

#### **ROS and Autophagy in Cancer Therapy**

Because both ROS and autophagy are significantly involved in cancer initiation and progression (Fig. 3), it is not surprising that many existing treatment strategies involve the manipulation of one or the other or both of these factors (3, 63) (Fig. 7). Theoretically, two ROS-related cancer therapy strategies are possible: inhibition of ROS “survival signaling” or stimulation of ROS production at high enough levels to trigger death pathways. Similarly, two autophagy-related cancer therapies are possible: to inhibit autophagy and block its prosurvival effects, or to induce high levels of autophagy and activate autophagic cell death. As we discussed, ROS and autophagy signaling are entwined in ways that are not yet fully understood. Therefore, both must be considered in the development of cancer therapeutics.

#### *Existing cancer therapies exploiting ROS and autophagy*

Ionizing radiation—one of the most commonly used interventions in cancer therapy—causes cellular damage through the generation of ROS ( $\text{OH}^-$  and  $\text{H}_2\text{O}_2$ ). Radiation also induces autophagy, and it is known that some radiosensitizing agents function by promoting autophagy (26). An alternative to radiation-induced ROS production is drug-induced ROS. Many conventional anticancer drugs have been found to induce formation of ROS (3). Among these are several agents known to also induce autophagic cell death, such as 2-methoxyestradiol (2-ME), selenite, and arsenic trioxide ( $\text{As}_2\text{O}_3$ ) (Fig. 7). Selenite was recently shown to induce autophagic cell death in gliomas cells, mediated by superoxide (54).  $\text{As}_2\text{O}_3$  can induce apoptotic or autophagic cell death, or both, in various types of cancer cells (50), and although not all studies have addressed the role of oxidative stress, several have demonstrated that ROS formation is essential for  $\text{As}_2\text{O}_3$  cytotoxicity (39). 2-ME, a promising antitumor agent currently in phase I and II clinical trials, enhances ROS formation by inhibiting complex I of the mETC (40) and mitochondrial SOD (45). We recently showed that 2-ME induces ROS-dependent autophagic cell death in cancer cells (19). Although both  $\text{As}_2\text{O}_3$  and 2-ME are capable of inducing apoptosis, the fact that they can also cause autophagic cell death suggests that they could be effective in treating apoptosis-resistant cancers.

#### *Developing novel cancer therapies to target ROS and autophagy*

In developing novel therapies for cancer, careful consideration should be given to manipulation of cellular ROS and autophagy. Because many cancers are intrinsically resistant to apoptosis, or develop resistance during treatment, causing cell death through autophagy is an attractive strategy (66). ROS generation is an established anticancer mechanism for many existing drugs (3), and because ROS can induce autophagy (98), combining ROS- and autophagy-inducing agents could generate synergistic tumor-killing activity. Conversely, autophagy can promote tumor cell survival (25) and has been shown to attenuate the cytotoxicity of several anticancer drugs (1, 4). Thus, it could be effective to combine autophagy inhibitors with ROS-inducing agents to promote apoptosis. The most effective drug combinations will be achieved through determining the mechanism of cytotoxicity for each agent: autophagy should be enhanced if it mediates cytotoxicity, or inhibited if it antagonizes drug activity. Ideally, treatment strategies should be selected based on tumor characteristics such as basal autophagic activity, ROS levels, and apoptosis resistance or sensitivity, all of which are affected by common genetic alterations in cancer. Consequently, the most effective treatments will be designed based on individual genetic signatures of cancers and may be targeted against ROS, autophagy or apoptosis, or any combination of these three pathways.

#### **Conclusions**

Both ROS and autophagy have been studied for decades. Initially, ROS were known to cause cellular damage and mutagenesis, and autophagy was known to protect against nutrient deprivation and other stress stimuli. In recent years, it

was discovered that besides causing oxidative damage, ROS are important signaling molecules; and besides protecting cells from starvation, autophagy can cause cell death. It is also now widely accepted that ROS participate in the regulation of autophagy, and *vice versa*. Additionally, both ROS and autophagy participate in cancer initiation and progression. Even though the association between ROS and autophagy is established, many unanswered questions remain. For example, do ROS control the “switch” from prosurvival to prodeath autophagy, and if so, how? Besides Atg4, what are the targets of ROS in the autophagy pathway? Do the species and/or the site of generation of ROS influence their role in regulating autophagy? Future studies will address these questions, and full understanding of the interplay between ROS and autophagy signaling should lead to the development of effective new therapies for cancer.

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### Abbreviations

2-ME, 2-methoxyestradiol; ANT, adenine nucleotide translocase; As<sub>2</sub>O<sub>3</sub>, arsenic trioxide; Atg, ATG gene product; ATG, autophagy-related gene; BNIP3, BCL2/adenovirus E1B 19-kDa interacting protein 3; EGF, epidermal growth factor; GPx, glutathione peroxidase; H<sub>2</sub>O<sub>2</sub>, hydrogen peroxide; HDAC, histone deacetylase; HIF-1 $\alpha$ , hypoxia-inducible factor  $\alpha$ ; HSFs, heat-shock factors; HSPs, heat-shock proteins; I/R, ischemia/reperfusion; IAP, inhibitor of apoptosis protein; IGF-2, insulin-like growth factor 2; IKK, inhibitor of kappa B kinase; I $\kappa$ B, inhibitor of kappa B; LC3, microtubule-associated light chain 3; mETC, mitochondrial electron-transport chain; mtDNA, mitochondrial DNA; mTOR, mammalian target of rapamycin; NF- $\kappa$ B, nuclear factor kappa B; NIK, NF- $\kappa$ B-inducing kinase; NO, nitric oxide; NO<sub>2</sub>, nitrogen dioxide radical; Nox, NADPH oxidase; O<sub>2</sub><sup>-</sup>, superoxide; OH<sup>-</sup>, hydroxyl radical; ONOO<sup>-</sup>, peroxynitrite; PCD, programmed cell death; PDGF, platelet-derived growth factor; PE, phosphoethanolamine; PHD, prolyl 4-hydroxylase; PI3K, phosphoinositide 3-kinase; PIP2, phosphatidylinositol (4, 5)-bisphosphate; PIP3, phosphatidylinositol (3, 4, 5)-triphosphate; PKB, protein kinase B; PrxIII, peroxiredoxin III; PT pore, permeability transition pore; PTEN, phosphatase and tensin homologue; ROS, reactive oxygen species; SOD, superoxide dismutase; TNF- $\alpha$ , tumor necrosis factor alpha; VDAC, voltage-dependent ion channel; VEGF, vascular endothelial growth factor.

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Address reprint requests to:  
 Manitoba Institute of Cell Biology  
 675 McDermot Ave.  
 Winnipeg  
 Manitoba R3E 0V9  
 Canada

E-mail: gibsonsb@cc.umanitoba.ca

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