

REVIEW

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Celastrol-mediated autophagy regulation in cancer

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Abstract

In the last few decades, studies on autophagy regulation and its potential role in cancer therapeutics have expanded to include detailed mechanisms. Since apoptosis exhibits drug resistance in some cancers, efforts have focused on searching for compounds with autophagy modulating properties. Numerous natural compounds have been used in cancer treatment and are considered a significant research area due to their remarkable anti-cancer properties. Celastrol, a quinone methide triterpene, derived from *Tripterygium wilfordii*, has recently drawn much attention because of its anticancer potential. It enhances tumor suppression and induces autophagy in cancer cells by regulating signaling pathways such as Beclin-1, Akt/mTOR, ROS, NF- κ B, MAPK, HSP90, and the proteasome. In the current study, we address the anticancer potential of celastrol, its effect on various cellular pathways, and describe how it functions as an autophagy modulator in cancer therapeutics and helps diminish multidrug resistance in cancer cells.

Keywords: Celastrol, Cancer, Autophagy, Mechanistic pathways

Introduction

Cancer is considered the second leading cause of global mortality, with 9.6 million deaths in 2018. This is a combinational disease wherein uncontrolled cell growth occurs and can metastasize to other parts of the body. The mechanisms involved in suppressing tumors in a normal body can differentiate between normal cells and abnormally developing cells. However, the problem arises when genes responsible for tumor suppression get altered by certain environmental factors (including radiation, pollution, and infectious agents) or routine habits of humans (such as alcohol, poor diet, tobacco consumption etc.) [1–7]. Among the several cancer types, lung cancer and breast cancer account for approximately 11.6% of the total cases prevalent globally, followed by prostate cancer (7.1%) and colorectal cancer (6.1%). Lung cancer has the highest mortality (18.4%), followed by colorectal cancer (9.2%), stomach cancer (8.2%), and liver cancer (8.2%) [8].

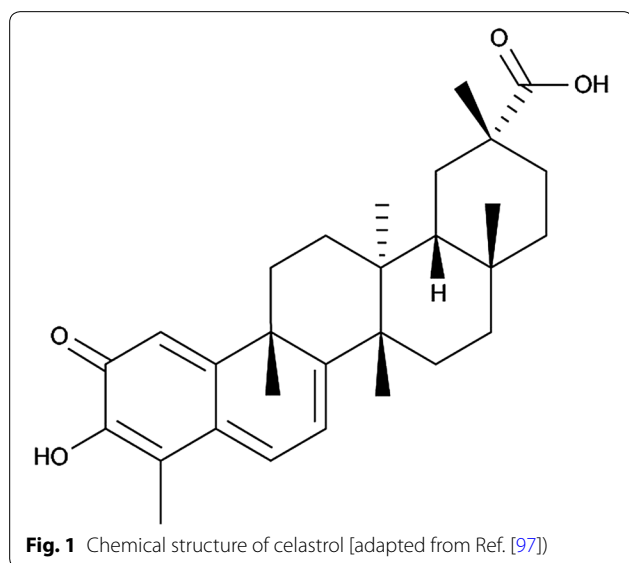
Cell death is one of the most significant processes responsible for maintaining homeostasis, by controlling the cell turnover in the body. Based on their biochemical and morphological characteristic, the cellular mortality processes, either due to an inbuilt programmed signaling mechanism or as a result of certain pathological outcomes, are classified into three major categories: (i) autophagy, (ii) apoptosis, and (iii) necrosis [9, 10]. Autophagy is a complex process, and its dysregulation can contribute to the development and progression of cancer. Targeting autophagy can serve as an effective therapeutic strategy in cancer. In the autophagy process, molecular targets have been identified from autophagy induction to lysosomal degradation. The generation of resistance limits the efficiency of current therapeutics (radiotherapy, chemotherapy, immune checkpoint inhibitors, and molecular targeted therapy) in various cancers in response to these therapies.

This poses a need to develop novel therapeutics that can overcome the resistance in a wide variety of cancers and be more effective and safe with low toxicity. For this purpose, natural compounds have drawn the attention of

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researchers as promising prophylactic and therapeutic strategies for cancer [11, 12].

Celastrol (Cel; Fig. 1) is a quinone methide triterpene present in TWHF root extracts. It is widely recognized as a pharmacologically active compound used in various diseases such as autoimmune, inflammatory diseases, and cancer. The atomic orbital energy analysis reveals that because of the presence of carbon C₂ on the A-ring and C₆ on the B-ring of celastrol, it is highly susceptible to a nucleophilic attack (Fig. 2) [13]. The quinone methide structure in celastrol has the affinity to react with the

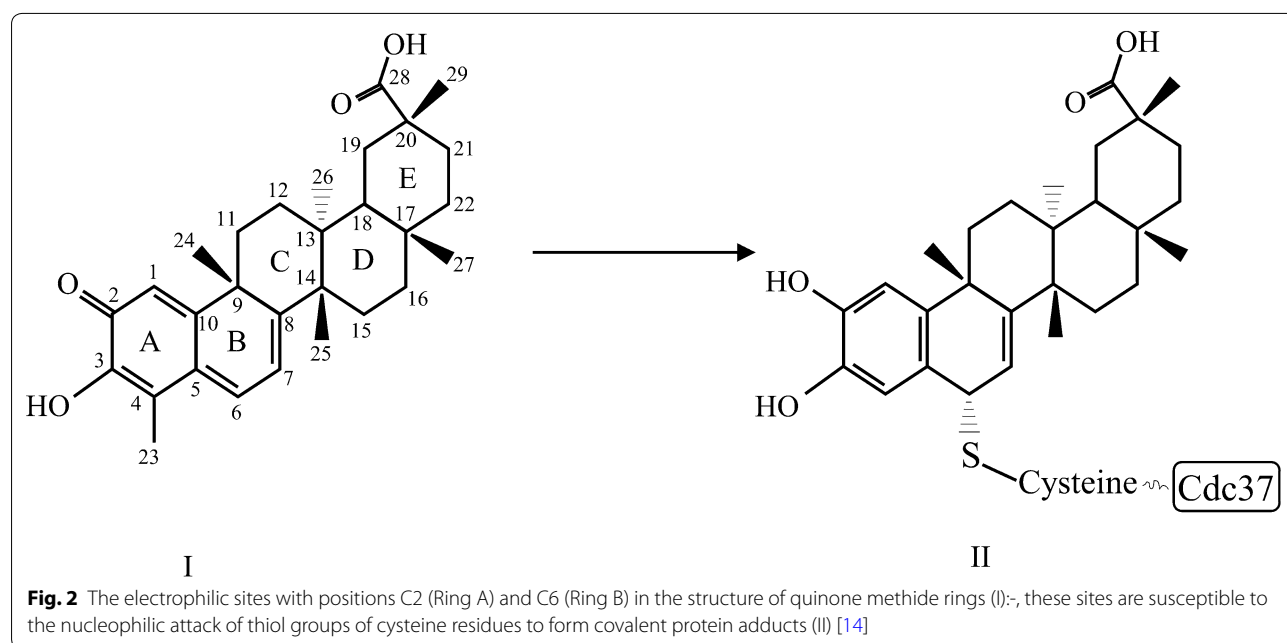


thiol groups of the cysteine residues of Cdc37 to form covalent Michael adducts, resulting in the disruption of chaperons or co-chaperones (such as Cdc37-Hsp90 complex) which play a significant role in the stabilization and folding of oncogenic kinases [14]. Some other chaperons/cochaperones proposed to be the target for celastrol in *in-vitro* studies are p23 [15], IKK β [16], and the proteasome. This mechanism seems to be one of the major factors responsible for multiple targets of celastrol.

Recent studies have highlighted the potential of celastrol in the treatment of numerous different cancers. Data derived from different animal models and cell lines, attribute the anticancer properties to (i) angiogenesis inhibition, (ii) cell death activation, (iii) anti-invasive effects, and (iv) sensitizing the cells to conventional therapies. Celastrol has been reported to inhibit cancer cell progression and induction of cell death in various cancers such as breast, lung, glioblastoma, hepatoma, nasopharyngeal, prostate, myeloma, colon, pancreas, liver, leukaemia, melanoma, gastric cancer, and osteosarcoma.

Pharmacological activities of natural compounds isolated from *Tripterygium wilfordii*

Tripterygium wilfordii Hook F (TWHF) is widely known as Thunder of God Vine and has a long history in the treatment of rheumatoid arthritis (RA) [17–19]. The root bark of the plant has shown significant pharmacological activities against autoimmune disorders [20], inflammation [21, 22], kidney diseases [23], atherosclerosis, fibrosis, and neurodegeneration [24]. Several bioactive compounds have been isolated from the plant, including



sesquiterpenes, glycosides, lignans, alkaloids, diterpenes (triptonide, triptolidide, and triptolide), and triterpenes (pristimerin, wilforlide A and celastrol) [18, 25, 26]. Of these, celastrol is considered the promising and most active compound of the plant.

Anticancer activities of celastrol

The anticancer potential of celastrol has been widely investigated *in vivo* in several disease models (Table 1). The development and growth of melanoma xenograft in the mouse models are effectively inhibited by celastrol in a dose-dependent manner [27]. The celastrol treatment has also been shown to suppress the *in vitro* and *in vivo* proliferation of bladder cancer cells and osteosarcoma, followed by the induction of autophagy [28, 29]. The viability of HepG2 is inhibited by the disruption of certain signaling pathways when exposed to celastrol alone [30] and affects the expression of EGFR when administered in combination with lapatinib [31]. Treatment with celastrol inhibits the growth of MCF-7 breast cancer cells [32] and causes the induction of apoptosis in HT-29 colon adenocarcinoma cells [33]. The invasion and proliferation of colitis-related colon cancer and NSCLC are suppressed when exposed to celastrol in a dose-dependent manner [34, 35]. Invasion, proliferation, and migration of chondrosarcoma cells are also *in vivo* [36]. Celastrol stimulates an energy crisis by ATP depletion and induces lipid accumulation, leading to cell cycle arrest and cell death in cancer cells [37]. Celastrol also induces ER stress, leading to growth inhibition of head and neck cancer cells [38].

Signaling pathways associated with celastrol-mediated autophagy regulation

The capability of celastrol to induce autophagy in a variety of cancer cells displays the potential of the compound to modulate multiple signaling pathways (Fig. 3). In various preclinical mouse models, celastrol inhibits the proliferation of tumors by affecting the expression of pro-survival transcription factors and various cell-cycle molecules. Autophagy related markers were identified in cancer cells treated with celastrol and by applying autophagy inhibitors to down-regulate specific markers [39–45]. In the current review, we focus on summarizing the role of celastrol in cancer therapeutics and giving an overview of the signaling pathways associated with celastrol-mediated autophagy regulation in cancer.

Celastrol induces autophagy via regulation of PI3K/AKT/mTOR pathway

Numerous studies have confirmed the relationship of PI3K, Akt and mTOR pathways with cancer, and their inhibition via autophagy regulation has shown significant results in cancer treatment [46, 47]. These three pathways

are linked with each other. Akt was originally identified as an important element in the intracellular signaling of the insulin receptor and is now considered as the significant downstream effector of PI3K activation [48]. PI3K activation results in Akt phosphorylation subsequent to translocation to the inner membrane [49]. The modification of Akt is enough to activate mTOR, which then promotes cell survival and increases protein synthesis by phosphorylating its effectors such as S6K1 and S6K2 [50]. Celastrol has shown a promising role in inducing autophagy by disrupting PI3K/Akt/mTOR pathways (Fig. 4). The disruption of these pathways leads to the autophagy-mediated cell death of cancer cells [27, 51, 52]. The pathways mentioned above are significant for cancer therapy and important for inducing autophagy in the intestine, which could serve as an effective target for treating Crohn's disease (CD) [53].

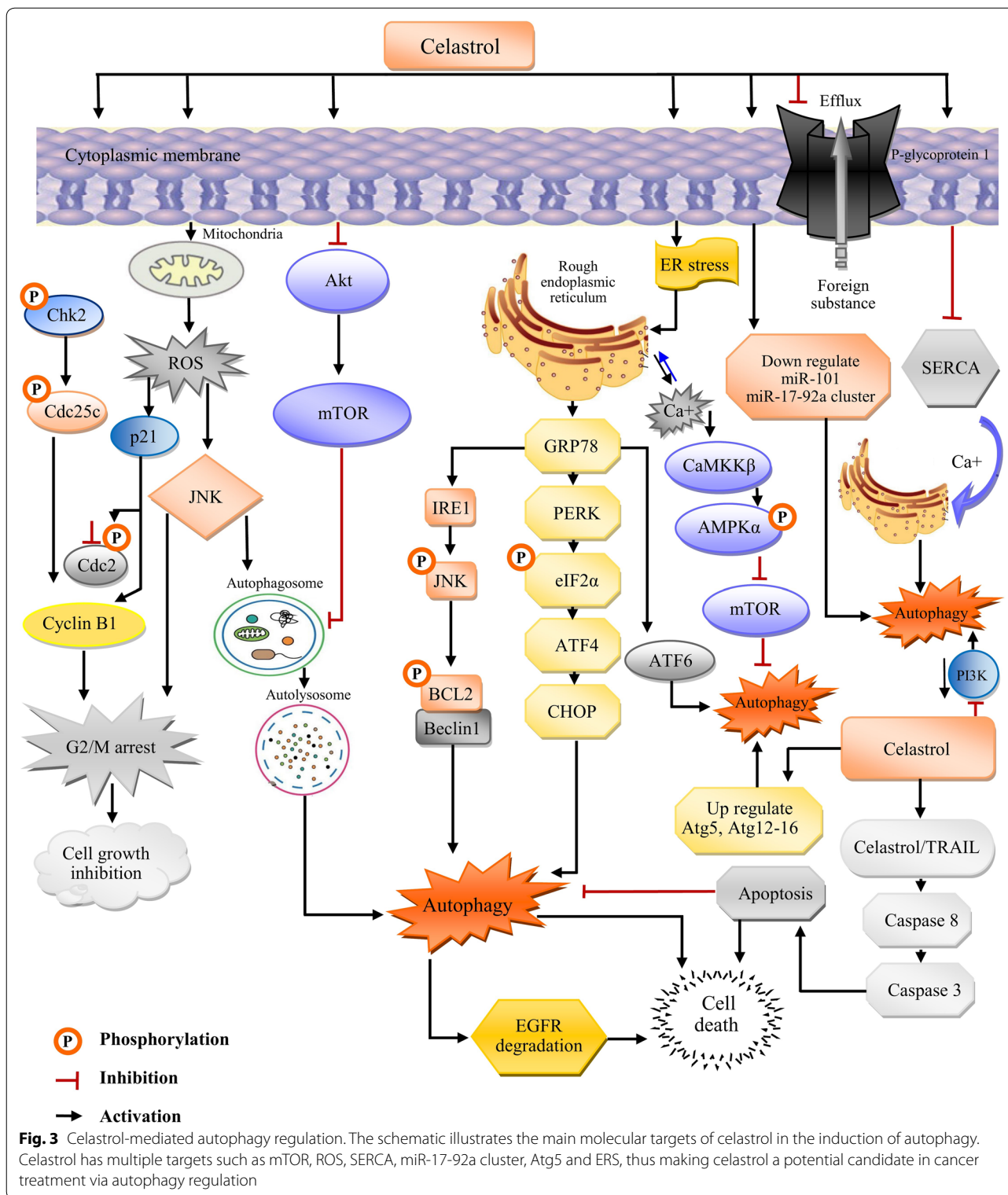
Celastrol induces autophagy and promotes G2/M phase arrest via the ROS/JNK signaling pathway

As reported in several studies, ROS generation in excess interferes with various signaling pathways of the cells [54–57]. Additionally, JNK of the MAPK family plays a pivotal role in regulating autophagy [58–60]. Recent studies have highlighted the role of cancer cell survival via synergistic action of JNK with JAK/STAT, NF- κ B and other molecules. The pro-survival effect of JNK can be attributed to the immune evasion phenomena mediated by TLR, IFN- γ and TGF- β [61]. Celastrol results in phosphorylation of JNK and increases ROS generation, thereby further promoting autophagy in osteosarcoma cells. Application of ROS inhibitors (such as NAC) reverses the celastrol-induced autophagy and blocks the G2/M phase arrest. However, significant attenuation can be observed when JNK inhibitors are used, but with no impact on G2/M arrest. The phosphorylation of JNK is eliminated by NAC (ROS inhibitor), however, the JNK inhibitor does not affect ROS generation, thereby suggesting ROS as a proximal event for JNK [28].

G2/M is one of the other frontiers serving as a suitable target for anticancer therapy [62]. The cyclin B1 complex promotes the G2/M phase transitions, which remains in the inactivate form by phosphorylation, and the regulation is accomplished by a group of proteins such as Cdc2, Cdc25C, and Chk1/2 [63–65]. The expression levels of Chk2, phospho-Chk2, phospho-Cdc2, phospho-Cdc25C, cyclin B1 and p21 are upregulated with celastrol treatment, however, the level of Cdc2 and Cdc25C is down-regulated. The level of cyclin B1 is observed to increase with suppression of the Cdc2 activity, which promotes the degradation of cyclin B1 via ubiquitin-dependent proteolysis [66]. The up-regulation of cyclin B1 results in the G2/M phase arrest in cancer cells, thus suppressing

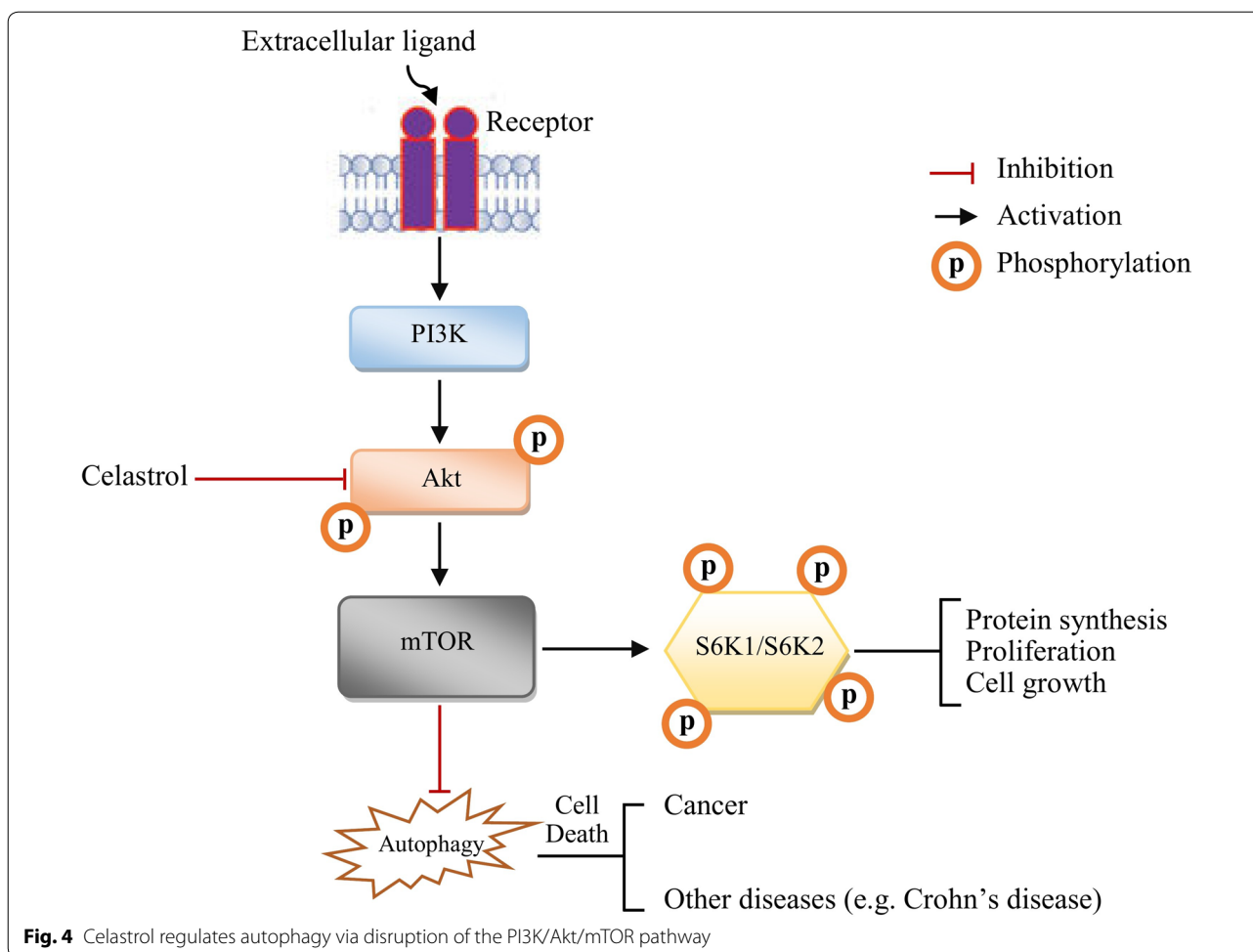
Table 1 Anticancer activities of celastrol in vivo

Type of cancer	Cell lines & animal model	Dosage & administration	Mechanism	Results	Ref
Acute promyelocytic leukaemia	HL-60 cell implanted xenograft in nude mice	2 mg/kg/day (<i>i.g.</i>) for 21 days	DHODH-induced uridine metabolism disruption/p53/mitochondrial pathway of apoptosis	Apoptosis of APL cells	[97]
Breast cancer	Macrophages (RAW264.7), Female BALB/c mice	10 mg/kg, (<i>i.p.</i>) injection once a day for 14 days	Inhibited the expression of M2-like specific genes, such as MRC1, Arg1 and ameliorated <i>STAT6 phosphorylation</i>	Prevented cancer metastasis	[98]
Colon cancer	Azoxymethane (AOM) and DSS induced colon cancer in C57BL/6 J mice	2 mg/kg/day by gavage for 14 weeks	Downregulation of mutated p53 and p-p53 proteins, oncogenic proteins β-catenin, and PCNA and suppressed epithelial-mesenchymal transition (EMT)	Ameliorates ulcerative colitis-related colorectal cancer (UC-CRC)	[34]
Gastric cancer	AGS cell xenograft in mice	1–2 mg/kg/day (<i>i.g.</i>) for 12 days	Suppression of phosphorylation of AKT, mTOR and S6K	Induction of autophagy and apoptotic cell death	[52]
Glioma	ECV-304 cells, SHG-44 xenograft model	0.2 μg/ml, SC administration for 5 days a week for 4 weeks	Lowered the density of tumor microvessel (MVD) and decreased the level of VEGFR-1 and VEGFR-2 expression	Inhibited cell migration and angiogenesis	[99]
Hepatocellular carcinoma	DEN-induced HCC in rat	(10 mg/kg) for 6 days every week (<i>i.g.</i>) for 16 weeks	Suppressed the expression of the <i>MDM2</i> protein and inhibited <i>anti-apoptotic</i> Bcl-xl and Bcl-2	Induction of apoptotic cell death	[100]
Lung cancer	Human HCC, HepG2 and Hepa3B cell lines in mice	2 mg/kg (<i>i.p.</i>) injection twice a week	CXCR4 expression was diminished	Induced cell apoptosis in vitro	[101]
Melanoma	A549 or H1975 cell xenograft in Balb/c nude mice	1 or 3 mg/kg/days, or 5 mg/kg, twice/week (<i>i.p.</i>) for 3 weeks	Inhibit CIP2A-Akt pathway	Inhibited cell proliferation and induced apoptosis	[36]
Osteosarcoma	B16 cell xenograft in C57BL/6 J mice	1–3 mg/kg (<i>i.g.</i>) once a day for 20 days	Inhibition of the PI3K/Akt/mTOR signaling pathway	Inhibits growth and induced apoptotic cell death	[27]
Pancreatic cancer	HOS cell xenograft in nude mice	1–2 mg/kg/day (<i>i.p.</i>) for 7 days	Induction of JNK activation and ROS generation	Autophagic cell death	[28]
	PANC-1 cell xenograft in nu/nu athymic female mice	3 mg/kg (<i>i.p.</i>) for 70 days	Disturbing the HSP90-CDC37 interaction	Antitumor activity	[102]



cell proliferation [65, 67]. These findings are confirmed by a study that reported that exposure to celastrol inhibits human osteosarcoma's development and proliferation through autophagy and G2/M arrest. It was also revealed

that when the apoptosis was blocked in these cells with suitable inhibitors, the cells died via autophagy; conversely, suppression of autophagy inhibited PARP's



cleavage and caspase-3, thereby leading to apoptotic cell death [28].

Celastrol promotes ER stress/UPR mediated apoptosis and autophagy

In the endoplasmic reticulum (ER) lumen, inappropriately folded proteins accumulate due to internal and external factors in the tumor microenvironment. This accumulation causes ER stress, which results in the activation of Unfolded Protein Response (UPR), an adaptive mechanism for restoring protein homeostasis in the ER. The IRE1 α activation and splicing of XBP1 initiate UPR, and these factors are responsible for the transcription of enzymes, particularly chaperons that return to the ER and restore homeostasis. Several studies have linked UPR signaling with different aspects of tumor progression and carcinogenesis [68]. Treatment of different cancer cells (including HCC) with celastrol causes ER stress, with subsequent activation of the UPR for maintaining homeostasis [69]. The proteasome can

degrade the unrequired or damaged proteins, but celastrol has an inhibitory effect on proteasome in various cancer cells such as prostate cancer and glioblastoma [70]. In non-functional or disrupted UPR, the homeostasis of protein folding cannot be restored; the persistent stress thereby causes a cascade of events that leads to apoptosis [71].

When the misfolded proteins are not restored or degraded by the proteasome, the UPR mechanism also regulates autophagy [72]. It means that by causing extracellular stress, celastrol not only leads to apoptosis and causes UPR mediated autophagy induction in cancer cells. In HCC, celastrol mediated autophagy was observed through transcription factor of ER stress, and UPR expression induced expression of autophagy-related proteins [73]. However, the direct association between ER stress and celastrol mediated cell death in HCC is not clearly understood and needs further research for understanding the correlation, which will give new insight into the celastrol mediated anticancer effects in HCC [74].

Celastrol induces autophagy by targeting AR, downregulating the miR-17-92a cluster and miR-101

There are some genes and signaling pathways that result in the inhibition of autophagy. One of the important reported gene clusters is miR-17-92a, which exerts a negative role in regulating autophagy. The cluster is transactivated by the androgen receptor (AR) in cancer cells such as prostate cancer [75], and seed sequences have established it as a group of four families: miR-17, miR-18, miR-19, and miR-92 [76]. The dissection of miR-17-92a cluster determined the role of the miR-17 seed family (miR-17 and miR-20) as an autophagy inhibitor in prostate cancer. Another miR-17 family member, known as miR-106, targets the ULK1 to suppress leucine deprivation-induced autophagy in myoblast cells or mycobacteria invasion mediated autophagy [77, 78]. In another study, autophagy in the intestinal epithelial HCT116 cells was inhibited by binding miR-106 to the 3' UTR region of ATG16L [79]. In prostate cancer, several autophagy-related genes serve as suitable targets for the miR-17 seed family, and until now, only the expression of ATG7 is shown to be disrupted when cells are transfected with miR-17 or miR-20a.

Another similar gene (known as miR-101) has also been identified. miR-101 is reported to be an autophagy inhibitor, having a dual role in suppressing both autophagy induction and maturation by targeting the STMN1, RAB5A, and ATG4D genes [80]. However, the AR binding site has been predicted at upstream of the miR-101 gene [81]. Celastrol is highly effective by targeting the AR, promoting the destabilization of AR through inhibition of HSP90, or suppressing calpain activation [82, 83]. Blocking the AR pathway induces autophagy in AR-positive prostate cancer cells [84–87]. Destabilization of the AR results in suppressing the miR-17-92a cluster and miR-101, subsequently leading to the induction of autophagy in cancer cells [75]. However, the mechanism by which AR regulates autophagy is not fully understood.

Celastrol inhibits SERCA leading to autophagy induction in MDR cancer cells

Some transporter proteins play a significant role in autophagy regulation. The most important and extensively studied transporter is the calcium transporter known as sarcoplasmic/endoplasmic reticulum (SR/ER) Ca^{2+} -ATPase (SERCA) located in the membranes of ER/SR [88]. Few studies have revealed that autophagy and apoptosis are effectively triggered by SERCA inhibition in cancer cells; hence, SERCA is considered a novel therapeutic target for anticancer drugs [89, 90]. SERCA has a prominent role in tumor survival [91], and its inhibition causes a severe imbalance in calcium homeostasis in tumor cells, leading to activation of the ER stress

response. This results in permanent damage to mitochondria by Ca^{2+} excess and affects the caspase and cytochrome-C release pathway [92].

Celastrol is reported to effectively mobilize the cytosolic calcium by directly suppressing ATP depletion and SERCA, thereby leading to autophagic and apoptotic cell death in MDR cancer cells. Autophagy is induced via the CaMKK β -AMPK-mTOR signaling pathway. Additionally, celastrol effectively inhibits the ABC-transporter P-gp, which increases the sensitivity of MDR cancer cells and promotes the sensitization of cancer cells to taxol exposure [93]. These findings are in agreement with the findings of another study conducted by Liu et al., which reported that PERK phosphorylation and SERCA2B suppression are successfully modulated by celastrol, leading to autophagic cell death of cancer cells [94].

Celastrol induced EGFR degradation via autophagy regulation

Drug resistance is one of the alarming consequences of current anti-cancer therapies. In non-small cell lung cancer (NSCLC), the resistance is associated with a mutation in the epidermal growth factor receptor (EGFR). Celastrol shows selective cytotoxic activity against the EGFR mutant NSCLCs. Moreover, via the mechanism of calcium-mediated autophagy, celastrol significantly degrades EGFR and Akt expression in both mutant and wild type NSCLCs. Application of the autophagic inhibitor or calcium chelator blocks the degradation of EGFR and decreases cell death in H1975 gefitinib-resistant NSCLCs [95].

The relationship between autophagy, EGFR, and cancer has further been illustrated by So et al. [96]. This was verified by exposing NSCLCs to CK2 inhibitor; autophagy was induced, which subsequently downregulated the EGFR, leading to cell death. The autophagy triggered by CK2 inhibitors might differ from the autophagic pathways activated by celastrol, but it provides evidence that celastrol is a potential agent for the induction of autophagic-mediated EGFR degradation and can be an effective anticancer therapy for such resistant cancer cells [95].

Abbreviations

AMPK: AMP-activated protein kinase; ATP: Adenosine triphosphate; BNIP3: BCL2/adenovirus E1B 19 kDa protein-interacting protein 3; CDC: Cell division cycle; CDK: Cyclin dependent kinase; Chk: Checkpoint kinase; DHODH: Dihydroorotate dehydrogenase; EGFR: Epidermal growth factor receptor; eIF2 α : Eukaryotic translation initiation factor 2 α ; EMT: Epithelial-mesenchymal transition; ER: Endoplasmic reticulum; GalN: Galactosamine; HCC: Hepatocellular carcinoma; HIF1A: Hypoxia-inducible factor 1- α ; HSF: Heat shock factor; HSP: Heat shock protein; ICAM1: Intercellular Adhesion Molecule 1; IL: Interleukin; LPS: Lipopolysaccharide; JNK: C-Jun N-terminal kinases; MAPK: Mitogen-activated protein kinase; MDR: Multi-drug resistance; MLKL: Mixed lineage kinase domain like pseudo-kinase; miR cluster: MicroRNA clusters;

mTOR: Mammalian target of rapamycin; MRC1: Mannose receptor C-type 1; MVD: Micro vessel density; NF- κ B: Nuclear factor kappa-light-chain-enhancer of activated B cells; NLRP3: NLR family pyrin domain containing 3; NSCLC: Non-small cell lung carcinoma; PCNA: Proliferating cell nuclear antigen; PGC1 α : Peroxisome proliferator-activated receptor gamma coactivator 1 α ; RA: Rheumatoid arthritis; RIP3: Receptor-interacting serine/threonine-protein; PERK: Protein kinase R (PKR)-like endoplasmic reticulum kinase; PI3K: Phosphoinositide 3-kinases; ROS: Reactive oxygen species; SERCA: Sarcoplasmic/endoplasmic reticulum Ca²⁺-ATPase; TRAF2: TNF receptor-associated factor 2; TRAIL: TNF-related apoptosis-inducing ligand; TNF: Tumor necrosis factor; UPR: Unfolded protein response; VEGFR: Vascular endothelial growth factor receptor; XBP1: X box binding protein 1.

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Authors' contributions

SCK designed the work. MH wrote the manuscript. SCK revised the manuscript. Both authors read and approved the final manuscript.

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